CDA FOUNDATION’S 2019 GRANT RECIPIENT AIMS TO BRIDGE GAP IN ORAL HEALTH CARE

Matthew Mecheal, DDS, (left) treats a patient at Loma Linda University School of Dentistry in May. The CDA Foundation in November awarded Dr. Mecheal the 2019 Student Loan Repayment Grant.

From a young age, Matthew Mecheal, DDS, has been sure about two things: his passion for helping others and his love for dentistry. Through the years, he never lost sight of his goals or the values that were instilled in him many years ago. As an advocate for the underserved and this year’s recipient of the CDA Foundation’s Student Loan Repayment Grant, Dr. Mecheal plans to focus on his personal objective to improve the oral health of underserved communities and minimize barriers to care.

“Applying for the Student Loan Repayment Grant is one of the best decisions I’ve made since graduating dental school,” he said. “I am able to go to work and help others knowing that CDA has my back and is assisting me with my mountainous student loans.”

Mecheal graduated from Loma Linda University School of Dentistry in May and has now turned his desire to help others into a career; he works as a dentist with St. Jude Neighborhood Health Center, a faith-based organization that provides medical and dental care to underserved communities in Orange County. Mecheal himself was born in the county, in the city of Laguna Niguel.

He credits his family and his church for igniting his desire to work in public health.

“My church and my parents raised me to put others before myself and to serve those who may not have necessities that are conducive to a healthy lifestyle. Working in public health gives me that opportunity to give back to the community that has given so much to me over the years.”

Mecheal’s commitment to serving those in need has taken him around the world. He’s provided care to patients in Honduras and Angola and has volunteered as a dentist with St. Jude Neighborhood Health Center. He provides care to patients in those communities.

Employers will heed new laws on arbitration agreements and more in the new year

Actions for dental office compliance

California employers will need to take action soon to comply with new laws pertaining to employment discrimination claims, paid family leave, harassment prevention training and other areas of employment practice. The laws take effect as early as Jan. 1, 2020, and are the result of bills introduced in the last legislative session and signed into law by Gov. Gavin Newsom in October.

Senate Bill 142, which expands lactation accommodation requirements, is covered in detail in a separate article on page 6 of this Update. Summaries of the other laws and any actions employers will need to take — from updating employee policies to providing new training — are provided here along with compliance deadlines.

Employment discrimination claims

Assembly Bill 9 extends the statute of limitations from the current one year to three years for employment discrimination claims, including claims for harassment, retaliation and unlawful discrimination.

New lactation accommodation requirements take effect Jan. 1, 2020

Employment-related claims against small businesses are rising

Dental student research spotlighted in CDA Journal

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Dentists encouraged to respond to Delta Dental recoupment demand

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Questions about coordination of benefits?
CDA Practice Support has answers

CDA Practice Support receives hundreds of calls each year concerning the coordination of benefits when a patient has more than one dental plan for coverage.

Standard COB allows secondary dental plans to pay up to 100% of the covered service, i.e., the primary plan pays the service at 80%, and the secondary could pick up the remaining 20%. Plans apply COB to prevent overpayment for the dental treatment rendered while ensuring the patient can utilize their dual coverage to minimize their out of pocket expense.

In this month’s column, I cover the COB basics and answer common questions members have about COB, such as what to charge the patient once all plans have paid and what to do when the plans disagree on which of them is the primary payer.

Do not submit negotiated fees, such as PPO fees or any other reduced-fee schedule fees on any claim form, as doing so skews the data collected by the plans and deflates the value of treatment. Additionally, if you are out of network with all of the plans billed, you are not required to write off any part of your submitted fee.

COB basics
Federal and state COB laws are in place to help determine the order that dental plans process claims for patients covered by multiple policies.

Once a policy is determined to be the primary policy, the office submits the claim first to that primary plan, and the primary plan processes the claim according its policies, benefits and limitations. After payment or denial by the primary plan, the office sends the claim and the primary plan’s explanation of benefits to the secondary plan. If the secondary plan utilizes a standard coordinating policy, the secondary plan then coordinates the benefits/payments based on the information supplied on the primary EOB.

A patient can have an unlimited number of policies. In fact, it’s becoming more common in California for patients to have more than two dental policies. If the patient is covered by more than two plans, the dental office would continue to submit claims and EOBs from the plans previously billed to the next policy until all the patient’s policies have either paid or denied the services rendered.

Keep in mind that not all policies follow the same rules. Some policies follow state laws, while a self-funded policy, which is not subject to state regulation, can create a different set of

ASH AN EXPERT

Question:
Are hygienists supposed to be paid hourly, daily or salary? Are they required to take breaks just like all the other employees?

Answer:
You can pay an RDH with any of these methods, but you must follow wage and hour laws, and hygienists rarely qualify as salaried employees.

As a best practice, I would recommend you pay on an hourly basis. This ensures your employee is tracking their time and following meal and rest break laws, and you can pay applicable overtime and better track for paid sick leave accrual.

An employer who pays a hygienist on a “daily basis” must also follow wage and hour laws. With this method, an employer must account for overtime by calculating the hourly wage based on the eight-hour day. With this type of compensation, an employer has essentially ensured a base rate for the day regardless if the scheduled patients are seen or not. It’s not as cost effective should the hygienist’s schedule change due to cancellations.

Finally, unless in a managerial or lead position, a hygienist would not qualify as an exempt or salaried employee. As with any salaried employee, you must review the employee’s duties and determine if the employee is doing exempt work at least 51% of the time. In the case of a hygienist, it’s rare for the duties to fall under the exemption.
Dentists encouraged to respond to Delta Dental recoupment demand

Statements were sent to about 1,000 California dentists seeking recoupment for procedure codes D2750-D2752 and D279-D2792.

CDA has learned that due to a Delta Dental of California system error, crown procedure claims were erroneously processed and paid for, affecting approximately 350 self-funded employer groups between Oct. 13, 2018 and Jan. 10, 2019. The system error resulted in Delta’s payment of patient crowns prior to the five-year time limitation for crown replacement according to information Delta Dental shared with CDA. Dentists and the affected Delta Dental enrollees have already received or will receive an “adjusted claims statement” that resembles a Notice of Payment or EOB explaining that Delta Dental has reprocessed crown procedure codes resulting in an overpayment. Statements were sent to approximately 1,000 California dentists beginning the week of Oct. 21 seeking recoupment for procedure codes D2750-D2752 and D279-D2792. The statements sent to Delta Dental enrollees include an explanation noting that the patient is responsible for payment of dental services received before the five-year time limit passed.

Dentists are encouraged to read the notice and pursue one of two courses of action:

- Either manually refund the overpayment to Delta Dental of California and seek payment from the patient; or
- Take action by filing a provider dispute with Delta Dental of California no later than 30 days from the date of the notice contesting the recoupment demand. The provider dispute form is available at www.deltadentalins.com/forms/provider_dispute.pdf.

If a dentist fails to dispute the demand, Delta Dental has the right under its provider agreement to begin automatically deducting the overpaid amount from future claims payment no sooner than 45 days from the date of the notification.

For additional CDA support, dentists may use the Dental Benefit Issue Submission form available at cda.org. Visit My Account, click the link for Dental Benefits Issue Submission and follow the prompts. A Practice Support team member will reach out and offer next steps for dentists and their patients.

New CalAIM proposal by DHCS promises broad Medi-Cal reforms

Health care providers can expect to see major revisions to the Medi-Cal program over the next couple of years as a result of a new initiative by the Department of Health Care Services.

Released in late October, the California Advancing and Innovating Medi-Cal (CalAIM) proposal will implement “broader delivery system, program and payment reform across the Medi-Cal Program,” according to the proposal summary.

The CalAIM initiative grew out of discussions about how the state will make changes in the Medi-Cal program beginning in 2021 upon expiration of the current CMS 1115 waiver known as Medi-Cal 2020. The dental component of that waiver, the Dental Transformation Initiative, allocated $740 million in 2016-20 and aims to improve dental health outcomes for Medi-Cal children.

CalAIM is a first step in these efforts and includes the upcoming 2020 state budget negotiations between the Legislature and the governor. CDA will be highly engaged in ongoing discussions about program changes even though dental care represents only a small percentage of the overall Medi-Cal program. CDA was appointed to participate in one of four CalAIM workgroups and will advocate strongly for inclusion of dental incentives in the CalAIM proposal and continuity between the end of the five-year DTI pilot program and future program reforms.

New hope for SDF after SB 154 veto

Gov. Gavin Newsom in October vetoed CDA-sponsored legislation by Sen. Richard Pan that would have added silver diamine fluoride as a Medi-Cal Dental benefit, stating “expanding the options available for treating dental decay is a worthwhile policy goal, but this bill would require significant General Fund spending not included in the state budget. As such, this change should be considered in the annual budget process.” Despite the veto of SB 154, the new CalAIM proposal would add SDF as a statewide benefit in Medi-Cal and offer additional financial incentives to Medi-Cal dental reimbursements similar to the current DTI.

CDA will be advocating for these incentives with the CalAIM workgroups and Legislature to continue the improvements and state investments in the Medi-Cal dental program.

Read the Update for CalAIM-related developments later in 2020.
Eligible dentists, dental students, physicians and medical residents can apply beginning Jan. 13 for up to $300,000 in student loan repayment or a practice support grant through the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Program, known as CalHealthCares. In return, award recipients are required to make a strong commitment to serving Medi-Cal members by maintaining a patient caseload of at least 30% Medi-Cal beneficiaries.

Additional requirements apply. Interested applicants can prepare now by visiting calhealthcares.org and reading the complete eligibility requirements or attending an upcoming one-hour informational webinar. The webinar about the student loan repayment will take place Dec. 11, Jan. 9, Jan. 15, Jan. 21, Jan. 27 and Feb. 4. A webinar specific to the practice support grant took place Nov. 20, and a recorded version is available for viewing. Other previously recorded webinars address common errors found on applications submitted in 2019 — the first year for the program. Applicants who applied in 2019 but did not receive an award are encouraged to watch one of these webinars and view the Q&A.

Eligible individuals will apply Jan. 13 through Feb. 7. Applicants will be notified of awards on or around May 1.

The CalHealthCares program is funded by Proposition 56, the state tobacco tax that CDA supported and voters passed at the polls in 2016. Find more coverage about the program, including information about the 2019 award recipients, at cda.org.

**Apply Jan. 13-Feb. 7, 2020, at calhealthcares.org.**
New laws
From PAGE 1

year to three years for complaints alleging employment discrimination under the Fair Employment and Housing Act.

Effective Jan. 1, 2020, employees (or former employees) will have three years from the date of their termination or the end of the alleged discriminatory conduct to file a discrimination charge with the Department of Fair Employment and Housing using the DFEH intake form. The extension does not apply to previously lapsed claims. After filing the charge and receiving a letter from the DFEH granting the right to sue, the employee then has one additional year to file a lawsuit under current law and AB 9.

Employer action: Employers should be vigilant, always, about maintaining detailed, accurate employment-related documentation, which can include an exit interview that documents the employee's stated reason for terminating employment. Statements concerning complaints from any exiting managers or supervisors should also be kept.

Employment arbitration agreements waiver

Assembly Bill 51 bans employers from requiring employees or applicants to waive any right, forum or procedure under the Fair Employment and Housing Act or Labor Code as a condition of employment. It also prohibits employers from retaliating or threatening employees who refuse to waive such rights. The new law will apply to agreements entered into, modified or extended on or after Jan. 1, 2020, but does not apply to post-dispute settlement or negotiated severance agreements. Employers should be aware that due to the placement of the statute in the Labor Code, a violation is considered a misdemeanor.

Employer action: There is still much controversy surrounding this statute because it violates the Federal Arbitration Act that preempts state laws that attempt to regulate or restrict arbitration agreements. Because of the risk of possible criminal action, employers who wish to continue to implement arbitration agreements and employers who currently have agreements in place are highly encouraged to review any current arbitration agreements with legal counsel.

AB 51 bans employers from requiring employees or applicants to waive any right, forum or procedure under FEHA or the Labor Code as a condition of employment.

Enforcement of arbitration agreements

Employees or consumers will be eligible for certain remedies under SB 707 should a drafting party breach an arbitration agreement by failing to pay the costs and fees required to initiate the arbitration. The bill also requires the court to impose a monetary sanction on a drafting party. If a company failed to pay the arbitration fees in a consumer or employment arbitration, it would be a material breach and it would allow the employee or consumer to proceed in court and requires the court to impose sanctions.

Employer action: Employers should consult with legal counsel on the implications of new arbitration laws.

Antidiscrimination training for temporary and seasonal workers

Senate Bill 530 delays until Jan. 1, 2021, the completion of sexual harassment prevention training for seasonal, temporary or other employees hired to work for less than six months. All employers with five or more employees are required to provide the new training required under SB 1343, which was signed into law by former Gov. Jerry Brown. That bill set an initial compliance deadline of Jan. 1, 2020. In September, Gov. Newsom signed legislation that extended the training completion deadline for most employees to Jan. 1, 2021, but the extension did not apply to temporary, seasonal or other workers hired to work for less than six months. With the passage of SB 530, employers now have until Jan. 1, 2021, to provide the required sexual harassment prevention training to all of their workers, whether full-time or temporary.

Employer action: Because implementing new training requires time to research and hire a qualified trainer as well as time to complete the training, employers should plan to train all workers before the end of 2020 to be compliant with the new law by the January 2021 deadline. CDA has covered the new training requirements in detail in the Update and on cda.org.

Paid Family Leave expansion

Beginning July 1, 2020, Paid Family Leave benefits under California’s State Disability Insurance program will increase from the current six weeks to eight weeks as required by SB 83.

Specifically, the bill provides for wage replacement benefits for up to eight weeks to workers who take time off work to care for a seriously ill family member or to bond with a minor child within one year of birth or adoption placement.

Employer action: Employers will need to update their practice policies by July 1, 2020, to reflect the benefit change.

Failure to pay wages: Remedies, penalties, contract wages

Employees seeking wages owed to them are authorized under AB 673 to bring a legal action either to recover statutory penalties against their employer or to seek to enforce civil penalties under the Private Attorneys General Act. The employee cannot take both actions for the same violation. The law takes effect Jan. 1, 2020.

In addition, SB 688 extends the state Labor Commissioner’s authority to cite an employer’s failure to pay minimum wages under a contract. The Labor Commissioner can cite an employer for failing to pay wages less than the wage set by contract in excess of the minimum wage. The employer can contest the citation by posting a bond, but the bond will be forfeited if the employer loses.

Employer action: Employers are obligated to pay timely wages in accordance with California’s employment laws. Considering the potential for sizable penalties, employers should review employee classifications, payday practices and final pay laws to ensure compliance with these laws.

Living organ donation

Employers of 15 or more employees are required beginning Jan. 1, 2020, to provide additional unpaid leave time to an employee for the purpose of organ donation. The unpaid leave of absence cannot exceed 30 business days per year, and employees are required to first use all available sick leave before taking the unpaid leave. Current law provides 30 days paid leave for the purpose of organ donation. The new law allows for an extension of that leave by requiring the employer to grant an additional 30 days of unpaid leave for any employee who donates an organ to another person in a one-year period.

Employer action: Employers will need to update their workplace policies to reflect the benefit change.

Privacy

The California Consumer Privacy Act enacted in 2018 changed the consumer data collection rules, allowing consumers to know about and request deletion of data that businesses collect about them. The CCPA’s broad language includes a business’s employees and job applicants, which means employees, upon their request, could potentially have information from their personnel files deleted under the CCPA.

AB 25 excludes from the CCPA the deletion of employment data collected and used within the context of a person’s employment or application for employment. However, this exemption is only good for one year.

Employer action: Employers should comply with the CCPA provision dealing with deletion of employee data beginning Jan. 1, 2021, unless the statute is modified or extended.

Find a Sample Employee Manual and other employment resources in the CDA Practice Support resource library at cda.org.
New lactation accommodation requirements take effect Jan.1, 2020

Law provides additional protections for nursing mothers

Protections for nursing mothers in California were significantly expanded under a bill signed into law in October by Gov. Gavin Newsom. Senate Bill 142 clarifies employer obligations to provide breaks and safe, private locations that include specified accommodations. The bill increases penalties for noncompliance, prohibits discrimination and retaliation against employees who exercise or attempt to exercise their right to lactation accommodation and requires that employers implement a written lactation accommodation policy beginning Jan. 1, 2020.

Under SB 142, employers in California are obligated to provide a private lactation space, other than a bathroom, that must be in close proximity to the employee’s workspace, is shielded from view and is free from intrusion while the employee is using the space.

In addition, the room must comply with the following requirements:
- Be safe, clean and free from hazardous materials, as defined in Labor Code Section 6382.
- Contain a surface to place a breast pump and personal items.
- Contain a place to sit.
- Have access to electricity or alternative devices, including, but not limited to, extension cords or charging stations needed to operate an electric or battery-powered breast pump.

Employers must also provide access to a sink with running water and a refrigerator suitable for storing milk. If a refrigerator is not feasible, the employer should provide another cooling device, such as a cooler.

If the designated room is also used as an employee break room, as the employer’s office or for any other purpose, the room must remain completely private for the time it is in use for lactation purposes.

Any employer in a multitenant building or multipurpose workplace who cannot provide a compliant location within the employer’s own workspace may comply with providing a shared space among multiple employees within the building.

Employers of fewer than 50 employees may be exempt from compliance with an above requirement if they “can demonstrate that the requirement would impose an undue hardship by causing significant difficulty or expense in consideration to the size, financial resources, nature or structure of the employer’s business.” If the employer can demonstrate that providing a room or other location, other than a bathroom, would impose such undue hardship, the employer should make reasonable efforts to provide the employee with the use of a room or other location other than a toilet stall.

Penalties, required written policy

Penalties for noncompliance with the new law are similar to those imposed for missed meal and rest breaks. An employer’s failure to comply with an adequate space or reasonable break time could result in fines of $100 per day imposed by the Labor Commissioner, in addition to any fines or penalties for missed meal or rest breaks.

In another important development, employers must now include a written policy in the employee manual or a set of policies that includes instructions on how an employee can request an accommodation, how the employer should respond to the request according to the employer’s responsibility and how an employee can file a complaint.

Employees must provide a copy of the policy to employees upon hire and when an employee makes an inquiry about or requests parental leave.

As with any accommodation, employers are highly encouraged to comply or attempt to comply with all aspects of the law.

Obtaining an exemption for undue hardship may be hard to justify because, in reality, undue hardship is subjective; by definition, it is “an action requiring significant difficulty or expense.” An employer might claim, for example, that providing the employer’s private office or staff break room in a small dental practice creates an undue hardship when it merely be an inconvenience to the employer or staff.

Use CDA Practice Support’s “Lactation Accommodation: Sample Policy and Compliance Instructions” available at cda.org. Practice Support is also updating the Sample Employee Manual, New Employee Checklist and other resources to reflect the new law.

Holiday week closure for CDA and subsidiary companies

CDA, The Dentists Insurance Company, The Dentists Supply Company and the CDA Foundation will close at 1 p.m. Tuesday, Dec. 24, 2019, and will remain closed through New Year’s Day. The offices will reopen Thursday, Jan. 2. To offset this closure, CDA and its subsidiary companies were open for business on certain federal holidays throughout the year.

All websites and online payment processing functions will be available during the week of closure with the exception of TDIC and TDIC Insurance Solutions. TDIC payments received after Monday, Dec. 23, will not be formally processed until Jan. 2. During the closure, insurance coverage cannot be added, changed or bound.

CDA, TDIC, TDSC and CDA Foundation staff will all CDA members and their families a happy holiday season.
“As long as you have employees, you risk facing allegations of wrongful employment claims,” said Taiba Solaiman, senior risk management analyst at The Dentists Insurance Company.

TDIC received 82 employment-related claims in 2018 — up from 66 in 2017. Solaiman said that increase can be attributed to several factors: The growth of federal and state legislation protecting employees from discrimination and sexual harassment, the changing legal views on wrongful termination and the increasing tendency of employees to turn to the courts for retribution have all contributed to rising claims.

While large corporations typically survive costly litigation, such lawsuits can overwhelm and even ruin a small business, draining financial resources and employee morale.

And because dental practices don’t often have a general counsel on staff or a human resources department to handle these claims, the time investment can take a toll on the dentist, potentially compromising patient care.

According to the 2017 Hiscox report, the average claim requires 318 days to be resolved with an average settlement payment of $160,000.

Case example: Pregnancy disability discrimination

In one claim reported to TDIC, the dentist hired a receptionist who, during her probationary period but before her 30-day review, disclosed to the dentist that she was pregnant. The insured’s alleged response was, “You know you are still on probation, right?”

The dentist’s wife, who also served as the office manager, delivered the employee’s 30-day review a week later. The evaluation contained numerous criticisms of her job performance and identified instances of her failure to work collaboratively within the team.

After the review, another staff member discovered a discrepancy in how the employee logged insurance explanation of benefits, which was one of her daily duties. When the employee became aware of the error, she responded by changing the incoming dates on these documents. Suspecting that these behaviors had been present in her prior employment, the dentist contacted her former employer, who disclosed that the employee was not an office manager as she stated in her application, but rather a receptionist. The previous employer also revealed that she demonstrated the same performance problems during her employment at his office and that she was on the verge of being terminated when she provided her notice of resignation.

Given the dentist’s multiple concerns about the employee, he chose to fire her.
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Dr. Mecheal in a graduation photo. In his student leadership role, he gained hands-on experience with grassroots advocacy, meeting with local legislative representatives and discussing critical issues affecting dentistry.

“I believe the valuable lessons I’ve learned as a CDA student representative will positively shape my role as a public health care provider and help me to better serve the community.”

Mecheal is the 20th recipient of the Foundation’s Student Loan Repayment Grant. Awarded annually, the grant provides up to $35,000 per year, for a maximum of $105,000 over three years, to assist with repayment of education loans in exchange for the recipient’s commitment to care for the underserved.

Since 2002, the program has enabled 19 dentists to pursue their passion for working in public health. Altogether they’ve helped nearly 100,000 patients and provided more than $25 million in care for individuals who experience barriers to care. Almost all of those dentists have remained not only in public health but also in the communities where they first served.

San Francisco dentist named Webb Family Grant recipient

Priyadarshini Agrawal, DMD, has been named this year’s Webb Family Grant recipient. The grant provides a $5,000 award to go toward education expenses to the runner-up of the Foundation’s Student Loan Repayment Grant.

Native to a rural village in Northern India, Dr. Agrawal’s personal experiences with oral health care disparities inspired her to focus on a career in public health. A 2015 graduate of the University of Pennsylvania Dental School of Medicine, she has provided dental care for underserved communities in India, Pennsylvania, New York and in California where she now works at HealthRight 360, providing care for patients in San Francisco’s highest at-risk communities.

Learn more about the Foundation’s Student Loan Repayment Grant and Webb Family Grant and see a list of past recipients at cdafoundation.org/grants-awards.

Dental student research spotlighted in CDA Journal

The December issue of the Journal of the California Dental Association features research conducted by dental students on minimally invasive veneer restorations, titanium-oxide nanoparticles and nanofibers, changes in orthodontic patients using clear aligners versus fixed appliances, medication-related osteonecrosis of the jaw and the circadian behaviors of oral and skin fibroblasts.

The CDA 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 CDA Journal at cda.org.
coordination policies as long as the policy adheres to federal laws.

Below are answers to the most common questions we receive from our members and our members’ staff regarding coordination of benefits:

Q. I called the plan and the plan says the secondary policy has a non-duplication of benefits clause. What does that mean?

A. Non-duplication of benefits means that the secondary plan will not pay any benefit if the primary plan paid the same or more than what the secondary plan allows. For example, if the primary carrier paid 80% of the cost of treatment and the secondary carrier also covers the service at 80%, the secondary carrier will not make a payment.

Q. How do I determine what to charge the patient after all plans have paid?

A. If you are contracted with one or more of the plans billed, the patient should receive the benefit of the lowest contracted fee schedule, according to California Health and Safety Code §1374.19.

To determine if an adjustment should be made in the patient’s account, start by determining the lowest contracted fee between the contracted plans. Total all the payments made to the plans; if the total equals the lowest contracted fee, then the patient owes nothing, and the difference between the submitted fee and the amount received would be the write-off in the patient’s account. However, if the total of the insurance payments is less than the lowest contracted fee, the patient owes the difference between the amount received and the lowest contracted fee. This only applies if you are contracted with one or more of the plans.

If you are out of network with all the plans, you are not required to write off any part of your submitted fee.

Q. If an overpayment is identified, does the overpayment belong to the practice, patient or plan?

A. First, determine if the claim was overpaid by totaling the amount paid by all the plans.

- For an out-of-network dentist, if the amount received exceeds the total submitted fee reported on the claim form, then there is an overpayment.
- For an in-network dentist, if the amount received exceeds the lowest contracted rate, then there is an overpayment.

Do not issue a credit for an overpayment to the patient until you have contacted the last plan to pay, informing the plan that you believe the claim may have been overpaid. The plan should offer guidance on whether the refund is due to them and/or the patient and provide direction for returning the funds to the appropriate party.

Q. What are the rules for determining the COB order when a child is covered under an Affordable Care Act embedded policy?

A. The embedded policy is the primary policy.

Q. Both plans paid as the primary. When I contacted the plan, the plan said that any credit is due to the patient, not the plan. Is this correct?

A. Individually purchased dental policies are becoming more common in the marketplace. You will find at times that these policies will not coordinate benefits. If the payments from all plans exceed the total submitted fee on the claim, do not assume that the credit belongs to plan, as it may belong to the patient. Contact should be made with the plan to determine who receives the credit.

Q. What is the responsibility of the secondary carrier?

A. According to California Health and Safety Code §1374.19, a secondary dental plan will pay the lesser of the

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**Coordination**

Coordination policies as long as the policy adheres to federal laws.

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- For an in-network dentist, if the amount received exceeds the lowest contracted rate, then there is an overpayment.

Do not issue a credit for an overpayment to the patient until you have contacted the last plan to pay, informing the plan that you believe the claim may have been overpaid. The plan should offer guidance on whether the refund is due to them and/or the patient and provide direction for returning the funds to the appropriate party.

Q. What are the rules for determining the COB order when a child is covered under an Affordable Care Act embedded policy?

A. The embedded policy is the primary policy.

Q. Both plans paid as the primary. When I contacted the plan, the plan said that any credit is due to the patient, not the plan. Is this correct?

A. Individually purchased dental policies are becoming more common in the marketplace. You will find at times that these policies will not coordinate benefits. If the payments from all plans exceed the total submitted fee on the claim, do not assume that the credit belongs to plan, as it may belong to the patient. Contact should be made with the plan to determine who receives the credit.

Q. What is the responsibility of the secondary carrier?

A. According to California Health and Safety Code §1374.19, a secondary dental plan will pay the lesser of the
amount it would have paid if it were the only coverage, or the enrollee’s out-of-pocket expense for services covered by the secondary plan.

Q. Does dual coverage mean the patient’s benefits are doubled?

A. No. Coordination of benefits is a coordination of reimbursement only between policies; it does not duplicate benefits or double the benefit frequency. Example: a patient has two policies, and each one covers two cleanings a year. If the secondary policy is a standard coordinating policy, it will either pay the lesser of the amount it would have paid if it were the only coverage, or it will pay the total patient copayment under the primary policy for benefits.

CDA Practice Support offers individual member assistance with dental benefits questions. Simply submit your questions online using the dental benefit submission form accessible through your cda.org account. Practice Support will analyze the issue, evaluate it for possible resolution and communicate clear next steps. Just visit My Account, click the link for Dental Benefits Issue Submission and follow the prompts.

For more help understanding COB, visit the Practice Support resource library at cda.org and look for the Dental Benefit Plan Handbook, Chapter 4 - Understanding Coordination of Benefits.

Membership renewal now open

With easy online renewal, you have ongoing access to benefits from ADA, CDA and your local dental society. Keep connected to the programs you value by updating your profile, preferences and payments and renewing today. Then, explore new programs and resources designed just for members.

What’s new for the 2020 membership year?

Visit cda.org and you'll see that CDA's site has a fresh new look along with streamlined search and navigation.

Your login

Log in on the site and select My Account to view a dashboard that includes more options for managing your membership and accessing benefits.

Your profile

Select Update Contact Information to check that your details are current so you can receive timely and relevant updates from CDA.

Paying dues

Within Your Membership, select Pay Dues and follow the prompts to renew. For your convenience, you can autopay dues in monthly withdrawals from your chosen checking or savings account. To sign up, just select Pay Monthly (bank account). Your membership will then automatically renew each year. Plus, you'll receive a $10 Starbucks® gift card from CDA as thanks for choosing autopay.*

Contributions

If you've chosen autopay, you can still change your voluntary contributions online. Select Update Contributions by Dec. 31, 2019 to update your tax-deductible contribution to the foundations or political action committees that work on behalf of all CDA members and their patients.

Your card

For 2020, if you'd like to receive a physical membership card, you'll need to opt in online. Select Membership Card and follow the prompts to have a card mailed to you.

Your benefits

Savings through The Dentists Supply Company, coverage through The Dentists Insurance Company and waived registration fees at CDA Presents The Art and Science of Dentistry are all benefits exclusive to members. Renew early to preserve your access. If you have questions about your membership, benefits or payment options, contact CDA at 800.232.7645 or contact.cda@cdal.org.

Renew your membership online and explore your benefits at cda.org/member.

Online convenience + responsive service = stress-free supply shopping

The Dentists Supply Company continues to deliver big benefits to members of organized dentistry. With 20% average savings compared to MSRP*, shopper savings on dental supplies have already added up to more than $5 million.* In addition to controlling their overhead costs, practices of every size are streamlining and saving time by shopping TDSC.com. Consistent supply pricing, 24/7 online convenience and responsive customer service have helped make the purchasing process quick and stress-free.

In shopping TDSC.com for his New York-based practice, Payam Goudarzi, DDS, discovered better pricing on almost all items compared to what he had been paying competitors. “The items were received at my office in about three days, and I have found customer support very helpful,” he said.

The Virginia-based general and cosmetic practice of Cindy Southern, DDS, only began shopping TDSC.com in May, but has already seen hundreds of dollars in savings on each order. The TDSC team helped her assistant set up a personalized list of the products her office frequently uses, and ordering is now fast and simple.

“Customer service has been fantastic!” Dr. Southern said. “To date, we have only purchased items that match exactly what we were purchasing elsewhere. I plan on expanding our items to comparable products in the next couple of months. I would recommend this to anyone who wants to save on their cost of materials.”

The site’s satisfied shoppers have been sharing the benefits with their dental teams and peers. At the Louisiana-based practice of Matthew Ganey, DDS, office manager Tammy Arthur compared TDSC.com’s prices to what they were paying elsewhere and was pleased to find them to be much lower. “I would suggest that all members take a few moments and check TDSC out because it was definitely worth our time!” Ms. Arthur said.

Nava Farhi, DDS, of San Jose, Calif., is another one of the many shoppers who are enthusiastically spreading the word. “If you haven't tried TDSC, give it a try! It's free with your membership,” Dr. Farhi said. “You have nothing to lose.”

Discover a better way for your team to shop for dental supplies at TDSC.com.

* Savings compared to the manufacturer’s list price. Actual savings on TDSC.com may vary.
Nearly all employers in California will begin paying their employees a higher minimum wage — either the new state or local minimum wage, whichever is higher — in the new year. Effective Jan. 1, 2020, the state minimum wage for employers with 25 or fewer employees will increase to $12 per hour from the current $11, and the state minimum wage for employers with 26 or more employees will increase to $13 per hour from the current $12.

But employers of every size must pay the local minimum wage in the employer's place of business if it is higher than the state minimum wage.

Minimum wages or “living wages” are rising more quickly than the state minimum wage in some areas of California; employees in 27 cities or counties are already paid an hourly minimum wage ranging from $12 to $15.65. Many local minimum wages will increase again in either January or July 2020. Some wages will increase by a fixed dollar amount, while others are tied to the regional consumer price index. Because the local wage increases vary across municipalities and according to the number of employees, employers should review their individual city ordinances and follow wage posting requirements to ensure compliance.

CDA members can also view the CDA Practice Support resource “Minimum Wage and Paid Sick Leave Ordinances by City/County,” which provides details about the 2020 local minimum wage increases along with basic paid sick leave requirements in California.

**Pay requirements for exempt employees**

Employers with exempt employees should evaluate employees’ salaries because exempt employees in California generally must earn a minimum monthly salary of no less than two times the state minimum wage for full-time employment.

The 2020 minimum salary threshold for these exemptions is as follows:

- For employers with 25 or fewer employees, the minimum monthly salary test is $4,160.00 per month ($49,920 per year).
- For employers with 26 or more employees, the minimum monthly salary test is $4,506.67 per month ($54,080 per year).

Again, when paying employees, employers must follow the stricter wage standard — specifically, the one that is the most beneficial to the employee.

Legislation signed into law in 2017 by former Gov. Jerry Brown requires California’s minimum hourly wage to rise again by $1 in January 2021 and annually thereafter until it reaches $15. The law does allow the governor to suspend a scheduled wage increase in the event of an economic slowdown (defined as negative job growth combined with negative retail sales for a specified time period) or if a budget deficit is forecasted for the current budget year up to two additional years.

Some employees, including outside salespersons or the employer’s spouse, child or parent, are exempt from the state minimum wage law.

The new downloadable California Minimum Wage notice is available on the Department of Industrial Relations’ website: www.dir.ca.gov/dlse/faq_minimumwage.htm.

See the CDA Practice Support resource “Minimum Wage and Paid Sick Leave Ordinances by City/County” at cda.org for details on local wage increases taking effect in 2020 and beyond.
Watch for a new W-4 tax withholding form releasing soon

The IRS will release in December a significantly revised Form W-4 for employees’ use when calculating their federal income tax withholding beginning Jan. 1, 2020. While the final form hasn’t yet been released, the IRS in May issued a first draft seeking comments from tax preparers and payroll companies.

Instead of claiming a certain amount of allowances based on exemptions, employees will now be asked to input the annual dollar amounts for:

- Nonwage income, such as interest and dividends
- Itemized and other deductions
- Income tax credits expected for the tax year
- Total annual taxable wages for all lower-paying jobs in the household (applies to employees with multiple jobs)

According to the IRS, “Employees who have submitted Form W-4 in any year before 2020 are not required to submit a new form. Employers will continue to compute withholding based on the information from the employee’s most recently submitted Form W-4.” However, employees hired after 2019 or employees wanting to make changes after 2019 must use the new form. Employers will have to adjust their systems accordingly.

The IRS has also released a draft of Publication 15-T, Federal Income Tax Withholding Methods, which includes an employer withholding worksheet, percentage-method withholding tables and wage-bracket method withholding tables. The worksheet is intended to let employers calculate the 2020 withholding amount using an employee’s previously completed Form W-4 or the newly designed form.

The purpose of the new Form W-4 is to improve the accuracy of withholding and to incorporate the changes created by the Tax Cuts and Jobs Act of 2017. The IRS indicated that the form will make it easier for employees to simply and accurately calculate how much income tax they should set aside each paycheck.

In releasing the second draft of the Form W-4, the IRS indicated that “there will be no further substantive changes.” The final W-4 version will be released by the end of December in time for the 2020 tax year.

Employers are encouraged to familiarize themselves with the changes in order to answer employees’ questions that may arise. The IRS stated that it released the draft versions of the W-4 and Pub 15-T so that employers or payroll companies can use them to program their payroll systems ahead of 2020.

Organizations can apply for Dental Materials and Supplies Grant in January 2020

Recipients of 2019 grant announced

The CDA Foundation together with the Henry Schein Cares Foundation have announced the recipients of this year’s Dental Materials and Supplies Grant, which offers two years’ worth of in-kind dental materials and supplies to community-based organizations across the state that provide dental care to underserved communities.

The seven selected organizations exemplify the CDA Foundation’s mission: to improve the oral health of all Californians by supporting the dental profession in its efforts to meet community needs. The 2019 recipients are: Children’s Dental Center of Greater Los Angeles, Coachella Valley Volunteers in Medicine, Curas Smiles, Inc., Gardner Family Health Network, The Los Angeles Free Clinic dba Saban Community Clinic, San Diego County Dental Foundation and San Gabriel Valley Foundation for Dental Health.

Treat veterans and the underinsured

The Coachella Valley Volunteers in Medicine prides itself on being a community safety net. The organization utilizes more than 240 volunteers each year to provide primary medical and dental care at no cost to adults in Coachella Valley who are uninsured or underinsured.

“As a provider of free healthcare services, receiving these donated supplies is a tremendous help to our patients,” said Patti Dugan, executive director of CVAH.

In addition to providing care to underserved adults, the organization also provides services to children and seniors through its affiliated programs. CVAH also relies on in-kind donations of dental supplies to provide care to adults in need.

End the year on a high note by supporting the CDA Foundation’s efforts to reduce barriers to care for communities in need. Through the generosity of volunteers and donors, the Foundation has helped many Californians through programs such as CDA Cares and the annual Student Loan Repayment Grant, in addition to several other grant and award programs including the Disaster Relief Grant that helps dental professionals affected by wildfires and other natural disasters.

Year-end donations to the Foundation can be made through one of several convenient methods:

- Use the secure online giving tool at califoundation.org/donate
- Mail the donation to: CDA Foundation 1201 K Street, 14th Floor Sacramento, CA 95814
- Fax the donation to Kevin Lewis at 916.498.6182
- Text CARE4HEALTH to 41444 to donate from your mobile device

Mailed donations must be postmarked by Dec. 31 and were donations received by Dec. 31 to be claimed in the 2019 tax year. Gift acknowledgments and receipts will be mailed to donors in early January 2020.

Choose CDA Foundation when shopping Amazon

Amazon will donate 0.5% of the price of eligible purchases to the charitable organization of your choice. Just go to smile.amazon.com, select California Dental Association Foundation as your charitable organization and start shopping.

Become a dental volunteer in the new year

The success of at least one Foundation program depends as much on its generous donors as it does its generous volunteers. Individuals who wish to donate their time and skills can do so at CDA Cares, a volunteer-run clinic that provides dental treatment at no cost to people who experience barriers to care. Learn more at cda-cares.org.

For more information on Foundation programs and ways to give, visit califoundation.org.
Apply
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plies will reduce our direct care costs substantially, allowing us to redirect the costs of those supplies to new programs and additional services for our low-income and uninsured patients,” said Doug J. Morin, executive director of the Coachella Valley Volunteers in Medicine.

Also serving the needs of communities in Southern California, the San Diego County Dental Foundation works to enhance oral health education and increase access to health care. The organization plans to use the grant to support the John Geis DDS Dental Clinic, a program that provides free dental treatments to previously homeless veterans.

“It is the ongoing mission of SDCDF to increase the clinic’s ability to treat more veterans, and it is through annual fundraising and generous grants from our donors that we can make this possible,” said Leslie Strommer, DDS, president of the San Diego County Dental Foundation.

Applications for 2020 grant open Jan. 1, 2020

Nonprofit organizations can start off the new year by applying as early as Jan. 1, 2020, for the grant, which provides in-kind goods valued between $5,000 and $25,000 per year for two years to selected organizations. To increase the chances of being selected, applicants should carefully review the grant application guidelines and materials found on the CDA Foundation website.

The application deadline is March 31, 2020.

Since its inception in 2003, the Dental Materials and Supplies Grant has provided more than $6.5 million in supplies to more than 170 nonprofit organizations.

Apply for the grant and learn about other grant and award opportunities at cdafoundation.org/grants-awards.

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