TDIC offers tips to prepare dental practices for wildfire season

As some dental practices in California continue to recover from the devastating effects of the 2018 wildfires, The Dentists Insurance Company advises dentists to be prepared for not only the 2019 wildfire season but also for the possibility of year-round wildfire threats.

Although historically the season has started in July, U.S. Forest Service Chief Vicki Christiansen warned in an NPR interview in June that wildfires are now a “year-round phenomenon.” On the heels of that interview, Christiansen’s warning was illustrated in California when residents in rural Yolo County were evacuated as state firefighters fought a fast-moving wildfire, Six Flags Magic Mountain in Valencia was evacuated because of a wildfire and Pacific Gas & Electric Company cut off power to thousands of customers as a fire safety precaution. With that in mind, dentists should take steps now to prepare their practices for cases of wildfire and other potential disasters, said Taiba Solaiman, senior risk management analyst at The Dentists Insurance Company.

“A catastrophic event such as a wildfire can be devastating to a dental office. Being prepared will help minimize the interruption and assist with resuming patient care should a practice be affected by a wildfire,” she said.

Making sure all practice records, including patient charts and accounts receivable, are backed up often with copies kept in cloud storage or an off-site location is an important step in the preparation process, said Collette Johnson, TDIC senior claims representative. Johnson has worked with dentists who were affected by the 2018 wildfires.

TDIC offers tips to prepare dental practices for wildfire season
Pause before you comply with a plan’s request for post-payment chart review

Dentists can avoid unnecessary stress by seeking guidance from CDA Practice Support before complying with a dental benefit plan’s request to conduct a post-payment chart review of patient records.

In a previous Update column, I shared information about plans’ audit authority to conduct post-payment chart reviews and how the plans have this authority through participating plan provider contracts. Post-payment chart reviews are required by state regulators, such as the department of managed health care and the department of insurance. Performing these post-pay chart audits or reviews is one way plans ensure that dental procedures reported on claims submitted by a dental office on behalf of an enrollee are consistent with the treatment documented in the patient’s chart.

Sometimes these chart reviews are triggered when potential patterns of overutilization of services rendered are identified through a plan’s system analysis via peer comparison. For example, a dental office that performs scaling and root planing more frequently than other offices could raise a red flag with the plan. Of course, the plan may find during these types of reviews that the dental practice is just very busy in comparison to other offices and the treatment was warranted.

![Image](https://via.placeholder.com/150)

**Cindy Hartwell has over 20 years of experience in the dental industry. After careers as an RDA and office manager in private practice, she joined a large dental benefit organization where she worked 16 years in both commercial and state government divisions. She held roles in customer service, claims processing, administration, training and professional relations.**

Dentists should understand that they are not obligated to comply with a request for a post-pay chart review by a plan where they have no contract.

Again, it is important to understand that the dentist has agreed to these types of reviews by signing their participating provider agreement with the dental plan. But, what happens when a dental plan requests a chart review or audit, but you are not a contracted, participating provider?

**When not to comply**

Dentists should understand that they are not obligated to comply with a request for a post-pay chart review by a plan where they have no contract.

CDA Practice Support has received an uptick in calls from dentists who received a request for chart review from a plan but were unaware of their rights as a noncontracted dentist and, unfortunately, did not call Practice Support for guidance. By voluntarily complying with the plans’ requests to review their charts, some dentists are now facing significant recoupment demands from the dental plans.

CDA has communicated with the dental plans about the questionable practice of soliciting chart information from noncontracted dentists to conduct post-pay audits.

**ASK AN EXPERT**

**Question:**
I am an owner dentist. It is my understanding that all claims can be billed to the insurance company with myself listed as the treating dentist. Is this correct?

**Answer:**
As the dental benefits marketplace continues to change, the protocol for hiring and billing for associate dentists is a common question. It is important to note that according to third-party payer contracts, the treating dentist listed on the claim must be the dentist who performed the actual work. In addition, a claim is a legal binding document and, as such, all elements noted on it must be true. CDA Practice Support has a resource that explains how to correctly bill when an associate dentist provides treatment in the practice.

**Go to cda.org/practicesupport**

**PRACTICE SUPPORT EXPERT RESOURCE OF THE MONTH:**

**Considerations When Billing for an Associate**

Member questions are lightly edited for reader clarity.
CDA clarifies irrigants that meet state law

A new law to ensure proper irrigation and disinfection of exposed pulpal tissue went into effect Jan. 1 of this year. As explained in a December 2018 Update article, the law states that water and other methods used for irrigation when performing procedures on exposed dental pulp must be “sterile or contain recognized disinfecting or antibacterial properties.”

The law is meant to prevent the introduction of pathogens and support cleanliness of the pulp tissues. Appropriate oral irrigants include chlorhexidine, BioPure MTAD and sodium hypochlorite.

Previous communication from CDA indicated that EDTA may be used as an irrigant; however, while EDTA may be an appropriate medicament during pulp treatment, it does not contain antibacterial properties and does not meet the requirement as an irrigation solution.

Dentists should be aware that treated dental unit water does not contain the disinfecting or antibacterial properties required by the law. 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.

Contact Teresa Pichay, CDA regulatory compliance analyst (teresa.pichay@cda.org), with any questions.
Drug-resistant diseases could become leading cause of death by 2050

Recommendations for dentists, other health care providers

“Unless the world acts urgently, antimicrobial resistance will have disastrous impact within a generation,” stated the World Health Organization in a report published April 29.

Already, drug-resistant diseases cause at least 700,000 deaths worldwide each year, but “if no action is taken,” that figure could increase to 10 million globally per year by 2050, overtaking diabetes, heart disease and cancer as the leading cause of death in humans, the report states. In the U.S., at least 2 million people each year are diagnosed with an antibiotic-resistant infection and, of these, approximately 23,000 die, according to the Centers for Disease Control and Prevention. In California, the respective annual numbers are 260,000 illnesses and 3,000 deaths.

Inappropriate use and overuse of antibiotics are the primary drivers of antibiotic resistance and are associated with C. difficile infections and increased emergency department visits for adverse events. Antibiotic-resistant infections are more difficult to treat and are linked to increased morbidity and mortality. Few antibiotics remain for treating resistant infections, and when new antibiotics are introduced, resistant microbes emerge faster — in as little as a year.

Dentists prescribe about 10% of all antibiotics in outpatient settings, according to a 2017 CDE report, and consequently play an important role in the effort to address antibiotic resistance.

The CDC recommends actions for health care providers, government health officials, pharmaceutical companies and agricultural producers. For health care providers, the recommendation is to increase the judicious use of antibiotics and improve infection prevention and control.

The December 2018 issue of the Journal of the California Dental Association spotlights antibiotic stewardship in dentistry with the feature article by Peter L. Jacobsen, PhD, DDS, examining the four core elements of antibiotic stewardship (commitment; action for policy and practice; tracking and reporting; and education and expertise). Also included are considerations for optimal antibiotic prescribing that encompass pretreatment, prescribing and staff education. A table is included as a guide for dental professionals who prescribe antibiotics in outpatient settings for certain common conditions.

Dentists and other health care providers can also participate in U.S. Antibiotic Awareness Week, which takes place every November. The CDC, in collaboration with state-based programs and nonprofit and for-profit partners, initiated the annual observance to raise awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic prescribing. CDA will remind dentists about USAAW 2019, set for Nov. 18-24, in early fall. More information, including a provider toolkit, is available now at cdc.gov/antibiotic-use/week/get-involved.html.
Take control of your student debt

As a CDA Endorsed Program, CommonBond offers a student loan refinancing benefit that can help you manage your debt. We pay off your old loans and replace them with a smarter, single loan to help you save money every month or pay off your student debt faster.

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Offered terms subject to change and state law restrictions. Loans are offered through CommonBond Lending, LLC (NMLS #1175900).

Participate in study to evaluate the Dental Transformation Initiative

To understand how well the Dental Transformation Initiative program is meeting its goals, the Department of Health Care Services has contracted with Mathematica, an external, independent research organization, to evaluate DTI as outlined in the Centers for Medicare & Medicaid Services Special Terms and Conditions.

As part of this evaluation, Mathematica will conduct telephone interviews in spring 2019 with a small group of dental providers to learn about providers’ perspectives on the DTI’s implementation. In fall 2019, Mathematica will conduct an online survey with a large random sample of dental providers to learn about the DTI program.

If you are contacted by Mathematica (www.mathematica-mpr.com), please participate in the study. Your perspectives on DTI are important to help DHCS assess and evaluate DTI impact and outcomes as well as inform future program efforts. Only Mathematica will know which providers respond to the survey and interviews. Mathematica will report their findings at an aggregate level, so the information you share with them will not be associated with you or your practice.

The DTI aims to increase the use of preventive dental services for children, prevent and treat more early childhood caries and increase continuity of care for children in the Medi-Cal Dental Program. Learn more at dhcs.ca.gov/provgovpart/Pages/DTI.aspx.

Contact dti@dhcs.ca.gov with any questions.

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Cost, convenience and confidence drive more shoppers to tdsc.com

The Dentists Supply Company has now launched in 47 states, offering consistent and competitive supply pricing to tens of thousands of members of organized dentistry. More shoppers means more savings for practices of every size. And member dentists are enthusiastically sharing how low costs, online convenience and confidence in product quality are making tdsc.com their favorite way to shop.

CDA members continue to see 20% average savings compared to suggested retail prices,* plus streamlined shopping that leaves more time to spend on other areas of practice.

Richard Barnes, DDS, of Visalia was tdsc.com’s top saver in 2018 and the first quarter of 2019. “I have my RDA do all the ordering and it takes her a few minutes, shared Dr. Barnes, “And I save over $1,000 a month!”

Nicholas Marongiu, DDS, benefitted from the third-highest total savings from the site last year and remains one of the top savers this year. He affirmed that “TDSC is a new platform that continues to grow — and get better and better — and offer unparalleled savings.”

Dentists in other states have quickly discovered the benefits and are exercising more control over their overhead expenses.

“Shopping with TDSC has allowed me to shave my overhead substantially,” said Cody Calderwood, DDS, of Park City, Utah. “With those savings, I’ve been able to do some remodeling and upgrades to my office.”

The substantial savings are coupled with the confidence that every single product on the site is from a trusted, authorized vendor. “My supplies went from 5% of my overhead to 3.3%. I’m thrilled that I can use name-brand materials, still save money and not sacrifice quality,” said Lindsay Compton, DDS, of Arvada, Colo.

“We have saved on supply costs consistently since our first tdsc.com order, said Jennifer Thompson, DDS, of Farmington, N.M. Dr. Thompson is one of the many shoppers who have taken advantage of TDSC’s free price comparison service. “It’s easy for a practice to send TDSC a list of products they currently order. A representative will then happily return a list of potential cost savings,” she said.

To discover your practice’s savings potential, visit tdsc.com.

* Price comparisons are made to the manufacturer’s list price. Actual savings will vary on a product-by-product basis.

CDA Foundation accepting donations for annual silent auction

The CDA Foundation is seeking donations for this year’s annual silent auction at the CDA House of Delegates. Hosted annually in November, the auction gives members a chance to bid on and win great prizes and trips while helping the Foundation make a difference in the lives of others.

Making this year’s auction yet another success cannot be done without your generosity. The Foundation is seeking donated items including, but not limited to, wine, jewelry, artwork (paintings, pottery, glassware), timeshares, sporting event tickets and gift cards.

Additionally, a raffle for a “Winner’s Choice” vacation will let one lucky winner choose a trip from among several destinations.

Money raised from the auction goes toward supporting the Foundation’s two flagship programs: CDA Cares, the volunteer-run dental clinic that provides dental services at no charge to Californians, and the Student Loan Repayment Grant.

If you are unable to donate an item to the silent auction but would like to support the Foundation, you can visit cdafoundation.org/donate to make a financial contribution. The deadline for receipt of donated items is Sept. 1.

For more information on how to make a donation, contact Karen Palmiter at karen.palmiter@cda.org or 916.554.3951.
Update on CDA’s new poster set: Corrected California Minimum Wage notice required

CDA Practice Support has identified two misprints in the 2019-20 Required Employment Poster Sets that were recently mailed to CDA members who are practice owners.

- The California Minimum Wage notice wage table contains a duplication of “Employers with 26 or more employees” for both large and small employers – with 25 or fewer employees.
- The Table of Permitted Duties – Dental Assisting contains a duplication of “Archwires – place ligature ties and archwires.” The table should indicate both placement and removal of archwires under Dental Assisting.

To stay in compliance with California regulations, we urge you to take these steps:

2. Print the notice and affix it to page 4 of your poster set.

C.E. calendar details 175 statewide courses for dentists, dental professionals

CDA maintains an online continuing education calendar that lists course offerings — currently totaling at least 175 — for dentists and dental professionals in California who want to enhance their practice and professional development or simply need credits for license renewal.

The calendar is organized by date and pulls from vetted sources throughout the state, with course offerings from CDA, local components, dental schools, specialty organizations and others. The calendar undergoes two major updates annually and now includes courses offered through the end of 2019.

Users can sort courses by sponsor, speaker, location, date, units or cost or search for courses by keyword.

Discounted registration prices for members are noted.

- Find courses now at cda.org/cecalendar.

Practice Support provides members a full suite of resources to navigate regulatory and compliance requirements in dentistry. To explore tools or connect with an expert analyst, visit cda.org/practicesupport.
Resources can help practices get ahead of amalgam separator requirement

Most dental facilities that have not installed an amalgam separator to comply with a rule published in June 2017 by the Environmental Protection Agency must install an amalgam separator by July 14, 2020. A facility is exempt if it certifies it does not place dental amalgam and does not remove amalgam except in limited circumstances or if it is one of six exempt dental specialties.

The EPA’s rule is intended to reduce the discharge of mercury from dental offices into publicly owned treatment works, which discharge treated wastewater to rivers, lakes, bays and the ocean. Amalgam separators capture this mercury prior to discharge into sewers and allow it to be recycled or properly disposed.

CDA has leveraged the strength of our large membership to deliver even more value, including resources to support you in the business side of practice. Endorsed Programs provide money-saving solutions from vendors that have been vetted by CDA.

[Endorsed Programs]
cda.org/endorsedprograms

To effectively capture mercury, the amalgam separator must be compliant with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) With Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions as long as that version requires amalgam separators to achieve at least a 95% removal efficiency. Regular inspection and maintenance in accordance with the manufacturer’s instructions is required.

The EPA rule requires dental facilities to collect all waste amalgam, including amalgam in chairsides traps, screens, vacuum pump filters, instruments or collection devices, and prohibits the use of line cleaners that have a pH lower than 6 or greater than 8, are acidic or contain oxidizers. California has additional amalgam waste management requirements.

CDA Practice Support in June 2017 published the resource “Amalgam Separator Requirement — Q&A” to assist members with compliance and updated the resource in October 2018 to reflect more recent developments. The resource covers in detail questions about compliance dates and expectations, specifications, documentation and record-keeping requirements, including a requirement that facilities submit to their local sanitation agency a one-time compliance report. A sample “Amalgam Separator Inspection and Maintenance Log” is available at cda.org/practicesupport.

**ECO II amalgam separator**

CDA worked with PureLife Dental, a CDA Endorsed Program, to help make complying with the EPA’s requirement easier and more affordable. PureLife’s ECO II amalgam separator is compliant and available to members for only $99 per unit with a discounted one-year replacement cartridge and disposal service agreement. To learn more, visit cda.org/amalgam.

CDA will remind dentists about the July 2020 compliance deadline as it nears. Dentists should keep in mind the availability of technicians to install the equipment. Dental facilities that had installed properly functioning amalgam separators prior to June 14, 2017, are required to replace their separators by June 14, 2027.

[For more details, read “Amalgam Separator Requirement — Q&A” available at cda.org/practicesupport]
Wildfires
From PAGE 1

Camp Fire in Butte County as well as by fires that originated within the practice. Checking that backups work is also a crucial step. “Please verify your backups, especially backups of patient records,” she said. “If you don’t have the technical information to know you have a good backup, have your IT specialist run a restore of your backup.”

Johnson also recommends taking videos of the interior of the practice and keeping those videos and any inventory lists in a separate location. Important documents can also be kept in a fireproof safe.

Several dentists whose practices and homes were destroyed by 2018 wildfires stress the importance of staying well covered by insurance policies. As reported in the May Update, Jeremy Chatfield, DDS, lost both his Paradise, Calif., practice and the house he shared with his wife and three daughters to the Camp Fire.

“Please verify your backups, especially backups of patient records. If you don’t have the technical information to know you have a good backup, have your IT specialist run a restore of your backup.”

Colette Johnson
TDIC Senior Claims Representative

“One thing I would recommend is reviewing your insurance policies every year. “If you’re changing them as you purchase new equipment,” he said. “Also make sure you understand them, and if you don’t, get someone who does to go over it with you.”

David Pokras, DDS, who practices at Southern California Endodontic Group in Simi Valley, discovered he was underinsured when he lost his house in the Woolsey Fire. “The next time we purchase homeowners or fire insurance, I will make sure we have enough insurance coverage to rebuild,” he said. “It is expensive to re-build and building costs are only going up.”

Dr. Chatfield, his staff and a patient narrowly escaped the wildfire that took out his practice, underscoring the importance of planning ahead to ensure the safety of both staff and any patients who may be in the practice at the time of a fire. Johnson with TDIC advises dentists to know their community’s evacuation plans, to map out several evacuation routes and to make sure employees are aware of those routes.

She also suggests they sign up for their community’s emergency alert notification system and to keep a well-stocked emergency kit on-site at all times. “The kit should include N95 respirator masks, which cover the nose and mouth and help keep the wearer from breathing in smoke and other hazardous substances,” Johnson said.

After a wildfire
If the unimaginable happens and a practice is damaged by a wildfire, a business continuity plan can be a valuable tool for dentists to use to ensure that gaps in patient care are kept to the very minimum, Soliman said. The plan should include the following guidelines for handling patient emergencies:

- Make arrangements with colleagues in the surrounding area who might be able to accommodate emergency referrals or are willing to accept a temporary time-sharing arrangement for their office’s after-hours to facilitate at least partial patient care until the damaged office is operational again.
- Notify patients of your temporary location via signage at your office (if applicable), an answering service and phone messages.
- If referring patients to a colleague, document those referrals and any discussions with patients and the course of action taken, such as prescribed medications, advised to go the nearest hospital, etc.
- If a patient was referred to a colleague, follow up on the status of the referral to determine if the patient was seen and, if so, the services rendered.
- Johnson also recommends that practices take these steps to begin the recovery process:
- Report an insurance claim.
- Route office phone numbers to the dentist’s cell phone or emergency exchange line.
- Contact and inform patients of practice status and relocation.
- Take photos of damages if law enforcement, the fire department and city officials have allowed entrance to the building.
- Provide copies of inventory lists and financial documentation to the insurance adjuster.
- Make sure companies that are offering assistance after the fire are licensed.
- Do not start any cleaning or removal until the loss site has been inspected by the insurance company.
- Funds made available through the CDA Foundation’s Disaster Relief Grant can also help dentists and their dependents and staff who are affected by wildfires get back on their feet.
- Contact tdicinsurance.com and cda.org/practicesupport to learn more about preparing for wildfire season. Additional information on preparing for an emergency such as a wildfire can be found on the Federal Emergency Management Agency website, fema.gov/media-library/collections/357.
Recent decision holds that ‘ABC’ independent contractor test applies retroactively

A California Supreme Court ruling in 2018 that created a stricter standard for determining who meets the definition of “employee” applies retroactively, the Ninth Circuit held in a May 2, 2019, ruling.

The decision means the “ABC” test created last year by the California Supreme Court will be applied to cases going forward, as well as to disputes dating back to before the new test was enacted. The ABC test makes it harder for employers to classify workers as independent contractors, which could be problematic for practice owners who improperly classified employees without consideration of the Borello or ABC test factors.

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**Background**

The California Supreme Court on April 30, 2018, issued its ruling in Dynamex Operations West, Inc. v. Superior Court of Los Angeles, announcing a significant adjustment from the S.G. Borello & Sons, Inc. v. Department of Industrial Relations, 48 Cal. 3d 341 (1989) test previously used by California courts and state agencies. The courts replaced the previous Borello test with the more stringent ABC test for determining whether an individual is considered an employee under the Industrial Welfare Commission wage orders, which govern aspects of wages and working conditions. (Dental practices can refer to Wage Order 4-2001.)

**Borello factors and pre-Dynamex decision**

The Borello test evaluated multiple factors to determine whether an individual was an independent contractor. The principal factor of the Borello test was whether the “person to whom service is rendered has the right to control the manner and means of accomplishing the result desired.” The test also included nine additional factors, but the test did not require that all factors had to be met to establish independent contractor status:

1. right to discharge at will, without cause;
2. whether the one performing the services is engaged in a business of which the service is a material part;
3. the relative investment of the employer and the person performing the service;
4. whether the parties are integrated into a common enterprise;
5. whether the service is rendered regularly under a written or oral contract;
6. whether the service is a specialized service which is usually performed for the general public;
7. whether services are performed by persons generally employed in an industry;
8. the method of payment;
9. the extent to which the person performing the service has an independent business operation.

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San Diego
858.692.4862 (cell)

Contractor

From PAGE 11

The ABC test imposes a significantly higher burden on practices than the more lenient Borello test, making it more difficult to establish a worker as an independent contractor.

Dynamex ABC decision – what it means for practice owners

The 2018 California Supreme Court’s Dynamex ruling asserted that the so-called ABC test — and not the Borello test — will govern whether a worker is an independent contractor under the California wage orders. The ABC test imposes a significantly higher burden on practices than the more lenient Borello test, making it more difficult to establish a worker as an independent contractor. Under the ABC test, workers will be presumed to be employees unless a company can prove all three of the ABC factors:

(A) that the worker is free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact; (B) that the worker performs work that is outside the usual course of the hiring entity’s business; and (C) that the worker is customarily engaged in an independently established trade, occupation or business of the same nature as the work performed.

Legislation aims to clarify who is an employee

Current state legislation, if enacted, would codify the Dynamex decision. Codifying Assembly Bill S (Gonzalez, D-San Diego) would make the Dynamex ruling the new standard that would apply fully to both non-wage and wage orders defined under the IWC. This standard differs from the current standard that only applies to wage orders.

Additionally, the bill would prompt retroactive compensation to misclassified employees for all wages typically owed to employees. The retroactive compensation would backdate from April 30, 2018 (when the ABC law took effect), or the worker’s hire date, whichever is later. Some examples of wages owed pursuant to wage orders would be overtime and minimum wage requirements. Some examples of wages owed pursuant to non-wage orders would be Social Security and payroll taxes, unemployment insurance taxes, state employment taxes and workers’ compensation insurance related to operations.

CDA has been working with the author and sponsor of AB 5 to secure an expansion of the health care provider exemption that is currently in the bill. This exemption would mean that instead of the ABC test established by the Dynamex decision, the employment relationship for dentists would be governed by the Borello test in place prior to the decision.

Recent amendments to the bill begin to address the concerns CDA has raised related to the ABC test; however, the requested exemption would be limited to only dentists and most likely take the form of the physician and surgeon exemption language currently in the bill. Assemblymember Gonzalez’s office has stated its openness to include such an exemption and CDA continues to advocate for its inclusion in future versions of the bill.

Dental practices should keep in mind that government enforcement agencies that regulate businesses’ compliance with employee classification rules tend to be highly unforgiving of misclassified staff, as they see such misclassification as an opportunity for employers to sidestep minimum wage, overtime and mandatory break requirements. Detailed questions or concerns related to classification should be reviewed with the practice’s legal counsel.

AB 5 could have major implications for California practices. Years of misconceptions have normalized classifying the dental team with little consideration of the legal implications. The sooner practices fix this, the sooner they could lower their potential liability.

Given the stringent ABC test and employers’ responsibility relating to the burden of proof, the number of individuals who are considered employees in California will almost certainly increase. As always, CDA is advocating in the best interest of dental practices everywhere. Practices that misclassified some of their staff should contact a labor law attorney or HR company to audit back payments of wages owed and assess their next steps toward compliance as soon as possible.

HR for Health is one of the leading
human resources management systems used by dental practices in California. As an endorsed partner of CDA, HR for Health has provided this article to ensure practices have a strategic plan for facing complex HR matters. Practices can learn more about becoming compliant by contacting HR for Health at 9254298552, option 1, or by email at cda.compliance@berkeleyhealth.com.

n CDA will keep members informed about Assembly Bill 5 on cda.org and in the Update.

Measles


Budget

From PAGE 1

The rates are funded by revenues generated from Proposition 56, the $2 per-pack tobacco tax passed by California voters in 2016. CDA and other health care providers worked to pass Proposition 56 with the goal of improving health outcomes for Californians who face barriers to care.

Proposition 56 revenues have successfully increased access to oral health care in Medi-Cal. Nearly a thousand dentists enrolled as new Medi-Cal providers in the first 18 months since the Proposition 56 rates went into effect, a 10% increase after years of stagnation. These funds are the first significant increase in dental reimbursements in decades. Hundreds of dental procedures receive supplemental payment, bringing total reimbursement for some common procedure codes to 75%-80% of average commercial rates.

Since the passage of Proposition 56, CDA has advocated for a long-term commitment to the increased reimbursement rates. CDA is pleased that this year’s budget deal provides multiple years of stability for these provider rates, continuing them through the end of 2021 with the potential for extension based on state revenues.

Stability in these rates beyond 2021 will be essential to preserve the momentum Proposition 56 has brought to improving Medi-Cal dental services. The continuation of these rates will help to ensure access to care for the more than 13 million Californians, including half of the state’s children, who now rely on Medi-Cal for their medical and dental coverage.

n Learn more about the Medi-Cal Dental Program at www.dent-cal.ca.gov/Dental_Providers or contact CDA Public Affairs at 916.554.4984. Learn more about the CalHealthCares program at phcdocs.org/Programs/CalHealthCares.

n To learn more or to submit a dental benefit issue, visit cda.org/dentalbenefits.

n Reference the CDC’s page on measles for health care professionals at www.cdc.gov/measles/hcp/index.html.

n CDA will keep members informed about Assembly Bill 5 on cda.org and in the Update.

S$OM total for dental loan repayment

CDA is especially pleased that the new budget also includes an additional $120 million in one-time funding from Proposition 56 for the CalHealthCares student loan repayment program, with $20 million dedicated for Medi-Cal dental providers. Added to the initial $30 million from last year, this new investment brings the total dental loan repayment to $50 million.

$210M in Proposition 56 revenues goes toward dental provider rates.

Under the program, recently graduated dentists are eligible for up to $300,000 of student loan repayment in exchange for five years treating at least 30% Medi-Cal patients. Dentists willing to relocate or open a new practice in 17 specific counties with the highest need for Medi-Cal providers are eligible for a special program offering a practice support grant of up to $300,000. The first round of applications closed May 3 of this year, with additional applications being accepted each year for the next four years. Due to the additional funds this year, the program will be able to make additional awards available to this year’s applicant pool.

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Pause

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The dental plans maintain that they have a responsibility to their subscribing groups to ensure that coverage is paid correctly and that these types of audits help them to determine the accuracy of claims processing.

CDA maintains that authority to conduct such chart reviews only exists within a plan’s participating provider agreement with the dentist. If there is no agreement, there is no authority to conduct these types of reviews.

However, plans conducting this type of outreach hold to the opinion that if they request a post-pay chart review from a noncontracted dentist and the dentist agrees to the review, the review will move forward.

For this reason, dentists need to be informed of their responsibilities or lack thereof. To help ensure a good outcome for you and your practice, reach out to CDA Practice Support prior to complying with a plan’s request for this type of review. CDA is here to help our members protect their rights and those of their patients when dealing with dental benefit plans.

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“Diversification is only required when investors do not understand what they are doing.”
—Warren E. Buffett
Volunteer dentist prepares for September CDA Cares clinic in San Bernardino

Q&A with Local Arrangements Committee Chair Gerald Middleton, DDS

“Creating a smile that not only looks good, but also works well.” That’s a goal Gerald Middleton, DDS, strives for at his private practice in Riverside County and as lead of the upcoming CDA Cares clinic in San Bernardino this fall. It’s the first time the CDA Foundation is hosting the clinic in San Bernardino and will be Dr. Middleton’s first time serving as chair of a CDA Cares Local Arrangements Committee. As chair, Middleton oversees the recruitment of dental professionals and community volunteers, raises funds and identifies and secures pharmaceuticals and local dental lab equipment. This work begins 12 to 14 months before every event.

As former president of the Tri-County Dental Society and leader of several of its committees including the Council on Legislation to Community Health, Middleton’s love of dentistry shows in his desire to advocate for those in need and to continuously educate himself and patients about oral health care. No stranger to philanthropic work, Middleton is also a recognized provider for Project K.I.N.D. (Kids in Need of Doctors) — a program that provides free health care to minors with acute illnesses who do not qualify for Medi-Cal or have dental insurance.

A longtime member of CDA and an active volunteer at several past CDA Cares, Middleton is familiar with the amount of work and dedication required to ensure each event is a success. CDA spoke with him about how his past experiences and advice from previous chairs and clinical leads have helped him prepare for the San Bernardino event, which takes place Sept. 27-28 at the National Orange Show Events Center.

What have you gained from volunteering at past CDA clinics, particularly as it might help you approach and organize the upcoming San Bernardino clinic?

I am always impressed at how an event as large and complicated as CDA Cares can run with such efficiency. Volunteering in several different areas at multiple CDA Cares events has allowed me to gain a better understanding of how the event runs as a whole. At the previous CDA Cares in Solano County, I was able to interact with several of the leads to discuss and share ideas on how to continue to improve the event and bring some of these ideas back to San Bernardino.

Can you speak about the particular need for this event in San Bernardino and the surrounding area?

The need for CDA Cares in San Bernardino is huge. 18.2% of the population is currently living below the poverty level — drastically higher than both the state and national average. Low-income chil-

Give health, hope and happiness. By contributing your time and talent, you relieve pain, restore dignity and create smiles for thousands of people who face barriers to care. Volunteer at CDA Cares San Bernardino to help provide essential dental care to those in need.

CDA Cares San Bernardino
September 27–28, 2019
National Orange Show Events Center

Join us. cdafoundation.org/cdacares
Gerald Middleton, DDS, attends to a patient at CDA Cares San Diego in 2013.

The July issue of the Journal of the California Dental Association highlights the importance of dental practice safety and risk management. Articles discuss the legal ramifications of practicing unsafe dentistry, the proper choice and use of emergency medications and the use of checklists to improve patient safety.

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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