NEW STATE PROGRAM AWARDS $10.5M IN GRANTS TO DENTISTS

The Department of Health Care Service’s new program designed to expand access to care for Medi-Cal patients has awarded $10.5 million to 40 dentists to pay student loan debt.

Approximately 1,300 health care providers, including 241 dentists, applied to the CalHealthCares program, which offers up to $300,000 in debt relief in exchange for meeting certain criteria. Part of that criteria requires applicants to maintain a 30% or more Medi-Cal patient caseload.

“Expanding access to care will ensure California’s most vulnerable residents receive oral health care, which is essential to overall health,” said Del Brunner, DDS, CDA president. “We know student loan debt is one of the biggest financial hurdles a dentist may face and this program will allow practitioners to follow their passion of providing care for the underserved.”

The awardees will provide services to Medi-Cal patients in 20 counties throughout California. Most of the awardees are general dentists and nine are specialty dental providers. Additionally, the awardees have varied practice settings, including community clinics or Federally Qualified Health Centers, academic settings, group practice and private practice.

Dentists who have graduated from dental school within the past five years or those willing to relocate their practices to an area of highest need are eligible to apply for the program created by the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act of 2018.

“Without the burden of student loan debt, dentists have more economic freedom that allows them to make the commitment to serve the Medi-Cal population’s dental needs,” said DHCS Director Jennifer Kent.

The average educational debt for all indebted dental school graduates in the class of 2018 was $251,869 for public schools and $326,133 for private schools, according to the American Dental Education Association.
What’s covered and who pays what: It’s all in the EOB

Drumroll …

Congratulations — the dental plan paid the claim! Or did they? Confirmation that your claim has been processed comes in two forms: payment and/or an explanation of benefits. An EOB is sent to the patient and/or dental office as a receipt of services provided. Unfortunately, dental plans do not have standardized formats for these documents, which is why it’s necessary for an office to pay close attention to columns, verbiage and line items and to read the EOB completely.

Practice Support often receives calls from offices questioning what they were paid and what they may charge their patients. In most cases, the answers to these questions can be found on the EOB.

The EOB indicates whether or not treatment was covered. If the service was denied, the plan is required to explain the denial. As I’ve already stated, since these forms are not standardized among dental plans, the language on the EOB can cause confusion between patients and providers.

In addition to reflecting what was paid by the plan, the EOB lists what amount, if any, the patient is responsible for paying. I receive some calls from dentists who ask me what they are allowed to charge the patient. In response, I always ask, “What does the EOB note for patient liability?” One can become so focused on what the plan paid or did not pay that he or she forgets to review what the patient’s liability is.

Once the patient liability is determined, questions arise. Network participation frequently results in practice write-offs due to contracted fees as one of the terms of a dental plan agreement. If the dentist is an in-network dentist with the plan, the dentist might not be allowed to bill the patient the balance between their usual fee schedule and the plan’s contracted fee schedule. The difference between the practice fee and the plan’s contracted fee would be considered a write-off.

The following items on the EOB should be carefully reviewed for accuracy:

- Patient name
- Treating dentist
- Date of service
- CDT code(s) submitted
- Total of billed charges
- Allowed amount(s)

In addition to reflecting what was paid by the plan, the EOB lists what amount, if any, the patient is responsible for paying.

**Question:**

I have a married couple who refuse radiographs and exams but want their teeth cleaned every six months. What legal responsibility do I have if something happens to them? I have a very small community practice so I need to be cordial about this as we will see each other in the area. What are my options and responsibilities?

**Answer:**

Unfortunately for your patients, they cannot legally dictate the standard of care. If you have discussed with them the diagnostic importance of radiographs and exams, and possibly provided the FDA/ADA guidelines for prescribing radiographs, then you may want to provide them with a letter that explains radiation safety, establishes your expectations about patient compliance and advises them of their options should they continue to object to radiographs and exams. Please consult with your liability carrier in the event that the patients fail to comply and you need to dismiss them from your care.

**ASK AN EXPERT**

*By CINDY HARTWELL*

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.

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When smartphones, side gigs and odors disrupt the office

Addressing sensitive topics and expectations with policies

Have you ever considered how you should address unusual or troublesome employee conduct in your practice? With so much emphasis on employers establishing required written policies mandated by federal, state and local laws, it’s easy to overlook the important day-to-day employee management policies on everything from hygiene and smoking to use of personal electronic devices.

Employees often look for loopholes when they try to justify behavior outside your expectations, and they look to your employee policies to find them. Your employee policies should provide guidance to reinforce your expectations.

Employers will find it easier to enforce the “rules” and address inappropriate employee conduct when rules are in place. When employers do not have written policies that define conduct expectations or their policies are not consistently applied from employee to employee, confusion and potential claims of discriminatory treatment can arise.

Following are four areas of employee conduct and attire expectations that you might consider addressing through a workplace policy, if you don’t already have one in place.

**Excessive device usage**

Smartphones, tablets and wearable technologies have become an integral part of employees’ everyday lives. While many dentists are visiting their concerns over employees’ excessive use of cellphones and watches, very few have an office policy in place to address this issue. Those who have a policy often have difficulty enforcing it because employees argue that they need to have their cellphones on them during work hours in case of “emergencies.”

When used excessively, these devices may cause problems such as distracting employees from work, disturbing patients and other employees, posing security or work hours in case of “emergencies.”

When used excessively, these devices may cause problems such as distracting employees from work, disturbing patients and other employees, posing security or HIPAA risks and, lastly, creating potential infection-control problems.

**Remember that any office policy you implement will only work if you follow the policy as well. If you use your phone between patients, the rest of your staff will start to think it is OK to use theirs.**

Employers may establish policies that direct all employees to keep these devices (powered off or in silent mode) with their personal belongings and limit usage to rest and meal breaks. When eliminating all calls or restricting use, you will want to address how your employees’ family members will reach them during working hours in case of a true emergency.

If you choose to implement a policy, be sure you are willing to enforce it with all staff, not just the individual who may be abusing their phone. Also, remember that any office policy you implement will only work if you follow the policy as well. If you use your phone between patients, the rest of your staff will start to think it is OK to use theirs.

**Fragrance, grooming and personal hygiene**

Because employees of dental practices generally work in close proximity to one another, it is easy for excessive or offensive odors to become an issue. Employees who are heavy-handed when applying fragrances, smoke on breaks or don’t tend to their personal hygiene may not be mindful of how body odor can cause a disruption in the office. Other employees may feel uncomfortable and, in extreme cases, be unable to perform their jobs. Employees may also begin to talk about the problem in the workplace, which disrupts work even more.

Employers should have a policy in place that outlines the practice’s expectations for professionalism and grooming. This can include or exclude the use of accessories, perfumes, gum, deodorants and soaps, etc. As a representative of your office, you can clearly communicate in detail what you expect.

However, employers need to be cautious when addressing grooming standards. “Neat and clean” is fair, and it leaves the employer free to address individual cases that arise as opposed to having a standard that is discriminatory. However, be mindful of certain grooming practices that are based on race, culture or religion, such as dreadlocks, which typically are protected by law.

Employers should address these topics privately and with sensitivity. Body odor may be caused by a medical condition, poor hygiene or a specific diet, to name a few possibilities. If the issue is not addressed appropriately, it may run afoul of disability laws.

**Attire and personal expression**

Creating different policies for different job titles or departments can be an acceptable practice in some circumstances. Establishing a different dress code for front-office versus clinical employees could be based on a legitimate business justification — maintaining a professional appearance in a front-office environment, where patients interact with employees on business matters, versus a clinical dress code where employees will be working chairside.

Discrimination laws generally do not inhibit your right to determine appropriate workplace dress. In fact, you have a lot of discretion in setting appearance standards. Employers often have a “maintain a professional appearance” dress code, which can be challenging when the weather is hot. It is permissible to ban flip-flops, open-toed shoes, shorts, tank tops and other unacceptable clothing. Because the different dress codes are based on a legitimate business necessity rather than any protected class (e.g., race, gender or national origin), they would not be considered discriminatory.

Employers should be cautious not to impose different standards on men versus women because such different treatment could be viewed as sex or gender discrimina-
The purpose of the peer review program is to resolve disputes between patients and dentists, focusing on disputes about the quality or appropriateness of dental treatment. However, peer review offers the flexibility of giving a goodwill refund to the patient or having the treatment reviewed by peers.

When a patient calls CDA to file a complaint about treatment provided by a member dentist, CDA staff encourages the patient to contact the dentist to resolve any concerns. If the dispute persists, the patient may initiate a request for peer review. The program is provided at no cost to patients and CDA members.

Peer review cases begin with informal mediation. A CDA staff mediator speaks with the patient and dentist to help the parties explore whether an amicable resolution can be reached. Often, increased tension results in loss of communication between the patient and dentist, but a neutral third party can help separate the emotion from the situation.

In mediation, some dentists choose to offer a full or partial refund for treatment as a good-faith gesture to resolve the dispute swiftly. If a patient and dentist agree to a resolution, the patient signs a comprehensive release of all claims in exchange for any refund. Many patients and dentists find mediation to be a less stressful option and an opportunity to move quickly to resolution, though it may involve a willingness to compromise on both sides.

If a patient and dentist do not resolve the dispute through mediation, the case will proceed to evaluative peer review, where a peer review committee reviews the case. Committee members are dental society volunteers who are trained to conduct objective and confidential reviews. Records from the treating and any consulting dentists are collected and reviewed in detail. The committee examines and/or interviews

Many patients and dentists find mediation to be a less stressful option and an opportunity to move quickly to resolution.

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.

cda.org/endorsedprograms

Feel like it’s going to take forever to pay off your dental school loans? As a CDA member, you’ve now got access to a student loan refinancing program that helps you better navigate debt. Save significantly over time by trading in existing high-interest loans for a single new loan at a lower interest rate.

**CommonBond** offers members loan refinancing that’s designed for dentists at a 0.25% rate discount*, plus a $500 cash bonus.** Lower monthly payments to improve cash flow or pay off student debt faster.

* 0.25% discount will be reflected on the final truth-in-lending disclosure.
** $500 credited to your PayPal within 6 weeks of funding. Lending decisions are not impacted in any way by participation in this offer. Offer is non-transferable. No substitutions. Limit one offer per loan.

CDA members are typically unfamiliar with the peer review process unless they have gone through it themselves or have served on a local peer review committee. Even those who are aware of peer review might not know that the program was recently enhanced to include informal mediation.

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Surety bonds required for dentists enrolled as DMEPOS suppliers

Beginning June 1, the National Supplier Clearinghouse began sending letters to Medicare-enrolled dentists notifying them that a surety bond of at least $50,000 per office location might be required to initiate or continue their Medicare enrollment as a supplier of durable medical equipment, prosthetics, orthotics, and supplies. Prior to 2019, dentists were exempt from this rule, “Medicare Program: Surety Bond Requirement for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS),” published by the U.S. Centers for Medicare & Medicaid in 2009.

According to the CMS, as of April 2019, 1,365 dentists were enrolled as DMEPOS suppliers in Medicare, which amounts to an estimated 100 dentists in California who should have received the letter. CDA Practice Support and The Dentists Insurance Company report that some members upon receipt of the letter have called with questions about their obligations and whether they meet the surety bond exception 42 CFR 424.57(d) (15)(h)(c).

Because a dentist acts exclusively as a DMEPOS supplier when furnishing an oral appliance prescribed by another practitioner, the dentist will not typically qualify for the surety bond exception. Similarly, dentists who supply DMEPOS and perform tasks that involve device fitting and assessing the patient for that device do not meet the exception in the regulation that applies “only to services in which the diagnosis, prescription and fitting occur ‘as part of’ the physician service,” according to the CMS fact sheet dated June 1.

**Suppliers who received the notice from the National Supplier Clearinghouse must take one of three actions.**

For example, oral appliance therapies for sleep apnea are considered DMEPOS items that require a written order from the treating physician. As such, dentists who are furnishing oral appliances for sleep apnea are required to have and maintain a surety bond of at least $50,000 per office location.

In other terms, as reported June 17 by the ADA, “CMS said the surety bond exception only extends to physicians who are both prescribing and fitting the product in the course of their own ‘physician service.’”

The letter from National Supplier Clearinghouse outlines one of three actions that the supplier must take within 60 days of the date of the notice:

1. Provide proof of a valid surety bond.
2. Voluntarily terminate their DMEPOS enrollment.
3. Provide proof that all DMEPOS items provided are for the supplier’s own patients as part of their physician service.

CMS notes in its fact sheet that it will deactivate suppliers’ billing privileges if they fail to obtain, timely file or maintain the specified surety bond.

More information is available on the ADA’s surety bonds page at ada.org/suretybonds.

1. Members who received the letter and have additional questions or who need assistance in securing the bond can contact TDIC at 800.733.0633.

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**Peer review**

**From PAGE 4**

the patient, and the dentist has an opportunity to meet with the committee separately. After careful deliberation by the committee, a decision letter is sent to the patient and Dentist. Each party has the option to appeal the outcome.

If a peer review committee finds the treatment unacceptable or inappropriate, the dentist refunds for the treatment (or pays the cost to correct any damage). There are no additional monetary awards for pain and suffering or lost wages. Patients agree to abide by the decision when the case is initiated and must sign a release of all claims to accept any refund.

Cases must be initiated by the patient; however, dentists may initiate an evaluative review in certain instances to appeal an insurance carrier’s denial of benefits. Patients usually become aware of the peer review program by speaking with a consulting dentist, contacting the dental society or conducting a simple internet search, but member dentists can even refer their own patient to initiate a case if assistance is needed.

The peer review program was created by the CDA House of Delegates in 1976 and has evolved significantly to its current status, with over 400 volunteer committee members throughout the state who share their expertise. In 2018, 60 disputes were resolved through mediation and 63 cases were resolved in evaluative peer review. Historically, approximately half of the cases in evaluative review are found in the dentist’s favor and half are found in the patient’s favor. The program does not advocate for either party. The patient and dentist agree to any settlement in mediation, and evaluative peer review is evidence-based with the outcome determined by a committee’s review.

Having an unhappy patient who complains about treatment can be stressful. Peer review is an alternative to costly and time-consuming litigation, and case information is confidential. When the real and emotional costs of litigation are considered, the peer review program at CDA is a great member benefit.

By virtue of membership with CDA, member dentists agree to participate in the peer review program. The Peer Review Manual outlines time limitations and treatment criteria for accepting a case into the program. The Council on Peer Review provides informational courses at CDA’s continuing education convention, CDA Presents The Art and Science of Dentistry.

Learn more about peer review at cda.org/member-resources/protection/peer-review.
CDA may not be hosting a continuing education convention this fall, but dentists and dental professionals who are attending the ADA FDI World Dental Congress Sept. 5-7 in San Francisco can still stop by the CDA, TDSC and TDIC booths to ask friendly experts all of their questions, learn how to save on dental supplies, obtain free, no-obligation insurance quotes and much more. Read on for the companies’ booth numbers and planned activities in Moscone Center South.

**CDA – booth 2139**

- Meet CDA staff, including representatives from Practice Support, Membership, the CDA Foundation and CDA Presents, who will be on-site to answer any questions you have.
- Learn about CDA Foundation’s key programs, including the Student Loan Repayment Grant, CDA Cares — the volunteer dental program — and the Disaster Relief Grant, and find out how you can support the Foundation.
- Don’t miss photo-ops with the large, 3D CDA sign!

**TDIC – booth 1941**

- Learn about dentist-focused professional insurance for you and your practice.
- Talk to insurance experts and obtain a free, no-obligation quote.
- Attend TDIC’s online Risk Management seminar “Pain & Perception: Reducing nerve injury risks” and earn a 5% discount on your TDIC Professional Liability coverage. [Register at tdicinsurance.com/seminars/current-seminar]

**TDSC – booth 1945**

- Get set up to shop on tdsc.com and see how you can save more on supplies than you pay in dues.
- Request a custom price comparison and let the TDSC experts compare tdsc.com prices for you to find easy savings.
- Play the “Whack-a-Molar” game (a hit at CDA Presents Anaheim in May) for a chance to win fun prizes and dollars to shop tdsc.com.

**CDA will hold its next C.E. convention, CDA Presents The Art and Science of Dentistry, May 14-16, 2020, in Anaheim and will share more information about open registration and programming later this year.**

**Grants**

A total of $340 million, including $50 million for dentists, has been allocated to the CalHealthCares program from revenue generated by Proposition 56, a voter-approved tobacco tax that CDA and other health care organizations sponsored in 2016. CDA has worked closely with the DHCS to establish the program using some of the tax funds. The announcement of awardees, which also includes 247 physicians, is the first of at least five rounds of funding. In January 2020, CalHealthCares will accept applications for its next round of awards.

For more information on the CalHealthCares grants, visit phcdocs.org.
Scammers posing as DEA agents contact dental offices with demands

Several dentists have notified CDA Practice Support or their local dental societies of two scams targeting their dental practices.

Dentists in the San Francisco Bay Area, South Lake Tahoe and Central Valley report receiving calls from individuals who claim to be DEA agents, provide badge numbers and proceed to make demands. The callers tell the dentists they could be arrested if the demands are not met. One dentist reported that the caller told him his DEA license was being used to help transport “hundreds of thousands of dollars’ worth of drugs across the Mexico border.”

The DEA has confirmed that the calls are scams and that the scammers are using falsified phone numbers that mimic legitimate DEA numbers.

Similar scams have made the rounds previously in California. In July 2018, criminals posed as DEA employees and targeted small businesses, including dental practices, as part of an extortion scam. In March of this year, the DEA warned in a press release of an “alarming increase of scam calls” that threaten legal action or demand immediate payment of fines.

“DEA personnel will never contact practitioners or members of the public by telephone to demand money or any form of payment. DEA will not request any personal or sensitive information over the phone. Notification of a legitimate investigation or legal action is made via official letter or in person,” the DEA states in the release.

Any DEA registrant who is contacted by individuals claiming to work for the agency and demanding or requesting money or threatening to suspend the registrant’s DEA license is urged to report the call using the DEA’s online extortion scam report form, available on the agency’s Diversion Control Division website (https://apps2.deadiversion.usdoj.gov/esor). The one-page report gives registrants the option of receiving a callback from DEA personnel about the incident.

DEA registrants with questions may contact the DEA Registration Helpline at 800.882.9539.

In a second scam reported by at least three dentists to the San Gabriel Valley Dental Society, callers posing as employees of Southern California Edison, the electrical supply company, are contacting dental offices in the attempt to collect money and personal information.

To help dentists avoid falling for this scam, CDA Regulatory Compliance Analyst Teresa Pichay advises that they train staff to verify a caller’s credentials and information, such as contacting the company using the information on the company website, before providing practice information to the individual.

Another good practice is to limit the number of people who are authorized to place orders and pay invoices. Additionally, the validity of the number on the phone’s caller ID should not be assumed.

“Scammers want an immediate response. Don’t give it to them,” Pichay says. “Take a deep breath, research it, then act accordingly.”

Reference the FTC’s guidance on phone scams: www.consumer.ftc.gov/articles/0076-phone-scams.
Connect your patients to your practice with **ADA.TV**

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

⭐⭐⭐⭐ - Brandi B.
With The Dentists Supply Company’s expansion this year, members of organized dentistry nationwide are enjoying the benefits of collective buying power. Through tdsc.com, shoppers continue to see 20% average savings compared to MSRP on dental supplies and small equipment. However, the online savings are often even greater when compared to the prices shoppers have been paying other suppliers.

Side-by-side savings case studies

Through its free price comparison service, the TDSC team analyzes shoppers’ invoices from other major suppliers to find product-by-product savings potential on their behalf. Practices in 47 states can now see how tdsc.com prices stack up to the actual prices they’ve been paying elsewhere.

Case study 1: Cosmetic dentist in Westhampton, N.Y.**

Looking at this practice’s invoiced items from a major national supplier, the TDSC team found 20% savings on exact matches, reducing the practice’s total cost from $1,982.66 to $1,579.91 for the same items.

Of note:
- 20% average savings ($402.75) on an order of 15 items, plus free shipping
- $58.05 savings on one two-pack of luting cement clicker refill
- 51% savings on an autoclavable extended vacuum valve lever

Additionally, the practice would pay no shipping fees through tdsc.com, as shipping is free on every order with no minimum purchase requirements.

Case study 2: Family dentist in Battle Creek, Mich.**

This Michigan practice submitted invoices from the same major supplier as the New York practice. The TDSC team compared prices again and found 17% average savings for exact product matches. This means that the practice would spend $1,289.63 at tdsc.com instead of spending $1,557.58 elsewhere for the same items.

Of note:
- 17% average savings ($267.95) on an order of 22 items, plus free shipping
- $38.37 savings on an adhesive luting cement system for indirect restorations
- 34% savings on one five-pack of engineered diamond burs

Like many practices, this one could realize even more savings potential by choosing equivalent alternatives. For an additional eight products compared, tdsc.com alternates would provide 59% average savings (a nearly $200 difference) compared to invoiced prices.

Choosing an alternate for a 100-pack of intraoral tips, for example, would result in 90% savings.

Case study 3: General dentist in Hartsville, S.C.**

For this South Carolina practice, the TDSC team found an impressive 29% average savings for exact product matches. The practice’s total cost would be reduced from $8,157.46 to $6,028.39 by shopping tdsc.com.

Of note:
- 29% average savings ($2,129.07) on a single order of 24 items
- $59.55 savings on a 1200-pack of disposable air/water syringe tips
- 78% savings on 1 liter of the same name-brand mouthwash

As in the second case study, this practice could realize significant savings with tdsc.com-equivalent alternatives. Of an additional nine products compared, alternates would provide 29% average savings (more than $200).

Case study 4: Oral and maxillofacial surgeon in Santa Rosa, Calif.**

For this California practice, the TDSC team found an impressive 26% savings on exact matches. The practice’s total cost would be reduced from $8,157.46 to $6,028.39 by shopping tdsc.com.

Of note:
- 26% average savings ($2,129.07) on an order of 31 items, plus free shipping
- $75.47 savings on one package of reverse cutting Vicryl sutures
- 40% savings on a 10-pack of popular round sterile carbide burs

With dental supplies trending at 6% to 8% of collections, a practice with $800,000 in income spends approximately $52,000 per year. Reducing supply costs by 20% could result in annual savings of at least $10,000. And at the higher rates demonstrated in these case studies, a practice’s annual tdsc.com savings could be in the tens of thousands.

See how your invoices compare.

Request a free, personalized price comparison from TDSC on tdsc.com/pricecompare.

* Savings compared to the manufacturer’s list price. Actual savings on tdsc.com may vary. ** Price comparison based on an actual customer who purchased a comparable product within the past 12 months. All trademarks used herein are the property of their respective owners in the United States and abroad.
New safety sharps product available to dentists

Reminder: Cal/OSHA requires evaluation of safety sharps use

A new safety sharps product, the Verena Solutions SimpleCAP, is available to dentists and can be purchased from most major suppliers. CDA Practice Support has updated its list of safety sharps providers to include this newest product. Members can access the list, which includes links to the manufacturers’ websites, in the resource library at cda.org/practicesupport.

Dental practices are required by the Cal/OSHA bloodborne pathogens regulation to regularly evaluate the appropriateness of using safety sharps with the goal of reducing needlesticks and other “sharps” injuries that can cause exposure to bloodborne pathogens. Practices must either use safety sharps or document in their Cal/OSHA-required exposure control plan the reasons why they do not use safety sharps. The evaluation must be completed for each type of sharp used. Four exceptions allowed by Cal/OSHA are relevant to dentistry and include if the use of a sharp with an engineered sharps injury protection feature jeopardizes patient safety or the success of the dental procedure and if needleless systems are not available in the marketplace as determined by specific research.

The evaluation must document specific information, including, but not limited to, (1) the brand of dental sharps used; (2) the dental procedures for which the sharps are used; (3) whether the sharp has an engineered sharps injury protection feature, which is a physical attribute built into the

sharp that effectively reduces the risk of an exposure incident, and, if not, which of Cal/OSHA’s exceptions the dental office uses; and (4) whether sharps were involved in exposure incidents and the frequency of the sharps’ use.

CDA Practice Support provides for members an exposure control plan (included in the CDA Regulatory Compliance Manual), a dental sharps evaluation form and a list of safety sharps providers, which was updated recently to include the new Verena Solutions SimpleCAP.

Practices must either use safety sharps or document in their Cal/OSHA-required exposure control plan the reasons why they do not use safety sharps.

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Find all resources referenced in this article under the “Regulatory Compliance” tab in the resource library at cda.org/practicesupport.

| The Verena Solutions SimpleCAP. (Photo used with permission.) |
Eligible employers as of July 1 can now register for CalSavers, the state’s new retirement savings program for private sector workers.

Employers are eligible to participate in CalSavers — a Roth IRA (after tax) — if they have five or more employees and do not already offer an employer-sponsored retirement plan. Employers pay no fees for participating in CalSavers, and they are not required to contribute to the program.

Employers of all sizes can voluntarily register in advance of the following registration deadlines:

- 5-50 employees: June 30, 2022
- 50-100 employees: June 30, 2021
- More than 100 employees: June 30, 2020

Eligible employees will be automatically enrolled in the program 30 days after the employer’s registration, but as the program is voluntary, employees can choose to opt out at any time.

The program is intended to minimize administrative burden and remove any liability for participating employers. Once registered in the program, employers will only take one additional step to complete their account setup and will be responsible for two ongoing actions:

- Provide CalSavers with personal information about each employee. CalSavers will then contact each employee to customize their account, make savings elections and explain how to opt out.
- Calculate the rate of deduction for each employee based on the schedule provided on the employer’s account page and deduct from each employee’s salary the employee’s contributions to the program.
- Remit the employee’s contributions to the CalSavers program administrator within seven days of the salary deduction.

CalSavers accounts have a default savings rate of 5% of the employee’s gross pay, but employees can change their rate at any time. Also, employees who do not have access to a retirement savings plan through their employer may apply on their own, as opposed to applying through their employer.

The CalSavers program was established as part of Senate Bill 1234 as a “simple and effective way for employees to save.” Signed into law in 2016, SB 1234 requires all California employers with five or more employees to offer a retirement savings option or facilitate their employees’ access to CalSavers. Eligible employees may be fined under the Unemployment Code if they do not currently offer a retirement savings plan and fail to allow their eligible employees to participate in CalSavers.

Employers can register for the program online, by phone or mail. The program website is available in English, Spanish and simple Chinese.

- Register for the CalSavers program or find more information, including FAQ, at www.calsavers.com.
lot outside of the Kern County Fairgrounds, where the event was held. After “a massive panic attack and a lot of praying,” Catherine concluded that she was too scared to receive treatment, but she chose to stay and sign up as a volunteer. Some members of her church had already done so in response to the call for volunteers earlier that fall. Plus, she thought it might be a small step to confronting her phobia.

Catherine credits several longtime CDA Cares volunteers for what happened next: getting her into a chair to receive much-needed care.

On a break during her first volunteer shift, she met Nancy Yarborough, lead of patient support. After Catherine confessed her dental phobia, Nancy encouraged her to talk to a dentist about needing treatment. Later that day, Catherine worked up the courage to talk to Nancy’s husband, Craig Yarborough, DDS, who at the time was the CDA Cares Committee chair. Catherine told him about her oral infection, pain and phobia.

“Nancy brought Catherine to me and I could tell she needed care but was very apprehensive,” Dr. Yarborough said. “I assured her we treat all individuals, individually. I asked her to trust me and said if she could return the next day as a patient, we would take care of her first thing in the morning. To her credit, she had the courage to do that.”

“He helped me through the fear of the registration process,” Catherine said. Catherine completed her volunteer shift and returned as a patient early the next morning. After registration and X-rays, she was introduced to Stephen Abbott, DDS, who provided the treatment that eliminated her pain and infection.

“When Dr. Yarborough brought Catherine over to my chair, the fear was obvious in her face,” Dr. Abbott said. But he explained to Catherine the procedures he would be performing and assured her that her comfort was paramount to everything else. “If at any time she needed to pause treatment, we would do so.”

That Saturday, they slowly and methodically completed the treatment on two of Catherine’s most pressing dental issues. “He was kind and patient with me and my dental phobia,” she said.

‘CDA Cares changed everything for me’

Six months later, Catherine, who used to cover her mouth with her hand when she laughed, was well on her way to being completely over her dental phobia, helped along by the gentle consultation, care and education she said she received at the Bakersfield clinic.

She also noticed that she was beginning to smile for pictures.

“As my teeth were fixed, my self-esteem grew,” Catherine said. “I felt I’d come out of a shell that I didn’t know I was in. CDA Cares Bakersfield set my feet on the path to receiving dental care, and I will forever grateful to the amazing volunteers who put me on that path to healing.”

Catherine is not only benefiting from improved self-esteem but from an improved oral health care routine at home. She now brushes twice daily and flosses daily, which she admits was not a habit for her prior to the Bakersfield clinic.

And having overcome her dental phobia, she says she is now in a much better position to ensure that her children follow the same good practices and receive the dental care they need.

“I regularly remind my kids to only floss the teeth they want to keep,” she said with a laugh.

Dr. Yarborough says that along with Nancy, Dr. Abbott is the “true hero in this story” for his ability to gain Catherine’s trust and confidence, perform root canal therapy and change her perception of the value of oral health care.

“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
“CDA Cares allows us to do what we have been trained to do with no remuneration except a deep personal feeling of satisfaction that we have made a difference in the life of another.”
Stephen Abbott, DDS

Becoming a volunteer
The next CDA Cares will take place Friday and Saturday, Sept. 27-28, at the National Orange Show Events Center in San Bernardino. General dentists, oral surgeons, dental hygienists, dental assistants and lab technicians are needed to provide extractions, fillings, cleanings and a limited number of root canals, dentures and partial dentures. Community volunteers are also needed to guide patients to clinic stations, assist with language translation and help with clinic set-up and tear-down. Catherine will be there with a big smile.

“I’m paying it forward,” she said. “I’ve volunteered at every CDA Cares since Bakersfield. I’m looking forward to this fall, where it will be my fifth opportunity to volunteer and support this important work of bringing dental relief to those in need.”

“It is great to see Catherine and her amazing smile each time she returns to volunteer at CDA Cares,” Nancy Yarborough said. “I feel very fortunate to have been a small part of her journey to make it happen.”

Dr. Abbott said that these glimpses of transformation, in patients like Catherine, are what make the clinics so rewarding.

“CDA Cares allows us to do what we have been trained to do with no remuneration except a deep personal feeling of satisfaction that we have made a difference in the life of another.”

Register to volunteer at CDA Cares San Bernardino or learn more about the clinic at cdafoundation.org/cares. Find more stories about patients and volunteers on cda.org and on the CDA Cares Facebook page.
When the entire EOB is read, we might find that the patient’s policy has limitations and exclusions. In most cases, dental policies are designed to cover a portion of patients’ dental expenses, but they are not designed to cover every dental need.

Alternative benefits
It’s not uncommon for dental plans to apply alternative benefits during claims processing. Read your participating provider agreement for specific plan rules and review the patient liability section of the EOB.

A typical dental plan has limitations such as the frequency in which a patient can receive a cleaning each year. In addition, some procedures might not be covered under a policy; this is referred to as an “exclusion.” Why? Because benefit plans are similar to other insurances in a person’s life. For example, if you own a home and it floods and your homeowners policy does not include flood coverage, the insurance company will not cover the needed repairs. In the same way, if a dental benefits plan does not cover or allow a service, it does not mean the treatment is not necessary; it just means the plan will not cover that treatment. For this reason, it’s important that a dentist review the treatment options available to the patient and obtain a signed informed consent from their patient every time the patient is treated. (CDA Practice Support offers a “Financial Agreement and Consent Form.”) This is all the more critical when you are in contract with a dental benefits plan because plans require informed consent from the contracted dentists.

Often, a plan will set criteria outlining its informed consent policy. To see an example of one dental plan’s informed consent requirements for its contracted dentists, I encourage you to visit Delta Dental’s informed consent policy available on its FYI blog: https://fyi-online.com/2018/05/informed-consent.

It’s not uncommon for dental plans to apply alternative benefits during claims processing, and they include this information on the EOB. Sometimes an alternative benefit is allowed as the least costly alternative that could be used to treat a dental problem instead of a more costly treatment option that the patient chooses.

While some plans allow a dentist to charge a patient the difference between the plan’s allowed amount and the total billed amount for an elected upgrade service, it’s important to understand that other plans do not allow this practice. Due to these types of contractual restrictions, be sure to read your participating provider agreement for specific plan rules and to review the patient liability section of the EOB. If the plan does allow the contracted dentist to charge a patient for an elective upgrade, the dentist should be sure to obtain a Patient Financial Agreement and Consent. CDA Practice Support offers a “Patient Financial Responsibility for Elective Upgraded Services Form.”
Employees must be allowed to dress consistent with their gender identity or gender expression.

Employee ‘side gigs’

Side businesses are a great way for employees to supplement their income. However, if a patient complains that they felt pressured by an employee to purchase products, supplements, personal training or skin care, how will you respond? Or maybe you discovered that an employee is using practice time, patient information or property to conduct business. Not only do you have an issue of patient care and patient information confidentiality, but also potential time theft.

Your practice policies can include statements that indicate employees are not to use their work time or office contacts to advance their private business or personal interests, as these practices can place patients and staff in an uncomfortable position when positioned to purchase goods unrelated to their dental care.

Reference the CDA Practice Support resource library at cda.org/practicesupport.

The August issue of the Journal of the California Dental Association reviews the persistent problem of dental anxiety in dentistry. Articles discuss ways to communicate effectively with fearful patients, the use of virtual reality exposure therapy in treating dental anxiety, and the assessment, diagnosis and management of dental phobias in children and adults.

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.

Have controls in place

Whatever you decide, it is important to be consistent when holding your employees accountable to the standards you set. It’s much easier to discuss and thoroughly document an issue with employees who fail to adhere to standards when standards have been set.

As a best practice, employers are encouraged to review policies annually and to discuss with employees any areas and expectations that need addressing. If you need to develop new policies or update your current ones, post any changes and their effective date so the employees are aware. All staff should sign an acknowledgement and you want to place this acknowledgement in each of their employee files. Keeping policies top of mind ensures not only that employees are keenly aware of employers’ expectations but that employers are seeking to comply with mandatory policies.

Reference the CDA Practice Support resource library at cda.org/practicesupport.

CDA Journal examines dental anxiety

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Access all resources cited in this article in the CDA Practice Support resource library at cda.org/practicesupport.

n If you have questions about dental benefits, contact a CDA Practice Support expert before you act or potentially take the wrong step. Call 800.232.7645 or submit your question online at cda.org/ask.
Join other CDA members and get collective purchasing power on dental supplies for practices of every shape and size.