**Deadline extended for sexual harassment prevention training**

Gov. Gavin Newsom has signed a bill extending the deadline for sexual harassment prevention training. Under SB 778, employers with five or more employees now have until Jan. 1, 2021, to complete the mandatory one- or two-hour employee trainings to be compliant.

This is a one-year extension from the previous deadline under SB 1343, signed into law by then-Gov. Jerry Brown in September 2018. Employees are required to complete the training within six months of hire or promotion and every two years after.

The deadline drew concerns from the Department of Fair Employment and Housing on how to coordinate the new training requirements with previous trainings. In order to comply with the Jan. 1, 2020, deadline, employers who trained their employees in 2018 would need to train them again in 2019, resulting in those employees being trained twice within a two-year period.

With the extension, employers who trained their employees in 2018 can provide subsequent training in 2020 while still complying with the deadline. Additionally, employers who train their employees in 2019 are not required to provide more training until 2021 and every two years thereafter.

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**DIRECT-TO-CONSUMER ORTHODONTIC PATIENT PROTECTION BILL ON GOVERNOR’S DESK**

A bill that protects patients who undergo direct-to-consumer orthodontic treatment has passed the California Legislature and is awaiting the governor’s signature. CDA is supporting AB 1519 by Assemblymember Evan Low (D-Campbell), which extends the operation of the dental board and, among other things, establishes fundamental consumer protections for patients.

AB 1519 empowers patients by requiring treating dentists using tele-health to provide them with basic information, such as the dentist’s full name and state license number, similar to the requirements for brick-and-mortar dental practices. The bill also preserves a consumer’s ability to submit complaints about licensees to the dental board even if they have signed an arbitration clause or nondisclosure agreement.

Most importantly, the bill requires that when providing orthodontics, dentists meet the basic, accepted standard of care by reviewing recent X-rays prior to the movement of teeth. This requirement applies regardless of whether the dentist treats the patient in person or provides services through teledentistry.

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See **PROTECTION** | 14

See **TRAINING** | 14
Prepare for CDT 2020 dental code changes

CDA encourages dentists to prepare for CDT 2020 dental code additions, revisions and deletions that go into effect Jan. 1, 2020. The new year will bring 37 new and five revised codes, plus six deleted codes.

While dental plans are required to recognize current CDT codes, it is important to keep in mind that they are not required to pay for or provide benefits for the new or revised codes. Dentists should review each dental plan’s payment and processing guidelines to determine whether benefits will be payable. Typically, plans will start sending updates about policy changes for the new year in late October and early November.

New CDT 2020 procedure codes:

1. D0419 – assessment of salivary flow by measurement
2. D1551 – re-cement or re-bond bilateral space maintainer – maxillary
3. D1552 – re-cement or re-bond bilateral space maintainer – mandibular
4. D1553 – re-cement or re-bond unilateral space maintainer – per quadrant
5. D1557 – removal of fixed bilateral space maintainer – maxillary
6. D1558 – removal of fixed bilateral space maintainer – mandibular
7. D2753 – crown – porcelain fused to titanium and titanium alloys
8. D5284 – removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant
9. D5286 – removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant
10. D6082 – implant supported crown – porcelain fused to predominantly base alloys
11. D6083 – implant supported crown – porcelain fused to noble alloys

While dental plans are required to recognize current CDT codes, it is important to keep in mind that they are not required to pay for or provide benefits for the new or revised codes.

ASK AN EXPERT

Question:
I would like to enroll as a Denti-Cal participating provider. Is there assistance available to guide me through this process?

Answer:
The Denti-Cal program, also known as the Medi-Cal Dental Program, offers dentists help in navigating the enrollment application package by providing one-on-one assistance with an enrollment specialist. Please contact the Provider Customer Service line at 800.423.0507 for more information or visit www.denti-cal.ca.gov/Dental_Providers/Denti-Cal.
Drug trafficking scheme targets dentists

The Dental Board of California is alerting dentists of a recent fraud scheme. Scammers posing as board members are telling licensees that they are under investigation for drug trafficking by the board and other entities, including local police, the Drug Enforcement Agency or the FBI, and demanding money. The callers sometimes use a disguised telephone number to make the calls so that they appear to be coming from the board.

“Board staff members or investigators will never contact licensees demanding money or payment of any form without conducting an official investigation or inquiry,” the email alert from the dental board states.

If you receive a call, you are advised to refuse the demand for payment and contact the dental board directly at 877.229.3789 or 916.263.2300 or by email, dentalboard@dca.ca.gov, to inquire if an official investigation is underway. Never disclose any personal information, such as Social Security numbers, birth dates or credit/debit card numbers.

If a caller claims to be from the DEA, report the fraud using the DEA’s online extortion scam report form, available on the DEA’s Diversion Control Division website https://apps2.deadiversion.usdoj.gov/esor. If the caller appears to have a dental board telephone number, you should submit an online complaint with the Federal Communications Commission using the FCC’s Consumer Complaint form at consumercomplaints.fcc.gov.

For additional information, visit dbc.ca.gov.

Prescribers can check CURES for misuse of prescription pads

A dentist who writes controlled substance prescriptions can now review CURES (Controlled Substance Utilization Review and Evaluation System) for patients for whom the dentist is listed as a prescriber. This ability to review the list is useful when a dentist has misplaced a prescription pad or has had a prescription pad stolen or when a dentist suspects someone is misusing their DEA number.

A new law (AB 2086) allows prescribers to run CURES reports that contain each patient’s name, address, date of birth and gender. The report will cover the time period of up to one year prior to the date the report is generated. The process for generating a patient list is as follows:

1. Log in to CURES and choose the Patient Activity Report tab.
2. Search Criteria – Choose the button for Patient List by DEA#, then select your DEA number. (Note: A dentist with more than one DEA number can choose all DEA numbers.) Then enter the date.
3. Patient List – Once users submit the search, the matching patient lists are displayed.

After a list is created, a dentist can go back into the system and run separate CURES reports for each patient on the list if more information is needed. If a dentist discovers a prescription in the CURES report that they did not prescribe, the dentist should contact the pharmacy as well as the California State Board of Pharmacy.

Find additional information about CURES by calling 916.210.3187 or at CURES@doj.ca.gov.
Do you know where your data is?

Take steps to protect your practice during cybersecurity awareness month

All organizations, including dental practices, that have an online presence or work with digital records are subject to cyber-related risks and the loss of reputation and consumer trust that result. Major corporations that have been victims of data breaches, like Anthem, Yahoo, LinkedIn and, more recently, Capital One, can usually recover financial and data losses because they have the financing, staff and technical expertise to address the problem. But small businesses, including dental offices, aren’t always equipped to respond efficiently and adequately.

Data breaches, malware and ransomware are the most common cyberthreats businesses face today. Ransomware attacks on health care facilities in particular are increasing, as are the financial losses incurred by them, according to the FBI’s 2018 Internet Crime Report and other recent research. In ransomware scenarios, hackers infiltrate a system, block access to the system and then demand that a ransom be paid in order to lift the restriction.

“The health care industry is especially vulnerable to ransomware attacks because hackers know they can access patients’ protected health information and financial records, potentially disrupting delivery of care,” said Taiba Solaiman, senior TDIC Risk Management Analyst.

HIPAA Journal reported in March that three separate ransomware attacks affected health care organizations in three states. Over several days, the PHI of nearly 70,000 patients was potentially compromised. Such attacks on U.S. hospitals have even impacted emergency room admissions and diverted ambulances to other area hospitals.

They are costly, too. According to a study by IBM Security and the Ponemon Institute, the cost of a data breach for health care organizations rose from $380 per breached record in 2017 to $408 per record in 2018. Across all industries, health care has the highest cost for data breaches — more than in the financial, technology and communications industries.

Dentist incurs $49K in losses in ransomware attack

In a case reported to The Dentists Insurance Company, a dentist explained that an error message appeared on her office computer as she was trying to access a patient record. She contacted her IT expert who dialed in remotely and discovered a ransomware virus that might have gained access through an email attachment.

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On behalf of the CDA Foundation and all of the individuals who received care in San Bernardino, thank you to the generous donors, sponsors, local arrangements committee and tireless volunteers who made it possible. Our community took action to restore dignity, create smiles and shine a light on the importance of oral health care.

Let’s keep this going.

- Share your experience on social media with #cdacares or join our CDA Cares Group on Facebook.
- Text CARE4HEALTH to 51555 to get mobile updates and good news from the Foundation.
- Save the date to volunteer for CDA Cares Long Beach: July 17–18, 2020.

See more ways we put compassion into action at cdafoundation.org.
ment that the dentist opened. The ransom demand was 2 bitcoin to be paid in 24 hours; otherwise, the price would increase if payment was delayed.

Desperate to access her patient records, the dentist paid the ransom to obtain the decryption key. In the meantime, the IT expert hired a forensic specialist to review the data and ensure it wasn’t corrupted. The dentist ultimately had to replace her software due to the extensive damage caused by the virus. The expenses incurred totaled $49,000 to restore the data, decrypt the data and pay the ransom.

“This problem could have been avoided had this dentist been performing regular system backups,” Solaiman said.

Even if hackers grant access once a ransom is paid, Solaiman cautions dentists that there is no guarantee that the recovered data will be “clean” or intact. “Once a system is compromised, there is no assurance that it won’t get hacked again, as often hackers leave a backdoor as a way to regain access to the systems,” she said.

Malware, short for “malicious soft-ware,” is another cyberthreat in which criminals infect computers through intrusive emails, web links and pop-up alerts. The malware can be downloaded without one’s knowledge and capture private information.

In a second case reported to TDIC, an employee accessed a nonsecure website for personal use on one of the office computers. Doing so allowed a malware attack, including ransom of patient files. Because the dentist has multiple practice locations with a computer network connected to a single server, the ransomware spread to the files for all practice locations.

TDIC is still investigating the case, but the anticipated loss will range from $85,000 to $90,000, which includes loss of income, payment of the ransom, legal review and IT forensics.

While cybercriminals are becoming more aggressive and infecting more computer systems, human error and insufficient protocol are still leading factors in many data breaches. Here are steps you can take to help protect yourself and your practice from cyberattacks:

**Strengthen passwords**

Make sure each employee has a unique password that contains a combination of lowercase and uppercase letters, numbers and special characters to deter potential hackers from gaining access. Do not allow staff to share usernames and passwords on any software regardless of whether the software manages or touches patient data.

**Back up and test your data**

You can back up your files and data on a network-attached storage device, portable hard drive, USB flash drive or online through sites like Google Drive, Dropbox and Mozy. It’s a good idea to back up files daily and test the data on a regular basis to ensure that it is functioning as intended. This will make recovering data easier in the case of cyberattacks or computer system damage.

**Use safety features**

Install anti-virus and anti-malware software for all of your devices and update when available. Use an encrypted virtual private network (VPN) when connecting to an unfamiliar Wi-Fi network to ensure a secure connection. These measures will help prevent your data from being compromised.

**Initiate cybersafety protocols**

Educate your staff on the latest cyber threats by instructing them on how to recognize a phishing email and by sharing YouTube videos developed by IT and security companies, for example. Ensure that the most common version of software is used and that all security patches are installed. Information system activity can be monitored and reviewed.

**While cybercriminals are becoming more aggressive and infecting more computer systems, human error and insufficient protocol are still leading factors in many data breaches.**
$300K opportunity for dentists who relocate, commit to Medi-Cal

CalHealthCares will accept practice support grant applications in the new year

California dentists who are willing to relocate, expand or establish a new practice to an area of highest patient need and commit to serving Medi-Cal beneficiaries for at least 10 years can apply in January 2020 to receive up to $300,000 in grant funding through the state’s CalHealthCares program to support related costs.

Announced earlier this year, the Medi-Cal Physicians and Dentists Loan Repayment Program, which is overseen by the Department of Health Care Services and administered through Physicians for a Healthy California, is funded through tobacco tax revenue and is designed to expand access to care for Medi-Cal patients. Applicants must agree to relocate, expand or establish a new practice to one of the few specific counties in California that have the highest need for dental practices that treat Medi-Cal dental patients. After practice relocation, awardees are required to maintain a minimum patient caseload of 30% or more Medi-Cal beneficiaries.

In 2019, the first year of the program, 17 counties were identified as highest need and eligible for relocation: Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Kings, Lassen, Mariposa, Modoc, Mono, Monterey, Sierra, Trinity and Yuba. Other target counties may be announced for the 2020 application cycle.

‘Great need for new dentists’ in Humboldt County

Spread over 4,000-plus square miles of coastal and inland zones, Humboldt County is mostly known for its dense redwood forests, protected parks and beaches, small dairy farms and a natural landscape well-suited to outdoor recreation. The county is also home to the city of Arcata and Humboldt State University, which has nationally recognized programs in natural resources and science.

Laura McEwen, program services coordinator for Humboldt County Health and Human Services, says it’s also a place that welcomes innovation.

“We have our cities or small communities along the coast: McKinleyville, Arcata, Eureka, Fortuna, but we have a lot of inland area as well, and it’s tremendously underserved,” McEwen said. “So if dentists are interested in doing mobile dentistry or setting up remote sites, we encourage that creative thought.”

McEwen said there’s also a nice complement among public health, private practice and clinic dentistry.

“We’ve all been working together for a number of years, and understanding these relationships is really helpful when relocating or establishing a practice. If dentists are looking for innovation, using greater technology and working with other dental professionals, Humboldt County is a happening place,” she said.

Dentists who relocate their practice to Humboldt County with a CalHealthCares grant will also find it easy to meet their Medi-Cal commitment. As a highest-need county, about 51,000 of the county’s 130,000 residents are Medi-Cal eligible. Of those, 33,000 are age 20 and older. Because the county’s six federally qualified health centers primarily serve children, adults in the Medi-Cal Dental Program are especially underserved.

“There’s such a need for dentists that nobody really has to buy a practice. Many retiring dentists are willing to sell their equipment and maybe lease the building if they own it but are otherwise willing to give away their practice.”

Robert Berg, DDS

“Need and opportunity here really go hand in hand,” Berg said. “Dentists have numerous opportunities to start, relocate or expand a practice that serves at least 30% Medi-Cal patients.”

Robert Berg, DDS, practiced dentistry in Humboldt County for more than 40 years and now works with the county providing oral health screenings for children in preschool and kindergarten. He stressed that patient need goes well beyond the Medi-Cal-covered population because general dentists and specialists are in short supply; the county has just one endodontist, one oral surgeon and one periodontist, and a large number of dentists are nearing retirement.

“We have a great need for new dentists up here,” Dr. Berg said. “There’s such a need for dentists that nobody really has to buy a practice. Many retiring dentists are willing to sell their equipment and maybe lease the building if they own it but are otherwise willing to give away their practice.”

Berg left San Francisco in 1973 for a position serving the Yurok Tribe at a community clinic in Humboldt County. At the time, he didn’t expect his stay in the county to be long-term, but he came to love the area and never returned to San Francisco. His three grown children, two of whom went away to attend college, also reside with their families in Humboldt County.

“When you talk to people who’ve relocated here, you’ll find that the friendliness of the people is high on the list of reasons they like it here,” Berg said. “And of course, there are all of the outdoor activities. We have the Trinity Alps, the Lost Coast and everything from skiing to surfing, all in the same day if you want! If this area suits you, you’re going to thrive up here.”

Applicant requirements and resources

Applicants will be required to submit a business relocation plan and documentation to support the cost of relocating, expanding or establishing a new practice. Additionally, applicants must practice in California and:

- Have an unrestricted license and currently be in good standing with the Dental Board of California
- Be an active enrolled Medi-Cal Dental Program provider without existing suspensions, disbarments or revocations

(Top right image: AIF — Anderson Investment Fund)
Have graduated from dental school, residency or dental fellowship within the last 15 years (on or later than Jan. 1, 2005)

Not be participating currently in another loan repayment program or practice support grant

Maintain their individual direct patient caseload composed of a minimum of 30% Medi-Cal beneficiaries for a 10-year service obligation

The applicant’s business plan, patient caseload and personal statement rank the highest during scoring. CalHealthCares will score submitted business plans that include detailed information about the applicant’s existing practice, prospective practice location and plans to meet the required minimum caseload of 30% or more Medi-Cal beneficiaries. Business plans are expected to include a revenue forecast or financial plan.

The CalHealthCares website, calhealthcares.org, provides business plan guidelines in a downloadable one-page document. Dentists will want to follow these guidelines to ensure their business plans are considered valid and to increase their overall application scores.

CDA Practice Support offers resources to help members during and after relocation, including “Separating From Practice Checklist,” “Production Goal Calculator,” “Financial Due Diligence is a Must!” and various marketing and patient management resources.

CalHealthCares encourages dentists who applied for the practice support grant in spring 2019 but were not awarded to reapply in 2020. First-time applicants as well as returning applicants can improve their scores by reading the application instructions manual, reviewing the documents available on the CalHealthCares website and attending or watching a recorded webinar. The webinars address required criteria and the reasons the 2019 applicants were deemed ineligible for the award. Physicians for a Healthy California will hold a webinar specifically on the practice support grant to assist all applicants in applying. Check its website for more information as the application launch date nears.

The application period opens Jan. 13 and closes Feb. 7 with awardees expected to be notified of selection on or around May 1. The awards will be distributed over each recipient’s commitment period.

Dentists can apply through the CalHealthCares website and subscribe to notifications about the CalHealthCares program by emailing calhealthcares@phcdocs.org with “subscribe” in the subject line.

Student loan repayment program

Eligible dentists, physicians, dental students, dental residents, medical residents and medical fellows may also apply in January 2020 for the CalHealthCares student loan repayment program. In July, the program awarded $10 million in debt relief to 38 dentists in exchange for their agreement to maintain a 30% or more Medi-Cal beneficiary caseload for five years. Additionally, 240 physicians received loan repayment awards in this first year of the program, which is funded by Proposition 56, the voter-approved tobacco tax that CDA and other health care organizations sponsored in 2016. The 2018 and 2019 Budget Acts secured this funding for the program through fiscal year 2023-24.

CDA will remind dentists about the upcoming application period on cda.org, CDA’s social media pages and in future issues of the Update.

Visit CalHealthCares.org for complete eligibility requirements, recorded webinars, business plan guidelines and more information about the CalHealthCares program. For the CDA Practice Support resources cited in this article, visit cda.org/resource-library.
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Dental codes
From PAGE 2

12. D6084 – implant supported crown – porcelain fused to titanium and titanium alloys
13. D6086 – implant supported crown – predominantly base alloys
14. D6087 – implant supported crown – noble alloys
15. D6088 – implant supported crown – titanium and titanium alloys
16. D6097 – abutment supported crown – porcelain fused to titanium and titanium alloys
17. D6098 – implant supported retainer – porcelain fused to predominantly base alloys
18. D6099 – implant supported retainer for FPD – porcelain fused to noble alloys
19. D6120 – implant supported retainer – porcelain fused to titanium and titanium alloys
20. D6121 – implant supported retainer for metal FPD – predominantly base alloys
21. D6122 – implant supported retainer for metal FPD – noble alloys
22. D6123 – implant supported retainer for metal FPD – titanium and titanium alloys
23. D6195 – abutment supported retainer – porcelain fused to titanium and titanium alloys
24. D6243 – pontic – porcelain fused to titanium and titanium alloys
25. D6753 – retainer crown – porcelain fused to titanium and titanium alloys
26. D6784 – retainer crown ¾ – titanium and titanium alloys
27. D7922 – placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
29. D8697 – repair of orthodontic appliance – mandibular
30. D8698 – re-cement or re-bond fixed retainer – maxillary
31. D8699 – re-cement or re-bond fixed retainer – mandibular
32. D8701 – repair of fixed retainer, includes reattachment – maxillary
33. D8702 – repair of fixed retainer, includes reattachment – mandibular
34. D8703 – replacement of lost or broken retainer – maxillary
35. D8704 – replacement of lost or broken retainer – mandibular
36. D9997 – dental case management – patients with special health care needs

CDT code revisions:
1. D1510 space maintainer – fixed, unilateral – per quadrant. Excludes a distal shoe space maintainer.
2. D1520 space maintainer – removable – unilateral – per quadrant
3. D1575 distal shoe space maintainer – fixed – unilateral – per quadrant

There are also 15 editorial (e.g., syntax and spelling) actions that clarify without changing the CDT Code entry’s purpose or scope. CDA encourages all billing dentists to obtain a current copy of the American Dental Association’s CDT 2020 Dental Procedure Codes. The book (with included e-Book) is available for purchase at adacatalog.org. It is recommended that all dental offices have a current copy to assist with proper claim billing.

Additionally, when coding, dentists must code for the work that was done, not for what is covered under the patient’s benefit plan.

Contact the ADA at 312.440.2500 or dentalcode@ada.org with inquiries about dental code changes.
Proceed with caution when making pay deductions for salaried employees

The decision to classify your employee as exempt or nonexempt should not be taken lightly. The distinction between the two is significant, and the two are also managed very differently. Therefore, employers should understand not only how to determine an employee's classification but how to follow appropriate pay requirements as well.

What does it mean to be exempt? Essentially, an employee who is paid a fixed biweekly or monthly salary is not subject to the protections of California’s industrial wage orders. Employees classified in this manner are not afforded payment of overtime, are not subject to meal and rest break requirements and are generally not required to track their working hours. Practice owners can view Wage Order 4-2001 (www.dir.ca.gov/iwc/iwcarticle4.pdf) for a full description of the requirements.

In general, an executive, administrative or professional exempt employee is in a position of management or possesses a decision-making role in the business. Within that role, the employee must spend a majority of time (at least 51%) on essential exempt duties. Meaning, if an office manager’s duties are similar to those of a practice receptionist for a majority of the time, those duties dilute the exemption. A job title or desire to ease administrative payroll burdens does not alone suffice as justification for an exempt salary classification. (Learn more in the article “Exempt vs. nonexempt: Understand employee classifications” on cda.org.)

“Stated another way, an exempt employee is paid to do a job, not punch a clock,” says Michelle Corbo, employment practices analyst at CDA Practice Support.

Employers must meet minimum wage standards for exempt employees and understand that there are very limited instances when an employee’s pay may be deducted. An employer can set minimum hourly expectations but, ultimately, if an employee works a part-time schedule, works a partial day or takes a day away from the office, there isn’t a simple way to deduct for the time the employee is absent from the practice.

Employers must meet minimum salary threshold requirements of two times the current state minimum wage, regardless of the employee’s schedule. Current minimum wage requirements for an exempt employee in 2019 are: employers of 25 or fewer employees must pay the minimum of $3,813.33 per month/$45,760 annually; and employers of 26 or more employees must meet the $4,160.00 per month/$49,920 annually requirement.

Impermissible deductions

Employers cannot reduce an exempt employee’s pay in California for not

See SALARIED EMPLOYEES | 12
Stress-free price comparisons that lead to supply savings

Want to save on supplies and small equipment, but don’t have the time to comparison shop? The Dentists Supply Company will do the work for you. Through TDSC’s free service, association members can submit invoices from their current suppliers and let experts find the savings potential on their behalf.

The TDSC team analyzes product-by-product pricing to show how tdsc.com prices stack up against actual prices paid elsewhere. The result is a custom price comparison that illustrates just how much a practice could save on the exact same supplies.

Through collective buying power, members of organized dentistry nationwide continue to see the savings add up. Here are four recent case studies from tdsc.com shoppers:

Case study 1
General dentistry practice in Charlotte, N.C.*

Evaluating this practice’s invoiced items from a major national supplier, the TDSC team found a 14% savings on exact matches, reducing the practice’s total cost from $2,570.74 to $2,202.89 for the same supplies.

- 14% average savings ($367.85) on a single order of 25 items
- $21 savings on Kerr Corp Harmonize²³ NanoHybrid Composite Unidose²³ Tips (20/pkg)
- $20.29 savings on 3M ESPE Filtek Supreme Ultra Universal Restorative Capsules (20/pkg)

Case study 2
Pediatric dentistry practice in Boulder, Colo.*

This Colorado practice submitted invoices from the same major supplier as the North Carolina practice. The TDSC team compared prices and found an impressive 22% average savings for exact product matches. This means that the practice would spend $1,830.64 at tdsc.com instead of spending $2,341.34 elsewhere for the same items.

- 22% average savings ($510.50) on a single order of 20 items
- $18.56 savings on Microbrush Corp Microbrush® Tube Series (100/pkg)

Case study 3
General and cosmetic dentistry practice in Richmond, Va.*

The TDSC team’s invoice evaluation revealed 16% average savings for exact matches, meaning that the practice would spend only $5,063.43 at tdsc.com instead of $6,007.85 elsewhere for the same items.

- 16% average savings ($944.42) across 27 items, plus free shipping
- $20.29 savings on 3M ESPE Fiiltek Supreme Ultra Universal Restorative Capsules (20/pkg)
- 83% savings on Plasdent Corp HVE Suction Tips (100/pkg)

Case study 4
General dentistry practice in Nevada County, Calif.*

For this California practice, the TDSC team found 18% savings on exact matches from another major supplier. The practice’s total cost would be reduced from $2,014.75 to $1,644.93 by shopping tdsc.com.

- 18% average savings ($369.82) across 19 items, plus free shipping
- $60.82 savings on one 3M ESPE RelyX™ Unicem 2 Self-Adhesive Resin Cement-Clicker™ Refill
- 53% savings on Plasdent Corp Excel-Ient-II Disposable Impression Trays (12/pkg)

Request your free, custom price comparison at tdsc.com/ pricecompare and join dental association members who are seeing their practices’ true savings potential.

* 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.
Employers cannot reduce an exempt employee’s pay in California for not meeting performance expectations or for poor work quality.

Changes sometimes occur in the workweek schedule that are out of the employee’s control. An employee may be ready, willing and able to work but the practice closes for part of a workweek. For example, let’s say the employee works Monday and Tuesday, a holiday falls in the middle of a workweek and the practice closes for the remainder of the week. In this case, the exempt employee is entitled to a full week’s pay. In turn, if there is no work available for the full workweek, the employer is not obligated to pay that week’s salary. Employers should provide reasonable advance notice of a practice’s closure when possible.

There are no allowable deductions from an exempt employee’s salary for exempt employees who must appear for jury duty, witness duty or military duty during the workweek and perform work during that week. However, if the exempt employee does not perform any work within the week, you can deduct from their salary for the week.

Vacation and absences

Full-day absences: If an exempt employee has no paid sick leave, vacation or paid time off accrued, or has used up all available PSL, vacation pay or PTO, you can make deductions from the salary for full-day absences. To determine the daily rate, an employee’s annual salary should be divided by 52 for the weekly amount, then divided by the number of days the employee usually works in a week. The California Labor Commissioner’s Office allows deductions of no more than one-fifth of a week’s salary for each day of absence, even if the employee normally works fewer than five days per week.

Partial-day absences: Deductions from an exempt employee’s salary for partial-day absence are not permissible. If an exempt employee is absent for a partial work day and has no PSL, vacation or PTO available, the employee must be paid for a full day if they perform any work that day.

Although you cannot deduct from an employee’s salary, you are allowed to deduct from an exempt employee’s PSL, vacation or PTO accrual bank for a partial-day absence.

Here’s an example: Judy asks to leave work at 10 a.m. on a Friday for a medical appointment. Her normal scheduled hours are from 8 a.m. to 4 p.m. She has only two hours available in her accrued PSL bank. Because Judy worked two hours of her typical schedule, she must receive her full salary for the day. Even though she does not have enough time in her PSL bank to cover her absence, her employer cannot deduct from her salary for the time missed. The employer may, however, apply the two hours remaining in her PSL bank toward her salary for the day.

(Read more in the Policies and Interpretations Manual from the Division of Labor Standards Enforcement: www.dir.ca.gov/dlse/DLSEManual/dlse_enfcmanual.pdf.)

Salaried employees

From PAGE 10

meeting performance expectations or for poor work quality. Nor can they reduce the pay for exempt employees who have been disciplined for conduct issues.

An employer may not make salary deductions for the quantity of work performed. This is especially important for practice owners who classify associate employees as exempt under the professional exemption and who work part time one or two days a week and pay only on a percentage of adjusted production. The associate’s wages would still need to meet the minimum threshold of not meet production goals.

Cyber hacks and attacks? We’ve got you covered.

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As cyber incidents become more pervasive and complex, practice owners need coverage beyond data compromise. TDIC Commercial Property policyholders with Business Owner’s coverage can now add Cyber Suite Liability and access better tools to respond and recover.

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Coverage specifically underwritten by The Dentists Insurance Company includes Professional Liability, Commercial Property and Employment Practices Liability. TDIC also underwrites Workers’ Compensation in California. TDIC Insurance Solutions offers other coverages as an agent or broker by agreements with our partner insurance carriers. Available coverage limits and discounts vary by carrier and are subject to carrier underwriting. Special features and Optional Riders offered in policies may vary by carrier. The information provided here is an overview of the referenced product and is not intended to be a complete description of all items, conditions and exclusions.
A practice owner might choose to classify an associate dentist employee under the professional exemption, but it’s uncommon for other employees of a dental practice to meet the administrative, professional or executive exemption classifications. Because the stakes of noncompliance with wage and hour laws and costly penalties are so high, employers should carefully consider their employee classifications and have job descriptions in place that clearly establish the duties of those employees who do truly meet the exemption.

For a library of job descriptions and an Employee Exemption Checklist for members, go to cda.org/practicesupport.

Cybersecurity

From PAGE 5

should be audited regularly. Monitor time of access, what files are being accessed, external access, suspicious activities and much more. Review the audit logs regularly.

Additionally, the U.S. Department of Health and Human Services in December 2018 published a document that provides guidelines, best practices, procedures and processes that health care providers of all sizes can follow to cost-effectively reduce cybersecurity risks. The document grew out of the Cybersecurity Act of 2015, a legislative mandate to align health care industry security approaches. "Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients" is available for download at www.phe.gov/Preparedness/planning/405d/Pages. It discusses specific vulnerabilities, their impact and best practices to consider.

Preventing cyberattacks is the first step in protecting your practice. The second is to be prepared should a cyberattack occur. TDIC offers comprehensive Cyber Suite Liability protection just for dentists. The coverage can help you respond to a full range of incidents, including unauthorized intrusion or interference with your computer systems, damage to data from a computer attack and cyber-related litigation. To learn more, visit tdicinsurance.com/cyber.

For more guidance on cybersecurity in the dental office, contact TDIC’s Risk Management Advice Line at 800.733.0633 to speak with a trained analyst.

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Providing dental care to patients, especially the movement of teeth, without sufficient diagnostic information can potentially lead to serious patient harm, including pain, loose or cracked teeth, gum recession and tooth loss.

CDA member dentists were instrumental in providing grassroots advocacy for the bill. Beginning in August, they responded to a call to action to voice their support to state lawmakers.

Gov. Gavin Newsom has until Oct. 13 to sign the legislation, which ensures that telehealth advancements continue to grow in a thoughtful way that puts patient safety first and is as effective as in-person treatment.

Take action and urge Gov. Newsom to sign this important patient protection legislation. Go to cda.org/ab1519.

CDA will keep members informed about AB 1519 in the Update and on cda.org.

The October issue of the Journal of the California Dental Association discusses impacts of the use of 3D printed devices in restorative and regenerative dentistry, as well as in surgical specialties such as oral and maxillofacial surgery and craniofacial surgery.

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.

Health entity fined for failure to provide timely patient records

A medical center in St. Petersburg, Florida, is the first to face enforcement action by the U.S. Department of Health and Human Services for failing to promptly provide a patient with medical records. The HHS Office for Civil Rights announced early this year that it would vigorously enforce its Right of Access Initiative that allows patients to receive copies of their medical records promptly and without being overcharged.

In addition to paying an $85,000 fine to the OCR, Bayfront Health St. Petersburg has adopted a corrective action plan, which includes one year of monitoring, to settle a potential violation of the right of access provision of the Health Insurance Portability and Accountability Act Rules. The OCR states that the medical center failed to provide a patient timely access to records of her unborn child. The records were provided more than nine months after the initial request when the OCR launched its investigation.

In California, providers have 15 calendar days to provide a copy of a patient’s records and five business days to produce the record for an in-person review. The state regulation is stricter than the 30-day requirement outlined in HIPAA regulations. Failure to provide a patient access to their records is one of the five top complaints received by the OCR.

For more information on laws governing patient record requests, reference the CDA Practice Support resource “Patient Request To Access Records (Records Release) Form and Q&As” at cda.org/practicesupport.

Employers should note that this extension did not extend the Jan. 1, 2020, training requirement that employers provide training for seasonal, temporary or other employees hired to work for less than six months within 30 calendar days after the hire date or within 100 hours worked, whichever occurs first. In lieu of training, employers may obtain a copy of a temporary employee’s current certificate of prior training and track training from that date.

This extension will also provide additional time for the DFEH to develop and publish training materials in late 2019.

Find employment-related resources at cda.org/practicesupport.

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Thanks for making membership grow!

Join CDA in recognizing the following members for referring the most new members this fall. See how referrals can be rewarding at cda.org/mgm.

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Alain Toca, DDS
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Ali Zadeh, DDS
Alphonse-Leander Ramos, DDS
Amy Buchler, DDS
Anahita Dastur, DDS
Andrew Pham, DDS
Andy Tang, DDS
Anh Pham, DDS
Anna Scharten, DDS
Antonio Ragadio Jr., DDS
Apollinar Madrigal, DDS
April Westfall, DMD
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Brian Crawford, DMD
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