Employers must provide sexual harassment prevention training to all employees by Jan. 1, 2020

Gov. Jerry Brown last September signed a bill requiring California employers of five or more employees to provide expanded training on sexual harassment prevention to all of their employees by Jan. 1, 2020. Practically speaking, this means employers will need to complete the mandatory one- or two-hour trainings for employees in 2019 to be compliant by the January 2020 deadline.

Crafted in response to renewed attention on sexual harassment in the workplace, brought on in part by the #MeToo movement that gained national traction in fall 2017, the new law is a dramatic shift from current requirements that have been in place for more than a decade. The Legislature concluded that millions of employees in the state may not be aware of their rights and responsibilities under California anti-harassment laws or trained on how to detect and report inappropriate behaviors. The new sexual harassment prevention training requirement impacts the majority of businesses in the state and all of their employees and managers.

Main points for employers

- Employers with at least five employees, in order to comply with the new requirements, must provide by Dec. 31, 2019: (1) at least two hours of sexual harassment prevention training to all managerial employees and (2) at least one hour of sexual harassment prevention training.

Organized dentistry protects colleagues suffering wildfire losses

TDIC, CDA Foundation and local components ‘truly care about me’

California’s 2018 wildfires damaged and destroyed property and claimed lives in many areas throughout the state. The Nov. 8 Camp Fire in Paradise is the most destructive in state history, claiming at least 85 lives and burning 153,366 acres and nearly 19,000 structures. The fire chewed through homes, schools, churches and businesses, including nine dental practices and one clinic.

“[It started as] a regular day with a denture adjustment,” said Michael Viale, DDS, whose Paradise practice was located on the now infamous Skyway road that trapped fleeing residents. “At 8:15, my hygienist got word to pick up her kids from school due to a fire in the area.”

The sheriff’s department soon delivered evacuation orders and Dr. Viale left his practice of 27 years and made his way home to Chico on clogged back routes that flames had yet to reach.

Two days later, a California Department of Forestry firefighter informed Viale that the wildfire destroyed his practice. It also claimed the homes of three employees, who no longer had places to work or live.

“At that point in time we knew 90 percent of the town was gone,” said Viale.

Shortly afterward, Viale arranged a meeting with Paradise dentists to discuss patient care and next steps. He invited TDIC representatives, who had already called all Paradise policyholders to check on their welfare.

“TDIC was on the stick — they were very responsive. I was surprised when they handed us rather large checks for an advance on loss of income for my staff and me,” said Viale. “Because I’m with TDIC, my hygienists and assistants will have their salaries covered, and that means a lot to me because I spend as much time with them as I do my family, and some of them lost their homes.”

Forensic odontologists help identify victims of disaster

California Assemblymember Jim Wood, DDS, a forensic odontologist, surveys what is left of a home destroyed by November’s Camp Fire in Paradise, Calif. He and other CDA members worked to identify victims of the fire. Read the story on page 3.

Photo courtesy Dr. Jim Wood.
Improper billing during practice transitions is risky business

As the dental benefits analyst for CDA Practice Support, my job is to help dentists navigate the ever-changing dental benefits marketplace, and this entails clearing up misconceptions that could place a dentist at risk. In my conversations with dentists who are selling or buying a practice, I’ve found some misconceptions concerning billing dental benefit plans following the sale of a practice.

I recently was on the phone with two dentists who wanted to know how long the new owner (the purchaser) would be allowed to submit claims under the previous owner’s business name, tax identification number, and license number. I explained that there is no such grace period and that a claim is a legal binding document and all elements documented on it must be accurate. These elements include the billing dentist or billing entity’s name, the practice location address, where the treatment was provided and the license number and Type 1 NPI of the dentist who treated the patient.

The first responsibility that a dental benefit plan has during claim processing is to report any earnings produced by the claim to the IRS. I explained to the callers that plans do this by capturing the TIN documented in the billing-dentist and/or billing-entity section of the claim form. The plan then provides a Form 1099 to the billing dentist or dental entity at the end of the year to be reported with their taxes. If the selling dentist were to move forward with this improper billing, on paper it would appear that the dentist had received the earnings for the services provided and therefore could be required to pay the taxes associated with that income.

The selling dentist on the phone with me said he thought he’d heard of a way to transfer the monies paid to his business to the new business owner. I reiterated that while this might be possible, he must keep in mind that a claim is a legal document and all elements documented on it must be accurate. I explained that many dental benefit plan contracts state that the contracted billing dentist must either contract any dentist performing treatment on their enrollees with the plan or report to the plan that the treating dentist wishes to be outside of the network. Failing to report this information puts the contracted selling dentist at risk of breach of their contract with the plan.

As the conversation progressed, we explored another flaw with this type of billing practice. In today’s dental benefits marketplace, many plans have adopted contracting based on the contract of the treating dentist, not the billing dentist. If a plan that contracts a dentist in this manner received a claim, the plan’s system would respond by noting the selling dentist as the billing dentist but the purchasing dentist as the treating dentist. During processing, the system would be able to locate the selling dentist’s contract under their TIN in the plan’s system of records; however, the plan would not be able to locate the purchasing dentist with a contractual relationship to the selling dentist’s business in its system of record.

Once this issue was discovered, the claim would either be denied or paid as out of network. To make matters worse, not all dental benefit plans allow assignment of benefits to out-of-network dentists, so if the claim were processed by a plan that does not allow AOR, the payment would be mailed to the patient rather than the office.

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Forensic odontologists help identify victims of disaster, crime

As the smoke cleared from the Northern California wildfire that destroyed more than 153,000 acres, 185 homes and most of the town of Paradise last November, four CDA members worked night and day at the Sacramento morgue to help identify the remains of victims who died in that fire.

Led by California Assemblymember Jim Wood, DDS, the team of forensic odontologists, including Drs. George Gould, Roland Chew, Mark Forco and Duane Spencer, examined teeth, tooth roots, metal crowns and porcelain fillings — often the only evidence of a victim left in the ashes of a burned home — comparing them to dental records in hopes of identifying an individual and offering closure to grieving families and friends.

Forensic odontologists are typically called in by law enforcement to identify human remains that cannot be identified using other methods of recognition. In fact, the majority of cases in which forensic dentists are involved center on the identification of human remains, according to an article in a 2015 CDA Journal issue dedicated to the subject. Trained forensic odontologists compare the antemortem and postmortem records of a victim tooth by tooth. Only a few dozen dentists in California have experience in forensic odontology, Dr. Spencer explained in his 2015 Journal editorial. Dr. Wood is one of the few who are called on to help with forensic identifications, such as for the victims of Northern California’s Camp Fire. He and his team worked side by side examining root canals, specific anatomical features in the bone, unusual arrangements of teeth and anything else that might have been unique to an individual, including root patterns.

“If you have antemortem records, you can compare the (root) patterns if there are some unique characteristics to the roots of the teeth,” said Wood in a Nov. 10 interview with CDA. “We’d rather have dental restorations and clinical crowns to assist us, but we have made a few identifications based on root morphology.”

Wood has worked as a forensic odontologist for 25 years and is one of just 100 dentists in the country who are certified by the American Board of Forensic Odontology. In the past, he has assisted with identifying victims of 9/11, Hurricane Katrina and the Northern California Wine Country fires of 2017.

Through these difficult experiences, he learned how important good dental records are to a forensic investigation.

Poor-quality images and undated X-rays can slow down the identification process, Wood said. Investigators need the best-quality images that dentists can provide when a coroner or law enforcement makes a request for records. That includes high-resolution images that are dated and, if no electronic records are available, original X-rays.

“We’ve pretty much wrapped up at this point, unless more cases come in,” Wood said. “I may end up going back in to re-examine some cases, but at this point we’ve got all of the work done there now — all of the X-rays and charting — and it’s been put into the computer database.”

While his assistance with disasters such as the Camp Fire eventually comes to an end, Wood continues to “give back” in another way — by advocating for laws and policies that will prevent those disasters from occurring in the first place.

As an assemblymember representing the North Coast and a resident of Sonoma County, he was especially impacted by the Wine Country fires. After assisting with the forensic investigation for victims of those fires, he went on to make wildfire prevention a top priority in his work in the legislature.

“Thank you enough. To those who are making a difference in response, recovery and disaster relief, we can’t thank you enough.”
The Dentists Insurance Company has developed a resource to help prescribers follow a new requirement when prescribing Schedule II drugs to minors. Beginning Jan. 1, 2019, before a prescriber issues the first prescription for a controlled substance containing an opioid, the prescriber must discuss specific information with the minor or the minor’s parent or guardian as required by Senate Bill 1109 signed into law last September. The new form from TDIC, “Consent to Prescribe an Opioid to a Minor,” covers the following required discussion items:

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

Available in English and Spanish, the downloadable consent form provides background on the new California law, a section for listed medications and doses, “facts for consideration” for the minor’s parent or guardian to read and sign, as well as a place for the prescriber to certify the discussion took place.

Most professional liability claims include an allegation of a lack of informed consent, according to TDIC Risk Management Analyst Taiba Solaiman. “Patients argue they would have made a different treatment decision had they known of the possibility of a negative outcome,” Solaiman said, adding that informed consent is a discussion between the dentist and patient during which the dentist—not just staff—educates the patient about the diagnosis, nature of the treatment, alternative treatment options and the benefits, risks and consequences of each. “It is not just a form,” she said.

“By law, patients must be informed about their treatment, and obtaining written consent is the best way to protect the patient and the doctor,” Solaiman said.

The informed-consent discussion is not required in the following situations according to the law: when the minor’s treatment includes emergency services or is associated with an emergency surgery and when, in the prescriber’s professional judgment, the discussion would be detrimental to the minor’s health or safety or would violate the minor’s legal rights concerning confidentiality.

Covering addiction risks in mandatory C.E.

The new law also addresses continuing education for dentists, physicians, surgeons, nurse practitioners and pharmacists. Specifically for dentistry, SB 1109 allows the Dental Board of California to require C.E. that covers the risks of addiction associated with the use of Schedule II drugs. At its November meeting, the dental board voiced its support for additional C.E. and in the coming months will discuss what such a requirement would look like. CDA will work closely with the board and update members as more information becomes available.

Find the new form, “Consent to Prescribe an Opioid to a Minor,” at tdicinsurance.com/risk-management/informed-consent or cda.org/resources.
Medi-Cal Dental Program improvements aim to recruit, retain providers

DHCS Director Jennifer Kent explains what recent changes mean for dentists

The state’s substantial improvements to the Medi-Cal Dental Program are giving more low-income Californians access to oral health care. Through the program, more than 13 million individuals are eligible for dental benefits. Additionally, a streamlined application and significant rate increases are prompting more dentists to join the program as providers. The changes follow years of action to improve the program, including CDAs ongoing efforts to educate the public and policymakers about the importance of good oral health care. Jennifer Kent, director of the California Department of Health Care Services, spoke with CDA to discuss some of the major improvements to the program, including CDAs ongoing efforts to educate the public and policymakers about the importance of good oral health care.

What should dentists know about the biggest changes to the Medi-Cal Dental Program?

When I started in February 2015, some of the major improvements to the Medi-Cal Dental Program were already underway. I believe the first of many investments and positive steps the program has taken began with the restoration of the 10 percent provider rate reduction for Medi-Cal dental providers. The next year, we had the Dental Transformation Initiative put into place with the renegotiation of our HHRM (Health Resources and Services Administration) contract. This includes the simplification of the application and outreach campaign that we have done for both beneficiaries and providers. The ongoing efforts through the Delta Administrative Service Organization have also been a key factor in our recruitment and retention efforts. For a while, we had mobile dental vans in counties where we did not have any Medi-Cal dental providers. Additionally, we would dispatch people to work with dental providers in their offices to help with billing and enrolling issues. The friendlier and more available we are in our technical assistance certainly helps providers want to stay in the program.

Tell us about your department’s efforts to recruit and retain dental providers.

There have been significant initiatives as well as administrative efforts on our part to recruit and retain dental providers. This includes the simplification of the application and outreach campaign that we have done for both beneficiaries and providers. The ongoing efforts through the Delta Administrative Service Organization have also been a key factor in our recruitment and retention efforts. For a while, we had mobile dental vans in counties where we did not have any Medi-Cal dental providers. Additionally, we would dispatch people to work with dental providers in their offices to help with billing and enrolling issues. The friendlier and more available we are in our technical assistance certainly helps providers want to stay in the program.

Around the DTI itself, there are many incentives to support dental practices with big safety-net populations. There are incentives for seeing more Medi-Cal dental beneficiaries, conducting caries risk assessments, participating in the local dental pilot projects or for just seeing patients over multiple years and creating that continuity of care. I believe these initiatives are making providers feel that we are doing our part to help embed patients in their practice — not only from a financial incentive standpoint, but also to create a stronger patient-provider relationship.

Enrollment can be confusing. How can dentists make sense of becoming a Medi-Cal dental provider?

By fall of 2019, dental providers will be added to the Provider Application and Validation for Enrollment (PAVE) web-based software, which simplifies and adds efficiencies to the enrollment process. Until then, providers can access the streamlined paper application on the Medi-Cal dental website. In addition to PAVE, the department recently implemented a new provider self-service web-application that is also available through the Medi-Cal dental website. It allows providers to access their eligibility, payment, claims and historical treatment information 24 hours/7 days a week.

Our enrollment contractor offers one-on-one enrollment assistance in person or via the provider assistance line 800.423.0507.

How can gains from Proposition 56 supplemental rates be made sustainable and stable for providers?

Proposition 56 revenues are significant and have done a lot to support both physicians and dentists in the Medi-Cal program to the extent that Prop. 56 revenues, supplemental payments and rates remain stable. We have worked closely with CDAs and others to construct the payment approach so that we are less likely to be in a position where we will have to reduce or take away supplemental payments.

The department has allocated $30 million toward a student loan repayment program for dentists who commit to serving Medi-Cal dental beneficiaries. Why is this important for dentists?

Due to the significant amount of debt that dentists accumulate while in school, providers do not have as much flexibility to decide their patient caseload or where to practice, and we have the desire to change that. We are trying to remove some of the negative consequences of people choosing to practice with a high Medi-Cal caseload, which may not help them meet their student debt. We believe the loan repayment program will have an extraordinary impact on providers not only starting in the Medi-Cal program, but for providers staying in the program long-term because of the significant nature we are willing to dedicate toward their loans.

Can you discuss the department’s idea of relocation grants for dentists to work in underserved areas?

As a component of the $30 million loan repayment, we offer providers a grant to relocate to an area where there are fewer than five providers enrolled in the Medi-Cal dental program. The general concept for the practice location is for dentists who meet certain requirements, including a longer-term commitment, to help support their establishment of an office in an area of high need where there are little to no dental service providers. We believe that when we locate dentists has the potential to change the access-to-oral health care for an entire community.

For more details about the student loan repayment program, see below.

The department was able to secure Proposition 56 supplemental rates and the Medi-Cal Dental Program, which has been a significant investment for both the state and the nation.

Applications open spring 2019 for Prop. 56 Dental Loan Repayment Program

Preliminary criteria for the Prop. 56 Dental Loan Repayment Program were announced by the California Department of Health Care Services. The program repays student loans for dentists who commit to serving Medi-Cal beneficiaries and locate their practice in a county or region that lacks adequate providers. The program received a one-time allocation of $30 million in the 2018-19 California state budget signed last June by then-Gov. Jerry Brown.

Applications will open beginning spring 2019 with participants selected no later than July 1, 2019, and the first round of repayments will be paid by June 30, 2020. Eligible dentists must have graduated from dental school within the past five years and must be willing to relocate to a county or region in California that has less than five dental providers that accept Medi-Cal patients. A business relocation plan and documentation to support the cost of relocating must be provided.

Additionally, at least 30 percent of the applicant’s patients must be Medi-Cal beneficiaries and the applicant must be willing to maintain that caseload for at least five years.

CDA will notify members when the final criteria are available and the application period opens.

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Jennifer Kent, director of California Department of Health Care Services. DHCS manages Medi-Cal and the Medi-Cal Dental Program.

Jennifer Kent explains what recent changes to the program mean for providers.
‘I always leave CDA Cares with renewed pride in my profession’

Q&A with CDA Cares Solano committee chair
James Sanderson, DDS

Fairfield native James Sanderson, DDS, was made for his role as chair of the CDA Cares Solano Local Arrangements Committee. Not just because he’s a longtime resident of Solano County, with the extensive community connections that are so critical to creating a successful volunteer-run dental clinic, but also because he’s done this before. Dr. Sanderson chaired the local arrangements committee the first time the CDA Foundation brought its two-day dental event to Solano County in April 2014. His dedication also makes him an ideal chair: He’s volunteered at 13 of the 14 CDA Cares to date, and his stints in the triage, restorative, endodontic and sterilization areas have given him a broad understanding of how the clinics operate, prepping him for his commitment as chair of a committee that recruits volunteers, raises funds and identifies and secures pharmaceuticals and local dental lab equipment, among other duties. His work as chair began more than a year ahead of CDA Cares Solano.

Here Sanderson offers some additional thoughts about his past clinic experiences and current preparations for the next clinic, which takes place March 8-9 at the Solano County Fairgrounds.

How have your past volunteer experiences at CDA Cares prepared you for your current role as local arrangements committee chair of the Solano clinic?

My experiences at previous CDA Cares clinics have taught me what our clinics can do and how we perform our duties. I have observed and learned from many outstanding leaders who have preceded me. Because of this, I will know who to talk to when issues come up that I don’t have answers for. Lastly, I chaired the previous Solano clinic so I can also draw upon my own experience.

This is CDA Cares’ second visit to Vallejo. Can you speak about the need for this event in Solano County?

The need in Solano County is immense. Our most recent Medicare utilization report shows that only 6 to 19 percent of eligible patients have seen a dentist despite being eligible for dental care. We provided care to nearly 2,000 patients in 2014 despite our clinic coinciding with a large winter storm. I’m sure that standing in line in a driving rain discouraged many patients. Solano County leaders recognize our unmet dental needs and are extremely supportive of our efforts.

Please give readers a snapshot of your work as chair.

Linda Seifert, a CDA Foundation member, guided me when I was the committee chair in 2014. She was an incredible fundraiser and mentor. I am trying to follow her game plan. She is still very helpful despite her not living in the area anymore. Foundation staff has also been incredible as well. I am hopeful that I always leave CDA Cares with renewed pride in my profession’

Drs. James Sanderson and Sheila Brear volunteer in the central supply section at CDA Cares Modesto in October 2018. Dr. Sanderson studied wildlife biology and zoology at the University of California, Davis, obtaining a bachelor’s in 1982, before heading east to earn his doctor of dental surgery from Georgetown University in 1986. Returning to Solano County after completing dental school, Sanderson began his dental career as an associate — first in Benicia, then in his hometown of Fairfield. In 1988, he purchased a practice in the farming community of Dixon, where he continues to practice today.

See RENEWED PRIDE | 11

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Harassment prevention
From PAGE 1

To all nonmanagerial employees...

After the 2019 compliance requirements are met, employers must provide training every two years at minimum.

Training must occur within six months of hire to a nonmanagerial position or promotion to a managerial position (including hiring) as applicable.

Newly created businesses with five or more employees must provide training within six months of the business’ establishment and then every two years thereafter.

Part-time, temporary and independent contractors must be included toward the minimum count of five employees.

The training may be conducted as a group presentation or on an individual basis and may be broken into shorter time segments as long as the two-hour requirement for managerial employees and one-hour requirement for nonmanagerial employees are met.

Employees hired after Jan. 1, 2020, who received training by a previous employer need only be required to read and acknowledge receipt of the employer’s anti-harassment policy within six months of assuming the new position. The burden of establishing that the prior training was legally compliant with this section is on the current employer.

Training for seasonal and temporary employees

Also by the January 2020 deadline, employers must provide training to temporary and seasonal employees, as well as any employee who is hired to work for less than six months. The training must occur within 30 calendar days after the hire date or within 100 hours worked, whichever comes first. In the case of temporary employees employed by an agency (as defined by Lab. Code sec. 2810.3) to perform services for clients, the training must be provided by the agency, not the client.

Training formats

Employers can satisfy this training by offering classroom training, e-learning or webinars as described here.

Classroom training: In-person classroom training that features content created and taught by a trainer. The employees receive the training from a trainer in a setting that is removed from the employees’ daily duties. California law in CCR, sec. 11029(a)(9) specifically defines the credentials that a qualified trainer must possess.

E-learning: Individualized, interactive and computer-based training that was created by a trainer and an instructional designer. Employees must have the opportunity to ask a trainer questions and receive a response within two business days.

Webinar: An internet-based seminar that features content created and taught by a trainer and that is transmitted over the internet in real time. Employers who use a webinar for training must document that each employee who is not physically present in the same room as the trainer attended the training. They must also document that the employee actively participated in the training’s interactive content, discussion questions, hypothetical scenarios, polls, quizzes or tests and activities.

Webinars must provide employees with the opportunity to ask questions and receive answers to those questions or otherwise seek guidance and assistance.

The regulations also authorize other effective, interactive training — including audio, video or other computer technology — but only if used along with, and as a supplement to, classroom, webinar or e-learning training.

Record-keeping requirements

To track compliance, employers must keep documentation for a minimum of two years and be able to provide copies upon request.

The training record must include all of the following minimum information:

- The name of the supervisor who received training
- The training type and date
- The attendance sign-in sheet
- A copy of all certificates of attendance or completion issued
- A copy of all written or recorded materials that comprise the training
- The training provider’s name

In addition to the above, specific documentation requirements for both trainers and employers are mandated for e-learning and webinar training:

- E-learning: The trainer must maintain all written questions received and all written responses or guidance provided for a period of two years after the date of the response.
- Webinars: The employer must maintain a copy of the webinar, all written materials used by the trainer and all written
Del Brunner, DDS, begins term as 2019 CDA president

Del Brunner, DDS, on Jan. 1 took the helm as CDA’s president for 2019. The graduate of the Herman Ostrow School of Dentistry of USC practiced dentistry in Ventura for more than 40 years.

A longtime member of CDA, ADA and the Santa Barbara Ventura County Dental Society, he has held numerous leadership positions and served on many CDA councils and committees including the CDA Presents Board of Managers, the Strategic Planning Committee and the CDA Foundation Board. Dr. Brunner succeeds Immediate Past President Natasha Lee, DDS.

In his speech at the CDA House of Delegates in November, Brunner emphasized the importance of innovation and working as a collective group to meet the needs of CDA members.

“We are much better and wiser as a group than we are as a single entity,” Brunner said. “Let us move together throughout this coming year embracing change and new opportunities that will help us better serve the members of CDA.”

Brunner also told delegates that he would do his best to “encourage, stimulate and mentor students in our six California dental schools.”

He retired in 2017 but remains an active volunteer, offering his services at CDA Cares, the Coachella Valley Volunteers in Medicine free dental clinic and at dental screenings in elementary schools. Outside of dentistry, Brunner has served on the YMCA Ventura County Board of Directors and as the head coach of the American Youth Soccer Organization. He is also an active member of Crossroads Community Church of Camarillo, where he has served on its board of elders since 1984.

Brunner has been married to his wife, Marsha, for 47 years. Together, they have two daughters, a son and two grandchildren.

CDA Cares Clinics

Solano
March 8–9, 2019
Solano County Fairgrounds

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

Join us. cdafoundation.org/cdacares
Wildfire losses
From PAGE 1

Fernando, Red Bluff and, most recently, Chico. He said the “gut-wrenching” Camp Fire was the worst, destroying six policyholder practices.

“My hygienists and assistants will have their salaries covered, and that means a lot to me because I spend as much time with them as I do my family, and some of them lost their homes.”

Michael Viale, DDS

“They were grateful for the coverage and more grateful that no one lost family or staff members — everything else is replaceable and that’s why we’re here for them,” said Reager, who grew up in Chico.

Nearby at the Northern California Dental Society in Red Bluff, Executive Director Vi Gilbert contacted more than 100 area dentists with missing-persons lists to locate patient records to assist coroners with identifications. She also coordinated available operatory schedules for Paradise dentists to take care of their patients.

“I have a list of dentists from Chico, Oroville, Red Bluff, Corning and surrounding areas who have told me, ‘If a dentist wants to come and use my operatories, here are the days I’m available,’” said Gilbert. “The outpouring of support from fellow dentists has been phenomenal in offering temporary housing and office space.”

The NCDS also provided monetary assistance to Paradise dentists, many of whom lost their homes or practices and, in some cases, both.

“They were grateful for the coverage and more grateful that no one lost family or staff members — everything else is replaceable and that’s why we’re here for them.”

Brad Reager, Vice President
TDIC Claims and Risk Management

The CDA Foundation offers a Disaster Relief Grant of up to $5,000 to dentists, dental staff and component staff members with immediate and emergency needs. Applicants who lose homes and have dependents are eligible for additional funding. The Foundation received more than 50 grant applications from individuals affected by the Camp and Woolsey fires.

As a recipient of the Foundation grant, Ron Zufall, DDS, of Redding has heartfelt appreciation for CDA’s role in helping him with immediate disaster-related expenses. The July 2018 Carr Fire near Redding destroyed a rental home where he was living a mere nine months after an electrical fire destroyed his home of 22 years. Dr. Zufall says the grant was “a blessing” because his son Andrew lost all of his furniture and belongings in the garage just one week before moving to Pomona to start dental school at Western University.

“Part of that grant was used to help Andrew and his wife replace the belongings they lost before starting professional school,” said Zufall. “I know Andrew will pay it forward. He’ll be a big supporter of organized dentistry. He’s grown up around it and has seen how it’s helped me.”

Viale echoed that sentiment.

“It’s nice to see how my colleagues have stepped up to help us. I appreciate that and I appreciate CDA and TDIC,” he said.

Shortly after the Camp Fire, Viale resumed teaching part time at the University of Pacific, Arthur A. Dugoni School of Dentistry, where he gathered students for a morning huddle with a powerful message.

“I said, ‘Hey, you millennials don’t seem to be involved in organized groups. Get involved in organized dentistry. I’m getting my insurance through CDA’s company TDIC, and these people are taking care of me because they care about me,’” said Viale. “‘Where ever you go, you need to get involved in your dental society.’”

Readers who wish to contribute to the relief efforts through the Disaster Relief Grant can text RELIEFGRANT to 91999 or visit cdafoundation.org/donate to donate online.

Coverage under any policy of insurance is determined based on the terms of the policy and specific facts of each claim of loss.

Dr. Michael Viale’s dental practice in Paradise, Calif., was destroyed by the Camp Fire. This photo shows what was left of the structure after the wildfire ripped through the area Nov. 8, 2018. Viale shared the building with several occupants, including Ron Wilson, DDS. Photo courtesy Dr. Michael Viale.
Four steps to controlling supply costs in the new year

Practices of every size can struggle with bringing variable expenses under control. With the optimal cost of dental drugs and supplies averaging 6-8 percent of collections, focused purchasing can have a significant impact on practice efficiency and net operating income.

When seeking to control supply costs, there are four key areas of opportunity: managing inventory, improving purchasing habits, renegotiating pricing and adding suppliers. And maximizing these opportunities requires a “SMART” approach: goals that are specific, measurable, achievable, relevant and time-bound.

1. **Manage inventory** by establishing minimum and maximum supply levels and creating an order sheet. Put one person in charge of ordering and block time to allow him or her to do so without distraction.

2. **Improve purchasing habits through consistency.** Place orders every two weeks and require a doctor’s approval for special orders to limit exceptions.

3. **Add a second supplier** to improve cost, choice and convenience. There’s no reason to pay more for the same products. Through The Dentists Supply Company, many CDA members shop tdsc.com as a primary or secondary supplier. The site continues to deliver 20 percent average savings compared to MSRP and offers free shipping with no minimum order size.

4. **Conduct a quarterly review** to track progress and spending habits. Solicit team feedback, share clear expectations and adjust processes in support of goals.

Three different California practices put these same four operational changes in place, and each saw a remarkable difference in supply cost control:

**Case study: CDA-member practice in Orange County**

Although the practice saw $1,047,095 in collections in 2015, supply costs were at a high 9.6 percent of collections, totaling more than $100,000 that year. By taking a SMART approach to operational changes, costs came down to 7.7 percent in 2016, saving more than $15,000. By 2017, supply costs were reduced to 5.9 percent. The result? A $32,000 reduction in supply costs between 2015 and 2017.

Case study: CDA-member practice in the Central Valley

With just one practitioner and two part-time hygienists, this practice saw $759,484 in collections in 2016. However, supply costs were at 9.3 percent of collections, totaling more than $70,000 that year. By making the same recommended operational changes, costs came down to 6.3 percent in 2017, resulting in more than $26,000 in savings year over year.

Case study: CDA-member practice in the Bay Area

This busy practice saw $1,655,875 in collections in 2015; again, supply costs were high. At 9.5 percent of collections, supplies alone totaled more than $150,000 that year. But SMART cost-control efforts reduced supplies to 6.6 percent by 2017, saving more than $38,000 over two years. At the same time, collections continued to grow.

Michael Wilgus, director of sales and business development at The Dentists Supply Company, notes that practices should take time to analyze historical data, including supplies and other variable expenses, to evaluate performance and plan for the future. He sees firsthand how TDSC’s customized product-by-product price comparisons help dentists make informed purchasing decisions and find easy ways to save.

“Understand and manage your practice operations more effectively and you’ll create improved focus and clarity in decision-making,” says Wilgus.

To request a custom price comparison and see the savings potential for your practice, visit tdsc.com/pricecompare.
Renewed pride
From PAGE 6

fundraising will exceed our expectations, and I’m confident that we will meet our volunteer goals. In my experience, dentists are extremely giving of both their time and money.

What is your fondest memory of a past CDA Cares event or of the experience in general?

I have extremely fond memories of CDA Cares clinics. Several times I have had the privilege of watching a patient see themselves in a mirror with new dentures for the first time. I don’t think it’s possible to not be affected by the sight of these patients and their tears of joy. I also enjoy seeing all of the volunteer dental students. Their enthusiasm is contagious. I always leave CDA Cares with renewed pride in my profession.

Is there one thing you’d like to share with a dentist or dental professional who is thinking about volunteering?

I encourage all dentists and dental professionals to sign up and volunteer. I can’t think of a more rewarding experience than volunteering at a CDA Cares clinic. There is a reason that most people who volunteer for the first shift end up staying longer: CDA Cares gets in your blood. Most volunteers travel to clinics throughout the state because they find the experience so rewarding.

In addition to providing dental services at no charge to Californians who experience barriers to care, CDA Cares, the CDA Foundation’s volunteer dental program, educates the public and policymakers about the importance of good oral health and the need for continued improvements to the state’s Medi-Cal Dental Program. Dental volunteers help relieve pain and eliminate infection by offering extractions, fillings, limited root canal, cleanings and oral health education. Dentists also provide temporary full and partial dentures on a limited basis.

At the Modesto event in October 2018, volunteer dentists provided more than $1.6 million in care to 1,531 people.

March 8-9 at CDA Cares Solano, volunteer dentists and dental professionals are needed in all areas, including restorative, oral surgery, pediatric, hygiene, triage and routing. Community volunteers are also needed to help register and guide patients, assist with language translation and more.

Register to volunteer at CDA Cares Solano at cdafoundation.org/solano.

Security risk assessment tool updated for smaller practices

All HIPAA-covered entities and their business associates are required to conduct an initial comprehensive security risk assessment to identify “potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information,” the federal privacy rule states. Achieving and maintaining the security of PHI is not only a requirement of the rule but a way to help prevent costly data breaches.

Small- to medium-sized health care practices with one to 10 providers now have an upgraded tool that is specifically designed to assist them with completing this assessment. The U.S. Department of Health and Human Services’ Office of Civil Rights released a version of its security risk assessment tool — the SRA 3.0 — to make it easier to use and to apply more broadly to possible risks to health information.

Along with an enhanced user interface, new features were built into the SRA 3.0, including:

- Detailed reports
- Improved rating of threats and vulnerabilities
- Progress tracker
- Business-associate and asset tracking

The OCR launched the SRA 3.0 in October 2018 after conducting and analyzing comprehensive usability testing of the previous version (2.0). Health care practice managers completed certain tasks in SRA 2.0 and then repeated the same tasks with the SRA 3.0 for a comparison of user experience. The result, the OCR says, was an overall improvement of the user experience.

With the new detailed reports, for example, results of the risk assessment are displayed to help practice managers determine risks in existing policies, processes and systems. While performing the assessment, the user receives suggested methods for mitigating these security risks.

Currently, SRA 3.0 is only available for Microsoft Windows operating systems. Any practices using iPads may still download the previous version of the tool from the Apple App Store. Both versions of the SRA are free to use or download.

CDA Regulatory Compliance Analyst Teresa Pichay reminds HIPAA-covered dental practices that after the initial comprehensive risk assessment is completed, they are not required to perform the risk assessment annually. “They can instead do periodic gap analyses,” she said, but they must perform a comprehensive risk assessment when the data security environment or the entity’s information system, policies and procedures have “significantly changed since the last assessment.”

Anaheim convention is the pre-eminent C.E. event for dentists in 2019

Program includes restorative and live dentistry, new cadaver workshop

Dentists will have more than the usual number of opportunities to learn about restorative materials, processes and techniques at CDA Presents The Art and Science of Dentistry May 16-18 at the Anaheim Convention Center.

With its educational focus on restorative dentistry, the convention will offer more than 16 lectures and workshops, including an engaging panel discussion featuring leaders in the field.

"Restorative courses are generally well-received by our attendees, so we decided to up the ante a little bit for the Anaheim program," said James Van Sicklen, DDS, a member of the CDA Presents Board of Managers.

Courses are scheduled each day of the convention and will cover, among other topics, new choices in adhesives when considering direct restorative treatment; clinically effective bonding procedures and indications for bonding; restoration of endodontically treated teeth; and advanced techniques for performing minimally invasive dentistry.

"Restorative courses are generally well-received by our attendees, so we decided to up the ante a little bit for the Anaheim program."

James Van Sicklen, DDS

Additionally, four workshops will provide hands-on learning in the areas of esthetic and restorative dentistry, while a panel discussion will detail choices in materials and techniques and provide guidance based on science as well as the panelists’ own clinical observations.

Dr. Van Sicklen called the panel “the highlight of the program” and said the discussion promises to be lively. Nationally recognized speakers and current or past faculty members will “bring a very high level of clean science to the panel but also have strong opinions about how restorative processes work,” Van Sicklen said. “We hope attendees will walk away with a clearer understanding of current concepts in restorative dentistry.”

Read more about the panel and other courses on restorative dentistry in the February Update.

Live-dentistry demonstrations

Another unique learning opportunity is the live-dentistry demonstration, and CDA Presents has partnered with Glidewell Dental to offer two demos Saturday, May 18, in Anaheim.

In a morning session, Justin Chi, DDS, CDT, will provide in-depth exposure to the entire clinical workflow for a chairside CAD/CAM restorative process. Specifically, attendees will learn how to restore various indications using a digital workflow, how to select materials from a range of choices based on their indications and how to create quality restorations using a chairside mill.

A second live demonstration will provide an introduction to guided implant placement. Taylor Manalili, DDS, will focus on the latest technology and techniques to help attendees understand proper case selection and CBCT diagnosis as well as the digital treatment planning process and treatment considerations.

New cadaver workshop

New to CDA Presents is a two-day workshop that will offer the hands-on experience necessary to advance in implant dentistry.

"Cadaveric Hands-On Implant Placement and Bone-Grafting" will provide education on diagnosis, treatment planning and surgical and restorative techniques through lecture sessions and critical cadaveric hands-on training. Because the workshop is designed for both beginning and advanced dentists, attendees may select the difficulty level of procedures during.

Find your wonder at CDA Presents in Anaheim.
From exploring sandy beaches to teambuilding at the happiest place on earth, you’ll make bright memories at the convention and outside its doors.
Learn more at cdapresents.com

MAY Annaheim CONVENTION CENTER
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ENGAGE EXPLORE EXPAND

The Art and Science of Dentistry
Improper billing
From PAGE 2

As the discussion continued, I heard another misconception: Both dentists thought that the selling dentist’s license number and Type 1 NPI could be noted in the treating section of the claim. I explained that the treating section of a claim form must document the dentist who treated the patient. In the dental benefits industry, if the treating dentist documented on the claim differs from the treating dentist noted in the patient’s chart, the plans consider this billing practice to be fraudulent billing. This type of improper billing places the contracted selling dentist at risk of being in breach of their contract with the dental plans. If discovered, such billing could be costly, as the plan could recoup monies paid out because the contractual obligations were not met by the contracted selling dentist. Additionally, since the payments would be made in the name of the selling dentist, the plan would look to the selling dentist for recoupment.

One more problem can occur if the selling dentist’s license number is noted on the claim as the treating dentist: He or she would be to face a malpractice case for the services provided. It would appear on the claim as if the selling dentist performed the treatment when in fact it was the purchasing dentist who performed the treatment.

With every change in practice ownership, the purchasing dentist needs to contact the plans he or she wants to contract with — well in advance of the sale of the practice, as contracting with plans can sometimes take months.

The new owner cannot bill under the name of the previous owner. The selling dentist should follow the contractual obligations noted in their contract with a plan and the selling dentist could be found in breach of their contract with a plan and the selling dentist takes on the risks and penalties of the improper billing. The selling dentist should follow the contractual obligations noted in their contract with a plan for reporting the sale of the practice.

Remember that dental benefit plans billing under the name of the previous owner is technically fraud, especially if the previous owner had a higher fee schedule than the new owner is expected to be offered.

For additional assistance with these and other dental benefit questions, contact CDA Practice Support at 800.232.7645 or cda.org/practicesupport.

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FEATURED ENDORSED PROGRAM

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FEATURED ENDORSED PROGRAM

Minimize risks and increase performance. Automate workflows for required employment documentation, customize your employee handbook, use metric-based performance management tools and track time and attendance. Plus, access healthcare-focused human resources specialists and attorneys.

HR for Health offers human resources solutions designed for dentists. As a CDA member, you’ll benefit from a free HR risk assessment, as well as a 50% discount on start-up fees.

The January issue of the Journal of the California Dental Association features caries management by risk assessment, or CAMBRA, with articles discussing the results of a practice-based research study on CAMBRA, updated CAMBRA tools clinicians can use in practice, guidelines to improve caries risk level assignments, and the early caries management protocol used at the Children’s Dental Health Clinic in Long Beach, Calif.

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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Harassment prevention

From PAGE 7

questions submitted during the webinar. The employer must also document all written responses or guidance the trainer provided during the webinar.

Government obligations

The Department of Fair Employment and Housing must develop or obtain two online training courses on the prevention of sexual harassment in the workplace in accordance with the provisions of the law. Both courses must contain an interactive component that requires viewers to periodically answer questions in order for the course to continue to play. The DFEH published a new online resources webpage for California employers (www.dfeh.ca.gov/resources-for-employers) and expects to have such trainings available by late 2019.

Preparation and planning

Employers with five or more employees should check their calendars and determine when they can train their employees in 2019 in order to be compliant with the law by the Jan. 1, 2020, deadline.

Employers might begin by researching third-party companies that are qualified to conduct training under DFEH regulations for either in-person or online training. Before deciding to utilize a company, the employer should verify that its training meets the requirements outlined above.

Directing employees to online training courses hosted by DFEH is another way employers can satisfy their harassment prevention training obligations. Regardless, the unavailability of a specific training should not preclude employers from satisfying the requirement sooner rather than later.

Developing a written harassment, discrimination and retaliation prevention policy that reflects current law is a requirement under California law. A policy can be found in CDA Practice Support’s “Sample Employee Manual” template.

¬ Find resources on employment practices at cda.org/practicesupport.

Anaheim convention

From PAGE 12

the hands-on session. Specific learning outcomes include:

¬ Perform socket grafting, flap manipulation and suturing on cadavers
¬ Learn and perform dental implant placement and immediate placement on cadavers
¬ Learn and perform bone-manipulation, bone-grafting, sinus-grafting and ridge-split procedures on cadavers

CDA Presents will resume biannual schedule in 2020

With the ADA holding its annual continuing education meeting in San Francisco in September 2019, CDA Presents — typically a biannual convention — will take a break from hosting a convention in fall 2019 and will instead return to Anaheim in spring 2020.

While CDA Presents lectures are free and seating is first-come, first-served, all workshops and live demonstrations are ticketed events. To ensure the best pricing and secure seats for these courses, attendees are encouraged to register early.

Foundation accepting applications for 2019 Dugoni Faculty Award

Recipients eligible for $5K scholarship

Each year, the CDA Foundation accepts applications for the Dugoni Faculty Award named for Arthur A. Dugoni, DDS, MSD, and his vast accomplishments in dental education and organized dentistry. The application period is now open.

First given in 2006, the award recognizes a faculty member affiliated with any of California’s six dental schools in recognition of the faculty member’s leadership, innovation, collaboration, compassion, philanthropic spirit and integrity in dental education. The recipient is eligible to receive a one-time scholarship award of up to $5,000, which may be used for travel, conferences, research, materials, supplies, academic projects and other purposes.

Applicants must hold a full- or part-time teaching position and be connected with a dental program associated with a California dental school. All individuals who meet the selection criteria are encouraged to apply for the award before the application period closes March 31.

Dr. Dugoni is credited with the development and management of many innovations that elevated the University of the Pacific, Arthur A. Dugoni School of Dentistry to national prominence, including the enhancement of the humanistic model of education. The three most recent recipients of the Dugoni Faculty Award include Richard Frederking, DMD, MA, Ronald Mito, DDS, FDS RCSEI, and Sunitsh Sundaresan, BDS, DDS.

Community and educational grants and awards are some of the ways the Foundation supports dental professionals and community-based organizations statewide that provide dental care to underserved communities. The Foundation also awards the Student Loan Repayment Grant and Humanitarian Award annually.

¬ Find award criteria and application materials at cdafoundation.org/awards/dugoni-faculty-award.

Dale Redig, DDS, former dental school dean and CDA executive, passes

Dale Redig, DDS, former dean of the University of the Pacific, Arthur A. Dugoni School of Dentistry died Nov. 15, 2018, at the age of 89.

During his nine-year tenure, Dr. Redig successfully improved student-faculty relations with a “humanistic approach” to dental education. Additionally, UOP became a national leader in dental education and established one of the nation’s first comprehensive patient care models as well as a viable 36-month predoctoral program.

Redig graduated in 1955 from the University of Iowa College of Dentistry and practiced as a pediatric dentist until 1961. He later served as CDA executive director for 18 years during the 1980s and 90s and was instrumental in the development of CDA’s current Sacramento headquarters.

Redig earned numerous accolades throughout his career, including an American College of Dentists Lifetime Achievement Award recognizing his more than 50 years of service to the profession. A private, family-only memorial ceremony was planned following the start of the new year.

¬ Read more about Redig’s legacy at contactpoint.pacific.edu/2018/05/innovations-the-dale-redig-legacy.

Source: University of the Pacific, Arthur A. Dugoni School of Dentistry

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