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Plus: Share your CDA story! See **page 7** for details.

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RDHAP: A BRIDGE BETWEEN THE PATIENT AND THE DENTIST

Caring for homebound, aging and special-needs patients

Maria Ladd can cite many examples of good patient outcomes from her eight years and counting as a registered dental hygienist in alternative practice, but she has a couple of favorites. One involves a first-time patient, age 80, who resided in an assisted living center. The patient's daughter had contacted Ladd to request a teeth



Wade Banner, DMD, and Maria Ladd, RDHAP, in January 2020. Dr. Banner, a mobile dentist, and his three associates work with about 12 RDHAPs to provide care outside of the traditional dental office.

cleaning on her mother's behalf.

Ladd performed a full charting and risk assessment and, observing a deep pocket, took a couple of X-rays, which she then sent — encrypted — to Wade Banner, DMD, a mobile dentist and the owner of In Motion Dentists serving Los Angeles and Orange counties. The very next day, Dr. Banner was at the patient's bedside to treat two abscesses. "He looked at those X-rays and immediately said, 'I need to see that patient,'" Ladd said.

"You saved my mother's life," Ladd recalled the patient's daughter later telling her.

Ladd had already been working as a registered dental hygienist for 19 years when she decided to pursue the RDHAP license through the University of the Pacific, Arthur A. Dugoni School of Dentistry's program. She did so in part because she considers herself an active learner, who'd been in a traditional setting for years and was ready to try something different. But she also recognized a growing need for the

See **RDHAP** | 11

In-office financing options for patients will change in July: What dentists need to know

Medical and dental providers in California will soon need to adjust how and when they offer financing products, including credit cards with deferred-interest provisions, to in-office patients to cover treatment costs.

Senate Bill 639 (Mitchell, D-Los Angeles), signed into law in October by Gov. Gavin Newsom, is intended to protect consumers from high-interest medical credit cards and the potential debt accumulation that can result when patients sign up for these cards — occasionally while in physical discomfort or under emotional stress.

The bill especially takes aim at deferred-interest credit cards, with Sen. Holly Mitchell and the bill's sponsors citing a lack of consumer understanding of deferred interest and how it can impact the consumer's finances. Deferred interest, which is common for most medical credit cards, is often advertised as "zero percent interest," but it only applies if the consumer pays off the entire charged amount within a specified time period. Any remaining unpaid balance means the consumer is responsible for all interest that would have accrued during the promotional period, often at a high interest rate.

Beginning July 1, providers and employees of providers are prohibited from establishing on behalf of a consumer an open-end credit or loan application that contains a deferred-interest provision. Consumers can continue to access these products; however, they will

need to apply directly with the credit company. Providers can establish credit or loan accounts that do not contain deferred-interest provisions after first providing the patient with a treatment plan that includes all proposed services and the estimated cost of each service.

Medi-Cal providers will need to indicate on the patient's treatment plan if Medi-Cal would cover an alternate, medically necessary service. The treatment plan would also need to indicate that the patient has a right to ask to receive only services covered by Medi-Cal. Supporters of SB 639 hope the new requirements will prevent Medi-Cal-covered patients from signing up unwittingly for high-interest cards to cover Medi-Cal-eligible services.

Additionally, treatment and associated costs cannot be charged to a third-party medical credit card established in the provider's office more than 30 days before the date of treatment or before the date the provider's office incurs cost for the treatment — with the exception of orthodontic treatment, such as braces, for which incremental or monthly fees can be charged.

CDA advocated for a number of amendments during the legislative process, including the 30-day grace period, out of concern that proposed restrictions would interrupt the practice of dentistry and prevent patients from receiving services that they couldn't otherwise pay for.

See **FINANCING** | 9

Medicare Advantage might just give your practice an advantage

With baby boomers exiting the workforce and losing their employer-sponsored dental coverage, consumers are enrolling in Medicare, the federally administered health care program for all seniors age 65 and older. Practice Support has seen an uptick in member calls related to Medicare Advantage dental plans due, in part, to the aging patient population in their practices and increased Medicare enrollment.

Helpful Medicare facts for dentists to know:

- Medicare varies greatly from Medicaid, commonly referred to as Medi-Cal or Denti-Cal in California. Medicare is a federally administered program, it reimburses providers differently and it does not typically cover dental care.
- Medicare Advantage plans, known as Part C, include the benefits in Parts A (hospitalization) and B (outpatient,



Practice Support

By CINDY HARTWELL
Dental Benefits Analyst

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

physician services) and, sometimes, Part D (prescription drugs).

- Medicare Advantage plans frequently include additional coverage outside of the traditional Medicare coverage, many times including hearing, vision and dental benefits.

- Medicare Advantage dental coverage may be sold as a separate policy and is frequently administered by well-known dental plans.

Since dental is not a required Medicare benefit, the Centers for Medicare & Medicaid Services gives dental plans some flexibility in terms of the benefit offered and payment policies. Some of the benefits and payment policies will replicate a commercial PPO and/or HMO product with similar plan design and compensation, while others will have varying benefits and limitations related to use of provider networks.

Some Medicare Advantage policies will not pay for services if the dentist is not contracted as a participating provider in the plan's Medicare Advantage PPO network. This type of provider network is called an exclusive provider organization, commonly called an EPO in the dental industry.

Practice Support recently assisted a

member dentist who received a claim denial stating no benefits could be paid as the dentist was outside of the network. The dentist was confused since he was a contracted provider in the well-known dental plan's PPO network. Upon further analysis, Practice Support found that the patient was covered under one of the plan's EPO Medicare Advantage policies. Since the dentist was not a contracted provider of the plan's Medicare Advantage network, it was determined that no benefit was payable by the plan to the dentist for the services rendered.

As Medicare Advantage plan enrollment increases, the dentist and their staff should familiarize themselves with the Medicare Advantage products and coverage offered in their area. Practice Support recommends assigning a team member the task of verifying benefits for each and every Medicare Advantage patient to avoid claim denials and misinterpretations of the coverage.

Medicare opt-out has consequences

Practice Support has also received calls from members who've reported challenges with enrolling as a Medicare Advantage plan network provider because they

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California Dental Association Update
cda.org/update

Communications Director
Alicia Malaby
alicia.malaby@cda.org

Senior Content Specialist
Michelle McKenzie
michelle.mckenzie@cda.org

Advertising Sales
Sue Gardner
sue.gardner@cda.org

Artwork Submissions
Corrina Felkins
corrina.felkins@cda.org

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ASK AN EXPERT

cda.org/practicesupport

Question:

I submitted a claim for scaling and root planing and attached a copy of the periodontal charting showing that the patient had four or more teeth in the quadrant with 5- and 6-millimeter pockets. The claim was denied stating there was no radiographic evidence of bone loss. How can the plan deny this treatment when the patient had moderate to severe gingival inflammation and pockets?

Answer:

Today most dental benefit plans will only pay for scaling and root planing (D4341/D4342) if bone loss is visible on the radiographs. If a patient has generalized moderate to severe gingival inflammation, with or without pseudo-pockets, but no bone loss, consider using D4346 – scaling in the presence of generalized moderate or severe gingival inflammation. For additional information, refer to the ADA Guide to Reporting D4346.



Practice Support

By CINDY HARTWELL
Dental Benefits Analyst

PRACTICE SUPPORT EXPERT RESOURCE OF THE MONTH:

Dental Benefit Plan Handbook, Chapter 6

Go to cda.org/resources
Requires member login.

Member questions are lightly edited for reader clarity.

New prescription forms not required until January 2021

Dentists are reporting to CDA that pharmacies are telling them to get new prescription forms. The new forms are not yet available and, as CDA has previously reported, California law does not require that they be used until Jan. 1, 2021.

The state Department of Justice has a 2019 bulletin on the transition period for using the new prescription forms containing specific serial numbers and barcodes as required by Assembly Bill 149. When they are available, the new forms should be ordered from a printer listed on the DOJ website at www.oag.ca.gov/security-printers/approved-list.

Mandatory e-prescribing for all prescriptions, with limited exceptions, is expected to start Jan. 1, 2022. Information on how to get started with e-prescribing is in the CDA Practice Support resource article “Controlled Substances: Prescribing and Dispensing.” Dentists can check with their respective electronic health record company on availability and costs of e-prescribing software and with the following stand-alone e-prescribing software companies:

- DrFirst: www.drfirst.com/audience/physicians-dentists
- NewCrop: www.newcroprx.com/epcs
- RXNT: www.rxnt.com/solutions/electronic-prescribing
- Bravado Health: www.bravadohealth.com/treat
- **Read the DOJ’s May 2019 bulletin** “AB 149 – New Requirements for Prescription Forms” at <https://oag.ca.gov/security-printers>.

Classifying workers as independent contractors under law: New website provides employer FAQ

Employers in California can now visit a single website to help them understand their requirements under a new law that further restricts their ability to classify their workers as independent contractors.

Assembly Bill 5 (Gonzales, D-San Diego) took effect Jan. 1 and, as CDA previously reported, the bill requires that employers apply the more stringent “ABC test” when determining if their workers are employees or independent contractors — with some exceptions.

Launched late last year by the California Labor & Workforce Development Agency, the website, www.labor.ca.gov/employmentstatus, provides employer-specific resources and FAQ summarizing AB 5 and the ABC test and how and when the test is applied, how the “more predictable” ABC test compares with the multifactor Borello test, penalties for misclassifying workers as independent contractors and more. The website also provides resources to help workers understand how the law may impact them.

- **Get answers to questions** about AB 5 and the required ABC test at www.labor.ca.gov/employmentstatus.

Dedicated agents for policyholders provide more efficient service for TDIC Insurance Solutions

The new year and an expanded sales and service team at TDIC Insurance Solutions promise to deliver an enhanced, “more holistic” customer service experience for TDIC policyholders. In fact, policyholders who’ve called TDIC Insurance Solutions recently may have already noticed the change.

Effective January, policyholders in California, Arizona, Nevada, Minnesota and North Dakota now benefit from having one dedicated agent and one

dedicated account manager, allowing TDIC Insurance Solutions to more efficiently address the policyholder’s current and changing coverage needs. Policyholders also now have a dedicated workers’ compensation specialist.

“Knowing your agent is as important as the agent knowing your practice,” said Carliza Marcos, DDS, a director on the TDIC/TDIC Insurance Solutions Board of Directors. “This change

in service makes that relationship happen, and that’s what this is really about: building and strengthening relationships, which in turn helps ensure dentists and their practices have the right coverage at any time. It’s the more holistic approach.”

TDIC policyholders should watch for an email from TDIC Insurance Solutions later this month introducing them to their new dedicated agents. That email will also provide the agents’ direct contact information.

However, policyholders don’t need to have that email or the agents’ name and contact information in hand to begin enjoying TDIC Insurance Solutions’ more efficient customer service. A new phone-tree menu is already in place, meaning that even if a policyholder calls the general TDIC Insurance Solutions’ phone number (800.733.0633), they’ll be routed to their new agent or, if applicable, their

new dedicated account manager or workers’ compensation specialist.

To further support the new one-to-one relationship, policyholders will have more opportunities for face-to-face time with their agent, such as at their local dental society meetings, for example.

The change in account service structure does not affect any TDIC insurance products or product lines.

“TDIC’s exceptional products that protect only dentists stay the same,” said CDA President-Elect Judee Tippett-Whyte, DDS. “Now, we’re just giving policyholders one dedicated person who is accountable to them.”


- **To experience** TDIC’s enhanced customer service, watch for a TDIC email in February with your agent’s direct phone number and email address. Or contact 800.733.0633 to be seamlessly routed to your dedicated agent by entering your practice location ZIP code.

New Course!

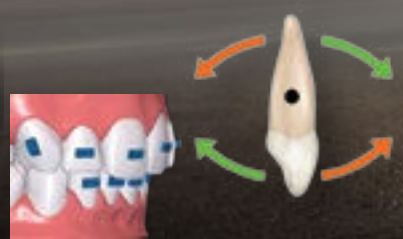
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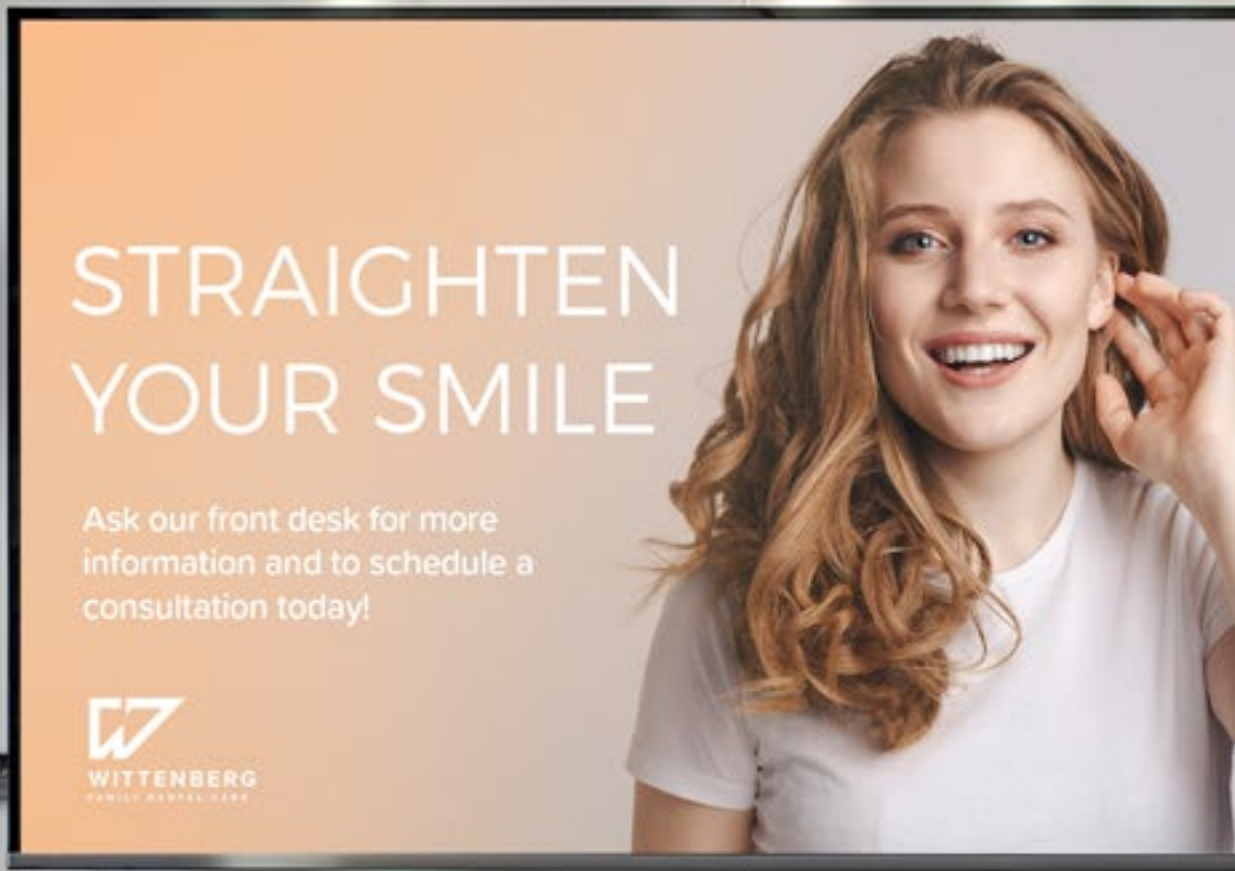
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Proposed state budget continues improvements to Medi-Cal Dental, preventive care

Gov. Gavin Newsom's proposed state budget continues the commitment to increasing access to dental services and improving the health of vulnerable Californians. State investments in Medi-Cal over recent years have made it a more sustainable program for dentists and resulted in increased utilization of dental services. Over 1,000 dental providers throughout the state have newly

enrolled to treat Medi-Cal beneficiaries, reversing a decade-long downward trend and opening access to hundreds of thousands Californians.

Released in January, the proposed state budget for the 2020-21 fiscal year would be the largest state budget in history at \$222.2 billion in total funding. The budget projects a \$5.6 billion surplus, is 2.3% larger than last year's

budget and adds to California's rainy-day fund — the largest budget reserve in history. While health care is a priority in the proposal, the budget also focuses on ongoing issues like the housing crisis, homelessness, climate change and wildfires.

The following are proposal highlights for the oral health community:

- Extends until June 2023 the increased Medi-Cal Dental provider rates funded by the CDA-sponsored Proposition 56 tobacco tax.
- Provides \$225 million annually, through the Medi-Cal Healthier California for All initiative (formerly "Cal-AIM"), to continue and expand the most successful elements of the current Dental Transformation Initiative that will be ending in December. Incentive payments for preventive services and patient recall would continue. Also included is a newly added benefit for caries risk assessment for children ages 0-6 and silver diamine fluoride for certain vulnerable populations.
- Ends in January 2021 the failing dental managed care pilot projects currently operating in Sacramento and Los Angeles counties. Initiated as a two-county pilot in 1994, dental managed care has faced criticism and concern for more than a decade. Despite significant investment in dental managed care, and the Medi-Cal Dental Program more generally, utilization in DMC continues to lag behind the rest of the state.
- Addresses the youth vaping epidemic by creating a new tax on of \$2 for every 40 mg of nicotine in a vaping product. The tax applies to all e-cigarettes.

The budget proposal additionally:

- Creates a new Office of Healthcare Affordability "charged with increasing price and quality transparency" by developing specific strategies and cost targets for the different health care industry sectors, as well as financial consequences for failure to meet those targets.
- Includes three proposals to reduce prescription drug costs for taxpayers, employers and consumers.
- Expands Medi-Cal coverage to income-eligible undocumented seniors age 65 and older and undocumented young adults up to age 26.

CDA applauds the governor's proposed budget for its continued commitment to rebuilding and improving the state's Medi-Cal Dental Program and the oral health of Californians. The proposed budget expands access to care and improves the oral health of the nearly 13 million Californians served by that important public health program.

The January proposal is the first volley in negotiations between the Legislature and governor before the budget is approved. CDA will advocate for oral health through budget discussions this spring. The budget must be passed and signed into law by the start of the state fiscal year in July.

- **Watch for budget-related updates** in the newsroom at cda.org and in the *Update*.



From dentist-centric insurance to savings on dental supplies to support on the business side, CDA has innovated and grown to serve members for 150 years. Explore your benefits and renew today at cda.org/renew.

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Updated employment notices required in the dental office

Employer action required

CDA publishes and distributes every two years a poster set containing employee notices that are required to be posted in the dental office. CDA's most recent poster set was published and distributed to members in April

2019. However, state and federal agencies update or release new posters from time to time, and six new or updated required posters are now available.

When agencies update posters or release new ones, employers should

download the new posters and affix them over the appropriate outdated orange and gray notices in the CDA Poster Set. Below are the titles of the new or updated posters and where employers can go to download them.

- “California Law Prohibits Workplace Discrimination & Harassment” notice (DFEH-E07P-ENG) was released November 2019. Find it in the “required postings” section at www.dfeh.ca.gov/resources-for-employers.
- “Your Rights and Obligations as a Pregnant Employee” notice (DFEH-E09P-ENG) was revised December 2019. Find it in the “required postings” section at www.dfeh.ca.gov/resources-for-employers.
- “Family Care & Medical Leave & Pregnancy Disability Leave” notice (DFEH-100-21ENG) applies to employers with 50 or more employees and was revised December 2019. Find it in the “required postings” section at www.dfeh.ca.gov/resources-for-employers.
- “Sexual Harassment” (DFEH-185P-ENG) is a new notice released December 2019 and took effect Jan. 1. Find it in the “required postings” section at www.dfeh.ca.gov/resources-for-employers.
- “Transgender Rights in the Workplace” (DFEH-E04P-ENG) is a new notice released December 2019. Find it under “required postings” at www.dfeh.ca.gov/resources-for-employers.
- “Notice to Employees: Standards for Protection Against Radiation” (RH 2364) was revised April 2017. Find it at www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/RHB.aspx.
Every CDA member who has confirmed their status as a practice owner is entitled to one free CDA Poster Set. Should members need additional 2019-20 poster sets, they may purchase them from the CDA Store or by calling CDA at 800.232.7645. However, the 2019-20 set does not include the six new or updated notices outlined above. CDA will develop and release the 2021-22 poster set in spring 2021.
- **For a complete list** of required postings, see the resource “Required Employee Postings in a Dental Office” in the Practice Support resource library at cda.org/resource-library.

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Correction in January Update

The article “CDA celebrates 150 years of growth and innovation” in the January 2020 issue of the *Update* incorrectly stated that California was admitted to the Union in 1849. California was admitted to the Union in 1850. The correction was made in the online version of the article and in the PDF of the January *Update*.

Share your CDA story!

CDA has supported a brilliant community of dentists for the past 150 years. CDA members have made this legacy possible, so we're seeking to showcase members' favorite moments on our website, in our publications and on social media throughout the anniversary year. Join in by sharing why you joined CDA. We're also looking for photos, videos or archival documents, and we welcome your referrals to other members who have memorable stories. To participate, visit cda.org/stories. Complete the form to share your story, referrals or materials.

Apply for CalHealthCares award by Feb. 7

Eligible dentists, dental students and physicians can apply by the Feb. 7 deadline for up to \$300,000 in either a student loan repayment or a practice support grant in exchange for their commitment to serving Medi-Cal beneficiaries. Read the complete eligibility requirements, watch a recorded webinar, view Q&A and apply online at calhealthcares.org.

CDA has reported extensively on the CalHealthCares program, which is administered by Physicians for a Healthy California through a contract with the Department of Health Care Services and is funded through Proposition 56 tobacco tax revenues. The program awarded loan repayments to 38 dentists in 2019, the first year of the program. Read more in the newsroom at cda.org.



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

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* 0.25% discount will be reflected on the final truth-in-lending disclosure.
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Powerful supplies to protect your team

Does your team have the tools it needs to practice safely? The California Division of Occupational Safety and Health sets and enforces standards that address injury and illness prevention, hazard communication, permissible exposure levels and much more. But, it's each dental practice owner's responsibility to apply these standards through consistent protocols, clear communication and trusted supplies.

Cal/OSHA provides guidance on

everything from bloodborne pathogens to personal protective equipment.

Here are just a few of the factors to consider when pursuing compliance with current Cal/OSHA regulations, along with tips to get your whole team on board.

Hazard communication

To ensure workplace safety, the identities and hazards of the chemicals that are used must be available and under-

standable by your team. Compliance with Cal/OSHA's Hazard Communication Standard requires the development and dissemination of this information through labels, safety data sheets and training. Through The Dentists Supply Company, association members can order supplies that help to easily identify all hazardous substances, waste and radiation areas. Hazardous materials labels and an Cal/OSHA value label pack kit from Palmero Healthcare are

both available online at TDSC.com at 21% savings.* GHS chemical product labels are available at 23% savings.*

Bloodborne pathogens

Cal/OSHA's Bloodborne Pathogens Standard is designed to protect your team from exposure to blood, saliva or other potentially infectious materials. This standard covers training, hepatitis B virus vaccination, personal protective equipment, engineering and work practice controls, housekeeping and regulated waste.

■ **Sharps containers** must be closable, puncture-resistant, leakproof on the sides and bottom, appropriately marked or color-coded and kept upright during use. Cal/OSHA requires that sharps containers be located in close proximity to the area where sharps are used. Purchase adequate containers to give your team ample opportunity to dispose of sharps safely and easily in treatment and sterilization areas. A robust category of sharps containers, with products from trusted brands like PureWay and Isolyser, is available through TDSC.com at up to 28% savings.*

■ **PPEs**, including gloves, gowns, masks and eye protection, must be provided by employers as well as cleaned and maintained to provide functional and protective efficacy. Encourage team members to adhere to infection control protocols by modeling proper PPE use yourself and by stocking up on the brands, styles and sizes that they prefer. The personal protective equipment category at TDSC.com offers an expansive selection of disposable and infection control items at negotiated savings. Latex-free earloop face masks, for example, are offered at 61% savings* — which makes it easy and affordable to keep your central supply full.

Eye and face protection

Other Cal/OSHA standards cover occupational safety in dental offices, including ergonomics, nitrous oxide and other occupational exposures. The Injury and Illness Prevention Program requires employers to identify hazards and to take steps to prevent injuries and illnesses. Repeated blue-light exposure from curing lights, an emerging concern, may fall under this standard.

In addition to safety glasses, goggles and side shields that are part of your regular PPE protocol, consider new supplies to protect your team from possible retina damage due to blue light. Loupes with built-in filters and goggles with blue-light blocking coating (that doesn't impede color perception) are effective options. Safety glasses and shields from Hager Worldwide, Palmero Healthcare



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and others are also available through TDSC.com, as well as curing light shields at up to 26% savings.

Get supplies to help your practice comply

Save on products that are designed to make meeting Cal/OSHA standards easy at TDSC.com. For assistance getting your practice set up to shop, call 888.253.1223 or email support@tdsc.com.

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

Financing

From PAGE 1

The bill also makes changes to the notice a dentist must provide before establishing the patient's credit or loan. The notice can be provided in written or electronic format and contains specific language intended to help the patient understand their financial options and rights — including the right to have their credit card or loan account refunded for the costs of any treatment not received. (Dentists can use the updated CDA Practice Support resource “Sample Notice: Credit for Dental Services.”)

To further ensure that patients understand what they're signing up for, the bill prohibits the provider or the provider's employee from completing any portion of an application for credit or a loan for the patient or establishing an application that is not completely filled out and signed by the patient. That provision also takes effect July 1.

CDA actively opposed early iterations of the bill due to concerns about limiting the financing options available to patients and restricting where in the office a dentist or their staff could talk to patients about procedure costs. Those types of limitations could interrupt the practice of dentistry and the

dentist-patient relationship, especially in light of the number of noncovered but necessary dental care expenses. Most of the amendments that CDA advocated for were ultimately included in the final bill.

CDA resources updated for dentists

In addition to the “Sample Notice: Credit for Dental Services,” CDA Practice Support also has an updated resource “Offering Commercial Credit to Patients” for dentists' use.

■ **Access the updated resources** in the CDA Practice Support resource library at cda.org/resource-library.



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Medicare

From PAGE 2

previously opted out of Medicare. A CMS rule from June 2015 stated that dentists who provide dental care and prescriptions for Medicare Advantage patients and Part D beneficiaries would be required to be enrolled in Medicare or to opt out in order for their services to be covered. However, in April 2018, CMS published a final rule that rescinded dentists' enrollment requirements for Parts C and D.

As of Jan. 1, 2019, CMS began utilizing a preclusion list in lieu of the enrollment/opt-out requirement. The list precludes those dentists who opted out of Medicare participation from receiving payment for Medicare Advantage services furnished to Medicare beneficiaries. Under the current rule, a dentist who opts out for the first time is allowed to withdraw the opt-out affidavit within the first 90 days; if they do not withdraw their affidavit, they are opted out for two years.

Additionally, the CMS 2015 rule noted that unless the provider took action to withdraw the opt-out affidavit 30 days before their opt-out anniversary date, the opt-out would automatically renew for another two years. For dentists who have opted out of Medicare and wish to have the flexibility to contract with Medicare Advantage plans in the future, Practice Support advises they take action 30 days prior to their opt-out anniversary date to rescind their opt-out affidavit. When the dentist receives confirmation that they are no longer opted out, they may reapply to the Medicare Advantage plan's network.

CDA Practice Support is here to answer members' questions about Medicare Advantage and other dental benefit issues. We offer individual assistance to dentists and their staff. Simply submit your question or concern online using the dental benefit submission form accessible through your cda.org account. Once received, Practice Support will analyze the issue, evaluate it for possible resolution and communicate clear next steps.

■ **To submit** your Medicare or dental benefits question, visit My Account at cda.org, click the link for Dental Benefits Issue Submission and follow the prompts.

Lions, tigers and bears, oh my! CDA Presents brings exotic animal dentistry to Anaheim

From the wild lions roaming sub-Saharan Africa to the critically endangered Sumatran orangutans receiving care at the Sacramento Zoo, exotic animals around the world have been an intriguing topic for many years. While their habitats, diets and breeding practices are usually the conversation of choice, their unique dental needs are often left unexplored.

A new course coming to CDA Presents The Art of Science and Dentistry in Anaheim this May will give dental professionals and students a chance to learn about more than 35 years of exotic animal dentistry. Lead by Laura Braswell, DDS, “Lions, Tigers and Bears – A Case Presentation” reviews complex cases that highlight the various dental problems in animals and the challenges of providing treatment. In addition to lions, tigers and bears, the lecture will also profile several monkeys, apes and marine mammals.

“I have been teaching similar courses for over 30 years and still learn something new every time I see an animal patient!” said Dr. Braswell, a periodontist with a private practice in Atlanta, Georgia, and a staff dentist for Zoo Atlanta and the Georgia Aquarium.

She said she designed the course to educate people on the similarities and differences between humans and non-human primates who also face oral complications such as oral decay, fractured teeth and periodontal disease.

“What surprises people the most about my class is learning how much these animals are like us,” she said. “The teeth of apes and monkeys are the most comparable to humans.”

One of only a handful of dentists in the country who treat zoo and circus animals on a regular basis, Braswell says that working on exotic animals is not a potential specialty field in dentistry.

“I started out in research at Yerkes National Primate Research Center at Emory University, then moved to Zoo Atlanta to be a dentist for the apes,” she said. “Most work is now done by veterinary dentists with a few folks, like me, who work as consultants under the veterinarian.”

Excited to share her love for animals and dentistry at CDA Presents, Braswell said those who attend her lecture should expect to learn and have fun. “This is not a ‘how to’ course; it’s mostly entertaining and informational. Most people seem to enjoy it, even if they are not in dentistry!”

“Lions, Tigers and Bears — A Case Presentation” will take place Thursday, May 14, from 3:30 to 5:30 p.m.

Occurring biannually in Anaheim in the spring and San Francisco in fall, CDA Presents is the nation’s leading dental convention, offering continuing education through more than 200 lec-



Dr. Laura Braswell speaks at the Thomas P. Hinman Dental Meeting in 2019. Photo used with permission of the Academy of Laser Dentistry.

tures and workshops, free hourly lectures at The Spot Educational Theater and the latest in dental products and services on the sprawling exhibit hall floor.

■ **Learn more about speaker** Laura Braswell, DDS, or register to attend the convention at cda.org/cdapresents.



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RDHAP

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mobile RDHAP, particularly among an aging population. Working in a traditional practice, she observed patients who were developing Alzheimer's disease, Parkinson's disease and mobility challenges who not only needed more time to receive services but would eventually require transportation and other accommodations to receive care in a traditional dental office.

Rather than allowing these patients to drop off the appointment schedule, Ladd said she and other RDHAPs are able to step in to continue the patient's oral health care.

"I have bridged that gap for these patients," said Ladd, who hears frequently from grateful family members who are surprised that she can do exactly what she would do in a dental office, only in a mobile capacity.

Banner's experience echoes Ladd's. "For the RDHAPs I work with, a major focus is caring for patients with some type of disability — whether physical or intellectual. The RDHAP really fills a huge void in that population, visiting patients in memory care or skilled nursing facilities or in their homes," said Banner, who has worked with Ladd since 2014.

Having an RDHAP 'in the pocket'

Some of Ladd's patients might only receive a cleaning and perhaps oral health education, but Ladd always travels with X-ray equipment for use when warranted. Sometimes, Banner with Ladd's assistance will conduct a tele-dentistry exam. But Ladd always uses her full hygienist's skill set and takes detailed descriptive notes. When she finds something significant during an initial assessment, Banner will visit the patient soon afterward to provide the necessary care.

Because Banner and his three associates work exclusively in a mobile capacity, they refer patients to RDHAPs regularly. But Banner said the need for RDHAPs extends to the traditional practice setting, as well.

"Just as a general dentist has an oral surgeon or an endodontist to refer patients to, having an RDHAP in the pocket to refer for preventive services is really helpful. That hygienist can keep an eye on the patient's oral health and ensure the mouth is staying healthy. The dentist will then take care of the periodic oral exams and restorative treatment as needed."

Every RDHAP is required to have a "dentist of record" on file with the Dental Hygiene Committee of California to obtain the RDHAP license. The RDHAP can provide hygiene services to patients independently for 18 months. By state regulation, after 18 months, the RDHAP can continue to see the patient only



Dentists can visit rdhapconnect.com to locate an RDHAP in their area.

with a dentist's written prescription. Ladd sees some patients as frequently as every two or three months. "That is because these patients lack the ability to perform self-care, and many caregivers aren't trained to perform the oral care or are apprehensive about doing so," Ladd said.

But Banner stressed that general dentists should not be concerned about competition or that RDHAPs are taking some of their patient pool.

"That's not what has happened," Banner said. "From working with 12-plus RDHAPs over the last five years, none are seeing patients who are completely capable of being seen in the traditional dental office."

Ladd said another thing she's learned over her years as an RDHAP is that she can really take her time with the patients who require it. She spoke of another patient — a young man with cerebral palsy — who for years had received general anesthesia for teeth cleanings. His mother heard about Ladd's services and contacted her in hopes she might be able to clean her son's teeth at their home, without sedation.

"It was no problem," Ladd said. And when Banner sees him, he is able to do all of the patient's restorative work. "Having noticed occlusal wear from bruxing, Dr. Banner even made him a special night guard that has a little handle on it that his mom can use to insert and remove it," Ladd said.

Ladd, like Banner, covers a large geographical area. But she also maintains a schedule in a traditional practice — working for Gerald Roodzant, DDS, in the city of La Mirada. It was Dr. Roodzant whom Ladd first informed, back in 2011, that she was interested in taking the required courses to become an RDHAP. His response was overwhelmingly encouraging.

"Go for it!" Ladd, laughing, remembered him telling her. "You should!"

Roodzant did not dispute Ladd's account. He added that as his busy practice approaches its 40-year anniversary, they are seeing many elderly and special-needs patients who require not only hygiene services but also triage for restorative issues such as senile caries.

"To have a knowledgeable clinician who can provide interim services while the patient is in the hygiene chair is a huge benefit to the less-mobile patient

as well as the practice," Roodzant said. "And to be able to transition these patients to in-home care when needed is a comfort for them and myself."

An RDHAP's work is not without challenges, among which, according to Ladd, are organization, time-management and low or no reimbursement from insurance companies for the home visit. "And then, you've worked eight-plus hours and you come home and you're doing billing," Ladd said. The job can be physically taxing, but staying in shape helps her work in the occasionally awkward positions — leaning over a bed, for example.

Ladd did give a nod to today's higher Denti-Cal reimbursement rate, stating that it's even higher than some of the PPO rates, which helps to sustain her in her practice. Most of all, however, it's the satisfaction of reaching patients who maybe haven't had treatment in years and hearing from appreciative caregivers that keeps her going.

"To me, dentistry is dentistry, and we all have a goal to treat disease process and to make people smile," Ladd said.

Connecting with an RDHAP today

There are approximately 765 licensed RDHAPs in California. Dentists who are interested in working with an RDHAP can visit the RDHAP Connect website (rdhapconnect.com) to find an RDHAP in their area on the California map. That website also provides background and FAQ related to the RDHAP. The California Dental Hygienists' Association website has an RDHAP resource page and, additionally, many RDHAPs have their own websites that can be found through an internet search.


Ladd said she'd love to see dentists work more with RDHAPs to help them get up and running. "Not to cover education expenses or employ them," she clarified, "but to help them get the tools they need." She said partnering with an RDHAP in a business model that incorporates tele-dentistry, for example, supports the two professionals working together to bridge the gap.

For his part, Banner would like to see more dentists working with RDHAPs.

"I want them to be successful in what they do," he said. "For themselves and the patients but also because working with them has allowed me to grow my practice and serve more patients."

■ Visit rdhapconnect.com to find an RDHAP in your area.

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