

Occlusal Register

Official Publication of the Kern County Dental Society, a Component of the California & American Dental Associations

January/February 2017

President's Report

Kurt Sturz, DDS

Mission Statement

It is the mission of the Kern County Dental Society to be the recognized source for serving the needs and issues of its members while assisting them in their service to the public.

Vision

KCDS membership is comprised of all dentists who share its core values and Code of Ethics, working together, cooperating in preventing oral disease and providing care for all in need.

Core Values

Integrity ~ Ethics
Leadership ~ Inclusiveness
Professionalism ~ Service
Education ~ Responsibility

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930 Truxtun Ave, Suite 101
Bakersfield CA 93301
Phone: (661) 843-7715
Fax: (661) 843-7717
E-mail: kcds@lightspeed.net
Website: www.kerncountydental.org

The Kern County Dental Society
is a proud component of the
California Dental Association & the
American Dental Association

I am honored to serve as the incoming president of the KCDS for 2017. Dr. Jared Gianquinto did a phenomenal job leading our organization in 2016. Thank you, Jared. The work that he and the board accomplished with help from our talented executive director, Shannon Ford has positioned the KCDS well. As a result of their efforts this year, the KCDS has secured a CDA Cares event to be held in Bakersfield, has developed deeper community relations, and has increased active membership while offering many well-received events and CE opportunities. Bravo, Dr. G and Shannon!

It is my hope that 2017 will be another banner year for the KCDS. I would like to see our current membership learn of the incredible resources that are available to them through their tripartite membership with KCDS, CDA and ADA and new membership continue to grow as they seek to participate in our local component's efforts to promote, protect and improve our profession.

If I may appeal to you in one way, please set aside time for you and your staff and your family to volunteer at Bakersfield's CDA Cares event. It will be held October 6th and 7th at the Kern County Fair Grounds. This event is the perfect opportunity for the KCDS to come together and have a positive impact on the dental health of our community. We live in a community with great needs. I am excited to see how the generosity and heart of our membership rises to the challenge of meeting those needs. If the hundreds of dollars that were donated to The Jameson Center, The League of Dreams and The Bakersfield Burrito Project at our holiday installation dinner on December 9th is any indication of the heart of KCDS, the CDA Cares event this fall will be epic.

Have a wonderful New Year and thank you again for the opportunity to serve as your president.

Kurt

News & Notes

- ◇ **Thank you to all those who attended our annual Installation Dinner/Holiday Party.** The Guild House was a welcome change. The party was a great success! Everyone attending received a small token of appreciation and left with blessing bags to hand out to those less fortunate. Plus KCDS contributed a total of \$522 to the League of Dreams, the Bakersfield Burrito Project and the Jamison Center collectively. Thank you to those who donated and to those who brought toys as well. The toys were distributed to the children being served by the Henrietta Weill Memorial Child Guidance Clinic.

- ◇ **Congratulations to Dr. John Alexander and his appointment to the Council on Peer Review at the California Dental Association.** He has contributed much to the KCDS Peer Review Committee. We are going to miss his leadership and guidance. Good luck Dr. Alexander!

- ◇ **CDA Presents Anaheim registration opens early December** *Reprinted with permission from California Dental Association*

Registration opens the first week of December for *CDA Presents The Art and Science of Dentistry*, which is coming to Anaheim May 4-6, 2017. Dentists, dental hygienists and dental students can register online for the convention, which will feature stimulating continuing education, world-renowned speakers and hundreds of innovative dental products and services, including many newly launched products.

The *CDA Presents* team scouts national dental meetings to create a speaker circuit designed to keep dentists on the leading edge of dentistry. Besides taking advantage of the many C.E. course offerings and roaming the 135,000-square-foot exhibit hall, attendees will enjoy countless opportunities to network.

Dentists and other attendees can download the *CDA Journal* ePub app at cda.org/apps to view the *CDA Presents* Program, which includes descriptions of courses, information on featured speakers and more. The print version of the *CDA Presents* Program will be packaged with the January issue of the *Journal of the California Dental Association*. Watch for that issue in mailboxes the first week of January.

- ◇ **To register or learn more about CDA Presents,**

visit cdapresents.com/Anaheim2017. Copyright © 2016 California Dental Association

- ◇ **Mark your calendars for CDA Cares San Mateo**
A CDA Cares volunteer dental clinic is scheduled April 22-23, 2017, at the San Mateo Event Center. To help provide oral health care services at no charge to the large number of expected patients, the CDA Foundation needs volunteer dentists, including oral surgeons, as well as dental hygienists, assistants, dental lab technicians, physicians, nurses and pharmacists. Additionally, community volunteers are needed to help escort patients, translate/interpret, dispense medication, set up and tear down the clinic, register patients and volunteers, conduct exit interviews, enter data and provide oral health education. The main goal of the clinic is to relieve pain and eliminate infection by providing cleanings, fillings, extractions and oral health education to approximately 2,000 people during the two-day event. Volunteer registration will open in January. For more information, visit cdafoundation.org/sanmateo.

- ◇ **The Taft Dental Hygiene Program is looking for patients.** Particularly those with perio case types 2 & 3 and those with moderate to heavy deposits. The students are able to perform analog and digital x-rays. Appointments are approximately 1/2 day, 8 - 12 or 1-5. The fee is \$20.00 per patient, no extra charge for x-rays. The x-rays can be forwarded to their regular dentist. The program is not trying to take money out of the dental community but they do need patients to hone their skills on. Please send a referral or two their way.

- ◇ **Dr. Nicole Trombetta** won the raffle prize at our last study club of 2016. Congratulations, Dr. Trombetta!! Also, good luck to Dr. Trombetta who just moved to Arizona!



Kern County
DENTAL SOCIETY

Are You in Compliance with 2016 Laws and Regulations?

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From displaying California's Whistleblower Protection notice to registering with CURES 2.0, dental practices were to comply with 12 laws and regulations that took effect in 2016.

Presented here are summaries of these new laws and regulations along with explanations of what dentists must do to comply with them. Included with each listing is a related CDA Practice Support or other resource to assist member dentists who need to take additional steps to ensure full compliance. Dentists can find additional details in the cited CDA news articles on cda.org. The laws are listed in order of the required compliance date — beginning with the nearest date.

- **Dec. 1, 2016: Review duties of exempt employees**
California practice owners must review the duties test to determine that employees clearly meet the job duties of exempt positions and either increase employee salaries to be compliant with these new regulations or reclassify them as nonexempt, hourly employees.

CDA news article: "Exempt vs. nonexempt: understand employee classifications" (July 5, 2016)

CDA resource: Do You Need to Reclassify Your Exempt Employee?

- **Oct. 18, 2016: ACA: Post nondiscrimination notices**
(See the article "OCR's final rule on Section 1557 in effect" in the December issue of the CDA Update.) Under the Affordable Care Act, dentists participating as providers in the Denti-Cal, CHIP (formerly known as Healthy Families) and Medicare Advantage (Part C) programs and those who have received Meaningful Use funding are required to comply with new federal nondiscrimination policies. They must post a notice of nondiscrimination, post taglines in the top 15 non-English languages spoken in California and offer free language assistance. In addition, those practices that must comply and who have 15 or more employees must also post information regarding grievance procedures.

CDA news article: "Civil rights rule compliance required by Oct. 16" (Sept. 6, 2016)

CDA resource: Nondiscrimination Requirements Under Affordable Care Act (Section 1557)

- **Aug. 1, 2016: Display new minimum wage posters**
Dental practices must post the revised Fair Labor Standards Act Minimum Wage Poster, no smaller than 11-by-17 inches, as well as the revised Employee Polygraph Protection Act Poster.

CDA news article: "New state minimum wage, FLSA overtime rule to take effect" (See cover story in the December issue of the CDA Update.)

CDA resource: Downloadable posters via Appendix 4:

Required Postings in a Dental Office

- **July 18, 2016: ACA: Provide interpreters, ensure accessibility**

Under the Affordable Care Act, dentists participating as providers in the Denti-Cal, CHIP (formerly known as Healthy Families) and Medicare Advantage (Part C) programs and those who have received "meaningful use" funding are required to comply with new federal anti-discrimination policies. They must provide interpreters or translators to patients with limited English proficiency, ensure accessible online appointment systems and billing, ensure employee health plans are in compliance with antidiscrimination laws and comply with standards concerning dental facility alterations or new construction.

CDA news article: "Resources for July 18 civil rights rule deadline" (July 13, 2016)

CDA resource: Nondiscrimination Requirements Under Affordable Care Act (Section 1557)

- **July 1, 2016: Submit email address to dental board**
Each individual licensed or permitted by the Dental Board of California or the Dental Hygiene Committee of California must submit an email address to the dental board at dentalboard@dca.ca.gov, using the subject line "Electronic Mail Address Requirement." The individual's name, license type, license number and email address should be included in the email. The email address will be treated as confidential and is not subject to public disclosure.

CDA news article: "Dental board email address requirement in effect" (Oct. 5, 2016)

- **July 1, 2016: Register with CURES**
All prescribers in California with U.S. Drug Enforcement Administration registrations are required to register to access California's prescription drug monitoring program, known as CURES 2.0 (Controlled Substance Utilization Review and Evaluation System). Prescribers should register at oag.ca.gov/cures.

CDA news article: "CURES registration deadline July 1" (May 27, 2016)

Resource: Training videos, FAQ and user guide at the Department of Justice website at oag.ca.gov/cures

Continued on page 4



Are You in Compliance with 2016 Laws and Regulations?

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Continued from page 3

- **July 1, 2016: Provide timely practice updates**
Dentists contracted with dental plans must respond to a plan's request for accurate directory information within 30 days or face payment delays, reimbursement reductions or, ultimately, termination of their participating provider agreement. Dental practices are required to provide timely practice updates, including practice address, license number and other information.

CDA news article: "Dentists must give timely practice updates" (April 6, 2016)

- **June 1, 2016: Update hazard communication plans**
Dental practices must have updated hazard communication plans and safety data sheets, place appropriate labels on secondary containers and train all staff on new chemical labeling and classification systems. CDA has developed a sample hazard communication plan and PowerPoint presentation for use in dental practices.

CDA news article: "Hazard communication compliance deadline near" (March 22, 2016)

CDA resource: Sample Hazard Communication Plan; Hazard Communication PowerPoint Presentation for Training

- **April 1, 2016: Develop new antidiscrimination policies**
Amendments to California's Fair Employment and Housing Act regulations, which generally apply to employers with five or more employees, require employers to develop and distribute antidiscrimination, anti-harassment and complaint investigation policies.

CDA news article: "Discrimination and harassment regulations amended" (April 1, 2016)

CDA resource: Sample Antidiscrimination and Anti-Harassment Policies; Sample Employee Manual Template

- **April 1, 2016: Replace pregnancy leave posters**
Dental practices must post Your Rights and Obligations as a Pregnant Employee (DFEH-100-20), which replaces "Notice A," addressing Pregnancy Disability Leave, as well as the California Family Rights Act. Employers with 50 or more employees must post Family Care and Medical Leave (CFRA Leave) and Pregnancy Disability Leave (DFEH-100-21), replacing "Notice B."

CDA news article: "Pregnancy disability poster changes effective immediately" (April 1, 2016)

Resource: Downloadable posters at the Department of Fair Employment and Housing website: dfeh.ca.gov/publications_publications.htm

- **Jan. 1, 2016: Display whistleblower, injury posters**
Dental practices must post California's Whistleblower Protection notice, printed no smaller than 8.5- by-14 inches, as well as Notice to Employees — Injuries Caused by Work, in both English and Spanish if dentists have Spanish-speaking employees.

CDA news article: "Practices must display two new posters" (Jan. 27, 2016)

Resource: Downloadable notices at the Department of Industrial Relations website: dir.ca.gov

- **Jan. 1, 2016: Use revised CDT codes**
(For dental code changes that will take effect Jan. 1, 2017, see the article "CDT 2017 dental code changes are here" in the December issue of the CDA Update, page 2.) Dentists must use 19 new dental procedure codes, 12 revised codes, and be aware that eight codes have been deleted. CDT is the only HIPAA-recognized code set for dentistry, reflecting technological advances and improved accuracy, specificity and simplicity.

CDA news article: "Dentists should prepare for 2016 dental code changes" (Sept. 21, 2015)

Resource: CDT catalog available for purchase on the ADA website at adacatalog.org

"Are You in Compliance?" can help dentists track key regulatory compliance dates. Launched in summer 2016, this CDA Practice Support resource provides all of the details dentists need to ensure their dental practice complies throughout the year with upcoming laws and regulations. Located in one handy place and accessible via the Practice Support homepage, the laws and regulations are organized by deadline date with each listing providing a brief description of the law along with links to relevant templates and sample documents.

- **Find many resources** cited in this article at cda.org/resources.

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Important Websites and Phone Numbers

California Dental Association
(866) 232-6362
www.cda.org

American Dental Association
(800) 621-8099
www.ada.org

Dental Board of California
(916) 263-2300
www.dbc.ca.gov

Mark Your Calendars for CDA Cares - Bakersfield
October 6-7, 2017

CDA Cares is coming to Bakersfield October 6-7, 2017, and will be held at the Kern County Fairgrounds.

KCDS is going to need volunteers and more importantly, donations. Not only do we need monetary donations, we are going to need towels, porta-potties, pvc pipe and food, lots of food, etc...

If you have a patient or are friends with those in a position to help, please talk to

them about the wonderful event that CDA Cares is. Ask them if you could give their contact information to Shannon at KCDS who will then pass it on to Michelle Rivas at the CDA Foundation. Michelle will then contact them regarding sponsorship and/or their donation.

Please help make CDA Cares - Bakersfield a great success!! We cannot achieve success without everyone's help.

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New, Easier to Use Form I-9 Available Now

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Practice owners who are hiring or planning to hire new employees soon should now use the newest version of the Employment Eligibility Verification, Form I-9. U.S. Citizenship and Immigration Services announced that the latest revisions of the form have been approved by the Office of Management and Budget.

Employers or authorized representatives of employers may continue using the current form with the noted expiration date of March 31, 2016, until Jan. 21, 2017. After that date, all previous versions of the Form I-9 are invalid.

“The new form clarifies several points of confusion for employees and employers and is designed to be easier to use,” CDA Practice Analyst Michelle Corbo says. For example, the new form now includes embedded instructions for completing fields and certain fields include validations to ensure information is correct. The new form allows space for the correct number of Social Security number digits or an expiration date to be entered.

In addition, to avoid possible discrimination, the new version of the form requires employees to provide only other last names used, as opposed to all other names used, to protect the privacy of transgender and other individuals who have changed their first names.

Laws and best practices on form retention, storage

As a best practice, employers should complete all required new employee paperwork, including the Form I-9, by the end of the first workday. Employers completing the I-9 online will still need to print the form, have the employee sign it and store the document in a safe place.

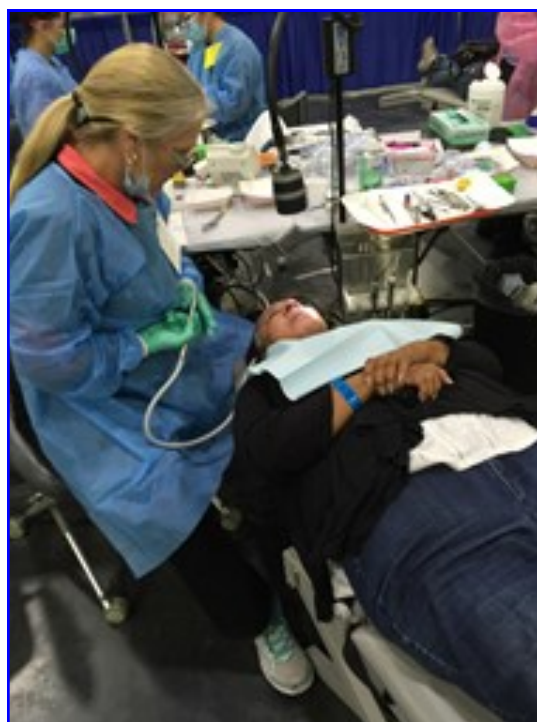
The law states that “employers must have a completed Form I-9 on file for each person on their payroll who is required to complete the form.” It is important that practice owners correctly identify employees and independent contractors. Independent contractors are not considered employees of

the practice and, thus, are not required to fill out the form.

Forms must be retained for either three years after the date of hire or for one year after employment is terminated, whichever is later. Ideally, forms can be kept in the confidential personnel files of individual employees but, as a best practice, it is recommended they be housed and stored securely (because of the sensitive confidential information) in a separate binder. This binder facilitates the ease of producing the forms on file for an inspection request, should one occur, or for periodically auditing and shredding old forms. During an inspection, all forms retained for current and past employees can be included in an audit.

[Access the new Form I-9](#) at the U.S. Citizenship and Immigration Services’ website: uscis.gov/i-9. Dentists can also find a link to the form in the [New Employee Checklist](#), a CDA Practice Support resource available at cda.org/resources.

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New State Minimum Wage to Take Effect Jan 1

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Many California employees will begin earning a new minimum wage on Jan. 1, 2017, per legislation [signed by Gov. Jerry Brown in April](#).

Under the new state law, dental practice owners with 26 or more employees must begin paying a minimum wage of \$10.50 (an increase of 50 cents over the current state minimum wage) on Jan. 1. Practice owners with 25 or fewer employees have an additional year to comply with the law; they are required to begin paying the new wage on Jan. 1, 2018. The minimum wage will then increase annually each January — to \$11 an hour in 2018 and then by \$1 each successive year until the minimum wage reaches \$15, in 2022 (for employers with 26 or more employees).

Again, employers with 25 or fewer employees will have an extra year to comply with each annual wage increase. Once the minimum wage reaches \$15, it is set to increase annually with inflation.

Scheduled minimum wage increases beginning January 2017 or 2018

Wage 26 or more employees 25 or less employees

\$10.50/hour	Jan. 1, 2017	Jan. 1, 2018
\$11/hour	Jan. 1, 2018	Jan. 1, 2019
\$12/hour	Jan. 1, 2019	Jan. 1, 2020
\$13/hour	Jan. 1, 2020	Jan. 1, 2021
\$14/hour	Jan. 1, 2021	Jan. 1, 2022
\$15/hour	Jan. 1, 2022	Jan. 1, 2023

The law does allow the governor to suspend a scheduled wage increase in the event of an economic slowdown (negative job growth combined with negative retail sales for a specified time period) or if a budget deficit is forecasted for the current budget year up to two additional years. According to a state government fact sheet on the minimum wage increase, a deficit occurs “if the operating reserve is projected to be negative by

more than 1 percent of annual revenues.” The governor may only suspend the increase due to a budget deficit twice.

Required notices, local ordinances

Employers are required to post a new official notice that communicates the new minimum wage. Dentists must post the notice in a visible location frequented by employees. The downloadable poster will be available on the website of the state Department of Industrial Relations at dir.ca.gov/wpnodeb.html.

Additionally, more than 20 California cities, as well as one county, have minimum wages that are equal to, surpass or will surpass the state minimum wage in 2017. These include Berkeley; El Cerrito; Emeryville; Los Angeles (city); Los Angeles (county); Mountain View; Oakland; Pasadena; Palo Alto; Richmond; Sacramento; San Diego; San Francisco; San Jose; Santa Clara; Santa Monica; and Sunnyvale.

Practice owners should check with their local jurisdictions or city websites to ensure they are in full compliance. Practice owners may also reference the CDA Practice Support resource, [Minimum Wage and Paid Sick Leave Ordinances by City](#), available at cda.org/practicesupport. The resource lists individual city and county minimum wages, with links to notices, wage orders and FAQ.



Copies of Form W-2 Must be Filed by Jan 31

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The Internal Revenue Service moved the annual deadline for filing copies of employees' Form W-2, W-3 and certain forms reporting nonemployee payments to independent contractors (such as Form 1099-MISC) with the Social Security Administration. The new deadline of Jan. 31 was established by the Protecting Americans from Tax Hikes (PATH) Act to make it easier for the IRS to legitimize tax returns and spot errors based on the earned income tax credit and the refundable portion of the child tax credit in order to reduce fraud and improper payments.

Historically, employers filing paper forms had until the end of February and employers filing electronically had until the end of March. The IRS is working with payroll providers and others to inform employers of the new deadline.

Employers are still expected to meet the Jan. 31 deadline when providing copies of the forms to employees.

The new law may in some cases allow the IRS to send taxpayer refunds faster; however, some returns needing further review could face delays. The IRS states that taxpayers claiming the Earned

Income Tax Credit or the Additional Child Tax Credit will not see refunds until Feb. 15, at the earliest.

Change to extension requests

The responsibility for filing forms and extensions and informing payroll administrator falls upon employers.

Employers should verify filing status, correct mailing addresses for employees and confirm that W-9 information for 1099-MISC contractors is current and accurate prior to the end of the year.

Under a change to extension requests, only one 30-day extension to file the Form W-2 is available and it is not automatic. Form 8809, Application for Extension of Time to File Information Returns must be completed prior to the Jan. 31 deadline.

Due to the shortened deadline between the end of the year and the new filing date, employers or payroll administrators should have these forms ready to go by Jan. 1, 2017.

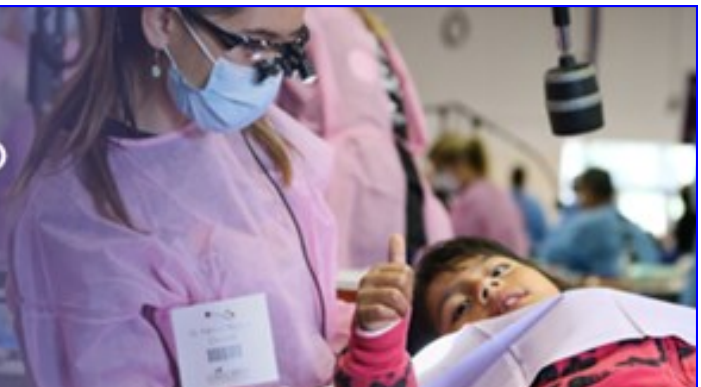
[Find more information](http://irs.gov) at irs.gov. [Access Form 8809 at irs.gov](#).



CDA Cares San Mateo

April 22-23, 2017

San Mateo Event Center



EPA Issues Final Rule: Amalgam Separators Required

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The administrator for the Environmental Protection Agency has signed off on a final rule under the Clean Water Act to control the discharge of mercury and other metals entering the waste stream from dental practices. The rule will regulate dental practices that place or remove amalgam — it is not intended to apply to dental practices such as orthodontic and periodontal practices except in limited emergency circumstances. The effective date of the rule is 30 days after the rule is published in the Federal Register. The compliance date for most dentists will likely be January 2020, three years after the effective date.

Under the [final rule](#), a dental facility that places or removes amalgam will be subject to two best management practices: 1) collect and recycle scrap amalgam; 2) clean the chairside traps with non-bleach or non-chlorine cleanser so as not to release mercury.

The rule also includes an amalgam separator requirement, stating that a dental facility must install an amalgam separator that is compliant with either the American National Standards Institute American National Standard/American Dental Association Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95 percent removal efficiency.

CDA recommends that members not purchase separators until the rule is published.

Dental practices that already have amalgam separators will be required to replace the equipment within 10 years of the rule's effective date with equipment meeting the new standard.

Additionally, there are reporting requirements. All dental facilities must submit to the local authority a compliance report and have maintenance and inspection records available for inspection.

CDA and the ADA advocated to the EPA for revisions to the proposed rule, published in 2014, with CDA calling for withdrawal of the rule to allow sanitation agencies, states and regions to “develop their own guidelines to use when developing and enforcing dental amalgam programs which will allow for the appro-

priate response based on each local jurisdiction's needs.”

CDA is developing an FAQ and other resources to assist dental practices with compliance dates, California-specific required BMPs, penalties for noncompliance and more.

In addition, CDA has worked with PureLife Dental to help make complying with the new mandate easier and more affordable. With the confidence of CDA's Endorsed Programs, PureLife's ECO II amalgam separator is available to members for only \$99 per unit with a discounted one-year replacement cartridge and disposal service agreement. To learn more, [visit cda.org/amalgam](http://visit.cda.org/amalgam).

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DO YOU NEED HELP?

Help is one step away...

Alcohol and drug addiction can touch any of us. The CDA Well Being Committee is an organization of dental professionals who can give confidential assistance to members of the profession, their spouses and staff members. Anyone needing information and/or help may contact:

Northern CA Regional Well-Being Committee

Assist individuals in Alpine/Mono Counties
530.310.2395, Curtis Vixie, DDS

Southern CA Regional Well-Being Committee

Assist individuals in Inyo/Kern Counties
818.437.3204, William Slavin, DDS or
714.814.7732, Diane White, DDS

or call the Kern County Dental Society Office at
661.843.7715.

**The CDA
Well-Being Program**

A Service to the Dental Community

Opportunities for Dentists Serving Low-Income Children

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Dentists in California now have an opportunity to participate in the Dental Transformation Initiative to help improve dental health for low-income children enrolled in the Denti-Cal program, while receiving enhanced reimbursement by meeting specific incentive metrics. As part of California's 1115 waiver, known as Medi-Cal 2020, the DTI focuses on high-value care, improved access and utilization of performance measures to drive delivery system reform.

CDA strongly advocated that oral health services be included in the waiver agreed upon late last year by the state of California and the Centers for Medicare and Medicaid Services. The unprecedented agreement offers increased state flexibility to meet the needs of its 13.5 million beneficiaries and infuses an additional \$740 million investment in Denti-Cal over the next five years.

There are four domains under DTI. Two of the four domains are already underway — Domain 1 and Domain 3.

Incentives for early, preventive care: Domain 1

The state has set a goal to increase the number of children (0-20 years old) who receive preventive dental services by 10 percent over the five-year waiver period. Under Domain 1, the program provides significant bonus payments to providers who are able to increase the number of Denti-Cal beneficiaries they serve by 2 percent per year.

Each participating Denti-Cal office location will have a unique utilization benchmark to achieve, and the state will provide semiannual payments to providers for the prevention services they deliver to new patients above their benchmark. Incentive payments will be 75 percent above the current schedule of maximum allowance (SMA) for all prevention services provided to the new patients. This represents a considerable investment in preventive care and recognizes the need for substantial increases in the funding providers receive.

Domain 1 incentives payments are available to Denti-Cal-enrolled dentists statewide. The pilot officially began on July 1, 2016. The Department of Health Care Services will soon mail letters notifying providers of

their benchmark number of patients and goal required to achieve incentive payments. This benchmark is calculated based on the service office location's delivery of preventive services to Medi-Cal beneficiaries' data during the baseline calendar year 2014. Newly enrolled providers will be subject to the state's predetermined benchmark based on their county.

Any dentist already enrolled in Denti-Cal is eligible for these incentive payments without any further action. DHCS will issue the first incentive payments in January 2017 to those provider locations that met or exceeded the goal of a two-percentage point increase of Denti-Cal patients from the first six months of the program. Providers who wish to enroll as a Denti-Cal provider and participate in this domain may do so at any time.

Continuity of care: Domain 3

This domain is designed to ensure Denti-Cal children ages 20 and under continue to receive the dental care they need on an ongoing basis by providing incentive payments to dental service office locations who have maintained continuity of care through the provision of recall exams for their Denti-Cal patients.

The incentive will be paid as an annual bonus payment to providers for each child who receives a dental exam for two consecutive years at the same dental office. The per-child bonus increases in each subsequent year if treatment continues to be provided at the same treatment location. The first annual bonus payment (after the second year of consecutive treatment) will start at \$40 per Denti-Cal beneficiary, increasing by \$10 each year up to \$90 after five years of consecutive recall visits for the same patient.

Since Domain 3 is a pilot, only dentists in the selected pilot counties are eligible to participate in Domain 3. The selected pilot counties are Alameda, Del Norte, El Dorado, Fresno, Kern, Madera, Marin, Modoc, Nevada, Placer, Riverside, San Luis Obispo, Santa Cruz, Sonoma, Shasta, Stanislaus and Yolo.

For more specifics regarding the Dental Transformation Initiative, [visit the DTI page on the DHCS website](#).

Pemphigus and Pemphigoid: The Unique Role of Dentists

By Patrick Dunn

International Pemphigus & Pemphigoid Foundation

Pemphigus and pemphigoid (P/P) are rare, autoimmune blistering diseases that affect a very small percentage of the population. The average patient with P/P sees five doctors over ten months in search of a diagnosis for their condition. Delays in diagnosis and appropriate treatment can lead to a number of complications, including significant functional impairment, resistance to treatment, psychological stress, and a lower likelihood of achieving remission.

The majority of P/P patients present with oral symptoms before the onset of skin lesions. Because of this, dentists have a unique opportunity to help shorten diagnosis times by identifying signs and symptoms when they are first encountered.

Pemphigus vulgaris (PV) and mucous membrane pemphigoid (MMP) are two forms of P/P with increased presentation in the mouth. Oral lesions of PV/MMP are often initially misdiagnosed as “allergies” to dental products, foods or environmental agents or “non-specific gingivitis”, further delaying diagnosis (a biopsy) and appropriate treatment.

A catch-all clinical descriptor often used in dental practice is “desquamative gingivitis.” This describes a chronic type of gingival inflammation in which the epithelium detaches, leaving exposed ulcers. Desquamative gingivitis can be caused by several diseases that affect the oral cavity, so the practitioner needs to obtain a definitive diagnosis.

Consider a diagnosis of pemphigus or pemphigoid when a patient presents with a combination of:

- Multiple ulcerated or erythematous oral lesions that don't resolve in 7-10 days
- Lesions outside the mouth, including those on other mucosal surfaces and the skin
- Lesions that develop following minor trauma (Nikolsky sign), such as gentle lateral pressure, which weakens the adhesion between epithelial cells and the underlying connective tissues

Care and Maintenance

PV/MMP patients require special care during dental appointments to manage sensitive areas of the mouth and prevent further lesions from forming. Oral lesions can be very painful for patients, making it difficult to brush teeth and maintain proper hygiene. Consequent-

ly, patients may experience increased incidence of dental caries and periodontal disease. Dental prophylaxis should be performed on a regular basis, even when lesions are present. Good oral hygiene is very important to positive treatment outcomes.

Care and maintenance tips for dental professionals:

- Do a complete oral mucosal examination. Evaluate for any abnormalities, including secondary complications of PV/MMP treatment, such as candidiasis.
- Be gentle during maintenance appointments.
- Schedule more frequent appointments to control plaque build-up.
- Consider scheduling extra time and using local anesthesia, as patients may experience pain and bleeding during dental treatment.
- Use simple hand scaling instruments to increase control and minimize trauma to the oral tissues.
- Polish teeth with a non-abrasive toothpaste, avoiding harsh abrasives and air polishers, as particles may become embedded in the ulcerated tissue and set off a foreign body reaction.
- Avoid alcohol-based mouth rinses.
- Oral hygiene instructions for home care should be tailored to the level of mucosal involvement. When significant oral disease is present, gentle home care -- including extra-soft toothbrushes, mildly flavored toothpastes, and mild mouth rinses -- may be all the patient can tolerate. Some patients may not be able to floss due to bleeding and pain, so soft interdental brushes may be recommended instead.
- If patients are on a soft diet due to presence of oral ulceration and pain, suggest intake of nutritious, non-cariogenic options such as vegetable soups, fruit smoothies, etc.

The International Pemphigus and Pemphigoid Foundation (IPPF) is the world's leading organization dedicated to improving the quality of life for all people affected by pemphigus and pemphigoid.

More information can be obtained by visiting the IPPF Awareness Campaign website at www.pemphigus.org/awareness or by contacting awareness@pemphigus.org



OCR's Final Rule on Section 1557 in Effect

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Dentists participating as providers in the Denti-Cal program, along with provider entities who have received “meaningful use” funding from the Department of Health and Human Services and those dentists who participate as Medicare Part C plan providers, should be fully complying with the HHS’ Office for Civil Rights’ final rule concerning Section 1557 of the Affordable Care Act.

Dentists were required to begin complying with different, specific elements of the OCR’s final rule on two dates — July 18 and Oct. 16. By the October deadline, dentists were to post a Notice of Nondiscrimination in several places, along with taglines in the top 15 non-English languages spoken in California. (For details about the compliance requirements, see the articles in the August and September issues of the *CDA Update* and at cda.org.)

To ensure continued compliance with the rule, dentists can refer to CDA’s California-specific resource, [Nondiscrimination Requirements Under the Affordable Care Act \(Section 1557\)](#). The resource provides:

- Detailed background on the ACA provision and new OCR rule.
- Checklist, instructions and recommended practices to follow to meet the compliance requirements.
- Sample grievance procedure and notice of non-discrimination forms.
- Questions and answers, and a list of additional resources.

Section 1557, in effect since 2010, is the ACA’s nondiscrimination provision, prohibiting discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. The final OCR rule, issued in May, aims to educate consumers about their rights and help covered entities understand their obligations under Section 1557.

Enforcement of Section 1557’s requirements is the responsibility of the OCR. Noncompliance may

lead to suspension or termination of federal financial assistance. In addition, Section 1557 provides for private enforcement by allowing an individual to bring a private cause of action.

- **CDA compliance resources** can be downloaded at cda.org/practicesupport. The American Dental Association also has Section 1557 sample notices and taglines and an FAQ on its website at success.ada.org/en/regulatory-legal/section-1557 (login required).

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CDT 2017 Dental Code Changes Are Here

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CDT 2017 is the newest version of the American Dental Association's code on dental procedures and nomenclature. Dentists will need to prepare for the 2017 dental code changes effective Jan. 1, 2017.

Addition of D4346 fills a gap

CDA is pleased to see the addition of D4346: Scaling in presence of generalized moderate or severe gingival inflammation.

Current CDT codes document procedures for a generally healthy patient with periodontal disease who has accompanying loss of attachment and bone loss. D1110 is primarily a preventative procedure for patients with generally healthy periodontium. D4341 and D4342 are therapeutic procedures and are indicated for patients who require scaling and root planning due to bone loss and subsequent loss of attachment.

Dentists have found a gap in available codes for those patients who need therapeutic treatment for generalized moderate to severe gingival inflammation, with or without pockets but exhibiting no bone loss. Finally, with the implementation of CDT code D4346, dentists can now accurately document and report these "difficult" cleanings.

It will be important to look for updates from the dental benefit plans on the processing and policy guidelines for D4346. Plans usually start sending updates on policy changes for the New Year in late October and early November. The ADA's full D4346 code description is provided in the outline below.

There are 16 code changes, which include an addition of 11 new procedure codes, five revisions and one deletion.

New CDT 2017 procedure codes:

D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission or written report
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum
D1575	distal shoe space maintainer – fixed unilateral
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis.

Continued on page 10

CDT 2017 Dental Code Changes Are Here

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Continued from page 9

It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planning, or debridement procedures

- D6081 scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surface, without flap entry and closure
- D6085 Provisional implant crown
- D9311 consultation with a medical health care professional
- D9991 dental case management – addressing appointment
- D9992 dental case management – care coordination
- D9993 dental case management – motivational interviewing
- D9994 dental case management – patient education to improve oral health literacy

CDT 2017 code revisions:

- D1510 space maintainer – fixed unilateral: excludes a distal shoe space maintainer
- D4263 bone replacement graft – retained natural tooth – first site in quadrant
- D4264 bone replacement graft – retained natural tooth – each additional site in quadrant
- D4274 mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
- D9630 drugs or medicaments dispensed in the office for home use

CDT 2017 code deletion:

- D0290 posterior – anterior or lateral skull and facial bone survey radiographic image

Dental plans are required to recognize the current CDT codes and usually make their updates effective Jan. 1 of every year. It is important to remember that while plans are required to recognize the current CDT codes, they are not required to pay or provide benefits for the new code set. Dental offices are encouraged to reach out to the dental plans they contract with for an updated provider handbook and review them for CDT code and processing policy changes.

Copies of the CDT 2017 are available for purchase through the American Dental Association at adacatalog.org. It is recommended all dental offices have a current copy to assist with proper claim billing.

- **CDA Practice Support** offers hundreds of dental benefit, employment, regulatory compliance and practice management resources to CDA members as a free benefit. [Visit cda.org/practicesupport](http://cda.org/practicesupport) to learn more about the tools available to assist member dentists with their practice.

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Calendar



January

- 10 Board of Directors Meeting, 5:30 pm
- 27 CE Course: Infection Control, DPA & OSHA Compliance with Leslie Canham, RDA

February

- 14 Board of Directors Meeting, 5:30 pm
- 24 CD Course: Stress Related Bite Disorders with Dr. Donald Reid
- 28 Wine/Spirits Social at Imbibe, 6:00 pm



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