Inside this issue:
Adult Medicaid Dental Benefit
Dismissing a Patient
Employment Law
Access-to-Care
CDA Endorsed Companies
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It is my pleasure to invite you to the Colorado Dental Association’s Annual Session, June 5-7, 2014 at the beautiful Vail Marriott Mountain Resort in Vail, CO.

Last year, Annual Session attendees graciously gave the CDA feedback and we take that seriously. This year, we’re doing everything we can to make this annual meeting something that everyone can enjoy. Here’s what we’re doing:

You asked for more business and less formality in the House of Delegates. Check! The agenda cuts to the chase for more business to occur in the morning. Additionally, several reports will be made in written or video form to make better use of delegates’ time.

You hinted that you needed a mid-day break to socialize rather than a formal luncheon with a podium. Check! Weather permitting, we’ll be sitting outside for the Delegate’s luncheon with a lighter summer meal, and time to move around and catch up with colleagues.

You asked for more CE. Check! This year we’re offering a three-hour clinical track and a three-hour non-clinical track containing fresh topics and seven great speakers.

You reminded us that having a handful of organized recreational activities is worthwhile. Check! This year, we’re excited to offer a homebrewing course all about craft beer. We also have a negotiated rate for our attendees to use the Vail Athletic Club. Back by popular demand, we have the Saturday 5K/1 mile fun run. And of course, I couldn’t have an annual meeting without a golf tournament…BUT, this tournament is different than year’s past. It will be at the exclusive Red Sky Golf Club in Wolcott, CO and proceeds from the tournament will benefit Kids in Need of Dentistry. Anyone can golf – while I hope you come for the entire Annual Session weekend, it is not a requirement to play in the tournament.

By Cal Utke, D.D.S., CDA President
By Cal Utke, D.D.S., CDA President

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You told us that mountain getaways were preferred. Check! The Lionshead area of Vail is easily one of the most charming European-inspired resort destinations in Colorado. We’ve designed the Annual Session around walking. Once you arrive and park, you’ll easily be able to ditch the car for the weekend and travel by foot or by the free local shuttle.

Lastly, you told us that you enjoyed camaraderie, networking with colleagues and catching up with friends. Check! In addition to the Welcome Wine and Cheese Reception, the continental breakfasts and the Delegates’ Luncheon, there are plenty of fun party hopping opportunities on Friday night between the past president’s reception, CU Alumni reception, Creighton Alumni gathering and New Dentist Committee networking event.

My motto is: work hard for the shortest time possible and play harder for the longest time possible! The CDA Annual Session is about business, uniting as a profession and collaborating with fellow dentists. Of course it doesn’t hurt to enjoy a little fresh air in the beautiful Rocky Mountains either. Learn more about this meeting and register today at www.cdaonline.org/annualsession.

See you in Vail!
And all the patients say I’m pretty “fly” for a dental guy. Somewhat of an interesting spring off, or should I say Offspring into this issue’s occasionally organized random thoughts on the dental sphere.

I have been editor for about a year and a half, and really enjoy the position. It affords me access to the inner workings of organized dentistry at the state level. I am allowed to attend the CDA Executive Committee (EC) and Board of Trustees (BOT) meetings as a non-voting member. Unless I feel compelled to chime in on a topic, I can just sit back and observe the proceedings, much like the pre-verbal “fly on the wall.” I am gaining a better perspective of what the CDA does, how it gets it done and the individuals who make it happen.

Dentistry, by its broadest definition in Colorado, is looked after by some amazing caretakers. The current group of officers on the EC and the members of the BOT are highly skilled, intelligent, ethical and, most importantly, possess a passion for how dentistry is practiced at the local, state and national level. They are supported by an all-star staff that oversees the daily operations. The same praise can be extended to all of the leadership throughout the state at the local level as well.

Alright, so what’s up with the love fest? Am I sucking up for a raise? Let’s see, double nothing is still nothing. I am going with the premise that most members and non-members are not well versed on what organized dentistry is or does, specifically at the state and local level. I would like to shed some light on the value and importance of membership from an insider’s perspective.

Let’s start with what the CDA isn’t. We are not an ivory tower, a good ol’ boys club, or an exclusive secret society that does nothing but is overly impressed with what it has yet to do. My take on the CDA is that it’s an ever evolving democracy, responsive to concerns, innovative with solutions, actively confronting threats, protector of our right to adequately care for our patients and our right to be fairly compensated for our services.

So what does the CDA/organized dentistry do for the practicing dentists in Colorado – or more simply put, what is the value of being a member? I could make a long list of what the CDA’s job description contains. Let’s take a look at the top item currently on the list. The Dental Practice Act in Colorado is currently going through a process called Sunset Review. The practice act contains the rules and regulations that govern dentistry. This occurs roughly every 10 years. There are numerous groups both inside and outside of dentistry that are interested in making changes to the system and sometimes the proposed changes are not favorable to us and our patients. The officers of the CDA and our lobbyists have been working on this process for over two years. With their strength, knowledge and understanding of the issues, I am not anticipating any major changes in how we practice; and the changes that will be made will only improve patient care and safety. Can we place an actual dollar value on what is accomplished during Sunset Review? That would be almost impossible. Had the CDA not been involved, there could be significant changes to how we practice. Trust me when I say that having the CDA involved is a victory for all of us.

One other key benefit for membership is access to the Peer Review process. Peer Review strives to resolve complaints from patients regarding quality of care and appropriateness of treatment. Often these can be resolved without involving attorneys and the state board, which reduces costs and stress. Once again, it is hard to put a dollar value to it unless you need it.

The CDA has also launched a PR campaign via television and radio on the importance of seeing a CDA member dentist. Again, it is difficult to put a dollar amount to the benefit. However, if just one patient makes it to your office because of this campaign, the investment of your membership dues has been accounted for.

Value

By Michael Diorio, D.D.S., CDA Editor

VALUE continues on page 11
DOCTOR, when working on your financial plan, did you consider...

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VALUE continued from page 8

Here in the Mile High City, the Metro Denver Dental Society has opened the Mountain West Dental Institute in an effort to bring world class hands on CE to the dentists in the state. There is certainly value associated with that convenience.

Last but not at all least, the CDA has a very active and involved New Dentist Committee. These dentists, 10 years or less out of dental school, are an indispensable resource for the new kids on the block.

A common comment I hear from both member and non-member dentists is about the actual cost or “expense” of membership, and that they don’t feel they get their money’s worth. Some feel that they can obtain the benefits of membership elsewhere on their own. The CDA does offer numerous member benefits that do save money and time; and yes not everyone needs what is offered. I like to think of those benefits as coupons that are in the Sunday paper. Do we buy the paper only if the coupon savings meet or exceed the cost of the paper? Hopefully we are buying the paper for more than just the coupons and hence we are members for more than just the discounts available. The value of membership extends far beyond any immediate financial return.

To fully appreciate the value of something, imagine what it would be like without it. What would our dental world be like six months from now? A year from now? Five, ten years down the line? I believe that we would be practicing in an environment that would not be nearly as guarded from harmful legislation, collaborative with other oral health stakeholders, or committed to high standards of patient protection and safety.

There is also strength in numbers. Colorado is very fortunate to have a high percentage of our dentists as members in one unified body. Looking to take down a country, business or profession? Divide and conquer seems to be an effective strategy. There are many smaller groups and organizations that do meet some basic needs of their members and may on the surface appear to be a better value. How well would these individual entities do with the Sunset Review process? Our continued success in this endeavor is because we can present a strong unified front to our legislators rather than several self-serving individual groups. United we stand and divided we fall.

I like to look at membership in organized dentistry as a vaccination against pathogens targeting our profession. The more people who are vaccinated, the greater our protection is – either as a society or a profession. We end up with a synergistic result that offers protection even to those who choose not to vaccinate. Individually, a polio vaccination will save an individual $ amount of dollars in medical expenses. Looking beyond the individual, what are the savings to a society for protecting everyone?

Organized dentistry in Colorado and the nation serves a very critical and essential role in our chosen profession. Let’s not be penny wise and pound foolish. If you are already a member, thank you for being involved. If you are not, please take a moment and reconsider. Take a look at the bigger picture and imagine what life would be like without the tripartite system. Is it perfect? No. Does it make a difference? Absolutely!

Hopefully my “fly on the wall” observations have helped shed some light on what the CDA is trying to do. To quote CDA President-Elect Dr. Brett Kessler, “The CDA is the best kept secret in dentistry.” Let’s not be so secretive and share all the good the CDA does, and encourage our peers who are not members to join. Bandwagon jumping is gladly accepted!
Let's all close our eyes and dream of a favorite holiday or vacation road trip. All those events, people and surroundings bring a smile to our faces. They bring up the all too familiar sounds, smells and visuals that one looks back on fondly and teases the heck out of friends and family members about (like the annoying GPS voice continually calling out in the background, “recalculating, recalculating…” while being totally lost). Fun times. Good times.

Now think back to 2009 or early 2010. Remember the climate that surrounded the goals and aspirations of reforming healthcare? In its infancy the Affordable Care Act was intended to bring in the uninsured and “actuarially balance” the system by getting everyone reading the same road map and at least enrolled in an insurance system. What a road trip so far.

Obviously, a few good things have occurred within the underwriting concepts, but needless to say we, as a country, are riding a long washboard road that has lots of “S” curves and speed bumps ahead. My issue for discussion is not the Website, the pricing, what was promised or not promised, or who has what deadline and when to sign up. The issue is that there must be a values discussion that occurs soon – before disaster sets in from actions being taken now and their eventual burdens.

It seems like we have driven past the turn and now anything that individuals or agencies do is reactionary and compromised. No collaboration or discussion – just do something. Do we pull a quick “U-ie” or do we execute a bootlegger turn or do we just keep on making a number of sporadic, media friendly turns, and corrections to appease our healthcare compass?

The one underlying theme, whether an action by the Centers for Medicare and Medicaid Services, Health and Human Services, or any legislative body, is that our country is being inundated with unintended consequences that create confusion and angst. By the time we recognize what zoomed by, even with a great rearview mirror, one cannot tell if the objects (consequences) appear smaller, bigger, closer or are figments of one’s imagination.

Can we experience varying types of unintended consequences? Easily. Can some consequences be positive or some catastrophic? Most certainly!

The struggles in establishing better healthcare access are many but there are some positive trends, especially within oral healthcare, that are just coming to maturity. In Colorado, for instance, the state has implemented a limited dental benefit for adults who qualify for Medicaid. The trend of providing a comprehensive dental benefit for adults is not being followed by many states in our country, but is a positive step for efficiency, and a long-term method to save the state budgets and monies. It is a positive move since almost all states are running tight budgets.

The CDA’s Take 5 program, which calls upon the dentists to increase the network of providers for these Medicaid-covered adults, will allow...
creative yet effective ways to improve capacity by mid-2014.

Helping to gain providers for programs that redirect patients from the emergency room to dental practices and community clinics will be a positive step for access in the long run. Simply put, the money will be spent for definitive care and we will avoid spending money on repeated emergency room visits for antibiotics and pain management. Dealing with those dental infections quickly will save millions of dollars over time and is a positive consequence. Helping those patients get out of a round-about circle of pain and infection that never seems to have an exit will be profound.

I have faith that my colleagues in both medical and dental fields will stand up and take responsibility to improve access. If we do not, we risk political implications. There could be a miniscule change at first, like an expansion of the scope of practice by untrained or inadequately trained personnel. Then, surgical and irreversible procedures could be renamed or recoded as non-invasive therapies. Not long after, long-standing benchmarks, examinations and boarded certificates/diplomas from accredited programs may no longer be required, and deemed antiquated, just like the old, torn and folded maps inside our glove compartments. If the standard of care is allowed to be compromised, a clunker healthcare law may be imposed on our communities, especially those in need of access.

The good news now is that we control the GPS and we must continue to do so. Be strong and focused providers, so in 10 years from now, we can close our eyes and hopefully envision a journey that in the end is honorable and good.
Barbara Buckwalter knew firsthand what it meant to go without dental care. It wasn’t just something she learned about in a school health class or from a family dentist; she walked the walk – for decades – and it was a grueling trek. Of course, she couldn’t afford to do otherwise.

“I was sick sick – like, all-the-time sick,” she said. Infections, assorted illnesses, even nausea and, of course, chronic pain.

It all began with a fall that shattered her teeth when she was only 8 years old. Her family had little access to dental care, and her long-term woes began. By the time she was 21, she was able to get a bridge put in, and that turned out to be a mixed blessing, at best. What followed were years of recurring abscesses and pain. Through it all, the certified nursing assistant raised her four children and adopted two more while subsisting in Walsenburg, CO on a series of low-paying jobs.

Last year, Barbara, by now in her 40s and a grandmother, heard through a friend of an annual large-scale charity dental clinic. The portable dental clinic was intended for those like Barbara, who couldn’t afford dental care or coverage and, as an adult, did not have dental coverage through Medicaid.

Last year, the clinic was being held in Weld County, more than eight hours by car from Walsenburg. Barbara didn’t have any means of getting there, but she was determined to go. She was tired of the pain and illness.

“All kinds of friends helped me with the Greyhound Bus fare,” she said.

And there was another motivation, too: Her daughter was to be married that fall, and for once in her life, she simply wanted to be able to smile for a special occasion. As she put it, “I couldn’t go without teeth.”

Barbara’s case is emblematic of the untold stories of thousands of low-income Colorado adults who endure chronic, debilitating pain and illness from poor dental health and years of neglect. They haven’t had Medicaid dental coverage because it’s been reserved for dependent children of income-eligible households.

Barbara’s situation, however, is about to change. Thanks to a new policy adopted by the legislature and signed into law last spring by Gov. John Hickenlooper, Colorado will, for the first time, extend a limited dental benefit to income-qualifying adults through Medicaid.

Barbara was fortunate that she was able to connect with the clinic. After a number of extractions and a new set of dentures provided by the clinic, her life has changed – and now an adult benefit through Medicaid will allow her to maintain her dental health through more regular visits to the dentist.

“I’m not sick anymore. I don’t have abscesses anymore. I don’t have the pain anymore,” Barbara said. “I’d probably still be sick today if they didn’t pull my teeth.”

She realizes what this new benefit could mean to countless adult Coloradans like her – often in economically hard-hit communities like hers – who will now be able to see a dentist through Medicaid.

“Hopefully, it’s going to mean a lot less sick people,” she said. “I know all kinds of people who need dental work.”

A limited Medicaid benefit for adults starts this month, and the full benefit will go into effect on July 1. Colorado’s army of dentists are needed to help adults like Barbara.

“CDA member dentists have a long tradition of community service and outreach to those of limited means,” said Dr. Cal Utke, CDA president. The profession’s generosity includes efforts such as the Colorado Mission of Mercy as well as Give Kids a Smile day, which have long provided critical dental care to Colorado adults and children in need.

Annual charitable events, however, aren’t the answer to
providing comprehensive healthcare, which is one of the many reasons that the CDA was such a strong supporter of establishing an adult Medicaid benefit.

When families are forced to delay critical dental care, it too often winds up costing a lot more down the road with a visit to a hospital emergency room. That cost is passed on to all of society.

Under the former Medicaid benefit, dental care was only provided for children. Parents of children covered by Medicaid have a message to share: they are the same as any other patient.

“Those who open their office to us know we’re still people even though we’re on government insurance. We still have feelings,” said Natasha Sharp, a Colorado Springs mother of two children on Medicaid. “Treat us just like you would everyone else.”

Dr. Utke agrees, “They’re like all of us. If you treat Medicaid families differently, they’ll act differently. If you treat them with respect, like anyone else, they’ll respond in kind.”

Natasha, who is disabled, has two children, Phillip and Alexis, who have a genetic disorder that among other effects has left them extremely vulnerable to cavities. She says Phillip had to have several teeth removed after being in constant pain.

“Both of my kids have had to have thousands of dollars worth of dental work just because of the genetic defect,” said Natasha. Medicaid coverage clearly has made the difference for her kids – as has a dentist who takes Medicaid patients.

“Without Medicaid, my children would not have proper dental care,” she said.

Now that Medicaid coverage has expanded to cover adults, Natasha’s sentiment is echoed by a new population of patients that includes Barbara – who not only went to her daughter’s wedding last fall, but smiled proudly for more than one reason.

The new adult Medicaid benefit provides over 300,000 Colorado adults with coverage for dental care. This means that more dental providers are needed to help this new population of patients. The CDA has implemented a program asking every actively practicing dentist to Take 5 Medicaid patients or families. By asking every dentist to do a small part, we can help address the access to dental care needs in our state. Sign-up for Take 5 at cdaonline.org/Take5.

Facts:
• A limited adult benefit is available starting April 1. The benefit will allow Medicaid enrolled clients, age 21 years and over, to receive a number of basic dental services currently offered to children, such as evaluations, diagnostic imaging, preventive, and restorative services.
• Starting in July, Medicaid will be administered by a third party administrator rather than the state. Similar to how the CHP+ program is currently managed, Medicaid will be administered more like a private insurance plan.
• Under this third party administrator, the full adult benefit will begin on July 1.
• The CDA will be working with the new administrator to streamline processes for providers.
• Providers can choose to be listed in public provider directories or can elect to work with their community to treat patients by referral.
• Adult Medicaid clients may receive up to $1,000 per 12-month state fiscal year period (July 1 – June 30). This means that adults have a $1,000 cap to use starting April 1, and then the amount will reset to $1,000 starting July 1, the beginning of the new fiscal year.
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Occasionally, there comes a point in time when you determine that you can no longer provide dental care at or above the required standard of care for one of your patients. The reason you are dismissing a patient from your practice is usually based on a combination of events or behavioral actions. This can encompass abuse or physical threats to you or your staff, threats if care is not to their expectation, non-compliance with referral, non-compliance with medication, following directions, breach of financial arrangements that they made, continual cancellation of appointments, or being consistently late.

The dentist-patient relationship does not simply end when a patient leaves your office or your care. Termination of a patient from your practice is a serious step that, if not handled properly, can adversely affect your patient's oral health and leave you vulnerable to a liability claim or State Board action alleging abandonment.

In the Dental Practice Law of Colorado, “the abandonment of a patient by failure to provide reasonably necessary referral of the patient to other licensed dentists or licensed health care professionals for consultation or treatment when such failure to provide referral does not meet generally accepted standards of dental care” is cause for denial of issuance or renewal, suspension or revocation of licenses, or other disciplinary action (§12-35-129(1)(w), C.R.S.).

Ending a relationship with a patient must be handled with care. Proper notification is essential. These are recommendations for content to be included in a formal letter notifying the patient that you are removing them from your practice:

- Request/advise the patient to seek services of another dentist or refer the patient to an appropriate subsequent treating dentist
- Advise the patient of the reasons why you are taking this action of termination
- Advise them of any conditions that need follow-up and evaluation
- Make yourself available for any true dental emergency for the next 30 days
- Make a copy of the records available with the appropriate release (Rule VII (G). Records may not be withheld for past due fees relating to dental treatment)
- Send the letter both by registered/certified mail and first class mail, retaining a copy for the patient file

Critical to the proper termination process while minimizing risk is the ongoing accurate and detailed documentation. Dated progress notes need to reflect the patient’s treatment, pertinent conversations and events that led to the decision of dismissing the patient from your practice.

Many times, the question comes up about charging the dismissed patient for duplication of records. While it is allowed with limitations on what can be charged to the patient (Rule VIII. Patient Records in the Custody of a Dentist or Dental Hygienist), your decision should consider the possibility that charging the patient may escalate an already strained doctor-patient relationship that might lead to a retaliatory claim or complaint. It may well be worth the minor expense to minimize the patient’s discontent to an already emotional situation.

Conversely, there may be a time when the patient terminates you, leaves your practice and requests that their dental records be given to them or transferred to another dentist. While this request may imply that the doctor-patient relationship is now over, it is strongly recommended that you follow-up by taking similar steps to those used when dismissing a patient from your practice.

There is no set template for handling a patient who is leaving your practice. Each situation is unique and should be well thought out to avoid future negative consequences.
Complying with all of the federal and state wage and hour laws is a daunting but necessary task for any employer. However, compliance is critical, now more than ever. With the economic downturn, there has been a significant increase in wage and hour litigation brought against employers by both individual employees and by groups of employees in class action lawsuits. The U.S. Department of Labor (DOL) is stepping up its enforcement efforts and is vigorously pursuing administrative remedies against employers. In fact, the DOL has 50% more investigators on staff than it did five years ago. Those investigators conduct audits of businesses of all types, and may impose significant fines, penalties and back taxes on employers for compliance errors, even if those errors were inadvertent. In addition, the Colorado State Department of Labor also conducts audits and has teamed up with the federal DOL to conduct some types of wage and hour compliance reviews.

When dealing with some wage and hour issues, employers should consult legal counsel. However, to avoid liability, all employers should have a basic understanding of both federal and state laws applicable to their practices. The Fair Labor Standards Act (FLSA) is the federal statute governing most issues relating to categorizing and paying staff. The FLSA sets minimum wage, overtime pay, recordkeeping requirements and youth employment standards. Colorado has wage and hour laws that are similar, but in some instances, they are more restrictive. For example, although the federal minimum wage standard is set at $7.25 per hour, Colorado has recently enacted legislation raising the minimum wage for Colorado workers to $8.00 per hour, making Colorado employers obligated to pay the higher wage.

While every employer strives to comply with all applicable laws governing wages, errors are often made simply because employers are not aware of compliance requirements. The following are the six most common mistakes made by employers:

**Mistake #1: Misclassifying Employees as Independent Contractors**

Incorrectly treating a staff member as an independent contractor instead of an employee can result in significant state and federal tax penalties, and may subject your practice to additional liabilities for violation of state worker’s compensation laws. Employers cannot designate a worker as an independent contractor unless that worker meets specific criteria. In general, an independent contractor is engaged in a business of his/her own, while an employee is dependent on the employer’s business. There is no one litmus test used by the courts or by the state and federal agencies to distinguish between an employee and an independent contractor. The determination of independent contractor status is made on a case-by-case basis by taking into account several factors.

Because the penalties for misclassification of an employee as an independent contractor can be severe, it is advisable to have your decisions reviewed by experienced employment counsel.

**Mistake #2: Misclassifying an Employee as Exempt**

Another common, and costly, mistake employers make is misclassifying an employee as “exempt.” Both the FLSA and Colorado law require employers to pay all non-exempt employees on an hourly basis, and to pay overtime at a rate of at least one and one half times the regular rate of pay for all hours worked in excess of 40 hours in a workweek. In contrast, exempt employees are not subject to the FLSA requirements to pay hourly and to compensate for...
overtime, not every employee may be classified as exempt. For employees to qualify for exempt status, their jobs must meet the stringent requirements of one of the recognized exemptions defined by the FLSA and Colorado law. The determining factor is the employee’s actual job duties – and a lofty-sounding job title alone will not be sufficient to qualify for exempt status. Because of the focus on job duties, employers often find out after a costly audit that their “ofﬁce administrator” or their “practice manager” does not meet the exempt status job duty requirements to qualify as “exempt.”

Mistake #3: Failing to Pay All Wages Due

Your ﬁrst reaction may be to disregard this section of the article, believing you always pay your employees appropriately. However there are several landmines that employers often do not consider until after an employee files a complaint with the state or federal DOL. The following are common mistakes:

• Not compensating for all work performed “off the clock” by non-exempt employees. Preventing a violation is more difﬁcult than it seems. For instance, do your non-exempt employees text co-workers, answer emails, or perform other job duties after they have clocked out for the day? Do they cover the front desk during their lunch break? Do they answer calls, greet patients, or enter data in the computer system when they are not “on the clock?” Employees must be compensated for all off-the-clock work, regardless of whether or not you authorized it.

• Not compensating for all work required or for jury duty. Do you require your employees to attend staff meetings during their lunch breaks? Are your employees required to travel between ofﬁces during the workday? Do you ask them to run errands for you during their lunch breaks? Do you require your employees to attend meetings or seminars on weekends or evenings? Do you ask them to come in early to make coffee or open the ofﬁce? This type of work is probably compensable to non-exempt employees. Did an employee serve on a jury? Did you pay them? How much? Colorado has a statute requiring employers to provide some compensation to employees for some of their jury duty obligations.

• Not compensating employees for accrued vacation or PTO. Your policies must comply with Colorado’s wage law concerning accrued time off. Failing to pay accrued vacation

TRAPS continues on page 20
time or PTO when employment is terminated or for disciplinary reasons may subject your practice to significant penalties.

- Improperly deducting wages from exempt workers’ salaries. It is important to ensure that all exempt employees receive their full salary for any workweek where they engage in any work, even if the employee works only an hour. However, some deductions from pay may be made for personal absences, disciplinary suspension, and for the first and last week of employment.

- Improperly allowing employees to take “comp time” instead of overtime pay. Sometimes a non-exempt employee who works overtime one week would rather be paid with a “comp day” the following week instead of receiving overtime pay. Do you allow this? Do you average hours worked over a period of more than a week? If so, you may be violating wage and hour laws.

Mistake #4: Failing to Comply with State and Federal Recordkeeping Requirements

Both the FLSA and Colorado law require employers to maintain records for each non-exempt worker. The records should include information about the employee and data about the hours worked and the wages earned. The employer must maintain accurate, complete records on each employee, such as:

- Full name, address and social security number;
- Birth date (if younger than 19), sex and occupation;
- Time and day of the week when the employee’s workweek begins;
- Hours worked each day, total hours worked each workweek, basis on which employees are paid (such as hourly);
- Regular hourly pay rate, total overtime earnings for each workweek, deductions from paychecks, and date payments are made.

In addition, there are both federal and state record retention requirements. Employers must develop procedures for retaining employee records and having them available for inspection.

Mistake #5: Failing to Recognize Discrimination

If you become the subject of an audit by the state or federal DOL, would you be able to justify why two similarly-situated employees are being compensated at different rates? Do you have adequate records to prove that the disparity does not violate discrimination laws? Claims of unlawful discrimination based on pay disparities are on the rise. It is important to have your wage records and your compensation policies and procedures reviewed and corrected before a wage claim is made.

Mistake #6: Failing to Protect Your Practice

This article describes some of the many pitfalls practice owners and managers face when navigating the many state and federal laws relating to wage and hour issues. Investing in an audit of your wage and hour policies and practices by experienced employment counsel is well worth the investment. That preventive measure can save you from a costly claim made by an employee, and can prevent liability for payment of back taxes and penalties. In addition, training your staff (and yourself) to spot potential problems and respond appropriately can go a long way toward protecting your practice and maximizing your profit.

Tips for Navigating Wage and Hour Laws

- If you hire an independent contractor, consider a written contract to help establish that the contractor’s duties meet the requirements for that classification.
- Draft accurate, complete job descriptions for every staff position in your practice/clinic. If you are audited, the DOL auditor will rely in part on those descriptions to determine whether your employees are accurately categorized as exempt or non-exempt.
- Keep accurate, complete payroll records.
- Develop procedures to archive records to comply with federal and state laws.
- Employers must display an official poster outlining the provisions of the FLSA. The poster may be downloaded from the FLSA website at www.dol.gov. Required Colorado posters may be downloaded at www.Colorado.gov.
- Implement a policy requiring employees to immediately report any mistakes or irregularities in their paychecks so the errors may be corrected promptly.
- Beware of a recently-enacted Colorado law that catches many employers by surprise. Employers may not prohibit employees from discussing wage information with their coworkers or third parties. If your handbook contains such a prohibition, it should be deleted.

This article is for informational purposes and does not constitute legal advice.

Judith H. Holmes, J.D., is a practicing attorney with law firm of Judith Holmes & Associates, LLC. Contact her at 303-781-6838 or Judy@JHolmesLaw.com.
In January 2014, House Bill 14-1227, the dental Sunset Review bill, was introduced for consideration by the state legislature. House Bill 14-1227 seeks to update and reauthorize the laws that govern the practice of dentistry, known as the Colorado Dental Practice Law.

The legislative process for the dental Sunset Review began with the state Department of Regulatory Agencies (DORA) presenting its report on changes that should be made to the Dental Practice Laws before the House Committee on Health, Insurance and Environment. The CDA has been very active in advocating for some additional changes to improve dental practice, including:

- Anesthesia permit updates,
- Mandatory continuing education requirements,
- E-prescribing allowances for laboratory work orders,
- Standards for lasers used for dental purposes,
- Peer assistance program improvements, and
- Technical updates to simplify readability of the practice act and remove outdated terminology.

At this point, the CDA’s priority recommendations have been amended into HB 14-1227, which has passed the State House of Representatives and continues to work its way through the legislative process. At the time of publication, the bill is currently awaiting a hearing by the Senate Health and Human Services Committee. The Senate Finance and Appropriations committees will also hold hearings on the bill before final Senate votes.

We will continue to keep dentists informed about the bill’s progress and ultimate impacts on your practice.

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Opportunity Wanted: Retired orthodontist in Denver metro area seeking part-time work; can also cover vacations and health issue situations. I can be reached at darbthedog@aol.com.

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Associate: General dentist wanted as full-/part-time associate in brand-new electronic/digital practice in Pueblo West, Colo. Extensive skills in oral surgery, third molar extractions, molar endo. and all aspects of restorative, implant restorative and prosthodontics important. Salaries or percent compensation. Prefer dr. with one+ years of experience. Submit CV/resume to docheun@hotmail.com.

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CLASSIFIEDS continues on page 26

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Dentist: Immediate opportunity in Wheat Ridge, Colo. Midwest Dental is seeking a full-time dentist to join our long-standing, fee-for-service practice. We offer the opportunity to lead your own clinical team while shedding the administrative and financial burdens. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional development. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity in Wheat Ridge, please contact Derek Lindholm at 715-577-4551 or e-mail dlindholm@midwest-dental.com. Visit our Website at: www.mountaindental.com.

Dentist: As of April 1, our friendly small town GP dental clinic is looking to hire a dentist for two-to-three days/week. Temporary or permanent position. Practice consists of three ops. and is located in Pagosa Springs, Colo. Our dental services consist of some pediatric and geriatric care.

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Dentist: Full-time dentist needed at Salud Family Health Centers in Commerce City, Colo. Performs professional dental care in the diagnosis and treatment of patients and assists the director in developing and implementing the dental program. DDS or DMD. Possession of a valid current license to practice dentistry in the state of Colo. Bilingual (English/Spanish) preferred. Sensitivity to low income and ethnic minority community a must. Salary rate: $100,000 - $120,000 based on experience. To apply please submit an online application at www.saludclinic.org or e-mail resume to epoulson@saludclinic.org.

Endodontist: Part-time, four days a month traveling to Aurora and Highlands Ranch, Colo. Bright Now! Dental affiliated offices. This opportunity offers the safety and security of a large group practice with a robust patient base. The offices have fantastic potential to do a substantial amount of production. The professional staff allows a doctor to focus solely on dentistry. Please submit your resume to www.jobs.smilebrands.com or e-mail your resume to sherric.dean@smilebrands.com. Benefits include a 401(k) and malpractice insurance. Equal Opportunity Employer.

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Larry Chatterley (Founding Broker)
CLASSIFIEDS continued from page 25

Dentist: Louisville, Colo. General family practice looking for an associate. 15-year-old practice in great location with long-tenured staff and patient base. Must have GPR and prefer two+ years of private practice experience. Three-to-four days/week starting June 1. Please e-mail CV to izzydds@yahoo.com.

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Dentist: Seeking established professional who is team-oriented and can create a positive and productive work environment. Competitive compensation and benefits offered. Please send your resume to ddsearch2013@gmail.com.

Dentist: Exciting opportunity! Part-time dentist needed two days a week. May lead to full-time at a later date. Call Dr. Deloian at 303-814-9541.

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Dentists: Perfect Teeth is looking for full-time dentists to join our team in Denver, Colorado Springs and Northern Colo. Enjoy a work-life balance and autonomy not seen in most groups in Colo. We offer a minimum monthly guarantee, great benefits, and no Medicaid. Most offices have one GP. Call to see why providers from other groups are choosing to join Perfect Teeth. Call Kevin at 303-285-6030 or e-mail ksnrr@perfectteeth.com.

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Dentist: Private practice in Glenwood Springs, Colo. seeking a well-trained dentist for maternity leave May 26 to June 20 for two-to-three days a week. Great team and facility. Please send CV and cover letter to krennumis@gmail.com or call 970-510-0616 for further details.

Dentist: Full-time position available in Craig, Colo. Enjoy outdoor recreation, skiing, hunting, fishing in the beautiful Yampa Valley. Candidate must be comfortable and proficient with molar ends and oral surgery. Excellent compensation and benefit package. Contact med@optimum.net.

Orthodontist: Commerce City, Colo. Bilingual Spanish/English a plus. All digital x-rays including pan/ceph. Call Todd, 303-809-0674.

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Dentist: Seeking a clinical dentist responsible for providing service within the scope of general dentistry to patients of Pueblo Community College Dental Assisting clinic. This ongoing hourly position will supervise clinical staff to ensure compliance with Colorado and national dental practice acts. Qualifications: must be a graduate of an accredited dental school and licensed to practice dentistry in the state of Colorado. Contact Janet Trujillo at janet.trujillo@pueblocc.edu or Karen Ramos at karen.ramos@pueblocc.edu.

Hygienists/Assistants/Other

Hygienist: Hygienist needed for growing non-profit dental clinic in Steamboat Springs, Colo. Please contact med@optimum.net.

Hygienist: Full-time dental hygienist needed at Salud Family Health Centers in Commerce City, Colo. Performs professional dental care in the field of dental hygiene including all related clinical procedures. Has broad responsibilities for clinical and community dental health education activities. Possession of a RDH in the state of Colo. Bilingual (English/Spanish) preferred. Sensitivity to low income and ethnic minority community a must. Salary range: $57,000-$67,000 based on experience. To apply please submit an online application at www.saludclinic.org or e-mail resume to epoulos@saludclinic.org.

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Practice: Fort Collins, Colo. area (CO 1220). Annual revenue $1,15M, 2,100 sq. ft., four ops., Mon., Tue., Wed., from 8:00 a.m. to 5:00 p.m., Thurs. 8:00 a.m. to 7:00 p.m., Fri. from 8:00 a.m. to 2:00 p.m. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.
Practice: Summit County, Colo. (CO 1403). Annual revenues $722,000, two ops., Mon.–Thurs. 8:00 a.m. to 5:00 p.m., dr. retiring. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

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