VIRTUAL
04.09.2020
DTA MEMBER
TOWN HALL

AGENDA

- **Introduction/Opening Statements**
  Greg Chavez (*DTA CEO*)

- **CARES Act/Coronavirus Stimulus Package: What's Available Now for Your Business**
  Patrick Cooney (*DTA Legislative Representative*)

- **Eye on Industry Reports:**
  Distribution of Elective & Non-Elective Dental Procedures
  Use of Teledentistry in Commercial Dental Treatments
  Tyrette Hamilton (*P&R Strategies COO*)

- **Introduction of the "New" DTA COVID-19 Knowledge Center and Meeting Tracker**
  Amy Moorman (*DTA VP of Operations*)

- **Q&A Session**

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CARES ACT/CORONAVIRUS STIMULUS PACKAGE: WHAT'S AVAILABLE NOW FOR YOUR BUSINESS

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DTA FEDERAL UPDATE

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USTR & SECTION 301 TARIFFS

- On March 25, 2020, the USTR issued a notice for comments on modifications to Section 301 product tariffs for COVID-19 related medical products
  - https://www.regulations.gov/docket?D=USTR-2020-0014
  - Comments will be taken until June 25, 2020
  - 470 comments have been submitted to date

PHASE 4
COVID-19 LEGISLATION

- Democrats are seeking:
  - $250 billion in assistance to small businesses, with $125 billion channeled through community-based financial institutions that serve farmers, family, women, minority and veteran-owned small businesses and nonprofits in rural, tribal, suburban and urban communities across our country, and improvements to ensure all eligible small businesses can access this critical funding and are not turned away by banks;
  - $100 billion for hospitals, community health centers and health systems, providing desperately needed resources to the frontlines of this crisis, including production and distribution of national rapid testing and Personal Protective Equipment (PPE);
  - $150 billion for state and local governments to manage this crisis and mitigate lost revenue, doubling down on the investment secured in the CARES Act;
  - Strong additional support for families with a 15 percent increase to the maximum SNAP benefit to help put food on the table.

PHASE 4
COVID-19 LEGISLATION

Democrats Also Proposing Heroes Act:

- A **$25,000 pandemic premium pay increase for essential frontline workers**, equivalent to a raise of an additional $13 per hour from the start of the public health emergency until December 31, 2020.
- A **$15,000 recruitment incentive for health and home care workers and first responders** to attract and secure the workforce needed to fight the public health crisis.

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FEDERAL RESPONSE AND SUPPORT

H.R. 748, Coronavirus, Aid, Relief, and Economic Security (CARES) Act, Signed into law on March 27, 2020

- Small Business Administration (SBA)- Paycheck Protection Program.
  - Began on Friday, April 3, 2020
  - The loan proceeds are used to cover payroll costs, and most mortgage interest, rent, and utility costs over the 8-week period after the loan is made
  - Forgivable loans if used for payroll, benefits, rent
  - https://www.sba.gov/

FEDERAL RESPONSE AND SUPPORT

SBA Economic Injury Disaster Loans and Loan Advance

- Up to $2 million in assistance.
- To be used for:
  - Working capital to help overcome temporary loss of revenue tied to impact of disaster.
  - Paying fixed debts, payroll, accounts payable and other bills that can’t be paid because of the disaster’s impact.
- Terms: Up to 30 years at low fixed interest rate.
- Application to approval: 21 days plus up to 5 days for disbursement.
- Applicants for EIDL would not be eligible for Paycheck Protection Program loans and vis versa

FEDERAL RESPONSE AND SUPPORT

H.R. 6201, Families First Coronavirus Response Act (FFCRA), Signed into law on March 18, 2020

- Emergency Paid Sick Leave Act.
  - Two weeks (up to 80 hours) of **paid sick leave** at the employee's regular rate of pay where the employee is unable to work because the employee is quarantined
  - Two weeks (up to 80 hours) of **paid sick leave** at two-thirds the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual or child subject to quarantine

FEDERAL RESPONSE AND SUPPORT

- Emergency Family and Medical Leave Expansion Act.
  - Up to an additional 10 weeks of **paid expanded family and medical leave** at two-thirds the employee's regular rate of pay where an employee, who has been employed for at least 30 calendar days, is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.
  - The required pay for this leave is capped at $511 per day ($5,110 in the aggregate) where leave is taken for state-mandated or doctor-recommended quarantines; and $200 per day ($2,000 in the aggregate) where the employee is taking leave to care for a family member or is staying home due to school closures.

FEDERAL RESPONSE AND SUPPORT

- Refundable Tax Credit to Assist Employers with Paid Sick Leave and FLMA Costs
  - To defray the costs of these new employee benefits during this pandemic, employers would receive a 100 percent refundable tax credit applied to the employer portion of the Social Security payroll tax for both paid sick leave and family leave wages.
  - Employers who pay qualifying sick or family leave will be able to retain an amount of the payroll taxes equal to the amount of qualifying sick and family leave that they paid, rather than deposit them with the IRS.

FEDERAL RESPONSE AND SUPPORT

- New unemployment benefits.
  - Federal Pandemic Unemployment Compensation (PUC) program Including providing for immediate benefits, providing an additional $600 per week through July, and providing for an additional 13 weeks of regular benefits beyond the normal 26 weeks.
  - Short-Time Compensation (STC) programs are a variation of unemployment insurance meant to prevent layoffs. Under such programs, instead of laying off workers during an economic downturn, employers can cut back the number of hours worked and spread those hours among the entire workforce — with workers whose hours are cut receiving a prorated UI benefit to make their compensation whole.
  - Federal government would pay 100% of a state's STC benefits, for up to 26 weeks of benefits for states that already have, or that establish, permanent programs in 2020. For states that establish temporary STC benefit programs, the federal government would pay up 50% of the state's benefit costs.

FEDERAL RESPONSE AND SUPPORT

U.S. Department of Labor

- Exemptions from paying paid sick leave and FLMA for "health care providers and emergency responders"
- Exemption for employers with 50 or fewer employees that show payment would be a hardship
- On March 28, DOL expanded the definition of "health care provider"

FEDERAL RESPONSE AND SUPPORT

- Definition of “Health Care Provider”
  - *“This also includes anyone employed by any entity that provides medical services, produces medical products, or is otherwise involved in the making of COVID-19 related medical equipment, tests, drugs, vaccines, diagnostic vehicles, or treatments.”*
  - See Question #56 https://www.dol.gov/agencies/whd/pandemic/ffcra-questions

FEDERAL RESPONSE AND SUPPORT

Assistance for American Workers, Families and Businesses

- Deferral of Payroll Tax Payments
  - As an additional incentive to keep workers on staff, the Act would allow companies to defer the 6.2 percent Social Security tax on all wages up to $137,700 for the rest of the year, though an employer would have to pay it back in equal installments in 2021 and 2022. What they owe, though, could be reduced by the tax credits earned by keeping employees on their payroll.
  - Not available if you have received an SBA loan

FEDERAL RESPONSE AND SUPPORT

- Employee Retention Tax Credit
  - The bill establishes an employee retention credit for those subject to closure due to COVID-19. It provides a refundable payroll tax credit for 50 percent of wages paid by employers to employees during the COVID-19 crisis.

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FEDERAL RESPONSE AND SUPPORT

- Direct Payments to Individuals and Households
  - The centerpiece of the tax provisions is the inclusion of direct payments to households: $1,200 for individuals and $2,400 for joint filers, with an extra $500 per child. Those amounts phase out by 5 percent of adjusted gross income above $75,000 for single filers and $150,000 for married couples. A family of four earning $200,000 would see their credit reduced to $900 from the maximum $3,400.

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FEDERAL RESPONSE AND SUPPORT

- Retirement Savings Withdrawals and Loans
  - Will allow no-penalty hardship withdrawals from 401(k)s and other retirement plans as Americans struggle to find cash to make it through the coronavirus pandemic. The legislation contains relaxed rules for taking out loans against retirement savings, for deducting charitable contributions and for taking required minimum distributions from retirement plans.
  - The bill not only waives the 10 percent early withdrawal penalty from a retirement plan but gives those who make withdrawals three years to return the money to their plan. In addition, the income taxes owed on these distributions are also spread out over that same three-year period.

FEDERAL RESPONSE AND SUPPORT

- Important Links
  - http://sba.gov
  - https://www.sba.gov/funding-programs/loans/paycheck-protection-program-ppp
  - https://www.dol.gov/agencies/whd/pandemic
  - https://home.treasury.gov/cares
  - https://www.coronavirus.gov/

EYE ON INDUSTRY REPORTS

Distribution of Elective & Non-Elective Dental Procedures

Use of Teledentistry in Commercial Dental Treatments

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DentalMarketIQ®

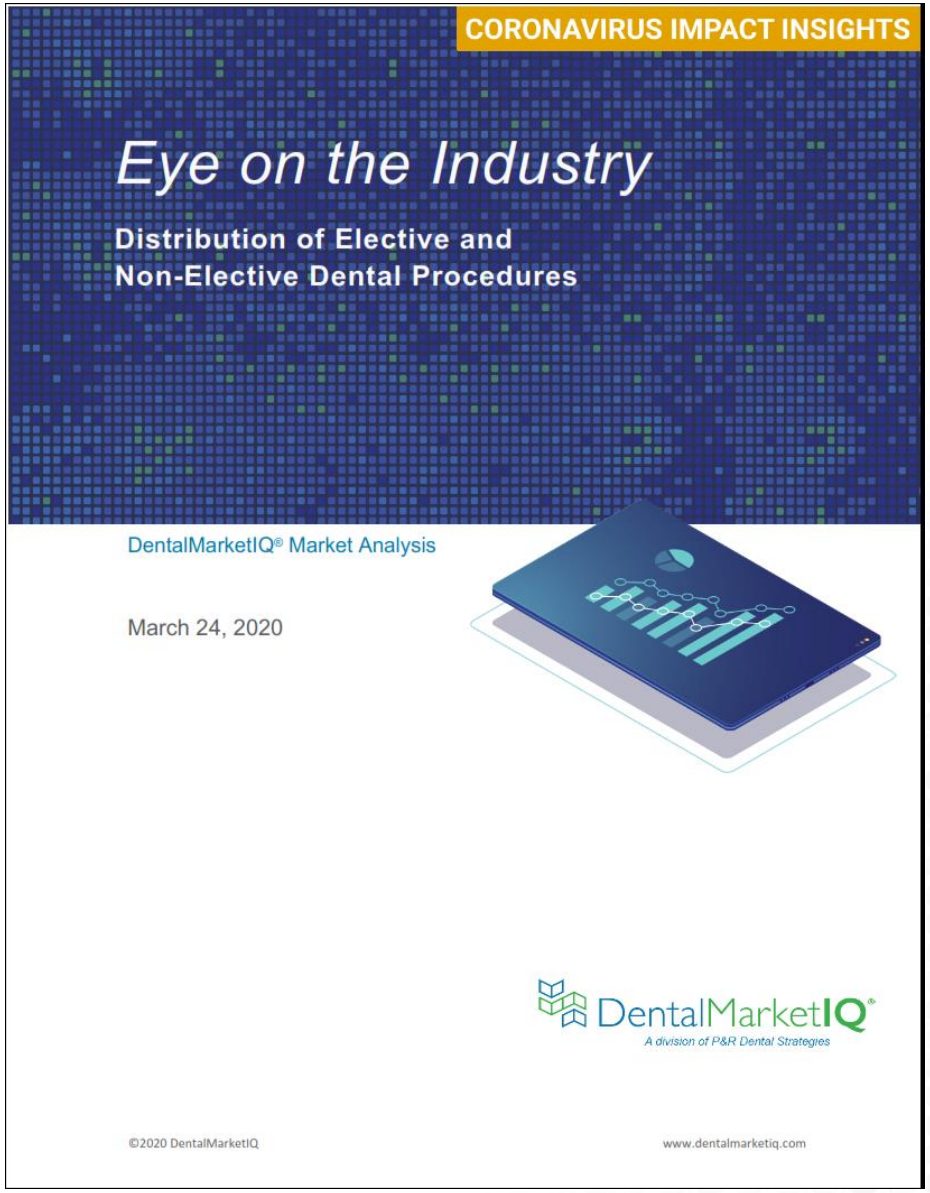
April 9, 2020

Increase Sales

Improve Marketing Effectiveness

Optimize Spend

Distribution of Elective & Non-Elective Dental Procedures



Question: What is the distribution of elective and non-elective dental procedures?

Based on the insights from the ADA and other professional organizations, our Chief Dental Officer, Dr. Michael Fiorenza, in collaboration with the DentalMarketIQ clinical team, has identified the specific procedures that would generally be non-elective. Our Chief Analytics Officer, Tim Downey, has reviewed the DentaBase® national procedures year-over-year and we have identified that 17.7% of the procedures in 2019 were highly likely/probably non-elective.

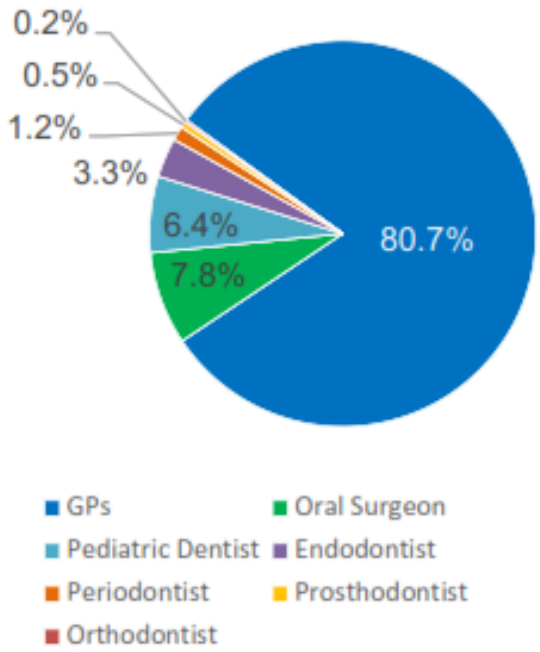
These procedures accounted for 9.8% of the dental treatment billings/fees for all dental services.

The majority (87%) of the non-elective procedures are performed by GPs and PDs. Overall, the non-elective procedures delivered through other specialties represent 13% of the total.

17.7%
of procedures in 2019 were highly likely/probably non-elective

All procedures have been classified as Highly Likely to be Non-Elective, Probably Non-Elective, Possibly Non-Elective, and Unlikely to be Non-Elective based on clinical insights. Public programs are not included in this review and may have higher percentages of non-elective procedures.

Non-elective Procedures Delivered by Specialty

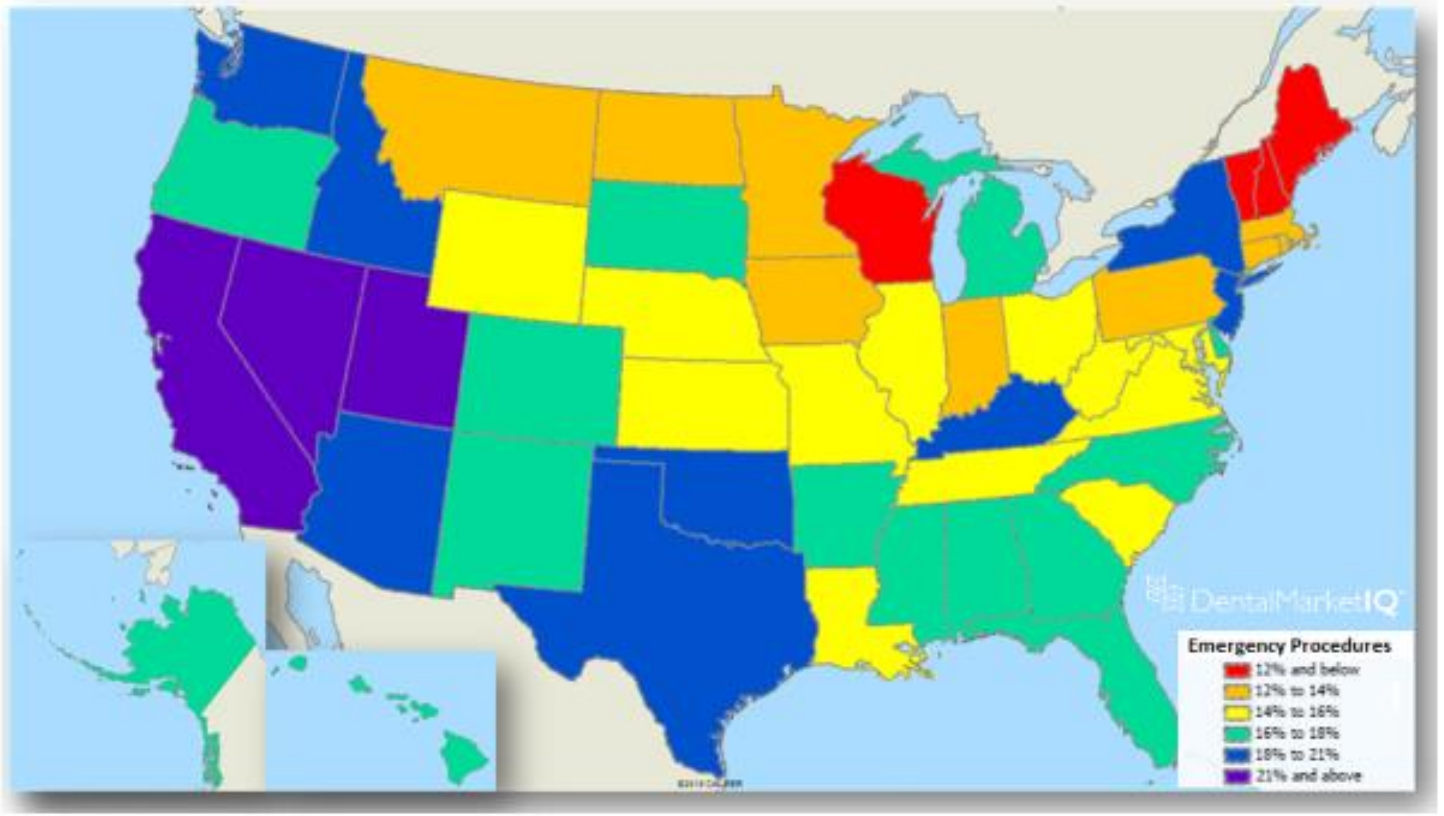


Definitely/Highly Likely	Probably	Possibly	Unlikely
D0140 problem focused eval	**D0220, D0230, D0270**-single x-rays	**D3220** pulpotomy	**D21*,D23*** Direct fillings-unless symptomatic carious lesions
D0170 re-eval -limit	**D1354**-Silver Diamine Fluoride	**D3221** pulpal debridement	
D0171 re-eval post-op (osteitis, dry socket)	**D2799** provisional crown	**D3230, D3240** Pulpal Therapy	
D0460 pulp vitality tests	**D2910, D2915, D2920** re-cement onlay, veneer, post/core, or crown	**D3310, D3320, D3330** RCT	
D7270 tooth re-implantation of accidentally evulsed or displaced tooth	**D2929-D2934** Prefab crowns	**D3346, D3347, D3348** RCT Retreatment	
D7911, D7912 complicated sutures	**D2941** Interim therapeutic restoration-primary teeth	**D3355-D3357** Pulpal Regeneration	
D9110 Palliative emergency treatment	**D2951** Pins	**D34*** Apicoectomy/Periradicular surgery, except D3460 Endo implant	
	D2980-D2983 Repairs-crown, inlay, onlay, veneer	**D5511, D5512, D5520** Full Denture Repairs	
	D4320, D4321 Provisional splinting	**D5611-D5671** Partial Denture Repairs	
	D6930 re-cement fixed bridge	**D6090** Repair Implant prosthesis	
	D6980 repair fixed bridge	**D6091** Replacement Implant attachment	
	D7111, D7140, D7210, D7250 Emergency extractions- not for asymptomatic teeth	**D6092** Re-cement Implant crown	
	D7220, D7230, D7240, D7241, D7251-pericoronitis or third molar pain	**D6093** Re-cement Implant bridge	
	D7510, D7511, D7520, D7521 I&D	**D6095** Repair Implant abutment	
	D8701, D8702 Ortho retainer repairs (for acute issues-pain, infection , trauma)	**D6253** provisional pontic	
		D6793 provisional retainer crown	

At the state level, non-elective percentages vary by state and range from a low of 9.7% to a high of 22.7%.

Lowest % of total procedures that were for Non-Elective Procedures	Highest % of total procedures that were for Non-Elective Procedures
VT 9.7%	CA 22.7%

Below is a quick look at the national distribution of the 2019 non-elective procedures by state:



Following the ADA guidance recommending temporarily limiting procedures to non-elective, multiple states have issued additional directives.

We will be monitoring and reporting visible changes in procedure patterns/distribution and will provide updates as insight becomes available.

Note: On April 3, the ADA updated the interim guidance on essential/non-essential treatments to recommend limitation of treatments to urgent/emergent treatments only through at least April 30.

Source:
www.ada.org/en/press-room/news-releases/2020-archives/

Use of Teledentistry in Commercial Dental Treatments

Question: What are the implications of the developing COVID-19 state mandates on the use of Teledentistry in Commercial Dental Treatments?

Our Chief Dental Officer, Dr. Michael Fiorenza, in collaboration with the P&R Dental Strategies clinical team, has evaluated the types of services that might be delivered through Teledentistry in the current situation.

D9995 – teledentistry – synchronous: real-time encounter	The scope of services will generally be limited in one-on-one direct communications between the dental office and the patient to some form of exam/consultation.
D9996 – teledentistry – asynchronous: information stored and forward to dentist for subsequent review	The scope of services are generally limited to triage, exam, and diagnostics. Traditionally, this is used either for oversight of mobile field teams or consultation support and involves additional mobile treatment and diagnostic capabilities.

"Telehealth is not a specific service; it refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services."

— Source: D9995 and D9996 ADA Guide – Version 1 – July 17, 2017 ©2017 American Dental Association (ADA). All rights reserved

The Teledentistry procedure codes are "*reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service*".

The most likely companion CDT code is D0140 - limited oral evaluation – problem focused.

D9995

The scope of services will generally be limited in one on one direct communications between the dental office and the patient to some form of exam/consultation.

D9995 is the Teledentistry code most commonly not covered in traditional commercial dental plans, with no benefits paid in 2018 or 2019.

D9996

The scope of services are generally limited to triage, exam, and diagnostics. Traditionally, this is used either for oversight of mobile field teams or consultation support and involves additional mobile treatment and diagnostic capabilities.

D9996 has an equally small volume with a small percentage of services with any level of benefits paid in 2018 or 2019.

Since the Coronavirus Crisis began, our GroupPracticeIQ® research team has reviewed a sample of websites of individual dentist offices across the country this week for developing trends.

Our teams will be monitoring this more closely and we'll provide additional insight as it becomes available.

As of Friday, March 27, 2020, many dental office websites are now specifically promoting Teledentistry options for patient consultations for diagnosis and dental advice over phone and video chat as an alternative to coming to the office. *These dental practices are all over the country.*

*Note: Current Dental Terminology© American Dental Association

What does the historical utilization of Teledentistry look like?

Teledentistry services represented

less than 1%

of claims volume for commercially insured patients nationally in 2019

Our Chief Analytics Officer, Tim Downey, analyzed all procedures in DentaBase in 2019 and determined that claims relating to Teledentistry submitted to commercial dental plan treatments in 2019 represented **far less than 1%** of the overall treatments submitted in 2019.

- **Less than 1% of treated commercial patients had one or more Teledentistry services**
- **~1% of active dentists submitted any fees for Teledentistry services.**

P&R Dental Strategies/DentalMarketIQ will continue to monitor and report on the volume of Teledentistry services being delivered during the Crisis.

HISTORICAL VOLUME

Teledentistry codes D9995 and D9996 were "limited volume," for commercially insured patients nationally in 2019 — **meaning there were fewer than 5,000 procedures overall**.

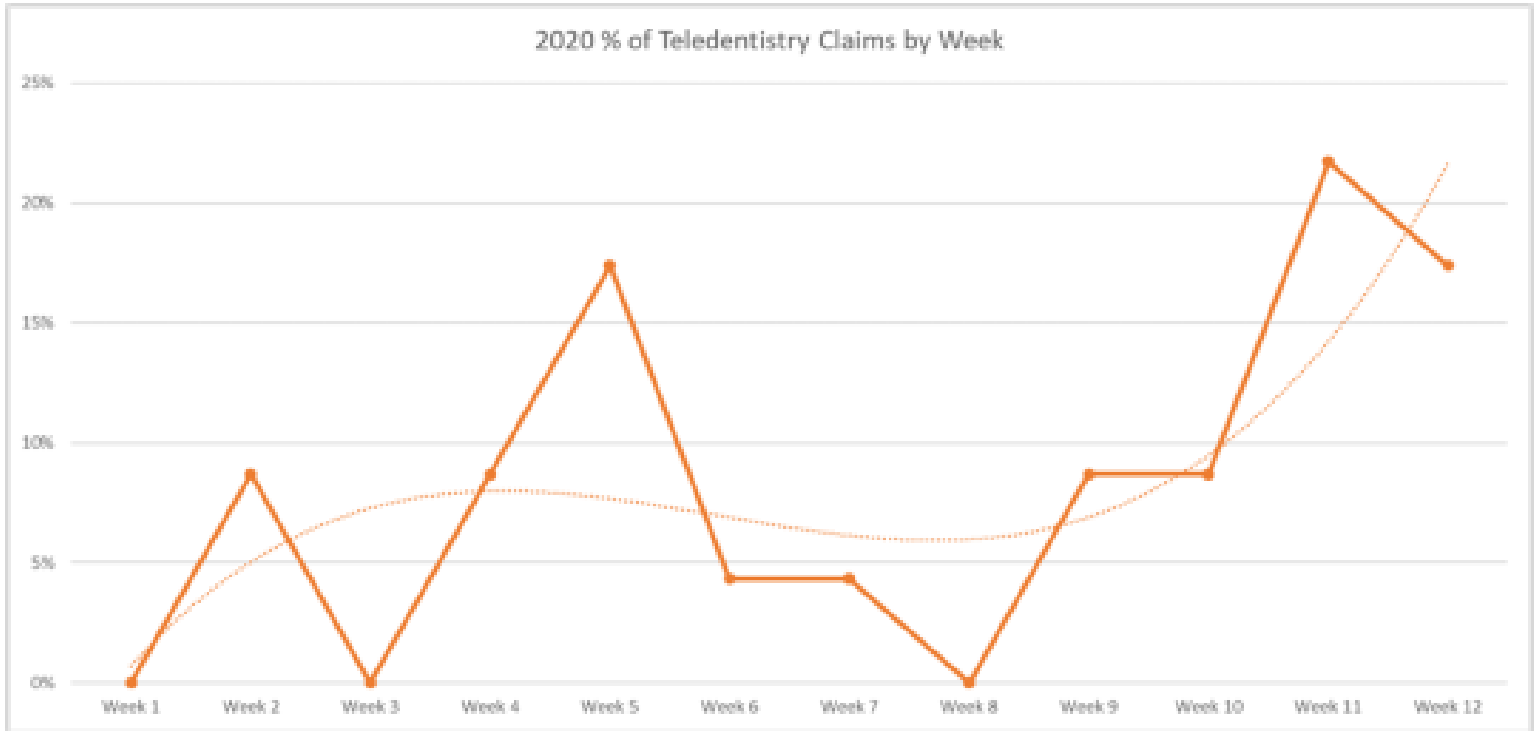
Public dental benefit programs are not included in this review and the role of Teledentistry in public programs varies by state. There is evolving federal guidance on the use of Teledentistry and the American Dental Association issued an update brief on March 25, 2020: COVID-19 Coding and Billing Interim Guidance.

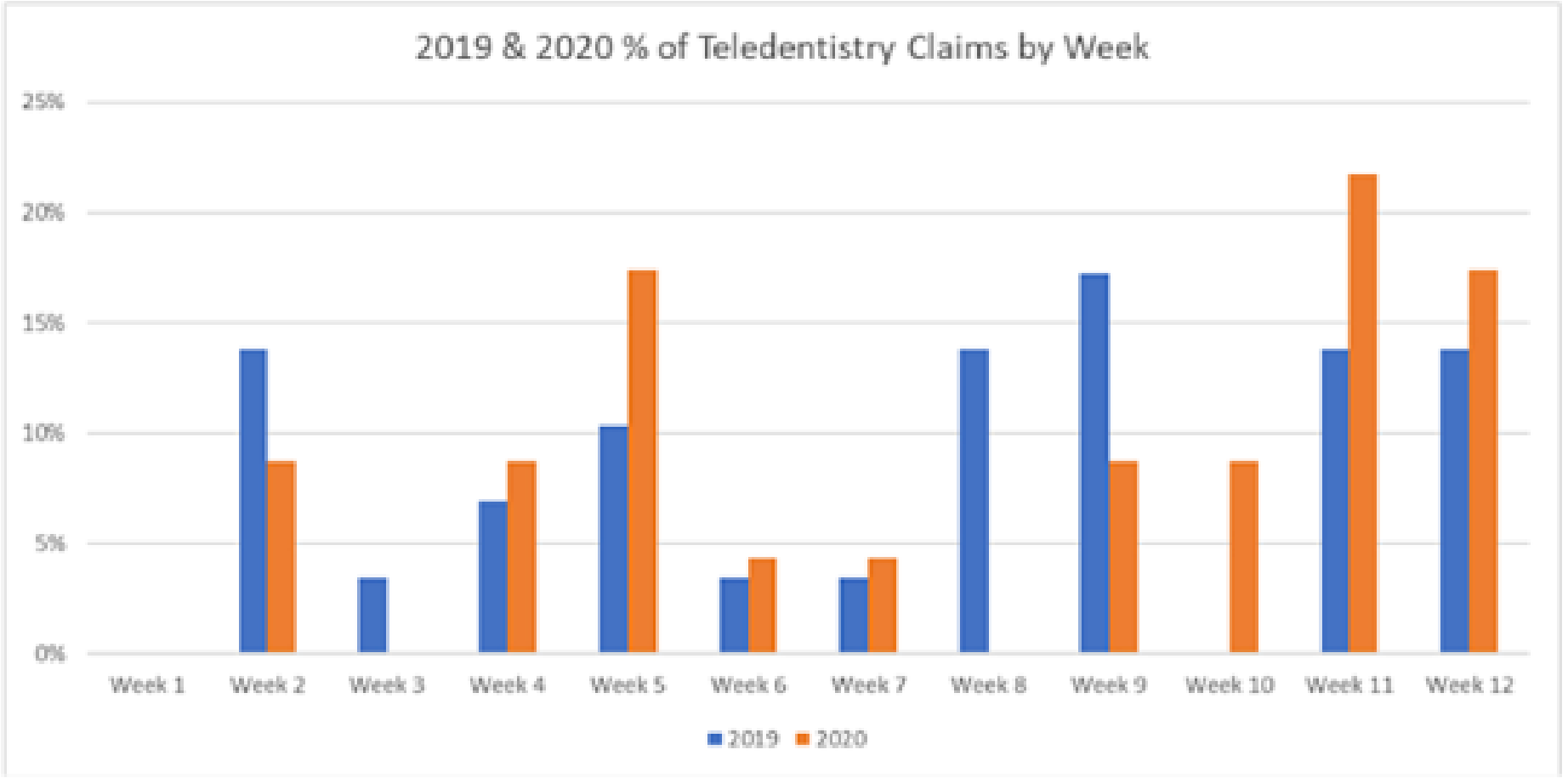
Quick Insight: YTD 2020 claims for Teledentistry services have remained very low prior to the current crisis **but 39% of the YTD Teledentistry treatments have dates of service in the last two weeks.**

THE VOLUME IN 2020 REMAINS VERY LOW

- The volume of Teledentistry services was higher in 2018 following the release of the Teledentistry codes but dropped in 2019.
- YTD 2020 Teledentistry services have remained very low (even lower than 2019) prior to the current Crisis.
- **13%** of the submitted dollars were paid overall across DentaBase in 2019. Benefits were paid on 13% of the submitted fees for Teledentistry overall across DentaBase® in 2019.
- **39% of the 2020 YTD Teledentistry treatments have dates of service in the last two weeks** (March 9, 2020 thru March 20, 2020).

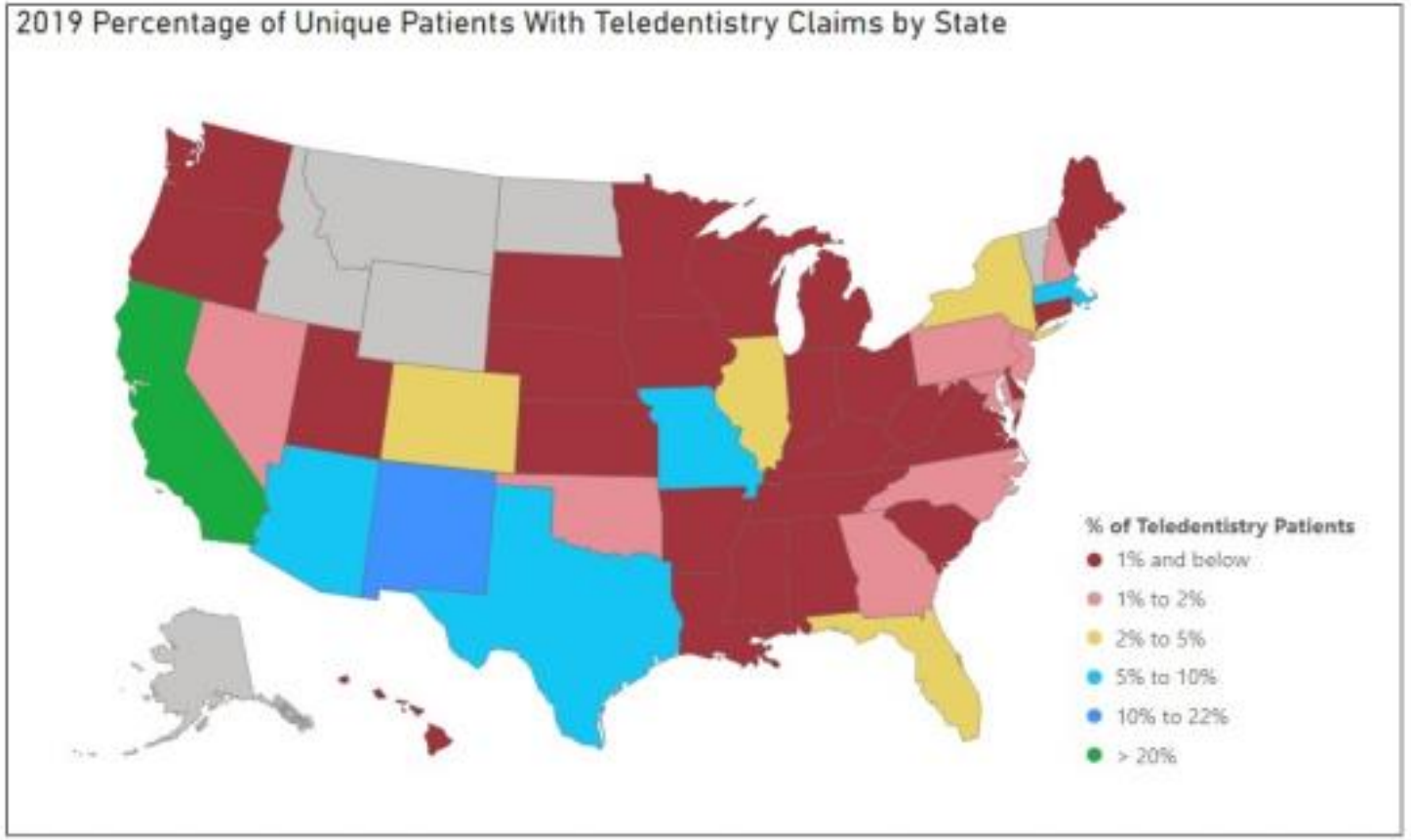
Based on DentaBase, the national average of unique commercial patients receiving Teledentistry services in 2019 ***was less than 100 per month.*** The monthly average for unique commercial patients receiving Teledentistry services in January and February 2020 is even less.



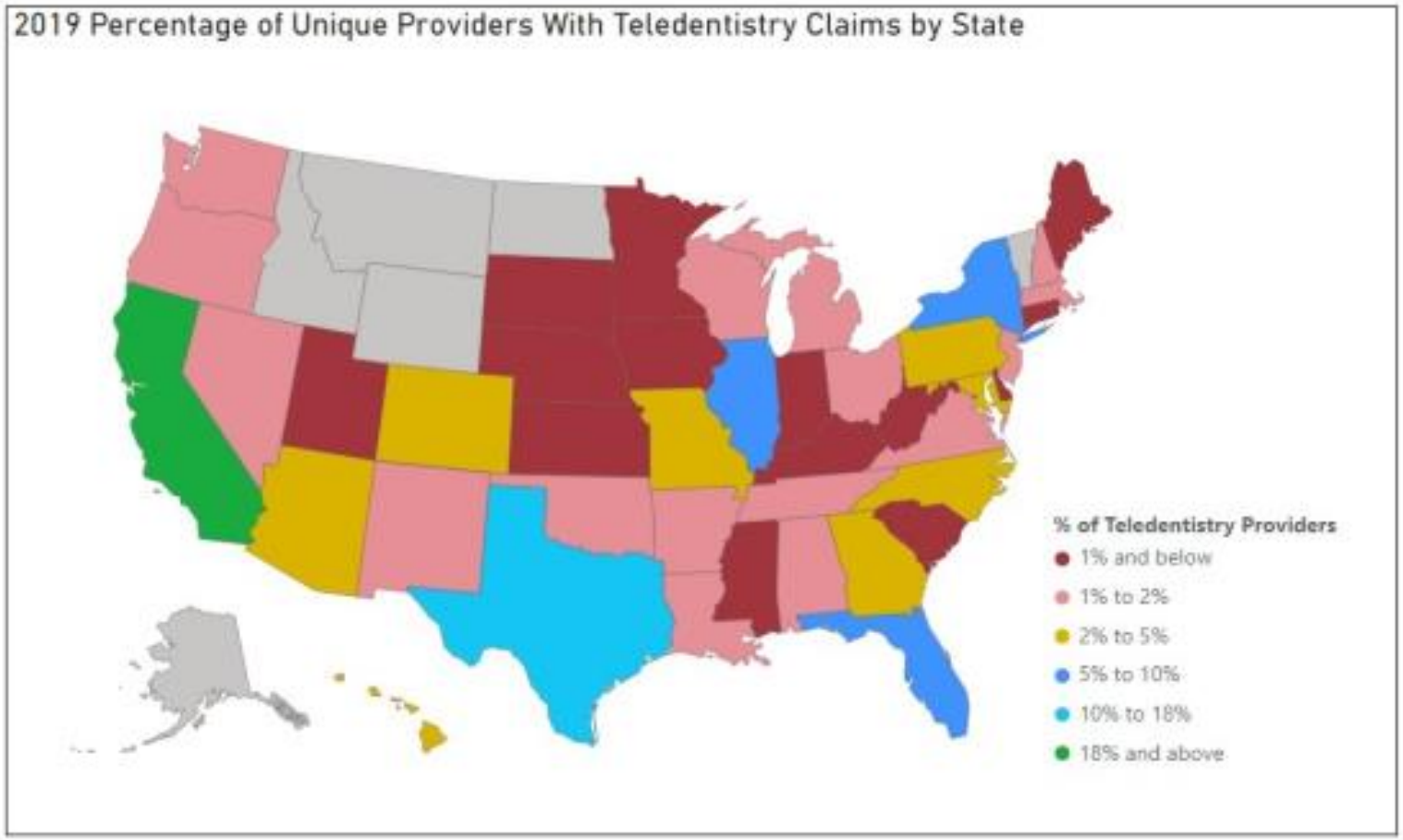

2019 & 2020 % of Teledentistry Claims by Week
25%
20%
15%
10%
5%
0%
Week 1
Week 2
Week 3
Week 4
Week 5
Week 6
Week 7
Week 8
Week 9
Week 10
Week 11
Week 12
2019
2020

GEOGRAPHICAL DISTRIBUTION IN 2019

Based on DentaBase, the patients receiving Teledentistry services in 2019 originated from virtually every state in the US. Only six states have no 2019 commercial Teledentistry services: **Alaska, Idaho, Montana, Wyoming, North Dakota,** and **Vermont**. Every other state has at least one. **The highest percentage of the patients were in California.**



Similarly, at least one dentist provided Teledentistry services in all but six US states. However, the greatest number of unique dental providers submitting claims for teledentistry services YTD in 2020 are in **California, Texas, Florida, Illinois** and **New York**.



DTA COVID-19 KNOWLEDGE CENTER
&
DENTAL MEETING TRACKER

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DTA RESOURCES

DTA COVID-19 Knowledge Center

https://www.dentaltradealliance.org/news/dta-covid-19-knowledge-center

Dental Meeting Tracker

https://www.dentaltradealliance.org/news/2020-dental-meeting-tracker

QUESTIONS?

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