

## COVID-19 Recovery & Contingency Plan

Please review the attached document to ensure you are taking appropriate proactive measures to manage cash flow and prepare for recovery. This is a comprehensive checklist. Some suggestions may not apply to your practice.

### Patient Communication

- Send out Letter from the practice via E-mail to all active patients
  - Address action steps the practice is taking
  - Anticipated time frame
  - What the patient should do with questions
  - Example letter & social media content [attached](#)
- Change Voicemail message to reflect new hours
  - State that you will see existing and new emergency patients.
- Note at all patient entrances
  - New office hours
  - Copy of Patient Letter
- Provide front desk with copy of patient letter so they are prepared for patient calls and questions

### Closing your practice to non-essential care & staying open for patient emergencies

- Setup daily schedule for emergency time in the office
  - limit amount of time when possible to limit staffing overhead
- Assign a team to each day
  - 1 Doctor, Dental Assistant(s) & Front Desk
  - Rotate teams when needed to show fairness among team members
- Have a Front Desk person answer phones daily during majority of office hours
  - Schedule them to come in about an hour before Doctor to check voicemail, review new emergency calls etc.
  - Ease patient concerns, answer questions, schedule emergencies
  - Move patients in the schedule from now until Mid- April.
  - Call on Insurance & Patient Aging Balances
  - Work on scheduling Past Due Recare
- Daily Huddle with office team
  - Prior to beginning to treat the day's emergencies; huddle with the team, discuss how things are going thus far, if anything needs to change with communication etc.
- Front Desk Team: complete triage form for each emergency call
  - Doctor review triage form prior to patient visit
  - Dr. to determine emergency vs. urgency and necessity of office visit
  - Front desk to take direction on scheduling from Doctor
  - Example triage Emergency vs. Urgency [form attached](#)
- Create a list for the team of specialists that are available and open to see emergencies
- Communicate with area specialist the hours that you are available to see existing and new patient emergencies
- Determine what to treat
  - How comfortable are you with aerosols in your office at this time?

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## Multiple Locations

- Address best solution for the business
  - What locations to keep open (evaluate proximity & overhead)
  - Staffing
  - Communication to patients on locations open
  - All phones directed to offices that are open
  - Administrative team fielding calls to open locations

## Code utilization for Emergency Appointments

- New Patient
  - Charge out Comp Exam; D0150
  - X-rays:
    - BW
    - Pan
    - PA(s) if needed
  - Fully Treatment plan patient
  - Address Patient's Chief Complaint
    - Proceed with treatment when needed & when you are comfortable to do so
      - Bill accordingly
      - Bill out all Endo at the initial visit even if only opening tooth
    - If you do not proceed with treatment (no therapeutic component to appointment):
      - Bill out code D9110; Problem Focused or Palliative (Emergency) Treatment of Dental Pain
    - Schedule next step in treatment (May/June) & do Financial Arrangement
  - Schedule in Hygiene for June/July
- Existing Patient who hasn't been seen in 3 or more years:
  - Charge out Comp Exam; D0150
  - X-rays:
    - BW
    - Pan
    - PA(s) if needed
  - Fully Treatment plan patient
  - Address Patient's Chief Complaint
    - Proceed with treatment when needed & when you are comfortable to do so
      - Bill accordingly
      - Bill out all Endo at the initial visit even if only opening tooth
    - If you do not proceed with treatment (no therapeutic component to appointment):
      - Bill out code D9110; Problem Focused or Palliative (Emergency) Treatment of Dental Pain
    - Schedule next step in treatment (May/June) & do Financial Arrangement
  - Schedule in Hygiene for June/July

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- Existing Patient who has been in in the last 3 years (Active):
  - Charge out Limited Oral Eval; D0140
  - X-rays: PA (s)
  - Fully Treatment plan patient
  - Address Patient's Chief Complaint
    - Proceed with treatment when needed & when you are comfortable to do so
      - Bill accordingly
      - Bill out all Endo at the initial visit even if only opening tooth
    - If you do not proceed with treatment (no therapeutic component to appointment):
      - Bill out code D9110; Problem Focused or Palliative (Emergency) Treatment of Dental Pain
    - Schedule next step in treatment (May/June) & do Financial Arrangement
  - Confirm next Hygiene visit is scheduled

### Insurance & Patient Payments

- Ensure dental claims are being submitted daily for all patient visits
- Ensure EOB's/ Adjustments/Checks are being posted as soon as they come in the mail
- Ensure patient payments are being posted as soon as they come in the mail
- Continue to send out patient statements & actively follow up on past due balances
  - Utilization of Care Credit or other patient financing solution to help encourage payment by the patient
  - Determine if a letter to patients offering 15%,20%, 25% discount on past due balances if paid in full by May 1st would be worth while for your practice.
- Follow up on all outstanding Insurance Claims- spend the time to get to the bottom of the unpaid claim and get payment.
- Ensure you are following your State's specific laws on what adjustments that appear on the EOB you are required to pass along to the patient.

### Hygiene

- Where possible; add additional hygiene hours to your schedules beginning Mid-May
  - Stay a little later, open days off, open a few Saturdays etc.
  - Schedule "extra" patient hours for a few months after you re-open the practice for elective procedures.
- Move all existing hygiene patients scheduled between now and Mid-April to those new openings available beginning in Mid-May.
- Create an active Hygiene ASAP list; patients that you are scheduling out that would prefer to get in sooner- put on an ASAP list to call if we have time that opens up sooner than their scheduled appointment time
- Schedule Past Due Recare in existing and newly opened Hygiene time.
- **Goal:** Be Proactive- open up additional hygiene time to make up lost hygiene production and exams as quickly as possible.



## Restorative and Operative

- Where possible; add additional Doctor hours to your schedules beginning Mid-May.
  - Stay a little later, open days off, open a few Saturdays etc.
  - Schedule “extra” patient hours for a few months after you re-open the practice for elective procedures.
- Move all existing Doctor Patients scheduled between now and Mid-April to those new openings available beginning in Mid-May.
- Create an active Restorative/Operative ASAP list; patients that you are scheduling out that would prefer to get in sooner- put on an ASAP list to call if we have time that opens up sooner than their scheduled appointment time.
- Goal: Be Proactive- open up additional doctor time to make up lost production as quickly as possible.

## New Patients

- Many of you have a set monthly NP goal that will not be met in March, April and possibly May. This will impact your diagnosis numbers and billable production.
- Spend some time over the next few weeks evaluating your current NP Goals and Marketing Strategy.
  - Once my practice has fully re-opened what can I do for minimal cost to improve NP numbers?
  - Social Media Strategy
  - Implement a Referral Program
  - Implement a Membership Plan

## Expenses

- Limit spending as much as possible! Review your P&L and eliminate spending wherever possible.
- If you are only seeing nonelective emergency patients- you probably don't need to order disposable supplies
- Try to get by with materials you already have in stock
- Confirm you do not have any supplies on automatic monthly ordering. If so, cancel.
- Do not have reps in for equipment maintenance unless absolutely necessary
- Do not order office supplies
- Do not purchase additional patient products
- Eliminate any “General and Administrative Costs” that are not necessary.
- Cancel cleaning services- if possible
- Remove all automatic payments from your Credit Card.
- Hold off on funding retirement plans if possible
- Talk with your Bank and setup a line of credit available to you if needed
- Business Loans- Talk with your Banker about paying interest only for a few months
- Student Loans- look into options for deferment, interest only payments etc.
- Equipment- work with your equipment reps to see what specials are available when equipment purchases are unavoidable
- Keep in close contact with your CPA on the continually changing landscape of tax implications, employer benefits etc.



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## Team Compensation

- Look to the most cost-effective way to utilize team members while also aiming to keep morale high
- Limit paying team members for “projects around the office” – need to limit expenses
- Understand the impact to your business if you choose to layoff your employees
- Understand the unemployment laws for your state and how they may impact your employee’s ability to collect unemployment.
- Communicate to employees the impact that unemployment may have on their Health Insurance benefit as well as other benefits you offer.
- Encourage (prefer you require) team members to use all PTO benefit as method of receiving a paycheck before moving toward other methods for payment. It is acceptable for Team member to request to not use PTO; if they would prefer to not receive pay for the days the office is closed.
- Review all options with your CPA to ensure you are doing what is in the best interest of the employee and the business before finalizing decision and communicating with team member.

## Associate Doctor Compensation

- Try to prevent layoff of associates
- Options for compensation based on individual’s contract
- Discuss best option for associate and business with your CPA

## Owner Compensation

- Talk with your CPA and discuss best way to pay you while the practice’s cash flow is limited.

## Business Assessment

- Reflect on and review the overall performance of your practice
  - Am I where I expected to be at this point in my career?
  - Do I need to evaluate if my practice currently reflects my philosophy and values?
  - Am I on the right path? Do I want to maintain or grow my practice?
  - Do my current Practice Goals keep me on my path or do they need to be re-evaluated?
  - Have I recently evaluated the Benchmarks for my Practice? Am I achieving my Benchmarks?
  - Are their systems within the office that need to be reviewed with the team or modified in their function to improve the patient experience and overall efficiency of my practice?
  - How do I want to improve my business over the next 12 months?
  - Where do I want my business to be in 5 years? Billable Production, Practice Receipts, Profitability.



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## Team Assessment

- Reflect on Individual Team Members
  - This type of assessment often takes a back seat to productive schedules and other administrative priorities- take this time to do a “deep dive” into the quality of your team.
  - Does each team member understand my practice philosophy, and do they reflect this in their interactions with patients?
  - What team members need additional training? What is the most efficient/cost effective way to get them the training they need?
  - What team members are not improving no matter the training given? Is it time to look at whether they are a match for my practice?
  - What team members need to be recognized for the amazing job they are doing in helping maintain and grow my practice?
  - Do I have a cohesive team? If not, what needs to change and how?
  - As a Team, where would I like to see us improve?

## Team Communication

- Line of communication that everyone may anticipate for up-to-date information from the Owner/Leadership team
  - For example: Group Chat i.e “WhatsApp”, E-mail Chain, Group Text
  - Over communicate with your team! Even if it’s to say; “No updates today! Hope everyone is doing well!”



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