March 23, 2020

A Message to Our Network Providers:

At Delta Dental of Iowa, the health and safety of our customers, dentists, employees and community is a top priority. We are actively monitoring the coronavirus (COVID-19) situation and want to assure you that we have strategies in place to respond to the evolving circumstances while meeting the needs of our customers and business partners.

As of March 17, state and federal agencies (ADA, IDA, IDPH, and IDB) have recommended dental offices limit care to emergency procedures at least until April 6. We understand that the COVID-19 pandemic has already been incredibly disruptive to your practice and you are working hard to balance the needs of employees, patients, your business, and your family. We want to assure you that we will do everything we can to be responsive to any requests you have and to avoid causing any further disruption to your business.

We recognize that this is and will continue to be a very challenging time for Iowa dentists and we are committed to supporting you during this rapidly changing situation. To support you in improving the oral health of Iowans, we are introducing the Advance Claims Payment Program (ACPP) for providers. This program will allow dentists to receive up to 50% of their average weekly claims payment in advance for four weeks. These advance payments are interest-free and will be recovered over a 20-week period beginning in July. For more details and requirements on the ACPP, please see the attached application or contact our professional relations team at provrelations@deltadentalia.com or 800-544-0718.

You are an important business partner to us and you play an important role in improving the health of your patients and communities. We are committed to ensuring that our customers and employees receive the care and services they need, and that our member dentists are supported during this trying time. We are all in this together.

Stay well,

Jeff Russell, President & CEO
Delta Dental of Iowa

Dr. Jeffrey Chaffin, Vice President & Dental Director
Delta Dental of Iowa
Application

Delta Dental of Iowa
Advance Claims Payment Program

To support Iowa dentists during the COVID-19 situation, Delta Dental of Iowa is introducing the Advance Claims Payment Program (ACPP). This program will allow dentists to receive up to 50% of their average weekly claims payment in advance for four weeks. These advance payments are interest-free and will be recovered over a 20-week period beginning in July. Please see below for further details or contact us at provrelations@deltadentalia.com or call 800-544-0718.

Eligibility:
• Participate in at least one of Delta Dental of Iowa’s networks (Premier, PPO, DWP, Hawki).
• In “good standing” with Delta Dental of Iowa and the Iowa Dental Board.
• Office must be located in Iowa.
• Licensed Iowa dentist.

Program Specifics:
• Each dental office can request up to 50% of their average weekly Delta Dental of Iowa claims payment. Please contact provrelations@deltadentalia.com, Donna Glanz (515-261-5533), or Kyla Cairns (515-261-5638) to assist with your average weekly claims value.
• Complete the ACPP Application by April 30 and Delta Dental will send you the ACPP contract.
• The dental clinic owner should read and sign the Delta Dental Advance Claims Payment Program Contract.
• Payments will begin the week after the signed contract is accepted for four consecutive weeks.
• Recoupment of the advance will occur over 20-weeks starting with the July 6 check run and finish on the Nov 16 check run.
• The recoupment will be equally divided amongst the 20 check runs or 1/20th of the total claims advancement.
• We recommend that you contact your accountant for any tax advice you may need on the claims payment advance.

Example:
An office that averages $5,000 in claims payment from Delta Dental of Iowa will be able to request $2,500 per week over four weeks for a total of $10,000. Starting with the July 6 check run, Delta Dental would then begin the recoupment of $500 per week (1/20th of $10,000) from current claims. This would continue until the November 16 check run.

Application for Delta Dental Advance Claims Payment Program – Due April 30

Owner Name__________________________________ TIN #____________ NPI#________________

Office Name___________________________________

Office Address_________________________________ City________ State_____ Zip________

Telephone (Personal Cell)________________________ (Office) ______________________________

Personal E-Mail ________________________________
( please provide your personal information so that we may easily reach you and verify your request.)

Amt. Requested_______________________________ (weekly amount)

NOTES: ______________________________________
_____________________________________________
_____________________________________________

Dentist Signature: ______________________________

Submit completed application to ProvRelations@deltadentalia.com or Fax to 515-875-4162