

Vaccine and Distribution Plan Guidance for Dental
January 6, 2021
5:30-6:30pm

Presenters:

Dr. Sarah Tomlinson

Dr. Jessica Scott

Darlene Baker

Hugh Tilson

Let's go ahead and get started. Good evening, everybody. Thank you so much for attending our webinar, Guidance for dental professionals COVID vaccine, Bell's Palsy, and Medicaid annual CDT code updates. This webinar is for Dental Professionals and is put on by the Health and Human Services and NC AHEC and the purpose providing an update on the state activities to create an opportunity to respond to your questions and I will be moderating today. My name is Hugh Tilson. We have a panel of distinguished presenters with Dr. Sarah Tomlinson, Dr. Jessica Scott, and Darlene Baker. Thank you for making the time to present to us this evening. We appreciate this really important information and I will turn it over to you in just a couple seconds, Sarah, but thank you to everyone attending. We hope this information is helpful as you do your work and can make navigating these trying times a little bit easier. Next slide, please?

After you hear from our presenters we will turn to your questions and we have learned in past webinars presenters will often address questions during the presentation so I encourage you to wait until you have heard from our presenters before submitting your question and we should get to them but if not we will forward them to DHHS to inform future guidance. We have great slides for tonight. There will be a link in the Q&A and sometimes that link actually works and sometimes you have to cut and paste it so that you can open the slides. It is a link to the NC AHEC website so if those ways do not get you there you can always get to the website and you just want to know about that. If you want to submit a question, please use the Q&A feature at the bottom of your screen. If you're on the phone you cannot do that so send an email to questionscovid19webinar@gmail.com. We will also add a recording and a written transcript of it on the NC AHEC website hopefully as early as tomorrow morning and let me know turnover to Sarah.

Dr. Sarah Tomlinson

Thank you so much, Hugh. The North Carolina Institute of Medicine can provide guidance on COVID vaccine prioritization. Last week the North Carolina privatization was revised to become more aligned with the federal guidance from the advisory committee on immunization practices that was released in two parts in December. North Carolina's revision follows federal revision. I just want to underscore that the goal of this first wave of vaccinations in the state is to stabilize the healthcare workforce that is caring for patients known to have COVID-19 and vaccinating those in long-term care. This is our way of responding to the surge in cases, viral spread, hospitalizations, and death. There is confusion about where dentists fall into prioritization. The Department of Health and Human Services has worked to clarify the language. It is my intention by offering the first part of this webinar tonight to assist in this process. I am Dr. Sarah Tomlinson a trained hygienist and licensed dentist. Dr. Jessica Scott works with me in the Oral Health section of DPH as my program manager for educational services. She and I are presenting the slide deck as part of the North Carolina Department of Health and Human Services COVID response team and we will show you

how you can share it with your colleagues at the end. We are joined this evening by Darlene Baker, the lead policy analyst for the Division of Health benefits that she is going to give us Medicaid updates. Jessica and I are here to share important information about the science and vaccine distribution. We want to make sure that we have time for your questions. Next slide, please?

The good news is he was soon be able to take a safe vaccine to protect you from getting COVID-19 and it is free to everyone . We want to review what you need to know about the vaccine. Next slide, please? We will start with the key points. It is tested, safe, and effective helping us to get back in control of our lives and back to the people and places that we love. Scientists had a head start and thousands of volunteers help with clinical trials. Vaccines are tested, safe and effective. You cannot get COVID-19 from the vaccine. We have a limited supply. For those who are most at risk they are getting it first and you have a spot for your shot. Next slide, please. We will go a bit more into these key points and first scientists had a head start by building on decades of work to develop vaccine for similar viruses and that would be like SARS and H1N1. The Pfizer and Moderna vaccine use a method have been working on for decades. It uses mRNA technology that we will be describing shortly. Next slide, please?

The vaccine are tested, safe, and effective and they are rigorously tested for safety and effectiveness. It is the same as other vaccines and drugs that the FDA approves. More than 70,000 people volunteered in clinical trials for the Pfizer and Moderna vaccine to make sure they were safe and work to prevent COVID-19. To date they are 95% effective in preventing COVID-19. This is higher and more effective than most scientists had hoped for. They were in a serious safety concerns with either vaccine. You could have temporary reactions like a headache or feeling tired. This could be similar to what you might have expressed with the shingles vaccine. The reactions are temporary they are not dangerous. They are actually a good sign that the vaccine is working the way it is supposed to. Next slide, please. There have been intentional efforts to recruit volunteers from historically marginalized populations and when we say historically marginalized populations, we are talking about populations hardest hit by COVID-19, including African-American and Hispanic and Latino populations. These pie charts shows the racial and ethnic background of people volunteered for the clinical trials have historically marginalized populations are better represented in these vaccine trials and in most clinical trials. Next slide, please?

You cannot get COVID-19 from the vaccine. The way vaccines work is that they safely increase your body's natural ability to fight the virus before the virus attacks you. First they imitate COVID-19 without giving it to you. It will give your body instructions to make a protein that safely teaches your body to make an antibody to fight the real virus. Your body naturally destroys the protein from the vaccine, this is the spike protein and then with these antibodies you can fight off the real virus. MRNA vaccine provide instructions directly to the immune system of the individual getting vaccinated and the spike protein that the messenger mRNA codes for to produce a specific immune memory response in a natural context. It is very similar to how your immune system will respond if you are exposed to the virus naturally; however, there is no live virus in this vaccine. It can either interact with integrate into your DNA importantly, we know that mRNA disintegrates or is broken down by the cell very quickly. Next slide, please?

Two shots are necessary. We have a plan to help everyone get both doses. The Pfizer and Moderna vaccine required to shots to build up strong immunity against COVID-19. The second shot will come three or four weeks after the first. The Pfizer is three weeks apart and Moderna four weeks apart. It is important to get to doses of the same vaccine. You would not want to get the Pfizer vaccine for the first dose and the Moderna vaccine for the second dose. We built the system, the NC Covid

vaccine management system to make sure people are safe and get the right second dose at the right time. It will let you schedule the appointment and schedule a reminder. Next slide, please?

Your privacy and personal information protected at all times. The protein your body makes cannot be tracked, and it disappears after it finishes making you stronger. Your personal information will be protected at all times. We do not send any personal information to the CDC. Next slide, please?

Vaccines will be available to all for free. Supply will be limited at first. The Pfizer and Moderna vaccine have been authorized and sent to states. It will be sometime before they are widely available to everyone. State and federal public health experts recommend starting with vaccinations for those most at risk. More people will be reached when the vaccine supply increases throughout 2021. The vaccine is free to everyone even if you do not have health insurance. We have received questions of people will have to pay a co-pay and we know that Medicare and Medicaid will cover the cost and we do know that Blue Cross Blue Shield of North Carolina, the largest insurer in the state, will not be charging anything to members we expect most of the commercial health insurance companies will also cover the administration fee if there is one charged by the provider. Rest assured you have a spot to take your shot. Next slide, please?

Vaccine will be available to everyone but currently supplies are limited and will continue to be limited for the next few months. North Carolina like other states is making vaccine available in phases based on recommendations from independent, state and federal public health advisory groups. We started with December Phase 1A. It is those in long-term care staff and residents. On December 30 North Carolina updated its vaccination plan to align with new federal recommendations that were issued in late December. The changes simplify the vaccine process continuing the same commitment to first protect healthcare workers caring for patients with known COVID-19 and people at the highest risk of being hospitalized or dying. With these changes in early January we will be moving to phase 1B, vaccinations will be available to groups in the following order starting with group 1, adults 75 or older regardless of health status or living situation. Then grouped two healthcare workers were not already vaccinated in Phase 1A and frontline workers who are 50 years or older. Examples of front-line workers include firefighters, grocery store workers, teachers, and child care workers. The CDC defines this list and it is on our website. Many dental offices have returned to aerosolizing procedures in both dental stored procedures and for dental hygiene treatment. All healthcare providers have been screening patients prior to appointment to lessen the risk treating Covid 19 positive patients. And only treated if the care cannot be delayed. Group Phase 1A dental providers include those providers offering care to patients with known COVID-19 who cannot have the treatment delayed until they have recovered from the virus. Such dentists usually have hospital privileges for themselves and their team members or they have access to negative pressure rooms and the typical private practice. In Phase 1B we will include all patient facing direct healthcare workers and this includes most dental professionals. Since there is not enough vaccine to cover everyone in Phase 1B at the beginning, we have tiered the population based on risk of severe illness and death, using age as the cut off. 75 years and older first as the risk of death and hospitalization is the greatest among all of the relation to getting the vaccine to those at greatest risk is an important public health approach to address the surge of hospitalizations and death North Carolina is experiencing. Then direct healthcare workers and frontline essential workers are in two consecutive groups, those 50 and older and those under 50 based on our data that the risk of hospitalization and death. Most dental professionals are Phase 1B and either groups based on age. Grouped two are 50 years and older in group 3 under age 50. When we moved to Phase 2 as a state, we will also move in groups because of the limited vaccine supply. The group names are available on our website. Next slide, please?

We know people are curious about what is happening right now with the COVID-19 vaccination. In January will be opening Phase 1B group on adults age 75 and older. I do think some local health departments and hospitals have moved today. Most sites will be moving Monday. It is critical to remember that vaccine supply is limited so not everyone will be able to get vaccine the first week. We ask that folks be patient with their local health departments and hospitals who are working very hard to vaccinate community members, according to these guidelines. North Carolina gets shipments of all of the vaccine weekly, so the federal government decides how much COVID-19 vaccine each state gets based on state population. The North Carolina Department of health and human services determines which providers like hospitals, local health departments, clinics, will receive vaccine doses based on their ability to reach prioritized populations like healthcare workers or LTC workers. The manufacturer then ships the vaccine and the vaccination supply kits to the local providers and they are working to safely store and handle vaccine, especially those who need ultra cold storage pick vaccine will be available first in the health department in long-term care facilities and then in clinics, pharmacy, and vaccination events and in the community. Next slide, please?

You might be wondering how I know when and where it is my turn to get my shot? Speak with your primary care provider or employer about where your spot is according to your job status. Your primary care provider can also help you find where to take your shot. We know there is a question about whether people will be able to get vaccinated on weekends and we do expect many vaccination sites will offer appointment times on the weekend. Most of the state is in Phase 1A. Many 1A providers prepare for the second dose and we expect to move the rest of the state to Phase 1B very soon. In the beginning only hospitals and LHDs have vaccine. If you qualify as a provider now and have hospital privileges, likely the hospital has already reached out to you. If not, we should connect with that hospital about getting vaccinated as a qualifying provider without hospital connections you should reach out your local health department and ask how they are scheduling qualified dental providers with the vaccine. Some local health departments have been emailing dentist using addresses that these providers have used for license renewal you should expect to get an email address from your local health department as they reach out to you as you get closer and closer to Phase 1B in your group. North Carolina will be expanding to additional healthcare sites and enrolling additional providers and as you are able to enroll them and have enough vaccine to allocate to them, people will be able to get vaccinations from the usual healthcare provider. If its time for you to get vaccinated and take your spot for your shot you can contact your local health department about setting up a time. And how quickly we went through the phases depends on the availability of vaccine supply the federal government notifies the state each week about the amount of vaccine will be getting for the following week, making it difficult to estimate when we can move to the next phase. Next slide, please?

We are working very hard to keep North Carolina informed so they can take their shot against COVID-19. Look for information at news conferences where our secretary provides the most up-to-date information and from community leaders. Community leaders are helping to shape the campaign and I reaching out to the public. The goal is to provide all in North Carolina with a spot for honest information and updates about where they can get their shot. Next slide, please? In order to lead with equity we must build trust. We know that racism throughout our social, economic and healthcare system causing unequal access to care and neglect for the historically marginalized community. These long-standing racial and ethnic injustices in her healthcare system contribute to lack of trust in vaccine for North Carolina drawing upon the experience of leaders from historically marginalized communities to develop and implement its vaccine plan. Next slide, please?

Leading medical and professional organizations encourage all to get vaccinated and here is just a few examples. Next slide, please? We want to emphasize the COVID-19 website is where you can find

the most up-to-date information. We are adjusting our plans as we are learning new things every day about the vaccine. I want to point out some materials you can start using now. We have a one page flyer that hit the highlights of this presentation today you can start distributing to your colleagues and we also have regularly asked questions. Please let us know if you have questions that you do not see answered here. We also have a vaccine 101 and that is this slide deck that we are going over tonight. For more information about the graphic of the prioritization that I showed you in this presentation. Next slide, please?

Many of us are still waiting for a spot to take every shot. In the meantime, please keep practicing getting the Three W's. Getting the COVID-19 vaccine and following the three W's is that is everyone's best protection. Continue using the Three W's and limit social gatherings. Get back to family and friends and getting kids back to school will take some time but the COVID-19 vaccine and Three W's will get us there quicker and safer. The other thing is the protection from vaccination is not immediate. It will take one or two weeks following the second dose for you to be considered covered. No vaccine is 100% effective. Given the current limited information on how well it works in the general population and how much it could reduce disease severity, transmission and how long protection lasts we are recommending even though vaccinated continue to follow current guidance to protect themselves and others and that means your infection control practices will not change either. Next slide, please?

We are asking for your help to share information with those in your community. Help direct people to their spot with reliable information about the vaccine and maybe it is you now that you have this new vaccine knowledge. Show people that you trust the safety and effectiveness about the vaccine use and share the COVID-19 communications material to make sure more North Carolinians have access to up to date information on the vaccine. Next slide, please? Even as a healthcare provider is not administering vaccine at this time, all of you see patients every day and can recommend vaccination when it is the right time for that individual to get vaccinated and this concludes the department COVID-19 response team slide deck. It is available on the website and you can see additional information we want to share. I also have a few more points even after this about special considerations about who should and who should get vaccinated. And then also if you can go to the CDC web page and look for post vaccine considerations. They developed this guidance for those with post-vaccination symptoms and it is really important for healthcare personnel because your whole team is about to get vaccinated, and if you give it some forethought we can prevent unnecessarily excluding healthcare personnel who only have postvaccination signs and symptoms from work. We also do not want to allow healthcare personnel that might have another transmissible infection to come to work. I would go to the CDC website and look for this guidance but the main point as you consider how to vaccinate your whole team consider vaccinated them proceeding 1 to 2 days off during which they are not required to come into the facility. May be schedule for your vaccination just before a weekend. Also considers staggering delivery to the healthcare personnel so not all in a single area vaccinated at the same time. The staggering considerations might be more important following the second dose when symptoms such as fever are more likely to occur and also as you could talk to your staff about the potential for short term symptoms postvaccination so I have a plan of how to care for. If those have fever you wait for them to take a non-steroid anti-inflammatory medication. It is good to have this planned out so on Monday when it is time to go back to work all of the staff doesn't have a fever. Next slide, please?

Let's look at some special considerations and go over should people who have had COVID-19 be vaccinated? COVID-19 vaccinations should be offered to persons regardless of prior COVID-19 infection. People should wait to get vaccinated until after their acute illness is resolved and they have met the criteria to discontinue isolation. There is current evidence reinfection is not common in the

90 days after initial infection. Because of that, people with a recent COVID infection might defer vaccination until the end of 90 days if desired. What should people be thinking about in terms of severe versus less severe allergic reaction? There's some people that should absolutely not get this vaccination and those who have had a severe allergic reaction to any component of the vaccine. It contains Polyethylene Glycol or PEG which is used for things like laxative. If someone had a reaction to that medicine, they would know. They need to note that it is a component of the vaccine. People who have had a reaction to any component of the vaccine should not get it. So someone who gets the first dose of vaccine and experiences anaphylaxis they should not get the second dose of the vaccine. Someone with a severe allergic reaction to any vaccine at this time that is a precaution. They can still get the vaccine but they need to have a conversation with their healthcare provider to better understand what happened and determine if they should get the COVID vaccine. People with food allergies or insect allergies, latex allergies and those type of things we do not have any sort of contraindication or precaution to people with those type of allergies to getting this vaccination.

Everyone who gets vaccinated should remain for a period of time for observation. Anyone with a history of anaphylaxis should stay for 30 minutes of observation. For everyone else who have never had this in their life be recommending a 15 minute observation period. Let's talk about special population. Are there special considerations for pregnant women? If a pregnant woman is a part of the group that is recommended to receive the COVID vaccine like healthcare personnel, they might choose to be vaccinated, while a conversation with the healthcare provider might help them make the decision it is not required prior to vaccination. Experts believe that the mRNA vaccine is not likely to pose a risk to people who are pregnant just based on its biology of how these vaccines work. The vaccines are not live, the mRNA degrades quickly after vaccination and there have not been any safety threats identified. Observational data demonstrates that while the absolute risk is low, pregnant women with COVID-19 do have an increased risk of severe illness and they might also be at increased risk for adverse outcomes like preterm birth. While there is no data on the safety of these vaccine during pregnancy, studies are ongoing. What about lactating women? Does the same hold true? mRNA vaccine are not thought to be a risk to the infant. So lactating women, as part of a group that is otherwise recommended to receive the vaccine they might choose to be vaccinated as well. When the CDC was developing these clinical considerations, they did so in collaboration with the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. Walking through the risk and benefits will fall on these specialists. If you have a question about getting vaccinated, talk to your child's physician or OB. Next Slide. I am sorry. Not the next slide.

Yes. You can go back one please. I am sorry. What is the guidance for individuals who are immune compromised over receiving mRNA vaccine? People who are immune compromise can receive the vaccine unless they have other contraindications that were already mentioned. People with stable HIV were included in clinical trial and others with other immunosuppression were not included so they need to be aware that we really do not have that much data on how the vaccine will work for them because they have a diminished immune response. It makes it important for them to continue with the health measures recommended for everybody like social distancing, masking and all of those kinds of things to keep them safe and is this similar for those with an autoimmune disease? Yes, persons with autoimmune diseases can get the vaccine unless they have a medical contraindication like what we were talking about earlier.

Now we are going to discuss side effects with interest to dental providers that have manifested early in the vaccine rollout. Dr. Scott will give a clinical review about Bell's Palsy but I would like to highlight that so far there is Bell's Palsy which has been noted with both Pfizer and Moderna vaccine but not higher than you would expect and facial swelling which has been noted for those with dermal fillers who are receiving the Moderna vaccine. It is not confirmed but likely these facial fillers are

the cause. Vaccination stimulates an immune response which primes individuals to have a hyper immune response thus the facial swelling in an area with previous filler which the body recognizes as a foreign body. In all cases of facial swelling, the patients were treated with steroids and antihistamines to get better. Bottom line, having facial fillers is no reason for someone to not get vaccinated. If you are concerned about it, have a discussion with your provider beforehand and if you get calls from patients about it, ask them about their history of fillers and have them call their specialty provider, likely their dermatologist. And now Dr. Jessica Scott, Oral Health coordinator over education and training programs will give an overview of Bell's Palsy. Jessica?

Dr. Jessica Scott

Thank you. In this slide you will see the current Bell's Palsy data for both vaccines and in the Moderna vaccine group four people reported Bell's Palsy. Three had the vaccine and one had the placebo. In the Pfizer group, four people reported Bell's Palsy and all four have the vaccine. The FDA does not consider these to be above the rate of expected cases in the general population. So what is Bell's Palsy? Much of what I will discuss is a review for most but let's talk about presentation, symptoms, causes, and treatment. It affects about 40,000 people per year in the US and it causes temporarily facial paralysis although the cause is unknown, trauma to the facial nerve has been cited as a possible cause. The onset of facial paralysis is sudden and resolved within a few weeks with or without treatment but in very rare cases they can have paralysis of the facial muscles. Bell's Palsy typically presents as a sudden weakness on one side of the face with drooping of the mouth, drooling and inability to close the eye and facial pain and altered face in some. Next slide, please?

Here are two additional pictures of how Bell's Palsy might present clinically. The cause of Bell's Palsy is idiopathic. Some potential causes are swelling of the facial nerve, reactivation of a dormant viral infection most commonly cited as herpes, stress, sleep deprivation and minor illness. It is diagnosed based on clinical presentation and taking a thorough medical history, if you have a patient that presents with Bell's Palsy it will be very important that you ask if they have recently received the COVID vaccine and that you have them see their primary care physician to make sure that they have not had a stroke. The treatment of Bell's Palsy takes a multidisciplinary approach. Primary care physicians, dentists, optometrists, ENTs, and many more can be involved in the treatment plan. Steroids for pain, physical therapy, facial massage, acupuncture and Botox have all been cited as treatment options and I will take a look at these options over the next few slides. Prognosis in these patients is very good usually within three weeks they show a lot of improvement. Next slide, please?

There has been a little bit of debate about the use of steroids and antivirals and mainly it was whether or not to use them together or by themselves. In a recent review in 2020 the recommendation is to use combined treatment of steroids and antivirals within 72 hours of symptom onset. The AAO also has clinical practice guidelines that support combination therapy of antivirals.

I think we are losing you. Are you still there? Can anybody hear me?

I can hear you.

Can you hear me?

We are back.

That is so crazy. Did I fall off just at the beginning of the slide?

Yes. So the AAO also have the clinical practice guidelines that supports combination therapy. At a minimum, clinicians should prescribe oral steroids within 72 hours at symptom onset. Antivirals alone is not recommended. Next slide, please?

The AAO are unable to make a recommendation for or against acupuncture and physical therapy due to the limited amount of data in the literature. If you scour the Internet you will see many professionals are using Botox to treat Bell's Palsy but there is a lack of data to use it as a recommended treatment. What can we do as dental professionals? I think it is important that we be aware of the dental complications and adjust our treatment plans accordingly. Due to the potential nerve damage that can result in reduced production of saliva, we need to be prepared to discuss the reducing agents and the importance of fluoride. You'll want to stress the importance of brushing and flossing. Some patients might present with us as a result of Bell's Palsy and in this case you would want to prescribe antifungal medication. A WaterPik is also good to add to the home care routine. Last but not least you want to talk with their primary care physician or refer them to an ENT if they are not looking to improve. That was just a short but sweet review of Bell's Palsy. Now I am going to turn it over to Darlene Baker, the lead policy analyst with Medicaid to give us a Medicaid update.

Darlene Baker

Good evening. This is Darlene Baker. I will be sharing with you a code update from the annual dental terminology ADA code updates. A procedure code under NC Medicaid called D7960 the Frenulectomy was end dated effective December 31st of 2020, it was replaced with two new codes that split out the Buccal/labial frenectomy and the Lingual frenectomy. Both of these new codes are effective January 1, 2021. The rate will remain the same as currently covered under D7960 in Dec 2020. Next slide, please?

The first code D7961 the Buccal/labial frenectomy, in our policy in the dental services policy documents that it requires prior approval and the provider must document medical necessity, for example, that the Buccal/labial frenectomy is impairing speech, hindering mastication or preventing the seating of a denture. A photograph is required so that we can see the proposed surgical site. We mentioned that the rate would be the same. Next slide, please? The Lingual frenectomy will now be covered under D7962 and it does require prior approval for most cases, you have to document medical necessity of impairing speech, hindering mastication or preventing the seating of a denture and a photograph is required. There is one difference between the Buccal/labial frenectomy and the Lingual frenectomy. The Lingual frenectomy is allowed without prior approval for a patient under age one so if the patient is still hospitalized at delivery and is having trouble thriving and determined that the frenal attachment is the problem they can do the frenectomy in the hospital at the time the baby is born before they are released to go home and then later whenever they are under age one they can receive the Lingual frenectomy treatment in a dental office, and so prior approval is not required if there under age one and it is a Lingual frenectomy and for the Buccal/labial frenectomy prior approval would still be required. Next slide, please?

There might be providers that received approval in 2020 for the frenectomy code D7960 but the service was not rendered during 2020. In that case, you will need to update your parole approval in order to get paid for the service rendered in 2021 to do this you would contact the NCTracks Call Center at 1-800-688-6696 and request a prior approval ticket to update the procedure code on your current prior approval. You can just let the customer service representative know that you were granted approval and that is still valid but the procedure code was deleted with the code update and that the code needs to be updated and based on whether it is a labial frenectomy or Lingual frenectomy you would make a recommendation for the code to be updated to reflect. This prior approval ticket will be given to the prior approval staff and they will update your existing prior approval with the new code and they will generate a new NCTracks notification to the provider. That will show up in your NCTracks portal notification and you will know that the prior approval has

been updated and treatment can still be rendered and payment granted for the procedure. Next slide, please?

There will also be delays in claims processing for the new code D7961 and D7962 that we have already implemented the end date for D7960 but they are in the process of updating all of the NCTracks audits and edits that limit this procedure to once per lifetime, require a prior approval and those types of edits so that will take some time to get the expected implementation date is January 31 of 2021 so if you already have approval you can get that approval updated to the new code. Go ahead and submit your claim for payment using the new procedure code, D7961 and D7962. That claim will be a pending status temporarily, and the message you will see is no rate on file. Once it is updated the rate will be added to the NCTracks system and all of the procedure codes will be released and the pending claim will then move into a paid status and finalize processing in NCTracks. There is no reason to delay the treatment for the patient and no reason to delay processing your claim in NCTracks. You can go ahead and submit the claim which will be pending temporarily when the rate is added to the file, your claim will finalize and continue processing. And I will turn it over to our moderator tonight Hugh Tilson for questions.

Hugh Tilson

You can submit questions in two ways. One is using the Q&A feature at the bottom of the screen or if you're on the phone you can send an email to questionsCOVID19webinar@gmail.com . That is questionsCOVID19webinar@gmail.com. The only question that we have and it looks like Sarah might be typing an answer. So do you want to answer that or you want to just continue typing?

Dr Tomlinson

I can answer it yes. So there is a dentist who has a concern about his staff not getting vaccinated and will there be recourse for that. I don't have information on that at this time. We do know that current infection control practices and PPE have been working and dental offices are touting that dental care is safe. Even if your entire staff were to be vaccinated our processes wouldn't change that we will still ask people to use the Three W's and keep their infection control practices the same. Thank you.

Hugh Tilson

Is Medicaid going to continue covering all of the additional things they were covering during the pandemic in 2020, example SDF for all ages?

Darlene Baker

Currently the temporary policy changes that were implemented during the COVID-19 public health emergency are continuing until January 23, 2021. If it is extended, the policy changes would be later extended. Watch for updates with the current numbers with COVID-19 it is very likely the public health emergency would be extended and the temporary policy changes would be extended as well.

Hugh Tilson

Thank you. Got a follow-up. How much wait time is needed between vaccinations? I received the Moderna vaccine and was scheduled for a second in 21 days, not 28 days. Is that an issue? Is that for you, Jessica or Sarah?

Dr. Tomlinson

I am sorry, I was muted. I do not get my answer out. That is not the way Moderna is ideally outlined it for that vaccine. It is ideally 28 days after, so you could ask about that and say that you prefer to go back at 28 days. Your immune response is a cycle of, you might be fine at 21 days, but you would get a better response at 28.

Hugh Tilson

Thank you.
Dr. Scott

Can I follow-up without one? I am looking here at the CDC website. It says the second dose is administered up to four days before the recommended date are considered valid but doses administered earlier do not need to be repeated. The second dose should be administered as close to the recommended interval as possible, and there is not a maximum interval between the first and second dose.

Hugh Tilson

A couple reimbursement. Is reimbursement for teledentistry code part of those temporary changes?

Darlene Baker

I will answer that. The teledentistry codes, I'm sorry, the fluoride varnish application for all ages and the application for silver diamine fluoride referral for all ages. All of those were temporary policy changes that are still in effect through January 23, 2021.

Hugh Tilson

Thank you. Also got a question that says hello. I am new to the dental world, I want to make sure I'm thinking correctly dental has been carved out of Medicaid Transformation, correct?

Darlene Baker

That is correct. It will not be part of managed care, we will continue Medicaid direct services through NCTracks.

Hugh Tilson

Thank you. Back to the vaccine, should we have staff sign a form indicating they have declined the vaccine?

Dr. Tomlinson

This is Sarah I can answer that. I think that is a good idea if you would like to do that. I have not heard of anyone else requiring it.

Hugh Tilson

And then some dental offices are asking patients to sign a COVID-19 liability waiver so the practices are not liable if the patient receives the virus. Is that a good practice?

Dr. Tomlinson

So instead of vaccine it should read virus? I think that is a question for their liability provider. I cannot answer that. Sorry.

Hugh Tilson

I think those are the only questions that we have usually when I say that we get one or two more so what I will do is I will thank everybody for participating tonight and thank you so much for this incredible information that you have provided and I will thank all of our participants for joining us and I will turn it over to y'all for any final comments before we sign off for the evening.

I would just like to thank everybody for joining the presentation and we would like clarify the prioritization structure and appreciate your attendance. Follow-up if you need to if you have questions about that. Thank you.

Great. Thank you. Have a great evening.

Good night.