

Dental Insurance Value & Quality

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January 25, 2019

Conflicts of Interest

Delta Dental of Iowa employee

No other conflicts to report

My Charge

- From an Insurer's Lens
 - How quality is viewed
 - Impediments to quality and moving away from Fee for Service (FFS)
 - Early work in Alternative Payments

Do Dental Insurers Care About Quality?

Defining quality

• Are quality clinical care and quality insurance the same?

Do insurers care?

Impediments to Quality

Fee for Service (FFS)

- Dentists
- Organized dentistry
- Lack of diagnostic coding
- Smaller role of CMS in funding oral health services
- Dental education system
- Dental benefits companies?

Fee for Service (FFS) – Senator Grassley



Medicare Dental Benefit advocacy with Oral Health America in 2018

Don't bring us a plan with FFS – we've worked to hard on the medical side to limit FFS

Alternative Payment Framework



Category 1
Fee for Service –
No Link to
Quality & Value



Category 2
Fee for Service –
Link to
Quality & Value

Δ

Foundational Payments for Infrastructure & Operations

В

Pay for Reporting

C

Rewards for Performance

n

Rewards and Penalties for Performance



Category 3

APMs Built on

Fee-for-Service Architecture

Α

APMs with Upside Gainsharing

В

APMs with Upside Gainsharing/Downside Risk



Category 4

Population-Based Payment

Α

Condition-Specific Population-Based Payment

В

Comprehensive Population-Based Payment

Pay for Performance Plans

- Category 2 of APF
- Trying to incent favorable 'behavior'
 - Want appropriate/evidence based treatment
 - Not, lack of treatment
- Changes conversation with providers
- Delta Dentals of Arkansas, Iowa,
 Massachusetts, Missouri, Rhode Island,
 South Carolina



Delta Dental of Iowa Medicaid Expansion

- Adult benefit tiered benefit focusing on risk and personal responsibility (2014-2017)
 - Providers received \$8 for a PreViser risk assessment
 - − Then another ~\$50 for their bonus pool
- Only half of the providers received their bonus pool
 - Communications with offices
- Last year of the bonus pool = 280 offices using risk assessment
- Current– 90 offices using risk assessment
 - Payment has been removed

Delta Dental of Iowa PPO Bonus Pool

- Example of a Pay for Performance Plan
- New for 2019

- Available to PPO Providers who:
 - Are in the network for 2019
 - Receive payment via ETF
 - Active use of Dentalytics (quality tool)

Earn Cash Back with the PPO Bonus Program

PPO Plans in Iowa:

- 75% of Delta Dental members are on a PPO plan.
- 35% of lowa employer groups now offer their employees a PPO plan.
- Delta Dental of lowa's Individual plan is based on the PPO network.

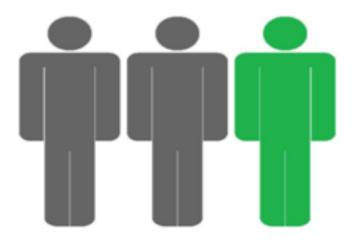
Delta Dental of Iowa is introducing a PPO Bonus Program to thank our general dentists for their participation in our PPO network. Starting in 2019, PPO network general dentists can earn cash back from Delta Dental of Iowa's PPO Bonus Program.

Why a bonus program?

Delta Dental wants to encourage more general dentists to participate in the PPO network. As employers and members are looking for ways to find more affordable health care options, Delta Dental's PPO plans are growing in popularity in Iowa and across the nation. Of the 1.3 million Delta Dental members living in Iowa, 75 percent have a PPO plan.



Dentalytics



Only 1 in 3 high caries risk children aged 6-18 are receiving 2 fluorides per year in the state of lowa*



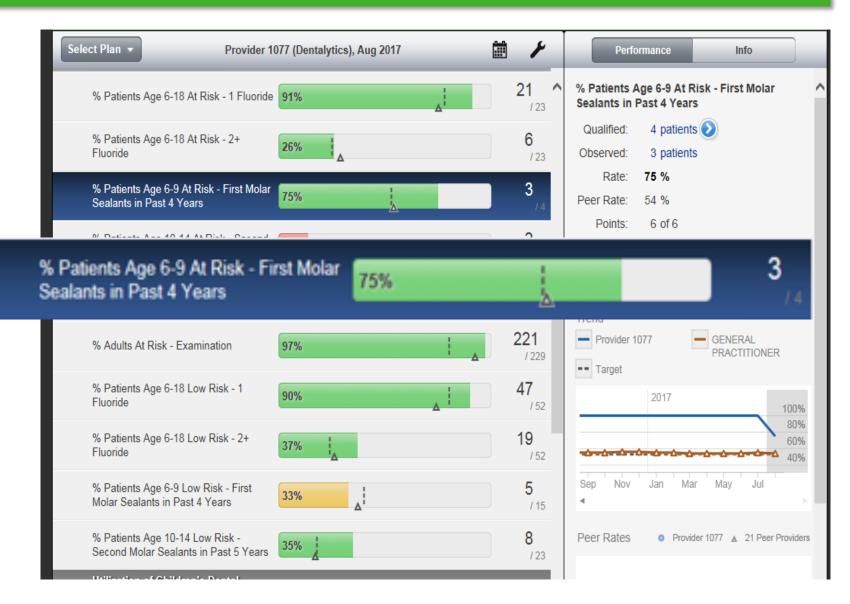
Only 44% of high caries risk children aged 6-9 are receiving first molar sealants in the state of lowa*

* Children treated in Iowa dental offices covered by Delta Dental

Preventive Measures

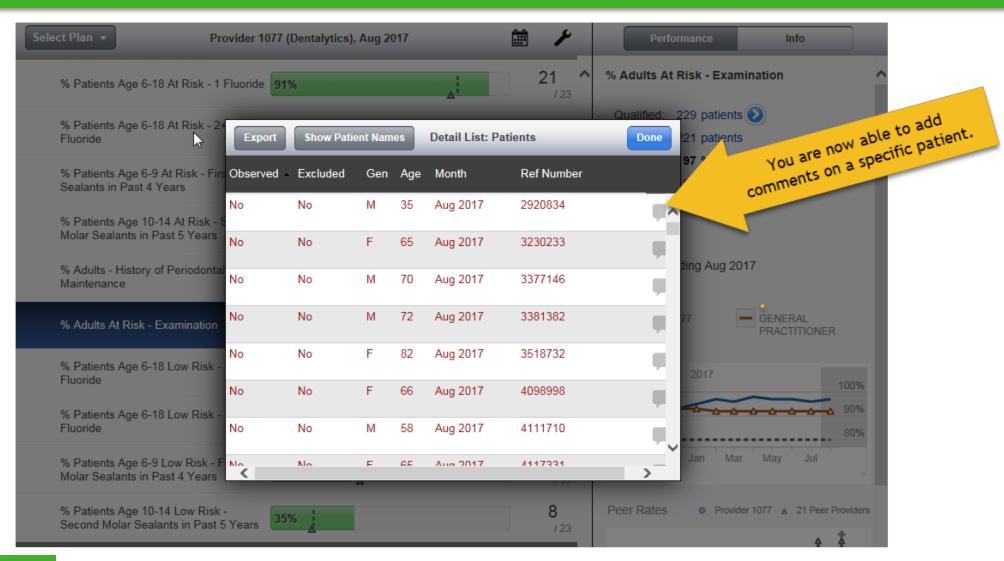
Preventive measures tracked for high and low-risk patients

Percent of child and adult patients who received the preventive treatments





Detailed Patient Lists





Delta Dental of Arkansas – Pay for Performance

THE BEACON

THE BEACON informs members about the latest issues affecting dentistry and dental benefits. An annual subscription to the publication is included in your membership fee.



Publications: Fall 2017

Incentivizing Preventive Treatment:
A Pay For Performance Bonus Program

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Little is known about the effect of a pay-for-performance system (P4P) on the way primary medical care providers practice medicine or the effect on care outcomes. Even less is known about its potential impact in dentistry. The desired effects of such P4P plans are improved patient outcomes, an increase in preventive services, a decrease in treatment services, and an increase in quality of care. Based on the growing acceptance of performance-based reimbursements in medicine and the historical transfer of innovative technologies and protocols of care from medical to dental services, it is likely that the dental profession will face performance-based payments in the not-too-distant future.

The 2014 metrics used were based on the DQA's initial measure set ("Starter Set") *Dental Caries in Children:*Prevention and Disease Management, approved by the DQA and published in July 2013": or DDPA oral health measures?

- Higher Caries Risk Children with at least one fluoride treatment; Percent of higher caries risk children* age 6 through 18 with one fluoride treatment during the calendar year.
- Higher Caries Risk Children with sealants on first molars; Percent of higher caries risk children* age 6 through 9 receiving sealants on first molars during the calendar year.
- Higher Caries Risk Children with sealants on second molars; Percent of higher caries risk children* age 11 through 15 receiving sealants on second molars during the calendar year.
- Higher Periodontal Risk Adults with two or more cleanings or periodontal maintenance procedures;
 Percent of higher periodontal risk adults** age 19 and older receiving two or more cleanings or D4910s during the calendar year.
- Higher Caries Risk Adults receiving an annual exam;
 Percent of higher caries risk adults*** age 19 and older with an exam during the calendar year.

Summary

FFS need to be replaced

Dental plans early in value based

Opportunity for engagement; but Providers want to be paid