

Managed DENTAL CARE

Benefits design needs to reflect economic reality

When dental benefits executives gather, the conversation often turns to what, exactly, is going to happen to those benefits moving forward. So when the California Association of Dental Plans recently held its 18th annual conference, “Dental Benefits Down the Road: Who’s Driving and Where?”, it’s no surprise that discussions of the size, shape and makeup of tomorrow’s dental benefits dominated the four-day event. The bottom line: Expect dramatic changes in benefits design as patients, providers, and payers wake up to the reality that clinical developments and economic and demographic turmoil have already made yesterday’s benefits obsolete.

Managed Dental Care spoke with some of the presenters to bring you additional details about their remarks.

Better understanding of benefits’ purpose needed to align patient expectations

Everybody will be better able to make the changes that dental benefits will require moving forward if they stop right now and recognize that those benefits are not designed to provide the financing needed to allow cutting-edge providers to perform all of the services that they deem necessary. Dental benefits are also not designed to protect patients from the financial burden of taking care of their gums and teeth. Rather, they’re simply designed to represent an employer’s financial contribution to the cost of its workers’ dental care. That’s the key definitional difference outlined at the recent conference by **Tom Limoli Jr.**, head of Atlanta’s Limoli and Associates and Atlanta Dental Consultants, Inc.

Benefit designs do not really reflect the way dentists practice, he explains. They do not reflect the way patients seek care. And they do not reflect the way dental benefits companies want to pay for services. They’re not intended to. ‘The benefit plan is there to serve the needs of the plan purchaser in today’s free-market economy, not the plan, not the dentist, and not the patient,’ Limoli emphasizes. ‘Dental insurance companies exist to serve their clients—and those clients are the plan purchasers. So their job as fiduciaries is to enforce the rules established by the purchasers and to act as mediators in helping them determine what’s payable under the policies they purchased and what’s not, thus helping them monitor their investments.’

Dentists, especially, need to embrace that reality, Limoli urges. ‘Most doctors tolerate the plans as well as they can, especially in economically challenged geographic areas, because they recognize that if it weren’t for the plans, the patients would probably be spending their money elsewhere,’ he says. But the hassles dentists say that they despise so much would largely disappear if those providers would accept the role that insurance is designed to play.

‘If dentists would follow the rules and bill for what they did, and charge on the claim the exact amount they charged the patient, the hassles would be eliminated,’ he says. ‘Most of the problems arise when dentists try to play games with the plans by trying to get them to pay for inlays, for example, or by generally fluffing up the billing.’ They do that, he adds, because too few dentists operate under well-balanced and profitable fee schedules. ‘In many instances, the doctor’s office—not just the doctor, but the person having the money discussion with the patient as well—is either ashamed of or unclear on the fees.’

Staff members in those situations determine that the fee is, say, \$1,000 and the plan pays \$500. So they start the case-planning discussion by telling the patient that it's a \$500 procedure. But that just tells the patient that the plan is "this invisible big pot of money," Limoli says. "Instead, they should base the financial discussion with the patient on the fact that it's a \$1,000 service. Otherwise, dentists perpetuate the impression that the insurance company is a big, evil entity and 'If we can find a way to screw the insurance company, look what wonderful people we are!'"

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Nonetheless, "insurance companies are in the business of writing checks, and given the information they need, they will do just that," he adds.

Dental plans can ease some of the tension with dentists by designing products with provider ease of use in mind, Limoli says. "Dentists and their business teams like plans that are simple, straightforward, and easy to administer, with enhancements like real-time eligibility verification, electronic claims and attachment filing, clear benefit specifics, and timely responses from the plan," he says. But dentists also need to keep in mind that employers and insureds are the benefit plans' customers—not providers.

They also need to understand that network-based plans offer the best environment for the financial transparency that must drive tomorrow's benefits market, Limoli comments. "Non-network providers are really getting into more and more of a pickle because plans aren't giving them information," he says. "If they're not part of the network, they're not enjoying all the benefits available to them." Also, he notes, patients recognize that if they go to network providers, they pay far less.

Limoli brushes off complaints about clinical meddling from managed dental care plans. "Dentists say they don't appreciate feeling they're being second-guessed by dental plans," he says. "That's the old mentality. In fact, those doctors are, fortunately, going away because of attrition. Doctors need to remove that adversarial mirror they have with the benefits industry. They'll find life becomes much more simple when they're honest and direct with patients."

The opposite is true as well, he adds. "If organized dentistry continues to push for its preferred reimbursement, it will stay in the dark and leave the door wide open for a national system of healthcare," he says.

Plans can do a lot to educate patients about the reality of dental benefits, he continues. "Make sure the plan specifics that go to patients are written in plain, simple English," he says. "Make sure members understand that the doctor they choose is entirely their own decision, but that certain plans provide richer benefits if they see certain dentists. Make sure they understand that if the plan pays, they don't, but if it doesn't, they do."

Plans, providers need to embrace integration

Dental plans and dentists need to embrace medical-dental integration—and, when they do, they need to brace for a dramatically increased focus on the important roles that they play in a more coordinated approach to care. Integration is real, the experts noted at the conference, and it's time that the players started putting it into action.

"The industry generally agrees that there is an association between oral and systemic health," says **Miles Hall, DDS, MBA**, CIGNA Dental's Carrollton, TX—based chief clinical director. "Certainly, the research to date is not causative, but is associative." That said, he adds that "it is clear that poor oral health—more specifically, periodontal disease—does cause inflammation. We also know that inflammation can have harmful effects on other parts and organs of the body."

As a result, “the industry would like to see more uniformity in the metrics used to measure oral disease and the periodontal intervention timing used to treat the oral disease in the studies” making a connection between oral and systemic health, he says, “and, subsequently, a well-accepted definition of the improved outcome based on that intervention to measure whether there is a true causal relationship.” In the meantime, he says, “it seems prudent to be aggressive on the preventive front and drive awareness and incentives that encourage good oral health.”

Mary Lee Conicella, DMD, FAGD, national director of clinical operations at Hartford-based Aetna Dental, agrees. “The medical conditions [that seem to reflect medical-dental integration] are complex, and the connections between oral and overall health are still something of a frontier in scientific research,” she explains. “As a result, the exact nature of the connections between periodontal disease and medical diseases is not fully understood. We are also still exploring their potential links to cost. However, we definitely are beginning to understand and leverage the benefits of integrating medical and dental information.”

For example, Aetna’s groundbreaking research with New York City’s Columbia University indicates that pregnant women and individuals with diabetes or heart disease benefit from early periodontal care, so the carrier’s integration of dental with medical benefits is designed to address that need. “We want our members to know about the potential connections to encourage preventive care and good oral health to improve their overall health and well-being,” Conicella adds.

Toward that end, she points to the development of the Aetna Dental/Medical Integration program—a development she calls “significant.” The program is an opportunity to educate members about the importance of regular dental care and to help them avoid risks that could negatively affect their overall well-being. Aetna is also committed to improving health literacy among consumers. “We conducted a two-year educational outreach pilot with 500,000 members starting in 2004, which found 63% of at-risk members who received education sought subsequent dental care,” she reports.

At CIGNA, Hall adds, the focus is on the carrier’s Oral Health Integration Programs, which allow enhanced benefits for members who have diabetes and cardiovascular and stroke disease, and for members who are pregnant. “We are also offering programs that focus outreach to members with various risks who haven’t been to the dentist in a while to encourage them to see their dentist and get the care they need,” he says.

For providers, carriers’ increasing emphasis on medical-dental integration could dramatically enhance their standing in the care community. “Technology is advancing to where the oral environment, such as saliva, will become a very important diagnostic tool for overall health,” Hall explains. “So dentists may play an expanding role in overall health. With recent studies indicating an increase in caries among very young children, it may be wise, as others have stated, to collaborate with our medical peers to assess and perform basic preventive dental procedures to ensure those children who aren’t getting dental care today get the dental care they need.”

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Conicella sees a similar future for dentists. “The growing research showing a correlation between chronic diseases and periodontal disease has elevated the role of the dental profession in the management of overall health,” she says. “We advocate routine communication and collaboration among dental and medical professionals.”

But plans themselves may see the biggest change moving forward. They “need to be willing to adjust to the level of client interest in wellness and integration programs,” Hall says. “Although there are still many clients who seek dental benefit plans based solely on price and standard benefits, many more clients are demanding that all healthcare components participate in the overall employee health and wellness strategy.” Indeed, Conicella adds, “the practice of dentistry, like dental insurance, is constantly evolving. Our goal is to broaden consumers’ knowledge and behaviors towards their dental health to positively influence their overall health.”

How to contact our sources

Following are the names and phone numbers of the major sources for the articles in this issue.

Anayo Afolabi

The Guardian Life Insurance Company of America
212/598-8329
anayo_afolabi@glic.com

Jeff Album

Delta Dental of California
415-972-8418
Jalbum@delta.org

Mary Lee Conicella, DMD, FAGD

Aetna Dental
412/875-7636
conicellaml@aetno.com

Kate Gerlesits

Delta Dental Plans Association
630/574-6994
kgerlesits@deltadental.com

Miles Hall, DDS, MBA

CIGNA Dental
972/307-3805
miles.hall@cigna.com

Tom Limoli, Jr.

Limoli and Associates Pa Atlanta Dental Consultants, Inc.
800/344-2633
limolijr@bellsouth.net

Kristin Mastrandrea

The Guardian Life Insurance Company of America
212/919-3965
Kristin_Mastrandrea@glic.com

Jackie Miller

California Association of Dental Plans
916/446-3122
jmiller@amgmup.us

Charles Stewart, DMD

Aetna Dental of California Inc.
805/376-5352
StewartC@aetrsa.com

Jo-Linda Thompson

Nossaman Guthner Knox Pa Elliott, LLP
916/442-8888
jlthompson@nossaman.com

Carol L. Watkins, CAB

National Dental CDI Council
602/266-7740
cwatkins@ndedic.org