Council on Dental Benefit Programs

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Jones, Carlos, manager
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The Council's 2021-22 liaisons include: Dr. Paul R. Leary (Board of Trustees, Second District) and Mr. Sammy Huynh (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws* or *Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII, Section K.3. of the Governance and Organizational Manual, the areas of subject matter responsibility of the Council are:

a. Administration and financing of all dental benefit programs including both commercial and public programs;
b. Dental Quality Alliance;
c. Monitoring of quality reporting activities of third party payers;
d. Peer review programs;
e. Code sets and code taxonomies including, but not limited to, procedure and diagnostic codes;
f. Electronic and paper dental claim content and completion instructions; and
g. Standards pertaining to the capture and exchange of information used in dental benefit plan administration and reimbursement for services rendered.

** New Dentist Consultant*
*** Replaced Dr. Dennis L. Bradshaw, 2024, Washington*

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

Objective 9: Improve ADA's ranking as a trusted source of information for the public and key stakeholders. (Public)

Initiative/Program: Third-Party Payer Advocacy

Success Measure: Ensure that dentists and practice staff are educated on matters related to third-party payer issues to support them in their choice to participate with these plans.

Target: At least 6,000 participants in webinars and workshops; and at least 85% of survey respondents are satisfied or very satisfied with the education programs.

Range: Between 3,500 to 4,300 participants in webinars and Council workshops. Between 85 to 90% of survey respondents are satisfied or very satisfied with the education programs.

Outcome: As of April 2022, a total of 2,639 participants joined in four webinars *(see Table 1)*; on average 97% were satisfied or very satisfied with the education programs.

Table 1

Dental Insurance Webinars - YTD April 2022	Registrants	Participants
Growing Your Business with Better Employer Funded Dental Plans	387	201
Dental Insurance 101: Understanding PPO Plans	2,129	1,061
Trends in the Dental Insurance Industry	1,466	676
Medicare Advantage: What is Medicare Part C and How Does It Work with Dental Coverage?	1,269	701

Objective 10: Dental benefit programs will be sufficiently funded and efficiently administered. (Public)

Initiative/Program: Third-Party Payer Advocacy

Success Measure: Promote industry solutions that reduce administrative burden allowing practices to spend more time in clinical care and less time on paperwork.

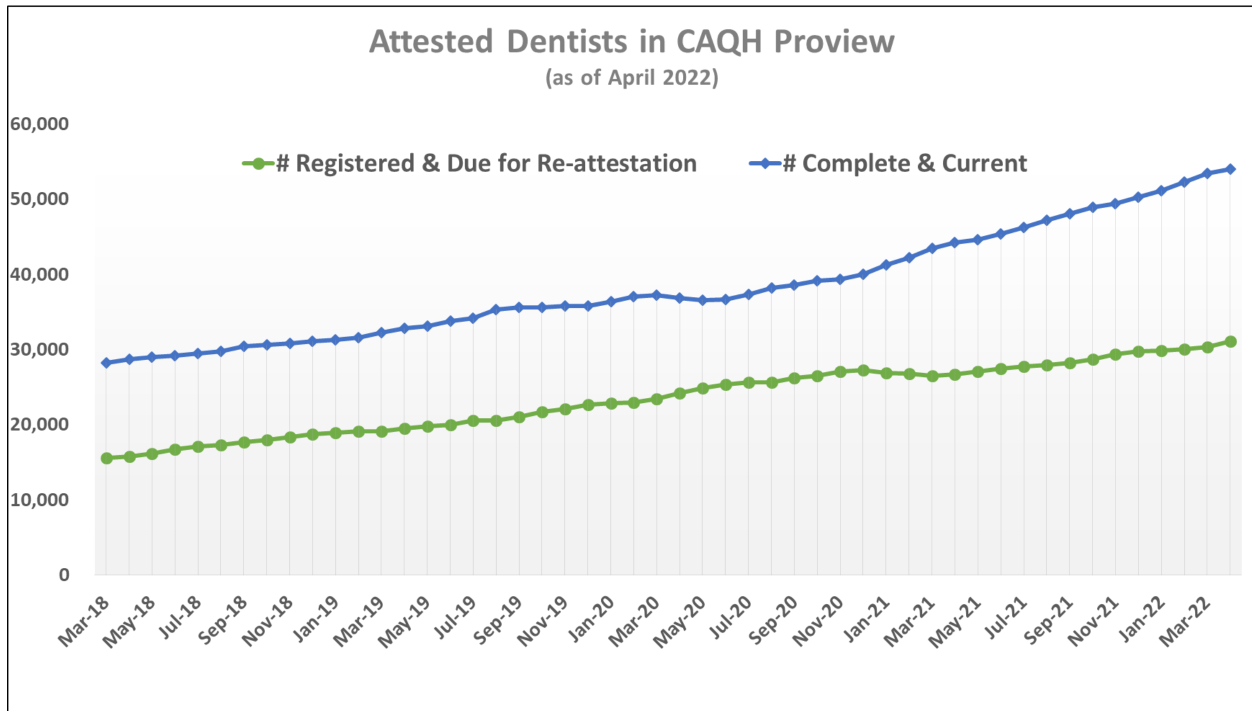
Target: At least an additional 500 dentists per month establish a new current attested profile in the ADA's Credentialing Service powered by CAQH ProView.

Range: Between 300 to 700 new profiles per month are added as complete and current profiles in CAQH ProView.

Outcome: As of April 2022, a total of 54,020 dentists have complete and current profiles; an average of 1,413 dentists are completing their profile per month. Another 31,110 dentists have completed applications and now only need to log in to re-attest. Outreach to dental payers has resulted in 28 participating dental organizations to date.

The credentialing service continues to experience strong and steady growth more than four years after implementation. Additionally, the number of dentists with profiles due for re-attestation also continues to trend downwards in proportion to the overall number of dentists using the system, which has surpassed 85,000 dentists nationally *(see Graph 1)*.

Graph 1



Objective 10: Dental benefit programs will be sufficiently funded and efficiently administered. (Public)

Initiative/Program: Third-Party Payer Advocacy

Success Measure: Promote industry solutions that reduce administrative burden allowing practices to spend more time in clinical care and less time on paperwork.

Target: At least 2,500 plans purchased and 500 offices sign up with Bento in-office plans by December 31, 2022. At least 50,000 total dentists use the Bento app to process claims from employer-sponsored and individually-purchased PPO plans by year end.

Range: Between 2,000 to 3,000 plans purchased and between 400 to 600 offices sign up with Bento in-office plans by December 31, 2022. Between 45,000 to 55,000 dentists use the Bento app to process claims from employer-sponsored and individually-purchased PPO plans by December 31, 2022.

Outcome: This past year, ADA marketing has focused on education and outreach at both state and local levels to promote this new solution to ADA members and build Bento's brand awareness throughout the dental community.

From June 2020 through April 2022, results have included:

- 43,506 dentists are currently using the Bento app to process claims from employer-sponsored and individually-purchased PPO plans *(see Graph 2)*.
- 251 practices are set up to offer in-office plans *(see Graph 3)*.
- 1,712 in-office plans have been purchased *(see Graph 3)*.

Since the ADA announced its endorsement of Bento in June 2020, in an effort to provide industry solutions for solving dental insurance issues for dentists, the endorsement of this potential market disrupter has helped send a clear signal to other dental plan carriers that improvements must occur.

Bento brings automation into the traditional dental benefits administration sector.

Bento's software platform currently offers two separate products to support dentists:

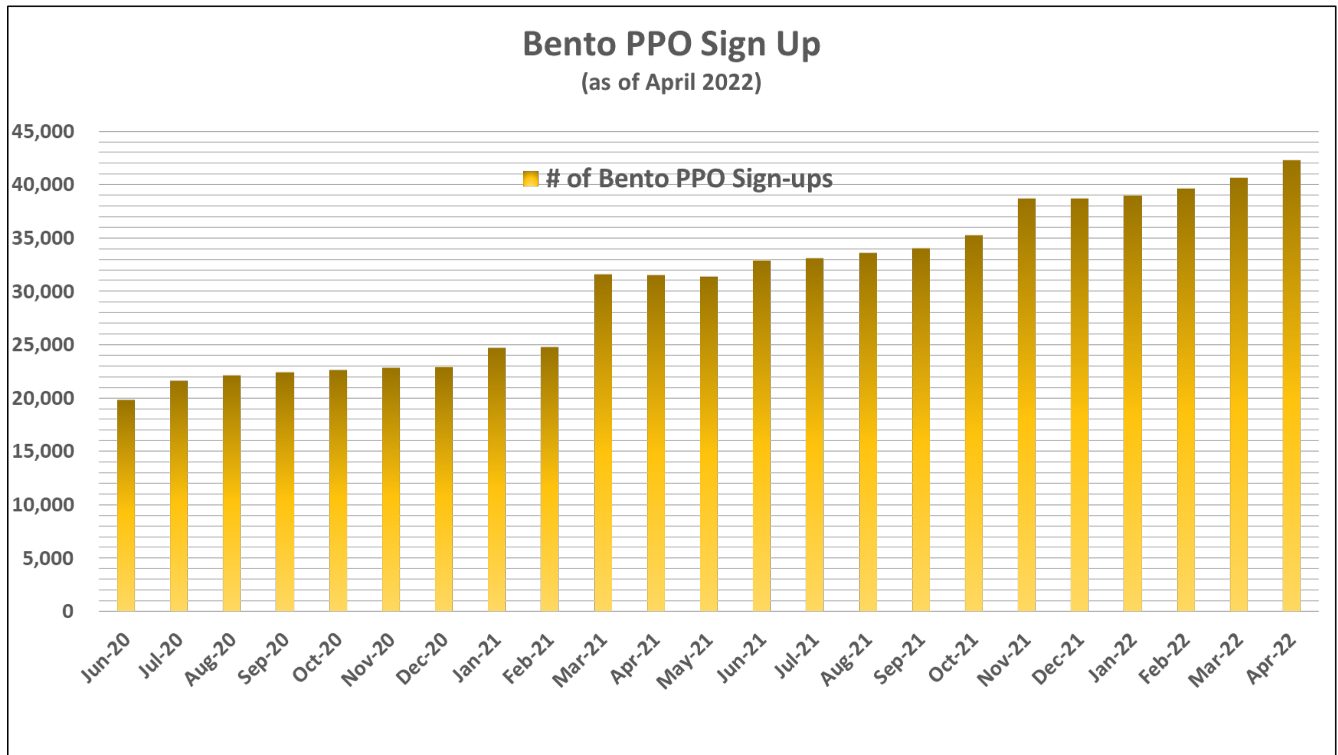
- In-office membership dental plans.
- Bento's PPO Network for self-funded employer groups.

Some advantages Bento provides in comparison to other benefits administrators:

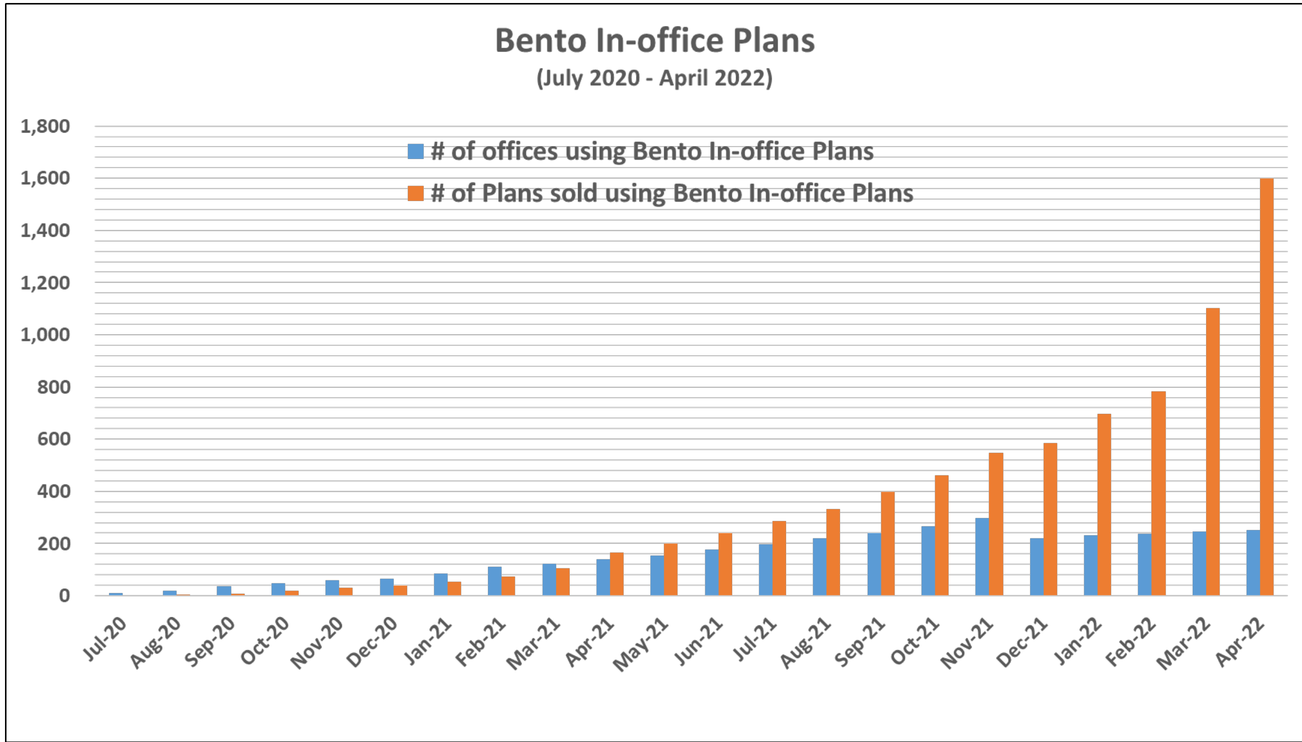
- Real-time eligibility and benefits verification, and claims adjudication,
- Fast and easy direct payments to dental offices,
- Cost transparency for patients,
- A simplified administrative system with no consultant reviews for medical necessity,
- Easy to use app experience for both patients and the office front desk,
- Supports in-office dental plans that allow dentists to easily create and set up fully customizable in-office plans that align with the needs of their practice and patients,
- No setup fees for all dentists who use Bento's in-office plans, which separates Bento from other in-office dental plan administrative services, and
- Dentists are not required to join the Bento network when using Bento to administer in-office plans.

As an added benefit, ADA members receive a 20% discount on their monthly subscription fee for purchased in-office plans.

Graph 2



Graph 3



Objective 5: Total Revenue, including dues and non-dues will increase by 2–4% annually. (Financial)

Initiative/Program: Code on Dental Procedures and Nomenclature (CDT Code)

Success Measure: Contribute to ADA's non-dues revenue goal through CDT products, assuring on-time delivery of CDT products for publication and dissemination.

Target: Delivery of CDT 2023 technical content delivered by July 2022 including ASCII file, CDT Manual and CDT Companion.

Range: N/A

Outcome: As of May 30, 2022, technical content for the CDT 2023 ASCII file, CDT Manual and CDT Companion were delivered to the ADA Department of Product Development and Sales ahead of schedule.

The CDT ASCII file contains CDT 2023 in an electronic format for CDT Code Commercial Use licensees, which include vendors of Practice Management Systems used by dentists and Claim Adjudication Applications used by third-party payers. Both the CDT Manual and Companion are reference and educational resources used by dentists and their practice staff to enable accurate documentation of services delivered in patient dental records, and proper reporting on claims (paper and electronic).

Exploration of an Enhanced CDT Code is underway and ensures continued recognition of this ADA intellectual property as a HIPAA standard and supports claims, robust patient record keeping and data analytics. The Council began work on this project in December 2021. The Council has established a task force of subject matter experts to discuss the framework for an architecture that could include modifiers to the CDT Code. The Council plans to receive recommendations from the task force over the coming months to guide its final decision for future implementation of a modifier-based CDT Code set.

Objective 9: Improve ADA's ranking as a trusted source of information for the public and key

stakeholders. (Public)

Initiative/Program: Clinical Data Registry

Success Measure: Position the Association as a leader in advancing quality of care.

Target: Acquire 650,000 patient records in the system by the end of 2022.

Range: Acquire 500,000 to 750,500 patient records.

Outcome: Technical build of the data warehouse, practice and research portals completed.

The ADA Dental Experience and Research Exchange (DERE), ADA's oral health registry program, launched in July 2021 to all practices using Open Dental. As of this writing, there are 32 practices in the system, 19 fully integrated with a total of 261,104 total patient records. The ADA DERE Research Portal went live to ADA Staff Researchers in March 2022. As of this writing, integration with Open Dental is complete. DERE will begin integrating practices from Epic Dental by end of June 2022. Integration with Dentrix & Eaglesoft is in the planning stages and is on track to be completed by year end.
Objective 9: Improve ADA's ranking as a trusted source of information for the public and key stakeholders. (Public)

Initiative/Program: Quality Assessment and Improvement

Success Measure: Position the Association as a leader in advancing quality of care.

Target: Not less than 30 state Medicaid programs report using measures developed by the Dental Quality Alliance (DQA).

Range: Between 25 to 35 states use measures developed by the DQA in their Medicaid programs.

Outcome: Thirty-five state Medicaid programs are currently using DQA measures.

Measures identified by the DQA are used in several federal and state programs. The Centers for Medicare & Medicaid Services has adopted two additional DQA measures, making a total of three DQA measures for Medicaid program reporting. The National Committee for Quality Assurance (NCQA) is currently considering adopting two DQA measures to assess dental plan quality through the Healthcare Effectiveness Data and Information Set (HEDIS) measure set.

The DQA currently has 23 organizations as dues-paying members.

Objective 9: Improve ADA's ranking as a trusted source of information for the public and key stakeholders. (Public)

Initiative/Program: Dental Informatics

Success Measure: On-time completion of the annual Systemized Nomenclature of Dentistry (SNODENT) Revision.

Target: Annual Systemized Nomenclature of Dentistry (SNODENT) Revision completed by year end.

Range: N/A

Outcome: The Systematized Nomenclature of Dentistry (SNODENT) was developed by the ADA to serve as a set of terms in dentistry primarily related to diagnostic terms. It has been harmonized with the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT); and is a recognized code set that will be the basis for Electronic Health Record development and certification. The concepts included in SNODENT are managed by the SNODENT Maintenance Committee, which has representation from all

dental specialty groups and the ADA. SNODENT is an American National Standard, which is approved annually by the SNODENT Canvass Committee.

ANSI/ADA Standard No. 2000 – SNODENT is revised annually. The most recent version was approved by the ADA SNODENT Canvass Committee in November 2020. Change requests to SNODENT are adjudicated by the SNODENT Maintenance Committee, which met in Chicago in February 2021. It is anticipated that the 2021 revision of SNODENT will be balloted to the ADA SNODENT Canvass Committee by September 2022, with approval expected by year end 2022.

Emerging Issues and Trends

Dental Benefits Market Data

The data below is the most current information available.

Enrollment [Source: National Association of Dental Plans and Kaiser Family Foundation]

- Almost 264 million people (80% of the U.S. population) had a dental benefit in 2020—up slightly from 2019.
- In 2020, Preferred Provider Organizations (PPO) accounted for 86% of the dental plans in the market—up from 85% in 2019, with dental health maintenance organizations dropping from 6% to 4%. Exclusive provider organization (EPO) plans, which are closed-panel PPO networks, are increasing in popularity but still only account for approximately 1% of the overall market.
- In 2020, the commercial market had 83.5 million people (52%) with fully insured dental benefits versus 76.4 million (48%) with self-funded plans.
- In 2020, enrollment in commercial dental benefits decreased from 177.3 million to 169.7 million compared to 2019. Enrollment in publicly-funded benefits increased to 93.9 million compared to 85.4 million in 2019.
- Total Medicare Advantage enrollment increased from 24 million in 2020 to 26 million in 2021.
- Approximately 56% of commercial group dental benefits are employer sponsored and the other 44% are voluntary benefits.

Network Statistics [Source: National Association of Dental Plans]

- In 2020, among those dentists who participate in PPO networks, on average, dentists participate in 28.3 different networks.
- In 2020, only 6.5% of enrollees with a maximum benefit of $1,000 to $1,500 seeing a network dentist used all of that benefit and 4.1% of enrollees with a maximum of $1,500 to $2,500 used all of their benefits.
- In 2020, 35% of annual maximums for patients seeing network dentists ranged from $1,000 to $1,500 and 51% ranged from $1,500 to $2,500. In addition, 12% of plans have maximums ranging from $2,500 to no annual maximum.

Eligibility and Benefits Verification

Following the publication of the Unified System for Eligibility Verification feasibility study in July 2021, the Council identified that as of early 2022, two of the largest dental clearinghouses, Change Healthcare and Tesia, are now very close to or have recently started offering specific eligibility and benefits verification technology solutions across the dental marketplace. Each product purports to solve for and improve the accuracy and comprehensiveness of the eligibility and benefits responses dental offices receive from payers by providing real-time status of the patient's benefits. As these companies roll out each of their solutions, the Council will monitor their effectiveness.

Provider Rating Systems

One emerging model in the commercial dental delivery system is the provider rating system. These ratings systems may be based on professional history and patient experience like Cigna's Brighter Profile or based on cost and quality metrics like that from the P&R Dental Strategies' DentaQual or the Skygen's Provider

Select Suite. The Council is monitoring these programs especially those reporting to access "quality". The Council is aware that these programs could eventually form the basis for value-based payment models.

The Council requested a detailed assessment of the measures in the DentaQual program from the Dental Quality Alliance and based on this assessment concluded that, in its current form, the program cannot be used to represent "quality". The Council has requested Delta Dental of California (DDCA) to remove the ratings from provider directories. As of this writing, the Council is awaiting further action from DDCA.

Responses to House of Delegates Resolutions

Resolution: 93H-2021—Developing Safeguards to Protect Employee Dentists

> **93H-2021. Resolved,** that the appropriate ADA agency assess the feasibility of creating guidelines, best practices or educate members on mechanisms to assure accuracy of claims submitted by the office or a third party on behalf of the treating dentist, and be it further
>
> **Resolved,** that a report be submitted to the 2022 House of Delegates.

Resolution 93H adopted by the House of Delegates directed the Council to assess the feasibility of developing guidelines, best practices or other educational resources to assist dentists in assuring accuracy of claim submissions. In response, the Council assessed that it was feasible to develop a guidance document, and has since developed a guide titled "Assuring Accuracy of Claims as a Treating Dentist".

With these activities and explanations, the directives from 93H-2021 have been satisfied or answered.

Resolution: 88H-2021—Reinstatement of ADA Third Party Payer Concierge Service

> **88H-2021. Resolved,** that the ADA restart and significantly promote its third-party dental insurance concierge service for a five year period, at which time this service can be re-evaluated as a state dental association benefit.

The Council oversaw the reinstatement of the Third Party Payer Concierge Service in an effort to lower the burden of answering dental benefit calls from members by state dental association staff. ADA members are now able to call the ADA to receive individual assistance regarding dental benefit issues. Furthermore, a grant program has been instituted to leverage state societies to market this service locally. A total of $50,000 was awarded to 17 states to disseminate information on the ADA Concierge Service. Success of this program will be measured each year as satisfaction of state dental association staff. In addition, ADA staff convene state association dental benefits staff twice a month to discuss issues, share best practices and provide other support necessary to assist members across the tripartite.

With these activities, the directives from 88H-2021 have been satisfied.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2023.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council reviewed Association policies related to dental benefits, coding and quality.

The Council reviewed the following policies and determined they should be maintained:

Authorization of Benefits (*Trans.*1994:665; 2013:306; 2017:264)
Definitions of "Usual Fee" and "Maximum Plan Benefit" (*Trans.*2010:546; 2011:452)

Timely Payment of Dental Claims (*Trans.*1991:639)
Reimbursement Under Third-Party Programs (*Trans.*1983:584; 1992:604)
Benefits for Services by Qualified Practitioners (*Trans.*1989:546)
Dental Benefit Plan Terminology (*Trans.*1991:634; 2012:440)
Dental Claims Processing (*Trans.*1999:930)
Guidelines on Coordination of Benefits for Group Dental Plans (*Trans.*1996:685; 2009:423)
Benefits for Incomplete Dental Treatment (*Trans.*1994:655)
Fee-for-Service (*Trans.*1994:666)
Balance Billing (*Trans.*1994:653)
Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers (*Trans.*2016:290; 2017:266)
Third-Party Payment Choices (*Trans.*2017:265)
Genetic Testing for Risk Assessment (*Trans.*2017:266)
Radiographs in Diagnosis (*Trans.*1974:653)
Patient Safety and Quality of Care (*Trans.*2005:321)
Plan Coverage for Treatment of Teeth Needing Restoration Due to Attrition, Wear and Abrasion (*Trans.*1993:693)
Use of DEA Numbers for Identification (*Trans.*2000:454; 2013:306)
Age of "Child" (*Trans.*1991:635; 2013:307)
Payment for Temporary Procedures (*Trans.*1999:922)
Eligibility and Payment Dates for Endodontic Treatment (*Trans.*1994:674)
Guidelines on Capture and Use of Diagnostic Images by Dentists, and by Third-Party Payers or Administrators of Dental Benefit Programs (*Trans.*1995:617; 2007:419; 2016:284)
Inclusion of Radiographic Examinations in Dental Benefits Programs (*Trans.*1991:634)
Coverage for Treatment of Temporomandibular Joint Dysfunction (*Trans.*1989:549)
Payment for Prosthodontic Treatment (*Trans.*1989:547)
Monitoring and Resolution of Code Misuse (*Trans.*2007:419)
Reporting of Dental Procedures to Third Parties (*Trans.*1991:637; 2009:418; 2013:303; 2016:284)
Authority for the Code on Dental Procedures and Nomenclature (*Trans.*1989:552; 2008:453)
Appropriate Use of Dental Benefits by Patients and Third-Party Payers (*Trans.*1993:688)
Third-Party Acceptance of Descriptive Information on Dental Claim Form (*Trans.*1978:507; 2013:308)
ADA's Dental Claim Form (*Trans.*1991:633; 2001:428; 2013:307)
Tooth Designation Systems (*Trans.*1994:652; 2002:394; 2013:301)
Submission of Attachments for Electronic Claims (*Trans.*1997:677)
Recognition of Tooth Designation Systems for Electronic Data Interchange (*Trans.*1994:675; 2013:324)
Proposal for the ADA Dental Claim Form to be Maintained in a Form That Coincides With the HIPAA-Required ANSI X12 837—Dental Transaction Set (*Trans.*2001:434)
Development of ADA SNODENT Clinical Terminology (*Trans.*1995:619; 2013:309)

In addition, the Council adopted a resolution to forward ADA policy amendments to the 2022 House of Delegates. The Council will submit the following amendment to the 2022 House of Delegates on a separate worksheet:

Explanation of Benefits (EOB) Statement and Identification of Claims Reviewers (*Trans.*1995:610; 2015:243)

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.