

# Council on Dental Benefit Programs

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 Ghazzouli, Hadi, 2024, Pennsylvania  
 Hill, Rodney C., 2023, Wyoming  
 Johnston, Mark M., 2023, Michigan  
 Jolliff, Susan D., 2025, Texas  
 Larson, Bryce A., 2023, Illinois\*  
 Moats, Mark A., 2025, Kentucky  
 Morgan, Stephen A., Jr., 2026, Louisiana  
 Olson, Shelley Barker, 2026, North Carolina  
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 Stuefen, Sara E., 2026, Iowa  
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 Shimpi, Neel, director  
 McHugh, Dennis, senior manager  
 Pokorny, Frank J., senior manager  
 Colangelo, Erica, manager  
 Dunsmoor, Afton, manager  
 Jones, Carlos, manager  
 Kirk, Lauren P., manager

The Council's 2022–23 liaisons include: Dr. Scott L. Morrison (Board of Trustees, Tenth District) and Ms. Lauren Ames (American Student Dental Association).

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

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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.

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\* *New Dentist Member*

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

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

**Initiative/Program:** Insurance Reform: Commercial Market

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

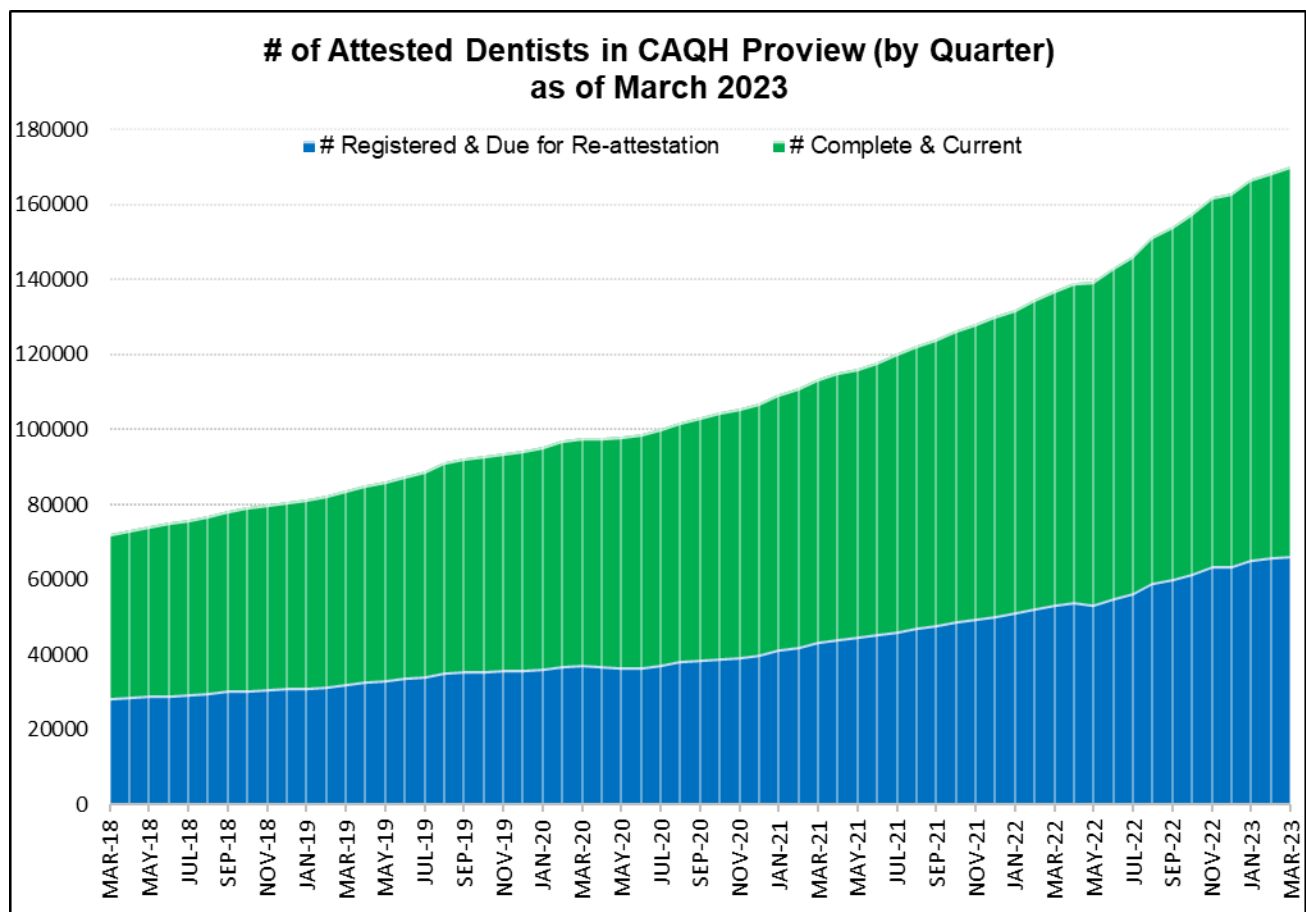
**Target:** At least an additional 500 dentists per month establish a new current attested profile in the ADA's Credentialing Service powered by CAQH ProView.

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

**Outcome:** As of May 2023, a total of 67,150 dentists have complete and current profiles; an average of 1,511 dentists are completing their profile per month. Another 37,452 dentists have completed applications and now only need to log in to re-attest. Outreach to dental payers has resulted in 29 participating dental organizations to date.

The credentialing service continues to experience strong and steady growth more than five 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 103,866 dentists nationally (see *Graph 1*).

**Graph 1**



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

**Initiative/Program:** Insurance Reform: Commercial Market

**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, 2023. At least 60,000 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, 2023. 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, 2023.

**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 March 2023, results have included:

- 56,096 dentists are currently using the Bento app to process claims from employer-sponsored and individually-purchased PPO plans.
- 293 practices are set up to offer in-office plans.
- 5,016 in-office plans have been purchased.

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.

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

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

**Initiative/Program:** Coding Standards

**Success Measure:** Maintain the CDT as the HIPAA standard for reporting dental procedures on electronic transactions.

**Target:** Delivery of CDT 2024 technical content delivered by July 2023 including ASCII file, CDT Manual and CDT Companion.

**Range:** N/A

**Outcome:** As of mid-April 2023, technical content for the CDT 2024 ASCII file, CDT Manual and CDT Companion have been delivered to the ADA Department of Product Development and Sales ahead of schedule.

The CDT ASCII file contains CDT 2024 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).

Additionally, the Council has proceeded with its research on the Enhanced CDT Code. A five-month public comment period – November 2022 through March 2023 – was established to solicit dental community feedback on the proposed Enhanced CDT Code's modifier architecture and sample content as posted on [ADA.org/publications/cdt](https://ada.org/publications/cdt). There were 326 written comments received.

Council review of the comments determined that the primary reasons for objections are perceived disruptions and anticipated negative financial effects (e.g., staff training, office overhead, and reduced reimbursements) without any clear near or long-term benefits of a change from the current five-character code number architecture with no modifiers. Very few comments addressed proposed modifier architecture's technical aspects.

After discussion, the Council determined that the Enhanced CDT Code Project should proceed within the constraints of the current CDT architecture (i.e., Dxxxx codes without further modifiers) to accommodate patient dental record documentation needs. The Council would continue to periodically monitor the needs of the dental profession and the need for CDT to include modifiers.

**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 1.5 million patient records in the system by year end 2023.

**Range:** Acquire 1.4 million to 1.6 million 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 and is open to all practice types. Integration with Open Dental is complete. As of May 2023, there are 36 Open Dental practices in the system, 31 of which are fully integrated with a total of 532,268 patient records. Piloting with Epic and Eaglesoft is currently in progress and integration is on track to be completed by year end. The ADA DERE Research Portal launched to ADA staff researchers in 2022.

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

**Initiative/Program:** Quality Standards

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

**Target:** Not less than 40 state Medicaid programs report using measures developed by the Dental Quality Alliance (DQA).

**Range:** Between 35 to 45 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 uses three DQA measures for Medicaid program reporting and is considering adding two more.

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:** Coding Standards

**Success Measure:** Maintain Systemized Nomenclature of Dentistry (SNODENT) using established processes to ensure delivery of updated terminology set within stated timelines.

**Target:** Approval of the 2023 edition of SNODENT by fall 2023.

**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 findings and diagnostic terms. It has been harmonized with the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT); an international clinical terminology designed for use in clinical documentation in the Electronic Health Record (EHR). It is a recognized code set that will be the basis for EHR 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.

The ANSI/ADA Standard No. 2000–SNODENT is revised annually. The 2022 edition of SNODENT, ADA Standard No. 2000.6, was reviewed and approved by the Canvass Committee in the fall of 2022 and accepted as an ANSI National Standard.

## Emerging Issues and Trends

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### Dental Benefits Market Data

The data below is the most current information available.

*Market Statistics* [Source: National Association of Dental Plans]

- Almost 280 million people (84% of the US population) had a dental benefit in 2021 up approximately 4% from 2020.
- In 2021, PPOs continued to dominate the market at 88% up 2% from 2020.
- In 2021, the commercial market had approximately 95.9 million people (54%) with fully insured dental benefits, up 2% from the previous year versus ~80.9 million (46%) with self-funded plans. Fully insured plan participation continues to grow since 2013 due to the number of individuals purchasing dental benefits on the marketplace.
- In 2021, only 2.2% of enrollees (in large groups) with a maximum benefit of \$1,000 - \$1,500 used all of that benefit and 1.3% of enrollees with a maximum of \$1,500 - \$2,500 used all of their benefits.
- In 2021, 33% of annual maximums ranged from \$1,000 - \$1,500 and 48% ranged from \$1,500 - \$2,500 which were slight decreases from the prior year. This has resulted in 17% of plans having annual maximums over \$2,500.
- The median number of networks a dentist participates with is 15.7.

**Medicare Advantage (MA) Plans Boosting Supplemental Benefits:** Over 2,200 [Medicare Advantage plans](#) are offering supplemental benefits this year, up from about 600 in 2020, consulting firm ATI Advisory says, and the type of benefits has expanded to include things such as food delivery and help at home. A 2018 change in federal law enabled such plans to begin offering supplemental benefits.

**Provider Rating Systems:** Payers, specifically within the Delta Dental system continue to use commercially available products such as “DentaQual” to publicly rate dentists in their provider directories. The stated rationale is that employers, i.e., purchasers of group dental benefit plans, are seeking such information to support their employees’ choice of healthcare provider. Payers also report that most

dentists participating in their networks are not complaining or appealing their scores. The Council continues to use all available means to highlight the lack of validity of some of these rating programs.

### **Responses to House of Delegates Resolutions**

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There were no resolutions assigned to CDBP as primary agency from the 2022 House of Delegates.

### **Self-Assessment**

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In accordance with Resolution 1H-2013, the Council conducted its self-assessment through an open discussion. The primary annual goals of the Council include updating the CDT, maintaining relationships with payors, and representing the profession on legislative and regulatory issues. Overall, the Council was satisfied with Council processes that allows for more productive and efficient in-person meetings. The Council agreed that the duties and responsibilities as described in the *ADA Governance and Organizational Manual* remain relevant.

### **Policy Review**

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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:

- Quality Health Care (*Trans.*1995:609; 2013:311)
- Position Statement on the Appropriate Use of Data From Quality Measurement (*Trans.*1998:701; 2013:311)
- Principles for the Application of Risk Assessment in Dental Benefit Plans (*Trans.*2009:424; 2013:321)
- Principles for Pay-for-Performance or Other Third Party Financial Incentive Programs (*Trans.*2006:328; 2013:310)
- Use of Health Care Effectiveness Data and Information Set (HEDIS) for Utilization Measures (*Trans.*2013:344)
- Guidelines on the Structure, Functions and Limitations of the Peer Review Process (*Trans.*1992:37, 603)
- Use of Peer Review Process by Patients and Third-Party Payers (*Trans.*1990:534)
- Dentist Participation in Peer Review Organizations (*Trans.*1987:501)
- Constituent Society Peer Review Systems (*Trans.*1981:573)
- Qualifications of Participating Dentists (*Trans.*1991:639)
- Statement on Dental Benefit Plans (*Trans.*1988:481; 2013:316)
- Guidelines on Professional Standards for Utilization Review Organizations (*Trans.*1992:601; 2001:433)
- Limitations in Benefits by Dental Insurance Companies (*Trans.*1997:680; 2011:453)
- Legislative Clarification for Medically Necessary Care (*Trans.*1988:474; 1996:686)

The Council will submit the following amendments to the 2023 House of Delegates on separate worksheets:

- Statement on Preventive Coverage in Dental Benefits Plans (*Trans.*1992:602; 1994:656; 2013:306; 5 2018:312)
- Statement on Managed Care and Utilization Management (*Trans.*1995:624)
- Dental Benefits within Affordable Care Act Marketplace and a Public Option (*Trans.*1995:624)

### **Council Minutes**

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For more information on recent activities, see the Council's [minutes](#) on ADA.org.