



2016 CDA Presents in Anaheim

Dental Plans May Finally Be Changing – Your Practice in the Era of the Affordable Care Act

Gary L. Dougan, DDS, MPH

Friday, May 13, 2016

3:30–5:30 p.m.

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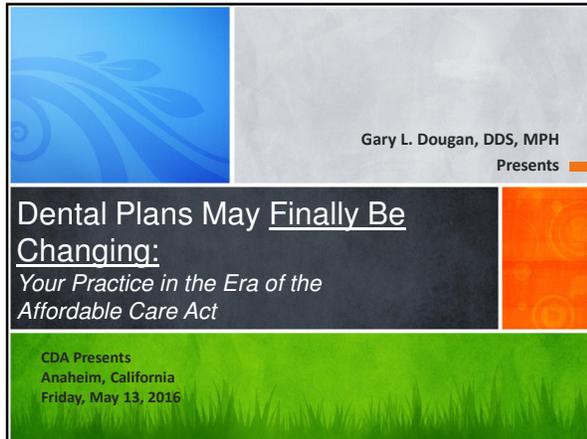
2016 CDA Presents in Anaheim

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Gary L. Dougan, DDS, MPH
Presents

Dental Plans May Finally Be Changing:

Your Practice in the Era of the Affordable Care Act

CDA Presents
Anahelm, California
Friday, May 13, 2016

Today

- Changes Coming From Health Care Reform
- Affordable Care Act – where are we in “Dental”
- Dental Quality Measures
- Dental Benefit Plan Designs – sooner rather than later
- Code Changes
- Utilization Management topics

Learning Objectives

- Learn how quality measures will be used by dental plans to differentiate your office from others
- Understand how the affordable care act has an effect on the future of what we value and how we care for our patients
- Position your practice in the future to be ready for a new set of practice values

Something’s Coming

- Looking Back
- Examine What We’re Used to
- Looking Forward to what’s coming
- **DISCLAIMER: My Predictions**

*Future Focused Discussion
We just don’t know exactly when*



HEALTH CARE REFORM AFFORDABLE CARE ACT

Affordable Care Act

- “Obamacare”
- “Health Care Reform”
- Partisan Politics -
- Can we really repeal / unravel this?
- Do we really know what the contentious aspects are?
- Or is it a symbolic disgust with Obama or the process?
- Do we really want to undermine this?
- Should we really do away with this?

Affordable Care Act

- Triple Aim of Health Care reform
 - Better quality
 - Patient Experience
 - Lower Cost
- Get the uninsured covered
- Decrease waste and abuse of the health care system
- Transparency
- Portability / Integrated / Coordinated
- Quality



Affordable Care Act – Let’s Review...

2012

- Children on parent’s policy to age 26
- Elimination of pre-existing conditions
- Prescription Drugs



Affordable Care Act – Let’s Review...

2013

- Health Exchanges / Marketplaces
 - State or Federal
 - Private
 - Individual and SHOP
- Essential Health Benefits defined
- Actuarial Values (platinum, gold, silver, bronze)
- Infrastructure to get ready



Affordable Care Act – Let’s Review...

2014

- Mandatory Inclusion of Pediatric Dental
 - In and out exchange
 - Bundled, embedded, stand-alone
- Pediatric Dental Essential Benefits / ortho
- Transparency – compare plans
- New emphasis on Quality Management
- Reimbursement models based on Outcomes
- Decreased emphasis on ‘per procedure’ payment



Affordable Care Act – Let’s Review...

2015

- Emphasis on SHOP
- Emphasis on Federal exchange
 - Bundled, embedded, stand-alone
- Pediatric Dental Essential Benefits / ortho
- Transparency – compare plans
- Quality Metrics being discussed – pilot programs



Affordable Care Act – Let’s Review...

2016

- Some exchanges experiencing trouble
- Individual vs Small Business results
- Offering adult dental as well as the required child
- Emphasis in CA continues on Covered CA
 - Bundled, embedded
- Pediatric Dental Essential Benefits / ortho
- Transparency – compare plans
- Quality Metrics being discussed – pilot programs



Affordable Care Act

IMPLICATIONS/PREDICTIONS FOR DENTISTRY

- Pilot programs
- Watch what happens on the "medical side"
 - Dental will usually follow similarly, but not exactly in 1-3+ years
- Establishment or re-emphasis of guidelines
 - Practice parameters
 - Best Practices
 - Protocols
 - Evidence-based
- Defined Quality Metrics in Dentistry
 - ADA Dental Quality Alliance



Affordable Care Act

IMPLICATIONS FOR DENTISTRY

- Mandatory Inclusion of Pediatric Dental
- Essential Pediatric Dental Benefit
 - CHIP (in CA) or FedVIP plan design
 - "Medically Necessary" Ortho plan design
 - Orthodontic community concerned with this



Affordable Care Act

IMPLICATIONS/PREDICTIONS FOR DENTISTRY

- Experimentation with Reimbursement Designs
- Value-based reimbursement
- Results-based reimbursement
- P4P arrangements come to dentistry
- Payment by Visit (FQHC)
- Payment by group – manage their 'health status'
- Payment per child assigned / enrolled



Affordable Care Act

IMPLICATIONS/PREDICTIONS FOR DENTISTRY

- Pay-for-Performance
- How many (ratio) of "your" children got services
- How many of "your" pts are on recall?
- Number of complaints/grievances
- Patient satisfaction measures
- Move away from "one size fits all" preventive or restorative dentistry
- "We [probably] can't afford it/are not funded for it"



Affordable Care Act

May need to ask yourself:

"Is what I'm (proposing or doing) NECESSARY RIGHT NOW
OR am I doing this because I believe this is the
best preventive practice
OR for some other reason"



Re-Tooling General Practice

- Hooray for More Patients
- Millions of new children in the system
- Adults are following as well
- We know more about the dynamics of family behavior
- Government subsidies and employer mandate
- All types of plans (eventually)
- Plans will vary from commercial to gov't models



Re-Tooling General Practice

IMPLICATIONS/PREDICTIONS FOR GENERAL DENTISTRY

- You will probably be busier
- Probably lower end children and adults at first
- Pent-up need
- Efficiency and practice “systems” essential
- Complex children will go to the pediatric dentist
- Do the “easy ones”
- Not enough Pediatric Dentists - OPPORTUNITY

Re-Tooling General Practice

WHAT TO DO

- Gear up for children in your practice
- Learn the D0145 “knee-to-knee” anticipatory guidance exam – up to \$100 for it
- Crying is OK – mouth open / look in!
- Learn some “behavior management”
- Get familiar with “nitrous oxide”
- Other sedation techniques (oral, conscious)
- Shadow your favorite pediatric dentist best friend
- Send your staff to do so

Re-Tooling General Practice

D0145 - Oral evaluation for a patient under three years of age and counseling with primary caregiver

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

Is Dental Still Different?

TRADITIONALLY

- We are primarily a cottage profession
- We are 80% generalists and 20% specialists
- Exact opposite of medical practice
- Good or Bad: We are separate from medicine

Is Dental Still Different?

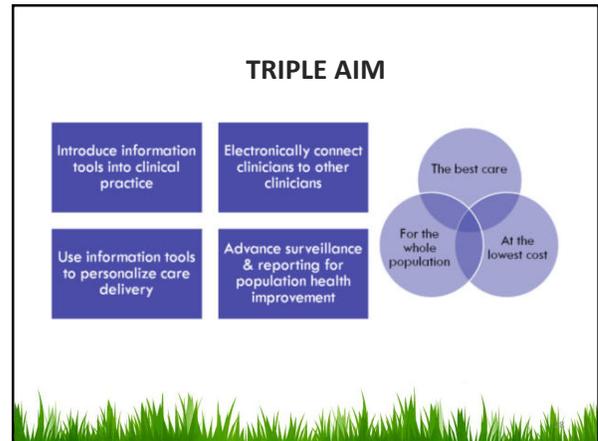
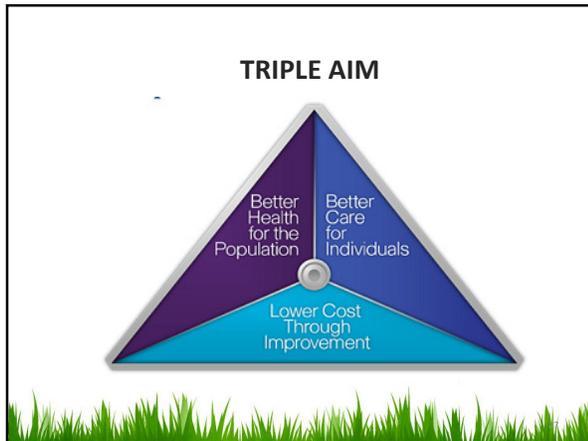
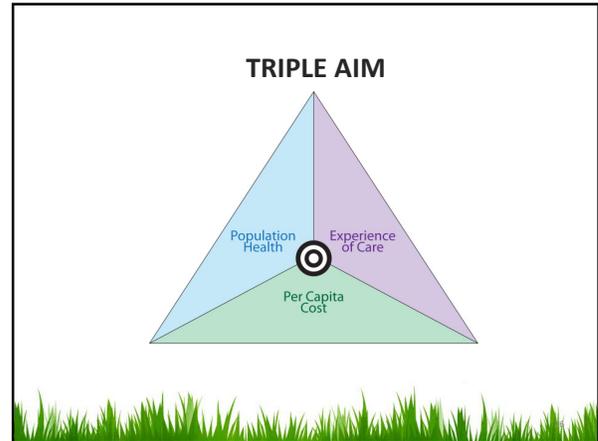
NEW PARADIGM APPROACHES

- QHP requirement for Pediatric Dental EHP
- Emphasis on embedding dental into a health plan
- Carve in vs. Carve Out of health plan
- Will Dental now be viewed as a “subspecialty”
- Different calendar max for health care and dental
- **Out of Pocket Max** – know this concept
- Who will be making the plan decisions?
Medical leadership or Dental Leadership

Is Dental Still Different?

STAND ALONE vs. EMBEDDED/BUNDLED

- Stand-alone plans may diminish in market share
- Some may revel in saying good-bye to Delta / Met
- Hello to CIGNA, Aetna, United,
- Blues?
- Stand-alone's may still partner with a medical managed care organization (MCO)



- Health Care Reform Goals**
- TRANSPARENCY SHOULD BE GOOD FOR CONSUMER
- Comparable offerings
 - Same or similar benefit plans
 - Same or similar patient participation
 - Same or similar actuarial ratings (medal ratings)
 - Like renting a car on Orbitz® or Travelocity®

- Health Care Reform Outcome**
- WHAT ABOUT THE DENTIST?
- Position your practice and profession to be special
 - Show off your office's Quality activities or scores as they are developed
 - Differentiation
 - Join Networks to get your share
 - It's the only source of totally new patients
 - It's the population that is needy and in general hasn't been treated

“Quality” May Finally Matter

HEALTH PLAN LEVEL

- Qualified Health Plans must meet quality checklists
- HEDIS scores
- Possible NCQA & URAC accreditation coming
- Access & Availability of Services
- Grievances
- Utilization
- Health Improvement Initiatives
- Language Assistance
- Covered Population improved health status
- Demonstrated Use of established Protocols

“Quality” May Finally Matter

DENTAL PRACTICE LEVEL

- Number of your patients in maintenance
- Number of children with active caries treated
- Preventive services rendered
- Risk Assessments performed
- Office level health plan scores will contribute to dental plan-level scores
- Plans will want to partner with cooperative offices

“Quality” May Finally Matter

DENTAL PRACTICE LEVEL

- Effectiveness of Recall system
- In-office wait times
- Wait times for next appointments
- Patient Education Experiences
- Health Improvement Initiatives
- Language Assistance
- Demonstrated Use of established Protocols

“Quality” May Finally Matter

DENTAL PRACTICE LEVEL

- Emphasis on Informed Consent process
- Choices explained
- Low complaint occurrence
- Patient Satisfaction
- Demonstrated Health Status improved
- Emphasis on self-care / chronic care model
- Participation in Disease Management / Wellness

“Quality” May Finally Matter

HOW WILL YOU BE EVALUATED?

- Chart Reviews
- Patient Satisfaction
- Grievance/Complaint ratios
- Utilization profiles
- Fraud, Waste and Abuse
- Some self-reporting
- “Quality” Dashboards
- Your office’s results on the DQA measures

“Quality” May Finally Matter

WHAT THIS COULD MEAN FOR YOUR OFFICE

- Preferential Payment
- Faster Payment
- Increased access to the covered population
- Better positioning on websites / directories
- Processing requirements waived
- Preferential assignment of new members
- Designation as a “Center of Excellence”



ADA DQA Quality Measures 1.0

UTILIZATION OF SERVICES

1. Percentage of all enrolled children who received at least one service within the reporting year

ADA DQA Quality Measures 1.0

ORAL EVALUATION SERVICES

2. Percentage of enrolled children who received at least one service
who received a comprehensive or periodic oral evaluation within the reporting year.

ADA DQA Quality Measures 1.0

PREVENTIVE SERVICES (6-9 YEARS)

3. Percentage of enrolled children who received at least one service in the age category of 6-9 years at "elevated" risk (e.g. "moderate" or "high")
who received a sealant on a permanent first molar tooth within the reporting year.

ADA DQA Quality Measures 1.0

PREVENTIVE SERVICES (10-14 YEARS)

4. Percentage of enrolled children who received at least one service in the age category of 10-14 years at "elevated" risk (e.g. "moderate" or "high")
who received a sealant on a permanent second molar tooth within the reporting year.

ADA DQA Quality Measures 1.0

PREVENTIVE SERVICES (FLUORIDE TREATMENT)

4. Percentage of enrolled children who received at least one service who are at "elevated" risk (e.g. "moderate" or "high")
who received (1, 2, 3, 4 or more) topical fluoride applications within the reporting year

ADA DQA Quality Measures 1.0

PREVENTIVE SERVICES (FLUORIDE OR SEALANTS)

5. Percentage of enrolled children who received at least one service who are at “elevated” risk (e.g. “moderate” or “high”)

who received topical fluoride application and/or sealants within the reporting year



ADA DQA Quality Measures 1.0

TREATMENT SERVICES

6. Percentage of enrolled children who received at least one dental service

who received treatment service(s) within the reporting year.



ADA DQA Quality Measures 1.0

USUAL SOURCE OF SERVICES

7. Percentage of enrolled children who received at least one service in both years

who visited the same practice or clinical entity in both years

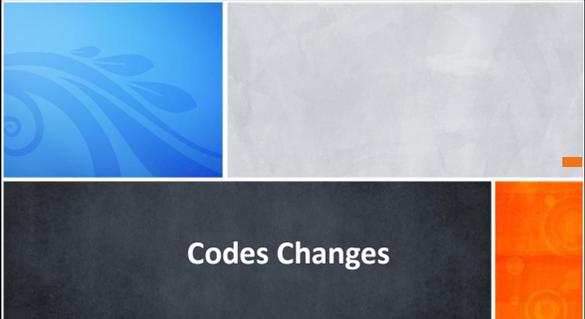


ADA DQA Quality Measures 1.0

CARE CONTINUITY

8. Percentage of enrolled children who received at least one service in both years

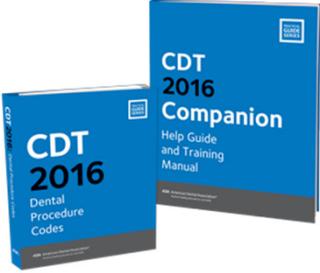
who received a comprehensive or periodic oral evaluation in both years



Codes Changes



Use the Correct Codes for 2016



Coding “Wins” of Recent Years

- D0486 transepithelial cytologic sample...
 - “brush biopsy” (CDT 2011-12)
- D1352 preventive resin restoration (‘11-12)
- D2940 protective restoration (‘11-12)
 - Former “sedative temporary”
- Image Capture (2013)
- Fluoride simplification – one code for all (2013)
- D2990 incipient smooth surface lesions (2013)
- Post Removals – fewer restrictions (2013)

Coding “Wins” of Recent Years

- Fewer “recipes” or “Dental School 101” in the descriptors (2013)
- Endo Retreatment no longer inclusive of post removals (2013)
- D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth (2013)
- Free gingival grafts expanded (2013)
- New implant codes (2013)
- Implant grafts more well-defined (2013)

Coding “Wins” of Recent Years

- Post and core simplified (2013)
- Sinus Lifts expanded (2013)
- External bleaching – home use (2013)
- Caries Risk Assessments – CAMBRA (2014)
- Interim Therapeutic Restorations – ITRs (2014)
- Restorative Foundation / Core Build-ups (2014)
- Apico’s separated from Peri-radicular surgery (2014)
- Gingival Irrigation (2014)

Coding “Wins” of Recent Years

- Carriers
- Implant second stage surgeries
- Implant maintenance procedures
- Implant perio surgeries
- Mini-implants
- Ortho definitions
- Repairs and rebonds of ortho appliances
- Sales Tax (NM, HI, MN)

Coding “Wins” (from 2015)

- Re-evaluation (D0171)
- Sealant Repair (D1353)
- Definition of filling surfaces (“without interruption”)
- Implant deletions and expansions
- Pre-orthodontic treatment exam (D8660)
- Evaluation for Sedation (D9229)
- Clean & inspect removable appliance (D9931)
- Missed appt (D9986)
- Cancelled appt (D9987)

Coding “Wins” (from 2016)

- Caries arresting medicament (D1354)
- Connective tissue grafts expanded
- Denture codes more descriptive of arch & type
- D6600-D6794: “retainer” crowns, inlays, onlays
- Occlusal orthotic device adjustment (D7881)
- Removable orthodontic retainer adjustment (D8681)
- Clean & inspect removable appliances (D9932-5)
- Deep sedation – all 15 minute increments
- IV sedation – all 15 minute increments

Future of Coding

- Diagnostic Codes
 - Reason or clinical entity requiring the procedure
- Teledentistry
- Sales Tax? (first administrative code)
- Endo Access opening
- Laser decontamination
- Possibly LANAP; not “troughing”

Future of Coding

- More administrative codes (transportation, case management, customized pt education, scaling in the presence of inflammation (return?))
- Implant scaling
- Clearer coding for home medicaments dispensed in office
- Ancillary consults
- Clean up surgical codes – “routine” & “surgical”

Future of Coding

- Data Mining
- Ratios
- Frequency
- Billing Medical Carriers – take a class
 - Different set of codes & forms
 - Diagnostic codes
 - Higher (or no) Maximums
 - Not medical HMO’s (unless referred and pre-auth’ed)

Where are Dental Benefits Going?

Future Plan Adaptations Considered

- Increased maximums – finally !! (increments of \$250)
- Perio Maintenance (D4910) to 4 per year
- Sealants – replacements @ 5 years and to age 19
- Mixed opinions on extra cleaning only to pregnant women so maybe all will get access to a third cleaning
- Resin fills for all posterior teeth (if not already)
- Bruxism appliances more generous

Future Plan Adaptations Considered

- Waive waiting periods for missing teeth
- BWX from 2 sets / year to 1/year as per FDA/ADA
- General Anesthetic paid as Type C benefit
- Introduction of lower cost plans not in the Exchange
- Increased emphasis on Disease Management coordination with medical carrier
- Claims Review based on provider history and not one size fits all i.e. all crowns for all providers will be reviewed

What's Possibly [Finally] Coming?

- No frequency on fillings
- Implant coverage more standard
- Veneers, onlays, etc. less scrutiny
- Shift in coverage types A, B, C, D
- C&B, prosthetic, implants to 7 or 10 year replacement

What's Coming?

- Steerage – better benefits in-network
- Increase percentage & max in-network
- Fluorides to age 19+
- Graduated benefits – increases each year
- Roll-over maximums
- Direct Deposit
- More Web activity

Top Issues

SO WHAT ARE MY CONCLUSIONS?

- Dental won't be so Different
- Emphasis on Quality Measures and Metrics
- Emphasis on an electronic dental record
- Dental may become more embedded
- Dental may become trapped in the medical establishment
- CAMBRA – will be valued
- Busier – get your systems ready!
- Emphasis on outcome dentistry vs. procedural dentistry
- We will ALL be pushed to reduce or stabilize costs

THANK YOU !

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