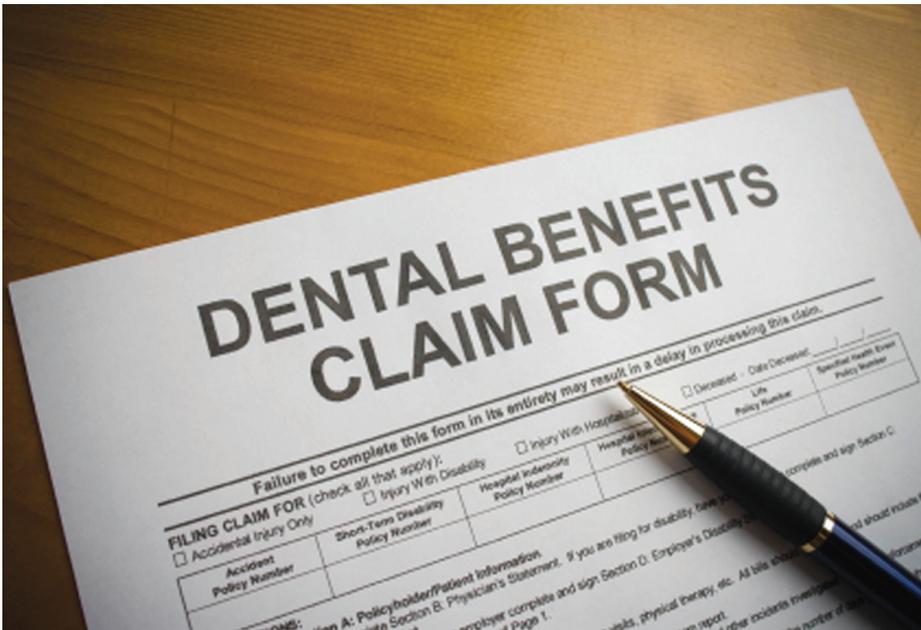


Beyond The Spreadsheet – Evaluating Dental Benefits For Value

The simplest comparison to make, when evaluating proposals, is among the top-level numbers. How much is the premium? How large is the dentist network? What are the basic out-of-pocket costs?



Employers have made difficult decisions as premiums and operating expenses have continued to rise in the general employer benefits market. Many have had to lay people off, move to smaller spaces, and reduce or discontinue benefits. Despite this challenging business climate, an enormous majority of companies don't examine benefits for quality, according to a 2010

Kaiser Family Foundation and Health Research and Educational Trust report.

Only 34% of companies in the survey, that employ 200 or more people, say they evaluate performance indicators of clinical and service quality. Worse still, only 5% of companies that employ three to 199 people say they review these quality indicators.

With so few employers making

an effort to review the quality of benefits, brokers have an open opportunity to bring additional value to their role in guiding a group through their decision-making process.

For health plans, there are certain indexes to help discern quality, such as the Consumer Assessment of Healthcare Providers and Systems. But things are less cut and dried for dental plans.

Dental benefits are most quickly and easily defined by the basic numbers. The employer's budget is often the most visible factor and is a good starting point. From there, many companies look at the dentist network to see how many of its members will be able to continue seeing their current dentist.

They will compare the common numbers relating to maximums, deductibles and out-of-pocket costs related to different types of procedures and orthodontia. While these numbers give excellent basic information on how much a subscriber will pay, they

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don't get down to the details of what the subscriber will actually receive and experience with their benefits.

The best way to ensure that your clients get the most value for their money is to look beyond the spreadsheet for quality indicators. The following sections describe different ways to identify value when comparing dental benefits.

Out-of-Pocket Costs for Employees

Out-of-pocket costs are often a part of basic proposal review, but some of the finer details may not be immediately apparent. Watch for pricey upgrade charges on crowns and dentures and make sure the benefit levels track as you would expect them to through the entire schedule. Watch out for any odd maximums on orthodontia. If orthodontia is particularly important to your client, make sure all relevant procedures are included.

You should be certain that the plan covers a wide range of procedures and includes the most up-to-date treatments. A plan that does not cover a current procedure can cause your clients to pay the dentist's usual and customary fee outside of their dental benefits.

Access & Availability

Access is often considered before availability. But, availability should be considered at almost the same level. While it's a real negative factor if there aren't any network dentists near the group's employees, it doesn't do much good to have a dentist nearby if they don't have availability for nine months. The dental plan you are considering for your clients should be able to provide numbers for access and availability so you can ensure a smooth transition for their employees.

You can look deeper into the dentist network by examining the different types of offices that would be available to your clients. It's a good sign to see both large and small offices to address the different wants and needs of your clients. Be wary of dentist networks that count a large number of dentists in an office since these dentists may be splitting time among a number of different offices.

Exclusions and Limitations

Just like you would look at deductibles and maximums when reviewing basic benefit numbers, it is important to pay close attention to the exclusions and limitations that are built into a plan. It's important to compare them to other proposals you received, to the group's existing plan, and to similar plans that you have information on. Watch for odd limitations, such as a

one cleaning per year limitation and other out-of-the-ordinary limitations on common procedures. It's also a good time to look at and compare any dollar amount deductibles or maximums.

Bundled Benefits

We've all been quoted for medical with dental and/or vision bundled together. It always looks good on the surface because it all goes together and they've built in a discount. It may seem like a win-win for your clients. But, as the broker, it's important to make sure that it really is a win-win. You may find that you can find better coverage separately even when accounting for the discount.

Also, keep in mind the specialty of the company you are working with primarily. Remember that a particular plan specializes in what it does and may not be as knowledgeable about the bundled benefits.

Quality Assurance

It's a great idea to ask how a dental plan helps to ensure quality care. You can find how quality assurance fits into the plan's priorities and how the plan identifies and handles potential quality issues. The quality assurance plan, as mandated by the Department of Managed Health Care, should be a comprehensive document of procedures and guidelines to foster quality care for dental plan members. An excellent question to ask is now the dental plan handles grievances. Every plan encounters grievances, but it is the way the plan treats the member and resolves issues that makes the real difference.

Plan Design

A dental plan representative should be able to explain how the plan is designed to encourage proper treatment. Dentists are largely honest in treating appropriately and laying out all options for care, but the dental plan should be intentional to keep its compensation neutral. The plan should not provide incentives for dentists to over-treat or under-treat their patients. Also, it should not compensate more than market value across the range of procedures. This helps to remove the potential incentive for a dentist to perform one type of procedure over another because it is compensated in a more generous way.

Credentialing of Dentists

Find out what steps are involved in credentialing a dentist for inclusion in the dentist network. It should, of course, include a background check to confirm their education, degrees, and work history. It should also include a criminal background check and a malpractice check. Additionally, you can check with the state to see if any formal action has been taken against a particular dentist and find how it was resolved. This can be done through the Dental Board of California (<http://dbc.ca.gov/>).

Removal of Dentists

At some point, in any large-scale network of dentists, some dentists will be unwilling to operate under the dental plan's standards. It shows great mettle and commitment to quality for a plan to reduce the size of its network voluntarily. Too often, the size is considered before the quality of the dentist network. If you can find examples of a plan that has removed dentists from its network for quality issues, it's a sign of the plan's commitment to taking action to ensure quality instead of just putting words on a paper.

In Conclusion

There is much more to consider when reviewing dental benefits for your clients. Be wary of bundled benefits. They can be excellent, but it's easy to take them at face value without really examining what you're getting for your money. Also take care to look at the dental plan's commitment to quality care, access and availability. You should be able to find out satisfying answers to all of the above points before making a final decision on dental benefits for your clients. □

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