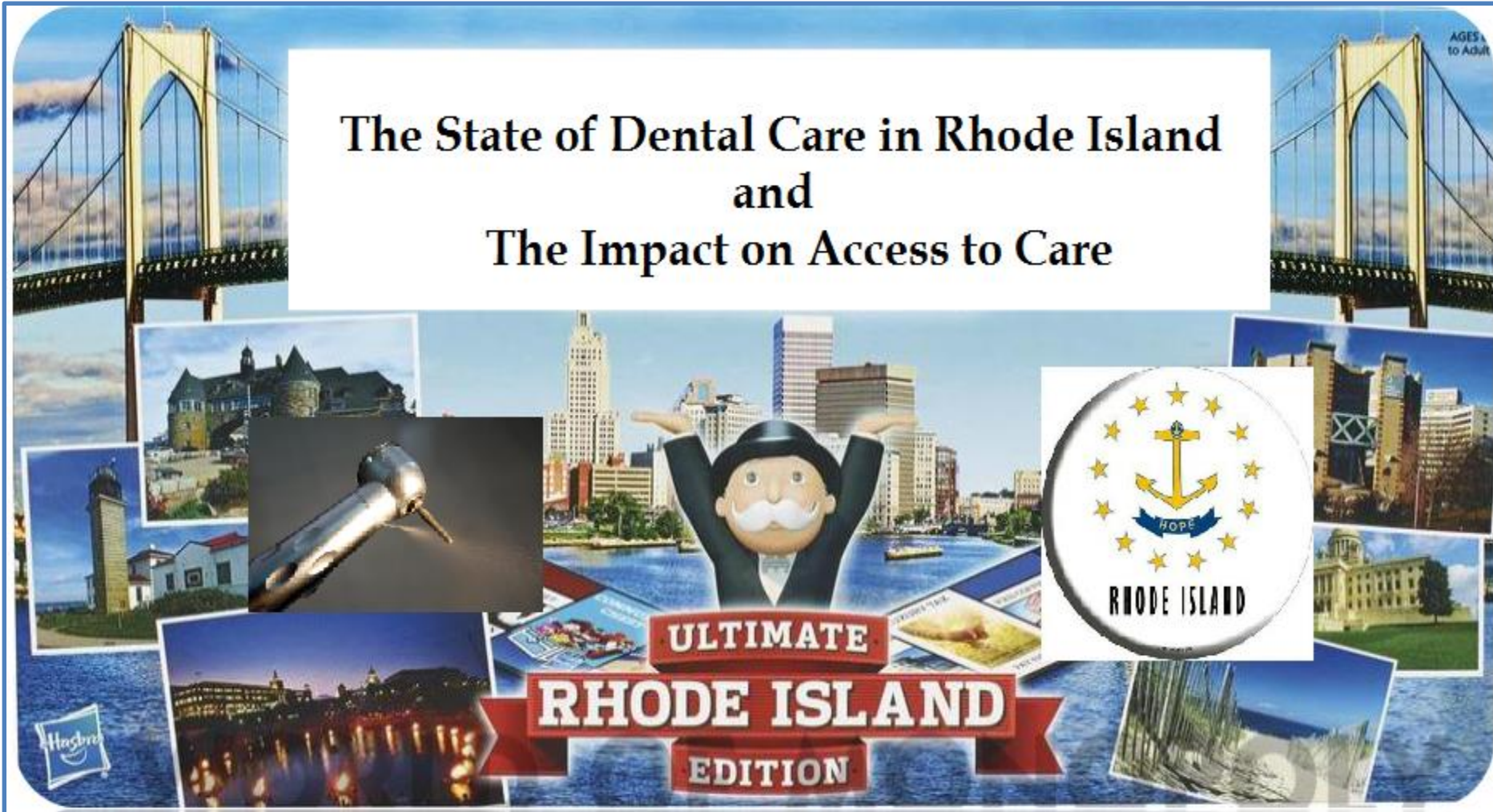


The State of Dental Care in Rhode Island and The Impact on Access to Care



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State Dental Assistance Program

Most States focus on children only

RI Elects to allow assistance to Adults as well

Approximately 300,000 Individuals

165k Adults (21-64)

135k Children (under 21)

Medicare Advantage Programs (65+)

State Dental Assistance Program

Two Programs -

Rite Smiles – Children age 0-17

State Medicaid Program 18+

Provider Base -

8 Health Centers

2 Hospital Programs

Private Practices

State Dental Assistance Program

Approximately 300
Providers who participate
which includes providers
from the health centers and
hospitals

State Dental Assistance Program

Of the 300 providers there is varied participation

~100 treat an average of 500 patients/yr

~120 treat an average of 150 patients/yr

~38 treat an average of 100+ patients/yr

Remainder

Treat an average between 40- 100 patients/yr

State Dental Assistance Program

Why Can't we recruit more dentists to participate?

State Dental Assistance Program

Why Can't we recruit more dentists to participate?

**Bigger issue is we cannot
recruit dentists to come to
RI!**

Why Participate?

LOW REIMBURSEMENT RATES

DIFFICULT ADMINISTRATIVE
REQUIREMENTS and LITIGATION RISK

PATIENT RELATED ISSUES

Failed Appointments, Non-Compliance

Reimbursement Rates

Rite Smiles has “increased” fee payments

Still below average charges or private insurance fees

Medicaid payments lag far behind

5th LOWEST rate in the Nation (2016)

If Medicaid is a federally funded program shouldn't the rate be the same for all – or – if the program will pay a dentist in another state more (given all things equal) why do we not deserve a higher rate of reimbursement?

Who determined it is less costly to treat a patient in RI?

Reimbursement Rates

Lower than Low reimbursement rates within the dental assistance program have driven the most highly skilled and technologically advanced dentists from the system.

Many that do participate provide acceptable but not exceptional care which frustrates patients as a result of the level of care they are receiving.

RISKS

Occurs when the provider attempts to increase their profit from the system

Allows Less time than adequate for procedures

Excessive Pulpotomies

Excessive Stainless Steel Crowns

Upcoding Sealants to Restorations

One tooth per visit to increase Encounter Fees

Administrative Requirements

Rite Smiles through United Healthcare – simple contract

Medicaid – Federally regulated

Not a simple process

Fear of doing something wrong

Not worth the time, risk, effort

Patient Related Issues

Broken Appointments or Late Arrivals

Failure to comply with preventive recommendations (Brushing, Flossing, Sugar intake, Fluoride Use, Smoking Cessation)

Patient habits that may affect others in office (Alcohol, Tobacco, Marijuana, Personal Hygiene and/or Attitude)

Practice can't contact patient– Patient Moved, Phone D/C, Voice Mail is full

Utilization

Of the approximately 300,000 Individuals who qualify for the state programs there is about a

50% Utilization Rate

For Both Children and Adults

Nationally, Patients With and without dental insurance, see a dentist less often

Ages 2-18 = 48.5%

Ages 19-64 = 36%

Ages 64+ = 43.7%

Utilization Why or Why Not

What keeps a patient away?

Cost, Fear and Anxiety, Forgot,
Work, Stigma/Judgement, Limited Options,
Peer Influence, Parental Influence/Ignorance

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But those keep ALL patients away!

Cost

Approximately \$40 Million is expended for this program every year

Mixture of State and Federal Funds

Problem with the current model is there are costs associated with the administration of the plan and costs for patients that do not see a dentist.

Goal would be to eliminate costs for patients that choose not to see a dentist.

Failed Attempts

Midlevel Providers – This approach has been attempted in other states such as Maine, Minnesota and Alaska

Problems with this model:

Lack of education, training, experience

Designed to operate in underserved areas but usually establish in areas that are more economically favorable (Portland ME)

Minnesota – % of patients treated didn't change

Optional Solution - RIDAP

Similar to SNAP (Supplemental Nutrition Assistance Program) called RIDAP – RI Dental Assistance Program

Individuals are given an EBT for the year (\$?)

Exclude some procedures (just like tobacco and alcohol for SNAP)

Dentists bill fees they and the patient agree to and patients can see whoever they want

(FREE MARKET)

Another Optional Solution

RAISE THE FEE ALLOWANCES
CLOSER TO PRIVATE INSURANCE

Three States

Connecticut, Maryland, Texas

**RESULTED IN INCREASED UTILIZATION
AND PARTICIPATION**

CONNECTICUT BROUGHT
ALLOWANCES TO THE 70TH
PERCENTILE OF INSURANCE FEES

The Rhode Island Landscape

Raising fees to that level in RI

**UNFORTUNATELY
WOULD NOT WORK**

To understand why one needs to
learn about the RI Landscape

The Rhode Island Landscape

There are 2 Major benefit providers in Rhode Island. Delta Dental of RI and Blue Cross Blue Shield of RI

Delta Dental of RI has 8 times as many subscribers and has market control over its competitors and its providers (dentists)

The Rhode Island Landscape

Both Delta Dental and Blue Cross Blue Shield welcome and provide benefits to small companies and even individuals.

Other benefit providers insure major corporations with thousands of employees. Rhode Island lacks those corporations. Therefore, other dental benefit companies have minimal if any market share in RI.

The Rhode Island Landscape

This lack of competition results in nearly identical rates of reimbursement by both Delta Dental of RI and BCBSRI because there is no true competition between them and none from other companies.

(LACK of) Fee Increases

Provider Fee allowance increases by the dental plans usually would occur every year and usually began in April (After the 1st Quarter ended which coincided with a subscribers benefit renewal)

Dentists were given a small percentile increase for a variable number of procedures

MARCH 2008 was the last such increase*

*Fee Increases from Delta Dental

*There have been fee allowance increases to a limited number of procedures for “*E-Offices*” by agreeing to interact with Delta Dental using electronic and internet based platforms.

*There were also fee allowance increases to specific denture procedures when it was realized that the reimbursement rate was so low that it was approximating the cost to provide the service.

ELEVEN YEARS!!!!

The cost of doing business has not decreased or remained the same since 2008.

Do you know of any other industry that will provide its services at a rate that is over a decade old?

Ask Cardi Corp to pave the roads at a 2008 rate and see what you get!

Fee Profiles

There are only two zip code areas in RI
028xx and 029xx

Fee data is collected by a number of
different sources which can be viewed
as percentile lists (think SAT)

Therefore we know the median fee or
50% percentile for RI across
all procedures

Fee Profiles

**Neither Delta Dental of RI nor
Blue Cross Blue Shield of RI
meets the 40th percentile for
ANY procedure**

Rhode Island has one of lowest insurance
fee allowance profiles in the nation

Fee Profiles

40th percentile – This means that the USUAL fee for 60% of the dentists in RI is higher for EVERY service provided.

AND

As a result of contractual obligations the dentists may only collect up to a contractual allowance which in some cases can be greater than 50% less than a dentist's usual fee.

Private Insurance vs. State Dental

Due to the market share these discounted plans (Delta and BCBS) have, we are already discounting our fees and our profits as far as we can (2008 RATES)

As such we cannot afford to discount them even more to treat those in need

The failure of these “insurance” companies to provide the dentists with comparable reimbursement rates is preventing participation in the State Dental Assistance Program

Dental Care for Dental Assistance

Most offices understand there is no profit in providing Dental Assistance patients the care they need and do so out of compassion for the patient.

If our profit from companies like Delta Dental and BCBS was more, more dentists would consider participating.

Raising State Dental Assistance Fees

Even if fees were raised to the 100th percentile of insurance fees they would still be drastically low and might fail to increase participation from the dentists.

Obviously cannot raise fees above the insurance averages.

**ANSWER IS TO GET THE PRIVATE
INSURERS TO RAISE THEIR RATES**

Creating a better Rhode Island

GOAL-

Dentists are reimbursed by dental benefit providers at rates which at least meet the median fee for ALL services.

As a result a dentist's profit increases and the dentist begins to see patients with medical assistance as a service to the community.

Is there money for fee increases by the private dental benefit companies?

In lieu of fee increases in 2010, Delta Dental of RI instituted a “Pay for Performance Bonus Program” to reward those dental offices which aligned themselves with certain metrics of “value”.

We have found that offices which perform less treatment on patients typically receive larger bonuses than offices that provide more treatment.

Keep in mind treatment is based on a patient’s needs and conditions and not on what type of bonus a dentist can receive

Is there money for fee increases by the private dental benefit companies?

Since 2010 Delta Dental of RI has expended over \$30 Million to the dentists who qualified for this program.

During the same time period Delta Dental had a \$44 Million profit (per reports to RI DBR)

Given there was \$74 Million to work with, why was there no room to increase the fee allowances

We hope the new administration at Delta is more open to discussing these issues

Breaking Point

The average age of dentists licensed in RI is increasing.

There is no one coming to take their place.

There are currently less than 30 licensed Oral Surgeons in RI

Older dentists are not investing in their offices (new technology) and skills may be declining

This is inviting Corporate Dentistry

Raising Fees

Creates an incentive to attract new graduates to come to RI (Avg. Debt of dental school graduate is \$285,000)

Allows older dentists to sell their practices and retire (Hopefully not in Florida)

Allows dentists to invest in technology and/or employ more individuals (JOBS!!!)

Other Incentives

Given the massive debt the average dental student graduate faces, we need to consider other incentives than could be tied to the Dental Assistance Program, for example:

Tax breaks for dentists who see a certain number of patients – business is taxed at lower rates

Deductions for student loan interest

Lower rate of state income tax

Waive license fees