COUNTY OF DANE

## Delta Dental of Wisconsin Plan Management Report

**Reporting Period from 4/1/2019 to 3/31/2021** 



# **Executive Summary**

### Highlights of your group's experience from April 2020 through March 2021.

- 48.4% of paid claims were concentrated in preventive and diagnostic procedure categories.
- The average claim payment was \$197.54, compared to your previous year's average of \$195.09.
- The utilization rate, which measures the average number of claims filed annually was 4.79 per subscriber, compared to your previous year's average of 5.60. Per member, the utilization rate was 1.76 compared to 2.06 in the previous year.
- The average age of your group was 33.0, compared to Delta Dental's average of 35.6.
- 99.2% of the procedures were performed by Delta Dental's network dentists.
- Savings due to Delta Dental's cost management tools (reduction to maximum plan allowance, consultant review, optional procedures and eligibility verification, etc.) were 29.2% of billed charges.
- The number of patients using the plan was 4,483 representing 71.0% of all members. In the prior period the numbers were 4,953 and 79.7%.
- 1.9% of members met or exceeded their annual maximum benefit during the most recently completed benefit accumulation period.



# **Monthly Activity**

### A summary of your monthly enrollment and claims.

	Number	Paid	Total	Employees	Employees
Month	of Claims	Claims	Employees	Only	w/Family
Apr 2019	1,034	\$205,926	2,251	610	1,641
May 2019	1,277	\$253,438	2,260	614	1,646
Jun 2019	923	\$188,513	2,272	622	1,650
Jul 2019	1,176	\$218,409	2,277	624	1,653
Aug 2019	1,002	\$191,854	2,284	628	1,656
Sep 2019	992	\$172,286	2,291	629	1,662
Oct 2019	1,197	\$229,550	2,281	612	1,669
Nov 2019	1,021	\$191,763	2,284	610	1,674
Dec 2019	1,008	\$208,814	2,287	610	1,677
Jan 2020	1,127	\$227,541	2,299	614	1,685
Feb 2020	1,045	\$210,338	2,307	615	1,692
Mar 2020	984	\$196,035	2,301	612	1,689
Apr 2020	242	\$51,362	2,312	615	1,697
May 2020	308	\$56,904	2,311	622	1,689
Jun 2020	872	\$166,678	2,325	632	1,693
Jul 2020	1,239	\$222,177	2,314	628	1,686
Aug 2020	1,078	\$200,466	2,308	625	1,683
Sep 2020	1,191	\$228,832	2,309	623	1,686
Oct 2020	900	\$192,308	2,321	628	1,693
Nov 2020	752	\$152,016	2,320	624	1,696
Dec 2020	1,051	\$215,286	2,307	621	1,686
Jan 2021	1,033	\$196,781	2,321	630	1,691
Feb 2021	1,042	\$211,527	2,314	625	1,689
Mar 2021	1,390	\$297,930	2,312	624	1,688



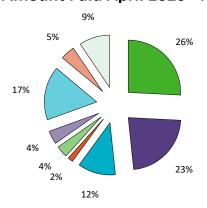
# **Claims by Coverage Category**

Coverage Category	April 2020 - March 2021				Percent Change From Prior					
	Members Covered	Procedures Billed	Procedures PMPM	Amount Paid	Amt. Paid PMPM	Members Covered	Procedures Billed	Procedures PMPM	Amount Paid	Amt. Paid PMPM
Diagnostic		13,227	0.175	\$567,421	\$7.49		-9.9%	-11.3%	-10.7%	-12.1%
Preventive	1	9,929	0.131	\$493,707	\$6.52		-8.1%	-9.6%	-16.3%	-17.6%
Routine Fillings	1	2,703	0.036	\$256,069	\$3.38		-11.9%	-13.3%	-14.4%	-15.8%
Oral Surgery	1	613	0.008	\$35,467	\$0.47		-14.0%	-15.4%	-13.6%	-15.0%
Endodontics	1	177	0.002	\$80,946	\$1.07		-24.0%	-25.3%	-23.9%	-25.1%
Periodontics		763	0.010	\$87,656	\$1.16		-26.2%	-27.4%	-24.1%	-25.3%
Crowns/Onlays	1	810	0.011	\$364,063	\$4.81		-7.4%	-8.9%	-7.5%	-9.0%
Bridges/Dentures	1	186	0.002	\$102,521	\$1.35		-27.6%	-28.8%	-25.5%	-26.7%
Orthodontics	1	1,549	0.020	\$204,418	\$2.70		14.9%	13.1%	16.0%	14.1%
Total	6,312	29,957	0.396	\$2,192,267	\$28.94	1.6%	-9.3%	-10.7%	-12.1%	-13.5%

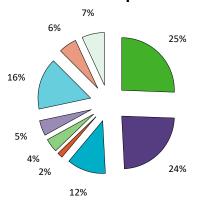
PMPM - Per Member Per Month

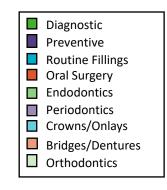
NM - Not meaningful. Used when group has no data in a specific area.

### Amount Paid April 2020 - March 2021



### Amount Paid April 2019 - March 2020





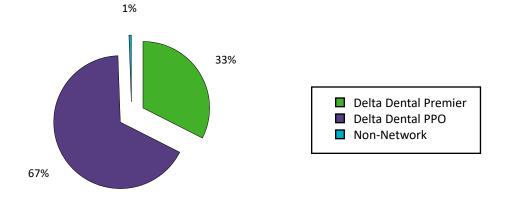


# **Dentist Selection Patterns**

Distribution of claim payments by Delta Dental network vs. non-network dentists.

	April 2020 - March 202	1
Delta Dental	Number of	Claim
Network	Claims	Payments
Delta Dental Premier	3,681	\$713,530
Delta Dental PPO	7,335	\$1,464,231
Non-Network	87	\$14,505
Total	11,103	\$2,192,267

Claim Payments by Period April 2020 - March 2021





# Delta Dental PPO Usage & Savings

Your savings for the period April 2020 through March 2021 resulting from utilization of Delta Dental PPO dentists.

	Preventive & Diagnostic	Basic	Major	Total
Number of procedures by Delta Dental PPO dentists	15,562	2,952	646	19,160
Delta Dental PPO share of total procedures	71.1%	72.4%	66.7%	71.2%
Submitted amount by Delta Dental PPO dentists	\$1,178,416	\$951,620	\$656,614	\$2,786,650
Approved amount for Delta Dental PPO dentists	\$843,451	\$745,058	\$503,114	\$2,091,623
Estimated Delta Dental PPO Savings	28.4%	21.7%	23.4%	24.9%



# Delta Dental Premier Usage & Savings

Your savings for the period April 2020 through March 2021 resulting from utilization of Delta Dental Premier dentists.

	Preventive & Diagnostic	Basic	Major	Total
Number of procedures by Delta Dental Premier dentists	5,687	999	304	6,990
Delta Dental Premier share of total procedures	26.5%	25.0%	31.6%	26.5%
Submitted amount by Delta Dental Premier dentists	\$432,478	\$243,367	\$285,214	\$961,060
Approved amount for Delta Dental Premier dentists	\$326,054	\$185,010	\$227,559	\$738,623
Estimated Delta Dental Premier Savings	24.6%	24.0%	20.2%	23.1%



# **Cost Management Savings**

		April 2020-March 2021		April 2019-March 2020		
Billed Charges		\$	4,345,690		\$ \$	4,854,554
Paid Claims Predetermination Savings		\$ \$	2,192,267		\$	2,494,467 93,555
Fredetermination Savings		3	74,080			% of
Cost Management Savings		Dollars Saved	% of Billed Charges		Dollars Saved	Billed Charges
Delta Dental PPO Dentist Savings	\$	677,615	15.6%	\$	702,276	14.5%
Delta Dental Premier Dentist Savings	\$	216,467	5.0%	\$	259,716	5.3%
Non-Network Dentist Savings	\$	6,525	0.2%	\$	4,836	0.1%
Consultant Review	\$	22,926	0.5%	\$	27,845	0.6%
Non-Billable Procedures	\$	59,961	1.4%	\$	58,853	1.2%
Elective Care	\$	6,932	0.2%	\$	6,657	0.1%
Eligibility Verification	\$	12,444	0.3%	\$	12,188	0.3%
Coordination of Benefits	\$	265,978	6.1%	\$	327,856	6.8%
Subtotal	\$	1,268,848	29.2%	\$	1,400,227	28.8%
Cost Management Savings per employee per month	\$	45.67		\$	51.11	
Plan Design Savings						
Non-Covered Procedures	\$	339,941	7.8%	\$	404,907	8.3%
Deductible Savings	\$	44,600	1.0%	\$	50,697	1.0%
Coinsurance Savings	\$	307,985	7.1%	\$	289,988	6.0%
Plan Maximum Savings	\$	89,737	2.1%	\$	88,258	1.8%
Subtotal	\$	782,263	18.0%	\$	833,850	17.2%
Total Savings	\$	2,051,111	47.2%	\$	2,234,077	46.0%
Claims Adjustments <b>Net Savings</b>	\$ \$	102,313 <b>2,153,424</b>	2.4% <b>49.6%</b>	\$ \$	126,009 <b>2,360,086</b>	2.6% <b>48.6%</b>



# **Cost Management Savings**

### **Definitions of Savings Categories**

Predetermination Savings: Reflects the difference between the amount charged and the amount allowed. Paid claims may be included in any of the saving categories listed below, depending on what treatment was actually rendered.

#### **Cost Management Savings**

Delta Dental PPO Dentist Savings: Reduction of submitted fees to reflect the Delta Dental PPO Dentist's fee schedule as set by Delta Dental. The balance is not charged to the patient.

Delta Dental Premier Dentist Savings: Reduction of submitted fees to reflect the Delta Dental Premier Dentist's maximum plan allowance. The balance is not charged to the patient.

Non-Network Dentist: Reduction of submitted fees to the maximum plan allowance.

Consultant Review: Determinations made by Delta Dental's dental consultants regarding the appropriateness of a proposed service.

Non-Billable Procedures: Procedures not charged to the patient or the group by a Delta Dental Network Dentist, such as unbundling of charges and work covered under Delta Dental's treatment guarantees.

Elective Care: Payment allowance made by Delta Dental for the most cost-effective, acceptable alternative dental procedure (e.g., a silver filling allowance toward a tooth-colored filling on a molar).

Eligibility Verification: Delta Dental's careful attention, monitoring and maintenance of subscriber and group eligibility records.

Coordination of Benefits: Delta Dental's special attention to properly applying coordination of benefits (COB) policies, regardless of claim size.

### **Plan Design Savings**

Non-Covered Procedures: Procedures excluded or limited by the Plan that are charged to the patient.

Deductible Savings: A specified dollar amount paid by the patient before benefit payment/coinsurance is applied.

Coinsurance Savings: The patient's share of payment of allowable fees for covered benefits.

Plan Maximum Savings: The dollar amount which exceeds a patient's maximum allowable benefits for a specified period.

Claim Adjustments: The net result of adjustments made to claims processed in a prior period. There may be additional savings reflected in the adjusted claim action or there may be a reversal of the claim savings originally shown.

