COUNTY OF DANE 07805		
	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.* 

- 39.2% of paid claims were concentrated in preventive and diagnostic procedure categories.
- The average claim payment was \$220.53, compared to your previous year's average of \$217.98.
- The utilization rate, which measures the average number of claims filed annually was 3.26 per subscriber, compared to your previous year's average of 4.11. Per member, the utilization rate was 2.21 compared to 2.77 in the previous year.
- The average age of your group was 68.7, compared to Delta Dental's average of 35.6.
- 99.0% 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 29.8% of billed charges.
- The number of patients using the plan was 971 representing 81.4% of all members. In the prior period the numbers were 1,082 and 91.2%.
- 5.4% of members met or exceeded their annual maximum benefit during the most recently completed benefit accumulation period.



# Monthly

A summary of your monthly enrollment and claims.

### Activity

Month	Number of Claims	Paid Claims	Total Employees	Employees Only	Employees w/Spouse	Employees w/Children	Employees w/Family
Apr 2019	283	\$63,960	798	454	302	2	40
May 2019	364	\$84,581	794	452	300	2	40
Jun 2019	285	\$64,992	799	455	302	3	39
Jul 2019	287	\$63,236	802	457	303	3	39
Aug 2019	223	\$44,545	802	458	304	3	37
Sep 2019	246	\$50 <i>,</i> 403	801	455	305	3	38
Oct 2019	323	\$61,590	803	458	305	3	37
Nov 2019	276	\$58,312	799	456	302	3	38
Dec 2019	255	\$44,615	797	455	301	3	38
Jan 2020	271	\$57 <i>,</i> 855	788	452	298	3	35
Feb 2020	257	\$67,235	787	451	298	3	35
Mar 2020	213	\$54,297	805	462	305	3	35
Apr 2020	33	\$9,692	804	464	302	3	35
May 2020	60	\$11,726	805	466	302	3	34
Jun 2020	200	\$43,624	807	466	303	3	35
Jul 2020	337	\$69 <i>,</i> 023	809	466	304	3	36
Aug 2020	251	\$54,538	806	466	301	3	36
Sep 2020	274	\$53,572	810	467	303	3	37
Oct 2020	242	\$55,275	810	471	301	2	36
Nov 2020	223	\$45,521	807	468	301	2	36
Dec 2020	264	\$50,126	812	472	303	2	35
Jan 2021	230	\$61,020	800	466	300	2	32
Feb 2021	212	\$49,503	811	474	298	3	36
Mar 2021	306	\$76,816	815	472	302	3	38



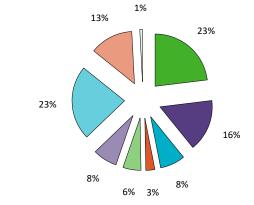
### **Claims by Coverage**

#### Category

	April 2020 - March 2021					Percent Change From Prior					
Coverage Category	Members Covered	Procedures Billed	Procedures PMPM	Amount Paid	Amt. Paid PMPM	Members Covered	Procedures Billed	Procedures PMPM	Amount Paid	Amt. Paid PMPM	
Diagnostic		3,242	0.227	\$133,502	\$9.33		-11.1%	-11.5%	-13.1%	-13.6%	
Preventive	1	1,673	0.117	\$93 <i>,</i> 953	\$6.57		-7.9%	-8.4%	-18.6%	-19.1%	
Routine Fillings	1	438	0.031	\$45,262	\$3.16		-20.9%	-21.4%	-16.3%	-16.8%	
Oral Surgery	1	155	0.011	\$15,548	\$1.09		8.4%	7.8%	21.2%	20.5%	
Endodontics	1	61	0.004	\$32,442	\$2.27		-12.9%	-13.3%	-16.7%	-17.1%	
Periodontics		433	0.030	\$43 <i>,</i> 836	\$3.06		-24.0%	-24.4%	-28.1%	-28.5%	
Crowns/Onlays	1	309	0.022	\$133,894	\$9.36		-23.7%	-24.1%	-22.1%	-22.5%	
Bridges/Dentures		180	0.013	\$77,022	\$5.38		-17.4%	-17.9%	-25.8%	-26.2%	
Orthodontics		33	0.002	\$4,975	\$0.35		-15.4%	-15.8%	21.8%	21.1%	
Total	1,193	6,524	0.456	\$580,435	\$40.54	0.6%	-12.6%	-13.1%	-18.9%	-19.4%	

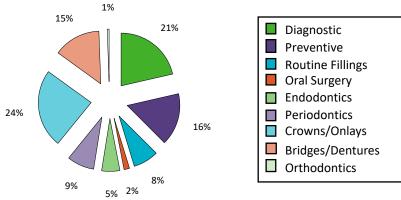
PMPM - Per Member Per Month

#### Amount Paid April 2020 - March 2021



 $\mathsf{NM}$  -  $\mathsf{Not}$  meaningful. Used when group has no data in a specific area.

#### Amount Paid April 2019 - March 2020



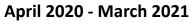


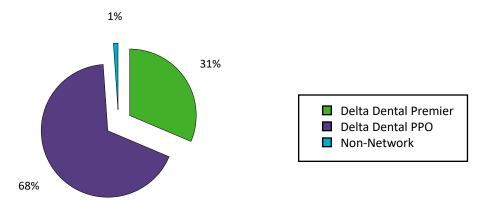
### Dentist Selection Patterns

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

	April 2020 - March 2021	
Delta Dental Network	Number of Claims	Claim Payments
Delta Dental Premier	867	\$181,491
Delta Dental PPO	1,728	\$392,324
Non-Network	37	\$6,620
Total	2,632	\$580,435

#### **Claim Payments by Period**





**COUNTY OF DANE** 

07805



04/22/2021

## 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	3,057	696	329	4,082
Delta Dental PPO share of total procedures	65.1%	66.3%	68.8%	65.6%
Submitted amount by Delta Dental PPO dentists	\$241,357	\$209,322	\$339,208	\$789 <i>,</i> 887
Approved amount for Delta Dental PPO dentists	\$168,114	\$152,914	\$256,836	\$577,864
Estimated Delta Dental PPO Savings	30.3%	26.9%	24.3%	26.8%

**COUNTY OF DANE** 07805



04/22/2021

## 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	1,493	325	135	1,953
Delta Dental Premier share of total procedures	32.5%	31.4%	28.8%	32.0%
Submitted amount by Delta Dental Premier dentists	\$112,599	\$81,470	\$126,370	\$320,439
Approved amount for Delta Dental Premier dentists	\$85,792	\$62,177	\$100,024	\$247,992
Estimated Delta Dental Premier Savings	23.8%	23.7%	20.8%	22.6%

**COUNTY OF DANE** 

07805



## **Cost Management**

### Savings

		April 2020-March 2021		April 2019-March		h 2020
Billed Charges		\$	1,166,065		\$	1,404,725
Paid Claims		\$	580,435		\$	715,620
Predetermination Savings		\$	11,527		\$	87,583
Cost Management Savings		Dollars Saved	% of Billed Charges	C	Dollars Saved	% of Billed Charges
Delta Dental PPO Dentist Savings	\$	207,185	17.8%	\$	209,739	14.9%
Delta Dental Premier Dentist Savings	\$	70,843	6.1%	\$	89,083	6.3%
Non-Network Dentist Savings	\$	2,392	0.2%	\$	2,230	0.2%
Consultant Review	\$	24,686	2.1%	\$	39,976	2.8%
Non-Billable Procedures	Ś	18,860	1.6%	\$	16,441	1.2%
Elective Care	\$ \$	2,356	0.2%	\$	3,667	0.3%
Eligibility Verification Coordination of Benefits	\$	1,479	0.1%	\$	1,100	0.1%
		19,749	1.7%	\$	14,796	1.1%
Subtotal	\$	347,550	29.8%	\$	377,032	26.8%
Cost Management Savings per employee per month	\$	35.84		\$	39.38	
Plan Design Savings						
Non-Covered Procedures	\$	46,522	4.0%	\$	64,486	4.6%
Deductible Savings	\$	12,725	1.1%	\$	13,900	1.0%
Coinsurance Savings	\$	109,024	9.3%	\$	148,882	10.6%
Plan Maximum Savings	\$	49,074	4.2%	\$	66,533	4.7%
Subtotal	\$	217,345	18.6%	\$	293,801	20.9%
Total Savings	\$	564,895	48.4%	\$	670,833	47.8%
Claims Adjustments	\$	20,735	1.8%	\$	18,272	1.3%
Net Savings	\$	585 <i>,</i> 630	50.2%	\$	689,105	49.1%



## 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.

