Health Care Reform/FEDVIP and Your Dental Practice

Presented By:

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VP, Professional Services

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Agenda

- Dominion Update
- Health Care Reform (HCR) Overview
- Plan Overview
- What is the Essential Pediatric Dental Benefit?
- Orthodontia: Medically vs. Non-Medically Necessary
- FEDVIP Overview and Coordination of Benefits
- What Does FEDVIP Mean to Your Practice?
- Administrative Updates
- Out-of-Pocket Maximums
- Q&A
Dominion Update

- Currently in excess of 500,000 members
- Members have access to more than 23,000 dentist listings in the Mid-Atlantic and over 190,000 national dentist listings
- Dental network increase of 32% over the last 12 months and growing\(^1\)
- 95% of members have access to at least 2 dentists within 10 miles\(^1\)
- Significant network expansion underway as a result of FEDVIP contract award
- Service levels are at an all-time high, exceeding industry standards
  - Less than 1% call abandonment rate\(^2\)
  - Less than 1% (0.05%) of our members called with a service issue\(^2\)
  - Over 98% of dental claims are processed in fewer than 15 days\(^2\)
- 98% member retention
- Administering embedded and stand-alone dental plans for leading Health Plans
- Participating in all State Exchanges in our operating territories (DC, DE, MD, PA and VA)

\(^1\) Dominion Dental Services, Inc. Network Analysis Report, 2012.
\(^2\) Dominion Dental Services, Inc. Internal Performance Report, YTD September 2013.
Health Care Reform Overview

**Patient Protection and Affordable Care Act (PPACA)**

- Signed into law by President Obama on March 23, 2010.
- Intended to provide available, affordable health care coverage to the vast majority of Americans.
- Requires most U.S. citizens and legal residents to have health insurance by January 1, 2014.
- The Act requires Health Insurance Exchanges to be set up in each state where individuals and small groups can purchase health insurance and stand-alone dental coverage.
- One of the 10 minimum Essential Health Benefits (EHB) include pediatric oral care for children under age 19.
- The recognition of dentistry and its impacts on overall health is on the rise, as demonstrated through this legislation.

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Plan Overview

Out-of-Pocket Maximums (Pediatric Only)

- Pediatric dental plans will have an out-of-pocket (OOP) maximum.
  - DC & MD: $1,000 OOP maximum per child or $2,000 per family
  - PA, VA & DE: $700 OOP maximum per child or $1,400 per family

- Once a member’s co-insurance or copayments have exceeded the OOP maximum, the plan (Dominion) will pay for all medically necessary dental services up to 100% of the allowance.

- Stand-alone pediatric dental plans (purchased separately from medical plan) - only dental expenditures count toward the OOP maximum.

- Embedded pediatric dental plans (purchased with medical plan): Major medical and pediatric dental expenditures count toward the OOP maximum.

Medically Necessary Orthodontia

Separate policies for adults vs. children under age 19

- Adult plan structure will remain unchanged – Select Plan (DHMO) and Access PPO plans with child benefits (e.g. D1120 child cleaning, D1351 sealants for children under 14 years of age) removed.

- Pediatric plans will be based on existing DHMO and PPO plans, with minimal alterations as defined by each state.
Medically Necessary Orthodontia: Pediatric

- Medically-necessary orthodontia is only for individual and small group Health Care Reform plans for pediatric patients.
- Will only be covered in cases of severe handicapping malocclusion and will be subject to clinical review.
- There is a 24-month waiting period.
- Does not impact other orthodontia benefits (i.e. large groups).
- Non-medically necessary orthodontia, which may or may not be covered, will depend on the member’s plan and will operate as it does today.
- DHMO pediatric members who seek orthodontia coverage who are not determined to be medically necessary cases will still be charged at the listed copayment; however, the OOP maximum will not apply.
FEDVIP Overview

Federal Employees Dental and Vision Insurance Program

- Dominion’s DHMO is being offered to over 890,000 federal employees and retirees in its service area

- Dominion is offering two plans – a standard plan and a high plan
  1. FEDVIP Select Standard – 704xs
  2. FEDVIP Select High- 710xs

- There is a $10 office visit copayment for each visit

- Your practice is being individually listed and marketed to these prospective customers!

- New members are emailed a list of the nearest dental offices for easy selection

- Open enrollment concluded on December 9th for current employees and members will be effective January 1, 2014

- New employees will be enrolling throughout the year

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What Does FEDVIP Mean to Your Practice?

More Dominion Patients

- Dominion’s DHMO plans are competitively priced and expected to enroll thousands of federal employees.

Coordination of Benefits with FEDVIP Medical Carriers

- OPM has required that dental benefits offered by Federal Employee Health Benefit (FEHB) Plans be considered first payor (primary) when coordinating benefits and that the coordination be completed with minimal member participation.

- Dominion is providing a useful online tool and reference to coordinate benefits with federal employees’ medical plans, which may include a primary dental benefit.
Coordination of Benefits

Coordinating With the Patient’s FEHB Plan
1. Determine if the member’s plan is 704xs or 710xs.
2. Access Dominion’s Provider Portal at https://www.dominionprovider.com to view the member’s eligibility status and FEHB Medical Plan code.
3. Select the Medical Plan COB code, as seen in the below example:

<table>
<thead>
<tr>
<th>Dental Record #</th>
<th>Full Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Plan Type</th>
<th>Medical Plan COB</th>
<th>Plan Effective Date</th>
<th>Terminate Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>Joe Smith</td>
<td>M</td>
<td>01/01/1965</td>
<td>Select</td>
<td>BCBSSTD&lt;13</td>
<td>01/01/14</td>
<td></td>
</tr>
</tbody>
</table>

4. When the medical plan is selected, a detailed list of all copays will be displayed based upon the member’s medical plan. Locate the member’s medical plan, as displayed in the Medical Plan COB field, to determine the adjusted copay amount.

<table>
<thead>
<tr>
<th>ADA Code</th>
<th>Description of Services</th>
<th>DDS Std 704xs</th>
<th>Aetna Std BSC</th>
<th>BCBS STD &lt;13 Std</th>
<th>BCBS Std 13+ Std</th>
<th>CRHP High Std</th>
<th>FS High Std</th>
<th>GEHA Std Std</th>
<th>GEHA High Std</th>
<th>KaiserStd/ KaiserHigh Std</th>
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</thead>
<tbody>
<tr>
<td>D2335</td>
<td>Resin-based composite - four or more surfaces or involving incisal angle (anterior)</td>
<td>83</td>
<td>83</td>
<td>27</td>
<td>48</td>
<td>59</td>
<td>83</td>
<td>55</td>
<td>55</td>
<td>83</td>
</tr>
<tr>
<td>D2391</td>
<td>Resin-based composite - one surface, posterior</td>
<td>61</td>
<td>61</td>
<td>36</td>
<td>45</td>
<td>49</td>
<td>61</td>
<td>40</td>
<td>40</td>
<td>61</td>
</tr>
<tr>
<td>D2392</td>
<td>Resin-based composite - two surfaces, posterior</td>
<td>78</td>
<td>78</td>
<td>41</td>
<td>55</td>
<td>59</td>
<td>78</td>
<td>50</td>
<td>50</td>
<td>78</td>
</tr>
<tr>
<td>D2393</td>
<td>Resin-based composite - three surfaces, posterior</td>
<td>96</td>
<td>96</td>
<td>46</td>
<td>65</td>
<td>72</td>
<td>96</td>
<td>68</td>
<td>68</td>
<td>96</td>
</tr>
<tr>
<td>D2394</td>
<td>Resin-based composite – four or more surf., posterior</td>
<td>110</td>
<td>110</td>
<td>60</td>
<td>79</td>
<td>86</td>
<td>82</td>
<td>82</td>
<td>82</td>
<td>110</td>
</tr>
</tbody>
</table>

5. If coordination is not required for a member’s medical plan, the Medical Plan COB field for that member will indicate NO COB.
# Coordination of Benefits

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**Medical Plan COB Code**

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<table>
<thead>
<tr>
<th>Dental Record #</th>
<th>Full Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Plan Type</th>
<th>Medical Plan COB</th>
<th>Plan Effective Date</th>
<th>Terminate Date</th>
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</thead>
<tbody>
<tr>
<td>123456</td>
<td>Joe Smith</td>
<td>M</td>
<td>01/01/1965</td>
<td>PPO</td>
<td>BCBSSTD&lt;13</td>
<td>12/01/2012</td>
<td></td>
</tr>
</tbody>
</table>

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*DOMINION DENTAL SERVICES, INC.*

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*Save a Tree and a Stamp!*

Instead of mailing claims, save your office time, effort and money by processing them electronically either online or through your practice management software. Simply use our Electronic Payroll ID: DOM01. If you use TESLIA-PCI clearinghouse we will pay your clearinghouse transaction cost and claims submission is free of charge! Click here for more information. You can also fax claims toll-free to 888-208-8290.

Dominion Dental Services USA, Inc. and its affiliate, Dominion Dental Services, Inc. (collectively referred to as Dominion) are dental benefit companies headquartered in Alexandria, Virginia and operational in the Mid-Atlantic States of Delaware, Maryland, Pennsylvania, and Virginia, as well as the District of Columbia. DHMO, HMO, PPO, and traditional indemnity programs are provided for employer groups, municipalities, school systems, state governments, individuals, associations and health plans. Benefit administration for self-insured groups (ASO) is also offered.
Administrative Updates

Utilization Submission

- Dominion requires that all providers submit utilizations going forward to:
  - Assist members in maximizing their dental benefits when they have dual dental benefits
  - Receive reimbursement when a certified pediatric dental member reaches their OOP maximum.

How to Submit Claims

- Save your office time, effort and money by processing claims electronically either online or through your practice management software.
  - Simply use our Electronic Payor ID: DOM01.
  - If you use TESIA-PCI Clearinghouse we will pay your clearinghouse transaction cost and claims submission is free of charge. Please visit www.tesia.com/dominion.html for more information.
  - You can also fax claims toll-free to 888-208-8290.
Administering Out-of-Pocket Maximums

Required Process

- Reimbursement: Pediatric DHMO and PPO plans will operate like a PPO as it applies to estimating patient responsibility around the OOP maximum for medically necessary services. The normal patient reimbursement process should be followed in instances of patient overpayment.

- Your office will be able to check patient OOP maximum balances by contacting Member Services using the telephone number on the patient’s ID card.

- DHMO pediatric members who seek orthodontia coverage who are not determined to be medically necessary cases will still be charged at the listed copayment; however, the OOP maximum will not apply.
Internet Access – Real-Time, Password Protected

Information and administration when you need it!

Providers

• Member eligibility files
• Active rosters
• Plan information
• Claims and treatment history
• Electronic claim filing
• Administrative manuals
• Member service requests
• General correspondence

Online Changes Occur in Real-Time

DominionDental.com/dentists
Top Dentist FAQ’s

1. **What is the difference between the Certified Pediatric Coverage offered in the Health Insurance Marketplace (Exchanges) and Dominion’s current plan policy toward children?**
   - Procedure codes dictated by each state’s Dept. of Insurance
   - Generally the same as our current offerings
   - Additional codes are not always considered a material improvement
   - OOP maximums vs. plan benefit maximums

2. **What do I need to do differently vs. what I do today?**
   - No significant changes
   - Submit utilization
   - Look out for COB, OOP maximums and more patients!
Questions?
Email proserv@DominionDental.com
Phone 888-681-5100

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