



# CONSULTATIVE ANALYTICS<sup>SM</sup>

Month Day, Year  
Presenter Name

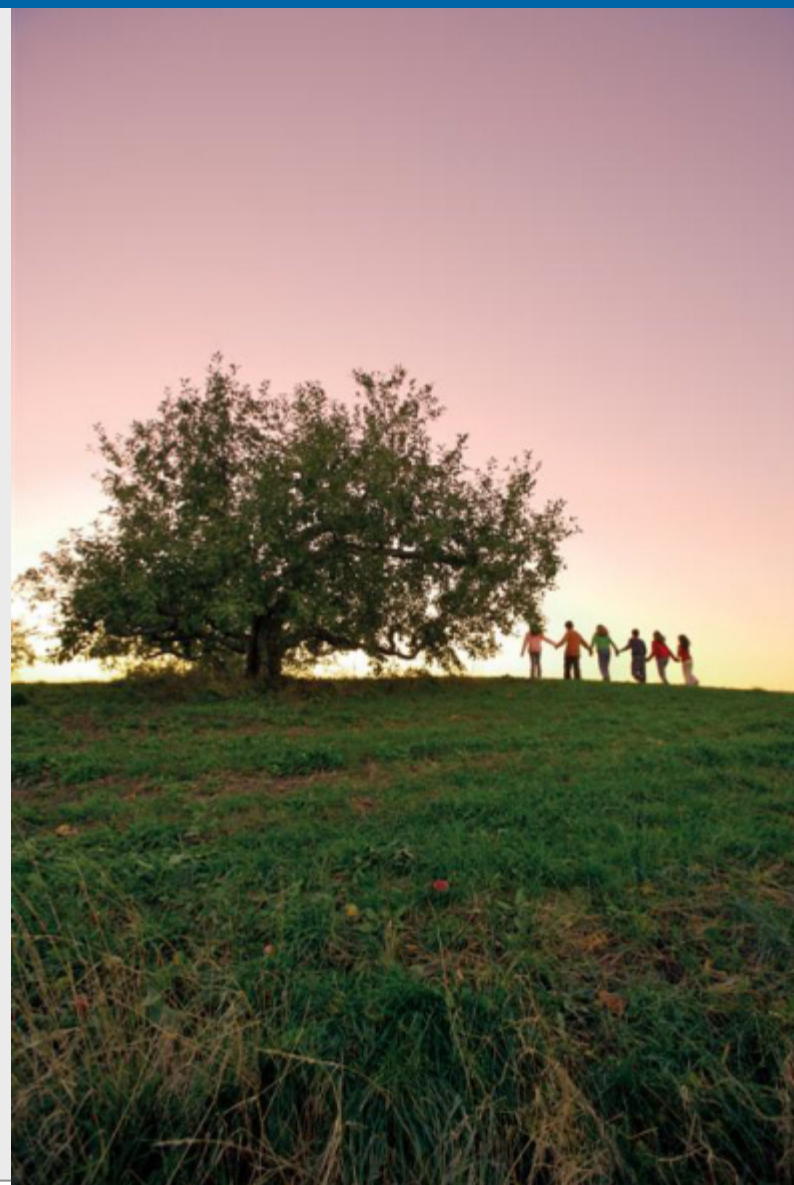
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## Table of Contents

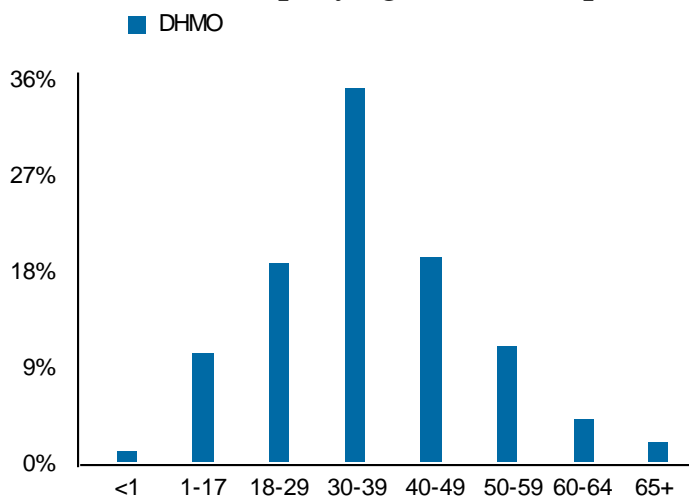
- Dental



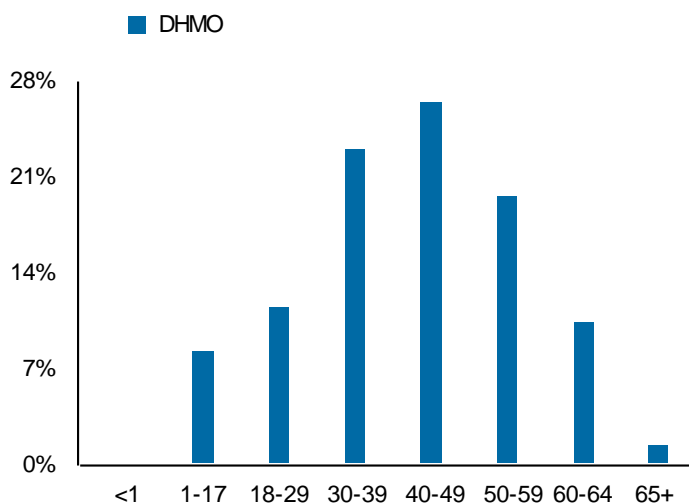


# Dental - Membership Summary

## Percent of membership by age band and product



## Percent of spend by age band and product



## Summary of membership

Average Populations	Base				Percent Female	Percent Male
	Employees	Spouses & Dependents	Members	Average Family Size		
DHMO	382	202	584	1.53	53.6%	46.4%
Total	382	202	584	1.53	53.6%	46.4%

Average Populations	Current				Percent Female	Percent Male
	Employees	Spouses & Dependents	Members	Average Family Size		
DHMO	378	191	568	1.51	53.1%	46.9%
Total	378	191	568	1.51	53.1%	46.9%

## Comments

- Average membership in the current period was 568, a decrease of 2.6%
- Average family size decreased from 1.53 to 1.51, a decrease of 1.3%. Average family size measures the ratio of members to employees
- Employees represented 66.4% of the population in the current period, spouses 18.6% and dependents 14.9%



## Dental - Recommendations

### Future vision



Recommendation #1



Recommendation #2



Recommendation #3



Recommendation #4



## Dental - DHMO Summary

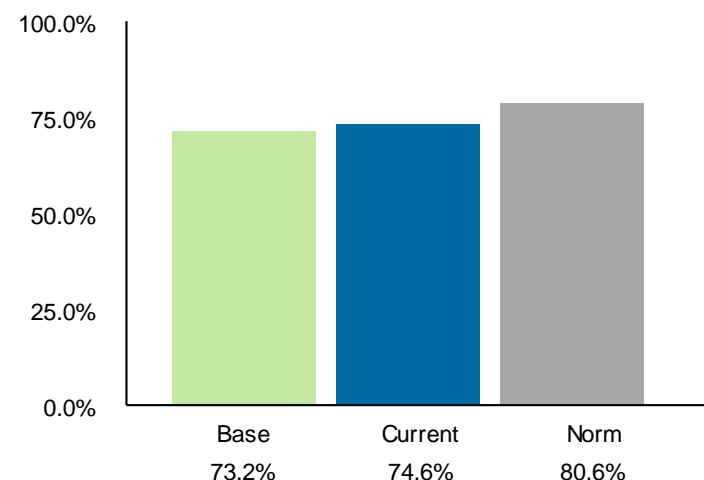
### Demographic Summary

	Base	Current	Trend
Average Number of Employees	382	378	-1.2%
Average Number of Members	584	568	-2.7%

### Key Statistics

	Base	Current	Trend	Norm
Services	996	984	-1.2%	
Services per 1,000	1,706.2	1,731.4	1.5%	2,585.1
Total Patient Copays	\$38,699	\$41,013	6.0%	
National Average Charges	\$144,434	\$161,111	11.5%	
Savings on Dental Services	\$105,747	\$120,118	13.6%	
Savings Percentage	73.2%	74.6%	1.4%	80.6%

### Savings percentage



### Comments

- DHMO reporting is limited to encounter data submitted by providers, therefore service counts can be understated when utilization detail is not provided
- Savings percentage increased from 73.2% to 74.6%, and compares to a norm of 80.6%



## Dental - Utilization by Type of Service (DHMO Only)

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### Gross Services by Type

	Base		Current			Percent of Total
	Count	Percent of Total	Count	Percent of Total	Trend	
Diagnostic/Preventive	722	72.5%	700	71.1%	-3.0%	68.1%
Basic Restorative	52	5.2%	92	9.3%	76.9%	7.7%
Major Restorative	37	3.7%	51	5.2%	37.8%	4.0%
Endodontics	8	0.8%	14	1.4%	75.0%	1.3%
Periodontics	69	6.9%	72	7.3%	4.3%	5.8%
Oral Surgery	22	2.2%	20	2.0%	-9.1%	4.0%
Orthodontics	68	6.8%	23	2.3%	-66.2%	5.9%
Other Services	18	1.8%	12	1.2%	-33.3%	3.2%
<b>Total</b>	<b>996</b>	<b>100.0%</b>	<b>984</b>	<b>100.0%</b>	<b>-1.2%</b>	<b>100.0%</b>

### Services per 1,000 Members by Type

	Base		Current			Norm	
	Count	Percent of Total	Count	Percent of Total	Trend	Count	Percent of Total
Diagnostic/Preventive	1,236.8	72.5%	1,231.7	71.1%	-0.4%	1,758.6	68.1%
Basic Restorative	89.1	5.2%	161.9	9.3%	81.7%	199.0	7.7%
Major Restorative	63.4	3.7%	89.7	5.2%	41.6%	103.0	4.0%
Endodontics	13.7	0.8%	24.6	1.4%	79.7%	33.6	1.3%
Periodontics	118.2	6.9%	126.7	7.3%	7.2%	149.6	5.8%
Oral Surgery	37.7	2.2%	35.2	2.0%	-6.6%	102.4	4.0%
Orthodontics	116.5	6.8%	40.5	2.3%	-65.3%	151.9	5.9%
Other Services	30.8	1.8%	21.1	1.2%	-31.5%	83.6	3.2%
<b>Total</b>	<b>1,706.2</b>	<b>100.0%</b>	<b>1,731.4</b>	<b>100.0%</b>	<b>1.5%</b>	<b>2,581.6</b>	<b>100.0%</b>

## Comments

- There is an increase in utilization per thousand in 4 categories and a decrease in utilization per thousand in 4 categories for an overall utilization trend of 1.5%
- High utilization for Diagnostic/Preventive services can lead to lower usage of other service categories





## Glossary

### **Additional Plan Design Savings**

Savings generated from contractual limitations and benefits exclusions.

### **Adjunctive General Services**

Palliative treatments, consultations, emergency care, second opinions and anesthesia.

### **Age Maximum**

Savings due to age limits on fluoride treatments, sealants, orthodontic services and other services.

### **Alternate Benefit Provision**

This provision includes a three-tier claim review process monitored by Dental Claim Analysts, Dental Reviewers and Dental Consultants. Under this process, proposed treatment plans are examined by Dental Reviewers and approved, denied, or referred to Dental Consultants for alternate treatment decisions. Where appropriate, the Dental Consultant will recommend alternate treatments considered to be less costly and consistent with professional dental standards.

### **Annual Maximum**

Savings due to a patient reaching the maximum payment under the plan, often per calendar year.

### **Average Area Charge**

Average charge based on the number of dentist in the geographical area pertaining to your membership.

### **Basic Restorative**

Dental treatments or procedures performed to repair and restore individual teeth due to decay, erosion, trauma or improper function. Basic services may include fillings, oral surgery, endodontics (root canals) and periodontics (tissue/bone treatment).

### **Benefit Option**

This code is used to identify different Cigna product lines purchased by a customer.

### **Charges**

The amount charged by a dentist for dental services rendered.

### **Children**

Children are defined as child, step-child, handicapped child, eligible students and adult dependent.

### **Claim Branch**

This term describes the different ways an account can be sub-divided into groups for reporting purposes based on the account structure.

### **Coinsurance**

The percentage of covered expenses paid by the member when costs are being shared by both the plan and the individual member.

### **Coordination of Benefits (COB)**

The amount saved when Cigna is the secondary insurer. It represents the difference between what Cigna pays and (COB) what it would have paid if it were primary.

### **Covered Employees**

The number of Covered Employees for the reporting period equals the number of active employees in the first reporting period month and includes any active employee additions made in the following months within the reporting period. To be counted as a covered employee addition the employee must have had atone day of coverage.

### **Deductible**

An amount specified in plan design that must be paid by member for covered expenses in a benefit period before the plan will pay benefits.

### **Diagnostic/Preventive**

Dental treatments or procedures focused on the prevention and diagnosis of dental diseases. These services may include oral examinations, cleanings, X-rays, sealants and fluoride treatments.



# Glossary

## **Endodontics**

The dental specialty that concentrates on the treatment of root canals or other injuries/diseases of the pulp, or nerve, of the tooth.

## **Frequency Maximum**

Savings due to frequency limits on examinations, cleanings, radiographs, crowns and other services.

## **Ineligible Charges**

Ineligible Charges include savings attributable to limitations of the plan (Missing Tooth Limitation, Age/Frequency, Annual/Lifetime Maximums); charges submitted for ineligible participants; application of Alternate Benefit Provisions which may be a result of the Pre-Determination of Benefits (PDB) process; services that exceed the maximum reimbursable charge limits per service, or the Scheduled Plan benefits, if applicable; and Utilization Management Services.

## **In-Network**

Services rendered by providers who are part of a network and with whom Cigna has a contractual relationship.

## **Major Restorative**

Dental treatments or procedures targeting the restoration of teeth using services such as crowns, inlays, or onlays. Major services also may include prosthodontics (i.e. dentures).

## **Member**

An individual who is eligible for coverage and enrolled under a dental plan. Includes employee and any covered dependents.

## **Missing Tooth Limitation**

A contractual provision which limits or excludes payment for the replacement of teeth that are missing prior to the patient's effective date of plan coverage.

## **Norm**

Norm refers to the comparison group based on book of business or industry experience for the defined parameters. Norms are annualized unless otherwise stated.

## **Oral Surgery**

Non-surgical and surgical extractions, and other surgical procedures.

## **Orthodontics**

Dental treatments or procedures performed to correct misalignments of the teeth and restore the teeth to their proper alignment and bite function. Services may include braces or retainers.

## **Other Savings**

Other Savings is a category in which savings is captured when a claim has multiple plan design savings reasons.

## **Out-of-Network**

Services rendered by providers who are not part of the Cigna network based on your benefit plan design.

## **Paid Claims**

That portion of the dentist's charges paid by Cigna to a patient or provider for dental services covered under the benefit plan.

## **Patient**

A unique individual participant (employee or dependent) who received one or more dental services during the reporting period in-network and/or out-of-network.

## **Periodontics**

Scaling and root planing, surgical procedures of the gingiva/bone, and other gum-related treatment.





# Glossary

## **Pre-Determination of Benefits (PDB)**

A process that allows the patient and dentist learn what benefits are provided by the dental plan in advance of treatment. The PDB process provides the dentist and participant with a detailed explanation of what specific benefits are available at the time the claim is reviewed so that the dentist may discuss the information with the patient before treatment is rendered and expenses are incurred. Savings from this process are also realized through the avoidance of more costly dental treatments where a less costly alternative is recommended.

## **Provider Discounts**

The difference between the contracted payment amount and the average area charge for a procedure.

## **Scheduled Plan Savings**

Savings due to the application of set scheduled dollar payment amounts for dental services set forth in a scheduled benefit plan.

## **Services**

The number of individual dental procedures rendered by dental care providers.

## **Utilization Management**

The set of administrative practices used on behalf of purchasers of dental benefits to manage the necessity, appropriateness, frequency and mix of dental services. It entails practices used in claims review for predetermination or payment of benefits, statistical review of individual provider utilization profiles and appropriate follow-up procedures.