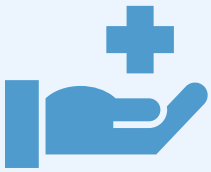
# Value-Based Care

## Resource Packet

CareQuest Institute for Oral Health®

NATIONAL ASSOCIATION OF DENTAL PLANS

# Purpose



This packet is designed to support dental payers and providers in building a shared understanding of the key components of value-based care (VBC) in oral health. As the dental industry continues evolving and prioritizing improving health outcomes, reducing chronic disease, and cost-effectiveness, this collection of resources offers foundational knowledge, practical tools, and real-world examples to guide implementation. Whether you're exploring measurement, medical-dental integration strategies, or alternative payment models, this packet serves as a starting point for informed decision-making and collaborative progress in VBC.

# Glossary of Value-Based Care Terms

This glossary provides definitions of key terms commonly used in VBC for oral health. It is intended to help stakeholders across the dental industry, including payers, providers, and other partners develop a shared language and deeper understanding of VBC concepts.

**Accountable Care Organization (ACO)** – Care entities designed to improve care coordination and delivery, measured by people's health outcomes.

**Alternative Payment Models (APMs)** – Forms of reimbursement that are not based on the traditional fee-for-service (FFS) model and are, instead, expected to demonstrate better outcomes for patients at a lower cost. An Alternative Payment Model (APM) is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population.

**Bundled Payment** – A single payment for the combined cost of eligible services and supplies – like treatments, tests, and procedures – provided during a defined episode of care. This payment can cover multiple providers involved in the episode of care.

**Capitation** – A flat rate payment system in which providers or a group of providers are given a set amount of money for each enrolled person assigned to them, per period, whether that person seeks care. This amount is based on the number of patients within the practice and many other factors related to the cost of care to patients. The intent of a capitated payment is to relieve providers of their need to bill for every patient service to earn income at each visit, thus allowing them to focus more on patient health outcomes.

**Carryover Benefit** – A portion of a dental insurance plan member's annual benefit maximum coverage amount that can be rolled over into the next year if the member meets certain conditions (usually receiving a minimum level of preventive care during the year). The member can accrue this amount over time, banking funds for emergencies and expensive procedures.

**Downside Risk** – The provider or practice shares in the savings if the actual total costs of care of assigned patients are lower than projected budgeted costs, and if the actual total costs of care exceed the budget costs, the practice is responsible for the difference.

**Episode of Care** – The set of services and supplies to treat a health condition, for a defined length of time.

**Fee-For-Service (FFS)** – Payment model in which a provider is paid for each individual service rendered to a patient. Most commercial/private insurance companies reimburse providers this way, as do many Medicaid managed care companies.



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**Gold Carding** – A practice where healthcare payers waive prior authorization or other requirements for providers with a strong track record of complying with plan clinical guidelines or other rules in order to reduce administrative burden on the provider and streamline patient care.

**High Value Provider** – A Provider with a proven history of delivering high-quality, cost-efficient care.

**Interprofessional Practice (IPP)** – Frequently refers to the collaboration and integration of care among medical and dental professionals, however this term is inclusive of other professions beyond those two such as mental health. When referring specifically to medical and dental, use "medical-dental integration."

**Member Level Benefit** – Additional benefits provided to subsets of members based on chronic conditions or other medical factors (such as pregnancy). Generally, these benefits are for specific subsets that, consistent with clinical guidelines, benefit substantially from additional preventive dental services.

**Member Rewards** – Additional benefits or savings offered to plan members beyond standard coverages for care. These are often offered in partnership with other companies or programs in the form of discounts on products and services.

**Pay-for-Performance (P4P)** – A reimbursement model that offers financial incentives for meeting certain performance measures. The measures usually include reducing costs and meeting health measures or patient outcome goals. The intention of the model is to incentivize quality and the value resulting from care rather than the volume of care. Incentives are typically paid on top of a base payment such as fee-for-service or population-based payment models. In some cases, if providers do not meet quality of care targets, their base payment is adjusted downward the subsequent year. Note: this term is sometimes used interchangeably with "value-based purchasing."

**Shared Savings** – Provides an incentive for providers or provider entities to reduce unnecessary health care spending for a defined population of patients, or for an episode of care, by offering providers a percentage of any realized net savings (e.g. upside risk only). "Savings" can be measured as the difference between expected and actual cost in a given measurement year, for example. Shared-savings programs can be based on a FFS payment system. Shared Savings can be applied to some or all of the services that are expected to be used by a patient population and may vary based on provider performance.

**Triple Aim** – A framework for optimizing health system performance proposed by the Institute for Healthcare Improvement (IHI) which aims to simultaneously accomplishing three critical objectives: to improve health outcomes for individuals and populations, to provide better quality and experience of care, and to manage per capita costs and annual rate of increase for the cost of care.

**Value-Based Care (VBC)** – A model designed to align patient or provider behaviors to achieve better outcomes at lower costs.

**Value-Based Payment (VBP)** – A generic term used to describe a payment model where the amount of payment for a service depends in some way on the quality or cost of the service that is delivered. There is no accepted minimum standard as to how much the payment must vary or what type of value measure must be used, so some payment models have been described as "value-based" even though there is very little difference in the amount of payments based on differences in quality or cost.

*Note:* Definitions have been adapted from several sources, including the American Academy of Pediatrics, Centers for Disease Control, Center for Healthcare Quality & Payment Reform, Centers for Medicare and Medicaid Services, Health Affairs, Health Care Payment and Learning Action Network, Health Services Research, Institute for Healthcare Improvement, National Association of Dental Plans, and other organizations.



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# Value-Based Care Case Studies

Dental plans and provider organizations are playing a pivotal role in shaping the future of value-based care by redesigning incentives and care delivery to improve outcomes and reduce costs. These real-world case studies highlight innovative approaches to medical-dental integration, preventive care incentives, and performance-based provider partnerships that offer evidence of incentive and care delivery models that can improve both patient health and system efficiency. Click on each link below to learn more about how these organizations are shaping value-based programs.

**Aetna**
*Dental-Medical Integration Program*

**Cigna**
*Dental Oral Health Integration Program*
*Dental care: An important part of a healthy pregnancy*

**Blue Cross Blue Shield of Massachusetts**
*Dental Blue® Enhanced Dental Benefits*

**AmeriHealth Caritas**
*Dental Value-Based Compensation Program*

**Liberty Dental**
*BRUSH Program™*
*A value-based care program in dentistry centered on caries*

**MetLife Spotlight**
*MetLife SpotLite on Oral Health℠*

# Measuring Value in Oral Health

This section highlights key indicators, organizations, and frameworks for measuring value in oral health. It supports payers, providers, and patients to make informed decisions by applying evidence-based measures to improve efficiency, accountability, and outcomes. The tables below offer a snapshot of oral health measures used in value-based care programs, organized by clinical and operational focuses. While grouped by program, these measures reflect interconnected efforts to advance value-based care and are illustrative, not exhaustive.

**Clinical measures** assess care processes, service use, patient experience, and outcomes to help health care teams and payers identify service delivery, address care gaps, allocate resources, and meet patient/member needs.



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| Measure(s) | Population | Program |
|---|---|---|
| • Caries Management by Risk Assessment (CAMBRA) | Children and adults | *MetLife SpotLite on Oral Health℠ (Commercial)* |
| • Patient satisfaction<br>• Caries risk assessment<br>• Service utilization by pregnant members and young children<br>• Emergency department utilization<br>• Medically appropriate in-office sedation<br>• Fluoride therapies (e.g. Silver Diamine)<br>• Glass ionomers | Children | *Advantage Dental from DentaQuest* |
| • Oral evaluation (children)<br>• Topical fluoride varnish (children)<br>• Sealants, ages 6-9 (children)<br>• Sealants, ages 10-14 (children)<br>• Preventive service utilization (children)<br>• Utilization of (surgical dental) services<br>• Eye exams for patients with diabetes (adults)<br>• Glycemic status assessment for patients with diabetes (adults)<br>• HPV Vaccination Rate<br>• Low-acuity ER visits<br>• Caries risk assessment (children/adults) | Children and adults | *AmeriHealth Caritas DC PerformPlus Value-Based Compensation Program (Medicaid)* |
| • Oral evaluation<br>• Topical fluoride<br>• Sealants, ages 6-9<br>• Sealants, ages 10-14<br>• Sealant receipt, first and second molars<br>• Care continuity<br>• Emergency Department visits for dental caries | Children | *Dental Pay-for-Quality Program, Texas Medicaid* |
| • Caries risk assessment | Children | *Liberty BRUSH Program™ (Medicaid)* |
| • Preventive dental services<br>• Caries risk assessment<br>• Continuity of care | Children | *Dental Transformation Initiative, California Medicaid* |
| • Preventive oral health service<br>• Continuity of Care<br>• Silver diamine fluoride | Children | *CalAIM, California Medicaid* |
| • Preventive dental services<br>• Oral evaluation<br>• Caries risk assessment<br>• Sealant receipt, first molars<br>• Topical fluoride | Children | *Dental Provider Incentive Program, Florida Medicaid* |



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Most programs noted that the creation of their measures were based on recommendations from the American Dental Association's *Dental Quality Alliance.* For more on international and national efforts to develop value measurement, check out these organizations:

**International Consortium for Health Outcomes Measurement**

- *Patient Centered Outcome Measures, Adult Oral Health Set*

**Iowa Dentistry's Patient-Centered Dental Home**

- *Patient-Centered Dental Home Quality Measurement Framework*
- *Patient-Centered Dental Home: Clearinghouse of Existing Oral Health Quality Indicators*

**Centers for Medicare and Medicaid Services (CMS)**

- *Get Started with Quality Measures*
- *Quality-Measures: How They Are Developed Used Maintained*
- *Measure Inventory*
- *Overview of the Dental and Oral Health Services Measures*

**Healthcare Effectiveness Data and Information Set (HEDIS)**

- *HEDIS Measures and Technical Resources*

**Administrative and operational measures** assess the efficiency and management of care delivery systems, ensuring infrastructure functions optimally. Though details are often proprietary, especially at the provider or plan level, organizations should consider key metric categories:

- **Utilization of and member access** to dental services with a primary focus on preventive service claims of interest (e.g., oral examination, prophylaxis, fluoride, sealants, care coordination).
- **Member satisfaction** with their dental benefit plan and care they receive from their dental providers (e.g., electronic insurance card or Explanation of Benefits, patient portal access, patient visit satisfaction).
- **Staff performance expectations** in the dental office (e.g., chair availability, provider production per hour, patient visits per day/week/month, treatment acceptance rate, no-show or cancellation rate, average wait time).
- **Efficiency of claim processes** like submission by the provider and processing by the payer (e.g., submission method [electronic vs paper], claim accuracy, processing timeliness, real-time adjudication, coordination of benefits rate).
- **Cost** to provide services for members/patients as well as operate the plan (e.g., revenue per patient, production vs collections ratio, average claim cost, total cost of care).

## Looking to the Future

Clinical and operational measures are increasingly being used to track performance, improve care delivery, and align with value-based care goals. However, there is still significant room for growth in measurement around:

- **Broader adoption of diagnostic codes** could enable more accurate tracking of oral health conditions and outcomes.
- **Standardized approaches** to measure patient satisfaction with dental care and benefits and would provide deeper insights into the patient experience.
- **Advanced financial measures** to understand the cost of care, quantify savings from disease prevention, and explore the connection between oral health and overall health outcomes.
- **Use of Artificial Intelligence** to support patient care and plan operational processes (e.g., claim processing).

**While not everything can be measured today, these aspirations point to a future where measurement can more fully reflect the value and impact of care.**



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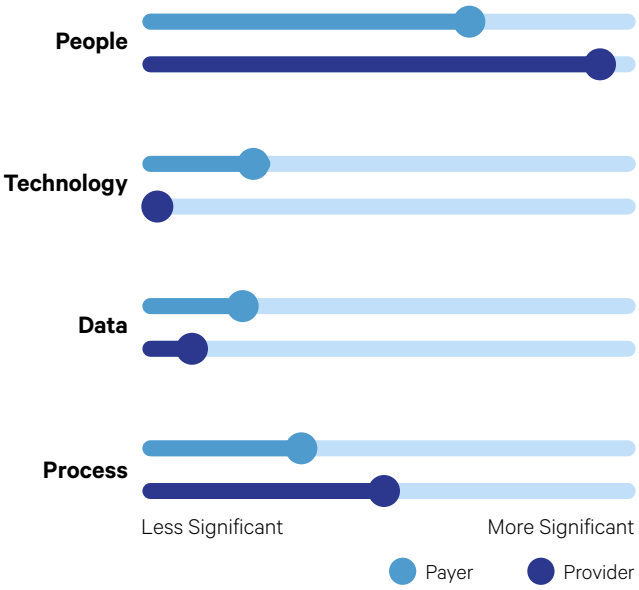
# Addressing Value-Based Care Challenges

*Economic pressures* **are a primary driver behind the shift to value-based care**, where prevention-focused models offer long-term benefits but often yield lower provider revenue than fee-for-service models that favor costly procedures. Collaborative care models add operational complexity, and while prevention reduces payer costs and improves outcomes, transitioning requires new reimbursement structures and stronger data systems to support outcome-based payments.

As noted in the *Pathway to Value* collaborative report exploring the status of VBC in the dental industry, "expect to navigate speed bumps and detours" (p. 17). Major challenges to adopting value-based oral health care persist across four key areas *noted in the graphic below:* **people, technology, data, and processes.** Both providers and payers considered people and processes to be more challenging, while technology and data were seen as less challenging.




**People** refers to interest in buy-in for VBC, capacity to engage with new approaches, and the incentive to shift ways of working.

**Technology** refers to challenges with using systems and tools, like electronic records, to support VBC models. They often require large capital investments and lack true interoperability.

**Data** refers to challenges with fragmented data sources, inconsistent formats and coding, and limited data sharing, making it difficult to measure outcomes, coordinate care, and align incentives around value.

**Process** refers to how a VBC program is operated. Standardization can add administrative burden like data exchange, documentation, and performance reconciliation.

**A number of entities have made suggestions to address these challenges including:**

- These *case studies* that provide real-world examples of oral health VBC challenges (i.e., collaboration amongst health disciplines, measuring patient outcomes, attributing treatment costs, value-based reimbursement structures) and strategies for addressing them.
- *This overview* of value-based payment in oral health from the Center for Health Care Strategies likewise engages thoughtfully with challenges (i.e. lack of technology infrastructure and data, validated measures, value-based reimbursement structures, dental silo from other health disciplines) in the field.



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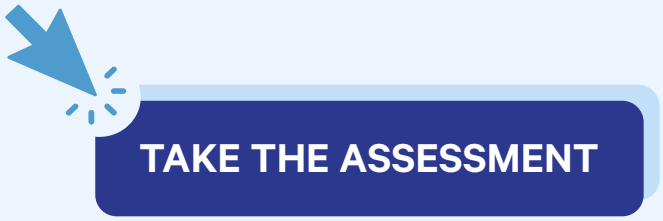
# Value-Based Care Readiness Assessment




This readiness assessment is designed to help dental and health care leadership teams evaluate organizational readiness to transition to a value-based care and payment model in dentistry. By identifying strengths and areas for growth, stakeholders can use the results to guide strategic planning, prioritize investments, and support successful implementation of VBC models.It is recommended both administrative and clinical leadership complete the survey together to ensure accurate responses in all areas, including care delivery, data and analytics, operations, and finance.

**Types of organizations who could take the assessment include:**

- **Dentists in private practice**
- **Dental insurance carriers**
- **Dental service organizations**
- **Physicians who provide oral health services**
- **Hospital-based dental programs**
- **Public health departments**
- **University dental programs**

# Value-Based Care Bibliography

Finally, this curated bibliography offers a diverse range of articles, frameworks, and examples that explore the implementation of value-based care in oral health. Readers can use these resources to deepen their understanding, inform strategy, and draw inspiration from real-world examples and expert perspectives across the dental care landscape.



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### Introduction to Value-Based Care

*JADA Guest Editorial Value-Based Care in Dentistry*
*The Dental Divide: How Employers can Boost Oral Health and Business Outcomes*

### Transition to Value-Based Care

*Pathway to Value: Perspective on How to Chart a Path that Meaningfully Accelerates the Shift to Value-Based Dental Care*
*Value-Based Oral Healthcare: Moving Forward with Dental Patient-Reported Outcomes*
*How Do You Implement VBC Methodologies in Dentistry with Existing Dental Organizational Paradigms?*
*Defining and Implementing Value-Based Health Care: A Strategic Framework*

### Value-Based Care Cost Outcomes

*UnitedHealthcare Medical Dental Integration Study*
*Guardian Study Finds Employers Save Money When Employees Use Preventive Dental Benefits*
*Periodontal Treatment Associated With Decreased Diabetes Mellitus–Related Treatment Costs*
*Preventive Dental Care is Associated with Improved Healthcare Outcomes and Reduced Costs for Medicaid Members with Diabetes*

### Alternative Payment Models

*Health Care Payment Learning & Action Network:*
- *Alternative Payment Model Framework*
- *Alignment Landscape*

*Unlocking Value in Alternative Payment Models*
*A Simple Alternative Payment Model to Incentivize Periodontal Care for Diabetes Mellitus Patients in Community Health Centers*
*Exploring Alternative Payment Models for Oral Health Care*
*Alternative Payment Models in Dentistry: A Provider Perspective*
*Value-Based Payment Alignment: A Case Study for Oral Health*
*Arizona's Differential Adjusted Payments Add 3% More for Dentists Who Qualify*

### Minimally Invasive Dental Care

*A New Dental Benefits Program Demonstrates How Minimally Invasive Care Can Reduce the Need to Drill Teeth*
*Framework for Fiscal Impact Analysis of Managing Initial Caries Lesions with Noninvasive Therapies*
*Emerging Approaches in Oral Health Care: Considerations for Minimally Invasive Care in Medicaid*
*The Non-Invasive Caries Therapy Guide*
*Salivary Tests: A New Personalized Approach for the Early Diagnosis of Oral and Periodontal Diseases*
*ADA Guide to Salivary Testing*

### Interoperability

*What Do We Mean by Interoperability in Oral Health?*
*ADA Standards—Clinical Data Exchange*
*ADA Standards—Administrative Data Exchange*
*ADA Standards—Terminology and Nomenclature*
*Data Exchange Comments, American Dental Association*
*A Strategic Framework for Unifying Electronic Dental and Medical Records*
*Overview of Artificial and Augmented Intelligence Uses in Dentistry*



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