

Imbursement Array in Dental Practice Management: A Review

Anshika Khare¹, Ankita Gupta²

From, ¹Dental Practitioner, Department of Public Health Dentistry, ²Senior lecturer, Department of Public Health Dentistry, Rishiraj College of Dental Sciences, Bhopal, M.P., India

Correspondence to: Dr. Anshika Khare, 76 Shrawan Kanta Estate Bhopal, M.P., (462023) India, E-mail: Khare.anshika58@gmail.com

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ABSTRACT

Dentistry is a dignified healthcare profession but due to transient transformation in dental practice, dentistry has reached to its peak level. The main barrier to cater the dental services throughout all area including rural and urban is financial which has to be removed. Thus, to maintain the glory of the profession and to reach the people at their doorsteps, proper practice management of finance in terms of payment is very important. We present a review on imbursement array in dental practice management which was obtained from the literature search of published articles, online manuals and books.

Key words: Payment, Dental insurance, India, Finance

All professions and especially the health care professions are in a constant state of self-assessment which is aimed at advancing their disciplines in a consistent and measurable fashion. The main goal of the health care profession is to improve the patient's health, increase efficiency in the health care system, and ultimately enhance society as a whole [1]. Since oral health is an essential component of good health and a fundamental human right, the dentist is responsible for the prevention, diagnosis, and treatment of diseases of the oral cavity and its related structures [2].

Dental Practice Management by traditional definition includes the administrative organization of the dental office, its supervision, and control of patient's flow, record keeping and financial overseeing. Financial monitoring is one of an integral part of dental practice management aimed to provide dental services effortlessly for all midlevel providers including rural and urban area to re-conceptualized and expand the scope of dental practice [3].

PAYMENT ARRAY IN DENTAL PRACTICE

The most common methods of financing dental care are fee-for-service, post-payment plans, private third party pre-payment plans, non-profit health corporations, managed care and public programs.

1. Fee-For-Service

Fee-for-service is the traditional form of payment for dental services seen everywhere [4]. It is a two-party arrangement consisting of the provider and the patient. Under this system, appropriate treatment is given according to patient's needs and demands in exchange for a fair fee considering the time, care, skill, judgment and materials required to render that treatment. This method of payment is most commonly applied in Indian scenario [4].

2. Post Payment Plans

Post payment plan, also known as budget payment plan was introduced in the 1930s by local dental practitioners in Pennsylvania and Michigan in the USA. In this concept, the patient borrows money from a bank or finance

company to pay the dentist's fee at the time when the agreement to receive care is made. After an approval of the application by the lending institution, the dentist is paid the entire fee. The patient then repays the loan with specified interest amount to the bank in budgeted amounts [5].

3. Third Party Payment Plans

According to this, the patient and dentist are considered as the first and second parties and a "third-party" is also included for payment rather than the patient. The term third party normally refers to an insurance company and can be called by various names like carrier, insurer, underwriter, or administrative agent. This third party collect premiums, assume financial risk, pay claims and provide administrative services [4].

An indemnity plan is a kind of third-party payment in which third-party payer provides payment of an amount for specific services, regardless of the actual charges made by the provider [6]. It is often called a traditional dental coverage plan or a fee for service plan. In this plan, the patient select his dentist from a list of network providers or approved providers to qualify for benefits and coverage; but have the option to visit any dentist or dental care professional according to his convenience. They need to pay a deductible on their indemnity dental insurance. After that, the insurance provider covers a part of usual and customary dental costs [7].

4. Non-Profit Health Service Corporation

Not-for-profit dental plans are likewise plans of dental care constituted on a non-profit basis by corporations legally organized to run these plans in a particular region. Examples are Delta dental plans, Blue Cross and Blue Shield in the United States.

5. Managed Care

The Health Insurance Association of America defined managed care as, "Systems that integrate the finance and delivery of appropriate health care services to covered individuals by means of arrangements with selected providers to furnish a comprehensive set of health-care services to members. It is an arrangement through which people receive all or most of their health care from the providers who are formally linked to the organization. Different type of managed care includes capitation plans, Preferred provider organizations (PPO), Health maintenance organizations (HMO), point of service, carve-outs and managed indemnity [4].

6. Public Programs

The simplest definition of public funding is any funding that relies on tax revenue. The vast majority of public spending does come from tax revenues, however, there are several areas where other sources of funds play a significant role [8,9]. Some examples of public programs include Medicare, Medicaid, State Children's Health Insurance Program (SCHIP) and the National Health Service (NHS) [8].

PAYMENT PRACTICE SCENARIO IN INDIA

The primary mode of payment for a country like India where 2/3rd population lives in rural area and only 1/3rd population lives in urban area is fee-for-service. The dental practice in India follows "inverse supply and demand" law as 90% of dental professional are concentrated where 30% of the population resides (urban areas) and only 10% of dentists are concentrated where 70% of the Indian population resides (rural areas) [10]. Other methods of dental payment do exist but up to an extent. Also, the budget allocation for health care is very meager (2%) in India and out of which, a minute percentage is allocated for oral health-related activities which is insignificant. On the other hand, oral healthcare delivered through primary health care (PHC) is lacking resources and workforce as not even 20% of the existing PHC in India have dental services available for the population [9].

1) GOVERNMENT OR STATE-BASED POLICY SYSTEMS AVAILABLE IN INDIA

They include Central Government Health Scheme (CGHS) and Employees State Insurance Scheme (ESIS). It is estimated that employer managed systems cover about 20-30 million of the population. The schemes run by member-based organizations cover about 5 percent of the population in various ways. Many government and private employers such as railway, armed forces and public sector enterprises run their own health services for employees and families. It estimated that about 30 million employees might be covered under such employer-managed health services.

Central Government Health Scheme (CGHS): The Central Government Health Scheme was started in New Delhi in 1954 under the Indian Ministry of Health and Family Welfare to provide comprehensive health care facilities for the Central Govt. employees, pensioners and

their dependents residing in CGHS covered cities which include Allahabad, Ahmedabad, Bangalore, Bhubhaneshwar, Bhopal, Chandigarh, Chennai, Delhi, Dehradun, Guwahati, Hyderabad, Jaipur, Jabalpur, Kanpur, Kolkata, Lucknow, Meerut, Mumbai, Nagpur, Patna, Pune, Ranchi, Shillong, Trivandrum and Jammu. It includes doctor's consultancy, diagnostic procedures, medicines, hospitalization, health education and various surgical treatments. It covers many oral and maxillofacial surgical conditions [11].

Employee State Insurance (ESI) Scheme: Under the ESI Act 1948, ESI Scheme provides protection to employees against loss of wages due to inability to work due to sickness, maternity, disability and death due to employment injury. Now, it covers all the states and union territories. The medical care consists of preventive, promotive, curative and rehabilitative types of services. Dental care is usually not included and it covers only those procedures which are related to surgery of oral and maxillofacial regions, however, dental prosthesis, cosmetic procedures and plastic surgeries excluded [12].

2) DENTAL HEALTH INSURANCE SCENE IN INDIA

In India, health insurance was first marketed in non-life insurers as a standardized annual indemnity product, Mediclaim, in 1986. Currently, there are 17 general insurance companies in India with 12 providing health insurance. Out of these, only 2 have dental treatment charges reimbursed up to a certain extent. Nowadays dental insurance is offered by a number of companies and they have different terms and riders to the dental insurance coverage. The said member institution or the health center will have to offer a discount on the dental treatment to the insured ones who covered under the policy of dental insurance coverage in India. Various dental insurance schemes available in India are:

Hindustan Lever (HLL): The first dental insurance scheme, Pepsodent Dental Insurance was launched on 9th October 2002 in partnership with New India Assurance, wherein every purchase of pepsodent toothpaste enabled the customer to get Rs.1,000 worth of free dental insurance. Under this initiative, pepsodent offered consumers insurance cover against expenses for the extraction of a permanent tooth due to severe caries and periodontitis, including the cost of medication. Consumers

those wanting to avail the scheme, were required to send a proposal form which was available in all superior pepsodent packs of 100 and 200gms, along with 3 wrappers of the toothpaste and medical certificates and bills which were assessed by the New India Assurance. However, the policy did not compensate claims for cosmetic dentistry or loss of a tooth due to accidents. Besides, the age limit of the consumer had to be up to 50 years. Unfortunately, this scheme did not last for a long time and has been discontinued [13].

ICICI Lombard Dental Insurance: This plan includes a health advantage plus policy of general health insurance by ICICI Lombard. This health insurance plan reimburses dental consultation and treatment charges under outpatient treatment which can be claimed only once during the period of insurance. No claim shall be admissible prior to completion of 90 days of the commencement of the policy and 30 days after the expiry of the period of insurance. The age of entry for the policy is up to the age of 65 years and renewable up to the age 70 years. A mandatory health check-up for applicants above 55 years of age is applicable. The reimbursement under OPD cover can be a maximum of up to Rs.9500/- depending on the age. All dental treatment covered on OPD basis except cosmetic treatment, braces in teeth, teeth fixation and teeth whitening.

Apollo DKV Health Insurance: It is an easy health premium plan that cover dental treatment on outpatient cover basis up to maximum of Rs.5000/- but with a waiting period of 3 years [14,15].

REASONS FOR NOT HAVING A DENTAL INSURANCE IN INDIA

There cannot be one single reason for such a failure but various reasons have operated over a course of time, which has led to such a situation where no dental insurance existed in India. Some of the reason behind this failure could be policy problems and misconception of the concept of 'Public Health Dentistry.'

In the field of dentistry, Public health dentistry has assumed a greater importance than anything else has. Public health dentistry refers to the practice of providing affordable dental health services to the general population but the fact is that being a country like India, we do not have a scheme that is planned to enact under the oral

health care, like most of the European and North American countries. There was no plan made for public health dentistry under the first oral health policy. However, the practice suffered from gross mishandling from the last three decades and led to a concoction of the term public health dentistry. Even today, most of these camps are organized under poor conditions and in most camps, adequate treatment is not provided to the patient, in fact, they are subsequently referred to the private hospitals where they are asked to pay hefty fees and as a result, most of them prefer not to undergo any treatment [16].

CONCLUSION

The hard truth is that dental insurance is not common in India. Many companies cover treatment of teeth under 'health insurance' and only the expenses of accidental tooth damage taken care of. There are no reimburses provided for regular dental checkups or non-accidental treatments. A limited number of companies in the country provide even this health insurance, so about care for teeth, the situation is bleak in India. Because dental disease is so common, being protected by dental insurance at least those available. Hence, proper practice management of finance in terms of payment is very important to maintain the glory of the profession and to reach the people at their doorsteps.

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