

# Value-Based Care

## Improving Oral Health Access and Affordability

*Presented by:*

**Cherag D. Sarkari, D.D.S, B.D.S, M.D.S**  
**Chief Dental Officer**  
**Liberty Dental Plan**

**November 18, 2024**



# Confidentiality and Disclaimer

## Confidentiality

This presentation contains highly confidential information that is considered trade secret under applicable state and federal law. The information in this presentation is solely for dental providers participating in the Liberty Dental Plan Corporation ("Liberty Dental Plan") Value-Based Program ("Authorized Recipients"). The distribution of this presentation by an Authorized Recipient to any third-party is not authorized without Liberty Dental Plan's consent. Any photocopying, disclosure, reproduction, or alteration of the contents of this presentation and any forwarding of a copy of this presentation or any portion thereof to any person is strictly prohibited. Authorized Recipients of this presentation shall keep this presentation and its contents confidential, shall not use this presentation and its contents for any purpose other than as expressly authorized by Liberty Dental Plan, and shall be required to return or destroy all copies of this presentation or portions thereof in its possession promptly following request for the return or destruction of such copies. By accepting delivery of this presentation, the recipient is deemed to agree to the forgoing confidentiality requirements.

## Disclaimer

The information and contents of this presentation is for informational purposes only. Nothing contained in this presentation is intended to substitute a licensed Dentist's professional advice and clinical judgment nor should any information contained in this presentation be construed to dictate or interfere with the dentist-patient relationship. This presentation does not supersede any contractual agreements between the Authorized Recipient and Liberty Dental Plan.



# About Liberty Dental Plan

Liberty is a dental benefits administrator founded by dentists and health industry professionals in 2002. Liberty currently administers dental benefits in all 50 states, including on behalf of over seven million Medicaid, Medicare Advantage, commercial, and exchange members. A high-touch approach to member and provider engagement, along with innovations to improve the quality and cost-effectiveness of dental care delivery, has propelled the company's growth. Learn more at [www.LibertyDentalPlan.com](http://www.LibertyDentalPlan.com).

# B.R.U.S.H.® Value-Based Program

A reimbursement model that pivots toward an outcome-based reward model

## B.R.U.S.H. Goals:

- Reward providers for healthy outcomes
- Focus on preventive services
- Improve patients overall long-term health

**B.R.U.S.H.** = *Benefits and Rewards for Utilization, Services, and Healthy outcomes*



# What is B.R.U.S.H?



## Providers Utilize the Caries Risk Assessment (CRA) to Assess the Member's Oral Health

- CRA is administered upon a member's enrollment into the voluntary program. It is re-administered in 12 months to determine if the member's oral health risk scores have lowered, remained the same, or increased.
- The CRA is an evidence-based approach that measures outcomes correlated with risk stratification of the member and aims to eradicate dental disease Caries Risk Assessment and Management Protocol



## Providers are Encouraged to Engage with Members on their Oral Health

- Encourages providers to spend more time with patients & identifies the underlying risk factors contributing to poor oral health
- Reimburses providers for additional services for moderate & high-risk members, such as Motivational Counseling,
- To reinforce the dental home model, Providers are encouraged to outreach to members to attend their follow-up visits & keep them engaged



## Providers are Compensated for a Member's Improved Oral Health

- When a member's risk level is reduced or maintained in a window of 12-16 months from the date of the first CRA, we connect improved outcomes with an annual bonus payment.
- Bonus payments are assessed and paid on a quarterly basis.

# Promotes Preventive Dentistry

Disrupts the “**drill and fill**” mindset

- Encouraging patients to establish a dental home
- Changing practice patterns from restorative to preventive
- Practicing preventive dentistry that leads to healthy outcomes
- Engaging patients to take an active role in their own care to help ensure their oral health





# Value over Volume, Outcome over Cost



B.R.U.S.H. was first launched in 2019 as a pilot program.  
Liberty's initial focus was on the child Medicaid population.

- B.R.U.S.H. was first launched in 2019 as a pilot program.  
Liberty's initial focus was on the child Medicaid population.
- From August 2019 to March 2020 (the initial pilot cohort), over 50% of the participating members demonstrated significant improvements in their caries risk profile. In our California Medicaid program, children who were seen by a dentist enrolled in our BRUSH value-based program had:
  - 19% greater likelihood of sealants, 51% more fluoride, and 32% more prophylaxis compared to children who visited a non-BRUSH office.
  - This same group had a 4% reduction in fillings and a 28% decrease in root canals and pulpotomies.
- Based on the results achieved in our initial pilot program, we successfully expanded to a national program for our child Medicaid population in 2021.
- In 2022, LIBERTY launched B.R.U.S.H. Advantage, a pilot program with a similar framework targeting seniors in Ohio. B.R.U.S.H Advantage has not yet been expanded as we continue to evaluate the results of the pilot.
- Since 2019, BRUSH has evolved from a program to a platform that can be tailored to benefit different segments of the population using a risk-based model to address their treatment needs.



# Providers are Financially Awarded when Members' Risk Scores Lower or Maintain Low

Example of a Visit	
Low Caries Risk (D0601)	
1st Visit	2nd Visit
Exam/Recall Visits (D0150/D0120)	Exam/Recall Visits (D0150/D0120)
Caries Risk Assessment	Prophylaxis
Prophylaxis	Fluoride Varnish Application
Fluoride Varnish Application	



## Example of Treatment Protocols

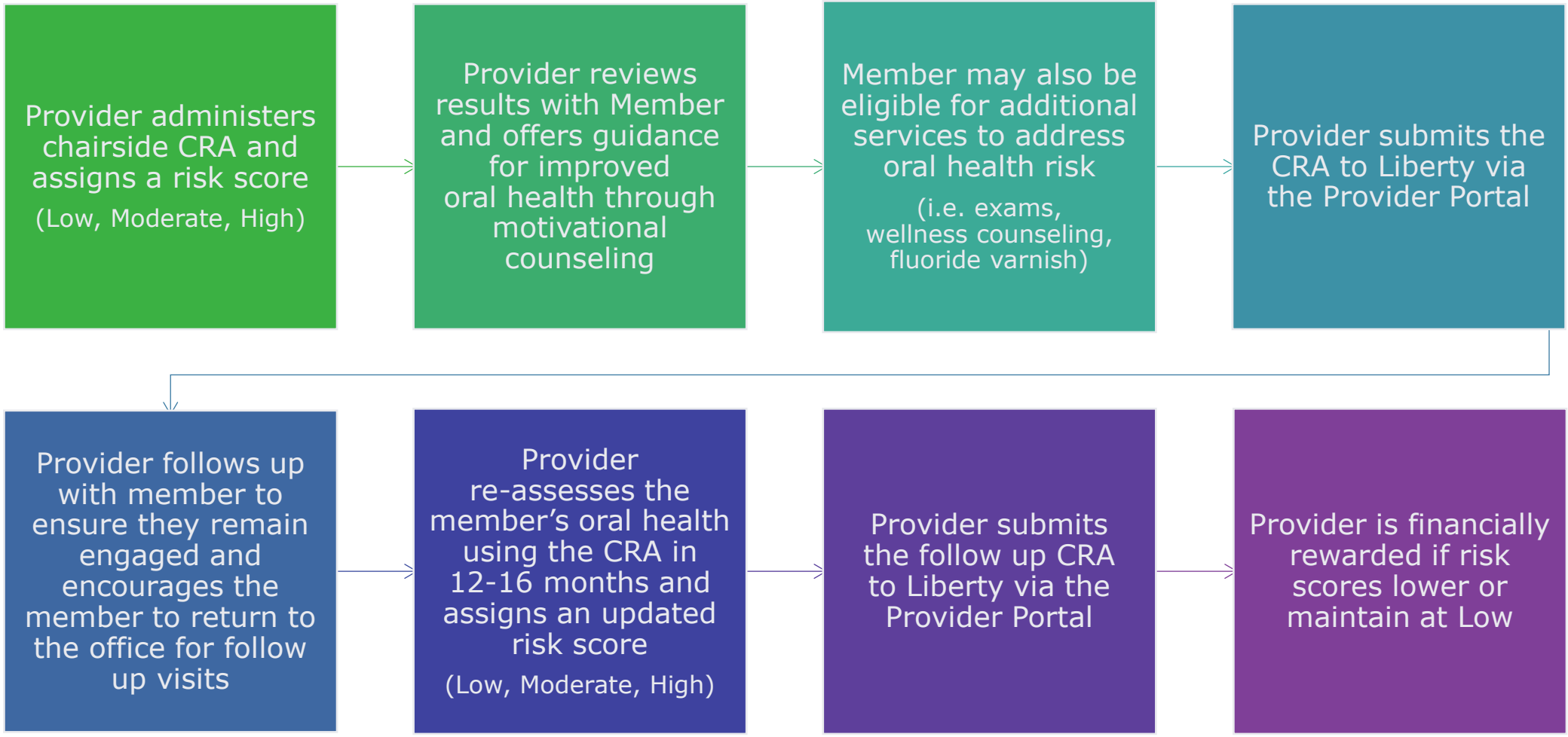
Caries Prevention Treatment Plan		Program Requirements
Code	Description	Low Caries Risk (D0601)
D0601	Caries Risk Assessment	1 time every 12 months (1 time per year)
D0150	Exam/Recall Visits	1 time every 6 months following plan benefits (2 times per year)
D0120		
D1110/D1120	Prophylaxis	1 time every 6 months following plan benefits (2 times per year)
D1206	Fluoride Varnish Application	1 time every 6 months following plan benefits (2 times per year)
N/A	Brush at least 2 times per day	1100 ppm fluoride toothpaste
D1351	Sealants	As needed, following plan benefits
D1354	SDF Utilization for any active or visible caries	As needed, following plan benefits
Varies	Radiographs	Every 12-24 months, following plan benefits, as needed
Code	Description	Moderate Caries Risk (D0602)
D0602	Caries Risk Assessment	1 time every 12 months (1 time per year)
D0150	Exam/Recall Visits	1 time every 6 months following plan benefits (2 times per year)
D0120		
	Wellness Counseling (D9995/D0120)	1 time every 12 months either in office or teledentistry (1 time per year)
D9995	Teledentistry (bill both D9995 and D0120 with POS 02)	
D0120	In Office	
D1110/D1120	Prophylaxis	1 time every 6 months following plan benefits (2 times per year)
D1206	Fluoride Varnish Application	1 time every 6 months following plan benefits (2 times per year)
N/A	Brush at least 2 times per day	1100 ppm or 5000 ppm fluoride toothpaste, as applicable (provider discretion)
D1351	Sealants	As needed, following plan benefits
D1354	SDF Utilization for any active or visible caries	As needed, following plan benefits
Varies	Radiographs	Every 6-12 months, following plan benefits, as needed
D9993*	Dental Case Management/Motivational Interviewing	1 time every 12 months (1 time per year)
Code	Description	High Caries Risk (D0603)
D0603	Caries Risk Assessment	1 time every 12 months (1 time per year)
D0150	Exam/Recall Visits	1 time every 4 months (3 times per year)
D0120		
	Wellness Counseling (D9995 or D0120)	1 time every 12 months (1 time per year)
D9995	Teledentistry (bill both D9995 and D0120 with POS 02)	
D0120	In office	
D1110/D1120	Prophylaxis	1 time every 6 months following plan benefits (2 times per year)
D1206	Fluoride Varnish Application	1 time every 4 months (3 times per year)
N/A	Brush at least 2 times per day	1100 ppm or 5000 ppm fluoride toothpaste, as applicable (provider discretion)
D1351	Sealants	As needed, following plan benefits
D1354	SDF Utilization for any active or visible caries	As needed, following plan benefits
Varies	Radiographs	Every 6 months, following plan benefits, as needed
D9993*	Dental Case Management/Motivational Interviewing	1 time every 12 months (1 time per year)





# Caries Risk Assessment (CRA) as an Indicator of Outcomes

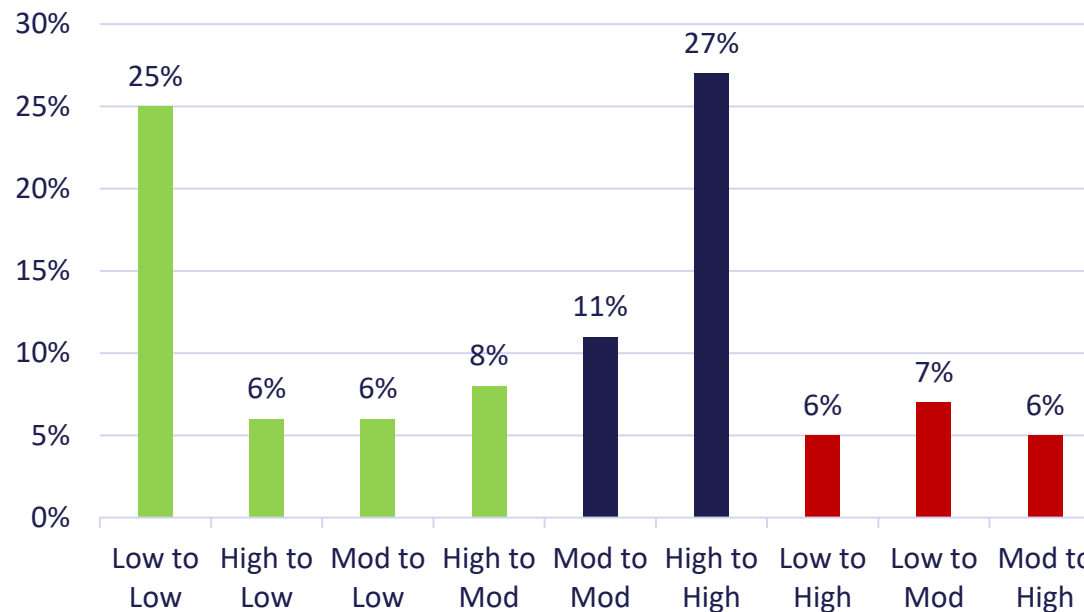
The CRA Form is Completed Chairside and can be Submitted Online via Liberty’s Secure Portal



# B.R.U.S.H.® Outcomes



- 1 Reduce Caries Risk
- 2 Increase Preventive Services
- 3 Reduce Restorative and Surgical Services



Recognized in **JADA**  
THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION

**Successful Outcome**

**Stable**

**Increased Risk Level**

**45%**

**38%**

**19%**

\*Data as of 8.13.2024.

\*Due to rounding – total percentage is over 100%.



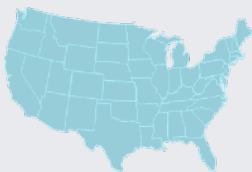
# Sustained Value-Based Program Growth

Risk Assessment | Improved Risk Scores | Provider Bonus Payments | Provider Retention



## Office Enrollment

of our total Child Medicaid offices



NATIONAL



## Members assigned to B.R.U.S.H.® office

Child Medicaid Membership assigned to a participating office







## Summary

- Overall **preventive procedure/member increased** since the initial CRA for all states.
- Overall **procedure/member for restorative decreased** since the initial CRA for all states.
- **Cost per member for restorative procedures decreased** since the initial CRA for all states.



## Things to consider

1

Establishment of a Value-Based program is now a standard requirement in all Medicaid Programs.

2

Value-Based Program must prioritize patient-centered care **to improve outcomes and reduce cost.**

3

**B.R.U.S.H.® program** is showing promising signs of improving health outcomes.

4

Favorable **decrease** on high-cost procedures.

5

**Assess cost-effectiveness** of bonus incentives vs. savings through reduction of costly restorative care.



NATIONAL  
ACADEMIES

Sciences  
Engineering  
Medicine

# Thank you!

Cherag D. Sarkari, D.D.S, B.D.S, M.D.S  
Chief Dental Officer  
Liberty Dental Plan

