

UPDATE TO BPOMAS MEMBERS ON THE RECENTLY INTRODUCED DENTAL HEALTH RISK MANAGEMENT

In recent years, BPOMAS has seen an above-normal increase in certain categories of the Scheme's healthcare costs. There are many contributing factors to the afore-mentioned increase, the main ones being waste, abuse and in some instances possible fraud. The Scheme has in certain instances recovered funds from errant service providers and has terminated contracts with some for waste, abuse and possible fraud.

As an industry standard, healthcare costs in general are expected to increase annually by a margin of 3% above inflation. On the other hand, BPOMAS health care costs have been increasing annually by a margin of around 5% above inflation. In light of the afore-mentioned, BPOMAS has therefore introduced Managed Care interventions in various disciplines, the first being on Radiology and Pathology which was introduced in the financial year 2017/18, followed by introduction of pre-authorisation on hospitalisation in the current financial year. These have thus far yielded significant positive results.

Dental claims have on average increased by more than 18% per annum in the last 5 years, which is more than double the increase in the rest of the Scheme's healthcare costs. Furthermore, as an industry standard/benchmark, dental claims as a proportion of total healthcare costs for a scheme with a similar profile to BPOMAS is around 5% while for BPOMAS it is currently in excess of 12%. Based on the current claims pattern, the Scheme's dental claims are therefore among those that are clearly not sustainable and call for some intervention.

In light of the above, Dental Health-Risk Management as part of Managed Care was introduced effective 14 October 2019. Through this intervention, all legitimate claims will continue to be paid in full as per the Scheme Rules. On the other hand, illegitimate claims will not be paid when detected. Over and above reducing the risk of Waste, Abuse and fraud, the intervention will among others ensure that;

- There is enhanced clinical outcomes while managing members benefits
- There will be peer to peer review
- Benefit design is improved as there is a closely managed usage of the benefits as well as usage of Dental experts in designing benefits

In summary, below is the main changes that have been introduced;

- Some cases that were previously not pre-authorised (e.g., Specialized dentistry) will now be pre-authorised. **Members are to note that basic dentistry, which constitutes most of the dental services is not subject to this intervention and therefore is exempt from pre authorisation requirement. Emergency cases are also exempt from pre authorisation requirement. For services that are subject to pre authorisation (specialised dentistry), responses will be provided within 24hours.**

Members are to note that pre authorisation requests should be sent by dentist directly to the Scheme. As such, there is no anticipated delay in delivery of services.

The purpose of pre-authorisation is to ensure that there is clinical appropriateness for such cases/procedures, and reduce the risk of wastage, over-servicing and over-charging.

- Wastage occurs when a more expensive form of treatment is chosen without it being clinically necessary, e.g., removal of a tooth through in-hospital surgery when the tooth could be removed at the dentist's room.
- Over-servicing occurs when interventions that are not clinically necessary are performed and charged to the Scheme.
- Over-charging usually occurs through billing of services that are part of one complete service as separate portions.
- An example of wrong treatment is an age in-appropriate treatment.
- Fraud occurs when a service provider is purporting to have provided a service when in actual fact such service was never provided e.g submitting a claim for filling on a tooth that was previously removed. Through the enforcement of the requirement for dentist to provide tooth numbers the scheme will be more able to detect such cases.

BPOMAS members are therefore informed that, at this stage, some dentists, particularly members of the Botswana Dental Association (BODEA) have opted to terminate their contracts with the Scheme effective 4th November 2019 due to lack of agreement and/or buy- in on the recently introduced Dental Health Risk Management intervention, and as a result will require up-front cash payment. However, some of the dentists still remain contracted to BPOMAS and will continue to service BPOMAS members without requiring upfront cash payment. For ease of reference, a list of dentists who are currently contracted to BPOMAS is available on the BPOMAS website; www.bpomas.co.bw. Members are however free to consult dentists who have terminated their contracts with BPOMAS, and would be eligible to claim from the Scheme in line with Scheme Rules. For any further clarification, members are advised to call our office on (+267) 370 2907.

BPOMAS will continue working around the clock to ensure a smooth transition process into what we believe is the best and most prudent management of the Scheme dental benefits. BPOMAS also remains committed to working with all Service Providers in order to facilitate ease of access to care. As such, Service Providers who have opted to terminate their contracts will be considered should they apply to contract with BPOMAS again. We apologise for any inconvenience this may cause.

Your health remains our concern.

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