TABLE 1. Continuum of Risk Bearing for Dental Payments*

Traditional indemnity plan where fixed percentages of fees are paid, and the payer is a dental insurance company or self-insured business utilizing the dental insurance company as a third party administrator, which pays claims for a fee.

Preferred provider organization (PPO) plans where fees are paid on a contractual basis based on a fee schedule. Risk is borne by the payer of the "premium" (cost of participation in the plan), as in the previous instance. Providers must adhere to contractual fees. Payer is either an individual paying a premium or self-insured company that bears risk, wherein there is incentive to move providers to PPO plans from traditional plans where fees are not on contract.

Managed care plan where payments come from an entity (e.g., a self-insured company) that pays the plan administrator (insurance company or otherwise) a per-patient/per-month amount based upon the number of enrollees. Risk shifts to the plan administrator that must further add cost controls via contractual fees, etc.

Managed care where the provider is paid (via a third party administrator that, in turn, is funded by entities as above) on a per-patient/per-month basis. Risk shifts to the provider, who must implement aggressive cost and quality (i.e., health improvement) controls.

* These are general concepts and not absolute. There are many variations of these models, and all have not been tested to the fullest extent. There is also not an absolute "confluence" from one model to another, as depicted — as there are nuances and mixtures therein. This figure is only provided for the purpose of exploring the possibilities.

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incorporate new updated guidelines in dental health care settings released in 2003

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