## Dental Insurance - Third Party Payer Issues

Is the TPP issue a result of a business decision or an illegal/unfair action by the Insurance Company?

### What Members Want:

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Patient Interest Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better reimbursement</td>
<td>High</td>
</tr>
<tr>
<td>Claims support</td>
<td>High</td>
</tr>
<tr>
<td>Advocacy/legal support</td>
<td>Low</td>
</tr>
<tr>
<td>Faster communication</td>
<td>Low</td>
</tr>
<tr>
<td>Prompt payment</td>
<td>Low</td>
</tr>
<tr>
<td>Cover more procedures</td>
<td>Low</td>
</tr>
<tr>
<td>Negotiating/appeals</td>
<td>Low</td>
</tr>
</tbody>
</table>
"DROP INSURANCE" TO FORCE AN INCREASE

Doctor A
Is there another way besides “Dropping PPOs”? 

• Learn Contracts and State Laws and use them in their favor
• Bring the patient back on the DENTIST’S side by educating on how horrible their insurance is
• Encourage in-house memberships
• Charge for services rendered, regardless of pressure from insurance companies
• Understand the concept of offering choices when they are available...just like any other businesses do
• Get involved with the UDA and legislation
Q3: I am experiencing issues related to: (check all that apply)

- Carrier Overpayment
- Credentialing/Retroactive Payments
- Virtual Credit Cards
- Retroactive Denial of Prior Authorizations
- Network Leasing (aka Silent PPO's)
- Assignment of Benefits
- Non-Covered Services/Capped Fees
- Pre-paid Dental Corporations Exclusive Networks
- Medical/Dental Loss Ratio
- Downcoding
- Bundling of Procedures
- Least Expensive Alternative Treatment Clauses
- Explanation of Benefits (EOB)
- Coordination of Benefits (COB)
Insanity: doing the same thing over and over again and expecting different results.

- Albert Einstein
ADA Contract Analysis Service

Plain language explanation of contract terms

Contact Dotty at dotty@uda.org or call 801-261-5315
Resources Available on www.ada.org:

• Increase Value in your Practice! Start your own Dental Plan [Webinar]
• In-Office Dental Plans (complete document) [PDF]
• States with Direct Primary Care Agreement Legislation [PDF]
• General Contract Considerations [PDF]
• Checklist and Considerations [PDF]
• Marketing/Promotional Example Letter [PDF]
• In-Office Dental Plan Calculator [Excel spreadsheet]

Legislative wins in Utah on Dental Insurance Reform for State Regulated plans

Non-Covered Services (2017)
SB 44 - Senator Allen Christensen; Rep Ray Ward
See Utah statute 31A-22-446.
- States have passed similar legislation

- A dental insurer is prohibited from setting fees for dental services that are not covered under the dental insurance.
- A contract between a dental plan and a dentist to provide covered services may not prohibit a dentist from offering or providing noncovered dental services to a covered individual at a fee determined by the dentist and the individual who will receive the noncovered services.
- The state laws only apply to state regulated insurance plans. Nearly half of dental plans are federally regulated.

Retroactive Denials:
UCA 31A-26-301.6(1)(a)
Nothing in this section may be construed as limiting the ability of an insurer to:
(a) recover any amount improperly paid to a provider or an insured:
- in accordance with Section 31A-31-103 or any other provision of state or federal law;
- generally within 36 months of the amount improperly paid for the coordination of benefits program,
- within 12 months of the amount improperly paid for any other reason not included in subsection (4)(a) or (b).
- within 24 months of the amount improperly paid when the improper payment was due to a recovery by Medicaid, Medicare, the Children's Health Insurance Program, or any other state or federal health care program.

Prior Authorizations (2019)
SB 264 - Senator Evan Vickers and Representative Suzanne Harrison.
See statute UCA 31A-22-650.

In discussing Prior Authorizations, we should explain the difference between Prior Authorization and Pre-Treatment estimates.

A Prior Authorization means the third-party payer has agreed to make payments for the services being sought prior to treatment. (Usually Writings)

This Legislative bill spelled out that a Prior Authorization, if done correctly, would be more like a commitment or contract by the third-party payer for payment.

Network Leasing: (2021) On Consent Calendar
HB 359 - Representative Jon Dunnenberg and Senator Karen Mayne
See UCA 31A-22-646.1

When a dentist signs up with a third-party payer to be a provider, the third-party payer issues a contract that can end third-party payer. Now the dental office is contracted with more plans than they are often aware.

Also as part of 2021’s HB 359, See UCA 31A-26-301.7.
An insurer may not maintain a dental plan that:
- based on the provider’s contracted fee for covered services, uses downcoding in a manner that prevents a dental provider from collecting the fee for the actual service performed from either the plans or the patient; or
- uses bundling in a manner where a procedure code is labeled as nondeductible to the patient unless, under generally accepted practice standards, the procedure code is for a procedure that may be provided in conjunction with another procedure.

Virtual Credit Cards: (2020)
HB 37 - Representative Jon Dunnenberg and Senator Curtis Bramble
See UCA 31A-26-301.6

This gives dental offices an option to accept or opt out of virtual credit card payments methods. Thus, saving the office from the credit card fees associated with credit card payments.

This bill gives dental offices an option to accept or opt out of virtual credit card payments methods.
Fully Insured = typically **State Regulated**

Self Insured = typically **Federally Regulated - ERISA**

Call the 800 number on the patient’s ID card
Patient ID Cards

As of July 1st, 2023 - **Any new Patent ID card should have a designation to help a dental office determine if their patient’s plan is Self-funded (typically Federally regulated - ERISA) or Fully Funded (typically state regulated)**

The Utah law was passed in 2006 that required this designation of “state regulated”, to be listed on all state regulated plans patient ID cards

- This had been completely ignored by insurance companies for over 15 years
- The UDA successfully got the DOI to issue a bulletin to insurance companies to comply by July 1, 2023.

If the patient has a state regulated insurance plan and the ID card does not indicate state regulated, we need to know the insurance company. Send us detailed documented information on these violations!!
Virtual Credit Cards:  (2020)
HB37 - Representative Jim Dunnigan and Senator Curtis Bramble
See UCA 31A-26-301.6

This gives dental offices an option to accept or opt out of Virtual Credit card payments methods. Thus, saving the office from the credit card fees associated with credit card payments.

This bill gives dental offices an option to accept or opt out of Virtual Credit Card payments methods

If the state regulated insurance company or the “clearing house” issuing payments is not allowing to opt out OR is limiting the opt out period, we need to know the insurance company. Send us detailed information on these violations!!
If a state regulated insurance company is not following these laws, we need to know the insurance company and the violation. Send DOI and us detailed information on these violations!!

(Documentation mandatory for a complaint)
Filing a complaint to DOI

If there is no documentation submitted, it didn’t happen!

- UDA DIR Survey results
- The UDA sent to the insurance commissioners office.
  - 30 pages of over 250 dentist’s complaints
- Need documentation, rather than just a verbal complaint to fight back
  - Virtual Credit Card issues - 2 months only?
  - Retro denials - Money being taken out of other patients claims or other providers?
  - Timely filings - 90 days to submit a claim or it’s denied?
  - Non-covered services - What limits are being claimed by third-party payer?
  - Bundling or Downcoding - Identify what is being bundled and/or downcoded improperly?

Who has filed a complaint with DOI? - Describe the experience?
Go to: insurance.utah.gov

Click on “Consumer”

NOTICE: The COVID-19 Public Health Emergency ended on May 11, 2023. If you have questions about coverage through Utah Medicaid or CHIP, more information is available on the Utah Department of Health and Human Services website.
Click on “File a complaint...”
File A Complaint

The Utah Insurance Department has a staff of insurance experts available to help you understand your insurance coverage and answer your questions. If you have been unable to resolve a problem with your insurance company or agent, you may contact our staff for assistance, or file a written complaint. Most types of complaints can be filed through the Go To Complaint Portal link at the bottom of the page, including:

- Health insurance (see additional information below regarding health insurance complaints)
- Annuities
- Life insurance
- Property & casualty insurance

If your complaint involves health insurance, please refer to the HEALTH INSURANCE COMPLAINTS section below. Our consumer service personnel are available to assist you between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday by calling: Salt Lake City area: 801-957-9200 In-state toll-free: 1-800-439-3805

HOW TO FILE A COMPLAINT

- The online process requires that you open an account. When creating your account it is important to MAKE NOTE
After Reading Instructions - Click on one of the Links

GO TO COMPLAINT PORTAL
You will need to Create an Account.
Keep track of password for future complaints.

If this is your first time using the Consumer Portal or you do not have an account, click the "Create Account" link above.
This is setting up an Account.

Note: All red shaded areas are required fields.

Fill out the following information to create an account for the Consumer Portal.

Fields marked with an asterisk (*) are required. Please note: you will be logged out after an hour of inactivity and your work will not be saved.

**Account Information**

You will use this information to log in to the system once your account has been created.

**Email**

**Confirm Email**

**Password**

*Must be at least 8 character(s).*

*Must have at least 1 lower case character(s).*

*Must have at least 1 upper case character(s).*

*Must have at least 1 number(s).*

*Must have at least 1 special character(s).*

**Confirm Password**

**Name**

Prefix (e.g., Mr., Ms., Mrs.)

First*

Middle

Last*

Suffix (e.g., Jr., III)

**Address**

Address*

City*

State*

Zip Code*
Click on Submit a Complaint
Fill out the Complainant Information

Complainant Information

Fields marked with an asterisk (*) are required. Please note: you will be logged out after an hour of inactivity and your work will not be saved.

<table>
<thead>
<tr>
<th>Complainant Information</th>
<th>Insured Information</th>
<th>Claim Against</th>
<th>Insurance Information</th>
<th>Complaint Details</th>
<th>Documentation and Declaration</th>
<th>Review Complaint</th>
</tr>
</thead>
</table>

☐ Please select if complainant information is the same as account information.

Name
Prefix (eg: Mr, Ms, Mrs)
First*
Middle
Last*
Suffix (eg: Jr, III)
☐ Submitting on behalf of Organization/Entity?

Address
Address*
City*
A State must be selected
State*
Zip Code
Email*

At least one phone number must be entered
Home Phone
Work Phone
Mobile Phone
Designate Primary Contact Phone Number
Designate Primary Method of Communication*

Cancel | Next
Fill out the Insured Information

If you are the insured, check the box next to “Are you the insured?”. By checking this box, your account information will automatically be filled in on this page. However, you may change any of this information that has been filled in. If you are not the insured, please indicate your relationship to the insured and complete the information below.

Complainant Information
Insured Information
Complaint Against
Insurance Information
Complaint Details
Documentation and Declaration
Complaint Review

Are you the insured?*

Relationship to Insured/Covered Person

Name
Prefix (eg: Mr, Ms, Mrs)
First*
Middle
Last*
Suffix (eg: Jr, III)
Organization Name

Address
Address
City
State
Zip Code
Phone
Ext.
Email

Previous Cancel Next
Fill out information on who the Complaint is against.
Fill out the Insurance Information

<table>
<thead>
<tr>
<th>Complainant Information</th>
<th>Insured Information</th>
<th>Complaint Against</th>
<th>Insurance Information</th>
<th>Complaint Details</th>
<th>Documentation and Declaration</th>
<th>Review Complaint</th>
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<tbody>
<tr>
<td><strong>Policy</strong></td>
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<tr>
<td>Type of Policy</td>
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<td>Employer or Plan Sponsor</td>
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<td>Policy Number</td>
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<td>Claim Number</td>
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<tr>
<td>Date of Loss</td>
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<tr>
<td><strong>Other Party</strong></td>
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<tr>
<td>Other party's name</td>
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<tr>
<td>Other party's Insurance Company</td>
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<tr>
<td>Other party's policy or claim number</td>
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</tbody>
</table>

*Type of Insurance can include Dental.*

Fields marked with an asterisk (*) are required. Please note: you will be logged out after an hour of inactivity and your work will not be saved.
Important: Fill out the Complaint Details - Include fact details and the perceived law violations. (Do not need to include opinions)
Upload documentation - Include Complaint ID number on documents sent.

Documentation and Declaration

You will be asked below if you have documentation to submit. If you select the upload option, you will be taken to the document upload screen after successfully submitting your complaint. If you wish to mail or fax your documentation, please send your documents to the address and fax at the bottom of this page. You will be given a Complaint ID Number after you successfully submit your complaint. Please reference that Complaint ID Number on any correspondence you send by mail or fax.

Complainant Information

Insured Information

Complaint Against

Insurance Information

Complaint Details

Documentation and Declaration

Review Complaint

Documentation

Do you have supporting documents? If so, how will you send them to us?*

- Upload
- Fax (385) 465-6047
- Mail (See address top right)
- None to supply

Declaration/Authorization/Release

Declaration/Authorization*

- By checking this box, under penalties of perjury, I, the complainant, affirm that all the foregoing information submitted, including any accompanying documentation, was completed in good faith, is true, complete and correct to the best of my knowledge.

Other

Are you represented by an attorney?*   ○ Yes   ○ No

If yes, please give name, address and phone number.

Previous   Cancel   Next
Review all Information - Scroll to the bottom to Submit

Review Complaint

Please review your information before submitting your complaint. If you are satisfied with the information you entered, click "Submit." If you need to edit your information before submitting, you can use the "Previous" button below or you can go back to any prior page by clicking on the blue heading for each page.

Complainant Information

Name
Prefix (eg: Mr, Ms, Mrs) Dr

Documentation
Do you have supporting documents? If so, how will you send them to us?
☐ Upload ☐ Fax (385) 465-6047 ☑ Mail (See address top right) ☐ None to supply

Declaration/Authorization/Release

Declaration/Authorization
☐ By checking this box, under penalties of perjury, I, the complainant, affirm that all the foregoing information submitted, including any accompanying documentation, was completed in good faith, is true, complete and correct to the best of my knowledge.

Other
Are you represented by an attorney? No

Uploading Documents will occur after submitting (at the end)
If Discussion of an Insurance Concern occurs on a phone call. The call needs to be documented.

a- NAMES of the people on both ends of the call
b- PHONE NUMBER called
c- DATE of call
d- QUOTE EXACT STATEMENTS, not an interpretation of the statement.
e- Ask for a Reference Number for the conversation

As with patient charts or notes, “If it’s not documented, It Didn’t Happen”
Controlled Substance Education Requirement for DEA Registration

What this means to Utah Licensed dentists:

You likely already qualify without taking extra CE Courses

Why is that?:
1- If you **do not intend to apply for a DEA registration**, you are not affected.
2- This is a **One-time requirement of 8 hours of CE** on Controlled substances
3- There is a **box to check** on the DEA renewal application to comply
4- There are **no audits** or requirements to prove having taken the CE
   (Unless you are being investigated for other DEA violations)
5- Utah **DOPL approved CE will count** for the MATE requirement
6- Dental school graduates in the past 5 years - your training counts as completed
7- Training taken is retro-active. **CE from the past counts.** No minimum date.
8- If you have been licensed in Utah for the past 8 years. And you have complied with Utah law for completing two hours of Controlled Substance Training each renewal cycle, You have already completed the training.

**Controlled Substance CE available free to members at uda.org**
Dental License Classification

What Sedation level do you use in your practice?

2018

<table>
<thead>
<tr>
<th>Class</th>
<th>2018</th>
<th>2020</th>
<th>2023 Conversion</th>
<th>For 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td></td>
<td>Local</td>
<td>A &amp; B-</td>
<td>Local and Nitrous only (No Oral Sedation)</td>
</tr>
<tr>
<td>Class II</td>
<td></td>
<td>Nitrous only</td>
<td>C-</td>
<td>Minimal</td>
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<tr>
<td>Class III</td>
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<td>Minimal</td>
<td>D-</td>
<td>Moderate</td>
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<tr>
<td>Class IV</td>
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<td>Moderate</td>
<td>E-</td>
<td>Deep</td>
</tr>
<tr>
<td>Class E</td>
<td>Deep</td>
<td></td>
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</tbody>
</table>

2024 License Renewal Notices will come by email only

Did you get the Classification change email notice??
E-prescribe law -

_The DOPL rule filing allowed an extension until January 1, 2024_

The UDA has negotiated an exemption for those prescribing fewer than 10 Controlled Substances a month.

The exemption to the law is anticipated to go into effect Nov 1st, 2023

There are **TWO required steps** to take if not e-prescribing Controlled Substances.

1- There will be **a form to submit** to DOPL for the exemption. This is an agreement to write less than 10 CS prescriptions a month. (available Nov 2023)

2- You will need to **print or write on every CS prescription**: “Unable to submit electronically” or “Exempted from e-prescribing”. (Medicaid/Medicare)

DOPL reminds prescribers - This Rule applies to Benzo Rx’s

[https://dopl.uta.gov/dental/](https://dopl.uta.gov/dental/)
CONTROLLED SUBSTANCE DATABASE TUTORIAL

For License renewal by May 31, 2024 - DOPL is requiring completion of a ½ hour Tutorial

- There will be a notification by email
- Available in Sept 2023

https://dopl.utah.gov/dental/
For those licensed and engaged in using Moderate Sedation:

R156_69-302a (2) is modified to lessen the regulatory burden on dentist who perform moderate sedation by reducing the requirements for monitoring patient oxygenation to the use of an oximeter. The rule is also changed to require one person to be in the operatory that is ACLS/PALS certified instead of two.

This is anticipated to go into effect Nov 1st, 2023