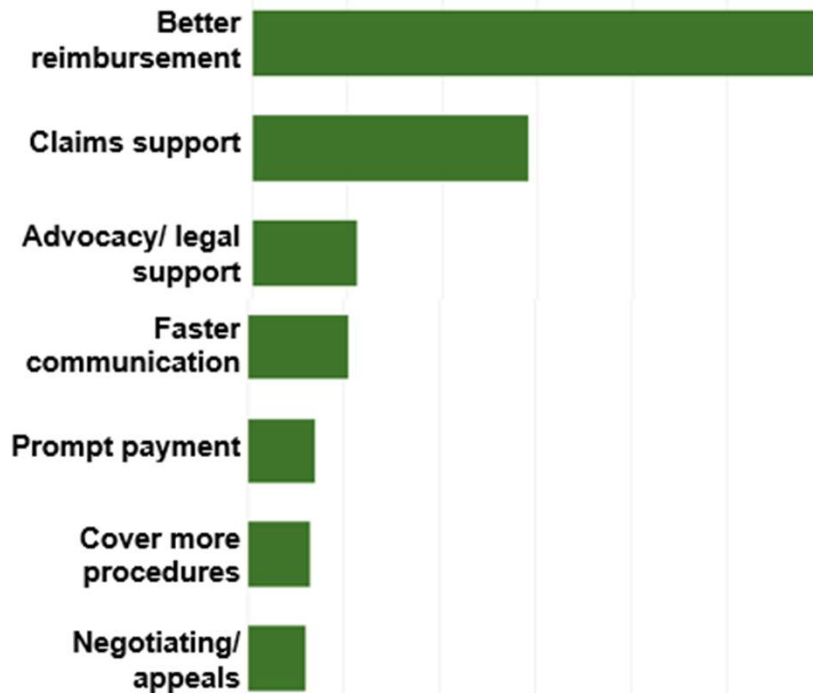


What Members Want:

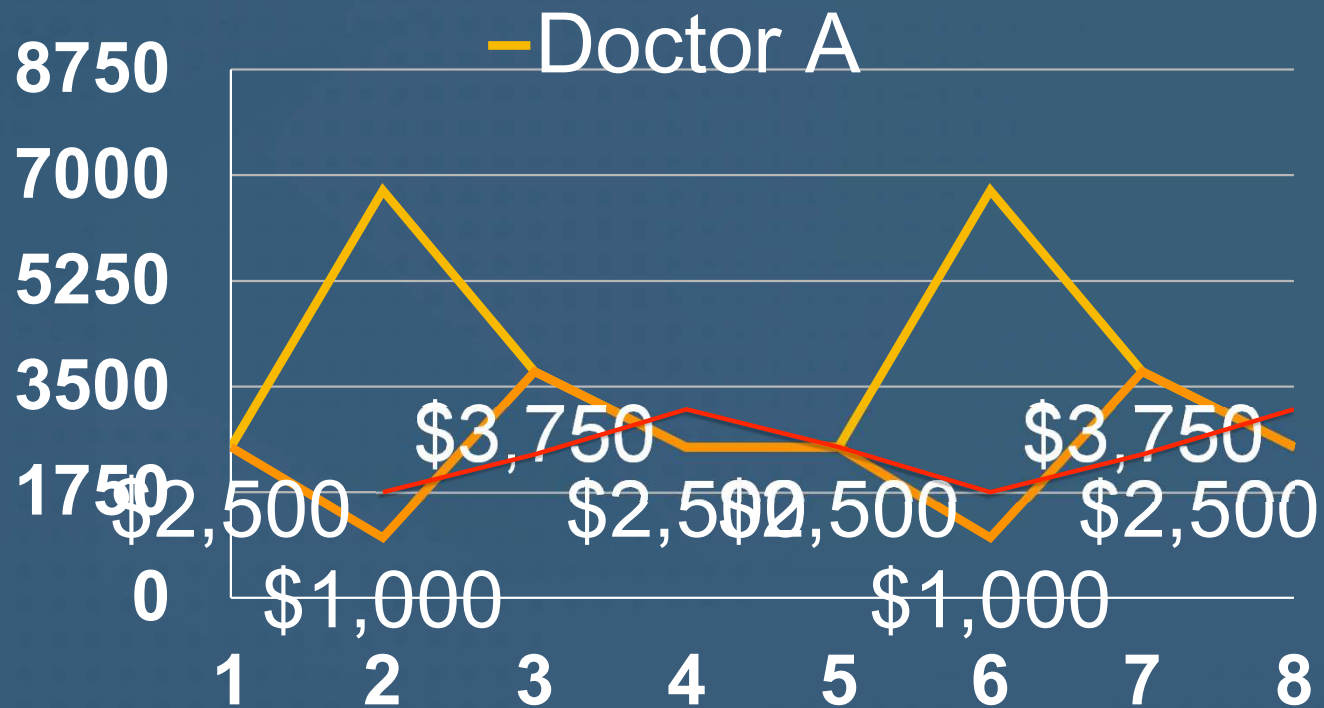
What type of support are you looking for with dental insurance third party payers?



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?

"DROP INSURANCE" TO FORCE AN INCREASE



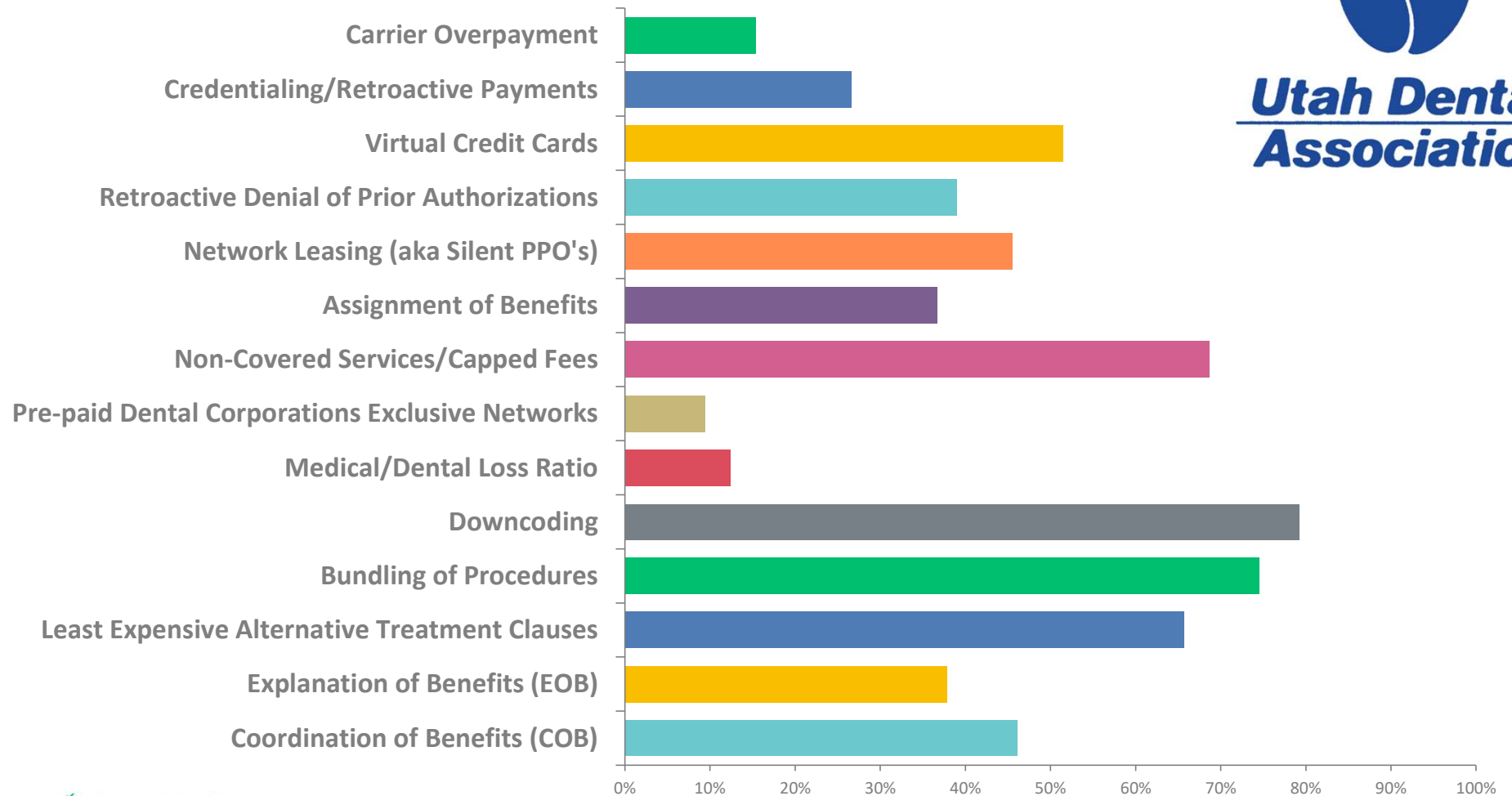
Is there another way besides “Dropping PPOs”?

- **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)

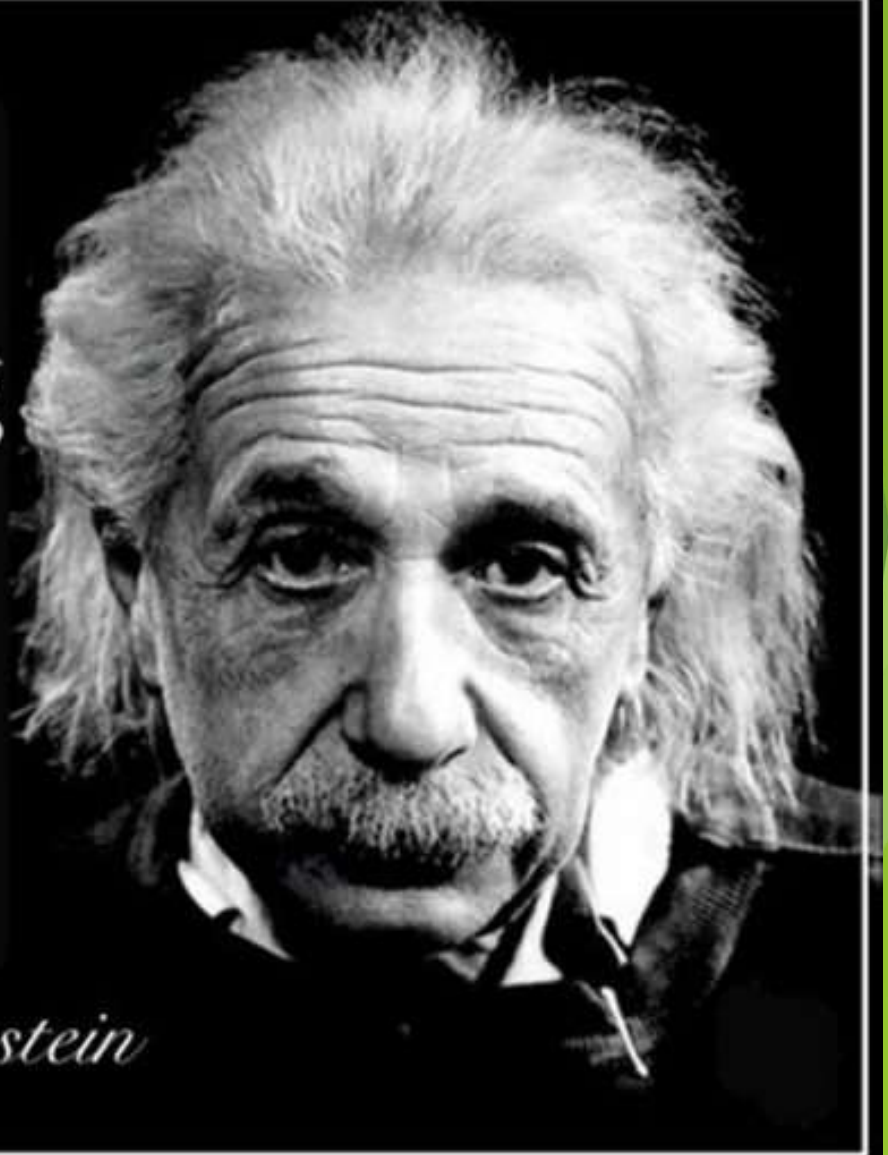


**Utah Dental
Association**



Insanity:
doing the same thing
over and over again
and expecting
different results.

- Albert Einstein



ADA Resources



**Utah Dental
Association**

ADA American Dental Association®
America's leading advocate for oral health

Considering a Dental Benefit Contract?



Wish you had more information on

- dental/preferred provider organization?
- dental health maintenance organization?
- discount dental plan?

A clear understanding of contractual obligations is essential in a relationship between a dentist and a carrier. The ADA's Contract Analysis Service (CAS) can help provide you with information concerning your contract so you can better analyze its terms. The service analyzes:

- dental provider contracts with third party payers
- dental management service organizations contracts
- contracts that offer dental school students scholarships or loans in exchange for a commitment for future employment.

ADA members can utilize this service at no charge by submitting a copy of your unsigned contract and an analysis request through your state dental society. Members that submit requests directly to the service will be charged a \$50 fee per contract analyzed. Contact your state society or call 312-440-7479 for more information.

Other Free Resources for ADA Members

What Every Dentist Should Know Before Signing a Dental Provider Contract

What Every Dentist Should Know Before Affiliating With a DMSO: A Legal Perspective

What Every Dental Student Should Know Before Signing an Agreement Offering a Scholarship or Loan in Exchange for a Work Commitment

Visit ADA.org at
www.ada.org/members/law/issues_business.asp
or call the ADA at
312.440.7479
to request your complimentary copies.

Please be aware that CAS provides only general information about the terms of agreements, which is not, nor is it intended to be, a substitute for legal advice. CAS never provides advice on the merits of a contract and never recommends whether a contract should be signed. A dentist should consult his or her own attorney for legal advice pertaining to the agreement submitted for analysis and should exercise independent judgment when deciding whether to sign a contract.

Contact your state society or call 312.440.7479 for more information.

ADA Contract Analysis Service

Plain language explanation
of contract terms

Contact Dotty at dotty@uda.org
or call 801-261-5315

In-Office Dental Plan help

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]

<https://www.ada.org/resources/practice/dental-insurance/is-an-in-office-dental-plan-right-for-your-practice>



***Utah Dental
Association***

illumitrac 
SOFTWARE

Non-Covered Services (2017)

SB 44 - Senator Allen Christensen; Rep Ray Ward
see Utah statute 31A-22-646.

40+ states have passed similar legislation

- A dental insurer is prohibited from setting fees for dental services that are not covered services 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(14)

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:
 - (i) in accordance with Section 31A-31-103 or any other provision of state or federal law;
 - (ii) within 24 months of the amount improperly paid for a coordination of benefits error;
 - (iii) **within 12 months of the amount improperly paid** for any other reason not identified in Subsection (14)(a)(i) or (ii); or
 - (iv) **within 36 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 payment for the services being sought prior to treatment (Usually Written)

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

If the state regulated insurance company is not following this, we need to know the insurance company. Send us detailed information on these violations!!



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



Utah Dental
Association

1568 S. 500 W., Ste 102
Woods Cross, UT 84010



**QUESTIONS?
WE HAVE ANSWERS!**

ADA Third Party Payer Concierge is available 8:30 am
to 5:00 pm Central Time, Monday through Friday.

800-621-8099

Email: dentalbenefits@ada.org



ADA Third Party Payer Concierge™

will help you decode
your dental benefit
and coding questions
with one-on-one
expert support.

Available

8:30 a.m. to 5:00 p.m. CST
(Monday - Friday)

Phone 800-621-8099

Email dentalbenefits@ada.org

Network Leasing:

(2021) On Consent Calendar
HB 359 Representative Jim Dunnigan 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 leases that contract to other third-party payers.
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 plan or the patient; or
- uses **bundling** in a manner where a procedure code is labeled as nonbillable 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.



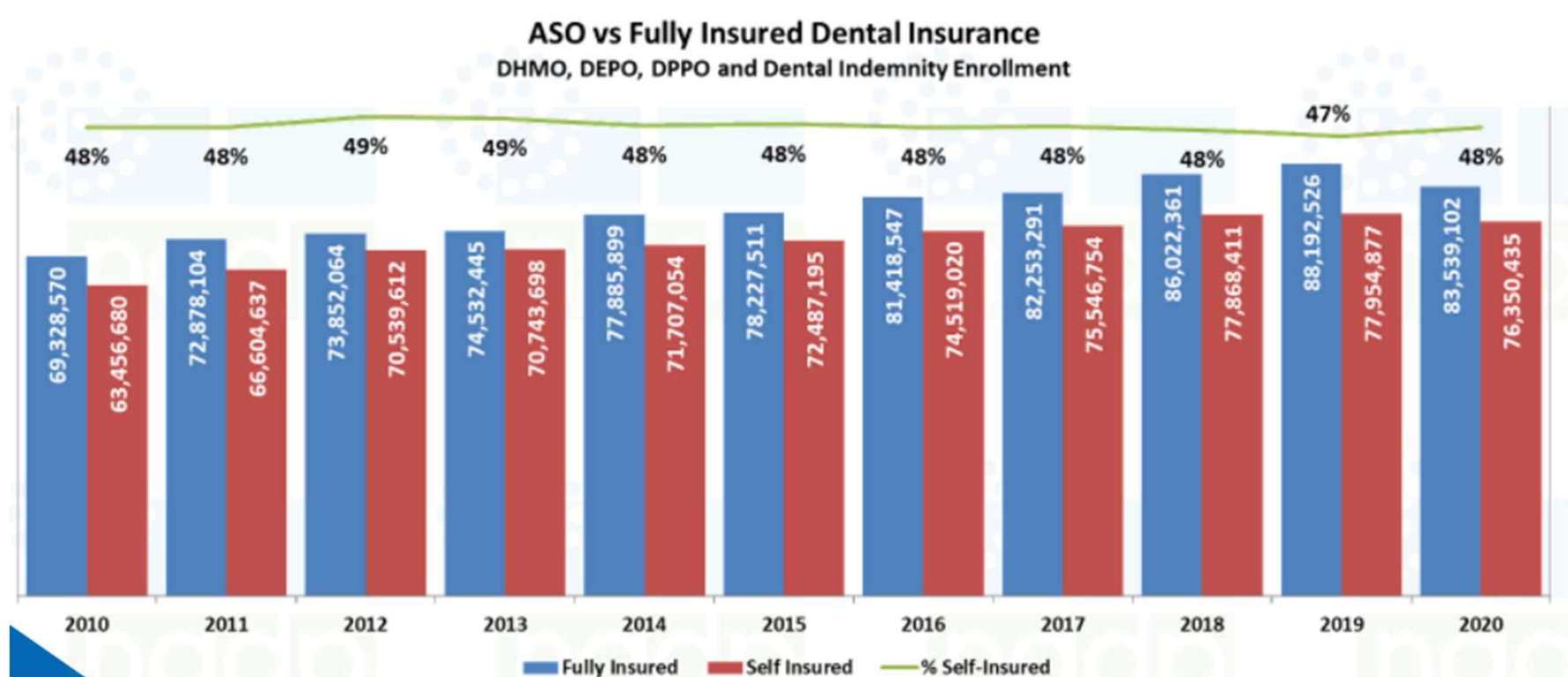
Virtual Credit Cards: (2020)

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



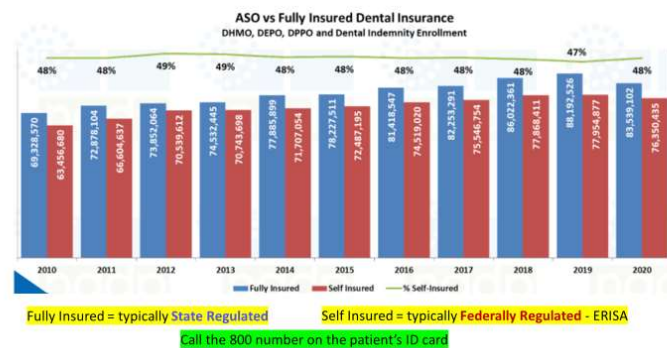


Fully Insured = typically **State Regulated**

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 Patient 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

- a- This had been completely ignored by insurance companies for over 15 years
- b- 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!!



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Association**





**Utah Dental
Association**

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)

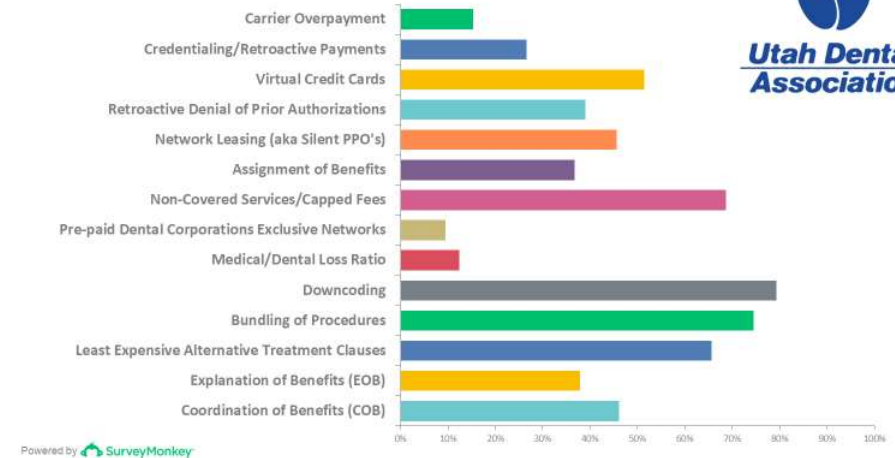
Filing a complaint to DOI

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

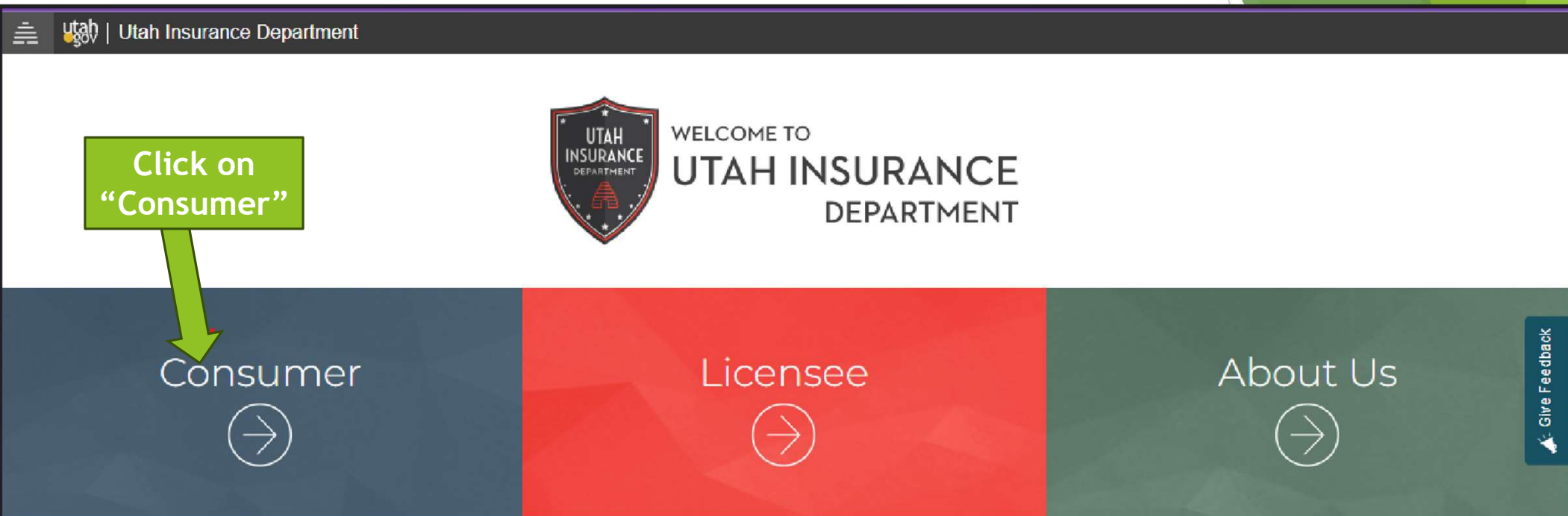
- ▶ UDA DIR Survey results
- ▶ The UDA sent to the insurance commissioners office.
 - ▶ 30 pages of over 250 dentist's complaints
- ▶ Need documentation, rather than just a verbal complaint to fight back
 - ▶ Virtual Credit Card issues - 2 months only?
 - ▶ Retro denials - Money being taken out of other 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?

Q3: I am experiencing issues related to: (check all that apply)



Go to: insurance.utah.gov



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](https://health.hhs.utah.gov) website.



Click on "File
a complaint..."



Consumer



File a complaint against an
insurance company or agent



Look up a company, agency,
or individual agent



Legal Resources: Insurance
rules, laws, bulletins,
enforcement



Shopping for insurance



Department Legislation:
Information concerning
insurance-related legislation



No Surprises Act: Protections
against surprise billing



Healthrates: The State of Utah
Insurance Transparency Site



Quick Links: Links to our most
frequently requested
information.

Tweets from @uidnews



Utah Insurance Depa...
@uidnews · Jul 25



Changes to R590-222, Life Settlements,
were made effective 07/25/2023.

insurance.utah.gov/consumer/legal...



Utah Insurance Depa...
@uidnews · Jul 25





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**

Read
Instructions-
Then Scroll to
the Bottom or
Click this Link

company but rather the employer self-funds the health benefits provided to employees and use an insurance company or third-party administrator to handle the claims administration. In these cases, the Insurance Department does not have jurisdiction to assist you with a complaint. For information regarding Self-Funded Health Insurance Claims [click here](#). **INDEPENDENT REVIEW** If you have had a claim denied by a health insurance company and have completed the appeal process outlined in your policy, you may be eligible for an independent review. For information regarding Independent Review of an Adverse Benefit Determination [click here](#).

CLAIM HANDLING LAWS AND RULES

- For information regarding Claim Settlement Practices [click here](#).

After Reading
Instructions -
Click on one of
the Links

[GO TO COMPLAINT PORTAL](#)

This entry was last updated on [February 6, 2023](#).



UTAH
INSURANCE
DEPARTMENT

4315 S 2700 W
Taylorsville, UT 84129
(801) 957-9200

Please type your e-mail address and password in the fields below to gain access to the Consumer Portal.

You will need
to Create an
Account

Keep track of
password for
future
complaints



Email

Password

[Forgot password?](#)

Login

[Create Account](#)

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



UTAH
INSURANCE
DEPARTMENT

4315 S 2700 W
Taylorsville, UT 84129
(801) 957-9200

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 (eg: Mr,
Ms, Mrs)

First*

Middle

Last*

Suffix (eg: Jr, III)

Address

Address*

City*

State*

Zip Code*



Logged in as val@uda.org [Logout](#)

My Workspace

[Submit a Complaint](#)

[My Account](#)

[Return to State Website](#)

Complaint Submission History

Complaint ID	Status	Complainant	Type of Insurance	Complaint Created Date	Complaint Closed Date	Name of Insured	Action
Search Clear							
Page 1 of 0							
50							

No complaints found.

Click on
Submit a
Complaint



Fill out the
Complainant
Information



UTAH
INSURANCE
DEPARTMENT

4315 S 2700 W
Taylorsville, UT 84129
(801) 957-9200

Logged in as val@uda.org [Logout](#)

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.*

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

☐ 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

Ext.

Designate Primary Contact Phone Number

Designate Primary Method of Communication*



Logged in as val@uda.org [Logout](#)

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](#)

[Review
Complaint](#)

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 the
Insured
Information



Logged in as val@uda.org [Logout](#)

Complaint Against

Please check at least one box below to tell who you are complaining against. You may check more than one box. A field will expand for each box checked. Please complete the details in each expanded section.

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

I am complaining against

- | | |
|---------------------------------|-------------------------------------|
| My Insurance Company | ☒ |
| Agent | ☐ |
| Agency | ☐ |
| Other Party's Insurance Company | ☐ |
| Other | ☐ |

Insurance Company Information

Insurance Company

Name*

City

State

Zip Code

Company Phone

Email

Ext

Previous

Cancel

Next

Fill out
information
on who the
Complaint is
against



Logged in as val@uda.org [Logout](#)

Insurance 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.*

[Complainant Information](#) [Insured Information](#) [Complaint Against](#) [Insurance Information](#) Complaint Details Documentation and Declaration Review Complaint

Purchased Insurance on the Health Care Exchange?

Policy

Insurance Card ID Number
Type of Policy
Employer or Plan Sponsor
Policy Number
In what state was this policy purchased?
Type of Insurance*
Specify if Other

Claim

Claim Number
Date of Loss

Other Party

Other party's name
Other party's Insurance Company
Other party's policy or claim number

Fill out the
Insurance
Information





Logged in as val@uda.org [Logout](#)

Complaint Details

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.*

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

Detail of Complaint*

Characters: 0/2000

Describe what you would consider to be a fair resolution to your complaint*

Previous

Cancel

Next

Important : Fill
out the
Complaint
Details

Include fact
details and the
perceived law
violations.

(Do not need to include
opinions)



Logged in as val@uda.org [Logout](#)

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

Upload
documentation

Include
Complaint ID
number on
documents sent



Logged in as val@uda.org [Logout](#)

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](#) [Insured Information](#) [Complaint Against](#) [Insurance Information](#) [Complaint Details](#) [Documentation and Declaration](#) [Review Complaint](#)

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

[Previous](#)

[Cancel](#)

[Submit](#)

Review all
Information
-
Scroll to the
bottom to
Submit

Uploading
Documents will
occur after
submitting (at
the end)

If your complaint includes information from a phone call:



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

Medication Access and Training Expansion (**MATE**) Act.

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

DOPL 801-530-6628

What Sedation level do you use in your practice?

2018	2020	2023 Conversion	For 2024
Class I	Class A Local	A & B-	Local and Nitrous only (No Oral Sedation)
Class II	Class B Nitrous only	C-	Minimal
Class III	Class C Minimal	D-	Moderate
Class IV	Class D Moderate	E-	Deep
	Class E Deep		

New
classification
designation will
take effect
Sept 12th 2023

2024 License Renewal Notices
will come by email only

Did you get the
Classification
change email
notice??

E-prescribe law -

<https://dopl.utah.gov/dental/>

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



Utah Dental
Association

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/>



**Utah Dental
Association**



UTAH | COMMERCE

Division of Professional Licensing



UTAH | COMMERCE

Division of Professional Licensing

<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