

Dental Transparency Legislation

1. Medical/Dental Loss Ratio (MLR)

MLR laws require insurers to report the percentage of premium revenue that is spent on actual care, as compared to administrative costs. Some proposals may require rebates if plans under-spend on dental care.

2. Explanation of Benefit-Required Format

Commissioner approves explanation of benefits forms, definitions and terms. Sets minimum standards for the format, terms, and definitions for explanation of benefits forms.

Commissioner must approve explanation of benefits forms and the standard definitions or terms used on forms to prevent confusing, inconsistent, or misleading information.

3. All Payer Claims Database

Requires insurers and to an extent health care providers to submit certain claims data to the state for collection and reporting purposes.

4. Uniform Benefits and Coverage Disclosure Matrix

Requires carriers to utilize a uniform benefits and coverage disclosure matrix to offer patients a consistent format for determining plans' designs. The matrix could include: deductible, benefit limit, coverage info for basic-preventive-diagnostic-major & orthodontia services, dental plan reimbursement levels/estimated enrollee cost share for services, waiting periods, examples to illustrate coverage and estimated enrollee costs of commonly used benefits.

5. Insurance Identification Card – ERISA Notification

Front desk personnel who see the insurance cards never know if a patient's plan must adhere to state laws such as non-covered services or assignment of benefits regulations. Some laws require notification on insurance cards indicating "fully insured" which clarify that state laws apply to this transaction.

6. Independent Claims Review

Provides a requirement that dental plans include a method for independent claims review for patients wishing to have denied claims reviewed after the plan has exhausted internal reviews.

7. Coordination of Benefits (CoB)

When two dental plans cover the same procedure, laws typically determine how to identify primary and secondary plans (who pays first and second). Significant provisions of CoB laws are those that require the secondary plan to pay a benefit and/or prohibit secondary plans from refusing to pay a benefit.

8. Downcoding Limitations

Prohibition/limitations on dental plans using procedure codes different from the one submitted by the dentist in order to determine a benefit in an amount less than that which would be allowed for the submitted code.

9. Notification of Contract Changes

Insurers' contracts with dentists may include a provision that changes may occur without notice. Some changes can be substantive. These laws require plans to provide early notice of planned substantive contract changes well in advance. Legislative approaches may include opt-in or opt-out options for dentists when contract changes are proposed.

10. Equal Payment

Requires dental plans to pay the same benefit for a covered individual whether the rendering dentist is participating or non-participating in the dental plan

11. Disallow Clause Prohibition

This law would prohibit any contract provision that prevents a dentist from charging a covered person for a covered procedure not paid for by the benefit plan. The law would prohibit contract provisions saying no payment will be made for a covered service by the dental plan AND the participating dentist may not collect payment from the covered person for the covered service disallowed by the dental plan

12. Credentialing Improvements

Requires a health care entity or health plan to issue a decision regarding the credentialing of a health care provider within XX calendar days of receiving a complete credentialing application.

13. Fee Reduction Regulation

Insurers would be prohibited from reducing reimbursement paid to health care providers by more than XX% for more than a certain number of consecutive years, and prohibits further reductions without approval of state authority.

14. Provider Rating Systems

Some benefit plans may use a rating systems such as stars to rate dentists based on costs/charges. To help ensure proper profiling of dentists, health care entities may be required to employ rating designations that are fair and accurate based on reliable, diverse and approved data collection methods; these rating entities would have to provide dentists the right to challenge and correct erroneous designations, data, and methodologies.

15. All-Product Clauses - Providers' Right to Choose Act

Would prohibit health insurers from requiring a health care provider to participate in all health plans offered by the health insurer, or to participate in all the insurer's provider network arrangements. It prohibits the health insurer from terminating any contractual relationship with a health care provider for not agreeing to participate in a provider network arrangement.

Join Us

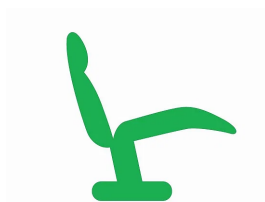
Why Join the Delta Dental PPOSM Network?

National Exposure



- Delta Dental is the largest and most experienced dental carrier in the nation
- Delta Dental member companies serve more than one-third of Americans with dental insurance, providing dental coverage to more than 83 million people in more than 153,000 groups nationwide.

Patient Access



- People with dental insurance visit the dentist nearly twice as often as those without¹
- More Americans seek care from in-network dentists
- Delta Dental focuses on getting patients into the dental office on a regular basis
- Our dental benefits actively encourage patients to seek care

Easy Administration



- Quick, accurate claims processing
- Online and phone features to provide immediate access to patient eligibility, claims status and more
- Professional Relations staff ready to serve you and your office

Guaranteed Payment



- You are guaranteed to receive payment for services based on the agreed upon fees, regardless of which Delta Dental member company administers a patient's dental program

Value-Added Benefits

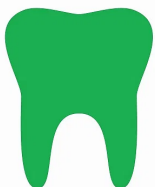
As a network dentist, you will receive access to value-added benefits:



- Oral health materials
- Discounts on supplies and services
- State training programs:
 - CPR certification
 - Access to continuing education (CE) events (past events include special needs dentistry, Dentist By 1 seminars and clinic based training seminars)

Shared Mission

Nationwide, Delta Dental member companies donate and support programs that:



- Prevent dental disease
- Expand access to care
- Advance dental science
- Educate the connections between oral and overall health

In Illinois, our Foundation improves the oral health of Illinois children and families through educational programs and support of organizations that provide access to care.



ANTHEM DENTAL PROVIDER SAVINGS PROGRAM

Exclusive Savings on Costly, In-Demand Materials & Services

Discounts of up to 40% are available to Anthem network providers through our Provider Savings Program

We understand the unique challenges of running a dental office, and want to thank you for serving Anthem Blue Cross and Blue Shield members. We appreciate everything you and your staff do to provide outstanding dental care to all your patients. That's why we are pleased to announce Anthem's Provider Savings Program.

Anthem's Provider Savings Program offers network providers savings on some of the most costly and in-demand dental materials and services—including implants, orthodontic aligners, scanning equipment, antiseptics, personal protection equipment (PPE), dentures, and turnkey software platforms to support growing demand for at-home patient care through teledentistry.

Anthem's Provider Savings Program Partner Discounts

AvaDent, a market leader for digitally designed implant-supported prostheses, is now offering discounts of up to 40% to Anthem network providers. AvaDent's patented XCL bio-hygienic, monolithic, fracture and bacteria-resistant dentures enhance performance, fit, and comfort for your patients. Discounts for Anthem network providers include AvaDent dentures and denture products like:

- Dentures
- Implant-supported dentures
- Overdentures

For more information about AvaDent's special savings for Anthem providers, please visit <http://www.avadent.com/anthem1225/>

Align Technology, Inc. is offering Anthem network providers the opportunity to experience the benefits of going digital with their iTero Element® family of intraoral scanners, designed to help grow your practice while making workflows easier. Enjoy special pricing of 20% or more discounts on the following iTero family of scanners:

- The iTero Element 5D Plus Series imaging system is the latest generation. It's a powerhouse of capabilities designed to improve the practice and patient experience with state-of-the-art computing power, elegant design, and ergonomics.
- The iTero Element 5D imaging system is the powerful hybrid platform that optimizes your workflows by simultaneously recording 3D images, intraoral color, and near-infrared imaging (NIRI) that aids in the detection and monitoring of interproximal caries above the gingiva, without using harmful radiation.*
- The iTero Element 2 intraoral scanner is designed to work with the trusted iTero digital platform, transforming your restorative and orthodontic workflows.

For more information about exclusive discounts for Anthem providers, visit <https://cloud.info.itero.com/iTero-Anthem>

*Data on file at Align Technology, as of December 4, 2018

Park Dental, an innovative leader in lab and manufacturing services with over 50 years of experience, is offering Anthem network providers discounts of up to 20% on products, materials and equipment as well as clear orthodontic aligners. Discounts for Anthem network providers include:

- Clear aligners
- Mini, conventional and narrow ridge implants
- Guided Tissue Regeneration (GTR)/Guided Bone Regeneration (GBR) products

For additional details about exclusive Park Dental discounts for Anthem network providers, please visit:

<https://www.parkdentalresearch.com/welcome-Anthem-overview.html>

The TeleDentists, the nation's largest virtual dental service, is offering savings on end-to-end, HIPAA-compliant teledentistry solutions. Your office has access to advanced virtual care technology so you can deliver consultations, diagnosis, follow-up care and e-scripts for antibiotic and/or any necessary non-narcotic pain medications, via a patient's laptop, tablet, or smartphone. The TeleDentists' special savings for Anthem network providers includes:

- Savings of \$10 per month on hosting fees
- Program includes a media kit with a press release, social media templates, patient newsletter notifications, and keywords to increase traffic to your website

For more information about special savings from The TeleDentists for Anthem providers, please visit

<https://www.theteledentists.com/myanthemtd>

To find discounts available to you, log into www.Anthem.com/provider/dental, where you'll find the link for Anthem's Provider Savings Program.



* **Note:** All discounts are subject to change without notice. Please click on links provided for additional details on ways you can save.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), and Healthy Alliance® Life Insurance Company (HALIC). RIT and certain affiliates administer non-HMO benefits underwritten by HALIC. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), CompCare Health Services Insurance Corporation (CompCare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. ANT.111.21



Enjoy the benefits

Aetna Dental® PPO network

aetna®

All the benefits you deserve — and more

We invite you to join the Aetna Dental preferred provider organization (PPO)* network, one of the largest dental PPO networks, with millions of members nationwide.

From our competitive fee schedule to prompt payments and benefits to enhance your practice, there are so many ways to brighten your smile. Be part of a well-established network of dentists when you join today.

More ways to expand your practice

As a participant, your practice will automatically be listed in our handy provider search tool, as well as in other Aetna Dental PPO network directories. You can even add a link to your website in our provider search tool. It all adds up to more exposure to new patients for your practice.

We're always here to help

Personalized, one-on-one service is what you'll find when you're part of our network. Have a question? Need help with a claim or form? Simply call our dedicated dentist hotline to speak with an experienced Aetna Dental agent. We're here when you need us and always looking for ways to improve.

Submit claims your way

Online or by paper? You choose what works best. Submit claims at aetnadental.com or use the standard Aetna® or American Dental Association approved dental claims form. Just another way we're working to make the claims process simple and easy for you.

Payments made your way

No one likes waiting to get paid on their claim. That's why the Aetna Dental PPO network turns your payment around the moment your claim is processed. To date, close to 98 percent of our dental claims were processed

within 15 days. Plus, our track record for financially accurate claims paid is over 99 percent.¹ That means less time chasing down payments. And more time focusing on patients.

Get paid even faster when you enroll for electronic funds transfer (EFT). With EFT, your payment is deposited directly into the account of your choice. It's really that simple. Get our EFT enrollment form at joinaetnadentalnetwork.com.

All the tools you need

Check claims status, access Explanation of Benefits (EOB) statements, get real-time eligibility and benefits data, and more — anytime, anywhere. With our tools, you can access the up-to-date information you need 24/7 at aetnadental.com. Or by calling our self-service Aetna Voice Advantage® system at **1-800-451-7715 (TTY: 711)**.

Exclusive discounts on products and services

Save thousands of dollars on everyday products and services. As part of our dental PPO network, you have access to our Value PlusSM program** for discounts on dental supplies, laboratory services and more. Even better, participating in the Value Plus program comes at no cost to you.

Healthy outcomes start with oral health

Research shows that oral health is connected to overall health, with almost 90 percent of systemic diseases originating in the mouth.² That makes you key in helping to prevent, detect and treat potential conditions.

We're doing our part, too. Using integrated medical and dental data, we identify disease patterns and share our findings with members and doctors. While also educating and reminding members about the importance of regular dental care for their overall health. Together, we can achieve healthier outcomes one checkup at a time.

*In Texas, the dental PPO is known as the Participating Dental Network (PDN).

**Aetna's provision of access to the discounts included in the Value Plus program does not constitute medical advice; an endorsement of any vendor, product, drug, pharmaceutical or service offered as part of the program; nor is it a guarantee of any outcomes or medical/dental results. All vendors are independent contractors and are not employees or agents of Aetna or participating providers with Aetna.

¹Aetna Dental Dialog. Spring 2018. Available at: aetnadental.com/professionals/pdf/dental-dialog.pdf. Accessed November 2018.

²Academy of General Dentistry. Importance of oral health to overall health. Available at: knowyourteeth.com/infobites/abc/article/?abc=O&iid=320&aid=1289. Accessed November 2018.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. PPO plans are offered or administered by Aetna Life Insurance Company (Aetna).



We're here to answer your questions

Find answers to commonly asked questions. For all other requests, call **1-800-451-7715 (TTY: 711)**.

What is the fee schedule of maximum allowable charges?

By joining, you accept our schedule of maximum allowable charges as payment in full when treating members. The fee schedule lists the total amount you will receive, which includes payments from us and applicable member payments.

How will I know if a patient is eligible for Aetna Dental PPO benefits?

We ask that PPO patients identify themselves when making appointments and upon arrival. You can also verify eligibility using our National Dentist Line at **1-800-451-7715 (TTY: 711)**, or at aetnadental.com.

Can I bill the patient?

Coinsurance and/or deductibles can be billed to patients and should be discussed before starting treatment.

Can you tell me more about the Aetna Dental Access® program?

This program provides discounts through dental programs like the Aetna® Vital Savings discount program. Enrolled patients simply show their ID card and pay the same rate listed on your PPO fee schedule. No forms, no claims and no waiting periods.

Can you tell me more about the Aetna Dental® Administrators program?

Using our network of extended relationships with third-party administrators and payers, this program can help you bring in more patients. Like any standard PPO plan, services you provide to Aetna Dental Administrators patients are paid according to your PPO fee schedule.



Participation has its benefits

- Competitive fee-for-service arrangement
- Listing in provider search tool
- Dedicated dentist hotline
- Electronic claims submissions
- Direct deposit and prompt payments
- Real-time eligibility data
- Discounts with Value Plus program, and more

Apply at joinaetnadentalnetwork.com.

Ready to join our dental PPO network?

Complete your online application at joinaetnadentalnetwork.com, or call our contracting hotline. Be sure to provide copies of all requested licenses and certifications. If accepted, you'll receive a notification and next steps.

Questions? Call our Dentist Contracting Hotline at **1-800-776-0537 (TTY: 711)** from **8 a.m. – 6 p.m. PT, Monday – Friday.**

The Aetna logo consists of the word "aetna" in a bold, lowercase, sans-serif font. The letter "a" is stylized with a horizontal bar that extends to the left and curves slightly upwards. A registered trademark symbol (®) is located to the upper right of the letter "a".

joinaetnadentalnetwork.com



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Solstice Provider Blog

Three Advantages of Becoming a Contracted Dental Provider

Posted by [Deborah Pinnock](#) on Dec 28, 2016 10:28:57 AM



Opening your own dental practice is one of the hardest things you've ever done. Whether you took over an existing practice or you started from scratch, taking this leap took determination, grit, faith



and a tenacity to succeed. And it requires that, because opening and maintaining a successful business is downright hard. [Per the SBA Office of Advocacy](#), only 50 percent of businesses that are opened survive beyond five years. And after 10 years, the survival rate drops to one-third. But chances are, you already knew this before you started, and the fact that you opened your practice anyway is likely proof that you have what it takes to succeed.

So, what does it take to succeed? Well, you already have the knowledge gained from years of study, your experience from working in various dental practices and an entrepreneurial spirit. However, the way to beat the odds and have a thriving dental practice that stands the test of time is patients. That's where joining a dental insurance network comes in. Three [advantages of becoming a contracted dental provider](#) are: patient base growth, steady income source and free marketing.

[Want to reach more patients with social media? Download our free 5 step guide.](#)

Advantage #1: Patient Base Growth

It's going to be great once you become an established office with name recognition and a solid patient base, which you got through your hard work and through satisfied patients referring others to you. But what happens in between now and then? You still have bills to pay and you need patients to do it. Joining a dental network gives you access to hundreds, even thousands of patients who are encouraged to visit contracted dental providers. And members want to visit network dentists or specialists because they save money when they do so. Plus, future growth is highly likely with new members purchasing dental insurance every year.

Advantage #2: A Steady Income Source

What a beautiful phrase in the ears of any small business owner. A steady income. Your fixed costs for maintaining an office are as sure as taxes. You also have a staff that expects to be paid in a timely manner. So, a steady income is imperative to your practice's survival. Joining a network can provide that. Patients with various [types of dental plans](#), all with varying compensation models, will be visiting your office. For example, some patients will have a traditional DHMO plan or a [unique, hybrid DHMO plan](#). The latter is unique in that it has an open access network, which allows patients to see any network dentist instead of being assigned to only one; it also compensates providers on a fee for service basis. DPPO plans, which allow in- and out-of-network benefits, also compensate providers on a fee for service basis. Additionally, there are discount plans, which can also be an income source as well.

Advantage #3: Free Marketing

You went to school to become a dentist or specialist but as a small business owner, you have had to wear many hats. One of those hats is that of a marketing manager as you try to get the word out there about your office in an effort to get more patients in the door. As a contracted provider, you [score some free business marketing](#) with dental insurance carriers. Dental insurance companies include your office information in their dental directories. Additionally, they market your office on their member portals and websites, as well as in open enrollment meetings, making it easy for patients to find you.