

KDPAC



Governor Andy Beshear signs into law, HB370, Patient Transparency in Dental Benefits, at the Capitol Rotunda in Frankfort on July 15, 2022 in the company of KDA Leadership, dental students and friends of dentistry.

As you know, thanks to KDA leadership and the support of our members, we were successful in passing meaningful insurance reform for dentists in Kentucky in the last legislative session. This reform package addressed key issues affecting our members that were interfering with the relationship between them and their patients. These measures included reform in the way insurance companies contract with dentists on issues involving prior authorization, network leasing, virtual credit cards and non-covered services. The decision to address these specific issues was premised upon the belief that greater transparency and fairness in dental benefits would avoid discouraging patients from seeking care and may result in increased access to care.

Dentists must speak with
ONE VOICE UNITED
In Frankfort...

On behalf of the Kentucky Dental Political Action Committee (ADPAC), I am pleased to present our 2022 Report.

This report shares a story about the power of our political engagement efforts. Inside you will find 2022 financial highlights, legislative accomplishments and ongoing legislative priorities for dentistry, an overview of ADA's grassroots program and more.

The PAC serves as a platform to increase KDA's presence with lawmakers in Frankfort. Our mission is to continue bettering the lives of our patients and members.

Thank you for your hard work and commitment!

If you have any questions or would like to find out how you can be more involved in our efforts, please contact me.

Sincerely,

Dr. Samantha Shaver
KDPAC Chair

To donate go to
www.kyda.org/kdpac.html

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Your KDPAC dollars help keep health care policy sane. Legislators write laws. Agency workers interpret laws and create policies and rules. We need to influence rational decision making at all levels.

BECAUSE OF THE GENEROUS FINANCIAL SUPPORT OF MORE THAN

75 KDPAC members,

WE RAISED

\$33,657



<https://www.kyda.org/>

Membership

MATTERS



13

Diamond Club Members

12

Capitol Elite Elite Members

50

Capitol Club Club Members

75

Club Level Members

KDPAC Disbursements 2022

\$5000 Senate Republican Caucus

\$5000 House Republican Caucus

\$5000 Democratic Party

We will concentrate efforts on specific races this fall. Support friends of Dentistry.

www.kyda.org/kdpac.html

THANKS

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Dr. Kevin Wall
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Our insurance reforms are briefly explained below with an explanation as to how it may affect your practice:

PRIOR AUTHORIZATION EXPLAINED:

When your insurance company denies or reduces payment for care they previously authorized, it can result in an emergency financial situation for the patient and creating a barrier to future care.

Under HB370: Insurance companies must pay what they promise dentists receive a prior authorization, preliminary estimate, or other promise to provide coverage and deliver care.

VIRTUAL CREDIT CARDS EXPLAINED:

When insurance companies require providers to accept payment through a virtual credit card, providers must pay a per-transaction fee of as much as 5%.

Under HB370: Insurance companies must provide dentists an option at the time of contract renewal to refuse payment by virtual credit card and receive a check for services rendered.

NETWORK LEASING EXPLAINED:

When your insurance company sells the “in-network” relationship they have with a provider without their consent or knowledge, it can lead to misunderstandings regarding treatment plans and costs which can erode patient– provider trust.

Under HB370: Insurance companies must provide a means for dentists to opt-out of this practice.

NON-COVERED SERVICES EXPLAINED:

Insurance companies set fees for services they pay a dentist as part of an agreed coverage plan, providers agree to accept that fee as payment in full. However, some insurance companies have also dictated the fees dentists charge for services the insurance company does not cover.

Under HB370: Insurance companies may no longer dictate what fees dentists may charge for services the insurance company does not cover. Additionally, once a patient reaches the limit of their coverage, dentists may charge usual and customary fees for additional procedures.