

## **Support HB 370 (Rep. Lewis) Patient Transparency in Dental Benefits**

Patients deserve dental insurance that protects them, removes financial and coverage uncertainties and prohibits companies from misleading patients about what is covered or how to properly use coverage. Reforms are necessary to establish clear, simple and transparent insurance processes as well as ensure patients get the care they deserve and need.

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### **PRIOR AUTHORIZATION**

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.

➤ **SOLUTION** Prohibits dental benefit plans from denying any claim they have already authorized

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### **VIRTUAL CREDIT CARDS**

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% which is often shared with the insurance company.

➤ **SOLUTION** Prohibit insurance companies from using virtual credit cards as the only acceptable payment method.

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### **NETWORK LEASING**

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.

➤ **SOLUTION** Permit insurance companies to grant a third-party access to a provider network contract only upon written notice to the provider.

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### **NON-COVERED SERVICES**

When insurance companies set fees for services they pay a provider as part of a coverage plan, providers accept that fee as payment in full. However, insurance companies should not also dictate to providers what fees they must charge for services insurance does not cover.

➤ **SOLUTION** Prohibit insurance companies from setting fees for services they do not cover and permit the provider to charge usual and customary rates.

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**FOR MORE  
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