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**Connecticut State
Dental Association**

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Legislative Testimony
SB 47 An Act Concerning Health Care Provider Contracts
Committee on Insurance and Real Estate
February 5th, 2009
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Vice-President, Connecticut State Dental Association

Good afternoon Senator Crisco, Representative Fontana, and members of the Committee on Insurance and Real Estate. I am Dr. Stephanie Urillo, Vice-President of the Connecticut State Dental Association. I thank you for the opportunity to provide written testimony to you today on this bill.

I would like to first applaud the introduction of this bill as I feel it is long overdue. Very often in my own practice I have had insurance codes reduced or changed despite the language that was in a contract. Because of this I have had to fight for my patients to get them the benefits that are rightly their due. I have asked these insurance evaluators, who are not dentists and do not provide oral health care, if they would like to fly my patient and me to their office for an explanation as to why, despite a contract, procedures have been changed to the procedure originally billed.

Additionally, the Connecticut State Dental Association has instituted a lawsuit against Anthem Blue Cross alleging that Anthem arbitrarily changed the procedure for which they use to reimburse for procedures. This was done without notifying participating dentists, and while also changing the method with which this was done. For instance, instead of reimbursing at the 90th percentile, Anthem changed this to the UCR (usual and customary fee). As a result, participating dentists did not receive the entire benefit to which they were entitled, and could not balance-bill. For participating dentists the reimbursement is sent directly to the dentists' office. For non-participating dentists, the patient receives the check directly. This results, oftentimes, in the patient simply keeping the check and the dentist having to spend time and money in recovering it.

Again, the dentist has much better ways to spend his/her time, as well as that of their staff. All benefit checks, regardless of provider participation, should be sent to the provider, unless the patient requests that the benefits be sent directly to him/her, as per previous arrangement. Such procedures would streamline an office's ability to provide patient care, which is what our profession is all about!

Thank-you for allowing me the opportunity to provide testimony for this bill. One party should absolutely not be able to arbitrarily change, erase, modify or delete provisions of a contract unilaterally. I am in favor of this bill and would request that the committee support it.

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