

Legislative Testimony
Insurance and Real Estate Committee
Proposed HB 6088: An Act Concerning Disclosure of Certain Third-Party
Administrator Fees
Thursday, February 14, 2019

Dear Senator Lesser, Representative Scanlon, and Members of the Insurance and Real Estate Committee,

My name is Dr. David Fried, and I am the President of the Connecticut State Dental Association, representing about 1,900 member dentists. I have been practicing dentistry in Connecticut for 28 years, and am a retired Lt Col from the CT Army National Guard. I own a private dental practice, where I treat patients with and without insurance. I am also a Husky provider. I am writing in support of HB 6088 – An Act Concerning Disclosure of Certain Third-Party Administrator Fees.

There are several aspects of this bill which I will try to speak to during this written testimony. The first is that this legislation already exists. It exists for physicians, chiropractors, naturopaths and physical therapists. It deals with transparency on behalf of the insurance companies when dealing with providers. Unfortunately, as it is written, dentists are not included, and that is why we are requesting this change.

This proposed fix allows for greater transparency and levels the playing field. It “cleans up” the current insurance statutes to add the Clinical Dental Terminology (CDT) national standard coding for dental procedures to the transparency laws. This will allow for consistent benefit application across medical and dental professions. The bill also mandates that providers are given at least ninety days’ advance notice by mail, electronic mail or facsimile by such organization of any such changes, including the maximum allowable charge for each dental procedure code.

Although many third-party payers already hold to this proposed transparency standard, there are several who do not. Many barriers that insurance companies create in order to create unknown compensation and deny coverage are created to prevent usage. This hurts patients who pay premiums expecting to be able to use their benefits, yet they find that they are unsure of the coverage and reimbursement amounts. Last year, one particular third-party payer sent out a letter to all dentists stating that there would be a reduction in fees. No information was provided to allow Dental offices to choose whether or not they continue with the contracts. This created a lot of confusion when treating patients as many offices scrambled to decide if they could stay in the network and continue to provide care with new reimbursement levels. Requests for the new fee schedules were denied, and the only way to determine the fees was to submit the normal fee for the procedure and wait for claims to be processed. It took several months to determine what the new reimbursement rates were. This affected employee pay and patient co-pays. Dental offices then had to refund the difference to patients

and adjust future payments to employees. More book keeping and more patient angst and stress.

For the reasons stated above, I urge you to adopt HB 6088.

Respectfully Submitted

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