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To: Members of the Legislature
From: Wisconsin Dental Association (Mara Brooks)
Re: Seeking Legislative Support for a Non-covered Services Bill
Date: February 1, 2013

In an effort to foster greater transparency in the actual costs of providing dental services, the Wisconsin Dental Association asks you to consider co-sponsoring a bill in 2013 that will address the unfair practice by large insurance plans of dictating the fees for services they don't cover.

This bill, also known as the "Non-Covered Services" legislation, was pursued last legislative session and the WDA was thankful to have over 40 legislative co-sponsors and we hope to grow upon that number in the coming session.

The bill will prohibit dental benefit plans from setting fees for services that are not covered/paid for by the plan. For example, many dental benefit plans will cover or reimburse for services if they are preventative and basic restorative services, but most often they do not cover the more costly and/or cosmetic services (i.e. whitening, implants, veneers, splints, elective services, etc.). However, recently some dental benefit plans are attempting to reinterpret existing contracts to suggest that the plans can dictate price schedules even when the plan is not paying for the actual procedure.

This leads to a lack of transparency and forces providers to either shift costs of the services to patients who pay out of pocket/have no dental benefit plan or it forces the dentists to completely drop out of the dental insurance's provider network (at a great hardship to their practice especially if one dental benefit plan is a predominant player in their area of the state). The former scenario leads to a situation similar to what has happened in the larger healthcare delivery model, which is often referred to as creating a "hidden tax" on the individual "out-of-pocket" consumer. The latter scenario hurts small business dental practices who had signed contracts with these dental insurance plans in an open and transparent fashion only to see them reinterpreted to allow for this change to take place.

In short, if the dental benefit plan is not paying for/covering the actual procedure, they should not dictate the fee for that particular procedure - it is a simple matter of fairness. Again, this does not affect the ability of the plan to establish the fees for services which they do pay for/cover. Similar bills have passed by 29 other states over the past two years; and by margins of 10:1 in favor.

The Wisconsin Dental Association which represents 85% of the dentists in the state of Wisconsin is strongly supportive of this proposal. Please consider supporting this proposal.