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Q&A: Dealing with Dental Benefits Companies

By Neema Katibai, JD
MDA Manager of Government/Insurance Affairs

One of the most-common reasons that members call the MDA office is to get help navigating various dental benefits issues, such as improperly processed claims,

network status issues, and credentialing. We also hear from members — both employers and recent grads — about navigating insurance while onboarding a new associate. In this article, we'll talk about some frequently asked questions, helpful tips, and resources that the MDA offers to help dentists practice successfully.

Question: Can the MDA negotiate with a dental benefits company on my behalf?

Answer: No, unfortunately, the Michigan Dental Association is not able to represent members in negotiations with dental benefits companies due to antitrust law. The MDA can provide you with information about dental benefit plans generally, as well as answer many of your questions. You can email me at nkatibai@michigandental.org or contact the MDA's Kesha Dixon at kdixon@michigandental.org for assistance.

You may also wish to download the MDA's free e-publication *Guide to Dental Contracts*. It contains useful information on dental contract terminology, a crash

course on contracting with dental plans, and the top 10 most-asked dental benefits questions. You can also download an MDA information sheet titled *Top 20 Tips for Dealing with Dental Insurers*. You can access both at store.michigandental.org.



Katibai

Question: Is there a way to get specific information about a dental plan I'm considering participating with?

Answer: The ADA offers a free Contract Analysis Service to members who are evaluating participation agreements. To have a proposed contract analyzed, contact MDA staffer Kesha Dixon at kdixon@michigandental.org for more information. She will put you in touch with this service. Please note that the ADA Contract Analysis service will only evaluate proposed participation contracts; it will not review a contract that you have already signed.

Question: How do I begin the credentialing process with a dental benefit company?

Answer: You have a couple of ways to credential with a dental benefit company. First, you can always contact a dental benefit company directly to let them know you are

MDA advocacy also includes helping members understand and successfully navigate the sometimes turbulent waters of dental benefits companies. Here are answers to seven of the questions that are most-asked by MDA members about dental insurance plans.

a provider and interested in joining their network. Every company has its own credentialing process and requirements so, typically, you will have to credential separately with each company with which you intend to participate. All dentists, regardless of ADA/MDA membership, are able to use the ADA Credentialing Service for free, which is powered by CAQH. CAQH has reached an agreement with several dental plans to streamline their credentialing process. While CAQH does not cover every plan, it may be helpful for members who are interested in participating with several plans. You can learn more about CAQH by emailing msc@ada.org.

Question: What are NPI numbers, and why do they matter?

Answer: National Provider Identifier numbers are unique, 10-digit identification numbers that health care providers, health plans, and health care clearinghouses must use to comply with HIPAA requirements for administrative and financial transactions.

There are two types of NPI numbers. Type 1 NPIs are used for individual providers, including sole proprietors. Type 2 NPIs are used for health care organizations, including corporations, hospitals, and practice groups. If you are a solo practitioner who has incorporated your practice, you should also obtain a Type 2 NPI. Ensuring your NPI is correct is imperative to ensuring that payments from dental plans are sent to the correct entity.

If you need to create an NPI number or update yours, please visit nppes.cms.hhs.gov to submit your application.

Question: The new dentist I hired just received her license but is still in the middle of the credentialing process with the plans my office accepts. Can I bill her work under my name until the credentialing process is completed?

Answer: No! This is considered

fraudulent and could jeopardize your participation status, the success of your practice, and licensure. When you signed your participation agreement, it was a contract between YOU and the dental benefit company. Until the new hire is credentialed, her claims will be processed as out-of-network. It's also important to note that a dental school graduate who is waiting for his or her license may not begin practicing, even under the supervision of a licensed dentist.

Question: Should I submit my full fee or the maximum allowable fee under the patient's plan?

Answer: You should always submit your full fee for the services you provide. By signing a participation agreement with a plan, you are agreeing to provide services to patients covered by the plan at a discounted rate. By submitting your full fee, you are able to demonstrate to the patient that their plan is saving them money, and also accurately track how much your write-offs increase on a year-to-year basis. In addition, the dental benefits companies use submitted fees in a formula that determines reimbursement rates. Finally, you should review your fee schedule annually, at least, to reflect costs associated with labor, supplies, facilities, and other overhead.

Question: I'd like to terminate my participation with a dental plan, but I'm concerned about the ethical issues of doing so. Do I have an ethical obligation to my patients to continue accepting their dental plan?

Answer: No, you are not ethically obligated to participate with any dental benefit companies in perpetuity. The MDA recommends informing your patients ahead of time if you intend to terminate, and then educate them about how claims will be handled in the future. You should assume that the dental plan will inform all of your patients covered by the plan that you

are leaving the network. Often times, plans will recommend the nearest in-network provider to patients.

Ethically, you are expected to provide patients you have dismissed with necessary care for a reasonable time until they find a new dentist, especially if they are in the course of a treatment plan or require critical care. However, making the independent business decision to no longer participate with a dental plan isn't unethical, unless you are also limiting patients covered by that plan's access to your care.

If you have questions about patient abandonment, please contact MDA Manager of Peer Review Ginger Fernandez at gfernandez@michigandental.org.

You can find additional information on dental benefits on the MDA website at michigandental.org/Dental-Benefits.



The MDA's **Committed Colleague** Recognition Program recognizes outstanding volunteer leaders in Michigan dentistry. Any member can nominate a volunteer for going "above and beyond" – it's a great way to honor those unsung heroes who do so much for dentistry.

To learn more, visit: michigandental.org/committed-colleague



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