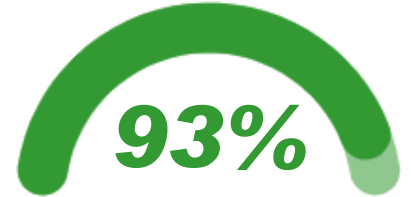


State of Dental Insurance in Nebraska

A summary of dentists' most pressing insurance concerns as shared in a 2022 survey.



Challenges with dental insurance companies take away dentists' time and resources, interrupting their work to provide quality dental care for their patients. The Nebraska Dental Association (NDA) recently surveyed its member dentists about the challenges they experience with insurance companies. The findings and testimonies below demonstrate how insurance companies are skirting current law to the detriment of patients and the dentists who serve them.



OF DENTISTS SAY THEIR PRACTICE HAS HAD OR IS HAVING AN ISSUE WITH THIRD-PARTY PAYERS

Priority Enforcement Issues for Nebraska Dentists

Non-Covered Services/Capped Fees

Insurers offer benefit plans to employers or individuals which often do not cover every oral healthcare service. Dentists' fees for services not covered by plans are often capped by insurers. By Nebraska law, plans should not be able to cap fees on services they do not cover.

Furthermore, a dental plan may not allow benefits for all treatment options. A least expensive alternative treatment (LEAT) provision is a limitation found in many plans which reduces benefits to the least expensive of other possible treatment options as determined by the benefit plan design, even when the dentist and patient agree that a particular treatment is in the patient's best interest.

"Insurance companies are still downgrading to amalgam and then the Explanation Of Benefits does not show what the patient portion should be when taking into consideration the approved fee and the downgrade...EOBs are misleading to patients."



MORE THAN 4 IN 5 DENTISTS EXPERIENCE ISSUES WITH NON-COVERED SERVICES

Prompt Payment on Clean Claims

Dentists are not being paid in a timely manner, which may be in violation of the law. Nebraska's Health Care Prompt Payment Act requires insurers to pay clean claims within 30 days for electronic claims and 45 for non-electronic claims. Insurers use various methods to slow payment processes, requiring dentists to jump through administrative hoops to get paid. The law is meant to ensure reasonable payment timelines with minimal administrative hassles. The intent is far from reality. Rather than focusing on patient care, dentists report having to manage multiple and unnecessary payment delays that only bolster insurers' bottom line at the expense of patient care. Greater compliance with this law would improve patient care in the long run.

"What bothers me is that Insurance companies can ask for refunds for what seems like years but will not make payments on claims that are over 6 months old."

Network Leasing

Without network leasing laws, health care transparency suffers. Because leased networks operate “silently,” dentists and patients can’t determine coverages and discounts. This erodes patient-dentist trust, which can lead to assumptions in treatment plans and costs based on a false understanding of patient coverage.

Without protections in law, the PPO contracting entities can include dentists in an agreement without their knowledge or consent, forcing them to comply with various terms, conditions and fee schedules to which they had no opportunity to negotiate or accept/reject.

“The network leasing and general vagueness of PPO contracts is a huge problem.”

38% 

OF DENTISTS EXPERIENCE ISSUES RELATED TO NETWORK LEASING

Virtual Credit Cards

Nebraska law prohibits insurers from restricting claim payments to methods that charge dentists a transaction fee. Insurers are required to provide a non-fee option. But dentists report that in practice they are forced to accept electronic payments or spend time repeatedly requesting other methods of payment to avoid fees.

“Several insurance companies continue to send virtual credit cards despite our repeated requests to only send paper checks.”

“Every quarter some insurance companies kick back to virtual credit cards and then my staff has to call and re-request again as well as get the payments in check or EFT form.”

61% 

OF DENTISTS EXPERIENCE ISSUES RELATED TO VIRTUAL CREDIT CARDS

Testimonies from Nebraska Dentists

The dentists who participated in our survey expressed how difficult and unmanageable their relationships with insurance providers have become. Large insurers are using their power to intervene in both patient care and the dentists’ practices.

*“The new fee schedule has an average of 60% write off. Some of these fees are lower reimbursements than Medicaid. It is **not financially possible for us to treat these patients** and be able to keep our doors open.”*

*“[Insurance company] only gives us 90 days for a “clean claim submission.”...There are multiple reasons that issues can take longer to resolve. If they deny the claim **the office is expected to write off the entire claim**. I’m tired of insurance companies not doing what they are paid to do and that is to correctly process claims.”*

*“Upcoding is fraud, but **down coding and bundling** [by insurance companies] are perfectly acceptable apparently.”*

*“Rejection of claims for **bogus reasons** hurts my practice.”*

*“We have been having the most issues with claims submitted for [deep cleanings] and crowns and/or bridges being non-paid and then down coded...with the explanation going out to the patients that the treatment did not meet the criteria – **which puts doubt in the patient's mind as to whether or not they really needed the treatment.**”*

*“The network leasing and **general vagueness of PPO contracts** is a huge problem.”*