

June 20, 2016

Mr. Steven R. Olson
President and CEO
Delta Dental Plans Association
1515 West 22nd Street, #1200
Oak Brook, IL 60523

Dear Mr. Olson:

The American Dental Association, representing 159,000 member dentists, is writing to express our serious concerns and extreme disappointment with regard to the highly questionable practice adopted by your organization and other third-party insurance payers of cavalierly “disallowing” unique procedures performed or proposed in good faith by dentists participating in your benefit plan. It is our view that this practice has the clear effect of causing significant injury both to the patients, who may not receive necessary and beneficial treatment, and also the dentists, who are totally deprived of fair compensation for the treatment they have rendered. When a claimed procedure is “disallowed” in the claim adjudication process without a clearly articulated and reasonable basis, the plan not only denies payment from the patient’s benefit, but often prevents the patient from receiving needed services and achieving optimal oral health.

The ADA views the practice of unjustified disallowance of particular appropriate and necessary services, by either bundling them into other services or preventing any payment to be made for the service, to be directly antithetical to the “[Triple Aim](#)” of healthcare. The Triple Aim states that healthcare should improve the patient experience of care (including quality and satisfaction); improve the health of populations; and reduce the per capita cost of healthcare.

By “disallowing” unique appropriate and necessary treatments, third-party payers are focusing only on reducing their own claims cost or loss ratio, and not the overall cost of oral healthcare that will *increase* with the resulting escalation of the disease burden. Two fundamental goals of the Triple Aim are completely disregarded. For example, it is well known that untreated oral disease increases the burden of important chronic diseases such as diabetes. Any business financial goal that interferes with the patient’s access to appropriate and necessary care is unfair to the beneficiary and the benefit purchaser and borders on unethical business practice.

Furthermore, by “disallowing” a service, and thus determining definitively that a service does not need to be performed, third-party payers are effectively interjecting the plan into the doctor-patient relationship, contravening the professional judgment of a qualified and duly licensed dental professional. When that determination occurs prior to the performance of the procedure, the payer places the dentist in the ethical dilemma of declining to perform the

Mr. Steven R. Olson
June 20, 2016
Page 2

procedure that he or she feels to be necessary or, alternatively, of performing the procedure without hope of compensation. When the disallowance occurs after the procedure has been performed, of course, the dentist is precluded, by a questionable contractual provision, from seeking fair and earned compensation from the patient.

Finally, the decision to disallow is, in each instance, made by one of the payer's paid consulting dentists who does not have access to, or the benefit of, all the diagnostic and patient preference information upon which the treating doctor made the treatment recommendation. Besides demonstrating the questionable nature of the disallowance decision, this may also raise questions as to whether the paid consultant dentist has created ethical issues by rendering the equivalent of a second opinion without a complete assessment and/or, potentially, a license to practice in the location where the treatment decision is rendered. Certainly, the patient's experience of care and autonomy is diminished by being denied input into treatment decisions.

On behalf of dentists and the patients they serve, the ADA feels compelled to highlight this too often unfair business practice by the dental payer industry whose goal appears to be reduced claims cost, rather than optimal patient outcome. We urge you to remove "disallow" clauses from participating dentist agreements and cease disallowing healthcare services that are of importance to patients and the purchaser of the health benefit, thus preventing individuals and employees from achieving oral health.

If you have any questions, or wish to further discuss these matters, please contact Dr. Dave Preble at 312-440-2756.

Sincerely,



Carol Gomez Summerhays, D.D.S.
President



Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director and Chief Operating Officer

CGS/KTO:dp

cc: Dr. Ron Riggins, chair, Council on Dental Benefit Programs
Dr. Steven Hill, vice-chair, Council on Dental Benefit Programs
Dr. Dave Preble, vice president, Practice Institute
Dr. Krishna Aravamudhan, director, Council on Dental Benefit Programs
Council on Dental Benefit Programs
CEO/ED, Delta Member Companies
Executive Directors, State Dental Associations
Member Dentists, American Dental Association