



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |  |                               |  |
|--|--|-------------------------------|--|
| BILL NUMBER:<br><b>HB 1357</b>   |  | DATE:<br><b>3/23/2021</b>     |  |
| COMMITTEE:<br><b>Insurance</b>   |  |                               |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |  |                               |  |
| <b>WITNESS NAME</b>  |  |                               |  |
| <b>INDIVIDUAL:</b>   |  |                               |  |
| WITNESS NAME:<br><b>ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>   |  | PHONE NUMBER:                 |  |
| BUSINESS/ORGANIZATION NAME:  |  | TITLE:                        |  |
| ADDRESS:   |  |                               |  |
| CITY:  |  | STATE:                        | ZIP:                                     |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  |  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>3/23/2021 5:18 PM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I am in Support of this Bill. This provides Consumer Protections and Prevents Fraud and the misuse of Coding to trick the Insurance Company or a Third-Party Dental Coverage Plan.**



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| <b>WITNESS NAME</b>  |                                 |                           |  |
| <b>INDIVIDUAL:</b>   |                                 |                           |  |
| WITNESS NAME:<br><b>DR. RON WILKERSON</b>  |                                 | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                                 | TITLE:                    |  |
| ADDRESS:   |                                 |                           |  |
| CITY:  |                                 | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>rwilker82@gmail.com</b>   | ATTENDANCE:<br><b>In-Person</b> |                           | SUBMIT DATE:<br><b>3/22/2021 5:15 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                 |                           |  |

I would like to start with what exactly are we defining as a downcode, or what some insurance companies will later refer to as an alternate benefit. This bill considers a downcode/alternate benefit as a benefit being considered for reimbursement that is one other than the code being submitted. This bill does not consider for incorrect procedure codes billed to insurance by a provider, A distinguishable difference from what may be argued later today. When presented to employers, these changes in plans are a subtle nuance of package pricing for the employer when purchasing plans. The plans are more cost effective and sound desirable but really end up costing their employees more money when going to the dentist. You will likely hear testimony that this bill will restrict employer contracts with insurance carriers. This bill is not one of a restriction of trade or denial of services offered by a carrier, it is simply leveling the playing field between patients, providers, and insurance companies in regards to their patient benefits. The easiest way to explain this is a definition of basic dental plans. Services are generally offered at 100% coverage for preventive services including exams, X-rays, and cleanings. Basic services, which include fillings, denture repairs, and simple extractions, are covered at 80%. Major services including crowns, bridges, dentures, and more complex surgical extractions are generally covered at 50%. One very common example of a downcode or alternate benefit involves posterior composite (white) fillings. These fillings are completed and billed correctly to the insurance carrier when completed. In the event of a downcode or alternative benefit, This claim is reduced to a an amalgam (silver) filling which is reimbursable by the insurance at a lower amount. At this point, one of two things happen depending on the policy. 1. The filling reimbursement from the insurance company is reduced and the patient ends up footing the bill for the difference. 2. The filling reimbursement from the insurance company is reduced and and we are not allowed to balance bill the patient the difference resulting is being reimbursed for a lessor code that was not performed. An example of this would be the following. I completed a 1 surface posterior composite filling for \$100. The patient estimate, under basic services, would be 20% or \$20 for the filling. The insurance company explanation of benefit comes back to our office and informs us an alternative benefit was considered for a 1 surface amalgam (silver) filling reimbursable at \$70. Pending the plan, the insurance company will issue a check for \$44 and the patient will either end up paying \$56 dollars for the filling or the patient will only pay \$14 dollars for the filling and the provider has adsorb a a \$30 loss. This happens for the many procedures we do throughout the day. These practices also are inclusive of crowns, bridges, and dentures which can result in hundreds of dollars either being charged to the patient or forcibly adsorbed by our offices over just one procedure. When we enter into network with these plans, our rates are already reduced to participate and this is a further reduction of reimbursement when our purpose of networking with insurance companies is to help provide care to citizens in our area. In my opinion, this is a lack of transparency for patients. If they are fortunate enough to work for a large company with a HR department this can sometimes be

explained before they reach our offices with their new plan. HR personal are not insurance experts. Dental front desk and billing department staff are not insurance experts either. The explanations of these plans should not be placed at the lap of the provider to explain to the patients because we, again, are not insurance experts, nor should we be required to be to provide care to Missourians. Insurance companies will likely testify that all this can be circumnavigated with the use of pre authorizations on patients. While this is true, should these extra steps be required for services they consider basic? All of our time is valuable. If we are able to catch a cavity at a check up and have time to provide a service for something that is considered basic even by insurance carrier standards, shouldn't be be able to do so for that patient without the risk of unforeseen surprises from their carrier when they consider the claim? It will likely be argued that this would be of considerable burden for carriers to implement this change. I will argue that changes which benefit their companies are easily and readily made within their ranks already. This would just be a swing in the other direction. It will likely also be argued that this will come at an increase in cost to policy holders. Maintaining cost of an honest business is not one of an easy task, but can be done. Dentists across this great state have done so for years. All I can counter with this argument is that the cost of a level playing field and transparency for all doesn't always come at a discount. These practices are incredibly to common in our medial/dental practices. This drives an enormous wedge between provider and patient medical relationships. This bill is simply enforcing transparency between carriers and their participants. Thank you for allowing me to address this committee. I ask for your support for SB401.



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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>JORGEN SCHLEMEIER</b>  |             | PHONE NUMBER:<br><b>573-634-4876</b>      |                      |
| REPRESENTING:<br><b>MISSOURI DENTAL ASSOCIATION</b>  |             | TITLE:                                    |                      |
| ADDRESS:<br><b>213 EAST CAPITOL</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65102</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/23/2021 12:00 AM</b> |                      |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>SHANTEL DOOLING</b>  |             | PHONE NUMBER:<br><b>573-353-3828</b>      |                      |
| REPRESENTING:<br><b>MISSOURI STATE MEDICAL ASSOCIATION</b>   |             | TITLE:                                    |                      |
| ADDRESS:<br><b>113 MADISON STREET</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
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| <b>WITNESS NAME</b>  |                                 |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |                                 |   |                      |
| WITNESS NAME:<br><b>STEPHEN NITTLER</b>  |                                 | PHONE NUMBER:<br><b>573-634-3415</b>      |                      |
| REPRESENTING:<br><b>MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS (MAOPS).</b>   |                                 | TITLE:<br><b>REGISTERED LOBBYIST</b>      |                      |
| ADDRESS:<br><b>1423 RANDY LANE</b>   |                                 |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |                                 | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
| EMAIL:<br><b>Stephen@hahnodaniel.com</b>   | ATTENDANCE:<br><b>In-Person</b> | SUBMIT DATE:<br><b>3/23/2021 12:58 PM</b> |                      |
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**MAOPS is in support of HB 1357 as it would increase payer transparency which helps prevent surprise billing.**



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| <b>WITNESS NAME</b>  |             |  |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |  |                      |
| WITNESS NAME:<br><b>BARBARA BENTRUP</b>  |             | PHONE NUMBER:<br><b>314-656-2720</b>                                 |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>DELTA DENTAL OF MISSOURI</b>   |             | TITLE:<br><b>CHIEF FINANCIAL OFFICER &amp;<br/>CORPORATE COUNSEL</b> |                      |
| ADDRESS:<br><b>12399 GRAVOIS ROAD</b>  |             |  |                      |
| CITY:<br><b>ST. LOUIS</b>  |             | STATE:<br><b>MO</b>  | ZIP:<br><b>63127</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/23/2021 12:00 AM</b>                            |                      |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>CHRIS LONG</b>   |             | PHONE NUMBER:<br><b>573-680-9175</b>      |                      |
| REPRESENTING:<br><b>ST. LOUIS AREA BUSINESS HEALTH COALITION</b>   |             | TITLE:                                    |                      |
| ADDRESS:<br><b>1319 FRIENDSHIP ROAD</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>DAVID WILLIS</b>   |             | PHONE NUMBER:<br><b>816-419-9260</b>      |                      |
| REPRESENTING:<br><b>MISSOURI HEALTH PLAN ASSOCIATION</b>   |             | TITLE:                                    |                      |
| ADDRESS:<br><b>1227 STATE ROAD MM</b>  |             |   |                      |
| CITY:<br><b>NEW BLOOMSFIELD</b>  |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65063</b> |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>MIKE WINTER</b>  |             | PHONE NUMBER:<br><b>573-634-5444</b>      |                      |
| REPRESENTING:<br><b>AMERICAN COUNCIL OF LIFE INSURERS</b>  |             | TITLE:                                    |                      |
| ADDRESS:<br><b>PO BOX 305</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65102</b> |
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| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>SHANNON COOPER</b>   |             | PHONE NUMBER:<br><b>660-890-1432</b>      |                      |
| REPRESENTING:<br><b>AMERICA's HEALTH INSURANCE PLANS</b>   |             | TITLE:                                    |                      |
| ADDRESS:<br><b>208 MADISON STREET</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
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| <b>WITNESS NAME</b>  |             |                                      |   |
| <b>REGISTERED LOBBYIST:</b>  |             |                                      |   |
| WITNESS NAME:<br><b>TOM ROBBINS</b>  |             | PHONE NUMBER:<br><b>573-645-5912</b> |   |
| REPRESENTING:<br><b>MISSOURI INSURANCE COALITION</b>   |             | TITLE:                               |   |
| ADDRESS:   |             |                                      |   |
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