

PDA Supports Legislation to Clarify Act 68 of 1999



PLEASE SUPPORT HB 564!

So all patients can
be treated by their
dentist of choice...

Thank You

PDA thanks Rep. Stan Saylor for introducing legislation that provides dental patients with more control over their oral health care. HB 564, as amended by the House Insurance Committee, simply clarifies Act 68 of 1999, which was intended to require insurers to directly pay clean claims to providers within 45 days, regardless of their participation with any of the insurers' plans.

About HB 564

HB 564 will drive down health care costs by simplifying the payment and reimbursement process for patients and health care providers.

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Pennsylvania Dental Association

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Reasons to Support HB 564

- HB 564, as amended by the House Insurance committee in June, simply provides clarification to an existing law.

The original intent of Act 68 of 1999 was for insurers to pay clean claims within 45 days to participating and non-participating providers. The insurers have found a loophole with the current interpretation of Act 68 of 1999.

HB 564 as amended would close the loophole so that all insurers are complying with the law as intended.

- The House Insurance Committee executive director pointed out that Act 68 of 1999 already exists to help non-participating providers receive payment directly and suggested that PDA support amended language to HB 564 that clarifies the issue of direct payment.

PDA's legal counsel agrees with this interpretation.

- Despite claims made by insurance lobbyists, Act 68 has been in existence for 20 years and there has been no decline in network participation.

Those insurance companies that already assign benefits to non-participating providers have experienced no decline in network participation.

Questions? Please contact Peg Callahan Kuskin, PDA's government relations consultant, at (717) 857-7424 or pcallahan@wintergrouppa.com.

- Directly paying patients' provider of choice will eliminate financial and administrative burdens for both patients and dentists, and ensure timely care. Passage of HB 564 as amended will give all patients the fundamental freedom to be treated by the dentist of their choice.

- Some patients cannot see their dentist of choice because some insurance companies do not directly pay the non-participating provider, and the patient cannot afford to pay for services upfront. This insurance practice unfairly inhibits patients from seeking care from their dentist of choice, even though they are paying for a benefit that should be applied to any provider, regardless of whether or not the provider participates with the insurance plan.

- Parents who are divorced or separated may experience the problem where one parent has custody of a child, while the other parent carries the insurance. The latter may never send the insurance check to the custodial parent, who had to pay for services upfront. Faced with this situation, many custodial parents postpone or avoid care altogether.

- Patients residing in rural areas are placed at a disadvantage as there may only be a handful of dentists who are in-network. Patients may have to incur more traveling time and expense to seek treatment from an in-network provider, rather than being treated by a non-participating dentist who practices in closer proximity.