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Sent: Thursday, September 3, 2020 9:45:10 AM
To: Ann Cummings <ACUMMING@leg.state.vt.us>; Faith Brown <FBrown@leg.state.vt.us>
Subject: RE: H.734 scheduling

Thanks, Sen. Cummings. I also hear there are Act 250 witnesses coming out of the woodwork that may impact your schedule.

I've been able to confirm this practice of reaching beyond the contract for covered services into noncovered services is actively happening, and was actually surprised by the extent to which it is happening. These dental offices do not, however, track or code to provide specific data on these expenditures.

The offices confirmed the insurer (primarily Delta but not exclusively) requires in the contract certain fee schedules for services they don't cover. One office, a large pediatric and adult office, provided additional examples that are currently impacted:

- Use of nitrous in pediatric services
- Guided tissue regeneration, which is saving the teeth area
- Occlusal guards, or night guards, for adults, which protect against grinding or clenching of teeth
- Grafts
- Bone grafts
- Veneers
- Study Models

Using nitrous as an example, the office is required by the insurer to discount the fee by \$15 even though the insurer does not cover the service - other examples run as high as \$600 for bone grafts or other specialized services. For all of these noncovered services, the insurer is not investing money in the cost of care. We just think this is fundamentally unfair and creates a cost shift that others are forced to bear.

I can also speak more to the impacts this has on the patient and the office, if necessary.

Thanks again for your efforts on this one.

Jamie

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