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Overview

This bill amends laws enacted in 2000 that regulate provider agreements between dental insurers and dentists.

- **1 Dental provider contract.** Defines this term as an agreement between a dentist or dental clinic and a dental insurer or third-party administrator ("TPA") under which the dentist or dental clinic provides dental care to enrollees of the insurer or TPA.
- 2 **Contract amendment.** Requires that a dental organization proposing a change in an existing dental plan agreement disclose it to the dentist or dental clinic at least 90 days before it goes into effect.
- **3 Provider audits.** This section deals with audits by dental organizations of contract compliance of dentists and dental clinics. Specifies the requirements an audit has to meet to permit a dental organization to recover or withhold payments from a dentist or dental clinic. Requires that the audit look back no more than 42 months. Requires that an audit use a licensed dentist to review charts. Specifies the procedural requirements for the provider audit process, including allowing the provider 75 days to review and negotiate an informal resolution.
- **4 Payment of covered services.** Prohibits a dental plan or dental provider agreement from specifying fees charged to patients for services not covered by the dental provider agreement. Prohibits dental plans, dental organizations, or other persons providing third-party administrative services from making its providers available to a dental plan that sets fees for noncovered services. Defines "covered services."
- 5 Effective date. Makes all sections effective August 1, 2011, and apply to dental plans and provider agreements entered into on or after that date.