



**HOUSE HEALTH AND HUMAN SERVICES COMMITTEE**  
**February 20, 2019**  
**Written Testimony Opposing House Bill 2307**  
**Melissa Panettiere**  
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**Blue Cross and Blue Shield of Kansas City**

Chairman Landwehr and Members of the Committee, my name is Melissa Panettiere and I am writing on behalf of Blue Cross and Blue Shield of Kansas City (Blue KC) to testify in opposition of House Bill 2307.

Blue KC is a not-for-profit health plan serving more than a million residents in the greater Kansas City area, including Johnson and Wyandotte counties in Kansas and 30 counties in Northwest Missouri. Our mission is to use our role as the area's leading health insurer to provide affordable access to healthcare and improve the health and wellness of our members. Building wide ranging provider networks is one to help keep coverage affordable by negotiating discounted rates on behalf of our members.

State law should not interfere with private contracts between professionals (in this case, dental providers) and insurance carriers that the dentists voluntarily contract with in order to be marketed in the carrier's dental directories to its members. Blue KC contracts with over a thousand dentists in our service area. Our contracted network dentists have accepted a discounted rate for their services in exchange for the patient volume they will receive by being a part of our network.

Some insurance carriers, such as Blue KC, pass on the discounted rate to their members for staying in-network even if the member has exhausted his calendar year dollar limit. The member has the choice to select in-network providers at the discounted rate and the providers have the choice to be a part of the network and accept the discounted rate.

The discount rate applies to dental services that are subject to the member's deductible and it extends if the member continues to utilize services from an in-network dentist after the calendar year limit has been exhausted.

BlueKC never applies a discount if the service is not covered by our dental plan. However, to the extent the service is covered, the discount applies when the member is responsible for satisfying the dental deductible, when the member is subject to coinsurance and after the member has exhausted the calendar year maximum.

HB2307 would prohibit us from applying our discount after the member has reached his/her calendar year limit on their dental plan. Dental providers who do not want to pass the



discount on to their patients have the option to not be an in-network provider. If the dentist does not want to extend the discount to their patient, we would suggest that they not contract to be in- network with BlueKC. However, if they do want to be in our network, our members and the dentist's patients do not understand why the dentist will provide the service at a discounted rate when the insurance carrier pays for some or all of the service but when the patient is responsible for the cost of the service, the dentist wants to charge the patient more.

To the extent the bill requires that we obtain written consent from each dentist prior to a fee schedule change, we oppose that provision because it would cause tremendous operational issues, confusion for our members and would significantly increase the costs of maintaining a dental network which ultimately, would increase dental premiums.

As part of our standard business practice, Blue KC sends out advance notices of fee schedule changes to all in-network providers. Should the provider disagree with the fees schedule amounts, the dentist can terminate the agreement at any time.

For the reasons above, Blue KC opposes HB2307.