

HOUSE BILL NO. 1154

Introduced by

Representative Keiser

Senators Klein, Vedaa

1 A BILL for an Act to create and enact chapter 26.1-36.8 of the North Dakota Century Code,
2 relating to transparency in dental benefits contracting; and to provide a penalty.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1.** Chapter 26.1-36.8 of the North Dakota Century Code is created and enacted
5 as follows:

6 **26.1-36.8-01. Definitions.**

- 7 1. "Contracting entity" means a person that enters a direct contract with a provider for the
8 delivery of dental services in the ordinary course of business. The term includes a
9 third-party administrator and a dental carrier.
- 10 2. "Credit card payment" means a type of electronic funds transfer in which a dental
11 benefit plan or a dental benefits plan's contracted vendor issues a single-use series of
12 numbers associated with the payment of dental services performed by a dentist and
13 chargeable to a predetermined dollar amount, through which the dentist is responsible
14 for processing the payment by a credit card terminal or internet portal. The term
15 includes virtual or online credit card payments under which a physical credit card is not
16 presented to the dentist and the single-use credit card expires upon payment
17 processing.
- 18 3. "Dental benefit plan" means a benefits plan that pays or provides dental expense
19 benefits for covered dental services and is delivered or issued for delivery by or
20 through a dental carrier on a stand-alone basis.
- 21 4. "Dental carrier" means a dental insurance company, dental service corporation, dental
22 plan organization authorized to provide dental benefits, or a health benefits plan that
23 includes coverage for dental services.

- 1 5. "Dental services" means services for the diagnosis, prevention, treatment, or cure of a
2 dental condition, illness, injury, or disease. The term does not include services
3 delivered by a provider which are billed as medical expenses under a health benefits
4 plan.
- 5 6. "Dental Service Contractor" means a person that accepts a prepayment from or for the
6 benefit of any other person or group of persons as consideration for providing to such
7 person or group of persons the opportunity to receive dental services at such times in
8 the future as such services may be appropriate or required. The term does not
9 include service basis for providing specific dental services to an individual patient for
10 whom such services have been prediagnosed.
- 11 7. "Dentist" means a dentist licensed or otherwise authorized in this state to furnish
12 dental services.
- 13 8. "Dentist's agent" means a person that contracts with a dentist establishing an agency
14 relationship to process bills for services provided by the dentist under the terms and
15 conditions of a contract between the agent and dentist. Such contracts may permit the
16 agent to submit bills, request reconsideration, and receive reimbursement.
- 17 9. "Electronic funds transfer payment" means a payment by a method of electronic funds
18 transfer other than through the automated clearing house network, as codified in
19 title 45, Code of Federal Regulations, sections 162.1601 and 162.1602.
- 20 10. "Health insurance plan" means a hospital or medical insurance policy or certificate;
21 qualified higher deductible health plan; health maintenance organization subscriber
22 contract; contract providing benefits for dental care whether such contract is pursuant
23 to a medical insurance policy or certificate; or stand-alone dental plan, health
24 maintenance provider contract, or managed health care plan.
- 25 11. "Health insurer" means a person that issues health insurance plans.
- 26 12. "Prior authorization" means communication indicating a specific procedure is, or
27 multiple procedures are, covered under the patient's dental plan and reimbursable at a
28 specific amount, subject to applicable coinsurance and deductibles, and issued in
29 response to a request submitted by a dentist using a format prescribed by the insurer.
- 30 13. "Provider" means a person that, acting within the scope of licensure or certification,
31 provides dental services or supplies defined by the health benefits or dental benefit

1 plan. The term does not include a physician organization or physician hospital
2 organization that leases or rents the physician organization's or physician hospital
3 organization's network to a third party.

4 14. "Provider network contract" means a contract between a contracting entity and a
5 provider which specifies the rights and responsibilities of the contracting entity and
6 provides for the delivery and payment of dental services to an enrollee.

7 15. "Third party" means a person that enters a contract with a contracting entity or with
8 another third party to gain access to the dental services or contractual discounts of a
9 provider network contract. The term does not include an employer or other group for
10 which the dental carrier or contracting entity provides administrative services.

11 **26.1-36.8-02. Responsible leasing requirements if leasing networks.**

12 1. A contracting entity may grant a third party access to a provider network contract, or a
13 provider's dental services or contractual discounts provided pursuant to a provider
14 network contract if the requirements of subsections 2 and 3 are met.

15 2. At the time the contract is entered, sold, leased, or renewed, or at the time there are
16 material modifications to a contract relevant to granting access to a provider network
17 contract to a third party, the dental carrier allows any provider that is part of the
18 carrier's provider network to choose not to participate in third-party access to the
19 contract or to enter a contract directly with the health insurer that acquired the provider
20 network. Opting out of lease arrangements may not require dentists to cancel or
21 otherwise end a contractual relationship with the original carrier that leases its
22 network.

23 3. A contracting entity may grant a third party access to a provider network contract, or a
24 provider's dental services or contractual discounts provided pursuant to a provider
25 network contract, if all of the following are met:

26 a. The contract specifically states the contracting entity may enter an agreement
27 with third parties allowing the third parties to obtain the contracting entity's rights
28 and responsibilities as if the third party were the contracting entity, and if the
29 contracting entity is a dental carrier, the provider chose to participate in third-
30 party access at the time the provider network contract was entered or renewed.
31 The third-party access provision of a provider contract must be clearly identified

- 1 in the provider contract including notice the contract grants third-party access to
2 the provider network and that the dentist has the right to choose not to participate
3 in third-party access.
- 4 b. The third party accessing the contract agrees to comply with all the contract's
5 terms, including third party's obligation concerning patient steerage.
- 6 c. The contracting entity identifies, in writing or electronic form to the provider, all
7 third parties in existence as of the date the contract is entered, sold, leased, or
8 renewed.
- 9 d. The contracting entity identifies all third parties in existence in a list on the
10 contracting party's internet website which is updated at least once every ninety
11 days.
- 12 e. The contracting entity requires a third party to identify the source of the discount
13 on all remittance advices or explanations of payment under which a discount is
14 taken. This subdivision does not apply to electronic transactions mandated by the
15 federal Health Insurance Portability and Accountability Act of 1996 [Pub. L.
16 104-191].
- 17 f. The contracting entity notifies the third party of the termination of a provider
18 network contract no later than thirty days from the termination date with the
19 contracting entity.
- 20 g. A third party's right to a provider's discounted rate ceases as of the termination
21 date of the provider network contract.
- 22 h. The contracting entity makes available a copy of the provider network contract
23 relied on in the adjudication of a claim to a participating provider within thirty days
24 of a request from the provider.
- 25 4. A provider is not bound by or required to perform dental treatment or services under a
26 provider network contract that has been granted to a third party in violation of this Act.

27 **26.1-36.8-03. Exceptions.**

- 28 1. Section 26.1-36.8-02 does not apply if access to a provider network contract is
29 granted to a dental carrier or an entity operating in accordance with the same brand
30 licensee program as the contracting entity or to an entity that is an affiliate of the

1 contracting entity. A list of the contracting entity's affiliates must be made available to a
2 provider on the contracting entity's website; or

3 2. Section 26.1-36.8-02 does not apply to a provider network contract for dental services
4 provided to beneficiaries of the state sponsored health programs, such as Medicaid
5 and the children's health insurance program.

6 **26.1-36.8-04. Authorized services - Claim denial prohibited - Exceptions.**

7 A dental benefit plan may not deny a claim subsequently submitted by a dentist for
8 procedures specifically included in a prior authorization, unless at least one of the following
9 circumstances applies for each procedure denied:

10 1. Benefit limitations, such as annual maximums and frequency limitations not applicable
11 at the time of the prior authorization, are reached due to utilization after issuance of
12 the prior authorization;

13 2. The documentation for the claim provided by the person submitting the claim clearly
14 fails to support the claim as originally authorized;

15 3. If, after the issuance of the prior authorization, new procedures are provided to the
16 patient or a change in the condition of the patient occurs such that the prior authorized
17 procedure would no longer be considered medically necessary, based on the
18 prevailing standard of care;

19 4. If, after the issuance of the prior authorization, new procedures are provided to the
20 patient or a change in the patient's condition occurs such that the prior authorized
21 procedure would at that time required disapproval pursuant to the terms and
22 conditions for coverage under the patient's plan in effect at the time the prior
23 authorization was used; or

24 5. The denial of the dental service contractor was due to one of the following:

25 a. Another payor is responsible for payment;

26 b. The dentist has been paid for the procedures identified on the claim;

27 c. The claim was submitted fraudulently, or the prior authorization was based in
28 whole or material part on erroneous information provided to the dental service
29 contractor by the dentist, patient, or other person not related to the carrier; or

30 d. The individual receiving the procedure was not eligible to receive the procedure
31 on the date of service and the dental service contractor did not know, and with

1 the exercise of reasonable care could not have known, of the individual's
2 eligibility status.

3 **26.1-36.8-05. Postpayment of claim - Payment recovery limitations.**

4 1. Other than recovery for duplicate payments, a dental carrier, if engaging in
5 overpayment recovery efforts, shall provide written notice to the dentist which
6 identifies the error made in the processing or payment of the claim and justifies the
7 overpayment recovery.

8 2. A dental carrier shall provide a dentist with the opportunity to challenge an
9 overpayment recovery, including the sharing of claims information, and shall establish
10 written policies and procedures for a dentist to follow to challenge an overpayment
11 recovery.

12 3. A dental carrier may not initiate overpayment recovery efforts more than sixteen
13 months after the original payment for the claim was made. This time limit does not
14 apply to overpayment recovery efforts that are:

- 15 a. Based on reasonable belief of fraud, abuse, or other intentional misconduct;
16 b. Required by, or initiated at the request of, a self-insured plan; or
17 c. Required by a state or federal government plan.

18 **26.1-36.8-06. Method of payment option.**

19 1. A dental benefit plan may not contain restrictions on methods of payment from the
20 dental benefit plans or the plan's vendor or the health maintenance organization to the
21 dentist in which the only acceptable payment method is a credit card payment.

22 2. If initiating or changing payments to a dentist using electronic funds transfer payments,
23 including virtual credit card payments, a dental benefit plan or the plan's contracted
24 vendor or health maintenance organization shall:

- 25 a. Notify the dentist if any fees are associated with a particular payment method;
26 b. Advise the dentist of the available methods of payment and provide clear
27 instructions to the dentist as to how to select an alternative payment method; and
28 c. Notify the dentist if the dental benefit plan is sharing a part of the profit of the fee
29 charged by the credit card company to pay the claim.

30 3. A dental benefit plan, or the plan's contracted vendor or health maintenance
31 organization, which initiates or changes payments to a dentist through the automated

1 clearing house network, under title 45, Code of Federal Regulations, sections
2 162.1601 and 162.1602, may not charge a fee solely to transmit the payment to a
3 dentist unless the dentist has consented to the fee. A dentist's agent may charge
4 reasonable fees if transmitting an automated clearing house network payment related
5 to transaction management, data management, portal services, and other value-added
6 services in addition to the bank transmittal.

7 **26.1-36.8-07. Terms of contracts - Enforcement - Penalty.**

- 8 1. The requirements of this chapter may not be waived by contract. A contractual clause
9 in conflict with this chapter or which purports to waive a requirement of this chapter is
10 void.
- 11 2. The insurance commissioner shall enforce this chapter.
- 12 3. A violation of this chapter is a class B misdemeanor.