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## DELTA: Where do we go from here?

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My last article discussed why the Delta policy is worse than originally believed and how it possibly affects more patients in the “Premier only” practices than we thought. I believe the new policy should open our eyes to the reality of our relationship with Delta Dental. Delta was originally formed by dentists back in 1950-1960 with an intent to try to balance quality patient care with reasonable fee schedules. Now, Delta is acting no differently than any “for profit” organization, slashing payments to its providers in a stealthy fashion with this latest policy change.

As a group and an organized society, dentists have always been concerned about “anti-trust” suits while addressing these types of issues with insurance providers. If we attack this problem from a patient’s rights and patient’s freedom perspective, we will not need to worry about this “anti-trust” threat any longer. My proposed “Patient’s Freedom of Choice Dental Insurance Act” should demand the following:

1. Patients are free to take their dental insurance plan or fee schedule to any provider they wish and the insurance company WILL pay the provider directly. (This Currently does not happen with Delta or Blue Cross) The patient has the choice to make up the difference with the provider if the provider’s fee schedule is higher.
2. Dentists and patients are free to negotiate any fee schedule or payment arrangement directly with the provider. Dentists are no longer forced to collect pre-arranged payments under threat of “insurance fraud” if they choose not to collect the entire “co-pay”. (Of course, the insurance companies can continue to have arrangements with providers who agree to the fee schedule. In this case, patients can still get a list of providers who agree to the schedule.)
3. Remove the punitive language towards dentists in the insurance contracts.
4. Providers should have the freedom to charge whatever they desire and let the patient decide on the type of care the patient desires and who should deliver that care.

Insurance companies claim that costs will increase if patients have more freedom with their insurance plans and begin utilizing them more. I say, SO BE IT!!! Whose side are we on anyway? Don’t we want patients to seek out care? I believe that under-utilization of dental insurance is still primarily due to patient’s fear of dentistry. The insurance companies limit their financial exposure two ways: (1) through the fee schedule, and (2) by imposing a maximum annual benefit per patient. They are covered on every angle. This maximum benefit has not kept up with inflation for more than 30 years, making the current coverage practically a joke!!! The entire annual allowance can almost be used by a single molar endo procedure! Instead insurance should be simply viewed as a sort of “medical savings account” that will help defray some of the costs of dental care.

Delta can certainly cut its costs by eliminating its ridiculous audit process. Again, our proposed “Patient Freedom of Choice Dental Act”, designed to encourage patient’s rights will eliminate the necessity of the audits. This is not a collective threat, just common sense.

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