



# Ask the Broker

## DELTA DENTAL SETTLED! Or is it?

The CDA has announced that they have settled their 3.5 year legal action with Delta Dental. The details of this settlement can be found on [cda.org/delta](http://cda.org/delta) and is expected to be finalized this month. Delta is being forced to pay over \$34 million dollars to providers that were underpaid by Delta. They are being forced to provide a 120 day notice of fee changes, as compared to the normal 45 day notification period. They are being forced to provide all Premier Providers an individualized analysis of the financial impact to their practice from a changed fee schedule based on the previous year's 12 month history. While this is a GIGANTIC win for the CDA, there are a few issues that all dentists need to understand.

1. Delta has been reducing the portion of their "Premier" business for several years. It probably accounts for only about 4% of their total business at this time. I would anticipate that they will give the required 120 day notice of a change in fee schedule to the Premier plan shortly after the settlement is finalized. The question will be how much the fees will be reduced. Will they simply reduce the Premier plan fees to match the DPO plan fees, which would amount to a 25% - 30% reduction? (This is what Delta did already in several states)
2. When this happens, every Premier provider will now be able to get the analysis directly from Delta on how this will affect their practice. How do you Premier providers think this will affect the value of your practice?

For the past 50 years, most of what we referred to as traditional "fee for service" practices were also Delta Premier Providers. I believe the traditional "fee for service" provider will soon have to be an "out of network" provider when it comes to Delta. Not only will this take a great deal of patient education to keep your quality patients in your practice, Delta refuses to send the reimbursement checks for dental services directly to the "out of network" providers. I wished that this was addressed in the aforementioned CDA action. I believe that the next ADA/CDA marketing campaign should be to educate patients that they can remain with traditional "fee for service" providers who will now have to go "out of network". The patients should be able to dictate to the insurance company that their benefits should be applied to their treatment, whatever the fee schedule, with the doctor of THEIR choosing!

Questions? E-mail [wps@succeed.net](mailto:wps@succeed.net)



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