

What Dentists Need to Know About Predictive Analytics and Delisting

As dental benefit carriers increase their scrutiny of claims, dentists need to understand what is changing and what they can do to protect their patients and practices.

When I began practising four decades ago, the dental benefits environment looked very different. Over the years, dentists have adapted to greater claim verification, predetermination, plan controls and audit activity. The growing use of predictive analytics—the use of patterns in past data to predict future outcomes and flag unusual data—is the latest stage in that evolution.

That does not mean the change is easy. Dentistry is already demanding. Dentists must focus on their patients, manage their teams and practices, and navigate an increasingly complex administrative environment. Greater scrutiny from benefit carriers adds another source of stress.

It is important, however, to keep the risk in perspective. Serious consequences such as delisting are very rare, and the vast majority of dentists provide appropriate care and submit claims without encountering these problems. When delisting does occur, its effects can be significant for a dentist, a practice and their patients, which is why it deserves careful attention. It is understandable for dentists to feel anxious or frustrated about these developments. My purpose in writing this is to explain what is changing, put the risks in perspective and outline some practical steps dentists can take.

What Is Changing?

Benefit carriers have long reviewed claims and investigated unusual billing patterns. What is changing rapidly is the speed and scale at which they can do so.

Some carriers use data analytics, pooled claims information and assessments of provider risk to compare a dentist's claims with those of thousands of other providers. Some carriers may also consider information from other sources, including publicly available online content, such as social media. A pattern that once might have taken months to identify can now be flagged in minutes.

Not every carrier uses these tools in the same way or is at the same stage of adopting them. Dentists may therefore encounter questions or scrutiny from one carrier that they do not experience with another. This inconsistency can make an already complicated environment even harder to navigate and, frankly, adds more stress to practice.

Canada's dental benefits system processes approximately 200,000 claims each day and represents billions of dollars in care each year. Given that scale, carriers have a legitimate interest in identifying claim patterns that may require a closer look.

Most dentists submit claims that fall within typical billing patterns, and most claims pass through the system without further follow-up. That context is important: increased scrutiny does not mean that most dentists are doing something wrong. In fact, claims data says otherwise.

A Difference Is Not Proof of Wrongdoing

Predictive analytics can identify differences, but they cannot necessarily explain them.

A dentist whose patient population has distinctive clinical needs may have sound reasons for using certain procedures or codes more often than their peers. Care that is appropriate for an individual patient may appear unusual when measured against broad billing patterns.

A statistical anomaly may justify asking questions, but it is not, on its own, proof of inappropriate care or misconduct. We believe that before reaching a conclusion that could have serious consequences for a dentist or practice, carriers should consider the complete patient record and the clinical reasons for the treatment provided.

We also want carriers to ensure that their response is proportionate to the evidence and that the dentist has a fair opportunity to understand and respond to the concern.

There are, of course, circumstances that may merit scrutiny. Carrier data may reveal claims for care that was not provided, the intentional use of a higher-paying code that does not accurately describe a service, or claims structured to maximize reimbursement rather than accurately report care. Neither CDA nor the dental profession supports fraud or deliberate misrepresentation.

But not every discrepancy is deliberate. A concern may arise from an administrative mistake, inadequate documentation or a good-faith disagreement about the interpretation of a code. We want carriers to distinguish these situations from intentional misconduct and respond accordingly. Where appropriate, dentists should have a reasonable opportunity to explain or correct an error.

We also believe that carriers must maintain a clear boundary between deciding whether a claim is eligible under a benefit plan and regulating the practice of dentistry. Questions about clinical standards and professional conduct fall within the authority of provincial dental regulators.

Although both CDA and your provincial or territorial association are calling for principles of fair claims administration to be upheld by carriers, dentists cannot assume they will be consistently applied. An individual dentist may face a significant imbalance in resources and influence when questioning a carrier's decision, particularly when the options for review or appeal are unclear. Our support cannot guarantee a remedy in an individual case; it can, however, bring a collective voice to concerns that dentists may struggle to advance alone.

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Distinct Perspectives on Care

Dentists and benefit carriers approach dental care from different perspectives.

Dentists are guided by what best supports an individual patient's oral health. Carriers are responsible for administering benefit plans and preserving their value for plan sponsors and plan members. That responsibility includes managing costs and applying the terms of the plan.

Those different responsibilities can create tension, particularly when clinically appropriate care appears unusual within a large claims dataset. Recognizing this difference is important. It helps explain why questions arise, but it does not remove the need for clinical context, proportionality and procedural fairness.

What About Delisting?

One of the most concerning developments has been the increased use of delisting, particularly since 2023.

Carriers have several ways to respond when they suspect fraud or plan abuse. A matter may be referred to police, pursued through civil court or reported to a provincial dental regulator. A carrier may also use its own contractual and administrative processes to investigate claims, seek repayment or decide that it will no longer accept claims associated with a particular provider or practice. This is commonly called delisting.

The practical effect of delisting varies by carrier and benefit plan. It does not prevent a dentist from practising, but it may change whether—or how—claims associated with that dentist are processed or reimbursed to plan members. A decision may affect an individual dentist, an entire practice or, in some cases, associated practices.

Although delisting remains uncommon, its effects can be devastating for the dentist or practice involved. It may also negatively affect patients who are covered by a carrier by disrupting how their claims are handled.

CDA is particularly concerned about the potential for collateral consequences. An associate or partner, for example, may have no knowledge of another provider's billing practices, yet a carrier may decide that the perceived risk extends to the entire practice. Dentists can then face a long and expensive appeal or relisting process, sometimes without clear information about the case they must answer, the criteria being applied or the steps required to restore the carrier's confidence.

In many cases, a dentist's only external avenue of appeal may be civil litigation, which can be time-consuming and financially draining.

Accountability and fairness are not competing goals. Carriers have a legitimate responsibility to protect the benefit plans they administer. Dentists and practices facing serious professional and financial consequences should have access to a clear process, a meaningful opportunity to respond and an impartial review.

To date, the use of delisting by benefit carriers has not been fully tested in Canadian courts, so important legal questions remain unsettled. These include the fairness of the process, the information a carrier must provide, and the extent to which a decision may affect associates or an entire practice.

What Dentists Can Do Now

Dentists are not powerless in this changing environment. There are practical steps you can take today to reduce risk and protect your practice.

Treat claims administration as an essential part of your professional oversight. Know which codes are being submitted under your provider identification number and ensure they accurately describe the care you provided. Services provided by several dentists should never be submitted under a single dentist's identifier.

Be well informed about the record-keeping standards in the province or territory where you practise. Document the clinical basis for treatment, especially when your practice patterns may differ from those of your peers. Records should be complete, accurate and created at the time care is provided. If information must be added later, it should be clearly dated and identified as an addendum. An existing record should never be changed in a way that obscures its original contents.

Discuss claims procedures regularly with the entire dental team. Owners, partners and associates should understand how the practice handles coding, documentation and claim submission. Be cautious about software or advice that might inadvertently "optimize" reimbursement by selecting a more financially beneficial combination of codes rather than the codes that most accurately describe the time taken and care provided.

Pay attention to changes in your practice's billing patterns. An unexpected increase in the use of a particular code, even if unintentional, may attract scrutiny. Regular internal reviews can help identify administrative errors before they become larger problems.

If a carrier raises concerns, asks for records, seeks repayment of an alleged overpayment, threatens to delist or delists, contact your provincial or territorial dental association promptly and obtain appropriate advice. Canada's provincial and territorial dental associations work every day to help their members navigate these difficult and often highly specific situations. As well, your association needs to gather information about the relationship between carriers and providers in your province or territory so that it can better advocate for your needs and those of your colleagues.

Predictive analytics will remain part of the dental benefits environment. Like the other changes I have witnessed over my career, this one will require dentists to adapt. The best protection is accurate coding, thorough documentation and active oversight of every claim submitted in your name.

CDA will continue working alongside the provincial and territorial dental associations to support dentists and advocate for processes that are fair, transparent and proportionate. This is a complicated area, but dentists should not have to navigate it alone.

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