February 3, 2017

The Honorable Al Redmer, Jr.
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Sent via email to: networkadequacy.mia@maryland.gov

Dear Administrator Redmer:

The National Association of Dental Plans (NADP) and the Alliance of Maryland Dental Plans (Alliance) applauds the Maryland Insurance Administration (MIA) on taking an active and transparent role in promulgating regulations on provider networks per Maryland House Bill 1318 / Chapter 309 "Health Benefit Plans – Network Access Standards and Provider Network Directories."

NADP participated in the arduous process of updating the National Association of Insurance Commissioners (NAIC) Health Benefit Plan Network Access and Adequacy Model Act (Model) and recommends taking a similar approach with future regulations.

NADP and the Alliance testified on January 5 at the MIA dental network hearing and discussed several points for the MIA to consider, including:

Recommendation 1: The MIA should review consumer complaints and dental plans' network filings to determine whether further regulations or dental metrics are appropriate and to what degree. Maryland is among the minority of states with dental network regulations already in place, and may learn additional oversight will only lead to higher costs, without any additional benefits to consumers. It is critical to remember the costs associated with additional regulations as dental coverage is a voluntary benefit. While pediatric dental is included in the Essential Health Benefits package of the Affordable Care Act, individuals are not required to report the lack of coverage on their tax forms and dental is therefore not a required benefit, unlike medical Minimum Essential Coverage.

Recommendation 2: If the MIA decides to move forward with specific network requirements, NADP and the Alliance propose the MIA adopt dental metrics as utilized in the CMS Medicare Advantage program (MA) as suggested within the 2016 CMS Letters to Issuers for mileage or time to a dental provider:

- Large: 30 minutes or 15 miles
- Metro: 45 minutes or 30 miles
- Micro: 80 minutes or 60 miles
- Rural: 90 minutes or 75 miles
- CEAC: 125 minutes or 110 miles
- At least 1 provider for at least 90% of enrollees

The MA dental metric provides a solid measuring stick for dental networks, and while most dental carriers can meet the CMS metric therefore not disrupting current coverage, it will allow for a baseline for new carriers entering the state. However, NADP urges the MIA to include flexibility within the regulations so the MIA can work with carriers' filings in the event complications arise, such as new shortage areas becoming apparent or providers refusing to join networks.

As additional states look to implement potential metrics for dental networks, NADP and the Alliance are proposing parallel regulations to assist both carriers and agencies in simplifying processes to keep costs to a minimum. As dental coverage is a low-cost benefit, it is even more critical to have state metrics align whenever feasible.

Recommendation 3: There was discussion during the dental hearing requesting Essential Community Providers (ECP) be required as part of the networks to parallel CMS requirements of the Federal Facilitated Marketplaces (FFM). NADP and the Alliance oppose this suggestion for several reasons.

The FFM is designed for the individual market and mainly serves an un/underinsured population, typically including Federally Qualified Health Centers (FQHC), some of which have dentists. However, the regulations being discussed are impacting dental policies filed for the employer market, which is not a sector that has traditionally utilized FQHCs. As long as there are an appropriate number of providers available to consumers, there is no reason for a network provider to be specifically designated as an ECP or other.

In addition, dental plans have found it very difficult each year to meet the FFM ECP dental ratio, as most ECP Dentists have declined to contract with commercial dental plans. Additionally, CMS lists identifying FQHCs that offer dental services are often in error or the locations only provide limited services (e.g. an examination by a dental hygienist or dentist services only available at certain limited times). Our plans have acknowledged including ECPs within their networks have been problematic, expensive and not advantageous for their enrollees as long as other providers are available in the same geographic region. Also, and if implemented at the state level, Maryland would need to continue supplying an updated list of ECPs and address the data integrity issues in current listings.

Recommendation 4: Similar to the legislation, NADP and the Alliance also recommend the MIA maintain any dental requirements separately to provide ongoing clarification on regulatory reporting, and encourage simplicity when filing policies for MIA approval in the future.

The dental benefits industry wants to continue to be proactive and offer practical solutions that can also streamline processes when feasible. We will continue to offer a balanced approach as the MIA continues their conversation throughout the remainder of the Model review. The identification of clear, specific and reasonable dental requirements will assist in containing costs and thus providing Maryland constituents more affordable coverage options.

Please do not hesitate to contact Eme Augustini at (972) 458-6998 x111 or eaugustini@nadp.org or Kimberly Robinson at 410-375-2523 or krobinson@fblaw.com should you have any questions or concerns.

We've also attached a Maryland dental state fact sheet for reference along with NADP's member list. We greatly appreciate the MIA's open dialogue and look forward to meaningful discussions this summer.

Sincerely,

Eme Augustini
Director of Government Relations
National Association of Dental Plans (NADP)

Kimberly Robinson,
Executive Director
Alliance of Maryland Dental Plans