



April 27, 2018

Jenny Patterson  
Director, Health Policy  
NH Insurance Department  
21 S. Fruit Street, Suite 14  
Concord, NH 03301

Ms. Patterson:

The National Association of Dental Plans (NADP) appreciates the opportunity to provide comments on proposed amendments to regulation Ins 2701 regarding network adequacy.

In general, we note that the proposed regulation affects the broader commercial market beyond those of the Federally Facilitated Marketplace (FFM). In order to earn and retain business, dental plans continually work to develop the most robust networks and plan offerings possible. Should dental plans fail to maintain competitive networks, the market will determine a plan's success or failure. We do not believe that it is appropriate for the proposed regulation to affect markets beyond the ACA/Health Reform business. Our specific concerns are as follows, and we hope the Insurance Department considers our recommendations for each:

**1. The "Essential community providers" provision should not be applied to dental plans.**

Section 2701.05(e) requires carriers to satisfy Affordable Care Act federal requirements for access to essential community providers (ECPs). These federal requirements are designed for the individual market and mainly serve uninsured and underinsured populations, typically including Federally Qualified Health Centers (FQHC), only some of which have dentists. The proposed regulation impacts dental plans filed for the commercial market, including employer plans, which are not sectors that have traditionally utilized FQHCs.

In addition, dental plans have found it very difficult each year to meet the federal ECP dental ratio, as most ECP dentists have declined to contract with commercial dental plans. The Centers for Medicare and Medicaid Services (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 found that including ECPs within their networks has been problematic, expensive and not beneficial to their enrollees as long as other providers

**OFFICERS & DIRECTORS**

**Chair**

**THERESA McCONEGHEY**  
Principal Financial Group  
Des Moines, IA

**Vice Chair**

**RON BOLDEN**  
Cigna  
Phoenix, AZ

**Secretary**

**KATE McCOWN**  
Ameritas Life Insurance Corp.  
Lincoln, NE

**Treasurer**

**STACIA ALMQUIST**  
Sun Life Financial  
Kansas City, MO

**Directors**

**JEFF ALBUM**

Delta Dental of  
CA, NY, PA & Affiliates  
San Francisco, CA

**DR. MARY LEE CONICELLA**

Aetna  
Hartford, CT

**JEREMY HEDRICK**

Careington International  
Frisco, TX

**JOSH NACE**

Dental Health Services of  
America  
Seattle, WA

**SUE WRIGHT**

Lincoln Financial Group  
Omaha, NE

**Immediate Past Chair**

**CHRIS SWANKER, FSA, MAAA**  
Guardian Life Insurance  
Company of America  
Bethlehem, PA

**Executive Director**

**VELYN F. IRELAND, CAE**  
National Association  
of Dental Plans  
Dallas, TX

**National Association of Dental Plans**

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251  
972.458.6998 • 972.458.2258 [fax]



are available in the same geographic region. If implemented at the state level, New Hampshire would need to continue providing an updated list of ECPs and address the data integrity issues in current listings as it is unclear how ECPs would be determined or identified by dental plans. For these reasons, if a dental plan fulfills all other network adequacy requirements, the inability to meet the standards with respect to ECPs should not result in a finding that the plan's overall network is not adequate.

**Recommendation 1:** NADP recommends that the ECP provision not be applied to dental plans.

## **2. Appointment wait times are not a fair measure of dental network adequacy.**

Section 2701.09 sets wait time standards for appointments, including a one-day maximum wait for urgent care and a 30-day maximum wait for other routine care. Appointment wait time standards are an unreliable measure of network adequacy as there are many factors affecting the wait time that are not under the dental plan's control. An appointment with a sought-after dentist with good reviews from patients and who may be on the list of Top Dentists in the region may have an appointment wait time of longer than 30 calendar days. However, there may be other dentists in the dental plan's network located in the same area in which the patient is seeking dental services with a wait time of less than 30 days.

**Recommendation 2:** NADP recommends that the Department reconsider the inclusion of appointment wait time standards as a measure of network adequacy. There is broad choice of providers in dental plans, especially DPPOs, and appointment wait times are not a fair measurement of network adequacy.

## **3. The travel distance requirements should mirror the CMS standard.**

Section 2701.06 proposes geographic access standards based on county groupings and based on whether the service is classified as "core," "common," or "specialized." The services that fall into each classification are outlined in Section 2701.07.

The proposed travel distance standards – particularly the 10-mile maximum for core services for Metro counties – are unusual when compared with other states. NADP therefore suggests the adoption of the CMS standard instead, as outlined below. NADP has vetted this metric with dental plans and concluded the metrics are appropriate in providing consumers with choice of dental providers, while not disrupting coverage as most dental plans should be able to meet these standards.

New Hampshire has a competitive dental insurance market, creating an environment that supports lower plan premiums. To maintain this status, the Department should consider the role of allowing uniform federal standards so that carriers can illustrate their adequate networks in a more streamlined and cost-effective manner. In addition, the CMS Standard allows for a sliding scale appropriate to population sizes.

**Recommendation 3:** NADP recommends that, if the Department proceeds with specific requirements, it 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:

### **National Association of Dental Plans**

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251  
972.458.6998 • 972.458.2258 [fax]



- 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 Department to include flexibility within the regulations so the Department 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 is 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.

**4. The provider directory requirements to list languages spoken other than English should mirror the NAIC Model.**

Sections 2701.12 (b)(1) and (c)(1) require carriers' electronic provider directories to list languages other than English spoken by each health care professional, and by each health care professional's clinical staff, if applicable. Dental carriers do not have access to this information for each staff person employed at a dental practice (including, for example, hygienists and front office staff); thus, this requirement would necessitate additional collection of information and likely costly system builds for the addition of fields and space in a provider directory listing. In updating the Network Adequacy Model Act, the NAIC included language spoken other than English in the provider directory display for a given provider or location. This recognizes the need of a consumer with limited English proficiency in identifying a provider or an office that could provide assistance while balancing the amount of information that would need to be collected and displayed on a directory.

**Recommendation 4:** NADP recommends that the Department consider aligning the requirement to list languages other than English spoken at a practice with the NAIC Model.

NADP appreciates the opportunity to share our views, and we are available to answer any of the Department's questions. In addition to the comments above, we have also attached our 2018 New Hampshire Dental State Fact Sheet for your review. Thank you again for your attention to this important issue.

Sincerely,



Eme Augustini  
Director of Government Relations  
[eaugustini@nadp.org](mailto:eaugustini@nadp.org); (972) 458-6998 ext. 111

**National Association of Dental Plans**

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251  
972.458.6998 • 972.458.2258 [fax]



NADP Description: NADP is the largest non-profit trade association focused exclusively on the dental benefits industry. NADP's members provide dental HMO, dental PPO, dental Indemnity and discount dental products to more than 195 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plan

**National Association of Dental Plans**

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251  
972.458.6998 • 972.458.2258 [fax]

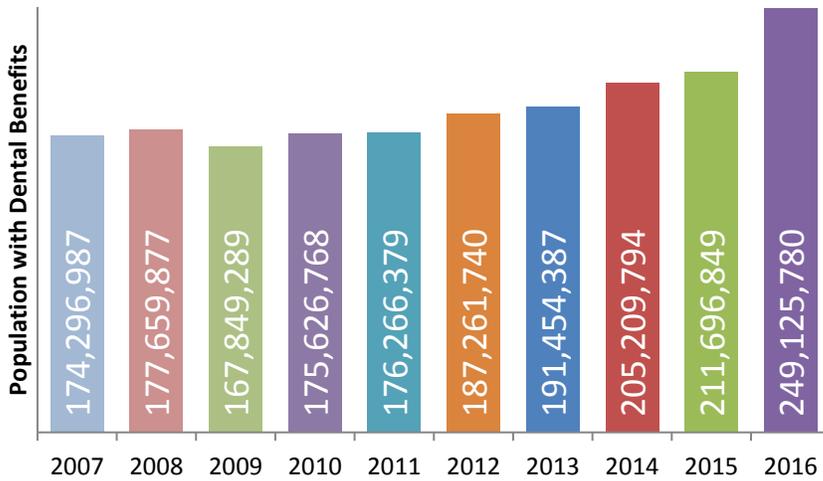


# New Hampshire

## Dental Benefits Fact Sheet



### National Enrollment Trends



Source: 2017 NADP Dental Benefits Report on Enrollment

### State Enrollment Trends

An estimated 976,724 or 73% of the New Hampshire population have dental benefits compared to 77% of the population nationally.

Plan Type	Enrollment
<b>Private Plans</b>	
DHMO	3,342
DPPO	697,843
Indemnity	81,374
Other Private	--
<b>Public Plans</b>	
Medicaid/CHIP	194,165

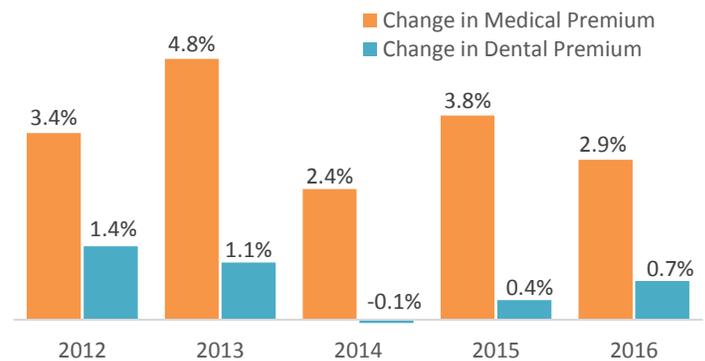
Source: 2017 NADP Dental Benefits Report on Enrollment

### Distribution of Commercial Benefits: State v National

	DHMO	DPPO	Indemnity	Other
<b>New Hampshire</b>	0.4%	89.2%	10.4%	-
<b>National</b>	6.9%	81.1%	6.4%	5%

Source: 2017 NADP Dental Benefits Report on Enrollment

### National Change in Premium



Source: NADP 2013-2016 Dental Benefits Report: Premium and Benefit Utilization Trends and 2017 NADP Survey of Members

### State Workforce

The federal standard for an adequate supply of dentists is 3.33 practicing dentists per 10,000 population. The table presents the number of dentists participating on provider networks in New Hampshire including the number of network dentists per 10,000 population.

Network Type	Total Dentist	General Dentists	Pediatric Dentists	Specialists	Per 10,000
DHMO	389	271	20	98	2.0
DPPO	1,260	929	56	275	9.4

Source: 2017 NADP Dental Benefits Report: Network Administration & Network Statistics

### New Hampshire NADP Members

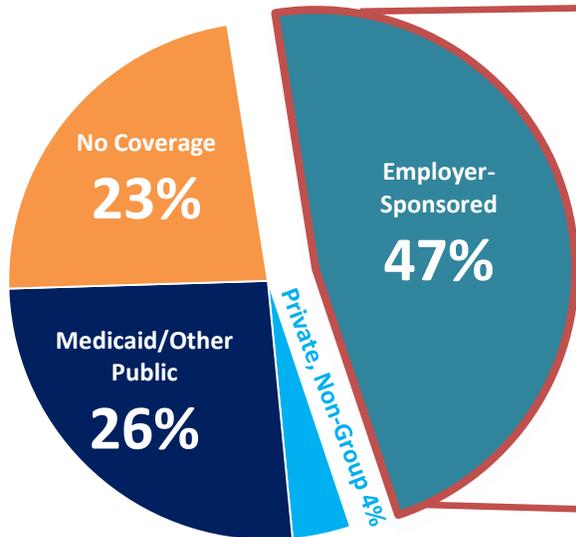
#### Plan Types Offered by NADP Members



Source: 2017 NADP Membership Directory

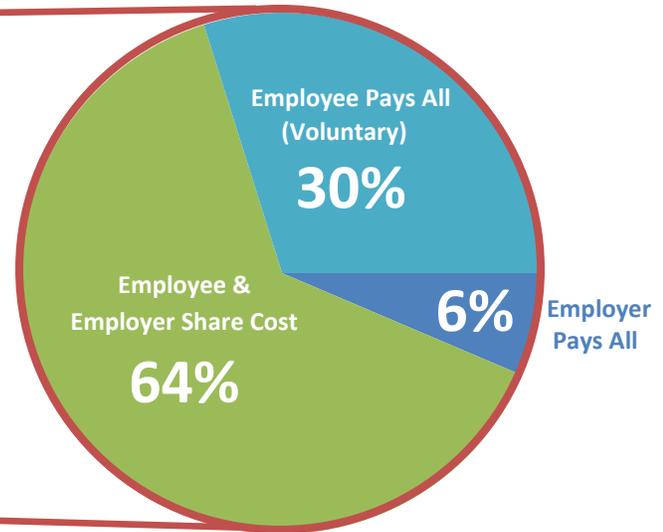
# National Dental Benefits

## Sources of Dental Coverage



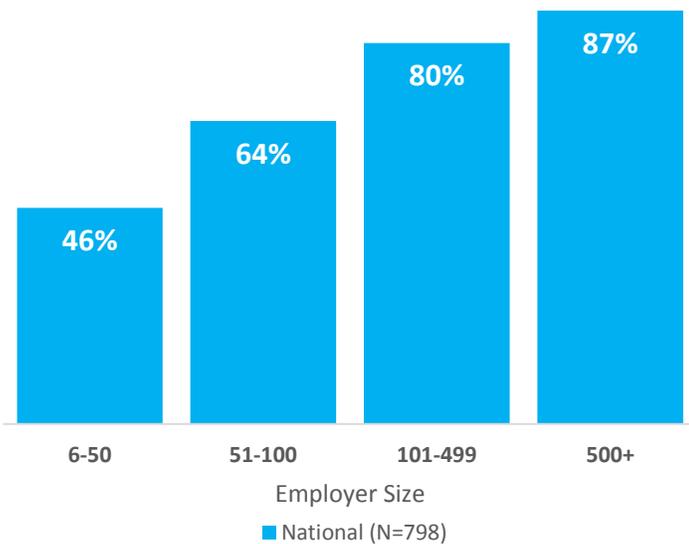
Source: 2017 NADP Dental Benefits Report on Enrollment

## Group Policy Funding



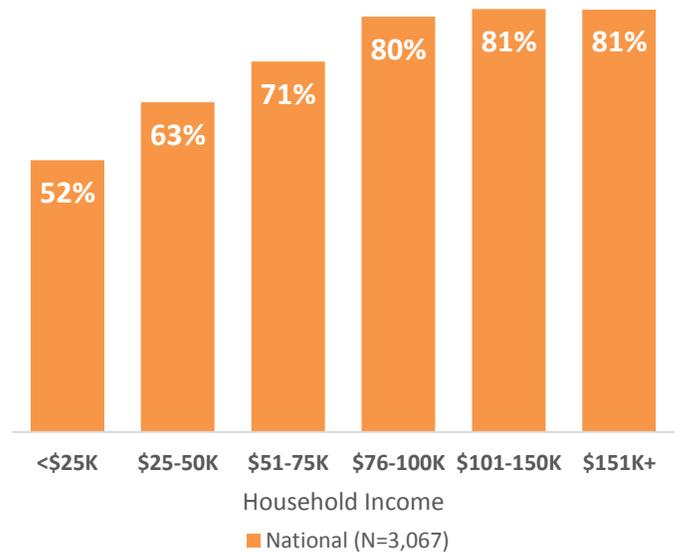
Source: 2017 NADP Survey of Employers

## Employers Offering Dental by Employer Size



Source: 2017 NADP Survey of Employers

## Consumers with Dental by Household Income



Source: 2017 NADP Survey of Consumers

## About NADP



The National Association of Dental Plans (NADP), a nonprofit corporation with headquarters in Dallas, Texas, is the "representative and recognized resource of the dental benefits industry." NADP is the only national trade organization that includes the full spectrum of dental benefits companies operating in the United States. NADP's members provide dental benefits to more than 195 million Americans.