November 13, 2017

Lisa Larson
Regulations Manager
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Sent via E-mail

RE: Proposed Dental Network Adequacy Standards

Dear Ms. Larson:

On behalf of Delta Dental of Pennsylvania (Delta Dental), which provides stand-alone dental benefits to more than 500,000 Maryland residents, thank you for the opportunity to respond to the proposed regulations on dental network adequacy standards. We are aligned with the recommendations of the Maryland Alliance of Dental Plans and the National Association of Dental Plans in their overall comments, and offer additional perspectives below.

As a general comment, it is very difficult for Delta Dental's provider relations staff to adequately estimate the impact of this proposed regulation without the inclusion of the ZIP codes referenced in the proposed regulation; therefore, we cannot definitively attest that we can meet these standards until they are in effect, at which point our opportunity for recourse is greatly diminished. Making this information available in advance of the comment deadline would have allowed us to comment with far greater certainty.

.03 Travel Distance Standards.
Subsection B requires that each provider panel "include at least 20 percent of the available essential community providers (ECP) in each of the urban, rural, and suburban areas." Delta Dental has partnered with the Maryland Health Connection since its inception, and we are on record with that agency stating that meeting the ECP participation threshold for our exchange business is difficult. It is unclear from the proposed regulations how ECPs would be identified, whether the Maryland Insurance Administration (MIA) will provide its own list or rely on the list provided by the Centers for Medicare and Medicaid Services (CMS). The majority of the ECPs in CMS' database do not provide dental services to their patients, and when Delta Dental reviewed the 2017 CMS ECP list, we discovered that there are several rural counties where there are no ECPs who provide dental services; this fact makes it very challenging to meet the 20 percent standard for rural areas.

Recommendation: Delta Dental has expended many hours and resources attempting to recruit ECPs to join our Exchange networks only to see many of them decline as they are ill-equipped to contract with commercial providers. For this reason, Delta Dental opposes the application of an ECP standard to the commercial market in Maryland. Short of outright exemption from this standard, we recommend the MIA change the language to "include at least 20 percent of the available essential community providers ***who provide dental services*** in each of the urban, rural, and suburban areas." This would more accurately reflect the reality that most ECPs do not practice dentistry.

.04 Appointment Waiting Time Standards.
Delta Dental has concerns regarding the appointment waiting time standards. Currently, California has the most stringent dental appointment standards in the country. Yet Maryland's proposed standards go beyond even California's standards for appointments other than for urgent care. In California, preventive appointments must be scheduled within 40 business days, compared with the proposed standard of 30 *calendar* days for "general dentistry

services" in Maryland. For non-urgent dental visits in California, appointments must be scheduled within 36 business days, compared with 30 *calendar* days for "non-urgent specialty care" (see California Code of Regulations 1300.67.2.2(c)(6)). Moreover, Maryland's proposed standards reference non-urgent *specialty* care, which would be more difficult to comply with than simply "non-urgent appointments".

Recommendation: Short of exemption from this standard, Delta Dental recommends that Maryland mirror California's "Timely Access to Non-Emergency Health Care Services" regulations for dental appointments, noting the difference between business days and calendar days. In addition, Delta Dental recommends changing the phrasing of "non-urgent specialty care" to "non-urgent appointments" and "general dentistry services" to "preventive dentistry services." Differentiating between preventive services, like cleanings and check-ups, and general dentistry services, is important because the majority of non-urgent, non-preventive dental visits occur in a general dentist's office and not in that of a specialist's.

.06 Dental Network Adequacy Executive Summary Form.

The proposed regulation would require carriers to report the percentage of enrollees for which the carrier met the appointment waiting time standards. Presumably, this would require a carrier to track when each enrollee sought an appointment, what type of care was sought, and when the appointment was secured. We could track the actual appointment date once we receive a claim from a provider, but it is impossible to collect information on when an enrollee requests an appointment with a dental provider unless the enrollee contacts us directly for assistance. Nearly every appointment is made directly with a dental provider, so without requirements placed on the provider to share that information with the carrier, we would be unable to comply with this requirement.

Recommendation: As it is impossible for carriers to know when enrollees make appointments directly with dental providers, which is the case for nearly every appointment, it would be impossible for us to accurately demonstrate a 95 percent threshold. Short of outright exemption from this requirement, Delta Dental recommends amending the language under Section .04.A.(1) and .06A.(1)(a) to read "each carrier's provider panel shall meet the waiting time standards listed in Subsection C of this regulation for at least 95 percent of the covered ***enrollees who contact the carrier requesting assistance in securing dental appointments***."

In a similar vein, Section .06 would require a carrier to list the total percentage of telehealth appointments counted as part of the appointment waiting time standards. Currently, Delta Dental pays claims for the services provided, irrespective of whether the services were provided in person or via telehealth. There are two new CDT codes related to teledentistry, which are effective January 1, 2018, but as there is no information yet on how providers may be using these codes, any reporting relating to these teledentistry codes and appointment wait times could be unreliable.

Recommendation: Delta Dental believes that the reporting of telehealth appointment wait times would be even more challenging to track than other wait times, and therefore, we do not recommend using telehealth waiting times as an option to meet the appointment wait time standard.

In conclusion, Delta Dental has several concerns about our ability to meet both the appointment waiting time standards and our ability to record and track those standards. We look forward to working with the MIA on improving these proposed regulations. Should you have any questions, please do not hesitate to contact me at (415) 972-8418 or by email at jalbum@delta.org.

Sincerely,

Jeff Album
Vice President, Public & Government Affairs
Delta Dental of CA, PA, NY, and Affiliates

cc: Sushant Sidh, Capitol Strategies
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