

November 15, 2012

Commissioner James Showalter
400 Centennial Office Building
658 Cedar Street
Saint Paul, MN 55155

Re: Request for Comments on the Proposed Certification Criteria for Stand-Alone Dental Plans

Dear Commissioner Showalter:

Thank you for this opportunity to present comments on the Proposed Certification Criteria for Stand-Alone Dental Plans (Proposed Criteria). I sincerely value the ongoing efforts of the state to consult with a broad range of stakeholders and to keep the interests of healthcare consumers forefront among considerations throughout this process.

In general, I believe the Proposed Criteria are practical and appropriate. I support the adoption of existing Minnesota statutes and rules as certification criteria where applicable. I agree with the decision to forward questions around quality reporting and consumer satisfaction surveys to the Measurement and Reporting Technical Work Group to be integrated into their current work on quality reporting for QHPs. I also support the agreement to revisit the important question of how market reforms apply to stand-alone dental plans after further federal guidance is issued that may clarify the boundaries of state discretion in this area. As soon as we have clarity from HHS, we should take whatever actions are necessary to ensure that these vital consumer protections apply to the pediatric dental Essential Health Benefit. My only serious concern with the Proposed Criteria regards the lack of Timely Access criteria in the Network Adequacy standards.

Network Adequacy:

The Proposed Criteria regarding Network Adequacy are not sufficient to ensure adequate access to services included in the pediatric dental Essential Health Benefit, as the federal rules governing Exchanges require. The Proposed Criteria document summarizes the relevant federal rules, including the requirement that Exchanges ensure that networks for QHPs are sufficient to assure that all services are accessible without unreasonable delay. To meet this requirement for QHPs, the Advisory Task Force adopted the recommendation made by the Plan Certification and Adverse Selection Technical Work Groups to apply existing standards for HMOs related to network adequacy to QHPs offered on the Exchange. While these standards don't include quantitative standards for appointment wait times, they do ensure that QHPs must arrange for covered services to be accessible to enrollees "on a timely basis in accordance with medically appropriate guidelines."

Federal rules are clear that QDPs must meet QHP certification standards except where they can't be met because of the limited nature of the covered services. As the Proposed Criteria document points out, Minnesota does not currently have a network adequacy standard for stand-alone dental plans in the private market, so it is not possible to apply a current statute or rule to QDPs, as was done for QHPs. Other options, such as applying the current guidelines around appointment wait times from the Department of Human Services standards for Medicaid coverage were not recommended because they were deemed to be unrealistic. I am very concerned that the Proposed Criteria do not include any standards to ensure that QDPs meet the federal network adequacy requirement of ensuring that covered

services are accessible without unreasonable delay.

The Geographic Access standard that is included in the recommendations does not satisfy this requirement, as it does a patient no good to have geographic access to a dental provider with whom she cannot get an appointment. The Geographic Access standard does not even specify that the provider who meets the Geographic Access standards must be one who is currently accepting new patients. Absent Timely Access standards, families who purchase pediatric dental coverage on the Exchange may discover that they receive no meaningful benefits in exchange for their premium payment.

Recommendation:

The Exchange should include Timely Access standards in addition to Geographic Access standards in order to ensure that Exchange enrollees have meaningful access to dental services covered under the pediatric dental Essential Health Benefit and for the federal network adequacy requirement to be met. Timely Access standards should be modeled on the current standards included in the Minnesota Department of Human Services contract for Medical Assistance, with possible modifications for the private market.

Collective Capacity:

The federal rules governing Exchanges also direct Exchanges to evaluate the collective capacity of stand-alone dental plans during certification to ensure sufficient access to pediatric dental coverage (§155.1065(c)). The Proposed Criteria do not address this requirement. Forthcoming federal guidance may provide additional details for how to ensure compliance with this requirement. The Proposed Criteria document recommends that the Plan Certification TWG revisit some topics in the event that uncertainties are not resolved in the anticipated federal guidance. The collective capacity issue should be added to those topics that will require additional attention by the Task Force and/or its subcommittees if it is not definitively settled in federal guidance.

Thank you for your leadership in the process of implementing health reform in Minnesota. I appreciate your commitment to providing access to high-quality, affordable health care for all Minnesotans. I look forward to continuing to work with you on these goals.

Sincerely,

Phillip Cryan
Health Policy Specialist and Organizing Director
SEIU Healthcare Minnesota