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June 16, 2017

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Chief, TRICARE Dental Care Section, Rm 3M-453
Health Plan Execution and Operations
Defense Health Agency (DHA)
Falls Church, Virginia 22042

Dear Colonel Honey:

The American Academy of Pediatric Dentistry (AAPD)¹, the American Dental Association (ADA), and the American Association of Oral and Maxillofacial Surgeons (AAOMS) have received multiple communications from our members who treat large numbers of Military families about the recent Tricare/UCCI Dental Contract.

We are writing to highlight several concerns about the contract, especially related to network adequacy:

- Provisions of the contract go beyond the single network requirement in the RFP (95% of enrollees have an in-network general dentist within 35 driving miles and can obtain an appointment within 21 days). Per previous conversations with you (and as indicated by Kevin Dwyer, a Tricare spokesperson quoted in a recent *Military Times* article) the contract also contains standards or benchmarks for access to specialist providers. However, what these standards entail, how they will be measured, how the data will be collected, and how they will be enforced has not been publicly disclosed. This

¹ The AAPD is the recognized authority on children's oral health. As advocates for children's oral health, the AAPD promotes evidence-based policies, best practices, and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its 10,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents and individuals with special health care needs. For further information, please visit the AAPD website at <http://www.aapd.org> or the AAPD's consumer website at <http://www.mychildrensteeth.org>

information should be provided in order to promote greater public accountability in the Tricare contract.

- Determination of network adequacy (potential access) and the verification of the accuracy of that information reported back to the military by the contract provider (United Concordia) regarding actual access appears to be unsatisfactory. “Spot Checks” that will be undertaken by your office to determine compliance is ill-defined. Since the contract took effect on May 1, 2017, there is no identified United Concordia Tricare provider network—only a network of United Concordia providers that provide care under other contracts and other fee schedules. It is unclear which of these providers are able or willing to see infants, young children, children with special behavioral, development or health care needs, or are accepting new or existing families under the Tricare contract. The online survey you personally undertook to assess the United Concordia provider network does not reflect how many providers will be in the network at the start of the contract or still in the network 30 to 90 days later. Because of the significantly lower network provider reimbursement under the new contract, military dependents may not be able to access appropriate and timely care.
- UCCI leadership indicated that both network adequacy and program integrity would be assessed internally by the DOD according to the undisclosed terms of the contract and that all matters of compliance will be handled internally as well. The AAPD, ADA and AAOMS urge public disclosure of this data.

In addition, the National Military Family Association (NMFA) has heard from military families impacted by the TRICARE Dental Program network change to United Concordia (UCCI).

- NMFA is very concerned that although UCCI is meeting the contractual access standard, the value of the military family dental benefit has been significantly diminished by narrowed provider networks. Families are also concerned about the quality of dental care they might receive from providers who remain in the network at reduced reimbursement rates, particularly because many dentists are sending families letters saying they are unwilling to accept outdated restrictions set forth by UCCI and/or use overseas labs or inferior materials.
- NMFA has met with both United Concordia and the Defense Health Agency charged with contract oversight. According to their conversations, your office insists that none of the contract parameters have changed in the last 20 years and UCCI claims they are meeting contractual access standards (a general

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dentist within 35 miles of 95% of beneficiaries) but not providing data to support that standard. More important, UCCI is not providing data regarding access to specialty providers, a concern for NMFA.

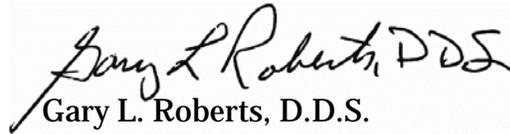
- NMFA does not believe that DHA and UCCI are sufficiently responsive, so they are moving on to a social media campaign to encourage military families to contact their Members of Congress with their concerns about the TRICARE Dental Program.

For the reasons described in this letter, our organizations strongly urge Tricare to reassess this contract and to be more forthcoming about contract provisions and performance.

Sincerely yours,



James D. Nickman, D.D.S., M.S.
President
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Gary L. Roberts, D.D.S.
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cc: Ms. Karen Ruedisueli, Government Relations Deputy Director, National Military Family Association