



OFFICE OF  
INSURANCE COMMISSIONER

August 30, 2017

Confirmation of e-mail sent on August 30, 2017

Mr. Josh Nace  
Dental Health Services  
100 W. Harrison St.  
Suite S-440, South Tower  
Seattle, WA 98119

Dear Mr. Nace:

Thank you for responding to my letter dated August 25, 2017. We have reviewed your response. Based upon the information Dental Health Services, Inc. (DHS) has shared to date, the Insurance Commissioner (OIC) has determined that your network is not adequate. Further, DHS has not provided reasonable assurances in its latest correspondence demonstrating the organization has sufficient processes and policies in place to monitor and assess its networks to meet the network access requirements in Chapter 284-170 WAC.

To explain our findings, we are providing the following violations as example. The following is not a complete list of our findings:

1. DHS states in correspondence dated August 28, 2017 that it “...will continue to offer as it has always offered, an alternative access plan for any plan member that falls outside of its access standards. Most concerning will always be the individuals without a General Dentist because all care is required to be performed for the plan via their General Dentist.” Additional information in this letter states that 170 enrollees do not have access to a General Dentist in the service area. DHS has not filed with the commissioner an Alternative Access Delivery Request to address this matter or address the lack of access to specialty care affecting approximately 1413 additional enrollees [WAC 284-170-200(14) and WAC 284-170-210].
2. DHS was directed in correspondence dated August 25, 2017 to provide copies of its procedures for monitoring its clinical capacity to furnish covered services to all enrollees [WAC 284-170-230(4)]. The company has not provided these procedures to the OIC for consideration, therefore the OIC concludes that DHS has not implemented these monitoring standards and requirements. In further support of this finding, dental carriers are required to monitor their enrollee population and report increases and decreases of more than 25% to the OIC. DHS’ enrollee population increased more than 25% from

plan year 2016 to plan year 2017. This change was not reported per WAC 284-170-230(4)(b).

3. DHS states in correspondence dated August 28, 2017 that it will be reviewing its enrollees with no network access and will develop a specific plan for provider recruitment. Notification regarding this access issue and implementation of a plan to add providers to the network should have been identified as soon as possible in the first quarter of the plan year with proper notification to the OIC. Identification of this significant need nine months into the plan year demonstrates significant access inadequacy that is harming enrollees. [RCW 48.44.010, RCW 48.44.020(1) and WAC 284-170-200].

Per WAC 284-170-340 DHS will be permitted sixty (60) days to propose a detailed plan to the commissioner of the changes to be instituted at the organization to make the network sufficiently adequate in compliance with the law. The sixty day period begins August 31, 2017 and ends on October 30, 2017.

If you have questions about the above requirements, please contact me.

Sincerely,



Molly Nollette  
Deputy Insurance Commissioner, Rates and Forms Division

cc: Dr. Godfrey Pernell  
Gary Pernell  
Dr. Robert S. Anderson  
Jennifer Kreidler