OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 04 2010

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to the House Armed Services Report 111-166, accompanying the National Defense Authorization Act for Fiscal Year 2010, requesting a report on access to care for Active Duty Service members (ADSMs) before and after October 1, 2008. The language also requested a report of non-Department of Defense provider participation in the dental support contracts since October 1, 2008.

The report reveals that since the inception of the Active Duty Dental Program on August 1, 2009, ADSMs have the same access to care standards whether they seek care at a military dental clinic or are referred to a network dentist. There were no access-to-care standards for referred dental care under the previous program administered by the Military Medical Support Office. The report also shows that the contractor for the Active Duty Dental Program, United Concordia Companies, Inc., has a national network exceeding 65,000 dentists to treat Service members when they are referred for purchased care. The previous program administered by the Military Medical Support Office had no network.

Thank you for your continued support of the Military Health System.

Sincerely,

Allen W. Middleton
Director, Financial Plans and Policy
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable James H. Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

FEB 04 2010

Dear Mr. Chairman:

The enclosed report responds to the House Armed Services Report 111-166, accompanying the National Defense Authorization Act for Fiscal Year 2010, requesting a report on access to care for Active Duty Service members (ADSMs) before and after October 1, 2008. The language also requested a report of non-Department of Defense provider participation in the dental support contracts since October 1, 2008.

The report reveals that since the inception of the Active Duty Dental Program on August 1, 2009, ADSMs have the same access to care standards whether they seek care at a military dental clinic or are referred to a network dentist. There were no access-to-care standards for referred dental care under the previous program administered by the Military Medical Support Office. The report also shows that the contractor for the Active Duty Dental Program, United Concordia Companies, Inc., has a national network exceeding 65,000 dentists to treat Service members when they are referred for purchased care. The previous program administered by the Military Medical Support Office had no network.

Thank you for your continued support of the Military Health System.

Sincerely,

Allen W. Middleton
Director, Financial Plans and Policy
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 04 2010

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to the House Armed Services Report 111-166, accompanying the National Defense Authorization Act for Fiscal Year 2010, requesting a report on access to care for Active Duty Service members (ADSMs) before and after October 1, 2008. The language also requested a report of non-Department of Defense provider participation in the dental support contracts since October 1, 2008.

The report reveals that since the inception of the Active Duty Dental Program on August 1, 2009, ADSMs have the same access to care standards whether they seek care at a military dental clinic or are referred to a network dentist. There were no access-to-care standards for referred dental care under the previous program administered by the Military Medical Support Office. The report also shows that the contractor for the Active Duty Dental Program, United Concordia Companies, Inc., has a national network exceeding 65,000 dentists to treat Service members when they are referred for purchased care. The previous program administered by the Military Medical Support Office had no network.

Thank you for your continued support of the Military Health System.

Sincerely,

Allen W. Middleton
Director, Financial Plans and Policy
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Howard P. "Buck" McKeon
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 04 2010

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

The enclosed report responds to the House Armed Services Report 111-166, accompanying the National Defense Authorization Act for Fiscal Year 2010, requesting a report on access to care for Active Duty Service members (ADSMs) before and after October 1, 2008. The language also requested a report of non-Department of Defense provider participation in the dental support contracts since October 1, 2008.

The report reveals that since the inception of the Active Duty Dental Program on August 1, 2009, ADSMs have the same access to care standards whether they seek care at a military dental clinic or are referred to a network dentist. There were no access-to-care standards for referred dental care under the previous program administered by the Military Medical Support Office. The report also shows that the contractor for the Active Duty Dental Program, United Concordia Companies, Inc., has a national network exceeding 65,000 dentists to treat Service members when they are referred for purchased care. The previous program administered by the Military Medical Support Office had no network.

Thank you for your continued support of the Military Health System.

Sincerely,

Allen W. Middleton
Director, Financial Plans and Policy
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Joe Wilson
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 04 2010

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to the House Armed Services Report 111-166, accompanying the National Defense Authorization Act for Fiscal Year 2010, requesting a report on access to care for Active Duty Service members (ADSMs) before and after October 1, 2008. The language also requested a report of non-Department of Defense provider participation in the dental support contracts since October 1, 2008.

The report reveals that since the inception of the Active Duty Dental Program on August 1, 2009, ADSMs have the same access to care standards whether they seek care at a military dental clinic or are referred to a network dentist. There were no access-to-care standards for referred dental care under the previous program administered by the Military Medical Support Office. The report also shows that the contractor for the Active Duty Dental Program, United Concordia Companies, Inc., has a national network exceeding 65,000 dentists to treat Service members when they are referred for purchased care. The previous program administered by the Military Medical Support Office had no network.

Thank you for your continued support of the Military Health System.

Sincerely,

Allen W. Middleton
Director, Financial Plans and Policy
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 04 2010

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to the House Armed Services Report 111-166, accompanying the National Defense Authorization Act for Fiscal Year 2010, requesting a report on access to care for Active Duty Service members (ADSMs) before and after October 1, 2008. The language also requested a report of non-Department of Defense provider participation in the dental support contracts since October 1, 2008.

The report reveals that since the inception of the Active Duty Dental Program on August 1, 2009, ADSMs have the same access to care standards whether they seek care at a military dental clinic or are referred to a network dentist. There were no access-to-care standards for referred dental care under the previous program administered by the Military Medical Support Office. The report also shows that the contractor for the Active Duty Dental Program, United Concordia Companies, Inc., has a national network exceeding 65,000 dentists to treat Service members when they are referred for purchased care. The previous program administered by the Military Medical Support Office had no network.

Thank you for your continued support of the Military Health System.

Sincerely,

Allen W. Middleton
Director, Financial Plans and Policy
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 04 2010

The Honorable David Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to the House Armed Services Report 111-166, accompanying the National Defense Authorization Act for Fiscal Year 2010, requesting a report on access to care for Active Duty Service members (ADSMs) before and after October 1, 2008. The language also requested a report of non-Department of Defense provider participation in the dental support contracts since October 1, 2008.

The report reveals that since the inception of the Active Duty Dental Program on August 1, 2009, ADSMs have the same access to care standards whether they seek care at a military dental clinic or are referred to a network dentist. There were no access-to-care standards for referred dental care under the previous program administered by the Military Medical Support Office. The report also shows that the contractor for the Active Duty Dental Program, United Concordia Companies, Inc., has a national network exceeding 65,000 dentists to treat Service members when they are referred for purchased care. The previous program administered by the Military Medical Support Office had no network.

Thank you for your continued support of the Military Health System.

Sincerely,

Allen W. Middleton
Director, Financial Plans and Policy
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 04 2010

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to the House Armed Services Report 111-166, accompanying the National Defense Authorization Act for Fiscal Year 2010, requesting a report on access to care for Active Duty Service members (ADSMs) before and after October 1, 2008. The language also requested a report of non-Department of Defense provider participation in the dental support contracts since October 1, 2008.

The report reveals that since the inception of the Active Duty Dental Program on August 1, 2009, ADSMs have the same access to care standards whether they seek care at a military dental clinic or are referred to a network dentist. There were no access-to-care standards for referred dental care under the previous program administered by the Military Medical Support Office. The report also shows that the contractor for the Active Duty Dental Program, United Concordia Companies, Inc., has a national network exceeding 65,000 dentists to treat Service members when they are referred for purchased care. The previous program administered by the Military Medical Support Office had no network.

Thank you for your continued support of the Military Health System.

Sincerely,

Allen W. Middleton
Director, Financial Plans and Policy
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable C.W. Bill Young
Ranking Member

Report to Congress

December 31, 2009

Active Duty Dental Care

Table of Contents

Active Duty Dental Care Study

Background

The House Armed Services Committee (HASC) Report 111-166 accompanying the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010 requested the Secretary of Defense to conduct a study to review access to care for active duty service members (ADSMs) in both military dental treatment facilities (DTF) and in private sector dental offices. The committee further requested the Secretary to review participation rates of private sector dentists in the government program before and after October 1, 2008.

Active Duty Dental Care

The goal of active duty dental care is to maintain dental readiness so that ADSMs are worldwide deployable. It is well documented that dental conditions are a major driver of Disease Non-Battle Injuries (DNBI) when deployed. A proactive approach to dental readiness is necessary to maintain deployable standards and decrease dental DNBIs.

In order to ensure dental readiness, ADSMs are required to have an annual dental examination per Health Affairs Policy 98-021, Policies on Uniformity of Dental Classification System, Frequency of Periodic Dental Examinations, Active Duty Overseas Screening, and Dental Deployment Standards. Furthermore, the military has developed and standardized a dental classification system to aid in the identification and treatment of high risk ADSMs per Health Affairs Policy 02-011, Policy on Standardization of Oral Health and Readiness Classifications.

The majority of dental care for ADSMs is provided in one of the 363 military DTFs located worldwide. The military DTFs recorded 5,490,851 patient seatings during the 2009 fiscal year. The service Dental Corps are comprised of general dentists and dental specialists. When a DTF cannot provide the necessary dental treatment in a timely manner or when a DTF lacks the appropriate specialist, they refer the ADSM to a private sector dentist for that care.

When ADSMs are stationed in areas without a dental clinic, they may use the dental private sector care network to receive their dental care to maintain their dental readiness. These ADSMs are often referred to as living in a remote location, which is defined as living and working greater than 50 miles from a military DTF.

Private Sector Dental Care

Prior to fiscal year 2001, supplemental dental care benefits were minimal and managed by the closest DTF. From 2001 through July 31, 2009, the Military Medical Support Office (MMSO) served as the centralized Tri-Service point of contact for dental case management for TRICARE Prime Remote (TPR)-eligible ADSMs and DTF-referred service members within the 50 United States and District of Columbia. MMSO simply paid claims from these dental encounters and had no dental network. Since there was no network, MMSO paid ***full billed charges*** for all dental claims.

The government developed the Active Duty Dental Program (ADDP) as the demand for dental private sector care increased. The ADDP contract was awarded to United Concordia Companies, Inc., in September, 2008, and dental care delivery commenced on August 1, 2009. The ADDP includes the 50 United States, the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands. The contract provides private sector dental care for DTF referrals and for ADSMs located in remote areas. The contract includes negotiated rates, access to care standards, and quality measurements. Though the ADDP contractor is an insurance company, the ADDP is not insurance. Service members are not constrained by annual maximums, cost shares, etc. Specialty dental care is reviewed by the military to ensure that the dental care meets the requirements of the military to ensure worldwide deployability.

Access to Dental Care

Congress requested the Secretary of Defense conduct a study to review access to care for ADSMs in both military DTFs and in private sector dental offices and compare that access to care before and after October 1, 2008. More specifically it requested that a report be prepared on the time it takes active duty service members to access dental care and whether it is qualitatively different from the time before October 1, 2008. This comparison cannot be accomplished as the MMSO private sector care program did not measure or record the time it took and the military DTFs did not and still do not have a standardized measurement of that time. Accordingly, this section generally addresses access to care standards but cannot give concrete access to care numbers prior to the August 1, 2009 and then only for the ADDP.

Table 1 displays the access to care standards for dentistry for both direct and purchased care. Military DTFs maintain an access to care standard and are bound by a 21-day standard for routine dental care and 28-day standard for specialty dental care. When a DTF cannot meet the access standards, they refer the ADSM to the purchased care vehicle. The DTF standards have been consistent before and after the October 1, 2008, date of interest.

Table 1. Dental Access to Care Standards

	Direct Care	Purchased Care	
	Military Dental Treatment Facilities	MMSO	ADDP
Routine Care	21 days	No standards	21 days and 35 driving miles
Specialty Care	28 days	No standards	28 days and 35 driving miles
Routine Care for Remote ADSMs	Does not apply	No standards	21 days and 50 driving miles
Routine Care for Remote ADSMs	Does not apply	No standards	21 days and 50 driving miles

The table also displays the access to care standards for the two purchased care vehicles, MMSO and ADDP. MMSO was the payer for private sector dental care through July 31, 2009, and the ADDP has provided this care since August 1, 2009. Though these time frames are slightly different from the October 1, 2008, date of interest, this report will highlight a comparison of the two programs. MMSO had no access to care standards for service members because MMSO had no contractual relationship with any of the dental providers. MMSO merely paid claims at the billed-charge rate. The government ensured that contractual access to care standards were included in the ADDP contract. The ADDP contractual access to care requirements are 21-day access to routine dental care and 28-day access to specialty dental care. The ADDP contract also requires that the network providers be located within a 35-mile driving radius. To date, United Concordia Companies, Inc., has met these standards each month.

Access to dental care has not changed in the direct care system, and the ability to get an appointment in a timely manner has increased in the private sector since ADDP dental delivery began. In September, 2009, 99.2 percent of the 102,058 remotely located ADSMs had access to a network dentist within the prescribed access to care standards in the table above.

Provider Participation in Dental Contracts

At the request of Congress, a review was conducted regarding provider participation in dental contracts. This section addresses provider participation in the dental private sector care programs and compares that participation before and after October 1, 2008.

As previously stated, MMSO was the payer for dental private sector care prior to August 1, 2009, and there was no network and no contract. There is no way to assess provider participation because of the lack of a network and contract.

One of the reasons that United Concordia Companies, Inc., was awarded the ADDP contract was because of their robust national network that guaranteed ADSMs access to dentists nationally. Through the end of September, 2009, United Concordia Companies, Inc., has 65,099 network dentists supporting the ADDP nationally. Of those supporting dentists, 52,711 are general dentists and 12,388 are specialists. Before the program inception, the total number of dentists in this network was 64,828. Thus the network has grown since ADDP dental care delivery began.

Conclusion

Private sector dental care is paramount to ADSMs in order to maintain their dental readiness. The ADDP dental care delivery began in August 1, 2009. An improvement over the previous program, the ADDP's use of network providers enhances the government's ability to monitor access to care and quality standards while ensuring fiscal responsibility through the use of negotiated rates.