

October 27, 2022

The Honorable Jack Reed  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, D.C. 20510

The Honorable Jim Inhofe  
Ranking Member  
Committee on Armed Services  
United States Senate  
Washington, D.C. 20510

The Honorable Adam Smith  
Chairman  
Committee on Armed Services  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Mike Rogers  
Ranking Member  
Committee on Armed Services  
United States House of Representatives  
Washington, D.C. 20515

Dear Chairs Reed and Smith and Ranking Members Inhofe and Rogers:

The American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA), and the undersigned Military and Veterans Service Organizations write to you to express our concerns about the current TRICARE dental contract with United Concordia (UCCI).

We also support your committees' efforts to develop a new construct for the TRICARE dental program (TDP) in order to address and remedy many of the problems arising from the contract awarded in 2016. We believe the proposed changes to TDP in Section 701 of the Senate Armed Services Committee's version of fiscal year 2023 National Defense Authorization Act (NDAA) are a good first step towards making TDP work for military families. This proposal would:

- require management of administrative functions, such as enrollment, eligibility, and premium payment processes by a third party administrator;
- give beneficiaries three enrollment options in dental insurance plans offered by not less than four national dental insurance carriers who would manage dental care delivery matters, including claims adjudication, coordination of benefits, covered services, enrollment verification, and provider networks;
- allow for enrollment in either a standard or high option plan, with the option of a dental health maintenance plan where available;
- reduce premiums and co-payments for enlisted members in pay grades E-1 through E-4.

While moving away from a single-carrier TDP construct must not be allowed to cause premium increases that make dental coverage unaffordable for some military families, we believe that this proposal addresses some of the access and administrative issues that exist in the TDP contract with UCCI. As Congress works to create a better construct for TDP, administrative streamlining and network adequacy must be balanced with affordability for beneficiaries.

The ADA and AAPD have expressed difficulties with the TDP contract for years. Many of these problems, which have negatively impacted military families, have persisted throughout the period in which UCCI has held the contract<sup>1</sup>:

- The value of the military family dental benefit has been significantly diminished by narrowed provider networks under the contract. We are concerned that, because of the significantly lower network provider reimbursement under the current contract, military families may not be able to access appropriate and timely care.
- 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 have sent families letters saying they are unwilling to accept outdated restrictions set forth by UCCI and/or use overseas labs or inferior materials.
- Standards and benchmarks for access to specialist providers should be clarified so that military families know which providers are able or willing to see infants, young children, children with special behavioral, developmental or health care needs, or are accepting new or existing families under the Tricare contract.

In addition to these ongoing problems with the TDP contract with UCCI, the ADA recently took an informal poll of its members who are current or past network providers in TDP, or who had been in the past, as well as those who have considered becoming a TRICARE provider but decided not to be. The goal of this poll was to understand what factors may have led them to see fewer TDP patients, or to consider no longer taking TDP patients. By far the most common response among those who dropped out of TDP or who are accepting fewer TDP patients is that reimbursement is so low that participation in TDP or taking more TDP patients would be unsustainable for the dentists' practice. In many cases, reimbursement is below that offered by Medicaid and other low-cost state-based dental plans.

Dentists who responded universally felt that providing care to military members and their families was an important duty, and many are willing to accept low reimbursement rates out of that sense of duty. However, these responses to ADA's poll clearly indicate that low reimbursement is limiting TDP's potential to provide access to dental care. Some dentists cited reimbursement rates that were 50% lower than the average reimbursement offered through other carriers, and others were not able to negotiate increased reimbursement for years even as other carriers increased reimbursement and costs for dentists increased. Others explained that their practice group was the only pediatric specialty group in their area, and that while they would like to accept patients covered by TDP, they could not because of inadequate reimbursement.

SASC's proposal to require that military families have three dental insurance plan options offered by at least four insurance carriers is an important step towards addressing this problem. Increased competition to insure military families for their dental care may lead to improved

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<sup>1</sup> [https://www.aaoms.org/docs/govt\\_affairs/issue\\_letters/tricare\\_ucci\\_dental\\_contract\\_concerns.pdf](https://www.aaoms.org/docs/govt_affairs/issue_letters/tricare_ucci_dental_contract_concerns.pdf). Retrieved September 5, 2022.

networks of dental providers and better administrative practices. Nevertheless, Congress should work towards sustainable reimbursement from any insurance carrier selected for TDP.

Other problems discussed in responses to the poll included:

- dental specialists, like pediatric dentists, were particularly likely to cite substandard reimbursement as a reason for abandoning the UCCI TDP network;
- some dentists discontinued their relationship with TDP after the switch in contractors from MetLife to UCCI because reimbursements were not high enough to cover the cost to see a patient and to provide service;
- administrative problems, including difficulty finding someone from UCCI/TDP who could resolve claims issues, and increased administrative expense because of excessive red tape<sup>2</sup>;
- in part due to the unusually high administrative burden, reimbursement for work could take as long as three to four months;
- no recognition of specialties, including pediatric dentistry, with distinct fee schedules;
- the requirement that dentists to refer patients to an endodontist to confirm the patient needs endodontic care, even in emergency cases, and even when supporting documentation like X-rays and photographs were sent. In addition to leading to delays in care that dentists can provide immediately, because many specialists will not accept TDP because of low reimbursement, care is further complicated and delayed;
- patients could have to pay over \$100 out of pocket for each recare visit;
- the limited network of providers offered by TDP/UCCI and the limits of coverage leads some patients to look outside of TRICARE for coverage.

Unfortunately, many of the dentists said that they limited the amount of military families covered by TDP they would see, or that they had either already discontinued working with TDP or planned to in the future, because of these problems. To quote one respondent, an Army veteran, “what really irks me is that these soldiers are out there protecting our country, and they were promised that they would get full dental and medical benefits for them and their families so they could focus on their jobs, and they have to put up with a dental plan that will not pay adequately or on time.”

Military and Veterans Service Organizations have met with both UCCI and DHA officials, but have been unable to resolve the problems described above.

For the reasons described in this letter, our organizations urge that you adopt Section 701 from SASC’s version of the FY 2023 NDAA, with ongoing close Congressional oversight to ensure that

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<sup>2</sup> One respondent said that TDP “requires an appointment control number and readiness code on every claim as well as pre-determinations for all treatment other than emergencies, and the administration expense alone was too much to keep up with everything.” Another pointed out that pre-approval of services was required for all services above a set dollar amount, and that TDP was the only carrier that required the dentist to submit lab bills for crowns.

military families' out of pocket costs remain low. We thank you for acting to provide high quality, low cost dental coverage to our nation's military families.

If you have any questions, please contact Megan Mortimer at [mortimerm@ada.org](mailto:mortimerm@ada.org) or at 202-898-2402.

Sincerely,

American Dental Association  
Academy of American Pediatric Dentistry  
Air Force Sergeants Association  
Fleet Reserve Association  
Gold Star Wives  
Marine Corps Reserve Association  
Military Officers Association of America  
National Military Family Association  
Naval Enlisted Reserve Association  
Service Women's Action Network  
U.S. Coast Guard Chief Petty Officers Association & Enlisted Association

Cc: Dr. David J. Smith  
Acting Assistant Secretary of Defense for Health Affairs