

COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

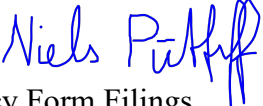
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HEALTH
Filing Guidance Notice 2024-F
2024 Dental Form Filing Instructions

TO: Dental Insurance Carriers Subject to M.G.L. c. 176X
FROM: Niels Puetthoff, Bureau of Managed Care Director
DATE: May 3, 2024 
RE: Annual Dental Policy Form Filings

Filing Guidance Notice 2024-F notifies dental insurance carriers (“Carriers”) regarding the filing of all insured dental Evidences of Coverage intended to be offered to individuals, group associations, or employer groups in Massachusetts (“Dental Benefit Plans”), as set forth in 211 CMR 156.04(1), and as provided for in section 2(a) of M.G.L. c. 176X. This filing applies to stand-alone Dental Benefit Plans and is to be filed at the same time that Carriers submit annual dental rate filings with the Massachusetts Division of Insurance (“Division”).

I. ANNUAL FILINGS

Dental Carriers are to submit policy form materials to the Division for review by July 1 of each year via a form filing through the System for Electronic Rate and Form Filing (SERFF) using the **MassachusettsH** instance of SERFF. When submitting policy form filings, Carriers are to use the TOI code H21-Health Other, and use Filing Type “Annual Dental Filing.” Carriers should include a \$75 filing fee for each separate stand-alone Dental Benefit Plan, according to the provisions of Division Bulletin 2008-19.

Annual dental form filings are to include the cover sheet in Appendix A to outline the following information for each of the Carrier’s stand-alone insured Dental Benefit Plans:

- Dental Benefit Plan Name;
- Policy Form Number;
- Indicate whether it is an Individual or Group product;

- Product Filing SERFF tracking number if previously submitted for Division review (if not previously submitted to the Division for review, please indicate “NEW”);
 - Dental Provider Network Name;
 - SERFF tracking number, if previously submitted for Division review; and
 - Year First Marketed
- A. Dental Carriers with products to be offered in Massachusetts in the INDIVIDUAL market will submit the following items related to their existing products:
1. Completed cover page that identifies each product that is part of the filing;
 2. Completed checklist for the filing of an individual stand-alone dental filing (see <https://www.mass.gov/doc/review-of-annual-dental-filings-individual/download>)
 3. Evidences of Coverage for all insured dental products; and Schedules of Benefit documents that identify the range of benefits that are offered in the dental benefit plans.
 4. If the plan coordinates benefits through a network of dentists, Plan provider network documents:
 - i. Electronic copies of dental provider directories. **Please note that if a Carrier has multiple networks, the Carrier will need to provide separate provider directories for each separate network;** and
 - ii. Geo-access maps of each network identified by network name, along with separate geo-access maps that include access standards for consumers to see dentists within the plan network. The Geo-access maps shall contain the same data as the electronic copies of all directories. **Please note that if a Carrier has multiple networks, the Carrier will need to provide separate Geo-access maps, along with corresponding network access analysis for each separate network.**
 5. If a plan is a new insured preferred provider plan that has not been previously approved by the Division of Insurance, a completed checklist for the filing of an insured preferred provider plan, [<https://www.mass.gov/doc/initial-approval-of-an-insured-preferred-provider-plan/download>].
- B. Dental Carriers with products to be offered in Massachusetts in the GROUP (both Association/Trust group and employment-sponsored group) market will submit the following, as applicable:
1. Completed cover page that identifies each product that is part of the filing;
 2. Completed checklist for the filing of a group stand-alone Dental Benefit Plan [<https://www.mass.gov/doc/review-of-annual-dental-filings-group/download>]
 3. Evidences of Coverage for all insured dental products and Schedules of Benefit documents that identify the range of benefits that are offered in the dental benefit plans.
 4. If the plan coordinates benefits through a network of dentists, Plan provider network documents:

- i. Electronic copies of dental provider directories. **Please note that if a Carrier has multiple networks, the Carrier will need to provide separate provider directories for each separate network;** and
 - ii. Geo-access maps of each network identified by network name, along with separate geo-access maps that include access standards for consumers to see dentists within the plan network. The Geo-access maps shall contain the same data as the electronic copies of all directories. **Please note that if a Carrier has multiple networks, the Carrier will need to provide separate Geo-access maps, along with corresponding network access analysis for each separate network.**
5. If a plan is a new insured preferred provider plan that has not been previously approved by the Division of Insurance, a completed checklist for the filing of an insured preferred provider plan, if applicable [<https://www.mass.gov/doc/initial-approval-of-an-insured-preferred-provider-plan/download>];

For any questions related to this filing guidance, please contact Niels Puetthoff at niels.puetthoff@mass.gov.

Cover Pages for the Annual Filing of Dental Benefit Plan Materials
For review under 211 CMR 156.04

FILING DATE:

[illegible]