Chapter 287 of the Acts of 2022

Information Session #1 on Wednesday, January 18 at 1PM – General

According to section of 1 of Chapter 287, the following definitions are added in Section 1 of a newly created Chapter 176X:

"Carrier", an insurer or other entity offering dental benefit plans in the commonwealth.

"Commissioner", the commissioner of the division of insurance.

"Connector", the commonwealth health insurance connector, established by chapter 176Q.

"Dental benefit plans", any stand-alone dental plan that covers oral surgical care, dental services, dental procedures or benefits covered by[:]

- any individual, general, blanket or group policy of health, accident and sickness issued by an insurer licensed or otherwise authorized to transact accident and health insurance under chapter 175;
- any oral surgical care, dental services, dental procedures or benefits covered by a stand-alone individual or group dental medical service plan issued by a non-profit medical service corporation under chapter 176B;
- any oral surgical care, dental services, dental procedures or benefits covered by a stand-alone individual or group dental service plan issued by a dental service corporation organized under chapter 176E;
- any oral surgical care, dental services, dental procedures or benefits covered by a stand-alone individual or group dental health maintenance contract issued by a health maintenance organization organized under chapter 176G; or
- any oral surgical care, dental services, dental procedures or benefits covered by a stand-alone individual or group preferred provider dental plan issued by a preferred provider arrangement organized under chapter 176I.

The commissioner may, by regulation, define other dental coverage as a qualifying dental benefit plan for the purposes of this chapter.

"Self-insured customer", a self-insured group for which a carrier provides administrative services.

"Self-insured group", a self-insured or self-funded employer group health plan.

"Third-party administrator", a person or entity that, on behalf of a dental insurer or the MassHealth dental program, or purchaser of dental benefits, provides administrative services including receiving or collecting charges, contributions or premiums for, or adjusting or settling claims on or for residents of the commonwealth.

1) Is the definition for “carrier” understood or do certain terms in the definition need clarification? Is it clear that the term only applies to licensed insurance carriers? Is it clear that the definition does not apply to self-funded employer-sponsored dental benefit plans or to any third-party administrators that may perform certain administrative tasks for the self-funded plans?

2) Are the terms for “commissioner” and “Connector” understood or do certain terms in the definition need clarification?

3) Is the term “dental benefit plans” understood or do certain terms in the definition need clarification? Should the Division clarify that the definition only applies to insured dental benefit plans and not self-funded plans? Should the Division clarify that the definition does not apply to non-insurance products such as dental discount plans?

Is the term “stand-alone” understood or does it need further clarification? Should the Division clarify that health plans with dental benefits incidental to the plan benefits are to be considered stand-alone plans? Should the Division consider plans with more than dental benefits to be considered a “stand-alone” plan if the dental benefits represent a substantial proportion of the plan benefits?

It is noted that a “dental benefit plan” is “any stand-alone dental plan that covers oral surgical care, dental services, dental procedures or benefits.” Are the terms “oral surgical care”, “dental services” and “dental procedures” understood or should any of these be clarified? Are there other dental services, procedures, or supplies that should be identified so that it is clear that they may be covered under what is considered a “dental benefit plan? For example, if an insured dental plan only covers “benefits for dentures”, “benefits for orthodontic care/braces” or “TMJ benefits” should that be considered a “dental benefit plan.”

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Is it clear that the definition includes all stand-alone individual and group (group association/trust and employer group) products offered by commercial insurers (M.G.L. c. 175), Blue Cross and Blue Shield of Massachusetts Inc. (M.G.L. c. 176B), Dental Service of Massachusetts, Inc. (dba Delta Dental of Massachusetts (M.G.L. c. 176E), HMOs (M.G.L. c. 176G) and insured preferred provider plans (M.G.L. c. 176I).

“Self-insured customer”, a self-insured group for which a carrier provides administrative services.

"Self-insured group", a self-insured or self-funded employer group health plan.

"Third-party administrator", a person or entity that, on behalf of a dental insurer or the MassHealth dental program, or purchaser of dental benefits, provides administrative services including receiving or collecting charges, contributions or premiums for, or adjusting or settling claims on or for residents of the commonwealth.

4) Is the term "self-insured customer" understood or do certain terms in the definition need clarification

5) Is the term "self-insured group" understood or do certain terms in the definition need clarification?

6) Is the term "third-party administrator" understood or do certain terms in the definition need clarification?

7) Are there other items within the law that should be defined or clarified? There do not appear to be any definitions of the following terms which are used in the Section 2 of M.G.L. c. 176X:

Medical loss ratio
Underwriting
Auditing
Actuarial
Financial analysis
Treasury and investment expenses
Marketing and sales expenses
Advertising
Member relations
Member enrollment
Expenses associated with producers, brokers, and benefit consultants
Claims operations expenses
Adjudication and Appeals
Expenses associated with paying claims
Financial administration expenses
Marketing and sales expenses
Distribution expenses
Claims operations expenses
Medical administration expenses
Disease management
Care management
Utilization review
Medical management activities
Network operations expenses
Charitable expenses
Group product base rates
Group rating factors
Administrative expense loading component
Dental services consumer price index

Contribution to surplus
Direct premiums earned
Realized capital gains and losses
Net income
Accumulated surplus
Accumulated reserves
Risk-Based Capital Ratio