



January 15, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Ave, S.W.
Washington, DC 20201
Submitted via regulations.gov

RE: Contract Year 2019 Policy and Technical Changes to the Medicare Advantage Program [CMS-4182-P]

Dear Administrator Verma,

The National Association of Dental Plans (NADP) appreciates the opportunity to comment on Centers for Medicare & Medicaid Services' (CMS) proposed rule regarding "Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program," published in the Federal Register on November 28, 2017.

We strongly support proposed changes to the enrollment requirement for Medicare Advantage (Part C) providers who are not otherwise required to enroll and who do not submit claims to Medicare. We also support the proposed "preclusion list" approach, which will include individuals and entities CMS identifies as:

- Being currently revoked from Medicare, are under a reenrollment bar, and CMS determines that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or
- Having engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program.

MA organizations would be prohibited from making payment for an item or service furnished by an individual or entity that is on the preclusion list.

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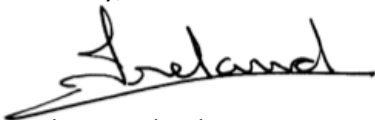


We agree with CMS that this approach is an appropriate balance between burden reduction and the need to protect Medicare beneficiaries and the Trust Funds. This new approach will utilize information available to CMS via Program Integrity initiatives, avoids duplication of effort, eases burden on providers, suppliers, MA organizations and beneficiaries—allowing Medicare beneficiaries to continue the ability to maintain their choice of dentist from broad networks of dentists.

To further increase MA beneficiary access to dental providers, **we recommend CMS review and revise the opt-out process.** We understand some dentists opted out of Medicare in response to the Part D enrollment requirement without understanding that this would impact their participation in MA plans. Unfortunately, dentists may not have realized this result until after the 90-day grace period to reverse the opt-out passed, and the opt-out is automatically renewed after two years. We encourage CMS to work with Medicare Contractors and dentists to provide more clear guidance and allow for a one-time opportunity to rescind an opt-out affidavit.

NADP is appreciative of the opportunity to provide comments on this proposed rule. We look forward to supporting technical implementation of the preclusion list approach and provide feedback from the dental benefits industry as needed. Questions regarding our comments should be directed to Eme Augustini, Director of Government Relations at EAugustini@nadp.org or (972) 458-6998 x111. Again, thank you for your consideration.

Sincerely,



Evelyn F. Ireland, CAE
Executive Director
National Association of Dental Plans (NADP)

NADP Description

NADP is the largest non-profit trade association focused exclusively on the dental benefits industry. NADP's members provide dental HMO, dental PPO, dental Indemnity and discount dental products to more than 184 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

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