



December 30, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244
Submitted via regulations.gov

RE: Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee for-Service, and Medicaid Managed Care Programs for Years 2020 and 2021 (CMS-4185-P)

Dear Administrator Verma,

The National Association of Dental Plans (NADP) appreciates the opportunity to provide comments on the Proposed Rule: “Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service, and Medicaid Managed Care Programs for Years 2020 and 2021” as issued in the Federal Register on November 1, 2018.

The proposed regulation includes several provisions and clarifications related to the Preclusion List, which was finalized in an April 2018 regulation. As originally proposed and as an alternative to provider enrollment requirements, we strongly support the preclusion list approach as an appropriate balance between burden reduction and the need to protect Medicare beneficiaries and the Trust Funds.

In September, NADP sought clarification on several aspects of the preclusion list process by submitting a set of questions to providerenrollment@cms.hhs.gov as provided on a CMS webpage. In November, CMS released an HPMS memo titled “Preclusion List Requirements,” and in December, released another HPMS memo, titled “Preclusion List Frequently Asked Questions (FAQs).” While feedback was provided in some areas, technical and structural questions remain.

Principally, we are concerned with an FAQ in the December memo indicating that access to the Preclusion List is limited to CMS healthcare plans with a valid Health Plan ID number. Dental carriers generally do not have a Medicare plan number of their own, but rather, as providers of supplemental benefits, they credential providers, maintain

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networks of clinicians, and administer claims on behalf of a medical organization or Medicare Advantage Organization (MAO).

Recommendation: We strongly urge CMS to allow supplemental plans direct access to the Preclusion List.

While we understand MAOs are ultimately responsible to CMS, dental carriers wish to remain good partners with MAOs, comply with CMS regulations, and, most importantly, protect MA beneficiaries receiving dental care. Without direct and timely access to the Preclusion List, we anticipate obstacles that will contribute to inefficient implementation of the Preclusion List including data sharing limitations between MAOs and dental carriers and costly setup and maintenance of data transfers.

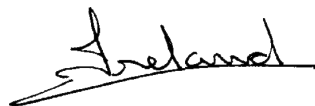
Additionally, several key policy and technical questions remain about which we seek clarity, including:

- How are urgent and emergency services to be treated relative to the requirement that MA plans deny claims for services provided by precluded providers?
- Clarification of certain preclusion list elements, for example: the list should indicate every type of provider, listed by specialty, and include the NPI number.
- The process and timing to be used when a provider is no longer on the Preclusion List should be outlined.
- Standards for the Medicare opt-out process require providers who opt out to enter into private contracts with beneficiaries that clearly state the provider does not accept Medicare and describes implications for payment of services. A similar disclosure requirement should be considered for providers on the Preclusion List. This is particularly important in cases where there is no claim history (e.g. new patient or referral) and therefore no ability for plans to notify beneficiaries.

We look forward to continuing to support the technical implementation of the preclusion list approach and to provide feedback from the dental benefits industry. We will monitor HPMS for release of additional guidance documents and recommend CMS host training sessions or webinars on the preclusion list process.

NADP is appreciative of the opportunity to provide comments on the proposed rule. 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 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

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more than 195 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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