



August 25, 2017

The Honorable Pat Tiberi, Chairman
Subcommittee on Health
Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515
Submitted via email to WMPProviderFeedback@mail.house.gov

Dear Chairman Tiberi,

The National Association of Dental Plans (NADP) appreciates the opportunity to provide feedback as the Committee considers initiatives to reduce regulatory burdens in Medicare and deliver better care to beneficiaries. Our comments focus on a recent Final Rule requiring dentists who provide supplemental services under Medicare Part C or Medicare Advantage (MA) plans to enroll in Medicare using the CMS Form 855i. Use of this form, which fully enrolls dentists in Medicare, places an unnecessary burden on dentists who do not otherwise submit claims to Medicare for direct payment. With a 1/1/2019 effective date and milestones that must be met in the interim, this regulation threatens access to dental services for MA plan beneficiaries as dentists reject a burdensome enrollment process into a program that does not cover their services. **We strongly recommend the Committee work with the Centers for Medicare and Medicaid Services (CMS) to exempt dentists and other providers of supplemental benefits to MA Plans from the Rule.**

In November 2016, CMS finalized Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017.ⁱ The Burden Estimate referenced provider registration for Medicare. However, dentists are not direct providers under Medicare, but subcontractors to MA plans. While dentists were cited in the responses provided in the preamble to the Final Rule, it was not clear prior to the publication that the “enrollment of MA providers” included providers who do not furnish Part A or Part B services. The Rule (pg. 80445) refers to providers and suppliers that receive payment for furnishing Part A or Part B services. Dentists and other supplemental service providers (vision and hearing) are funded by rebate payments to MA Plans for star ratings or through enrollee premium payments.

After the Rule was adopted, CMS staff clarified that provider registration would apply to dental providers in MA plans. Specifically, this would require dental providers to enroll in Medicare to provide supplemental services in MA plans using the CMS Form 855i Medicare Enrollment Application for Physicians and Non-Physician Practitioners.ⁱⁱ Again, this was not fully outlined in

OFFICERS & DIRECTORS

Chair

THERESA McCONEGHEY
Principal Financial Group
Des Moines, IA

Vice Chair

RON BOLDEN
Cigna
Phoenix, AZ

Secretary

KATE McCOWN
Ameritas Life Insurance
Corp. Lincoln, NE

Treasurer

STACIA ALMQUIST
Sun Life Financial
Kansas City, MO

Directors

JEFF ALBUM
Delta Dental of
CA, NY, PA & Affiliates
San Francisco, CA

DR. MARY LEE CONICELLA
Aetna
Hartford, CT

JOSH NACE
Dental Health Services of
America
Seattle, WA

SUE WRIGHT
Lincoln Financial Group
Omaha, NE

Immediate Past Chair

CHRIS SWANKER, FSA,
MAAA
Guardian Life Insurance
Company of America
Bethlehem, PA

Executive Director

EVELYN F. IRELAND, CAE
National Association
of Dental Plans
Dallas, TX

National Association of Dental Plans

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251

972.458.6998 • 972.458.2258 [fax]

nadp.org

“the representative and recognized resource of the dental benefits industry”



the Proposed Rule nor is the burden for dentists included in the Rule's Burden statement. And the application of this Rule by CMS interpretation, after adoption, is clearly an unnecessary burden on dental providers who do not otherwise submit claims to or are paid directly by Medicare.

Dentists were not the focus of a recent GAO report cited by the Rule as the basis for improved oversight in the enrollment process.ⁱⁱⁱ As included in the definition of "physician," dentists would pose "limited risk." Also, the credentialing processes of dental subcontractors to MA plans include all the processes CMS cites as necessary except fingerprinting and when the network is a Dental Preferred Provider Organization (DPPO), site visits. Dental Health Maintenance Organizations (DHMOs) credentialing processes do include site visits.

CMS interprets the Rule to require completion of the CMS Form 855i, which is complex and largely inapplicable to dental providers. In fact, the form itself does not acknowledge a dental specialty other than the oral surgery which is one of the smallest dental specialties. Most dentists, especially those in MA Plan supplemental networks, are general dentists. Additionally, the 855i Form requires providers to establish Electronic Funds Transfer (EFT) capability. This ignores the reality of MA plan coverage for dental benefits where dental providers receive payments from the MA plan, not directly from the government. This will be a tremendous lift for the dental provider community, which is largely solo-practice, and has an EFT adoption rate of ~6%.

The impact of the Rule is significant, not minimal as cited in the Rule's impact estimates. CMS enrollment data, as compiled by Avalere, shows that more than 22 million seniors will be in MA plans in 2019 and about 14 million of them will have access to dental services under those plans. More than 75% of these plans provide primarily preventive services with no out-of-pocket costs. In 26 states, more than 60% of MA enrollees will be impacted by any reduction in dental networks.

The difficulties in completing and securing approval for the 855i Form represent an overwhelming administrative burden for dental providers, who rather than complete the form, would more likely decline to participate in the program. Anecdotally, MA plans have recently begun outreach to dental providers about this requirement. The initial outreach and reaction confirms our concerns, with the majority responding with an unwillingness to continue in the networks.

This will threaten the adequacy of these networks and access to dental care for beneficiaries, who do not have access to dental benefits directly under Medicare and have increasingly gained such coverage through MA plans. MA Plan beneficiaries, accustomed to broad dental networks in MA Plans, will be faced with changes in dentists or payment for dental services out-of-pocket when their dentist is not in an "approved status."

NADP data collected from the dental partners to several of the eight largest MA plans as well as a few specialty plans indicates that something in the range of 90,000 to 100,000 dentists—half of the dentists practicing in the US—are part of MA plan networks. Our understanding is that as of July 2017, only 51,350 dentists have applied and achieved "approved status" using the separate, simpler CMS 855o Form, which is required to order or prescribe under Medicare Part D. This took over 3 years (May 2014 to August 2017). If we started today, there are less than 9 months to achieve the enrollment of twice the number of dentists

National Association of Dental Plans

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251

972.458.6998 • 972.458.2258 [fax]



previously enrolled. By the time the application form is designated and the requirement disseminated to MA plans and their dental partners, there will be likely be 6 months or less. In all likelihood, many of the MA plans dental networks will either not meet the network adequacy standards by the June 2018 MA plan submission date or will have much more limited networks. Networks of less than half the size of current networks would not be unusual.

- **Recommendation:** We urge the Committee to work with CMS to re-evaluate application of provider registration processes to dental providers in MA plans given the difference between medical and dental practices, the inapplicability of the 855i Form to dental providers and the negative consequences to MA beneficiaries who may no longer have access to dental benefits if implemented.

NADP greatly appreciates the opportunity to provide our concerns and looks forward to working together to protect and improve access to dental coverage in Medicare Advantage. For any follow up, please contact NADP Director of Government Relations, Eme Augustini at EAugustini@nadp.org or (972) 458-6998 x111.

Sincerely,



Evelyn Ireland, CAE
Executive Director

NADP DESCRIPTION

NADP is the largest non-profit trade association focused exclusively on the dental benefits industry, including dental PPOs, dental HMOs, discount saving plans and dental indemnity products. NADP's members provide dental benefits to more than 90 percent of the 211 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. Dental plans have successfully partnered with individuals, employers and government programs to offer dental benefits that are cost-effective and highly valued by consumers.

ⁱ 81 Fed. Reg. 80170, 80429-40 (Nov. 15, 2016)

ⁱⁱ CMS-855i Medicare Enrollment Application for Physicians and Non-Physician Practitioners:
<http://go.cms.gov/2mFmDMR>

ⁱⁱⁱ Government Accountability Office. (2015). Additional Actions Needed to Improve Eligibility Verification of Providers and Suppliers. (GAO Publication No. 15-448). See Table 1, page 10. <http://bit.ly/2wupA8Q>

National Association of Dental Plans

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251

972.458.6998 • 972.458.2258 [fax]

