



April 24, 2017

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C., 20201
Submitted via email to PartCDcomments@cms.hhs.gov

RE: Request for Information; 2017 Transformation Ideas

Dear Administrator Verma,

The National Association of Dental Plans (NADP) appreciates the opportunity to provide comments on the 2018 Medicare Advantage (MA) and Part D Rate Announcement and Call Letter, which included a request for information on regulatory, sub-regulatory, policy, practice and procedural changes to increase benefit flexibility, innovation and more affordable plan choices for beneficiaries.

The share of Medicare enrollment in MA plans has grown in the past decade to 31% in 2016.¹ This trend mirrors an increase in the availability of dental benefits, which are included as an optional or supplemental benefit in many MA plans. **We are very concerned that recent regulation on provider enrollment requirements will threaten the availability of this existing MA coverage for dental benefits as well as expansion of MA plans.**

In November 2016, CMS finalized Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017.² The Burden Estimate referenced provider registration for Medicare. However, dentists are not direct providers under Medicare, but subcontractors to MA plans. After the rules were adopted, CMS clarified that provider registration would apply to dental providers in MA plans. Specifically, this would require dental providers to enroll in Medicare Part C or MA plans using the CMS Form 855i Medicare Enrollment Application for Physicians and Non-Physician Practitioners.³ This was not fully

¹ Kaiser Family Foundation. Medicare Advantage 2016 Spotlight: Enrollment Market Update. 11 May 2016.

<http://kaiserf.am/2pqPQxt>

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

³ CMS-855i Medicare Enrollment Application for Physicians and Non-Physician Practitioners:

<http://go.cms.gov/2mFmDMR>

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outlined in the proposed rule and is an unnecessary burden on dental providers who do not otherwise submit claims to or are paid directly by Medicare.

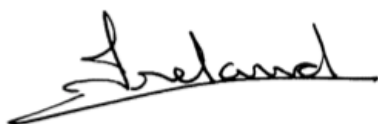
The CMS Form 855i is significantly more complex than the Form 855o,⁴ which was developed by CMS with the dental provider community to provide an alternative form of enrollment to those who do not otherwise participate in the Medicare program. The added sections in the 855i Form are largely inapplicable to dental providers, and in fact, the form itself does not acknowledge a dental specialty other than the oral surgery. 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 would be a tremendous lift for the dental provider community, which is largely solo-practice, and has an EFT adoption rate of ~6%.

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 hypothesis, 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.**

- **Recommendation:** We urge 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 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, i.e. 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

⁴ CMS-855o Medicare Enrollment Application for Eligible Ordering and Referring Physicians and Non-Physician Practitioners: <http://go.cms.gov/2mkJ8D9>

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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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