



September 13, 2019

Seema Verma, M.P.H.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Submitted Electronically via www.regulations.gov.

Attention: CMS-2406-P2; Medicaid Program; Methods for Assuring Access to Covered Medicaid Services-Rescission.

Dear Administrator Verma:

On behalf of the 163,000 members of the American Dental Association (ADA), the 40,000 members of the Academy of General Dentistry (AGD), and the 10,500 members of the American Academy of Pediatric Dentistry (AAPD), we are writing in regards to the proposed rule, CMS-2406-P2, entitled "*Medicaid Program; Methods for Assuring Access to Covered Medicaid Services-Rescission.*"

As organizations dedicated to assisting dentists in advancing the oral health of the public, the ADA, AGD, and AAPD believe that Medicaid plays an essential role in our nation's oral health safety net. Over 23 million Medicaid enrollees receive dental services via Fee-for-Service (FFS) and an additional 5.3 million Medicaid enrollees receive them via combined FFS/managed care. These include pregnant women, children, the elderly, the disabled, and patients with a chronic and/or complex health condition. It is critical that these beneficiaries have access to quality services received in a timely manner. Delays in accessing needed treatments and services can lead to poor outcomes and unnecessary costs to the health care system. Federal oversight is needed to ensure that the Medicaid program is serving our nation's most vulnerable.

The ADA, AGD, and AAPD appreciate the Centers for Medicare and Medicaid Services' (CMS) efforts to find balance between maintaining access to care and providing states with flexibility. However, we are concerned that CMS' proposal to rescind the November 2015 Medicaid access rule could impede access to oral health care. That rule required states to develop and submit an access monitoring review plan (AMRP). These AMRPs provide a means for CMS to measure access to care and reimbursement rates. For example, an April 2017 letter from CMS to Minnesota noted that the state's AMRP said that only 38.4 percent

of children enrolled in Medicaid FFS had a dental visit in calendar year 2014 and its Medicaid dental reimbursement rates were low compared to other benchmarks.¹

Additionally, using a checklist developed by the ADA,² state dental associations review the AMRPs and ensure that the states have plans in place to ensure access to care for FFS beneficiaries. It is important that state dental associations and other stakeholders undertake this review. Although we have found the AMRPs to vary in quality, completely rescinding this rule is not in the best interest of Medicaid beneficiaries covered under the FFS programs. In fact, we believe standardization of AMRPs and template-based reporting could reduce the burden for states while at the same time preserving the mechanism to seek accountability for these programs. We encourage CMS to adopt an approach to standardize and submit the ADA's checklist as a foundational tool for such standardization for the dental benefit within Medicaid FFS programs.

Within the rule, CMS notes that it is developing a methodology for reporting Medicaid access data in lieu of AMRPs. We submit that CMS should first issue criteria for improving the AMRPs before loosening the monitoring requirements. Any methodology used in place of an AMRP must be built on sound data and analyses, must be reported by states to CMS on an annual basis, and must be in place before the AMRP requirement is rescinded. The ADA, AGD, and AAPD should also have the opportunity to participate in the review process, and should have the information necessary to do so. While the proposed rule notes that since 2015 CMS has improved access to data through the Transformed Medicaid Statistical Information System (T-MSIS), that system is not widely available yet to non-governmental entities. There needs to be more public access to T-MSIS before it can be used to monitor state Medicaid programs.

We believe that it is critical that CMS monitor rate reductions and maintain a process for beneficiaries and providers to provide input on the implications of rate reductions. There is a lot of variation between states on Medicaid FFS reimbursement rates; but on average in 2016, Medicaid FFS reimbursement was 49.4 percent of fees charged by dentists for children and 37.2 percent for adults.³ This shortfall in reimbursement threatens access to care, and that will only grow under the proposed rule's removal of the requirements for

¹ CMS April 26, 2017 Letter to Marie Zimmerman, Medicaid Director, Minnesota Department of Health and Human Services, <https://www.mndental.org/files/Letter-from-CMS-Director-Anne-Marie-Costello.pdf>

² American Dental Association Medicaid Toolkit, "Medicaid Fee-for-Service: Access Monitoring Plans Review Checklist," <https://www.ada.org/~media/ADA/Member%20Center/Files/Medicaid-Fee-for-Service.pdf?la=en>.

³ Nidita Gupta, Cassandra Yarbrough, Marko Vujcic, Andrew Blatz, Brittany Harrison, American Dental Association Health Policy Institute Research Brief, "Medicaid Fee-for-Service Reimbursement Rates for Child and Adult Care Services for All States, 2016," https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0417_1.pdf?la=en.

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states to follow prior to submitting a state plan amendment that reduces or restructures Medicaid payment rates.

Thank you for the opportunity to comment. The ADA, AGD, and AAPD believe that rescinding the requirement that states submit AMRPs, as well as removing the requirements for the process states must undergo when proposing to reduce or restructure Medicaid payment rates, will harm beneficiary access to oral health care. We strongly urge CMS not to finalize the proposed rule. Should you have any questions, please do not hesitate to contact Ms. Roxanne Yaghoubi from the ADA at (202) 789-5179 or yaghoubir@ada.org, Mr. Daniel Buksa from the AGD at (312) 440-4328 or daniel.buksa@agd.org, and Mr. C. Scott Litch from the AAPD at (312) 337-2169 or slitch@aapd.org.

Sincerely,



Chad P. Gehani, D.D.S.
President
American Dental Association



Neil Gajjar, D.D.S.
President
Academy of General Dentistry



Kevin Donly, D.D.S., M.S.
President
American Academy of Pediatric Dentistry