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July 22, 2025

The Honorable Jason Smith
Chairman, Ways and Means Committee
1100 Longworth House Office Building
Washington, D.C. 20515

The Honorable Richard Neal
Ranking Member, Ways and Means Committee
1100 Longworth House Office Building
Washington, D.C. 20515

The Honorable Vern Buchanan
Chairman, Health Subcommittee
Ways and Means Committee

The Honorable Lloyd Doggett
Ranking Member, Health Subcommittee
Ways and Means Committee

The Honorable David Schweikert
Chairman, Oversight Subcommittee
Ways and Means Committee

The Honorable Terri Sewell
Ranking Member, Oversight Subcommittee
Ways and Means Committee

Re: Joint Hearing on "Medicare Advantage: Past Lessons, Present Insights, Future Opportunities"

Dear Chairman Smith, Chairman Buchanan, Chairman Schweikert, Ranking Member Neal, Ranking Member Doggett, Ranking Member Sewell, and Members of the Subcommittees:

As the leading authority on oral health in the United States, the American Dental Association (ADA), representing more than 159,000 dentists nationwide, appreciates the opportunity to provide input for the record of your upcoming hearing examining the Medicare Advantage (MA) program. The ADA remains committed to advancing policies that expand access to dental care for seniors in a sustainable way.

As MA enrollment has grown rapidly over the past two decades, millions of seniors now look to MA plans for dental coverage. In fact, roughly 97% of MA enrollees are in plans that advertise some form of dental benefit.[1] However, obtaining a "dental benefit" has not automatically translated into improved oral health outcomes for older Americans. A recent study confirmed what many beneficiaries and providers have experienced firsthand: MA enrollees with dental benefits are no more likely to have had a dental visit in the past year than those with no dental coverage.[2] The current patchwork of MA dental benefits is often highly variable, limited in scope, and lacking transparency and consistency, ultimately falling short of serving patients' best interests. In practice, dentists and patients should be able to easily understand what services are covered and submit claims (or payments) without undue complexity.

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[1] Neuman, Patricia, and Gretchen Jacobson. "Medicare Advantage Supplemental Benefits: Origins, Evolution, And Issues For Policy Making." Health Affairs Forefront, June 1, 2021. https://www.healthaffairs.org/content/forefront/medicare-advantage-supplemental-benefits-origins-evolution-and-issues-policy-making.
[2] Nasseh, Kamyar, Singhal, Astha, Vujicic, Marko, and Lindsey Simon. "Benefit Design and Access to Dental Care Among Seniors With Medicare Advantage Dental Benefits." JAMA Health Forum, 6, no. 1 (2025): e245123. https://doi.org/10.1001/jamahealthforum.2024.5123.

The ADA believes this hearing is a timely opportunity to apply "lessons learned" and pursue targeted improvements so that MA's supplemental dental benefits genuinely improve seniors' oral health while providing value for beneficiaries and taxpayers. Below we outline several key positions and recommendations that the ADA urges Congress and regulators to advance:

- **Address the Lack of Competition in MA Dental Plan Sponsors:** Although MA was intended to promote consumer choice through competition, recent findings show that MA dental markets provide a very limited number of plan sponsors, undermining the goals of value-based plan selection. According to a July 2025 issue brief from the Kaiser Family Foundation (KFF), 97% of U.S. counties are either highly or very highly concentrated MA markets, with 90% of MA beneficiaries living in counties where one or two insurers account for more than half of enrollment.[3] These conditions drastically limit the incentive for plans to compete on benefit comprehensiveness, provider networks, and out-of-pocket costs. This aligns with findings which demonstrate that more competitive counties (i.e., those with a lower Herfindahl-Hirschman Index) tend to offer more and higher-quality MA dental plans.[4] In less concentrated markets, seniors are more likely to have access to robust dental coverage, whereas in highly-concentrated markets with limited consumer choice, plans may offer only nominal or restricted benefits. The lack of market pressure enables insurers to maintain narrow networks, apply complex administrative barriers, and impose limited coverage options, all to the detriment of beneficiaries. The ADA has also documented in its 2025 public comment to the Department of Justice that structural features of the broader dental insurance market, such as exclusive territories, anti-competitive contract clauses, and a legacy of weak antitrust enforcement, exacerbate these problems.[5] In many states, dominant dental carriers act as gatekeepers, limiting both patient choice and provider participation. We are concerned that these same patterns persist in the MA dental space, preventing seniors from realizing the benefits of a competitive insurance environment. **The ADA urges Congress and CMS to examine the effects of market concentration within MA dental offerings and to assess whether beneficiaries in highly concentrated counties are receiving comparable value and access to care. We further recommend CMS incorporate dental-specific competition metrics, such as HHI scores, enrollment dominance, and network breadth, into its oversight and transparency efforts.** Without action, the promise of MA as a competitive, consumer-driven alternative will continue to fall short for oral health.

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[3] Zhu, Nicole, Jeannie Fuglesten Biniek, Nolan Sroczynski, and Tricia Neuman. "Most Medicare Advantage Markets Are Dominated by One or Two Insurers." *KFF*, July 14, 2025. https://www.kff.org/medicare/issue-brief/most-medicare-advantage-markets-are-dominated-by-one-or-two-insurers/.

[4] Simon, Lindsey, Vujicic, Marko, and Nasseh, Kamyar. "Medicare Advantage Dental Benefits: Comprehensive Coverage Available in Fewer Than Half of US Counties." *Health Affairs*, vol. 44, no. 6, June 2025, pp. 693–701. https://doi.org/10.1377/hlthaff.2024.01478.

[5] "ADA Urges DOJ to Enforce Health Insurance Antitrust Reform." ADA News, May 22, 2025. https://adanews.ada.org/ada-news/2025/may/ada-urges-doj-to-enforce-health-insurance-antitrust-reform/.

- **Promote Comparable and Understandable MA Dental Benefit Offerings: The ADA strongly recommends steps to improve the consistency and clarity of MA dental benefits and their disclosure to consumers**. Currently, benefits can vary significantly from plan to plan. Despite living in highly concentrated markets, MA beneficiaries choose from an average of forty-three plans,[6] even though only a few insurers are offering coverage. Adding to the confusion, plan marketing materials often omit key details such as annual maximums, cost-sharing, and which services (if any) are covered beyond diagnostics and preventive care. Such variability and lack of standards make it difficult for seniors to compare options, create confusion, and limits the utility of the benefits. Given that 52% of MA beneficiaries in 2023 said they chose their plan based on the perceived value of its dental coverage,[7] clear and comparable benefit information is essential. **We support establishing consistent expectations for how dental benefits are presented in MA plans, so that seniors can rely on a core set of information when making coverage decisions**. At a minimum, the ADA has urged that benefit details should be presented to consumers in a uniform, transparent format. In recent comments to regulators, the ADA recommended that any marketing materials mentioning dental benefits include a structured summary of the plan's specific dental coverage, clearly listing key features such as covered services, limitations or exclusions, waiting periods, annual maximums, cost-sharing, predetermination or prior authorization requirements, and out-of-network policies. Requiring consistent benefit disclosures across all MA plans would empower beneficiaries to make informed choices and encourage plans to compete on real value rather than fine print.

- **Improve Transparency and Provider Network Access:** In tandem with promoting benefit consistency, MA plans should be required to increase transparency and adequacy of their dental provider networks. Seniors often struggle to find in-network dentists or face narrow networks that impede access to care. **The ADA supports the integration of MA dental provider directories into Medicare's Plan Finder using a consistent, user-friendly format, as proposed by the Centers for Medicare & Medicaid Services (CMS)**. This would make it easier for beneficiaries to identify which local dentists participate in each plan. **We further urge rigorous oversight to ensure provider directories are accurate and up to date. Moreover, the ADA recommends eliminating burdensome barriers that discourage dentist participation in MA networks.** For example, some plans require dentists to sign "waivers of liability" as a condition to appeal claim denials under supplemental benefits, a policy that puts providers at unnecessary financial risk if they choose to provide care to MA patients. Removing such unnecessary administrative hurdles will encourage more dentists to join MA plan networks, expanding patient choice and improving continuity of care. By improving network transparency, accuracy, and fairness, Congress and CMS can help MA beneficiaries utilize their dental benefits and obtain care from their preferred providers.

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[6] Freed, Meredith, Biniek, Jean Fuglesten, Damico, Anthony, and Tricia Neuman. "Medicare Advantage 2023 Spotlight: First Look." KFF, October 13, 2022. https://www.kff.org/medicare/issue-brief/medicare-advantage-2023-spotlight-first-look/.
[7] Deft Research. "Medicare Age-In Study." 2024.

- **Ensure Fair Value and Accountability (Include Dental in MLR and Strengthen Oversight):** The ADA is concerned that in today's MA market, dental benefits are sometimes used more as marketing enticements than fully realized health benefits. We applaud steps to shift competition among MA plans "from marketing gimmicks to genuine value for consumers".[8] A critical policy to achieve this is holding plans accountable for how they spend dental premiums. Currently, optional supplemental benefits like dental often fall outside core MA plan requirements and are excluded from medical loss ratio (MLR) calculations, meaning insurers need not meet the usual standard (e.g., 85% of premium dollars spent on care) for the dental portion of their plans. **The ADA strongly supports including all supplemental dental coverage in MA MLR calculations, especially since seniors often pay additional premiums for these benefits and deserve to have those dollars go toward their care**. Bringing dental benefits into the MLR framework would ensure greater value for beneficiaries and taxpayers, by incentivizing plans to spend premium dollars on care rather than administrative costs. From 2017 to 2021, MA plans were paid, on average, $37.2 billion more annually than taxpayers would have spent had MA enrollees remained in traditional Medicare (with overpayments continuing to rise to date). Approximately 10% of those overpayments, $3.9 billion, was passed on to MA enrollees as payments for supplemental services.[9] While this money was said to be used to reduce premiums and copayments, MA enrollees incurred comparable overall out of pocket costs and experienced similar financial strains (including delaying care due to costs) when compared to their peers with Traditional Medicare, suggesting that overpayments were not used to help benefit the consumer or their care. In addition**, we urge continued oversight of MA marketing practices related to supplemental benefits.** The ADA commends CMS's recent proposal to broaden the definition of marketing materials and require more rigorous review, which will help prevent misleading or confusing advertisements regarding dental coverage. **We also recommend that Congress consider directing CMS to require plans to clearly disclose the true scope of any dental benefit in their offerings (for instance, distinguishing preventive-only coverage from comprehensive coverage).** [10] Together, stronger transparency rules and MLR accountability will push MA insurers to deliver dental benefits that meaningfully improve oral health outcomes, rather than offering minimal perks that are primarily used to attract enrollment in medical coverage, without providing meaningful oral health services.

- **Streamline Benefit Administration and Protect Patients' Access:** To realize the full promise of MA dental benefits, it is important to simplify their administration and safeguard patients from hidden costs. The ADA has observed innovative approaches in MA plan benefit delivery such as the use of pre-paid debit cards or

[8] "ADA Calls for ERISA, Medicare Advantage Reform." ADA News, May 27, 2025. https://adanews.ada.org/ada-news/2025/may/ada-calls-for-erisa-medicare-advantage-reform/.
[9] Cai, Cindy L., Iyengar, Satish, Woolhandler, Steffie, Himmelstein, David U., Kannan, Kori, and Lindsey Simon. "Use and Costs of Supplemental Benefits in Medicare Advantage, 2017–2021." JAMA Network Open, 8, no. 1 (2025): e2454699. https://doi.org/10.1001/jamanetworkopen.2024.54699.
[10] Simon, Lindsey, Vujicic, Marko, and Kamyar Nasseh. "Availability of Dental Benefits Within Medicare Advantage Plans by Enrollment and County." JAMA, 333, no. 6 (2025): 534–535. https://doi.org/10.1001/jama.2024.24814.

allowances for dental services, but these must be implemented in ways that are user-friendly. We support CMS's efforts to codify protections around plan-furnished debit cards, and we urge that no additional fees or "processing charges" be imposed that would erode a patient's dental benefit. **The ADA recommends that CMS work with stakeholders to develop clear guidance for streamlined claims filing and real-time benefit verification for dental services, whether a plan uses a reimbursement model or a debit card mechanism**. We urge Congress to enact policies that integrate dental supplemental benefits smoothly into dental practices' regular workflows, so that seniors can use their benefits seamlessly just as they would in any other insurance context. Currently, each MA plan has its own provider portal—often with multiple plan options—making it exceedingly difficult for dental offices to quickly determine patient eligibility or cost-sharing responsibilities. This impedes care, delays treatment decisions, and significantly increases administrative costs. The continued reliance on outdated HIPAA transactions that do not reflect dental benefit design prevents full automation. **The ADA strongly recommends advancing to updated versions of the adopted and mandated administrative simplification standards under HIPAA which would support fully automated transactions in dentistry, mirroring the administrative processes used in medical plans**. Full automation could save the industry up to $2.1 billion annually and save dental providers an average of 31 minutes per patient, improving care efficiency and affordability. Streamlining these processes will reduce administrative burdens on dental offices and make it more likely that dentists will participate in MA plans, which in turn improves access for beneficiaries. Simplified administration and robust provider participation protections will help ensure that the benefits on paper translate into actual care in the chair.

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The ADA appreciates the Subcommittees' attention to the issue of MA modernization. Dental care is a critical component of overall health, especially for older Americans. Ultimately, MA should not create a second-class or overly complicated dental system for seniors. We believe that by increasing competition, improving the clarity and comparability of dental benefit offerings, enhancing transparency, holding plans accountable, and removing barriers to provider participation, MA can truly fulfill its potential to deliver quality oral health outcomes for beneficiaries while ensuring value for their premiums and for taxpayers. The ADA stands ready to work with Congress, CMS, and other stakeholders to achieve these goals.

Thank you for the opportunity to share our recommendations. If we can provide any further information or assistance to the Committee as it considers the future of MA, please do not hesitate to reach out to Natalie Hales, Senior Congressional Lobbyist, at halesn@ada.org. We look forward to collaborative efforts to strengthen oral health provisions within MA.

Sincerely,

/s/
Brett Kessler, D.D.S.
President

/s/
Elizabeth A. Shapiro, D.D.S., J.D.
Interim Executive Director