ADA American Dental Association®

1111 14th Street, N.W.
Suite 1200
Washington, DC 20005

T 202.898.2400
F 202.898.2437
www.ada.org

May 10, 2023

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB Control Number: CMS-10261 & CMS-1450
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850.

Re: Agency Information Collection Activities: Proposed Collection; Comment Request (CMS-10261)

To Whom It May Concern:

On behalf of our 159,000 members, the American Dental Association (ADA) is writing in response to a notice of information collection request (CMS-10261), specifically on the Centers for Medicare and Medicaid Services (CMS) reporting requirements for Medicare Advantage Organizations (MAOs). As mentioned in the notice, CMS' duty is to ensure that each "MAO must have an effective procedure to develop, compile, evaluate, and report to CMS, its enrollees, and the public at the times and in the manner that CMS requires."

Part C Medicare Advantage Reporting Requirements

"CMS is requesting an OMB Revision approval type due to the changes for the CY2024 reporting requirements which includes:

- *The collection of additional data elements related to supplemental benefits cost and utilization among plan enrollees, with an effective date of January 1, 2024. CMS is adding this section in accordance with recommendations from members of the United States Congress, the Medicare Payment Advisory Commission (MedPAC), Government Accountability Office (GAO), and other industry stakeholders. These elements also align with and expand upon the new* [medical loss ratio] *MLR reporting requirements (87 FR 27704) on supplemental benefits, as well as the more limited information submitted in the Plan Benefit Package (PBP) categories and subcategories. This information will improve CMS's understanding of the accessibility and utilization of supplemental benefits by Medicare Advantage* [MA] *enrollees.*

Data elements collected for each supplemental benefit in Reporting Requirements from 2008- 2011:

- *Number of enrollees who had access to the benefit during the reporting period;*
- *Unique number of plan enrollees who used the benefit;*
- *Appropriate code to identify how you capture utilization data for the benefit;*
- *Total number of benefit services used by plan enrollees during the period;*
- *Reimbursement amount from the plan to providers for benefit services used during the period; and*
- *Total cost sharing paid by members directly to providers for benefit services used during the period.*

General data elements collected 2008-2011 for benefit utilization measure:

- *Total number of enrollees under the plan during the reporting period;*
- *Number of member months during the reporting period;*
- *Dollar figure representing premiums earned over the course of the entire reporting period for this plan;*
- *Dollar figure representing CMS revenue collected under the plan over the course of the entire reporting period inclusive of rebates applied to A/B services;*
- *Dollar figure representing CMS rebates for A and B Services under the plan over the course of the entire reporting period; and*
- *Dollar figure representing reserves for outstanding claims from the reporting period."*

Currently, due in part to the lack of reporting requirements, we are not aware of many data points. For instance, half of Medicare beneficiaries are now enrolled in MA[1] and it continues to grow in the number of enrollees each year. However, despite this growth, we still do not know a lot about the supplemental benefits offered to these beneficiaries, especially the dental benefits.

The ADA agrees with and fully supports CMS' re-inclusion of dental services as a specific supplemental benefit under MAO's reporting requirements. The collection of data to improve CMS' understanding on the utilization of supplemental benefits by MA enrollees for dental services is essential for transparency.

MLR Reporting

The ADA has been on record supporting transparency with public dollars, especially concerning the use of Trust Fund dollars, and views MLR reporting as key to maintaining transparency.[2]

We encourage CMS to go further in collecting and publishing in a timely manner a state-by-state assessment of MLR data with the percentage of allocated MA funding that is being spent on dental services and asks that CMS monitor the specific dental loss ratio. Because MA is a critical access point for dental care to millions of enrollees, tracking the correct data is just as important to ensure MA enrollees are getting the dental care they need going forward. Recently, the U.S. Government Accountability Office (GAO) issued a report on MA's supplemental benefits where they make two recommendations to CMS. The first was that CMS clarify guidance on the extent to which encounter data submissions must include data on the utilization of supplemental benefits, and the second recommendation was that CMS address circumstances where submitting encounter data for supplemental benefits is challenging for MA plans.[3] **The ADA agrees with the GAO and believes that CMS should collect and analyze data on supplemental benefits for MA enrollees and we are pleased to see that CMS agreed with the recommendations the GAO provided as an initial step in this direction of more detailed data collection.**

---

[1] Kaiser Family Foundation, Half of All Eligible Medicare Beneficiaries Are Now Enrolled in Private Medicare Advantage Plans, May 1, 2023.

[2] https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/advocacy/medicaid/230222_mlr_mco_letter_nosigs.pdf

[3] GAO, Medicare Advantage Plans Generally Offered Some Supplemental Benefits, but CMS Has Limited Data on Utilization, January 2023.

The Need for Additional Data on MA Enrollees and Their Dental Benefits

The ADA believes that it is critical that CMS analyze data on supplemental benefits in the MA program, including who is enrolled by ages, race & ethnicity, education and income, what is covered, and what benefits are being utilized. These are important data points for determining how to best advance oral health for MA beneficiaries.

The Medicare Current Beneficiary Survey (MCBS) has been an excellent source of data and incredibly enlightening as the health care and research communities try to better understand Medicare beneficiary populations and their experiences with the dental component of their plans,[4] including:

- dental benefits availability
- dental utilization
- premiums for dental plans
- coinsurance and copayments
- annual maximum and its application (i.e., whether it applies for preventive services in addition to other covered procedures)
- total annual out of pocket spending

The ADA believes CMS should collect and analyze data on supplemental benefits for lower income enrollees. While it is known that MA is covering more seniors every year, it is not known if supplemental benefits such as dental are maintained for seniors at all income levels. Nor is it known how often and where rebate dollars are most often used for dental benefits specifically.

As noted in the 2021 Kaiser Family Foundation brief mentioned above, "Plans do not use standard language when defining their benefits and include varying levels of detail, making it challenging for consumers or researchers to compare the scope of covered benefits across plans." The scope of covered services, frequency limitations, and cost-sharing requirements must be transparent to beneficiaries, CMS, and the public. **CMS should standardize the 'summary of benefits' offered by plans and also seek reporting from MAOs regarding what is covered vs. not covered, which should at least be at the level of the Current Dental Terminology (CDT) category and not just 'includes dental coverage' or arbitrary classifications such as "Basic," "Routine" or "Major".**

The ADA is aware that enrollment in MA plans is expanding and more specifically that a high percentage of Part C plan beneficiaries have access to some kind of dental benefit.[5] However the range of services covered with these plans appears to widely differ with some plans covering only a preventive benefit and others offering a more comprehensive benefit. **The ADA does not have data to quantify how many enrollees are getting the different types of dental benefits, and requests that CMS collect that data.**

In addition to collecting data from beneficiaries via the MCBS, we recommend CMS require MA plan administrators to report the following metrics pertaining to beneficiary enrollment and utilization of dental services (as a proxy measurement for dental access) and other aspects of quality of care supported by MA plans:

- total number of beneficiaries (age, race and ethnicity, income, education, …)

[4] Medicare and Dental Coverage: A Closer Look | KFF

[5] Medicare Advantage 2020 Spotlight: First Look (kff.org)

- number of beneficiaries with a dental claim in a plan year (age, race and ethnicity, income, education, …) as a measure of access
- cost sharing (average benefit paid per user [among enrollees who had a dental visit], average benefit paid per beneficiary [among all enrollees], coinsurance, annual maximums, total average out of pocket spending, …)
- applicable measures for the older adult population from the Dental Quality Alliance[6]

****

We would welcome the opportunity to meet with you to discuss how we can meet these challenges. If you have any questions, please contact Mr. David Linn at 202-789-5170 or linnd@ada.org.

Sincerely,

George R. Shepley, D.D.S.
President

Raymond A. Cohlmia, D.D.S.
Executive Director

GRS:RAC:dl

[6] Dental Quality Alliance, Measuring Oral Healthcare Quality for Older Adults Final Report, Nov. 2021.