

March 21, 2024

Chiquita Brooks-LaSure  
Administrator, Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-9895-P  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Re: Request for Information on Medicare Advantage Data [CMS-4207-NC]**

Dear Administrator Brooks-LaSure:

On behalf of the 159,000 members of the American Dental Association (ADA), we are writing to you in response to the agency's request for information on Medicare Advantage Data. The ADA appreciates the Centers for Medicare and Medicaid Services' (CMS) and the Department of Health and Human Services' (HHS) efforts to provide further transparency with the Medicare Advantage program.

The ADA Health Policy Institute (HPI) is a division of the American Dental Association, and is the premier source for credible data and research on critical issues facing the dental care system. HPI's researchers and economists use of public data has led to important findings related to geographic access and barriers to dental care. To further their work around coverage and dental care spending, HPI is interested in increased data transparency and reporting from Medicare Advantage insurers.

With more than half of Medicare beneficiaries now choosing Medicare Advantage, the utilization of dental care along with its cost-sharing and marketing practices needs to be further scrutinized. The information collected through this proposal is essential to understanding dental needs of Medicare beneficiaries, while highlighting potential access to care issues that may arise with the rapid growth of Medicare Advantage. The ADA supports data transparency of Medicare Advantage plans in the following areas:

**Metrics around Utilization**

**The ADA supports CMS reporting of the following metrics to the public around utilization:**

- Percentage of beneficiaries who submitted claims for any dental service within the plan year.
- Percentage of beneficiaries with chronic conditions who utilized dental service within the plan year.
- Number and percentage of procedures, reported through claims, according to broad Current Dental Terminology (CDT) categories such as preventive, diagnostic, or restorative procedures.

These metrics around utilization are essential in helping improve patient care. With these metrics, agencies and research institutions can verify whether procedures are positively impacting overall population health. Furthermore, knowledge of utilization of the supplemental dental benefits by individuals with chronic conditions can help researchers to determine whether this benefit by Medicare Advantage beneficiaries is generating medical cost savings to the plans as intended.

### **Spending for Supplemental Dental Benefit**

**The ADA strongly supports CMS reporting the following metrics to the public around spending by both the insurer and consumer:**

- Average coinsurance by category of covered procedure, range of lowest to highest co-insurance by category of service, average annual maximum limits, range of lowest to highest annual maximum limits, and total average out of pocket spending per patient. These data should be reported by “geocode” or geographic area of plan availability.
- Percentage of supplemental dental benefits from Medicare Advantage plans that are mandatory vs. optional.
- Percentage of dental claims submitted to Medicare Advantage plans that are denied due to medical necessity or prior authorizations.
- Marketing dollars spent highlighting a dental feature per geocode vs. benefit utilization to determine if predatory marketing with presumed non-utilization is occurring.

Learning more about cost-sharing policies may assist researchers in understanding whether these policies are hindering access to dental care by beneficiaries. Furthermore, reporting on the above spending can help enlighten federal agencies or partners to when insurers are adding supplemental dental benefits to appeal to consumers with the knowledge that these benefits will not be utilized due to a certain geographic area having a higher share of dual-eligible beneficiaries or lower network adequacy or other insurer barriers.

### **Network Adequacy**

Medicare Advantage Plans as network-based private fee-for-service (PFFS) are subject to network adequacy requirements, and there is no noted exemption for these requirements on supplemental dental benefits. In order to ensure compliance with network adequacy standards for Medicare Advantage plans, plans should report on network adequacy metrics to the beneficiary for supplemental dental benefits.

Such metrics might include provider-beneficiary ratios within geographic catchment areas (i.e. S, M, L, XL scoring), appointment wait times, or average distance to available dentists from beneficiaries’ residences.

**The ADA supports CMS publishing network adequacy metrics for Medicare Advantage plans.** Doing so will ensure that consumers can decipher whether the benefits that are being promised to them will directly lead to increased dental care access to beneficiaries.

### **Medical (Dental) Loss Ratio (MLR)**

Due to the Affordable Care Act, Medicare Advantage plans are subjected to a medical loss ratio for the current plans offered to align payment and costs. While supplemental dental benefits may be funded by rebates offered to insurers from CMS, there are some supplemental dental benefits which are included in plans by premiums charged to the beneficiary. The premiums charged for the supplemental dental benefit should be subjected to the same medical/dental loss ratio regulations and reporting, with reports being made available to the public.

**The ADA supports regulations and reporting of medical/dental loss ratios for Medicare Advantage plans that charge a premium for supplemental dental benefits.**

### **Patient Satisfaction**

Patient satisfaction with the health plan is measured in CMS's Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. Having knowledge about the CAHPS responses in relation to the supplemental dental benefit can help determine whether this supplemental dental benefit used to appeal to consumers is being utilized or if plans may be creating issues that are hindering the utilization of this benefit.

**The ADA supports public CMS reporting of patient satisfaction results of Medicare Advantage plans, especially involving those plans' supplemental dental benefits.**

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The ADA looks forward to continuing to work with CMS and we would welcome the opportunity to speak with you in more detail and answer any questions you have regarding these comments. Please contact Ian Hedges at [hedgesi@ada.org](mailto:hedgesi@ada.org) or 312-440-2817 to facilitate further discussion.

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Sincerely,

Linda J. Edgar, D.D.S., M.Ed.  
President

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Executive Director

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