



American Association of Oral and Maxillofacial Surgeons

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August 18, 2022

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4203-NC
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted online via www.regulations.gov

Re: File Code CMS-4203-NC Request for Information on Medicare Advantage

Dear Sir/Madam:

The American Association of Oral and Maxillofacial Surgeons (AAOMS) represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States. AAOMS appreciates agency efforts to advance health equity and improve access to quality oral health care for Medicare-eligible beneficiaries, particularly through the initiatives aimed to expand the Medicare Advantage program.

Recent research has found that Medicare Advantage provides approximately \$32.5 billion in additional benefits annually and cost protections not available in Fee-For-Service Medicare¹. Additionally, the Medicare Advantage program enables oral healthcare providers to participate in the Medicare program and provide needed care to Medicare populations that would not otherwise have access to oral healthcare under traditional Medicare Part B. Patients with Medicare Advantage dental benefits have access to networks of qualified dental providers as well as cost savings from network rates and annual out-of-pocket limits. As such, AAOMS wishes to use this opportunity to support the continued expansion of comprehensive dental benefits under the Medicare Advantage program.

As dentists and surgeons, AAOMS understands the important role oral health can have on a patient's overall health, and we support efforts to ensure all Americans have access to affordable, high-quality dental care. The expansion of dental benefits under Medicare Advantage is one avenue that offers a more sustainable solution to offsetting oral health disparities and increasing access to quality dental care.

¹ Milliman. Value to the federal government of Medicare Advantage. <https://www.milliman.com/-/media/milliman/pdfs/2021-articles/10-20-21-value-federal-government-of-medicare-advantage.ashx>. October 2021. Accessed August 5, 2022.

The dynamic political environment and evolving health insurance space have brought the inequitable distribution of dental services for Medicare-eligible beneficiaries into sharp focus. In this regard, Medicare Advantage has played an increasingly prominent role. Of the 28.9 million Medicare Advantage enrollees², 94 percent currently have access to some form of dental coverage, making Medicare Advantage the primary source of dental benefits for Medicare-eligible beneficiaries³.

Market research shows that dental services are amongst the most common and popular supplemental benefits offered by Medicare Advantage Organizations⁴. Plans offering mandatory or embedded supplemental dental benefits experienced a 43 percent uptick in enrollment in between 2018 and 2021⁵, while enrollment in plans that mandate both preventative and comprehensive dental benefits jumped from 37 percent to 71 percent during the same time period⁵.

These figures indicate not only the increasing importance of dental coverage for the Medicare consumer but the fact that consumers are more mindful of the benefits they want and need, including coverage for more specialized dental care.

Over 99 percent of beneficiaries enrolled in a Medicare Advantage plan with dental benefits have coverage for preventative services such as oral exams, prophylaxis and x-rays². On the other hand, coverage for comprehensive dental benefits, including more specialized services such as diagnostics, extraction services and periodontics, varies widely depending on the carrier and geographic location⁶. Only 70 percent of Medicare Advantage members enrolled in zero-dollar premium plans have coverage for diagnostic services, 82 percent have coverage for extractions and 62 percent have benefits for nonroutine dental services². AAOMS acknowledges that the flexibility with which the Medicare Advantage program may tailor plans to the individual health and financial needs of their enrollees is integral to maintaining a competitive marketplace and broadening consumer choice. However, **data suggest there is a common and growing need for specialty dental services across the Medicare-eligible population and AAOMS encourages CMS to consider further incentivizing Medicare Advantage Organizations to offer a broad range of services as part of an embedded comprehensive dental benefit.**

² Milliman. Dental coverage in Medicare Advantage plans: Nationwide market landscape, 2022 update. <https://www.milliman.com/en/insight/Dental-coverage-in-medicare-advantage-plans-nationwide-market-landscape-2022-update>. August 2022. Accessed August 5, 2022.

³ Henry J. Kaiser Family Foundation. Medicare and dental coverage: A closer look. <https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/>. July 2021. Accessed August 5, 2022.

⁴ Milliman. Trends in Medicare Advantage Optional Supplemental Benefits. <https://www.milliman.com/en/insight/trends-in-medicare-advantage-optional-supplemental-benefits>. September 2021. Accessed August 5, 2022.

⁵ Milliman. Dental coverage in Medicare Advantage plans: Nationwide market landscape, 2021 update. https://www.milliman.com/-/media/milliman/pdfs/2021-articles/9-29-21-ma_dental_landscape.ashx. September 2021. Accessed August 5, 2022.

⁶ Henry J. Kaiser Family Foundation. Medicare Advantage in 2021: Premiums, cost sharing, out-of-pocket limits and supplemental benefits. <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2021-premiums-cost-sharing-out-of-pocket-limits-and-supplemental-benefits/>. June 2021. Accessed August 5, 2022.

The lack of dental care can negatively impact an individual's overall health and exacerbate chronic medical conditions^{3,7}. However, the full scope of oral health care naturally must extend beyond the provision of preventive dental services. For instance, the extraction of a tooth to eradicate an oral infection may not necessarily be considered prophylactic in nature; however, such treatment may help prevent an emergency room visit and the utilization of resource-intensive hospital services. Non-traumatic dental conditions account for a significant portion of emergency department visits annually, with risk of hospital admission due to such conditions increasing with age⁷.

Finally, of important note, the Medicare Advantage program has become increasingly diverse in recent years, with enrollment among minority and dual eligible individuals growing by 111 percent and 125 percent, respectively, between 2013 and 2019⁸. As such, the expansion of embedded comprehensive dental coverage under Medicare Advantage would provide access to more specialized dental services to an unprecedented number of individuals, many of whom represent the most vulnerable of our nation's population. This would in turn work to further the advancement of health equity, closing the gap in access to high-quality and affordable dental care.

Thank you for your consideration of these comments. Please contact Patricia Serpico, AAOMS Director of Health Policy, Quality & Reimbursement, with any questions at 800-822-6637, ext. 4394 or pserpico@aaoms.org.

Sincerely,

A handwritten signature in black ink that reads "J. David Johnson Jr., DDS". The signature is written in a cursive, flowing style.

J. David Johnson Jr., DDS
AAOMS President

⁷ Agency for Healthcare Research and Quality (AHRQ). Emergency department visits involving dental conditions, 2018. <https://hcup-us.ahrq.gov/reports/statbriefs/sb280-Dental-ED-Visits-2018.pdf>. August 2021.

⁸ Milliman. Comparing the demographics of enrollees in Medicare Advantage and Fee-For-Service Medicare. <https://bettermedicarealliance.org/wp-content/uploads/2020/10/Comparing-the-Demographics-of-Enrollees-in-Medicare-Advantage-and-Fee-for-Service-Medicare-202010141.pdf>. October 2020.