

July 3, 2023

Chiquita Brooks-LaSure, Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services 7500 Security Boulevard Baltimore, MD 21244

Submitted electronically at Regulations.gov

Re: CMS-2439-P; Medicaid Program; Medicaid and CHIP Managed Care Access, Finance, and Quality

Dear Administrator Brooks-LaSure:

On behalf of the American Academy of Pediatric Dentistry (AAPD)¹ and our nearly 11,000 members, we appreciate the opportunity to comment on the Medicaid and CHIP Managed Care Access, Finance, and Quality proposed rule (CMS-2439-P), relating to 42 CFR Chapter IV. The responsibility of CMS in monitoring and providing oversight for managed care has never been more important, as the vast majority of Medicaid beneficiaries are now being served in the managed care delivery system. We are grateful to CMS for crafting regulations that can help ensure beneficiaries receive the care they need, programs work well for the active participation of providers, and State agencies' goals are met. The following are our suggestions and requests for clarification or consideration.

State Directed Payments (SDPs):

- We support CMS's efforts to closely monitor the administration of SDPs, while ensuring that managed care entities maintain risk in these contractual agreements. As such, we are supportive of the separate payment terms.
- Implications for Dentistry: We thank CMS for providing an overview of the service areas that have been included in existing and past SDPs. We presume most of the dental-related SDPs have been based on minimum fee schedules, maximum fee schedules, or uniform increases, and we feel it important to maintain those options for States, as proposed. There are many States that go years without fee increases in their FFS programs, which leads us to believe that managed care payment rates may be stagnant in those states, as well. These SDPs could be instrumental

¹ The AAPD is the recognized authority on children's oral health. As advocates for children's oral health, the AAPD promotes evidence-based policies and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Our nearly 11,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents and individuals with special health care needs. For further information, please visit the AAPD website at http://www.aapd.org or the AAPD's consumer website at http://www.mychildrensteeth.org.

- in maintaining an adequate provider network. As more SDPs are pursued in value-based care, we are hopeful existing validated measure sets (including those in the proposed rule) will be used in the design and development of those proposals.
- While the required services for reporting are largely identified (3/4 specified by CMS), we seek clarification from CMS on whether the scope of the services may be expanded in the future (for instance, to all required service areas, such as pediatric dentistry).
- AAPD enthusiastically agrees that the payment information should be reported via incorporation into T-MSIS. Having a centralized location for data reporting and aggregation is ideal.

Secret Shopper and Beneficiary Experience Surveys: We are supportive of the proposals to require secret shopper surveys and administer beneficiary experience surveys. We are hopeful that State Medicaid agencies and managed care entities will incorporate dental services into these evaluations, targeting dentists (including pediatric dentists) in the secret shopper research and deploying the CAHPS Dental Plan Survey.

Appointment Wait Time Standards: AAPD is supportive of the proposed appointment wait time standards of either 10 or 15 business days for the relevant health services: primary care, obstetrics and gynecology, and outpatient mental health and substance use disorder. We are hopeful States will be thoughtful in their selection of the fourth service area (of their choosing), prioritizing service areas that could benefit from close monitoring rather than selecting a service area with already presumed strong performance. We are eager to work with State Medicaid agencies and their contracted managed care entities that identify dental services as their additional service area for monitoring.

MAC QRS Mandatory Measure Set: We applaud CMS for including the Oral Evaluation, Dental Services (Dental Quality Alliance) measure in the proposed measure set. We support CMS's proposal to align stratification methodologies for consistency, and we look forward to data on quality measures being publicly accessible.

Medical Loss Ratio: We are supportive of instituting a required recoup – not solely report – of medical loss ratio by managed care entities, and the 85% threshold is reasonable.

Payment Analysis & Remedy Report: We are fully supportive of the requirement that "States submit a managed care plan analysis of payment made by plans to providers, for specific services, to provide CMS and States with vital information to assess the adequacy of payments to providers in managed care programs."

In Lieu of Services and Settings (ILOSs): AAPD agrees with CMS's strategy to collect more granular data on ILOSs, including the percentage of Medicaid costs for ILOSs, description of service, setting, target population, process for determining medical necessity, and beneficiary rights and protection. This information could be impactful in identifying gaps in existing Medicaid programs.

Thank you for the opportunity to comment on the proposed rule. We look forward to continuing to work with CMS, State Medicaid agencies, and managed care organizations to ensure that all Medicaid and CHIP beneficiaries can access high quality, timely dental care. Should you have any questions, please

contact Dr. Chelsea Fosse, Director of the AAPD Research & Policy Center, at 773-938-4857 or cfosse@aapd.org.

Sincerely,

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