

1 **Update on Services for Medically Compromised Individuals in Medicare:** Dr. Aravamudhan
2 briefed the Council on recent developments related to communications with CMS and the Medicare
3 Administrative Contractors (MAC). Broadly, efforts have been made to resolve administrative issues
4 with these services, including the coordination of care between medical and dental providers, the
5 adoption of the 837D dental claim transaction, and pricing.

6 When finalizing regulations regarding payment for dental services intrinsically linked to covered
7 medical services, CMS has given authority to MAC for determining payment rates independently
8 without establishing national fee guidance. However, neither MAC nor CMS have determined a path
9 to establishing pricing for dental services. Recently, CMS asked the ADA to provide a detailed
10 spreadsheet outlining the specific fee benchmark. However, since there may be significant budgetary
11 implications should this project proceed, CDBP leadership consulted with the Board of Trustees. The
12 Board approved the Council to access FAIR Health data for calculating the 80th percentile (i.e., 8 out
13 of 10 dentists receive their full fee) fee schedule as established by ADA policy. Staff will provide the
14 Council with project updates as needed.

15 The Council discussed updates on the RFP for documenting the disadvantages of the medical RVU
16 system and potentially identifying alternate payment models. CDBP stressed that part one of the RFP
17 deliverables need to identify why RVUs, as calculated now for medicine, will not work for dentistry.
18 Staff are identifying potential vendors and will provide an update at the next meeting of the Council.

19 DBIS is working on Medicare education materials for providers. These materials will touch upon
20 enrollment, program structure, etc. A communication plan is underway, and the materials will be
21 available on ADA.org.

22 **Adjournment:** 1:00 p.m. Central Time