

November 4, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-2421-P, Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes

Dear Administrator Brooks-LaSure:

On behalf of our 162,000 members, the American Dental Association (ADA) is pleased to provide comments on the proposed rule seeking to simplify the processes for eligible individuals to enroll and retain eligibility in Medicaid and the Children's Health Insurance Program (CHIP). These comments focus on the proposed rule's sections on making transitions between programs easier and eliminating barriers for children enrolled in CHIP by prohibiting premium lockout periods, waiting periods, and benefit limitations.

Smoothing Transitions between Programs, Reductions in Medicaid Churning

The proposed rule would smooth transitions between Medicaid and CHIP enrollees by transitioning those enrollees when available information indicates eligibility for the other program. This could reduce churning on and off the programs. We believe this could help contribute towards the important goal of enrollees maintaining consistency of dental care coverage. Prior to the COVID-19 pandemic and the public health emergency in which termination of Medicaid coverage was prohibited for most enrollees, it's estimated that around 10 percent of Medicaid/CHIP enrollees used to dis-enroll and re-enroll within one year.¹

By reducing or eliminating such churning, the potential for increased Medicaid enrollment in future years could cause a strain on providers' ability to treat a larger eligible population,² which would vary by state for availability of dental benefits offered in the adult population. As of 2021, an estimated 7.3 million individuals were uninsured but eligible for Medicaid coverage.³ Seeking to close that gap without attempting to increase provider participation could have unintended and unsuccessful results for both providers and enrollees.

¹ Kaiser Family Foundation, [Medicaid Enrollment Churn and Implications for Continuous Coverage Policies](#), December 2021.

² Health Affairs, [Reducing Medicaid Churning: Extending Eligibility For Twelve Months Or To End Of Calendar Year Is Most Effective](#), July 2015.

³ Kaiser Family Foundation, [Distribution of Eligibility for ACA Health Coverage Among the Remaining Uninsured](#), 2021.

The ADA urges CMS to avoid this result by expanding dental participation within the Medicaid program to meet the oral health care needs of a larger eligible population. We believe increased reimbursement and reduced administrative burdens, such as the easing of credentialing, audit processes and encouragement of clean claims paid within 15 days, will be crucial. Furthermore, the ADA also supports a number of areas we believe would streamline both dental provider and enrollee participation in the Medicaid/CHIP programs, such as requiring the CMS Center for Program Integrity to: (1) issue guidance to state Medicaid agencies (SMAs) concerning best practices in dental audits; (2) develop standardized training for dental auditors; (3) provide guidance to SMAs to streamline dentist credentialing by utilizing the ADA Council for Affordable Quality Healthcare (CAQH) credentialing service or equivalent; (4) establish benchmark floor for all Medicaid dental fees at 75th percentile of regional dental fees based on ADA survey data; and (5) work to enhance consistent adult dental benefits across all Medicaid programs.

Accessing CHIP Coverage

The proposed rule would prohibit waiting periods and lock-outs for children whose eligibility is terminated for non-payment of premiums as well as prohibit annual or lifetime caps on CHIP benefits.

We applaud the proposed elimination of waiting and lock-out periods within CHIP. While states do in many cases maintain separate CHIP programs that have over the years maintained waiting or lock-out periods,⁴ the trend of eliminating them in recent years has also corresponded to an increase in the utilization of dental services among all children, including by race.⁵

As noted in the proposed rule, CHIP regulations do not prohibit annual and lifetime limits on specific benefits such as dental, while Medicaid and plans offered on the Affordable Care Act's exchanges are prohibited from placing annual or lifetime limits on benefits. We appreciate the recognition that children should not have limits placed on their dental benefits just as adults do not have annual or lifetime limits placed on benefits offered through their plans. The impact of these restrictions is mostly likely to be felt in those families the greater their poverty level. It has been observed that the greater a family's poverty level, those with incomes less than 100% of federal poverty guidelines (FPG), the more likely children and adolescents were to have had caries and they also had twice the prevalence of untreated caries than with children and adolescents in families with incomes greater than or equal to 200% of FPG.⁶ We believe lifting these annual and especially lifetime limits on dental benefits within the CHIP program will help treatment of childhood caries as well as help adolescents when they face new treatment issues, including necessary dental and orthodontia care.

⁴ Kaiser Family Foundation, [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey](#), March 2020.

⁵ ADA Health Policy Institute, [Dental Care Utilization Among the U.S. Population, by Race and Ethnicity](#), April 2021.

⁶ Journal of the American Dental Association, [Trends in dental caries in children and adolescents according to poverty status in the United States from 1999 through 2004 and from 2011 through 2014](#), August 2017.

We would welcome the opportunity to meet with you to discuss how we can meet these challenges together. 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. Cohlma, D.D.S.
Executive Director

GRS:RAC:dl