



January 16, 2018

Centers for Medicare & Medicaid Services Department of Health and Human Services Attention: CMS-4182-P, P.O. Box 8013, Baltimore, MD 21244-8013.

RIN 0938-AT08

42 CFR Parts 405, 417, 422, 423, and 498 [CMS-4182-P]

Re: Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program Proposed Rule–Federal Register / Vol. 82, No. 227 / Thursday, November 28, 2017

The Iowa Dental Association, which represents more than 83 percent of the practicing dentists in the state of Iowa, welcomes the proposed changes to the enrollment requirement for the Medicare Part C and Part D programs for providers who are not otherwise required to enroll and who do not submit claims to Medicare.

Under current rules, if a dentist opts out of Medicare, the dentist is no longer eligible to provide dental services for Medicare beneficiaries enrolled in Medicare Advantage (Medicare Part C). In addition, patients of those dentists are also precluded from filing a claim on their own behalf.

Under the proposed rules, a dentist who seeks to provide dental services to Medicare beneficiaries enrolled in Medicare Advantage would simply not have to be on a Medicare preclusion list. This change will improve access to dental services by allowing more dentists to participate in Medicare Advantage plans. For this reason, the Iowa Dental Association supports the proposed rules.

If you have any questions regarding these comments, please do not hesitate to contact me at (515) 331-2298, ext. 106.

Sincerely.

Laurie Traetow, CAE Executive Director