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August 21, 2018

Testimony for the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

Chairman Hawkins and Members of the Committee:

Thank you for the opportunity to speak with you today about KanCare dental services. My name is Christi Nance, and I am the Policy Director at Oral Health Kansas, Inc. We are the state-wide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter.

As a consumer advocacy organization, Oral Health Kansas periodically receives calls from consumers seeking help in trouble-shooting their problem finding care. The rate of these calls has increased exponentially over the summer. Just in the past two weeks, we have received nearly half a dozen calls from both consumers and health advocates who are either seeing a decrease in Medicaid providers in their community or are struggling to find a Medicaid provider themselves.

Kalie Hansen was directed to Oral Health Kansas when she had difficulty finding an oral surgeon who accepted Medicaid to remove her son's wisdom teeth. Her son is 19 years old and has Angelman Syndrome resulting in epilepsy, developmental delay, and cognitive delay. He is also non-verbal. Kalie tried working with their MCO, Sunflower, but they only had one oral surgeon to offer, and Kalie was already told no by the group three times due to her son's disability. Kalie's story is just one of many that we hear on a regular basis at Oral Health Kansas. State officials are listening to the stories and have indicated a willingness to help troubleshoot, but the problems are bigger than what it will take to solve one person's challenge in getting dental care.

Medicaid reimbursement rates in Kansas have been one of the main problems impacting our dental provider network. Kansas currently pays about 40 cents on the dollar compared to private insurance for dental work, and that number has not been adjusted in at least 20 years. Many general dentists and oral surgeons have recently dropped from Medicaid due to the inadequacy of the rates to cover the basic cost of providing the services. Of the oral surgeons enrolled in Medicaid, many will only see patients up to age 2, and a few will treat on a case-by-case basis. This leaves a large portion of our Medicaid population without access to an oral surgeon.

Increasing reimbursement rates is an important first step in ensuring a viable dental provider network in Kansas and working toward providing the oral

healthcare Kansans deserve. We ask the Committee to develop a fiscal note for increased reimbursement rates for Medicaid dental providers, as well as, take the time to read Kalie's full story in the attached letter.

As the Committee works to guarantee every Kansan has the dental coverage they need, please do not hesitate to contact me (cnance@ohks.org) if Oral Health Kansas can answer questions or otherwise assist the Committee.

Sincerely,

A handwritten signature in blue ink that reads "Christi Nance". The signature is written in a cursive, flowing style.

Christi Nance
Policy Director

Dear KanCare Oversight Committee,

My name is Kalie Hansen. My son is 19 years old and has Angelman Syndrome. Characteristics are epilepsy, developmental delay, cognitive delay, and he is non-verbal. He is scared of the dentist, IVs, and getting his blood drawn. He cannot tell you if he's in pain, if his tooth is hurting, or if you have given him enough medication to numb the area. Anesthesia is his only option. He currently needs two wisdom teeth removed, along with a filling, but we can not find a Medicaid provider for his care.

In late 2016, our regular pediatric dentist retired. At the time, we did not know the search it would send us on. We saw a different pediatric dentist twice who agreed to see my son as long as we wanted. She was the one who discovered he needs his wisdom teeth removed, along with a filling. We were referred to the *only* Medicaid oral surgeon in Kansas, an oral surgeon group in Lawrence, to remove my son's two wisdom teeth. I talked with them three times and they will not even set up a consult with us due to my son's special needs and his issues with not coming out of anesthesia very quickly. I was shocked to learn that there is a waitlist just to get a consultation appointment with them. We live in Kansas City, you would think there would be an oral surgeon in Medicaid's network in this highly populated area.

Our last option was a general dentist in Prairie Village. We had an appointment scheduled for July 26 but were notified on July 24 that it was cancelled because he was no longer with the practice. He did have a partner, but my son's pediatric dentist didn't recommend him because they had to fix a couple fillings he had put in for patients.

I did contact his MCO, Sunflower, and spoke with his assigned Program Specialist 2 different times. She suggested the oral surgeon group in Lawrence but I confirmed with her that I had already talked with them 3 times. She said she would go back and check with the dental representative to see if there are any other options. It didn't sound promising.

So, my concern is there is not another option for my son to see an oral surgeon and get it covered by Medicaid. He shouldn't have to resort to substandard care just because he has special needs and possibly needs to have the procedure done in the hospital vs a doctors office. He should be able to see an oral surgeon if that's the doctor that is recommended and is the best person to treat the problem. Why does he not get the same care as another patient? You or I wouldn't have our wisdom teeth pulled by a general dentist. We would go to an oral surgeon for the proper care and treatment. Most of the general dentists I spoke with won't even work with wisdom teeth.

My other issue is my son also needs a filling. I'm being told that it cannot be done by an oral surgeon. Apparently, they don't take care of regular dental issues. Now, I am looking at having to find 2 different people (1 oral surgeon & 1 general dentist) to take care of my son's needs and take the risk of putting him under anesthesia twice within months of each other. How is this in my son's best interest? Would any other parent be happy about this? I don't think so.

I don't understand why the MCO's/Medicaid can't do better. Why do they think it's ok to have no coverage for fillings after age 21? They only cover regular cleanings and anything determined medically necessary. They would prefer to put their clients through so much pain to not get the tooth fixed, resorting to a root canal or even worse just pulling the tooth. Why is this an

acceptable practice? I'm sure my son will need more fillings after the age of 21. Are they going to just keep pulling his teeth because they think that's a better option? I'm pretty sure they wouldn't be ok with that if it were their son or daughter!

I believe Medicaid needs to make some changes and major improvements in the dental area of their coverage. A good start would be to find more dentists and oral surgeons to work within their network. It would also be really nice to have some that are familiar with and are willing to work with the special needs population.

I appreciate you taking the time to read my story. Please help us get our loved ones the services they desperately need and deserve. Every human being should be allowed to have good dental care in a safe environment.

Regards,

Kalie Hansen

