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**February 28, 2020**  
**Testimony for KanCare Oversight Committee**

Chairwoman Landwehr and Members of the Committee,

My name is Christi Wells, 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. Thank you for the opportunity to discuss the Medicaid dental program with the Committee today.

**Medicaid Dental Rates**

First, thanks to the Committee's recommendation for a Medicaid dental rate increase last year, Kansas dentists saw the first rate increase since 2001, setting an important milestone for Kansans. The \$3 million all funds increase went into effect August 1, allowing us to increase 39 dental codes by 6%. There was no change in dental provider enrollment in KanCare from July through December 2019. This is good news in that we know that the increase was successful in preventing dentists from dropping from Medicaid. But in order to make a difference in establishing a provider network that is sufficient to meet the dental needs of KanCare beneficiaries more needs to be done.

An organization in Oakley recently told us their story about finding dentists who serve people enrolled in Medicaid:

"In our service area, there are only 2 dentist offices that take KS medicaid. These 2 offices are about an hour apart. This means that family may have to drive over 60 to 100 miles for services. We work with low income families and the travel can be a great burden just for preventive care. If the child needs restorative or sedation for restorative care, that can result in the family having to drive across KS for care."

A key issue for Medicaid is having a sufficient number of providers willing to participate. The ADA's Health Policy Institute published a research brief in 2016 that said, "Numerous studies illustrate a statistically significant positive relationship between Medicaid reimbursement rates and dental care utilization among publicly insured children 5-7 as well as dentist participation in Medicaid."<sup>1</sup>

The House Social Services Budget Committee has included a \$3 million all funds increase for dental reimbursement rates in the KDHE budget. We are currently waiting for Senate Ways and Means Subcommittee on Health to work the KDHE budget. We ask the Committee to support an additional increase of \$3 million all funds in the 2021 KDHE budget.

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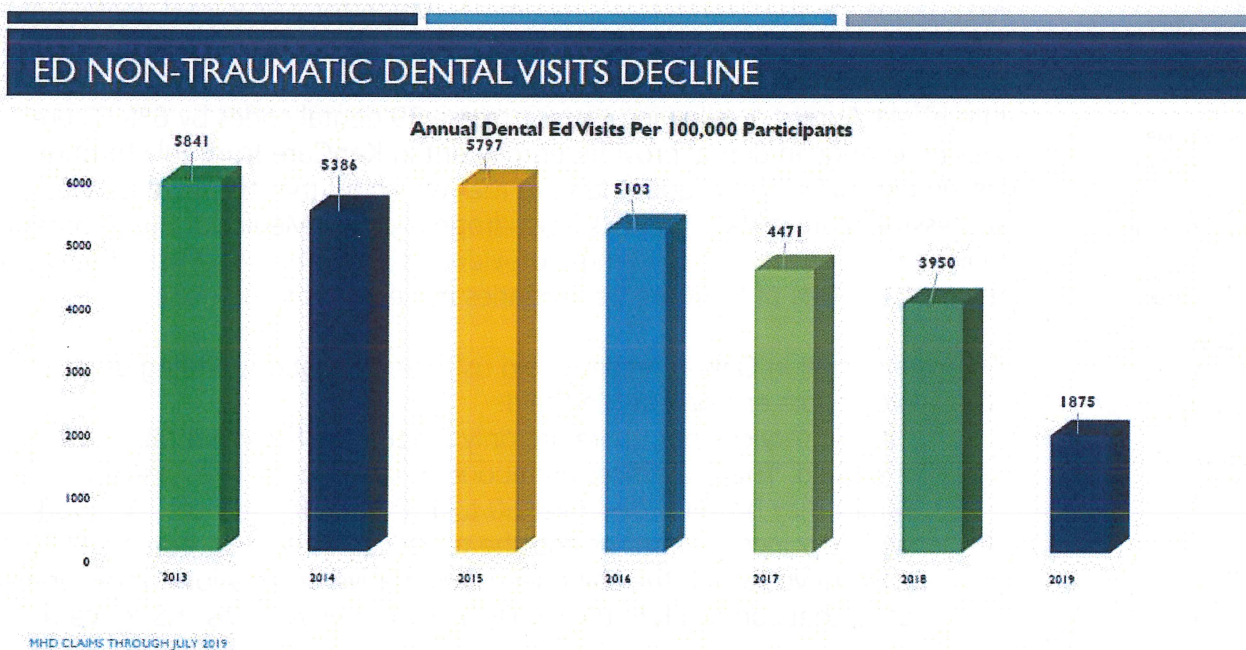
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## Adult Dental Benefits

Most oral diseases are almost entirely preventable. Covering dental benefits, including preventive and restorative services, is integral to improving health and ensuring that Kansans get the care they need in the most appropriate and cost-effective setting. The KanCare MCOs all offer some adult dental benefits as a part of their value-added benefits packages. These are among the most popular value-added benefits. According to KanCare's Executive Summary from November 2019, a total of 4778 adults enrolled in KanCare received preventive and restorative dental services through these value-added benefits.<sup>2</sup> There is a demand for adult dental services in the Kansas Medicaid program.

The Missouri legislature restored Medicaid adult dental services a few years ago, and the services started in January 2016. According to Missouri State Dental Director Dr. John Dane, January 2018 shows a 44% decrease in non-traumatic dental visits to emergency departments for Medicaid beneficiaries compared to January 2015 based on total ED visits. Dr. Dane shared the following chart with the Missouri Oral Health Caucus last month.<sup>3</sup>



Virginia Health Catalyst recently worked with the American Dental Association's Health Policy Institute on a report titled "*Estimating the Cost of Introducing Comprehensive Adult Medicaid Dental Benefits in Virginia*".<sup>4</sup> The report not only shared the predicted cost for increased dental care, but also the additional medical care costs savings. Oral Health Kansas is requesting a similar study from the Health Policy Institute. Although the 2020 fiscal note for comprehensive dental benefits in KanCare was \$5 million all funds, we would like to learn the medical cost savings associated with this type of benefit increase. We hope to update the Committee on our request to the Health Policy Institute at the next KanCare Oversight Committee hearing.

Thank you for the opportunity to share why increased dental reimbursement rates and comprehensive adult dental benefits are important for our Kansas Medicaid Program. As the Committee works to guarantee every Kansan is as healthy as possible, please do not hesitate to contact us if Oral Health Kansas can answer questions or otherwise assist the Committee.

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<sup>1</sup> ADA Health Policy Institute, Research Brief, 2016, [https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0417\\_1.pdf](https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0417_1.pdf)

<sup>2</sup> KanCare Executive Summary, November 18-19, 2019, [https://www.kancare.ks.gov/docs/default-source/policies-and-reports/legislative-testimony/2019/kancare-oversight-executive-summary-11-18-19.pdf?sfvrsn=7ea74f1b\\_2](https://www.kancare.ks.gov/docs/default-source/policies-and-reports/legislative-testimony/2019/kancare-oversight-executive-summary-11-18-19.pdf?sfvrsn=7ea74f1b_2)

<sup>3</sup> "Oral Health in Missouri: Presentation to the Oral Health Caucus of the Missouri Legislature" John Dane, DDS, Dental Director, January 2020

<sup>4</sup> "Estimating the Cost of Introducing Comprehensive Adult Medicaid Dental Benefits in Virginia" ADA Health Policy Institute, Research Brief, January 2020, [https://vahealthcatalyst.org/wp-content/uploads/2020/02/HPI-Report-with-Intro-Letter\\_Update.pdf](https://vahealthcatalyst.org/wp-content/uploads/2020/02/HPI-Report-with-Intro-Letter_Update.pdf)