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**House Social Services Budget Committee
Medicaid Dental Provider Rates
February 3, 2022**

Chairman Carpenter and Members of the Committee,

Thank you for inviting me to discuss Medicaid dental provider rates with you today. My name is Tanya Dorf Brunner, and I am the Executive Director of Oral Health Kansas, Inc. We are the statewide 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.

The need

Three years ago, we came to this committee to talk about Medicaid dental provider rates. This committee championed rate increases over a period of two years, including in 2020 when very few enhancements were being made to the Medicaid program. This was the most significant investment in the Medicaid dental program in nearly 20 years. Medicaid rates are a vexing challenge in all service systems, including the dental care system. In 2019 the Legislature appropriated \$3M All Funds for a Medicaid dental rate increase, and in 2020, the Legislature followed up with an additional \$3M All Funds increase.

2019-2020 Increases

We were impressed with the Division of Health Care Finance's decision to invest the rate funding in the dental services that would have the biggest impact on providers and beneficiaries. In 2019 and 2020 the rates that were increased included exams, X-rays, cleanings, fluoride applications, sealants, fillings and crowns. Not every code received an increase, but many did. Over the two years the average increase on the exam, X-ray, cleaning, and filling codes was 14-15%. A total of 39 dental codes were increased with the 2019 appropriation, and 26 codes were increased with the 2020 appropriation.

2022 Increase

During the planning for the second increase, we made the case to increase a few additional rates that were woefully low. One of those is D9420, a code for hospital care. Some people with disabilities and children require sedation in a hospital setting to receive dental care. While the dental care provided in that setting is reimbursed, there is also a cost for the dental team to be in the operating room. The rate for this code has been low for a long time and has become a deterrent to dentists who otherwise may be interested in providing this intensive treatment for some of their patients. Medicaid Director Sarah Fertig and her team heard our pleas about this code and two others related to periodontal scaling and nitrous oxide. She was able to increase the rates for these three codes in 2022 by 40% for the hospital code and 20% for the other two codes. This dedication to the details that make a difference in providing dental care to some of the most underserved Kansans is what sets Sarah and her team apart.

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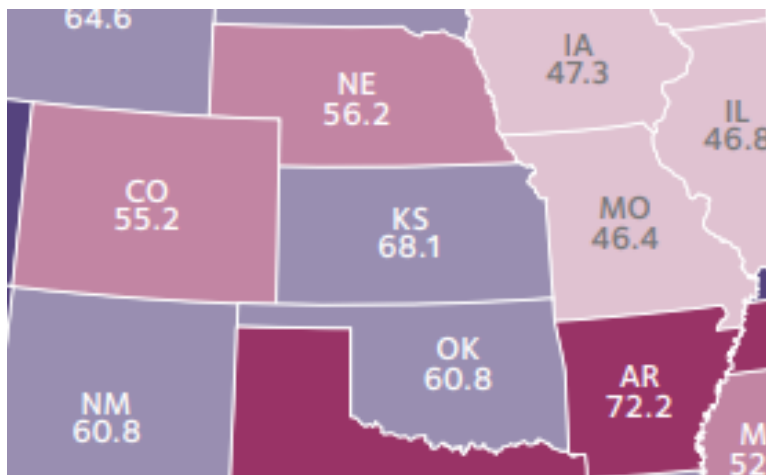
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It is worth noting that access to sedation dentistry is one of the most insurmountable barriers for families of people with disabilities. We receive frequent calls from families of children and adults with disabilities telling us how hard it is to find a dental office or clinic that is able to provide that level of care. During our upcoming testimony on the KDHE budget you will hear more about that issue.

Comparison of Kansas Rates

The American Dental Association has a research division called the Health Policy Institute. This group is led by health economists and dentists who specialize in research. They produced a report last fall that showed the Medicaid reimbursement rates as a percentage of private insurance reimbursement rates for every state. The report shows that the average Kansas' rates are higher than all of our surrounding states.



The data behind the report shows that the rate increases championed by this committee played a part in the relatively higher rates for Kansas as compared to our neighboring states.

HPI Health Policy Institute

ADA American Dental Association®

Medicaid Reimbursement as a Percentage of Private Insurance Reimbursement for Child and Adult Dental Services (Updated October 2021)

State	Medicaid to Private Payment Child Dental Services			Medicaid to Private Payment Adult Dental Services			
	2017	2020	Difference	2017	2020	Difference	Benefit Level (2020)
Colorado	55.7%	55.2%	-0.5%	58.1%	56.4%	-1.7%	Extensive
Iowa	49.8%	47.3%	-2.5%	50.6%	47.9%	-2.7%	Extensive
Kansas*	62.2%	68.1%	6.0%				Limited
Missouri	50.0%	46.4%	-3.6%	49.9%	48.5%	-1.4%	Limited
Nebraska	59.0%	56.2%	-2.7%	55.2%	54.4%	-0.8%	Limited
Oklahoma	62.4%	60.8%	-1.6%				Emergency
U.S.	61.9%	61.4%	-0.4%	49.3%	53.3%	4.1%	

It is noteworthy that the Health Policy Institute's report does not report on Kansas' rates for adult dental services. We will talk more about that in our testimony on the KDHE budget next week.

Medicaid Director Sarah Fertig has more interesting data to share about the rates in Kansas in comparison to our neighboring states. The charts from the Division of Health Care Finance show the rates for some of the most common dental codes for each of the five states, and Kansas fares well in that comparison. While we do not have the highest rate for each of the codes selected, we do average higher rates in comparison to our neighbors. A rough calculation shows that the average of our rates is about 5% higher than Colorado, 39% higher than Missouri, 24% higher than Nebraska, and 15% higher than Oklahoma.

Conclusion

There are many ways of looking at Medicaid dental rates, and most of the data available supports a conclusion that Kansas is on the right track in comparison to our neighbors. The commitment the Legislature and this committee have shown to investing in dental rates is paying off. Looking at rates is a journey and not a destination. We will continue to monitor the rates and elevate additional needs for increases when appropriate. Rates paid for Medicaid services directly relate to providers' willingness to accept Medicaid patients. Healthcare and dental care are expensive, and those costs increase all the time. Cost of care is rated as the top barrier to dental care for low-income people, so we know this is an issue we all will need to remain vigilant about. We hope that the Kansas Legislature will continue to make Medicaid rate adjustments a priority.