



Board of Directors

John Fales, DDS

Karen Finstad
Delta Dental of KS Foundation

Ron Gaches, JD
KS Dental Hygienists' Assn.

Bill Hammond
USD 443

Kathy Hunt
KS Head Start Association
KS Cavity Free Kids

Schaunta James-Boyd
EC Tyree

Terri Jowett
Dental Lifeline Network Kansas

Lougene Marsh
Johnson County
Department of
Health & Environment

Steve Peppes
Delta Dental of Kansas

Jill Quigley, RN

Kevin Roberlson, MPA, CAE
KS Dental Assn.

Becky Smith, DDS
UMKC School of Dentistry

Brian Smith
Galena School District

Douglas Stuckey
Community Health Center of SEK

Marlou Wegener
Blue Cross and
Blue Shield of KS

**House Health and Human Services Committee
HB 2025: KanCare Legislative Oversight
February 13, 2013**

Chairman Crum and members of the Committee, thank you for the opportunity provide this testimony in favor of HB 2025. I am Tanya Dorf Brunner, Executive Director of Oral Health Kansas. Oral Health Kansas, Inc. is 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. Founded in 2003, we achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

The advent of managed care for all Kansas Medicaid beneficiaries known as KanCare is significant. For the first time in Kansas all the dental services provided through Medicaid will be provided through managed care. Comprehensive dental services are available for children, and emergency dental services (extractions) are available for adults. The managed care organizations that were awarded contracts for KanCare also are offering preventive dental services for adults through their value-added services. The KanCare goal of integrated, whole-person care makes sense, and including oral health in the overall health services provided can make that goal a reality.

Given the scope of the change of the Kansas Medicaid services, Oral Health Kansas believes it is essential that legislative oversight of the KanCare program be in place. The most recent significant change to the Kansas Medicaid program occurred when the program was transferred to the independent Kansas Health Policy Authority. The legislative oversight provided at that point in time included routine review of the program, data, consumer satisfaction, etc. through the dedicated Health Policy Oversight Committee. HB 2025 can provide a similar legislative structure to ensure routine oversight for the KanCare program.

Provider Network

The addition of dental services to Medicaid managed care for the first time merits the need for legislators and members of the public to have regular access to data about provider network adequacy. Less than 25% of the state's dentists are enrolled as Medicaid providers. The added complexity for dentists of enrolling as providers with three managed care companies and two dental managed care subcontractors means oversight needs to be in place to be certain the already small Medicaid provider network does not shrink. As of January 7, the KanCare dental provider network was smaller than it was under the Medicaid fee-for-service system. There were 645 dental providers enrolled in Medicaid last fall. According to the KanCare website, on January 7, 2013, less than 350 dental providers had signed contracts with the MCOs:

- Amerigroup: 326 providers

- Sunflower State Health Plan: 320 providers
- United Healthcare: 349 providers

We hope the provider network will grow as the transition to KanCare continues. Kansas Medicaid beneficiaries will be best served when the dental provider network available to them is reasonable and adequate. Data about the network must be transparent. **Legislative oversight of the provider network should be a part of HB 2025.**

Strengthen oversight of KanCare

We concur in the suggestions by our fellow advocates to strengthen the proposed oversight of KanCare. The suggestions will help ensure legislators are able to have all the information necessary to understand how effectively the managed care program is serving Kansas Medicaid consumers.

- The oversight committee should include members of the standing House and Senate health committees. The members of these committees develop particular expertise on healthcare and Medicaid policy, and their insight will help ensure thorough discussions of the issues occur. Their addition also would guarantee some consistency in the review and discussion of the Medicaid program during and outside of the Legislative Session.
- The oversight committee should have regular access to the Medical Assistance Report (MAR) and caseload data. The MAR provides reliable, comparable data regarding the usage of Medicaid services by each population. It will be critical for the committee to be able to continue to see the same type of data in the future and to compare it to previous years. Some of our counterparts in other states report big changes in dental service utilization after their Medicaid programs implemented managed care. Some states use a combination of fee-for-service and managed care for dental services, and utilization rates differ under the two models. Trends like this will be visible when long-standing reports like MAR are used.
- We also think it may be wise to require that the Kansas Department of Health and Environment share the reports they submit to the Centers for Medicare and Medicaid Services (CMS) with the oversight committee. There are regular reports required, and new reports are required because of the 1115 waiver. Providing the CMS reports to the oversight committee would be a way to ensure the reports remain a part of the public record for KanCare.

Thank you for the opportunity to provide this testimony. I am available to answer any questions.