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**Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight  
November 18, 2016**

Chairman Hawkins and members of the Committee, thank you for the opportunity to talk with you today about KanCare dental services. 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. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,400 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

**Medicaid Dental Services in Kansas**

KanCare includes comprehensive dental services for children under age 18. The Medicaid program places a high value on ensuring kids' overall health is maintained by including dental services for this population. Once teens reach age 18, though, they no longer have access to comprehensive dental services through KanCare. Nothing changes in their lives at that point aside from their age. They still have their teeth. They still need their teeth. Teeth are a critical part of how people stay healthy by being able to eat healthy foods. Healthy teeth also improve people's appearance, which makes it so much easier to get a job and become self-sufficient. But, when kids on KanCare turn 18, they are no longer able to visit a dentist to keep their teeth healthy and to fight infections in the mouth that can spread to other parts of the body.

Research shows that people who receive routine dental services are able to better manage oral health problems that could lead to more serious and costly health problems, including diabetes, pneumonia, stroke, and heart conditions. Investing in comprehensive routine dental services can and does help reduce future healthcare costs.

The three managed care organizations that have contracted to provide Medicaid services through KanCare offer a preventive dental benefit for adults as a part of their value-added services. The preventive benefit provides cleanings and x-rays once or twice a year. This benefit is a big step in the right direction, and we applaud the managed care organizations for taking the step. But, at this point, only 2% of the adults enrolled in Medicaid are able to use the preventive benefit. I urge the Committee to recommend the 2017 Legislature explore the value of including dental benefits for all Kansas Medicaid beneficiaries. The costs of not offering restorative dental benefits, such as fillings and crowns, are borne not only by the work-age adults who are not able to take care of their dental health, but by all of us.

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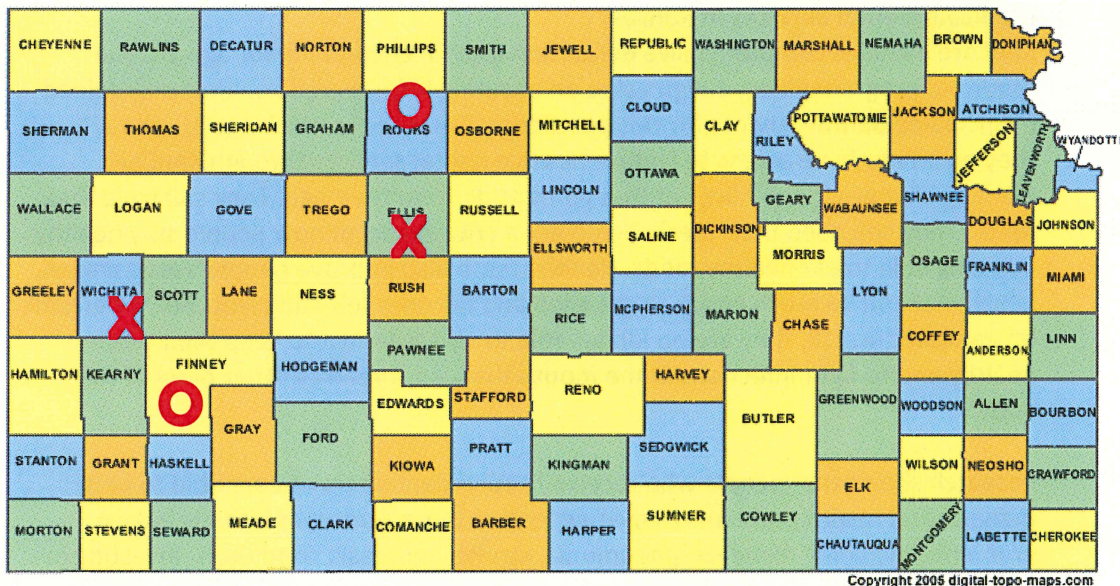
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### Access to Medicaid dental services

When the four percent KanCare rate cut was implemented in July, it impacted a set of services that have been languishing for many years. The Medicaid rates paid to dental providers are around 40% of the cost to provide the services. The additional cut has made it even harder for Medicaid dental providers to continue to provide services. The administrative hassles and extremely low rates create a recipe for disaster for providers, and they result in KanCare beneficiaries finding it difficult to locate a dental provider. News sources have chronicled the recent decision of several dentists who provide a significant amount of Medicaid care to drop contracts with some of the MCOs to provide dental services.

Last week we learned about a new challenge families in western Kansas will face in 2017 in accessing Medicaid dental services. The Head Start program at the Northwest Kansas Educational Service Center (NKEESC) that serves a 12-county area has relied on dentists in Hays and Leoti to provide the sedation dental services at-risk kids need. We learned that beginning January 1, neither of these dentists will accept KanCare any longer. The Head Start program is left with a dentist in Stockton and perhaps one in Garden City who can perform the services. Families in Head Start have low incomes and face challenges in traveling long distances. Even if transportation was not a challenge, this is a small provider network from which to draw. The NKEESC Assistant Director told us, "I just see a very real decline in the progress we have been trying to make over the last ten years."



- X indicates communities that will lose a Medicaid dentist that provides sedation dentistry in 2017.
- O indicates communities that may still have a Medicaid dentist that provides sedation dentistry.

The story of the Head Start program's challenge of finding specialized Medicaid dental providers in western Kansas is just one story about the challenges people across the state are facing right now. It has been difficult to maintain a good Medicaid dental provider network, because the rates have not changed since 2001. The new rate cut, along with the complication of different sets of rules for each MCO, are making it more difficult for dentists to accept Medicaid, which makes it more difficult for KanCare beneficiaries to find the care they and their families need. It is time to not only reverse the cuts, but consider the effect the historically low rates are having on the scant dental services offered through KanCare. Further eroding the KanCare dental provider network will put beneficiaries at risk of serious illness, which will cost not only more money, but even lives.

Thank you for the opportunity to provide this testimony.