



**Board of Directors**

Sonja Armbruster  
Wichita State University

Chip Blaser  
Douglas Co. Community Found.

Melanie Simmer Beck  
UMKC School of Dentistry

Frank D. Clepper, Jr.  
Amerigroup Kansas, Inc.

Barb Conant  
Kansas Advocates for Better Care

Janette Delinger, RDH, MSDH  
Kansas Dental Hygienists' Assoc.

Robyne Goates  
Blue Cross & Blue Shield of Kansas

Krista Hahn, RDH, MBA, ECP III  
Marian Dental Clinic

Alexandro Martinez  
ACLU of Kansas

Kevin Robertson, MPA, CAE  
Kansas Dental Association

Nick Rogers, DDS  
Rogers Family Dentistry

Amber Sellers  
Kansas Democratic Party

Jonalan Smith  
Sunflower Health Plan

Lissa Staley  
Topeka & Shawnee Co. Public Library

January 14, 2019

James Golden  
Director, Division of Managed Care Plans  
Center for Medicaid and CHIP Services  
7500 Security Boulevard  
Baltimore, MD 21244

DHS Docket No. CMS-2018-0140; RIN 0938-AT40 Medicaid and Children's Health Insurance Plan (CHIP) Managed Care (CMS-2408-P)

Division Director Golden,

I am writing on behalf of Oral Health Kansas in response to the Centers for Medicare and Medicaid Services' proposed revisions to the Medicaid managed care regulations. Oral Health Kansas is a 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 by working with partners to improve Kansans' access to oral health services through advocacy, public awareness, and education. Oral Health Kansas has over 1,600 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

In Kansas, all Medicaid beneficiaries are enrolled in a managed care plan. Thus, the Medicaid managed care regulations have a large impact on the healthcare Kansans receive. One of the main problems we see with the proposed revisions is the removal of the requirement for consistent network adequacy across all states. Your proposal to allow states to determine the standard for network adequacy could negatively impact the number of Kansans who have access to medical, behavioral, and dental care. Kansas is primarily rural with 60% of the state being underserved for primary medical care.<sup>1</sup> As for dental care, the last time we've been able to assess access to care was 2011 where we found that majority of our rural counties had 0 to 2 dentists serving the entire county.<sup>2</sup> The study also found several "Dental Service Area Deserts" that do not have a primary care dental provider within a half hour drive time access for many of their residents. This research was focused on workforce, and not the type of insurance and impact on access. However, we know from anecdotal data that a small percentage of our state's dentists are enrolled in Medicaid and those who are don't always have an open-door policy for new Medicaid patients, decreasing access to dental care for those on Medicaid. This lack of access highlights the importance of a standard for how to set dental provider network adequacy in our state. Without strong network adequacy requirements, Medicaid managed care enrollees could have an increasingly difficult time accessing the covered services they need to be healthy, productive members of society.

800 SW Jackson, Suite 1120  
Topeka, KS 66612

785.235.6039 (phone)  
785.233.5564 (fax)  
info@oralhealthkansas.org

www.oralhealthkansas.org

Oral Health Kansas would also like to see the requirements for accessibility of written materials for people with disabilities and those with limited English proficiency (LEP) stay the same. In the proposed revisions, it offers to relax the requirements of these written materials to only require taglines on materials determined critical to obtaining services. However, by limiting the amount of materials and resources available, it also can limit an individual's opportunity to access dental care, assess options, and ask questions or seek assistance. Managed care plans especially need to protect and promote access because they often have limitations, such as limited networks of providers, which may mean that people with disabilities and LEP are not able to obtain the care they need.

As an organization dedicated to achieving quality oral healthcare for all Kansans, we strongly urge you to consider the negative impacts these proposed revisions will have on every child, adult, and family enrolled in Medicaid in Kansas. Thank you for the opportunity to submit comments. Please do not hesitate to contact me at [cnance@ohks.org](mailto:cnance@ohks.org) for additional information.

Sincerely,



Christi Nance  
Policy Director  
Oral Health Kansas

---

<sup>1</sup> Mapping the Rural Kansas Dental Workforce. September 2011.  
[http://www.kdheks.gov/ohi/download/Mapping\\_the\\_Rural\\_Kansas\\_Dental\\_Workforce.pdf](http://www.kdheks.gov/ohi/download/Mapping_the_Rural_Kansas_Dental_Workforce.pdf)

<sup>2</sup> Governor's Certified Medically Underserved Areas. August 2018.  
[http://www.kdheks.gov/olrh/sd\\_resources/Governor\\_Certified\\_Areas\\_Designations.pdf](http://www.kdheks.gov/olrh/sd_resources/Governor_Certified_Areas_Designations.pdf)