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February 15, 2019

Testimony for the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

Chairman Suellentrop and Members of the Committee:

My name is Christi Nance, 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 share our opinion on the Medicaid dental program with the Committee today.

In 2013, when the Medicaid program in Kansas was redesigned into the comprehensive managed care program we know it as today, Governor Brownback made preventive dental care a priority by requiring all managed care organizations include it in their bid. These preventive dental care services have proven to be one of the most utilized value-added benefits. Prior to 2013, Kansas only covered emergency extractions in the state Medicaid plan. These preventive dental services were the first time many adults enrolled in Medicaid had been to the dentist. Unfortunately, countless people have not been able to take advantage of the benefit, because they first need to have the infection that had built up in their mouth over the years addressed. The years of not having access to dental services means people have developed decay that needs to be addressed with fillings, periodontal services, or extractions before they can benefit from cleanings. However, for the past five years, these services were not covered by KanCare, and therefore many beneficiaries could not access the preventive dental services.

As we welcomed the new round of KanCare contracts in 2019, we were excited to see new dental benefits being offered by the managed care organizations. Each managed care organization has a slight variation on their value-added benefit focused on dental care, and all are increases over what was available in the first KanCare contracts. The table details on the next page their value-added dental services.

We appreciate the recognition the managed care organizations have given to the importance of dental care and its impact on overall health by increasing the dental services they offer to adults. We look forward to working with them to determine what services are being utilized most and where the gaps still exist.

800 SW Jackson, Suite 1120
Topeka, KS 66612

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

www.oralhealthkansas.org

Aetna Better Health	Sunflower Health Plan	United Healthcare
<p>Members 21 years and older receive \$500 per year toward dental services, including: Dental exams/cleanings twice each year, Annual bitewing X-rays, Fillings and extractions, and fluoride treatments</p>	<p>Two dental visits (cleanings, screenings) for adults 21 and older every year. Children are covered under regular Medicaid benefits on most dental services.</p> <ul style="list-style-type: none"> • We provide practice visits to dentists for members with developmental disabilities and children on the autism waiver to help them become more comfortable with dental preventive care visits. • Dentures are covered for members receiving Frail & Elderly waiver benefits. Eligibility is based on determination of need. 	<p>Any member age 21 and over can visit a participating dental provider to get screenings, x-rays, cleanings and filling restorations (silver or white tooth colored). This includes scaling and polishing teeth. Members have a maximum benefit of \$500 per calendar year for covered services.</p> <p>Dentures are covered for eligible Frail and Elderly waiver members at no cost.</p>

In November 2018, the KanCare Oversight Committee also recognized the importance of oral health by making the following recommendations to the 2019 Kansas Legislature:

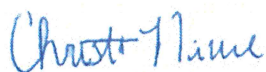
1. Explore KanCare comprehensive adult dental benefits
2. Increase reimbursement rates for dental providers enrolled in KanCare
3. Reintroduce legislation to create dental therapists in Kansas

Oral Health Kansas raised these issues throughout 2018 with the KanCare Oversight Committee, and we are committed to working with the Legislature to make these recommendations a reality in 2019. We will be testifying on the budgets for Department of Health and Environment and Department of Aging and Disability Services about the need to increase the dental benefits available to adults and the raise the reimbursement rate for the first time since 2001. Increasing the rates for dental providers is an important first step in ensuring there is a viable dental provider network in Kansas. We also want to note that the Kansas Dental Hygienists' Association worked to reintroduce the dental therapist bill this year in the Senate. It is SB 11, and while it has not had a hearing yet, KDHA did invite members to meet with legislators two weeks ago to discuss the bill.

I would like to share one last piece of news with the Committee. Oral Health Kansas is working with a team of organizations on a project called the Medicaid Quality Improvement Learning Academy (MeQILA) that is run through the American Dental Association. The team is part of a multi-state collaborative that is identifying ways to improve the quality of dental services in Medicaid programs. Kansas' project is designed to improve access to dental care for kids on the IDD waiver, because we know this population faces challenges in accessing the care it needs. The Kansas MeQILA team includes KDHE, Kansas Dental Association, Community Care Network of Kansas, and Oral Health Kansas. As the team gains a better understanding of the issue and develops a plan to improve access, we will keep the Committee informed.

As the Committee works to guarantee every Kansan has the dental coverage they need, please do not hesitate to contact me (cnance@ohks.org) if Oral Health Kansas can answer questions or otherwise assist the Committee.

Sincerely,



Christi Nance
Policy Director