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Bob Bethell Joint Committee on HCBS and KanCare Oversight Committee September 26, 2022

Chair Landwehr and members of the Committee,

Thank you for the opportunity to provide updates for the Committee. 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.

I want to provide a few updates for you and share some news.

Adult Dental Coverage

Oral Health Kansas and our partners remain grateful for the Committee's support of extending Medicaid dental benefits to adults this year. The 2022 Legislature appropriated \$3.5 million for the services. This was the amount recommended in a study by the American Dental Association's Health Policy Institute, a research group made up of health economists. They prepared a study for Kansas to project the cost of implementing a dental benefit for adults along with where savings can be realized in the Medicaid program. Their report shows that in as little as three years Medicaid will save money on treatment for diabetes, cardiovascular disease, prenatal care, and in emergency room usage.¹

Once the Legislature appropriated the funding for the adult dental coverage, Director Fertig and her team went to work quickly on convening stakeholders and conducting research to identify which services would be added. Oral Health Kansas met with several groups and individuals and conducted stakeholder surveys to determine what their priorities were for the adult dental benefits. We heard from:

- 70 long-term care service providers/advocates
- 18 disabilities care service providers/advocates
- 7 dental professionals
- 2 pregnant people/families advocates

The prioritization of dental needs identified by these stakeholders, along with an analysis of our own consumer call log ranked the needs as follows:

| | |
|--------------------|-----|
| Cleanings | 25% |
| Fillings | 20% |
| Dentures/Partials | 20% |
| Periodontal Care | 14% |
| Root Canals/Crowns | 9% |
| Extractions | 7% |
| Sedation | 5% |

The Division of Health Care Finance determined that **fillings and crowns, as well as periodontal care, will be covered** in the new package.² The package also includes a non-invasive technique to stop cavities called Silver Diamine Fluoride. Kansas is on the leading edge in deciding to cover this effective procedure, and we applaud that.

The benefit package for adults includes the managed care organizations' current coverage of exams, x-rays, and cleanings through their Value-Added Benefits (VABs). This makes Kansas unique, as few if any other states design an adult dental package that includes both state plan services and VAB services. The other policy change the Division of Health Care Finance made was to explicitly state that **non-emergency medical transportation** is available for the newly covered dental services.³ The new dental benefits and transportation policy changes went into effect on July 1.

Oral Health Kansas is working on providing education for consumers and providers about the new dental benefits. We created a short video announcing the benefits and just published a flier for consumers describing the benefits in both English and Spanish.⁴ We are in the process of preparing presentations and exhibits about the new dental benefit for our partners' conferences in the coming weeks and months. I'm pleased to say the Division of Health Care Finance also published a one-page overview of the benefits on the KanCare website in both English and Spanish.⁵ While it is exciting that the new benefits were implemented so quickly, we know the key to successful implementation is a great deal of consumer and provider education. In addition to the materials already created, we plan to develop Frequently Asked Questions for both consumers and providers.

The new funding for adult dental benefits marks the most significant leap forward in our state's coverage of dental care for Kansans who live in poverty, and we know this modest investment will go a long way toward helping people mitigate and manage dental disease, thus improving people's lives and overall health.

New Dental Coverage Checker

This month CareQuest Institute introduced a new [Medicaid Adult Dental Coverage Checker](#). The goal of the interactive tool is to provide states with a clear classification system for Medicaid adult dental benefits. The new tool was developed in partnership with the ADA Health Policy Institute, Center for Health Care Strategies, National Academy for State Health Policy, CareQuest Institute, and advisory committee members. The Checker is a tool for designed for policymakers and advocates to understand where each state's Medicaid adult dental benefits package falls on a continuum from no dental benefits to extensive benefits, helping them identify areas for improvement. It gives an in-depth view of the types and frequencies of services enrollees can receive. The data in the Checker is from 2020, so it does not reflect Kansas' newly covered services. CareQuest Institutes' goal is to update the Checker annually in order to share the most recent updates to each state's coverage of Medicaid adult dental services. We believe this tool will be a valuable resource for advocates and policymakers in our state.

Next Steps on Adult Dental Coverage

In our conversations and meetings with stakeholders over the past few months, it has become clear that two issues need to be addressed sooner than later. Those issues are dentures and sedation dental care.

- **Dentures**

Dentures and partials offer two major benefits to adults who experience tooth loss. According to a report card Oral Health Kansas released earlier this year, nearly a third of older Kansans have lost six or more teeth.⁶ The number six is important because once people lose six or more teeth, mouth function deteriorates.

One such function is the ability to eat a healthy, balanced diet. While inadequate nutrition is in itself detrimental to overall health and wellbeing, many older adults have co-morbidities which can be exacerbated by limiting the ability to eat a healthy diet. An example of such a co-morbidity is diabetes. Eating well is key to achieving diabetic control and therefore, a healthy diet can both increase health for the individual and reduces

burgeoning healthcare costs by lowering the risk of costly diabetic complications. Further, a 2018 cross-sectional study showed people without teeth were at increased risk of presenting with high glycemic levels and had higher odds of hyperglycemia (both demonstrating poor diabetic control).⁷ The provision of dentures and partials is one of the best ways to help those who have lost natural teeth restore their ability to eat nutritious food and maintain a healthy diet. As of 2021, 11.4% of adult Kansans have been diagnosed with diabetes, amounting to an estimated cost of \$2.4 billion dollars annually and, according to the CDC, 61% of annual diabetic spending is for adults aged 65 or over.^{8,9} The high diabetic cost burden paired with high levels of significant tooth loss in this population highlights the need for the provision of a simple way to restore dentition and thus facilitate the maintenance of a healthy diet, namely dentures and partials.

The second reason access to dentures and partials is important is even more simple – dignity. According to a report from the American Dental Association’s Health Policy Institute, nearly 50% of low-income Kansas adults say life in general is less satisfying due to the condition of their mouth and teeth.¹⁰ But we don’t need a report to tell us that people who are missing teeth are embarrassed and even avoid smiling. Smiling is something everyone should be able to do in order to enjoy basic dignity. When people experience tooth loss, dentures and partials give them their smiles back.

Over the past few years Oral Health Kansas has convened a stakeholder group focused improving access to Medicaid dental care for people with disabilities. One of the barriers that comes up frequently is dentures. Provider and consumer advocates report that dentures are a major need, but access to them is spotty at best. In a recent survey of service coordinators one commented, “It can be difficult to get dentures covered for anyone who is not on the FE waiver.” Oral Health Kansas is one of many stakeholders that believes it is time to ensure all people who rely on Medicaid should have access to dentures or partials when they need it. **We urge this Committee to recommend the 2023 Legislature appropriates funding for dentures and partials.**

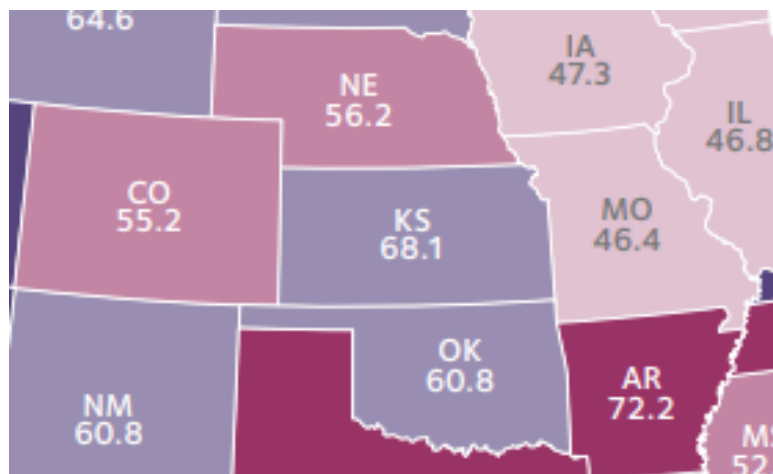
- **Sedation**

Disability advocates, families, and providers have made it clear to Oral Health Kansas and others that sedation dental care is a high priority. The calls we receive from consumers asking for help in finding dental care are frequently about the need for sedation dentistry. Legislative testimony about Medicaid adult dental benefits this year from families focused on the need for sedation dental care. Some people with IDD require sedation dentistry, and for these people there are no other options.

Because the challenges in accessing sedation dental care have become so ubiquitous, Oral Health Kansas formed a Sedation Dental Care Task Force. The group includes each of the KanCare managed care organizations, InterHab, Community Care Network of Kansas, Kansas Dental Association, a dentist and his office schedule coordinator, and a family member. They have met once, and we are scheduling the next meeting now. Their goal is to gain a common understanding of what sedation dental care is, what the challenges are for consumers and families trying to access it, and what structural barriers may be creating those challenges. We plan to meet through the end of the year and develop some proposed solutions. **Oral Health Kansas will keep this Committee updated on the Sedation Dental Care Task Force’s progress.**

Dental Rates

This Committee has been a champion for rates in the Medicaid program, and you supported Medicaid dental rate increases in 2019 and 2020. In February of this year, Oral Health Kansas was invited to give a presentation to the House Social Services Budget Committee about how Kansas' dental rates compare with our neighboring states after the increases. We were able to access data from the ADA's Health Policy Institute and discovered that we compare well.¹¹



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.¹¹

HPI Health Policy Institute

ADA American Dental Association®

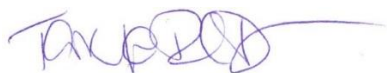
Medicaid Reimbursement as a Percentage of Private Insurance Reimbursement for Child and Adult Dental Services (Updated October 2021)

| 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% | |

This comparison will change soon because the Missouri legislature appropriated funds to dramatically increase their Medicaid dental rates this year. Their new rates are not in effect yet as they are pending CMS approval. An estimate shared by the Missouri Coalition for Oral Health this summer projected the rates could double from what they are right now. Analysis we have heard from our colleagues in Missouri say the new rates will be close to commercial insurance rates. This will be a major change, especially in the border counties. **Oral Health Kansas plans to follow how the new rates are implemented, and we recommend Kansas policymakers to keep an eye on the changes and consider additional increases.**

Thank you for the opportunity to update you on adult dental coverage implementation and to preview the work ahead. I also am grateful for the opportunity to share the new Medicaid Adult Dental Coverage Tracker with you as well as the new about the rate increase in Missouri. I am happy to provide additional information and answer committee questions.

Sincerely,



Tanya Dorf Brunner
Executive Director
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¹ Health Policy Institute, "Estimating the Cost of Introducing Comprehensive Medicaid Adult Dental Benefits in Kansas," <http://www.oralhealthkansas.org/pdf/HPI%20Kansas%20Medicaid%20Cost%20Estimate.pdf>

² KDHE Division of Health Care Finance, Provide Bulletin, "Update to Dental Coverage for Ages 21 and Older," <https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/22140%20-%20General%20-%20Update%20to%20Dental%20Coverage%20for%20Ages%2021%20and%20Older.pdf>

³ KDHE Division of Health Care Finance, Provide Bulletin, "Addendum to NEMT Services for Dental Procedures," <https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/22216%20-%20General%20-%20Addendum%20to%20NEMT%20Services%20for%20Dental%20Procedures.pdf>

⁴ Oral Health Kansas, Medicaid Adult Dental Benefits,
<http://www.oralhealthkansas.org/MedicaidAdultDentalBenefits.html>

⁵ KDHE Division of Health Care Finance, "Kansas Medical Assistance Fact Sheet: Adult Dental Coverage," https://www.kancare.ks.gov/docs/default-source/consumers/benefits-and-services/fact-sheets/adultdentalfactsheetv2.pdf?sfvrsn=1ceb531b_8

⁶ Oral Health Kansas, "2022 Kansas Oral Health Report Card,"
http://www.oralhealthkansas.org/img/2022_Oral_Health_Report_Card-1.pdf

⁷ National Library of Medicine, "Periodontitis, edentulism and glycemic control in patients with type 2 diabetes: a cross-sectional study," <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5873546/>

⁸ American Diabetes Association, "The Burden of Diabetes in Kansas," <https://www.k-state.edu/diningwithdiabetes/documents/Burden%20of%20Diabetes%20in%20KS%202021.pdf>

⁹ Centers for Disease Control and Prevention, "Cost Effectiveness of Diabetes Interventions," <https://www.cdc.gov/chronicdisease/programs-impact/pop/diabetes.htm>

¹⁰ American Dental Association Health Policy Institute, "Oral Health and Well-Being in Kansas," <https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/oralhealthwell-being-statefacts/Kansas-Oral-Health-Well-Being.pdf>

¹¹ American Dental Association Health Policy Institute, "Reimbursement Rates for Child and Adult Dental Services in Medicaid by State," https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_1021_1.pdf