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Bob Bethell Joint Committee on HCBS and KanCare Oversight Committee April 14, 2025

Chair Gossage,

Thank you for the opportunity to share this testimony with 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 oral health by shaping policy and educating the public.

2025 Rate Increase

This year the Legislature invested \$10 million All Funds in a Medicaid dental rate increase. Only 30% of dentists in Kansas are seeing people with Medicaid coverage, so this increase is an integral part of a plan to grow the Medicaid dental provider network.

In 2022, the Missouri Legislature increased their Medicaid dental rates to the level included in the House Appropriations Committee's budget bill. Missouri paired their rate increase with a Dental Medicaid Facilitator program, providing technical assistance to dental offices to help them learn to become Medicaid providers. Within just two years, the results of the combination of the rate increase and Dental Medicaid Facilitator program were decisive:

- The number of Medicaid dental providers in Missouri increased by 449
- The number of Missouri Medicaid members who received dental care increased by over 80,000
- The number of rural counties without a Medicaid dental provider was cut from 36 to 17

This month Oral Health Kansas is launching our own [Dental Medicaid Facilitator program](#) with outreach to dental offices and technical support to help them become Medicaid providers. A November 2024 report from the American Dental Association's Health Policy Institute showed that four out of five dentists say low Medicaid rates is their top barrier.¹ The Missouri experience shows us that combining our new Dental Medicaid Facilitator program with the rate increase just passed will help recruit more Kansas dental offices to be Medicaid providers.

Dental Provider Advisory Group

Last fall Oral Health Kansas formed a Dental Provider Advisory Group. This group includes dentists and hygienists from rural and urban communities and from private practices and safety net clinics. We convene the group to provide them with a forum to discuss challenges they are experiencing to begin to identify possible solutions that can result in meaningful systems change.

Last month the Dental Provider Advisory Group spent time discussing some of the challenges they see in the Medicaid program.

1. No-show rates

Advisory Group members report that their colleagues cite no show rates as one of their worries about accepting Medicaid. The Medicaid providers in the group tell us the no show rates among Medicaid members is not much different than it is for

people with private insurance, but the perception of the issue is a real barrier.

We see the **solutions** for this perceived barrier to be guidance to dental offices about setting no show policies and simply sharing the experiences of Medicaid providers as a way of dispelling the myths. This will be part of the work we do in our new Dental Medicaid Facilitator program.

2. Red tape

Advisory Group members tell us that red tape is a real barrier for most dental offices. This can include shifting policies on eligibility determination, changes in which services require prior authorization, and a low success rate in overturning claim denials.

There could be a wide variety of **solutions** to these red tape barriers, and most involve more conversations with the MCOs and the Division of Health Care Finance. We regularly convene meetings that include the MCOs and Medicaid staff, and we will be sharing this feedback to begin conversations about how to address each. There will never be a perfect system, but sharing the experiences and perceptions among dental providers can help everyone create better systems and more effective guidance for providers.

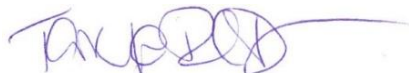
3. Rates

For the rates paid for dental care to be sufficient for dental offices to accept Medicaid, they must include sufficient funding to cover the dental care itself as well as supplies and administrative services. For example, many providers have a staff member entirely dedicated to billing Medicaid and managing claim denials.

The **solution** for the rates barrier is a rate increase. The funding approved by the Legislature this year will begin to address this issue, but because the amount approved is less than the amount needed to increase all of the rates, only some dental services will see rate increases this year. We are committed to working with the Division of Health Care Finance and providers to identify the services that will be most impacted by a rate increase this year. We also will continue to collect more information and will come back to the Legislature in the 2026 Session to finish the job and request sufficient funding to raise the rates to a level that will break down the rates barrier for more dental offices.

We remain grateful to this Committee for your study of the complex issues around Medicaid dental care, and we thank you for your leadership in improving the dental program in Kansas. Thank you for the opportunity to share this testimony. I am happy to answer any questions you may have.

Sincerely,



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¹ American Dental Association's Health Policy Institute: "[Barriers to Dental Care Among Adult Medicaid Beneficiaries: A Comprehensive Analysis in Eight States](#)," November 2024