

Bob Bethell Joint Committee on HCBS and KanCare Oversight Committee October 6, 2026

Board of Directors

Charles A. Abbick, DDS
Salina Family Healthcare Center

Tami Allen
Families Together, Inc.

Melanie Simmer-Beck, PhD, RDH
UMKC School of Dentistry

Kent Haverkamp, MD
Blue Cross & Blue Shield of Kansas

Jill Jenkins, DDS
Jenkins Dentistry for Kids

Shane Lewis
Self Advocate Coalition of Kansas

Davette McCoy, MHS, RDH, ECP III
Kansas Dental Hygienists' Assoc.

Debra Meisenheimer, BS, MS, CPC

Trina Morgan
Kansas Children's Service League

Debra Pochop
Rawlins County Dental Clinic

Michelle Ponce
Association of Community Mental Health
Centers of Kansas

Kevin Robertson, MPA, CAE
Kansas Dental Association

Linda J Sheppard, JD
Kansas Health Institute

Shannon Uehling
Sunflower Health Plan

Chairman Carpenter and members of the Committee,

Thank you for the opportunity to share this testimony with the Committee. My name is Brooks Robertson, and I am the Executive Director of Oral Health Kansas, Inc. We are the statewide consumer advocacy organization dedicated to promoting lifelong oral health by shaping policy and educating the public.

Legislature's 2026 Investment

Thank you for your investment of \$2 million SGF in a Medicaid dental rate increase this year. An adequate and stable Medicaid dental provider network is essential to ensuring that Medicaid members statewide can access timely, essential oral healthcare. We are beginning to see encouraging signs that investment in reimbursement can increase provider participation.

While the provider network remains insufficient, providers tell us they are encouraged by the legislature's commitment to the Medicaid dental program and are taking another look at Medicaid. We also hear from existing Medicaid providers who are now considering staying in the network. These are early signs of what this investment in Medicaid rates can achieve; a program that dental providers can feasibly join and Kansans can appropriately access.

We are grateful to the KDHE Division of Health Care Finance for valuing Kansas dental providers' perspectives on the allocation of your rate investment. The rate increase is scheduled to take effect October 1, 2026. Oral Health Kansas and our partners are prepared to update providers on the upcoming rate changes and continue providing technical assistance to both new and existing providers through our Medicaid Dental Provider Facilitator program.

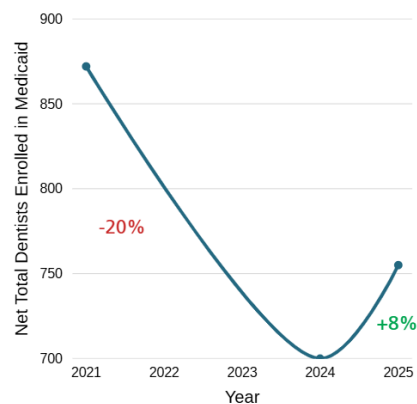
While the appropriated funds will increase reimbursement for certain dental services, the significantly low baseline rates and limited ability to meaningfully impact all dental codes mean that Kansas Medicaid dental rates for most services will still fall significantly behind neighboring states, and even further behind commercial insurance and rates set by dentists. Our recommendation builds on an approach that is already showing results. Increasing reimbursement to levels that allow dental practices to sustainably participate is producing measurable gains and offers a clear path to building on the investments you have made in the Medicaid dental program over the past several years.

Provider Participation Is Improving, but Remains Insufficient

As previously reported, from 2021-2024, the Medicaid dental provider network suffered a 20% loss in the net number of dentists enrolled in the system. Your investments, paired with supports put in place by Oral Health Kansas and partners, have helped to stabilize

the rate of attrition, with a net gain of 45 providers enrolled in the system between July 2025 and June 2026, with the greatest gains coming after the 2025 rate increase was implemented in July last year. The next rate increase, approved for implementation October 1, 2026, provides another opportunity to build on this progress.

While these are promising developments, as of June 2026, only 20% (n=314) of Kansas dentists actively billed for Medicaid dental services, and even fewer, 15%, billed for 10 or more unique Medicaid members. Of those who actively billed, only 31 dentists billed Medicaid in an FQHC/Community Care setting, underscoring the need to continue attracting private practice dentists to grow the provider network. The distribution of Medicaid dental providers also continues to disproportionately impact rural communities, particularly in Western Kansas.



Providers Identify Reimbursement as the Primary Barrier

As you know, earlier this year, Oral Health Kansas and the Kansas Dental Association, with assistance from Community Care Network of Kansas, conducted a survey of dental providers to ask their priorities for the 2026 rate increase. When asked what would encourage more dental offices to participate in Medicaid, the overwhelming majority of responses identified higher reimbursement rates and parity with surrounding states and commercial insurance. One response particularly captured the challenge:

"[Low reimbursements] have made it difficult for many offices to do charitable work through Medicaid. Until reimbursements increase across the board, it's hard for me to see many dentists becoming Medicaid providers. Our profit margins have shrunk too much in the past several years to be able to afford it."

A sustainable Medicaid system does not depend on providers subsidizing Medicaid services with other operational revenue. This is essential and skilled healthcare, not charitable services, and it needs and deserves sustainable reimbursement.

This feedback comes at a challenging time for the dental economy. Office overhead is increasing faster than overall inflation, while reimbursement rates are not keeping pace with the cost of delivering care. Kansas dental providers also highlighted the impact of low Medicaid rates on their practices as small businesses and local employers.

"The cost of doing dentistry and paying wages to employees increases every year. Medicaid rates cause dentists to actually lose money."

“Increased reimbursement...would help offices [to] continue accepting Medicaid patients while maintaining quality staffing, materials, and timely access to care. Recruitment and retention of providers and clinical staff are becoming increasingly difficult with current reimbursement structures.”

Recommendation

To build on the progress made through recent investments and establish a Medicaid dental provider network that can meet the needs of Kansans statewide, **Oral Health Kansas’ request is for this Committee to recommend to the 2027 Legislature to complete the Medicaid dental rate increase with an \$11M SGF investment.**

The recent investments are beginning to produce measurable improvements in provider participation, but continued investment is needed to retain current Medicaid providers, encourage additional dental practices to participate, and improve access to timely dental care throughout the state.

There is no back up plan. When people can’t find a dentist who accepts Medicaid or community dental clinic that has openings available, there is nowhere to go. People go without care.

We at Oral Health Kansas, and our partners across the state, are more prepared than ever to support dental offices to become successful Medicaid providers. Our [Medicaid Dental Facilitator program](#), [educational resources](#), and [provider guidance](#) are available at no cost to all Kansas dental providers. With your commitment to support dental providers, small businesses, and the health of Kansans, together we can continue to take strides toward a sustainable, health promoting, and cost saving Medicaid dental program.

Additional Coverage of Essential Dental Services

In the survey, and via our Dental Provider Advisory Group, providers highlighted two important dental codes that are currently not covered by Medicaid, D2950, “Core Buildup” and D7283, “Placement of device to aid the eruption of an impacted tooth”. Both are key steps in dental treatments in which all other steps in the procedure are covered, but for some reason, these codes are not yet covered in Medicaid. **Oral Health Kansas respectfully asks the Committee to recommend adding these services to the list of Medicaid covered dental services.**

Code D2950- Core Buildup

A core buildup is a necessary structural step for some teeth with extensive loss of tooth structure before an indirect restoration can be placed. It is not the crown itself; it provides the structural support needed to ensure the crown, which is covered, can be properly placed and retained.

Code D7283- Placement of device to aid the eruption of an impacted tooth

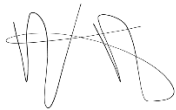
Code D7283 covers placement of a device on an impacted tooth to guide it into the correct position in the dental arch. Examples of devices include orthodontic brackets, buttons, or chains. It does not cover

exposing or uncovering the tooth. Although this service is expected to be minimally required, this is an essential step for certain cases.

Addressing gaps in covered services such as these is another critical aspect of building a Medicaid dental program that works for both patients and providers. Just as adequate reimbursement is necessary for providers to participate sustainably, coverage of the essential components of dental treatment is necessary for Medicaid members to receive complete and timely care.

We remain grateful to this Committee for your commitment to bold leadership in improving the dental program in Kansas. Thank you for the opportunity to provide this testimony. I am happy to answer questions at the appropriate time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brooks Robertson', with a stylized, cursive script.

Brooks Robertson
Executive Director

brobertson@oralhealthkansas.org