



Health and Human Services Committee March 13, 2012

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Madam Chair and members of the Committee, thank you for the opportunity to provide testimony about HB 2573. 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. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

The advent of managed care for all Kansas Medicaid beneficiaries known as Kancare is significant. For the first time in Kansas all the dental services provided through Medicaid will be provided through managed care. Comprehensive dental services are available for children, and emergency dental services (extractions) are available for adults. The managed care organizations that will be awarded contracts for KanCare also have the ability to offer additional dental services for adults through their value-added services. The KanCare goal of integrated, whole-person care makes sense, and including oral health in the overall health services provided can make that goal a reality.

Given the scope of the change of the Kansas Medicaid services, Oral Health Kansas believes it is essential that legislative oversight of the KanCare program be in place. The most recent significant change to the Kansas Medicaid program occurred when the program was transferred to the independent Kansas Health Policy Authority. The legislative oversight provided at that point in time included routine review of the program, data, consumer satisfaction, etc. through the dedicated Health Policy Oversight Committee. We would urge a similar legislative structure be designated to provide routine oversight for the KanCare program.

The addition of dental services to Medicaid managed care for the first time merits the need for legislators and members of the public to have regular access to data about provider network adequacy as well. Only 25% of the state's dentists currently participate in the Kansas Medicaid program. The added complexity for dentists of enrolling as providers with three managed care companies means oversight needs to be in place to be certain the provider network does not shrink. Kansas Medicaid beneficiaries will be best served when the dental provider network available to them is reasonable and adequate, and data about the network must be transparent.

Thank you for the opportunity to provide this testimony. I am available to answer any questions.

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