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Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

Chairman Crum and members of the Committee, thank you for the opportunity to talk with you today about the KanCare program. 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.

We believe access to oral health is of critical importance for all Kansans, and we believe access does not mean just one thing. Oral health access is akin to a three-legged stool. The legs are access to a provider, access to a payment source, and willingness desire to access services. With our partners in the oral health field, we are working to build each of the leg of the stool.

Medicaid Dental Services / KanCare

When KanCare launched in 2013, each of the MCOs included a value-added preventive dental services benefit for adults. Prior to this, the only dental services available to adults were emergency extractions. Since the advent of KanCare, Governor Brownback has hailed the new preventive dental benefit as one of the new services available through the managed care program. He has done so with good reason. The preventive dental benefit marks the biggest step forward in our state's history in terms of addressing the dental needs of the state's most vulnerable adults.

We applaud the addition of the benefit. We also know that this is just the beginning. The people who are covered by this benefit are very low-income and likely have experienced many years of dental neglect. Each year at the Kansas Mission of Mercy, 92-93% of the people who seek dental care are adults. This is because they do not have other options. Exit polls routinely show that people who received care did so because they could not afford to pay for dental care elsewhere. Thus, preventive services like cleanings are a wonderful thing, but they do not meet the urgent needs of people who line up for days to receive dental care. It's also often impossible to provide dental cleanings for people who have decay and cavities and need fillings and root canals in order to be restored to dental health.

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Based Services and KanCare Oversight
November 18, 2014
Attachment 6



The remaining 7-8% of people who seek care at Kansas Missions of Mercy are children. The small percentage is primarily due to the fact that children by and large have access to dental coverage. Dental coverage is required in the Medicaid and CHIP programs for children. Thus, children who enroll in Medicaid or CHIP have access to dental care.

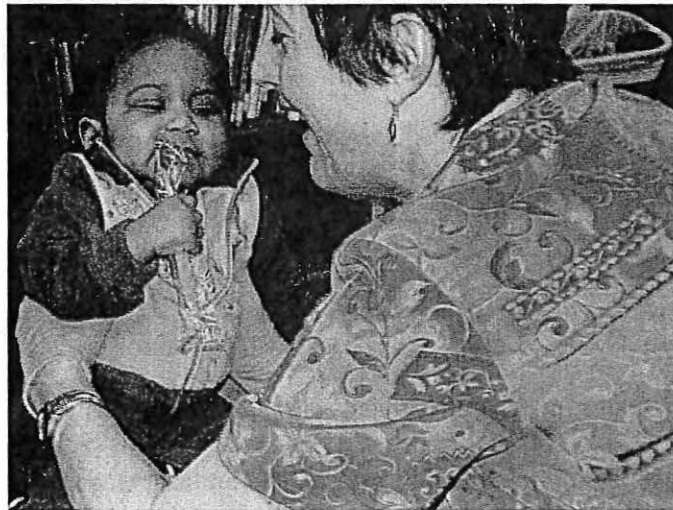
CMS Oral Health Initiative / Kids' Oral Health

Last month KDHE applied for a technical assistance project from the Centers for Medicare and Medicaid Services (CMS). CMS has an Oral Health Initiative, which is designed to increase the percentage of children on Medicaid and CHIP who receive a preventive dental service and who receive a dental sealant. CMS is asking all state Medicaid programs to increase these measures by ten percentage points

by 2015. Our state has been awarded a technical assistance project to develop a plan to meet this goal, thereby increasing the number of Kansas kids who receive preventive dental services.

Kansas, along with Florida, Michigan, Utah and the District of Columbia, will receive help over the next six months to develop the plan. A group of stakeholders will join KDHE and MCO staff to develop and implement a plan, including Oral Health Kansas, Kansas Head Start Association, Kansas Action for Children, Kansas Association for the Medically Underserved, Kansas Dental Association, and Kansas Dental Hygienists' Association. We thank KDHE for the initiative to apply for this technical assistance project, and we look forward to working with them to implement it.

CMS set a goal for Kansas to increase the percentage of kids who receive a preventive visit from 41% in FFY 2011 to 51% in FFY 2015. Kansas already has increased the percentage to 46. While we cannot say this conclusively, we believe a key factor in the increase before the technical assistance project even started is the KDHE Bureau of Oral Health's outstanding school screening and sealant programs. Since 2010, the Bureau has used a network of hygienists and safety-net clinics to screen children's oral health in schools and provide sealants. In the 2013-14 school year, over 150,000 Kansas kids were screened in 89 counties. The number of kids with untreated decay has dropped from 19.1% in 2010-11 to 15.81% in 2013-14. We have made a lot of progress in learning about the dental needs of Kansas children and beginning to meet them simply because the department has dedicated itself to this program. According to the department's "2012 Smiles Across Kansas" report, "Preventive interventions such as oral health education, fluoride and sealants can provide the most cost effective, painless and impactful results in reducing dental disease."



KanCare Data

This fall, we requested and received KanCare dental claims data for calendar years 2012 and 2013 from KDHE. We wanted to learn how dental services have been impacted by the KanCare transition. We are just beginning to analyze the data, but we already can see a few things worth pointing out:

1. Dental sealants and fluoride varnish were the most billed Medicaid service both before and after the KanCare transition. These services are provided primarily to kids in order to strengthen their teeth for the short and long-term. As mentioned earlier, they are the most cost-effective way to reduce dental disease.
2. The number of cleanings conducted on adult teeth increased quite a bit from 2012 to 2013, but the number of people receiving the service remained low. It is clear this is a service that is

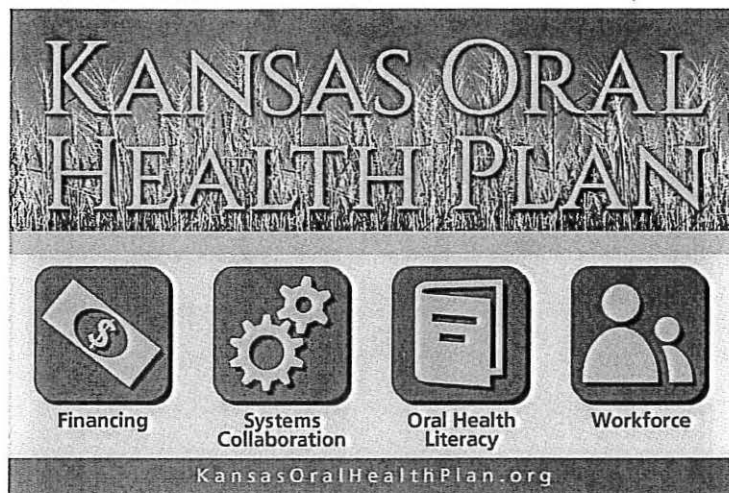
important to the oral health of adults, and much more can be done to increase the use of the service.

We will convene a group of stakeholders to help analyze the claims data to determine how we all can use the data to improve the dental outcomes for KanCare beneficiaries.

Recommendations

This committee has been dedicated to understanding the KanCare program and helping to make sure it meets the needs of low-income Kansans. We appreciate the work of the committee and its study of these complicated issues. In particular, this committee has studied the connection of oral health to overall health over the last few years and has made recommendations to continue the study of these issues in order to improve the oral health of Kansans.

Stakeholders in the dental community spent the last six months developing a new Kansas Oral Health Plan. The plan can be found on a new website: www.kansasoralhealthplan.org. The plan will launch in 2015 and will guide the work of the community through 2017. It includes objectives related to four goal areas: financing, systems collaboration, oral health literacy, and workforce.



The overall financing goal relates most to the subjects discussed here. It is:

“Kansans have a way to pay for high-quality, affordable dental services. Dental parity and consumer understanding of insurance policies are essential elements of success.”

The financing goal includes objectives to develop a comprehensive dental benefit for all KanCare beneficiaries and increasing the number of children who receive preventive dental services. We urge the committee to make recommendations to the Legislature to address these issues as well:

1. Encourage more promotion of the adult preventive dental benefit.
2. Study the cost effectiveness of adding restorative dental services for adults.
3. Support the state’s efforts to increase the number of children receiving preventive dental services through the CMS Oral Health Initiative.

Thank you for your time. I am happy to stand for any questions.