November 14, 2016

Representative Dan Hawkins, Chairman and members of the KanCare Oversight Committee:

I would like to share with you my experiences working with the KanCare program. I am a pediatric dentist in Olathe, Kansas and I have been a provider of dental care for Medicaid eligible patients since 1983. The patients with Medicaid/KanCare I have seen over this time are primarily those who are least able to impact their financial status; primarily children and those with special healthcare needs. Mahatma Ghandi said, "A nation's greatness is measured by how it treats its weakest members." I wholeheartedly agree with this and feel this is also true for our state and local communities. I believe patients who must rely on public funding for their medical and dental care deserve the best healthcare we can provide just as every other citizen of our great state. There is a responsibility and obligation to do whatever is necessary to assure this is possible, and it is apparent Kansas is failing in this regard. It is my opinion that the current KanCare system is the most difficult and the most disorganized Medicaid system offered through the state of Kansas that I have dealt with in my practice. I have participated in the various iterations of the Kansas Medicaid system over the last 33 years even though there have been difficulties and it has been costly to my practice to do so. My experience with the KanCare system, and that of my business office team over the last 3 years has been even more difficult and therefore more costly to my business than ever before for many reasons.

My practice's administrative burdens and associated costs increased by a factor of three with the beginning of KanCare. It began with the promise of easier credentialing as a provider within KanCare. Originally, I was required to submit three separate credentialing applications to the three MCO's as well through a fourth organization, CAQH which was initially touted as a centralized credentialing service for the KanCare program. Needless to say, this was far from easier than the one application in the years previous. It is my understanding that some new dental providers have waited as long as six months to have their initial KanCare provider status approved. The application and the agreement that a dental provider must sign is many pages longer than similar applications and agreements in the private sector. It would be a great improvement in efficiency within this process if a single application using a single credentialing system was available. The American Dental Association provides a free credentialing service for their members that I would recommend that KanCare utilize for the dental portion of the program.

The MCO's are slow to adopt new processes required by federal rules. Notably, when CMS required the use of the new ICD10 codes for certain dental procedures in addition to the standard CDT codes, their processing software, was unable to accept some of the longer character ICD10 codes submitted electronically. Claims were returned to us as rejected and my team was then required to file a paper claim which were also initially rejected. A substantial amount of time was spent working with both our claims clearinghouse and Scion representative to determine why the Scion system would not accept the longer diagnosis codes. Claims with the longer diagnosis codes were notoriously lost or slowly processed by the MCO's even after our multiple attempts to rectify the situation.

Scion's separate contracts with the 3 MCO's was nebulous to participating providers which caused difficulties with problem resolution on many issues. When my business office team has had claims submission issues or problems with any of the 3 MCO's websites, after contacting Amerigroup, United Healthcare or Dental Health and Wellness representatives, they were often

routed back to Scion representatives who were frequently not able to rectify problems. This required additional phone calls back to the MCO's. Adding additional frustrations and time, Scion has not, until recently, provided customer service to the dental provider in the form of a useful provider representative with whom to interact. In general, provider representatives are made available to participating providers by insurance companies to help resolve issues encountered regarding claims and other issues that might arise. In the case of Scion, when attempting to contact the provider representative, emails would go unanswered and phone calls were met with a message indicating that all claims issues should be directed to the MCO offices.

The three MCO's have different provider manuals which spell out the rules and regulations regarding the various plans they offer to the covered individual. Providers are expected to know which plan each patient has as well as the intricacies of each plan regarding coverage. Prior to KanCare, letters were sent to providers when changes to the plans were made. This was infinitely more helpful than the current system where the MCO's have indicated that it is the provider's responsibility to keep apprised of changes made to individual plans by regularly reviewing the manuals on the MCO websites.

On many occasions claims are submitted and denied by the Scion managed MCO's for reasons that in most cases are the result of their software rejecting the claim due to 'glitches' in their software. My team would then be required to submit the claim as a paper claim which many times we would be told was never received. As the final insult, the claim would be denied for a failure to file the claim within the allowed time frame after the procedures were performed.

In a similar fashion, my team regularly submitted prior authorizations for planned procedures. These prior authorizations would be received by my team with an indication that they were approved. The procedures would be performed and then the subsequent claim submitted would be denied in whole or in part. This would lead to additional time and effort expended by my team on wholly unnecessary phone calls and emails to resolve the issues.

On a related note, prior authorizations and claims for Amerigroup and United Healthcare for our extensive cases requiring outpatient anesthesia services had to be submitted on their individual portals instead of through our practice software. This was different than every other insurance company with whom we work. It was incredibly time consuming and made tracking of the timeliness of these claims very difficult.

The systems that the MCO's have created to track participant eligibility are difficult to negotiate and are not uniform. The systems that have been created to track claims are not similar and are not set up to be simply navigated by the dental teams who must negotiate them. This again leads to unnecessary time and effort spent by my team.

The last increase in Medicaid reimbursement rates for dental services was in the year 2001. The cost of providing every service in healthcare has increased over those fifteen years. Dental care has not been immune to the increased costs associated with providing care. It has become increasingly difficult to maintain the ability to continue to provide care for patients covered by Medicaid for many dental practices across the state of Kansas. The dental reimbursement rate in Kansas ranks in the bottom half of all states in the country when compared to private insurance reimbursement rates. In my practice, the reimbursement rate falls approximately *15-17% less than the actual cost of providing the services*. This creates a difficult situation for all private dental practices in Kansas. They have a sincere desire to provide the very best care to the

children and special needs patients but struggle with the financial reality of dwindling reimbursement.

In July of this year, the Governor saw fit to cut KanCare reimbursement rates by 4%. I believe that this was an ill-conceived plan and has caused untold damage to the KanCare program. The reality is that many private dental practices have and are continuing to withdraw from the KanCare program. The financial burden of inadequate reimbursement as well as the increased overhead costs to manage the systems has taken too much of a toll on these practices. It must be fixed if we as a society are to fulfill our obligation to the patients we are responsible for caring for.

We have a responsibility to those quiet voices whose utter dependence on us provides a moral imperative. Research has shown that good oral health is the cornerstone of good overall health. We can help to assure this for Kansas children and adults with special needs with continued support of local private dental business owners as they endeavor to do the right thing for these patients, even at the current cost to them personally.

In his last speech, President Hubert Humphry said, "...the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life; the sick, the needy and the handicapped." I believe all would want Kansas to pass this test. I ask that you help assure that all Kansans have the same access to care they so deserve by insisting on improvements and repairs to the KanCare program. In doing so, you can also help Kansas be known as a great state that treats its weakest, quietest members with the respect, dignity and compassion they deserve as any other resident.

Sincerely,

John T. Fales, Jr., D.D.S., M.S.
President, Kansas Dental Association
President, Kansas Association of Pediatric Dentists