

July 26, 2016

Dear KanCare Advocates Network and CMS Representatives:

I am writing to voice my concern about Governor Brownback's proposed cuts to the Kansas Medicaid Program (KanCare), specifically with regard to dental care for children and patients of all ages with special healthcare needs.

I have participated in the Kansas Medicaid Program since 1983 providing dental care to thousands of children and adults with special needs who have this insurance coverage. I've seen many changes in this program over the years and believe I have a better than average understanding of the numerous patient and provider challenges. Regardless, I have continued in this program because I believe those who are less fortunate or unable to change their own socio-economic status deserve access to the same quality local dental care as others in their community. Children and adults with special needs represent "the least of those" in our society. They are the least able to provide for themselves. They are the least able to affect change in their lives. In the case of those with special needs, they are the least able to determine their fates or futures. Without resources, these folks also have the quietest voice in the advocacy and lobbying arena in our legislative process. Those of us who provide care, allocate funding and thereby legislate the constraints that control the lives of these individuals have a high level of obligation to respect these vulnerabilities and act with responsibility and compassion.

Cutting reimbursement rates for KanCare dental benefits is a recipe for disaster for those covered by this program. From a financial standpoint, private dental providers are already stretched to the breaking point in their attempt to provide care for these individuals. The KanCare program has a number of administrative issues affecting private dental practitioners. Specifically, two of the MCO's that are connected to the Scion network have repeatedly rejected claims from my office for capricious reasons and are almost unresponsive to our concerns when voiced.

As an example, within the last year, dentists were required to use ICD 10 codes for oral surgery dental code claim submissions. Claims were rejected repeatedly and my team was informed that one of the ICD 10 code digits was missing from our claims. (ICD 9 codes were 6 digits and the new ICD 10 codes are 7 digits). My team investigated and discovered that in fact, the correct codes had been correctly submitted and after many phone conversations, we were told by the Scion people that their software needed updating but there was no timetable for this. Meanwhile we would need to resubmit the claims on paper and forward all of the information previously transmitted electronically on paper. This leads to additional costs in my office and makes the meager reimbursement for claims even more meager. Many small offices don't bother to follow-up on these rejections because they don't have the office manpower available to spend additional expensive staff member time. This is but one example of the issues private dental providers must contend with while working with the KanCare system.

Even with the rising costs of providing care over the years with no increase in KMAP fees in the last 15 years, I have remained committed to the program and consider it an honor to be able to care for these patients. However, with certainty I believe most private dental KanCare providers will be faced with an incredibly difficult decision as to their continued ability to participate in this program if the proposed 4% cut in reimbursement becomes a reality. A 4% decrease in reimbursement will likely be the death knell for KanCare's ability to provide local access to dental care for these patients without an adequate number of dental providers.

The Kansas Medicaid Program has never provided a reimbursement level that allows the private dental provider to even cover the basic overhead cost of the care provided. As an example, my office overhead approximates 70% of what is billed to patients. Last year, I was reimbursed at the rate of 41% of all billings to KanCare. In other words, KanCare did not cover 29% of the *actual cost of the care* I provided. I personally make up the difference between the cost of overhead and the reimbursement for this care. Using my office's KanCare totals for 2015, a 4% cut to KanCare reimbursement would mean an additional shortfall to cover my *actual cost* for providing care of \$7500.

Without the continued ability to pay for the shortfall in the actual cost of care for these patients, I fear private dental practitioners may no longer be able to pay for the privilege of being able to provide their care. I believe this will result in even greater reductions in access to care for children and adults with special needs.

I understand the need to balance the budget for our state. I believe, however, this the wrong place to do that. We have a responsibility to those quiet voices whose utter dependence on us provides a moral imperative. 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. Already, I know of a number of Kansas private dentists who have decided to no longer participate in the KanCare system.

There are many states around the country where adjustments have been made to the dental Medicaid reimbursement levels. I can name several where children can access care at much better levels than in Kansas. I have a good friend who is a dentist in Connecticut and he relates that in that state, dentists call the state asking if there are any children needing care and they are told that there are none. According to an American Dental Association Health Policy Institute Study, the Texas Medicaid program increased reimbursement rates by more than 50% in 2007 and by 2010, dental care usage among Medicaid covered children actually exceeded the rate among children covered by commercial dental insurance.

Just this past weekend, I participated in the Minnesota/North Dakota Mission of Mercy. It was held in Moorhead, Minnesota which is across the Red River from Fargo, North Dakota. Interestingly, I have been told that Minnesota ranks at or near the bottom nationally in reimbursement percentage for dental care. North Dakota is near the top of the country. I worked in the pediatric clinic for 2 days, Friday and Saturday, where I was privileged to provide care to 24 children. Interestingly, of these 24, all but one child was from Minnesota. One was from Wisconsin, 8 hours away from Moorhead, and not a single child came from North Dakota which is right across the river from Moorhead, a distance of less than 1 mile! It seems pretty obvious to me that the reasonable reimbursement rate, in North Dakota, equals high access to care and the low reimbursement rate, in Minnesota, equals low access to care. Kansas is only slightly better than Minnesota in reimbursement rate levels.

I have a single question for CMS. When does the federal government step-up and enforce the mandate to the states to provide access to care within the Medicaid program? Kansas does not meet this mandate from what I can see. If Kansas decided to do away with seatbelt laws, the federal government would immediately withhold federal highway dollars. Are the children and special needs patients, covered by Medicaid, that I care for, not worthy of this same enforcement?

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. Please do not allow further cuts to KanCare benefits as Governor Brownback has requested. I ask that you help assure that all Kansans have the same access to care they so deserve. 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.

Thank you for your time and your service to our country and our great state.

Sincerely,

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President, Kansas Dental Association
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