June 22, 2016

Ginny Mahoney
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CC: Donna Balaski, D.M.D.
Department of Social Services
Division of Health Services
Dental Unit
55 Farmington Avenue
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Re: Proposed Medicaid State Plan Amendment (SPA) Children’s Dental Reimbursement Reduction (SPA 16-022)

Dear Ms. Mahoney:

The American Academy of Pediatric Dentistry (AAPD)\(^1\) writes in opposition to the across-the-board reduction to children’s Dental Medicaid in Connecticut that will take effect on July 1, 2016. As advocates for children’s oral health, the AAPD has long promoted effective dental Medicaid programs that guarantee eligible children access to comprehensive dental benefits and the establishment of a true dental home. The proposed 5% reduction in reimbursement rates for services provided under the Connecticut Dental Health Partnership will negatively impact this goal.

\(^1\) The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children’s oral health. As advocates for children’s oral health, the AAPD promotes evidence-based policies and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its 10,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents and individuals with special health care needs.
As analyzed in a report from the Connecticut Health Foundation, the fee increases as a result of the Carr v. Wilson-Coker lawsuit settlement have had a significant impact on improving access to oral health care for children in the state:

1. “Higher Medicaid reimbursement rates and improved administrative structure encouraged many more private practice dentists to treat children insured under HUSKY A.
2. Utilization rates of children continuously enrolled in HUSKY A increased from 46 percent in 2006 to nearly 70 percent in 2011.
3. Nearly all of Connecticut’s 169 cities and towns, including the ten with the greatest concentration of children on HUSKY A, experienced significant utilization rate increases.
4. Increased private dentist participation in the Medicaid program directly contributed to greater access to oral health services among low-income children.”

That report further recommended that:

“Medicaid reimbursement rates must be periodically adjusted to mirror private insurance rates.”

An analysis titled “The Impact of Medicaid Reform on Children’s Dental Care Utilization in Connecticut, Maryland, and Texas” concluded that:

“Increasing Medicaid dental fees closer to private insurance fee levels had a significant impact on dental care utilization and unmet dental need among Medicaid-eligible children.”

In summary, Connecticut has been a model state for Medicaid dental reform. There has not been a fee increase since the Carr v. Wilson-Coker lawsuit settlement in 2008. However, since that time, the cost to deliver care has risen. The cost of supplies, general overhead, and the cost to meet HIPAA requirements have grown while the reimbursement rates for service have remained stagnant. Following the Centers for Disease Control and Prevention recommendations for infection control has also increased the costs for providing quality services with a focus on safety for patients.

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Therefore, an across the board decrease to fees would further damage dental operations across the state.

The AAPD promotes greater provider participation and patient utilization under Medicaid, with an increased focus on early childhood intervention. Dental caries is the most chronic disease among children, but early intervention results in lower costs, especially for emergency room care, as well as improved overall oral health. Since Connecticut ranks highest in the country for the percentage of children covered by Medicaid, a 5.6% reduction in reimbursement could result in 24,000 to 81,000 fewer individuals receiving a dental visit. **This Medicaid cut will result in the loss of dentists participating in the program and will hinder health equity in Connecticut.**

The AAPD knows you share our concern for oral health care that affects all of us as a community, and presently the future of oral health care for children in Connecticut. We support efforts to consider the best option for meeting Connecticut’s state budget goal while not negatively impacting child oral health services. We urge you to reconsider an across-the-board decrease in fees, in favor of a reduction to specific services that are less essential to children’s oral health care.

Sincerely,

Jade Miller, DDS  
President

John S. Rutkauskas, DDS, MBA, CAE  
Chief Executive Officer