

February 12, 2021

The Honorable Sen. Michelle Benson, Chair
Senate Health & Human Services Finance & Policy Committee
95 University Avenue W.
St. Paul, MN 55155

The Honorable Rep. Tina Liebling, Chair
House Health Finance & Policy Committee
100 Rev. Dr. Martin Luther King Jr. Blvd.
Saint Paul, MN 55155

RE: Concerns with Gov. Walz’s Proposed Dental Reimbursement Reform

Dear Chair Benson, Chair Liebling, and Committee Members,

We, the undersigned dental providers, make up the Minnesota Safety Net Oral Health Alliance (the “Oral Health Alliance), a coalition of Critical Access Dental (CAD) providers who provide oral health care to underserved communities across the state. As a coalition, we provided care to over 250,000 patients in 2019. Safety net dental providers like us serve approximately two-thirds of all state program enrollees in Minnesota. We utilize a variety of evidence-based models—including permanent brick-and-mortar clinics, spoke-and-hub service delivery models, or teledentistry—which enable us to reach people in the most remote parts of Minnesota.

The Oral Health Alliance would like to thank Gov. Walz and Commissioner Harpstead for the significant investment in the oral health of low-income Minnesotans contained in the governor’s budget. A sizable influx of new dollars into the program is absolutely necessary if we hope to address the very real and growing problem low-income Minnesotans face when attempting to access dental services. However, the Minnesota Oral Health Alliance does have concerns with the proposal as it was released in late January.

Specifically, the Oral Health Alliance is concerned that any rate reform proposal that repeals the CAD, rural access, and children’s rates enhancements runs the risk of jeopardizing the fiscal solvency of safety net dental providers. In general, CAD providers are safety net providers whose entire clinical model revolves around the unique needs of the Medical Assistance population. Whether it is serving low income children in schools and Head Start facilities, treating individuals with disabilities and older Minnesotans in their places of residence, or staffing dental clinics with bilingual health care professionals to serve immigrant and refugee populations, critical access providers have stepped up to fill an important role in the dental community and are uniquely suited to provide high quality care to the patients they see.

Unfortunately, the governor's proposal would repeal these rate enhancements in favor of an across-the-board rate increase. The Oral Health Alliance is concerned that the proposal's reliance on the historical Medical Assistance fee-for-service rate does not accurately reflect what critical access providers are currently being paid and therefore creates a very real possibility that these essential safety net providers could see a reduction in reimbursement as a result of the reform. We believe that any proposal that reforms the manner in which Medical Assistance dental services are reimbursed should recognize the unique role we play in our service delivery system.

Additionally, CAD providers have historically been an essential source of dental care for members of the Black, Indigenous and People of Color (BIPOC) communities. As a result, they have adopted a variety of culturally-competent care delivery models. However, needs continue to go unmet. In its report this winter, the House Select Committee on Racial Justice noted:

Low-income children and families and BIPOC Minnesotans are most severely affected. BIPOC children in Minnesota are less likely to receive dental sealants to prevent cavities and more likely to have untreated cavities than their White peers. Among adults, Black and Indigenous men have the highest rates of oral cavity and pharyngeal cancers. Poor oral health is an indicator for many chronic health conditions such as heart disease, arthritis, stroke, etc.

Relying on private practice dental providers is unlikely to result in the provision of culturally competent care to BIPOC communities. That was one of the reasons that the Select Committee concluded that the state "increase investment in the Critical Access Dental Payment Program."

In addition to changing the rate structure, the governor's proposal would also transition oral health care out of Minnesota's Prepaid Medical Assistance Program ("PMAP") in favor of a single Medicaid claims administrator. Under the current PMAP system, most, if not all, managed care and county-based purchasing organizations pay higher base rates than those paid by DHS as part of the traditional Medical Assistance fee-for-service rate schedule. This is as a result of a variety of market forces as well as the state's network adequacy requirement that lead PMAP organizations to offer higher rates in order to get providers in their Medical Assistance network. In addition, the various payers provide a variety of medical and dental care coordination services that are essential to serving MHCP enrollees. The Oral Health Alliance is very concerned that the governor's proposal would silo oral health and counteract efforts in recent years to integrate dental and medical services.

That being said, the Oral Health Alliance is currently working with other safety net providers on developing an oral health home which would seek to improve health outcomes for low income children and families. Our organizations have led the way in innovation and efficiency for years by utilizing approaches such as collaborative hygienists, expanded functions, and dental therapists to maximize patient access, reduce the burden on hospital emergency rooms, and to most effectively benefit Minnesota taxpayers. We are optimistic that, with continued engagement from Commissioner Harpstead and others at the Minnesota Department of Human

Services, we will identify an alternative reform proposal that will serve the needs of Minnesotans across the state.

The Minnesota Oral Health Alliance looks forward to continuing to work with Gov. Walz, Commissioner Harpstead, and members of this committee on this proposal as it advances through the legislative process. Thank you for your attention to these concerns as the budget process progresses.

Sincerely,

The Minnesota Safety Net Oral Health Alliance



