

**Dental Rates and Annual Limit Increase
Zoom Public Hearing (10/15/25 @ 9:30 AM CST)**

Mac Golden: Barry are you ready to start?

Barry Rowland: Yes, sir

Mac Golden: Are we recording?

Barry Rowland: Yes, sir we are recording.

Mac Golden: Okay, alright, my bad.

Good morning, everyone, and welcome to a public hearing on a rule regarding Dental Rates and Annual Limit Increase. I will be announcing the notice of rulemaking and then I will open the floor for public comments. If you would like to make a public comment on the record, please use the raise hand feature in zoom. DHS responses to public comments will appear on the DHS proposed rule website after the comment period ends. I will now read the notice.

Notice of Rulemaking.

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20-77-107, and 25-10-129. This rule implements Act 1025 of 2025, hereinafter the Act.

The Act requires, beginning September 1, 2025, an increase of Medicaid reimbursement rates for oral and maxillofacial surgeons' dental services and anesthesia, pediatric dental services and anesthesia, and dental services for adults with special needs. The rates shall be set to sixty percent of the fiftieth percentile for national fees as determined by the annual National Dental Advisory Service Comprehensive Fee Report adjusted for the state. The Act also requires an increase to the annual reimbursement limit for dental services for adults with special needs from \$500 to \$1000. To comply with the Act, the Division of Medical Services revises the Medicaid Dental Provider manual to reflect the required increases and add a definition of adults with special needs. DMS will submit a corresponding Medicaid State Plan Amendment to the Centers of Medicare & Medicaid Services requesting approval to be effective September 1, 2025. The estimated financial impact for the current fiscal year is \$25,427,968.00 and for the next fiscal year \$33,903,957.00. The expected promulgation date for the rule is January 1, 2026.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203 1437. This notice also shall be posted at the local office of the Division of County Operations (DCO) of DHS in every county in the state. You may also access and download the proposed rule at ar.gov/dhs-proposed-rules.

Public comments can be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than November 1, 2025. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any

personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing will be held by remote access through Zoom.

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at 501-320-6428. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin.

Signed Elizabeth Pitman, Director, Division of Medical Services.

Please let the record reflect that we have 42 attendees for today's public hearing. If any attendee would like to make a public comment on the record, please utilize the raise hand feature at this time.

Barry, it looks like Billy Tarpley would like to make a public comment. You are recognized to give your comment Mr. Tarpley.

Billy Tarpley: Thank you very much. Can you hear me, Mac?

Mac Golden: Yes, sir.

Billy Tarpley: Okay, I intended to have my video on, but I don't see on this screen how to make that happen. So, if you.

Mac Golden: Have you found it?

Billy Tarpley No, okay, I'm still talking.

Mac Golden: We are still recording we will get it all down.

Billy Tarpley: Okay, very good. I have sent a copy of this letter and a copy of a letter from the Arkansas Association Orthodontics. I've emailed that to Elizabeth, Nell, Chawnte I believe, just a little while ago. For purposes for the record, if you don't mind, I am just going to read this letter which is very short, but it will at least get in the record. The letter reads,

"Dear Ms. Pitman,

After reviewing the proposed rules provided by your agency, the Arkansas State Dental Association (ASDA) offers the following recommendations and requests:

1. ASDA disagrees with DHS's interpretation of the language in Act 1025 relating to "oral and maxillofacial surgeons' dental services", but we understand how that misinterpretation occurred. To that end, we recommend that D7140 (simple extraction) and D7210 (surgical extraction) be made payable to all licensed dentists as well as oral and maxillofacial surgeons. These are routine tooth extraction codes used by all dentists and should not be designated to oral surgeons alone.
2. Regarding the identification of special needs patients, ASDA recommends that DHS allows dentists to make that designation with ICD-10 diagnoses codes placed in Box 34 of the ADA claim form. This designation makes it clear that the patient is "high complexity" using a standardized diagnosis code.

3. As there is no reference to changing the fees for orthodontic procedures, and the stated purpose of the Act is to increase reimbursement rates for certain dental services in the subtitle, the ASDA supports the position of the Arkansas Association of Orthodontists to leave orthodontic fees unchanged.

Respectfully submitted, Kenton Ross DMD, President of ASDA and Billy Tarpley, Executive Director.”

With a copy of this letter going to The Honorable Sarah. H. Sanders.

And Mac I would add to that letter, there is also a company letter made available it is address to Elizabeth Pittman from Dr. Nicole Powell. Dr. Powell is President Arkansas Association Orthodontics. So, both letters have been submitted via email. So, I hope that is suitable and I hope I spoke clearly.

Mac Golden: Yes, sir, thank you for your comment. I can confirm we did receive your letter early this morning.

Barry, it looks like Kirt Simmons would like to make a public comment.

Kirt Simmons: Yes, sir, this is Dr. Kirt Simmons. I was the craniofacial orthodontist that started the program at Arkansas Children Hospital almost 30 years ago. I just wanted to convey my concern for the lower rate increases and the effect they will have on those services offered at Arkansas Children Hospital. The fees were already low; they are still below the 50th percentile of national fees even if they remain unchanged. So, it is not like the current fees are above the 50th percentile, they're still below 50th percentile and I would also like add as reviewer for Medicaid orthodontics cases in the state of Arkansas that many orthodontic services these codes are provided not only by orthodontics in the state of Arkansas but also by many pediatric and general dental providers in our small rural communities. So, the lowering of these fees significantly, as in these proposed rates, I would expect to have a large impact on our fragile population as well as those few dental providers that are currently willing to accept the current few. And so, I would like to and my endorsement to at least maintain current orthodontic rates as they are. Thank you, sir.

Mac Golden: Thank you, Dr. Simmons. We will address your concern in writing once the public comment period concludes.

Barry, it looks like Terry Fiddler, would like to make a public comment. Terry Fiddler, you are recognized to give your comment. You can take yourself off mute.

Terry Fiddler: Now can you hear me.

Mac Golden: Yes, sir

Terry Fiddler: Thank you very much. I have three statements that I would like to make and questions. These come from oral surgeon groups and some of the periodontic groups concerning codes. Do we need to get prior authorization before performing a procedure? If so, what is the protocol for submitting prior authorizations? And if there is no prior authorization is required what is the protocol for submitting claims. And finally, I would make a statement that since this will be reimbursable retroactive, how to you determined how the retroactive amounts are being paid to the particular specialist either pedo or oral surgeries, and will that be a, needing to be sent for the

difference to DHS or would DHS already recognize the difference and forward that payment to the particular dental office. Thank you very much for that consideration.

Mac Golden: Thank you for your questions and comments. We will let the specialists answer those after the public comment period concludes but we should be able to those answers for you.

Terry Fiddler: Thank you,

Mac Golden: Is there anyone else who would like to make a public comment today? Barry, it looks like Dr. Stroope would like to make a public comment. You are recognized to give your comment.

Dr. Stroope: Yes, I'm speaking to express my strong opposition, I'm an orthodontist in Springdale, to any proposal or policy consideration that will reduce orthodontic Medicaid reimbursement rates. While I agree with the increase and fees for restorative surgery, pediatric and special needs dental services are needed. I think it is going to have detrimental effect on the kids and the access to care of those who are needing orthodontic treatment. Many of us already provide this care at a below cost or at minimal kind a profit to serve these Medicaid patients. A further reduction in these fees will make this program unstable and our participation will dwindle as providers. Most providers in the state will withdraw from the program that are licensed orthodontists. This treatment is more involved than a normal routine dental service. The average case fee ranges between 5,000 to 10,000 dollars in the country for private practice orthodontics not a corporate setting. If you reduce the Medicaid rates this would make the practices joining it below sustainability, and few practices can afford to treat these kids. We carry higher fixed overhead costs than a lot of offices with brackets, wires, lab fees and staffing. We see these kids twice or sometimes once a month, every two months, for two or three years. Over the past three years our expenses have ballooned over 25 percent and in a low reimbursement environment we cannot absorb to take these without jeopardizing our own financial viability. Given that only severe cases qualify for orthodontics under the ARKids population, this population pool is a very complex orthodontic case to treat. Lowering the reimbursement makes these cases too risky for the providers to take on. This will reduce the number of kids being seen. In other states that have cut orthodontic benefits, the provider participants have declined measurably leaving these kids without access. From a fiscal perspective timely orthodontic intervention reduces the need for more expensive restoration and surgical care later. This will mitigate long-term Medicaid expenditures. A short-sided rate cut now will yield higher costs downstream for the Medicaid program. These kids will need complex oral surgery for impacted teeth, restorative procedures from caries caused by teeth not in the proper alignment so the children cannot brush. They'll have TMJ disorders, air way issues. Studies show that every dollar spent on medically necessary orthodontics care can reduce the Medicaid program \$3 to \$5 dollars in the future. Untreated orthodontics problems can cause tooth loss, speech impediments, difficulty eating, medical problems like sleep apnea. So, we must ensure as a state that this orthodontic care is available to these kids. Reducing fees will decline the number of participating providers in the Little Rock area, the Northwest Arkansas area, and all the rural areas like Dr. Simmons mentioned. This especially will cause our vulnerable populations of special needs kids, kids with autism and down syndrome, to require extra staff, extra chair time, more behavior management. So, orthodontists may choose not to treat these cases because they simply cannot do it in their office.

So, in conclusion we feel most orthodontists that are in the provider program that the reduction in fees will not be viable for us to continue with the program. And I do not foresee, personally, myself, that I will be able to stay as a provider in the Springdale area, which I am the only provider of ARKids orthodontics, private practice orthodontics, in the city of Springdale. I don't know if I will be able to stay as a provider if these changes do lower. Thank you.

Mac Golden: Thank you, Dr. Stroope. Again, we will respond to your comment after the public hearing concludes. Please let the record be updated to reflect we have 44 attendees for today's public hearing. Are there any other attendees that would like to make a public comment today? Please use the raise hand feature.

Barry, do you see anyone that I'm missing?

Barry Rowland: No, sir.

Mac Golden: Okay. We thank everyone for all of the comments and questions today and for attending this public hearing. At this time we will go off the record. Good day to the rest of you.