

Legislative Testimony  
HB 7375, AAC Health Care Access and Expansion of the HUSKY Program  
SB 3 AAC Increased Access to Health Care Through The HUSKY Program  
HB 7322 AAC Medicaid Managed Care Reform  
Human Service Committee, Thursday, March 15, 2007

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Senator Harris, Representative Villano, members of the Human Service Committee, thank-you for taking the time to read my submitted testimony.

I am providing you with some current numbers on the gross inadequacies of current funding for the Medicaid fee profiles by using a just completed case done gratis as an example. My office manager is providing you with the hard statistical numbers (please see reverse side of this page). Additionally, I am providing you with the counter argument to the "dentists don't care" rhetoric I keep hearing.

During my dental residency in 1990 at St. Mary's Hospital in Waterbury, I took a case for a patient C.S.(we call her for privacy reasons), that had profound dental malformations and skeletal malformations. I completed 14 units of bridgework on her in 1991 prior to my leaving the residency. Due to the significant complications that the case presented, I felt it appropriate to take "C.S. under my wing" when I went into private practice in 1991. I have cared for her ever since, either via Title 19 when I belonged or at greatly reduced fees (free doesn't instill pride) usually writing off balances annually. This past fall after 16 years the upper bridgework teeth finally failed to a point where it was no longer viable. We got an Oral Surgeon to extract the teeth (gratis or at Medicare rates?) then I made her a top quality upper partial as bridgework was no longer an option. As my office manager's numbers show, your reimbursement is a drop in the bucket for the services rendered. At least at the 70% percentile my expenses would have been covered. The fees they currently pay would have been chewed up by the administrative time it takes to deal with DSS and its awkward system. I also refuse to belong to any Managed Care plans as I feel they are unethical at best.

I implore the state to do the right thing and raise the rates to at least the 70th percentile with a COLA rider, to prevent this from happening again. You need to drop all barriers to participating in the system. If a dentist has a state license he is registered to provide care!! Use ADA forms that are the standard of care.

**Dentists do care!**

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February 26, 2007

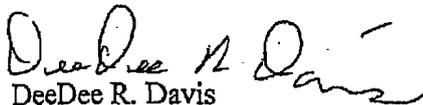
To Whom It May Concern:

My name is DeeDee R. Davis and I am the office manager for Dr. John R. Gagne' in Waterbury. I am writing regarding Dr. Gagne' s status of participation with the state dental plans. We have just completed a case for a patient that is under the auspices of DMR who needed a partial upper denture. Dr. Gagne' did not charge the patient for this service. If we had been participating we would have had hours of red tape to just get the claim processed and would have only been paid \$309.65 by the state. This fee does not even cover our lab fee of \$353.00 or the three hours of total chair time (a cost of \$500 per hour) to complete the case. Our fee for a partial denture is \$1,850.00 and the state payment wouldn't even be a quarter of this fee.

The way I see it is Dr. Gagne' could not afford to participate with the state since he would be taking a loss on every patient. There would no doubt be a shortage of dentist in Connecticut if they participated with the state at the current fee schedule since they would not be able to afford to run their practices. Dr. Gagne' would be able to help more state patients if the state would increase their fee schedule and let claims be submitted like private insurance companies. If the state really cared about the state patients then they would help the dentist help the state patients.

I, DeeDee R. Davis, give my permission to use this letter as testimony by the CSDA.

Sincerely,

  
DeeDee R. Davis