CHCS Center for Health Care Strategies, Inc.

FACT SHEET | February 2015

Medicaid Adult Dental Benefits: An Overview

Access to oral health care for low-income adults is a persistent challenge in the United States. As many states expand Medicaid coverage for adults through the Affordable Care Act (ACA), there are new opportunities to expand much-needed dental coverage and avoid the dangerous and costly consequences of untreated dental disease.

Scope of the Problem

Low-income adults suffer a disproportionate share of dental disease, and are 40 percent less likely to have a dental visit in the past 12 months, compared to those with higher-incomes.[i] Forty-two percent of low-income adults ages 20 to 64 have untreated tooth decay, and more than one-third of those 65 or older have lost all of their teeth.[ii] Adults who are disabled, homebound, or institutionalized have an even greater risk of dental disease.[iii]

Poor oral health can elevate risks for chronic conditions such as diabetes and heart disease, as well as for lost workdays and reduced employability.[iv] It can also lead to the preventable use of costly acute care. A recent study identified $2.7 billion in dental-related hospital emergency department visits in the U.S. over a three-year period. Thirty percent of these visits were by Medicaid-enrolled adults, and over 40 percent were by individuals who were uninsured.[v]

Challenges to Oral Health Care Access and Utilization for Low-Income Adults

Inadequate Dental Coverage: While comprehensive dental coverage is mandatory for children enrolled in Medicaid, dental benefits for Medicaid-eligible adults are optional. States have considerable flexibility in determining the scope of dental services covered. As a result, Medicaid adult dental coverage varies tremendously across states, and is limited in some cases to emergency services such as tooth extractions, or to specific populations such as pregnant women.[vi] In response to fiscal challenges, many states reduced or eliminated Medicaid dental coverage over the past decade,[vii] with a concurrent 10 percent decline in oral health care utilization among low-income adults.[viii]

Insufficient Provider Availability: Medicaid enrollees often have difficulty finding Medicaid-contracted dental providers. Only 20 percent of dentists nationwide accept Medicaid, citing burdensome administrative requirements, missed appointments, lengthy payment wait times, and low reimbursement rates as barriers to participation.[ix,x]

Individual Barriers: Disparities in dental access and utilization for low-income adults are often exacerbated by challenges in making work or child care arrangements and/or obtaining transportation to appointments as well as covering the cost of required copayments. Additional issues that may pose barriers include: (1) a lack of awareness of dental benefits; (2) gaps in oral health literacy; (3) the perception that oral health is secondary to general health; and (4) primary care providers who may not encourage oral health care.[xi,xii]

Medicaid Coverage of Adult Dental Benefits: Medicaid Base and Expansion Populations

The ACA provides new opportunities for states to leverage federal dollars and extend dental access to low-income adults through Medicaid expansion. A state can offer a dental benefits package to its expansion population that is either the same or different than what is provided to its base Medicaid population.[xiii] Dental benefits covered by state Medicaid programs typically fall into three general categories:[xiv]

- ***Emergency Only***: Relief of pain under defined emergency situations.
- ***Limited***: Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the American Dental Association (ADA); per-person annual expenditure for care is $1,000 or less.
- ***Extensive***: A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by the ADA; per-person annual expenditure cap is at least $1,000.

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Nearly all states (46) and the District of Columbia offer some dental benefit to their base adult Medicaid population. Thirty-two states cover services beyond defined emergency situations (e.g., uncontrolled bleeding, traumatic injury), and among those, 15 offer extensive services. The majority of states currently expanding Medicaid – 28 out of 29 – plan to offer the same dental benefits package to both their base and expansion populations.[xv]

EXHIBIT 1: **State Medicaid Coverage of Adult Dental Benefits by Type of Beneficiary Population (Base or Expansion)**[xvi]

Dental Benefits Category	Offered to Medicaid Base Population	Offered to Medicaid Expansion Population
Emergency-Only	15 states: FL, GA, **HI**, ME, MS, MO, MT, **NV**, **NH**, OK, SC, TX, UT, **WV**, ID	4 states: HI, NV, NH, WV
Limited	17 states: **AR**, **CO**, **DC**, **IL**, **IN**, KS, **KY**, LA, **MD**, **MI**, **MN**, NE, **PA**, SD, **VT**, VA, WY	11 states: AR, CO, DC, IL, IN, KY, MD, MI, MN, PA, VT
Extensive	15 states: AK, **CA**, **CT**, **IA**, **MA**, **NJ**, **NM**, **NY**, NC, **ND**, **OH**, **OR**, **RI**, **WA**, WI	11 states: CA, CT, IA, MA, NJ, NM, NY, OH, OR, RI, WA
No dental benefits	4 states: AL, **AZ, DE**, TN	3 states: DE, AZ, ND
Notes: Bolded states have decided to expand Medicaid eligibility under the ACA. DC is included as a state. Montana offers extensive dental services for adults with disabilities, and emergency-only dental services to all other Medicaid-enrolled adults over age 20. North Dakota offers a different category of benefits to its Medicaid base vs. expansion populations. Idaho offers emergency-only dental benefits to all Medicaid-eligible adults, except those with disabilities and other special health care needs ("enhanced" adult population).		

State Strategies to Increase Dental Coverage and Access for Adults

States are engaging in a variety of strategies to promote adult coverage and access to oral health care. These include tailoring oral health literacy campaigns to educate eligible adults about coverage options; developing coalitions of likeminded partners to build political support; and expanding the dental workforce to include mid-level providers such as dental therapists, who can be trained and licensed to perform preventive care and other routine restorative procedures.[xvii]

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[i] The Kaiser Commission on Medicaid and the Uninsured (2012). "Oral Health and Low-Income Nonelderly Adults: A Review of Coverage and Access." Available at: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7798-02.pdf.

[ii] National Center for Health Statistics, Centers for Disease Control and Prevention (2011). "Selected Oral Health Indicators in the United States, 2005-2008." Available at http://www.cdc.gov/nchs/data/databriefs/db96.htm.

[iii] The Institute of Medicine (2011). "Improving Access to Oral Health Care for Vulnerable and Underserved Populations." Available at: http://www.hrsa.gov/publichealth/clinical/oralhealth/improvingaccess.pdf.

[iv] National Academy for State Health Policy (2008). "Medicaid Coverage of Adult Dental Services." Available at http://www.nashp.org/sites/default/files/Adult Dental Monitor.pdf.

[v] V. Allareddy, S. Rampa, M. Lee, V. Allareddy, and R. Nalliah. "Hospital-based Emergency Department Visits Involving Dental Conditions: Profile and Predictors of Poor Outcomes and Resource Utilization. *Journal of the American Dental Association*, 145, no.4 (2014): 331-337.

[vi] Health Policy Institute, American Dental Association (2014). "More than 8 Million Adults Could Gain Dental Benefits through Medicaid Expansion." Available at http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0214_1.ashx.

[vii] National Conference of State Legislatures (2014). "Health Cost Containment and Efficiencies: NCSL Briefs for State Legislators." Available at: http://www.ncsl.org/documents/health/IntroandBriefsCC-16.pdf.

[viii] Note: This decline was from 2002-2010. Health Policy Institute, American Dental Association (2013). "Dental Care Utilization Declined among Low-income Adults, Increased among Low-Income Children in Most States from 2000 to 2010." Available at http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0213_3.ashx.

[ix] Subcommittee on Primary Health and Aging (2012) "Dental Crisis in America: The Need to Expand Access. U.S. Senate Committee on Health, Education Labor and Pensions.

[x] National Conference of State Legislatures, op cit

xi The Kaiser Commission on Medicaid and the Uninsured (2012), op cit.

[xii] Ibid.

[xiii] S.Chazin, V.Guerra, and S.McMahon. *Strategies to Improve Dental Benefits for the Medicaid Expansion Population.* Center for Health Care Strategies. February 2014. Available at http://www.chcs.org/media/CHCS-Revised-Adult-Dental-Benefits-Brief__021214.pdf.

[xiv] Ibid.

[xv] Ibid.

[xvi] Ibid.

[xvii] Ibid.