

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.

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 – 29 out of 30 – 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
No dental benefits	4 states: AL, AZ , DE , TN	3 states: DE, AZ, ND
Emergency-Only	15 states: FL, GA, HI , ME, MD , MS, MO, MT , NV , NH , OK, TX, UT, WV , ID	6 states: HI, MD, NV, NH, MT, WV
Limited	17 states: AR , CO , DC , IL , IN , KS, KY, LA, MI , MN , NE, PA , SC, SD, VT , VA, WY	10 states: AR, CO, DC, IL, IN, KY, 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

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 limited Medicaid dental benefits beyond emergency care to pregnant woman and adults with disabilities and/or other special health care needs. Maryland's contracted managed care organizations provide a limited dental benefit to adult Medicaid beneficiaries who are enrolled in managed care.

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 routine restorative procedures.^{xvii}

ⁱⁱ 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/2013/03/7798-02.pdf>.

ⁱⁱⁱ 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>.

ⁱⁱⁱⁱ 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>.

^v National Academy for State Health Policy (2008). "Medicaid Coverage of Adult Dental Services." Available at <http://www.nashp.org/sites/default/files/AdultDentalMonitor.pdf>.

^{vi} 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.

^{vii} 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.

^{viii} 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>.

^{ix} 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.

^x 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. Available at: <http://www.sanders.senate.gov/imo/media/doc/DENTALCRISIS.REPORT.pdf>.

^{xi} National Conference of State Legislatures, op cit

^{xii} The Kaiser Commission on Medicaid and the Uninsured (2012), op cit.

^{xiii} Ibid.

^{xiv} 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.

^{xv} Ibid.

^{xvi} Ibid.

^{xvii} Ibid.