Medicaid Adult Dental Benefits: An Overview

Low-income adults suffer a disproportionate share of dental disease, and are nearly 40 percent less likely to have a dental visit in the past 12 months, compared to those with higher-incomes.[1] Forty-four percent of low-income adults ages 20 to 64 have untreated tooth decay, and five percent of adults have lost all of their teeth.[2] Adults who are disabled, homebound, or institutionalized have an even greater risk of dental disease.[3]

Poor oral health can elevate risks for chronic conditions such as diabetes and heart disease, as well as for lost workdays and reduced employability.[4] 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 uninsured individuals.[5]

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.[6] In response to fiscal challenges in the early 2000s, many states reduced or eliminated Medicaid dental coverage over the course of a decade,[7] with a concurrent 10 percent decline in oral health care utilization among low-income adults.[8] A small increase in utilization rates has since been observed among adults with public insurance and may be due in part to Medicaid expansion under the Affordable Care Act.[9]

Insufficient Provider Availability: Medicaid enrollees often have difficulty finding Medicaid-contracted dental providers. Only 39 percent of dentists nationwide accept Medicaid and/or the Children's Health Insurance Plance (CHIP), citing burdensome administrative requirements, missed appointments, lengthy payment wait times, and low reimbursement rates as barriers to participation.[10, 11]

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.[12, 13]

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

The ACA provided 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.[14] Dental benefits covered by state Medicaid programs typically fall into three general categories:[15]

- ***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 (47) and D.C. offer some dental benefit to their base adult Medicaid population (see Exhibit 1, next page). Thirty-five (including D.C.) cover services beyond defined emergency situations (e.g., uncontrolled bleeding, traumatic injury), and among those, 19 (including D.C.) cover extensive services. All but one of the states currently expanding Medicaid — North Dakota — offer the same dental benefits package to both their base and expansion populations.

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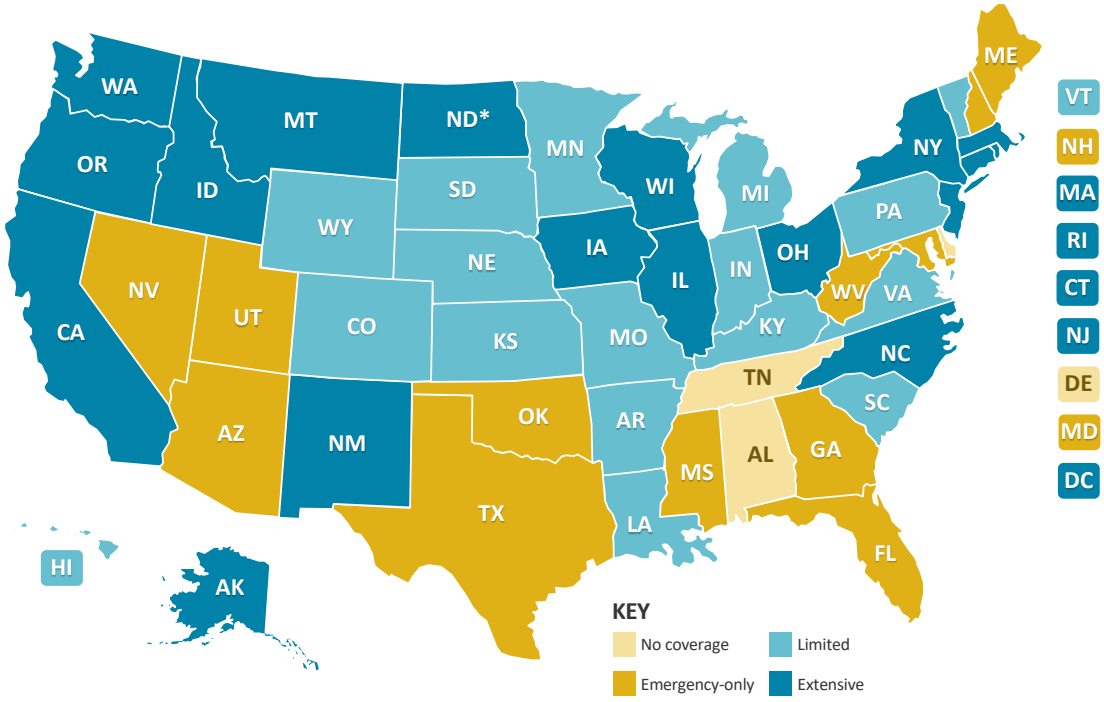
EXHIBIT 1. State Medicaid Coverage of Adult Dental Benefits, November 2018



**Nearly all states that expanded Medicaid under the ACA offer the same adult dental benefits to their expansion population, except North Dakota, which offers no benefits.*

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.[16]

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[1] Centers for Disease Control and Prevention. "Oral and Dental Health: Table 78." May 2017. Available at: https://www.cdc.gov/nchs/fastats/dental.htm.

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[4] National Academy for State Health Policy. "Medicaid Coverage of Adult Dental Services." October 2008. Available at https://nashp.org/wp-content/uploads/sites/default/files/Adult%20Dental%20Monitor.pdf.

[5] 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.

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

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

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[11] Health Policy Institute and American Dental Association. "Dentist Profile Snapshot by State 2016."January 2018. Available at: https://www.ada.org/en/science-research/health-policy-institute/data-center/supply-and-profile-of-dentists.

[12] The Kaiser Commission on Medicaid and the Uninsured, op cit.

[13] Ibid.

[14] 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.

[15] Ibid.

[16] Ibid.