

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 about 50 percent less likely to have a dental visit in the past 12 months, compared to those with higher-incomes.¹ 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.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 individuals who were uninsured.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, many states reduced or eliminated Medicaid dental coverage over the past decade,⁷ with a concurrent 10 percent decline in oral health care utilization among low-income adults.⁸

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.^{9,10}

Individual Barriers: Disparities in dental access and utilization are often exacerbated by challenges in making work or child care arrangements and/or obtaining transportation to appointments as well as affording copayments. Additional potential 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.^{11,12}

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

The ACA provides opportunities for states to leverage federal dollars and extend dental access 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.¹³ Medicaid dental benefits typically fall into three categories:¹⁴

- **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, 16 offer extensive services. The majority of states currently expanding Medicaid – 26 of 28 – plan to offer the same dental benefits package to both their base and expansion populations.¹⁵

EXHIBIT 1: State Medicaid Coverage of Adult Dental Benefits by Type of Beneficiary Population (Base or Expansion)¹⁶

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	16 states: AR, DC, IL, IN, KS, KY, LA, MD, MI, MN, NE, PA, SD, VT, VA, WY	10 states: AR, CO, DC, IL, KY, MD, MI, MN, PA, VT
Extensive	16 states: AK, CA, CO, 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. Colorado and North Dakota offer a different category of benefits to their 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 using 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.¹⁷

¹ Government Accountability Office. "Oral Health: Dental Disease is a Chronic Problem among Low-Income Populations." April 2000.

² 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>.

³ Centers for Disease Control and Prevention (2006). "Oral Health for Older Americans." Available at http://www.cdc.gov/OralHealth/publications/factsheets/adult_oral_health/adult_older.htm.

⁴ 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.

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.

⁶ 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.

⁷ 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>.

⁸ 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.

⁹ 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.

¹⁰ National Conference of State Legislatures, op cit.

¹¹ 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>.

¹² The Kaiser Commission on Medicaid and the Uninsured (2008). "Access to Affordable Dental Care: Gaps for Low-Income Adults." Available at <http://www.allhealth.org/briefingmaterials/kaiserlowincomeaccesssurvey-1276.pdf>.

¹³ 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.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.