

MEDICAID

SOLUTIONS, RESOURCES, & SUGGESTIONS

PRIMARY MESSAGES

Strengthening Medicaid programs to include Comprehensive dental coverage for adults will:

- Prevent costly and often debilitating advanced dental disease.
- Improve overall patient health by improving their oral health.
- Reduce the high cost to taxpayers of dental care sought in emergency rooms.
- Provide essential healthcare to low-income people, people with disabilities, and seniors.
- Improve Medicaid participants' ability to secure and maintain employment.

MEDICAID SHOULD COVER ADULT DENTAL CARE

Medicaid dental benefits save states money.

- There are more than 2 million hospital emergency room visits a year for dental pain. States with adult dental Medicaid coverage have decreased unnecessary emergency room visits, significantly lowering the cost to the public for this uncompensated care.
 - A limited adult dental Medicaid benefit in Missouri has cut emergency room visits for nontraumatic conditions by 38%.¹
 - Massachusetts partially restored coverage in 2013 and saw emergency room dental visits fall 15% in the first five months.²
 - Conversely, when California eliminated its comprehensive coverage in 2009, 1,800 more people visited the ER for dental emergencies each year, and the cost of this emergency care rose 68%.³
- Covering dental care through Medicaid reduces the overwhelming cost to taxpayers of uncompensated care sought in emergency rooms, which totals \$2.7 billion nationwide each year.

Medicaid dental benefits allow low-income citizens to secure and maintain employment.

- Poor oral health harms adults' ability to work.
 - Americans miss more than 92.4 million hours of work or school each year for emergency dental care.⁴
 - Ten percent of low-income patients say they must miss work very often or occasionally for dental problems.⁵
 - In states without an adult Medicaid dental benefit, 60% of Medicaid-enrolled adults report that their ability to interview for a job is impacted by the appearance of their teeth or mouth.⁶

¹ [Good reasons for states to preserve or expand Medicaid adult dental benefits: A toolkit for advocates](#). CareQuest Institute for Oral Health. December 2020

² [Changes in Dental Benefits and Use of Emergency Departments for Nontraumatic Dental Conditions in Massachusetts](#). Public Health Reports. Health Affairs. September 2020.

³ [Eliminating Medicaid adult dental coverage in California led to increased dental emergency visits and associated costs](#). Health Affairs. May 2015.

⁴ [Hours Lost to Planned and Unplanned Dental Visits Among US Adults](#). Centers for Disease Control and Prevention. 2018.

⁵ [Oral health and well-being in the United States](#). American Dental Association.

Health Policy Institute Infographic. May 2016.

⁶ [Oral Health and Well-Being Among Medicaid Adults by Type of Medicaid Dental Benefit](#). American Dental Association. Health Policy Institute Infographic. May 2018.

[Oral health and well-being in the United States](#). American Dental Association. Health Policy Institute Infographic. May 2016.

- Access to oral health care empowers Medicaid participants to work and move toward economic self-sufficiency.

Dentists' priority is always to enhance the oral health of patients, and we support public policy that empowers dental teams to do that.

- Dentists donate hundreds of thousands of hours providing care each year in their own offices and through events like Mission of Mercy, Give Kids A Smile and Give Veterans a Smile.
- However, charity is not a sufficient or sustainable way to protect individual and public health.
- Solid investments in people's health through Medicaid will ensure vulnerable patients, including seniors and people with disabilities, get the care they need but can't otherwise afford.

Inability to access dental care can have significant health consequences.

- Medicaid serves low-income parents and other adults, people with disabilities, and seniors.
- Without dental care, people will suffer from irreversible oral health conditions such as cavities, severe gum disease, pain, and tooth loss.
- Untreated oral health conditions negatively affect a person's overall health. For example, gum disease is linked to diabetes, heart disease, strokes, kidney disease, Alzheimer's disease, poor pregnancy outcomes, and even mental illness.

Providing adult dental coverage through Medicaid consistently would improve access to dental care for low-income adults, people with disabilities, and seniors. It would reduce racial disparities in chronic disease prevalence and maternal health while improving employment opportunity and economic mobility.

- Underserved communities and people with disabilities stand to benefit most from comprehensive dental coverage in Medicaid.
- While oral health has generally improved in recent decades, not all groups have benefited equally. Black and Hispanic adults face cost barriers to dental care to a greater degree than their White and Asian peers. As a result, these patient groups are more likely to have outcomes like untreated cavities and severe gum disease.
- Policymakers should prioritize strengthening Medicaid to reduce health disparities.

ADULT DENTAL MEDICAID BENEFITS SHOULD BE COMPREHENSIVE AND ADEQUATELY REIMBURSED

States should ensure their Medicaid programs provide comprehensive adult dental coverage, which enhances patients' overall health.

- Comprehensive care, including preventive and corrective care, are without a doubt the best approach to achieve benefits such as decreased emergency room visits and improved work-readiness.
- Comprehensive coverage should include not just emergency care – which most states already offer – but also routine preventive care like x-rays, fluoride treatments, and oral hygiene instruction.
- Prosthodontics to replace missing teeth or treatments to address dental decay, or other medically necessary treatments should be covered too. These are important services people need to maintain or regain their oral health.

Dentists want to be able to accept Medicaid to reach vulnerable patients, but Medicaid needs to sustainably reimburse for dental care before that becomes viable for many dental practices.

- Most dental practices are small businesses. They need to be sustainably reimbursed in order to pay their employees and sustain their business.
- Reimbursement to traditional medical providers is already low, but the rate for dental care is even lower, far below the cost of delivering care.
 - The average Medicaid reimbursement among states providing limited or extensive adult dental services was 53.3% of private insurance reimbursement in 2020.⁷

⁷ [Reimbursement Rates for Child and Adult Dental Services in Medicaid by State](#). American Dental Association. Health Policy Institute Infographic. October 2021.

- Medicaid reimbursement as a percentage of private insurance reimbursement for adult dental services varies between 30.5% in Minnesota to 86.8% in California.⁸
- It is important to note that private insurance reimbursements reduce dentists' normal fees 20%, so comparing Medicaid fees to private insurance fees represents a discount on top of a discount.
- In many cases, treating Medicaid patients is *more expensive* for dental practices than receiving no compensation for care provided care due to the time and resources it takes to navigate the Medicaid system coupled with a low reimbursement rate.
- It is not a question of desire to treat Medicaid patients; rather, it is a question of economic reality. Many dental practices simply cannot afford to accept Medicaid patients, making it difficult for patients to find a dentist.

ACCOUNTABILITY FOR MANAGED CARE ORGANIZATIONS

Many states use managed care for their Medicaid programs and could do so for a dental benefit. States are motivated to adopt managed care models to make spending on these programs more efficient and predictable, but the evidence on managed care's effectiveness when it comes to access and cost is limited.

- A 2011 survey of state Medicaid programs found that over two-thirds of responding states with managed care organizations (MCOs) reported that Medicaid beneficiaries enrolled in MCOs sometimes experience access problems, including access to dental care.ⁱ
- While MCOs may have both benefits and risks, one way to protect their effectiveness and the tax dollars entrusted to them is through fair and binding accountability measures.

States that choose to contract out their dental program to a managed care organization (MCO) should establish accountability measures to make sure the program runs efficiently and improves the quality of care for patients.

- States should establish a Medical Loss Ratio requirement, in which there is a minimum percentage of revenue for the MCO that must go directly toward patient care, to ensure that state dollars are used efficiently.
- MCOs should actively work to help patients improve their dental care and prevent emergencies by helping patients find a dentist and establish a dental home, and by offering case management services.
- States should evaluate MCOs by how well they provide oral healthcare to Medicaid patients. For example, by tracking the percentage of enrollees who have at least a comprehensive exam and preventive care each year.
- States can track the program's success by requiring the MCO to track and report metrics including:
 - Network size
 - Average time to make payment of claims
 - Accuracy of paid claims
 - Response time (call wait time) and missed calls in call centers
 - Accuracy of dentist directory
 - Grievance and appeals resolution
 - Credentialing times

States should specify how the MCO will work with dentists to ensure patients can get the care they need.

- Dental coverage through Medicaid should be reliable, predictable and efficient for patients and their dentists.
 - When administrative burdens in Medicaid are unnecessarily high, fewer dentists can viably treat Medicaid patients. Meanwhile, those that do accept Medicaid patients have fewer available patient appointments due to the additional hours required for navigating bureaucratic red tape.
 - Worst of all, patients suffer ongoing decay and pain during lengthy waits for prior authorization approvals.

⁸ [Reimbursement Rates for Child and Adult Dental Services in Medicaid by State](#). American Dental Association. Health Policy Institute Infographic. October 2021.

- The MCO should employ a dentist licensed in North Dakota to review prior authorization requests and reply to these requests promptly.
- Administrative barriers and impacts on patient care significantly increase by unclear or changing policies. The MCO should keep an up-to-date member handbook for dentists and give at least 60 days written notice before changing fee schedules or processing policies.

LEGISLATURES ACROSS THE COUNTRY ARE ADOPTING MEDICAID ENHANCEMENTS

Several states have recently passed or enacted improvements to their Medicaid programs' dental coverage and reimbursement rates due to the many benefits to state budgets, patient health, and work readiness. Some of the changes passed since 2021 include:

- Kansas extended adult dental coverage from emergency-only to more comprehensive care.
- Louisiana extended dental coverage for adults with developmental disabilities in intermediate care facilities.
- Nebraska eliminated their annual per-person spending limit for adult enrollee dental services.
- Tennessee and Maryland, which previously had no dental benefits for adult Medicaid enrollees, each created a new, comprehensive dental benefit covering preventive, corrective, and emergency care.
- Missouri, Nebraska, South Dakota, Connecticut, Vermont and Virginia increased dental Medicaid reimbursement rates.

QUESTIONS & ANSWERS

WHAT DENTISTS ARE DOING

Q. Do you accept Medicaid patients? Why or why not?

A. Often our member dentist say I do, because ensuring that all patients have access to dental care is a priority for me. I must share, however, that it is challenging given the low reimbursement rates and administrative burdens. Raising these rates and relieving these burdens would allow more dentists to accept more Medicaid patients, giving patients better access.

Some of our member dentists say no, unfortunately, the costs associated with providing care, such as equipment and labor, are not set by dentists. What Medicaid pays for patients in the program makes accepting Medicaid unsustainable for my practice. We need to raise reimbursement rates so more dentists can afford to see Medicaid patients and give patients better access.

Q. Why do so many dentists refuse to accept Medicaid patients?

A. Dentists want to accept Medicaid patients. However, the administrative burdens like excessive paperwork, credentialing delays and program integrity compliance requirements – matched with low reimbursement rates – make it hard or impossible for most dentists to manage patient care in a population vulnerable to greater disease burden while navigating the requirements of the Medicaid program.

Q. Why don't dentists just lower their costs for low-income patients?

A. Under the current system, dentists enrolled in Medicaid programs accept much lower rates to treat Medicaid patients, including low-income patients, people with disabilities, and seniors. Some states report that dentists are reimbursed as low as 30% of what private insurance would pay. Many others reimburse dentists at less than 50% of the private insurance rates, which are already discounted from normal fees. Dentists want to provide care for low-income patients, but these low rates do not allow dentists to cover their overhead and pay their staff.

Q. What are dentists doing to try to reach adult Medicaid enrollees with insufficient dental coverage?

A. Dentists have established numerous programs to reach vulnerable patients. For example, the Community Dental Health Coordinator program trains individuals to help patients navigate the oral healthcare system from inside the communities they serve.

COST & FINANCIAL IMPACT

Q. It would be nice for everyone to have dental care, but can our state/country really afford it?

A. Yes. Providing a Medicaid dental benefit would actually save taxpayers money by preventing expensive dental emergencies for a relatively modest investment. Providing regular, preventative care in a dental office has holistic health and economic benefits which are not realized when treating dental problems in emergency rooms, which is what happens now.

Q. I agree that adults on Medicaid should have dental care. But there are so many problems that need addressing, and limited resources. Why should this be a higher priority than those other needs?

A. Providing a Medicaid dental benefit is an investment in Medicaid participants' future overall health. It also saves money by preventing expensive dental emergencies. Covering comprehensive dental care with adequate reimbursement rates is a relatively modest investment that pays big dividends.

MEDICAID BASICS

Q. What is Medicaid?

A. Medicaid is a public insurance program for low-income people, people with disabilities, seniors, pregnant women, and other groups. Medicaid is administered by states, and jointly funded by states and the federal government.

Q. Why is Medicaid coverage different for dental and medical care?

A. There is a long history of dental care being separated from care for the rest of the body. Dentists and physicians are trained separately, care for dental and medical is billed separately, and Medicaid programs for dental and medical are administered separately. States are not required to provide dental benefits for adults, so coverage varies from state to state. Oral health is necessary for overall health, but the payment systems operate differently necessitating a unique focus on covering the costs for oral health care.

Q. Does Medicaid cover dental care for kids?

A. Yes. All states must cover dental care for Medicaid patients under 21. Medicaid coverage for children has worked very well to improve health and reduce disparities among children. Current federal policy suggests that the importance of oral health expires upon reaching adulthood, which we know is completely false. Adult dental coverage also benefits children. In states that provide adult benefits, children of Medicaid patients are more likely to have visited the dentist in the last year, and they are less likely to defer care.

Q. How many states currently cover dental care for adults in Medicaid?

A. Forty-nine states provide some kind of dental coverage, but this coverage varies widely. Only about half of states have comprehensive benefits that cover both preventive care and treatment of disease. Others provide limited coverage or coverage for emergencies only.

Q. Medicaid is a federal program. Why do Medicaid reimbursement rates vary so widely by state and age?

A. Medicaid is funded at the federal and state levels but is administered by states. States can determine whether they provide adult dental coverage, which services are covered, and how much providers are reimbursed for their services. This results in a patchwork of coverage across the country.

Q. What role should managed care organizations (MCOs) play in adult dental Medicaid benefits?

A. Many states use managed care for their Medicaid programs and could do so for a dental benefit. States are motivated to work with an MCO to make spending on these programs more predictable, but the evidence on managed care's effectiveness when it comes to access and cost is limited. If a state selects an MCO to manage their adult dental benefit, we suggest that states retain their policy-setting power and establish a timeline, perhaps 4 or 5 years, for reviewing the MCO and measure utilization. It is important that the MCO

also reimburses providers at a reasonable rate; we recommend that the rate be at least as high as in the state's fee-for-service plan.

SEEKING CARE

Q. Can community health centers solve the problem of access to dental care?

A. Community health centers and clinics can play a role in helping patients get care, and many do by offering dental services. But they simply don't have the capacity to meet all of the needs of patients who don't have dental benefits without the systemic solution of Medicaid benefits.

Q. Where should patients go if they don't have dental coverage?

A. Patients can look for dental care through community health centers, dental clinics and sometimes dental schools in their communities. Ultimately, to meet all of the needs of low-income people, Medicaid needs to improve oral health care coverage.

Q. What do you recommend patients do if they have Medicaid dental benefits but can't find a provider?

A. Having dental coverage is not enough if you can't find a provider who can take your coverage. Patients shouldn't have to travel long distances or wait months to see a dentist. Unfortunately, this is very common. We need to raise reimbursement rates so more dentists can participate in the program and care for Medicaid patients in their communities.

Q. What changes are needed to Medicaid that would allow more patients to access care?

A. Congress should reduce administrative burdens and require adult dental Medicaid coverage for all states, defining what kinds of services are necessary for states to provide comprehensive coverage. At the state level, we need to raise reimbursement rates so dentists can provide care to Medicaid patients without a financial loss to their practice.

Q. How would you define comprehensive coverage? What benefits or services should be included?

A. We would like to see all states offer coverage that enhances patients' overall health. That would include coverage for emergency care – which most states already offer – as well as the routine preventative care like x-rays, fluoride treatments, and oral hygiene instruction. And for patients who need prosthodontics to replace missing teeth or treatments to address dental decay, or other medically necessary treatments, those services should be covered too. These are the basic things all people need to maintain or regain their oral health.

TOUGH QUESTIONS

Q. If people want dental coverage, why shouldn't they just get a better job?

A. What we know is that people with some form of dental coverage are more likely to go to the dentist; however, not all jobs offer the full spectrum of health care coverage that includes dental benefits. Our goal is to expand dental coverage, and thereby expand access. Having some form of dependable and meaningful dental coverage should not be solely tethered to a job. For example, most entrepreneurs are required to purchase their own health coverage. The point is that all patients must have a reliable source of oral health care coverage so they can see a dentist and get the care they need to stay healthy. A strong Medicaid system can help do that.

Q. It sounds like you are putting the burden of receiving care on patients and a government program. Is that true?

A. Comprehensive coverage through Medicaid is the only way to provide oral health care for all low-income patients. Dentists want to provide care to all patients, especially the vulnerable, but they can't take on this responsibility alone.

Q. How can you ask for higher Medicaid reimbursements after opposing a proposal in Congress that would have brought a Medicare dental benefit to all seniors? Why did you oppose that proposal?

A. The American Dental Association did support a Medicare dental benefit for those seniors who are most in need, similar to how we support strengthening Medicaid to help low-income people ages 18-64. The bottom line is dentists want to be able to reach as many patients as possible to improve oral health. We will look closely at any policy at the state or federal level that will help us accomplish that.

OTHER PRIMARY MESSAGES

Strengthening Medicaid programs to include comprehensive dental coverage for adults will:

- Improve patient health.
- Help decrease health disparities.
- Reduce the costs of dental care sought in emergency rooms.
- Improve Medicaid participants' ability to secure and maintain employment.

MEDICAID SHOULD COVER ADULT DENTAL CARE

If we want to improve health equity, improving access to dental care is an important factor.

- Providing adult dental coverage through Medicaid would reduce racial disparities and inequities in chronic disease prevalence and maternal health.
- Underserved communities and people with disabilities stand to benefit most from comprehensive dental coverage in Medicaid.
- Black and Hispanic adults face cost barriers to dental care to a greater degree than their White and Asian peers. As a result, these patient groups are more likely to have outcomes like untreated cavities and severe gum disease. Recent improvements in oral health have not benefited all groups equally.
- Policymakers who want to reduce health disparities should prioritize strengthening Medicaid.

Strong dental Medicaid programs have shown numerous societal benefits.

- Access to dental care for poor Americans helps maintain a high quality of life, keep kids in school, keep adults at work and reduces unnecessary emergency room visits.
- While policymakers face many competing priorities, covering comprehensive dental care with adequate reimbursement rates is a relatively modest investment that pays big dividends.

Lack of focus on adult oral health care by federal and state governments has created a patchwork of dental coverage in state Medicaid programs.

- Medicaid was created to help low-income Americans, people with disabilities, and seniors receive healthcare, but programs often neglect certain services for entire populations.
 - Twenty-one states and the District of Columbia provide extensive adult dental Medicaid benefits. Sixteen states provide limited benefits, nine provide emergency-only benefits, three provide no benefits, and one has a dental benefit under development.¹
 - All states are required to comply with the Early and Periodic Screening, Diagnostic and Treatment benefit to provide preventive and medically necessary comprehensive health care services for children under 21. This includes dental care.
- The inconsistency in adult dental Medicaid coverage results in spotty access for kids too. In states with adult dental benefits, children of Medicaid patients are more likely to visit the dentist and are less likely to defer care.

ADULT DENTAL MEDICAID BENEFITS SHOULD BE COMPREHENSIVE AND ADEQUATELY REIMBURSED

When dentists can't afford to accept Medicaid, patient access suffers.

- In many cases, treating Medicaid patients is *more expensive* for dental practices than receiving no compensation for care provided care due to the time and resources it takes to navigate the Medicaid system, matched with a low reimbursement rate.

- As a result, many dental practices do not accept Medicaid, or severely restrict the number of Medicaid patients they take. This makes it hard for patients to find a dentist who will see them.
- Without a dentist willing to treat them, simply having dental benefits does not actually help patients.

Improving patient and dentist participation requires Medicaid programs to reduce administrative barriers and fairly reimburse for dental care.

- Reimbursement to traditional medical providers is already too low, but the rate for dental care is even lower, far below the cost of delivering care.
 - The average Medicaid reimbursement among states providing limited or extensive adult dental services was 53.3% of private insurance reimbursement in 2020.²
 - Medicaid reimbursement as a percentage of private insurance reimbursement for adult dental services varied between 30.5% in Minnesota to 86.8% in California.³
- Dentists donate hundreds of thousands of dollars in care each year in their own offices and through events like Mission of Mercy, Give Kids A Smile and Veterans Stand Down so vulnerable people can get the care they desperately need.
- Though dentists are doing their part to meet the need, charity care is not a healthcare system and patients deserve more reliable, consistent dental coverage through Medicaid.

ACCOUNTABILITY FOR MANAGED CARE ORGANIZATIONS

Many states choose to contract part or all of their Medicaid program to managed care organizations (MCO).

- MCOs promise policymakers that they will administer the program and save the state money.
- As private organizations, MCOs are focused on the bottom line. The more they save on patient care, the more money they can keep as profit.
- In some instances, this profit motive can lead MCOs to decline coverage for necessary care.
- States need accountability measures for MCOs to make sure they are delivering the care they have promised to provide.

ⁱ <https://www.macpac.gov/subtopic/managed-cares-effect-on-outcomes/>