

Medicaid Coverage of Adult Dental Services

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Medicaid is the primary vehicle for dental coverage among adults with low incomes. Medicaid provides health care coverage to certain categories of people with low incomes, including children and their parents, pregnant women, the elderly, and individuals with disabilities. While state Medicaid programs are required by federal rules to cover comprehensive dental services for children, coverage for adult dental services is optional.

States often choose to offer adults a more limited set of covered services than children or offer no coverage at all. Because of its “optional” status, adult dental coverage is often one of the first areas states turn to when making Medicaid reductions. Information from a recent survey of Medicaid dental program managers by the National Academy for State Health Policy (NASHP) and the Medicaid-SCHIP Dental Association is the source of this update on the status of states’ Medicaid coverage of adult dental services.

Overall, dental insurance coverage is much less prevalent than medical insurance in the United States. More than 15 percent of persons 18 and older have no form of medical insurance, but 3 times as many, or more than 85 million persons, have no form of dental insurance.¹ Private dental insurance plans, usually received through employment, are the largest providers of dental insurance coverage. However, only

an estimated 46 percent of full- and part-time workers have access to dental coverage and only 36 percent participate in it.² Among elderly Americans, traditional Medicare is not a source of dental insurance. It provides coverage for only extremely limited hospital-based oral surgeries required in conjunction with other treatments. Therefore, almost 70 percent of Americans age 65 and older do not have dental coverage.³

Adult dental benefits are important not only to ensure good oral health, but also overall health. A 2000 report by the U.S. Surgeon General noted the importance of oral examinations for detecting early signs of nutritional deficiencies and systemic disease.⁴ Other concerns regarding oral health that are particular to the adult Medicaid population include:

- : *Employability*: Good oral health enhances Medicaid beneficiaries’ ability to obtain and keep jobs.⁵ An estimated 164 million work hours each year are lost due to oral disease.⁶
- : *Children’s oral health*: The bacteria that cause dental disease are usually passed from parents and other caretakers to their children. Access to dental care and education for parents can lessen the children’s chances of severe dental disease, and can also improve the family’s oral hygiene habits, such as maintaining regular dental visits.^{7,8}

Despite these needs, Medicaid beneficiaries are more likely to face barriers in accessing oral health care and poorer oral health outcomes than individuals with higher incomes. Among adults aged 19 to 64 who had family incomes of less than \$10,000, nearly half had at least one decayed tooth that had not been treated compared to only 17 percent of adults whose incomes were at least \$35,000, according to a report issued in 2000 by the Government Accountability Office.¹³

VARIATION IN COVERAGE

RANGE OF SERVICES

As shown in Table 1, there is a wide variation among states in the types of dental services and degree of coverage offered under Medicaid. It is important to note that the benefits covered also vary in total amount, duration, and scope of coverage.

- : Six states do not cover any dental services for adults.
- : Sixteen states offer only emergency services (for example, only paying for extractions of diseased teeth) for all adult enrollees.
- : Thirteen states exclude coverage in at least one category of service, generally periodontal and advanced restorative services (such as root canals and crowns).
- : Sixteen states offer coverage in all service categories for all adult enrollees.
- : Six states impose annual caps on the amount they will pay for adult dental services. Annual limits vary. California has an annual limit of \$1,800 per Medicaid beneficiary while Vermont's annual limit is set at \$495.

VARIATION BY POPULATION

States also have the option to vary the coverage of dental services among the various adult populations who are eligible for Medicaid, distinguishing between all other adult Medicaid enrollees versus pregnant women, those who are physically or developmentally disabled, or the elderly. Eight states make such distinctions between all other adult enrollees and these special populations.

- : Missouri and Oregon provide coverage in every service category for the disabled, elderly, and pregnant women, but only emergency services for all other adult enrollees.
- : Kansas, Montana, and Texas provide coverage in every service category for the disabled and elderly, but only emergency services for all other adult enrollees.
- : Louisiana and Nevada limit preventive services such as cleanings and periodontal services to pregnant women only.
- : Oklahoma provides coverage in every service category for disabled adults, limited coverage to pregnant women, and only emergency services to all other adult enrollees.

CONCLUSION

As of early 2008, 45 states, including the District of Columbia, provided some type of coverage of dental benefits to at least some Medicaid-enrolled adults. However, this coverage ranged from comprehensive dental care to coverage limited to emergencies, or coverage for only certain categories of enrollees.

Our snapshot indicates that there may be an increasing recognition of the importance of oral health to overall health. Unlike previous years in which the fiscal climate included significant budget shortfalls, states have continued to maintain relatively comprehensive benefits for their Medicaid adult population. In 2005, a study that used a different methodology for counting the extent of adult benefits found that only 7 states had coverage of every service category without any annual caps on costs for all Medicaid adult beneficiaries, down from 12 states in 2002. Twenty-six states were reported to offer emergency services only, or no coverage at all.¹⁴ Our current study shows 16 states offering more comprehensive dental coverage (coverage in all categories, with no annual maximum) to adults, and only 22 offering emergency services or no coverage at all. States are showing perseverance in continuing coverage for their Medicaid adult population despite a difficult fiscal climate.

TABLE 1: ADULT MEDICAID DENTAL BENEFITS BY STATE¹

State	No services	Emergency services only	Exams	Preventive services	Basic restorative services	Advanced restorative services	Periodontal services	Dentures	Oral surgery services	Annual limits
Alabama	X									
Alaska			X	X	X	X	X	X	X	\$1,150
Arizona ²		X								
Arkansas	X									
California			X	X	X	X	X	X	X	\$1,800
Colorado	X									
Connecticut			X	X	X	X	X	X	X	
Delaware	X									
District of Columbia			X	X	X	X	X	X	X	
Florida		X						X	X	
Georgia		X								
Hawaii			X	X	X	X	X	X	X	\$500 ³
Idaho			X	X	X		X	X	X	
Illinois ⁴			X		X	X		X	X	
Indiana			X	X	X		X	X	X	\$600
Iowa			X	X	X	X		X	X	
Kansas		X	D/E	D/E	D/E	D/E	D/E	D/E	D/E	
Kentucky			X	X	X		X		X	
Louisiana			P	P	P		P	X ⁵	P	
Maine		X								
Maryland ⁶	X									
Massachusetts			X	X	X	X	X	X	X	
Michigan			X	X	X			X	X	
Minnesota			X	X	X	X	X	X	X	
Mississippi		X							X	\$2,500
Missouri		X	D/E/P	D/E/P	D/E/P	D/E/P	D/E/P	D/E/P	D/E/P	
Montana		X	D/E	D/E	D/E	D/E	D/E	D/E	D/E	
Nebraska			X	X	X	X	X	X	X	
Nevada		X		P			P	X		
New Hampshire		X								

TABLE 1: CONTINUED

State	No services	Emergency services only	Exams	Preventive services	Basic restorative services	Advanced restorative services	Periodontal services	Dentures	Oral surgery services	Annual limits
New Jersey			X	X	X	X	X	X	X	
New Mexico			X	X	X	X	X	X	X	
New York			X	X	X	X	X	X	X	
North Carolina			X	X	X	X	X	X	X	
North Dakota			X	X	X	X	X	X	X	
Ohio			X	X	X	X		X	X	
Oklahoma		X	D/P	D/P	D/P	D	D/P	D	D	
Oregon		X	D/E/P	D/E/P	D/E/P	D/E/P	D/E/P	D/E/P	D/E/P	
Pennsylvania			X	X	X	X		X	X	
Rhode Island			X	X	X	X		X	X	
South Carolina		X								
South Dakota			X	X	X	X	X	X	X	
Tennessee ⁷	X									
Texas		X	D/E	D/E	D/E	D/E	D/E	D/E	D/E	
Utah			X	X	X	X		X	X	
Vermont			X	X	X	X	X		X	\$495
Virginia		X								
Washington			X	X	X	X	X	X	X	
West Virginia		X								
Wisconsin			X	X	X	X	X	X	X	
Wyoming			X	X	X	X		X	X	
TOTAL⁸	6	16	28	27	28	24	20	29	30	6

Key: X= All enrollees 21 years of age and older. D = Persons with disabilities (physical and developmental). E = Categorized as elderly. P = Pregnant women.

Categories of Service: States are listed as covering a category of service if they cover at least one of the services, as follows:

Emergency Services Only = emergency exams, emergency extractions.

Exams = routine dental examinations.

Preventive Services = prophylaxis (cleanings), fluoride application, sealants.

Basic Restorative Services = amalgam fillings, resin fillings, stainless steel crowns.

Advanced Restorative Services = laboratory processed crowns, root canal therapy.

Periodontal Services = periodontal surgery, scaling, and root planing.

Oral Surgery Services = non-emergency extractions, other oral surgical procedures.

NOTES

1 National Center for Health Statistics (NCHS). 1995 *National Health Interview Survey (NHIS)* Data tabulated by the Office of Analysis, Epidemiology, and Health Promotion. (Washington, DC: NCHS, Centers for Disease Control and Prevention; 2000).

2 U.S. Department of Labor, Bureau of Labor Statistics, *National Compensation Survey, Employee Benefits in Private Industry in the United States, March 2007* (Washington, DC: U.S. Bureau of Labor Statistics, 2006, 6-7).

3 R.J. Manski, E. Brown, *Dental Use, Expenses, Private Dental Coverage, and Changes, 1996 and 2004*. (Rockville, MD: Agency for Healthcare Research and Quality, 2007). MEPS Chartbook No.17.

4 U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General* (Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000).

5 S. Hyde, W.A. Satariano, J.A. Weintraub, "Welfare dental intervention improves employment and quality of life," *Journal of Dental Research*, no. 85 (2006):79-84.

6 Division of Oral Health, *Oral Health for Adults* (Washington, DC: Centers for Disease Control and Prevention, December 2006).

7 W. Sohn, A. Ismail, A. Amaya, J. Lepkowski, "Determinants of dental care visits among low-income African-American children." *Journal of the American Dental Association* 138, no. 3 (2007):309-18.

8 A.J. Bonito, R. Gooch. "Modeling the Oral Health Needs of 12-13 Year Olds in the Baltimore MSA: Results from One ICS-II Study Site. "American Public Health Association Annual Meeting; November 12, 1992.

9 D. Albert, D. Sadowsky, P. Papananou, M. Conicella, A. Ward, "An Examination of Periodontal Treatment and per Member per Month (PMPM) Medical Costs in an Insured Population," *BMC Health Services Research* 6 (August 16, 2006): 103.

10 Y.A. Bobetsis, S.P. Barros, S. Offenbacher. "Exploring the relationship between periodontal disease and pregnancy complications." *Journal of the American Dental Association* 137, (2006):7S-13S.

11 Oral Cancer Foundation. Oral Cancer Facts. Retrieved 5 August 2008. <http://www.oralcancerfoundation.org/facts/index.htm>.

12 D. Reznik. "Oral Manifestations of HIV Disease." 2005. Topics in HIV Medicine. Retrieved 5 August 2008. <http://www.iasusa.org/pub/topics/2005/issue5/143.pdf>.

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

14 Adult Dental Benefits in Medicaid: FY 2000, 2002, 2003, 2004, & 2005. Retrieved 24 June 2008. <http://www.medicaddental.org/Docs/AdultDentalBenefits2003.pdf>.

NOTES - TABLE 1

1 Unless otherwise noted, information from a recent survey by NASHP and the Medicaid-SCHIP Dental Association of Medicaid dental program managers, December 2007.

2 As of June 30, 2008, coverage of general dental services for certain elderly and disabled enrollees was suspended. Currently all adult enrollees have limited coverage for emergent dental conditions.

3 \$1,000 annual limit for dentures.

4 Doral Dental Services of Illinois. Dental Office Reference Manual. Retrieved 5 August 2008. www.hfs.illinois.gov/assets/012406_dental.pdf.

5 Excludes pregnant women.

6 90 percent of Medicaid beneficiaries are enrolled in seven managed care organizations, which provide some dental care, generally to pregnant women. The remaining Medicaid population is enrolled in a fee-for-service program that does not cover dental care. Those adults enrolled in the Rare and Expensive Case Management (REM) Program are eligible for a full range of dental care.

7 State of Tennessee, Bureau of TennCare. Chapter 1200-13-13.04, "Covered Services." Retrieved 5 August 2008. <http://www.state.tn.us/tenncare/forms/chapter13.pdf>

8 Total for when benefits are provided for all adult enrollees.

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