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.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 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.¹¹,¹²

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.¹³ Dental benefits covered by state Medicaid programs typically fall into three general 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.
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 – 28 out of 29 – 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)\(^{xvi}\)

<table>
<thead>
<tr>
<th>Dental Benefits Category</th>
<th>Offered to Medicaid Base Population</th>
<th>Offered to Medicaid Expansion Population</th>
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<tbody>
<tr>
<td>Emergency-Only</td>
<td>15 states: FL, GA, HI, ME, MS, MO, MT, NV, NH, OK, SC, TX, UT, WV, ID</td>
<td>4 states: HI, NV, NH, WV</td>
</tr>
<tr>
<td>Limited</td>
<td>17 states: AR, CO, DC, IL, IN, KS, KY, LA, MD, MI, MN, NE, PA, SD, VT, VA, WA</td>
<td>11 states: AR, CO, DC, IL, IN, KY, MD, MI, MN, PA, VT</td>
</tr>
<tr>
<td>Extensive</td>
<td>15 states: AK, CA, CT, IA, MA, NJ, NM, NY, NC, ND, OH, OR, RI, WA, WI</td>
<td>11 states: CA, CT, IA, MA, NJ, NM, NY, OH, OR, RI, WA</td>
</tr>
<tr>
<td>No dental benefits</td>
<td>4 states: AL, AZ, DE, TN</td>
<td>3 states: DE, AZ, ND</td>
</tr>
</tbody>
</table>

**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 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 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 other routine restorative procedures.\(^{xviii}\)


\(^{6}\) 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_1ashx](http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0214_1ashx).


\(^{8}\) 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_3ashx](http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0213_3ashx).


\(^{10}\) National Conference of State Legislatures, op cit

\(^{11}\) The Kaiser Commission on Medicaid and the Uninsured (2012), op cit.

\(^{12}\) Ibid.


\(^{14}\) Ibid.

\(^{15}\) Ibid.

\(^{16}\) Ibid.