An Overview of the
Medicaid Adult Dental Coverage Checker

Medicaid is a key source of health care coverage for more than 80 million people in the United States.

Although states are required to provide comprehensive dental benefits for children covered by Medicaid and the Children's Health Insurance Program (CHIP), dental coverage for adult Medicaid beneficiaries is optional for states.[1, 2]

Today, while most states provide at least emergency/urgent dental benefits (defined differently by states) for adults, nearly one-third of all states do not provide dental care beyond emergency procedures.[3]

Medicaid Coverage Requirements for Children and Adults

All states are required to comply with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to provide preventive and medically necessary comprehensive health care services for children under age 21 enrolled in Medicaid and the Children's Health Insurance Program (CHIP), including dental care. There is no corresponding dental care requirement for adult Medicaid enrollees; adult dental coverage is optional under state Medicaid programs.[4]

Why Oral Health Coverage Matters

Oral health is directly linked to overall health and well-being. When oral health deteriorates, it can have far-reaching consequences and health effects that go beyond the mouth. Poor oral health is connected to higher risk for diabetes, cardiovascular disease and stroke, complications in pregnancy and childbirth, adverse mental health outcomes, and other conditions that are costly to treat.[5] It is also closely linked with employability, financial security, and social connectedness.

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Millions of people in the US, especially those with lower incomes and people of color, cannot secure the dental care they need due to a variety of factors, including cost, coverage, and provider availability. As a result, wide oral health disparities exist across racial, ethnic, and income groups. Recent research has shown that increasing dental coverage is one policy lever that can make a difference in access to dental care.[6]

The benefits of providing extensive dental coverage through Medicaid are far-ranging. Adults who gain dental coverage have greater access to and utilization of regular dental care than those without dental coverage, which can prevent dental disease and costly dental emergencies. Recent research also shows that access to and utilization of care can effectively reduce racial and ethnic disparities in dental care visits and in the use of preventive and treatment services.[7] Providing dental

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coverage to adults also increases the likelihood that their children will receive timely and appropriate care.[8] Furthermore, adults with dental coverage are more likely to enter and remain in the workforce.

Recent studies have found that access to dental care has many financial and social impacts:[9]

- Increased access to dental care can lead to lower medical care costs among individuals who are pregnant or who have chronic conditions such as diabetes and heart disease.

- Dental coverage significantly reduces costly emergency department visits for dental conditions. Cost savings are realized by diverting care from hospital emergency departments to more cost-effective settings like a dental office or community health center. The average charge for an ED visit for a non-traumatic dental condition is $1,638; a similar visit to a dental office or clinic costs $90–$200.[10][11] This redirection of care can also lead to

better oral health outcomes because patients will get more clinically appropriate treatment for dental conditions from dental professionals.

- Dental-related ED visits nationwide cost an estimated $2.1 billion per year, but nearly 79% of those visits could be addressed in a dental office, saving up to $1.7 billion per year.[12]

- Children whose parents have Medicaid dental coverage are more likely to have had a dental visit in the past year and less likely to have deferred dental care.

- Adults who gain dental coverage through Medicaid report improved oral health and employability.

- Among Medicaid-enrolled adults in states that do not provide dental coverage to adults in their Medicaid program, 60% report that the appearance of their mouth and teeth affects their ability to interview for a job.

The Need for a New Assessment Tool

For many years, policymakers and advocates have relied on the American Dental Association (ADA)'s classification system for state Medicaid adult dental benefits.[13] Adopted and adapted by other organizations, this system classifies Medicaid adult dental benefits into four categories: extensive, limited, emergency, and none. The system defines an extensive dental benefit as including coverage of a minimum number of dental procedures across broad categories of services, as well as an annual expenditure cap of at least $1,000.

Using the ADA's classification system, a state's dental benefits package may be considered extensive but include services that are not among those which the best evidence shows are

necessary to maintain oral health. Further, a benefits package that meets the above threshold for "extensive" may give the erroneous impression that there is no room to include new benefits. Lastly, the definition's lack of specificity makes it difficult to identify which procedures and coverage frequency would most positively influence the oral health of Medicaid beneficiaries.

While this classification system has served the oral health community well for many years, four leading oral health organizations decided that states would benefit from a classification system that provides clear guidance on:[14]

- the specific covered service categories necessary to constitute an extensive benefit

- the specific procedures to be covered within each service category

- the specific service frequency to be covered

- whether coverage is offered to all adult Medicaid beneficiaries or only to select subset(s) (e.g., individuals who are pregnant, people with disabilities, etc.)

The Adult Dental Medicaid Coverage Checker is designed to meet these needs.

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How Our Rubric Assesses Dental Benefits

The Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits used to create the Coverage Checker defines an extensive dental benefit as one that provides coverage for a range of dental procedures considered adequate for the prevention of disease and promotion of oral health; the restoration of oral structures to health and function; and the treatment of emergency/urgent conditions for the largest group of Categorically Needy Medicaid adult beneficiaries ages 21–64. Low-income, childless adults who live in states that have opted to expand their Medicaid eligibility are included as Categorically Needy.[15]

The Rubric — a survey completed by state dental directors — acknowledges coverage of specific procedures and services, including allowed frequency, in eight service categories. It distinguishes coverage that applies to the largest group of Categorically Needy Medicaid adults ages 21–64 compared to specific sub-populations only.

The categories of procedures in this Rubric encompass specific services that are most commonly reimbursed by employer-based dental benefit plans and that are critical to maintaining lifelong oral health.

The four organizations then used the data from that Rubric to create the Coverage Checker, a tool displaying the survey results that allows individuals to understand their state's landscape and identify potential areas for improvement.

Service Categories Included in the Rubric

- Annual benefit maximum
- Diagnostic services
- Preventive services
- Restorative services
- Endodontic services
- Periodontal services
- Prosthodontic services
- Extraction service

Intended Uses for the Medicaid Adult Dental Coverage Checker

Providing a clear and consensus-driven definition of an extensive Medicaid adult dental benefit, the Coverage Checker is designed as a resource for use by a wide range of audiences:

- **Medicaid agencies:** It allows administrators to assess the extensiveness of benefits offered in their state and in relation to others and determine what improvements are needed to achieve a more extensive benefit.

- **Advocates:** It allows local and state advocates to better understand the coverage landscape in their state and others and to support efforts to implement/restore benefits.

- **Legislators and other policymakers:** It provides leaders with a definition of an extensive dental benefit, an understanding of the benefits offered in their state on a continuum from no benefits to extensive, and the ability to track movement in benefit offerings over time.

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Endnotes

1. Children under the age of 21 are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits, which include comprehensive dental benefits. *Early and Periodic Screening, Diagnostic, and Treatment.* Centers for Medicare and Medicaid Services. Accessed July 15, 2022, http://www.medicaid.gov/medicaid/benefits/epsdt/index.html.

2. *Mandatory and Optional Medicaid Benefits.* Centers for Medicare and Medicaid Services. Accessed July 15, 2022, https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html.

3. Marko Vujicic, Chelsea Fosse, Colin Reusch, and Melissa Burroughs. *Making the Case for Dental Coverage for Adults in All State Medicaid Programs.* Chicago: American Dental Association in partnership with Community Catalyst and Families USA. July 2021, https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/whitepaper_0721.pdf

4. Marko Vujicic, Chelsea Fosse, Colin Reusch, and Melissa Burroughs. Making the Case for Dental Coverage.

5. "Impacts Beyond the Mouth," CareQuest Institute for Oral Health, accessed July 15, 2022, https://www.carequest.org/resource-library/impacts-beyond-mouth

6. George L. Wehby, Wei Lyu, and Dan Shane, "Racial and Ethnic Disparities in Dental Services Use Declined After Medicaid Adult Dental Coverage Expansions," Health Affairs 41, no. 1 (January 2022): 44–52, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01191.

7. George L. Wehby, Wei Lyu, and Dan Shane, "Racial and Ethnic Disparities in Dental Services."

8. Brandy J. Lipton, Tracy L. Finlayson, Sandra L. Decker, Richard J. Manski, and Mingan Yang, "The Association Between Medicaid Adult Dental Coverage and Children's Oral Health," Health Affairs, 40, no. 11 (November 2021):1731–1739, doi: 10.1377/hlthaff.2021.01135.

9. Marko Vujicic, Chelsea Fosse, Colin Reusch, and Melissa Burroughs. Making the Case for Dental Coverage.

10. Kamyar Nasseh, Marko Vujicic, and Amanda O'Dell, *Affordable Care Act Expands Dental Benefits For Children But Does Not Address Critical Access To Dental Care Issues.* Chicago: American Dental Association, April 2013, https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/HPIBrief_0413_3.pdf?la=en

11. "Recent Trends in Emergency Department Visits for Non-Traumatic Dental Conditions," CareQuest Institute for Oral Health, accessed July 15, 2022, https://public.tableau.com/app/profile/carequest/viz/HCUPEDVisitsforNTDCs_16358680892720/VisitandDxRates.

12. "Action for Dental Health," American Dental Association, accessed July 15, 2022, https://www.ada.org/resources/community-initiatives/action-for-dental-health.

13. "Reducing Preventable Dental-Related Hospital Emergency Visits is More Important than Ever," CareQuest Institute for Oral Health, accessed July 15, 2022, https://www.carequest.org/about/news/reducing-preventable-dental-related-hospital-emergency-visits-more-important-ever.

14. In August 2014, a group of stakeholders (Core Group) was convened by CareQuest Institute for Oral Health (then known as DentaQuest Partnership for Oral Health Advancement) to review the assumptions behind the existing ADA Categories of Adult Dental Benefits in Medicaid and Classification of States, ensure consistency and consensus around the use of this classification, and monitor individual state standings as policy changes occurred within states.

    Shortly thereafter, there was interest among the Core Group in developing a new tool to objectively assess where states' Medicaid adult dental benefits fell in relation to a shared understanding of extensive benefits. In April 2015, requests for participation were sent to individuals who are considered experts in their fields and who could provide feedback and perspectives representative of those in their sector of the oral health network (Advisory Committee). Between spring 2015 and winter 2020, the Core Group and Advisory Committee solicited external feedback from experts at the state and national level on, conducted testing of, and made numerous revisions to the Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits.

    Core Group Organizations: American Dental Association Health Policy Institute, CareQuest Institute for Oral Health, Center for Health Care Strategies, Inc., National Academy for State Health Policy.

    Advisory Committee Members: Stacey Auger, MPH (Policy Consultant, CareQuest Institute for Oral Health); Donna Balaski, DMD (Healthcare Administration Management, State of Connecticut, Department of Social Services Division of Health Services); Stacey Chazin, MPH, MSODL (Health Policy and Leadership Consultant, formerly with the Oral Health Progress and Equity Network); Dora Fisher (Formerly Director of Older Adult Programs, Oral Health America); Chelsea Fosse, DMD, MPH (Senior Health Policy Analyst, American Dental Association Health Policy Institute); Steven Geiermann, DDS (Retired, Senior Manager, Access, Community Oral Health Infrastructure and Capacity, American Dental Association Council on Advocacy for Access and Prevention); Tracy Gilman, CDA, MSM (Regional Director, MassHealth Contract at DentaQuest); Carrie Hanlon, MPP (Project Director, National Academy of State Health Policy); Robert Isman, DDS, MPH (Formerly Dental Program Consultant, California Department of Health Care Services); Michael Monopoli, DMD, MPH, MS, FACD, FICD (Formerly Vice President for Grant Strategy, CareQuest Institute for Oral Health); Bianca Rogers (Formerly Advocacy Coordinator, Oral Health America); Andrew Snyder, MPA (Formerly Project Director, National Academy of State Health Policy); Madeline Steward, MPH (Program Officer, Center for Health Care Strategies); Cassandra Yarbrough, MPP (Formerly Lead Public Policy Analyst, American Dental Association Health Policy Institute).

15. "List of Medicaid Eligibility Groups: Mandatory Categorically Needy," Centers for Medicare and Medicaid Services, accessed July 15, 2022, https://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf.

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