

RESEARCH REPORT

Expanding Dental Benefits Is Good for States.*

***Just Ask Colorado.**

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There is growing recognition of the role oral health plays in relation to overall health.

Policymakers generally support providing adult dental benefits to Medicaid enrollees but often face challenges associated with competing budget priorities.¹ The Medicaid dental benefit is one of the few options for low-income adults seeking oral health care.² There is evidence that without Medicaid dental benefits, adults are left to seek care in the emergency department.³ By contrast, dental benefits are associated with a higher probability of a patient visiting a dentist within the past six months and lower likelihood of patients reporting unmet dental needs due to costs.⁴

Medicaid adult dental coverage varies among states, with 21 states and the District of Columbia providing extensive Medicaid adult dental benefits. Sixteen states provide limited benefits, nine provide emergency-only benefits, and three provide no benefits at all. Since the implementation of the Affordable Care Act (ACA), the rate of dental coverage has increased by 18.9 percent in states that provide dental benefits through Medicaid.⁵

In Medicaid expansion states with adult dental benefits, a greater proportion of low-income adults access dental service after implementation of ACA. States that had Medicaid expansion for adults saw dental care use increase by 3-6 percentage points in 2016.

Role of Federally Qualified Health Centers in Treating Medicaid Patients

Federally Qualified Health Centers (FQHCs) account for less than 2% of total Medicaid spending while providing care to one in every six Medicaid beneficiaries.⁶ FQHCs serve as an essential safety net for many rural and underserved communities. In 2018, FQHCs served 64 million patients, 6.4 million of whom were dental patients.⁷ In many ways, FQHCs serve as leaders in health care innovation due to efforts focused on reducing fragmentation of care through integrated care models. While dentistry has traditionally been siloed from health care, some FQHCs provide opportunities for patients to receive their medical and oral care at the same location, often on the same day, reducing the time, travel, and administrative burden for patients. Almost 34% of FQHCs have co-located medical and dental providers, making it easier for patients to access oral health services.

Data from the Commonwealth Fund's 2018 National Survey of Federally Qualified Health Centers found that FQHCs in Medicaid expansion states reported greater financial stability, engagement in value-based payment arrangements, and availability of behavioral and social services compared to non-expansion states. While the Commonwealth Fund's survey did not directly address oral health services, it is reasonable to assume that similar conclusions can be applied to oral health services provided in FQHCs in expansion states compared to non-expansion states.⁸

Following Medicaid Expansion in Colorado:

- The total number of adult Medicaid patients seen at the University of Colorado School of Dental Medicine (CUSDM) increased by almost 350%.
- Between 2013 and 2016, CUSDM saw a 51% increase in tooth-saving procedures (e.g., restoration, endodontic and periodontal treatments).
- There was a 22% decrease in extractions.
- Tooth-saving procedures increased in all ethnicities and all ages above 21 years.

A Case Study of Colorado

Colorado was among the states that chose to expand Medicaid adult dental benefits under the Affordable Care Act. Until 2013, Colorado's Medicaid dental benefits only covered children under 21, and adults received Medicaid coverage for only emergency dental conditions. In 2014, a limited dental benefit was created for adults 21 and older in which adult members could receive up to \$1,000 annually toward the cost of needed dental services. In 2019, the cap was raised to \$1,500. The new benefit covered procedures such as dental exams, crowns, partial dentures, and root canals.

University of Colorado School of Dental Medicine (CUSDM) serves the underserved community in the Denver metro area and is a safety-net provider for several populations living in Colorado. A study conducted in 2017 compared dental services utilization at CUSDM two years before (2013 and 2014) and (2015 and 2016) after the advent of the new adult

Medicaid dental benefit⁹. This study found that the most frequent procedures delivered were tooth-saving procedures (restoration, endodontic and periodontal treatments) and extractions, rather than preventive treatments. That said, CUSDM saw a 22% reduction in tooth extractions, meaning that more patients were able to retain their teeth — highlighting the importance of Medicaid adult dental benefit in tooth retention. There is evidence of association between tooth retention with better quality of life¹⁰.

The authors interviewed four dentists who either work at FQHCs or at clinic who serve the underserved community. In these interviews, the dentists who treat adults who have the Medicaid adult dental benefit said they were glad when this benefit was introduced. They saw several changes in the patient population.

- The dental office received inquiries from patients asking if the clinic would accept Medicaid benefits.
- Some dentists informed several of their patient that they were eligible for this benefit, as the patients were not aware of the new benefit.
- Several Medicaid dental offices for children started to become family practices — now they could treat the parents of the children and retain the children who turned 21 as patients

Dentists discussed the benefits to their offices by accepting the adult Medicaid benefits. The dentist discussed although the Medicaid reimbursement rates are lower (it is also evident in the literature¹¹), adding the benefits enabled additional preventive and restorative care for their patients, which not only helped increase revenue but led to higher satisfaction for the team as they were able to improve quality of life for their patients. One of the aspects that the dentists discussed from a business perspective was that adding the adult Medicaid benefit would likely increase the number of patients seen in their practice.

During the pandemic, the Colorado joint budget committee proposed several budget cuts, and one of the options was to eliminate the adult dental Medicaid benefit. The Colorado Dental Association (CDA) and several dentists came together to save the Medicaid adult dental benefit. The president of the CDA said, "This is a whole population who never had any treatment, and it has changed their lives."¹²

Overall, in Colorado, the adult Medicaid benefit has been shown some initial results of improving the oral health of low income patients and a pathway to improve access to care.



This is a whole population who never had any treatment, and it has changed their lives.”

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