Comprehensive Dental Benefits for Medicaid Adults: A Look at the National Landscape

NH Policy Conversation: State Oral Health and Dental Models in State Medicaid Programs

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Dentaquest Partnership for Oral Health Advancement
My Background

- Currently work as a Senior Advisor with the DentaQuest Partnership for Oral Health Advancement

- Worked in various positions during a 32-year career with the Commonwealth of Virginia, including:
  - Director of the Commonwealth’s State Employees’ Health Benefits Program
  - Executive Director of the Virginia General Assembly’s Joint Commission on Health Care
  - State Medicaid Director

- Volunteer Service:
  - Virginia Oral Health Coalition Board Member
  - Virginia Dental Association Foundation Immediate Past President and Board Member
  - Mission of Mercy (MOM) Volunteer
Healthier mouths mean healthier people. And healthier people mean stronger communities.

**DESTINATION**

**ERADICATE DENTAL DISEASE IN CHILDREN**

**TARGET** With a closing of disparity gaps, 85% of children reach age six without a cavity.

**TARGET** 15% of Title I schools have oral health fully incorporated into their systems.

**DESTINATION**

**BUILD A COMPREHENSIVE NATIONAL ORAL HEALTH MEASUREMENT SYSTEM**

**TARGET** Public and private health systems and payers are aligned in oral health surveillance and measurement priorities so that data are consistently collected and readily accessible at the national, state, and local levels.

**DESTINATION**

**INTEGRATE ORAL HEALTH INTO PERSON-CENTERED HEALTH HOMES**

**TARGET** Oral health is integrated into at least 50% of emerging person-centered care models, through payment/coverage and health care service delivery and coordination.

**DESTINATION**

**INCLUDE AN ADULT DENTAL BENEFIT IN PUBLICLY FUNDED HEALTH COVERAGE**

**TARGET** Medicare includes extensive dental coverage.

**TARGET** At least 30 states have an extensive Medicaid adult dental benefit.

**DESTINATION**

**IMPROVE THE PUBLIC PERCEPTION OF ORAL HEALTH, CREATING A MORE ACTIONABLE POLICY ENVIRONMENT TO ADVANCE ALL OPEN GOALS.**

**TARGET** Oral health is increasingly included in health dialogue and public policy advocacy.
Achieving Good Oral Health Is a Significant Challenge for Many

Irrespective of age, income level, and type of insurance, more people reported financial barriers to receiving dental care, compared to any other type of health care.

American Dental Association

U.S. Surgeon General “...there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a silent epidemic of dental and oral diseases is effecting some population groups.”

38% of older adults perceive their oral health as fair or poor; 40% have not seen a dentist in the past year.

National Center for Health Statistics

Lack of access to dental care leads to expensive emergency room care.

Association of Health Care Journalists

An estimated 164 million work hours and 51 million school hours are lost each year due to oral disease.

CDC, Division of Oral Health

Dental problems are among the most common health problems experienced by older adults.

American Geriatric Society’s Health in Aging Foundation
Few States Offer Comprehensive Dental Coverage to Medicaid Adults

1. Idaho provides extensive dental coverage to adults with disabilities and other special health care needs; all other adult members receive emergency only benefits. Virginia provides extensive benefits to pregnant women. Arizona provides extensive benefits to persons with disabilities.

Source: DentaQuest Partnership for Oral Health Advancement
# Medicaid Dental Benefit Definitions

<table>
<thead>
<tr>
<th>Benefit Level</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>No dental benefits</td>
</tr>
<tr>
<td>Emergency</td>
<td>Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations.</td>
</tr>
<tr>
<td>Limited</td>
<td>A limited mix of services, including some diagnostic, preventive, and minor restorative procedures. It includes benefits that have a per-person annual expenditure cap of $1,000 or less. It includes benefits that cover less than 100 procedures out of the approximately 600 recognized procedures per the ADA’s Code on Dental Procedures and Nomenclature.</td>
</tr>
<tr>
<td>Extensive</td>
<td>A more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least $1,000. It includes benefits that cover at least 100 procedures out of the approximately 600 recognized procedures per ADA’s Code on Dental Procedures and Nomenclature</td>
</tr>
</tbody>
</table>
Medicaid Expansion Increases Impact of Dental Coverage for Adults

Adopted (37 states including DC)

Not Adopted (14 states)

Source Kaiser Family Foundation
Including Dental Benefits in Medicare Will Provide Coverage for 59 Million Americans

- Some Medicare Advantage Plans provide limited/minimal coverage
- OPEN working to address two key issues:
  - Expand current coverage of “medically necessary” dental services
  - Provide comprehensive coverage through Medicare Part B to all beneficiaries
- Senator Cardin has introduced legislation (S. 22 “Medicare Dental Benefit Act of 2019”) to include dental in Part B

Americans Ages 50+ Overwhelming Agree Dental Benefits Should be Included in Medicare

<table>
<thead>
<tr>
<th>Service</th>
<th>Definitely &quot;Yes&quot;</th>
<th>Probably &quot;Yes&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>93%</td>
<td>18%</td>
</tr>
<tr>
<td>Eye</td>
<td>90%</td>
<td>15%</td>
</tr>
<tr>
<td>Hearing</td>
<td>80%</td>
<td>22%</td>
</tr>
<tr>
<td>LTC</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Foot</td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>

Sources: American Dental Association’s Health Policy Institute; “Research Related to a Dental Benefit in Medicare;” June, 2017
Medicaid Benefit Delivery Models Vary Across the Country

<table>
<thead>
<tr>
<th>Fee-For-Service</th>
<th>Managed Care Organizations (MCOs)</th>
<th>Dental Benefits Contractor/ MCO “Carve-Out”</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Administered directly by state Medicaid program</td>
<td>• Risk-based</td>
<td>• Contract could be:</td>
</tr>
<tr>
<td>• Providers contract with and are paid directly by the state</td>
<td>• Dental included among benefits/services managed by MCOs</td>
<td>- Risk-based; or</td>
</tr>
<tr>
<td></td>
<td>• # of MCOs varies by state (1-24)</td>
<td>- Administrative Services Only (ASO)</td>
</tr>
<tr>
<td></td>
<td>• MCO may sub-contract with Dental Benefits Administrator (DBA)</td>
<td>• State generally contracts with 1-4 Dental Benefits Administrators (DBAs)</td>
</tr>
</tbody>
</table>
Emerging Trends

• Integrated/Person-Centered Care Models
• Social Determinants of Health
• Value-Based Purchasing
• Alternative Payment Models
• Population-based Care/Payment Models
Lack of Dental Coverage and Preventive Care Leads to More E.D. Visits

In 2012, E.D. dental visits cost the U.S. health care system $1.6 billion, with an average cost of $749 per visit. Medicaid adults are increasingly relying on E.D.s for their dental care

- The majority of patients are suffering from dental decay that could easily have been prevented
- Most hospitals are not able to provide comprehensive dental care
- Many patients receive only antibiotics or pain medication, but the underlying dental problem is not addressed
- Patients often return to the E.D. with the same problem – or worse

Dental Visits to E.D.

State Analyses Confirm Costly Use of the E.D. for Dental Care by Medicaid Adults

- **California:**
  - Eliminating Medicaid adult dental coverage in California led to:
    - 1,800 additional E.D. visits per year
    - 68 percent increase in average yearly costs associated with dental E.D. visits

- **Maryland:**
  - Medicaid adults constitute:
    - 15.3% of total adult population and 53% of 42,327 E.D. dental visits
    - 44% of $22.7 million in E.D. dental visits
  - Rates of visits for Medicaid adults are more than 3 times higher than total adult population

State Analyses Confirm Costly Use of the E.D. for Dental Care by Medicaid Adults (cont.)

- **Oregon**
  - Eliminating Medicaid adult dental benefits in Oregon caused a threefold increase in the level of unmet dental care needs and substantially higher likelihood of emergency room visits for oral health issues.

- **Missouri**
  - Medicaid adult dental services started January, 2016
  - By January, 2018, non-traumatic dental visits to E.D. decreased 44%
  - Rate per 100,000 is 38% lower
  - Significant decrease in the percent of E.D. visits with opioids

Source: American Dental Association's Health Policy Institute; [https://www.ada.org/en/~/media/ADA/Science%20and%20Research/Files/HPRCBrief_0513_1](https://www.ada.org/en/~/media/ADA/Science%20and%20Research/Files/HPRCBrief_0513_1); [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222412/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222412); Missouri Department of Health & Senior Services
Dental Visits to the E.D. Often Result in an Opioid Prescription

• Approximately 50.3% of patients who present with non-traumatic dental pain in the E.D. receive a prescription for opioid drugs
  • In contrast, opioid analgesics were prescribed for just 14.8% of all other E.D. patients
• Uninsured patients had the highest likelihood of receiving an opioid prescription (57.1%)
• The high frequency of recurrent E.D. visits for acute dental pain may be contributing to the increased availability of opioid drugs, addiction, and morbidity and mortality associated with prescription opioid abuse

Studies Find Correlation Between Oral Health and Several Chronic Medical Conditions

- 2012 Cigna study shows medical savings when periodontal conditions are treated

**Average annual savings for those individuals in the study who had proper periodontal treatment**

<table>
<thead>
<tr>
<th>Population</th>
<th>Savings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$1,292 or 27.6%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>$2,183 or 25.4%</td>
</tr>
<tr>
<td>Stroke</td>
<td>$2,831 or 34.7%</td>
</tr>
<tr>
<td>ALL CUSTOMERS**</td>
<td>$1,020 or 27.5%</td>
</tr>
</tbody>
</table>

Customers with gum disease receiving appropriate care have:
- 67% lower hospital admission rate
- 54% lower ER rate

Customers receiving proper preventive dental treatment have, on average:
- 12.5% less extractions
- 5.4% less root canals

* Not an underwriting decrement
** All customers regardless of condition

Source: Cigna 2013 National Segment Client Forum
Integrating Oral Health & Primary Care Leads to Improved Health and Lower Costs

Treating Gum Disease Means Lower Annual Medical Costs

- **Diabetes**: $2,840 (40.2%)
- **Stroke**: $5,681 (40.9%)
- **Heart Disease**: $1,090 (10.7%)
- **Pregnancy**: $2,433 (73.7%)

Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

Treating Gum Disease Reduces Hospital Admissions

- **Diabetes**: 39.4%
- **Stroke**: 21.2%
- **Heart Disease**: 28.6%

Significant decreases in annual hospitalizations are possible when individuals with certain chronic diseases received treatment for their gum disease, after accounting for the effect of diabetes.

Source: Jeffcoat, M., et. al., “Periodontal Therapy Improves Outcomes in Systemic Conditions.” Abstract, American Association of Dental Research; March 21, 2014
Adults with Medicaid Preventive Dental Benefits Have Lower Medical Costs for Certain Chronic Conditions

<table>
<thead>
<tr>
<th>Chronic Health Condition</th>
<th>Expenditure for Patient w/ Preventive Dental Treatment Compared to Patient w/o Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Heart Disease</td>
<td>67% lower</td>
</tr>
<tr>
<td>Diabetes</td>
<td>36% lower</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>31% lower</td>
</tr>
<tr>
<td>Heart attack</td>
<td>36% lower</td>
</tr>
<tr>
<td>Stroke</td>
<td>52% lower</td>
</tr>
<tr>
<td>Angina</td>
<td>45% lower</td>
</tr>
<tr>
<td>Other heart disease</td>
<td>45% lower</td>
</tr>
<tr>
<td>Cancer</td>
<td>67% lower</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>43% lower</td>
</tr>
<tr>
<td>Asthma</td>
<td>37% lower</td>
</tr>
</tbody>
</table>

Note: Preventive dental care indicates having at least one dental visit during the year in which there was a cleaning, examination, fluoride treatment or sealant procedure.

Source: National Association of Dental Plans; Analysis conducted by Dept. of Public Health, University of Maryland; Nov. 23, 2017
Further Discussion...

Questions?
THANK YOU!

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