

Health Advocate

E-Newsletter of the National Health Law Program

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Key Resources

[EPSDT—A Guide for States](#)

[List of dental benefits under Medicaid and CHIP for each state](#)

[ACL report on expanding oral health for older adults and adults who have disabilities](#)

**Coming in November
Health Advocate:
Post-Election Review**

Oral Health Update

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Much has been written about the importance of good oral health on overall health and well-being; yet, oral health has not always been at the forefront of health policy discussions. Sixteen years ago, the Surgeon General's report, [Oral Health in America](#), highlighted a "silent epidemic" of dental and oral diseases, especially among the most vulnerable populations in the country. Yet changes have been slow to come, and according to the Centers for Disease Control and Prevention (CDC), tooth decay continues to be the most common chronic childhood disease, although it is largely preventable.

Untreated dental and oral diseases affect children and adults alike, and may have a negative impact on an individual's quality of life. In recent years, federal and state initiatives have focused on improving access and utilization of oral health care, particularly for children. In 2010, the Centers for Medicare & Medicaid Services (CMS) launched the Children's Health Initiative to improve access to oral health services for children enrolled in Medicaid and the Children's Health Insurance

Program (CHIP). The Affordable Care Act (ACA) emphasized the importance of oral health by requiring that, as of 2014, certain private market health plans, including Marketplace plans, cover pediatric oral care as part of the Essential Health Benefits (EHB).

Although these have been steps in the right direction, a lot remains to be done to improve the status of oral health in the country. This month's *Health Advocate* provides an overview of oral health coverage for low and limited income children and adults and highlights some of the issues that need to be addressed as well as initial recommendations.

Oral Health Coverage

Children

Many children and adolescents receive free or low-cost dental coverage through Medicaid or CHIP, which includes coverage of teeth cleanings, check-ups, x-rays, fluoride varnish, dental sealants, and fillings. Children and adolescents under age 21 with Medicaid coverage also receive a comprehensive set of benefits under the Early and Periodic Screening, Diagnostic and Treatment ([EPSDT](#)) benefit, which at a minimum covers relief of pain and infections, restoration of teeth, and maintenance of dental health.

Before the ACA, private insurance typically did not cover oral care, but as of 2014, most health plans offered in the individual and small group markets (both inside and outside the Marketplace) must cover oral care services for children under 19. Most states base their benefits on one of the following comprehensive oral care options: 1) the Federal Employees Dental and Vision Program ([FEDVIP](#)) dental plan with the largest enrollment in 2014 or 2) the dental benefits available under the state's CHIP plan. (See the [CCIIO EHB webpage](#) for each state's selection.)

Adults

Good oral health is important for adults as well, but many low-income adults do not have dental insurance. Under Federal Medicaid law, dental services are not a required benefit for adults, and it is an *excluded* benefit under both Medicare and the EHBs.

In Medicaid, states are not required to cover dental benefits for adults over age 21. As a result, the scope of adult dental benefits varies by state. Only 15 states offer extensive dental benefits, 32 states offer limited or emergency dental benefits only, and 4 states offer no dental benefits ([KFF 2016 Issue Brief](#)). In addition, even the 15 states with "extensive" benefits may not necessarily offer comprehensive dental coverage, *e.g.*, in California, root canals for posterior teeth, partial dentures, and deep cleanings for treatment of gum disease are not covered. Despite the optional nature of the adult Medicaid dental benefit, case law has recognized that the mandatory Medicaid federally qualified health center service includes services performed by dentists.

Under Medicare, oral care is an excluded benefit, except for certain inpatient hospital services. Therefore individuals who receive traditional fee-for-service Medicare have very limited dental coverage. Some individuals may choose to get their benefits through a Medicare Advantage Plan, which may offer dental coverage as a supplemental benefit.

The ACA does not require adult dental coverage as an EHB. In fact, adult dental services are an "excluded" benefit, which means health plans may not cover these services as an EHB. Therefore, many adults who purchase insurance through the Marketplace do not have dental coverage. This is particularly problematic for pregnant women, given the importance of oral care during pregnancy, and the fact that there does not appear to be a maternity care exception to the adult dental exclusion. In some Marketplaces, adults can purchase stand-alone dental plans. But take-up rates for these stand-alone plans can be low because there is no financial assistance available (subsidies do not apply to these plans) and purchase of these separate dental plans is optional.

Access issues

In addition to the coverage issues described above, children and adults with Medicaid coverage face other barriers. With a shortage of Medicaid participating dental providers and lack of providers accepting new patients, finding a dentist that takes Medicaid is one of the top barriers for Medicaid beneficiaries. Many dental providers attribute their refusal to participate in the Medicaid program to low reimbursement rates and onerous paperwork. Only about one-third of states have implemented policies establishing Medicaid participation and billing practices that allow beneficiaries to have direct access to dental hygienists or dental therapists.

While children's utilization of oral health services has improved steadily over the last [decade](#), children with Medicaid coverage continue to experience low utilization rates. As of 2014 only 45 percent of children enrolled in Medicaid nationwide received a preventive service. As part of its Children's Oral Health Initiative, CMS set

[goals](#) for federal fiscal year 2015 for each state to increase the number of Medicaid children receiving preventive dental services.

Other barriers to access include lack of transportation to providers' offices, particularly in rural areas where beneficiaries have to travel far distances to see a Medicaid accepting provider, inflexible appointment hours given work schedules, and language barriers.

In addition, while steps are being taken to improve access to oral care for children, the same level of attention is not being paid to oral care for adults, pregnant women, and individuals with special health care needs. Due to the lack of oral care access, in some areas, there has been an increase in the use of dental credit cards with high interest rates to pay for critical dental services.

Initial Recommendations to improve Medicaid oral care access

- Evaluate the reasons why oral health providers are not enrolling or cannot enroll in the Medicaid program and find ways to address these issues.
- Find ways to incorporate oral health into primary care (*e.g.*, fluoride varnish application).
- Recognize early childhood caries as a chronic disease, thus targeting and managing care of high risk children in integrated care settings.
- Make Medicaid services accessible to beneficiaries.
 - Use teledentistry, especially in areas where there is a lack of Medicaid-accepting providers, including rural areas.
 - Provide oral care services at schools or other child care settings, like the [school dental sealants programs](#) recommended by the CDC.

Conclusion

NHeLP will continue to work on oral health issues and release further recommendations to improve the status of oral health in the country. Please visit our website for further publications and updates.

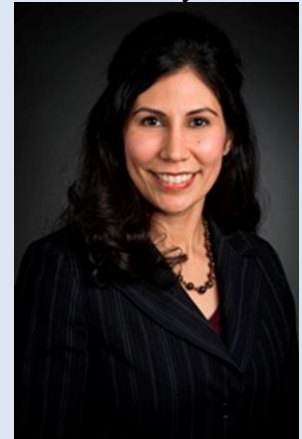
About Us

The National Health Law Program protects and advances the health rights of low income and underserved individuals. NHeLP advocates, educates and litigates at the federal and state level.

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