



# Medicaid: Adult Dental Coverage

YOUR MOUTH MATTERS

## Oral Disease: The Silent Epidemic

“Oral health is essential to the general health and well-being of all Americans *and* can be achieved by all Americans. In spite of the safe and effective means of maintaining oral health that have benefited the majority of Americans over the past century, many among us still experience needless pain and suffering, complications that devastate overall health and well-being, and financial and social costs that diminish the quality of life and burden American society.”

Oral Health in America:  
A Report of the Surgeon General,  
2000

## FACTS:

- The Medicaid program serves the most vulnerable—those with disabilities and mental illnesses; the elderly; the highly impoverished; and poverty-stricken pregnant mothers.
- In 2006 and 2007, the Kansas Legislature extended Medicaid dental benefits to adults eligible for home and community-based services waivers for physical disability, developmental disability, head injury and frail elderly; however, 75,500 adults eligible for Medicaid remain without dental care coverage.
- Medicaid covers only emergency dental services for most adults, such as extraction of infected teeth, and then only for conditions that threaten the health of the person.
- Those without dental insurance are often forced to use the hospital emergency room for otherwise avoidable dental health issues.
- Medicaid eligible adults must pay out-of-pocket for dental care or ignore their dental needs.
- Federal Medicaid regulations allow each state to decide whether to provide dental services to adults.

## Evidence of Need

### Kansas Mission of Mercy (KMOM):

Out of nearly 1,400 patients served at the free dental clinic in Topeka in February 2007:

- Nearly 85% were adults (children from low-income families can qualify for Medicaid/HealthWave, both of which provide dental coverage.)
- 79% had no insurance.
- Over 56% reported having pain prior to attending KMOM, and nearly half of them reported having pain for more than one month.
- 56% reported it had been 2 or more years since seeing a dentist.
- 88% of patients who had not seen a dentist within the past 6 months cited having no dental insurance/inability to pay as the reason.

\*Information taken from Kansas Health Institute analysis and summary of patient exit surveys, April 2007.

### Kansas Association of Medically Underserved (KAMU):

Out of 35 clinics that serve more than 166,000 clients in 36 communities:

- 14 currently provide dental care.
- Often, there are up to three-month waiting periods.
- Some patients drive over 150 miles to receive services.



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## Medicaid: Adult Dental Coverage

### Economic Impact

- Employed adults lose more than 164 million work hours each year due to dental disease, its associated pain, or dental visits.
- Evidence suggests that some employers are less likely to hire individuals whose appearance is affected by dental disease or disorders.
- In Sedgwick County alone, it is estimated that 3,000 emergency room visits occur each year for individuals seeking relief of dental pain.
- The Institute of Medicine estimates that \$4 billion a year is saved through preventive dentistry.

### Overall Health Impact

- Oral infections have been associated with diabetes, heart disease/stroke, pre-term birth and low birth weight babies.
- Cancer in the oral cavity or pharynx accounts for approximately 2.4% of all cancers. If caught early, an individual's five-year survival rate from these types of cancers can improve by as much as 29%.
- Oral health affects diet, nutrition, sleep, psychological status, social interaction and work.
- A number of medications, including antidepressants and drugs used to treat epilepsy or other neurological disorders, can cause serious oral side effects.

### Provider Network/Capacity

- In 2007, 539 dentists were enrolled to provide services to child beneficiaries of Title 19 (Medicaid), an approximate 39% participation rate of total Kansas dentists participating, and 317 dentists were enrolled to provide services to child beneficiaries of Title 21 (HealthWave), an approximate 23% participation rate of total Kansas dentists participating.
- The number of clinics providing dental services increased from 4 in 2003 to 14 in 2007, nearly quadrupling dental capacity in the safety net system. In 2007, eight clinics received funding to expand access by becoming regional dental hubs, which utilize a hub and spoke model to address economic and geographic barriers to dental care.
- On average, a dentist working in a safety net clinic can provide services to approximately 2,500 patients per year.
- Safety net dental clinics currently receive no reimbursement for most Medicaid eligible adults. Additional Medicaid dental funding would support safety net clinics by compensating them for these previously uninsured patients.

### Cost to Provide Medicaid Dental Coverage

- Comprehensive adult benefit for all adults eligible for Medicaid: \$5.2 million SGF (\$13 million AF)
- Comprehensive adult benefit with a \$1,000 per year cap: \$1.6 million SGF (\$4 million AF)
- Comprehensive adult benefit for pregnant women only: \$500,000 SGF (\$1.25 million AF)

\*A comprehensive benefit includes prevention, restorative treatment and oral surgery. It does NOT include orthodontics or dentures. To maintain the current denture benefit for frail elders, the state would need to continue its funding commitment.

\*These cost estimates are based on current Medicaid reimbursement rates, which providers often cite as a barrier to providing care to Medicaid beneficiaries. Serious consideration should be given to increasing dental reimbursement rates.

Brian is a 24-year old man from Western Kansas. He is currently in counseling for mental health issues. He is unable to keep a job, so his finances are tight. His teeth hurt him terribly, and he desperately needs dental work.

Bob is a hearing-impaired father of three children and the sole provider for his family, earning only \$10 an hour. He has really bad teeth and cannot eat without pain. He is in need of oral surgery and dentures, but he can not afford insurance. He has looked and looked for care, but can not find it.

These are typical stories. Thousands of our most vulnerable Kansans do not have access to dental care, often because they simply can not afford the high cost of treatment. Extending dental benefits to Medicaid eligible adults would prevent pain, suffering and the high cost of hospitalizations and advanced disease complications that result from delayed care.