History
Medicaid adult dental benefits in Massachusetts have experienced what one advocate refers to as a “pendulum swing” of cuts and restorations for more than a decade. The state provided comprehensive dental benefits to all adults enrolled in MassHealth, the state’s Medicaid program, until 2002, when benefits were cut back for most adults except for those in “special circumstances,” including adults with developmental disabilities. These individuals were eligible for benefits covering emergency services, x-rays, extractions, and a few other limited services. A supplemental cut to denture coverage happened in 2003. Benefits were restored in 2006, first for pregnant women and mothers of children under age 3, then later for all adults as a result of the state’s comprehensive health reform effort. Benefits were cut again in 2010 and were limited to cleanings, extractions, and oral surgery. Benefits were preserved for adults determined eligible through the Department of Developmental Services (DDS).

Since the 2010 cuts, the state has gradually added back coverage on a service-by-service basis through the state budget process. MassHealth has frequently put forward full restoration of the benefit in its annual budget request, and oral health stakeholders and legislative champions, like those engaged in the state’s Legislative Oral Health Caucus, have worked within the state’s budget constraints to prioritize certain services. In January 2013, coverage was added for fillings on front teeth, which are important for employability. In March 2014, coverage for all fillings was restored. And in May 2015, coverage for dentures was restored.

During the periods of cutback, community health centers and hospital licensed health centers continued to provide services that were not covered by MassHealth, such as fillings and dentures for adults. Funding for these services came from the state’s Health Safety Net, formerly the Uncompensated Care Pool, which is funded through assessments on hospitals and ambulatory surgery centers. The Massachusetts League of Community Health Centers reports that the benefit cuts resulted in increased demand at health center clinics from adult patients, and a more intensive case mix of individuals needing restorative and emergency care.1

Medicaid Adult Dental Benefits: Massachusetts Case Study

Massachusetts has cut and restored Medicaid adult dental benefits multiple times over the last 13 years. In recent years, the state has adopted an incremental approach of restoring individual services like fillings and dentures. During periods of cutback, the state’s Health Safety Net allows community health centers to continue providing restorative care.
Approach and Implementation

Benefit Design
Massachusetts administers a fee-for-service dental benefit through DentaQuest, a specialized dental administrative vendor. MassHealth currently provides coverage for the following services for adult enrollees: exams, x-rays, cleanings, fillings, extractions, anesthesia, emergency care, certain oral surgeries, and, as of May 2015, full dentures. Adults that are determined eligible for services through the DDS receive more extensive coverage for root canals, crowns, and treatment for gum disease.

Approach and Implementation
Massachusetts has taken a very incremental approach to restoring adult dental benefits over the past several years. Interviewees noted that their strategies included developing various options for legislators to consider for restoration of services, and working with the Ways and Means Committee to develop a target budget amount, then determining which services would fit inside that budget figure. For example, MassHealth requested $8 million for the restoration of denture services in FY 2015, but $2 million was appropriated, which resulted in the benefit starting in mid-May, close to the end of the state’s fiscal year.

Interviewees noted that an incremental approach allowed the state to bring back some benefits in a fiscally sustainable way. They also noted some challenges, particularly confusion among providers and enrollees about which dental services are covered at any given time, and a continuing sense that the benefit might be vulnerable to cutbacks in the future. While the state is currently experiencing a budget deficit, interviewees indicated that adult dental benefits are not currently under consideration for cuts.

Key Leadership and Partnerships
Health Care for All Massachusetts (HCFA) was a key stakeholder in efforts to expand MassHealth adult dental benefits. HCFA founded the Oral Health Advocacy Taskforce, a broad coalition of approximately 40 community and provider groups. The coalition communicates with the budget-writing Ways and Means Committee and other policymakers. They formed a Legislative Oral Health Caucus to organize legislative support for Medicaid dental benefits. In years past, HCFA also ran the “Watch Your Mouth” public education campaign, which helped to raise the profile of oral health and its connection to overall health.

Rep. John Scibak, who chairs the Oral Health Caucus, introduced several of the measures to restore dental services. Rep. Scibak noted that his interest in the issue stemmed from his experiences as a clinical psychologist working with persons with developmental disabilities who needed dental care, as well as from legislative hearings where constituents talked about pain and infection, as well as barriers to employment caused by untreated oral health problems.

Interviewees also noted the Mass League of Community Health Centers and Massachusetts Dental Society as important voices in the conversation.

Looking Forward
As the new benefits are implemented, MassHealth will monitor utilization rates as well as process measures for quality improvement. The state is also in the process of hiring a new dental director who will help set oral health priorities in the state.

Interviewees indicated that they may continue to pursue their incremental strategy to obtain coverage for additional services like treatment for gum disease. They also indicated interest in exploring opportunities for better integration between dental and medical providers and delivery systems.
Footnotes