

Medicaid Adult Dental Benefits: Washington Case Study



In 2013, Washington’s legislature restored funding for full adult dental benefits in Medicaid, following a cutback in 2010 due to the recession. The state’s adoption of the Affordable Care Act’s (ACA) Medicaid expansion—and the subsequent enhanced federal funding for newly-eligible individuals—was instrumental in the state’s decision to bring back dental benefits for all adults. The restored benefit has supported safety net providers’ efforts to ramp up dental services, but concerns remain about participation among private dental providers.

History

During times of fiscal pressure, Medicaid adult dental benefits in Washington have periodically been cut back—either cut entirely, or limited to certain populations. Most recently, in 2010, services for all adults were limited to emergency services like tooth extractions. In July 2011, benefits for pregnant women, individuals with developmental disabilities, and individuals in long-term care were restored. Finally, in 2013, the Washington State Legislature’s biennial operating budget included approximately \$23 million in state funds (matched by federal funds) to restore full dental benefits to all adults in Medicaid. The state’s decision to expand Medicaid eligibility under the ACA was a strong motivating factor for the reinstatement of adult dental benefits. Under the ACA, the state receives 100 percent federal financing for individuals newly eligible for Medicaid under the expansion (gradually declining to 90 percent by 2020). Enhancing the Medicaid benefit to include dental services for all adults at the same time as Medicaid expansion under the ACA meant that the state could leverage newly available federal funds to make a large impact on access to coverage. Although the state could have opted to only cover dental services for the expansion population, state officials felt it was important to offer cover-

age to all adults to ensure continuity and equity of coverage for all enrollees.

Approach and Implementation

Adults in Washington began receiving services through the new benefit on January 1, 2014. The state reinstated the same benefit package, program administration (a fee-for-service benefit directly administered by the Washington Health Care Authority), and provider reimbursement rates that existed prior to the elimination of the benefit. Covered services include diagnostic and preventive services, fillings, root canals on front teeth, treatment for gum disease, full and partial dentures, and oral surgery. Crowns, bridges, and root canals on back teeth are not covered.¹

More than 204,000 Medicaid-enrolled adults received a dental service in CY 2014, an increase from the roughly 136,000 adults who received services in CY 2010. However, this happened in the context of rising Medicaid enrollment, so the rate at which enrollees used services fell from 33 percent to 23 percent.²

Community Health Centers (CHC) are a particularly important source of care for adult enrollees in Washington. Neighborcare Health, a Seattle CHC

that provides medical and dental care, reports that prior to the 2010 cut, adult patients were about 70 percent of its dental caseload. During the time when benefits were eliminated, Neighborcare refocused on providing children's services and treatment for adults with dental emergencies, obstetric patients, and patients with diabetes. Now, the clinic is reintroducing adults into routine dental services, as well as dealing with four years of pent-up demand for services like dentures.³ CHCs have been able to take on this caseload because adult dental services are again eligible to be reimbursed at the clinic's Medicaid encounter rate. During the period when benefits were eliminated, adult dental patients were charged on the clinic's sliding fee scale, which many could not afford. Officials with the Health Care Authority noted that, while CHCs are a welcome point of access, payment at the clinic's cost-based encounter rate can be higher than fee-for-service reimbursement rates, and often result in increased costs to the Medicaid program.

Interviewees acknowledged a need to attract dentists in private practice to treat Medicaid-enrolled adults. Reimbursement rates and program administration were noted as major barriers to participation. More than 1,530 dentists participated in the program in 2014, slightly fewer than the 1,608 who participated in 2010.⁴ This is about 30 percent of Washington's 5,000 active licensed dentists.⁵

Services are reimbursed at the same rate that they were in 2007, and the Washington State Dental Association estimates that Medicaid reimbursements are approximately 25 percent of the prevailing rates charged by dentists.⁶ Stakeholders noted that their initial focus was on bringing the benefit back, but that they intend to continue advocating for further improvements in rates, outreach, and administration of the benefit in future years.

Key Leadership and Partnerships

The Washington Dental Service Foundation (WDSF), a foundation funded by Delta Dental of Washington, organized and primarily led efforts to reinstate the adult dental benefit. The Foundation

credits the success of advocacy efforts to three main factors:

1. **Data and messaging:** WDSF worked with partners such as the Washington State Hospital Association to conduct studies looking at the economic impact of dental benefits, including \$36 million in charges from 54,000 visits to Washington emergency departments for preventable dental conditions.⁷ Advocates were also able to leverage national data, such as a study by United Concordia that found that individuals with type 2 diabetes who received regular periodontal treatment had medical costs that averaged \$2,840 less per year as a result of avoided hospitalizations and reduced utilization of medical services.⁸
2. **Relationship building:** WDSF was a leading partner in several coalitions, including the Coalition to Fund Dental Access, a group consisting mainly of dental stakeholders and led by an anti-poverty advocate and Oral Health Watch, a broader coalition of healthcare, business, and children's and seniors' advocacy groups. Coalition members met regularly with legislators. They created materials and worked persistently on sharing data and information with lawmakers, particularly highlighting the impact of oral health on overall health and its impact on health care costs. In addition, WDSF developed grassroots and social media outreach, and engaged media outlets through news coverage and letters to the editor.
3. **Important champions:** Washington State Speaker of the House, Frank Chopp, was a key champion for oral health. Multiple interviewees noted the Speaker's longtime engagement in the issue through his work with Seattle advocates for low-income individuals, and his work to ensure that oral health was a legislative priority for his caucus.

Looking Forward

Interviewees agreed that they had accomplished a major first step—bringing the benefit back—and now must focus on ensuring that the benefit is meaningful and well utilized. State officials hope to show positive changes in emergency room

utilization and reduced medical costs for individuals with diabetes in coming years stemming from improved access to routine dental care, though they have not factored such savings into their budget projections. State officials are also considering options to bid out administration of the dental benefit, but noted that low dental fee-for-service reimbursement rates translate into per member per month capitation rates that might be too low to attract managed care bidders.

In the near term, stakeholders including WDSF are working to partner with the Health Care Authority to research the possibility of developing a targeted, enhanced benefit for pregnant women and people with diabetes, modeled after the state's successful Access to Baby and Child Dentistry program.

Interviewees agreed that as long as adult dental is optional in Medicaid, the benefit is always

vulnerable to cuts. However, all interviewees felt that the latest dental reinstatement was relatively secure because it was made in the context of the state's broader decision to take up Medicaid expansion, thereby insulating it from being singled out for cuts.

There are a number of other care delivery reform opportunities to further integrate oral health into overall health care. For instance, Washington is undertaking broad-scale delivery system reform through its State Innovation Model grant. While the state's Innovation Plan does not explicitly address dental, it creates Accountable Communities for Health (ACH). ACHs are regionally based entities that will conduct community needs assessments and direct health care resources. Multiple interviewees said they anticipate that the community needs assessments would show a high need for dental services and are preparing to help ACHs meet that need.

Footnotes

1. Washington State Health Care Authority, "Adult Dental: Washington Apple Health (Medicaid)," fact sheet (undated). Accessed May 18, 2015. <http://www.hca.wa.gov/medicaid/dentalproviders/Documents/AdultDentalCoverage.pdf>.
2. Personal communication with Nathan Johnson, Chief Policy Officer, Washington State Health Care Authority, April 8, 2015. Personal communication with Nathan Johnson.
3. Interview with Dr. Sara VanderBeek, Chief Dental Officer, Neighborcare Health, April 9, 2015.
4. Personal communication with Nathan Johnson.
5. Washington State Dental Association. 2012 Dental Workforce Report. (Seattle, WA: Washington State Dental Association, April 2013), 5. Retrieved May 18, 2015. <https://static.squarespace.com/static/52a0c420e4b0ffdab6d32159/533de920e4b0e2847b2d2eb5/533de920e4b0e2847b2d2eb8/1376949949333/2012%20Workforce%20Survey%20Low%20Resolution.pdf>.
6. Washington State Dental Association, "Adult Dental Medicaid Reimbursement Rates in 2014," (undated). Obtained through personal communication with Anne Burkland, Vice President of Government Affairs, Washington State Dental Association, April 10, 2015.
7. Washington Dental Service Foundation, "The Votes are In: Advocating for Medicaid Adult Dental Coverage in Washington State" (undated). Retrieved May 18, 2015. http://www.medicaidental.org/files/Resource%20Documents/WDSF_Adult_Dental_ToolKit.pdf.
8. Marjorie Jeffcoat, et al. "Impact of Periodontal Therapy on General Health." *American Journal of Preventive Medicine* 47, no. 2 (August 2014):166-174.