



## ***EXAMINING HUSKY'S COVERAGE OF ORAL HEALTH PREVENTIVE SERVICES FOR ADULTS***

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HUSKY Health covers oral health benefits for over 500,000 adults enrolled in Medicaid in Connecticut.<sup>1</sup> The state of Connecticut has significant health disparities and consistent with national trends, some racial and socioeconomic groups have worse oral health as a result of their environmental conditions such as access to fluoridated water, initiation of school sealant programs, availability of healthy foods, and access to transportation to dental care.<sup>2</sup>

In 2018, only 57 percent of adults earning less than \$30,000 saw a dentist compared to 86 percent of those earning more than \$100,000.<sup>3</sup> As a result of social determinants of health, individuals living at or below the poverty level can't afford to pay out of pocket for dental care or are unable to get time off from work for appointments. Low-income adults are twice as likely to have one to three<sup>4</sup> untreated cavities compared to adults with higher incomes or private insurance. Given that these individuals are already at a greater risk for developing dental diseases, regular preventive dental care, such as dental cleanings and exams is essential in order to find problems earlier while they have more promising treatment outcomes.

Compared to national standards, Connecticut's Medicaid Dental benefits are considered extensive as coverage varies from state to state with some states offering only emergency dental coverage.<sup>5</sup> Current benefits for individuals that are enrolled under Medicaid have coverage for diagnostic, imaging, and minor restorative procedures. However, current Medicaid plans for adults have coverage limits to once per calendar year for preventative services including periodic oral evaluations and dental prophylaxis. The only exception to this is for adults who have chronic medical conditions that warrant a dental examination more than once a year.<sup>6</sup> This contrasts private insurance plans which partially or fully cover these services at least twice per year regardless of any diagnoses. Given that patients covered under Medicaid are at a greater risk of developing dental diseases, having these basic services included in the plan may be essential.

## Biannual Dental Visits

*If left untreated, cavities and periodontal (gum) disease lead to tooth loss.*




Currently, there is no official recommendation by the ADA for dental prophylaxis or periodic oral examination frequency. The latest research reveals weak evidence for standard recall intervals, such as every six or twelve months, across all patient populations. While one cleaning per year may be enough for some low-risk patients, for high-risk patients including those diagnosed with periodontitis or diabetes, biannual preventive visits are associated with a reduction in tooth loss.<sup>8</sup> Moreover, some of these high-risk individuals may benefit from more than two cleanings per year. There is a need for greater flexibility with Medicaid dental coverage. Additional care may be indicated for patients that are at an elevated risk for caries or gingivitis.

Consistent with the latest research, dental checkups, and cleaning frequency<sup>7, 8, 9</sup> should be unique to each patient depending on their individualized needs. Lastly, there is a need for more clinical research to determine the best practices for determining appropriate recall intervals.

## Cost of Preventive Services

*40% of adults with low-income or no private health insurance have untreated cavities.*



In 2018, a \$1,000 annual maximum dental benefits cap was implemented for HUSKY Dental patients over 21 years old. Data from 2016-2020 showed that a majority of patients submitted claims well under \$1,000 for dental care. While the low-level benefit amounts can be due to many different reasons such as no need for additional treatment, limited access to dental care, reimbursement for certain services would exceed the cap, or the recommended treatment is not covered under Medicaid. Despite this, expanded Medicaid dental coverage to reduce patient's out-of-pocket costs may still keep claims under \$1,000 per year.

Additionally, expanding preventive dental care may reduce overall Medicaid dental care costs for the state. A study utilizing adult claims data from 2019 for Medicaid patients aged 21-64 assessed the financial impact of preventive dental care.<sup>10</sup> Patients with continuous preventive care experienced lower dental costs as a result of fewer high-cost treatments such as oral surgeries. More frequent dental exams would prevent dental diseases from progressing further requiring more extensive and expensive treatment.

*Over \$45 billion is lost in productivity in the United States each year because of untreated oral disease.*

## *Recommendation*



Connecticut's Medicaid for adults should expand coverage to allow biannual cleanings or periodic oral examinations for all individuals, not just for those with chronic medical conditions. With the \$1000 annual maximum already in place, expanding coverage to allow biannual dental cleanings and exams would be a cost-effective change that will improve oral health outcomes for Medicaid patients and will parallel the annual coverage provided by most private insurance companies for those services.



## *References*

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