

# Medicaid Coverage for Adults in Connecticut

A look at the current status  
of covered benefits and  
limitations



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December 2023

## **INTRODUCTION**

As of May 2022, the Department of Social Services reports that Medicaid enrollment in Connecticut has reached 997,880 individuals, constituting approximately 28 percent of the state's population. The 2022 Medicaid Gap Analysis Report from the Connecticut Oral Health Initiative highlights significant challenges in obtaining proper oral health care for adults enrolled in Medicaid.

One major issue is that the services covered by Medicaid are insufficient to meet people's oral health needs. The report provides a detailed breakdown of the current coverage and identifies gaps, suggesting that improving oral health outcomes could be achieved through expanding coverage and adjusting the annual benefits limit. Although Connecticut's Medicaid dental benefits (HUSKY Dental Health) are considered relatively extensive by national standards, they do not eliminate the state's significant health disparities, which are concealed within statewide averages.

Despite the comparatively comprehensive dental benefits, there are still gaps in coverage, with critical oral health procedures not included, potentially inadequate provider reimbursement rates, and challenges in accessing specialty providers. Furthermore, a cost-saving measure implemented in 2018 introduced a \$1,000 annual maximum dental benefits cap for adult enrollees aged 21 and older. The situation is exacerbated by a limited number of Connecticut providers accepting Medicaid, with only a small percentage serving a significant number of enrollees, making timely care difficult to obtain.

## **CHALLENGES IN MEDICAID DENTAL BENEFITS:**

To access these covered dental services, it is crucial to seek care from dental providers within the CTDHP network, which is an integral part of the HUSKY Health network.

The oral health care coverage outlined in the provided information encompasses a comprehensive range of services under various categories. The plan includes diagnostic care, such as annual check-ups for early detection of issues like cavities, gum disease, and oral cancer. Dental X-rays are utilized for accurate diagnosis, with varying frequencies depending on the type, providing a comprehensive assessment of oral health.

A preventive-focused oral health plan emphasizing only professional cleaning and fluoride application may have limitations, excluding crucial diagnostic services, restorative procedures, orthodontic treatments, cosmetic dentistry, and emergency dental care. Individuals may face gaps in coverage for early detection, necessary treatments, and unexpected dental issues, necessitating a thorough review of the plan's details. The narrow scope may result in potential out-of-pocket expenses for services beyond routine preventive care.

The restorative care category covers treatments like fillings for tooth decay, with a limitation of one filling per tooth surface every two years. Crowns are available for the restoration of extensively damaged teeth, with coverage once every five years. Endodontics, addressing tooth nerve issues through root canal procedures, is covered, though limited to one treatment per tooth per client's lifetime. Unfortunately, periodontics, focusing on gum and bone support treatment, is not covered under the provided plan. Although a recent change to state law will cover certain adults with other chronic health condition starting in 2024.

Provisions for missing teeth replacement, stipulating denture creation every 7 years and adjustments every 2 years, may not account for individual variability, emergency situations, evolving technology, insurance disparities, and the professional judgment of dentists, potentially limiting optimal patient care and satisfaction. Flexible timelines and personalized assessments are crucial for addressing diverse oral health needs. However, fixed prosthetics for permanent tooth replacement and orthodontics for teeth straightening are not covered for adults. Oral surgery, wisdom tooth and impaction surgery, and extractions are covered, but some procedures may require prior authorization.

Additional services include the provision of athletic mouth guards for sports protection, with coverage limited to children, and occlusal "night" guards for teeth grinding relief, requiring prior authorization for severe grinding habits. Dental relaxation techniques, such as deep sedation/general anaesthesia and inhalation sedation with nitrous oxide, are covered in specific cases.

### **Analysis of the \$1,000 Annual Benefits Cap:**

The 2018 introduction of this cap, as revealed in the Medicaid Gap Analysis report (Northridge et al., 2020), imposes limitations on oral health care coverage under Medicaid, requiring a waiver for amounts surpassing the set limit. Notably, this restriction primarily affects a relatively small subset of Medicaid beneficiaries, while a broader range of obstacles impact a more significant portion of individuals within the program, highlighting the multifaceted challenges in healthcare access for this demographic

Essentially, this cap means that Medicaid will cover dental treatments and procedures for adults, but the coverage is limited to a maximum total cost of \$1,000 per year. This cap is in place to manage costs and allocate resources efficiently while still ensuring access to essential dental care

This cap presents certain limitations. If a dental procedure or treatment exceeds the \$1,000 limit, it may not be covered by Medicaid unless prior authorization is obtained. Prior authorization is a critical step in the process, where healthcare providers must seek approval from Medicaid before performing certain costly dental procedures. This approval Medicare Coverage for Adults in Connecticut process is in place to ensure that the procedures are medically necessary and justified. It acts as a safeguard against unnecessary or excessive dental treatments that could strain the program's resources.

The specific details of what is exempted or not exempted from the annual \$1,000 cap can vary and depend on the state's current Medicaid policies. Generally, preventive and routine dental services are often covered within the \$1,000 cap. This includes essential services such as cleanings, check-ups, and basic treatments, which are fundamental for maintaining oral health. These services are typically included in the coverage to support preventive care and early intervention, reducing the risk of more severe dental issues in the future.

When it comes to complex or costly procedures like major dental surgery, the situation becomes more nuanced. Whether these procedures are fully covered or not may depend on specific circumstances, the medical necessity of the treatment, and other factors. In some cases, Medicaid may cover a portion of the cost for these complex procedures if they are deemed medically necessary and if the patient meets the criteria for coverage. This means that there is flexibility within the program to address critical dental needs, but each case is evaluated individually.

The coverage and exceptions under the annual benefits cap is of paramount importance for those enrolled in Husky Health. It's crucial to be aware of what is included in the coverage and what may require prior authorization. For individuals seeking dental care, navigating the Medicaid system can be complex, and being well-informed is the key to making the most of the available benefit.



### **Comparison with Other States:**

New York, Connecticut, Rhode Island, and Massachusetts all provide comprehensive dental coverage through their respective Medicaid programs, encompassing a range of services such as preventive care, restorative treatments, periodontal care, oral surgery, and dentures. While New York stands out by offering adults extensive dental coverage without a set spending limit, Connecticut, Rhode Island, and Massachusetts share a common feature of not imposing a \$1,000 annual cap on benefits. Instead, these states may have limitations on certain services on an annual or lifetime basis. The nuanced differences in coverage and spending limits across these states underscore the importance of individuals Romyasri Penthala Medicare Coverage for Adults in Connecticut making informed choices about their dental care under each state's Medicaid program (Medicaid Coverage of Dental Benefits for Adults, n.d.).

### **Proposals for Enhanced Coverage**

Access to quality oral healthcare is not just a convenience; it's a fundamental aspect of overall health and well-being. For many low-income adults in Connecticut, barriers to essential oral health services exist within the current limitations of Medicaid-covered benefits. There are policy changes that can be considered to address these barriers by expanding Medicaid-covered benefits in Connecticut. Proposals include expansion initiatives, such as incorporating additional treatments like universal periodontal care, more frequent prophylaxis dental cleanings, revising the requirements of proving "medical necessity" for certain prosthetic replacements. These changes could be beneficial for enhancing oral healthcare for adults in Connecticut and fostering a healthier, more equitable, and compassionate state.

**Advantages of Expanding Medicaid-Covered Benefits:**

Access to care; More low-income adults with a personal physician, getting check-ups and other preventive care, and getting regular care for chronic conditions; increases in number of people getting medication-assisted treatment for opioid use disorders; greater access to mental health care. Health outcomes Fewer premature deaths among older adults, with at least 19,000 lives saved improvements in overall self-reported health' reductions in share of low-income adults screening positive for depression; improved diabetes and hypertension control increases in early-stage cancer diagnoses; decreases in share of patients receiving surgical care inconsistent with medical guidelines, Financial security Reductions in share of low-income adults struggling to pay medical bills; \$1,140 reduction in medical debt per person gaining coverage through expansion; reductions in evictions among low-income renters.

Economic mobility: Better access to credit, including lower-interest mortgages, auto, and other loans, with annual interest savings amounting to \$280 per adult gaining coverage; majorities of adults gaining coverage through expansion in Michigan and Ohio report coverage makes it easier for them to work or look for work. Reducing uncompensated care: 55 percent drop in hospital uncompensated care costs (\$17.9 billion in 2016) in expansion states, compared to 18 percent in non-expansion states; improvements in hospital budgets, especially for rural hospitals. (ACA Medicaid Expansion Improving Access to Care, Health, and Financial Security, Research Finds, n.d.)

**BENEFITS**

## **Addressing Annual Benefits Coverage Caps:**

Annual benefits coverage caps in Medicaid pose significant challenges for low-income individuals, impacting vital healthcare areas like dental services, prescription drugs, and medical procedures. These caps, limiting services beneficiaries can receive in a year, lead to delayed or foregone essential healthcare, exacerbating health conditions and increasing long-term healthcare costs. The fear of exhausting benefits results in neglected preventive services and worsened health outcomes, causing financial hardship for those surpassing the annual cap.

This not only reduces the quality of life for beneficiaries but also introduces disparities in access, potentially driving up costly emergency room visits. A comprehensive solution involves eliminating or significantly adjusting these caps, promising improved health outcomes, enhanced access to preventive care, and a reduction in long-term healthcare costs. Informed decision-making through diligent observation and data analysis is crucial, along with a targeted program for beneficiary education and support to empower Medicaid recipients with informed healthcare decision-making skills.

Ultimately, addressing annual benefits coverage caps is pivotal for advancing patient care, mitigating disparities, and championing healthcare equity, leading toward a society where necessary care is accessible without causing financial hardship.





## REFERENCES

Portfolio, M. (2022, June 30). Connecticut Medicaid Program Close To 1 Million Enrolled. Yankee Institute.

<https://yankeeinstitute.org/2022/06/30/connecticut-medicaid-program-close-to-1-million-enrolled/>

2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447388/#:~:text=Numerous%20studies%20on%20access%20to,patient%20noncompliance%2C%20and%20burdensome%20paperwork>

3. [https://www.ctdhp.com/documents/Adult\\_Dental\\_Final\\_English\\_2017-12-12.pdf](https://www.ctdhp.com/documents/Adult_Dental_Final_English_2017-12-12.pdf)

4. [https://www.chcs.org/media/Medicaid-Adult-Dental-Benefits-Overview-Appendix\\_091519.pdf](https://www.chcs.org/media/Medicaid-Adult-Dental-Benefits-Overview-Appendix_091519.pdf)

5. <https://ctdhp.org/wp-content/uploads/2023/02/Dental-Coverage-Limitations-By-Program-provider.pdf>

6. <https://www.macpac.gov/wp-content/uploads/2015/06/Medicaid-Coverage-of-Dental-Benefits-for-Adults.pdf>

7. <https://www.carequest.org/topics/adult-dental-benefit>