

Research Brief

More than 8 Million Adults Could Gain Dental Benefits through Medicaid Expansion

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Key Messages

- *Approximately 8.3 million adults are eligible to gain Medicaid dental benefits in 2014. This is a result of expanded Medicaid eligibility and increased enrollment efforts, two key aspects of the Affordable Care Act. An estimated 2.9 million are eligible to gain extensive benefits with an additional 5.4 million eligible to gain limited benefits.*
- *In the few states that are expanding Medicaid eligibility and provide extensive dental benefits, a significant increase in demand is expected for dental care among Medicaid adults. In these states, policy makers ought to ensure that the enabling conditions are in place to ensure the Medicaid population can access dental care.*
- *If all states were to expand Medicaid eligibility, this would further increase the number of adults with Medicaid dental benefits by 2.7 million. The impact of states enhancing their current adult dental benefit within Medicaid, however, would be far greater.*

Introduction

Routine dental care and oral disease prevention are basic drivers of oral health,¹ and dental benefits are a key factor in enabling individuals to access dental care. In fact, individuals with private dental benefits are more than twice as likely to have an annual dental exam compared to those without benefits.² However, the percentage of adults who visit a dentist has been declining since the early 2000s.³ Further, the percentage of non-elderly adults with private dental benefits has steadily declined as well,⁴ balanced by an increase in the number of non-elderly adults enrolling in Medicaid.⁵

Medicaid insures low-income individuals and is the second largest source of health insurance in the United States.⁶ While almost half of all Americans receive employer-sponsored health insurance, approximately 17 percent of Americans obtain health benefits through Medicaid (Figure 1).⁷ Medicaid is a state-run program that is financed by both

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state and federal funds. States have the flexibility to create their own benefit packages within broad federal guidelines, and the services offered vary within and across states.⁸

Adult Medicaid dental benefits vary drastically by state, with some states offering benefits akin to private dental benefits and other states offering no dental benefits whatsoever.⁹ This variation is a result of adult dental benefits being an optional service for state Medicaid programs.¹⁰ Since 2002, adult Medicaid dental benefits have slowly eroded, with some states scaling back the dental benefits they offer to adults, and other states eliminating adult dental benefits altogether.¹¹

In addition to benefit variation, prior to the Affordable Care Act (ACA), states varied in which low-income adults were eligible for Medicaid. States were required to provide Medicaid coverage to parents and caretaker relatives,¹² but eligibility levels ranged from incomes at 10 percent of the federal poverty level in Alabama to 215 percent of the federal poverty level in Minnesota.^{13,14} Additionally, while some states provided Medicaid coverage for childless adults (non-disabled, low-income adults ages 19-64), there was no federal requirement to do so and many states opted out of providing such coverage.¹⁵

Variability in the coverage of childless adults was partially due to how Medicaid has historically been funded. The federal government did not automatically provide states with funds to cover childless adults prior to the passage of the ACA. Rather, states either had to apply for a waiver to secure federal funding, or use state funds to provide Medicaid services to childless adults.¹⁶

The ACA attempted to standardize Medicaid coverage for all low-income non-elderly adults through a Medicaid eligibility expansion. Specifically, states were to provide full Medicaid benefits to all adults ages 19 through 64 with incomes up to 133 percent of the

federal poverty level beginning January 1, 2014, regardless of whether they have dependent children.¹⁷ However, on June 28, 2012, the Supreme Court decision in *National Federation of Independent Business v. Sebelius* made Medicaid eligibility expansion optional for states.¹⁸

For those states that choose to expand Medicaid eligibility, the ACA provides 100 percent federal financing to pay for the Medicaid coverage of newly eligible individuals from 2014 to 2016, phasing federal financing down to 90 percent by 2020.¹⁹ States will also continue to receive current levels of federal funding for individuals that were eligible for Medicaid prior to the passage of the ACA, independent of whether they choose to expand Medicaid eligibility.

Regardless of whether states expand Medicaid eligibility, Medicaid enrollment is expected to increase over the coming years beginning in 2014.²⁰ While expansion states will be enrolling newly eligible adults, all states will also experience a “woodwork effect” where uninsured individuals realize they are eligible for Medicaid under the pre-ACA eligibility rules and enroll in the program. The woodwork effect is enhanced by ACA-required streamlined enrollment procedures, increased visibility of Medicaid options, and the individual mandate requiring Americans to have health insurance.²¹

Although states are not required to provide dental benefits to adult Medicaid enrollees, many states do currently offer dental benefits ranging from emergency to extensive dental benefits. As a result, the ACA will have an impact on the number of adults with Medicaid-provided dental benefits.

In this brief, we summarize adult dental benefits being offered by state Medicaid programs in 2014. We then estimate the number of adults who will gain dental benefits due to expanded Medicaid eligibility and the woodwork effect. We also estimate the number of

adults who would have gained dental benefits through Medicaid had their states opted to expand Medicaid eligibility. Finally, we discuss the policy implications.

Data & Methods

Medicaid Expansion

To determine which states are expanding Medicaid eligibility, we recorded state legislative decisions concerning Medicaid eligibility and expansion as documented by the Centers for Medicare and Medicaid Services.²² States' Medicaid expansion decisions are effective January 1, 2014 and reflect state legislative actions as of October 2013.²³ States have the option to expand their Medicaid programs in the future. Our analysis is based on the landscape for 2014.

Medicaid Adult Dental Benefits

We examined the Medicaid benefits offered by each state to determine the type of dental benefits provided to enrolled adults. States typically post benefits information on their state Medicaid website, or in a statement of benefits. We classified each state's adult Medicaid dental benefits into one of four categories: extensive dental benefits, limited dental benefits, emergency dental benefits, and no dental benefits (see Figure 2). While there is no clearly defined, well-established method for classifying adult Medicaid dental benefits, these categories are consistent with previous methodology developed by the American Dental Association (ADA).²⁴ We reviewed each state's Medicaid website between November 26, 2013 and December 6, 2013 for information on the benefits they offer to adults. Since states have the flexibility to change benefits throughout the year, our analysis is current as of December 6, 2013. We also assume that states expanding Medicaid eligibility provide the same level of dental benefit to newly eligible adults as they do to the existing pre-expansion adult Medicaid population.²⁵

Increase in Number of Adults Eligible for Medicaid

To determine the number of currently uninsured adults that will be eligible for Medicaid in 2014, we used the Urban Institute's analysis of the 2010 American Community Survey.²⁶ We downloaded this analysis on November 26, 2013. The Urban Institute captured adults that would be newly eligible under the Medicaid expansion, and adults that are currently eligible and would potentially enroll through the woodwork effect. The Urban Institute adjusted data from the American Community Survey to account for underreporting of Medicaid and the Children's Health Insurance Program, and their analysis is limited to civilian, non-institutionalized adults ages 19 through 64 who are U.S. citizens, or noncitizens with at least five years of U.S. residency.²⁷ Their analysis is done for every state, allowing for separate calculations for those states expanding Medicaid eligibility and those that are not. The Urban Institute analysis also estimates the woodwork effect in each state.

Results

Effective January 2014, 26 states including the District of Columbia expanded Medicaid eligibility.²⁸

Of the 26 states expanding Medicaid eligibility, 9 provide extensive adult dental benefits, 11 provide limited, 5 provide emergency, and 1 does not provide any (Table 1). Among states not expanding Medicaid eligibility, 3 provide extensive adult dental benefits, 9 provide limited, 11 provide emergency, and 2 do not provide any dental benefit. Table 1 demonstrates that there is a correlation between the expansion of Medicaid eligibility decision and the policy on adult dental benefits. That is, the states that are expanding Medicaid eligibility are also the ones that tend to provide an extensive adult dental benefit.

In the states that are expanding Medicaid eligibility, an estimated 9.1 million currently uninsured adults will be

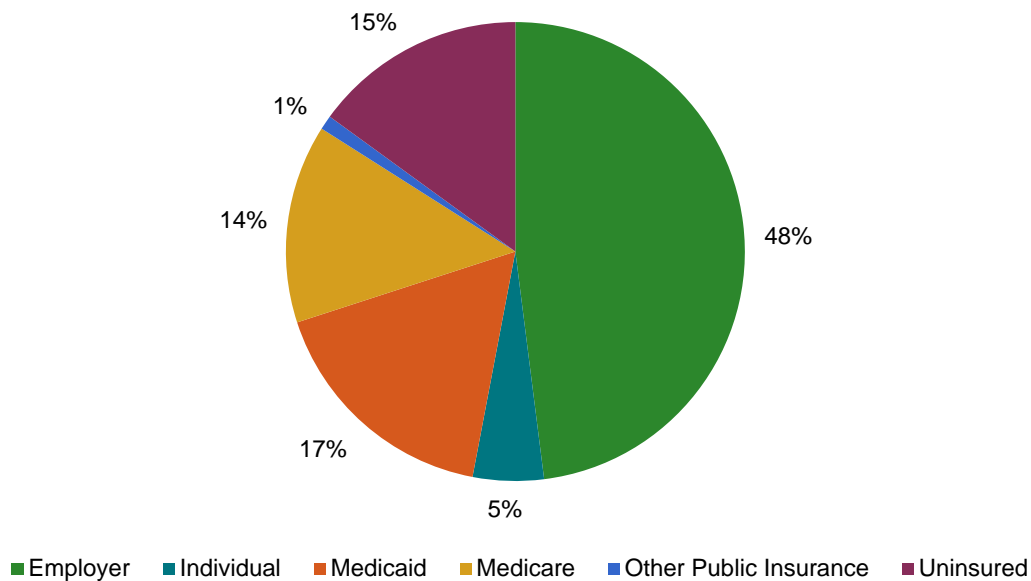
eligible for Medicaid as a result of the ACA (Table 2). This is comprised of an estimated 6.5 million adults who will be newly eligible due to expanded Medicaid eligibility and 2.6 million who will learn they are eligible due to the woodwork effect. Of these 9.1 million adults, 2.7 million reside in states that provide extensive adult dental benefits. An additional 4.9 million reside in states that provide limited adult dental benefits.

There may still be an increase in the number of adults in Medicaid among the 25 states that have indicated they will not expand Medicaid eligibility in 2014^{29,30} due to the woodwork effect. Approximately 1.8 million adults are eligible for Medicaid through the woodwork effect in these states (Table 3). However, only 191,000

of these 1.8 million adults live in states where Medicaid provides extensive adult dental benefits. An additional 367,000 live in states with limited adult dental benefits. More importantly, within these 25 states, approximately 809,000 adults would have gained extensive Medicaid dental benefits had their state opted to expand Medicaid eligibility. An additional 1.9 million would have gained limited dental benefits.³¹

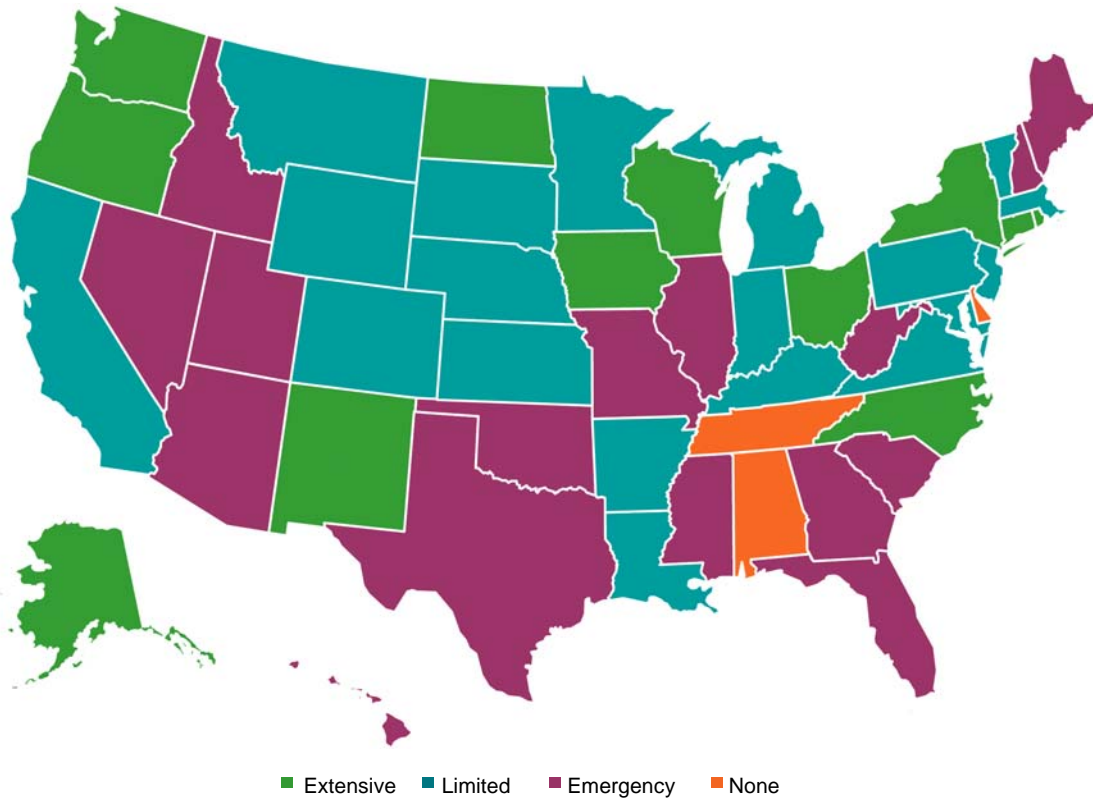
Table 4 provides an overall summary of our analysis, combining estimates across all states. In total, the ACA is expected to expand the number of adults eligible for extensive Medicaid dental benefits by 2.9 million. An additional 5.4 million adults are expected to become eligible for limited Medicaid dental benefits.

Figure 1: Breakdown of Source of Health Insurance for Americans³²



Source: The Henry J. Kaiser Family Foundation. **Notes:** Based on the Census Bureau’s March 2012 and 2013 Current Population Survey.

Figure 2: Adult Dental Benefit Provided in State Medicaid Programs



Source: ADA Health Policy Institute analysis of state Medicaid policies as of December 6, 2013. **Notes:** Kansas' Medicaid program officially covers emergency dental services, but all of the plans contracted with Kansas' Medicaid program offer two routine dental check-ups (exams and cleanings) per year for adults over 21. Maryland's Medicaid program officially covers emergency dental services, but the majority of Medicaid beneficiaries are enrolled in the Medicaid managed care program which provides limited adult dental benefits.

Table 1: States' Medicaid Eligibility Expansion Decisions and Adult Dental Benefits

	Extensive Dental Benefits	Limited Dental Benefits	Emergency Dental Benefits	No Dental Benefits
States Expanding Medicaid Eligibility Under the ACA	CT, IA, NM, NY, ND, OH, OR, RI, WA	AR, CA, CO, DC, KY, MD, MA, MI, MN, NJ, VT	AZ, HI, IL, NV, WV	DE
States Not Expanding Medicaid Eligibility under the ACA	AK, NC, WI	IN, KS, LA, MT, NE, PA, SD, VA, WY	FL, GA, ID, ME, MS, MO, NH, OK, SC, TX, UT	AL, TN

Source: The Centers for Medicare and Medicaid Services' (CMS) compilation of states' Medicaid expansion decisions; ADA Health Policy Institute analysis of state Medicaid policies; The Urban Institute. **Notes:** States' Medicaid expansion decisions are as of October 24, 2013. The District of Columbia is included.

Table 2: Number of Adults Gaining Medicaid Dental Benefits Due to ACA (States Expanding Medicaid Eligibility)

State	Level of Adult Dental Benefit	Estimated Increase in Number of Adults Eligible for Medicaid		
		Total	Due to Expanded Medicaid Eligibility	Due to Woodwork Effect
Arizona	Emergency	354,000	89,000 (25%)	265,000 (75%)
Arkansas	Limited	254,000	218,000 (86%)	36,000 (14%)
California	Limited	2,456,000	1,873,000 (76%)	583,000 (24%)
Colorado	Limited	291,000	225,000 (77%)	66,000 (23%)
Connecticut	Extensive	113,000	88,000 (78%)	25,000 (22%)
Delaware	No benefits	37,000	9,000 (24%)	29,000 (78%)
District of Columbia	Limited	20,000	17,000 (85%)	2,000 (10%)
Hawaii	Emergency	45,000	37,000 (82%)	8,000 (18%)
Illinois	Emergency	700,000	522,000 (75%)	178,000 (25%)
Iowa	Extensive	130,000	106,000 (82%)	23,000 (18%)
Kentucky	Limited	366,000	288,000 (79%)	78,000 (21%)
Maryland	Limited	224,000	167,000 (75%)	57,000 (25%)
Massachusetts	Limited	108,000	88,000 (81%)	21,000 (19%)
Michigan	Limited	676,000	564,000 (83%)	112,000 (17%)
Minnesota	Limited	168,000	130,000 (77%)	39,000 (23%)
Nevada	Emergency	204,000	163,000 (80%)	41,000 (20%)
New Jersey	Limited	349,000	307,000 (88%)	42,000 (12%)
New Mexico	Extensive	162,000	127,000 (78%)	34,000 (21%)
New York	Extensive	811,000	170,000 (21%)	641,000 (79%)
North Dakota	Extensive	29,000	24,000 (83%)	5,000 (17%)
Ohio	Extensive	705,000	578,000 (82%)	127,000 (18%)
Oregon	Extensive	292,000	252,000 (86%)	41,000 (14%)
Rhode Island	Extensive	51,000	38,000 (75%)	13,000 (25%)
Vermont	Limited	18,000	1,000 (6%)	17,000 (94%)
Washington	Extensive	375,000	308,000 (82%)	66,000 (18%)
West Virginia	Emergency	154,000	131,000 (85%)	23,000 (15%)
Total, no dental benefits		37,000	9,000 (24%)	29,000 (78%)
Total, emergency dental benefits		1,457,000	942,000 (65%)	515,000 (35%)
Total, limited dental benefits		4,930,000	3,878,000 (79%)	1,053,000 (21%)
Total, extensive dental benefits		2,668,000	1,691,000 (63%)	975,000 (37%)
Grand total		9,092,000	6,520,000 (72%)	2,572,000 (28%)

Source: ADA Health Policy Institute analysis of state Medicaid policies; The Urban Institute. **Notes:** Currently uninsured estimates were rounded to the nearest thousandth person and are based on 2010 data. Not all percentages add up to 100 percent due to rounding. The woodwork effect is where uninsured individuals realize they are eligible for Medicaid under the pre-ACA eligibility rules and enroll in the program.

Table 3: Number of Adults Gaining Medicaid Dental Benefits Due to ACA
(States Not Expanding Medicaid Eligibility)

State	Level of Adult Dental Benefit	Estimated Increase in Number of Adults Eligible for Medicaid		
		Total	Due to Expanded Medicaid Eligibility	Due to Woodwork Effect
Alabama	No benefits	397,000	321,000 (81%)	76,000 (19%)
Alaska	Extensive	46,000	41,000 (89%)	5,000 (11%)
Florida	Emergency	1,552,000	1,295,000 (83%)	257,000 (17%)
Georgia	Emergency	843,000	684,000 (81%)	159,000 (19%)
Idaho	Emergency	126,000	108,000 (86%)	18,000 (14%)
Indiana	Limited	438,000	374,000 (85%)	64,000 (15%)
Kansas	Limited	171,000	141,000 (82%)	30,000 (18%)
Louisiana	Limited	392,000	330,000 (84%)	62,000 (16%)
Maine	Emergency	59,000	46,000 (78%)	13,000 (22%)
Mississippi	Emergency	293,000	231,000 (79%)	62,000 (21%)
Missouri	Emergency	402,000	351,000 (87%)	51,000 (13%)
Montana	Limited	73,000	59,000 (81%)	14,000 (19%)
Nebraska	Limited	99,000	78,000 (79%)	21,000 (21%)
New Hampshire	Emergency	58,000	51,000 (88%)	7,000 (12%)
North Carolina	Extensive	720,000	587,000 (82%)	133,000 (18%)
Oklahoma	Emergency	302,000	225,000 (75%)	77,000 (25%)
Pennsylvania	Limited	613,000	520,000 (85%)	92,000 (15%)
South Carolina	Emergency	389,000	297,000 (76%)	92,000 (24%)
South Dakota	Limited	49,000	40,000 (82%)	9,000 (18%)
Tennessee	No benefits	459,000	361,000 (79%)	98,000 (21%)
Texas	Emergency	2,036,000	1,748,000 (86%)	289,000 (14%)
Utah	Emergency	145,000	105,000 (72%)	40,000 (28%)
Virginia	Limited	412,000	342,000 (83%)	69,000 (17%)
Wisconsin	Extensive	235,000	181,000 (77%)	53,000 (23%)
Wyoming	Limited	30,000	24,000 (80%)	6,000 (20%)
Total, no dental benefits		856,000	682,000 (80%)	174,000 (20%)
Total, emergency dental benefits		6,205,000	5,141,000 (83%)	1,065,000 (17%)
Total, limited dental benefits		2,277,000	1,908,000 (84%)	367,000 (16%)
Total, extensive dental benefits		1,001,000	809,000 (81%)	191,000 (19%)
Grand total		10,339,000	8,540,000 (83%)	1,797,000 (17%)

Source: ADA Health Policy Institute analysis of state Medicaid policies; The Urban Institute. **Notes:** Currently uninsured estimates were rounded to the nearest thousandth person and are based on 2010 data. Not all percentages add up to 100 percent due to rounding. The woodwork effect is where uninsured individuals realize they are eligible for Medicaid under the pre-ACA eligibility rules and enroll in the program.

Table 4: Increase in Number of Adults Eligible for Medicaid Dental Benefits Due to the ACA

	Extensive Adult Dental Benefits		Limited Adult Dental Benefits	
	Eligibility Effect	Woodwork Effect	Eligibility Effect	Woodwork Effect
States Expanding Medicaid Eligibility Under the ACA	1.7 million	975,000	3.9 million	1.1 million
States Not Expanding Medicaid Eligibility under the ACA	N/A	191,000	N/A	367,000
Total	2.9 million		5.4 million	

Source: ADA Health Policy Institute analysis of state Medicaid policies; CMS's compilation of states' Medicaid expansion decisions; The Urban Institute. **Notes:** Currently uninsured estimates were rounded to the nearest thousandth person and are based on 2010 data. Not all percentages add up to 100 percent due to rounding. The woodwork effect is where uninsured individuals realize they are eligible for Medicaid under the pre-ACA eligibility rules and enroll in the program.

Discussion

Approximately 19.9 million working age adults were enrolled in Medicaid in 2012.³³ Based on the most recent analysis available, 6.5 million uninsured adults will be newly eligible for Medicaid in 2014. An additional 4.4 million uninsured adults are already eligible for Medicaid and may enroll through expanded enrollment and outreach efforts within the ACA (the woodwork effect). If both of these groups of adults enroll in Medicaid, 10.9 million more adults will be in the program in 2014.

Our analysis estimates that the ACA could expand Medicaid dental benefits to 8.3 million adults, with an estimated 2.9 million gaining extensive dental benefits and 5.4 million gaining limited dental benefits. An additional 2.5 million are expected to gain emergency dental benefits. To put this into context, there are an estimated 23.9 million adults in the U.S. at or below 133 percent of the federal poverty level who have either emergency-only or no dental benefits.³⁴ Thus, the Medicaid reforms of the ACA are expected to reduce the number of low-income adults who lack at least limited dental benefits by up to 35 percent.³⁵

Interestingly, our analysis shows that if the 25 states not expanding Medicaid eligibility were to reverse their decision, an additional 2.7 million adults would gain Medicaid dental coverage beyond emergency dental benefits – much lower than the number within the states expanding Medicaid – with 809,000 gaining extensive benefits and 1.9 million gaining limited benefits. This demonstrates that the states that are expanding Medicaid eligibility tend to also be the ones that provide the most extensive adult dental benefits within Medicaid.

Our results have several important policy implications. First, there will be a significant increase in demand for dental care among Medicaid adults in certain states. The largest increases are expected to be in the nine states that are expanding Medicaid eligibility and provide extensive adult dental benefits (CT, IA, NM, NY, ND, OH, OR, RI, WA). In states that are either not expanding Medicaid or are expanding Medicaid but do not offer dental benefits to adults, the expected increase will be much smaller.

Second, expanded coverage does not guarantee increased access to and utilization of dental care. It is important that policy makers put in place the enabling conditions to ensure the expansion population can

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access care. Evidence strongly shows that these conditions include expanded outreach to Medicaid beneficiaries and dental care providers,³⁶ improved provider incentive structures – including streamlined administrative procedures and adjusted fees^{37,38} – and innovative practice models.^{39,40}

Third, there is uncertainty on how the Medicaid expansion funding arrangement will impact the way states handle voluntary benefits such as adult dental care. The federal government will fund approximately 93 percent of the cost⁴¹ of the Medicaid expansion through 2022, even for optional benefits like adult dental care as long as they were in place in 2014. The issue is how states will finance the remaining, on average, 7 percent. If states adopt an approach of looking to non-mandated services for cost savings and program cuts, then some optional benefits could be at risk of being “crowded out.” On the other hand, if the Medicaid expansion actually results in net cost savings, then some voluntary benefits may actually be “crowded in.” One recent study estimates that states may collectively realize total savings of between \$26 and \$52 billion from 2014-2019 due to Medicaid expansion.⁴²

Fourth, our analysis suggests that nationally, the dental benefit level for the average adult in Medicaid will increase in 2014. This is due to the fact that states expanding Medicaid eligibility are also the ones that provide a higher level of dental benefits to adults in Medicaid. Relatedly, differences across states in access to dental care among low-income adults will grow. This is because the average dental care utilization rate for low-income adults is higher in states that are expanding Medicaid eligibility compared to states that are not.⁴³

The majority of states still provide less-than-extensive dental benefits to adults on Medicaid. This is in stark contrast to children, where Medicaid dental benefits are mandatory. Combined with other factors such as

lower household income levels, and lower rates of private dental benefits coverage, low-income adults are increasingly facing financial barriers to dental care, and their dental care use rate is declining.⁴⁴ Emergency department visits for dental conditions have doubled over the past decade, costing the health care system up to \$2 billion per year with young adults accounting for the largest share.⁴⁵ These trends too are in contrast with the experience for low-income children, who have seen remarkable gains in access to dental care in recent years.⁴⁶ The evidence shows that providing extensive dental benefits to Medicaid-enrolled adults increases dental care use,⁴⁷ prevents the onset of more serious and costly oral health conditions,⁴⁸ and can reduce emergency department use for dental conditions.⁴⁹ There is also emerging evidence that improved oral health and access to dental care can also reduce medical costs.⁵⁰

There are many states that are taking the lead in expanding adult dental benefits within Medicaid. California and Washington have recently restored some adult Medicaid dental benefits that were previously cut due to budget constraints.^{51,52} Additionally, Colorado has added adult dental benefits to their Medicaid program for the first time.⁵³ In fact, Colorado’s state legislature mentioned emergency department costs in the background of their adult dental benefits bill, stating that preventable dental conditions were the primary diagnosis for a large number of emergency department visits nationwide.⁵⁴ Overall, only five states are planning to decrease Medicaid dental reimbursement rates in fiscal year 2014 while thirteen states are planning Medicaid dental reimbursement rate increases.⁵⁵ These are positive developments that will contribute to America’s oral health.

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