

Background

The recognition that oral health is essential to overall health is finally beginning to take hold. This is not a new point of view at health centers. In 1999, after acknowledging a crisis-level shortage in the number of private dentists accepting Medicaid patients, state leaders asked health centers to expand their dental capacity to serve more residents. Since then health center dental capacity has increased by 96% and today, three-quarters of the community health centers (33) provide dental services at 48 sites. Medicaid Adult Dental benefits were eliminated shortly thereafter (in 2002) only to be restored again in 2006 as part of state health reform. Last year the program suffered significant cuts once again. As a result of these cuts, community health centers are the only sites that can provide restorative dental services to adult Medicaid patients, straining capacity. Between July 1, 2010 and December 1, 2010, forty-six of the forty-eight dental sites (96%) reported an increase in adult patients, for a total of 22,047 new patients.

Impact:

According to a 2005 Kaiser Report, the adult dental eliminations in 2002 provided only minimal savings to the state and shifted costs to other parts of the health care system that may be subject to lower federal cost-sharing. Moreover, redirecting these services to emergency rooms will ultimately make them more expensive, placing an undue burden on the health care costs. With the most recent cuts, not only did demand for services increase, but since dental school clinics and private specialists were no longer covered, a large number of new patients were seeking the most intensive and time consuming services that health centers provide (dentures, crowns, root canals, endodontic treatment). Forty-four dental sites (90%) noted that they had experienced an increase in emergency patients, with two to ten patients per day presenting with emergent or urgent care needs.

Issue

While health centers are appreciative of a state provision allowing reimbursement for restorative dental services at health centers, they worry about the thousands of MassHealth patients who do not currently receive their care at a community health center, and who do not live or work in or near communities served by them. The majority of these patients will be forced to seek care through costly emergency rooms for conditions that may have been averted or minimized through ongoing preventive and restorative care. When Maryland eliminated Medicaid reimbursement for adult dental services in 1993, emergency room visits rose by 21 percent in one year. Similarly, when California eliminated adult dental benefits in 2009, that state's emergency departments logged, on average, more than 80,000 visits a year for preventable dental conditions.

Solution

Restore Medicaid Adult Dental services to FY 2009 levels.