



Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

Access Challenges Arise From Expanded Medicaid Dental Benefit

MAY 28, 2015

Introduction

The use of dental services in Medicaid is on the rise, especially among adults, thanks to a new oral health benefit added by the public insurance program. However, despite the new benefit, access to oral health care is difficult. And it's getting more pressing because of increasing demand.

People in rural areas have an especially hard time getting an appointment. Although the number of counties with no practicing dentists has declined, many isolated communities still have a dentist shortage. Some providers remain reluctant to accept Medicaid patients.

The Safety Net Advisory Committee Learning Lab (SNAC Lab) tackled the problem at its May 28 meeting. Attendees from around the state discussed their on-the-ground experiences.

Primary Themes

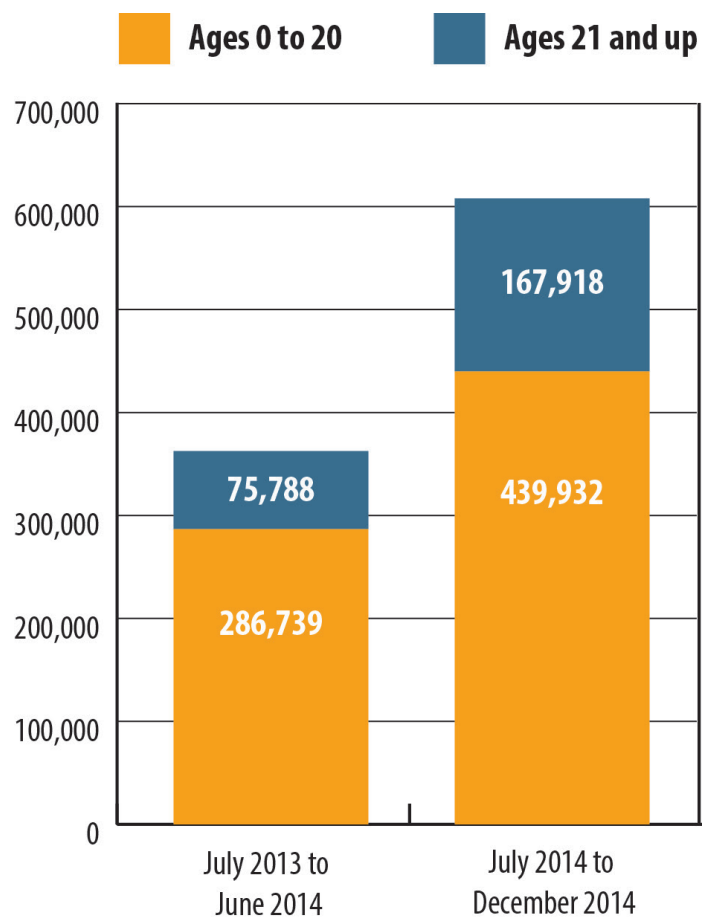
- Use of dental services is on the rise.
- The oral health workforce is expanding to meet the need but the safety net is reaching its limit.
- Competing priorities create challenges to fully integrating oral health into the ACC.

Background

The legislature in 2013 added dental benefits to Medicaid for people age 21 and up, with an annual cap of \$1,000.

As a result, the number of adult Medicaid clients seeking dental care more than doubled in the second half of 2014 (Figure 1). Interestingly, the number of enrollees age 0 to 20 getting dental services also increased rapidly, even though this population already was eligible for benefits.

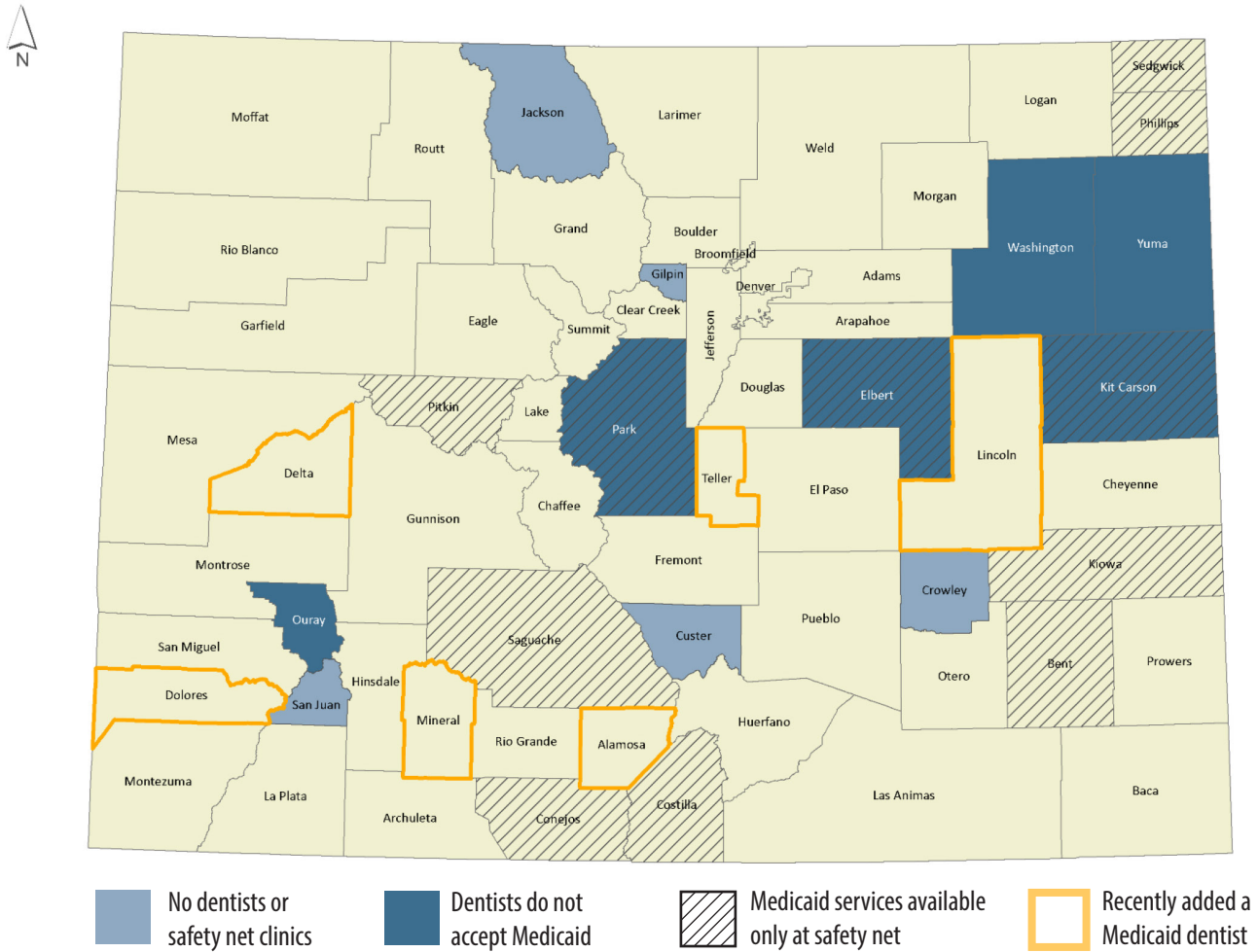
Figure 1. Number of Medicaid Dental Clients



It's possible that the new adult benefit is creating spillover demand for children's services, as parents seeking care bring along their kids.

Still, just a quarter of eligible adult Medicaid enrollees are using dental services, suggesting, at least in part, that not all enrollees have access to a provider. The oral

Map 1. Counties with Limited Access to Medicaid Dentists, FY 2014-2015



health workforce is growing to meet the need. Just eight counties lack dentists, down from 15 a year ago, and a new visiting dentist in Jackson County will improve the situation. That said, many safety net facilities are being stretched to their limits.

However, as one SNAC Lab attendee said, the real question is not the number of dentists, but how many Medicaid patients they serve. The answer is hard to calculate with existing data, but SNAC Lab attendees agreed that Colorado has a lot of work to do.

Medicaid’s Accountable Care Collaborative (ACC) seeks to integrate oral health into its patient-centered model of care. But dental care is just one of many facets of the ACC competing for attention from primary care providers, care coordinators and regional care collaborative organizations (RCCOs).

The SNAC Lab Discussion

The Colorado legislature intended the adult dental benefit to be an opportunity to improve children’s access to care. Legislators reasoned that when adults have dental coverage, they will be more likely to take their kids in for treatment, too. The early data may support that idea, as children’s dental visits increased dramatically in the second half of 2014.

But more than half of SNAC Lab attendees agreed that access to oral health care for adults and children is poor throughout the state, especially in rural areas.

In northwestern Colorado, some people have a three-month wait to see a dentist, even though access to care in that region has improved, one audience member said.

Some rural communities have a very small oral health workforce. Cortez, for example, has just one dentist in private practice. This makes getting care difficult for the whole community, regardless of a person's source of insurance. In fact, some dentists don't accept any form of insurance.

Access is doubly hard for Medicaid members. The \$1,000 yearly cap on oral health benefits might discourage busy providers from taking on Medicaid patients, SNAC Lab attendees said.

Other attendees said it can be misleading to track dentists by county. The smallest counties have few services of any kind, and residents are accustomed to crossing county lines to fulfill their everyday needs. But for people without a car, transportation can be a significant barrier to care. Attendees suggested a better measure of access to care would be to track travel times to the nearest provider, regardless of county lines. However, the available data only tracks dentists by the county in which they practice.

Dental hygienists could potentially help to solve the provider shortage for routine oral health care. However, there can be resistance to delegating a community's oral care to anyone short of a licensed dentist. In Towaoc, the main town of the Ute Mountain Ute reservation, residents were looking forward to the opening of a new oral health clinic to be staffed by two hygienists. However, the federal Indian Health Service pulled the plug on the idea, saying the community could not hire hygienists without getting a dentist.

Colorado leaders are focused on integrating behavioral health and primary care, and attendees discussed whether behavioral health integration could offer a model for bringing dental services to a primary care clinic. Delta Dental has funded the integration of 16 dental practices into primary care settings.

Top Ten Rejected Names for a CHI Presentation on Oral Health in Medicaid

10. Putting the Teeth in Medicaid
9. Capping Off a Crucial Year
8. Bridges to Better Health
7. Anybody Want an ACC Brush-Up?
6. Great! Let's Chew on Some Data!
5. Your Wisdom Teeth Will Be Smarter After This Presentation
4. What's So Revealing about Sealing?
3. Floss is Boss
2. Adventures in Dentures
1. The Moral Health of Oral Health

The Colorado Dental Association has identified Medicaid access as a priority. The association is working with its members to expand care around the state. RCCOs and advocacy groups such as Oral Health Colorado expressed interest in further collaboration to prioritize dental care in the ACC. Caring for Colorado Foundation has made oral health access a priority as well.

Conclusion

Medicaid's new dental benefit has more than doubled the number of adult enrollees seeking oral health care. However, the majority of adults did not use the benefit last year, in part because they couldn't find a dentist or because a provider didn't accept Medicaid. Access is especially a problem in rural counties. However, efforts are underway to make care more accessible statewide.



Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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