

Updating Florida Medicaid's Adult Dental Benefit Would Improve Beneficiaries' Overall Health and Save State Dollars

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Executive Summary

Florida Medicaid provides coverage for essential health services to over 4 million Floridians with low income, including people with disabilities, the elderly, children, parents, and pregnant women. However, state Medicaid law limits the adult dental benefit to just coverage of dentures and emergency services. This falls far short of meeting beneficiaries' needs.

A substantial body of research shows that oral health is essential to overall health. Poor oral health can worsen chronic conditions, such as diabetes and heart disease, lead to pregnancy complications, and contribute to increased emergency department visits.

Medicaid prepaid dental health plans responsible for providing dental care to most beneficiaries have opted to offer some additional services as “expanded benefits.” However, this coverage is not required under state law. As such, the provision of these additional services — while beneficial — is left solely to the discretion of the dental plans and the Agency for Health Care Administration (AHCA), which is the state’s Medicaid agency. Moreover, there is a lack of transparency on whether plans are in fact providing the additional services and to what extent beneficiaries can access them.

It has been nearly two decades since the Florida Legislature adopted changes to the current, and very restricted, Medicaid adult dental benefit. It is time to update Florida law to provide Medicaid coverage for comprehensive adult dental care.

Good Oral Health is Out of Reach for Many Floridians

Oral health is broader than just healthy teeth. It means “being free of chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.”¹

Conversely, a lack of oral health can lead to or worsen dozens of chronic conditions, such as diabetes and heart disease.² Oral health problems in parents impact children as well. Periodontal infection is associated with pregnancy complications such as pre-term labor, pre-term birth, and low birth weight.³ Children are more than three times as likely to have tooth decay if their mothers have high levels of

untreated tooth decay.⁴ When parents receive preventive dental care, their children are more likely to get these services as well.⁵

Poor oral health is widespread in Florida. In 2016, the last year for which data are available, 47.3 percent of adults in Florida had a permanent tooth removed because of tooth decay or gum disease.⁶ People with income below the poverty level — unable to pay out of pocket for this care — older Floridians, and people of color are disproportionately affected:

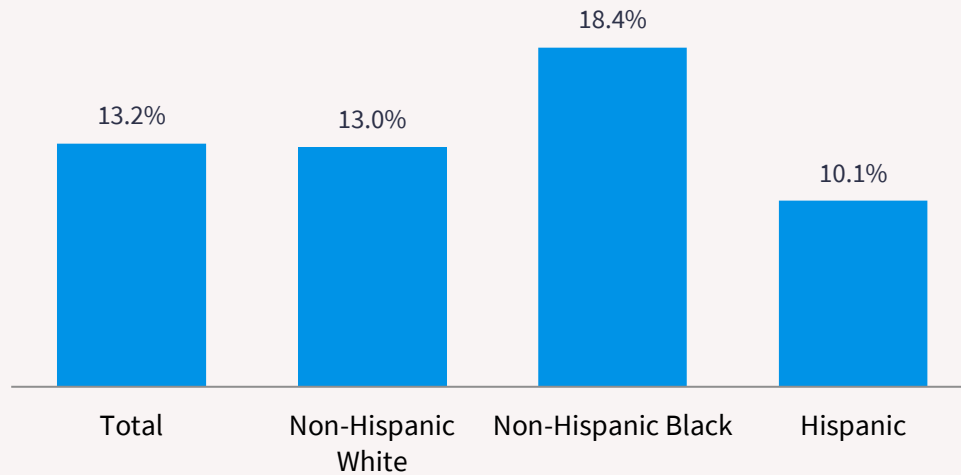
- In 2016, the average number of natural teeth present for Floridians 60 and older were 15.2 out of 32 teeth and 19.2 percent did not have any teeth.
- In 2014, approximately 13.2 percent of Floridians 65 and older had lost all their natural teeth (See *Figure 1*.) Complete tooth loss was highest among non-Hispanic Black individuals (18.4 percent), those with less than high school education (30 percent) and people with an annual income less of than \$25,000.
- In 2016, Hispanic adults and non-Hispanic Black adults reported the lowest prevalence of a dental visit in the past year (55.8 percent and 56 percent, respectively) compared with white adults (65.7%).⁷

The December 2020 “Florida Oral Health Report: A Perspective of Florida’s Oral Health Safety Net” identifies the following ongoing barriers for Floridians seeking oral health care:

- unaffordability,
- lack of provider capacity,
- consumer difficulty in navigating the safety-net system,
- lack of consumer awareness (including dental phobia),
- cultural or linguistic incongruity, and
- consumer logistic factors (time and distance).⁸

Figure 1. DISPARITIES IN DENTAL CARE ACCESS PERSIST IN FLORIDA

Prevalence of complete tooth loss among Floridians aged 65 and up, by race/ethnicity, 2014



Adapted from: Abigail Holicky MPH, Florida's Burden of Oral Disease Surveillance Report, Figure 9, Florida Department of Health, updated August 2016, http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/_documents/floridas-burden-oral-disease-surveillance-report.pdf.

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Adult Dental Coverage is “Optional” Under Federal Medicaid Law

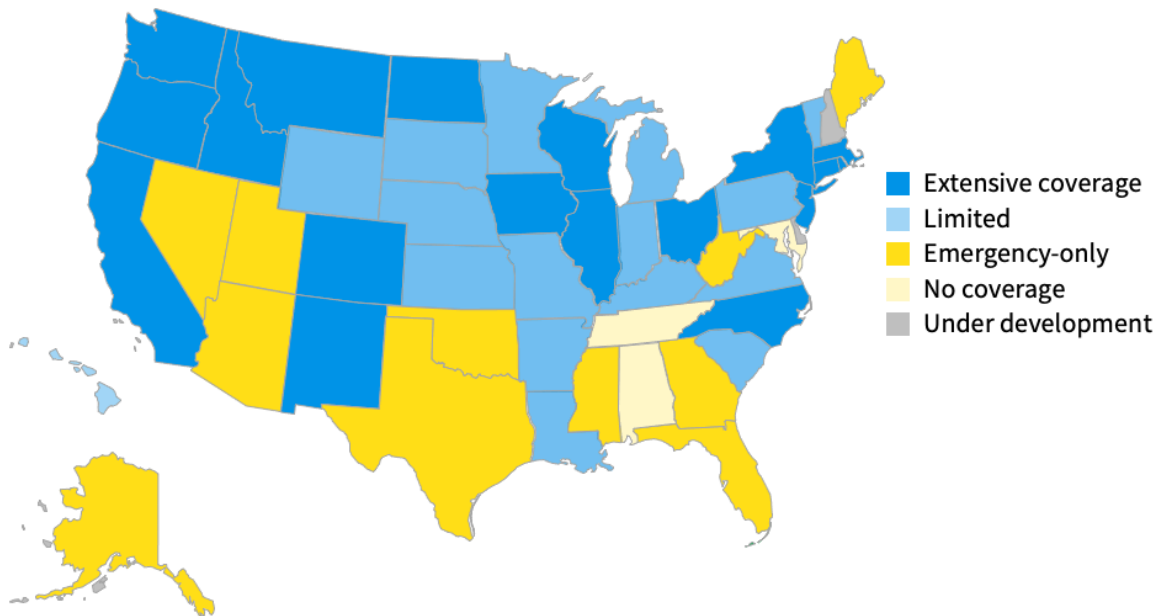
Federal law requires state Medicaid programs to cover certain “mandatory” services, such as hospital and physician care, as well as a comprehensive set of services, known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.⁹ The EPSDT program is required to cover comprehensive dental services for children/youth under age 21.¹⁰

Other services are designated as “optional,” including but not limited to adult dental, hearing and vision services, prescriptions, and home- and community-based services.¹¹ Federal law uses the term “optional” because states are not required to cover them. In no way does it reflect the medical necessity of these services. They are no less critical than “mandatory” services in meeting the health needs of Medicaid beneficiaries. It is noteworthy that for every dollar Florida invests in Medicaid, whether for mandatory or optional services, the federal government contributes \$1.56 towards the cost.¹²

The Florida Medicaid Adult Dental Benefit, Last Defined in State Law in 2003, is Limited to Dentures and Emergency Services

Since the adult dental benefit is optional, there are no federal minimum coverage requirements for adults. In 1979 the Legislature incorporated into Florida Medicaid law an adult dental benefit limited to dentures.¹³ Twenty-four years later, in 2003, the Legislature expanded this benefit to also include “medically necessary emergency dental procedures to alleviate pain or infection...limited to emergency oral examinations, necessary radiographs, extractions and incision and drainage of abscess.”¹⁴ The adult Medicaid benefit specified in statute has remained the same since 2003. As of September 2019, 19 states offered “extensive” adult dental services, defined as “a comprehensive mix of services including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by the American Dental Association.” Thirty-five states (including D.C.) covered services beyond emergency situations. Florida was identified as one of 11 states where its Medicaid program just covers emergency services.¹⁵ (See *Exhibit 1.*)

Exhibit 1. FLORIDA ONE OF 11 STATES THAT ONLY COVERS EMERGENCY SERVICES IN ADULT DENTAL MEDICAID BENEFIT



Adapted from: Center for Health Care Strategies Inc., “Medicaid Adult Dental Benefits: An Overview,” Exhibit 1. State Medicaid Coverage of Adult Dental Benefits, updated September 2019, https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf.

Delivery and Reimbursement for Adult Dental Services Has Evolved with Implementation of Florida Medicaid Managed Care and the Prepaid Dental Health Program

While the scope of the Medicaid adult dental benefit in state law has remained static for many years, the mode of delivery and reimbursement for these services has undergone multiple changes. Much of these changes are linked to the evolution of Medicaid managed care in Florida.¹⁶ (See *Appendix*.)

Prior to 2005, most Medicaid services, including dental services, were delivered to beneficiaries by individual practitioners paid on a fee-for-service basis. Starting in 2005, the Legislature moved toward the adoption of a managed care program, first through a demonstration pilot project and later in 2011 with the establishment of the statewide Managed Medical Assistance program (MMA).¹⁷ Under the MMA, fully implemented in 2014, health plans (a mix of health maintenance organizations and provider service networks) are paid on a “capitated” basis.

Initially the MMA plans were paid to provide integrated dental and medical services to beneficiaries enrolled in their plans. Subsequently, in 2016, the Legislature directed AHCA to “carve out” dental services from the health plans and instead implement a statewide Prepaid Dental Health Plan program (PDHP).

The state completed implementation of the PDHP program in February 2019.¹⁸ As of December 3, 2020, there were approximately 3.7 million enrollees in the program, including 1.3 million adults aged 19 and older,¹⁹ and AHCA has contracted with three statewide prepaid dental health plans: DentaQuest, Liberty, and MCNA.²⁰ These plans are paid a monthly capitation rate per enrollee.

Fee-for-Service: The state Medicaid agency establishes fees for covered services and pays participating providers directly for each service they deliver to Medicaid beneficiaries. Providers do not bear any financial risk.

Capitation: Capitation payments refers to the fixed per-member-per-month (PMPM) amount that a state Medicaid agency pays health plans to provide or arrange for covered Medicaid services delivered to enrolled beneficiaries. Capitation rates are pre-set, so the health plans are at financial risk for the services they actually provide.

Source: Kaiser Family Foundation, Medicaid Delivery System and Payment Reform: A Guide to Key Terms & Concepts, June 22, 2015, www.kff.org/medicaid/fact-sheet/medicaid-delivery-system-and-payment-reform-a-guide-to-key-terms-and-concepts/.

Prepaid Dental Health Plans Have Opted to Offer Some “Expanded” Adult Dental Benefits

Prior to implementation of the MMA program, most adults enrolled in Florida Medicaid were only offered the limited emergency dental services and dentures as specified in state law.²¹ When the MMA program went statewide in 2014, all the plans voluntarily agreed to provide some expanded benefits, such as cleanings and x-rays, although there was variation among plans on what was covered. This changed

when Florida implemented the PDHP program in 2019 and all plans agreed to provide the same expanded benefit package for adults.²²

However, coverage beyond emergency services and dentures is not required under state law. As such, the provision of these additional services — while beneficial — is left solely to the discretion of the plans and AHCA. They can be changed at any time through contract negotiations.

Moreover, there is a lack of transparency on the scope of these services, whether the plans are in fact providing them and to what extent beneficiaries can access them. To date, AHCA has not released any utilization data to gauge enrollees' actual access to these benefits and it is unclear whether AHCA is even collecting this data.

Indeed, AHCA's communications to the public on its adult dental benefit are ambiguous at best. The website makes a distinction between what minimum adult dental benefits that plans must cover (emergency services and dentures) and other additional services that “adults *may* be eligible to receive.”²³ Similarly, AHCA's duly promulgated Medicaid rules setting forth dental policies expressly limit coverage for adults to emergency services and dentures.²⁴

A Comprehensive Medicaid Adult Benefit Will Likely Reduce Other State Medicaid Costs and Improve the Health, Economic Security, and Quality of Life for Beneficiaries

Florida is Likely to See Savings from Other Reduced Medicaid Costs

Providing comprehensive dental benefits to Medicaid-enrolled adults reduces costly emergency department (ED) visits for dental conditions. For example, in Missouri, after comprehensive Medicaid dental benefits were restored in 2016 to about 350,000 adults, the state observed a 44 percent decrease in Medicaid claims for ED visits for nontraumatic dental conditions.²⁵ On the other hand, when California eliminated this coverage in July 2009, there was a “significant and immediate increase” in dental ED visits and an associated 68 percent increase in related ED costs.²⁶ (California has since restored this coverage.²⁷)

Dental-related ED visits and costs have been well-documented in Florida. Researchers have found that it “is a large and growing occurrence” and “the sheer volume is a cause for concern.”²⁸ From 2005 to 2014, dental-related ED visits increased by more than 56 percent. As of 2014, ED visits for dental-related needs exceeded 163,900 per year, or about 450 visits per day, with charges exceeding \$234 million or more than \$642,000 per day. Medicaid was the primary payor for 39 percent of these visits. A subsequent analysis looking at a period extending to 2016 documented the upward trend with dental-related ED visits increasing to 166,997 per year.²⁹

Researchers concluded that the most common primary diagnoses among these Florida patients could have been avoided with preventive dental services and disease management and that expansion of dental services for adults “could lead to more effective use of public funds and better health outcomes.”³⁰

Indeed, Florida Medicaid officials zeroed in on this problem through the state’s contracts with the dental health plans. The contracts include a requirement that all plans have a performance improvement project focusing on reducing potentially preventable dental-related emergency department visits in collaboration with the MMA plans.³¹ In addition, all dental health plans are required to report on performance metrics related to dental-related ED visits. The plans have committed to goals of a 5 percent reduction of these visits in the first year and 9 percent reduction over the five-year term of their contracts.³²

There are additional potential sources of state savings as well. A comprehensive adult dental benefit provided to pregnant women and patients with chronic conditions such as diabetes and heart disease can lead to savings in other areas of health care spending. In a 2020 report estimating the cost of adding a comprehensive adult Medicaid dental benefit to Virginia's Medicaid program, researchers conclude that investing in this benefit “will lead to reductions in medical care costs financed by Medicaid.”³³ Another study showed that the average medical costs for patients with diabetes who received appropriate oral health care were \$1,799 lower than costs for patients who did not get that care.³⁴ It is projected that Florida could save as much as \$26 million annually if every adult enrolled in Medicaid in the state had treatment for gum disease at the same rate as those with private insurance.³⁵

Medicaid Beneficiaries Could Also Realize Improved Health, Economic Security, and Quality of Life

Aside from its association with serious medical conditions, unmet oral health needs may also affect a person’s productivity and income. Hiring decisions are influenced by whether job applicants have unsightly or missing teeth. It is projected that giving all working age Floridians access to routine dental care would increase employability of 9,972 currently unemployed individuals.³⁶ In a Virginia survey, more than one in three adults with low income indicated that the conditions of their mouth and teeth affected their ability to interview for a job.³⁷ Another study found that poor dental health prevented over half of military recruits from serving in combat until their dental needs were addressed.³⁸

Researchers have also found that adults who receive comprehensive dental care during substance use disorder treatment are far more likely to complete treatment, be employed six months after the treatment ends, and less likely to be homeless.³⁹

Pain and tooth loss also have a ripple effect on other everyday activities such as speech, eating, and sleep, all having negative consequences affecting a person’s ability to communicate and interact

socially.⁴⁰ Meeting the full needs of Medicaid beneficiaries' oral health can have a profoundly positive impact on their overall quality of life.

Conclusion

Florida Medicaid's adult dental benefit prescribed in state law is limited to dentures and emergency services. Last updated by the legislature in 2003, it has not kept up with overwhelming research showing that access to comprehensive dental care is inextricably linked to overall health. But this care is out of reach for most Medicaid beneficiaries who cannot afford to pay for it.

While dental health plans have voluntarily opted to provide some expanded adult dental benefits, they are not guaranteed in state law and can be changed at the discretion of AHCA and the plans. Moreover, there is a lack of transparency as to whether these services are in fact being provided and the extent to which beneficiaries are accessing them. It is time for the Legislature to incorporate comprehensive adult dental benefits into Florida law. Broadening the scope of the adult Medicaid dental benefit would likely reduce other state Medicaid costs and improve the health, economic security, and quality of life for thousands of Floridians.

¹ Institute of Medicine and National Research Council, "Improving Access to Oral Health Care for Vulnerable and Underserved Populations," p. 26, <https://www.nap.edu/catalog/13116/improving-access-to-oral-health-care-for-vulnerable-and-underserved-populations>.

² U.S. Dept. of Health & Human Services Office of Disease Prevention and Health Promotion, "Oral Health," <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>; M. Barnett, "The oral-systemic disease connection," *Journal of the American Dental Assoc.*, Vol. 137, Supp. 2, S5-S-6, Oct. 1, 2006, [https://jada.ada.org/article/S0002-8177\(14\)62725-2/fulltext](https://jada.ada.org/article/S0002-8177(14)62725-2/fulltext).

³ Florida Department of Health, "Oral Health for Pregnant Women and Children," 2015 Title V Needs Assessment MCH Topic Briefs, http://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/10_2015-title-v-brief-oral-health-final-11-06-2014.pdf; Medicaid and CHIP Payment and Access Commission (MACPAC), "Report to Congress on Medicaid and CHIP, Medicaid Coverage of Dental Benefits for Adults," p. 26, June 2015, <https://www.macpac.gov/publication/coverage-of-medicaid-dental-benefits-for-adults/>.

⁴ B. Dye, et al., "Assessing the Relationship Between Children's Oral health status and That of Their Mothers," *Journal of American Dental Assoc.*, Vol. 142, Issue 2, pp. 173-183, Feb. 1, 2011, [https://jada.ada.org/article/S0002-8177\(14\)61498-7/abstract](https://jada.ada.org/article/S0002-8177(14)61498-7/abstract).

⁵ Connecticut Voices for Health, "Family Factors Increase Kids' Dental Check-Ups and Health Equity, Connecticut Health Foundation," April 2, 2015, <https://www.cthealth.org/publication/family-factors-increase-kids-dental-check-ups-and-health-equity/>.

⁶ Florida DOH, "Oral Health Profile – 2019," <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OralHealthProfile>.

⁷ Florida DOH, "Florida's Burden of Oral Disease Surveillance Report," p. 22, August 2016, <http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/index.html> (DOH-behavioral surveillance study).

⁸ L. Brennaman, “The Florida Oral Health Report: A Perspective of Florida’s Oral Health Safety Net, p. 7, Florida Voices for Health and Open Florida, December 2020, <https://www.healthyfla.org/oralhealth>.

⁹ Center on Budget and Policy Priorities, “Policy Basics: Introduction to Medicaid,” April 14, 2020, <https://www.cbpp.org/research/health/policy-basics-introduction-to-medicaid#:~:text=Created%20in%201965%2C%20Medicaid%20is,federal%20government%20and%20the%20states>.

¹⁰ H. Katch, Medicaid and Medicare Enrollees Need Dental, Vision and Hearing Benefits, Center on Budget and Policy Priorities, Dec. 8, 2020, <https://www.cbpp.org/research/health/medicaid-and-medicare-enrollees-need-dental-vision-and-hearing-benefits>.

¹¹ Policy Basics: Introduction to Medicaid, Center on Budget & Policy Priorities, April 14, 2020, <https://www.cbpp.org/research/health/policy-basics-introduction-to-medicaid#:~:text=Created%20in%201965%2C%20Medicaid%20is,federal%20government%20and%20the%20states>

¹² Florida Policy Institute, “Florida Medicaid Chartbook,” Slide 4, May 2020, <https://www.floridapolicy.org/posts/florida-medicaid-chartbook-2019-edition>.

¹³ Ch. 79-382, Laws of Florida, adding s. 409.266 (5) (a) & (b), Fla. Stat.

¹⁴ Ch. 2002-400, Laws of Florida, amending s. 409.906(1), Fla. Stat.

¹⁵ Center for Health Care Strategies Inc., “Medicaid Adult Dental Benefits: An Overview,” September 2019, <https://www.chcs.org/resource/medicaid-adult-dental-benefits-overview/>.

¹⁶ The Florida Legislature, Office of Program Policy Analysis & Government Accountability, “Review of Medicaid Dental Services,” Report No. 16-07, p. 2, Dec. 2016, <https://www.oppaga.fl.gov/Products/ReportDetail?rn=16-07>

¹⁷ AHCA, Federal Waivers, 1115 Managed Medical Assistance Waiver, https://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/index.shtml.

¹⁸ AHCA, MMA Waiver, Combined Q3 and Annual Report, July 1, 2019 to June 30, 2020, Demonstration Year 14, p.2, https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/docs/mma/Reports/FL_1115_DY14_Q3_Report.pdf.

¹⁹ AHCA response to Florida Policy Institute (FPI) public records request, available from FPI

²⁰ AHCA, MMA Waiver, Combined Q3 and Annual Report, July 1, 2019 to June 30, 2020

²¹ AHCA, MMA Waiver, Combined Q3 and Annual Report, July 1, 2019 to June 30, 2020

²² AHCA, Model Dental Plan Contract, Attachment I, Exh. 1-A, Scope of Services, Feb. 1, 2020, https://ahca.myflorida.com/medicaid/statewide_mc/model_dental_FY18-23.shtml.

²³ AHCA, Florida Medicaid Dental, https://ahca.myflorida.com/medicaid/Policy_and_Quality/Quality/clinical_quality_initiatives/oral_health/index.shtml; AHCA, Dental Services, https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/primary_care_policy/Dental.shtml.

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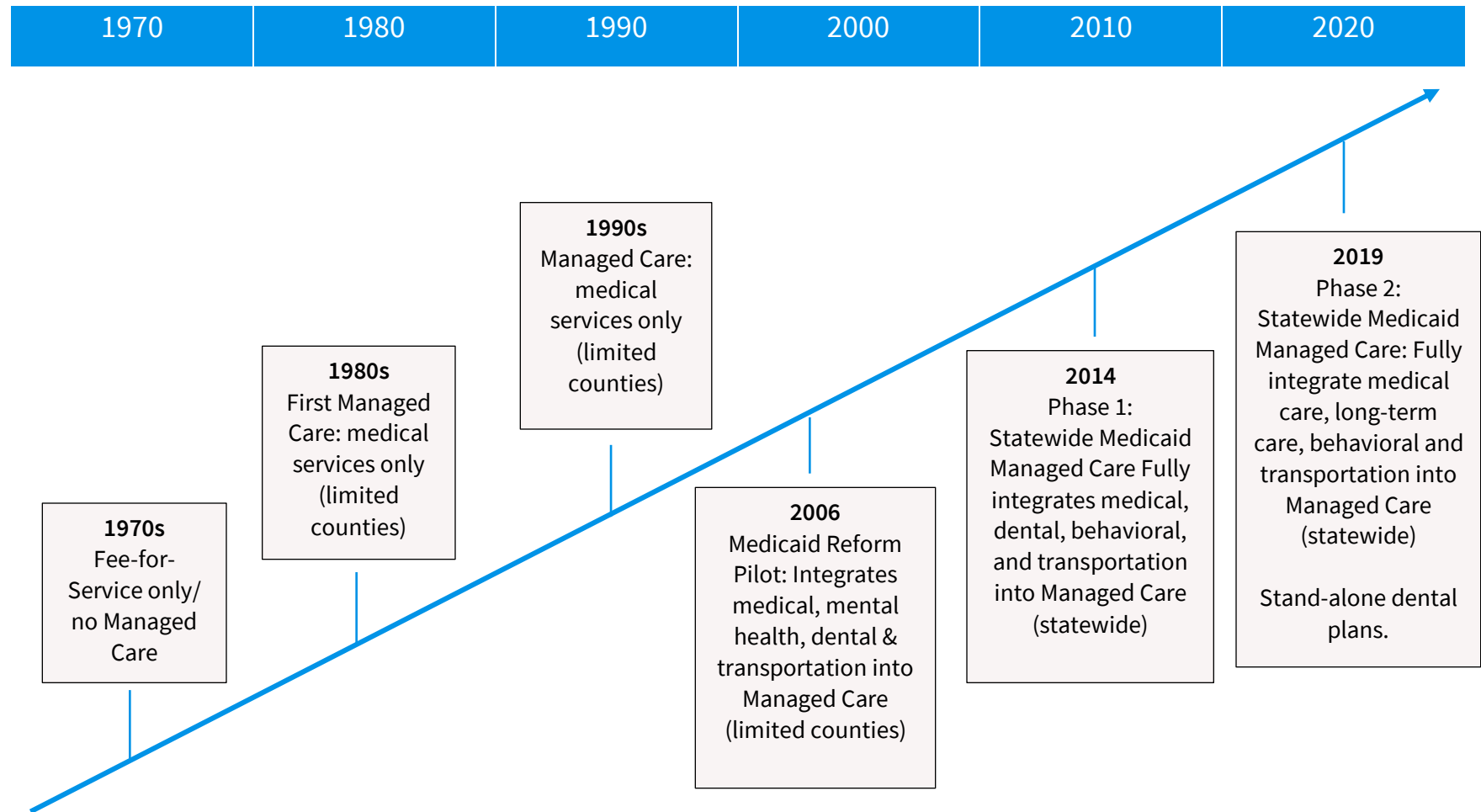
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- ³³ M. Vujicic, et al., “Estimating the Cost of Introducing Comprehensive Adults Medicaid Dental Benefits in Virginia,” p. 2, American Dental Association, Health Policy Institute, January 2020, https://vahealthcatalyst.org/wp-content/uploads/2020/02/HPI-Report-with-Intro-Letter_Update.pdf.
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Appendix: Evolution of Florida's Medicaid Delivery System



Adapted from: Beth Kidder, Deputy Secretary for Medicaid Agency for Health Care Administration, "Florida Medicaid Managed Care," presentation to the House Health and Human Services Committee, January 8, 2019, https://ahca.myflorida.com/Medicaid/recent_presentations/2019/Medicaid_Managed_Care_AHCA_1-8-19_HHS_Presentation.pdf.