

Oral Health Coverage and Care for Older Adults

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Housekeeping

- All on mute. Use Questions function for substantive questions and for technical concerns.
- Problems getting on the webinar? Send an e-mail to NCLER@acl.hhs.gov.
- Written materials and a recording will be available at NCLER.acl.gov. See also the chat box for this web address.

About NCLER

The National Center on Law and Elder Rights (NCLER) provides the legal services and aging and disability communities with the tools and resources they need to serve older adults with the greatest economic and social needs. A centralized, one-stop shop for legal assistance, NCLER provides Legal Training, Case Consultations, and Technical Assistance on Legal Systems Development. Justice in Aging administers the NCLER through a contract with the Administration for Community Living's Administration on Aging.

About Justice in Aging

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

Agenda

- Why Oral Health Matters for Older Adults
- Coverage Options
- Other Resources
- Discussion

Why Oral Health Matters for Older Adults

- 17% of older adults have no remaining natural teeth
- 28% of Black older adults have complete tooth loss
- 1 in 5 older adults has untreated tooth decay
- 1 in 10 individuals over 65 has untreated periodontal (gum) disease
- Rate of gum disease is two to three times higher among older Black and Hispanic adults

Poor Oral Health = Poor Overall Health

- Poor oral health has a substantial negative impact on the overall health of older adults
- Exacerbates health disparities while driving increased health care spending
- Periodontitis exacerbates chronic diseases:
 - diabetes and heart disease
 - Alzheimer's and other dementia disorders
- Periodontitis can cause aspiration pneumonia
- Poor oral health impacts nutrition
- Chronic oral pain from untreated oral health disease increases opioid use and abuse
- Quality of life

Older Adults' Access to Oral Health

- **Medicare:** Primary health insurance coverage for older adults age 65 and older or individuals with a disability for two years.
- **Medicare Advantage:** Private Medicare plans that often offer benefits that original Medicare does not cover.
- **Medicaid:** Health insurance coverage for individuals with low income and resources.
- **Dual Eligible or “Medi-Medi”:** an individual who is eligible for both Medicare and Medicaid coverage.

Medicare

- 47% of Medicare beneficiaries have NO dental coverage

24 million people

- Nearly 47% did not visit the dentist in last year
- Major disparities based on race, income, disability
 - 68% of Black & 61% of Hispanic Medicare beneficiaries did NOT see dentist in last year (versus 42% white)
 - 73% with income below \$10K (versus 25% with \$40K)
 - 62% of beneficiaries under 65 with a disability
- Cost is biggest barrier to care

Medicare

- Medicare Fee-for-Service AKA “Original Medicare” does NOT cover routine dental care
 - (e.g., cleanings, fillings, tooth extractions, root canals, dentures, etc.)
- Narrow but Significant Exception: dental services “inextricably linked and substantially related and integral to the clinical success of other covered medical services,” e.g.:
 - organ transplant
 - cardiac valve replacement
 - valvuloplasty procedure

42 C.F.R. § 411.15(i)(3).

Medicare Advantage (1 of 2)

Medicare Advantage (MA) AKA Medicare Part C plans

- 48% of all Medicare enrollees are enrolled in a Medicare Advantage plan
- 94% of individuals enrolled in an MA plan had some form of dental coverage
- Most plans (86%) offer extensive coverage, while some (14%) just cover routine examinations and cleanings.

<https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/>

Medicare Advantage (2 of 2)

- MA plan dental coverage varies widely in cost sharing: premiums, co-pays, co-insurance, and maximum benefit amounts.
- E.g., most plans pay just 50% for restorative services (such as dentures)
- Maximum Benefit Amount: limit on total annual amount a plan will pay for any covered dental care
 - Average MBA in 2021 was just \$1300—enrollee must pay the rest
- Limits on the *frequency* of covered dental care, e.g., one cleaning a year, one set of dentures / five years

Medicare Advantage: Example of Coverage

- Enrollee pays small amount or nothing for preventive services like exams and cleanings
- For major services, the plans pays a percentage and enrollee pays a percentage. For example, for a filling enrollee pays 25% and the plan pays 75%. For a root canals, crowns, dentures, enrollee pays 70% and the plan pays 30%.
- Low maximum benefit the plan will pay (\$1,500/year)

Practice Tip: Seek Assistance Through SHIPs

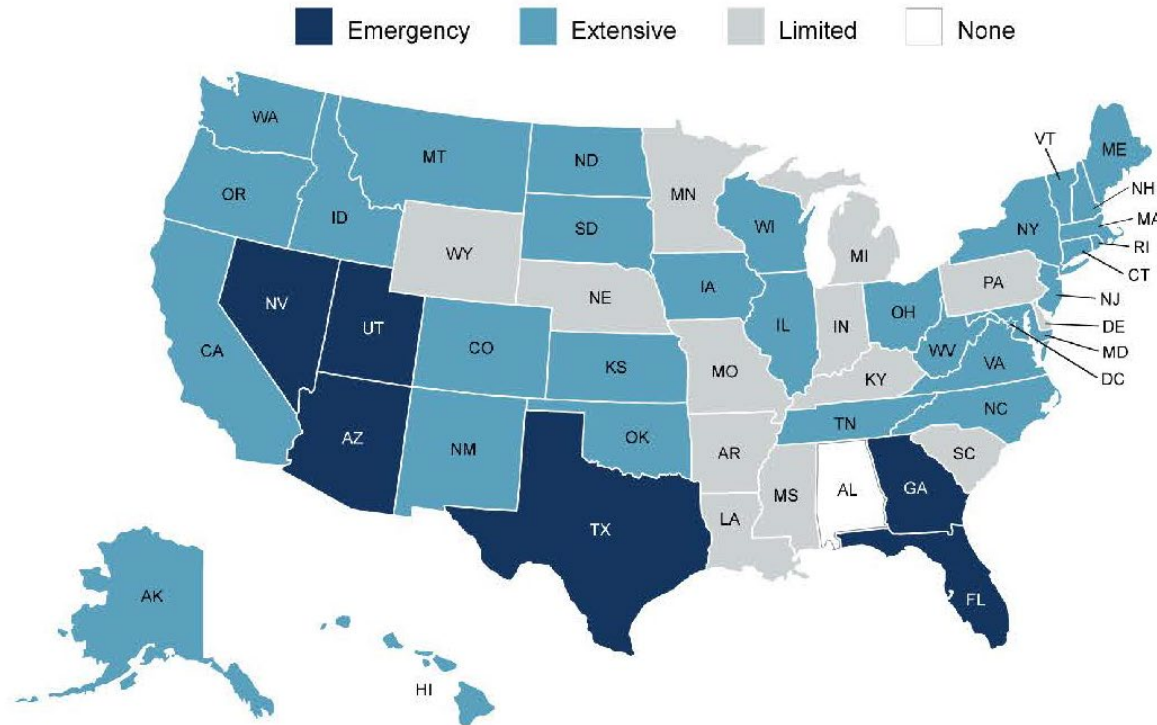
- Making the decision to enroll in a Medicare Advantage is enrollee specific
 - Many factors to consider: providers, prescription drug coverage, additional benefits
- Interaction of dental MA coverage with Medicaid coverage for dual eligible can create access issues
- Call your **State Health Insurance Assistance Program (SHIP)**
- They provide free assistance with helping you make informed decisions about Medicare, Medicare Advantage, and Medigap plans.
- Visit www.shiptacenter.org to find the SHIP in your state. Or call 877-839-2675 – they will automatically connect you to your state SHIP.

Medicaid Dental Coverage

- **Medicaid**—health insurance coverage for low-income individuals
- **Income and Resource Eligibility** –Varies GREATLY by State
 - **Income limit:** Generally, around 100% Federal Poverty Level (\$14,580/year in 2023)
 - **Resource limit:** Generally, \$2,000 or less for an individual
- Coverage varies significantly state to state

Medicaid Dental Coverage (1 of 3)

State Medicaid Coverage for Adult Dental Services



As of January 2023

Medicaid Dental Coverage (2 of 3)

Coverage levels among states:

- **None:** Alabama
- **Emergency Only:** Relief of pain under defined emergency situations (6 states).
- **Limited:** Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the American Dental Association (ADA); per-person annual expenditure for care is \$1,000 or less (13 states).
- **Extensive:** A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by the ADA; per-person annual expenditure cap is at least \$1,000 (30 states).

Medicaid Dental Coverage (3 of 3)

- Medicaid Managed Care Organizations (MCOs):
 - Organizations that have a contract with the state to administer Medicaid benefits
- May offer more extensive dental services than the state fee-for-service Medicaid plan

Other Treatment Options

- Veterans Administration
- Stand-Alone Dental Plans
- Federally Qualified Health Centers (FQHCs)
- Free Pop-Up Dental Clinics
- Dental Schools
- Dental Credit Cards

Veterans Administration (VA)

- VA offers comprehensive dental care benefits to **limited** classes of veterans, e.g.:
 - Veterans with service-connected **dental** disabilities
 - Service-connected disability rated at 100% disabling
 - Former prisoners of war
 - Veterans who qualify for VA medical care some other way and who need dental care ancillary to other acute medical care
 - Other

Veterans Administration (VA): Eligibility

To find out if eligible, veterans should:

- Consult their local Veterans Affairs Medical Center
 - Contact the VA at 1-877-222-VETS (8387), or
 - Visit <https://www.va.gov/health-care/>
- If otherwise enrolled in VA health care but not eligible for dental care, may be able to enroll a VA-sponsored private dental plan at a reduced price through the VA Dental Insurance Program (VADIP)
 - Learn More: [Fact Sheet](#)

Stand-Alone Dental Plans (1 of 2)

- Many private health insurance companies offer individual, stand-alone dental plans
- Option for an individual who otherwise wants to remain in Original Medicare but also wants dental coverage
- In 2019, 16% of Medicare enrollees were enrolled in Original Medicare plus a stand-alone private dental plan instead of an MA plan

Stand-Alone Dental Plans (2 of 2)

- Warning: Stand-alone dental plans
 - Vary widely in coverage and out of pocket costs (premiums; deductibles; copays or co-insurances; maximum benefit amounts; out-of-network limits)
 - May have wait times before coverage becomes effective (e.g., 6 months) or exclude pre-existing conditions (e.g., already-missing tooth)
- **Seek help through a SHIP counselor**

Federally Qualified Health Centers (FQHCs)

FQHCs provide medical primary care and preventative dental services. FQHCs with dental clinics can provide more extensive treatment.

- Can provide dental care for those without coverage
- Sliding scale or no-fee basis
- Co-located with primary care
- To find nearest FQHC, visit Health Resources and Services Administration (HRSA) at <https://findahealthcenter.hrsa.gov/>

Free Pop-Up Clinics

- Held in a public space
- Crowded
- Make sure to find out whether they are providing the services needed before going
- To find a pop-up dental clinic, visit the clinic schedule at the America's Dentists Care Foundation <https://adcf.net/clinic-schedule/>

Dental Schools

- Usually provide services to individuals on a sliding scale
- Will also usually accept some insurance, e.g., Medicaid
- To find a dental school in your state or city, visit the [Commission on Dental Accreditation](#)

Dental Credit Cards

Warning! Individuals may end up paying much more over the long term than the up-front dental charge.

- Beware of introductory “zero interest” offers that just *postpone* charging interest that still accumulates during the promotional period
- Conventional credit card may be better option
- Seek the low cost options above **first**

Key Lessons (1 of 2)

- Oral health is essential to older adults' overall health.
- Health care insurance programs serving older adults do not offer guaranteed oral health coverage
 - Original Medicare excludes routine dental coverage
 - Medicare Advantage plans frequently offer dental coverage but with significant cost sharing limits
 - Medicaid may provide coverage, but varies state to state
 - Veterans Administration coverage is limited

Key Lessons (2 of 2)

- Other forms of dental care insurance options:
 - Stand-alone dental plans
 - Dental credit cards or loans (avoid)
- Alternative sources of free or low-cost care:
 - Federally Qualified Health Centers
 - Dental pop-up clinics
 - Dental schools
- **Contact state SHIP for guidance**

Additional Resources

- National Institutes of Health, “Oral Health in America: Advances and Challenges,” (2021), Section 3B, “[Oral Health Across the Lifespan: Older Adults](#),”
- Meredith Freed et al., Kaiser Family Foundation, “[Medicare and Dental Coverage: A Closer Look](#),” (July 28, 2021)
- Meredith Freed et al., Kaiser Family Foundation, “[Medicare Advantage in 2022: Enrollment Update and Key Trends](#),” (Aug. 25, 2022)
- Nat’l Acad. for State Health Pol’y (NASHP), “[State Medicaid Coverage of Dental Services for General Adult and Pregnant Populations](#),” (updated Oct. 20, 2022)
- Audrey Nuamah, Medicaid and CHIP Payment and Access Comm’n (MACPAC), “[Access to Covered Dental Benefits for Adult Medicaid Beneficiaries: Panel Discussion](#)” (Apr. 13, 2023)
- Ctr. for Health Care Strategies, “[Medicaid Adult Dental Benefits: An Overview](#),” (updated Sept. 2019)

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Case consultation assistance is available for attorneys and professionals seeking more information to help older adults. Contact NCLER at ConsultNCLER@acl.hhs.gov.