

Estimating State-Specific Costs of Medicaid Adult Dental Coverage Expansion Using Comparative State Data



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CURRENT MEDICAID ADULT DENTAL BENEFITS

NO DENTAL BENEFITS (4 states): AL, AZ, DE, TN

EMERGENCY-ONLY (13 states): FL. GA. HI. ID. ME. MD. MS. NV. NH. OK. TX. UT. WV

LIMITED (capped <\$1000, <100 of 600 procedures covered) (18 states): AR, CO, DC, IL, IN, KS, KY, LA, MI, MN, MO, NE, PA, SC, SD, VT, VA, WY

EXTENSIVE (benefits capped >\$1000, >100 procedures) (16 states): AK, CA, CT, IA, MA, NJ, NM, NY, NC, ND, OH, OR, RI, WA, WI

Source: Center for Health Care Strategies, 2016

OBJECTIVE

Because Maryland is among the 13 states that only cover emergency dental benefits for adults, this research sought to estimate the cost to Maryland to expand Medicaid dental coverage for adults in order to cover a broader range of services.

PREVIOUS RESEARCH

Studies of coverage restrictions implemented in California and Oregon during the 2000s found that increases in emergency department (ED) utilization for dental services offset some of the savings from eliminating dental coverage. 1,2,3 Analysis of claims in Oregon showed that, compared with the select Medicaid enrollees who retained dental benefits, those who lost benefits had larger increases in dental-related ED use and expenditures.3 The studies also found that the resources available in the ED are unable to treat the underlying dental conditions, resulting in many repeat visits. 1,2

METHODS

Using data from four other geographically dispersed states with Medicaid adult dental coverage, Hilltop applied the other states' utilization rates of individual Common Dental Terminology (CDT) codes to the Maryland adult Medicaid population, and estimated the payments to providers based on Maryland's dental fee schedule. Hilltop estimated the cost of three different levels of coverage: basic coverage for preventive and restorative care, extensive coverage for basic benefits and services such as periodontal and dental surgery, and extensive benefits with an annual expenditure limit of \$1,000.

FINDINGS

Frequency of dental services by CDT code among adults contributed to the calculation of use rates. Calculated use rates reflect program or access limitations in a given state, not actual service need.

Frequency of Services ÷ Covered Population = Use Rate

| | | | | | | | | | | | |
|-----------------------------|----|--------|---|-------|---|--------|---|---|----|---|-------|
| Time Period: Incurred Month | | | | | | | | | | | |
| Jan 2013 | 10 | 11,139 | | 9,785 | | 11,599 | 3 | 5 | 11 | | 2,88 |
| Feb 2013 | 12 | 9,927 | 1 | 8,277 | | 10,494 | 1 | 2 | 16 | | 2,621 |
| Mar 2013 | 9 | 10,491 | | 8,740 | | 10,479 | | 2 | 3 | | 2,62 |
| Apr 2013 | 13 | 11,969 | 1 | 9,450 | 1 | 11,689 | 1 | 1 | 12 | | 2,95 |
| May 2013 | 9 | 11,297 | | 9,039 | | 10,853 | 1 | 2 | 5 | | 2,64 |
| Jun 2013 | 13 | 10,223 | | 8,029 | | 9,403 | | 1 | 9 | 1 | 2,43 |

| Single State Ose Nates | | | | | | | | | | | |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-------|-------|----------|
| 10 | D0120 | D0130 | D0140 | D0145 | D0150 | 00160 | D0170 | D0180 | D0190 | 00191 | D0210 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| .07212E-05 | 0.011942 | . 0 | 0.010491 | . 0 | 0.012436 | 3.22E-06 | 5.36E-06 | 1.18E-05 | |) (| 0.003091 |
| .27784E-05 | 0.010571 | 1.06E-06 | 0.008814 | 0 | 0.011175 | 1.06E-06 | 2.13E-06 | 1.7E-05 | |) (| 0.002791 |
| .50781E-06 | 0.011083 | . 0 | 0.009233 | 0 | 0.01107 | , , | 2.11E-06 | 3.17E-06 | |) (| 0.002773 |
| .36371E-05 | 0.012556 | 1.05E-06 | 0.009913 | 1.05E-06 | 0.012262 | 1.05E-06 | 1.05E-06 | 1.26E-05 | |) (| 0.003098 |
| 41608F-06 | 0.01182 | | 0.009458 | | 0.011356 | 1.05F-06 | 2.09F-06 | 5.23E-06 | | | 0.00277 |

0.009839 \sum Use Rate_i * Unit Price_i | * Maryland Medicaid Population = Projected Spending

the Maryland Dental Action Coalition

1.36033E-05 0.010697

0 0.008402

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0 1.05F-06 9.42F-06 1.05F-06

Estimated Total Costs of Alternative Dental Benefit Packages for Maryland Medicaid in 2015 Based on Sample States' Utilization

| | State 1** | State 2*** | State 3**** | State 4** | | | | | | |
|--|--------------|--------------|---------------|---------------|--|--|--|--|--|--|
| Basic Benefits | | | | | | | | | | |
| Estimated PMPM | \$5.71 | \$5.83 | \$12.98 | \$8.63 | | | | | | |
| Total Estimated Cost | \$44,225,242 | \$45,119,209 | \$100,492,254 | \$66,812,551 | | | | | | |
| Extensive Benefits | | | | | | | | | | |
| Estimated PMPM | \$9.36 | \$11.19 | \$21.13 | \$14.14 | | | | | | |
| Total Estimated Cost | \$72,467,328 | \$86,652,029 | \$163,625,446 | \$109,461,508 | | | | | | |
| Extensive Benefits with \$1,000 Fixed Annual Cap | | | | | | | | | | |
| Estimated PMPM | \$6.36 | \$7.61 | \$21.13 | \$9.61 | | | | | | |
| Total Estimated Cost | \$49,256,043 | \$58,897,384 | \$163,625,446 | \$74,400,987 | | | | | | |

*Basic dental services include diagnostic, preventive, and restorative dental services (D0100-D2999). Extensive dental services includes all dental service categories except Orthodontics and Dentofacial Orthopedics (D8000 - D8999).

CONCLUSIONS

Projecting the precise cost of a new standardized package of dental benefits for adults in the Maryland Medicaid program is complicated by many factors. Factors intrinsic to each state and unlikely to be directly affected, in the short term, by a new or expanded benefit in Maryland include the following:

- Population-based prevalence of dental conditions, which are in turn related to socio-economic and environmental factors
- Factors involving policy choices that can influence the relative utilization of services

¹ Singhal, A., Caplan, D. J., Jones, M. P., Momany, E. T., Kuthy, R. A., Buresh, C. T., & Damiano, P. C. (2015). Eliminating Medicaid adult dental coverage in California led to increased dental emergency visits and associated costs. He Affairs, 34(5), 749-756. doi: 10.1377/hlthaff.2014.1358

² Sun, B. C., Chi, D. L., Schwarz, E., Milgrom, P., Yagapen, A., Malveau, S., Chen, Z., Chan, B., Danner, S., Owen, E., Morton, V., & Lowe, R. (2015). Emergency department visits for nontraumatic dental problems: A mixed-methods study. American Journal of Public Health, 105(5), 947-955, doi: 10.2105/AJPH.2014.302398.

³ Wallace, N. T., Carlson, M. J., Mosen, D. M., Snyder, J. J., & Wright, B. J. (2011). The individual and program impacts of eliminating Medicaid dental benefits in the Oregon Health Plan. American Journal of Public Health, 101(11), 2144-2150. doi: 10.2105/AJPH.2010.300031

^{**}Based on CY 2014 data from state

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^{****}State estimates include effects of a \$1,000 annual benefit cap in all scenarios.