

### Utilization of Dental Benefits by Medicaid Members

Vermont Medicaid Members have access to dental care through their Medicaid benefit. The adult dental benefit includes services up to a cap of \$510 per year including preventive and restorative care. The Medicaid benefit for children up to age 21 is comprehensive and mandatory under EPSDT. Under the current dental benefits, utilization of dental services is not universal (especially among adult members).

- Children - Vermont Medicaid has a high rate of children receiving annual dental visits (71% in CY2017).<sup>1</sup>
- Adults - In SFY18, only 25% of adult Medicaid beneficiaries received any dental service, and 13% of those received services at or above the \$510 cap. Only 9% of adults received a preventive cleaning.

### VT Medicaid Dental Coverage for Preventive Services

Vermont Medicaid provides coverage for preventive cleanings, fluoride varnish, sealants, and silver diamine fluoride.

- Fluoride Varnish – Covered for adults and children and may be applied by a dentist, dental hygienist, or physician. The Medical Home can conduct an oral evaluation during a child’s wellness visit, including applying fluoride varnish as needed and refer to a dental provider.
- Sealants- Covered for children and must be provided by a dentist or dental hygienist, and not by a physician, due to the specialized skills and equipment needed. Currently, sealants are not covered for adults due to a lack of clinical evidence regarding their effectiveness in adulthood.<sup>2</sup>
- Silver Diamine Fluoride – Covered for adults and children, interim caries arresting medicament including silver diamine fluoride (SDF) is an anti-microbial liquid that can be brushed on cavities to stop or prevent tooth decay. It stops the progression of cavities and is used as an alternate to filling teeth. SDF benefits children who are too young to tolerate treatment, institutionalized seniors, populations with poor access to care, and other special needs populations.

Code	Rate	Prior Authorization	Limits	Covered Adults	Covered Children
Dental Cleaning	\$48	No	1 per patient per 180 days	Yes	Yes
Sealant	\$35	No, unless <180 days	1 per patient per 180 days	No <sup>2</sup>	Yes
Topical Fluoride Varnish	\$19	No, unless <180 days	1 per patient per 180 days	Yes	Yes
Caries Arresting Medicament (Silver Diamine Fluoride)	\$15	No	2 treatments per tooth per lifetime	Yes	Yes

<sup>1</sup> HEDIS 2017, Medicaid members 2-20 years of age with dental benefits, who had at least one dental visit during the year.

<sup>2</sup> [https://jada.ada.org/article/S0002-8177\(16\)30473-1/pdf](https://jada.ada.org/article/S0002-8177(16)30473-1/pdf)

No studies were identified regarding the effect of sealants on preventing and arresting occlusal carious lesions in adult patients. For clinicians and patients attempting to extend this recommendation to adults, the guideline panel suggests that similar treatment effects may be expected for other age groups, particularly in adults with a recent history of dental caries. The lack of direct evidence informing this recommendation restrained the guideline panel from formulating a more definitive recommendation in this regard.

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*Agency of Human Services***School-Based Dental Programs**

- School-based dental programs increase access and reduce barriers to quality dental care. Five Predominant Models exist for school-based dental programs:
  - School-based full-service dental clinics;
  - Organized transportation system to take groups to a dental clinic;
  - School-based dental hygienist providing dental cleanings, varnish, and SDF;
  - School linked dental sealant programs;
  - Tooth tutor programs that have evolved to provide fluoride varnish and SDF.
- Medicaid covers dental services provided in school located clinics (e.g. FQHCs offering services through a dental van) and will continue to work to reduce barriers to accessing services in school settings, for example:
  - Preventive cleanings are covered every 180 days. Greater frequency is allowed with prior authorization. DVHA will work with Bi-State and their members to create a streamlined process for school located dental care that aligns with the school year.

Estimated Fiscal Impact of Changes to Medicaid Dental Benefit			
Dental Initiative	Notes	Gross Fiscal	State Share SFY19 Rate
1. Emergency Care- Outside of Cap (pain infection or bleeding & urgent treatments)	Pain, infection or bleeding is estimated as a 25%-50% increase over SFY18 utilization of services for Medicaid adults receiving services through the General Assistance Voucher.	Pain, infection or bleeding 25% ↑ = \$222,152 50% ↑ = \$444,304	Pain, infection, or bleeding \$102,678-\$205,357
	Urgent treatments are estimated as a 25% increase over the SFY17 cost of extractions performed prior to cancer treatment, or heart valve replacement. These services currently fall under the \$510 cap.	Urgent treatments \$21,199	Urgent Treatments \$9,797
2. Increase annual dental benefit from \$510 to \$1,000	Increasing the cap to \$1,000 is estimated as if 50% or 75% of beneficiaries who reached the \$510 cap in CY18 reach \$1,000.  This assumes that beneficiaries who are not currently reaching the cap will not incur additional expenditures.	50% = \$968,730 75% = \$1,453,095	\$447,747 \$671,620
3. Preventive Cleaning- Outside of Cap	Preventive cleaning outside of the cap is estimated as an increase to 15% or 20% of adults receiving one or two preventive cleanings per year. Currently 9% of the 25% of adults utilizing dental care receive one cleaning per year.	↑ to 15% 1 cleaning \$467,324 2 cleanings \$285,984	\$215,997 \$132,182
	Utilization is not likely to reach over 20%. In states that do not have a cap on preventive services utilization of preventive cleanings remains low at ~19%.	↑ to 20% 1 cleaning \$871,591 2 cleanings \$533,395	\$402,849 \$246,535