



ISSUE BRIEF

Exploring Options for a Dental Benefit in Medicare



Consistent with its commitment to quality, affordable dental care for all Americans, the National Association of Dental Plans (NADP) supports Congress’s consideration of ways to expand dental benefits to seniors and others who are Medicare eligible. Medicare Part B does not generally cover dental services which can leave some Medicare beneficiaries facing cost barriers to accessing dental services.

NADP members stand ready to serve as an expert resource for policymakers considering ways to ensure that the nation’s seniors have access to oral care.

ORAL HEALTH IS INTEGRAL TO OVERALL HEALTH

- Dental caries (tooth decay) and periodontal disease (gum disease) are preventable but common among older Americans. More than 14% of older adults have untreated cariesⁱ, and 68% have periodontal diseaseⁱⁱ.
- Oral diseases and conditions are associated with other health problems including diabetes, heart disease, adverse pregnancy outcomes, dementia, respiratory conditions, and kidney disease.
- Most of the more than 2 million dental-related visits to hospital emergency rooms were for preventable conditions that could have been addressed earlier in a dental office at a significantly lower costⁱⁱⁱ.

DENTAL BENEFITS PLAY KEY ROLE IN PROMOTING ORAL HEALTH

- Approximately 263 million Americans or 80% of the population have dental benefits. 177 million Americans have private dental coverage. About 99% obtain dental benefits separate from their medical policy^{iv}.
- Consumers with dental benefits are nearly twice as likely to go to the dentist at least annually than those without benefits^v.
- Lack of dental insurance is the most common reason for not visiting the dentist, more so than fear of visiting the dentist.

STATE OF DENTAL COVERAGE FOR THE MEDICARE POPULATION

- 65% of Medicare beneficiaries, nearly 37 million, have no dental coverage^{vi} ; 51% of seniors have dental coverage. Almost half of all Medicare beneficiaries did not have a dental visit within the past year, with higher rates among those who are black or Hispanic, have low incomes, and are living in rural areas, as of 2016^{vii}.

NADP CORE VALUES

The following core values and key topics should be taken under consideration in designing a Medicare dental benefit.

Improve Oral & Overall Health

Evidence of the fundamental connection between oral health and overall health has been established and is growing every day. Increasing Medicare beneficiaries’ access to dental care should result in improved oral and overall health outcomes.

Ensure Consumer Choice

In selecting dental benefits, some consumers prioritize lowest premium and out-of-pocket cost while others want coverage for major services or a broad network. In 2016, 20 million Medicare beneficiaries had some level of dental benefits. Consumers should have the power to keep and choose the care and coverage that works best for them.

Leverage Private Market Expertise

Dental benefit companies recruit and credential contracted networks, ensure quality and appropriate care, and deliver claims review and administration. Administration of any new program/benefits should build on current private plan models delivering dental benefits today through Medicare Advantage, Medicaid, CHIP, FEDVIP, the state and federal Marketplaces and commercial markets including employers, the individual market, and unions.

Foster Competition & Innovation

Competition should be fostered as it lowers costs, drives the development of robust networks, promotes administrative efficiency, and fosters new dental plan designs and options.



TOPICS FOR CONSIDERATION IN DEVELOPING A MEDICARE DENTAL BENEFIT

The following are key topics for consideration in designing a Medicare dental benefit.

Medicare beneficiaries with existing dental coverage: In 2016, 20 million Medicare beneficiaries had dental benefits through employer-sponsored coverage, retiree benefits, individual market insurance (e.g. AARP), discount plans, Medicare Advantage plans, and Medicaid. Since 2016, the share of beneficiaries with dental coverage has likely grown as 17.8 million Medicare Advantage enrollees are in plans with a dental benefit (compared to 10.2 million in 2016) and, over the same time period, rates of private individual dental market coverage have also increased.

→ *Will seniors with current dental coverage be allowed to keep their plan and dentist?*

Benefit design and affordability: In selecting dental benefits, some consumers prioritize lowest premium and out-of-pocket cost while others want coverage for major services.

→ *How will premiums and program costs be kept affordable?*

Provider participation: The vast majority of dentists (>99%) are not enrolled in Medicare.

→ *How would dentists be enrolled and reimbursed to ensure adequate access for beneficiaries?*

Administration: Billing codes, diagnosis codes, claim forms, and electronic transactions supporting dental and medical services are different, and CMS does not currently support administration of a dental benefit.

→ *Would administration of a dental benefit be built by CMS or could current private market efficiencies and expertise be utilized to support a Medicare dental benefit?*

Sources:

ⁱ Kaiser Family Foundation analysis of National Health and Nutrition Examination Survey (NHANES), 2015-2016; unpublished estimates.

ⁱⁱ Eke PI, Dye BA, Wei L, et al. Update on Prevalence of Periodontitis in Adults in the United States: NHANES 2009 to 2012. *J Periodontol* 2015;86(5):611-22. <http://bit.ly/2YPViaS>

ⁱⁱⁱ Pew Charitable Trusts, 2015

^{iv} 2020 NADP Dental Benefits Report on Enrollment

^v NADP Consumer Survey-Dental Health and Benefits, December 2018

^{vi} Kaiser Family Foundation. Drilling Down on Dental Coverage and Costs for Medicare Beneficiaries. March 2019. <http://bit.ly/2ID8qw0>

^{vii} Ibid.