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ELIMINATING ADULT DENTAL COVERAGE IN MEDICAID: AN ANALYSIS OF THE MASSACHUSETTS EXPERIENCE

Prepared by

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The Access Project

and

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Delta Dental of Massachusetts

September 2005

THE HENRY J. KAISER FAMILY FOUNDATION

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The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.

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EXECUTIVE SUMMARY

Research has increasingly highlighted the importance of oral health and the interrelationship of oral health and overall health. A 2000 Surgeon General's report noted the importance of oral examinations for detecting early signs of nutritional deficiencies and systemic disease and pointed to emerging associations between oral health and conditions such as diabetes, heart disease, stroke, and adverse pregnancy outcomes. Lack of dental insurance is a major barrier to obtaining oral health care and, as noted in the Surgeon General's report, "accounts in part for the generally poorer oral health of those who live at or near the poverty line."

Historically, adult dental coverage has been one of the first areas states have turned to when making Medicaid reductions. As states faced significant budget shortfalls in recent years, a number reduced Medicaid benefits, including adult dental services. In March 2002, Massachusetts reduced coverage for a number of benefits in its Medicaid program, MassHealth, including most dental services for adults. The state made further adult dental coverage reductions in January 2003. MassHealth adult enrollees lost coverage for preventive dental services, such as dental cleanings and periodic exams; periodontal treatment for gum disease; and restorative treatments such as fillings, root canals, and crowns. While tooth extractions are still covered by MassHealth, dentures to replace missing teeth are not.

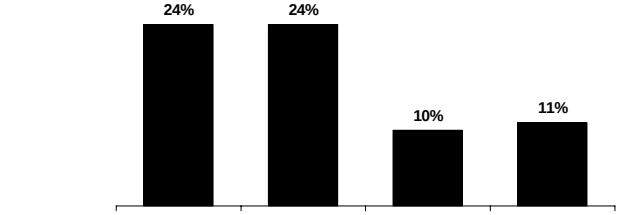
This report examines the impact of the MassHealth dental coverage reductions. It is based on information collected between September 2004 and June 2005 through structured interviews with thirteen dental providers in the state, two focus groups with current MassHealth enrollees who had dental care needs, and an analysis of state administrative data.

Findings

In FY2004, 100,000 fewer MassHealth adult enrollees received dental services reimbursed by MassHealth than in FY2001, the year prior to the reductions (Figure 1). The proportion of adult MassHealth enrollees who received dental services reimbursed by MassHealth declined from 24 percent in FY2001 to 11 percent in FY2004. During FY2001, over 693,000 adults were covered by MassHealth, of whom slightly fewer than 168,000 received dental services paid for by the program. In FY2004, MassHealth covered just over 640,000 adults, of whom about 68,000 received dental services reimbursed by MassHealth. Adults covered by MassHealth include parents of children on MassHealth with incomes up to 133 percent of the federal poverty level (FPL); unemployed adults with incomes up to 100 percent of the FPL; and pregnant women, disabled adults, people with HIV, and employees of certain employers with incomes up to 200 percent of FPL. In 2005, the FPL was $9,570 per year for a single adult and $19,350 per year for a family of four.

Figure 1

Percent of Adult MassHealth Enrollees Receiving Dental Services



Number That Received Dental Services	FY2001	FY2002	FY2003	FY2004
	167,799	168,857	63,390	67,988

SOURCE: Authors' analysis of Massachusetts' Medicaid Management Information System data.

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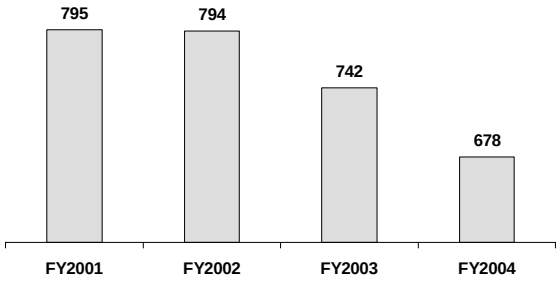
Following the benefit reductions, private dentists experienced a marked decline in MassHealth reimbursements. The major providers of dental care for MassHealth enrollees are private dentists, who accounted for approximately 90 percent of total MassHealth dental reimbursements prior to the benefit reductions. Overall, private dentists experienced a 14 percent decline in MassHealth reimbursements between FY2001 and FY2004. The private dentists interviewed for this report said they offered MassHealth patients discounted prices for services following the benefit reductions; however, they reported that these patients could not afford care even at the discounted rates. To maintain revenues, some private dentists focused on increasing their volume of privately insured patients.

The number of private dentists actively treating MassHealth patients declined after the reductions. MassHealth enrollees faced significant barriers to obtaining dental care prior to the dental benefit reductions because of a lack of dental providers who accepted MassHealth. Following the benefit reductions, the number of dentists accepting MassHealth patients declined even further. Of the approximately 5,000 practicing private dentists in Massachusetts, about 795 received reimbursements from MassHealth of at least $5,000 in FY2001, the year prior to the dental coverage reductions. This number fell by 15 percent to 678 in FY2004 (Figure 2). Further, the availability of dentists participating in MassHealth varied across the state, with over half (55 percent) of cities and towns in Massachusetts lacking a participating dentist and rural areas experiencing the most significant participation problems.

Figure 2

Number of Private Dentists Who Received at Least $5,000 in MassHealth Reimbursements



NOTE: $5,000 in annual billing is considered a conservative threshold for identifying dentists actively seeing MassHealth patients. As of 1996, dentists who billed <$5,000 averaged 14 MassHealth patients per year; given increases in fees since 1996, that number is likely fewer today.
SOURCE: Authors' analysis of Massachusetts' Medicaid Management Information System data.

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Dental directors at community health centers (CHCs) indicated that they did not have the capacity to deal with large numbers of new patients. Massachusetts currently has 37 CHCs that offer dental services, some at multiple sites. While the CHCs are an important source of care for MassHealth enrollees, they historically have provided only a small portion of their dental care. Unlike private dentists and dental schools, CHCs are able to receive reimbursements for dental services from the state's Uncompensated Care Pool, which reimburses acute care hospitals and CHCs for a portion of the uncompensated care they provide to income-eligible uninsured and underinsured patients. After the MassHealth dental benefit reductions, the CHCs were able to receive reimbursement from the Pool for dental services provided to MassHealth patients. The CHCs thus became one of the few sites where MassHealth enrollees could continue to receive most dental services at no cost.

Interviews with CHC dental directors suggest that prior to the MassHealth dental coverage reductions, the dental clinics faced a high level of demand for services. Thus, they did not have the capacity to meet the increased need following the benefit reductions. The dental directors reported long waits for

> "There are probably 80,000 people [in our area] waiting for 10,000 appointments."
>
> -Dental director at a community health center

appointments, in some cases up to four and five months, and long waiting lists, sometimes up to 1,000 people; some CHCs stopped accepting new patients altogether. Further, some directors reported making changes in operations that may have made it more difficult for patients to access care. For example, some reported reducing staff and the number of operating sessions; others began requiring up-front deposits from patients for complex procedures and out-of-pocket payment of the costs of making dentures, which are not reimbursed by the Pool.

Focus group respondents and providers reported that MassHealth enrollees experienced an increase in untreated dental problems and a reduction in corrective and restorative treatments. Almost all focus group respondents said they were living with ongoing, serious pain from untreated dental problems. They reported that they could not afford treatment, and many said their only option was extraction of teeth, since this service is still covered by MassHealth. A number said they lost teeth that could have been saved through treatment; others said they were living with pain to avoid losing their teeth. For some, dental problems exacerbated other chronic or disabling conditions, and many said they experienced gastric and nutritional problems because they could not chew their food properly.

> "They wanted to take out two front teeth. I fought so hard for those teeth because they were in front. I went through pain."
> -MassHealth enrollee

These problems were echoed in the interviews with dental providers. Dental school directors reported that they were providing fewer complex procedures and less comprehensive treatment because patients could not afford the fees. Private dentists said they were providing fewer restorative services, more frequently extracting teeth that could have been saved with appropriate treatment, and conducting more extractions on an emergency basis to relieve pain, while fitting many fewer MassHealth enrollees with dentures.

> "[the inability to fit people with dentures is] devastating, especially because many MassHealth patients are elderly. Dentures are essential for nutrition-if people don't have teeth, they can't chew or eat as well."
> -Private dentist

MassHealth enrollees described living with pain, diminished self-esteem, and negative effects on employment and their families' finances due to dental problems. Many focus group participants said they lived with continuous pain rather than having their teeth extracted because they feared not only the physical, but also the social consequences of being toothless. Several respondents commented that they felt having bad teeth diminished their self-image and sense of self worth. Many also feared that toothlessness would limit their ability to find employment; some noted that they were not confident about applying for jobs because of their appearance. Focus group respondents also said they faced financial hardships due to the cost of dental care. Those who obtained care found it very difficult to pay for it and often had to borrow money from relatives or forgo other needed purchases to pay dental care costs.

> "I've had opportunities to apply for jobs. I didn't feel like I had the self-esteem because it had to do with customer service, because I need orthodontic and dental care. I do not feel as comfortable smiling. I didn't feel like I would get hired…They need somebody who can smile and look pretty to the customers."
> -MassHealth enrollee
>
> "…you have to do the juggling. The juggling is do you not pay your rent? Do you not take your medication? What sacrifices do you have to do?...It is tough. It is really tough."
> -MassHealth enrollee

The dental benefit reductions resulted in savings of less than one percent of the state's share of total program spending, and it appears that some dental costs were shifted to other areas. MassHealth reimbursements for adult dental services in FY2004 were about $35 million less than in FY2001, the year prior to the reductions. After deducting the foregone federal matching funds, state savings would be $16.5 million in FY2004. This represents less than one percent of the state's share of total MassHealth spending, which was just under $3 billion in FY2004. Further, it appears that some dental costs were shifted to other areas, including the state's Uncompensated Care Pool.

Conclusion

Although research has increasingly recognized the importance of dental care and coverage for overall health and well-being, adult dental benefits are often one of the first targets of Medicaid reductions. The experience in Massachusetts highlights the importance of Medicaid dental coverage for both individuals and providers. MassHealth enrollees who lost dental coverage faced significant barriers to obtaining needed dental care, largely due to cost and lack of capacity among dental safety net providers. Many enrollees endured serious pain due to untreated dental conditions, which in some cases exacerbated other chronic or disabling health conditions. Providers' care was compromised by MassHealth enrollees' lack of coverage, and it appears some private dentists stopped serving MassHealth patients altogether. Overall, the state achieved minimal savings from the benefit reduction compared to overall program spending, and some costs have been shifted to other areas, including the state's Uncompensated Care Pool.

I. INTRODUCTION

Research has increasingly highlighted the importance of oral health, the interrelationship of oral health and general health, and persistent problems of access to dental care, especially among low-income populations. In 2000, the Surgeon General released a comprehensive report on oral health, which highlighted the importance of oral examinations in detecting early signs of nutritional deficiencies and systemic diseases.[1] It emphasized that the mouth is a point of entry for infections that can spread to other parts of the body[2] and pointed to emerging associations between oral diseases and other physical ailments, such as diabetes, heart disease, stroke, and adverse pregnancy outcomes, such as low birth weight babies. The report also discussed the contribution of oral-facial pain to a diminished quality of life and the relationship between facial disfigurements due to oral disease and social stigma, loss of self-esteem, and anxiety, which may in turn limit educational, career and marriage opportunities. The report identified lack of dental insurance as a major barrier to obtaining oral health care, one which "accounts in part for the generally poorer oral health of those who live at or near the poverty line."[3]

The Massachusetts Medicaid program, MassHealth, included dental benefits for adults until the beginning of 2002. However, faced with a recession and budget deficits, the state eliminated many optional Medicaid benefits, including most dental benefits for adults. This report examines the impact of eliminating most dental benefits for adults enrolled in MassHealth on dental providers, MassHealth enrollees, and state spending. It is based on interviews with dental providers, focus groups with enrollees who needed dental care following the reductions, and an analysis of state administrative data.

II. BACKGROUND

MassHealth provides coverage to low-income children and families, pregnant women, long-term unemployed adults, seniors, and persons with disabilities. Generally speaking, eligible adults include parents of children on MassHealth with incomes up to 133 percent of the federal poverty level (FPL); unemployed adults with incomes up to 100 percent of the FPL; and pregnant women, disabled adults, people with HIV, and employees of certain employers with incomes up to 200 percent of FPL. (Low-income non-disabled adults have limited access to the program.)[4] In 2005, the FPL was $9,570 per year for a single adult and $19,350 per year for a family of four.

MassHealth included dental benefits for adults until the beginning of 2002. However, faced with a recession and budget deficits, the state eliminated many optional Medicaid benefits including, in March 2002, most dental benefits for adults. This was followed by a further limitation of adult dental benefits in January 2003. MassHealth adult enrollees lost coverage for preventive services, such as dental cleanings and periodic exams; periodontal treatment for gum disease; and restorative treatments such as fillings, root canals, and crowns. While tooth extractions

[1] U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General*, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
[2] According to the Forsyth Institute, a research institute that focuses on oral health, "if protecting health is largely a matter of protecting the body from destructive invaders, then the mouth is the body's unguarded gate."
[3] U.S. Department of Health and Human Services, *op.cit.*, p. 12.
[4] R. Seifert, *The Basics of MassHealth, the Medicaid Program in Massachusetts*, Massachusetts Medicaid Policy Institute, December 2004.

remain covered by MassHealth, dentures to replace missing teeth are not.[5] These changes potentially affected over a half million people–during the year ending in June of 2002, almost 700,000 adults were covered by the program. The state anticipated achieving combined federal and state savings of about $30 million annually by eliminating the adult dental benefits.

Table 1: Changes in Dental Coverage for Adult MassHealth Enrollees

Adults Affected	Change in Coverage		
	Service	Covered Prior to Reduction	Covered After Reduction
Parents <133% FPL	Exams	✓	
Unemployed adults <100% FPL	Cleanings	✓	
Pregnant women <200% FPL	X-rays	✓	✓
Disabled adults <200% FPL	Fillings	✓	
People with HIV <200% FPL	Limited treatment for gum disease	✓	
	Crowns & root canals on front teeth	✓	
	Extractions & oral surgery	✓	✓
	Dentures	✓	
	Other		Emergency treatment to reduce pain
			Services for enrollees w/special circumstances designation

The state created one exception to the elimination of MassHealth adult dental benefits. Adults who were either so severely disabled that they could not maintain oral hygiene or those for whom dental disease and resulting infections were potentially life threatening could apply for special circumstances designation, which allowed them to maintain dental coverage. To apply for the designation, patients must have their primary care provider send a letter to their dentist verifying that they meet the criteria, and the dentist must then submit the letter to MassHealth. According to MassHealth officials, approximately 20,000 people have received special circumstances designations, but only about 8,000 of these have accessed services. While the criteria for qualifying for the designation are not disease specific, most of those who have qualified have either severe cognitive impairment or HIV/AIDS.

At the same time that MassHealth eliminated adult dental benefits, it increased reimbursements for dental services for children, in an effort to encourage more dentists to treat them. However, it did not increase reimbursements for adults who receive special circumstances designation.

In addition to MassHealth, the state has an Uncompensated Care Pool that is funded by a combination of contributions from hospitals and insurers, statutorily required state funding, and supplementary state funding that varies from year to year. In FY2003, total funding for the Pool was $345 million. The Pool reimburses acute care hospitals and community health centers (CHCs) for a portion of the uncompensated care they provide to eligible uninsured and

[5] In July 2005, after research for this report was completed, the state legislature voted to restore MassHealth dental benefits to pregnant women and women with children under age three.

underinsured patients. Pool reimbursements are provided for all medically necessary services and patients with incomes up to 200 percent of the FPL are eligible for full free care. The vast majority of Pool reimbursements go to acute care hospitals for medical services.

CHCs and hospitals can receive Pool reimbursement for services provided to MassHealth enrollees that are not covered by MassHealth (Table 2). Thus, following the MassHealth dental coverage reductions, they could receive reimbursement from the Pool for most dental services provided to MassHealth enrollees. In contrast, dental schools and private dentists cannot receive Pool reimbursements. Unlike MassHealth, which reimburses providers according to a fee schedule by procedure, the Pool generally pays a flat fee per visit.

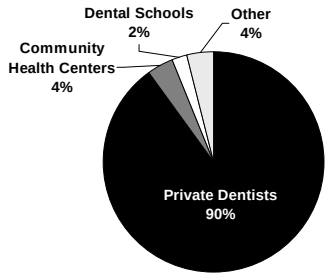
Table 2:
Dental Coverage and Reimbursement for MassHealth Enrollees After MassHealth Dental Reductions

	MassHealth	Uncompensated Care Pool
Covered Services	X-rays Extractions and oral surgery procedures Emergency care to reduce pain Services for enrollees with special circumstances designation	Medically necessary services provided to MassHealth enrollees that are not covered by MassHealth
Reimbursed Providers	Private Dentists Community Health Centers Dental Schools Hospitals	Community Health Centers Acute-Care Hospitals
Reimbursement Method	Fee schedule by procedure	Flat fee per dental visit

The primary providers of dental care to MassHealth patients are private dentists, who accounted for about 90 percent of dental services reimbursements in FY2001, the year prior to the reductions (Figure 3). Additionally, there are currently 37 CHCs that provide dental services, some at multiple sites; approximately half are located within the Boston metropolitan area. While the CHCs, which provide comprehensive medical services, are an essential point of care for MassHealth enrollees, they provide only a small percentage of MassHealth dental services. In FY2001, MassHealth dental reimbursements to freestanding and hospital-licensed CHCs represented about 4 percent of MassHealth dental reimbursements. Prior to the MassHealth reductions, the CHC dental clinics were largely operating at capacity, reflecting high demand for services from MassHealth enrollees and other patients, including uninsured individuals.

Figure 3

MassHealth Dental Services Reimbursements by Provider Type, FY2001



SOURCE: Authors' analysis of Massachusetts' Medicaid Management Information System data.

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Boston also has three dental schools with associated clinics. The clinics are largely staffed by dental students, who treat clinic patients as part of their training. Because care is provided by dentists in training, fees at the schools are generally 20-50 percent lower than what a private practitioner would charge. In FY2001, the dental schools received less than 2 percent of MassHealth reimbursements for dental services.

III. METHODOLOGY

Data collection for this report began in September 2004 and was completed in June 2005, about two and a half years after the initial dental reductions were implemented. The research included three main components:

Interviews with key stakeholders. To gather information on the impact of the dental benefit reduction on providers, 13 dental providers were interviewed using a structured interview protocol. Interviewees included five dental directors at community health centers, the administrator of a network of dental clinics for people with disabilities, two administrators of dental schools, three private dentists who accept MassHealth, a dentist at a hospital-based dental clinic for children, and a dentist at free walk-in clinic. Interviews were also conducted with the ombudsman for a program that helps HIV-positive patients access dental care, the director of a dental access program, the Executive Director of a community health center, and two MassHealth administrators.

Focus groups with adult MassHealth enrollees. To gather information on the impact of the dental benefit reductions on MassHealth enrollees, two focus groups were conducted with affected MassHealth adult enrollees. One was held in the Boston area and the other in western Massachusetts, an area with more limited access to dental care. Eight adults participated in each focus group. The Boston group focused on adults who needed and had obtained at least some dental care, but had to pay for all or a portion of the care. The group in western Massachusetts focused on adults who needed care but were unable to obtain at least some of the care they needed because of lack of MassHealth coverage. In practice the groups overlapped, as most participants in both groups received some care but were unable to obtain all the care they needed to deal with their dental problems, and most had paid for at least a portion of the care they received. Most of the focus group participants were female, and almost all were very poor. The age of attendees was diverse, ranging from 23-65. Most of the Boston attendees had been on MassHealth for a long time, generally over ten years, while the western Massachusetts attendees were divided between those on MassHealth for eight years or more and those who had been enrolled in the program for two years or less.

Analysis of state administrative data. Research for this report also included a review of available data from the state agencies that administer MassHealth and the Uncompensated Care Pool, which reimburses community health centers and hospitals for a portion of the uncompensated care they provide to income-eligible patients. MassHealth data included information on enrollees' utilization of dental services and on reimbursements to MassHealth providers. Uncompensated Care Pool data included information on dental claims to the Pool and Pool reimbursements to eligible providers.

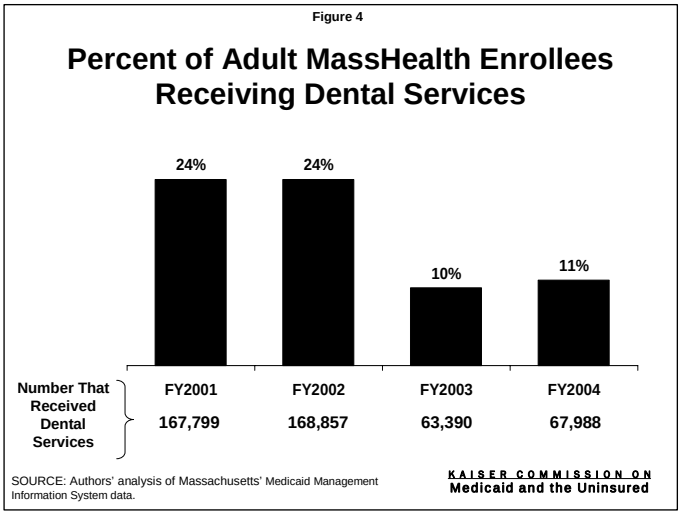
IV. FINDINGS

A. Impact on Access to and Utilization of Care

Following the benefit reduction, fewer adult enrollees received dental services reimbursed by MassHealth.

The proportion of adult MassHealth enrollees who received dental services reimbursed by MassHealth declined from about 24 percent in FY2001 to 11 percent in FY2004, and the number of enrollees receiving dental services reimbursed by MassHealth fell by almost 100,000 (Figure 4). The first restriction of MassHealth dental benefits occurred in March 2002. During FY2001, the year prior to the dental benefit reductions, over 693,000 adults were covered by MassHealth, of whom slightly fewer than 168,000 received dental services paid for by the program. In FY2004, just over 640,000 adults had MassHealth coverage, of whom just under 68,000 received dental services that were reimbursed by the program.

Figure 4



Some MassHealth enrollees may have received dental services at health centers that were reimbursed by the Uncompensated Care Pool. Some enrollees may also have received care at dental schools. However, since the CHC dental clinics were operating at capacity prior to the cuts in MassHealth dental benefits, and since the CHCs and dental schools historically have provided only a small portion of the dental services received by MassHealth enrollees, it is unlikely that they were able to absorb a significant proportion of these enrollees. MassHealth enrollees may also have continued to see private dentists and pay for their care out-of-pocket. However, the interviews with private dentists suggest that few enrollees were able to afford the cost of care, even when offered discounted prices.

Providers and enrollees reported that the benefit reductions increased barriers to accessing dental care.

MassHealth enrollees had significant difficulty accessing dental care prior to the benefit reductions because of the limited number of dentists who accepted MassHealth patients, especially in certain geographical areas of the state. However, the MassHealth dental coverage reductions appear to have created even greater access problems.

Long waits for services at CHCs and dental schools. Because CHCs can receive reimbursement from the Uncompensated Care Pool for preventive and restorative dental services that MassHealth no longer covers, they remained one of the few places that MassHealth enrollees could obtain these dental services at no cost. However, it does not appear that CHCs could meet the increased demand for dental services that occurred following the MassHealth reductions.

CHC dental directors uniformly reported long waits for services. One dental director said his health center had stopped taking new dental patients, except for emergencies, over a year ago. Two reported waiting lists of over 1,000 patients, and one said his center had a list 20 pages long of people waiting to get dentures. One dental director reported a four to five month wait for a dental appointment at his health center, with a three to four month wait for a follow-up appointment. Another dental director who was able to track the actual volume of dental patients at her center said it had increased over 30 percent a year between Fiscal Years 2002 and 2004.

As the dental clinics at health centers were largely operating at capacity prior to the benefit reductions, their ability to increase their patient volume largely depends on the availability of funding to hire additional dentists. One dental director reported that his center had had a waiting list of several hundred people after the dental benefits were cut, and for six or seven months had stopped accepting new patients. However, through a grant he was able to hire an additional dentist, which allowed the center to again open the practice to new patients. Even with additional staff, however, the CHCs often cannot keep up with the demand. One dental director said, "We hired a new dentist a while ago and that helped for a short while, but within a couple of months we were back in the same situation." Another said, "There are probably 80,000 people [in our area] waiting for 10,000 appointments." However, because of a reduction in revenue, his clinic had to reduce staff and cut its operating sessions from 60 to 44 hours a week.

"There are probably 80,000 people [in our area] waiting for 10,000 appointments."

-Dental director at a community health center

The dental schools, which offer services at discounted rates, also reported long waits. After the benefit reductions, one school instituted a program specifically for MassHealth enrollees that offered services at even more significantly discounted rates, and demand for the program is high. According to the school's administrator, it can take two to four months for a new patient to get an appointment, whereas prior to the benefit changes the wait was only about four weeks. The clinic has also had to reduce the number of walk-in patients it sees, from 25 a day prior to the benefit cuts to 30 a week after the cuts. Recently, the clinic set a limit on the number of new patients it would accept because of the cost and because the students could not handle the high volume of patients.

The long waits for services were also noted by MassHealth enrollees in focus groups. One woman said, "I've been trying for months and months…waiting because they won't even issue appointments….And I call on a weekly basis." Another said she could only get appointments about once every four months. A third said, "At [the health center], they're not booking patients. I've never experienced anything like that. Maybe having to wait a couple of weeks for your next appointment. But now it's going into a couple of months."

"I've been trying for months and months…waiting because they won't even issue appointments… and I call on a weekly basis."

-MassHealth enrollee

Affordability problems. Reports from providers and responses from focus group participants suggest that many MassHealth enrollees were not able to obtain needed dental care because they could not afford it. The private dentists interviewed said they offered MassHealth patients discounted prices, generally at or slightly above the amount MassHealth would have reimbursed for services, but patients still could not afford the cost of care. Enrollees also appeared to have

difficulty affording fees at the dental schools. At one school, the administrator noted that patients were refusing many complex procedures because of cost. At the school that implemented a specially reduced fee program for MassHealth enrollees, patients must still pay an annual $65 registration fee to participate in the program, as well as fees for services, including $85 for a crown and $195 for dentures. The school does not track the number of callers who don't make appointments because of the cost, but the administrator said "We have stratified MassHealth patients by income," with the poorest unable to afford services at the school.

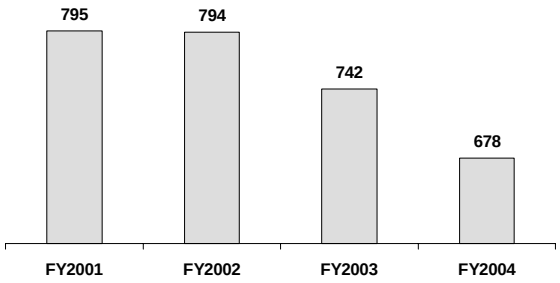
Almost all of the focus group participants said they could not access needed dental care because they could not afford to pay for it. One woman said she started treatments for bleeding gums, but had to stop because she couldn't afford the payments. Another woman, also with bleeding gums, paid $85 to have them cleaned, but reported that she cannot get her back teeth treated because of the cost. A third woman goes to a clinic that cleans teeth and fills cavities for free, but said, "I have receding gums. I need braces…I also need a root canal…But I'm not able to afford any services beyond this. I just hope my root canal doesn't act up." One participant said she delayed care while her gum condition deteriorated, hoping that if her oral disease got bad enough, MassHealth would approve treatment, but this has not occurred.

"I have receding gums. I need braces…I also need a root canal…But I'm not able to afford any services beyond this. I just hope my root canal doesn't act up."
-MassHealth enrollee

Lack of dental providers. As noted, MassHealth enrollees faced significant barriers to obtaining dental care prior to the benefit reductions because of a lack of dental providers who accepted MassHealth. State data indicate that the number of dentists actively treating MassHealth patients further declined following the benefit reductions. Massachusetts has approximately 5,000 practicing dentists. In FY2001, the year prior to the reductions, 795 private dentists received reimbursements from MassHealth of at least $5,000. This remained roughly stable at 794 dentists in FY2002, but declined to 742 in FY2003 and then to 678 in FY2004 (Figure 5). (According to a dental policy expert, $5000 in annual billing—less than $100 per week—represents a conservative threshold for identifying dentists "actively" seeing MassHealth patients.[6])

Figure 5

Number of Private Dentists Who Received at Least $5,000 in MassHealth Reimbursements



SOURCE: Authors' analysis of Massachusetts' Medicaid Management Information System data.

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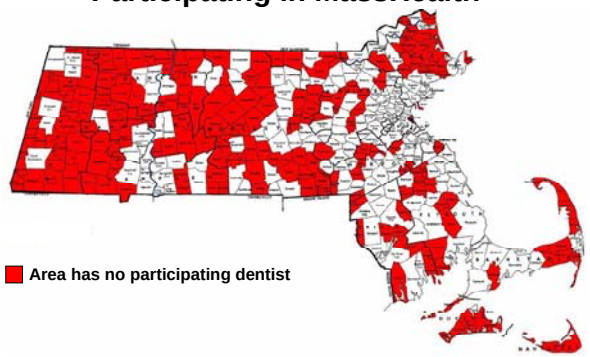
[6] $5,000 represents less than one percent of the average dentist's billings for New England, and, in terms of average billings for practitioners who participate in MassHealth, it amounts to about five percent of total billings. Further, analysis has found that, as of 1996, dentists who billed less than $5,000 annually averaged only 14 MassHealth patients per year, and dentists who billed up to $10,000 per year averaged only 25 per year. Given increases in service fees since 1996, the average number of MassHealth patients for these billing amounts is likely to be lower today. Expert Report of Robert D. Compton, D.D.S., *Health Care for All v. Romney*, Civ. Action No. 10833RWZ.

Further, it appears that the availability of participating dentists varies significantly across the state. Some 87 of 351 cities and towns in Massachusetts do not have a practicing dentist, and over half (55 percent) of Massachusetts cities and towns do not have a dentist who participates in MassHealth (Figure 6).[7] Rural areas, in particular, lack participating dentists.

Figure 6

Communities with No Dentists Participating in MassHealth



Source: "The Massachusetts Oral Health Report," Report of the Oral Health Collaborative of Massachusetts, June 2005.

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The dental benefit reductions may also have contributed to the loss of a volunteer dentist program that served low-income patients. For about ten years, the Massachusetts Dental Society sponsored a program in which dentists volunteered to see low-income patients at a reduced fee. Six to eight hundred dentists participated in the program. The Dental Society made about 50 referrals a week, although it did not monitor the number that actually received services. The Dental Society closed down the program two years ago because the number of people calling for referrals became too large for the organization to handle. In the view of the Society's Senior Policy Advisor, the increase in calls was a direct result of the MassHealth dental benefit cuts.

Focus group respondents also noted that they had difficulty obtaining dental care because they could not find providers and lacked information about participating providers. One participant in western Massachusetts said it took him about three months to find care, partly because he did not have information about dentists in the area that accept MassHealth patients. Another participant said she called MassHealth to get a list of dentists in the area that accept MassHealth, but they sent her the wrong list, so it took three or four weeks just to get the right information. One participant noted, "I don't understand why MassHealth doesn't have resource information for their members to find local dentists in the area….Calling them up, they don't have a clue." As participants shared their stories about getting care at dental schools, CHCs, or particular dental practices, others frequently commented that they didn't know about these programs. One said, "I didn't know anything about any of this stuff….Like just finding out about dentists that will do like sliding scales or…other sources of alternatives….I didn't know about any of these programs..."

> "I don't understand why MassHealth doesn't have resource information for their members to find local dentists in the area."
>
> -MassHealth enrollee

Lack of transportation. Focus group participants in western Massachusetts mentioned that lack of transportation to get to appointments was also a barrier to obtaining care. One man said that MassHealth used to pay the cost of transportation for covered treatments. He was now getting care through a CHC that received reimbursement from the Uncompensated Care Pool, but he had to cancel some of his appointments because he had no way to get to the health center. Another said, "It's not just dentists. It's how to get there, how to get back…if you don't have a car or you don't have a friend."

[7] "The Massachusetts Oral Health Report," Report of the Oral Health Collaborative of Massachusetts, June 2005.

B. Impact on Enrollees' Health and Dental Care

MassHealth enrollees and providers reported increases in untreated dental problems and emergency extractions to relieve pain and reductions in corrective and restorative treatments.

Almost all of the enrollees in the focus groups reported serious oral health problems, which for many resulted in chronic and serious pain. One woman said, "The pain is so bad that it goes from the top of my head all the way down the side of my face and the back of my neck and down my spine." A woman with multiple disabilities said "The amount of pain I have, at night I clench my teeth and grind, and I break my teeth. I have broken three or four back molars that way just from pain." For most participants, oral pain was the result of dental problems they could not afford to have treated or for which they could afford only limited treatment.

> "I have been forced to have my teeth pulled just so I don't suffer in pain constantly."
>
> -MassHealth enrollee

Some participants noted that their only option was getting teeth extracted, as this is one of the few treatments MassHealth still covers. One woman said her teeth had begun deteriorating one at a time and noted, "I have been forced to have my teeth pulled just so I don't suffer in pain constantly." Another reported, "I have no back teeth at all. I'm only fifty-two years old." Many commented on the irony of having insurance that covers extractions but not dentures. As one participant put it, "If you have problems with your teeth, they will gladly pay to get them pulled. But they won't give you any to put back there."

> "If you have problems with your teeth, they will gladly pay to get them pulled. But, they won't give you any to put back there."
>
> -MassHealth enrollee

However, many participants were living with pain rather than having extractions that would leave them toothless. Fighting to keep their existing teeth was a common theme among participants. One woman had abscesses, but refused to have her front teeth pulled and was taking pain medication instead. Another said, "They wanted to take out two front teeth. I fought so hard for those teeth because they were in front. I went through pain."

> "They wanted to take out two front teeth. I fought so hard for those teeth because they were in front. I went through pain.
>
> -MassHealth enrollee

Comments from dental school providers and private dentists echoed the problems described by enrollees. Interviewees at both dental schools said the MassHealth dental benefit cuts have had a significant impact on the treatments patients receive. At one school, the administrator believed that there had been a reduction in the number of complex procedures, as some MassHealth enrollees cannot afford the fees. At the other school, the administrator felt the benefit cuts had resulted in patients receiving less comprehensive treatment. Prior to the changes in MassHealth dental benefits, dental students would develop comprehensive treatment plans for patients, including periodontic, endodontic, and other specialty treatment when necessary. With the elimination of MassHealth coverage for these types of procedures, however, the administrator said that patients are often unable to pay for them and instead opt for more limited interventions. For example, fewer patients are getting full or partial dentures because of the cost. Now, she said, "The treatment plan gets shrunk down to the basics."

The private dentists interviewed also reported that the MassHealth dental benefits restrictions have affected the types of treatments they provide to MassHealth enrollees. Because of the limited benefits and enrollees' inability to pay for services, the dentists said that these patients are getting far fewer restorative services. Rather, the dentists reported doing many more emergency extractions of teeth to relieve pain, rather than as part of a treatment plan, including extractions of teeth that could have been saved with appropriate treatment. At the same time, the dentists reported fitting many fewer MassHealth enrollees with dentures. One dentist said he had recently pulled a woman's front tooth because she could not afford a root canal. Another said he has patients with broken dentures who cannot afford to have them repaired. According to one dentist, the inability to fit people with dentures is "devastating, especially because many MassHealth patients are elderly. Dentures are essential for nutrition – if people don't have teeth, they can't chew or eat as well."

"[the inability to fit people with dentures is] devastating, especially because many MassHealth patients are elderly. Dentures are essential for nutrition-if people don't have teeth, they can't chew or eat as well."

-Private dentist

Unlike the dental schools and private dentists, the CHCs can receive compensation for dental services provided to MassHealth enrollees through the Uncompensated Care Pool. However, in contrast to MassHealth, which reimburses providers according to a fee schedule by procedure, the Pool pays freestanding CHCs a flat fee of about $64 for all dental visits, with an additional $17.90 if more than two procedures are provided. In most cases, this rate is less than the cost of providing treatment. One dental director reported that the average cost of a dental visit at her health center was $115, significantly above the reimbursement provided by the Pool.[8] This payment methodology creates an incentive for providers to increase the number of patient visits to stretch out treatments in order to cover more of the costs of the services. This is inefficient for both patients and providers, as it requires patients to make more visits and providers to do multiple preparations, such as sterilizing equipment, in order to accomplish the same level of services.

Moreover, because the Pool does not cover the costs to the clinics of having dentures made, except at the one CHC dental clinic that has an in-house denture lab, many clinics are requiring patients to pay these costs up front, which are generally in the range of $300 to $350 for full dentures. While these charges are significantly lower than customary fees for dentures, they are still often prohibitive for low-income patients. Many of the dental directors said that the number of patients receiving dentures has significantly declined as a result.

MassHealth enrollees reported that the loss of dental coverage negatively affected their general health and exacerbated chronic or disabling conditions.

As one focus group participant recognized, "The mouth is the opening to your whole body. The mouth affects every part of you. It carries diseases. If you don't take care of it, you are going to have more problems health-wise than a dental bill." Some of the participants reported gastric,

[8] Hospital-licensed CHCs are reimbursed differently than freestanding CHCs. Dental visits are incorporated into the licensing hospital's aggregated amount of uncompensated care. Pool reimbursements to the hospital are based on the overall amount of uncompensated care provided under a formula that takes into account costs in relation to charges.

esophageal and nutritional problems because lack of teeth made it difficult to properly chew their food. One participant said, "I'm on meds just to help with the gastric problems that stem from my teeth."

Untreated oral disease also worsened the chronic conditions of some participants. One woman who was diabetic developed abscesses in her mouth; as a result, she became very ill and had to be hospitalized for a week. Because of the abscesses, she needed to have all of her teeth pulled. Another participant had recently had a knee replacement. Following the surgery, she developed an infection in her mouth from an abscess, which then spread to her knee; she required treatment with antibiotics to deal with the infections and prevent the need for removal of the knee replacement. The potential medical consequences of reducing dental benefits for people with chronic health conditions is especially significant in the Massachusetts context, as the percentage of MassHealth enrollees who are adults with disabilities is high compared to Medicaid programs in other similar states.[9]

C. Impact on Self-Esteem, Employment Opportunities, and Family Finances

Enrollees described negative effects on their self-esteem due to dental problems.

As noted, many of the focus group participants were living with continuous pain. One said, "When you have that pain in your mouth every day, it just wears you down. It is so disheartening, so discouraging." However, many lived with the pain rather than agreeing to extractions because they feared not only the physical, but also the social consequences of being toothless. Several people commented that they felt having bad teeth or no teeth diminished their self-image and sense of self worth.

> "They obviously don't think that you're intelligent, because who intelligent is going to walk around with teeth like that."
>
> -MassHealth enrollee

However, participants' comments suggest that their sense of self-worth has been affected not only by the physical and emotional consequences resulting from oral disease, but also by the fact of the dental benefit restrictions in and of themselves. Members of the focus group routinely expressed a feeling that their lack of dental coverage and resulting inability to get appropriate dental care reflected society's lack of recognition of them as people with intrinsic value. One participant said, "They look down on us, because you feel like because we have health issues that we're not people…that need to be recognized." Many participants felt this lack of valuation was reflected in how they were treated, both by MassHealth administrators and by their dental providers. Some were disappointed that they now had to receive care through free clinics rather than through private dentists who accept MassHealth. One woman said, "Before the cuts…I was able to go to a real dentist, and it wasn't this one over here for the poor people. That really bothers me. That really bothers me."

> "When your teeth don't look good, you don't really feel that good and you don't want to smile. You try to avoid smiling because you don't want people to see how bad your teeth really are. So it does a number on your self-esteem."
>
> -MassHealth enrollee

[9] R. Seifert, *op.cit.*

Providers and enrollees reported that dental problems affected MassHealth enrollees' ability to find employment.

Untreated dental problems that leave people toothless or facially disfigured can make it more difficult to find employment. One private dentist said he sees MassHealth patients all the time who can't get a job because their teeth are decayed or missing. Another described a MassHealth patient with multiple sclerosis who wanted to return to the work force but first needed to be fitted for dentures. He tried to get MassHealth to cover the dentures immediately, but the request was repeatedly denied. The patient was finally approved for special circumstances designation, but the process took several months, significantly delaying her ability to look for work.

Some of the focus group participants echoed these sentiments. One said, "I've had opportunities to apply for jobs. I didn't feel like I had the self-esteem because it had to do with customer service, because I need orthodontic and dental care. I do not feel as comfortable smiling. I didn't feel like I'd get hired….They need somebody who can smile and look pretty to the customers." Another felt that his ability to present himself as "not poor" had an important effect on the way people treated him, including on employers' likelihood of offering him a job, and that having good teeth was an important part of making a positive impression.

"I've had opportunities to apply for jobs. I didn't feel like I had the self-esteem because it had to do with customer service, because I need orthodontic and dental care. I do not feel as comfortable smiling. I didn't feel like I would get hired…They need somebody who can smile and look pretty to the customers."

-MassHealth enrollee

Paying for dental care created financial hardships for some enrollees.

While almost all of the focus group participants have foregone care because of cost, many who obtained care had to pay for some or all of care they did receive. Participants found the payments difficult to make, and many said they resulted in great hardship for themselves and their families. Some had to borrow money from relatives to cover the cost, many of whom were also living on low incomes. One woman noted, "…when [the receptionist] said $240, I wanted to faint." She borrowed money from her mother to pay the bill, but repaying the loan has meant she has been unable to cover other costs. "Having to pay that $240 really put a damper on my household income….So there will…be things my children will have to go without." Another woman noted that she ended up with a bill of $1,100 for dental care. Her mother had to put the bill on her credit card, and the participant is now trying to repay her with interest. "I don't have the money….It's hard to have to be in debt."

"I don't have the money…It's hard to have to be in debt."

-MassHealth enrollee

A diabetic woman who received dentures at a dental school said the cost was $200, much lower than the $800 a private dentist quoted her. Because she lives on disability benefits, however, she still did not have enough money to pay the bill, so she had to ask relatives for the money. She said, "Thank God I've got my sisters." At the same time, she felt deeply ashamed of having to ask for assistance—"I just hate it, you know." Another participant who needed to have her teeth cleaned because she had bleeding gums said her sister agreed to cover the cost. Now, however, she needs a root canal that will cost at least $1,600, which her sister cannot afford to pay.

As the above stories indicate, many of the focus group participants faced large dental expenses. However, even small amounts were also a burden. One woman said "I'm in severe pain with my teeth. And it concerns me to ask for a prescription, because half the time I don't have the three dollars [for the copayment]. I figure that could be a loaf of bread or something…And I just use whatever I have in the cabinet as far as pain, maybe three or four Bayer aspirins as opposed to two." As one participant said, "It not only affects the fact that you need your teeth cleaned, but you have to do the juggling. The juggling is, do you not pay your rent? Do you not take your medication? What sacrifices do you have to do?...It is tough. It is really tough."

"…you have to do the juggling. The juggling is, do you not pay your rent? Do you not take your medication? What sacrifices do you have to do?...It is tough. It is really tough."

-MassHealth enrollee

D. Impact on Provider Revenues

Community Health Centers shifted costs to the Uncompensated Care Pool.

As noted, following the elimination of the MassHealth dental coverage, CHCs faced increased demands for dental services that they did not have the capacity to fully meet. In terms of the impact on dental revenues, interviews with CHC dental directors suggest that most CHCs have been able to replace at least a portion of lost MassHealth dental reimbursements with reimbursements from the state's Uncompensated Care Pool. One dental director said that 80 to 90 percent of his patients were covered by MassHealth prior to the benefit cuts, whereas about 60 percent of his patients are now covered by the Pool. Another reported that the payer mix for her dental patients has shifted from about 42 percent covered by MassHealth and 44 percent covered by the Pool in 2001, prior to the elimination of benefits, to 30 percent covered by MassHealth and 58 percent covered by the Pool in 2004.

All of the dental directors commented on the importance of Pool reimbursements for the maintenance of their dental clinics; all also expressed concerns about the continuation of Pool reimbursements for dental services in the future. One dental director said, "If there wasn't the Pool, we probably would have to close down." Another said she expected her clinic to be able to provide services to MassHealth enrollees "as long as the Pool continues to provide coverage," but "from one year to the next, you don't know if the Pool will be there." These concerns are especially significant as the governor has recently filed legislation in the state to eliminate the Uncompensated Care Pool and replace it with a requirement for individuals to purchase health insurance, which would be subsidized for lower income people. If this occurs, it is unclear whether the CHCs would continue to receive reimbursement for dental services provided to MassHealth enrollees.

At least some of the CHCs also worked to increase the number of MassHealth child enrollees to whom they provide dental services, as children are still covered for dental care. Several dental directors mentioned implementing programs oriented toward MassHealth children. This is supported by state data, which indicate that in calendar year 2004 the CHC dental clinics treated 24,899 MassHealth children, an increase of 64 percent from the 15,180 they treated in calendar year 2001. Treating more MassHealth children helped maintain dental clinic revenues because these children are still eligible for comprehensive dental benefits, and MassHealth reimbursements for their dental services were increased at the time that adult benefits were cut.

There was great variation across CHCs in terms of the changes in MassHealth dental reimbursements before and after the benefit changes. While overall there was an increase of 47 percent in MassHealth dental reimbursements to CHCs between FY2001 and FY2004, some 13 of the 37 CHCs that provide dental services experienced declines in reimbursements, which in some cases were significant. Interviews also revealed that some CHCs were badly hit financially by the change in MassHealth dental benefits. One CHC opened a satellite dental clinic in November 2001 that was designed to serve patients whose care was reimbursable by MassHealth and the Uncompensated Care Pool. When MassHealth dental benefits were cut, the clinic lost reimbursement for over half of its patient base. In addition, because the clinic was a satellite rather than a full health center, it was told that it could not receive reimbursement from the Pool. Thus, according to the dental director, the clinic lost 90 percent of the patient billings it had anticipated in its business plan and is currently struggling to find funding to remain open.

Other CHCs experienced revenue shortfalls after the MassHealth dental benefit cuts and had to institute policies to balance their budgets. At one CHC, the dental director was told that he had to limit dental visits billed to the Pool because they were eating into Pool funds available for medical visits. As a result of the decreased funding, the dental director had to reduce staff and operating sessions. At another center, a financial shortfall was dealt with in part by increasing efficiency through a staff reorganization and improving collections. However, other policy changes at the center directly affected patients; the clinic began requiring a hundred dollar deposit for complicated multi-visit procedures to reduce losses from patients who did not keep appointments.

Dental schools shifted costs to patients and drew on revenue sources such as tuition, research grants, and endowments.

MassHealth reimbursements to the dental schools declined by 25 percent between FY2001 and FY2004. Unlike the CHCs, the dental schools cannot recoup these losses through reimbursements from the Uncompensated Care Pool; rather they must do so through patient fees and through other sources of income. The sources of reimbursement at the schools have thus shifted from predominantly MassHealth to predominantly self-pay. Prior to the benefit cuts, one dental school clinic received MassHealth reimbursements for about half of its patients, whereas now the figure is only about a third. The other school, in the face of the MassHealth benefit cuts, instituted a program specifically for MassHealth enrollees that offers services at rates below its already discounted fee schedule. About 80 percent of its patients are now part of this program.

Because the demand for dental services among low-income patients is so great, the schools have been able to continue to operate at capacity, even though some MassHealth enrollees cannot afford the reduced fees. At the school that provides a special fee schedule for MassHealth enrollees, patient volume has actually increased by about 40 percent since the elimination of most MassHealth adult dental benefits, although the administrator thought volume would have declined significantly without the enhanced discounts. At another dental school, the administrator said that while the benefit cuts have made it harder to fill open slots, the school has been able to maintain a full patient load.

The dental schools can also draw on sources of income that are not available to other types of providers, such as tuition, research grants, and endowments. At one of the schools, grant income has increased, which has helped maintain financial stability. However, tuitions have also remained very high to help cover costs, even though the school would like to lower them.

Private dentists experienced declines in MassHealth patient volume and revenues that in some cases were difficult to offset.

The impact of the MassHealth dental benefit cuts on private dentists who accept MassHealth patients is, in many respects, the opposite of the health centers. While the CHCs continue to be inundated with demand, private dentists have seen a decline in their volume of MassHealth patients and in their revenue from MassHealth reimbursements. As private dentists' volume of MassHealth patients has fallen, they report that the time it takes patients to get a new appointment has decreased. One said new adult patients can get an appointment within two weeks, whereas prior to the benefit cuts the wait was a month or more. Another said new patients can generally get appointments within 24 to 48 hours, and a third said they could be seen immediately. These wait times contrast sharply with the exceedingly long waits at CHCs and dental schools. However, these decreased wait times do not appear to translate into improved access, as many MassHealth patients are unable to afford care from the private dentists.

One dentist who has a practice that consists predominantly of MassHealth enrollees reported a decline in practice revenues of about nine percent between 2002 and 2003, and another eight percent between 2003 and 2004. The practice used to have about 100 walk-in patients a day, but this figure is now down to 20 or 30. When MassHealth expanded eligibility and enrollment in the late 1990s, he hired additional dentists to respond to the increased demand; now he is struggling to keep them all on staff. This practice has an in-house denture lab; as dentures are no longer covered by MassHealth, the lab has seen a 60 percent reduction in the volume of work, and he has been forced to lay off one of his two lab technicians. Another dentist reported that in his practice, the percent of revenue from MassHealth reimbursements has declined from about 65 percent of total revenue prior to the benefit cuts to 25 to 30 percent after the cuts, while the number of MassHealth patients declined by about 50 percent. He reduced his staff from four dentists to two, in part because of the change in MassHealth benefits. Some of the dentists reported trying to increase their volume of MassHealth child enrollees, who have retained full dental benefits, but this has not allowed them to maintain previous levels of MassHealth reimbursements. Overall, state data show a 14 percent decline in MassHealth reimbursements to private dentists between FY2001-FY2004.

Unlike CHCs, private dentists are not eligible for reimbursement from the state's Uncompensated Care Pool. Their options for recouping declines in MassHealth revenues include seeing more privately insured patients and/or increasing payments from self-pay patients. Some dentists have increased their volume of privately insured patients; one reported a 50 percent increase in his business because of increased numbers of patients with private insurance. In addition, as previously noted, the number of private dentists actively treating MassHealth patients has declined, as some dentists have stopped seeing MassHealth patients altogether. Some dentists have seen some offset to the loss in MassHealth reimbursements from payments from private insurers, but this has not always been sufficient to prevent an overall drop in revenue.

E. Impact on State Spending

State savings from the dental benefit reduction represented less than one percent of overall state program spending and some costs have been shifted to other areas.

According to state officials at the agency that administers MassHealth, the state expected to save about $30 million in combined state and federal money annually by eliminating adult dental benefits and planned to shift some of the savings to the provision of children's dental services. MassHealth reimbursements for adult dental services in FY2004 were about $35 million less than in FY2001. However, these savings are reduced by the loss of federal matching funds. In FY2004, Massachusetts' federal matching rate was just under 53 percent; after deducting the forgone matching funds, the state savings would be $16.5 million. In FY2004, MassHealth total spending was $6.3 billion, of which the state's share was just under $3 billion. Thus, the state savings from the dental reductions constituted less than one percent of total state spending on MassHealth in FY2004.

Some dental costs appear to have been shifted to other areas, including the state's Uncompensated Care Pool. As noted previously, in interviews CHC dental directors suggested that most CHCs replaced at least a portion of lost MassHealth dental reimbursements with reimbursements from the state's Uncompensated Care Pool. These reports of increased reimbursements from the Pool for dental services appear to be supported by state data. Between FY2002 and FY2003, Pool reimbursements to free-standing CHCs for dental services increased by 54 percent, an increase that likely reflects both increased billings for dental services by the CHCs following the MassHealth reductions and improved reporting of Pool claims data by the CHCs.

Untreated dental problems may also have contributed to an increase in medical costs because oral health and general health are closely linked. Moreover, aside from direct medical costs, oral disease and illness related to untreated oral disease can have indirect economic costs from lost productivity and inability to work.

State officials said the decision to limit MassHealth adult dental benefits was linked to a decision to focus more resources on children's dental services. Thus, at the time adult benefits were largely eliminated, reimbursements for children's dental services were raised by 38 percent,[10] and additional reimbursement increases have occurred since then. However, in FY2004, the percentage of child enrollees who received services increased by only 2.5 percent compared to FY2001. About 20,000 more child health enrollees received dental services reimbursed by MassHealth in FY2004 than in FY2001, compared to the 100,000 fewer adults who received services reimbursed by the program.

[10] Even with this 38 percent increase, MassHealth reimbursements for dental services remained relatively low. The resulting reimbursement rate after the increase was only in the 20th percentile of dental reimbursements reported to the American Dental Association for the New England region.

V. CONCLUSION

Although research has increasingly recognized the importance of dental care and coverage for overall health and well-being, adult dental benefits are often one of the first targets of Medicaid reductions. The experience in Massachusetts highlights the importance of dental coverage for both enrollees and providers.

The findings from Massachusetts show that the dental benefit reductions:

- **Had a significant negative impact on the ability of MassHealth enrollees to access and utilize care.** Overall, it appears that fewer adult enrollees received dental care. Long waits for services were a barrier to accessing care, particularly at CHCs. Cost was also a major barrier to obtaining care, especially from private dentists. In addition, the limited number of private dentists participating in the MassHealth network, which contributed to access problems prior to the coverage reductions, declined further. Those enrollees who were able to obtain care appeared to be receiving more extractions to relieve pain and fewer corrective and/or restorative procedures.

- **Contributed to dental and overall health problems among enrollees and had negative effects on their self-esteem, employment opportunities, and family finances.** It appears that many individuals who lost dental coverage are living with ongoing, serious pain from untreated oral disease. Some are losing teeth that could be saved with proper treatment, while others are choosing to endure pain rather than lose teeth to avoid the social stigma and potential employment difficulties that stem from missing teeth. In some cases, untreated oral disease is having serious negative effects on overall health and/or existing chronic and or disabling conditions. When enrollees do obtain dental services, they appear to face significant financial burdens. Some have had to borrow money and/or forgo other needs to pay for dental care.

- **Provided minimal savings to the state compared to overall program spending and shifted costs to other parts of the health care system.** The state savings from the benefit reductions were about $16.5 million in FY2004. This represents less than one percent of the state's share of total program spending, which was just under $3 billion in FY2004. It appears that some dental costs were shifted to other areas, including the state's Uncompensated Care Pool.

In sum, following the elimination of adult dental benefits in Medicaid, enrollees faced increased barriers to obtaining needed dental care, largely due to cost and the limited capacity of the dental safety net. Many enrollees endured serious pain due to untreated dental problems, which, in some cases, exacerbated other chronic or disabling health conditions. Providers' treatment plans appeared to be compromised by the lack of coverage and the number of private dentists treating MassHealth patients declined. Overall, the state achieved minimal savings from the benefit reduction, and it appears that some costs have been shifted to other areas, including the state's Uncompensated Care Pool.