

# A State of Decay

THE ORAL HEALTH OF OLDER AMERICANS



AN ORAL HEALTH AMERICA SPECIAL GRADING PROJECT  
SEPTEMBER 2003  
NATIONAL GRADE: D



Campaign for Oral Health Parity

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Poor oral health causes suffering. Millions of Americans, especially our most vulnerable populations, are unable to access any care and suffer from a “silent epidemic” of oral diseases.<sup>5</sup>

# A State of Decay: The Oral

Good oral health care should begin at birth as part of overall health care. This important component of health care should not—and cannot—end at retirement. Proper dental care must be a lifetime commitment. Unfortunately, for far too many older Americans, oral health care is a luxury. Too many of our “greatest generation” suffer from chronic oral pain and periodontal disease, severely limiting regular activities of daily living and impeding their independence. Neglect of oral health may result in the deterioration of overall physical health. Lack of access to care for even routine dental cleanings and exams can exacerbate serious and complicated overall health problems that increase with age.

Limited access to oral health care poses one of the greatest crises for the health and well being of America’s elderly. The result is an embarrassing “D.” Not one older American receives routine dental care under Medicare. Medigap, used by some older Americans as a supplemental insurance to Medicare, is an expensive cavity when it comes to dental coverage. Less than 20 percent of Americans 75 and older have any form of private dental insurance.<sup>1</sup> Under Medicaid, adult dental care is optional and 27 states are failing to meet even the most minimal standards of care. Millions suffer, often in silence.

Older adults suffer from the cumulative toll of oral diseases over their lifetime. This results in extensive oral disease.<sup>2</sup> Surveys have shown that nursing home residents with teeth suffer particularly from untreated tooth decay, while those without teeth also have a variety of oral health problems.<sup>3</sup> Medications often adversely affect oral health as well.

Some older Americans—especially those with special needs, the frail, and those classified by the Social Security Administration to be aged, blind and disabled—are often plagued with challenging oral health needs. Being disabled, medically compromised, homebound, or institutionalized increases the likelihood of serious dental problems and limited access to dental care. Our national grade may be a “D” for older Americans overall, but when it comes to caring for vulnerable populations; the country is flat out failing.

This lack of access to oral health care is compounded by a shortage of skilled geriatric dental care professionals, part of a larger national shortage of geriatricians described to the U.S. Senate Special Committee on Aging by the Alliance for Aging Research in their report, *Medical Never-Never Land*. Just finding a dentist can pose a considerable challenge for older Americans and those with a disability. The good work of community health centers is limited to providing preventative and basic dental care to only about one-in-twelve patients who are fortunate enough to have access to such a facility.<sup>4</sup> In many states that provide a dental benefit, reimbursement rates are too low to attract a sufficient number of dentists willing to treat Medicaid patients.

A State of Decay	
<b>D</b>	OVERALL GRADE
<b>D</b>	Private Dental Coverage
<b>D+</b>	Level of Adult Medicaid Dental Coverage
<b>F</b>	Adult Medicaid Service Reimbursement Rates
<b>D-</b>	Adult Dental Medicaid Grade Overall

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Surveillance for Use of Preventive Health Care Services by Older Adults, 1995-1997. *Morbidity and Mortality Weekly Report*. December 17, 1999. 48(SS08);51-88.

<sup>2</sup> Beck JD, Hunt RJ. “Oral health status in the United States: problems of special patients.” *J Dent Educ* 1985; 49(6): 407-25.

<sup>3</sup> Bonito, AJ. “Executive Summary: dental care considerations for vulnerable populations.” *Special Care in Dentistry* 2002; 22(3): 55-105.

<sup>4</sup> U.S. Department of Health and Human Services (DHHS). “Oral Health in America: A Report of the Surgeon General.” Rockville, MD: National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>5</sup> DHHS, “Oral Health in America.”

# Health of Older Americans

## ABOUT THIS REPORT CARD

In 2000, Oral Health America issued the first national report card on oral health. Two subsequent national scoring efforts showed a disturbing trend. The oral health of older Americans was receiving some of the lowest grades across the nation. While in other areas of overall health care access there tends to be variation by state, older Americans almost universally lack private or government dental coverage. This report provides a first ever, state-by-state assessment of the oral health of older Americans, especially those most in need.

Further, *A State of Decay* examines access to oral health for older Americans and reviews adult Medicaid dental coverage in all 50 states and the District of Columbia. As many severe dental problems accumulate over time, looking at dental coverage in the adult Medicaid population provides as accurate a measure as possible of the oral health of our most vulnerable older Americans and special care populations.

## ABOUT THE GRADES

Starting with the baseline grade of how many older Americans have private dental insurance—the number one factor in determining if someone sees a dentist—there is grave concern of what happens to the vast majority of older Americans who have no such coverage. With no Medicare dental coverage, many older Americans must rely on Medicaid for critical oral health services. Oral Health America conducted a survey of all 50 states in August 2003 to determine levels of adult dental Medicaid coverage, and assess rates at which Medicaid den-

tal providers are being reimbursed for basic oral health procedures. These grades are not intended to target state programs, but instead, provide a snapshot of how the Medicaid population is faring when it comes to access to needed oral health services.

State programs face considerable challenges with current budget shortfalls. Given that oral health services have been considered less of a priority than other health needs, they often get cut first. Particularly at risk as a result of these cuts are our most vulnerable aged, blind and disabled populations, which are dependent on Medicaid as an important source of health care.

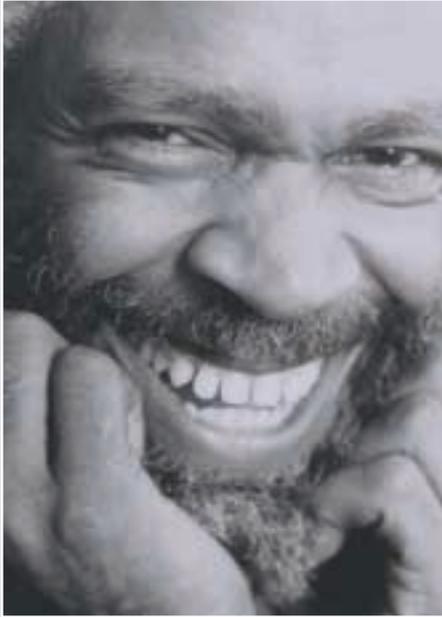
## NATIONAL AVERAGES

The final grade for the nation, a “D,” illustrates many gaps in oral health coverage and access for older Americans. This grade examines national access to private dental insurance coverage; the level of adult dental Medicaid coverage, and service measures for states providing coverage to older adults. While a variety of measures and grading scales could be employed to moderately improve or reduce this national grade for access to oral health for older Americans, the fact is clear: across the nation, the oral health of older Americans is in a state of decay. What is perhaps most disappointing about this grade is that America should be receiving nothing short of a solid “A” in providing for the oral health of older Americans.

Private dental coverage for older Americans is a “D.” This grade examines only who has coverage. Not enough information is available to grade the quality of private

Oral health problems cause pain, impact our ability to eat, sleep, work, and remain independent. Evidence suggests that poor oral health can complicate or is linked to diabetes, heart disease, pneumonia, and stroke.





Oral health ailments—cavities, cancer, gum disease, tooth loss, oral-craniofacial injuries and birth defects—afflict more Americans than any other cluster of health problems.

dental coverage. A total of 16 states fail by having less than 20 percent of their older citizens covered through private dental insurance. Not knowing what type of coverage is included in those policies may mask an even larger problem.

The grade for the level of adult Medicaid dental coverage is a “D+,” highlighting the fact that most states (20) provide emergency services—allowing for tooth extractions or oral surgery when the patient is in a life-threatening or emergency situation. Only 10 states providing full or comprehensive dental benefits to Medicaid-eligible adults, earning them “A” and “B” grades. Six states fail outright, offering no adult dental Medicaid benefits.

Across the board, state Medicaid programs reimburse dentists for basic services at rates that are overwhelmingly below customary fees. Many states require pre-authorization for dental procedures, even under emergency conditions, providing yet another barrier to treatment. The national average for adult Medicaid dental service reimbursement rates is an “F.” Tennessee earned the highest grade for this category, with only a “C-.”

The combination of these two scores, F and D+, earns the nation a dismal “D-” grade for overall adult dental Medicaid coverage. Other than New York with a “B-,” no state earned above a “C,” and five states earned that lackluster grade: California, Indiana, New Mexico, North Dakota, and Washington.

## GRADING SCALES

The following scale was used to assign point values for letter grades. An “I” represents “incomplete,” where information was not available.

<b>A</b>	4.00
<b>B+</b>	3.33-3.99
<b>B</b>	3.00-3.32
<b>B-</b>	2.67-2.99
<b>C+</b>	2.33-2.66
<b>C</b>	2.00-2.32
<b>C-</b>	1.67-1.99
<b>D+</b>	1.33-1.66
<b>D</b>	1.00-1.32
<b>D-</b>	0.67-0.99
<b>F</b>	0.00-0.66
<b>I</b>	Information not available.

## A. PRIVATE DENTAL INSURANCE FOR OLDER AMERICANS

Older adults often have special oral health needs. As there are no dental benefits under Medicare, older Americans without private dental insurance have no means of accessing care unless they are able to pay out-of-pocket. This is difficult or impossible for millions of older Americans who suffer from poor oral health. Grades are based on the percentage of adults in the state, 65 years and older, who reported having no dental insurance.

### Older Adults Without Private Dental Insurance Grading Scale

<b>A</b>	0-50%
<b>B</b>	51-60%
<b>C</b>	61-70%
<b>D</b>	71-80%
<b>F</b>	81-100%

**Source:** Table 15. *MMWR* December 17, 1999, Surveillance for Use of Preventive Health-Care Services by Older Adults, 1995-1997, Centers for Disease Control and Prevention

## B. STATE ADULT MEDICAID DENTAL BENEFIT COVERAGE

For this category, Oral Health America surveyed states to determine the level of adult dental coverage under Medicaid. States were asked to categorize coverage as “full,” “limited,” “emergency-only,” or “none.” Some states indicated that coverage was less than “full,” but not “limited,” allowing for the “B” grade. This survey updates data collected by Oral Health America in Spring 2003, prior to state legislative sessions, which saw renewed cuts to Medicaid dental benefits.

Grades are based on the level of oral health services provided through the Medicaid program.

### State Adult Medicaid Dental Benefit Coverage Grading Scale

- A** State provides full dental benefits under Medicaid to the eligible adult population.
- B** State dental benefits under Medicaid are considered “comprehensive” but not full for the eligible adult population.
- C** Medicaid dental benefits in the state are limited for the eligible adult population.
- D** State provides emergency-only dental benefits for adults under Medicaid.
- F** State provides no adult dental benefits under Medicaid.

**Sources:** Oral Health America survey of state dental Medicaid contacts and state Medicaid web sites, August 2003; Oral Health America survey of state dental directors, January 2003; Schneider D, Schneider, K. “Medicaid Dental Care for Adults: A Vanishing Act?” National Oral Health Conference, April 28, 2003 (revised May 2, 2003).



Less than two out of every ten older Americans are covered by private dental insurance.

Poor elderly have a higher percentage of untreated decayed teeth. Members of racial and ethnic groups experience a higher level of oral health problems.

Twenty-three percent of 65- to 74-year olds have severe periodontal disease. People at the lowest socioeconomic levels have more severe periodontal disease.<sup>6</sup>

<sup>6</sup> DHHS, “Oral Health in America.”

People with disabilities are at greater risk for oral diseases and are less likely to be treated.

One of two persons with a significant disability cannot find a professional resource to provide appropriate and necessary dental care.<sup>7</sup>

Five percent of Americans 65 and older (about 1.65 million people) live in long-term care facilities, where dental care is problematic.<sup>8</sup>

Oral and pharyngeal cancers are diagnosed in about 30,000 Americans annually; 8,000 die from these diseases each year, which are primarily diagnosed in the elderly. Prognosis is poor.<sup>9</sup>

### C. ADULT MEDICAID DENTAL SERVICE REIMBURSEMENT

Also as part of the survey, Oral Health America asked states to provide information on five basic oral health procedures frequently performed in routine care of Medicaid population patients. These vital procedures include a periodic oral exam, adult teeth cleaning (prophylaxis), periodontal scaling and root planning, upper denture, and a single tooth extraction.

For each procedure, Oral Health America asked states whether or not the procedure required pre-authorization by the Medicaid program, and the rate at which providers were reimbursed by the Medicaid program for the procedure. Reimbursement rates were then compared to marketplace fees for dental procedures. Across the board, Medicaid reimbursement rates are abysmally low, resulting in low provider participation: most dentists

do not treat Medicaid patients, a population that often includes those most in need of care. Fees that disallow any profit stifle the creation of an oral health infrastructure for vulnerable populations.

The following chart shows the 10th, 25th, and 50th percentiles of national customary procedure fees as reported by the American Dental Association (ADA). The Centers for Medicaid and Medicare Services (CMS) indicates that reimbursement rates that fall below the 50th percentile of providers' fees in the marketplace are inadequate to enlist sufficient providers.<sup>10</sup> The ADA recommends reimbursements at the 75th percentile.

The 50th percentile describes the middle fee reported by dentists nationwide. Half of reported fees exceed that value and half of reported fees fall below that value. Oral Health America chose this as the admittedly low gauge by which to set the "A" grade.

PROCEDURE	10th Percentile	25th Percentile	50th Percentile
Periodic Oral Exam	\$19.00	\$22.00	\$26.00
Adult Prophylaxis (tooth cleaning)	\$42.00	\$47.00	\$55.00
Periodontal Scaling and Root Planing	\$92.00	\$125.00	\$150.00
Complete Upper Denture	\$625.00	\$750.00	\$860.00
Single Tooth Extraction	\$60.00	\$73.00	\$85.00

Source: American Dental Association, 2001 Survey of Dental Fees, August 2002.

<sup>7</sup> Fenton SJ. "Universal Access: Are We Ready?" [editorial]. *Special Care Dentistry* 1993; 13:94.

<sup>8</sup> DHHS, "Oral Health in America."

<sup>9</sup> DHHS, "Oral Health in America."

<sup>10</sup> Department of Health and Human Services (DHHS), Health Care Financing Administration. Dear State Medicaid Director letter, January 18, 2001. SMDL #01-010.



For this category, Oral Health America developed a grading scale that compares state reimbursement rates with customary market-place fees. The “C” grade was eliminated in this scale. Generally, there’s very little middle ground when it comes to states establishment of reimbursement rates. A handful of states score well on one or two procedures; most earn failing grades for reimbursing providers at rates at or below the 10th percentile.

Grades for state reimbursement rates were reduced by half a grade if states required pre-authorization for the procedure, which further limits access to care.

**Adult Medicaid Dental Service Reimbursement Rates Grading Scale**

- A** The state Medicaid program reimburses at or above the 50th percentile of market-based fees for the procedure.
- B** The state Medicaid program reimburses between the 25th and 50th percentiles of market-based fees for the procedure.
- D** The state Medicaid program reimburses at rates from the 10th to the 25th percentiles of market-based fees for the procedure.
- F** The state Medicaid program does not provide coverage for the procedure, or reimburses at rates below the 10th percentile of market-based fees.

**Source:** Oral Health America survey of state dental Medicaid contacts and state Medicaid web sites, August 2003.

Uninsured Americans with severe oral disease often end up in hospital emergency rooms, where the problem is addressed through painkillers and/or tooth extractions, both of which are only a temporary fix, wasting millions of taxpayer dollars annually.

There are significant structural problems in our oral health care system, and the problems are getting worse due to demographic trends, workforce trends, public health infrastructure inadequacies, and the increasing number of children, adults, elderly and special populations not covered by Medicare or Medicaid.

# Final Grades

State	Older Adult Private Dental Coverage	Level of Adult Dental Medicaid Coverage	ADULT MEDICAID SERVICE REIMBURSEMENT RATES					Service Reimbursement Grade	Adult Dental Medicaid Final	Older Adult Dental Coverage Final
			Periodic Oral Exam	Prophylaxis-Adult	Periodontal Scaling & Root Planning	Upper Denture	Single Tooth Extraction			
ALABAMA	D	F	NO BENEFITS					F	F	F
ALASKA	B	D	F	F	F	F	B-	F	D-	D+
ARIZONA	B	D	B-	B-	D-	D-	D-	D+	D	C-
ARKANSAS	F	D	F	F	F	F	I	F	F	F
CALIFORNIA	A	A	F	F	F	F	F	F	C	C+
COLORADO	C	C	F	F	D-	F	F	F	D	D+
CONNECTICUT	D	C	F	F	F	F	F	F	D	D
DELAWARE	I	F	NO BENEFITS					F	F	F
DISTRICT OF COLUMBIA	I	F	NO BENEFITS					F	F	F
FLORIDA	C	D	F	F	F	F	F	F	F	D
GEORGIA	C	D	F	F	F	F	D	F	F	D
HAWAII	A	D	A-	F	I	F	F	D-	D-	C-
IDAHO	F	C	F	F	F	F	F	F	D	F
ILLINOIS	D	C	F	F	F	F	F	F	D	D
INDIANA	D	B	D	B	B	F	D	D+	C	C-
IOWA	F	C	F	F	D-	F	F	F	D	D-
KANSAS	C	D	D	F	F	F	F	F	F	D
KENTUCKY	F	C	A	F	F	F	F	D-	D+	D-
LOUISIANA	F	D	D-	F	F	F	F	F	F	F
MAINE	F	D	F	F	F	F	D	F	F	F
MARYLAND	B	F	NO BENEFITS					F	F	D
MASSACHUSETTS	F	D	F	F	F	D-	F	F	F	F
MICHIGAN	B	D	F	F	F	F	F	F	F	D+
MINNESOTA	I	C	F	F	I	F	F	F	D	D
MISSISSIPPI	F	D	F	F	F	I	F	F	F	F
MISSOURI	D	C	B	F	I	F	F	D-	D+	D
MONTANA	F	C	F	F	D	F	F	F	D	D-
NEBRASKA	F	B	F	F	D-	F	F	F	D+	D
NEVADA	B	D	F	F	F	F	D	F	F	D+
NEW HAMPSHIRE	D	D	F	B	F	F	D-	D-	D-	D-
NEW JERSEY	C	C	F	F	F	F	F	F	D	D+
NEW MEXICO	C	A	D	F	D-	D-	F	F	C	C
NEW YORK	C	A	A	A	F	F	F	D+	B-	C+
NORTH CAROLINA	I	C	A	F	F	F	F	D-	D+	D+
NORTH DAKOTA	F	A	F	F	D-	F	F	F	C	D+
OHIO	D	B	F	F	F	F	F	F	D+	D+
OKLAHOMA	F	D	A	F	F	F	F	D-	D-	F
OREGON	D	C	B	F	F	F	I	D-	D+	D
PENNSYLVANIA	D	B	D	F	F	F	F	F	D+	D+
RHODE ISLAND	D	C	F	F	F	F	F	F	D	D
SOUTH CAROLINA	I	D	F	F	F	F	D	F	F	F
SOUTH DAKOTA	F	C	D	F	F	F	F	F	D	D-
TENNESSEE	F	D	B	D	B-	D-	D	C-	D+	D-
TEXAS	D	F	NO BENEFITS					F	F	F
UTAH	D	D	F	F	F	F	F	F	F	F
VERMONT	D	C	F	F	F	F	B	F	D	D
VIRGINIA	D	F	NO BENEFITS					F	F	F
WASHINGTON	D	A	B	F	F	F	F	F	C	C-
WEST VIRGINIA	F	D	F	F	F	F	I	F	F	F
WISCONSIN	F	B	F	F	F	F	F	F	D+	D
WYOMING	D	D	F	F	F	F	D	F	F	D-
<b>UNITED STATES</b>	<b>D</b>	<b>D+</b>						<b>F</b>	<b>D-</b>	<b>D</b>

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