Dental Coverage for Low-Income Older Adults

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• All on mute. Use Questions function for substantive questions and for technical concerns.

• Problems with getting on to the webinar? Send an e-mail to trainings@justiceinaging.org.

• Slides and a recording are available at Justice in Aging – Resources for Advocates – Webinars: http://www.justiceinaging.org/resources-for-advocates/webinars. See also the chat box for this web address.
Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.
Diversity, Equity, and Inclusion

To achieve Justice in Aging, we must:

• Acknowledge systemic racism and discrimination

• Address the enduring negative effects of racism and differential treatment

• Promote access and equity in economic security, health care, and the courts for our nation’s low-income older adults

• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class
Agenda

• Why Oral Health Matters
• Coverage Options
• Appeals
• Other Resources
• Discussion
Oral Health Matters

Oral health and overall health are linked.

Healthier mouths = healthier people = stronger communities
It’s All Connected

THE MENTAL HEALTH — MOUTH-HEALTH CONNECTION
Any serious or chronic pain issue can hamper mental health and daily life, if there is a painful injury or illness in the mouth, it’s likely to get in the way of normal functions like smiling, eating, or talking – and also take a toll on mood.1

THE MEDICINE — MOUTH-HEALTH CONNECTION
Some medications — like decongestants, antihistamines, or painkillers — can cause a dry mouth. Because saliva protects the mouth from the harmful bacteria that cause cavities and gum disease, the dry mouth “side effect” is one way that issues in other parts of the body influence oral health.2

THE VITAL ORGAN — MOUTH-HEALTH CONNECTION
Endocarditis, a heart infection, is often caused when bacteria from another part of the body gets into the bloodstream and spreads to the heart. It is also possible for infections in the mouth to spread to the brain. This is why gum disease is a serious infection that shouldn’t be ignored.3

THE IMMUNE SYSTEM — MOUTH-HEALTH CONNECTION
Because the mouth is an important part of the immune system, a healthy mouth boosts the body’s ability to protect against disease. Auto-immune diseases, like Celiac disease or lupus, can cause swelling in the mouth. In turn, inflammation can set off other health problems.4

THE FAMILY HEALTH — MOUTH-HEALTH CONNECTION
Babies naturally pick up bacteria from their surroundings that builds the immune system. Families with healthy mouths pass on helpful bacteria to babies, but if there is untreated oral disease in the family, infants can be exposed to the germs that cause cavities.5

THE DIABETES — MOUTH-HEALTH CONNECTION
Diabetes can harm the mouth, and problems in the mouth make it harder to control diabetes. Uncontrolled blood sugar can cause swollen gums, which disrupts the mouth’s natural defenses and makes cavities more likely. That’s why oral health care is an important part of diabetes management.6

JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW
KEYS TO GOOD ORAL HEALTH

Getting to good oral health is like going through a series of locked doors. Without the right keys, most people can’t get there—no matter how hard they try. The keys to good oral health also unlock good overall health, so let’s start opening doors.

Key #1: FLUORIDATED WATER
Fluoridated water prevents tooth decay and cavities, but many people lack access to it.

More than one-third (36 percent) of kids in the U.S. don’t drink fluoridated water on a regular basis. If fluoridated water systems were in all communities, good oral health would be in reach of all kids...just by turning on the tap.

Key #2: DENTAL SEALANTS
Children face high risk of cavities in their back teeth, which are hard to protect with fluoride alone.

Dental sealants prevent cavities before they develop—but almost 1 in 3 states (31%) lack a school-based dental sealant program. Sealant programs in schools, community centers, and other places can shut the door on cavities and open it to good oral health.

Key #3: DENTAL INSURANCE
Adults with dental insurance are more likely to go to the dentist, take their children to the dentist, and get the care they need.
Basic Terms

**Medicare**: Primary health insurance coverage for older adults age 65 and older or individuals with a disability for two years.

**Medicare Advantage**: Private Medicare plans that often offer benefits that original Medicare does not cover.

**Medi-Cal**: Health insurance coverage for individuals with low income and resources.

**Dual Eligible or “Medi-Medi”** — an individual who is eligible for both Medicare and Medi-Cal coverage.
Medicare Fee-For-Service
AKA “Original Medicare”

Medicare does **NOT** cover routine dental care, procedures (e.g. cleanings, fillings, tooth extractions, dentures, etc.)

**Exception:** Medicare will pay for certain dental procedures that are an integral part of a covered procedure or extractions done in preparation for radiation treatment; also for an oral exam (but not treatment) before a kidney transplant or heart valve replacement.
Denti-Cal

Medi-Cal delivers its dental benefits through Denti-Cal (carve out)

- Mostly through fee-for-service
- Sacramento: required to join a dental plan
- Los Angeles: option to join dental plans
- Coverage partially restored for adults May 2014
- **BUT FULLY RESTORED** January 1, 2018
- Residents of nursing facilities and intermediate care facilities have comprehensive dental coverage
- Children have different coverage
Adult Denti-Cal Benefits

• Exams
• Cleaning – one per year
• Fluoride treatment – one per year
• X-Rays
• Fillings (most every three years)
• Crowns (not porcelain) – not a benefit for wisdom teeth (every three years)
• Anterior root canal therapy
• Full dentures (once every five years), repairs, relines
• Federally Required Adult Services (FRADS) - Any dental service by a dentist which a physician could reasonable provide (over 150 procedure codes – eg. Extractions, surgeries, draining an abscess, anesthesia)

  • **New** periodontal (Gum) treatment
  • **New** Root canals back teeth
  • **New** Partial Dentures
  • **New** Lab Processed Crowns (for bridges)
  • **NO** implants or orthodontic services
Denti-Cal Coverage Cap

$1800.00 SOFT CAP

Provider must check the dental cap prior to rendering services to determine remaining balance. If reach cap, medically necessary services can be approved.
Denti-Cal Coverage Cap

Exceptions

• Emergency dental services
• Services federally mandated, including pregnancy related services
• Dentures
• Maxillofacial and complex oral surgery
• Maxillofacial servicing, including implants (only allowed in exceptional medical situations – e.g. oral cancer/destruction of jaw)
• Services in a long-term care facility
Denti-Cal Copayments
(same as Medi-Cal)

• Non-emergency services provided in an emergency room: $5.00
• Outpatient Services: $1.00
• Prescription Drugs: $1.00
  • Exception: nursing facility residents are not subject to co-pays
Medi-Cal Transportation

• Two types of transportation
  • Non-Emergency Medical Transportation (NEMT): transportation via medical mode of transportation (e.g. litter van) to Medi-Cal covered services
  • Non Medical Transportation (NMT): transportation by standard conveyance (e.g. car, bus, etc.) to Medi-Cal covered services
Medi-Cal Transportation

• Managed Care Enrollees
  • NEMT: prior authorization with physician cert required
    • Plans not required to provide NEMT to carved out services (e.g. dental)
  • NMT: prior authorization may be required (varies by plan); physician cert not required
    • Plans are required to provide NMT to carved out services
Medi-Cal Transportation

• Fee-for-Service
  • NEMT: prior authorization with physician cert required
    • Contact DHCS or county for list of NEMT providers accepting FFS
  • NMT: physician cert not required
    • Accessed through the county
Denti-Cal Transportation

• Denti-Cal provides **NEMT**
• Medical mode of transportation must be medically necessary
• **Denti-Cal providers** contact NEMT providers and submit requests for NEMT
• NEMT provider then submits a TAR to DHCS

See Provider Manual Section 9-18; and bulletin http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_31_Number_08.pdf
“Providers may NOT submit a claim to, or demand or otherwise collect reimbursement from, a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any procedure that is a covered Denti-Cal benefit (other than Share of Cost).

Providers may bill beneficiaries for non-covered procedures only if the beneficiary understands that the procedure is not covered by Denti-Cal and that the beneficiary will be responsible for the payment of the procedure.

Providers may NOT bill beneficiaries for any denied services other than those services denied for not being a benefit of the program.”

Denti-Cal Issues

- Carve-out
- Provider Access
  - Application process
  - Low reimbursement rates
  - Administrative Burden
- Incomprehensive & confusing covered benefits
  - Credit Cards
Other Denti-Cal Resources

Beneficiary Handbook

Restoration Notice

Provider Handbook

Provider Bulletins

Available on the Denti-Cal Website: https://www.denti-cal.ca.gov/
Medicare Advantage

Some Medicare Advantage plans offer additional benefits, including dental.

Example One:

- You pay a monthly premium (e.g. $6 a month)
- co-pay at the dental office for limited services: e.g. dental visit ($8), Cleaning ($5).
Medicare Advantage

Example Two:

• You pay a monthly premium (e.g. $24 a month)

• You pay small amount or nothing for preventive services like exams and cleanings

• For major services, the plans pays a percentage and you pay a percentage. For example, for a filling you pay 25% and the plan pays 75%. For a root canals, crowns, dentures, you pay 70% and the plan pays 30%.

• Low maximum benefit the plan will pay ($1,500)
Medicare Advantage + Denti-Cal

- Medicare is primary
- Denti-Cal is secondary – Denti-Cal will only pay up to what the Medi-Cal rate is
- Denti-Cal provider can deny to see beneficiary if provider is not contracted with MA plan (or other health care coverage)
- But MA provider cannot refuse to see Denti-Cal patient.
- Cannot balance bill for Denti-Cal covered services pursuant to state law. QMB protections may also apply.
  - Red flag if a dual eligible or Medi-Cal recipient is billed for any medical service.
Some Cal MediConnect plans offer supplemental dental.

- Denti-Cal is primary
- Cal MediConnect supplement (if plan offers it)
- Most Cal MediConnect plans have required that their dental providers enroll in Denti-Cal
- Should be smoother and minimize balance billing
Consult HICAP

- Consult your local HICAP
  - They provide free assistance with helping you make informed decisions about Medicare, Medicare Advantage, and Medigap plans.

Call HICAP: 1-800-434-0222
Appeals
Denti-Cal Appeals

- **Notice of Authorization** – what the provider receives when a TAR is submitted either approving or denying the TAR.

- **Notice of Action** – Denti-Cal sends beneficiary/or auth rep written notices when services have been denied, modified, or deferred with reason.

  - Normal Medi-Cal appeals process triggered (e.g. state fair hearing)
Denti-Cal Grievances

• Complaint or grievance to provider to resolve
• If not resolved, beneficiary can submit complaint to Denti-Cal by phone (1-800-322-6384) or through their complaint form
• Denti-Cal must acknowledge written complaint within 5 days
• Must inform of conclusion within 30 days
• Beneficiary if unsatisfied has right to file a hearing
• Department Of Managed Health Care (DMHC) process for plans
Federally Qualified Health Centers

FQHCs provide medical primary care and preventative dental services. Those with dental clinics can provide more extensive treatment.

- Can provide dental for those without coverage
- Co-located with primary care

Also called Community Clinics
Medigap or Standalone Dental Plans

• Make sure you compare plans – cost, benefits, caps, co-pays, co-insurance

• Seek help with through a HICAP counselor
Dental Schools

• Usually provide services to individuals on a sliding scale
• Will also usually accept most insurance
Free Pop-Up Clinics

- Held in a public space
- Crowded
- Make sure you find out whether they are providing the services you need before going
Advocacy News/Efforts

• Restoration of adult Denti-Cal benefits
• Increase in Denti-Cal reimbursement for targeted services
• Prop 56 funding to counties to improve oral health
• Statewide oral health plan released
• California Oral Health Network Created (first regional meeting today in Fresno)
• Medicare benefit advocacy
Resources

• Justice in Aging, www.justiceinaging.org

  • **Coming Soon!** Advocates Guide: Oral Heath for Older Adults in California
  • Sign up for our oral health listserv

• Oral Health Plan: 
  https://www.cdph.ca.gov/Documents/California%20Oral%20Health%20Plan%202018%20FINAL%201%205%202018.pdf

• Get involved with your county’s oral health coalition

• Sign up for the California Oral Health Network: 
  CAOralHealthNetwork@cpehn.org

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Interested in joining our network?

Sign up to receive Justice in Aging trainings and materials.

Text 51555 with the message “4justice”