Oral Health for Older Adults in California

Amber Christ, Managing Director, Health Advocacy
Tiffany Huyenh-Cho, Director, California Medicare & Medicaid

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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 fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.
Justice in Aging’s Commitment to Advancing Equity

To achieve Justice in Aging, we must:

• **Advance equity** for low-income older adults in economic security, health care, housing, and elder justice initiatives.

• Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.

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

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

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

• Find materials for this training and past trainings by searching the Resource Library, justiceinaging.org/resource-library. A recording will be posted to Justice in Aging's Vimeo page at the conclusion of the presentation, vimeo.com/justiceinaging.

• Enable closed captioning by selecting “CC” from the Zoom control panel.
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Agenda

• Why Oral Health Matters for Older Adults
• Coverage Options
• Other Resources
• Discussion
Oral Health Matters
Why Oral Health Matters for Older Adults: National Data

• 17% of older adults have no remaining natural teeth
• 28% of Black older adults have complete tooth loss
• 1 in 5 older adults has untreated tooth decay
• 1 in 10 individuals over 65 has untreated periodontal (gum) disease
• Rate of gum disease is two to three times higher among older Black and Hispanic adults
Why Oral Health Matters for Older Adults: California Data (1 of 2)

• California Department of Public Health (2017): Status of Oral Health In California
  • Dental Decay: no data for older adults
  • Gum Disease: no data for older disease
  • Complete Tooth Loss: 9% (no demographic data)
A Health Smile Never Gets Old (2018 Survey)

• **48%** have untreated tooth decay in SNFs; 17% have four or more affected teeth

• **1/3** of community dwelling older adults have untreated tooth decay

• **35%** in SNFs have lost ALL their natural teeth.
  • **36%** of these individuals do not have dentures

• **18%** of community dwelling older adults lost all their natural teeth

• **65%** in SNFs need treatment for tooth decay and/or gum treatment; nearly 1 in 3 need immediate gum treatment
Poor Oral Health = Poor Overall Health

• Poor oral health has a substantial negative impact on the overall health of older adults

• Exacerbates health disparities while driving increased health care spending

• Periodontitis exacerbates chronic diseases:
  • Diabetes and heart disease
  • Alzheimer’s and other dementia disorders

• Periodontitis can cause aspiration pneumonia

• Poor oral health impacts nutrition

• Chronic oral pain from untreated oral health disease increases opioid use and abuse

• Quality of life

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 dually 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.)

• Narrow but Significant Exception: dental services “inextricably linked and substantially related and integral to the clinical success of other covered medical services,” e.g.:
  - Organ transplant
  - Cardiac valve replacement
  - Valvuloplasty procedure

42 C.F.R. § 411.15(i)(3).
Medicare Advantage (MA) a.k.a. Medicare Part C plans

• 48% of all Medicare enrollees are enrolled in a Medicare Advantage plan
• 94% of individuals enrolled in an MA plan had some form of dental coverage
• Most plans (86%) offer extensive coverage, while some (14%) just cover routine examinations and cleanings.

Medicare Advantage (2 of 2)

• MA plan dental coverage varies widely in cost sharing: premiums, co-pays, co-insurance, and maximum benefit amounts.

• E.g., most plans pay just 50% for restorative services (such as dentures)

• Maximum Benefit Amount: limit on total annual amount a plan will pay for any covered dental care
  • Average MBA in 2021 was just $1300—enrollee must pay the rest

• Limits on the frequency of covered dental care, e.g., one cleaning a year, one set of dentures / five years
Medicare Advantage: Example of Coverage

- Enrollee pays small amount or nothing for preventive services like exams and cleanings.
- For major services, the plans pays a percentage and enrollee pays a percentage. For example, for a filling enrollee pays 25% and the plan pays 75%. For a root canals, crowns, dentures, enrollee pays 70% and the plan pays 30%.
- Low maximum benefit the plan will pay ($1,500/year)
Medi-Cal Dental

Medi-Cal delivery of dental benefits are “carved out”:

- Mostly through fee-for-service
- Sacramento: required to join a dental plan
- Los Angeles: option to join dental plans
- San Mateo: integrated in HPSM
Adult Dental Benefits:
Fairly Comprehensive

- Dental Exams
- X-Rays
- Teeth Cleaning
- Fluoride Varnish
- Gum Treatment: Scaling & Root Planing
- Fillings
- Crowns
- Root Canals

- Full and Partial Dentures
- Denture Relines
- Tooth extractions
- Emergency services
- Silver Diamine Fluoride (new in 2022 under CalAIM)
- Dental providers can be reimbursed for extra time needed for patients who need it

Provider Handbook:
https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/
Scope of Coverage

There are frequency and scope of coverage limitations for most benefits. For example:

- **Crowns**
  - Pre-fabricated crowns once in a 36-month period
  - Lab processed crowns: once in a five-year period except when breakage results from circumstances beyond the control of the provider and in limited circumstances

- **Dentures**: only available once in a five year period
  - Exceptions
    - Catastrophic loss with documentation;
    - Surgical or traumatic loss of oral-facial structure;
    - Or no longer serviceable
Coverage Cap

$1800.00 SOFT CAP

• Does not apply to services that are medically necessary
• 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
Dental 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
Transportation to Dental

• Medi-Cal covers transportation to dental services through either NEMT or NMT.

• NEMT: Medical mode of transportation must be medically necessary and Dental providers must write a prescription for NEMT and then submit an NEMT Justification form with the prescription to the transportation provider.

• NMT: Medi-Cal enrollees should contact their Medi-Cal managed care plan or if enrolled in a dental plan, their dental plan, to set up NMT.

Case Management

• Case management is available to members with mental, physical, and/or behavioral disabilities who are unable to coordinate complex treatment with their dental and other medical providers.

• To receive case management, the dental provider, medical provider, case manager, case worker, or other health care professional must submit a referral through the telephone service center.

• More intense assistance in managing care across providers.
Billing Prohibitions (1 of 2)

• 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 Medi-Cal and that the beneficiary will be responsible for the payment of the procedure.
Billing Prohibitions (2 of 2)

• Providers may NOT bill beneficiaries for any denied services other than those services denied for not being a benefit of the program.
• Providers cannot bill Medi-Cal members for missed appointments.
Dental Credit Cards (1 of 2)

- Applications for dental credit cards cannot be filled out in a treatment area or under the influence of sedation
- The dental provider cannot fill out any portion of the application
- The dental provider cannot arrange a deferred interest line of credit/loan with the dental office
Dental Credit Cards (2 of 2)

• Providers may NOT charge third-party lines of credit (arranged for or established in their office) any treatment costs before treatments are provided, unless the dentist provides the patient a written or electronic treatment plan with treatments and itemized costs. Treatment plans must be provided in threshold languages.
Obstacles and Solutions for People Dually Eligible
Medicare Advantage + Medi-Cal Dental:

• Medicare is primary – sort of
• Medi-Cal is secondary – Denti-Cal will only pay up to what the Medi-Cal rate is
• Medi-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 Medi-Cal enrollee
• Because MA coverage is limited, may need two providers. Ideally, enrollee would see a provider enrolled in both programs. But may not be possible.
• MA Provider may try to bill enrollee.
Takeaways:

• A Medicare Advantage provider cannot bill enrollee for Medi-Cal covered services pursuant to state law and QMB protections.
  
  • RED FLAG any time a dually eligible person is billed. Likely improper.

• Enrollees should consult with HICAP counselors regarding enrolling in an MA Plan and whether it makes sense for them. Access to dental services should be a limited factor in that decision since Medi-Cal offers extensive dental.
  
  • Call HICAP: 1-800-434-0222
Appeals

• **Notice of Authorization** – What the provider receives when a treatment authorization request (TAR) is submitted either approving or denying the TAR.

• **Notice of Action** – Medi-Cal sends enrollee/or authorization representative written notices when services have been denied, modified, or deferred with reason.
  
  • Normal Medi-Cal appeals process triggered (e.g. state fair hearing)
Dental Complaints/Grievances

• Complaint or grievance to provider to resolve
• If not resolved, beneficiary can submit complaint to the Medi-Cal Dental Telephone Service Center by phone (1-800-322-6384) or through their complaint form by email to MemberFormReturn@delta.org
• Denti-Cal must acknowledge written complaint within 5 days
• Must inform of conclusion within 30 days
• Member if unsatisfied has right to file a hearing
• Department Of Managed Health Care (DMHC) process for plans
Issues with Medi-Cal Dental (1 of 2)

• Carved out of Medi-Cal – not integrated with medical
• Finding a provider - https://smilecalifornia.org/find-a-dentist/
  • Lack of diversity within dental profession
• Access issues in institutional settings; lack of teledentistry (new policy to increase access as of May 2023)
• Improper Billing (re-released prohibition in provider bulletin in July 2023)
Issues with Medi-Cal Dental (2 of 2)

- Utilization rates are very low
  - Utilization data for annual dental visits for adults is 24-25%
  - Use of preventive services for adults is 15%
  - No breakout beyond 21 years and older
  - Disparities – but limited data
- Quality of Care: of total complaints in 2020/2021, 77% were on quality of care
Other Treatment Options
Veterans Administration (VA)

- VA offers comprehensive dental care benefits to **limited** classes of veterans, e.g.:
  - Veterans with service-connected dental disabilities
  - Service-connected disability rated at 100% disabling
  - Former prisoners of war
  - Veterans who qualify for VA medical care some other way and who need dental care ancillary to other acute medical care
  - Other
Veterans Administration (VA): Eligibility

To find out if eligible, veterans should:

• Consult their local Veterans Affairs Medical Center
• Contact the VA at 1-877-222-VETS (8387), or
• Visit https://www.va.gov/health-care/

• If otherwise enrolled in VA health care but not eligible for dental care, may be able to enroll a VA-sponsored private dental plan at a reduced price through the VA Dental Insurance Program (VADIP)
  • Learn More: Fact Sheet
Stand-Alone Dental Plans (1 of 2)

• Many private health insurance companies offer individual, stand-alone dental plans

• Option for an individual who otherwise wants to remain in Original Medicare but also wants dental coverage

• In 2019, 16% of Medicare enrollees were enrolled in Original Medicare plus a stand-alone private dental plan instead of an MA plan
Stand-Alone Dental Plans (2 of 2)

• Warning: Stand-alone dental plans
  • Vary widely in coverage and out of pocket costs (premiums; deductibles; copays or co-insurances; maximum benefit amounts; out-of-network limits)
  • May have wait times before coverage becomes effective (e.g., 6 months) or exclude pre-existing conditions (e.g., already-missing tooth)

• Seek help through a SHIP counselor
Federally Qualified Health Centers (FQHCs)

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

- Can provide dental care for those without coverage
- Sliding scale or no-fee basis
- Co-located with primary care
- To find nearest FQHC, visit Health Resources and Services Administration (HRSA) at https://findahealthcenter.hrsa.gov/
Free Pop-Up Clinics

• Held in a public space
• Crowded
• Make sure to find out whether they are providing the services needed before going
• To find a pop-up dental clinic, visit the clinic schedule at the America’s Dentists Care Foundation [https://adcf.net/clinic-schedule/](https://adcf.net/clinic-schedule/)
Dental Schools

• Usually provide services to individuals on a sliding scale
• Will also usually accept some insurance, e.g., Medicaid
• To find a dental school in your state or city, visit the Commission on Dental Accreditation
Additional Resources

• Justice in Aging’s Oral Health Resources
• Medi-Cal Dental Member Handbook
• Medi-Cal Dental Provider Handbook
• Medi-Cal Dental Provider Bulletins
• Medi-Cal Dental Management Program

Coming Soon!
Updated Oral Health for Older Adults in California Advocate Guide
Questions?

Amber Christ,  achrist@justiceinaging.org
Tiffany Huyenh-Cho  thuyenhcho@justiceinaging.org