Fact Sheet

Dental Coverage for Nursing Home Residents

This fact sheet has been funded by the North Dakota Department of Health, Oral Health Program under dollars allocated by the DentaQuest Foundation.

Medicare

Medicare is the federal health insurance program for people who are 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease. Medicare Part A covers inpatient hospital stays, nursing home care, hospice, and some home health services; Part B covers doctors' services, outpatient care, medical supplies, and preventive services. Most individuals ages 65+ have both Parts A and B; neither cover dental care, dental procedures, cleanings, fillings, tooth extractions, dentures, dental plates, nor other dental devices. Medicare coverage does not vary by state.

Medicaid

Medicaid provides health coverage for low-income, children, pregnant women, elderly, and people with disabilities. Medicaid is administered by states and is funded jointly by state and federal governments.² Services covered by Medicaid vary for each state. In North Dakota, Medicaid provides coverage for dental exams (not dental assessments), X-rays, cleanings, fillings, surgeries, extractions, crowns, root canals, dentures (partial and full), and anesthesia.³ Medicaid also covers nursing facility care, but this does not include dental services outside of assistance with daily oral hygiene. North Dakota is in the top quartile for Medicaid reimbursement for both adult and child dental services.

Dual Eligibility

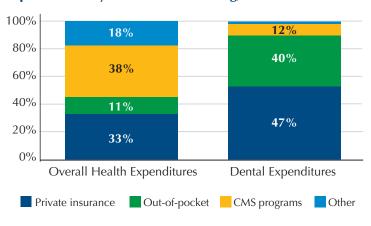
Dual eligible beneficiaries are enrolled in both Medicare and Medicaid. Roughly 8.3 million people (17% of all Medicaid enrollees) are dually eligible. Medicaid provides health coverage to 4.6 million low-income seniors, nearly all of whom are also enrolled in Medicare. Medicare-covered services also covered by Medicaid are paid first by Medicare; Medicaid is the payer of last resort. Options and eligibility vary by state.⁴

Dental Care Expenditures

Nationally, private insurance and Centers for Medicare and Medicaid Services (CMS) programs cover the majority of overall health expenditures, 33% and 38% respectively in 2015. Among dental, the large majority of financing falls to private insurance (47% of 2015 dental expenditures) and

out-of-pocket payment (40%). Only 12% of dental costs in 2015 were covered by CMS programs.⁵ See Figure 1. These proportions of coverage have been relatively consistent over the last 20 years.

Figure 1. Distribution of Overall Health and Dental Expenditures by Source of Financing, 2015⁶



In fiscal year 2016, CMS reported that only 0.7% of overall Medicaid spending went to dental services. In North Dakota, 1.2% of overall Medicaid spending went to dental services. Among all 50 states, Alaska allocated the largest proportion of its Medicaid spending on dental care (5.2%).

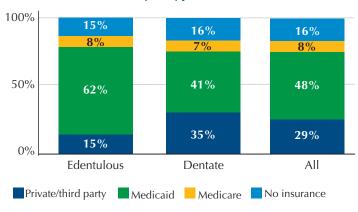
Long-term Care Expenditures

Almost 25% of the federal and state Medicaid spending in 2014 was on long-term care services. In North Dakota, Medicaid was responsible for nearly 53% of all nursing facility days during 2016; Medicare covered 7.8% of nursing facility days with private pay covering 38.5%. While nursing facility care requires assistance with activities of daily living, including oral health, Medicare does not cover dental services. The daily nursing facility fee does not cover a resident's needed dental care outside of daily hygiene. Dental services, such as exams or treatment, whether the care is provided in or out of the nursing home, require additional pay by the resident.

North Dakota's Nursing Home Residents

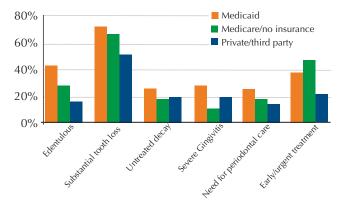
According to the North Dakota Department of Health's Basic Screening Survey, in 2016 47.8% of all nursing home residents were covered by Medicaid, with 7.7% covered under Medicare.⁸ However, a larger proportion of residents with teeth (dentate) were covered by private pay. See Figure 2.

Figure 2. North Dakota Nursing Home Residents by Dentate Status and Payer Type, 2016⁸



During 2016, nursing facility residents with Medicaid had a higher prevalence of edentulism (no teeth), substantial tooth loss, untreated decay, gingivitis, and need for periodontal care than those covered by other payer types. Those with no insurance/Medicare presented in higher proportion with need for early/urgent dental care. See Figure 3.8

Figure 3. Dental Status of North Dakota Nursing Home Residents by Payer Type, 2016⁸



Conclusions

Recognizing that one in two North Dakotans will need longterm care sometime during their lives and a large majority of nursing home residents are covered by Medicaid or are private pay, there are opportunities to provide reimbursable dental services in long-term care settings. While Medicare does not cover the cost of dental prevention or treatment, dental services are reimbursable under both Medicaid and private insurance. Nursing homes have the opportunity to collaborate with local dental professionals to provide the needed dental prevention and treatment those over age 65 are currently lacking. In North Dakota, Medicaid-reimbursable services include exams, X-rays, cleanings, fillings, surgeries, extractions, crowns, root canals, dentures (partial and full) and anesthesia. For a complete list of North Dakota Dental Adult and Child Fee Schedules, visit www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html.

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For more information

Visit the CRH webpage for additional oral health publications and information. ruralhealth.und.edu/what-we-do/oral-health

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