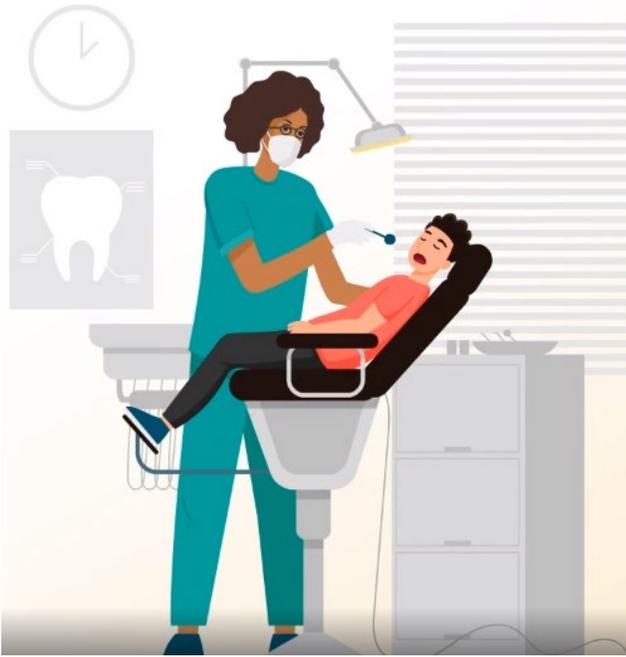


Medicaid (KanCare) Adult Dental Benefits Frequently Asked Questions for Providers



Who is eligible for the new adult dental benefit?

All people over age 21 who are eligible for Medicaid have access to new dental benefits. Adults who are eligible for Medicaid include people with disabilities, older adults, and pregnant people.

When did the adult dental benefits go into effect?

Coverage for fillings, crowns, and periodontal care for people over age 21 went into effect on July 1, 2022. New coverage for dentures went into effect on July 1, 2023.

What services are covered for people 18-20?

The services covered under Early and Periodic Screening, Diagnostic and Treatment ([EPSDT](#)) are in effect for people up to age 21, and then the adult benefits kick in.

The new services are fillings, crowns, and periodontal care, but what about preventive care and exams?

The Medicaid program covers fillings, crowns, and periodontal codes, and the managed care organizations (Aetna, Sunflower, and United) cover up to \$500 annually for cleanings, exams, and X-rays.

Will my office have to bill for cleanings and fillings in different ways?

No. Claims for all these services will be submitted to the managed care organizations as usual.

Are dentures covered?

Yes! Starting in July 2023, dentures, partials, and adjustments are covered. Adults must meet some medically necessary criteria to qualify, including having X-rays. Dentures can be replaced every five years, and people who had dentures before being covered by Medicaid can have them replaced if the dentures are at least five years old.

Is there a maximum annual benefit for adults?

There is no maximum for the fillings, crowns, periodontal care, and dentures. The managed care organizations have a \$500 annual benefit only for the exams and cleanings.

Will the newly covered adult population have other insurance coverage?

It is possible for some people to have other insurance coverage, particularly for some people with disabilities. Other insurance must be billed first because Medicaid will always be the payor of last resort.

Aren't people on Medicaid a lot different from other patients?

It is important to realize that Medicaid patients may have challenges that are different from some other patients. People who are enrolled in Medicaid have a very low income. They may be living in transitional housing or have a job that makes it hard to leave for appointments. They also may be dealing with dental fear or past trauma. The challenges they are managing are different, but their need for dental care is the same.

Is it true that people who are on Medicaid don't show up for dental appointments?

It is always possible for anyone to not show up for appointments, regardless of their insurance status. Dental offices can put rules in place such as limiting all patients to only two or three no shows. The rules must apply equally to all patients.

It is important to remember that adults who are on Medicaid have not had much access to dental care, so now that those services are covered it's likely they will show up. When people have been un-served for so long, they are going to want to show up to get the care they need.

What if the Medicaid patient brings their children to the appointment?

People who are on Medicaid may not have reliable childcare. The dental office can ask the patient if they need to bring a child to the appointment. The dental office can put a limit on the number of children who can accompany their parents to the operator. Any such limit must apply equally to all patients. The dental office could ask the patient if they can bring a friend or family member along to watch the children in the waiting room.

How could a dental office help with transportation?

Medicaid covers "non-emergency medical transportation" for appointments for Medicaid-covered services, including fillings, crowns, periodontal care, and dentures. The dental office can recommend the patient contact their managed care organization for help finding a transportation provider for scheduled appointments.

Aren't there a lot of administrative burdens if you become a Medicaid provider?

There are administrative burdens, but that's true of any payment source. Dental offices that take insurance likely already have someone who manages the insurance process. Working with Medicaid is not much different than working with other in-network plans. Dental offices have to request prior authorizations for other insurance plans, so Medicaid is really just another insurance plan.

Will I need to worry about Medicaid audits?

If the dental office is thorough about documentation all the time, they will always be prepared for an audit from any insurance program. It's important to have well documented treatment plans in place for all patients, and being prepared with thorough documentation at all times helps to standardize the staff and office processes.

Is Medicaid slow to pay?

Medicaid is designed to pay claims. Most claims are paid promptly. Once the dental office understands what services need prior authorization, it's easy to be prepared. Collecting payment from Medicaid can be much easier than collecting from private pay patients.

Are the Medicaid rates low?

Medicaid rates typically are lower than what dental offices charge. Rate increases in 2019 and 2020 improved many Medicaid dental rates by as much as 11%. These increased rates apply to some of the new services. Dental offices can put parameters around the volume of Medicaid patients, such as 10% or 15% of the patient population. It is okay to limit the patient mix as long as the dental office is careful not to discriminate against anyone.

Now that the new benefits are available, what if my office gets a lot of calls for appointments?

The rates of people in the general population who seek regular dental care are low, and they are even lower in the Medicaid population. While there is some pent-up demand for care in this population, the data is clear that everyone who is enrolled in Medicaid will not be seeking dental care.

