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Adult Oral Health and Medicaid Value-Added Benefits

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Overview

Oral health is an important part of overall health. Prior literature shows that poor oral health, such as periodontal disease, is associated with worse glycemic control in people with diabetes, increased risk of cardiovascular disease complications, and adverse pregnancy outcomes.[1–3] Nevertheless, Medicaid, which covers 1 in 6 adults under the age of 65, is not required to cover preventive dental benefits for adults; these are optional services for states.[4] As a result, Medicaid managed care plans are key partners in improving access to adult preventive dental services through value-added benefits (VABs).

Background

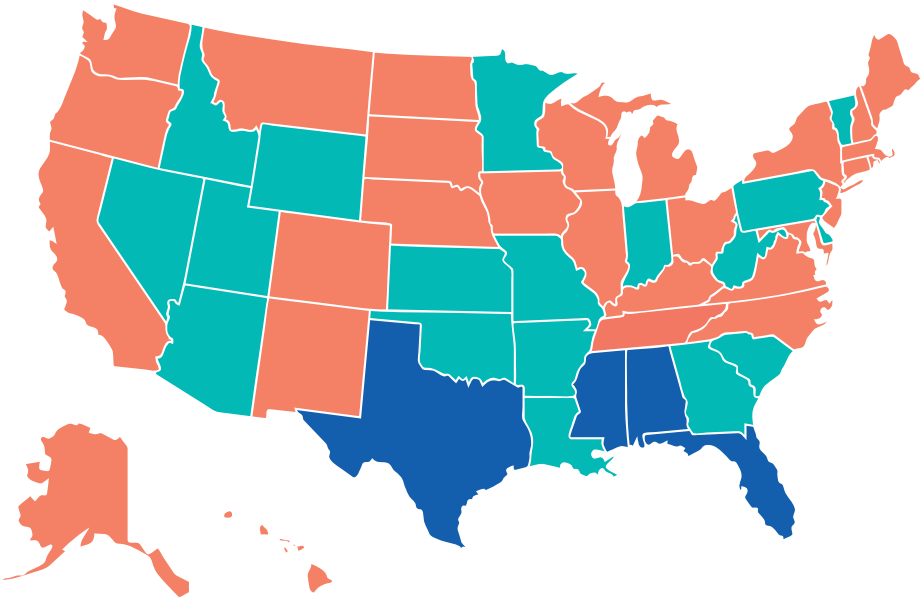
Several barriers to oral healthcare exist for Medicaid beneficiaries.[5] To list a few, beneficiaries may experience delays in care or miss appointments due to transportation barriers or distance to dental providers; dental providers may be hesitant to participate in the Medicaid program due to low reimbursement rates; and states may not be able to fund an adult dental Medicaid benefit.[6] Although coverage of extensive pediatric dental services is required in Medicaid nationally, adult coverage is not required and ranges from emergency-only to limited or extensive benefits, depending on state policy.[7] (Figure 1)

This variation contributes to disparities in access to preventive and restorative dental care across states. A recent multi-state analysis examining Medicaid adult dental policy changes between 2010 and 2021 found that eliminating adult dental benefits was associated with a 37 percentage point decline in dental visits.[8] Conversely, expanding adult dental benefits significantly increased dental visits and reduced financial burden related to dental care costs. Notably, the effects of both expansions and eliminations persisted for years after policy changes.

Figure 1

Medicaid Coverage of Adult Dental Benefits by State, as of December 2025

- **Emergency-Only**
  Coverage is restricted to procedures to address pain, infection, or trauma.
- **Limited**
  Coverage includes some preventive and/or basic restorative services (e.g., fillings) but may exclude major procedures like root canals or crowns.
- **Extensive**
  Coverage includes a broad range of services, including preventive, restorative, and emergency care.



Source. Does Medicaid Cover Adult Dental Care? A State-by-State Guide. https://govfacts.org/government/federal/agencies/hhs/cms/ does-medicaid-cover-adult-dental-care-a-state-by-state-guide/. Visit this website for the most up-to-date information on state dental coverage.

The findings above highlight the importance of stability in adult dental coverage and the long-term implications of coverage gaps. Recognizing these gaps, the Centers for Medicare & Medicaid Services (CMS) has elevated oral health as a Medicaid priority, including introducing new adult dental quality measures and encouraging states to strengthen preventive dental access.[9]

One notable opportunity to improve access is through VABs, also known as value-added services. VABs are funded by Medicaid managed care organizations (MCOs) as a way to provide their members extra benefits that are aligned with improved health outcomes beyond what is covered by the state Medicaid program. Some MCOs have leveraged this flexibility to offer adult preventive and restorative dental services, including cleanings, exams, x-rays, and restorative care. While these benefits are often described in plan materials, there is little publicly available information on how MCO members utilize adult dental VABs or who uses them.

As CMS and states continue to focus on oral health, greater insight into whether and how dental VABs are used can help inform policy decisions about adult dental coverage design and performance measurement.

Analysis

This study describes utilization of dental VABs in three states with emergency-only dental Medicaid benefits in 2022. The study population included 410,389 Medicaid members in an Elevance Health-affiliated Medicaid plan that offered a dental VAB in 2022. Members had to be 21 years or older and have continuous enrollment in the plan for all 12 months of 2022 to be included in the study.

All members in the study population had access to a preventive dental VAB including exams and cleanings every six months, x-rays once per year, and extractions. Some members also had access to restorative services such as fillings. Administrative claims and enrollment data were used to analyze members' demographic and clinical characteristics. These data were further linked to Area Health Resources Files from the Health Resources and Services Administration (HRSA) Data Warehouse to identify the number of dentists per county and identify dental health professional shortage areas.[10,11] Dental VAB claims data for 48,563 VAB users were also analyzed.

Results

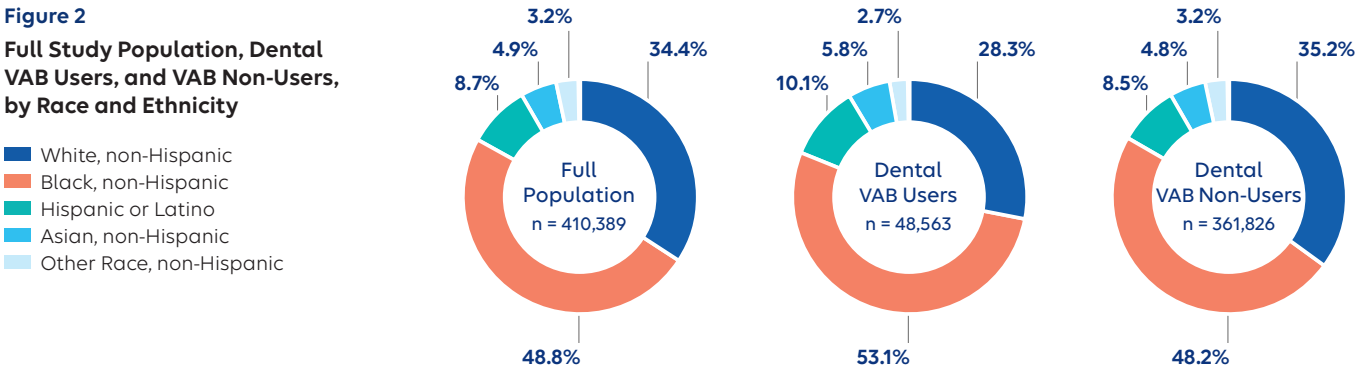
Demographic, Geographic, and Clinical Characteristics

Among all members in the study population, the mean age was 38 years and 68 percent were female. Compared to VAB non-users, VAB users were similar in age though a higher proportion was female (71% vs. 68%).

Modest differences in racial and ethnic groups were present. Notably, non-Hispanic Black members comprised a larger proportion of VAB users than of non-users (53% vs. 48%), while White non-Hispanic members represented a smaller proportion of users than non-users (28% vs. 35%). (Figure 2)

Figure 2

Full Study Population, Dental VAB Users, and VAB Non-Users, by Race and Ethnicity



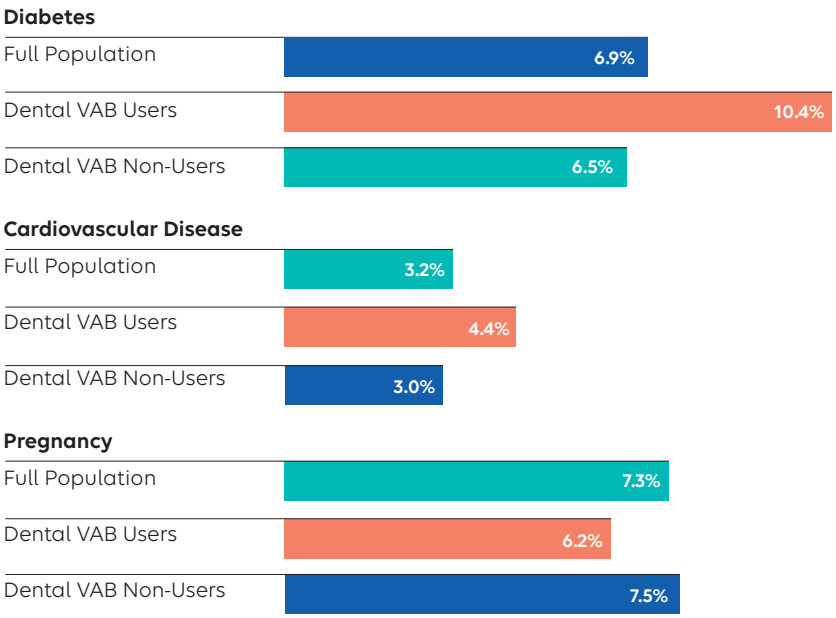
Note. VAB = Value-Added Benefit. The Other Race category includes members who identified as American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, and Other Race.

Geographically, approximately 9 percent of VAB users resided in rural areas compared to 13 percent of VAB non-users, and a slightly larger proportion of users lived in suburban areas (43% vs. 39%). Four percent of VAB users lived in dental shortage areas compared to 6 percent of VAB non-users.

A meaningful subset of VAB users had chronic conditions: about 10 percent had diabetes and 4 percent had cardiovascular disease, both higher than the prevalence observed in the full population and in VAB non-users. In contrast, there was a slightly lower prevalence of pregnancy among users. (Figure 3)

Figure 3

Prevalence of Select Health Conditions in Full Study Population, Dental VAB Users, and VAB Non-Users



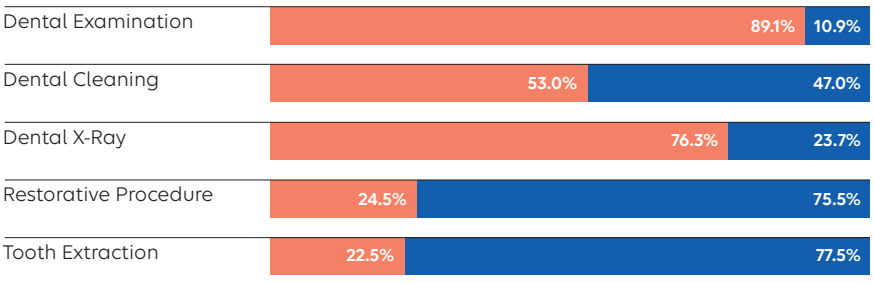
Note. VAB = Value-Added Benefit.

Dental VAB Utilization

About 12 percent of members with access to dental VABs used the benefit at least once in 2022, with VAB users averaging 1.2 dental examinations during the year. Among users, preventive services delivered under the dental VAB benefit were common: 89 percent had at least one dental examination, 53 percent received at least one cleaning, and 76 percent underwent routine dental x-rays. In addition, a substantial proportion required more intensive services, with 25 percent receiving a restorative procedure (e.g., fillings) and 23 percent undergoing at least one tooth extraction under the dental VAB benefit. (Figure 4)

Figure 4

Utilization of Dental VAB Services Among Dental VAB Users



Note. VAB = Value-Added Benefit.

Discussion

This multi-state analysis demonstrates that adult Medicaid MCO members are receiving meaningful and clinically important dental services through the VAB. Dental VAB users accessed a range of services, including examinations, cleanings, diagnostic imaging, restorative procedures, and extractions. It is important to note that MCO dental VAB benefits vary by state, and some VABs do not cover all of the procedures examined in this analysis. As a result, services such as restorative care (e.g., fillings) and extractions may be underrepresented, meaning the estimates presented here likely reflect a lower bound of true clinical need. Even with this limitation, the high use of preventive services alongside restorative care indicates that VABs support both routine oral health maintenance and treatment of oral health conditions.

Notably, utilization was high among members who are Black, Hispanic, Asian, and other races and ethnicities who disproportionately experience untreated dental decay and other oral health conditions.[12] These findings suggest the benefit is reaching members with greater clinical need and helping facilitate access to care that might otherwise be delayed or forgone. However, participation was disproportionately lower among members living in rural areas, indicating an opportunity to strengthen outreach to people living in rural areas, who have historically experienced poorer access to dental care and worse oral health outcomes.[13]

A notable share of users also had chronic conditions, particularly diabetes and cardiovascular disease. Given the established relationship between oral health and these conditions, higher utilization among these members suggests that VABs may be supporting access to dental services for individuals with elevated medical risk.[14–17] Expanding preventive and restorative services for members with chronic conditions may support both oral health and broader health management.

Incorporation of VABs illustrates how flexibility within Medicaid managed care can supplement Medicaid state plan benefits and expand preventive dental access for adults. VABs offer a pragmatic strategy to address dental coverage gaps in states where Medicaid programs limit coverage to emergency-only or limited adult dental benefits. As Medicaid programs face ongoing budget pressures, managed care-driven VABs remain an important pathway to enhance access in states without extensive adult dental coverage.

Although VAB utilization was approximately 12 percent of the total eligible population, this rate aligns with national patterns of adult Medicaid dental use; only about one in five adults under the age of 65 with full dental benefits through Medicaid access any dental service annually.[18] Utilization in 2022 may also reflect residual effects of the COVID-19 pandemic, including ongoing concerns about virus transmission, deferred care, and workforce constraints.

Increasing awareness of VABs will be critical to expanding uptake; one opportunity is for states to allow MCOs to market VABs clearly and directly to members. Future research could also assess how VAB offerings and usage impact federal dental quality metrics such as whether VAB implementation improves preventive dental visit rates, reduces avoidable emergency department utilization for dental conditions, or enhances chronic disease outcomes linked to oral health.[19]

Conclusion

In sum, dental VABs represent a meaningful and flexible mechanism to expand access to essential dental services for adult Medicaid MCO members. As states balance fiscal constraints and quality goals, managed care offers a practical and scalable pathway to strengthen access to preventive and even restorative dental services and address gaps in adult dental coverage.

Endnotes

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