



Dental Insurance Coverage for Rhode Island Adults: After Implementation of the Affordable Care Act (ACA)

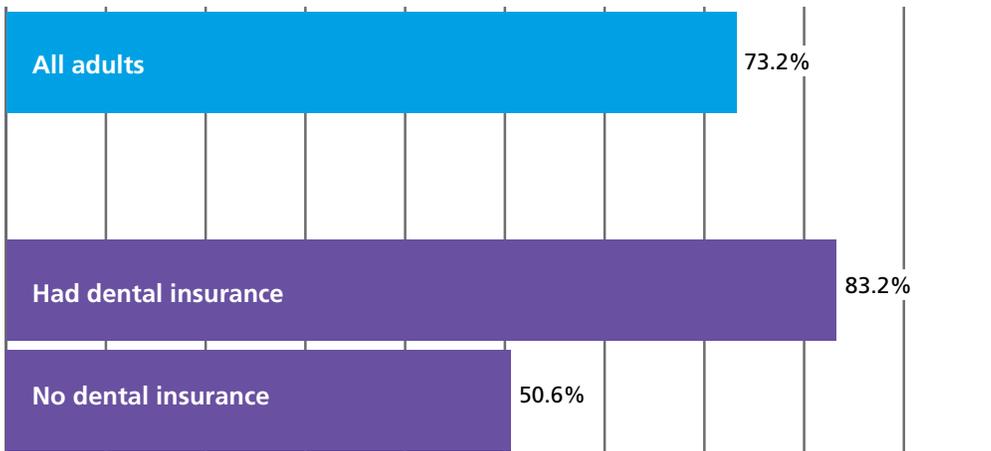
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Why dental insurance coverage matters:

Adults who do not have affordable access to preventive or treatment oral health services are more likely to delay oral healthcare as symptoms emerge. Missed opportunities for routine or early oral healthcare may eventually cause complicated and high-cost care needs, or lead to use of hospital emergency departments for acute, urgent, and often times, very serious pain or infections.¹

According to the most recent statewide health behavior surveys conducted in 2012 and 2014, 27% of Rhode Island adults reported they did not go to a dentist or dental clinic in the past year. The majority of adults with dental insurance coverage went to a dentist, compared to only half of adults without dental insurance (Figure 1).

FIGURE 1. PERCENTAGE OF ADULTS (18 YEARS AND OLDER) WHO HAD A DENTAL VISIT IN THE PAST YEAR BY DENTAL INSURANCE COVERAGE, RHODE ISLAND 2012 & 2014



Data source: Rhode Island Behavioral Risk Factor Surveillance System, 2012 & 2014

ABOUT THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS):

The BRFSS is an ongoing, random, telephone health survey of non-institutionalized US adults aged 18 years or older. The BRFSS monitors the prevalence of health risks that contribute to the leading causes of disease and death among adults. Rhode Island has participated in the BRFSS since 1984. Since 2011, cell phone interviews have been included in the BRFSS.

2012 AND 2014 RHODE ISLAND BRFSS

The Rhode Island BRFSS conducted interviews with non-institutionalized 5,480 and 6,450 adults in 2012 and 2014, respectively. As outlined by the Rhode Island Oral Health Surveillance System, oral health questions were included to estimate Rhode Island adults':

- a. Likelihood of having a recent dental visit, and
- b. Dental insurance status.

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Opportunities for Rhode Island adults to obtain dental insurance under the Affordable Care Act (ACA)

Rhode Island has made significant improvements in reducing its number of uninsured residents. HealthSource RI, the state-based health benefits exchange, reported the rate of uninsured among Rhode Islanders dropped by more than half, from 11% in 2011 to 5% in 2015.²

Beginning in January 2014, all RI adults with income at or below 138% of the federal poverty level became eligible through the ACA for Medicaid that includes coverage for oral health services. Before this expansion, RI Medicaid eligibility for adults was limited to adults with disabilities, pregnant women, and parents of Medicaid-enrolled children. Attributed mostly to the Medicaid expansion, **62,000 more adults are enrolled in Medicaid by end of the year 2014**, compared to 2012 enrollment (Table 1). This number represents 7.4% of RI adults 18 years and older who were most likely medically and dentally uninsured before the ACA.

TABLE 1. MEDICAID ADULT ENROLLMENT CHANGE, RHODE ISLAND 2012-2014

Total Medicaid Adult Monthly Enrollment, SFY 2012 ³	93,911
Total Medicaid Adult Monthly Enrollment, Dec 2014 ⁴	156,134
Enrollment change, SFY 2012 to December 2014	+62,223

Additionally, Rhode Islanders with incomes between 138% and 400% of the poverty level became qualified to purchase private health insurance with subsidized premiums and tax credits through HealthSource RI. By the end of 2014, 23,600 adults were reported to have enrolled in a health insurance plan. Among these, approximately **11,000 individuals, 46% of total enrollees, chose to buy a dental plan**, an optional benefit in the ACA.⁵ For many individuals or families, dental plans offered with separate cost-sharing structures and tax incentives may have not been affordable or attractive.

¹ Oh, J., Leonard, L. (2012). Hospital Emergency Department Visits for Non-Traumatic Oral Health Conditions among Rhode Island Adults Age 21–64 Years, 2006–2010. *Medicine and Health Rhode Island*, 95(11), 367-369. Available from: <http://www.rimed.org/medhealthri/2012-11/2012-11-367.pdf>

² “News Release: HealthSource RI Reports Uninsured Rate Drops to 5%” HealthSource RI. Posted September 25, 2015. Available from: <http://healthsourceri.com/press-releases/healthsource-ri-reports-uninsured-rate-drops-to-5/>

³ An Assessment of the Rhode Island Medicaid Adult Dental Program. RI Executive Office of Health & Human Services, Cranston, RI. January 2014.

⁴ Medicaid & CHIP: December 2014 Monthly Applications, Eligibility Determinations and Enrollment Report. Centers for Medicare & Medicaid Services. February 23, 2015. Retrieved September 23, 2015 from:

<http://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/december-2014-enrollment-report.pdf>

⁵ Rhode Island ASPE Marketplace Summary Enrollment Report. Retrieved September 24, 2015; Email correspondence with Healthsource RI.

Rhode Island adults' dental insurance coverage change, 2012-2014

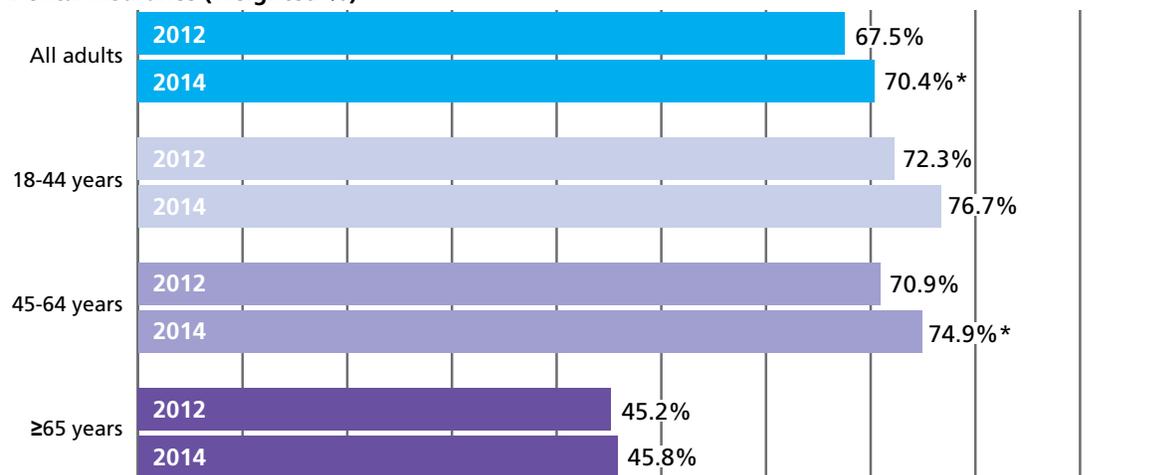
According to the Rhode Island BRFSS, about 70% of RI adults reported having any dental insurance coverage in 2014, approximately 3% more than in 2012 (Figure 2). Extent of dental insurance gain was not similar among different age group of adults; a significant change from 2012 to 2014 was observed only among adults aged 45-64 years.

With the ACA implementation, Rhode Islanders' gap between medical and dental insurance is persistent and wider than before implementation. Approximately 7% more RI adults had medical insurance in 2014 than in 2012 (Figure 2). The percentages of non-elderly adults with any medical insurance increased among both 18-44 and 45-64 age groups. Particularly, among younger adults age 18-44 years, medical insurance gain was prominent, but this same trend was not observed in the dental insurance status.

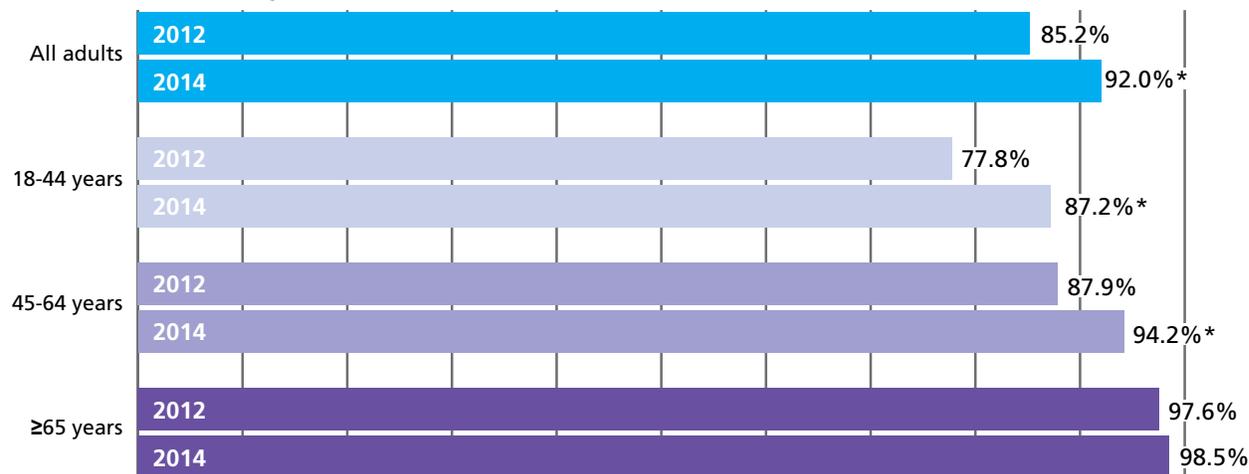
The ACA did not affect the dental or medical insurance landscape among older adults who are typically covered by Medicare. Medicare dental benefits only include oral health services for hospitalized patients with limited conditions and do not include routine dental care for non-hospitalized older adults. **More than half of RI seniors age 65 years and older do not have any dental insurance coverage, and this status has not changed in the ACA era.**

FIGURE 2. PERCENTAGE OF ADULTS (18 YEARS AND OLDER) WHO REPORTED HAVING ANY DENTAL OR MEDICAL INSURANCE BY AGE, RHODE ISLAND 2012 AND 2014

Dental Insurance (weighted %)



Medical Insurance (weighted %)



* indicates statistically significant increase from 2012 (at p-value=.05)

Data source: Rhode Island Behavioral Risk Factor Surveillance System, 2012 & 2014

Who does not have dental insurance coverage?

As noted above, a quarter of non-elderly adults and more than half of older adults in RI are still dentally-uninsured. More of these adults were from racial/ethnic minority groups or had lower educational attainment than their counterparts (Table 2). Compared with employed individuals, the percentages of dentally-uninsured adults were higher among self-employed, out-of-work, or retired adults (Table 2). Additionally, adults who rent their home, or do not have a child in the household, were more likely not to have dental insurance coverage (Table 2).

TABLE 2. PERCENTAGE OF ADULTS (AGE 18 YEARS AND OLDER) WHO DID NOT HAVE DENTAL INSURANCE BY SELECTIVE DEMOGRAPHIC CHARACTERISTICS, RHODE ISLAND 2014

Demographic characteristics	Weighted Percent (95% Confidence Interval)
Race/ethnicity	
Non-Hispanic White	27.4 (25.8-29.0)
Hispanic	39.0 (32.9-45.2)
Non-Hispanic Other	35.4 (29.3-41.5)
Educational attainment	
≤High school graduate	38.6 (35.7-41.6)
College or higher	23.0 (21.2-24.7)
Employment status	
Employed	17.9 (15.8-20.0)
Self-employed	36.2 (30.0-42.4)
Out-of-work	41.2 (34.0-48.5)
Unable to work	34.2 (28.8-39.7)
Retired	53.6 (50.8-56.4)
Home ownership	
Own home	25.1 (23.4-26.8)
Rent home or other housing arrangement	38.3 (35.1-41.6)
Child (<18 years) in the household	
Parent with a child in the household	18.8 (15.5-22.0)
Childless adult or no child in the household	32.8 (31.0-34.6)

Data source: Rhode Island Behavioral Risk Factor Surveillance System, 2014

Discussion and recommendations: Dental benefits for more Rhode Islanders

A limitation of the BRFSS statewide health interview survey is the likelihood of under-reporting of insurance coverage. Newly enrolled adults in Medicaid may not have been fully informed that the Medicaid benefit package included oral healthcare services. Additionally, delays in enrollment to Medicaid or subsidized insurance may have resulted in coverage that began after the survey was completed.

Rhode Island's implementation of Medicaid expansion and the provision of additional private insurance options have played a critical role in increasing the number of Rhode Islanders with health insurance coverage, particularly among low-income adults and families. However, the state has not made the same progress in expanding dental insurance coverage. Public health programs and policies should aim to reach out to Rhode Islanders who are eligible for and newly enrolled in Medicaid or subsidized policies to increase awareness of dental benefits and effective utilization of preventive and regular oral healthcare. Yet, the persistent lack of affordable and comprehensive dental coverage options leave many RI low-income young and older adults without access to a regular source of oral healthcare. Private and public dental insurance benefits should be made more affordable and accessible for all Rhode Islanders.