



State of Vermont
Agency of Human Services
280 State Drive
Waterbury, VT 05671-1000
www.humanservices.vermont.gov

Jenney Samuelson, Secretary
Todd Daloz, Deputy Secretary

[phone] 802-241-0440
[fax] 802-241-0450

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Re: Response to Public Comments for Global Commitment Register notice [23-071 Medicaid Dental Benefit and Rate Changes](#)

A copy of comments received are included below along with a response from the Agency of Human Services (AHS).

Comment received from Howard Center staff:

I am writing in support of the authorization of expanded dental benefits covered through Medicaid. I have been supporting adults with disabilities for the past 10 years and have seen so many individuals suffer due to the lack of coverage for dental procedures. I supported someone who had significant stomach and bowel problems because she couldn't afford dentures and was not chewing her food. She ended up having to see several specialists and required support for transportation to these appointments (all paid for by Medicaid). The cost of this far exceeded what it would have cost to cover the dentures. This is one of example of many.

State Response: Thank you for the comment in support of these dental benefit changes.

Comments received from Vermont Legal Aid Office of the Health Care Advocate:

Thank you for the opportunity to comment on the proposed changes included in GCR 23-071. The Office of the Health Care Advocate routinely receives calls from Vermonters with Medicaid who cannot access the dental care that they need because they have already reached their annual dental cap, or they need services which would exceed the annual dental cap.

Item #1 – Reimbursement rate and dental cap We appreciate and support the increase in reimbursement rate for Medicaid dental providers. We hope that the increase in reimbursement rate combined with robust outreach from the Dept. of Vermont Health Access and the Vermont Dental Society will convince more dentists to participate in Medicaid and persuade existing Medicaid providers to treat more patients. We also support the increase in the annual cap on dental expenditures for beneficiaries ages 21 and older; however, we continue to advocate for the full elimination of the dental cap for all Medicaid beneficiaries. The annual dental cap prevents Vermonters with Medicaid from getting the dental care they need, when they need it, resulting in needless suffering and worse and more expensive health outcomes down the line.

State Response: Thank you for your comment in support of the reimbursement increase. The dental benefit changes are intended to increase access to dental services. DVHA is partnering with the Vermont Dental Society to conduct outreach to dental providers to encourage increased enrollment, and to encourage enrolled providers to accept more patients.

To eliminate the dental cap for all Medicaid members requires legislative action. Act 78 of the 2023 legislative session directs DVHA to report an “analysis of the impact of Medicaid dental provider rate increases on the participation of dental providers in the Medicaid program, the geographic and network adequacy of dental providers for the Medicaid population, utilization of emergency dental services due to allowable exceptional medical circumstances, and predictions on costs of increasing or eliminating the dental cap”. This report due by January 15, 2025, will include a cost estimate to eliminate the cap for all Medicaid groups.

Item #2 – Coverage of emergency services above the dental cap We support the change to allow dentists to bill Medicaid directly for emergency services above the annual dental cap for an individual. The process of securing a General Assistance (GA) Voucher is time-consuming and burdensome. However, DVHA should not limit the definition of “emergency services” to the list of service codes currently covered by the GA Voucher Program. DVHA should expand the definition to include treatment that is necessary to avoid the permanent loss of one or more teeth, including definitive root canal therapy and permanent restoration (filling) for one or more teeth that are experiencing pain, infection, or bleeding. It is not reasonable for a Medicaid recipient to be denied emergency coverage for the repair of a tooth when the outcome of that decision is permanent loss of the tooth or recurring pain and infection in the future. This is critically important given that DVHA does not cover implants and rarely covers dentures.

State Response: Thank you for your comment in support of allowing coverage of emergency dental services for Medicaid members without requiring the General Assistant Voucher. Emergency dental services include those to treat pain, infection, or bleeding. This expansion of coverage allows additional services after the annual dental cap has been met. The list of coverage codes reflects those necessary for treatment of acute pain, infection, or bleeding. Coverage for additional services, including root canals and restorations, can be covered up to the annual \$1,500 cap on expenditures.

Item #3 – Elimination of dental cap for individuals in DDS and CRT waiver programs We support the elimination of the annual dental cap for individuals in the Developmental Disabilities Services and Community Rehabilitation and Treatment waiver programs. We also support coverage of medically necessary dentures for these two populations.

However, we strongly believe that such coverage should be extended to the full Medicaid population. Every year our office receives phone calls and emails from Vermonters on Medicaid who need dentures and cannot afford to pay out-of-pocket. Many who are in desperate need seek out cheap options. For example, they might pay for dentures that are never fitted properly and cause them pain, or they might seek out treatment from a suspect provider who takes their money, provides partial treatment, but then moves out-of-state and fails to finish the work or reimburse them.

Thank you for your consideration of these comments. We would welcome further discussion with DVHA about how Vermont can ensure that the entire Medicaid population is able to receive all of the medically necessary dental care that they need each year.

State Response: Thank you for your comment in support of this change. Expanding coverage of medically necessary dentures to all Medicaid enrolled adults requires legislative action and additional appropriations to cover the cost of dentures for all Medicaid enrolled adults. Dentures continue to be covered for beneficiaries under the age of 21 and individuals who are pregnant or in the postpartum period.