

CORE ISSUES

# A NEBRASKA APPLESEED POLICY BRIEF

## Oral Health is Key to Overall Health: Improving Dental Coverage in Nebraska Medicaid



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## NEBRASKA APPLESEED

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# Oral Health is Key to Overall Health: Improving Dental Coverage in Nebraska Medicaid

## I. Introduction

Even though oral health is a critical part of overall health, many Nebraskans do not get the care they need. This is particularly true in the Medicaid program, which provides health coverage to hundreds of thousands of Nebraskans. Even though some dental coverage is included, a majority of adults with Nebraska Medicaid are not utilizing any dental services, suggesting barriers persist to accessing oral health care.<sup>1</sup> Increasing access to dental care in Nebraska's Medicaid program presents a wide range of benefits, from improving individual health to addressing racial disparities to supporting the economy. Fortunately, steps can be taken to make these potential benefits a reality. This paper provides a snapshot of Nebraska Medicaid enrollees' current access to dental coverage and services, and provides simple policy options to increase dental access in Nebraska.

## II. Importance of Dental Care

Dental care can impact a range of other areas of health. When left untreated, oral health problems can lead to pain, tooth loss, and nutrition issues, and can affect daily activities like eating, speaking, and sleeping.<sup>2</sup> Research has also shown an association between oral health problems and other health issues including diabetes, cardiovascular disease, adverse pregnancy outcomes, and dementia.<sup>3</sup>

In addition to broad health benefits, access to oral health services also has wide-ranging economic benefits. Increased access to dental coverage can significantly reduce expensive emergency department visits for dental conditions.<sup>4</sup> An estimated 79% of dental emergency department visits would be more appropriately and cost-effectively treated in an out-patient dental office setting.<sup>5</sup> Regular preventive dental visits are tied to lower dental costs, reduced

emergency department visits for nontraumatic dental conditions, fewer dental-related opioid prescriptions, and fewer oral surgeries.<sup>6</sup> Oral health care also has serious social implications that impact job prospects: nearly 30 percent of low-income adults in the U.S. indicate that the condition of their mouth and teeth limits their ability to interview for a job.<sup>7</sup>

**"Neglecting oral health can cost thousands. Newer research shows that gum disease is a causative factor for heart attack and stroke, which can cost hundreds of thousands of dollars to treat. Acute infections that are not treated in a timely manner can lead to complications with other comorbidities and long hospital stays."**

*- Nebraska Medicaid Dental Provider*

Improving access to dental care is also an important step toward addressing racial disparities in health care. National data clearly shows that racial disparities exist in access to affordable dental care. Black and Hispanic adults are more likely to face cost barriers to dental care than white adults.<sup>8</sup> Among seniors, cost barriers have increased more significantly since 2005 for Hispanic, Black, and Asian seniors than for white seniors.<sup>9</sup> There is also evidence that increased lifetime discrimination experiences are related to decreased likelihood of visiting a dental provider in the past 12 months.<sup>10</sup>

### **III. Status of Nebraska Medicaid Dental Coverage**

Medicaid provides health care coverage, including some dental coverage, to hundreds of thousands of low-income Nebraskans. Medicaid not only supports the health and well-being of Nebraskans, it also supports Nebraska's workforce, health systems, and economy.

When people have access to health care through Medicaid, they are more financially secure and economically productive; but without coverage, untreated conditions can turn into severe health issues, causing social and economic costs to soar. Today, more than 330,000 Nebraskans rely on Medicaid coverage.<sup>11</sup>

Due primarily to systemic racism, people of color are disproportionately represented in Medicaid enrollment.<sup>12</sup> For example, Black Nebraskans account for 10.7% of the non-elderly Medicaid population<sup>13</sup> while only 5.3% of the state's total population is Black.<sup>14</sup> While Medicaid has decreased racial disparities in health coverage and access to services, there is more to be done to further address persistent racial inequities in health care (including inequities in the Medicaid program itself).<sup>15</sup>

Currently, all dental coverage is administered by one dental plan, separate from other health coverage provided by Nebraska Medicaid. Soon, Medicaid dental coverage will no longer be separately managed and will be integrated with other health coverage and managed by three different Managed Care Organizations (MCO).<sup>16</sup> Starting in 2024, Medicaid enrollees will access health and dental coverage through the same plan.

## Coverage

Medicaid coverage of dental services is different for children and adults. Children enrolled in Medicaid and the Children's Health Insurance Program (CHIP) have access to preventive and medically necessary comprehensive health care services until age 21 through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, mandated by the federal government.<sup>17</sup> At a minimum, EPSDT dental services must include relief of pain and infections, restoration of teeth, and maintenance of dental health, and may not be limited to emergency services.<sup>18</sup>

Unfortunately, there is no corresponding federal mandate for adult comprehensive dental coverage through Medicaid. In Nebraska, there is currently an annual cap on adult dental services at only \$750.<sup>19</sup> Studies of state dental coverage have categorized Nebraska Medicaid adult dental coverage as a "limited" benefit covering a subset of diagnostic, preventive, and minor restorative procedures with a low per-enrollee annual maximum expenditure.<sup>20,21</sup>

Since October 1, 2021, all low income adults enrolled in Nebraska Medicaid expansion coverage have had this limited access to dental coverage.<sup>22</sup> Medicaid expansion, which now covers over 75,000 Nebraskans,<sup>23</sup> has allowed many adults in Nebraska to access dental services that they have previously gone without. Now enrolled in this new coverage, adults are presenting to dental providers with oral health conditions that have gone untreated, and likely require more than \$750 to treat according to standards of care. As described by one Nebraska Medicaid dental provider:

"Fifty percent of patients over the age of 30 have irreversible gum disease that requires treatment and frequent maintenance. Calculating from the current fee schedule, common codes used to assess and treat a patient with periodontal disease costs around \$650. With a \$750 annual maximum, that leaves only \$100 to treat any other conditions, like cavities. Adult patients frequently have multiple teeth with cavities, some so severe they require root canal therapy and a crown to remove infection and keep the tooth. A single filling or extraction can cost \$100 or more and more advanced treatment costs several hundred dollars. When patients cannot complete their treatment plans in a timely manner because they reach their maximum benefit, this puts them at risk for severe illness and trips to the emergency room due to active and advancing infection."

It is clear that the \$750 annual cap does not work for patients or providers.

Even with dental coverage through Medicaid, state data shows that a majority of adult Nebraskans with Medicaid coverage are not utilizing their dental coverage, suggesting that barriers persist to accessing oral health services.<sup>24</sup>

**"I have had a hard time finding a dentist... Most providers don't accept Medicaid... I've had to call around to place to place to see if they accept it."**

*- Nebraska Medicaid Enrollee*

**“I have a foster daughter that is on Medicaid. When I started looking for a provider that accepted Medicaid it was very limiting. When we finally found someone there was a 6 month wait before we could get an appointment... It was very frustrating.”**

**- Nebraska Medicaid Enrollee Family**

## Providers

Even with dental coverage, Nebraskans have a hard time finding a provider accepting new Medicaid patients. Patients must sometimes navigate conflicting information about the availability of Medicaid providers. Existing Nebraska Department of Health and Human Services (DHHS) or Managed Care Organization (MCO) search tools may show that a specific provider is accepting Medicaid and new patients, but when the patient calls to make an appointment, one or both may no longer be true.

Community feedback reflects a need for improvements to the Medicaid dental provider workforce. DHHS hosted listening sessions with providers, enrollees, and advocates in January 2022.<sup>25</sup> Dental care improvements were the first-listed changes to be implemented in new managed care contracts following the listening sessions.<sup>26</sup> After receiving feedback that more Medicaid dental providers are needed and barriers discourage dentists from enrolling as Medicaid providers, DHHS increased dental provider rates by 10%, effective July 1, 2022.<sup>27, 28</sup>

Nebraskans with dental coverage through Medicaid face barriers to access a dental provider and necessary services. The Nebraska Medicaid Annual Report for 2021 states Medicaid providers include 1,885 dentists in-state, 215 dentists out-of-state, 80 dental hygienists in-state and 1 dental hygienist out-of-state.<sup>29</sup> However, data that clearly shows the number of active dental providers, and to what degree providers accept Medicaid patients, is not readily accessible to the public. This highlights a need for more accurate, accessible, and real-time updated information showing active practicing dental providers and identifying which ones accept new Medicaid patients.

**“The biggest barriers for patients seeking care are the current workforce shortage, not enough providers accepting patients with medicaid, and the \$750 annual maximum for dental care.”**

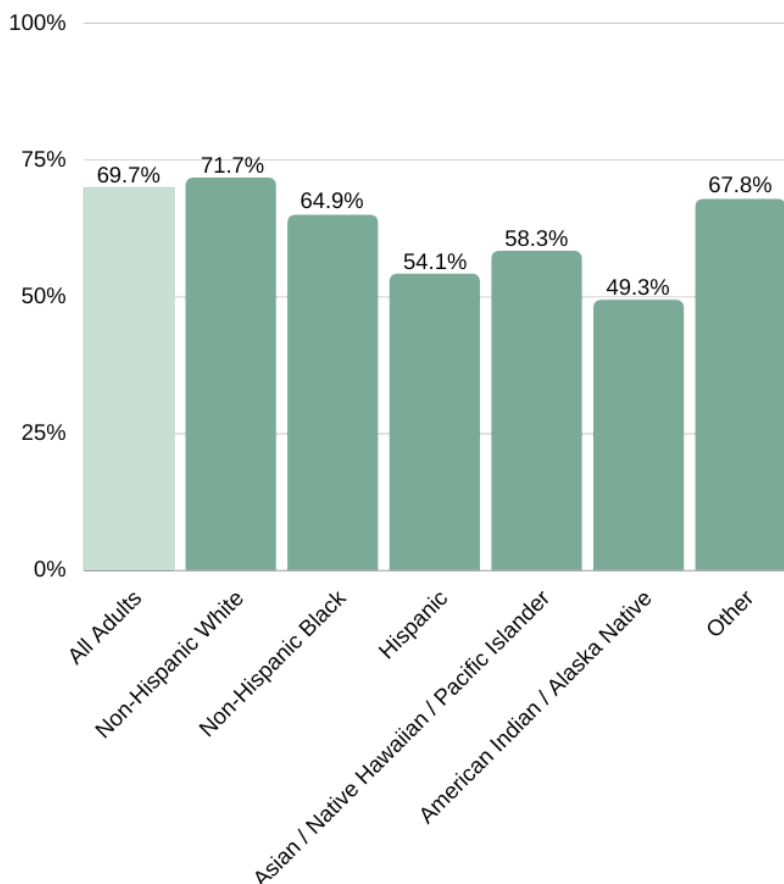
**- Nebraska Medicaid Dental Provider**

## Nebraska Dental Coverage Utilization

Having dental coverage is critical, but actually utilizing that coverage to access dental care makes coverage meaningful. This section looks at utilization of dental coverage among Nebraskans, regardless of insurance, then focuses on utilization among Nebraskans with Medicaid coverage.

The chart below shows that 69.7% of all adults in Nebraska, regardless of insurance coverage, reported visiting a dentist in 2020.<sup>30</sup> As is clear in the chart, racial disparities persist in access to dental services in Nebraska. White adults had the highest self-reported access to a dental provider, while Hispanic and American Indian/Alaska Native adults were the least likely to report seeing a dental provider in the last year.<sup>31</sup>

**Nebraska Adults Who Visited A Dental Provider within the Past Year (2020)**



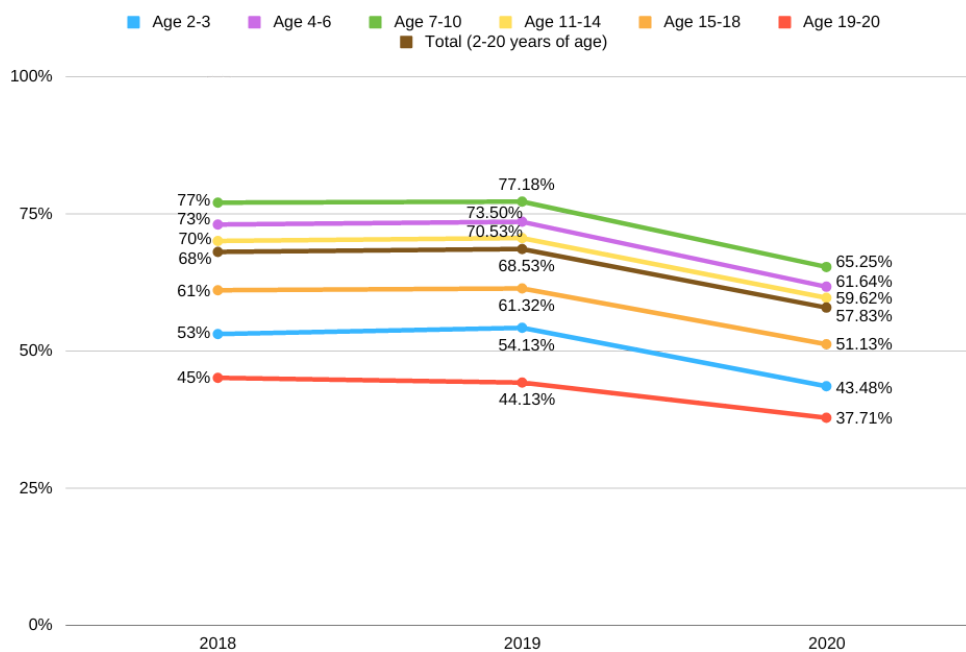
Graph Data Source: Kaiser Family Foundation, State Health Facts, Percent of Adults Who Visited the Dentist or Dental Clinic within the Past Year, Last Accessed December 20, 2022, <https://www.kff.org/statedata/custom-state-report/?i=32219%7Cef3054a4-444181%7Cef3054a4&g=ne&view=3>



Medicaid enrollees are less likely to utilize dental coverage as compared to the average rates of Nebraska adults with any health insurance type. Among adults over the age of 21 with Nebraska Medicaid dental coverage, only 42.6% in 2018 and 41.9% in 2019 had an annual dental visit.<sup>32</sup> Said another way, a majority of adults with Nebraska Medicaid (57.4% in 2018 and 58.1% in 2019) did not utilize the dental coverage they had. This data shows that for a majority of adults with Nebraska Medicaid coverage, barriers other than having insurance exist to meaningful access to a dental provider.

Medicaid utilization is higher among children under 21, which may be because of the comprehensive dental benefit required under the EPSDT program. Even so, the average utilization rate among Nebraska children enrolled in Medicaid or CHIP was under 70% in 2018 and 2019, and under 60% in 2020.<sup>35</sup> All utilization rates dropped in 2020, likely due to the COVID-19 pandemic. However, even prior to the COVID-19 pandemic, utilization rates for both adults and children with Nebraska Medicaid coverage indicated significant barriers to access for oral health services.

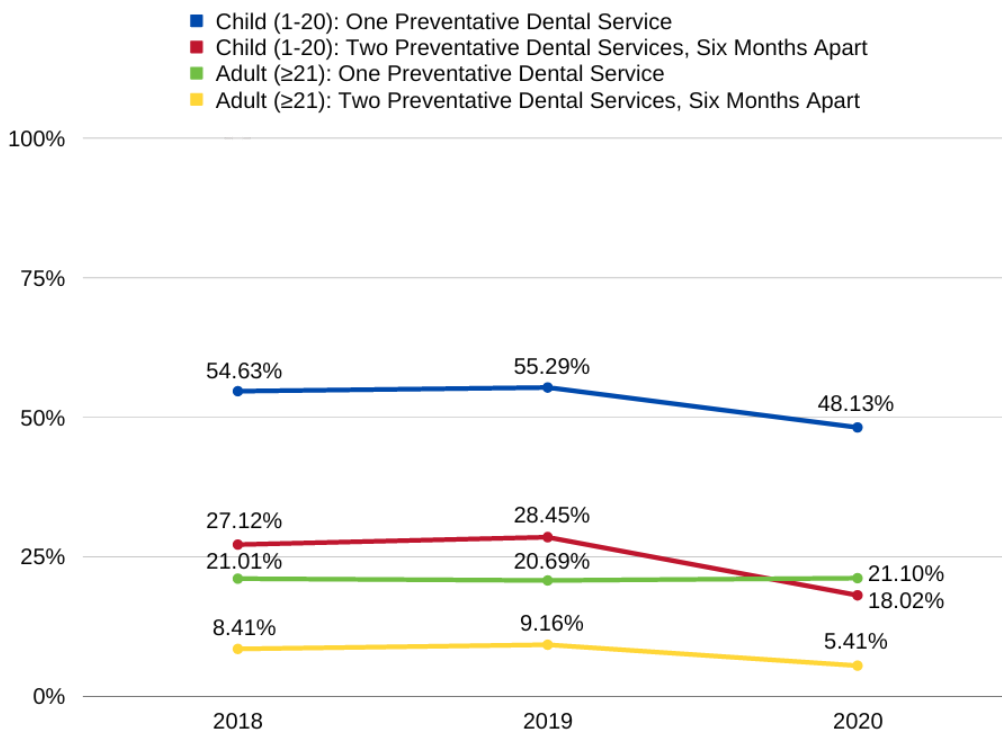
### Nebraska Adults Who Visited A Dental Provider within the Past Year (2020)



Graph Data Source: Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care, Annual External Quality Review Technical Report Managed Care of North America (MCNA) Dental, April 2021, at 21, <https://dhhs.ne.gov/Documents/MCNA%202021%20EQR%20Technical.pdf>; and Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care, Contract Year 2021-2022 External Quality Review Technical Report for Heritage Health Program, April 2022, at D-6 - D-7, <https://dhhs.ne.gov/Documents/MCNA%202021%20EQR%20Technical.pdf>.

The chart below highlights important preventive services. Utilization rates for adults enrolled in Medicaid over the age of 21 who accessed two preventive services at least six months apart was under 10% in 2018 and 2019, and near 5% in 2020.<sup>34</sup>

### Preventive Nebraska Medicaid Dental Services Utilized by Age, Frequency, and Year



*Graph Data Source: Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care, Contract Year 2021-2022 External Quality Review Technical Report for Heritage Health Program, April 2022, at D-1 - D-2, <https://dhhs.ne.gov/Documents/MCNA%202021%20EQR%20Technical.pdf>.*

The reasons for under-utilization of dental coverage among Medicaid enrollees are likely wide-ranging. Recent interviews of Medicaid enrollees in another state found that challenges included but were not limited to significant limits on treatment imposed by dental expenditure caps, difficulties finding a dentist that accepts Medicaid, long wait times, distance to the dentist that would treat them, problems accessing emergency care and follow-up, and reductions in service related to COVID-19.<sup>35</sup>

## IV. Improving Oral Health Care for Nebraskans with Medicaid Coverage

Creative solutions are required to improve access to oral health services for Nebraskans with Medicaid coverage. Below are several policy options to improve access to oral health services, including: maintaining more accurate dental provider search tools and data, increasing the number of providers seeing Medicaid dental patients, providing more Medicaid dental coverage and services, and continuing to prioritize feedback from Medicaid enrollees.

*“Many children and adults with Medicaid are unable to find a dentist to see them. They often report they have called more than 10 offices but are not able to be seen. We’re starting to face a real crisis for access to dental care in Nebraska. When they can’t get the dental treatment they need, I see the problems get worse and often require the need for treatment in the hospital, which adds more risk for the child and more cost to the Medicaid system.”*

*- Nebraska Medicaid Dental Provider*

### A. Accurate Dental Provider Search Tools and Data

#### Provider Search Tools for Enrollees

Patients seeking a Medicaid dental provider, or providers who are referring patients for additional services, need accurate search tools and resources to find appropriate care. Trust is eroded when the information is inaccurate and creates additional barriers for access to oral health services.

MCOs must maintain provider search tools that ensure accessibility, easy navigation, and accurate information about which providers are accepting new Medicaid patients, appointment wait times, services provided, and languages spoken to improve access. This will be especially important when Medicaid dental coverage is transitioned from one dental plan manager to three different MCOs in 2024.<sup>36</sup> DHHS needs to heed enrollee and provider feedback as to whether MCO search tools are efficient and effective, and must hold MCOs accountable for providing accurate provider search tools.

## Accurate, Accessible Provider Data

In addition to a search tool for enrollees and providers, DHHS should share publicly-accessible data on provider enrollment in Medicaid and to what degree providers treat Medicaid patients.

As noted in sections above, accurate data is not readily available to the public regarding how many *active* dental providers are enrolled in the Medicaid, and how many Medicaid patients are seen by those providers. This highlights a need for more accurate, accessible, and real-time updated information showing active practicing dentists and identifying which ones accept new Medicaid patients.

Other states track this information. A recent research brief by the American Dental Association sorted dental providers in each state by their volume of Medicaid patients. The categories were: 1) Providers that see no Medicaid patients because the providers are not enrolled in Medicaid, 2) Providers that are enrolled in Medicaid but see no Medicaid patients, 3) Providers that see 1-9 Medicaid patients, 4) Providers that see 10-100 Medicaid patients, and 5) Providers that see 100+ Medicaid patients.<sup>37</sup> The research brief was able to helpfully describe states' provider pools. For example, some states have high provider enrollment, but very few dentists seeing high numbers of Medicaid patients, indicating a "wide but shallow" provider pool.<sup>38</sup> Other states have low provider enrollment, but a large share of the providers enrolled see many Medicaid patients, indicating a "narrow and deep" provider pool.<sup>39</sup> Unfortunately, Nebraska was one of few states with insufficient data to be analyzed in the report.<sup>40</sup> Comprehensive, real-time, and publicly-accessible information regarding active dental providers who accept Medicaid patients is necessary for a complete picture of access to providers in Nebraska.

## B. Increase the Number of Providers Seeing Medicaid Patients

Medicaid enrollees face issues accessing the oral health providers and appointments they need. DHHS must take action to make sure there are more dental providers seeing more Medicaid patients in Nebraska. Solutions can include provider incentives and creative workforce-building.

**“More providers delivering care to patients with Medicaid would inevitably lead to more timely care. Disease that is prevented or treated early is far less complicated and costly.”**

*- Nebraska Medicaid Dental Provider*

### Incentivize Providers to Enroll in Medicaid and Accept More Medicaid Patients

Increasing provider rates has been linked to increased dentist participation in Medicaid.<sup>41</sup> DHHS recently increased provider rates by 10 percent,<sup>42</sup> but Nebraska Medicaid provider rates have lagged behind private insurance rates and other states' Medicaid reimbursement rates.<sup>43</sup>

Loan forgiveness programs may be used as incentives for providers to accept Medicaid patients in areas that lack Medicaid dental providers. Current health professional loan forgiveness programs prioritize “shortage areas” as determined by the Nebraska Rural Health Advisory Commission and federal Health Resources & Services Administration.<sup>44, 45</sup> Similarly, loan forgiveness programs could prioritize Medicaid shortage areas where Medicaid patients cannot access dental providers in their community. The Nebraska Medical Care Advisory Committee unanimously adopted a resolution in support of a similar concept for all Medicaid providers on October 20, 2022.<sup>46</sup>

**“I think it should be less of a hassle for providers to accept Medicaid so it wouldn't be so hard to get an appointment.”**

*- Nebraska Medicaid Enrollee Family*

## Join an Interstate Compact to Bolster the Nebraska Dental Provider Workforce

A new interstate compact that would support the mobility of licensed dentists and dental hygienists is currently promoted by The Council of State Governments (CSG), the Department of Defense (DoD), the American Dental Association (ADA), and the American Dental Hygienists' Association (ADHA).<sup>47</sup> States that join the compact would have license reciprocity for dental professionals that move from one state to another, meaning a dentist or dental hygienist that holds an active and unencumbered license and meets other eligibility criteria in a state that participates in the compact may begin legally working in the new state when their eligibility is verified, requirements are met, and licensure fees are paid.<sup>48</sup> Reciprocity under the compact would allow freer movement of dental professionals into the state.<sup>49</sup> Other health care professionals already have similar interstate compacts, including physicians,<sup>50</sup> nurses,<sup>51,52</sup> and physical therapists,<sup>53</sup> among others.

## Reimburse Dental Professionals for All Services Within Their Scope of Practice

States can increase access and lower costs by allowing dental professionals to be reimbursed for all services within their scope of practice.

Dental hygienists work in multiple different settings to deliver clinical care and work under varying levels of supervision that are determined state-by-state.<sup>54</sup> Dental hygienists can be leveraged to broaden the Medicaid dental workforce in Nebraska.

For example, DHHS can allow public health hygienists to bill for additional reimbursement codes to support all services contemplated under their scope of practice. Nebraska offers a public health permit for dental hygienists that allows dental hygienists to perform functions as authorized by DHHS, independent of authorization from a dentist.<sup>55</sup>

Dental hygienists with the public health license can provide independent services in a wide variety of settings including hospitals, nursing facilities, tribal clinics, school-based programs, public health clinics, and other programs or agencies.<sup>56</sup> In addition to traditional hygienist services, public health hygienists can be authorized to write prescriptions for mouth rinses and fluoride products that help decrease risk for tooth decay, and make minor denture adjustments.<sup>57</sup>

“[Receiving Medicaid reimbursement for services at the top of provider scope of practice] could significantly improve sustainability of established programs and promote the utilization of this permit among licensed hygienists. More utilization will undoubtedly increase access to care which will improve dental health and thus overall health for Nebraskans across the state.”

- *Nebraska Medicaid Dental Provider*

According to the 2021 Nebraska Public Health Authorization Dental Services Report, out of the 161 dental hygienists in Nebraska with a Public Health Authorization (PHA) only 31 reported providing services under their PHA and an additional 27 indicated they were very interested in providing community care in the future.<sup>58</sup> Even with this small workforce, these dental health professionals increased oral health care services in 2021. Ensuring that dental hygienists are able to bill Medicaid at the top of their scope to fill needs and see patients who need services can be critical to improving access to oral health care.

## Expand the Workforce with New Dental Provider Types

Some states have introduced new mid-level dental provider types, like dental therapists. These provider-types are likened to the role physician assistants serve in medical care spaces.<sup>59</sup> States including Alaska, Minnesota, Washington, Oregon, and Maine have introduced this new provider-type and recognized that mid-level providers see more Medicaid beneficiaries and underserved populations, and provide high-quality, cost-effective care.<sup>60,61</sup> Educational programs are developing degrees in dental therapy and use of the provider type is increasing, particularly to address dental workforce shortages in rural and low-income areas.<sup>62</sup>

## Reduce Provider Administrative Burdens

There are higher administrative burdens associated with billing Medicaid than billing private insurance.<sup>63</sup> One way to promote more provider enrollment in Medicaid would be to decrease provider administrative burdens. Starting in 2024, Nebraska Medicaid will transition from one dental benefits manager to an integrated plan with both dental and medical care provided by three MCOs.<sup>64</sup> DHHS has stated that new contracts will require all three MCOs to agree on one process and pathway for provider credentialing.<sup>65</sup> DHHS and the contracted MCOs must ensure that provider enrollment and billing are as streamlined and consistent across the MCOs as possible.

### C. Provide More Medicaid Coverage and Services to Nebraskans

#### Remove the Adult Dental Cap

Caps on expenditures for oral health services limit the potential to restore or maintain oral health for Medicaid enrollees to prevent more severe, costly, and potentially emergent disease.<sup>66</sup> In April 2022, DHHS announced plans to remove the adult dental cap.<sup>67</sup> This is a step toward improved accessibility, and as the press release stated, “will promote preventative care that is timely and aimed at improving health outcomes.”<sup>68</sup> However, prompt action to remove the dental cap is required to address the oral health needs of Nebraskans. Neighboring states, including Iowa, Colorado, and North Dakota provide “extensive” adult dental benefits that include more services than are currently covered in Nebraska, including at least 100 diagnostic, preventive, and restorative procedures, and a higher maximum expenditure or no cap at all.<sup>69</sup>

#### Leverage Telehealth

The flexibility and portability possible with the use of telehealth presents opportunities for oral health providers to expand their reach and meet patients in their communities. Telehealth appointments can increase the geographic range a provider can cover, and can reduce travel time for patients.



Opportunities to bolster telehealth to reduce transportation barriers will help keep kids in school and adults at work. DHHS could update reimbursement codes to ensure that providers are reimbursed for services provided through telehealth and also reimbursed for costs associated with obtaining and maintaining telehealth platforms.

## Ensure Access to and Utilization of Comprehensive Dental Coverage for All Medicaid Categories, Including Pregnancy-Specific Coverage

As described above, oral health is a critical component of overall health, and when left untreated, can have wide-ranging impacts on other areas of health and well-being. Every Nebraskan enrolled in any category of Medicaid needs meaningful access to dental coverage and services.

Pregnancy-related eligibility categories may be a particular area of focus, in part because of the connection between dental health and pregnancy outcomes, and in part because of the unique limits of some types of pregnancy-based Medicaid coverage. A pregnant person's oral health can have significant implications for pregnancy outcomes. Periodontal disease has been associated with preterm birth and low birth weight, birth outcomes that can pose health concerns for a newborn.<sup>70,71</sup> One pregnancy-related category of Medicaid in Nebraska does not provide comprehensive Medicaid coverage. Nebraska's 599 CHIP program, also known as CHIP unborn child coverage, is generally designed to provide health coverage for the fetus during pregnancy when a pregnant person is ineligible for Medicaid due to immigration status.<sup>72</sup> Currently, Nebraska's 599 CHIP coverage only covers prenatal care and pregnancy-related services connected to the health of the unborn child.<sup>73</sup> The prenatal and pregnancy-related services provided under 599 CHIP coverage include labor and delivery, pharmaceuticals, necessary imaging, laboratory testing, treatment of conditions that could complicate the pregnancy, and other pregnancy-related services approved by the department.<sup>74</sup>

Pregnancy-related services authorized under 599 CHIP coverage could potentially include oral health care,<sup>75</sup> or coverage could specifically be designed to include dental coverage. Connecticut's CHIP unborn child coverage includes dental services, in addition to a wide array of other health services.<sup>76</sup> Nebraska can affirmatively clarify that dental coverage is included in 599 CHIP, as Connecticut has done. Ensuring oral health coverage is comprehensive and utilized among Nebraskans with any Medicaid coverage type, including 599 CHIP enrollees, can improve health outcomes for newborns and pregnant people.

## **D. Continue to Solicit and Prioritize Feedback from Medicaid Enrollees**

In 2022, DHHS hosted listening sessions in January and October to solicit feedback from Medicaid enrollees, providers, advocates, and other stakeholders.<sup>77, 78</sup> As DHHS has acknowledged, providing opportunities for regular feedback is valuable.<sup>79</sup> Particularly as Medicaid enrollees, providers, and DHHS prepare for and experience the transition to new managed care contracts, soliciting, prioritizing, and acting on feedback from Medicaid enrollees will continue to be vital.

## **V. Conclusion**

Oral health is essential to overall health. There is more to be done in Nebraska to ensure that everyone, especially those who rely on Medicaid health coverage, have access to the care they need. Nebraska can take action to improve Medicaid dental access by a) ensuring that Medicaid enrollees can efficiently and effectively search for and access services from oral health providers, and better Medicaid provider data is made available to the public; b) increasing the number of Medicaid oral health providers and the number of Medicaid patients they see; c) providing additional necessary oral health coverage and services through Nebraska Medicaid; and d) continuing to solicit and prioritize feedback from Medicaid enrollees to improve dental access and utilization. Our communities are healthier when everyone has meaningful access to care.

## Endnotes

1. Among adults over the age of 21 with dental coverage through Nebraska Medicaid, only 42.6% in 2018 and 41.9% in 2019 had an annual dental visit. Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care, Annual External Quality Review Technical Report Managed Care of North America (MCNA) Dental, April 2021, at 22, <https://dhhs.ne.gov/Documents/MCNA%202021%20EQR%20Technical.pdf>.
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