



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
OFFICE OF MEDICAID
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June 27, 2025

Chair Michael J. Rodrigues
Senate Committee on Ways and Means
State House, Room 212
Boston, MA 02133

Chair Aaron Michlewitz
House Committee on Ways and Means
State House, Room 243
Boston, MA 02133

Dear Chairs Rodrigues and Michlewitz:

Line Item 4000-0700 of the Fiscal Year 2025 Budget (Chapter 140 of the Acts of 2024) requires the Executive Office of Health and Human Services (EOHHS) to report to the House and Senate Committees on Ways and Means on: “(i) dental coverage available to MassHealth recipients as of January 1, 2025 as it compares to dental coverage available to MassHealth recipients on January 1, 2010; (ii) utilization of dental services in fiscal year 2024 and fiscal year 2025; (iii) the actual and projected costs and revenue associated with dental coverage in fiscal year 2024 and fiscal year 2025; and (iv) the estimated cost effectiveness of dental coverage as a contributor to MassHealth total cost of care...”

Regarding subpart (i), MassHealth dental benefits were restructured during FY2011 to discontinue coverage of various services for members aged 21 and older, with the exception of adults enrolled through the Department of Developmental Services (DDS). Coverage for core preventative services such as cleanings and extractions was maintained, while coverage for predominately restorative services such as fillings, crowns, root canals, deep scalings, and dentures was discontinued. In subsequent years, coverage for adult front teeth fillings was restored in January 2013, coverage of all other adult fillings was restored in March 2014, coverage of adult dentures was restored in May 2015 and coverage for periodontal services such as periodontal scaling and root planing for adults was restored in April 2019. Effective January 1, 2021, MassHealth adult dental coverage was expanded to restore coverage for crowns, endodontic treatment, and certain oral surgery procedures. With the aforementioned expanded

coverage, MassHealth has exceeded the Line Item 4000-0700 coverage requirements by making adult dental coverage as comprehensive as it was in January 2010.¹

Regarding subparts (ii) and (iii), total MassHealth dental utilization in FY2024 was 7,436,682 units (claims) at an aggregate cost of \$608,881,902.63. In FY2025, MassHealth dental utilization year to-date is 4,575,649 units (claims) at an aggregate cost of \$374,742,155.76. MassHealth anticipates that total aggregate costs will be approximately \$618 million by the end of FY2025. This cost estimate includes the rate increases described below as well as an anticipated increase in utilization compared to last year.

Regarding subpart (iv), MassHealth recognizes that maintenance of dental health supports overall health and may reduce the total cost of care. As a result, MassHealth has implemented evidence-based dental initiatives targeted at high return on investment areas. For example, MassHealth implemented a sealant program for children which has resulted in Massachusetts being the leader in the country for application of sealants according to 2014 CMS data. Furthermore, MassHealth was one of the first Medicaid programs to propose a comprehensive primary care physician *fluoride varnish program*. This program encourages physician offices to promote oral health by providing the initial preventative dental treatment to children in the office and encouraging members to bring their children to visit their dentist at a young age. Effective 2024, CMS requires fluoride varnish reporting from Accountable Care Organizations (ACO) as a quality measure. More recently, MassHealth is exploring the *Dental Emergency Room (ER) Diversion Program*. This program is designed to target members who have used the ER for dental-related conditions by connecting those members to a dental provider where they can receive preventive care and dental services in far less costly setting of a dentist's office.

In addition, MassHealth made significant investments in the dental program in FY22. In October 2021, rates for adult and children dental services were increased by 7.33%, a \$24 million investment. As of January 1, 2022, rates for dental services in community health centers (CHCs) increased 65%, a \$20 million investment. In conjunction with this increase, MassHealth implemented a *rural add-on payment* for certain dental providers who render dental services to MassHealth members in the following five counties: Barnstable, Berkshire, Dukes, Hampshire, and Franklin. The purpose of the rural add-on payment is to encourage dental providers to participate in MassHealth and to treat more MassHealth members in the aforementioned five counties. These increases, combined with the restoration of comprehensive adult dental benefits in January 2021, represent an annual investment of \$88 million (22% increase) in MassHealth dental spending compared to 2019 (pre-COVID annual spend). In January 2023 MassHealth further increased the rural add-on payment from \$19 to \$31, an additional investment of \$2.8 million annually. In June 2024, MassHealth invested \$9.9 million annually with increased rates for certain highly utilized adult dental services and certain highly utilized Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services via amendments to 101 CMR 314.00: *Rates for Dental Services*.

¹ For certain services, coverage is available through a different code or codes than in 2010. For example, code D0160 (detailed and extensive oral examination) is no longer covered, but MassHealth currently covers adult oral evaluations using codes D0120 (periodic oral evaluation – established patient), D0140 (limited oral evaluation – problem focused), D0150 (comprehensive oral evaluation - new or established patient) and D0180 (comprehensive periodontal evaluation – new or established patient). A combination of these codes covers the underlying service represented by code D0160.

MassHealth's adult dental benefit coverage is both preventative and comprehensive. MassHealth expects that its dental coverage will help maintain MassHealth members' oral health and reduce dental-related ER visits. Through the aforementioned programs, rate increases, and other interventions, MassHealth continues to seek innovative ways to provide coverage of effective dental services, reduce the total cost of care, and improve the oral health of MassHealth members.

I hope you find this report useful and informative. Please feel free to contact Sarah Nordberg at sarah.nordberg@mass.gov with any questions regarding this report.

Sincerely,

A handwritten signature in black ink that reads "Mike Levine". The signature is written in a cursive style with a large initial "M" and a long, sweeping underline.

Mike Levine

cc: Kathleen E. Walsh