Utilization of Dental Services Among Medicaid-Enrolled Adults in Oklahoma

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ABSTRACT

Objective: Many state Medicaid programs, including Oklahoma, either offer no adult dental benefit or limit coverage to emergency dental care. The objective of this study is to understand the impact of a limited Medicaid dental benefit on the utilization of dental services among adults in Oklahoma.

Methods: This study analyzed Medicaid enrollment and claims data for adults ages 21 and older in Oklahoma to assess rates of dental service utilization by geography, setting, and provider type between January 2012 and December 2013.

Results: Only 16% of Oklahoma adults with Medicaid received any dental service during the study period; 43% had only 1 dental visit and 11% received at least 1 dental service in an emergency department (ED). Although the participation of dentists in the Oklahoma Medicaid program was relatively high, about 60% treated less than 50 adults in the 2-year study period. The majority of dentists treated Medicaid patients in urban counties, in dental offices or clinics. The geographical maldistribution of dentists was also apparent in the higher volume of Medicaid patients per provider and longer commuting distance to obtain care in rural counties.

Conclusions: Study findings suggest that utilization of dental services among Medicaid adults in Oklahoma is compromised not only by the limited dental benefits but also by the limited number of dentists providing services to adult Medicaid enrollees. Regional differences in access to care and the use of EDs for dental problems may reflect limited community dental resources.

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INTRODUCTION

- There is strong evidence suggesting that access to and utilization of oral health services is dependent on dental insurance coverage.[1]
- Many states, including Oklahoma, either offer no adult dental benefit with Medicaid or limit coverage to dental emergency care.[2]
- The objective of this research is to understand the impact of Medicaid dental benefits and availability of providers on the utilization of dental services among adults in Oklahoma.

METHODS

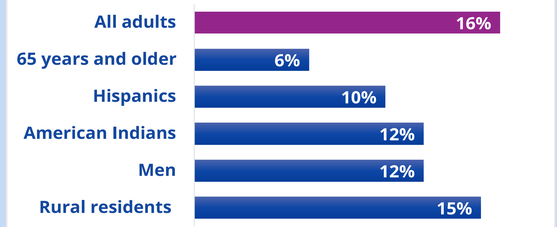
- The findings of this report are based on an analysis of enrollment and claims data between January 2012 and December 2013 for Medicaid adults 21 years of age and older in Oklahoma.
- Access to oral health services evaluation included measures of the proportion of enrollees using dental services, type of oral health services received, and commuting distance to obtain dental services.
- Separate utilization rates were calculated for services provided in dental offices or clinics and emergency departments (EDs) and compared by demographic characteristics and geography.

RESULTS

Among the 427,000 Oklahoma's adults insured by Medicaid during all or part of the 2-year study period, only 16% received any dental service and of these, nearly half (43%) had only a single dental visit.

Older adults, Hispanics, American Indians, men, and rural residents were less likely to receive any dental service than other Medicaid-insured population groups.

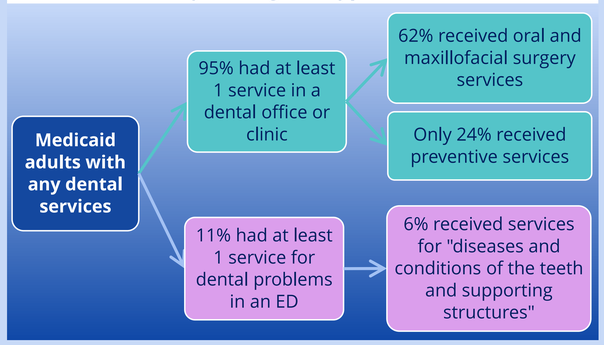
Figure 1. Utilization of oral health services by Medicaid adults in Oklahoma, 2012-2013



The majority of Medicaid adults who accessed services in a dental office or clinic received a surgical treatment. Approximately 11% of all Medicaid patients who accessed care received at least 1 service for dental problems in an ED.

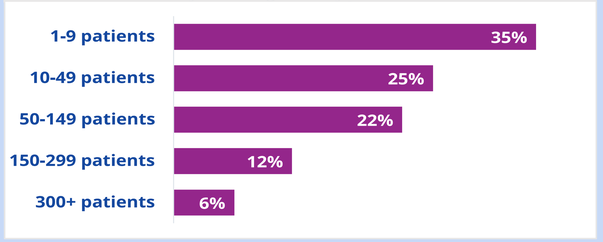
RESULTS (cont.)

Figure 2. Utilization of oral health services among Medicaid adults by setting and type of service, 2012-2013



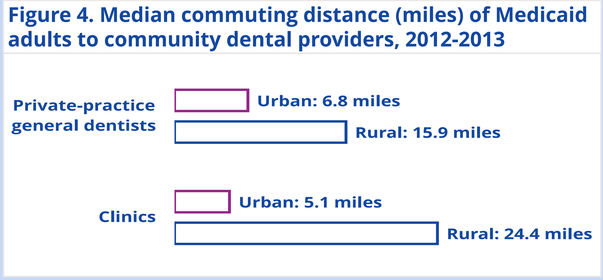
60% of dentists billing Medicaid for services treated <50 adults, mainly in dental offices in urban area.

Figure 3. Utilization of oral health services among Medicaid adults by setting and type of service, 2012-2013



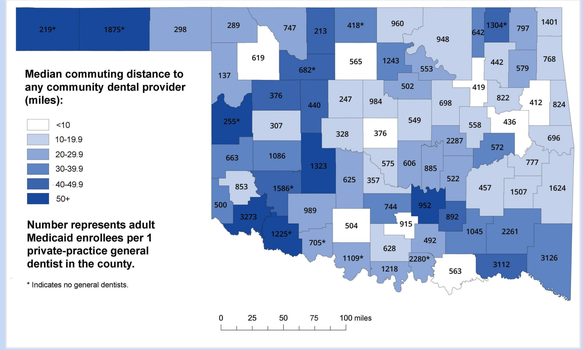
Medicaid patients residing in rural areas traveled the farthest to obtain oral health care.

Figure 4. Median commuting distance (miles) of Medicaid adults to community dental providers, 2012-2013



The uneven geographical distribution of dentists was also apparent in the higher volume of Medicaid patients per provider. In 11 rural counties, there were no dentists providing services to Medicaid adults.

Figure 4. Ratio of Medicaid adults per general dentists and commuting distance (miles) by county, 2012-2013



DISCUSSION

- The limited dental benefit for Medicaid adults in Oklahoma appeared to impact utilization of oral health services, with 84% Medicaid-insured adults in the state not receiving any dental service the 2-year study period.
- Elderly, racial/ethnic minorities, and rural residents were less likely than other Medicaid adults to receive oral health care.
- This limited coverage for preventive services is also likely responsible for the finding that the majority of Medicaid adults who accessed care in a dental office or clinic received a surgical treatment service, such as extraction or surgical removal of an erupted tooth.
- About 1 in 9 Medicaid patients in Oklahoma used EDs for the treatment of dental problems; EDs are not generally equipped to address the cause of dental pain and infection and usually are able to provide only palliative care.

CONCLUSIONS

- Access to routine dental examinations and treatment among Medicaid-insured adults in Oklahoma is compromised not only by limited dental care benefits but also by the number of dentists that provide dental services to adult Medicaid enrollees, particularly in rural counties.
- Regional differences in access to care and the use of EDs for dental problems may reflect limited community dental resources.
- More research is needed to compare and contrast utilization patterns of adults based on the extent of coverage provided by the Medicaid dental benefit.
- Findings from this research could inform strategies to develop alternative models of care that provide cost-effective oral health services and improve the oral health outcomes in adults.

REFERENCES

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