A Comparison of Medicaid Dental Claims Data in 2 States With Different Adult Dental Benefits, 2012-2013

Simona Surdu, PhD, Margaret Langelier, MSHSA, Jean Moore, DrPH

Objective: The objective of this research was to understand the impact of the quality of Medicaid dental benefits and the availability of dental providers for Medicaid enrollees on utilization of dental services. The following provides a comparative analysis between dental services to adult Medicaid enrollees in Oklahoma and New York, states which provide very different dental benefits for adults.

Design/Methods: This study is based on an analysis of Medicaid enrollment and dental claims data for the period between January 1, 2012, and December 31, 2013, for adults aged 21 years and older in New York and Oklahoma. The data for Medicaid-enrolled adults in New York were extracted using the Salient Interactive Miner software. Oklahoma Medicaid data were obtained from the Oklahoma Health Care Authority.

Enrollment rates were calculated using the demographic distribution of all adults in New York and Oklahoma. The population data source was the 2009-2013 American Community Survey, from the U.S. Census Bureau. Counties were classified as urban, rural, or mixed urban-rural based on the percentage of the population living in urban census tracts in the county, according to the Rural-Urban Commuting Area.

Utilization rates were compared by state of enrollment using odds ratios and 95% confidence intervals to contrast dental care obtained in emergency departments with that obtained in dental offices or clinics by demographic characteristics and county of residence. Statistical significance was defined as $P<.05$ using 2-tailed tests. Analyses were conducted using SAS v9.4.

Results: Approximately 21.9% of the total adult population of New York and 15.9% of the total adult population of Oklahoma were insured by Medicaid during all or part of the study period (2012–2013). New York had higher enrollment rates than Oklahoma for each age, gender, and racial/ethnic group except Non-Hispanic Whites. The enrollment rate differences between the 2 states were highest among adults 45 to 54 years of age, men, and Non-Hispanic American Indians.

In 2012-2013, only 14.9% of Medicaid-enrolled adults in Oklahoma received any oral health service in a dental office or clinic. In contrast, in New York, 30.2% of adult Medicaid enrollees had oral health services in dental offices or clinics. Study findings also showed that 1.8% of Medicaid-enrolled adults

in Oklahoma and 0.8% of Medicaid-enrolled adults in New York received at least one dental service in a hospital emergency department in 2012-2013.

Use of dental offices or clinics for oral health services was higher among Medicaid-enrolled adults in New York than in Oklahoma across all demographic, urban/rural, and dentist supply groups in 2012-2013. Conversely, utilization rates for dental care in hospital emergency departments were much higher in Oklahoma than in New York for all demographic groups (except for adults 65 years of age and older), for adult enrollees residing in urban counties, and for enrollees in counties with a greater supply of dentists.

In 2012-2013, Medicaid-enrolled adults in Oklahoma were 4.5 times more likely than adult Medicaid enrollees in New York to receive dental services in emergency departments as opposed to dental offices or clinics. The likelihood of using emergency departments for oral health problems was particularly elevated in Oklahoma among adults aged 35 to 44 years, women, Hispanics, Non-Hispanic American Indians, and adults residing in urban counties and counties with 50 or more dentists providing services to Medicaid adults.

Conclusions: The lack of a dental benefit restricts access to services in private dental offices and dental clinics and encourages utilization of emergency departments when dental complaints arise. As a result, Medicaid enrollees in Oklahoma were more than 4 times more likely than those in New York to use emergency departments to obtain needed oral health services. Use of emergency departments for dental treatment services is both expensive and inefficient, as emergency departments are generally not equipped to address dental needs.

One concerning finding from these analyses is that even in New York, where enrollees have an extensive dental benefit, utilization of dental services remains quite low. These findings suggest a need to improve the oral health literacy of enrollees and to educate them on the importance of routine preventive services to maintain oral health.

The findings from this research also suggest that having dental insurance is not the only factor impacting the utilization of oral health services. The delivery system must also provide access for those who are publicly insured by increasing the number of private-practice dentists fully participating in Medicaid programs.

Key Words: Oral Health, Medicaid, Adult Dental Benefit, New York, Oklahoma

HWRC Website Link: http://www.oralhealthworkforce.org/wp-content/uploads/2016/12/OK_NY_Comparison_Medicaid_Dental_Benefit_2016.pdf