

Utilization of Oral Health Services by Medicaid-Insured Adults in Oklahoma, 2012-2013

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I. Introduction

There is strong evidence suggesting that access to and utilization of oral health services depends on the availability of dental insurance coverage.¹ In some states such as Oklahoma, the Medicaid program limits dental coverage to emergency oral health care.² Limited insurance coverage adversely impacts patients' access to preventive oral health care and positive health outcomes. The purpose of this analysis was to understand the impact of Medicaid dental benefits and the availability of dental providers on the utilization of dental services among Medicaid-eligible adults in Oklahoma.

II. Methods

Findings are based on an analysis of enrollment and claims data between January 2012 and December 2013 for Medicaid-enrolled adults 21 years of age and older in Oklahoma. The analysis of access to oral health services included measures of the proportion of enrollees using dental services, types of oral health services received, and commuting distance to obtain services. Utilization rates of dental services in private offices, dental clinics, and emergency departments were also calculated and compared to rates of specific subpopulations.

III. Findings

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 had only a single dental visit. Men, older adults, Hispanics, American Indians, and rural residents were less likely to receive any dental service compared to women, younger adults, other non-Hispanics, and urban residents.

The majority of Medicaid adults who accessed services in a dental office or clinic received a surgical treatment service (62%). Approximately 11% of all Medicaid patients who accessed care received at least 1 service for dental problems in an emergency department. About 60% of dentists billing Medicaid for services treated less than 50 adults, mainly in dental offices or clinics in urban areas. In 11 rural counties, there were no dentists providing services to Medicaid adults. The uneven geographic distribution of dentists

Conclusions & Policy Implications

- 1) The limited dental benefit for Medicaid adults in Oklahoma impacts utilization of oral health services. Eighty-four percent of Medicaid adults in the state did not receive dental services in 2012-2013.
- 2) Lack of Medicaid coverage for adult preventive services may increase the rate of surgical treatment services in dental clinics or offices, and contribute to the rate of emergency room visits for oral health problems.
- 3) Emergency-only Medicaid dental coverage may decrease the number of available safety-net providers serving the adult population, especially in underserved areas such as rural counties.
- 4) 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.

was also apparent in the higher volume of Medicaid patients per provider and longer commuting distance for rural residents to obtain care.

Table 1. Utilization of Health Services by Medicaid Adults, Oklahoma 2012-13

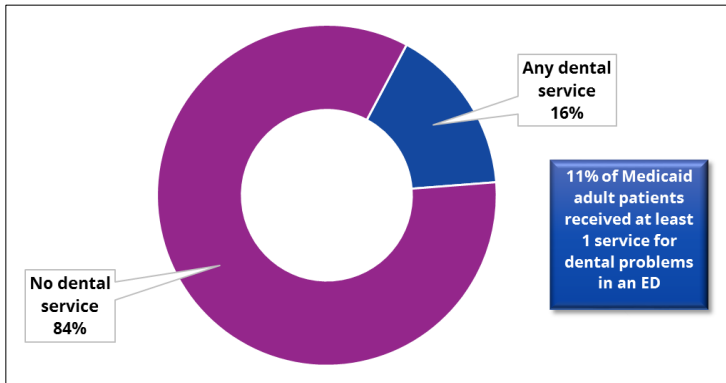


Table 2. Providers in Dental Offices and Clinics by Volume of Medicaid Patients Treated, Oklahoma 2012-13

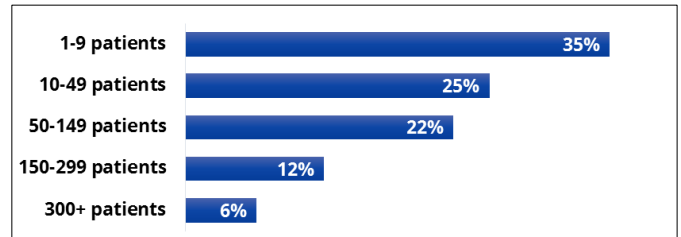
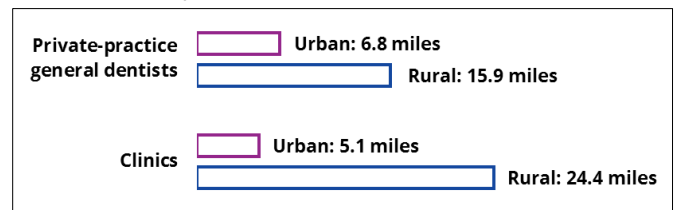


Table 3. Median Commuting Distance (Miles) to Community Dental Providers, Oklahoma 2012-2013



IV. Conclusions

The limited emergency 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 over the 2-year study period; elderly, racial/ethnic minorities, and rural residents were less likely than other Medicaid eligibles to receive oral health services. The limited emergency dental benefit 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 a decayed tooth. About 1 in 9 Medicaid patients in Oklahoma used emergency departments for the treatment of dental problems; emergency departments are not generally equipped to address the cause of dental pain and infection and are typically able to provide only palliative care. Access to routine dental examinations and treatment among Medicaid-insured adults in Oklahoma is limited not only by the dental benefit but also by the small number of dentists who provide dental services to adult Medicaid enrollees, particularly in rural counties.

V. Policy Implications

More research is needed to compare and contrast state-specific utilization patterns of adults based on the extent of coverage provided by the adult Medicaid dental benefit. This could provide further understanding of differences in the availability of providers, cost of dental services, and access to care in adults with different Medicaid dental insurance benefits. Research findings could inform strategies to develop alternative models of care designed to provide cost-effective oral health services and improve the oral health outcomes of adults on Medicaid.

References

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