



Medicaid Adult Beneficiaries Emergency Department Visits for Non-Traumatic Dental Conditions



Center for Medicaid and CHIP Services

About This Analysis

- Using T-MSIS Analytic File (TAF) data from 2019, analyzed Medicaid adult beneficiaries' use of hospital emergency departments (EDs) for non-traumatic dental conditions (NTDCs) by state.
 - NTDCs are dental conditions like cavities or dental abscesses that might have been prevented with regular dental care.
 - ED visits for NTDCs may indicate a lack of access to more appropriate sources of medical and dental care
- When untreated, NTDCs lead to pain, inflammation, and occasionally to life-threatening conditions that require inpatient hospital admission.
 - The primary dental condition that leads to hospitalization is a dental abscess (Seu, Hall et al. 2006)
- Understanding the rate of ED visits among adults covered by Medicaid can help states identify strategies to improve access to and utilization of appropriate sources of care.
- Understanding the rate of ED visits for adults with dual Medicaid-Medicare eligibility covered by Medicaid can help stakeholders identify strategies to improve access, utilization and coordination of care.

Why Dental Emergency Departments Visits Matter

- Significant racial disparities exist in ED utilization for dental conditions (Akinlotan and Ferdinand 2020, Owens *et al.* 2021).
- Medicaid beneficiaries seek care for NTDCs in EDs at rates three times higher than commercially insured patients (Roberts, Bohm *et al.* 2020)
 - In the emergency departments, NTDCs are usually managed palliatively with pain relief agents, antibiotics, or both
- Over the last ten years, dental pain has been a top reason for opioid prescribing upon discharge from the ED, thereby contributing to the opioid epidemic (Rui, Santo *et al.* 2020)
- Having public health insurance coverage or being uninsured was a predictive factor of ED visits for NTDCs, and adults were more likely to use the ED for NTDCs compared to children and older adults (Akinlotan and Ferdinand 2020, Owens *et al.* 2021)
- There are significant costs associated with hospital emergency department dental visits, estimated at \$2.7 billion in 2017 (ADA Health Policy Institute 2020)
 - Since 2014, Medicaid has become the primary payer for NTDCs in the ED
- Medicare and Medicaid (dual eligible) adults have low access to and utilization of dental care (Willink, Schoen *et al.* 2016). Lack of preventive dental care can lead to costly emergency department visits.

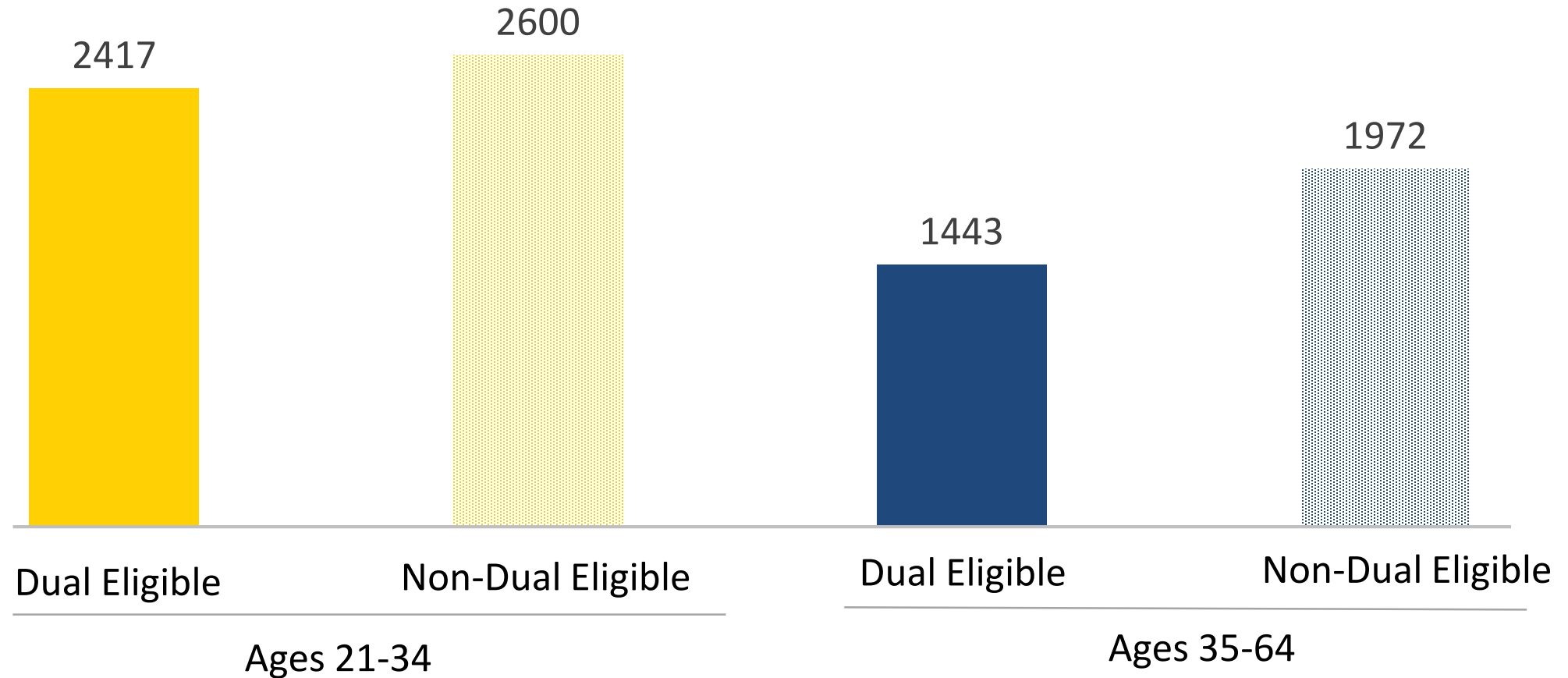
Medicaid and CHIP T-MSIS Analytic Files

- **Medicaid and CHIP Population:** In April 2021, enrollment data from Performance Indicator data indicate that over 82.3 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities, were enrolled in a comprehensive or full Medicaid or the Children’s Health Insurance Program. Of those, 75.4 million individuals were enrolled in Medicaid, and over 6.8 million individuals were enrolled in CHIP.”
- **Medicaid and CHIP Data Processing:** Medicaid and CHIP providers, managed care agencies, and Pharmacy Benefit Managers submit administrative claims data to state Medicaid and CHIP agencies for processing. Those agencies subsequently submit the data to CMS on a monthly basis via T-MSIS. These submissions have considerable variation in terms of completeness and quality. CMS processes states’ submissions and creates the T-MSIS Analytic Files (TAF), which form the basis of this analysis.
- Dental services are an optional benefit for adults, and coverage varies. A [recent study](#) indicates that 23 states plus DC offered extensive coverage to most adults. Fifteen offered more limited coverage, and nine covered dental emergencies only. Three states offered no State Plan dental coverage to adults.
- T-MSIS Analytic Files do not include information from Medicare FFS or Medicare Advantage administrative claims. Therefore, for dual-eligible beneficiaries the rates of dental emergency department visits are based only on Medicaid administrative claims data. These results are for Medicaid and CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. Many beneficiaries age 65 and older are likely to be dually eligible for both Medicare and Medicaid and the results for this age group likely underestimate utilization among older adults.
- **Data Quality Considerations:** The results for the following slides is based on 2019 TAF. For additional information regarding state variability in data quality, please refer to the [Medicaid DQ Atlas](#).

Key Findings

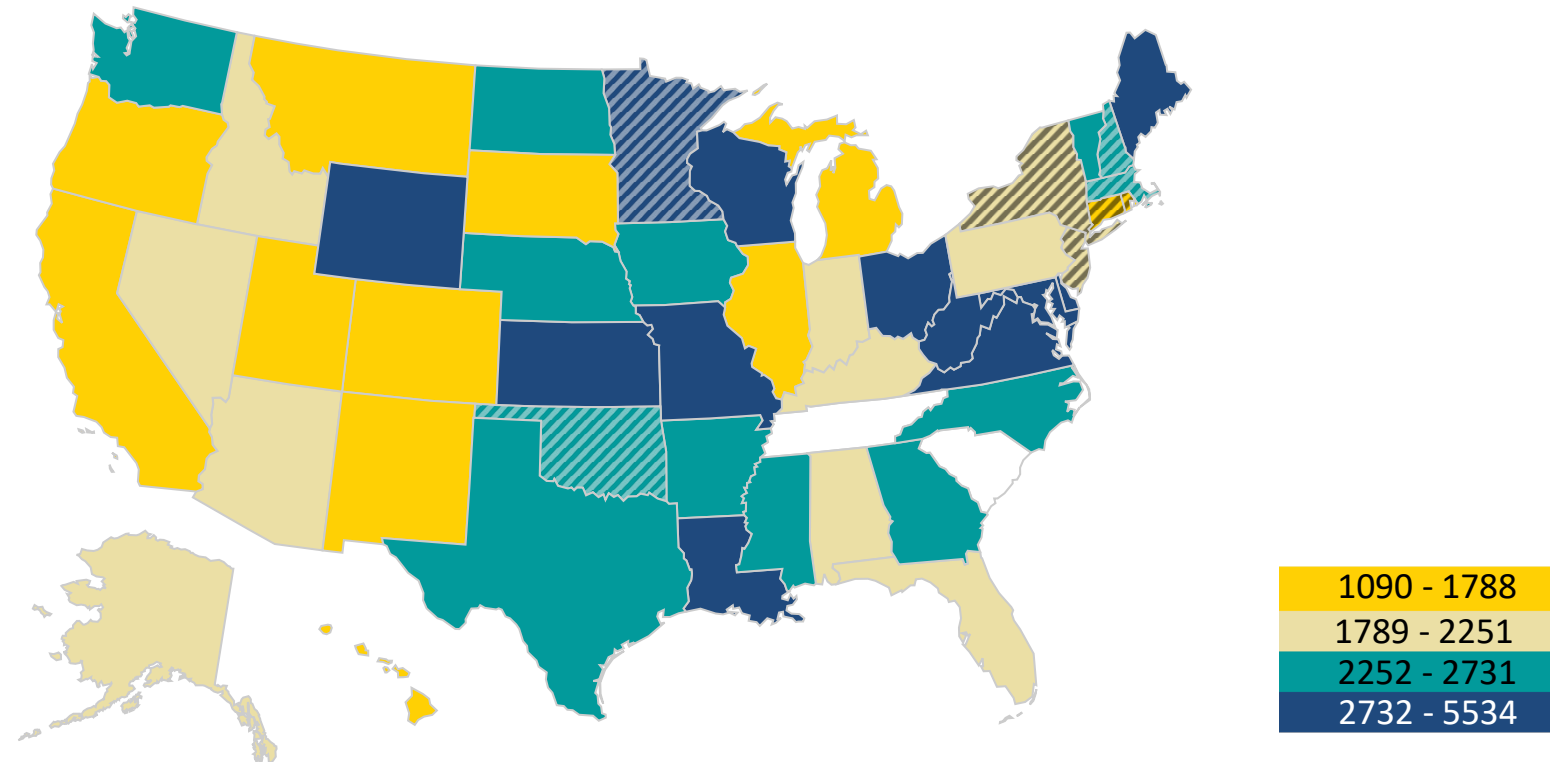
- Emergency department use for non-traumatic dental conditions among dual and non-dual-eligible adults ages 21-64 varied by state
 - Rates were generally higher for adults aged 21 to 34 than for those aged 35 to 64.
- Some of these emergency department visits for non-traumatic dental conditions were severe enough to result in inpatient admissions.
 - Rates were generally higher for adults aged 35 to 64 than for those aged 21 to 34.
- In 2019, there were approximately 487,000 non-traumatic dental conditions emergency department visits and approximately 6,600 inpatient admissions for non-dual-eligible adults ages 21-64
- In 2019, there were approximately 37,600 non-traumatic dental conditions emergency department visits for dual-eligible adults ages 21-64 paid by Medicaid.

Mean National Rate of Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Dual and Non-Dual Eligible Adult Beneficiaries, Ages 21-34 and 35-64



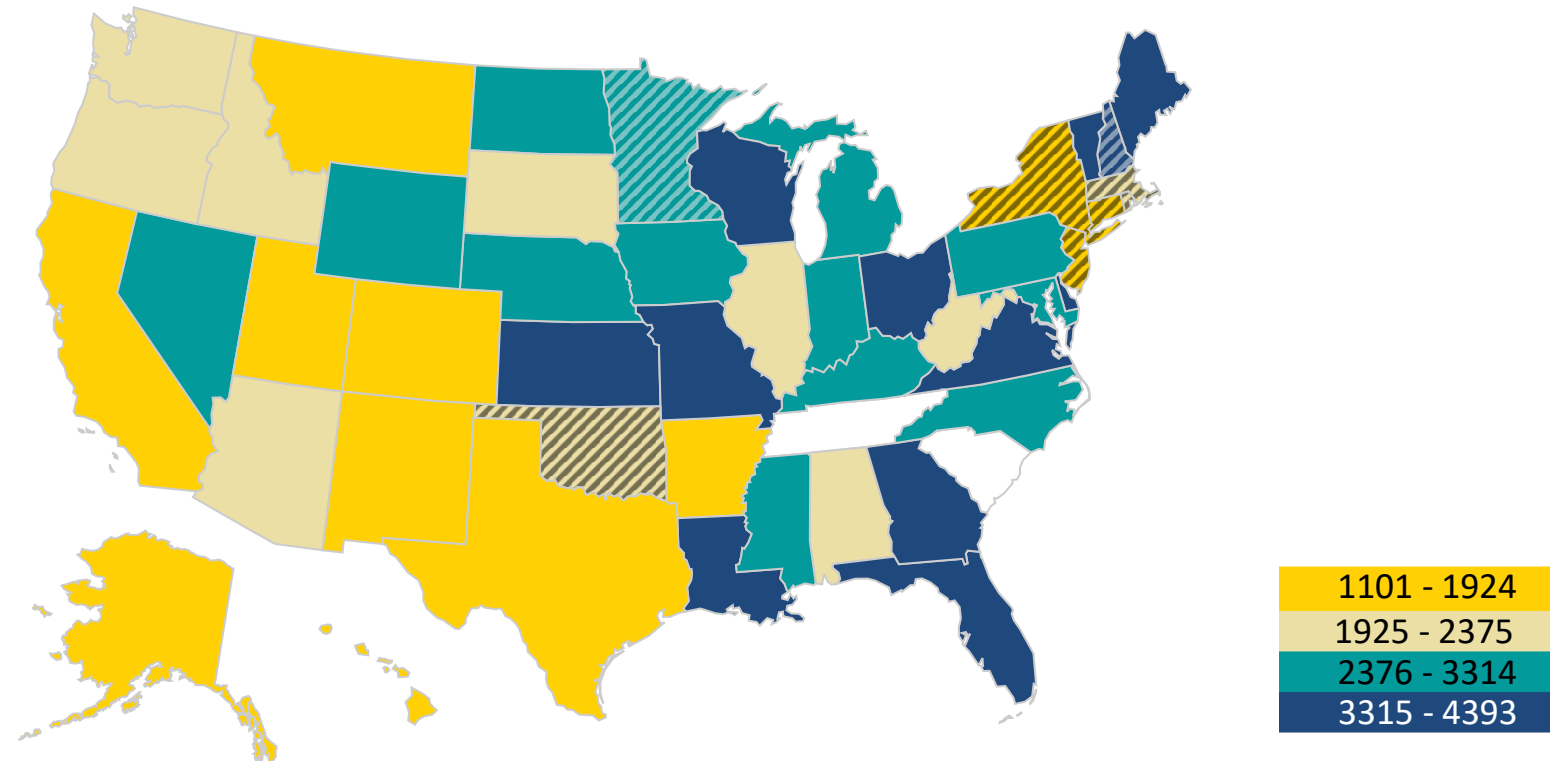
Notes: These are preliminary results for Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults. Data are sourced from the 2019 T-MSIS Analytic Files. These results are for Medicaid and CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. Many beneficiaries age 65 and older are likely to be dually eligible for both Medicare and Medicaid and the results for this age group likely underestimate utilization among older adults.

Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Beneficiaries, Dual Eligible Adults Ages 21-34, By State



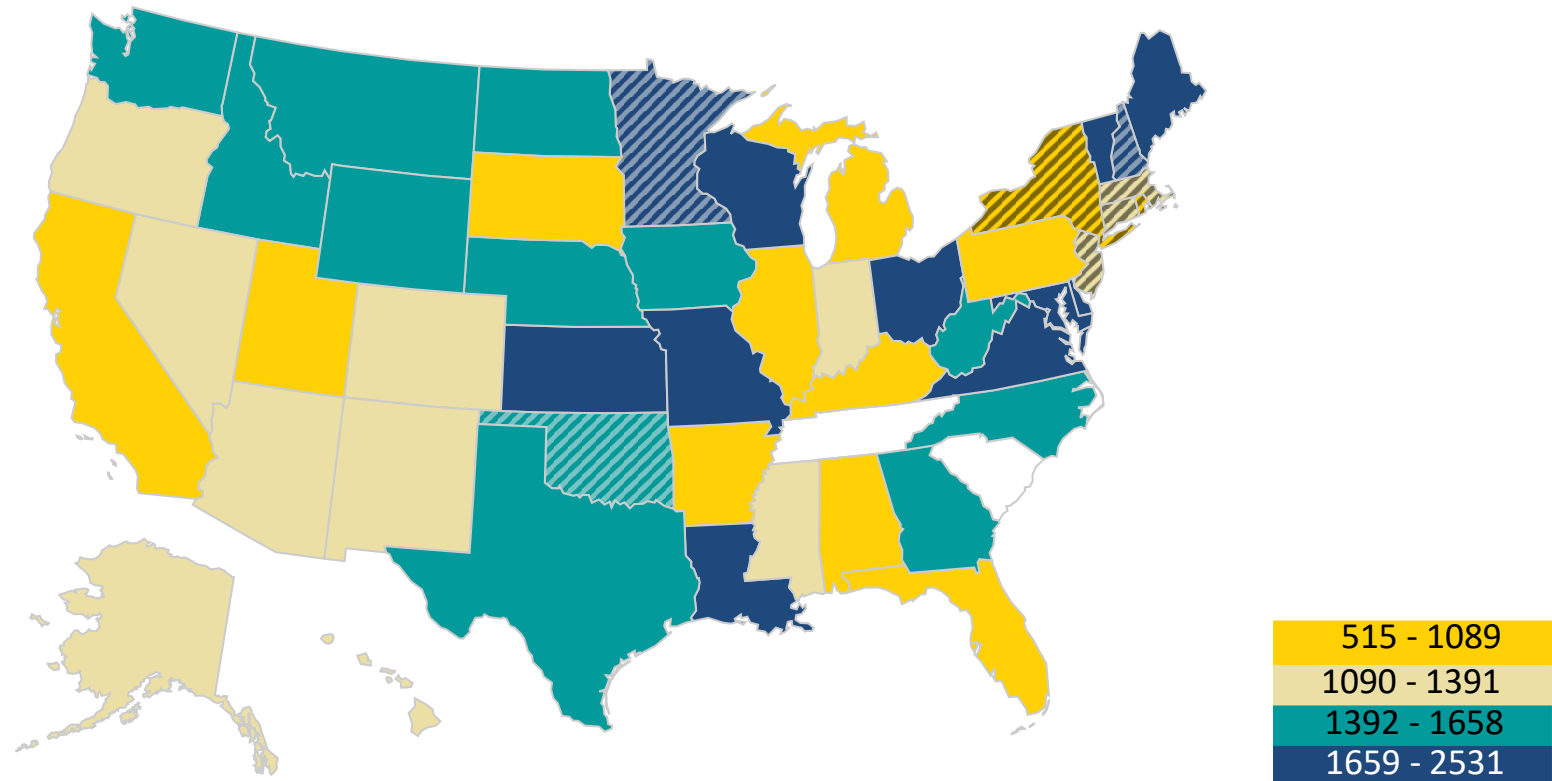
Notes: These are preliminary results for Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults. Data are sourced from the 2019 T-MSIS Analytic Files. In white, states with unusable data quality, hatched overlay over states with high concern for data quality. These results are for Medicaid and CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. Many beneficiaries age 65 and older are likely to be dually eligible for both Medicare and Medicaid and the results for this age group likely underestimate utilization among older adults.

Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Beneficiaries, Non-Dual Eligible Adults Ages 21-34, By State



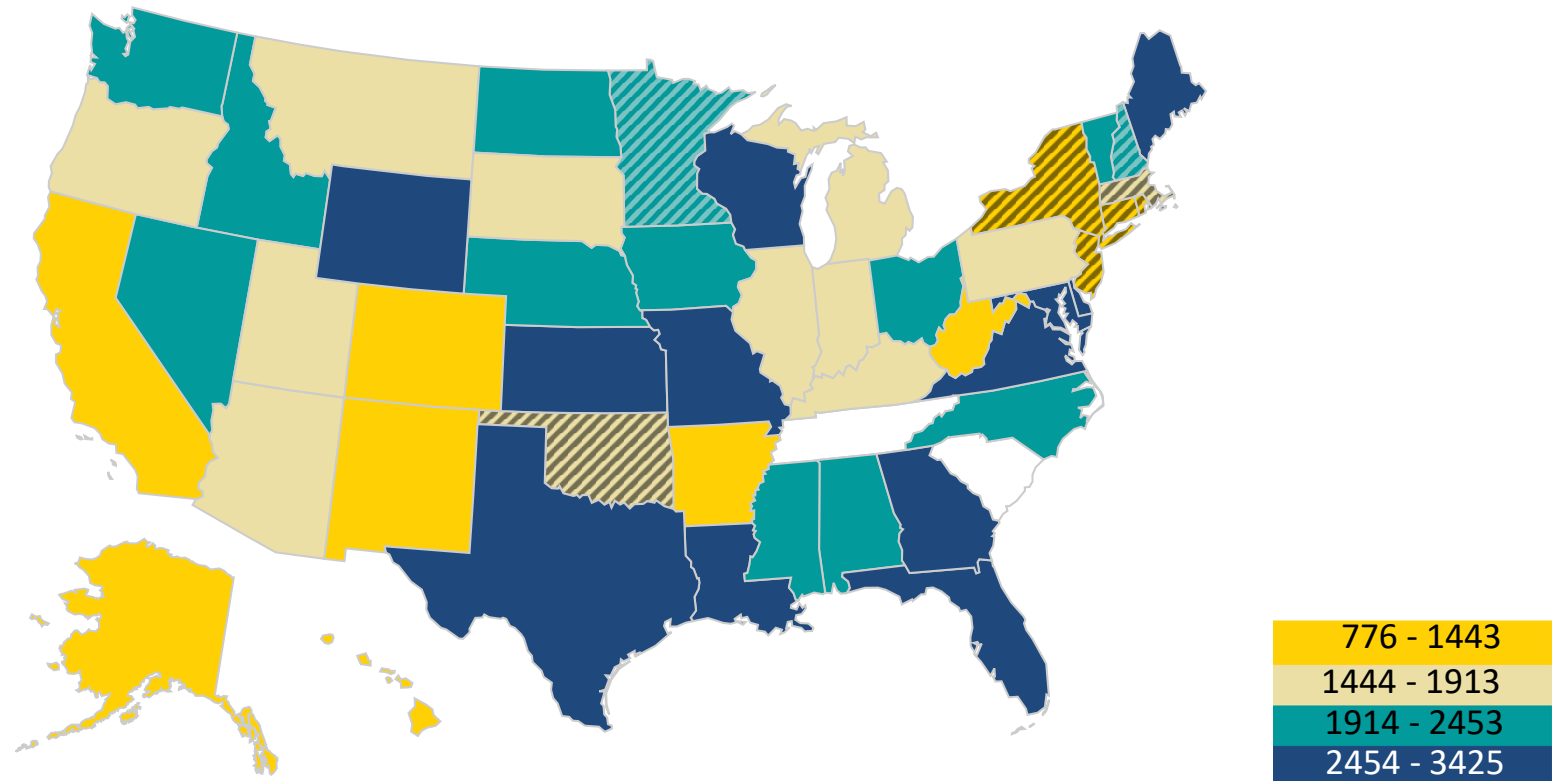
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Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Beneficiaries, Dual Eligible Adults Ages 35-64, By State



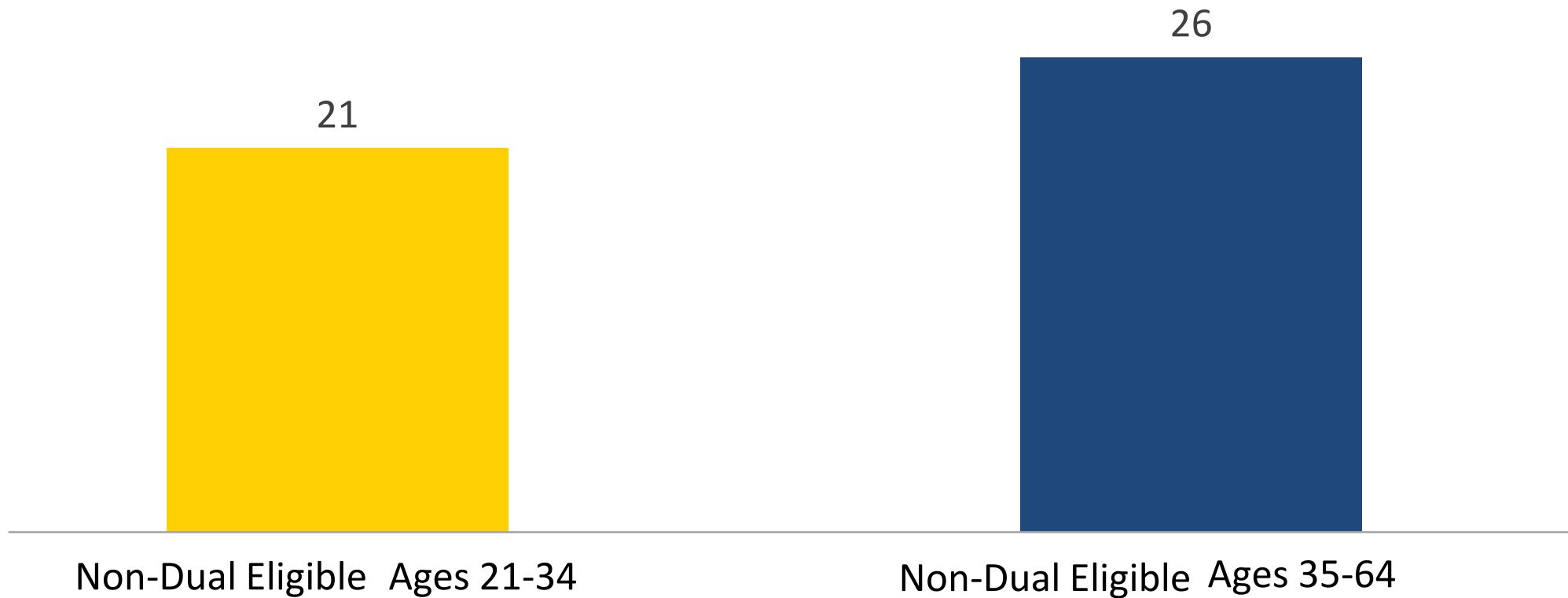
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Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Beneficiaries, Non-Dual Eligible Adults Ages 35-64, By State



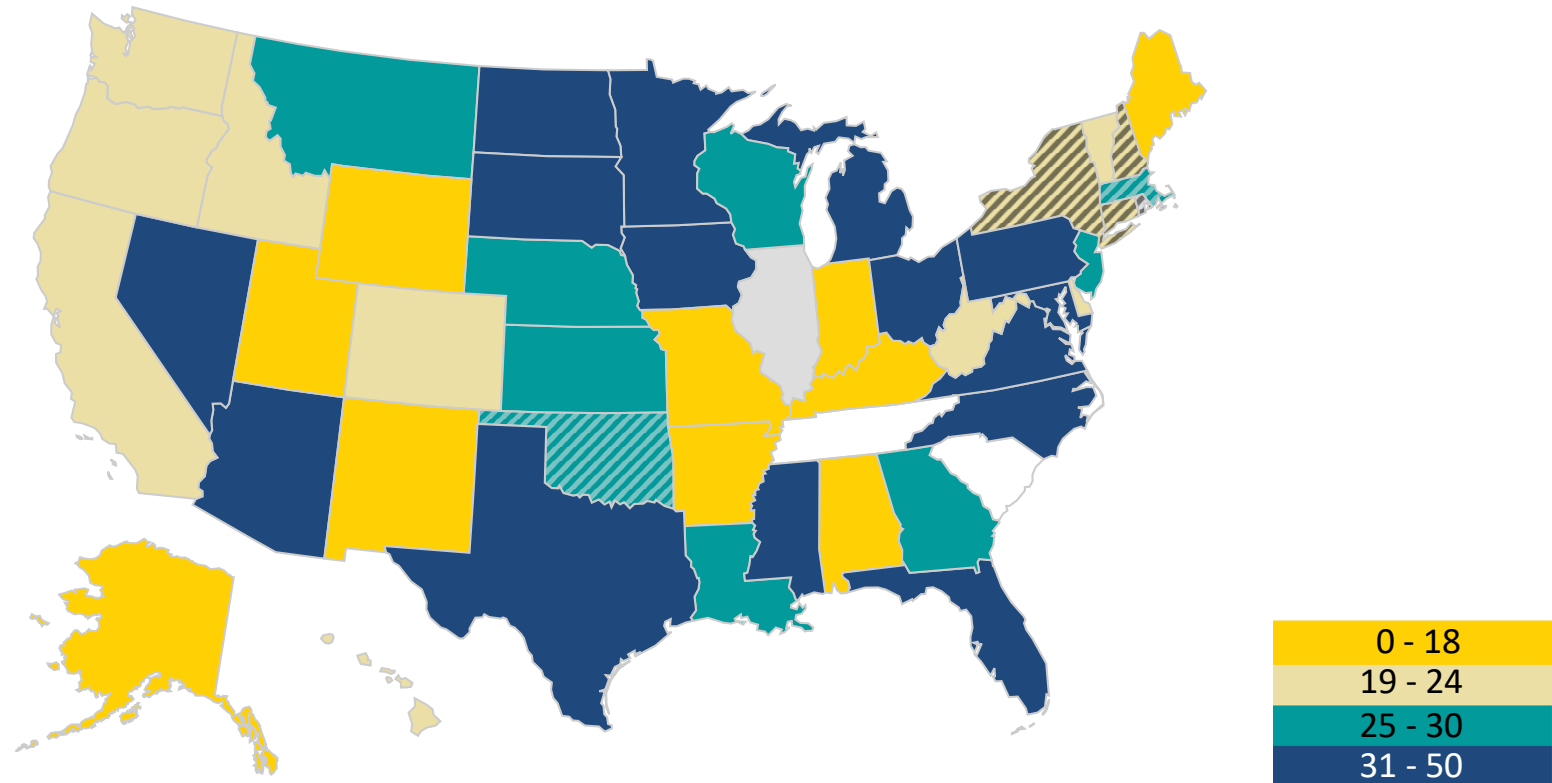
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Mean National Rate of Inpatient Admission for Non-Traumatic Dental Conditions per 100,000 Non-Dual Eligible Adult Beneficiaries, Ages 21-34 and 35-64



Notes: These are preliminary results for Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults that resulted in a hospital admission. Data are sourced from the 2019 T-MSIS Analytic Files.

Inpatient Admissions for Non-Traumatic Dental Conditions per 100,000 Beneficiaries, Non-Dual Eligible Adults Ages 35-64, By State



Notes: These are preliminary results for Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults that resulted in a hospital admission. Data are sourced from the 2019 T-MSIS Analytic Files; Gray states – small cell suppressed. In white, states with unusable data quality, hatched overlay over states with high concern for data quality.

References

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