



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

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MEMORANDUM

December 9, 2019

TO: The Honorable Thomas K. Norment, Jr.
Co-Chairman, Senate Finance Committee

The Honorable Emmett W. Hanger, Jr.
Co-Chairman, Senate Finance Committee

The Honorable S. Chris Jones
Chairman, House Appropriations Committee

Daniel S. Timberlake
Director, Virginia Department of Planning and Budget

FROM: Karen Kimsey *KK*
Director, Department of Medical Assistance Services

SUBJECT: 2019 Report on Emergency Room Usage for Dental Issues by Medicaid Covered
Individuals

Item 307 CC states The Department of Medical Assistance Services shall report on the use of emergency rooms for dental issues by Medicaid covered individuals. The report shall include: (i) data on the number of Medicaid-covered individuals that utilize emergency rooms primarily for dental issues; (ii) a summary of the types of dental issues being addressed and the treatments provided; (iii) data on the frequency of individuals returning to emergency rooms that may be related to the same dental issues; and (iv) options to consider to improve awareness and access to available dental care through free clinics and other community providers to resolve dental issues. The report shall be submitted to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2019.

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

KK/

Enclosure

pc: The Honorable Daniel Carey, MD, Secretary of Health and Human Resources

Emergency Room Usage for Dental Issues by Medicaid Covered Individuals

A Report to the Virginia General Assembly

November 1, 2019

Report Mandate:

Item 307 CC of the 2018-2020 Biennium Budget, authorized under HB1700 states that The Department of Medical Assistance Services shall report on the use of emergency rooms for dental issues by Medicaid covered individuals. The report shall include: (i) data on the number of Medicaid-covered individuals that utilize emergency rooms primarily for dental issues; (ii) a summary of the types of dental issues being addressed and the treatments provided; (iii) data on the frequency of individuals returning to emergency rooms that may be related to the same dental issues; and (iv) options to consider to improve awareness and access to available dental care through free clinics and other community providers to resolve dental issues. The report shall be submitted to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2019.

Background

The General Assembly (GA) has requested that the Virginia (VA) Department of Medical Assistance Services (DMAS) provide information on the use of emergency departments (ED) for dental-related care by Medicaid members. This report summarizes the above.

The Medicaid **Smiles For Children** (SFC) program provides comprehensive dental services for members, 20 years of age and younger. Limited adult services, such as extractions, are provided for adult members 21 years of age and older. For pregnant women enrolled in Medicaid, comprehensive dental services, with the exception of orthodontia, are provided through the end of the month of the 60th day post-partum. The SFC is a fee-for-service (FFS) carve out program, with a dental benefits administrator. With the implementation of the Medallion 4 (Med4) and the Commonwealth Coordinated Care Plus (CCCP) managed care programs, the six participating managed care organizations (MCOs) may provide enhanced dental benefits to enrolled members; however, they are not required to do so. Examples of enhanced benefits may include cleanings, fluoride treatment, and fillings.

DMAS's mission is to improve the health and well-being of Virginians through access to high-quality health care coverage.

DMAS administers Virginia's Medicaid and CHIP programs. Through the Medallion 4.0 and Commonwealth Coordinated Care (CCC) Plus managed care programs, more than 1.4 million Virginians access primary and specialty health services, inpatient care, behavioral health, and addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to close to 400,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90 percent for newly eligible adults, generating cost savings that benefit the overall state budget.

Analysis

To identify ED visits related to dental concerns, DMAS analyzed administrative encounter data as submitted by MCOs and FFS claims for services rendered in 2018 (1/1/2018-12/31/2018). Visits were defined as dental-related emergency department visits if the visit occurred in an emergency department and the visit included a dental-related service or diagnosis as defined by the Agency for Healthcare Research and Quality Clinical Classification System¹ or the Association of State and Territory Dental Directors.² Due to claims processing time, some claims may not have been submitted by the time of this analysis and report. Administrative claims and encounter data are limited to services and diagnoses submitted by providers and MCOs. Some diagnoses and services may not be submitted for payment, potentially leading to an under-estimation of dental-related emergency department visits.

In 2018, nearly 16,000 Virginia Medicaid members visited the ED a total of nearly 19,000 times for a dental-related issue. In total, 2% of all ED visits in 2018 by Virginia Medicaid members were for dental reasons. Of the nearly 19,000 visits, sixty-four percent (64%) were for adults between 19 and 64 years of age.

Medicaid members received a wide range of dental services in the ED for a number of different dental conditions. More than half (52%) were treated for non-traumatic dental conditions that may otherwise have been prevented or treated in a dental clinic, such as tooth aches and loose teeth. Eighteen percent (18%) received costly imaging services, such as maxillofacial or head/neck CT imaging while in the ED. Two percent (2%) of those visiting EDs had an incision/drainage performed of a dental abscess, and four percent (4%) had dental nerve blocks placed for pain control.

Of the Medicaid members who visited the ED for a dental issue, approximately one-third used EDs more than once for dental issues, with an average of three (3) visits per utilizing member, ranging from two (2) to nineteen (19) visits. The vast majority (89%) of those using the ED repeatedly for dental care were adults between 19 and 64 years of age.

¹ [Healthcare Cost and Utilization Project \(HCUP\)](https://www.hcup-us.ahrq.gov/toolsoftware/ccsr/ccs_refined.jsp#overview). Agency for Healthcare Research and Quality (AHRQ) Clinical Classification System. https://www.hcup-us.ahrq.gov/toolsoftware/ccsr/ccs_refined.jsp#overview.

² Association of State and Territory Dental Directors. Recommended Guidelines for Surveillance of Non-Traumatic Dental Care in

Conclusion

In 2018, Virginia Medicaid members used the ED nearly 19,000 times for a dental issue. Many Medicaid members visiting EDs for dental care did so more than once, with the majority of ED visits associated with minor, non-traumatic complaints, such as tooth aches.

The majority of ED use for dental care is among the adult population, who do not receive preventive dental coverage through the Smiles For Children program. Increasing coverage to all adults may reduce the need for emergency department intervention. Options to improve awareness and access to available dental care through free clinics and other community providers may include encouraging emergency and other healthcare providers to facilitate follow-up to dental services in one of the clinics in Virginia that offer free or sliding scale dental care. However, the number of free clinics is limited, and even sliding scale payment may pose a barrier to receiving preventive dental care. As seen in other Medicaid programs, preventive dental care can reduce emergency department visits for non-emergent dental conditions and ensure that individuals are connected to comprehensive dental care.³

Summary

- When Virginia Medicaid members use the ED for dental care, it is often for conditions that could have been prevented or treated in an outpatient dental clinic.
- In 2018, Virginia Medicaid members used the ED nearly 19,000 times for a dental issue, accounting for 2% of all ED visits by Virginia Medicaid members.
- Of those who visited the ED for a dental issue, approximately 1/3 used the ED more than once for dental issues.

Emergency Departments. <https://www.astdd.org/docs/ed-dental-care-protocols-w-appendices-july-6-2017.pdf>

³ Singhal, A., Caplan, D. J., Jones, M. P., Momany, E. T., Kuthy, R. A., Buresh, C. T., ... & Damiano, P. C. (2015). Eliminating Medicaid adult dental coverage in California led to increased dental emergency visits and associated costs. *Health Affairs*, 34(5), 749-756.