Medicaid adults aged 35 to 44 years in Oklahoma had much higher utilization rates of EDs for dental complaints than in New York (140% difference), and among Medicaid adults aged 65 and older in Oklahoma and New York, 2.2% of the adult enrollees received at least one service in EDs. In contrast, New York offered an extensive dental benefit (OR=6.0), and adults aged 65 and older in Oklahoma and New York were more than 4 times more likely than those in New York to receive ED services for dental conditions.

Conclusions

The lack of a dental benefit restricts access to dental services in Medicaid programs, coupled with an adequate adult dental benefit in Medicaid, is predictive of lower use of ED services for dental complaints.

References