

Impact of Medicaid Expansion on Preventative Dental Service Utilization

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Abstract

As healthcare providers, we know the significant role insurance coverage plays in our patient's ability to access preventative dental care. Many patients come in with severe dental needs which have to be attended to and providers are disheartened to know that going to well visits or preventative check ups was not an option due to finances. Additionally, with dental disease running rampant in many populations in the New Jersey patient demographics, prevention is most certainly the goal.

In New Jersey, NJ FamilyCare is the state Medicaid program for low income families. Medicaid in NJ was introduced in the 1960s and later renamed to NJFamilyCare. In the late 1990s and into the year 2000, the federal government was requested by NJ to support the Child's Health Insurance Program (CHIP). This allowed for more coverage for low income families who weren't insured under the traditional Medicaid platform. As medical and dental insurance coverage expansion programs are enacted, it is important to study its impact on the utilization of services, in specific preventative care. If seeking preventative care was limited by financial barriers, expansion of Medicaid is expected to lead to more of the population to be eligible for coverage. Increased coverage should lead to more individuals seeking and receiving care. Such a metric is the study basis of this research project and is to be measured by accessing publicly available data on CDT codes which are billed out in the state. The expansion on January 1st, 2023 to cover children under 19, regardless of their immigration status, in New Jersey for Medicaid is the focus of this study. Data from two years prior to and two years following the initiative will be examined.

Hypothesis

Medicaid expansion to cover children regardless of immigration status under the age of 19 will lead to increased preventative dental service utilization (proportionally increased to total enrolled population). Access to dental care was limited by age and immigration status. Medicaid reform led to greater preventive service administration.

References

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Lyu W, Shane DM, Wehby GL. Effects of the Recent Medicaid Expansions on Dental Preventive Services and Treatments. *Med Care*. 2020 Aug;58(8):749-755. doi: 10.1097/MLR.0000000000001344. PMID: 32692142; PMCID: PMC8211012.

Methods and Materials

Publicly available data of CDT codes completed was granted following the approval of an OPRA request. OPRA stands for Open Public Records Act. OPRA is a state law that was enacted to give the public greater access to government records maintained by public agencies in New Jersey. The following five preventative dental service CDT codes were requested for the years of 2021, 2022, 2023 and 2024 (two years prior to the January 1, 2023 expansion and two years following).

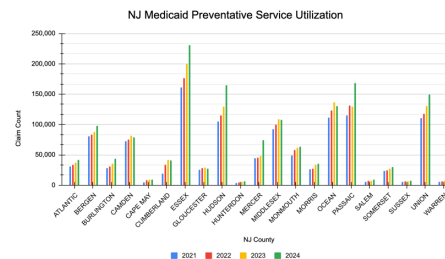
- Comprehensive exam (D0150)
- Periodic exam (D0120)
- Fluoride varnish (D1206)
- Sealants (primary and permanent teeth) (D1351)
- Oral Evaluation for Children under 3 y/o (D0145)

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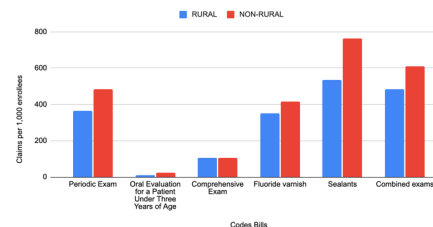


Results

Data was assessed over a four-year period from 2021-2024 across the counties of NJ. Rural counties (Atlantic, Cape May, Cumberland, Hunterdon, Salem, Sussex, and Warren) were compared to the remaining non-rural counties. The preventative service utilization of codes per every 1,000 active NJ Medicaid enrollees showed that, with statistical significance of $p < 0.001$, the rural counties had an average lower utilization of service.



Average of Rural vs Non-Rural NJ Counties for Medicaid Preventative Dental Service Utilization 2024



Future Direction

Further research on the impact of Medicaid expansion can be done to break down the New Jersey data into counties based on other parameters including median familial income. Specification of such numbers can hone in on the activity and use of dental services throughout the state.

Census data on the rate of immigration by county would also be helpful to get a complete look on the ratio of service utilization to enrollment. Potentially the ratio may not statistically change if the rates of immigration are faster or poorly reflected by enrollment numbers.

Limitations of this study also include the lack of knowledge on how other barriers to care are influencing service utilization numbers. Transportation accessibility and inability to take time off from work to seek preventative care may play a role in low utilization numbers.

Acknowledgements

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