

Dental and Health Care Utilization among Florida Pediatric MediPass Beneficiaries

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The Florida MediPass Program

- Florida Medicaid's Primary Care Case Management Program
 - Recipients must select a primary care provider (PCP) who will refer patients for necessary medical services
 - PCP's receive a \$3 monthly management fee for each patient
 - Dental services do not have to be approved by a PCP
 - 48 percent of all beneficiaries are in MediPass; 50 percent are in HMOs
 - Florida MediPass claims and utilization data are easily accessible



This project utilized Florida MediPass administrative claims data for years 2000-2003

- Included children who had a dental claim in 2000-2003 and were aged 0-6 years during each year
- Group 1: No record of general anesthesia (GA) for hospital-based dental procedure
- Group 2: Record of GA for a hospital-based dental procedure, based on:
 - ICD-9 codes: dental caries (521.0); dental periapical abscess without sinusitis (522.5); facial cellulitis (682.0) and periapical abscess with sinus (522.7)

AND

- Current Procedural Terminology (CPT) code 00170 (“anesthesia for intraoral procedures, including biopsy; not otherwise specified”)

Distribution of Children, aged 0-6 years, enrolled in Florida Medicaid in years 2000-2003 with dental claims, with and without general anesthesia (GA)

Year	All children	At least 1 dental claim	Without GA	With GA Children	With GA Cases
2000		75,537	74,495	1,042	1,317
2001		82,328	81,007	1,321	1,665
2002		92,313	91,044	1,269	1,667
2003		101,805	100,533	1,272	1,703



Unit of Analysis

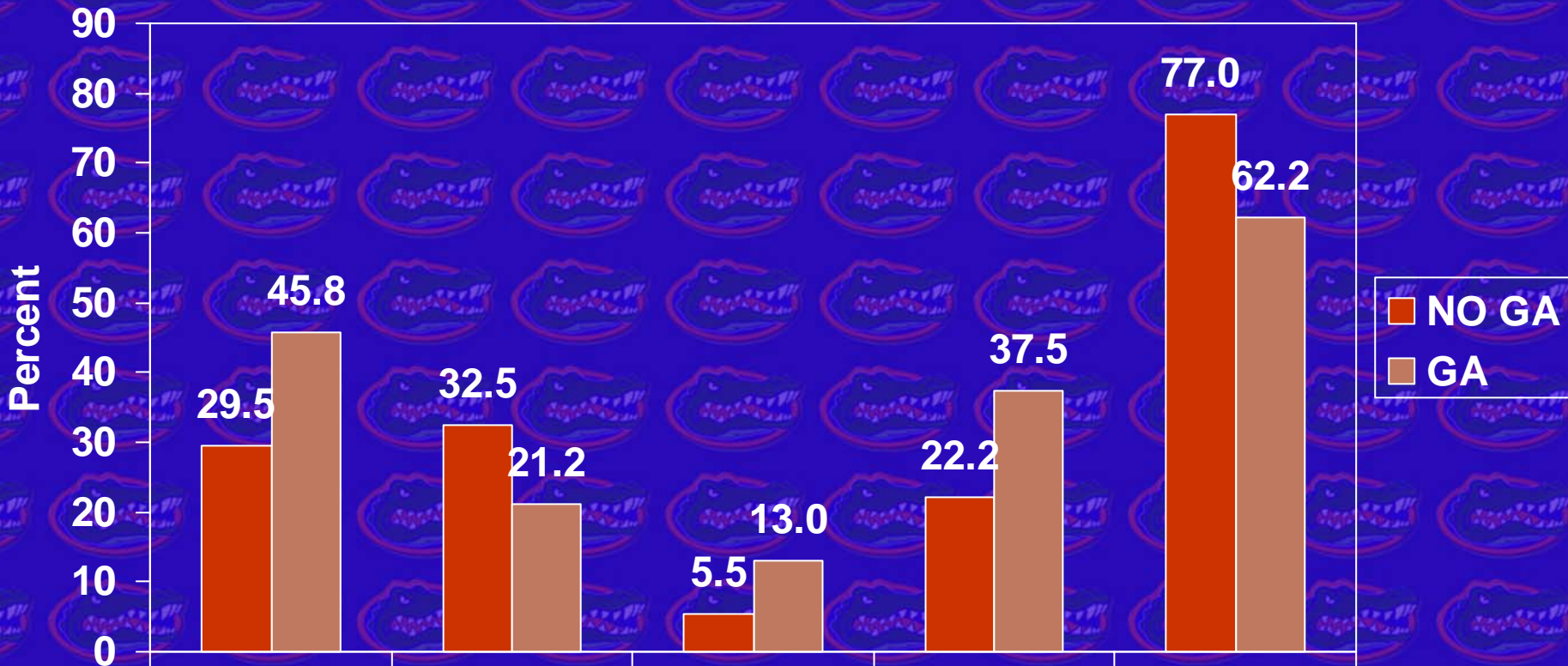
- Member months
 - Allows for gaps in coverage and different lengths of spans in enrollment
 - Total number of days of enrollment/30 days
 - Rounded to the nearest month e.g. 30.2 rounded to 30
 - Results presented as per 1000 member months for ease of interpretation



Selected demographics from children enrolled in Florida Medicaid program

YEAR	Number	%White	%Black	%SSI	%Rural	%Urban
2000	74,495	29	37	7	23	77
2000GA	1,042	49	21	14	34	66
2001	81,007	31	32	6	23	76
2001GA	1,321	46	22	13	36	64
2002	91,044	30	30	5	22	77
2000GA	1,269	45	21	13	40	60
2003	100,533	28	31	4	21	78
2003GA	1,272	43	21	12	40	59

Selected demographic characteristics of children age 0-6 yrs enrolled in Florida Medicaid program, by General Anesthesia status



White

Black

SSI

Rural

Urban



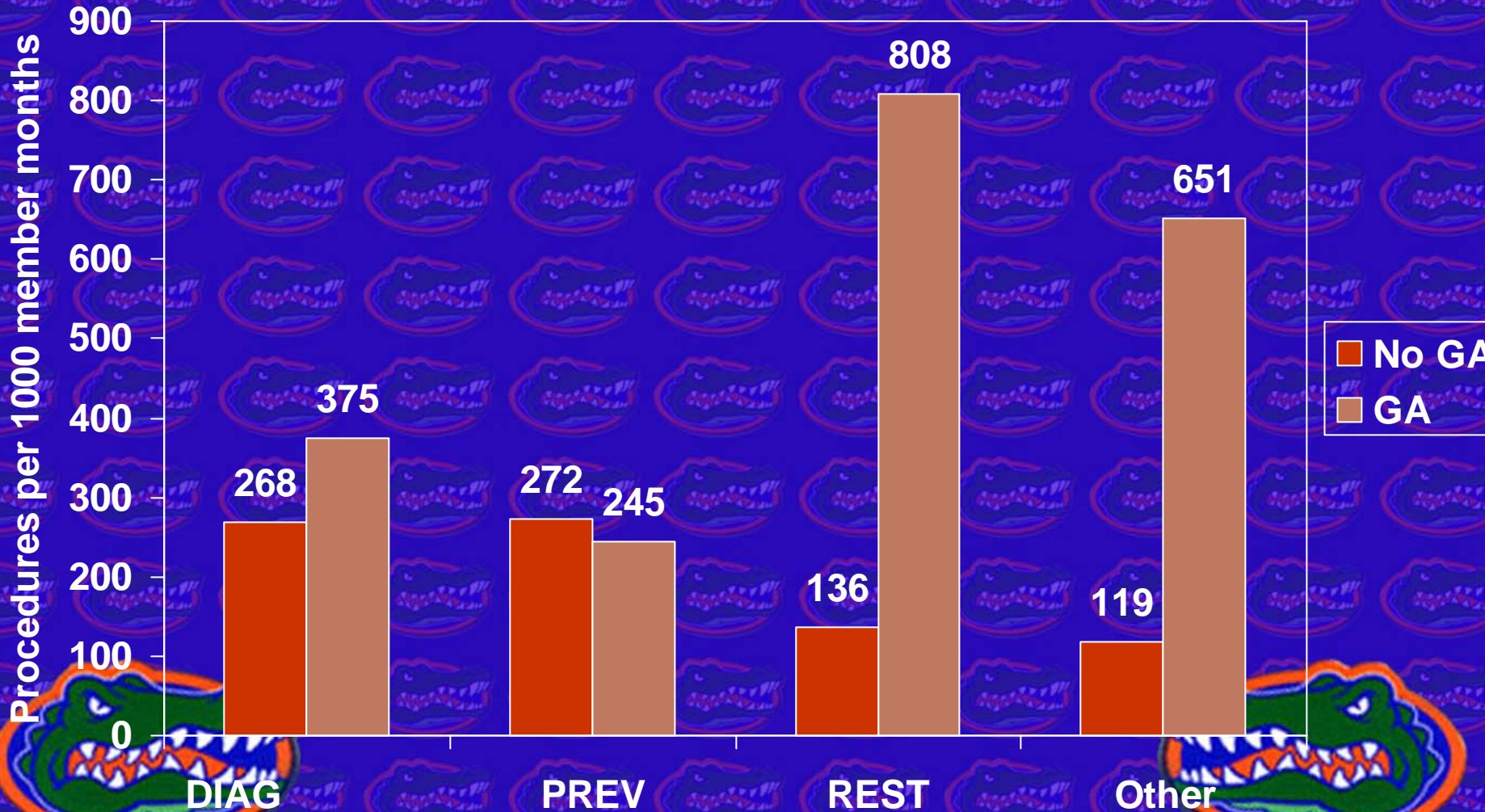
Average CDT Diagnostic, Preventive, Restorative and Other procedures per 1000 member months

Florida Medicaid Recipients aged 0-6 years

General Anesthesia (GA) status	Type of Procedure			
	DIAGNOSTIC	PREVENTIVE	RESTORATIVE	OTHER
No GA	268	272	136	119
GA	375	245	808	651



Average CDT Diagnostic, Preventive, Restorative and Other procedures /1000 member months Florida Medicaid Recipients aged 0-6 years

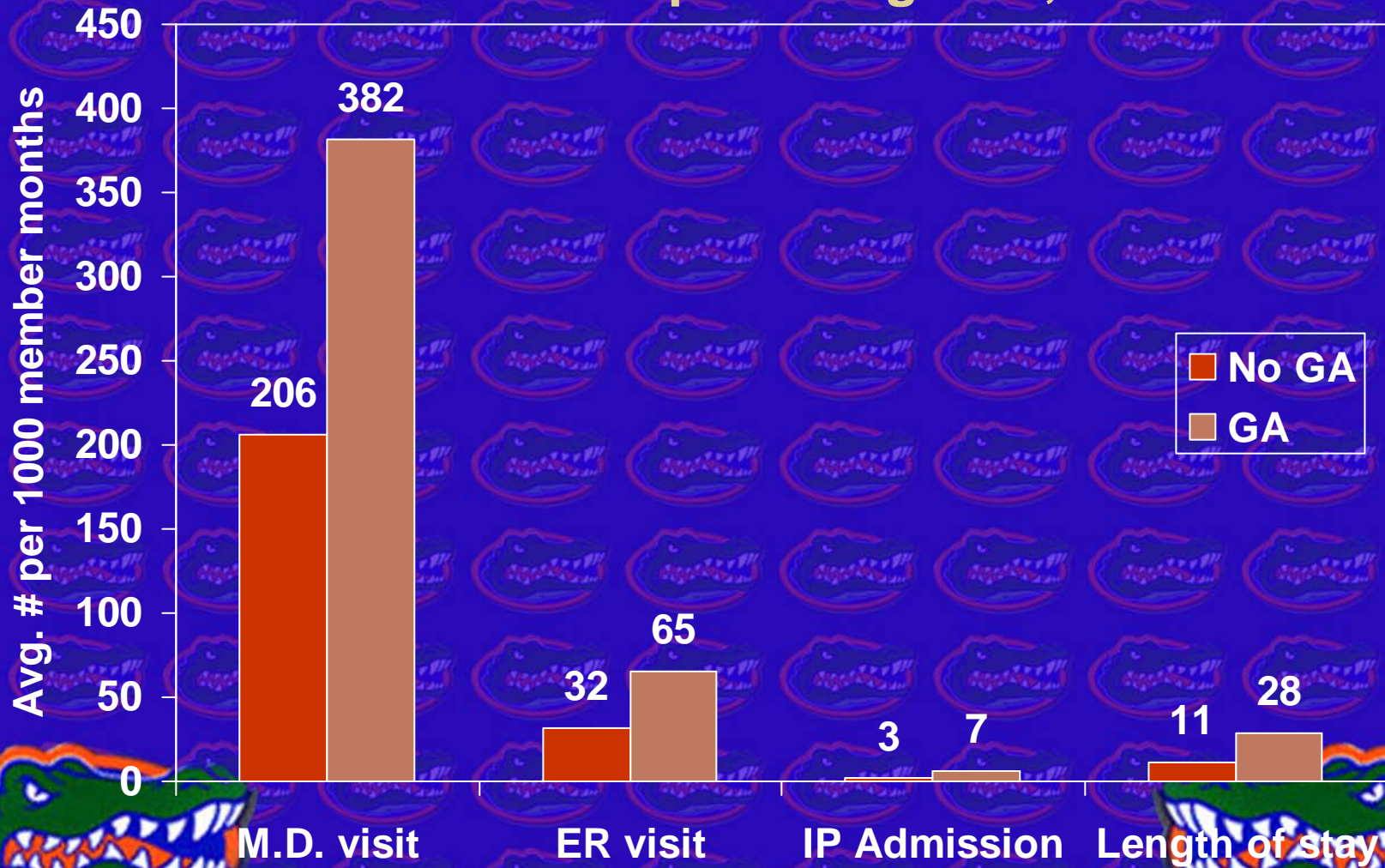


Average Physician Visits, ER Visits, Hospital Admissions and Length of Stay per 1000 Member Months Florida Medicaid Recipients, 2000-2003

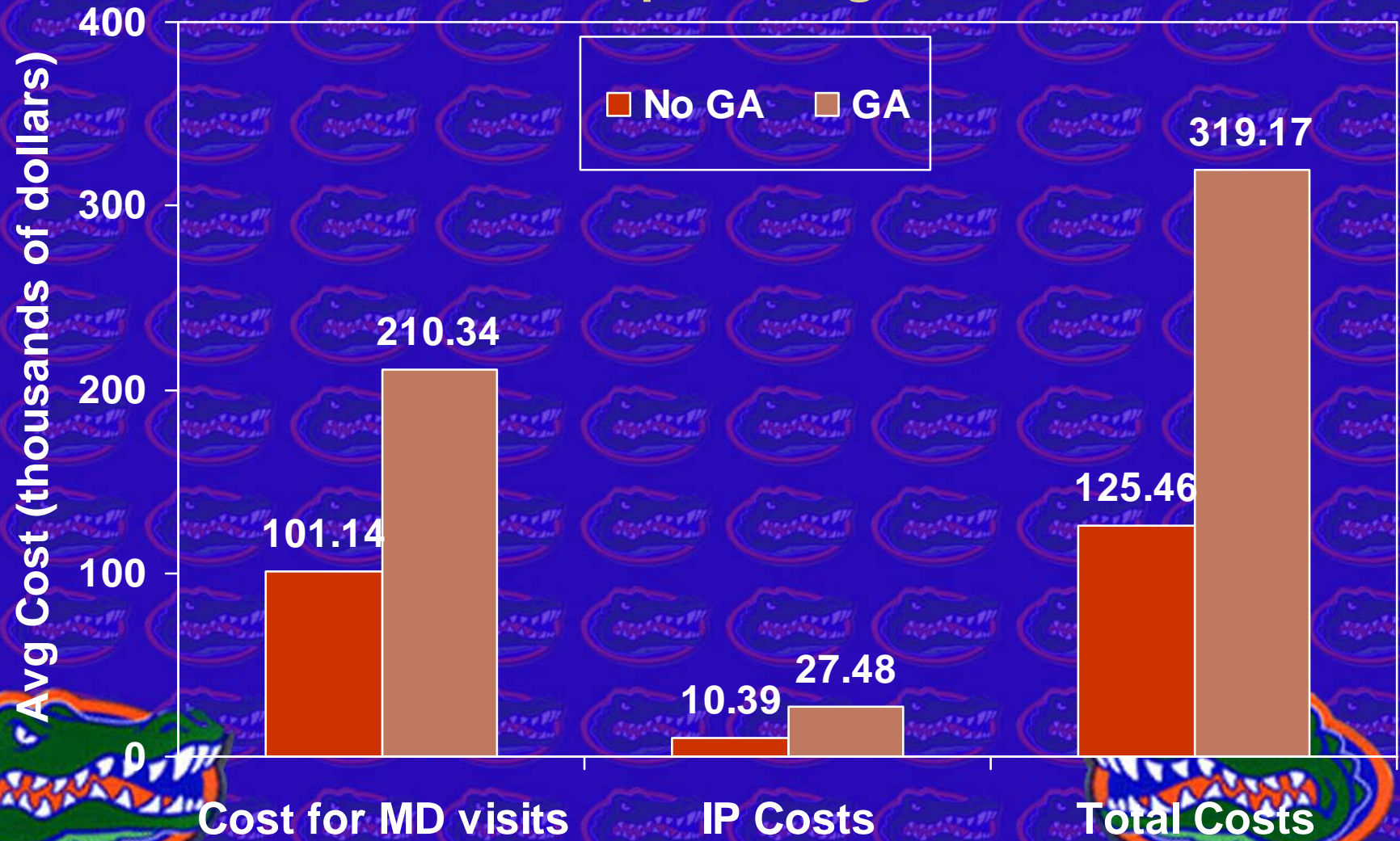
General Anesthesia Status	Physician Visits	ER Visits	In-patient Admissions	Length of stay (days)
Dental Claims and No GA	206	32	2.5	11.4
Dental Claims and GA	382	66	6.6	28.4



Average Physician Visits, ER Visits, IP Admissions and Lengths of Stay/1000 Member Months Florida Medicaid Recipients Age 0-6, 2000-2003



Average cost per 1000 member months (\$1000) for Physician Visits, Inpatient Admissions, and Total Florida Medicaid Recipients Age 0-6, 2000-2003



CONCLUSIONS

- **DENTAL CARE** - Beneficiaries with general anesthesia during a dental procedure received, on average:
 - 1.4 times as many diagnostic procedures
 - 5.9 as many restorative procedures
 - 5.5 as many other dental procedures
 - but only 0.9 as many preventive procedures as those who received dental care without general anesthesia.
- **MEDICAL CARE** - “General anesthesia group” had more medical contacts than those receiving dental care without general anesthesia, including:
 - 1.8 times as many physician visits
 - 2.1 as many emergency room visits
 - 2.6 times as many in-patient admissions
 - 2.5 times as long hospital stays



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