



# Commonwealth of Virginia Department of Medical Assistance Services

## 2024–25 Dental Utilization Data Brief

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## 1. Overview and Methodology

The Commonwealth of Virginia Department of Medicaid Assistance Services (DMAS) contracted with Health Services Advisory Group, Inc. (HSAG) to assess dental utilization among pregnant women and adults covered by Virginia Medicaid or the Family Access to Medical Insurance Security (FAMIS) MOMS program through the Virginia Cardinal Care Smiles program administered by DentaQuest.

This data brief includes an evaluation of the utilization of dental services for pregnant women and adults. For pregnant women who had deliveries during calendar year (CY) 2024, HSAG assessed dental utilization during the preconception period and the perinatal period (i.e., prenatal and postpartum periods). For the preconception period, HSAG evaluated services received six months prior to conception, and for the postpartum period, HSAG evaluated services received six months following birth. Additionally, HSAG separately evaluated dental utilization during a 12-month postpartum period for deliveries from July 1, 2023, through June 30, 2024. For adult members, HSAG assessed dental utilization during CY 2024.

For pregnant women, DMAS and the Virginia Department of Health (VDH) provided HSAG with data that used deterministic and probabilistic data linking to match eligible members with birth registry records to identify births paid by Virginia Medicaid from July 1, 2023, to December 31, 2024. This analysis included women of any age at the time of conception. Since women less than 21 years of age are eligible for dental services under a separate benefit, HSAG reported this age group separately from the 21 years of age and older group.

For the adult population, HSAG used member demographic, enrollment, and eligibility data files provided by DMAS to identify adults 21 years of age and older continuously enrolled in Medicaid during CY 2024.<sup>1</sup> These data were used along with Medicaid claims data to identify members with a substance use disorder (SUD), serious mental illness (SMI), or members taking psychotropic medications. Members with a SUD included all nonpregnant, continuously enrolled adults ages 21 years and older who received medication-assisted treatment (MAT) or had qualifying facility, provider, or pharmacy claims with a SUD diagnosis and a SUD-related treatment service during the measurement period and/or in the 12 months before the measurement period. Members with a SMI included all nonpregnant, continuously enrolled adults aged 21 years and older who were diagnosed with a SMI according to the National Committee for Quality Assurance (NCQA) SMI definition.<sup>2,3</sup> Members taking psychotropic medications included all nonpregnant adults aged 21 years and older who were continuously enrolled and were prescribed a psychotropic medication from July 1, 2023, through June 30, 2024. Dental utilization for these members was assessed during the 12-month period following the prescription of psychotropic medication. Dental services for the adult population and pregnant women were identified using claims and encounter data and grouped according to

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<sup>1</sup> HSAG excluded any members from the adult population who were also included in the pregnant women population, as these members have a different benefit.

<sup>2</sup> Centers for Medicare & Medicaid. Core Set of Adult Health Care Quality Measures for Medicaid. Measure HPCMI-AD. Available at: <https://www.medicaid.gov/sites/default/files/2025-03/medicaid-adult-core-set-manual.pdf>. Accessed on: Oct 8, 2025.

<sup>3</sup> Although not included in the NCQA SMI definition, members with generalized anxiety disorder were included in the stratified rates for the SMI population.

DentaQuest's covered services and categories.<sup>4</sup> For additional details, see Appendix A—Covered Dental Services Included in Analysis.

Additionally, for the adult population, HSAG calculated the following Dental Quality Alliance (DQA) measures for CY 2024:

- *Adults With Diabetes—Oral Evaluation*—The percentage of adults with diabetes who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation during CY 2024.
- *Ambulatory Care Sensitive Emergency Department (ED) Visits for Non-Traumatic Dental Conditions in Adults*—The number of ED visits during CY 2024 for ambulatory care sensitive nontraumatic dental conditions per 100,000 member months for adults.
- *Follow-Up After ED Visits for Non-Traumatic Dental Conditions in Adults*—The percentage of ambulatory care sensitive nontraumatic dental condition ED visits during CY 2024 among adults for which the member visited a dentist within seven and 30 days of the ED visit.

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<sup>4</sup> DentaQuest, LLC. *Office Reference Manual Cardinal Care Smiles Commonwealth of Virginia Medicaid, FAMIS, FAMIS Plus, Dental Program*. July 1, 2024.

## 2. Findings

This section presents the CY 2024 dental utilization results for pregnant women and adults. Please note, for pregnant women, the separate 12-months postpartum dental utilization analysis is for births that occurred between July 1, 2023, and June 30, 2024.

### Pregnant Women Dental Utilization

Overall, HSAG identified 35,483 deliveries during CY 2024 among 35,425 women. Of the 35,483 deliveries, 3,692 were to women less than 21 years of age and 31,791 were to women 21 years of age and older. Table 2-1 displays the count of singleton CY 2024 deliveries from the study population, with no continuous enrollment requirements, wherein perinatal dental services were received (Num), the percentage of the study population wherein the respective perinatal dental services were received (Rate), and the percentage of deliveries that received the respective dental service out of those that received any perinatal dental services (Percent of Num) for each age group (i.e., less than 21 years of age and 21 years of age and older), stratified by dental service category. Please note that a delivery is counted once for each applicable dental service category; thus, the same delivery may be included in more than one dental service category. Table 2-1 includes the full study population and is not limited to continuously enrolled women.

**Table 2-1—Distribution of Women With Perinatal Dental Utilization, by Dental Service Category**

Dental Service Category	Less than 21 Years of Age			21 Years of Age and Older		
	Num*	Rate	Percent of Num	Num*	Rate	Percent of Num
Any Dental Service	1,090	29.52%	100.00%	8,086	25.43%	100.00%
Adjunctive General Services	378	10.24%	34.68%	2,172	6.83%	26.86%
Diagnostic Services	1,053	28.52%	96.61%	7,795	24.52%	96.40%
Endodontics	168	4.55%	15.41%	1,620	5.10%	20.03%
Oral and Maxillofacial Surgery	155	4.20%	14.22%	1,872	5.89%	23.15%
Periodontics	114	3.09%	10.46%	1,834	5.77%	22.68%
Preventive Services	838	22.70%	76.88%	4,248	13.36%	52.54%
Prosthodontics	S	S	S	226	0.71%	2.79%
Restorative	479	12.97%	43.94%	3,940	12.39%	48.73%

*\*Because a woman may have had more than one dental service during the perinatal period, the count of deliveries for each dental service category may not sum to the overall number of deliveries among women with any dental service.*

*S indicates that suppression was applied.*

As shown in Table 2-1, 29.52 percent (n=1,090) of deliveries to women less than 21 years of age received any perinatal dental service compared to 25.43 percent (n=8,086) of deliveries to women 21

years of age and older. For both groups, the most common services were Diagnostic Services, followed by Preventive Services. Prosthodontics were the least common type of service. For women less than 21 years of age, a larger proportion of deliveries that received any dental service were for Adjunctive General Services (34.68 percent) and Preventive Services (76.88 percent) compared to women 21 years of age and older. Compared to women under 21 years of age, women 21 and older had a larger proportion of Endodontics (20.03 percent), Oral and Maxillofacial Surgery (23.15 percent), Periodontics (22.68 percent), and Restorative (48.73 percent) services.

Of the deliveries among women less than 21 years of age, 11.24 percent were deliveries wherein services were received during the prenatal period only, and 8.69 percent were deliveries wherein services were received during the postpartum period only. Additionally, 9.59 percent were deliveries wherein services were received during both the prenatal and postpartum periods. Of the deliveries among women 21 years of age and older, 9.09 percent were deliveries wherein services were received during the prenatal period only, and 8.41 percent were deliveries wherein services were received during the postpartum period only. Additionally, 7.94 percent were deliveries wherein services were received during both the prenatal and postpartum periods.

Table 2-2 displays the count of deliveries from the study population that received preconception dental services (Num), the percentage of deliveries from the study population that received the respective preconception dental services (Rate), and the percentage of deliveries that received the respective preconception dental service out of those that received any preconception dental services (Percent of Num) for each age group, stratified by dental service category. Please note that a delivery is counted once for each applicable dental service category; thus, the same delivery may be included in more than one dental service category. Women who were continuously enrolled for six months prior to conception and had a delivery during CY 2024 are included in the results.

**Table 2-2—Distribution of Continuously Enrolled Women With Preconception Dental Utilization, by Dental Service Category**

Dental Service Category	Less Than 21 Years of Age			21 Years of Age and Older		
	Num*	Rate	Percent of Num	Num*	Rate	Percent of Num
Any Dental Service	583	25.33%	100.00%	2,793	14.21%	100.00%
Adjunctive General Services	237	10.30%	40.65%	632	3.22%	22.63%
Diagnostic Services	541	23.50%	92.80%	2,483	12.64%	88.90%
Endodontics	37	1.61%	6.35%	340	1.73%	12.17%
Oral and Maxillofacial Surgery	79	3.43%	13.55%	620	3.16%	22.20%
Periodontics	15	0.65%	2.57%	307	1.56%	10.99%
Preventive Services	457	19.85%	78.39%	1,376	7.00%	49.27%
Prosthodontics	0	0.00%	0.00%	53	0.27%	1.90%
Restorative	203	8.82%	34.82%	1,094	5.57%	39.17%

\*Because a woman may have had more than one dental service during the preconception period, the count of deliveries for each dental service category may not sum to the overall number of deliveries among women with any dental service.

Women less than 21 years of age received preconception dental services in 25.33 percent (n=583) of deliveries, while women 21 years of age and older received preconception dental services in 14.21 percent (n=2,793) of deliveries. Of the deliveries among women less than 21 years of age who received preconception dental services, 66.04 percent also received dental services during the perinatal period. Of the deliveries among women 21 years of age and older who received preconception dental services, 63.66 percent also received dental services during the perinatal period. Of deliveries among women who did not receive preconception dental services, 23.62 percent of deliveries to women less than 21 years of age and 20.19 percent of deliveries to women 21 years of age and older received dental services during the perinatal period.

The distribution of deliveries among women receiving perinatal dental services varied widely by Medicaid program (i.e., Medicaid for Pregnant Women, Medicaid Expansion, FAMIS MOMS, Low-Income Families with Children [LIFC], Other Medicaid,<sup>5,6</sup> or not enrolled) and delivery system (i.e., managed care, fee-for-service [FFS], or not enrolled). Table 2-3 presents the count of deliveries from the study population (Denom), the percentage of deliveries from the study population (Percent of Denom), the count of deliveries from the study population wherein perinatal dental services were received (Num), and percentage of deliveries that received any perinatal dental services (Rate) for each group, stratified by Medicaid program and delivery system as of the woman’s date of delivery. Table 2-3 includes the full study population and is not limited to continuously enrolled women.

**Table 2-3—Distribution of Women With Perinatal Dental Utilization, by Medicaid Program at Time of Delivery**

Stratification	Less than 21 Years of Age				21 Years of Age and Older			
	Denom	Percent of Denom	Num	Rate	Denom	Percent of Denom	Num	Rate
Any Program	3,692	100.00%	1,090	29.52%	31,791	100.00%	8,086	25.43%
<b>Medicaid Program</b>								
Medicaid for Pregnant Women	1,220	33.04%	311	25.49%	12,848	40.41%	3,502	27.26%
Medicaid Expansion	449	12.16%	132	29.40%	5,880	18.50%	1,400	23.81%
FAMIS MOMS	122	3.30%	27	22.13%	2,281	7.17%	546	23.94%
LIFC	98	2.65%	S	S	3,258	10.25%	825	25.32%
Other Medicaid	1,698	45.99%	592	34.86%	5,426	17.07%	1,716	31.63%
Not Enrolled	105	2.84%	S	S	2,098	6.60%	97	4.62%

<sup>5</sup> Starting on July 1, 2021, DMAS began enrolling pregnant women who do not meet immigration status rules for other coverage into the FAMIS Prenatal Coverage program. Within the 2021 report, these members are included in the Other Medicaid program; however, in the 2023 and 2024 reports, these women were included in the FAMIS MOMS program.

<sup>6</sup> Other Medicaid includes all other births not covered by Medicaid for Pregnant Women, Medicaid Expansion, FAMIS MOMS, and LIFC. Please note that Other Medicaid excludes births to women in Plan First and the Department of Corrections, which are included in the Not Enrolled category.

Stratification	Less than 21 Years of Age				21 Years of Age and Older			
	Denom	Percent of Denom	Num	Rate	Denom	Percent of Denom	Num	Rate
<b>Medicaid Delivery System</b>								
Managed Care	3,220	87.22%	1,018	31.61%	27,084	85.19%	7,628	28.16%
FFS	367	9.94%	S	S	2,609	8.21%	361	13.84%
Not Enrolled	105	2.84%	S	S	2,098	6.60%	97	4.62%

S indicates that suppression was applied.

Approximately 46 percent (n=1,698) of deliveries to women less than 21 years of age were enrolled in the Other Medicaid category, with 34.86 percent (n=592) receiving any perinatal dental services. For women 21 years of age and older, most deliveries were to women enrolled in Medicaid for Pregnant Women (40.41 percent; n=12,848), with 27.26 percent (n=3,502) receiving any perinatal dental services. Of note, the highest rate (31.63 percent) of receiving any perinatal dental service for the 21 years of age and older group was for women enrolled with Other Medicaid. Most of the study population was covered by managed care regardless of age, with 87.22 percent (n=3,220) of deliveries to women less than 21 years of age and 85.19 percent (n=27,084) of deliveries to women 21 years of age and older covered by managed care. Deliveries covered by managed care for women less than 21 years of age had slightly higher rates of receiving any perinatal dental service (31.61 percent) compared to women 21 years of age and older age (28.16 percent). Of note, deliveries covered by FFS had a low rate of receiving perinatal dental services for women 21 years of age and older (13.84 percent).

The length of time a woman was continuously enrolled in Medicaid during pregnancy may have also contributed to the ability to obtain perinatal dental services through the CardinalCare Smiles program. Of the overall study population, 64.04 percent (n=2,297) of women less than 21 years of age and 68.57 percent (n=20,361) of women 21 years of age and older were continuously enrolled in Medicaid for at least 90 days prior to and including the day of the delivery. Among the deliveries for continuously enrolled women, 33.13 percent (n=761) of women less than 21 years of age and 28.89 percent (n=5,882) of women 21 years of age and older received one or more dental services during the perinatal period. In contrast, 23.58 percent (n=329) of women less than 21 years of age and 19.37 percent (n=2,214) of women 21 years of age and older who were not continuously enrolled for at least 90 days prior to and including the day of delivery received perinatal dental services.

Table 2-4 presents the number of deliveries among women continuously enrolled at least 90 days prior to and including the day of delivery (Denom), as well as the count (Num) and percentage of deliveries (Rate) wherein women received any dental service and preventive dental services in the perinatal period for each age group, stratified by managed care region of residence.

**Table 2-4—Perinatal Dental Utilization Among Continuously Enrolled Women, by Managed Care Region of Residence**

Managed Care Region of Residence	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
Total	2,297	761	33.13%	591	25.73%	20,361	5,872	28.84%	3,139	15.42%
Central	637	212	33.28%	162	25.43%	5,567	1,739	31.24%	924	16.60%
Charlottesville/Western	292	91	31.16%	70	23.97%	2,445	563	23.03%	235	9.61%
Northern & Winchester	478	232	48.54%	190	39.75%	5,260	2,213	42.07%	1,371	26.06%
Roanoke/Alleghany	228	60	26.32%	43	18.86%	1,860	338	18.17%	149	8.01%
Southwest	122	35	28.69%	25	20.49%	552	125	22.64%	53	9.60%
Tidewater	540	131	24.26%	101	18.70%	4,677	894	19.11%	407	8.70%

The highest rate of perinatal dental utilization occurred in deliveries among women residing in Northern & Winchester for both the less than 21 years of age group (48.54 percent; n=232) and the 21 years of age and older group (42.07 percent; n=2,213). For the less than 21 years of age group, the lowest rate of perinatal dental services was in Tidewater (24.26 percent; n=131). The lowest rate for the 21 years of age and older group occurred in Roanoke/Alleghany (18.17 percent; n=338). Additionally, women less than 21 years of age had higher perinatal dental and preventive dental utilization rates than women 21 years of age and older when comparing each regional rate.

Table 2-5 presents the number of deliveries among women continuously enrolled at least 90 days prior to and including the day of delivery (Denom), as well as the number (Num) and percentage (Rate) of deliveries wherein women received any perinatal dental service and preventive dental services, stratified by maternal age at the time of delivery.

**Table 2-5—Dental Utilization Among Continuously Enrolled Women, by Maternal Age at Delivery**

Stratification	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate
Total	22,658	6,633	29.27%	3,730	16.46%
<b>Age at Delivery</b>					

Stratification	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate
15 Years and Younger	61	30	49.18%	S	S
16–17	299	126	42.14%	103	34.45%
18–20	1,937	605	31.23%	458	23.64%
21–24	4,719	1,257	26.64%	700	14.83%
25–29	6,738	1,951	28.96%	1,048	15.55%
30–34	5,457	1,607	29.45%	820	15.03%
35–39	2,742	845	30.82%	459	16.74%
40–44	664	197	29.67%	107	16.11%
45 Years and Older	41	15	36.59%	S	S

S indicates that suppression was applied.

Perinatal dental utilization rates were highest among deliveries to women 15 years of age and younger (49.18 percent; n=30) and lowest among deliveries to women 21 to 24 years of age (26.64 percent; n=1,257). Rates were at their highest for the youngest age groups and sharply declined to their lowest value for deliveries to women 21 to 24 years of age before generally increasing as the age at delivery increases.

Table 2-6 presents the number of deliveries among women continuously enrolled at least 90 days prior to and including the day of delivery (Denom), as well as the number (Num) and percentage (Rate) of deliveries wherein women received any perinatal dental service or preventive dental services for each age group, stratified by maternal race and ethnicity.

**Table 2-6—Dental Utilization Among Continuously Enrolled Women, by Maternal Race and Ethnicity**

Race and Ethnicity	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
Total	2,297	761	33.13%	591	25.73%	20,361	5,872	28.84%	3,139	15.42%

Race and Ethnicity	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
White, Non-Hispanic	1,233	443	35.93%	338	27.41%	10,575	3,221	30.46%	1,722	16.28%
Black, Non-Hispanic	822	238	28.95%	183	22.26%	6,627	1,702	25.68%	808	12.19%
Asian, Non-Hispanic	17	S	S	S	S	1,005	408	40.60%	277	27.56%
Hispanic, Any Race	162	48	29.63%	42	25.93%	1,225	332	27.10%	201	16.41%
Other/Unknown	63	S	S	S	S	929	209	22.50%	131	14.10%

S indicates that suppression was applied.

Perinatal dental utilization rates were highest among deliveries to White, Non-Hispanic women for the less than 21 years of age group (35.93 percent; n=443) and Asian, Non-Hispanic women for the 21 years of age and older group (40.60 percent; n=408). Preventive dental utilization rates were low among deliveries to Black, Non-Hispanic women relative to other racial groups for both the less than 21 years of age group (22.26 percent; n=183) and the 21 years of age and older group (12.19 percent; n=808).

Table 2-7 presents the number of deliveries among women continuously enrolled at least 90 days prior to and including the day of delivery (Denom), as well as the number (Num) and percentage (Rate) of deliveries wherein women received any perinatal dental service and preventive dental services for each age group, stratified by managed care region of residence and maternal race and ethnicity.

**Table 2-7—Dental Utilization Among Continuously Enrolled Women, by Managed Care Region of Residence and Maternal Race and Ethnicity**

Race and Ethnicity by Managed Care Region	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
<b>Central</b>										
White, Non-Hispanic	284	94	33.10%	71	25.00%	2,449	796	32.50%	425	17.35%
Black, Non-Hispanic	283	93	32.86%	71	25.09%	2,299	665	28.93%	334	14.53%
Asian, Non-Hispanic	S	S	S	S	S	223	101	45.29%	58	26.01%
Hispanic, Any Race	50	15	30.00%	13	26.00%	336	112	33.33%	68	20.24%
Other/Unknown	S	S	S	S	S	260	65	25.00%	39	15.00%
<b>Charlottesville/Western</b>										
White, Non-Hispanic	180	61	33.89%	49	27.22%	1,564	358	22.89%	149	9.53%
Black, Non-Hispanic	86	22	25.58%	13	15.12%	624	147	23.56%	63	10.10%
Asian, Non-Hispanic	S	S	S	S	S	63	17	26.98%	S	S
Hispanic, Any Race	19	S	S	S	S	108	23	21.30%	S	S
Other/Unknown	S	S	S	S	S	86	18	20.93%	S	S
<b>Northern &amp; Winchester</b>										
White, Non-Hispanic	353	177	50.14%	143	40.51%	3,199	1,400	43.76%	846	26.45%

Race and Ethnicity by Managed Care Region	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
Black, Non-Hispanic	S	22	41.51%	18	33.96%	844	321	38.03%	173	20.50%
Asian, Non-Hispanic	S	S	S	S	S	556	267	48.02%	197	35.43%
Hispanic, Any Race	35	17	48.57%	14	40.00%	360	128	35.56%	89	24.72%
Other/Unknown	S	S	S	S	S	301	97	32.23%	66	21.93%
<b>Roanoke/Alleghany</b>										
White, Non-Hispanic	146	39	26.71%	26	17.81%	1,338	254	18.98%	110	8.22%
Black, Non-Hispanic	64	17	26.56%	13	20.31%	340	S	S	25	7.35%
Asian, Non-Hispanic	S	0	0.00%	0	0.00%	S	S	S	S	S
Hispanic, Any Race	S	S	S	S	S	97	S	S	S	S
Other/Unknown	S	S	S	S	S	S	S	S	S	S
<b>Southwest</b>										
White, Non-Hispanic	113	33	29.20%	23	20.35%	489	119	24.34%	51	10.43%
Black, Non-Hispanic	S	0	0.00%	0	0.00%	18	S	S	S	S
Asian, Non-Hispanic	0	0	—	0	—	S	S	S	S	S
Hispanic, Any Race	S	S	S	S	S	25	S	S	S	S

Race and Ethnicity by Managed Care Region	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
Other/Unknown	S	S	S	S	S	S	S	S	S	S
<b>Tidewater</b>										
White, Non-Hispanic	157	39	24.84%	26	16.56%	1,536	294	19.14%	141	9.18%
Black, Non-Hispanic	333	84	25.23%	68	20.42%	2,502	507	20.26%	213	8.51%
Asian, Non-Hispanic	S	0	0.00%	0	0.00%	132	20	15.15%	13	9.85%
Hispanic, Any Race	38	S	S	S	S	299	53	17.73%	28	9.36%
Other/Unknown	S	S	S	S	S	208	20	9.62%	12	5.77%

—Indicates the rate is not applicable.

S indicates that suppression was applied.

Overall, for both age groups, the rate of deliveries wherein any perinatal dental service was received varied across race and ethnicity and managed care regions. For all regions other than Tidewater, for women less than 21 years of age, the White, Non-Hispanic group had the highest rates of perinatal dental services out of groups with sufficient sample sizes. For women 21 years of age and older, rates of perinatal dental services were highest among Asian, Non-Hispanic women for three managed care regions (Central, Charlottesville/Western, and Northern & Winchester).

### 12-Months Postpartum Dental Utilization

To assess dental utilization for pregnant women 12-months postpartum, HSAG assessed births that occurred between July 1, 2023, and June 30, 2024. Overall, HSAG identified 29,265 deliveries from July 1, 2023, through June 30, 2024, among 29,229 women with continuous enrollment for 12 months after delivery. Of the 29,265 deliveries, 3,108 were to women less than 21 years of age and 26,157 were to women 21 years of age and older.

Table 2-8 presents the count of deliveries from July 1, 2023, to June 30, 2024, wherein any postpartum dental services were received within 12 months of delivery (Num), the percentage of the study

population wherein the respective postpartum dental services were received (Rate), and the percentage of deliveries that received the respective postpartum dental service out of those that received any postpartum dental services (Percent of Num) for each age group (i.e., less than 21 years of age and 21 years of age and older), stratified by dental service category. Women who were continuously enrolled for 12 months after delivery, with an allowable gap of 45 days, are included in the results.

**Table 2-8—Distribution of Continuously Enrolled Women With Postpartum Dental Utilization, by Dental Service Category**

Dental Service Category	Less than 21 Years of Age			21 Years of Age and Older		
	Num*	Rate	Percent of Num	Num*	Rate	Percent of Num
Any Dental Service	923	29.70%	100.00%	6,797	25.99%	100.00%
Adjunctive General Services	339	10.91%	36.73%	1,999	7.64%	29.41%
Diagnostic Services	876	28.19%	94.91%	6,424	24.56%	94.51%
Endodontics	128	4.12%	13.87%	1,373	5.25%	20.20%
Oral and Maxillofacial Surgery	202	6.50%	21.89%	1,806	6.90%	26.57%
Periodontics	75	2.41%	8.13%	1,313	5.02%	19.32%
Preventive Services	630	20.27%	68.26%	3,400	13.00%	50.02%
Prosthodontics	S	S	S	194	0.74%	2.85%
Restorative	395	12.71%	42.80%	3,283	12.55%	48.30%

*\*Because a woman may have had more than one dental service during the postpartum period, the count of deliveries for each dental service category may not sum to the overall number of deliveries among women with any dental service.  
S indicates that suppression was applied.*

Almost 30 percent (n=923) of deliveries to women less than 21 years of age received any postpartum dental service compared to 25.99 percent (n=6,797) of deliveries to women 21 years of age and older. For women less than 21 years of age, a larger proportion of deliveries that received any postpartum dental service were for Adjunctive General Services (36.73 percent) and Preventive Services (68.26 percent) compared to women 21 years of age and older. For women 21 years of age and older, a larger proportion of deliveries that received any postpartum dental service were for Endodontics (20.20 percent), Oral and Maxillofacial Surgery (26.57 percent), Periodontics (19.32 percent), and Restorative (48.30 percent) compared to women less than 21 years of age.

Table 2-9 presents the count (Num) and percentage of deliveries (Rate) wherein women received any dental service and preventive dental services postpartum for each age group, stratified by postpartum time periods. Please note, the dental services were only classified based on the earliest month in which a postpartum dental service was received for a member (i.e., dental services received after the earliest postpartum dental service are not included in the counts for this table). Women who were continuously enrolled for 12 months after delivery, with an allowable gap of 45 days, are included in the results.

**Table 2-9—Dental Utilization Among Continuously Enrolled Women, by Postpartum Time Periods**

Postpartum Time Periods	Less Than 21 Years of Age				21 Years of Age and Older			
	Received Any Dental Utilization Services		Received Preventive Dental Utilization Services		Received Any Dental Utilization Services		Received Preventive Dental Utilization Services	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate
Total	923	29.70%	630	20.27%	6,797	25.99%	3,400	13.00%
Within One Month	85	2.73%	62	1.99%	721	2.76%	356	1.36%
One to Two Months	251	8.08%	195	6.27%	1,992	7.62%	1,051	4.02%
Three to Five Months	279	8.98%	205	6.60%	1,808	6.91%	1,021	3.90%
Six to Eight Months	165	5.31%	92	2.96%	1,250	4.78%	584	2.23%
Nine to Twelve Months	143	4.60%	76	2.45%	1,026	3.92%	388	1.48%

The highest rate of earliest postpartum dental utilization occurred three to five months after delivery for the less than 21 years of age group (8.98 percent; n=279) and one to two months after delivery for the 21 years of age and older group (7.62 percent; n=1,992). Given that postpartum coverage expanded from 60-days to 12-months postpartum, it is important to note that 18.89 percent and 15.61 percent of women utilized dental services three to 12 months after delivery for the less than 21 years of age group and the 21 years of age and older groups, respectively. The lowest rate of earliest postpartum dental utilization occurred within one month after delivery for both the less than 21 years of age group (2.73 percent; n=85) and the 21 years of age and older group (2.76 percent; n=721).

## Adult Dental Utilization

Overall, 1,137,783 adults who were enrolled for at least one day in a Medicaid program and eligible to receive dental services during CY 2024 were identified. Of the 1,137,783 adults, 793,400 were continuously enrolled during CY 2024 (69.73 percent), with an allowable gap of 45 days. Among all adults regardless of continuous enrollment, 17.90 percent (n=203,634) received any dental service and 8.42 percent (n=95,829) received preventive dental services. To ensure presented results for the adult population represent members who had similar temporal opportunity to receive services, Table 2-10 through Table 2-15 assess utilization for continuously enrolled adults.

Table 2-10 displays the count of continuously enrolled adults who received dental services (Num), the percentage of the study population wherein the respective dental services were received (Rate), and the percentage of adults who received the respective dental service out of those who received any dental service (Percent of Num), stratified by dental service category.

**Table 2-10—Distribution of Continuously Enrolled Adults With Dental Utilization, by Dental Service Category**

Service	Num*	Rate	Percent of Num
<b>Any Dental Service</b>	<b>172,109</b>	<b>21.69%</b>	<b>100.00%</b>
Adjunctive General Services	51,122	6.44%	29.70%
Diagnostic Services	158,734	20.01%	92.23%
Endodontics	23,638	2.98%	13.73%
Oral and Maxillofacial Surgery	48,466	6.11%	28.16%
Periodontics	34,416	4.34%	20.00%
Prosthodontics	19,938	2.51%	11.58%
Restorative	70,204	8.85%	40.79%
<b>Preventive Services</b>	<b>81,275</b>	<b>10.24%</b>	<b>47.22%</b>
D1110—Adult Prophylaxis Visit	80,635	10.16%	46.85%
D1354—Application of Caries Arresting Medicament—Per Tooth	1,391	0.18%	0.81%

\*Because an adult may have had more than one dental service during CY 2023, the count for each dental service category may not sum to the overall number of any dental service and Preventive Services.

As shown in Table 2-10, 21.69 percent (n=172,109) of adults received any dental service during CY 2024. Of the adults who received any dental service, a large proportion were for Diagnostic Services (92.23 percent), Preventive Services (47.22 percent), and Restorative (40.79 percent).

Table 2-11 presents the count of adults from the study population (Denom), the percentage of adults from the study population (Percent of Denom), the count of adults from the study population wherein dental services were received (Num), and the percentage of adults who received any dental service (Rate) for each group, stratified by Medicaid program and delivery system.

**Table 2-11—Distribution of Continuously Enrolled Adults With Any Dental Utilization, by Medicaid Program**

	Denom	Percent of Denom	Num	Rate
Any Program	793,400	100.00%	172,109	21.69%
<b>Medicaid Program</b>				
ABD	89,942	11.34%	22,143	24.62%
Dual Eligible	92,259	11.63%	17,874	19.37%
Medicaid Expansion	469,640	59.19%	102,287	21.78%
Other Eligibility Groups*	141,559	17.84%	29,805	21.05%
<b>Medicaid Delivery System</b>				

	Denom	Percent of Denom	Num	Rate
Managed Care	756,616	95.36%	170,216	22.50%
FFS	36,784	4.64%	1,893	5.15%

*\*FAMIS Children aid categories, which applied to children through age 19, were previously included in this table under the Medicaid program. Some members age 21 years and older in CY 2023 may have retained aid categories due to the continuous coverage provision under the coronavirus disease 2019 (COVID-19) public health emergency through March 31, 2023. For CY 2024, this group has been included in Other Eligibility Groups due to low counts.*

The distribution of adults receiving dental services was fairly consistent across Medicaid programs (i.e., Aged, Blind, or Disabled [ABD]; Dual Eligible; Medicaid Expansion; and Other Eligibility Groups) but did differ between delivery systems (i.e., managed care, FFS, or not enrolled). While the majority of continuously enrolled adults eligible to receive dental services were enrolled in the Medicaid Expansion program (59.19 percent; n=469,640), ABD members had the highest rate (24.62 percent) of receiving any dental service. Dual Eligible members had the lowest rate (19.37 percent) of the programs with sufficient populations. Additionally, approximately 95 percent of continuously enrolled adults were covered by managed care, and those covered by managed care had a substantially higher rate of utilizing dental services than those covered by FFS.

Table 2-12 presents the number of adults in the study population (Denom), as well as the count (Num) and percentage of adults (Rate) who received any dental service and preventive dental services in CY 2024, stratified by managed care region of residence.

**Table 2-12—Dental Utilization Among Continuously Enrolled Adults, by Managed Care Region of Residence**

Managed Care Region of Residence	Denom	Received Any Dental Utilization Services		Received Preventive Dental Utilization Services	
		Num	Rate	Num	Rate
Total*	793,400	172,109	21.69%	81,275	10.24%
Central	203,713	48,889	24.00%	22,313	10.95%
Charlottesville/Western	92,138	18,262	19.82%	7,027	7.63%
Northern & Winchester	178,342	51,803	29.05%	29,982	16.81%
Roanoke/Alleghany	78,042	13,320	17.07%	4,956	6.35%
Southwest	54,899	8,812	16.05%	4,288	7.81%
Tidewater	186,216	31,022	16.66%	12,708	6.82%

*\*Note: Total also includes adults with Unknown/Missing managed care region of residence.*

Adults residing in Northern & Winchester had the highest rates of receiving any dental service and preventive dental services (29.05 percent and 16.81 percent, respectively). Adults residing in Roanoke/Alleghany, Southwest, and Tidewater had the lowest rates of receiving any dental service, with rates approximately 12 to 13 percentage points lower than adults residing in Northern & Winchester. Charlottesville/Western, Roanoke/Alleghany, Southwest, and Tidewater all had rates of preventive dental utilization that were less than half that of Northern & Winchester.

Table 2-13 presents the number of adults in the study population (Denom), as well as the count (Num) and percentage of adults (Rate) who received any dental service and preventive dental services in CY 2024, stratified by age.

**Table 2-13—Dental Utilization Among Continuously Enrolled Adults, by Age**

Age	Denom	Received Any Dental Utilization Services		Received Preventive Dental Utilization Services	
		Num	Rate	Num	Rate
Total	793,400	172,109	21.69%	81,275	10.24%
21–24 Years	77,407	16,430	21.23%	10,740	13.87%
25–34 Years	204,695	43,183	21.10%	22,366	10.93%
35–44 Years	179,020	39,628	22.14%	18,056	10.09%
45–54 Years	126,177	29,512	23.39%	12,493	9.90%
55–64 Years	124,344	28,631	23.03%	11,489	9.24%
65 Years and Older	81,757	14,725	18.01%	6,131	7.50%

All age groups, excluding adults 65 years of age and older, had similar rates of dental utilization, with rates for the individual age groups (e.g., 21–24 Years, 25–34 Years) within approximately 2.5 percentage points for receiving any dental service. Adults 65 years of age and older had the lowest rates of receiving both any dental service (18.01 percent) and preventive dental services (7.50 percent). Adults 21 to 24 years had the highest rates of preventive dental utilization (13.87 percent).

Table 2-14 presents the number of adults in the study population (Denom), as well as the count (Num) and percentage of adults (Rate) who received any dental service and preventive dental services in CY 2024, stratified by race and ethnicity.

**Table 2-14—Dental Utilization Among Continuously Enrolled Adults, by Race and Ethnicity**

Race and Ethnicity	Denom	Received Any Dental Utilization Services		Received Preventive Dental Utilization Services	
		Num	Rate	Num	Rate
Total	793,400	172,109	21.69%	81,275	10.24%
White, Non-Hispanic	393,615	82,312	20.91%	38,800	9.86%
Black, Non-Hispanic	269,495	60,605	22.49%	25,839	9.59%
Asian, Non-Hispanic	44,595	14,602	32.74%	8,395	18.82%
Hispanic, Any Race	21,926	4,685	21.37%	2,440	11.13%
Other/Unknown	63,769	9,905	15.53%	5,801	9.10%

Asian, Non-Hispanic adults had the highest rate of receiving both any dental service and preventive dental services (32.74 percent and 18.82 percent, respectively), while adults of Other/Unknown race and ethnicity had the lowest rates of receiving both any dental service and preventive dental services (15.53 percent and 9.10 percent, respectively).

Table 2-15 presents the number of adults in the study population (Denom), as well as the count (Num) and percentage of adults (Rate) who received any dental service and preventive dental services in CY 2024, stratified by managed care region of residence, and race and ethnicity.

**Table 2-15—Dental Utilization Among Continuously Enrolled Adults, by Managed Care Region of Residence and Race and Ethnicity**

Race and Ethnicity by Managed Care Region	Denom	Received Any Dental Utilization Services		Received Preventive Dental Utilization Services	
		Num	Rate	Num	Rate
<b>Central</b>					
White, Non-Hispanic	81,310	19,017	23.39%	9,008	11.08%
Black, Non-Hispanic	93,148	23,508	25.24%	9,904	10.63%
Asian, Non-Hispanic	7,204	2,322	32.23%	1,208	16.77%
Hispanic, Any Race	5,749	1,333	23.19%	660	11.48%
Other/Unknown	16,302	2,709	16.62%	1,533	9.40%
<b>Charlottesville/Western</b>					
White, Non-Hispanic	55,005	11,089	20.16%	4,279	7.78%
Black, Non-Hispanic	27,639	5,580	20.19%	2,022	7.32%
Asian, Non-Hispanic	1,526	370	24.25%	150	9.83%
Hispanic, Any Race	1,951	379	19.43%	150	7.69%
Other/Unknown	6,017	844	14.03%	426	7.08%
<b>Northern &amp; Winchester</b>					
White, Non-Hispanic	89,110	24,781	27.81%	14,066	15.78%
Black, Non-Hispanic	33,592	10,507	31.28%	5,725	17.04%
Asian, Non-Hispanic	29,329	10,828	36.92%	6,499	22.16%
Hispanic, Any Race	5,815	1,717	29.53%	1,078	18.54%
Other/Unknown	20,496	3,970	19.37%	2,614	12.75%
<b>Roanoke/Alleghany</b>					
White, Non-Hispanic	55,843	9,688	17.35%	3,632	6.50%
Black, Non-Hispanic	14,685	2,691	18.32%	876	5.97%
Asian, Non-Hispanic	1,335	238	17.83%	101	7.57%
Hispanic, Any Race	1,562	230	14.72%	101	6.47%
Other/Unknown	4,617	473	10.24%	246	5.33%
<b>Southwest</b>					
White, Non-Hispanic	50,640	8,183	16.16%	3,919	7.74%
Black, Non-Hispanic	1,567	252	16.08%	133	8.49%
Asian, Non-Hispanic	245	49	20.00%	34	13.88%
Hispanic, Any Race	418	61	14.59%	37	8.85%

Race and Ethnicity by Managed Care Region	Denom	Received Any Dental Utilization Services		Received Preventive Dental Utilization Services	
		Num	Rate	Num	Rate
Other/Unknown	2,029	267	13.16%	165	8.13%
<b>Tidewater</b>					
White, Non-Hispanic	61,670	9,554	15.49%	3,896	6.32%
Black, Non-Hispanic	98,854	18,066	18.28%	7,178	7.26%
Asian, Non-Hispanic	4,956	795	16.04%	403	8.13%
Hispanic, Any Race	6,430	965	15.01%	414	6.44%
Other/Unknown	14,306	1,642	11.48%	817	5.71%

Asian, Non-Hispanic adults had the highest rates of receiving a dental service in four of the six regions (Central, Charlottesville/Western, Northern & Winchester, and Southwest) and the highest rates of receiving preventive dental services in all six regions. Adults within the Other/Unknown race and ethnicity category had the lowest rate of utilizing any dental service in all six regions and the lowest rates of preventive dental services in five of the six regions (Central, Charlottesville/Western, Northern & Winchester, Roanoke/Alleghany, and Tidewater).

### Adult DQA Measures

HSAG calculated three DQA measures for the adult population. Table 2-16 presents the number of adults in the measure eligible population (Denom), as well as the count (Num), and percentage of adults (Rate) who received the select dental services in CY 2024.

**Table 2-16—DQA Measure Findings**

Study Indicators	Denom	Num	Rate
<b>Adults With Diabetes—Oral Evaluation</b>			
Adults With Diabetes—Oral Evaluation	125,113	24,398	19.50%
<b>Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults</b>			
Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults*	11,704,542	22,246	190.06
<b>Follow-Up After ED Visits for Non-Traumatic Dental Conditions in Adults</b>			
7-Day Follow-Up	21,905	2,553	11.65%
30-Day Follow-Up	21,905	4,346	19.84%

\*Please note, the denominator for this measure is member months and the rate is calculated per 100,000 member months.

Approximately 20 percent of adults with diabetes had a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation during CY 2024. For CY 2024, the rate of ED visits for nontraumatic dental conditions in adults was 190.06 visits per 100,000 member months (2,280.72 visits per 100,000 members), which is in alignment with national Medicaid trends.<sup>7</sup> Of those members who had an ED visit for nontraumatic dental conditions, approximately 12 percent and 20 percent had a follow-up visit with a dentist within seven and 30 days, respectively.

### Additional Adult Stratifications

HSAG calculated dental utilization for continuously enrolled adult members with an SUD, an SMI, and those taking psychotropic medications. Members with a SUD included all nonpregnant adults ages 21 years and older who were diagnosed with a SUD and were continuously enrolled in Virginia Medicaid in CY 2024. Members with a SUD are defined as those who received MAT or had qualifying facility, provider, or pharmacy claims with a SUD diagnosis and a SUD-related treatment service during the measurement period and/or in the 12 months before the measurement period. Members with a SMI included all nonpregnant adults ages 21 years and older who were diagnosed with a SMI and were continuously enrolled in Virginia Medicaid during CY 2024. Members with a SMI were identified using the NCQA SMI definition. Members taking psychotropic medications included all nonpregnant adults ages 21 years and older who were continuously enrolled during CY 2024 and were prescribed a psychotropic medication from July 1, 2023, through June 30, 2024.

In CY 2024, approximately 13 percent (n=106,401) of continuously enrolled adult members were identified as having a SUD, and 9 percent (n=67,954) were identified as having a SMI. HSAG also identified 227,824 continuously enrolled adults taking psychotropic medications from July 1, 2023, through June 30, 2024.

Table 2-17 displays the count of continuously enrolled adults diagnosed with a SUD who received dental services (Num), the percentage of the study population wherein the respective dental services were received (Rate), and the percentage of adults with a SUD who received the respective dental service out of those who received any dental service (Percent of Num), stratified by dental service category.

**Table 2-17—Distribution of Continuously Enrolled SUD Member Dental Utilization**

	Num*	Rate	Percent of Num
<b>Any Dental Service</b>	<b>24,629</b>	<b>23.15%</b>	<b>100.00%</b>
Adjunctive General Services	6,396	6.01%	25.97%
Diagnostic Services	21,922	20.60%	89.01%
Endodontics	3,345	3.14%	13.58%
Oral and Maxillofacial Surgery	9,697	9.11%	39.37%
Periodontics	3,834	3.60%	15.57%
Prosthodontics	4,520	4.25%	18.35%

<sup>7</sup> Centers for Medicare & Medicaid Services (CMS). Medicaid Adult Beneficiaries Emergency Department Visits for Non-Traumatic Dental Conditions. Available at: <https://www.medicaid.gov/medicaid/benefits/downloads/adult-non-trauma-dental-ed-visits.pdf>. Accessed on: Sept 22, 2025.

	Num*	Rate	Percent of Num
Restorative	8,794	8.26%	35.71%
<b>Preventive Services</b>	<b>7,506</b>	<b>7.05%</b>	<b>30.48%</b>
D1110—Adult Prophylaxis Visit	7,418	6.97%	30.12%
D1354—Application of Caries Arresting Medicament—Per Tooth	160	0.15%	0.65%

\*Because an adult with a SUD may have had more than one dental service during CY 2024, the count for each dental service category may not sum to the overall number of any dental service and Preventive Services.

As shown in Table 2-17, 23.15 percent (n=24,629) of adults with a SUD received any dental service during CY 2024. A much smaller proportion of adults with a SUD who received any dental service received Preventive Services (30.48 percent) when compared to all continuously enrolled adults (47.22 percent). Additionally, compared to all continuously enrolled adults, a larger proportion of adults with a SUD who received any dental service received Oral and Maxillofacial Surgery (39.37 percent compared to 28.16 percent for all continuously enrolled adults) and Prosthodontics (18.35 percent compared to 11.58 percent for all continuously enrolled adults).

Table 2-18 displays the count of continuously enrolled adults diagnosed with a SMI who received dental services (Num), the percentage of the study population wherein the respective dental services were received (Rate), and the percentage of adults with a SMI who received the respective dental service out of those who received any dental service (Percent of Num), stratified by dental service category.

**Table 2-18—Distribution of Continuously Enrolled SMI Member Dental Utilization**

	Num*	Rate	Percent of Num
<b>Any Dental Service</b>	<b>18,193</b>	<b>26.77%</b>	<b>100.00%</b>
Adjunctive General Services	5,493	8.08%	30.19%
Diagnostic Services	16,440	24.19%	90.36%
Endodontics	2,164	3.18%	11.89%
Oral and Maxillofacial Surgery	5,763	8.48%	31.68%
Periodontics	2,891	4.25%	15.89%
Prosthodontics	2,650	3.90%	14.57%
Restorative	6,356	9.35%	34.94%
<b>Preventive Services</b>	<b>7,229</b>	<b>10.64%</b>	<b>39.74%</b>
D1110—Adult Prophylaxis Visit	7,145	10.51%	39.27%
D1354—Application of Caries Arresting Medicament—Per Tooth	167	0.25%	0.92%

\*Because an adult with a SMI may have had more than one dental service during CY 2024, the count for each dental service category may not sum to the overall number of any dental service and Preventive Services.

Among adults with a SMI, 26.77 percent (n=18,193) received any dental service during CY 2024. Compared to all continuously enrolled adults, the rate of adults with a SMI receiving any dental service was higher (26.77 percent compared to 21.69 percent for all continuously enrolled adults); however, the

rate of receiving Preventive Services out of those who received any service was notably lower (39.74 percent compared to 47.22 percent for all continuously enrolled adults).

To provide additional granularity on dental utilization rates among members with a SMI, rates among specific diagnosis groups were calculated. Table 2-19 presents the count of continuously enrolled adults diagnosed with each respective SMI (Denom), as well as the count (Num) and percentage of adults (Rate) who received any dental service and preventive dental services in CY 2024, stratified by SMI diagnosis.

**Table 2-19—SMI Distribution by Diagnosis**

SMI Diagnosis	Denom	Received Any Dental Utilization Services		Received Preventive Dental Utilization Services	
		Num	Rate	Num	Rate
Total	67,954	18,193	26.77%	7,229	10.64%
Schizophrenia	21,694	5,611	25.86%	2,381	10.98%
Bipolar Disorder	34,470	10,274	29.81%	4,029	11.69%
Major Depression	11,513	2,720	23.63%	952	8.27%
Generalized Anxiety	21,965	5,218	23.76%	1,830	8.33%

Of continuously enrolled adults with a SMI, those diagnosed with bipolar disorder had the highest rates of receiving any dental service and preventive dental services (29.81 percent and 11.69 percent, respectively). Adults with major depression had the lowest rates of receiving any dental service and preventive dental services (23.63 percent and 8.27 percent, respectively). Rates for any dental service and preventive dental services for adults with generalized anxiety were similar to those of adults with major depression.

Table 2-20 displays the count of continuously enrolled adults taking psychotropic medications from July 1, 2023, through June 30, 2024, who received dental services (Num), the percentage of the study population wherein the respective dental services were received (Rate), and percentage of adults taking psychotropic medications who received the respective dental service out of those who received any dental service (Percent of Num), stratified by dental service category. Dental services up to 12 months following a member’s prescription are included.

**Table 2-20—Distribution of Continuously Enrolled Members Taking Psychotropic Medications**

	Num*	Rate	Percent of Num
<b>Any Dental Service</b>	<b>78,635</b>	<b>34.52%</b>	<b>100.00%</b>
Adjunctive General Services	24,977	10.96%	31.76%
Diagnostic Services	73,221	32.14%	93.12%
Endodontics	12,450	5.46%	15.83%
Oral and Maxillofacial Surgery	28,791	12.64%	36.61%
Periodontics	15,240	6.69%	19.38%
Prosthodontics	13,041	5.72%	16.58%
Restorative	34,635	15.20%	44.05%

	Num*	Rate	Percent of Num
<b>Preventive Services</b>	<b>35,633</b>	<b>15.64%</b>	<b>45.31%</b>
D1110—Adult Prophylaxis Visit	35,255	15.47%	44.83%
D1354—Application of Caries Arresting Medicament—Per Tooth	843	0.37%	1.07%

*\*Because adults taking psychotropic medications may have had more than one dental service during the 12-month period following the prescription, the counts for each dental service category may not sum to the total number of any dental service and Preventive Services.*

Compared to all continuously enrolled adult members, members taking psychotropic medications had higher rates of receiving any dental service (34.52 percent compared to 21.69 percent for all continuously enrolled adults). Members taking psychotropic medications utilizing any dental service had much higher utilization of Oral and Maxillofacial Surgery compared to all continuously enrolled adults. The proportions of members receiving other respective dental services out of those who received any dental service were similar to those of all continuously enrolled adults.

## 3. Additional Considerations and Conclusions

### Additional Considerations

#### *Pregnant Women*

For the pregnant women dental utilization portion of this study, HSAG considered perinatal dental utilization data for all women with a delivery during CY 2024. Deterministic and probabilistic data linking were used to match eligible members with birth registry records to identify births paid by Virginia Medicaid. These data were provided by DMAS and VDH. Enrollment was determined by matching these birth records to Medicaid enrollment data provided by DMAS. Methodological or data-related factors may influence the identification of dental services utilized during the perinatal period. Additionally, the presented dental utilization results were derived from dental encounter data provided by DMAS.

Prior to the CY 2023 report, HSAG included births to women covered by FAMIS Prenatal Coverage in the FAMIS MOMS program. For CY 2023 and CY 2024, births to women covered by FAMIS Prenatal Coverage were included in Other Medicaid. Therefore, exercise caution when comparing FAMIS MOMS results prior to CY 2023 to more recent findings.

Starting July 1, 2022, postpartum coverage was expanded from 60 days to 12 months after delivery. The claims/encounter data received for this activity were only complete through May 2025 due to the run-out period needed for claims/encounter data. Therefore, postpartum dental utilization for women who had births in June 2024 or later may be underestimated, since postpartum dental utilization could occur past May 2025.

For the 12-months postpartum subgroup, members with continuous enrollment (enrollment in any Medicaid program for a minimum of 12 months from the date of delivery with an allowable gap up to 45 days and enrolled on the final day of the 12-month period) were included in the dental utilization analysis. Prior to this year's report, no continuous enrollment requirements were implemented for this subgroup. Caution should be exercised when comparing results to previous reports.

#### *Adults*

For the adult dental utilization analysis, adult members were included if they were continuously enrolled during 2024, with an allowable gap of 45 days and were enrolled on December 31, 2024. Prior to this year's report, adult members were included if they had at least one day of enrollment in any Medicaid program. Therefore, caution should be exercised when comparing results to previous reports.

For the adult DQA measures, HSAG followed the 2025 DQA technical measure specifications; however, adjustments were made to the ages included for the *Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults* and *Follow-Up After ED Visits for Non-Traumatic Dental Conditions in Adults* measures (i.e., HSAG included adults 21 years of age and older in the

denominator instead of 18 years of age and older) in alignment with the CardinalCare Smiles program for adults.<sup>8</sup>

For the identification of members with a SMI, the NCQA definition was used.<sup>9</sup> However, this definition was adjusted to include members with a diagnosis of generalized anxiety.

Since the claims/encounter data received for this activity were only complete through May 2025, the results for members taking psychotropic medications were impacted similarly to the postpartum coverage group. Because dental utilization was assessed for the 12-month period following receipt of a psychotropic medication from July 1, 2023, through June 30, 2024, dental utilization for members prescribed psychotropic medications in June 2024 or later may be underestimated, since postpartum dental utilization could occur past May 2025.

## Conclusions

### *Pregnant Women*

Enhanced oral healthcare among pregnant women is essential for both mother and baby. Pregnancy may result in changes in oral health (e.g., pregnancy gingivitis, periodontic disease). Poor oral health is associated with cardiovascular disease and diabetes, and periodontic disease is associated with an increased risk for preterm birth.<sup>10,11</sup> Therefore, delaying necessary dental treatment could result in significant risk for mother and baby (e.g., an infection of a tooth could spread throughout the body).<sup>12</sup> The Virginia CardinalCare Smiles program provides women who become eligible for Medicaid when they become pregnant with a critically important opportunity to receive dental services during the prenatal and postpartum periods. Further, given that all Medicaid adults are eligible to receive dental services under the Virginia CardinalCare Smiles program, it is also an opportunity for adult women to receive dental services prior to conception. Recent studies have shown that increased access to dental care, like the dental coverage to all Medicaid adults in Virginia, can lead to lower medical costs for individuals who are pregnant or have chronic conditions (e.g., diabetes, heart disease).<sup>13</sup> This is because poor oral health is associated with poor birth outcomes (e.g., preterm births, low birth weight

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<sup>8</sup> Dental Quality Alliance. Dental Quality Measures. Available at: <https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures>. Accessed on: Sept 24, 2025.

<sup>9</sup> Centers for Medicare & Medicaid. Core Set of Adult Health Care Quality Measures for Medicaid. Measure HPCMI-AD. Available at: <https://www.medicaid.gov/sites/default/files/2025-03/medicaid-adult-core-set-manual.pdf>. Accessed on: Oct 8, 2025.

<sup>10</sup> American Dental Association. Oral-Systemic Health. Available at: <https://www.ada.org/resources/ada-library/oral-health-topics/oral-systemic-health>. Accessed on: Oct 9, 2025.

<sup>11</sup> The American College of Obstetricians and Gynecologists. Oral Health Care During Pregnancy and Through the Lifespan. Committee Opinion No. 569. *Obstetrics & Gynecology*. 2013;122:417–22. Available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan>. Accessed on: Sept 24, 2025.

<sup>12</sup> Pucci R, Cassoni A, Carlo D, et al. Severe Odontogenic Infections during Pregnancy and Related Adverse Outcomes. Case Report and Systematic Literature Review. *Tropical Medicine and Infectious Disease*. 2021. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8293338/>. Accessed on: Oct 9, 2025.

<sup>13</sup> Auger S, Preston R, Tranby EP, et al. The Role of Medicaid Adult Dental Benefits During Pregnancy and Postpartum. CareQuest Institute for Oral Health. Available at: [https://www.carequest.org/system/files/CareQuest\\_Institute\\_The-Role-Medicaid-Adult-Dental-Benefits-During-Pregnancy\\_4.10.23.pdf](https://www.carequest.org/system/files/CareQuest_Institute_The-Role-Medicaid-Adult-Dental-Benefits-During-Pregnancy_4.10.23.pdf). Accessed on: Sept 24, 2025.

infants) and can result in worse diabetes and hypertension, all of which can increase the medical costs during a woman's pregnancy and post-delivery.<sup>14</sup>

In CY 2024, younger women (i.e., less than 21 years of age) received dental services at higher rates than all other women (i.e., 21 years of age and older) in both the preconception and perinatal periods. Younger women were also more likely to have preventive dental utilization in both the preconception and perinatal periods. In CY 2024, dental utilization during the preconception period increased by 2.4 percentage points when compared to CY 2023. The most common Medicaid program for younger women who received perinatal dental services was the Other Medicaid category, while the most common for women 21 years of age and older who received perinatal dental services was Medicaid for Pregnant Women (i.e., the member became eligible for Medicaid due to pregnancy). Of note, women 21 years of age and older who received perinatal dental services and were enrolled in Medicaid Expansion at the time of delivery had lower rates of perinatal dental utilization than women enrolled in Medicaid for Pregnant Women. In addition, of the women who received preconception dental services, about 64 to 66 percent also received perinatal dental services compared to 20 to 24 percent of those who did not receive preconception services. This indicates that habitual dental visits before pregnancy is a strong factor in determining if a woman receives dental services during the perinatal period, and that there is an opportunity to improve perinatal dental utilization by encouraging women enrolled in Medicaid Expansion to receive consistent dental care prior to becoming pregnant.

Overall, perinatal dental utilization and the receipt of preventive dental services varied by delivery system, managed care region, and race and ethnicity. Women enrolled in managed care at the time of delivery had higher perinatal dental utilization than women enrolled in FFS. Among women of all ages with continuous enrollment, dental utilization and preventive dental utilization were highest in the Northern & Winchester region. For younger women, Tidewater had the lowest rates of utilization for any dental service and preventive dental services. For women 21 years of age and older, the lowest rates occurred in Roanoke/Alleghany. When comparing differences among racial groups, perinatal dental utilization was highest for deliveries among White, Non-Hispanic women for the less than 21 years of age group and among Asian, Non-Hispanic women for the 21 years of age and older group. Preventive dental utilization rates were lowest among deliveries to Black, Non-Hispanic women regardless of age. The statewide patterns for race and ethnicity varied within each managed care region. These regional differences in perinatal dental utilization may be indicative of differential access to dental providers among women. However, women may have received services that DMAS did not cover (e.g., the services were covered by other public health initiatives).<sup>15</sup>

## 12-Months Postpartum

For women who had births between July 1, 2023, and June 30, 2024, women less than 21 years of age had higher rates of postpartum dental utilization compared to women 21 years of age and older. The highest rate of initial postpartum utilization for younger women occurred three to five months after delivery. For women 21 years of age and older, the highest rate occurred one to two months after delivery. Regardless of age, the lowest rate occurred within one month after delivery. Given that postpartum coverage expanded from 60-days to 12-months postpartum, it is important to note that the

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<sup>14</sup> Ibid.

<sup>15</sup> Perinatal and Infant Oral Health Quality Improvement Expansion Program 2019 Final Progress Narrative. Richmond, VA: Virginia Department of Health. Available at: <https://www.mchoralhealth.org/PDFs/H47MC28478.pdf>. Accessed on: Sept 24, 2025.

majority of women who had an initial dental service in the 12-months postpartum period utilized them three to 12 months after delivery.

## Adults

On July 1, 2021, adults participating in Virginia Medicaid started receiving comprehensive dental benefits. Research has shown there is a relationship between oral health and physical health, and by expanding comprehensive adult dental coverage, there is the potential to improve outcomes and reduce costs.<sup>16</sup>

In CY 2024, approximately 22 percent of continuously enrolled adults received any dental service, with a large proportion of this dental utilization for Diagnostic Services, Preventive Services, and Restorative. Approximately 95 percent of continuously enrolled adults eligible to receive dental services were covered by managed care, and those covered by managed care had a higher rate of utilizing dental services than those covered by FFS. The majority of adults eligible to receive dental services were enrolled in the Medicaid Expansion program, and members enrolled in this program had the second highest rate of receiving any dental service, after ABD members.

Dental utilization among adults varied by member demographics. For example, adults residing in Northern & Winchester had the highest rates of receiving any dental service and preventive dental services, while adults residing in Roanoke/Alleghany, Southwest, and Tidewater had the lowest rates of receiving any dental service and preventive dental services. All age groups, excluding adults 65 years of age and older, had similar rates of dental utilization, and adults 65 years of age and older had the lowest rates of receiving both any dental service and preventive dental services. Asian, Non-Hispanic adults had the highest rates of receiving a dental service in four of the six regions (Central, Charlottesville/Western, Northern & Winchester, and Southwest) and the highest rates of receiving preventive dental services in all six regions. Adults with Other/Unknown race and ethnicity had the lowest rate of utilizing any dental service in all six regions and the lowest rates of preventive dental services in five of the six regions (Central, Charlottesville/Western, Northern & Winchester, Roanoke/Alleghany, and Tidewater).

Three DQA measures were calculated for the adult population. Approximately 20 percent of adults with diabetes had a comprehensive or periodic oral evaluation, or a comprehensive periodontal evaluation during CY 2024. Given that diabetics are at increased risk for oral infections, tooth loss, periodontal problems, and dental caries, opportunities exist for Virginia Medicaid to ensure these members are receiving an annual oral evaluation.<sup>17</sup> Some progress has been made in this area, as the rate of diabetics who received an oral or periodontal evaluation increased by almost 2.5 percent compared to CY 2023. The rate of ED visits for nontraumatic dental conditions in adults was 190.06 visits per 100,000 member months (2,280.72 visits per 100,000 members), which is in alignment with national Medicaid trends.<sup>18</sup> Nationally, in 2022, there were approximately 117 ED visits for nontraumatic dental

<sup>16</sup> CareQuest Institute for Oral Health. Medicaid Adult Dental Benefit Forecasting Tool. Available at: <https://www.carequest.org/resource-library/medicaid-adult-dental-benefit-forecasting-tool>. Accessed on: Sept 24, 2025.

<sup>17</sup> Tarim, BA and Arican, B. Evaluation of oral health in different types of diabetes mellitus: A cross-sectional retrospective study. *Primary Care Diabetes*. 2023; 17(3):278-282. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1751991823000694>. Accessed on: Sept 24, 2025.

<sup>18</sup> Centers for Medicare & Medicaid Services. Medicaid Adult Beneficiaries Emergency Department Visits for Non-Traumatic Dental Conditions. Available at: <https://www.medicaid.gov/medicaid/benefits/downloads/adult-non-trauma-dental-ed-visits.pdf>. Accessed on: Sept 24, 2025.

conditions per 10,000 ED visits, with the estimated total cost of these visits estimated to be \$3.9 billion, further highlighting the impact of ED utilization for nontraumatic dental conditions.<sup>19</sup> Of those members who had an ED visit for nontraumatic dental conditions, approximately 12 percent and 20 percent had a follow-up visit with a dentist within seven and 30 days, respectively. Given that dental care in an ED setting focuses on managing symptoms instead of addressing any underlying issues, it is critical that members receive follow-up care after the ED visit with a dentist who can address the unresolved dental issues and provide the necessary care.<sup>20</sup>

Among continuously enrolled adults with a SUD, a SMI, and taking psychotropic medications, approximately 23 percent, 27 percent, and 35 percent, respectively, received any dental service. The proportion of utilization among the various dental services differed among groups. A much smaller proportion of adults with a SUD with any dental utilization received Preventive Services when compared to all adults. For members with a SMI, the rate of receiving any dental service was higher when compared to all continuously enrolled adults, but the rate of receiving Preventive Services out of those who received any service was also notably lower. Of members with a SMI, adults diagnosed with bipolar disorder had the highest rates of receiving any dental service and preventive dental services, and adults with major depression and generalized anxiety had the lowest rates of receiving any dental service and Preventive Services. Members taking psychotropic medications had higher rates of receiving any dental service compared to all continuously enrolled adults. Members taking psychotropic medications utilizing any dental service also had much higher utilization of Oral and Maxillofacial Surgery, but proportions of members receiving other respective dental services out of those who received any dental service were similar to those of all continuously enrolled adults.

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<sup>19</sup> CareQuest. Institute for Oral Health. Tracking the Cost and Prevalence of Emergency Department Visits for Non-Traumatic Dental Conditions. Available at: [https://www.carequest.org/system/files/CareQuest\\_Institute\\_Dental-Care-in-Crisis\\_FINAL.pdf](https://www.carequest.org/system/files/CareQuest_Institute_Dental-Care-in-Crisis_FINAL.pdf). Accessed on: Oct 9, 2025.

<sup>20</sup> Curt A and Samuels-Kalow M. How Should Emergency Department Clinicians Respond to Unmet Dental Needs? AMA Journal of Ethics. 2022. Available at: <https://journalofethics.ama-assn.org/article/how-should-emergency-departmentclinicians-respond-unmet-dental-needs/2022-01>. Accessed on: Sept 24, 2025.

## Appendix A—Covered Dental Services Included in Analysis

Table A-1 and Table A-2, which provide the Current Dental Terminology procedure codes for pregnant women and the adult population dental benefits covered by the CardinalCare Smiles program from the July 1, 2024, DentaQuest Smiles For Children (SFC) Office Reference Manual,<sup>21</sup> which aligns with the CY 2024 dental utilization assessed in this data brief.

**Table A-1—Current Dental Terminology Procedure Codes for Pregnant Women**

Service	Procedure Code
Adjunctive General Services	D9110, D9219, D9222, D9223, D9230, D9239, D9243, D9248, D9310, D9420, D9440, D9610, D9612, D9630, D9910, D9920, D9930, D9944, D9945, D9946, D9990, D9992, D9994, D9995, D9996, D9999
Diagnostic Services	D0120, D0140, D0145, D0150, D0170, D0210, D0220, D0230, D0240, D0250, D0251, D0270, D0272, D0273, D0274, D0330, D0340, D0372, D0373, D0374, D0470
Endodontics	D3110, D3120, D3220, D3221, D3230, D3240, D3310, D3320, D3330, D3346, D3347, D3348, D3351, D3352, D3353, D3410, D3421, D3425, D3426, D3430
Implant Services	D6096
Maxillofacial Prosthetics	D5951
Oral & Maxillofacial Surgery	D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7280, D7282, D7283, D7284, D7285, D7286, D7288, D7310, D7311, D7320, D7321, D7450, D7451, D7471, D7472, D7473, D7485, D7510, D7511, D7880, D7961, D7962, D7963, D7970, D7971, D7972
Orthodontics	D8010, D8020, D8030, D8040, D8080, D8210, D8220, D8660, D8670, D8680, D8703, D8704, D8999
Periodontics	D4210, D4211, D4249, D4260, D4261, D4263, D4264, D4270, D4273, D4277, D4278, D4283, D4322, D4323, D4341, D4342, D4346, D4355, D4910
Preventive Services	D1110, D1120, D1206, D1208, D1351, D1354, D1510, D1516, D1517, D1520, D1526, D1527, D1551, D1552, D1553, D1556, D1557, D1558, D1575
Prosthodontics	D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5725, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765,

<sup>21</sup> DentaQuest, LLC. *Office Reference Manual Cardinal Care Smiles Commonwealth of Virginia Medicaid, FAMIS, FAMIS Plus, Dental Program*. July 1, 2024.

Service	Procedure Code
	D5850, D5851, D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6545, D6548, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6784, D6790, D6791, D6792, D6794, D6930
Restorative	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2644, D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2915, D2920, D2928, D2929, D2930, D2931, D2932, D2933, D2934, D2940, D2950, D2951, D2952, D2954, D2962, D2991

**Table A-2—Current Dental Terminology Procedure Codes for Adults**

Service	Procedure Code
Adjunctive General Services	D9110, D9219, D9222, D9223, D9230, D9239, D9243, D9248, D9310, D9410, D9420, D9610, D9630, D9920, D9930, D9990, D9992, D9994, D9995, D9996, D9999
Diagnostic Services	D0120, D0140, D0150, D0170, D0210, D0220, D0230, D0240, D0250, D0251, D0270, D0272, D0274, D0330, D0372, D0373, D0374
Endodontics	D3110, D3120, D3221, D3310, D3320, D3330
Oral & Maxillofacial Surgery	D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7284, D7285, D7286, D7288, D7310, D7311, D7320, D7321, D7450, D7451, D7471, D7472, D7473, D7510, D7511, D7880
Periodontics	D4210, D4211, D4341, D4342, D4346, D4355, D4910
Preventive Services	D1110, D1354
Prosthodontics	D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5511, D5512, D5520, D5640, D5650, D5730, D5731, D5750, D5751, D6930
Restorative	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2920, D2931, D2932, D2940, D2950, D2951, D2952, D2954, D2991