

RESEARCH BRIEF

An Estimated 12 Million Children and Adults Lost Medicaid Dental Insurance

after the COVID-19 Public Health Emergency Expired

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Authors

Lisa J. Heaton, PhD

Science Writer, Analytics and Data Insights
CareQuest Institute for Oral Health

John O'Malley, MHI

Manager, Data Science
CareQuest Institute for Oral Health

Melissa Burroughs, BA

Director, Public Policy
CareQuest Institute for Oral Health

Morgan Santoro, MPH

Biostatistician, Analytics and Data Insights
CareQuest Institute for Oral Health

Rebecca Preston, MPH, CHES

Program Manager, Analytics and Data Insights
CareQuest Institute for Oral Health

Eric P. Tranby, PhD

Director, Analytics and Data Insights
CareQuest Institute for Oral Health

Acknowledgments

Parrish Ravelli

Associate Director, Dental Access Project
Community Catalyst

Colin Reusch

Director of Policy
Community Catalyst

Kasey Wilson

Senior Policy Analyst
Community Catalyst



During the COVID-19 pandemic, a public health emergency (PHE) was declared, and some requirements were waived to prevent people from losing health insurance.

In April of 2023, all US states began reassessing who was eligible for their Medicaid and Children’s Health Insurance Program (CHIP) after a three-year hiatus. As a result, states have started disenrolling people who are deemed ineligible, and millions of adults and children have lost their coverage. Importantly, Medicaid and CHIP include dental benefits in addition to medical coverage for many enrollees. State Medicaid and CHIP programs are required to provide dental coverage for [children under the age of 21](#). For adults, each [state determines the level of dental coverage](#), with some states offering comprehensive coverage, some offering partial coverage, and some offering none at all.

Some people who lose their Medicaid coverage will seek to secure health coverage through Medicare, their employer, or the private marketplace, though many will remain uninsured. Unfortunately, even those who do find alternative sources of health coverage are unlikely to get dental coverage: Medicare does not offer most dental benefits, many employers do not offer it, and the private marketplace has inadequate dental coverage options, especially for adults. As a result, when the

entire redetermination process is done, dental coverage losses may end up exceeding medical coverage losses, and the recent progress in improving access to dental care could be reversed significantly. The goal of this report is to estimate how many individuals have likely lost their dental coverage in 2023 because of Medicaid redeterminations, examining data from April 2023¹ through December 2023.²

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1 Data presented in this report reflect counts of individuals who lost Medicaid coverage, which lags slightly behind disenrollment from Medicaid (i.e., individuals who were no longer covered by Medicaid in May 2023 were most likely disenrolled in April 2023).

2 At the time of this report, data were available through September 2023. Data presented from October to December 2023 are extrapolated from trends earlier in 2023. Please see the Methodology section for more details.



Changes to Medicaid Eligibility During the COVID-19 Public Health Emergency

In response to the COVID-19 pandemic, the Public Health Service Act was used to [declare a PHE](#) in the United States (US), starting January 31, 2020. In addition, Congress authorized states to receive an increase in Medicaid funding while the PHE was in place so that they would be better able to respond to the COVID-19 pandemic. One of the conditions needed to receive this increased funding was to [provide continuous Medicaid eligibility](#) for all individuals enrolled in Medicaid and CHIP, meaning that individuals enrolled in Medicaid and CHIP could keep their coverage regardless of any changes in their eligibility during that period (e.g., aging out of coverage for children, changes in income, change in pregnancy status).

The economic downturn during the pandemic contributed to a peak of [23 million cumulative jobs lost in May 2020](#). These job losses [disproportionately affected](#) adults aged 18–29 and adults with lower incomes. Many of those who lost jobs during this time [became eligible for Medicaid benefits](#), as did their children, joining those individuals who were eligible at the start of and continually enrolled during the PHE. Previously ineligible

children and adults became and remained eligible for Medicaid benefits during the PHE, and many of them then received coverage for dental care. As each state determines the level of dental coverage it provides for Medicaid-eligible adults, some adults were able to receive Medicaid dental benefits for the first time during the pandemic.

In 2022, Congress passed legislation that decoupled continuous Medicaid eligibility from the PHE and required states to restart the process for Medicaid eligibility redeterminations on April 1, 2023. As a result, states began the process of reassessing Medicaid participants' eligibility and [disenrolling individuals from Medicaid](#) who were deemed no longer eligible. At the start of this process, the federal Department of Health and Human Services (HHS) estimated that [approximately 15 million individuals would lose their Medicaid coverage](#) over the following 12 months. At the same time, CareQuest Institute for Oral Health estimated that [at least 14 million adults would lose Medicaid dental coverage](#) specifically.

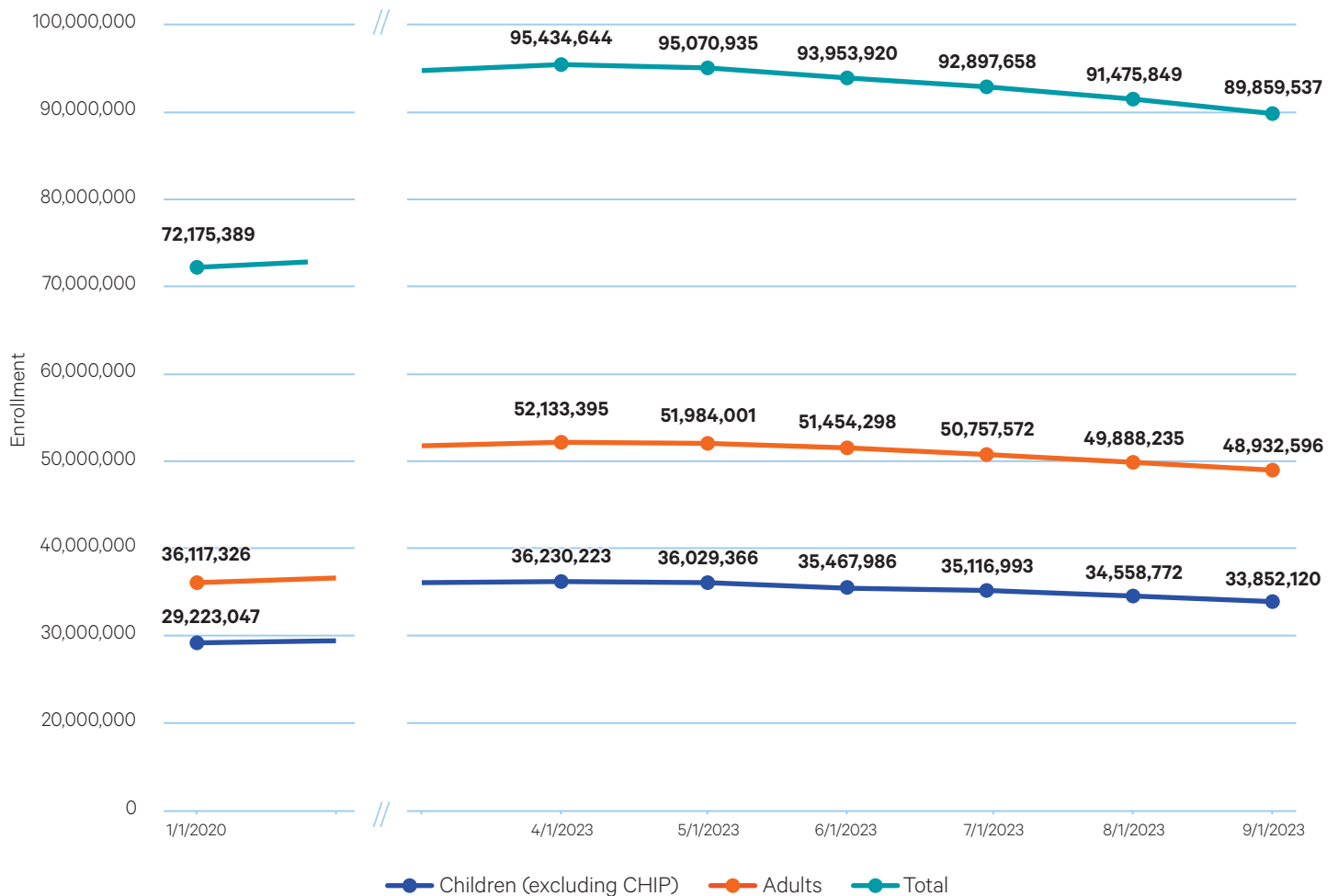
Enrollment Surged with the Onset of the Pandemic, Rapidly Decreased with Resumption of Redeterminations

Prior to the onset of the COVID-19 pandemic in early 2020, Medicaid enrollments for both children and adults were relatively stable. Overall, enrollments remained consistent at approximately 70–75 million for all individuals [in the five years leading up to the pandemic](#).

In January 2020, approximately 72.2 million individuals were enrolled in Medicaid. This number reached 95.4 million at the peak level of enrollment in April 2023. For both adults and children, Medicaid enrollment increased considerably between January 2020 and April 2023 (by 44% for adults and 24% for children, 32% overall; Figure 1).

From the time states restarted redeterminations in April 2023 through September 2023, 6.2% of the individuals enrolled in Medicaid (5.6 million) lost their coverage, which equates to losing 24% of the enrollment gains made during the PHE (Figure 1). Nearly 7% (6.5%) of the 48.9 million adults who were enrolled in Medicaid at peak enrollment (i.e., 3.2 million adults) lost their coverage, as did 7% of the 33.9 million children who were enrolled at peak enrollment (i.e., 2.4 million children).

Figure 1. Total, Adult, and Child (Non-CHIP) Medicaid Enrollment, January 2020–September 2023



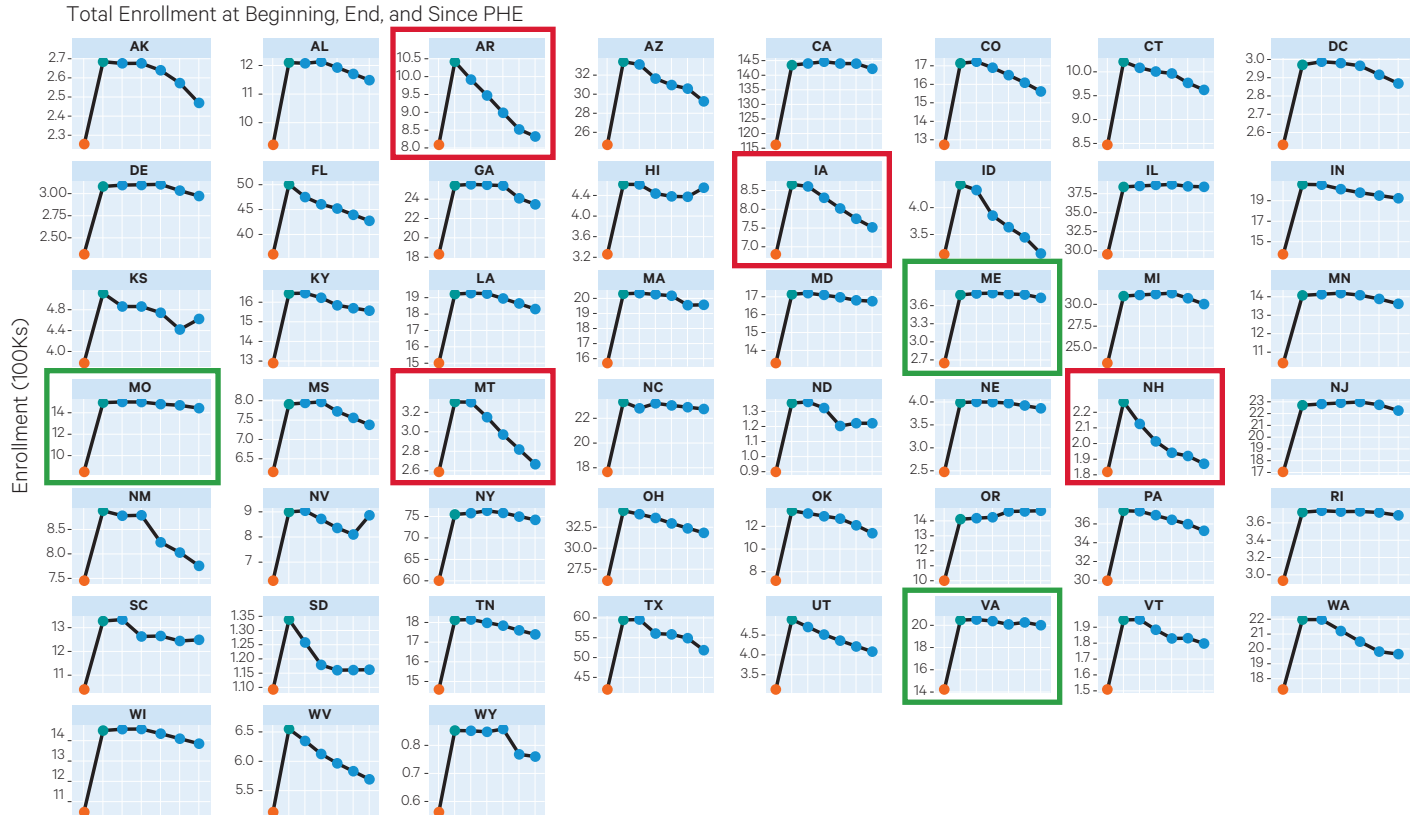
States Responded Differently to the End of Continuous Coverage Requirements, and Disenrollment Rates Vary

Since the end of the continuous coverage requirement, each state has approached its redetermination process on different timelines, with different tactics, and with different systems, staffing, and infrastructure in place. As a result, clear state-by-state differences in total Medicaid enrollment have emerged (Figure 2). For example, total enrollments remained relatively stable in Maine, Missouri, and Virginia. Meanwhile, enrollments declined more rapidly in states such as Arkansas, Iowa, Montana, and New Hampshire. (State-by-state changes in adult and child enrollment can be found in Appendix A.)

While adult and child enrollment patterns are largely consistent within each state, some differences emerge. For example, in

both Kentucky and Massachusetts, while children's enrollment remained stable, adult enrollment decreased. Conversely, in Colorado and Vermont, children's enrollment dropped off considerably, while adult enrollment decreased more gradually. In South Dakota, children's enrollment decreased significantly, while adult enrollment initially decreased then increased to levels higher than those before the PHE. This state-by-state variation by age is further complicated by differences in dental coverage for adults across states. Therefore, it is important to keep these dissimilarities by state in mind when considering the following national estimates, as they can vary significantly across the country.

Figure 2. State-by-State Changes in Total Medicaid Enrollment from January 2020 to September 2023





Impact of Medicaid Coverage Losses on Dental Coverage

In order to assess the full impact that Medicaid redeterminations have had on dental insurance rates in 2023, we estimated the number of individuals whose Medicaid coverage included dental coverage, whether their Medicaid coverage was renewed or terminated and, for those who lost coverage, whether they enrolled in alternative dental coverage or have remained without it. These estimates are based on data from April to September 2023, which were then extrapolated through December 2023 to assess the impact over the full calendar year.

Approximately 23.8 million people had Medicaid coverage that included dental benefits at the start of the redetermination period (Figure 3). By September 2023, approximately 6.9 million of these individuals had their coverage [automatically renewed](#), while an estimated 16.9 million people were asked to provide additional information to assess their eligibility. About 10.3 million people who did not provide updated information, or did so inadequately or incorrectly, had their [coverage terminated](#) for procedural reasons. This number includes people who may never have been contacted due to insufficient outreach, lost or misdirected mail, or other logistical barriers. For

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people whose information was resubmitted for consideration, approximately 4.9 million were approved and about 1.8 million were disenrolled.

In all, about 12 million people (5.9 million adults, 6.1 million children) were disenrolled from Medicaid coverage that included dental benefits. Approximately 10.7 million of these individuals were estimated to be truly ineligible for Medicaid, but a significant number of people who are still eligible for

Medicaid also lost their coverage. Looking at data from state health insurance marketplaces, we calculated a minimum number of people who lost Medicaid coverage with dental benefits, despite still being eligible. At a minimum, 1.3 million individuals lost their coverage unnecessarily, though this is a very conservative estimate as it does not account for people who do not know they've lost coverage or who have not taken action to seek a new form of coverage.

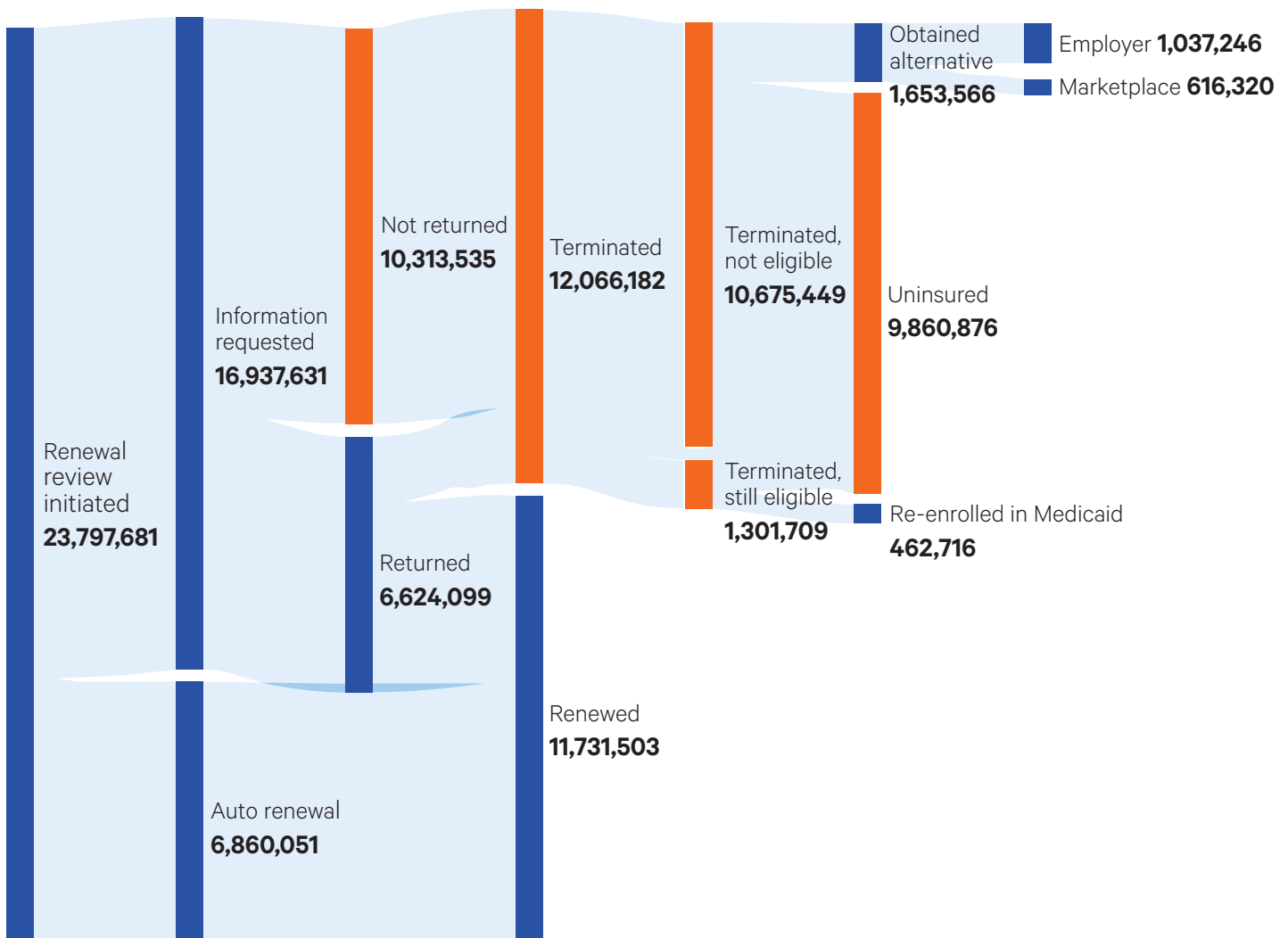
Some individuals who lost Medicaid coverage resecured dental coverage by re-enrolling in Medicaid (if they were still eligible) or through an alternative source of health coverage that includes dental benefits. An estimated 462,716 individuals who were still eligible for Medicaid were re-enrolled. This means that, in total, an estimated 11.7 million of the 23.8 million individuals whose coverage was assessed are still getting dental coverage through Medicaid, whether their coverage was renewed or they re-enrolled. For those deemed ineligible

for Medicaid, about 1.7 million obtained alternative coverage that included dental benefits; approximately 1 million obtained employer-provided insurance, while an estimated 616,320 enrolled in a health care marketplace plan.

This leaves approximately 9.9 million people who lost Medicaid coverage and who continued to lack any form of dental insurance. Put another way, about 82% of people who have lost Medicaid coverage that included dental benefits were now left without any coverage for oral health care.

Looking at the whole year, a total of 13.9 million individuals (7.4 million adults, 6.5 million children) are projected to have lost coverage by the end of December 2023. Of those disenrolled, a strong majority — 11.4 million individuals — are projected not to have dental insurance after December 2023 (6.2 million adults and 5.2 million children).

Figure 3. Estimated Number of Individuals Whose Medicaid Included Dental Coverage, Number of Individuals with Coverage Renewed/Terminated, and Number of Disenrolled Individuals Who Have Any Form of Dental Insurance (April 2023–September 2023)



Policy Considerations

Over the past year, millions of people have lost their health insurance and their dental insurance, making it clear that state and federal policy solutions are needed to strengthen health and dental coverage options for low-income individuals. Many people will remain uninsured entirely, while others may have enrolled in Medicare, employer-based policies, or private marketplace plans that often do not cover dental care.

Looking at Medicaid policies, there are several steps that could have prevented such drastic coverage losses. Importantly, approximately 1.9 million adults fall into the [Medicaid coverage gap](#) in the 10 states that have [not adopted the Medicaid expansion](#) through the Affordable Care Act, and this number is growing because of redeterminations. These states do not offer Medicaid coverage (medical nor dental) for most low-income adults, meaning that people who have lost their Medicaid coverage because their eligibility changed when they gave birth, reached the age of 21, or had a slight increase in income have no other source of affordable coverage. These individuals do not qualify for Medicaid under their states' rules, but they also have incomes too low to qualify them for federal financial support to buy insurance through the health care marketplace. [Individuals of color are disproportionately represented](#) among those in the Medicaid coverage gap, and also among the people who have lost Medicaid coverage this year. Medicaid expansion is a critical equity policy and would reduce the number of people who become completely uninsured following the redetermination process. [South Dakota](#) is an important example of this, as the state implemented Medicaid expansion in 2023 and now has more adults enrolled in Medicaid than it did throughout the PHE. Expanding Medicaid also typically results in many more adults having access to dental benefits.

Additionally, Medicaid eligibility, enrollment, and redetermination processes shaped coverage losses over the past year. It will be important for state and federal policymakers to understand how promoting accurate automatic renewals, instituting permanent continuous coverage for certain groups such as children, improving data and outreach systems, and other steps can ensure that people who are eligible for the program can get and stay enrolled. For example, several states, such as [Oregon and Washington](#), now offer continuous coverage for young children who rely on Medicaid, meaning they will stay eligible for the program from the time they enroll until the age of six. The growth of Medicaid enrollment during the PHE continuous eligibility and the precipitous rise of uninsured individuals following its expiration highlight the importance of strengthening Medicaid to cover individuals who would otherwise be uninsured.

For people who are no longer eligible for Medicaid, there are few alternatives, especially for dental insurance. As the data show, adults have a particularly challenging time finding an alternative source of health coverage and an even harder time finding dental coverage. One reason is that Medicare does not cover most oral health care, and legislation is needed to ensure that older adults and people with disabilities have comprehensive dental coverage. In recent years, however, the Biden administration has begun an important process to ensure that Medicare enrollees with certain medical conditions can access certain dental services that advance their medical treatments. It is critical that the administration continue to strengthen this coverage over time to ensure that people can get the dental care they need. In addition, the Affordable Care Act did not categorize dental coverage for adults as an “essential health benefit,” meaning that neither employers nor private marketplace plans are required to cover oral health care. It also means that lower-income people purchasing plans in the private marketplace cannot qualify for subsidies to help offset the cost of dental insurance, as they can with their medical insurance. While dental coverage for children is considered an essential health benefit, this dental coverage is often sold separately and without a way to apply subsidies in the marketplace because it does not align with adult insurance. The Biden administration is [reviewing a proposed rule that would allow states to add adult dental coverage](#) as an essential health benefit, which could go a long way to making dental coverage more available if the rule is finalized and states adopt the option.



Conclusion

In 2023, millions of adults and children lost dental coverage as a result of Medicaid redeterminations. With the end of the pandemic-era continuous eligibility requirement, states have had to re-evaluate the eligibility of all Medicaid-enrolled adults and children. Between April 2023, when redeterminations resumed, and September 2023, an estimated 12 million individuals lost Medicaid coverage that included dental coverage. Of these, 9.9 million now do not have any dental insurance. By December 2023, these numbers are projected to have climbed, with a total of 13.9 million individuals losing Medicaid coverage with dental benefits, 11.4 million of whom are expected to not have any dental insurance as a result.

These numbers demonstrate that policy solutions are urgently needed to ensure that health insurance and dental insurance are available to everyone, including low-income adults. This urgent health equity issue affects not only the oral health of adults and children, but their overall health as well. The federal administrative actions that are currently under consideration are much needed to strengthen the dental coverage provisions of Medicare and the Affordable Care Act. Equally necessary are continued efforts to ensure that states strengthen Medicaid coverage.

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Methodology

State-level monthly enrollment data for Medicaid and the Children's Health Insurance Program (CHIP) were obtained from [publicly available Centers for Medicare & Medicaid Services \(CMS\) sources](#); these data are reported with a four-month delay. Changes in enrollment for children and adults were calculated beginning in January 2020 (the last month before the PHE began) and followed by April 2023 (the last month before the PHE expired) and successive months following that from May 2023 through September 2023, the last month for which data were available. [Unwinding reports from CMS](#) were used to determine the state-by-state monthly volume of Medicaid application eligibility reviews, determinations or decisions about applicants' eligibility, renewals or extensions of eligible applicants' coverage, and disenrollment of ineligible applicants from Medicaid. These unwinding data are released with a four-month delay and were obtained for March 2023 through August 2023.

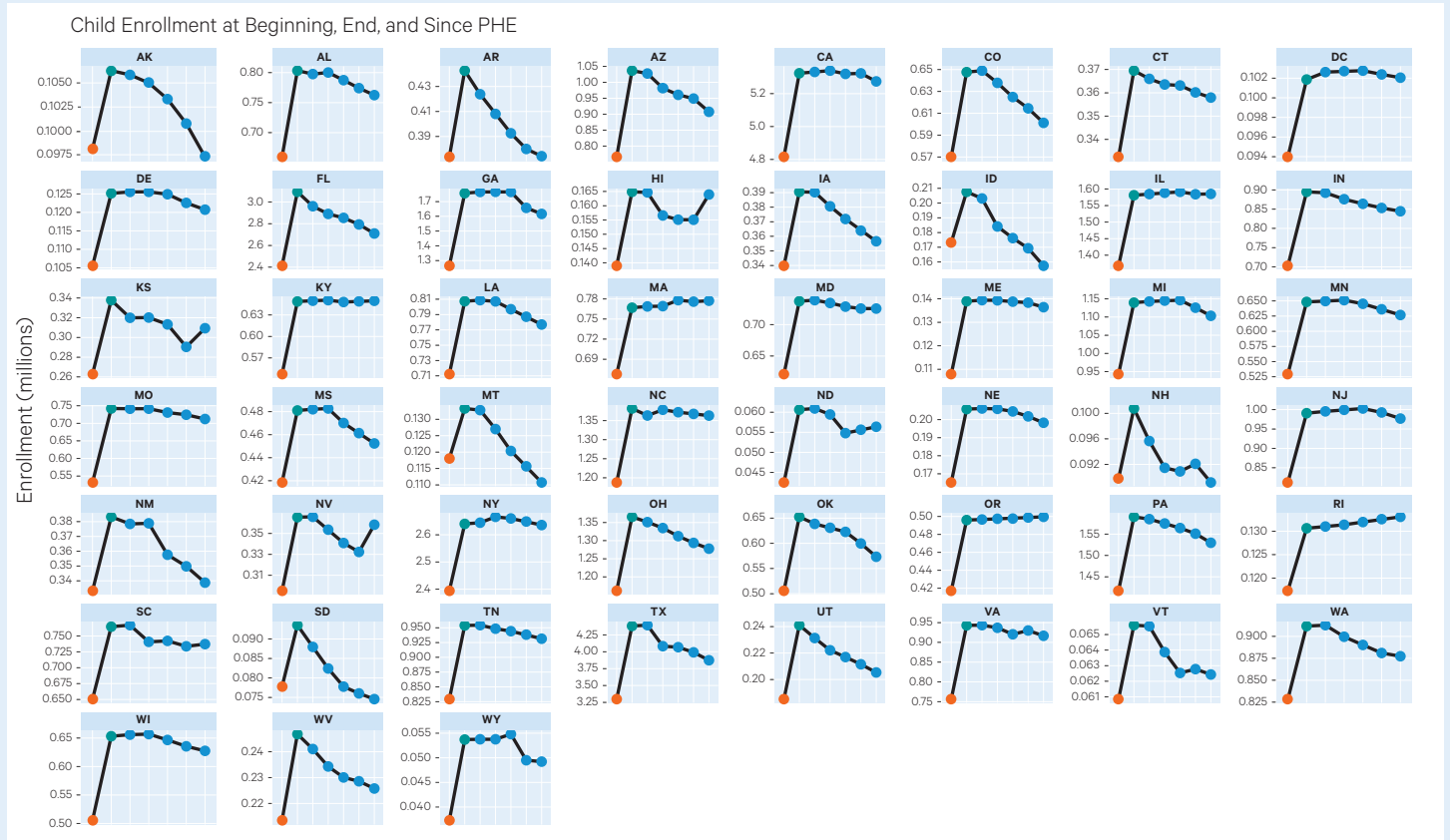
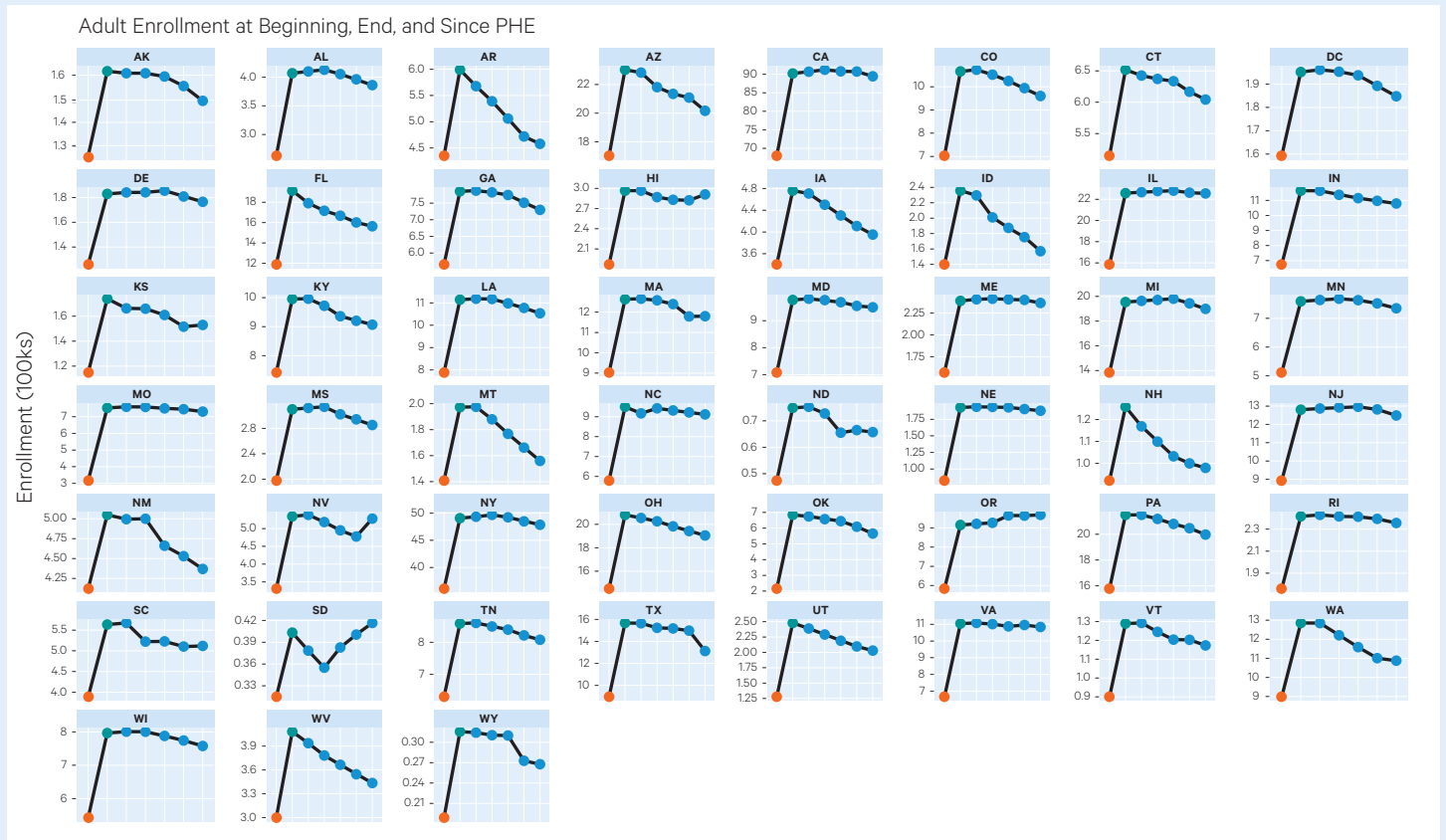
The Marketplace Unwinding reports do not stratify data by age, and monthly enrollment reports do not tally disenrollments. Therefore, age-stratified disenrollments were imputed by comparing age-stratified enrollment changes after the PHE expiration, with trends between early 2021 and March 2023, when enrollment was more stable. Average monthly new members were calculated during this stable period during the PHE, when enrollment changes were almost entirely attributed to added members. To estimate monthly disenrollments, these average monthly additions were projected forward during the redetermination period and compared to actual monthly enrollment changes.

Counts of people transitioning from Medicaid dental insurance to employer-based dental insurance were based on pre-COVID (2018–2019) rates in the [Medical Expenditures Panel Survey \(MEPS\)](#). The nationally representative two-year longitudinal panel survey was used to estimate rates of people who had only Medicaid coverage in the first year and only private coverage in the second year. These pre-COVID rates were assumed to hold during the redetermination period. Transitions from Medicaid coverage to health care marketplace coverage were estimated using the [CMS monthly Marketplace Unwinding reports](#). These reports describe, at the state level, how many individuals who were deemed ineligible for Medicaid applied for, were eligible for, and ultimately selected a marketplace health plan since April 2023. The Marketplace Unwinding reports do not stratify data by age, nor do they specify which plans provide dental coverage. Therefore, age-stratified rates of dental plan selection were computed from the more comprehensive annual CMS Marketplace reports and projected onto the number of actual selections during the redetermination period.

Using data from these sources, we estimated how many Medicaid renewal reviews were initiated and how many cases were renewed. Of those individuals who were disenrolled (i.e., coverage was not renewed), we estimated how many individuals obtained alternative coverage through an employer or through the health care marketplace, were re-enrolled in Medicaid, or remained uninsured as of December 31, 2023.

Appendix A

State-by-State Changes in Adults' and Children's Medicaid Enrollment from January 2020 to September 2023



CareQuest Institute for Oral Health

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