Access to Dental Care

DEFINITION

Access to dental care is the percentage of children under age 21 who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30 who had received dental services at any point during the previous State Fiscal Year.

SIGNIFICANCE

Dental caries (tooth decay) is a common chronic disease among children. Poor oral health has immediate and significant negative impacts on children's overall health, growth and development, school attendance, and academic achievement.[1,2]

Insurance is a strong predictor of access to health and dental care. Nearly one in five (17%) uninsured children in the U.S. have unmet dental needs, compared with 5% of those with Medicaid and 3% of those with private health insurance.[3] In 2014, 94% of children in Rhode Island had dental insurance that paid for routine dental care, up from 73% in 2001 and 62% in 1990.[4,5]

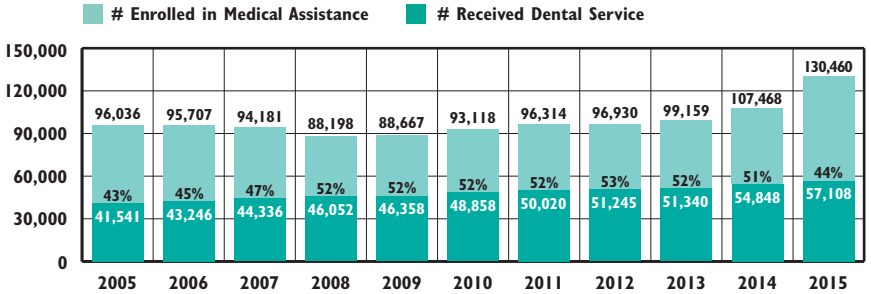
Children living in poverty are more likely to have untreated tooth decay than higher-income children. Medicaid-eligible children are more than three times as likely to have untreated tooth decay as higher-income children. For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have public health insurance coverage have greater access to dental and medical care than children who have no insurance.[6,7,8]

Minority children have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., non-Hispanic White children are more likely to have had a recent dental visit than non-Hispanic Black or Hispanic children.[9,10,11]

Poor oral health during pregnancy has been shown to be a potential risk factor contributing to pregnancy complications and poor birth outcomes, including preterm birth and low birthweight infants.[12,13] Although oral health care can be safely delivered during pregnancy, only about half (53%) of Rhode Island women report having a dental visit during their pregnancy. Women with low incomes are less likely to see a dentist; 41% of women with RIte Care coverage and 42% of women participating in WIC reported a dental visit during their pregnancy.[14]

Children with special health care needs may have problems finding and accessing providers who are trained and equipped to address their special dental, medical, behavioral, and mobility needs. A dental home can provide comprehensive, continuously accessible, coordinated, and family-centered dental care for all children, especially those with special needs.[15,16]

Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2005-2015



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2005-2015. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service and include children under age 21.

◆ **Forty-four percent (57,108) of the children and youth under age 21 who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2015 received a dental service during State Fiscal Year (SFY) 2015. This is down from SFY 2014, but the number of children receiving dental services has increased by 37% since 2005.[17] Rhode Island ranked 32nd in the U.S. for children enrolled in Medicaid with a dental visit in 2014.[18]**

◆ **The federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate requires that states provide comprehensive dental benefits to children with Medicaid coverage.[19] States have been asked to increase preventive dental services by 10% between Federal Fiscal Year (FFY) 2010 and 2015. With a baseline of 43% and a goal of 53%, 44% of children with Medicaid in Rhode Island received a preventive dental visit in FFY 2014.[20,21]**

◆ **RIte Smiles, Rhode Island's managed care oral health program for children born on or after May 1, 2000, has been credited with improving access to dental care (both preventive and treatment services) for young children.[22,23,24] As of December 31, 2015, there were 88,504 children under age 15 enrolled in RIte Smiles. During SFY 2015, 76% of all Medicaid dental claims for children were for RIte Smiles members.[25,26]**

◆ **The federal *Affordable Care Act (ACA)* made pediatric dental benefits mandatory offerings for plans sold in the individual and small group market.[27] As of October 2015, 1,651 children under age 19 were enrolled in commercial health coverage in the individual market of HealthSource RI (Rhode Island's state-based insurance marketplace). One-third (36%) obtained commercial dental coverage through HealthSource RI; 64% did not.[28]**

Dental Provider Participation in Medicaid and RIte Smiles

◆ Nationally, children and adults with public insurance coverage face access problems because many private dentists do not accept Medicaid for payment. Dental providers cite low reimbursement rates, administrative requirements, and patient-related issues (e.g., missed appointments and poor treatment compliance) as reasons why they do not see more patients with Medicaid coverage. Additional access barriers for children and families with public insurance include difficulty with transportation, limited language proficiency, lack of oral health literacy, and negative provider experiences.[29,30]

◆ Since RIte Smiles (Rhode Island's managed care oral health program) started in 2006, reimbursement rates have been raised for participating dental providers.[31] The number of dentists accepting qualifying children increased from 27 before RIte Smiles began to 90 at the launch of RIte Smiles.[32] In October 2015, there were 359 unduplicated dentists in 195 practice locations participating in RIte Smiles.[33]

◆ General dentists and dental specialists who provide dental care to older children who do not qualify for enrollment in the RIte Smiles program continue to be reimbursed at the Medicaid fee-for-service reimbursement rate.[34] Medicaid reimbursement rates often lag behind fees charged by dental providers and private commercial rates, which reduces incentives for providers to treat children with Medicaid coverage. In 2013, Rhode Island had the second lowest Medicaid fee-for-service reimbursement rate for pediatric dental services in the nation.[35]

Consequences of Untreated Dental Disease

◆ Between 2010 and 2014, an average of 696 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually. Of these children and youth, 20% were ages five and under, 16% were ages six to 11, 16% were ages 12 to 17, and 48% were age 18-21.[36]

◆ Each year between 2010 and 2014 in Rhode Island, an average of 69 children under age 19 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 19 children per year under age 19 were hospitalized with an oral health condition as the primary reason for the hospitalization.[37]

Importance of Early Dental Visits for Very Young Children

◆ Clinical recommendations are that children first visit the dentist before age one.[38] However, only 1.8% of infants and one-year-old children in the U.S. have ever visited a dentist, compared with 89% who have seen a physician annually.[39] In Rhode Island, children under age six (63%) are less likely to have received a dental visit in the past 12 months than children over age six (97% of 6-11 year olds and 93% of 12-17 year olds).[40]

◆ There are too few dentists trained to treat very young children, and too few who treat children with special health care needs or those who have public insurance.[41]

◆ As of FFY 2014, 41% of Rhode Island children under age five with Medicaid coverage received any dental service, and 37% received a preventive dental service.[42]

◆ In 2015, the Rhode Island General Assembly passed legislation to increase access to oral health care for children by allowing dental hygienists to perform approved services in public health settings.[43]

◆ Primary care providers can conduct oral health risk assessment, refer for dental care, and provide preventive services, all of which improve oral health outcomes and lead to a dental home.[44]

◆ In addition to covering dental visits for children before the age of one, Rhode Island is one of 49 state Medicaid programs that reimburse primary care medical providers for preventive oral health services for very young children, including risk assessment, anticipatory guidance, and fluoride varnish application.[45,46]

References

[1,6,9,15,29,38,41] *The state of little teeth.* (2014). Chicago, IL: American Academy of Pediatric Dentistry.

[2] *Oral health in America: A report of the Surgeon General.* (2000). Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.

[3,10] National Health Interview Survey. (2014). *Table C-11a: Age-adjusted percent distributions (with standard errors) of unmet dental need due to cost in the past 12 months and of length of time since last visit with a dentist or other dental health care professional for children aged 2-17 years, by selected characteristics: United State, 2014.* Retrieved January 27, 2016, from www.cdc.gov/nchs/nhis/shs.htm

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