

# Rlte Smiles Results



## Rlte Smiles Works

- ✓ *Access to Dental Care has Been Improved for Children*
- ✓ *More Children are Going to the Dentist for Prevention and Treatment*
- ✓ *More Dentists are Seeing Children with Medicaid Coverage*
- ✓ *Dental Sealants are Being Used to Prevent Dental Decay*

Rlte Smiles is Rhode Island's managed oral health program for children with Medicaid coverage.

Rlte Smiles was designed to increase access to dental services, promote the development of good oral health behaviors, decrease the need for restorative and emergency dental care and decrease Medicaid expenditures for oral health care.

There is currently a single Rlte Smiles dental plan – United Healthcare Dental. All children enrolled in Rlte Care who meet the age criteria for Rlte Smiles

(born since May 2000) are covered by United Healthcare Dental, regardless of which Rlte Care health plan they have for medical coverage.

Rlte Smiles has been credited with improving access to dental care (both preventive and treatment services) for young children in Rhode Island. The federal Centers for Medicare and Medicaid Services (CMS) reported that Rhode Island ranked sixth best in the U.S. for access to dental care for children with Medicaid coverage.<sup>1</sup>

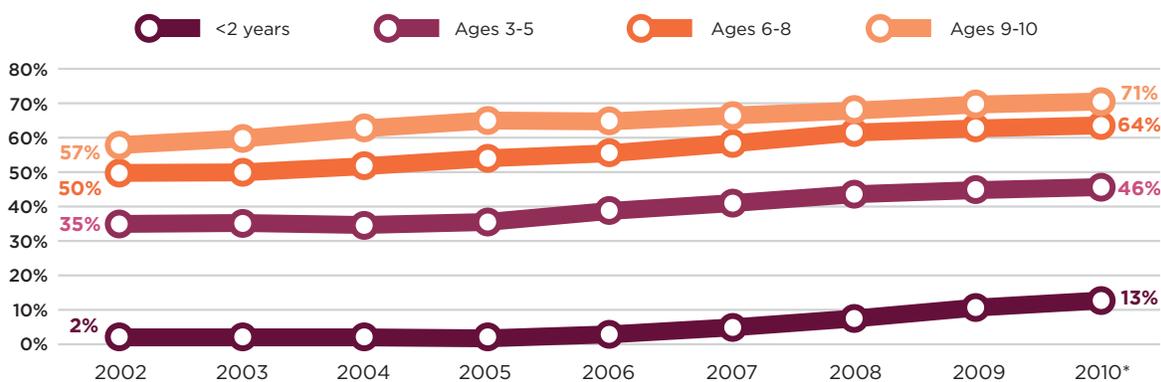
## RITE SMILES RESULT #1:

# Improved Access to Oral Health Care for Children Under Age 10 = Healthier Kids

Oral health is a critical but overlooked component of overall health and well-being among children and adults. Dental caries (the disease process that causes cavities) is the most common preventable chronic childhood disease. Oral health problems can largely be prevented through a combination of access to timely dental care services, access to fluoride, healthy dietary choices and daily oral hygiene practices.<sup>2</sup>

Between 2002 and 2010 in Rhode Island, there were gains in access to dental care among children under age 10 with Medicaid coverage, with the largest increases coming since 2006, when Rlte Smiles began.<sup>3</sup>

**Children Ages 0-10 With Medicaid Coverage Who Received Any Dental Service by Age, Rhode Island, 2002-2010**



\*2010 are provisional estimates from claims paid through December 2010  
Source: Rhode Island Executive Office of Health and Human Services, 2011

Thirteen percent of children ages two years and younger with Medicaid coverage received dental services in 2010, marking a 597% improvement since 2002 and the first time that more than 10% received dental care.

The percentage of children ages three to five years with Medicaid coverage who received dental care increased by 31% between 2002 and 2010, from 35% to 46%.

School-age children had comparable increases in dental care access, with 27% more children ages six to eight and 24% more children ages nine to ten with Medicaid coverage receiving dental care in 2010, compared with 2002.

About 70% of children ages nine and ten with Medicaid coverage received at least one dental service in 2009 and 2010.<sup>4</sup>

## RITE SMILES RESULT #2:

# Expanded Dental Provider Network = More Dentists Treating Children

Coverage only works if there are health care providers willing to accept its reimbursement rates. Nationally, children and adults with public insurance coverage have greater access problems than the general population 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) as the main reasons that they do not see more patients with Medicaid coverage.<sup>5,6,7,8</sup>

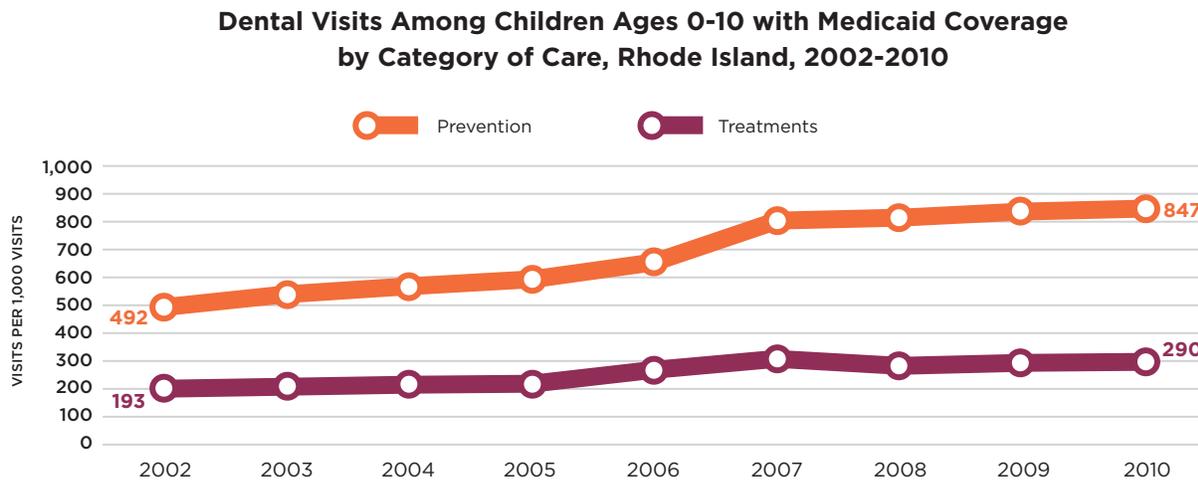
Rlte Smiles offers increased reimbursement rates for participating providers and more streamlined administrative processes.

These improvements have resulted in a wider network of dentists willing to treat young children with Medicaid coverage. As of July, 2011, there were 202 dentists in 380 locations in Rhode Island and Massachusetts participating in Rlte Smiles, up from 27 before Rlte Smiles began, and 90 at the launch of the program.

Dentists in private practice represent the largest segment (55%) of providers of dental services for children in Rlte Smiles, followed by providers working in dental centers at community health centers (30%) and providers based in hospital dental centers (15%).<sup>9</sup>

### RITE SMILES RESULT #3:

## More Preventive Services = Fewer Costly Treatment Services



\*2010 are provisional estimates from claims paid through December 2010  
Source: Rhode Island Executive Office of Health and Human Services, 2011

*Tooth decay is an infectious and transmissible disease that can be prevented and treated without expensive interventions.<sup>10</sup>*

Rlte Smiles aims to improve access to preventive care for young children in order to reduce dental disease and the need for costly restorative treatment later in life. The launch of Rlte Smiles in 2006 marked the beginning of an upward trend in preventive dental services among children with Medicaid coverage.

Before Rlte Smiles, dental treatment (for dental problems) rates remained at approximately 200 visits per 1,000 between

2002 and 2005. After an initial increase attributed to pent-up demand, the treatment rate has remained steady at about 300 visits per 1,000 since 2007. This treatment rate indicates that more children have access to oral health care.

Between 2002 and 2010, there was an 84% increase in the percentage of children ages 6 to 9 who had at least one dental sealant, increasing from 1,905 children in 2002 to 3,504 children in 2010. Dental sealants are an evidence-based clinical intervention that prevents tooth decay in molar teeth.<sup>11</sup>

## Rhode Island Oral Health Commission

The Rhode Island Oral Health Commission has been the foundation of many efforts to improve oral health in Rhode Island over the past decade. The members of the Commission represent private practitioners, safety net providers, community organizations, educational institutions, state agencies, insurers and other oral health advocates.

The *Rhode Island Oral Health Plan, 2011-2016* released by the Commission in January 2011 offers detailed recommendations in the following areas:

- Improving Access to Oral Healthcare
- Implementing Evidence-Based Oral Healthcare
- Preventing Oral Disease, Promoting Oral Health
- Maintaining the Dental Safety Net
- Sustaining the Oral Health Workforce
- Informing Oral Health Policy Decisions

For more information about the Commission, visit [www.oralhealth.ri.gov](http://www.oralhealth.ri.gov).

# Rhode Island is a National Leader in Improving Oral Health Access for Children

Rlte Smiles is one of several concurrent dental access initiatives that have been implemented over the past decade in Rhode Island.<sup>12,13,14</sup> All of these efforts have contributed to access gains for children, especially for children with Medicaid coverage.

- **School-based dental programs** at Head Starts and elementary, middle and high schools expanded throughout the state, treating 25% more children between 2005 and 2011.
- **Dental safety net sites** throughout the state nearly doubled their number of dental professionals, increased their dental operatories by one-third and treated approximately three times as many children between 2005 and 2011.
- The **Molar Express** (a Ronald McDonald Care Mobile van with two dental operatories) was launched in 2006. A collaborative among the Comprehensive Community Action Program, East Bay Community Action Program and Thundermist Health Centers, the Molar Express has served 7,700 children at nearly 100 school, Head Start and community sites in half of Rhode Island's cities and towns.
- **Dental residency programs** at St. Joseph Health Services Pediatric Dental Center and the Samuels Sinclair Dental Center at Rhode Island Hospital now train dental specialists right here in Rhode Island and provide access to care to more children.
- Annual two-day "**mini-residency**" training programs built the knowledge, skills and confidence of general practice dentists, dental hygienists and dental assistants to treat very young children and other special populations.
- **Grand rounds and other training presentations for pediatricians** improved their knowledge and skills in oral health assessment, topical fluoride treatments and referrals to a dental home.
- **Rlte Care now reimburses primary care providers for applying fluoride varnish** to children, which is an inexpensive way to prevent future dental disease.

## REFERENCES

<sup>1</sup> Rhode Island Executive Office of Health and Human Services. (2009). *Rhode Island ranks 6th nationally in dental access for children on Medicaid: Improvement is attributed to Rlte Smiles* [Press release]. Retrieved from [www.ri.gov/press/view/10115](http://www.ri.gov/press/view/10115)

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

<sup>3,4</sup> McQuade, W., et al. (2011). Assessing the impact of RI's managed oral health programs (Rlte Smiles) on access and utilization of dental care among Medicaid children ages ten years and younger. *Health by Numbers*, 94(8), 247-249.

<sup>5</sup> Shirk, C. (2010). *Oral health checkup: Progress in tough fiscal times?* Washington, DC: National Health Policy Forum, The George Washington University.

<sup>6</sup> The Pew Center on the States. (2011). *The state of children's dental health: Making coverage matter*. Washington, DC: The Pew Charitable Trusts.

<sup>7</sup> Cuadro, R. & Scanlon, A. (2004). *Does raising rates increase dentists' participation in Medicaid? The experience of three states*. Denver, CO: National Conference of State Legislatures.

<sup>8</sup> *Improving access to oral health care for vulnerable and underserved populations*. (2011). Washington, DC: Institute of Medicine and National Research Council.

<sup>9,11</sup> Rhode Island Executive Office of Health and Human Services, 2011.

<sup>10</sup> *Better health at lower costs: Policy options for managing childhood tooth decay (TrendNotes)*. (2009). Washington, DC: National Oral Health Policy Center.

<sup>12</sup> Beckwith, J., Kislak, R., Leonard, L. & Oh, J. (2011). *The dental safety net in Rhode Island*. Providence, RI: Rhode Island Department of Health, Rhode Island Health Center Association, Rhode Island KIDS COUNT & Rhode Island Oral Health Commission.

<sup>13</sup> Rhode Island Department of Health and the Rhode Island Oral Health Commission. (2011). *Rhode Island oral health plan, 2011-2016*.

<sup>14</sup> *Access to oral health care for children in Rhode Island*. (2011). Providence, RI: Rhode Island KIDS COUNT.

