

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 September 30, 2008 and had received dental services at any point during the previous federal fiscal year (October 1, 2007 – September 30, 2008).

SIGNIFICANCE

Dental caries (tooth decay) is the most common disease among children five to 17 years old.¹ Children with untreated dental problems are more likely to have problems chewing and swallowing, speech problems, and poor school performance due to difficulty concentrating and absenteeism.^{2,3}

Insurance is a strong predictor of access to health and dental care. Nearly one in four (24%) uninsured children in the U.S. has unmet dental needs, compared with 6% of those with Medicaid and 4% of those with private health insurance.⁴ National estimates indicate that the number of children without dental insurance is 2.6 times those without medical insurance.⁵ The percentage of Rhode Island children with dental insurance has been increasing, from 62% in 1990, to 67% in 1996, to 73% in 2001 to 76% in 2004.^{6,7}

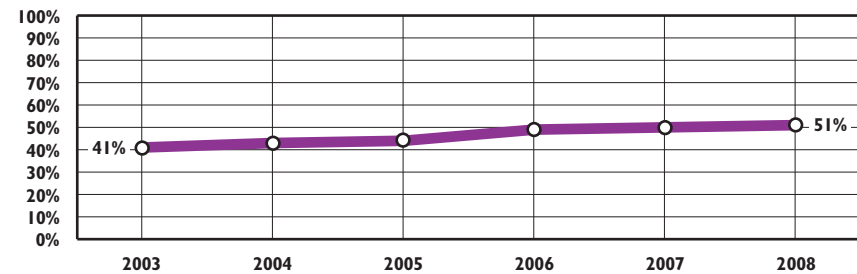
Children living in poverty are more likely to have tooth decay that is severe

and untreated than higher-income children. Medicaid-eligible children are twice as likely to have dental disease as children who live in families with higher incomes, although children with Medicaid coverage have better access to dental care than those without insurance.⁸ 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., the continuous enrollment of children in public health insurance programs results in greater access to dental and medical care when compared with children who have no insurance or are covered for only part of the year.⁹ Children who were uninsured part of the year were nearly six times as likely to have an unmet dental need as children who were insured for a year or more.¹⁰

Minority children also have higher rates of tooth decay and untreated dental problems than White children.¹¹ Hispanic children (19%) in the U.S. are more likely not to have had a dental visit in more than two years than non-Hispanic Black (15%) or non-Hispanic White children (14%).¹² Children with disabilities or special health care needs also may have problems finding and accessing providers who are trained and equipped to address their special dental, medical and mobility needs.¹³



Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, Federal Fiscal Years 2003-2008



Source: Rhode Island Department of Human Services, Federal Fiscal Years 2003-2008. *Medical Assistance includes RIte Care, RIte Share or Medicaid fee-for-service.

◆ **Half (51%) of the children who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2008 received a dental service during Federal Fiscal Year 2008.**¹⁴ Approximately 9,850 more children enrolled in Medical Assistance received a dental service in 2008 than in 2003, a 27% increase.¹⁵

◆ **The federal Medicaid program mandates that states provide comprehensive dental services to eligible children up to age 21, including diagnostic and preventive services, treatment services, emergency services, and medically necessary orthodontic services.**¹⁶

◆ **As of December 31, 2008, there were 38,428 Rhode Island children receiving Medical Assistance born on or after May 1, 2000 who were receiving dental benefits through the RIte Smiles program. There were 215 dental providers participating in the RIte Smiles program at the end of 2008, up from 90 when it began in September 2006. All children receiving Medical Assistance born before May 1, 2000 continue to receive dental benefits under the fee-for-service system.**¹⁷

◆ **Dental insurance is not available to many working families in Rhode Island. Half (50%) of Rhode Island employers offer dental insurance to their full-time employees, and 9% offer it to their part-time employees (compared to 79% and 10% who offer health insurance, respectively).**¹⁸



Oral Health Services for Young Children

- ◆ Nearly one-half of children in the U.S. do not receive dental care in accordance with the American Academy of Pediatric Dentistry's recommendations of two visits per year beginning at age one. The youngest children are the least likely to receive dental care.¹⁹
- ◆ Fewer than one in five (19%) children under the age of six enrolled in Medicaid in the U.S. received any dental service in 2004. 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.²⁰
- ◆ Nationally, the number of very young children with dental caries (cavities) in their primary teeth has increased. Between 1988 and 1994, 24% of children ages two to five had caries, compared with 28% between 1999 and 2004, an increase of 17%. More than half (51%) of children ages six to 11 had dental caries between 1999-2004, essentially the same as 1988-1994 (50%).²¹



Medicaid Reimbursement Rates

- ◆ In 2006, Medicaid reimbursement rates were raised for Rhode Island dental providers participating in the RIte Smiles program. As a result of RIte Smiles, the number of dentists accepting qualifying children with Medical Assistance has increased from 27 in early 2006 (before RIte Smiles), to 90 (at the launch of RIte Smiles) in September 2006 to 215 in 2008. General dentists and specialists providing oral health services to Medicaid-enrolled children who do not qualify for the RIte Smiles have continued to be reimbursed at the Medicaid fee-for-service reimbursement rates, which were last increased in 1992.^{22,23}
- ◆ When comparing Rhode Island's Medicaid fee-for-service reimbursement rates for children not enrolled in RIte Smiles and average fees charged by dentists in the state, fewer than 1% of dentists in Rhode Island would consider the Medicaid rate to be equal to or greater than their current charge.²⁴
- ◆ Dentists cite low reimbursement rates that fail to cover the cost of services and administrative difficulties as their two main reasons for limiting or not serving Medicaid patients. State efforts to attract more dentists to Medicaid by paying higher fees and streamlining administrative requirements have resulted in increased access.²⁵



Consequences of Untreated Dental Disease

- ◆ An average of 580 children under age 21 were treated for a dental related condition in Lifespan Emergency Departments (Rhode Island Hospital, Hasbro Children's Hospital, The Miriam Hospital and Newport Hospital) annually between Federal Fiscal Years 2004 and 2008. Three out of four (75%) of these children had private health or dental insurance, 9% had public insurance and 16% were uninsured. The total number of children treated for a dental related condition at Rhode Island Hospital has risen, from 421 in 2004 to 546 in 2008, a 30% increase.²⁶
- ◆ An average of 58 children under age 19 were hospitalized with a diagnosis that included an oral health condition each year between 2003 and 2007 in Rhode Island. On average, 13 children per year were hospitalized with an oral health condition as the main reason during this time.²⁷
- ◆ A national study found that of people who had visited a non-dental health care provider (such as a physician or emergency room) for dental treatment, school-age children suffered the most limitations due to dental pain. Dental problems related to untreated dental disease result in over 1.6 million missed days of school for children in the U.S. every year.²⁸

References

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- ⁵ Lewis, C., Mouradian, W., Slayton, R., & Williams, A. (2007). Dental insurance and its impact on preventive dental care visits for U.S. children. *Journal of the American Dental Association*, 138(3), 369-380.
- ⁶ *Rhode Island Health Interview Survey*. (1990, 1996, 2001). Providence, RI: Rhode Island Department of Health, Rhode Island Medicaid Research and Evaluation Project, Health Indicator Project, Rhode Island Oral Health Access Project.

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