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 serious negative impacts on children's overall health, school attendance, and academic achievement.1,2 Insurance is a strong predictor of access to health and dental care. More than one in five (21%) uninsured U.S. children have unmet dental needs, compared with 5% of those with Medicaid and 4% of those with private health insurance.3 In 2012, 89% of children in Rhode Island had dental insurance that paid for routine dental care, up from 73% in 2001.4,5

Children living in poverty are more likely to have untreated tooth decay than higher-income children. Medicaid-eligible children are twice as likely to have a recent dental visit than non-Hispanic Black or Hispanic children.5,9,10

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 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 care for all children, especially those with special needs.15,16

Half (51%) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2014 received a dental service during State Fiscal Year (SFY) 2014, up from 43% in SFY 2005 and down from 52% in SFY 2013.17 Rhode Island ranked 29th in the nation for percent of children enrolled in Medicaid with a dental visit in 2012.18

States are required to provide comprehensive dental benefits to children with Medicaid coverage as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate.19 New federal targets have been established for all states to increase preventive dental services for children with Medicaid and CHIP coverage by 10% between Federal Fiscal Year (FFY) 2010 and FFY 2015. Rhode Island’s target baseline is 43% and the goal is 53%.20 In FFY 2013, 40% of children with Medicaid in Rhode Island received a preventive dental visit.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, 2014, there were 74,709 children enrolled in RIte Smiles, more than double the 34,000 children enrolled at launch in 2006.25,26

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 November 2014, 1,282 children obtained commercial dental coverage through HealthSource RI (Rhode Island’s state-based insurance marketplace).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 2014, there were 351 dentists in 608 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 Rite Smiles 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 Problems

Between 2009 and 2013, an average of 730 children and youth under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually. Of these children and youth, 19% were ages five and under, 15% were ages six to 11, 16% were ages 12 to 17, and 50% were age 18-21.36

Each year between 2009 and 2013 in Rhode Island, an average of 64 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 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 Half of children in the U.S. do not see a dentist until after age five.40 In Rhode Island, children under age six (63%) are less likely to have received a dental check-up or cleaning in past year than children over age six (93% of 6-11 year olds and 90% of 12-17 year olds).41

In 2012, 29% of children ages three to five enrolled in a sample of Rhode Island Head Start programs were found to have dental decay; 25% had dental decay that was untreated.42

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.43 Primary care providers can conduct oral health assessments, refer for dental care, and provide preventive services, all of which improve oral health outcomes and lead to a dental home.44,45

In addition to covering dental visits for children before the age of one, Rhode Island is one of 40 state Medicaid programs that reimburse primary care medical providers for preventive oral health services for very young children, including risk assessment, caregiver education, and fluoride varnish application.46,47,48

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