

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, 2002 and had received dental services at any point during the previous Federal Fiscal Year (October 1, 2001 - September 30, 2002).

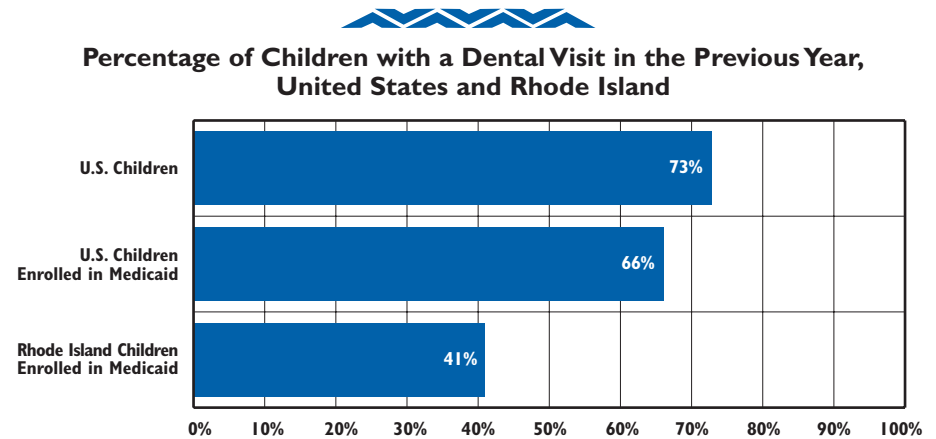
SIGNIFICANCE

Dental caries (tooth decay) is the most common disease among children 5 to 17 years old.¹ Preschool children with untreated dental caries are more likely to develop poor eating habits, to have difficulty socializing with peers, and to have speech problems. Children with poor dental health are at increased risk for future dental caries in their permanent teeth.² Chronic dental problems in school-age children and adolescents can lead to poor self-image, difficulty concentrating, absenteeism, and reduced school performance.³

Children without dental insurance are three times as likely as privately-insured children to be unable to access dental care when needed.⁴ In 1999 in Rhode Island, fewer than half (45%) of employers offered dental insurance as a benefit.⁵ National estimates indicate that for every child without medical

insurance there are 2.6 children without dental insurance.⁶ Minority families, low-income families, and families with low education levels are the most likely to be uninsured for dental care.⁷

For children in low-income families, the efficacy of public dental insurance is a critical factor in access to dental prevention and treatment.⁸ The federal Medicaid program mandates that states provide comprehensive dental services to eligible children up to age 21 including preventive dental care, dental treatment services, translation services, and transportation.⁹ Barriers to obtaining oral health services for children enrolled in RIte Care, RIte Share or Medicaid fee-for-service include difficulty finding a provider who will accept Medical Assistance, inadequate financial resources to pay for dental care, and lack of parental education on the need for dental prevention and treatment services.¹⁰ Obtaining services from dental specialists is especially difficult for children covered through public health insurance programs.¹¹ Children with disabilities or special health care needs may also have problems accessing providers who are equipped to address their special needs.¹²



Age ranges for U.S. data are children 2-17 years old and Rhode Island data are for children under age 21. Rhode Island data include RIte Care, RIte Share, and Medicaid fee-for-service.

Source: Centers for Disease Control and Prevention, Summary Health Statistics for U.S. Children: National Health Interview Survey, 2001 and Rhode Island Department of Human Services, Federal Fiscal Year 2002.

- ◆ In the United States in 2001, approximately 73% of all children and 66% of children enrolled in Medicaid or other public insurance had seen a dentist in the past year.¹³ Among Rhode Island children under age 21 enrolled in public insurance programs, 41% accessed dental diagnostic, prevention, and/or treatment services during Federal Fiscal Year 2002.¹⁴
- ◆ Children in families with incomes below the poverty line and minority children have the greatest extent of untreated dental problems. In the U.S., 80% of the tooth decay occurs in 25% of the children.¹⁵ Children eligible for Medicaid services experience twice the ratio of untreated dental disease as more affluent children.¹⁶
- ◆ As few as 3% of poor children have dental sealants compared with the national average of 23%. The Healthy People 2010 goal is for 50% of children to have these protective barriers against dental decay.¹⁷
- ◆ Nationally, 36% of African American children and 43% of Hispanic children aged 6 to 8 years have untreated dental caries, compared to 26% of White children.¹⁸



Reimbursement Rates

◆ The reluctance of many dentists to accept patients with Medicaid coverage compounds a general shortage of dentists nationwide, especially in urban areas. Low reimbursement rates that fail to cover the cost of services and administrative difficulties are two reasons cited by dentists for limiting or not serving Medicaid patients.¹⁹ State efforts to attract more dentists to Medicaid by paying higher fees and streamlining administrative requirements have resulted in increased access to dental care services.²⁰

◆ Rhode Island's Medicaid dental reimbursement rates were last increased in 1992.²¹ As of November 2001, for the 50 most frequently provided dental procedures, Medicaid reimbursement was 45% of Rhode Island dentists' average fees, compared with a reported reimbursement rate of 75% by commercial insurers.²² National estimates indicate that overhead costs for dentists average 55%.²³

◆ When comparing Rhode Island's Medicaid payment rates and average fees charged by dentists in the New England region, 14 out of 15 of Rhode Island's rates rank at or below the 4th percentile. This means that only 4% or fewer dentists in the New England region report the Medicaid rate as being equal to or greater than their current charge. Rhode Island's Medicaid reimbursement rates rank at or below the 1st percentile regionally on five of the 15 procedures.²⁴

◆ In Federal Fiscal Year (FFY) 2003, 55% of the 672 Rhode Island licensed dentists were paid for providing at least one service to at least one Medicaid recipient, down from 59% in the previous FFY. Thirty percent (30%) of dentists provided service to at least 50 unduplicated Medicaid recipients.²⁵

References

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