

# Access to Dental Care

## DEFINITION

*Access to dental care* is the percentage of children under age 21 who were enrolled in RIte Smiles or Medicaid fee-for-service on June 30, 2020 and who had received dental services at any point during the previous State Fiscal Year.

## SIGNIFICANCE

Dental caries (tooth decay) is the most 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.<sup>1,2</sup>

Insurance is a strong predictor of access to health and dental care. Eighteen percent of 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.<sup>3</sup> In Rhode Island, pediatric dental coverage is embedded in most private health insurance coverage, and RIte Smiles is Rhode Island's dental insurance for Medicaid-eligible children born after May 1, 2000.<sup>4,5</sup>

Children living in poverty are more likely to have untreated tooth decay than 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.<sup>6,7,8</sup>

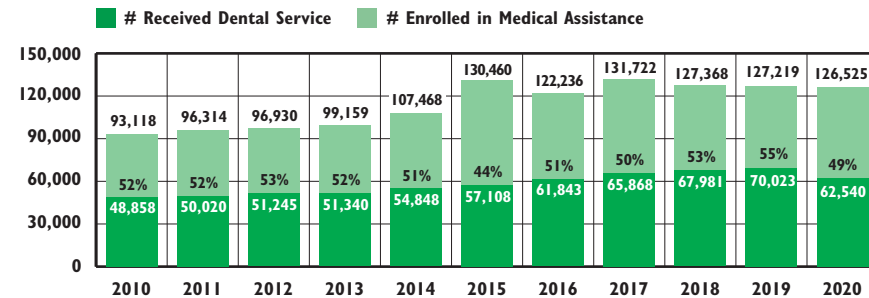
Children of Color have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., non-Hispanic white children are less likely to have untreated tooth decay than non-Hispanic Black or Hispanic children.<sup>9,10,11</sup>

Some evidence suggests that poor oral health during pregnancy is a potential risk factor for some pregnancy complications and poor birth outcomes, including preterm birth and low birthweight infants.<sup>12</sup> Although oral health care can be safely provided during pregnancy, less than two-thirds (59%) of Rhode Island women report having a dental visit during their pregnancy. Rhode Island women without insurance and who are low income are less likely to see a dentist. Of the women who received preventive dental care during their pregnancy, and 21% were uninsured.<sup>13,14</sup>

A dental home can provide comprehensive, continuously accessible, coordinated, and family-centered dental care for all children, including those with special needs. It is important to note that children with special health care needs may have problems finding and accessing dental providers who are equipped and able to address their special dental, medical, behavioral, and mobility needs.<sup>15,16</sup>



**Children Under 21 Enrolled in Medical Assistance\* Programs Who Received Any Dental Service, Rhode Island, SFY 2010-2020**



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2010-2020. \*Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

- ◆ **Forty-nine percent (62,540) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2020 received a dental service during State Fiscal Year (SFY) 2020. This is more than a 10% decrease from the year prior, when 70,023 children received a dental service.**<sup>17</sup>
- ◆ **The federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard requires that states provide comprehensive dental benefits, including preventive dental services, to children with Medicaid coverage.**<sup>18</sup> In Rhode Island, 52% of children with Medicaid in Rhode Island received a preventive dental visit in FFY 2019.<sup>19</sup>
- ◆ **RIte Smiles, Rhode Island's managed care oral health program for children has been credited with improving access to dental care for children. RIte Smiles is for low-income children born on or after May 1, 2000, and the cohort expands through an eligibility age-in process. The program began in 2006.**<sup>20,21,22</sup> As of December 31, 2020, there were 123,268 children enrolled in RIte Smiles.<sup>23</sup>
- ◆ **The federal *Affordable Care Act* made pediatric dental benefits mandatory offerings in individual and small employer plans.**<sup>24</sup> In Rhode Island, most commercial coverage in the individual market of HealthSource RI (Rhode Island's state-based insurance marketplace) includes pediatric dental benefits as part of health coverage.<sup>25</sup>



## 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 and cumbersome administrative requirements 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, lack of child care, and issues with paperwork. Family education, case management, and streamlining administrative procedures can encourage provider enrollment and patient utilization.<sup>26,27</sup>
- ◆ Since RIte Smiles started in 2006, reimbursement rates have been raised for participating dental providers.<sup>28</sup> The number of dentists accepting qualifying children increased from 27 before RIte Smiles began to 182 dentists one year into the RIte Smiles program.<sup>29</sup> In FY 2020, there were 290 unduplicated dentists in 176 practice locations participating in RIte Smiles.<sup>30</sup>
- ◆ Dentists who provide dental care to pregnant women enrolled in Medicaid are reimbursed at the Medicaid fee-for-service reimbursement rate. Low Medicaid reimbursement rates can affect access to care. Rhode Island had the fifth lowest Medicaid fee-for-service reimbursement rate for pediatric dental services in the nation in 2016.<sup>31</sup>



## Consequences of Untreated Dental Disease

- ◆ Delayed dental care causes dental issues to worsen. Due to the COVID-19 pandemic and subsequent lockdown, there were many disruptions in dental care. Emergency care was the only type available in the beginning of COVID-19. Once dental offices began to reopen, many families opted to delay visits, and others experienced difficulties booking routine care with the dental office's new schedule.<sup>32</sup>
- ◆ Between 2015 and 2019, an average of 416 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually.<sup>33</sup>
- ◆ Each year between 2015 and 2019 in Rhode Island, an average of 76 children under age 20 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 18 children per year under age 20 were hospitalized with an oral health condition as the primary reason for the hospitalization.<sup>34</sup>



## Importance of Early Dental Visits for Very Young Children

- ◆ Clinical recommendations are that children first visit the dentist before age one. However, nearly three-quarters (74%) of babies in the U.S. have not seen the dentist by their first birthday.<sup>35</sup>
- ◆ Pediatric dentists are dentists with specialized training who work with infants and children through adolescence, including those with special health needs.<sup>36</sup>
- ◆ In 2019, 41% of Rhode Island children under age five with Medicaid coverage received any dental service. Among those who received any dental services, 95% received a preventative dental visit.<sup>37</sup>
- ◆ 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, including for young children.<sup>38</sup>
- ◆ Primary care providers can conduct oral health risk assessments, provide anticipatory guidance, refer for dental care, and provide preventive services, all of which can improve oral health outcomes.<sup>39</sup>
- ◆ All 50 state Medicaid programs reimburse primary care medical providers for preventive oral health services for very young children, including risk assessment, anticipatory guidance, and fluoride varnish application.<sup>40</sup>

### References

<sup>1,6,9,15,24,26,35</sup> *The state of little teeth: Second edition.* (2019). Chicago, IL: American Academy of Pediatric Dentistry.

<sup>2</sup> *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.

<sup>3,10</sup> National Health Interview Survey. (2019). *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 States, 2018.* Retrieved March 26, 2021, from <http://www.cdc.gov/nchs/nhis/shs/tables.htm>

<sup>4,25</sup> HealthSource RI. (n.d.). *HealthSource RI dental coverage.* Retrieved March 26, 2021, from [www.healthsourceri.com](http://www.healthsourceri.com)

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