pb

policy brief

HUSKY A DENTAL CARE: AVOIDING THE REPERCUSSIONS OF POOR DENTAL CARE FOR CHILDREN ON MEDICAID

SUMMARY FINDINGS

- Because current Medicaid fees to providers are too low, the majority of children on HUSKY A in Connecticut do not have access to dental care.
- The state currently pays approximately one-third the amount per child for HUSKY A dental coverage than it does for coverage of state employees and their children.
- Raising Medicaid reimbursement rates to the 70th percentile has resulted in increased access to dental care in other states.

Oral Health Services for Children on HUSKY A

Approximately one-quarter of all children in Connecticut are enrolled in Medicaid, also known as HUSKY A. Among these approximately 250,000 enrollees, two-thirds receive no dental services at all.[1] This dental utilization rate is the lowest among the New England states and is less than half that of privately insured children nationally.[2]

The repercussions of this neglect are significant. Acute dental problems cause three days of lost school per 100 children.[2] In fact, dental decay is the single most common chronic childhood disease — five times more common than asthma.[2]

Connecticut Health Foundation

BARRIERS TO RECEIVING DENTAL SERVICES

Private Provider Participation Is Limited Due to Low Reimbursement Rates

Children on HUSKY A cannot access dental care because of the small number of private dentists participating in the program, due to low dental reimbursement fees. Less than 15 percent of all Connecticut providers participate.[1]

Dental fees for HUSKY A enrollees were set in 1993, at the 80th percentile of prevailing fees then. But they have not been adjusted since. As such, Connecticut's HUSKY A fees are now in the lower 1st to 7th percentiles of dental fees in the New England states.[1]

Limited Dental Safety Net

Meanwhile, Connecticut's dental safety net system — made up of dental clinics owned and operated by public and volunteer organizations — is not sufficiently robust to satisfy the need. The safety net provides only about one-third of the dental care that HUSKY A children receive, while Connecticut's private dentists participating in the Medicaid program provide two-thirds of the care.[3]

Connecticut's HUSKY A fees are now in the lower 1st to 7th percentiles of dental fees in the New England states.

POTENTIAL SOLUTIONS

Increasing access to dental care for children on HUSKY A requires a multi-pronged approach. One solution with demonstrated success: raising reimbursement fees to an adequate level, so more dentists can participate. This will expand services for children in need by maximizing the efficiencies of the private sector, as well as utilizing the unique skills and reach of safety net providers.

Specifically, if Connecticut raises the reimbursement level to the 70th percentile (provided that orthodontic fees are not raised[1]), the cost would total $21 million in the first year, which would be eligible for a 50 percent federal match. Improving and simplifying administration of the program for providers will be necessary to ensure efficient and easy participation.

PUTTING CHANGES IN CONTEXT

It is important to evaluate these proposed changes in light of the current environment. Connecticut now pays a per-member-per-month cost of $8[4] for children on HUSKY A — only about one-third of the $22[5] per-member-per-month cost for state employees and their children. It is not surprising, therefore, that only 33 percent of the state's HUSKY A recipients can locate and visit a dentist in a year, compared to 75 percent of state employees.

By raising HUSKY dental reimbursement rates to the 70th percentile (Table 1), the per-member-per-month cost for Medicaid recipients will have to be raised to $15 — a cost that is still considerably lower than the state employees plan.

Table 1

Current and Projected Costs of HUSKY A Children's Dental Services for All Services and Modified Services[1]

	Total Program Cost: All Fees Except Orthodontics Raised*	
	Current Utilization (33%)	Projected Rates (50%)
Number of Children Receiving Services	88,876	133,974
Current HUSKY A Fees	$16,360,526	$24,639,346
2005 NDAS Fees at 70th Percentile	**$37,092,983**	**$55,862,926**

**Fees of two orthodontic procedures (8080 and 8670) maintained at 2004 HUSKY A levels. Analysis based on data from the Connecticut Department of Social Services, analyzed by Connecticut Voices for Children for CHF, and data from the National Dental Advisory Service.*

Raising reimbursement to an adequate level will expand services for children by maximizing the efficiencies of the private sector as well as utilizing the unique skills and reach of safety net providers.

RAISING MEDICAID REIMBURSEMENT – THE EXPERIENCE OF OTHER STATES

By comparison, nine other states have increased Medicaid reimbursement to the 75th percentile or a comparable market-based rate. Because of the change, all of these states have shown substantial increases in private provider participation (Table 2), and dental access has improved significantly.

Table 2

Increase in Provider Rates Among States That Have Increased Fees to Market Rates

State Year of Change	New Rates	Approx. # Dentists in State	Numerical Increase in Participating Providers*	% Increase in Participating Providers
Alabama 2000[4, 6, 7]	100% of Blue Cross rates[4, 6, 7]	1,912[7, 8]	308 to 456[7]	48%
Delaware 1998[4]	85% of dentists normal submitted charges[4]	302[8, 9]	1 to 108[9]	> 1000%
Georgia 2000[4]	75% to 85% of UCR[4]	4,000[4]	259 to 1,355[4]	423%
Indiana 1998[4,10]	75th percentile[4, 10]	3,583[10]	770 to 1,096[10]	42%
Michigan (Select Counties) 2000[10]	100% of Delta Dental Premier Rates[10]	N/A	115 to 351[10]	205%
Nebraska 1998[4]	85% of UCR[4]	1,077[8]	798 to 964[12] 231 to 387**[12]	21% 68%**
North Carolina 2003[13]	73% of University Faculty rates[13]	3,500[13]	644 to 855**[14]	33%**
South Carolina 2000[4, 15]	75th percentile[4, 15]	1,561[8]	619 to 886[4]	43%
Tennessee 2002[4, 16]	75th percentile[4, 16]	2,861[8]	380 to 700[16]	84%

**Change reported after a period of 2-3 years from the rate increase except for Delaware, which was 5 years.*

***Providers billing greater than $10,000 per annum.*

UCR = Usual and Customary Rates

Table 3

Comparison of Current Connecticut Medicaid Fees and Proposed New Fees[1]

DESCRIPTION	CURRENT HUSKY A FEES	2005 NDAS FEES AT 70TH PERCENTILE
Initial exam	$24	$65
Cleaning	$22	$52
Sealant	$18	$42
Amalgam - 2 surface	$38	$126
Stainless steel crown	$85	$207
Extraction single tooth	$33	$122

Source: Connecticut Department of Social Services and National Dental Advisory Service.

It is not surprising, therefore, that only 33 percent of the state's HUSKY A recipients can locate and visit a dentist in a year, compared to 75 percent of state employees.

CONCLUSION

One-quarter of Connecticut's children have no routine access to dental care and, as a result, a large proportion have significant untreated dental disease.

By raising Medicaid reimbursement rates for dentists to the 70th percentile, the state will significantly increase the number of private practitioners participating in the program, safety net providers can expand their reach, and access to care for children on HUSKY will improve.

REFERENCES

1. Beazoglou T, Douglass JM. HUSKY A Dental Care: Financial Strategies. Policy Brief. Connecticut Health Foundation, January 2006.
2. National Institute of Dental and Craniofacial Research. Oral Health in America: A Report of the Surgeon General. Rockville, Md.: U.S. Public Health Service, Department of Health and Human Services; 2000.
3. Beazoglou T, Bailit H. HUSKY A Dental Care New Directions. Policy Brief. Connecticut Health Foundation, January 2006.
4. American Dental Association. State Innovations to Improve Access to Oral Health Care for Low Income Children: A Compendium Update. Chicago: American Dental Association: 2005.
5. State of Connecticut.
6. Al Agili D et al. Access to Dental Care in Alabama for Children with Special Needs. JADA 2004:135:490-5.12.
7. Cuadro R, Scanlon A. Does Raising Rates Increase Dentists' Participation in Medicaid? The Experience of Three States. National Conference of State Legislatures. Promising Practices Issues Brief 2004.
8. National Center for Chronic Disease Prevention and Health Promotion. Oral Health Resources. Synopses of State and Territorial Dental Public Health Programs. Retrieved at: http://apps.nccd.cdc.gov/synopses.
9. American Dental Association. Medicaid Reimbursement — Using Marketplace Principles To Increase Access to Dental Services. Policy Brief.
10. Hughes RJ et al. Dentists' Participation and Children's Use of Services in the Indiana Dental Medicaid Program and SCHIP: Assessing the Impact of Increased Fees and Administrative Changes. JADA 2005:136:517-23.
11. Ekland SA, Pittman JL, Clark SJ. Michigan Medicaid's Healthy Kids Dental Program: As Assessment of the First Twelve Months. JADA 2003:134:1509-15.
12. Gehshan S, Hauck P, Scales J. Increasing Dentists Participation in Medicaid and SCHIP. National Conference of State Legislatures. Promising Practices Issues Brief.
13. Mofidi M. Background Paper for Recommendation Section I: Increasing Dentist Participation in the Medicaid Program. North Carolina Oral Health Summit, April 8, 2005.
14. Modifi M. Dentist Participation in Medicaid: Key to Assuring Access for North Carolina's Most Underserved. NC Med J. 2005:66:456-9.
15. Nietert PJ, Bradford WD, and Kaste LM. The Impact of an Innovative Reform to the South Carolina Dental Medicaid System. Health Services Research 2005:40:1078-90.
16. Berthold M. Tennessee Winning: Dental Medicaid Provider Network up 80 Percent. ADA News Article. May 2004. Retrieved at: http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=895.

Joanna Douglass, B.D.S., D.D.S., is an associate professor of pediatric dentistry at the University of Connecticut School of Dental Medicine and the Oral Health Consultant at the Connecticut Health Foundation.

Joanna Douglass, *Author*
UCONN School of Dental Medicine

Monette Goodrich, *Editor-in-Chief*
Connecticut Health Foundation

Don Heymann, *Editor*

E.K. Weymouth, *Designer*

Hitchcock Printing, *Printer*

This brief is available on our website at www.cthealth.org or by calling 860.224.2200.

Connecticut Health Foundation

74B Vine Street
New Britain, CT 06052
www.cthealth.org

RETURN SERVICE REQUESTED

NON PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
NEW BRITAIN, CT
PERMIT NO.16