**SUCCESSFULLY REDUCING DENTAL ACCESS DISPARITIES**

**In 1999, 71% of children enrolled in HUSKY A, a Medicaid program, received no dental visit.**

**In 2000, a lawsuit determined the insurance company had low reimbursement levels and a cumbersome program administration.**

**REIMBURSEMENT RATES IMPROVED AFTER THE LAWSUIT SETTLEMENT**

As part of the agreement in 2000, reimbursement rates increased to about the 70th percentile of 2005 national fees. The administration of Medicaid dental was also simplified.

**IMPACTS OF THE CHANGES**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uteled at least one of child’s mandated dental visits</td>
<td>65%</td>
<td>68%</td>
<td>72%</td>
<td>76%</td>
<td>78%</td>
</tr>
<tr>
<td>Uteled at least one other dental visit</td>
<td>19%</td>
<td>21%</td>
<td>25%</td>
<td>28%</td>
<td>30%</td>
</tr>
<tr>
<td>Uteled at least one other dental visit</td>
<td>15%</td>
<td>17%</td>
<td>20%</td>
<td>23%</td>
<td>25%</td>
</tr>
</tbody>
</table>

**FINDINGS:**

- **Children’s access to dental care is linked to reduced provider participation in the Medicaid program and a strong dental safety net system.**

**WHAT CAN WE TAKE AWAY FROM THIS?**

- Medicaid reimbursement rates should be aligned effectively to ensure private insurance ratios.
- The administrative function and payment of the Medicaid dental program must be described and implemented for care.
- Provider utilization in obtaining provider information in accepting reimbursement rates and program administration.

**HOW CAN WE MAKE SURE LOW-INCOME CHILDREN CONTINUE TO RECEIVE EQUITABLE CARE?**

- Children’s access to dental care is linked to reduced provider participation in the Medicaid program and a strong dental safety net system.