



RIte Smiles Evaluation Report: Trends from 2002-2008

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EXECUTIVE SUMMARY

RIte Smiles, Rhode Island's mandatory managed oral health program for children born on or after May 1, 2000, is administered under a Section 1115 of the Social Security Act waiver, although it was originally implemented under a Section 1915(b) waiver. RIte Smiles is designed to increase access to dental services, promote the development of good oral health behaviors, decrease the need for restorative and emergency dental care, and decrease Medicaid expenditures for oral health care. Two major goals of RIte Smiles investigated in this report are: 1) to increase the percentage of children on Medicaid who receive dental services, and 2) to shift, over time, the types of dental services these children receive to more preventive care. **In its first two years of operation, RIte Smiles has achieved these goals.**

RIte Smiles Goal: To Increase the Percentage of Children on Medicaid Who Receive Dental Services

By SFY05, due to the impact of the Oral Health Access Project, the percentage of children on Medicaid receiving at least one dental visit a year had begun to increase. With the implementation of RIte Smiles in SFY06, this increase became more significant. **From SFY06 to SFY08 the percent of children on Medicaid ages 4-6 who had a dental visit increased from 58.2% to 65.2%. This represents 50% of the improvement from SFY02 to SFY08. From SFY06 to SFY08 the percent of children on Medicaid under age 4 who had a dental visit increased from 12.0% to 18.6%. This represents 80% of the improvement from SFY02 to SFY08 (Graph 1).**

**RIte Smiles Goal: To Shift, Over Time, the Types of Dental Services
Children on Medicaid Receive to More Preventive Care.**

It is expected by providing access to oral health care for those with previously unmet dental care needs, there would at first be an increase not only in the provision of preventive dental care services but also and possibly a larger increase in the provision of restorative dental care services. With the provision of regular preventive dental services, future need for restorative and emergency dental care services should lessen.

By SFY05, due to the impact of the Oral Health Access Project, the percentage of children on Medicaid under age seven receiving at least one preventive dental visit a year and at least one restorative dental visit a year had begun to increase. After the implementation of RIte Smiles in 2006, the percentage of children receiving at least one preventive and at least one restorative dental visit a year increased more significantly. **Three-year moving averages smooth out the yearly changes in the percentage of children on Medicaid receiving at least one preventive and at least one restorative dental visit a year thus providing a better representation of actual change. From SFY02 to SFY08 the increase in the percentage of children receiving at least one preventive dental visit a year has been greater in magnitude than has the increase in the percentage of children receiving a least one restorative dental visit a year (GRAPH 7).**

From SFY07 to SFY08, the first to the second year of RIte Smiles enrollment, the percent change in the number of children on Medicaid under age seven receiving at least one preventive dental visit a year increased by 10.4% whereas the percent change in the number of children on Medicaid receiving at least one restorative dental visit a year increased by only 3.8% (Appendix Table 3). This was the first time since about SFY05 the percent increase for children receiving at least one preventive dental visit a year was greater than the percent increase for children receiving at least one restorative dental visit a year.

Oral Health Indicators for The Five Groups of Children Enrolled in RItE Smiles

From SFY05 to SFY08, the percentage of children on Medicaid under age seven receiving at least one dental visit a year as well as their dental visit rate increased for all five groups of children enrolled in RItE Smiles – Children enrolled in RItE Care Core (the State’s Medicaid managed care program for low income children and families), Children eligible through substitute care (Foster Care), SSI (Supplemental Security Income), Adoption Subsidy and Katie Beckett provisions. The percentage of children receiving at least one preventive dental visit a year also increased for each group and the percentage of children receiving at least one restorative dental visit a year increased for four of the five groups.

BACKGROUND

Oral Health Care in Rhode Island

Federal and State Government Studies and Reports

In May 2000, the Surgeon General of the United States released the report *Oral Health in America*¹ which focused public attention on the importance of oral health. The report states that oral health is “integral” to general health, impacting positive childhood development, adult workplace productivity, and quality of life for older adults.

From November 2000 through May 2001, the *Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for all Rhode Island Residents*², chaired by Rhode Island Senator Elizabeth H. Roberts, convened to seek solutions to the problem of limited access to oral health services for low income Rhode Islanders. With respect to children on Medicaid, the Commission report states: ‘Under the federal Medicaid law, low-income children through age 20 in Rhode Island are entitled to dental care; however, as in most states, these individuals have significant difficulty receiving needed care.’

Among other recommendations, and specific to the Medicaid Program, the Commission recommended: 1) pursuing funding through state, federal, and other sources to increase Medicaid reimbursement rates for community dental providers and hospital-based dental centers to increase capacity and utilization by underserved populations; 2) reviewing program operations seeking opportunities for administrative simplification, expansion of coverage, and enhancement of access and outreach activities; and 3) reviewing the effect of actions taken to improve access and quality of care for the underserved populations.

The Robert Wood Johnson Foundation Involvement

In April 2002, the Robert Wood Johnson Foundation issued a *Call for Proposal: State Action for Oral Health Access*³. This Initiative was a three-year six-million dollar competitive grant program designed to test innovative, comprehensive state approaches to improving access to oral health services for low-income, minority, and disabled populations served through Medicaid, the State Children's Health Insurance Project (SCHIP), and the public health system⁴. The Center for Health Care Strategies would manage the grant and offer technical assistance and guidance to grantees.

To be eligible to apply, states had to have already made significant improvement to oral health care for Medicaid and SCHIP populations, including increasing reimbursement rates, streamlining administrative and billing procedures, and conducting patient outreach and compliance activities. Through the earlier efforts of the Commission, Rhode Island had already begun work toward making improvements in oral health care.

The Rhode Island Oral Health Access Project

In January 2003, Rhode Island was awarded one of six Oral Health Access Grants. The Rhode Island Oral Health Access Project was a unique partnership among the Rhode Island Department of Human Services (which houses the Medicaid Program), the Rhode Island Foundation, and Rhode Island KIDS COUNT. One of the three components of the Rhode Island Oral Health Access Project was for the Rhode Island Department of Human Services to restructure the Medicaid dental benefit from a fee-for-service benefit to one that is offered through a Dental Benefit Manager (DBM)⁵. In May 2006, the Rhode Island Medicaid Program implemented the DBM program, RItE Smiles.

The Rhode Island Dental Benefit Manager (DBM) Program, RIte Smiles

RIte Smiles is designed to increase access to dental services, promote the development of good oral health behaviors, decrease the need for restorative and emergency dental care, and decrease Medicaid expenditures for oral health care.

To achieve these goals, Rhode Island transitioned from functioning simply as a payer of services to becoming a purchaser of a new oral health delivery system, a dental benefit manager (DBM) program provided by United Healthcare Dental. Among other responsibilities, the DBM program was charged with: 1) increasing reimbursement rates paid to private dentists, 2) ensuring there are enough dentists who participate in the network, and 3) assisting members with finding dentists.

In order to restructure the Medicaid dental benefit for children from fee-for-service to a Dental Benefit Manager (DBM), Rhode Island sought a Section 1915(b) waiver of the Social Security Act (the Act) specifically to implement the RIte Smiles Prepaid Ambulatory Health Plan (PAHP) dental waiver. This would allow Rhode Island Medicaid to have the following sections of the Act waived: 1902(a)(10) – Comparability of Services; 1902(a)(23) – Freedom of Choice; and 1902(a)(4) – mandatory enrollment in a single PAHP.

As proposed, the following categories of children on Medicaid born on or after May 1, 2000 would be enrolled in RIte Smiles on a mandatory basis and receive all their Medicaid dental benefits through the DBM: 1) low-income children; 2) blind and disabled children; and 3) children in substitute care. Effective January 16, 2009, RIte Smiles was incorporated into the Rhode Island Global Consumer Choice Compact Section 1115 Demonstration, with all of its Section 1915(b) waivers and other requirements intact. Excluded from enrollment in RIte Smiles, and therefore continuing to obtain their dental benefits through Medicaid fee-for-service if applicable would be the following groups of children on Medicaid: 1) those with other insurance; 2) residents of nursing facilities and

ICF/MR; and 3) children in substitute care residing outside Rhode Island. A listing of important development dates for RItE Smiles follows.

RItE Smiles Development Dates

December 2005	State submits Section 1915(b) Waiver Application to CMS
December 23, 2005	State issues Bid Specifications Document (RFP # B05923) for Dental Benefit Management (DBM)
February 2, 2006	State issues Addendum #1 to RFP # B05923
February 17, 2006	Due date for submittal of proposals in response to RFP # B05923; two proposals were received
April 1, 2006	Section 1915(b) waiver authority is received from CMS
May 2006	State's contract with United Healthcare Dental – RItE Smiles is effective
September 1, 2006	After determining adequate DBM readiness, the initial group of 10,000 children was enrolled statewide into RItE Smiles
October 1, 2006	A second geographic group was enrolled
November 1, 2006	The third and final region with active waiver-eligible Medicaid recipients were enrolled

Ensuring the Success of the RItE Smiles Program

To increase access to dental care for children on Medicaid, the RItE Smiles program had to address issues of: 1) reimbursement for dental providers, 2) workforce capacity, and 3) provider education and training.

Provider Reimbursement

The Special Senate Commission on Oral Health Care in Rhode Island found that one reason many dentists do not accept Medicaid patients was due to low reimbursement rates. The report² states:

During Rhode Island Fiscal Year 2000, Medicaid dental care expenditures were \$12 million, accounting for less than one percent of the total Rhode Island Medicaid budget. This averages \$6.47 per member per month (PMPM), compared with dental insurance expenditures for state employees of \$19.00 PMPM.

In addition, for the 50 most frequently provided dental procedures, Medicaid reimbursements average 45% of the dentists' usual, customary and reasonable (UCR) fees, compared with a reported reimbursement rate of 75% UCR fees by commercial insurers.

The Commission recommended that rates of reimbursement for community dental providers be increased. Under RIte Smiles, the DBM was charged with increasing reimbursement rates paid to private dentists. **The reimbursement rates for RIte Smiles are now closer to the prevailing preferred provider organization (PPO) rates in Rhode Island.**

Workforce Capacity

The Senate Commission also found a decreasing supply of dentists in Rhode Island. The report² states:

According to the American Dental Association, there are 547 professionally active licensed dentists practicing in Rhode Island representing a dentist to population ratio of 1:1,812. This exceeds an optimal dentist to population ratio of between 1:1,500 and 1:1,700.

Additionally, 40% of current Rhode Island licensed dentists are aged 51 or older (14% are aged 61 or older). As they retire, insufficient numbers of new dentists are becoming available to replace them. Of particular concern is the critical shortage of pediatric dentists: 10 pediatric dentists, of which three are American Board of Pediatric dentistry certified, currently practice in the state.

The Commission recommended that a task force of interested parties be developed to address access to dental care issues due to the current shortage of dentists practicing in underserved areas and the dearth of pediatric dentists. Under the RIte Smiles Program, the

DBM must establish and maintain a network of participating dentists. **For the three years before RIte Smiles implementation, there were only 27 Medicaid participating dental providers who claimed at least \$1,000 a year from Medicaid for the provision of services to children on Medicaid ages six and younger. By January of 2010, there were 180 dental providers participating in the RIte Smiles program. These 180 participating dentists provide services at 278 different locations. Most significantly, by January of 2010, every pediatric dentist in Rhode Island was participating in RIte Smiles.**

It should also be mentioned that to the increase the number of private dentists providing oral health services to children on Medicaid, additional efforts have been taken to address oral health workforce capacity. These efforts include: strengthening the dental services infrastructure of Rhode Island's dental safety net providers; enhancing Medicaid reimbursement for hospital based dental centers; implementing recruitment and retention strategies for dental professionals (dentists, dental hygienists, and dental assistants); strengthening school-linked dental services and dental centers; increasing training of pediatric dentists, general dentists, and dental assistants in Rhode Island; and increasing oral health education programs^{4,5}.

Provider Education and Training

The first enrollees in the RIte Smiles program were children under age seven. It was recognized that to improve access to dental care for young children, providing training on the topic of delivering oral health care services to very young children would be beneficial to Rhode Island dental professionals. To this end, the Rhode Island Department of Health, St. Joseph's Health Services, Central Rhode Island Area Health Education Center (criAHEC), and the Samuels Sinclair Dental Center at Rhode Island Hospital partnered to offer an annual "Mini-Residence Series." Each mini-residency within the series featured national expert faculty at two-day continuing education programs targeting Rhode Island's oral health professional.

Cited References

- ¹ *Oral Health in America: A Report of the Surgeon General*. National Institute of Dental and Craniofacial Research, National Institutes of Health, U.S. Department of Health and Human Services, Rockville, MD, May 2000.
- ² *The Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for All Rhode Island Residents*, Senator Elizabeth H. Roberts, Chair, November 2001.
- ³ *Call for Proposals: State Action for Oral Health Access*, Robert Wood Johnson Foundation, 2002.
- ⁴ *Closing the Gap: Improving Access to Dental Care in Rhode Island*, A Report of the Rhode Island Oral Health Access Project, Rhode Island KIDS COUNT, 2006.
- ⁵ *Access to Dental Care for Children in Rhode Island*, Rhode Island KIDS COUNT Issue Brief, October 2004.

Additional References of Interest

- *The Dental Safety Net in Rhode Island*, Rhode Island KIDS COUNT Special Report, June 2006.
- *Catalyzing Improvements in Oral Health Care: Best Practices from the State Oral Action for Health Access Initiative*, Center for Health Care Strategies, August 2006.
- *Rhode Island Oral Health Plan: 2006*, Rhode Island Department of Health, 2006.

METHODS

Study Population

In this evaluation, we include children on Medicaid under age seven for state fiscal years 2002 through 2008. In this report, children on Medicaid include both healthy children and children with special health care needs. RItE Smiles' enrollment began on September 1, 2006 for children born on or after May 1, 2000. Thus children under age seven were immediately eligible to enroll in the program. In this evaluation statistics are presented for: 1) children under age seven, 2) children under age four – those children likely not to be enrolled in school programs, and 3) children ages four to six - those children possibly enrolled in pre-school, kindergarten and first grade.

CHILDREN ON MEDICAID UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Number of Average (FTE) Eligibles	35,712	36,453	37,174	37,373	37,108	36,718	36,498
Children Under Age 4	21,249	21,647	22,033	22,121	22,006	21,876	21,984
Children Ages 4 to 6	14,463	14,806	15,141	15,252	15,102	14,842	14,514

In this evaluation, we also present statistics for the five groups of children enrolled in RItE Smiles - RItE Care Core, Foster Care, SSI, Adoption Subsidy, and Katie Beckett.

CHILDREN ON MEDICAID UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07	SFY08
Number of Average (FTE) Eligibles	35,712	36,453	37,174	37,373	37,108	36,718	36,498
RItE Care Core	33,078	33,733	34,484	34,671	34,308	33,792	33,657
Foster Care	600	636	622	671	764	852	817
SSI	1,129	1,137	1,137	1,166	1,190	1,196	1,160
Adoption Subsidy	532	494	505	467	439	469	466
Katie Beckett	373	453	426	398	407	409	398

Study Period

In January 2003 Rhode Island began work on the Oral Health Access Project and in September 2006 the RIte Smiles Program was implemented. This evaluation presents statistics for state fiscal years 2002 through 2008 so that trends in the provision of oral health care services can be identified throughout the period in which oral health care became and was actively a focus of attention in Rhode Island. These statistics document the impact of both the Oral Health Access Project and the RIte Smiles Program.

Oral Health Indicators

To measure progress toward meeting the RIte Smiles goals of: 1) to increase the percentage of children on Medicaid who receive dental services and 2) to shift, over time, the types of services these children receive to more preventive care, the following five oral health indicators were tracked. For children on Medicaid under age seven and for each State Fiscal Year from 2002 to 2008:

1. Percent of Children on Medicaid Receiving at Least One Dental Visit,
2. Dental Visit Rate per 1,000 Children on Medicaid,
3. Percent of Children on Medicaid Receiving at Least One Preventive Dental Visit,
4. Percent of Children on Medicaid Receiving at Least One Restorative Dental Visit, and
5. Percent of Children Age Six on Medicaid Receiving at Least One Sealant.

Oral Health Indicators 1 and 2 document change in access to oral health services. Oral Health Indicators 3 through 5 document the types of dental services received by children on Medicaid as well as shifts in the types of dental services these children received.

The dental services presented in this report were defined as follows.

- **Dental Visit Procedure Codes:** HCPCS codes D0120 – D9999, excluding D5900-D5999 and D6200-D6999 (HEDIS definition of dental visit). Plus local codes: X0314, X1110, X1204, X1351, X8998, X8999, X9220, X9221, X9920 and T1015.
- **Preventive Dental Procedure Codes:** HCPCS codes D0120, D0150, D1000-D1999 and local codes X1204 and X1351.
- **Restorative Dental Procedure Codes:** HCPCS codes D2000-D2999, D3000-D3999, D6200-D6999, D9920, and local code: X9920.
- **Dental Sealants Procedure Codes:** HCPCS code D1351 and local code X1351.

Dental visits are determined by the unique combination of person and date of service.

Both preventive and restorative dental services can be delivered in a single dental visit. In this report, we do not distinguish dental visits by whether they are primarily preventive or primarily restorative dental visits. However, we do document whether a child receives preventive and restorative dental services during the course of a year. If a child receives preventive and restorative services at the same visit, a child is counted as having had both a preventive dental visit and a restorative dental visit.

Data Sources

This report presents statistics for children on Medicaid under age seven whose dental services were paid by Medicaid. The data included in this report were derived from the Medicaid Management Information System (MMIS) for SFY 2002 through SFY 2008 and from the United MCO Encounter Files for SFY 2007 and SFY 2008.

The denominators for the percentages and rates included in this report were derived from the Medicaid eligibility files and are average eligible (FTE) counts.

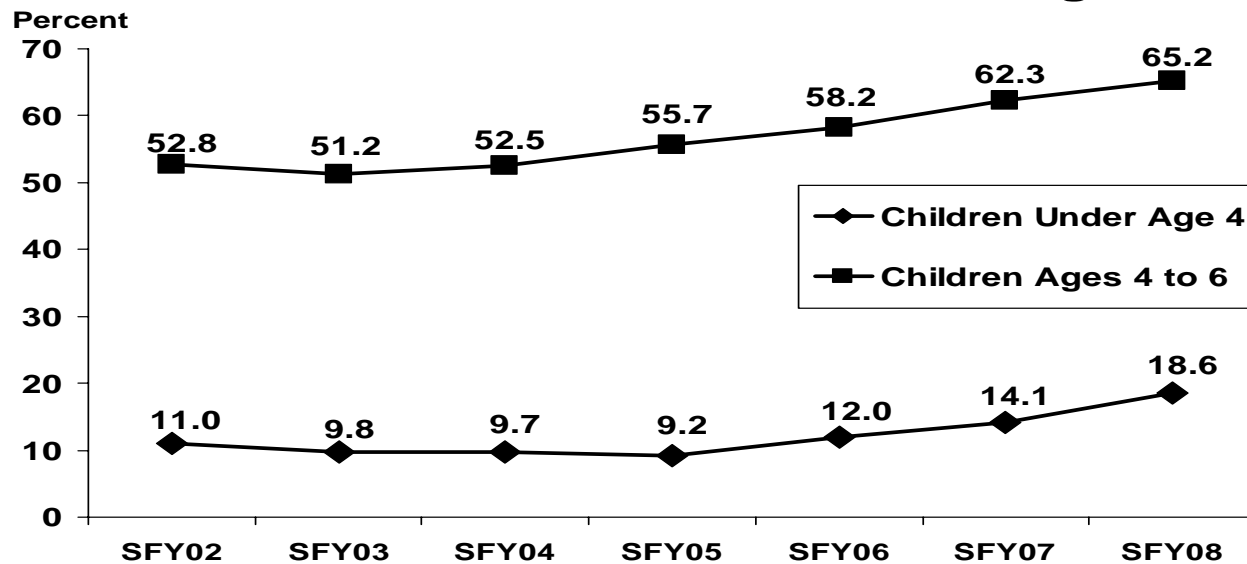
FINDINGS

RItE Smiles Goal

To Increase the Percentage of Children on Medicaid Who Receive Dental Services

- By SFY05, due to the impact of the Oral Health Access Project, the percentage of children on Medicaid receiving at least one dental visit a year had begun to increase. This increase became more significant with the implementation of RItE Smiles in SFY06.
- From SFY06 to SFY08 the percent of children on Medicaid ages 4-6 who had a dental visit increased from 58.2% to 65.2%. This represents 50% of the improvement from SFY02 to SFY08. From SFY06 to SFY08 the percent of children on Medicaid under age 4 who had a dental visit increased from 12.0% to 18.6%. This represents 80% of the improvement from SFY02 to SFY08.

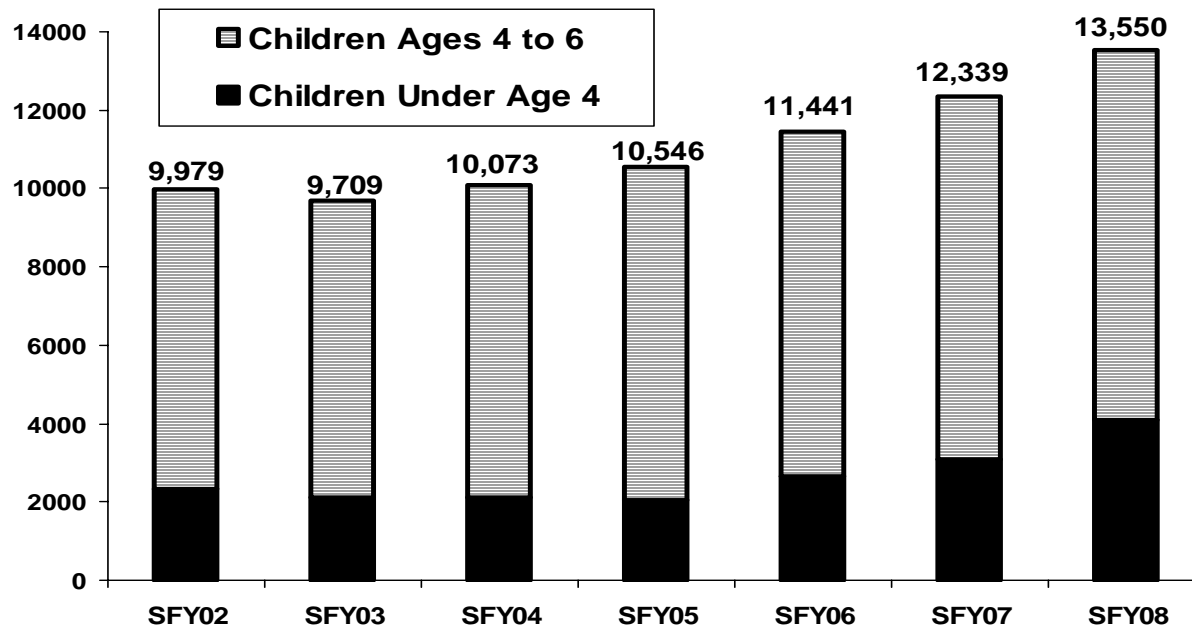
GRAPH 1. The Percent of Children on Medicaid Under Age Seven Receiving at Least One Dental Visit a Year Has Been Increasing



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

- Though the number of children on Medicaid under age seven remained relatively flat from SFY02 to SFY08, from 35,712 to 36,498 children, the number of these children who received at least one dental visit a year increased from 9,979 to 13,550, an increase of 35.8%.
- **Over 50% of this increase occurred from SFY06 to SFY08, the year before to the year after children were enrolled in RItE Smiles.**

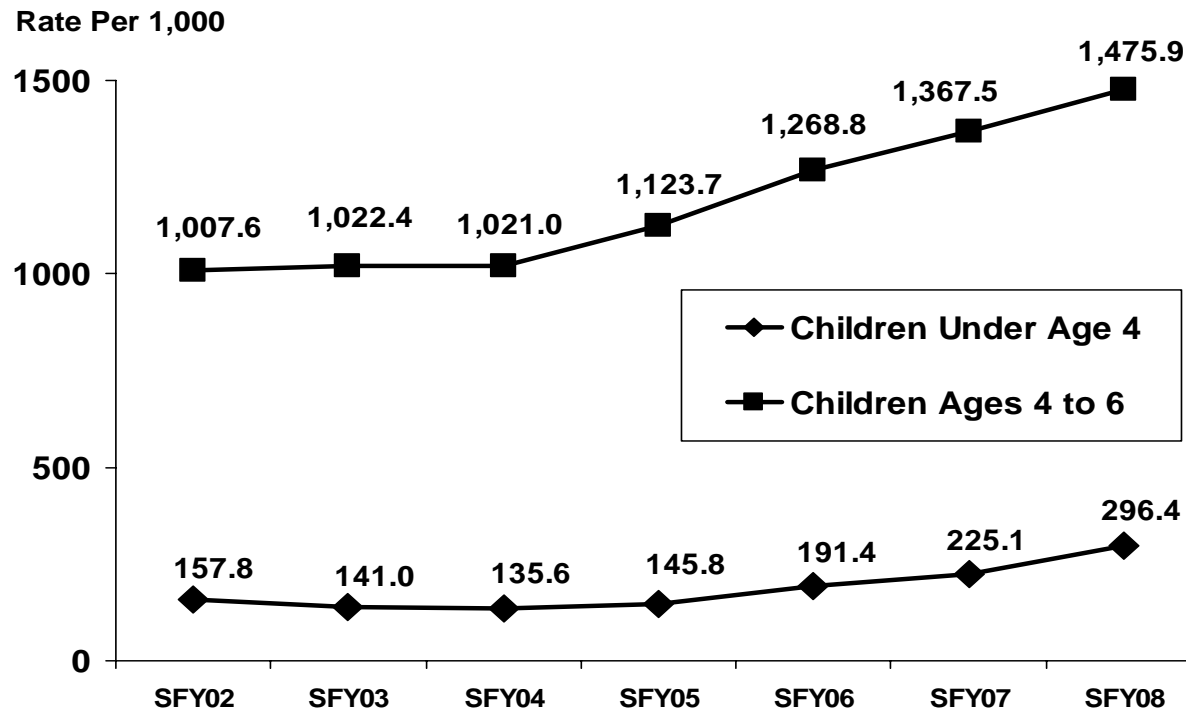
GRAPH 2. The Number of Children on Medicaid Under Age Seven Receiving at Least One Dental Visit a Year Has Increased Significantly



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

- By SFY05, due to the impact of the Oral Health Access Project, the dental visit rate for children on Medicaid had begun to increase. From SFY06 to SFY08, the year before to the year after children were enrolled in RItE Smiles, the dental visit rate for children on Medicaid under age four increased 54.9% and for children on Medicaid ages four to six it increased 16.3%.

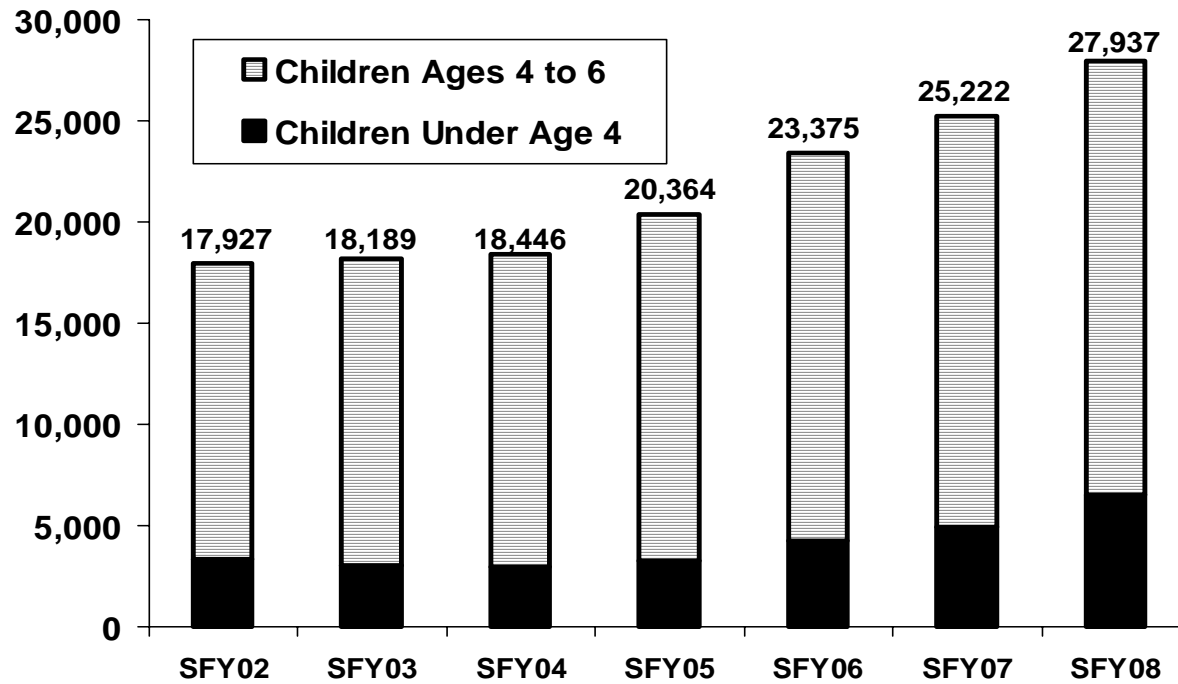
GRAPH 3. From SFY02 to SFY08 the Dental Visit Rate for Children on Medicaid Under Age Seven Has Increased Nearly 53%



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

- From SFY02 to SFY08, the number of dental visits for children on Medicaid under age seven increased from 17,927 to 27,937. From SFY06 to SFY08, the year before to the year after children were enrolled in RIte Smiles, the number of dental visits for children under age four increased 54.7%, and for children ages four to six it increased 11.8%.

GRAPH 4. From SFY02 to SFY08 the Number of Dental Visits for Children on Medicaid Under Age Seven Has Increased by 56%



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

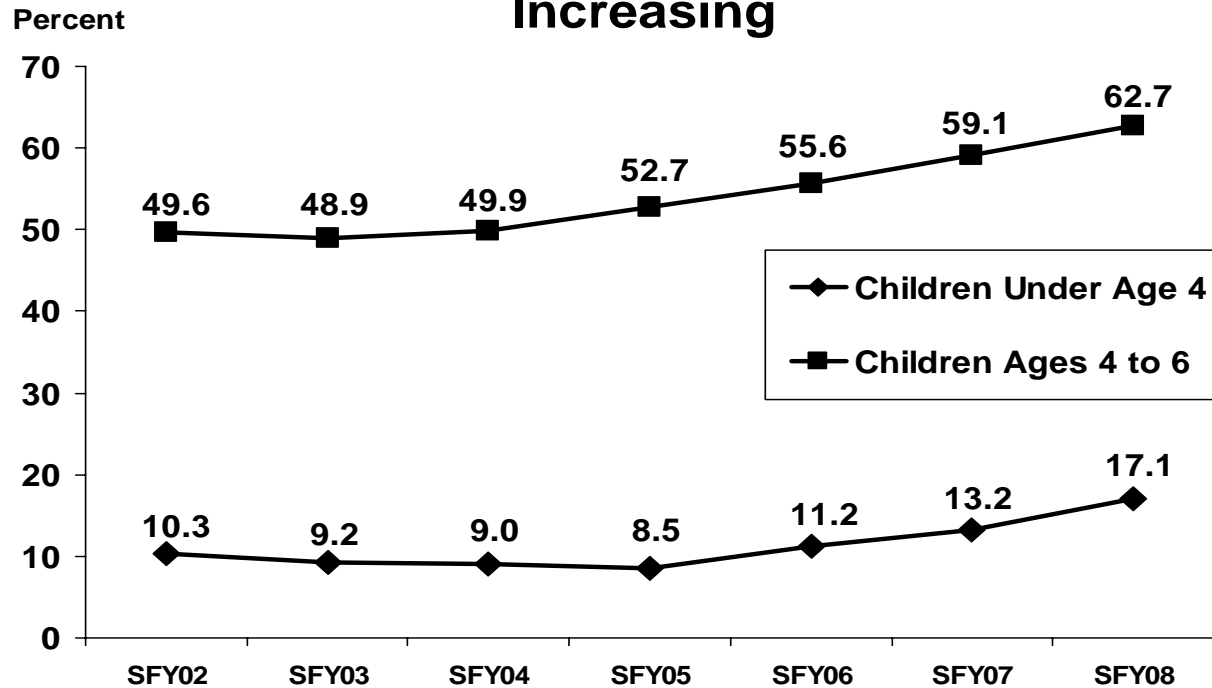
FINDINGS

RItE Smiles Goal

**To Shift, Over Time, the Types of Dental Services Children on Medicaid
Receive to More Preventive Care**

- By SFY05, due to the impact of the Oral Health Access Project, the percentage of children on Medicaid receiving at least one preventive dental visit a year had begun to increase.
- With the enrollment of children into RItE Smiles at the beginning of SFY07, the percentage of children on Medicaid receiving at least one preventive dental visit a year increased more significantly.

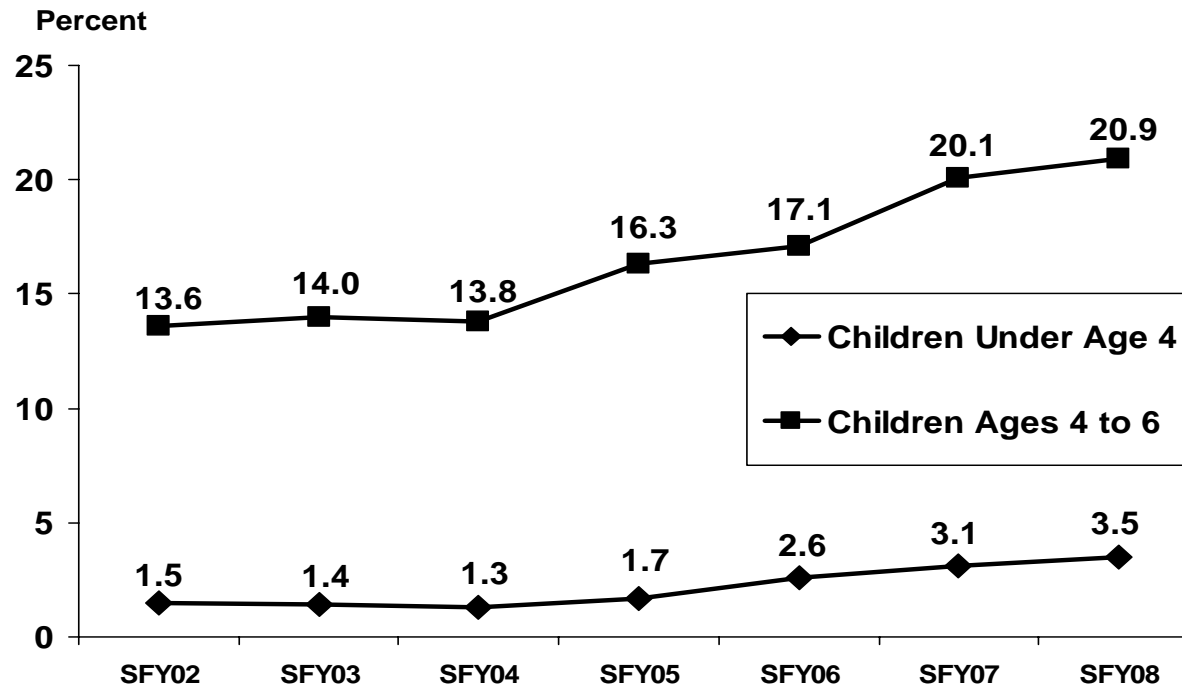
GRAPH 5. Since SFY05 the Percent of Children on Medicaid Under Age Seven Receiving at Least One Preventive Dental Visit a Year Has Been Steadily Increasing



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

- By SFY05, due to the impact of the Oral Health Access Project, the percentage of children on Medicaid receiving at least one restorative dental visit a year had begun to increase.
- With the enrollment of children into RIte Smiles at the beginning of SFY07, the percentage of children on Medicaid receiving at least one restorative dental visit a year continued a steady but slow increase.

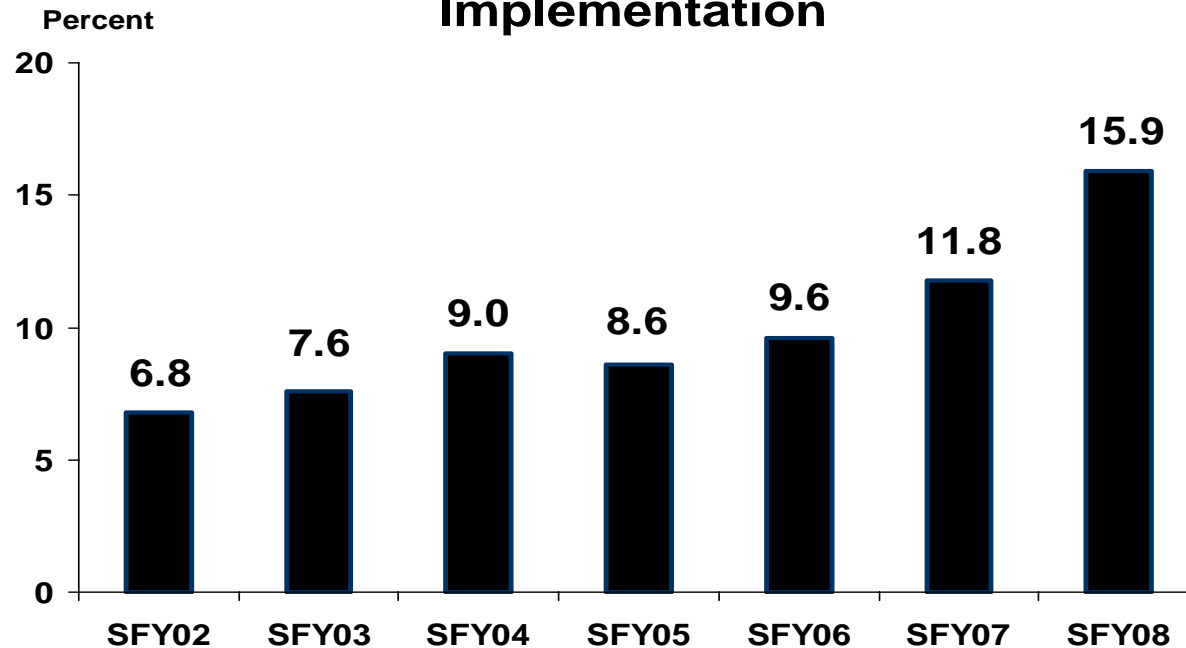
GRAPH 6. Since SFY04 the Percent of Children on Medicaid Under Age Seven Receiving at Least One Restorative Dental Visit a Year Has Increased



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

- The provision of dental sealants assists in decreasing the need for future restorative dental services.
- From SFY06 to SFY07, the year before to the year RItE Smiles began enrollment, there was a 23% increase in the percentage of children age six who received at least one dental sealant.
- From SFY07 to SFY08, the first and second year RItE Smiles began enrollment, there was a 35% increase in the percentage of children age six who received at least one dental sealant.

GRAPH 8. The Percent of Children on Medicaid, Age Six, Receiving at Least One Sealant a Year Increased Most Significantly after RItE Smiles Implementation



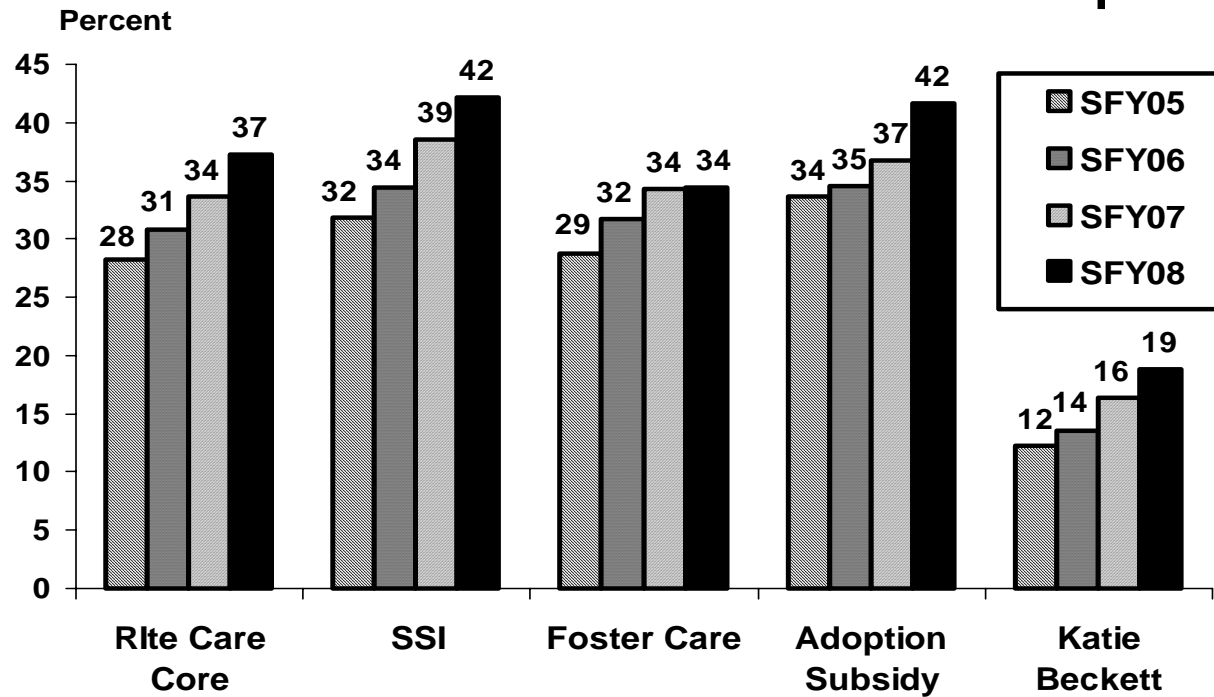
Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

FINDINGS

Oral Health Indicators for The Five Groups of Children Enrolled in RItE Smiles

- From SFY05 to SFY08, two years before to two years after RItE Smiles enrollment, all five groups of children enrolled in RItE Smiles experienced an increase in the percentage of children under age seven who received at least one dental visit a year.

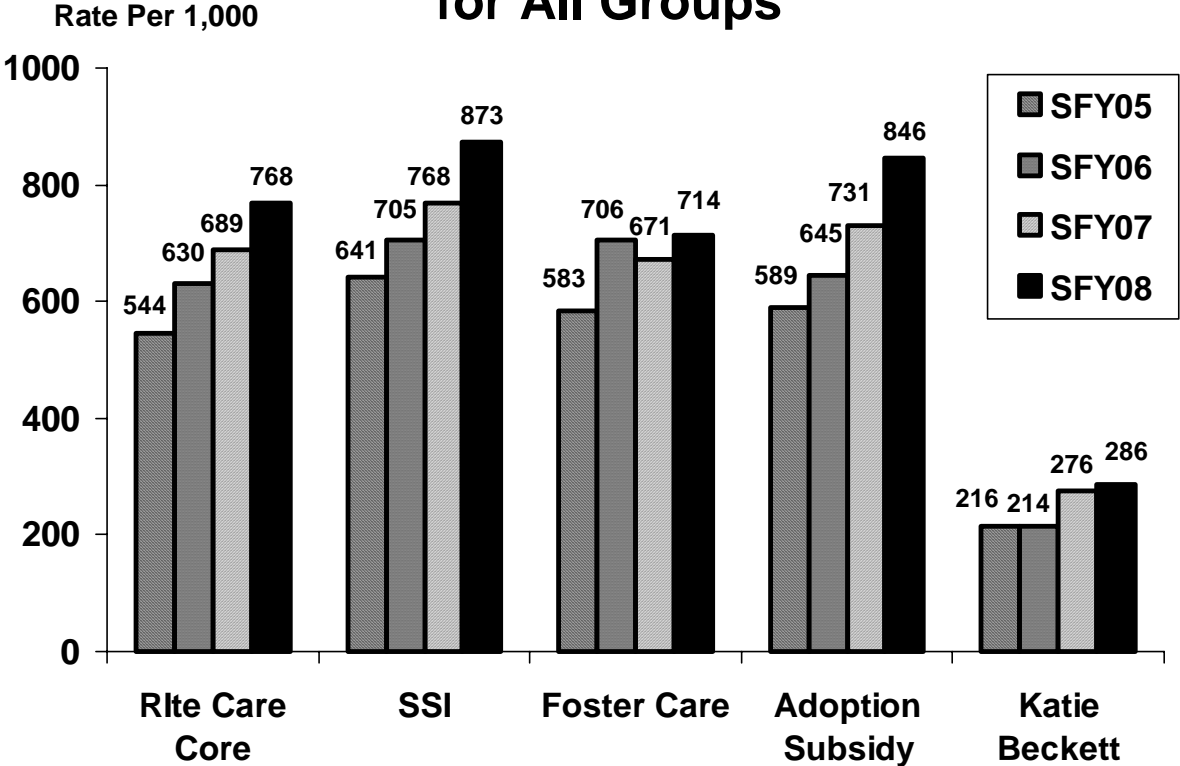
GRAPH 9. The Percent of Children on Medicaid Under Age Seven Receiving at Least One Dental Visit a Year Has Increased for All Groups



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

- From SFY05 to SFY08, two years before to two years after RItE Smiles enrollment, all five groups of children enrolled in RItE Smiles experienced an increase in the dental visit rate for children under age seven.

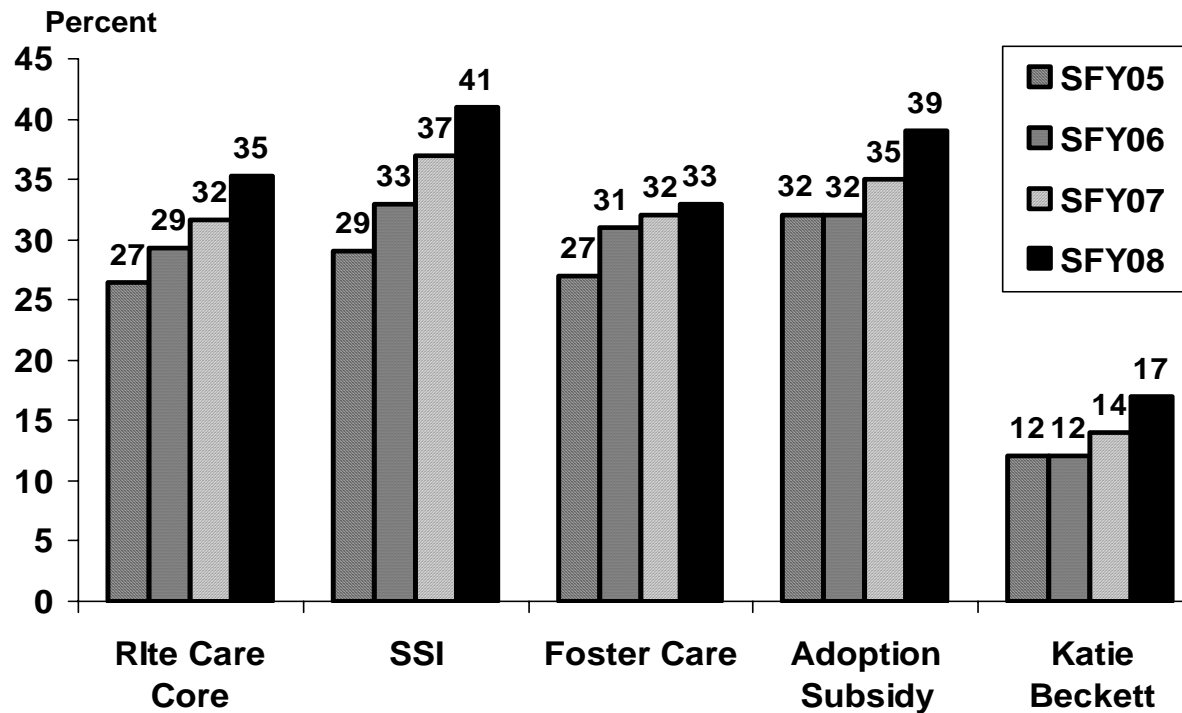
GRAPH 10. The Dental Visit Rate for Children On Medicaid Under Age Seven Has Increased for All Groups



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

- From SFY05 to SFY08, two years before to two years after RItE Smiles enrollment, all five groups of children enrolled in RItE Smiles experienced an increase in the percentage of children under age seven who received at least one preventive dental visit a year.

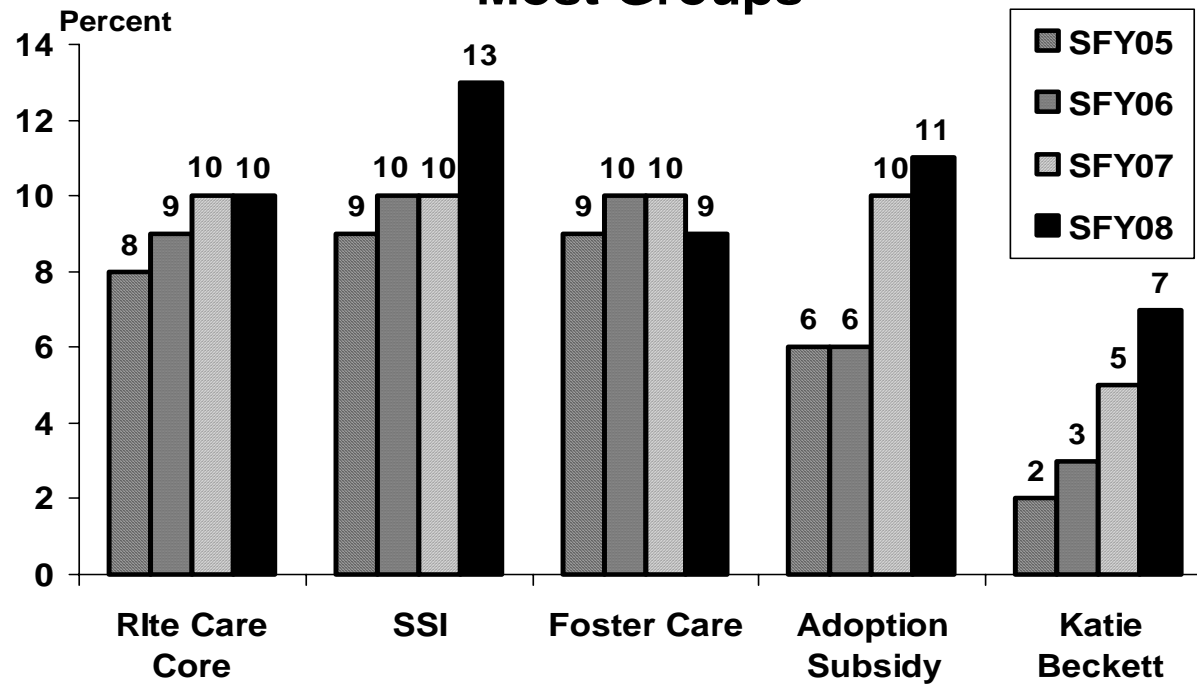
GRAPH 11. The Percent of Children on Medicaid Under Age Seven Receiving at Least One Preventive Dental Visit a Year Has Increased for All Groups



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

- From SFY05 to SFY08, two years before to two years after RItE Smiles enrollment, four of the five groups of children enrolled in RItE Smiles experienced an increase in the percentage of children under age seven who received at least one restorative dental visit a year.

GRAPH 12. The Percent of Children on Medicaid Under Age Seven Receiving at Least One Restorative Dental Visit a Year Has Increased for Most Groups



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

APPENDIX TABLES

TABLE 1. Percent of Children on Medicaid with Dental Visits by Types of Services

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CHILDREN UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Percent with at Least One Dental Visit a Year	27.9	26.6	27.1	28.2	30.8	33.6	37.1
Children Under Age 4	11.0	9.8	9.7	9.2	12.0	14.1	18.6
Children Ages 4 to 6	52.8	51.2	52.5	55.7	58.2	62.3	65.2
Percent with at Least One Preventive Visit a Year	26.2	25.3	25.7	26.5	29.3	31.7	35.2
Children Under Age 4	10.3	9.2	9.0	8.5	11.2	13.2	17.1
Children Ages 4 to 6	49.6	48.9	49.9	52.7	55.6	59.1	62.7
Percent with at Least One Restorative Visit a Year	6.4	6.5	6.4	7.6	8.5	10.0	10.4
Children Under Age 4	1.5	1.4	1.3	1.7	2.6	3.1	3.5
Children Ages 4 to 6	13.6	14.0	13.8	16.3	17.1	20.1	20.9
Percent with at Least One Sealant a Year – Age 6	6.8	7.6	9.0	8.6	9.6	11.8	15.9

*Rite Smiles enrollment began September 1, 2006.

TABLE 2. Dental Visit Rates per 1,000 Children on Medicaid

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07-FY08)

DENTAL VISITS	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Number of Dental Visits for Children Under Age 7	17,927	18,189	18,446	20,364	23,375	25,222	27,937
Rate Per 1,000	502.0	499.0	496.2	544.9	629.9	686.9	765.4
Number of Dental Visits for Children Under Age 4	3,354	3,052	2,987	3,226	4,213	4,925	6,516
Rate Per 1,000	157.8	141.0	135.6	145.8	191.4	225.1	296.4
Number of Dental Visits by Children Ages 4 to 6	14,573	15,137	15,459	17,138	19,162	20,297	21,421
Rate Per 1,000	1,007.6	1,022.4	1,021.0	1,123.7	1,268.8	1,367.5	1,475.9

*Rite Smiles enrollment began September 1, 2006.

TABLE 3. Percent Change in Number of Children on Medicaid with Dental Visits by Types of Services

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CHILDREN UNDER AGE 7	SFY02– SFY03	SFY03– SFY04	SFY04 – SFY05	SFY05– SFY06	SFY06– SFY07*	SFY07*– SFY08
Number with at Least One Dental Visit a Year	-2.7	3.7	4.7	8.5	7.8	9.8
Children Under Age 4	-9.2	-0.1	-4.0	29.6	16.5	32.7
Children Ages 4 to 6	-0.7	4.8	7.0	3.4	5.2	2.2
Number with at Least One Preventive Visit a Year	-1.5	3.4	4.0	9.7	7.2	10.4
Children Under Age 4	-9.2	-0.4	-5.5	32.1	16.4	30.9
Children Ages 4 to 6	0.8	4.4	6.4	4.5	4.5	3.7
Number with at Least One Restorative Visit a Year	3.5	0.8	19.7	10.6	15.8	3.8
Children Under Age 4	-6.7	-0.7	27.8	54.6	17.0	14.6
Children Ages 4 to 6	5.1	1.0	18.6	4.0	15.5	1.7
Number with at Least One Sealant a Year– Age 6	12.4	22.7	-2.7	9.0	22.5	31.5

*Rite Smiles enrollment began September 1, 2006.

TABLE 4. Number of Children on Medicaid with Dental Visits by Types of Services

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CHILDREN UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Number of Average (FTE) Eligible Members	35,712	36,453	37,174	37,373	37,108	36,718	36,498
Children Under Age 4	21,249	21,647	22,033	22,121	22,006	21,876	21,984
Children Ages 4 to 6	14,463	14,806	15,141	15,252	15,102	14,842	14,514
Children Age 6	4,738	4,775	4,932	5,006	4,914	4,893	4,788
Number with at Least One Dental Visit a Year	9,979	9,709	10,073	10,546	11,441	12,339	13,550
Children Under Age 4	2,347	2,132	2,129	2,044	2,649	3,086	4,094
Children Ages 4 to 6	7,632	7,577	7,944	8,502	8,792	9,253	9,456
Number with at Least One Preventive Visit a Year	9,364	9,225	9,536	9,913	10,874	11,654	12,865
Children Under Age 4	2,185	1,985	1,978	1,870	2,471	2,877	3,765
Children Ages 4 to 6	7,179	7,240	7,558	8,043	8,403	8,777	9,100
Number with at Least One Restorative Visit a Year	2,288	2,368	2,387	2,858	3,160	3,658	3,796
Children Under Age 4	314	293	291	372	575	673	771
Children Ages 4 to 6	1,974	2,075	2,096	2,486	2,585	2,985	3,035
Number with at Least One Sealant a Year – Age 6	322	362	444	432	471	577	759

*RIte Smiles enrollment began September 1, 2006.

TABLE 5. Percent of Children under Age 7 by Group with Dental Visits by Types of Services

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CHILDREN UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Percent with at Least One Dental Visit a Year	27.9	26.6	27.1	28.2	30.8	33.6	37.1
RItE Care Core	28.1	26.7	27.1	28.2	30.8	33.6	37.2
Foster Care	24.5	30.8	28.6	28.8	31.7	34.3	34.4
SSI	30.2	28.3	30.5	31.9	34.4	38.6	42.2
Adoption Subsidy	30.3	27.1	31.7	33.6	34.6	36.7	41.6
Katie Beckett	12.9	11.0	10.3	12.3	13.5	16.4	18.8
Percent with at Least One Preventive Visit a Year	26.2	25.3	25.7	26.5	29.3	31.7	35.2
RItE Care Core	26.4	25.4	25.7	26.5	29.3	31.7	35.3
Foster Care	23.2	29.1	28.0	26.8	30.6	32.2	32.7
SSI	26.8	26.8	28.6	29.1	32.6	36.5	40.8
Adoption Subsidy	28.8	26.9	30.1	32.1	32.1	35.0	39.3
Katie Beckett	11.8	9.5	9.2	11.8	12.0	13.9	16.8
Percent with at Least One Restorative Visit a Year	6.4	6.5	6.4	7.6	8.5	10.0	10.4
RItE Care Core	6.4	6.6	6.4	7.7	8.5	10.0	10.4
Foster Care	5.2	6.3	9.2	9.4	9.9	10.0	9.4
SSI	7.8	6.2	7.3	9.1	9.6	9.8	12.8
Adoption Subsidy	7.3	6.9	5.9	5.6	6.2	10.0	11.4
Katie Beckett	1.9	2.2	1.9	2.0	2.5	5.4	6.5

*RItE Smiles enrollment began September 1, 2006.

TABLE 6. Dental Visit Rates per 1,000 Children under Age 7 by Group

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

DENTAL VISITS	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Total Number of Dental Visits	17,927	18,189	18,446	20,364	23,375	25,222	27,937
Rate Per 1,000	502.0	499.0	496.2	544.9	629.9	686.9	765.4
Number of Dental Visits for RItE Care Core Children	16,685	16,955	17,153	18,865	21,627	23,276	25,833
Rate Per 1,000	504.4	502.6	497.4	544.1	630.4	688.8	767.5
Number of Dental Visits for Foster Care Children	263	332	353	391	539	572	583
Rate Per 1,000	438.3	522.0	567.5	582.7	705.5	671.4	713.6
Number of Dental Visits for SSI Children	601	575	614	747	839	918	1,013
Rate Per 1,000	532.3	505.7	540.0	640.7	705.0	767.6	873.3
Number of Dental Visits for Adoption Subsidy Children	297	255	257	275	283	343	394
Rate Per 1,000	558.3	516.2	508.9	588.9	644.6	731.3	845.5
Number of Dental Visits for Katie Beckett Children	81	72	69	86	87	113	114
Rate Per 1,000	217.2	158.9	162.0	216.1	213.8	276.3	286.4

*RItE Smiles enrollment began September 1, 2006.

TABLE 7. Number of Children under Age 7 by Group with Dental Visits by Types of Services

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CHILDREN UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Number of Average (FTE) Eligibles – Under Age 7	35,712	36,453	37,174	37,373	37,108	36,718	36,498
RItE Care Core	33,078	33,733	34,484	34,671	34,308	33,792	33,657
Foster Care	600	636	622	671	764	852	817
SSI	1,129	1,137	1,137	1,166	1,190	1,196	1,160
Adoption Subsidy	532	494	505	467	439	469	466
Katie Beckett	373	453	426	398	407	409	398
Number with at Least One Dental Visit a Year							
RItE Care Core	9,282	9,007	9,344	9,775	10,583	11,346	12,510
Foster Care	147	196	178	193	242	292	281
SSI	341	322	347	372	409	462	490
Adoption Subsidy	161	134	160	157	152	172	194
Katie Beckett	48	50	44	49	55	67	75
Number with at Least One Preventive Visit a Year							
RItE Care Core	8,725	8,559	8,846	9,197	10,062	10,722	11,875
Foster Care	139	185	174	180	234	274	267
SSI	303	305	325	339	388	437	473
Adoption Subsidy	153	133	152	150	141	164	183
Katie Beckett	44	43	39	47	49	57	67
Number with at Least One Restorative Visit a Year							
RItE Care Core	2,123	2,214	2,209	2,655	2,933	3,387	3,491
Foster Care	31	40	57	63	76	85	77
SSI	88	70	83	106	114	117	149
Adoption Subsidy	39	34	30	26	27	47	53
Katie Beckett	7	10	8	8	10	22	26

*RItE Smiles enrollment began September 1, 2006.