# 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, 2018 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.[1,2]

Insurance is a strong predictor of access to health and dental care. Twenty-one 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.[3] 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.[4,5]

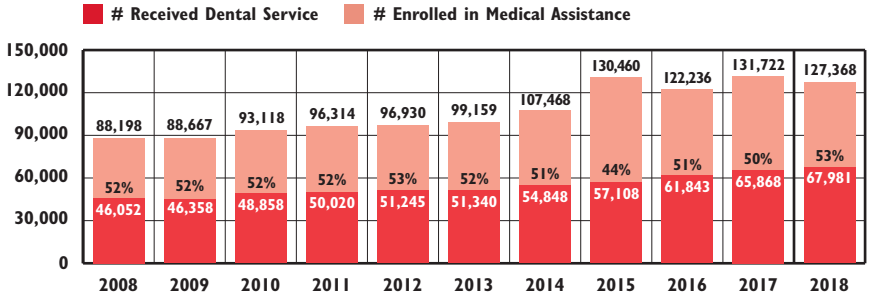
Children living in poverty are more likely to have untreated tooth decay than higher-income children. For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have public health insurance coverage have greater access to dental and medical care than children who have no insurance.[6,7,8]

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 more likely to have had a recent dental visit than non-Hispanic Black or Hispanic children.[9,10,11]

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.[12] 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. In Rhode Island, uninsured women and low-income women are less likely to see a dentist. Fifty percent of women who participated in WIC received preventive dental care during their pregnancy.[13,14]

Children with special health care needs may have problems finding and accessing providers who are trained and equipped to address their special dental, medical, behavioral, and mobility needs. A dental home can provide comprehensive, continuously accessible, coordinated, and family-centered dental care for all children, including those with special needs.[15,16]

**Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2008-2018**




Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2008-2018. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

◆ **Fifty-three percent (67,981) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2018 received a dental service during State Fiscal Year (SFY) 2018. The number of children receiving dental services has increased by 57% since 2006, when RIte Smiles launched.[17]**

◆ **The federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard requires that states provide comprehensive dental benefits to children with Medicaid coverage, including preventive dental services.[18] In Rhode Island, 45% of children with Medicaid in Rhode Island received a preventive dental visit in FFY 2017.[19]**

◆ **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.[20,21,22] As of December 31, 2018, there were 113,462 children enrolled in RIte Smiles.[23,24]**

◆ **The federal *Affordable Care Act* made pediatric dental benefits mandatory offerings in individual and small employer plans.[25] 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.[26]**

## 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, cumbersome administrative requirements, and patient-related issues (e.g., missed appointments and poor treatment compliance) 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.[27,28]

◆ Since RIte Smiles started in 2006, reimbursement rates have been raised for participating dental providers.[29] The number of dentists accepting qualifying children increased from 27 before RIte Smiles began to 90 at the launch of RIte Smiles.[30] In FY 2018, there were 309 unduplicated dentists in 195 practice locations participating in RIte Smiles.[31]

◆ General dentists and dental specialists who provide dental care to youth who do not qualify for the RIte Smiles program (currently between the ages of 18 and 21) continue to be reimbursed at the Medicaid fee-for-service reimbursement rate.[32] Medicaid reimbursement rates often lag behind fees charged by dental providers and private commercial rates, which reduces incentives for providers to treat children with Medicaid coverage. Rhode Island had the fifth lowest Medicaid fee-for-service reimbursement rate for pediatric dental services in the nation in 2016.[33]

## Consequences of Untreated Dental Disease

◆ Between 2013 and 2017, an average of 557 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually. Of these children and youth, 23% were ages five and under, 18% were ages six to 11, 17% were ages 12 to 17, and 42% were age 18-20.[34]

◆ Each year between 2013 and 2017 in Rhode Island, an average of 67 children under age 19 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 16 children per year under age 19 were hospitalized with an oral health condition as the primary reason for the hospitalization.[35]

*Note: Effective October 1, 2015, the International Classification of Disease (ICD) Codes changes from the 9th classification to the 10th classification, which may impact comparability across the years.*

## Importance of Early Dental Visits for Very Young Children

◆ Clinical recommendations are that children first visit the dentist before age one.[36] However, nearly three-quarters (74%) of babies in the U.S. have not seen the dentist by their first birthday.[37]

◆ There are too few dentists specially trained to treat very young children, and too few who accept RIte Smiles. Pediatric dentists are dentists with specialized training who work with infants and children through adolescence, including those with special health needs.[38,39]

◆ In 2017, 39% of Rhode Island children under age five with Medicaid coverage received any dental service, and 36% received a preventive dental service.[40]

◆ 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.[41]

◆ Primary care providers can conduct oral health risk assessment, refer for dental care, and provide preventive services, all of which can improve oral health outcomes.[42]

◆ 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.[43]

### References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