

Despite considerable progress in pediatric oral health care achieved in recent years, tooth decay remains one of the most preventable common chronic diseases of childhood. Tooth decay causes significant pain, loss of school days and may lead to infections and even death. CMS has been working with State and Federal partners as well the dental provider community, children's advocates and others to improve access to pediatric dental care for children eligible under Medicaid and the Children's Health Insurance Program (CHIP).

### Use of Dental Services by Children

According to data collected for CMS's Early Periodic and Screening, Diagnostic and Treatment (EPSDT) benefit, approximately 38 percent of Medicaid eligible children received a dental service in 2008 (see Table 1). While this is an improvement over the 27 percent of children who received a dental service in 2000, it remains below the Healthy People 2010 goal of 56 percent of children having a dental visit within a year. Importantly, however, 17 States had dental service utilization rates above the average rate in Medicaid. Likewise, the use of preventive dental services also varied by States, with 10 States having at least 40 percent of children receiving a preventive dental visit in 2008. These findings are an indication that some States have identified ways of overcoming the barriers they face in improving access to oral health services.

Data from the Medical Expenditure Panel Survey (MEPS) show Medicaid performance on access to dental services in a broader context.<sup>1</sup> One study found that a larger percent of children with public coverage had at least one dental visit in a year than children without any coverage. While promising, these rates are still below those of privately insured children. This study also was useful in identifying children who may have greater problems accessing dental services than other children. For example, younger children (ages 2-5) and children in households where English is not the primary language, were less likely to have a dental visit in a year than their respective counterparts.

### Challenges & Opportunities

The challenges to ensuring that Medicaid/CHIP eligible children receive the oral health services they are entitled to are varied. States note that enrolling sufficient dental providers and creating a dental home are continuing challenges. Administrative issues and low reimbursement rates are noted by providers as being a barrier to their participation in these programs.

To better understand how States are addressing these challenges, CMS reviewed eight States that were identified as having innovative practices and/or higher than average utilization rates.<sup>2</sup> From these reviews, we confirmed what we suspected: there is no "one size fits all" solution to improving access to dental services. In fact, it appears that States that use multiple activities-- including collaboration, reducing administrative barriers, and an increase in fees, have been able to improve access.

In addition to the barriers mentioned above by providers, children in Medicaid/CHIP may not have a dentist in their neighborhoods or lack transportation. They may face language barriers that make it difficult to access or receive services. Some families may not understand the importance of taking their children to a dentist for a check-up or of obtaining preventive care when there are no apparent problems. Moreover, some parents may not be aware that their children are eligible to receive dental services.

Despite the many challenges, opportunities do exist to improve access to oral health services for children. Some States are collaborating with State provider organizations, dental schools, health departments and others as a way of increasing access. Collaborations can be effective in educating dentists about Medicaid and CHIP programs, assisting them in enrolling as a provider in the program and helping the provider's staff navigate the unique Medicaid and CHIP administrative requirements such as confirming eligibility and filing claims. A number of States have increased provider rates as part of their strategies to increase children's oral health access, although fiscal conditions are an obstacle to many States increasing rates. In addition, working together to educate beneficiaries about the importance of oral health and reinforcing that message through multiple channels (e.g., Head Start programs) can provide States with opportunities to reach families and provide consistent information.

<sup>1</sup> "Findings on Children's Health Care Quality and Disparities." June 2009. Agency for Healthcare Research and Quality (AHRQ). <<http://www.ahrq.gov/qual/nhqrd09/nhqrdchild09.pdf>>28 September 2010.

<sup>2</sup> Innovative State Practices for Improving the Provision of Medicaid Dental Services: Summary of Eight State Reports (October 2010) <http://www.cms.gov/MedicaidDentalCoverage/>

**Fiscal Year 2008 Data Reported to CMS by States on Form CMS-416**

<b>State</b>	<b>Any dental service utilization</b>	<b>State</b>	<b>Preventive dental services utilization</b>	<b>State</b>	<b>Dental treatment services utilization</b>
Alabama	42%	Alabama	38%	Alabama	18%
Alaska	38%	Alaska	31%	Alaska	20%
Arizona	39%	Arizona	34%	Arizona	20%
Arkansas	34%	Arkansas	31%	Arkansas	30%
California	30%	California	25%	California	16%
Colorado	39%	Colorado	34%	Colorado	19%
Connecticut	37%	Connecticut	30%	Connecticut	15%
Delaware	34%	Delaware	30%	Delaware	16%
Dist of Columbia	34%	Dist of Columbia	29%	Dist of Columbia	14%
Florida	21%	Florida	14%	Florida	8%
Georgia	42%	Georgia	39%	Georgia	20%
Hawaii	42%	Hawaii	37%	Hawaii	26%
Idaho	56%	Idaho	46%	Idaho	30%
Illinois	38%	Illinois	35%	Illinois	15%
Indiana	41%	Indiana	37%	Indiana	20%
Iowa	46%	Iowa	39%	Iowa	19%
Kansas	39%	Kansas	36%	Kansas	18%
Kentucky	38%	Kentucky	32%	Kentucky	21%
Louisiana	33%	Louisiana	28%	Louisiana	17%
Maine	36%	Maine	34%	Maine	25%
Maryland	37%	Maryland	32%	Maryland	16%
Massachusetts	44%	Massachusetts	40%	Massachusetts	25%
Michigan	32%	Michigan	32%	Michigan	14%
Minnesota	37%	Minnesota	33%	Minnesota	17%
Mississippi	39%	Mississippi	32%	Mississippi	17%
Missouri	25%	Missouri	22%	Missouri	13%
Montana	26%	Montana	22%	Montana	13%
Nebraska	46%	Nebraska	42%	Nebraska	22%
Nevada	30%	Nevada	25%	Nevada	12%
New Hampshire	47%	New Hampshire	43%	New Hampshire	21%
New Jersey	33%	New Jersey	28%	New Jersey	18%
New Mexico	43%	New Mexico	38%	New Mexico	42%
New York	32%	New York	28%	New York	15%
North Carolina	44%	North Carolina	40%	North Carolina	19%
North Dakota	29%	North Dakota	23%	North Dakota	12%
Ohio	36%	Ohio	32%	Ohio	16%
Oklahoma	39%	Oklahoma	37%	Oklahoma	18%
Oregon	33%	Oregon	28%	Oregon	16%
Pennsylvania	27%	Pennsylvania	22%	Pennsylvania	13%
Rhode Island	46%	Rhode Island	43%	Rhode Island	21%
South Carolina	45%	South Carolina	42%	South Carolina	22%
South Dakota	38%	South Dakota	35%	South Dakota	15%
Tennessee	38%	Tennessee	34%	Tennessee	19%
Texas	49%	Texas	42%	Texas	25%
Utah	35%	Utah	34%	Utah	18%
Vermont	51%	Vermont	50%	Vermont	22%
Virginia	38%	Virginia	35%	Virginia	21%
Washington	45%	Washington	41%	Washington	20%
West Virginia	42%	West Virginia	36%	West Virginia	42%
Wisconsin	24%	Wisconsin	21%	Wisconsin	10%
Wyoming	37%	Wyoming	32%	Wyoming	19%
<b>National Average</b>	<b>38%</b>	<b>National Average</b>	<b>34%</b>	<b>National Average</b>	<b>19.0%</b>