Use of Dental Services in Medicaid and CHIP

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Full report
http://www.cms.gov/MedicaidCHIPQualPrac/Downloads/2011SQRC.pdf

Appendices
http://www.cms.gov/MedicaidCHIPQualPrac/Downloads/2011SQRCApp.pdf

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Despite considerable progress in pediatric oral health care in recent years, tooth decay remains one of the most common chronic diseases of childhood. Tooth decay can cause significant pain, loss of school days, infections and even death. CMS views oral health as inseparable from overall health, and dental care is an essential element of primary care for children. While all children enrolled in Medicaid and CHIP have coverage for dental services, ensuring access to these services remains a concern. In Medicaid, children's dental benefits are required through the EPSDT benefit. In CHIP, the children's dental benefit became mandatory in 2010 through CHIPRA.

The CMS has been working with its Federal and State partners, as well as the dental and medical provider communities, children's advocates and other stakeholders to improve access to pediatric dental care. To sustain the progress already achieved, and to accelerate further improvements, CMS released its national Oral Health Strategy in April 2011, which includes a range of activities that States and the Federal government can undertake to improve access.[1] Reflecting the importance of access to preventive dental services, the initial core set of children's health care quality measures includes two measures of the use of dental services.

The field of quality measurement in medicine is better established and more widespread than in dentistry. Currently, indicators of dental care access – information on the frequency and broadly defined type of services children receive (e.g., preventive or treatment services) – are the primary quality measures used in dentistry. While this is not ideal, it is a place to start. For example, States can learn important information about their oral health services examining the percentages of children receiving dental services.

The EPSDT CMS-416, the annual EPSDT report, is a key source of data on children's use of oral health services in Medicaid/CHIP. It includes data from all States and the District of Columbia for children enrolled in Medicaid, as well as for children covered by CHIP in the 34 States in which CHIP is implemented in whole or in part through a Medicaid expansion.

To examine Medicaid/CHIP program performance nationwide and at the State level, the 2011 Secretary's Report uses two indicators based on the CMS-416 report: 1) percentage of children who received any dental service in the past year; and 2) percentage of children who received a preventive dental service in the past year. This report examines data on both measures as well as how performance changed between 2000 and 2009.[2]

A Record of Improvement

Data collected by CMS show a clear record of improved children's access to dental care in Medicaid/CHIP. Approximately 40 percent of children in Medicaid received a dental service in 2009, reflecting a nearly 50 percent increase over the 27 percent of children who received a dental service in 2000 (Table 1). Use of preventive dental services also increased substantially over the same period, with 35 percent of children enrolled in Medicaid receiving a preventive dental service

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[1] www.cms.gov/MedicaidDentalCoverage/Downloads/5_CMSDentalStrategy04112011.pdf

[2] For the 17 States (AL, AZ, CO, CT, GA, KS, MS, NV, NY, OR, PA, TX, UT, VT, WA, WV, WY) where CHIP is implemented separately from the Medicaid program, CMS collects similar oral health data in CARTS. Information from those States on use of dental services by children in CHIP will be available in the 2012 Secretary's Report.

in 2009. This proportion reflected a 61 percent increase over the 21 percent of children receiving a preventive dental service in 2000 (Table 2).

States also vary in the gains they have achieved since 2000. The 13 States in the top quartile of performance had gains ranging from a two-fold increase in the percent of children receiving a dental service in New Mexico to a more than three-fold increase in Maryland (Table 1). In the bottom quartile, were 13 States with gains up to 26 percent to a decline of 20 percent. Of the States with the smallest rate of improved access between 2000 and 2009, three States (NE, VT and WA) were among the top performers on this measure in 2009 with access rates above 46 percent.

These improvements in access occurred during a time period when the number of children enrolled in Medicaid/CHIP and eligible for EPSDT, as reported on the CMS-416, grew from 23.5 million to 33.8 million. The increase in percentage of children receiving a dental service during a period of enrollment growth gives an indication that the dental provider capacity serving children in Medicaid/CHIP expanded during this time. While these improvements are impressive, they remain below the Healthy People 2010 goal of 56 percent of children and adults having a dental visit within a year.[3]

These national numbers mask considerable variation in performance among States. A review of State-specific data on the indicators revealed:

- Receipt of Any Dental Service: The 13 States (AR, CO, IA, ID, MA, NC, NE, NH, NM, SC, TX, VA, and WA) in the top quartile of performance in children receiving a dental service, had performance ranging from 46 percent to 62 percent of children receiving a dental service in 2009 (Figure 1).

- Receipt of Preventive Dental Service. The 13 States (AL, AR, ID, IA, MA, NC, NE, NH, NM, SC, TX, VT, and WA) in the top quartile of performance in children receiving a preventive dental service had performance ranging from 42 percent to 53 percent of children receiving a service in 2009 (Figure 2).

Through the CMS Oral Health Initiative and implementation of the Oral Health Strategy, CMS is working with States to help them continue to improve access to oral health care for Medicaid- and CHIP-enrolled children. Our goal is to increase children's utilization of preventive dental services by at least 10 percentage points nationally by 2015. In addition, we are partnering with the American Dental Association to develop new oral health quality measures focused more on clinical quality and on achieving and measuring improved oral health outcomes. Future reports will include updates as to these new measures.

[3] This report uses the Healthy People (HP) 2010 goal as the benchmark since data were collected in FFY 2009. HP has lowered its goals for 2020. http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32 . Information on the HP 2010 goals can be obtained through the HP archives. http://www.healthypeople.gov/2010/document/html/objectives/21-10.htm

Table 1. Percentage of Children Receiving Any Dental Service, FFY 2000 and 2009

State	2000	2009	Percent Change 2000-2009
Maryland	11%	39%	256%
Oklahoma	15%	42%	172%
North Dakota	13%	33%	162%
Arkansas	19%	47%	151%
Idaho	27%	62%	133%
New Jersey	17%	38%	123%
Alabama	21%	45%	117%
Nevada	17%	37%	117%
North Carolina	22%	47%	115%
Virginia	19%	41%	115%
Kansas	20%	40%	105%
Arizona	21%	43%	104%
New Mexico	23%	46%	101%
Mississippi	22%	41%	87%
Delaware	21%	37%	81%
South Dakota	24%	42%	78%
Georgia	21%	38%	77%
South Carolina	28%	47%	66%
District of Columbia	24%	40%	63%
Illinois	26%	42%	61%
Michigan	21%	33%	61%
New Hampshire	31%	50%	59%
Pennsylvania	21%	34%	59%
Iowa	32%	50%	56%
Massachusetts	31%	47%	51%
Louisiana	26%	38%	48%
Tennessee	28%	42%	48%
Hawaii	28%	41%	47%
Indiana	29%	43%	47%
Missouri	19%	27%	47%
Texas	37%	54%	45%
Colorado	34%	49%	44%
New York	25%	35%	39%
Utah	27%	37%	38%
Oregon	26%	35%	34%
Wisconsin	20%	27%	32%
Wyoming	30%	39%	32%
West Virginia	33%	43%	30%
Rhode Island	34%	43%	26%
Connecticut	31%	39%	25%
Minnesota	32%	38%	20%
California	30%	35%	19%
Vermont	45%	53%	16%
Alaska	34%	38%	14%
Montana	24%	27%	12%
Washington	43%	48%	11%
Kentucky	33%	37%	10%
Maine	35%	37%	5%
Ohio	39%	39%	0%
Florida	23%	23%	-1%
Nebraska	60%	48%	-20%
National Average	27%	40%	47%

Notes: All children, ages 0-20, with any period of enrollment. Percent change calculated using unrounded numbers. Shading denotes quartiles based on percent change between FFY 2000 and 2009.

Source: EPSDT CMS Form 416

Table 2. Percentage of Children Receiving Preventive Dental Service, FFY 2000 and 2009

State	2000	2009	Percent Change 2000-2009
Utah	7%	37%	449%
Maryland	8%	34%	342%
Oklahoma	12%	39%	214%
North Carolina	15%	44%	199%
Arkansas	16%	45%	182%
Delaware	12%	34%	182%
Kansas	14%	38%	174%
North Dakota	10%	27%	173%
Idaho	20%	53%	162%
Alabama	17%	42%	147%
Virginia	16%	38%	137%
South Carolina	19%	44%	133%
Arizona	16%	37%	132%
New Jersey	14%	33%	128%
New Mexico	18%	42%	126%
New York	15%	31%	115%
Kentucky	15%	31%	110%
District of Columbia	17%	36%	109%
South Dakota	20%	38%	94%
Nevada	16%	31%	91%
Mississippi	19%	35%	86%
Georgia	19%	35%	85%
Michigan	18%	33%	82%
Iowa	25%	44%	76%
Pennsylvania	17%	29%	73%
Tennessee	22%	37%	73%
New Hampshire	27%	46%	70%
Louisiana	21%	34%	60%
Massachusetts	27%	43%	57%
Oregon	19%	29%	57%
Illinois	25%	40%	56%
Indiana	25%	39%	56%
Wyoming	23%	35%	54%
Connecticut	23%	34%	48%
Missouri	17%	24%	46%
Wisconsin	16%	24%	45%
Rhode Island	28%	40%	43%
West Virginia	27%	38%	39%
Texas	32%	44%	38%
Hawaii	26%	35%	33%
Colorado	28%	37%	32%
Vermont	40%	52%	29%
Montana	19%	24%	28%
Minnesota	27%	34%	26%
Ohio	27%	34%	26%
California	23%	29%	24%
Alaska	27%	32%	20%
Washington	41%	45%	9%
Maine	32%	35%	8%
Florida	19%	14%	-25%
National Average	21%	35%	61%

Notes: All children, ages 0-20, with any period of enrollment. Percent change calculated using unrounded numbers. Shading denotes quartiles based on percent change between FFY 2000 and 2009.

Source: EPSDT CMS Form 416.

Figure 1. Geographic Variation in the Percentage of Children Receiving Any Dental Service, FFY 2009

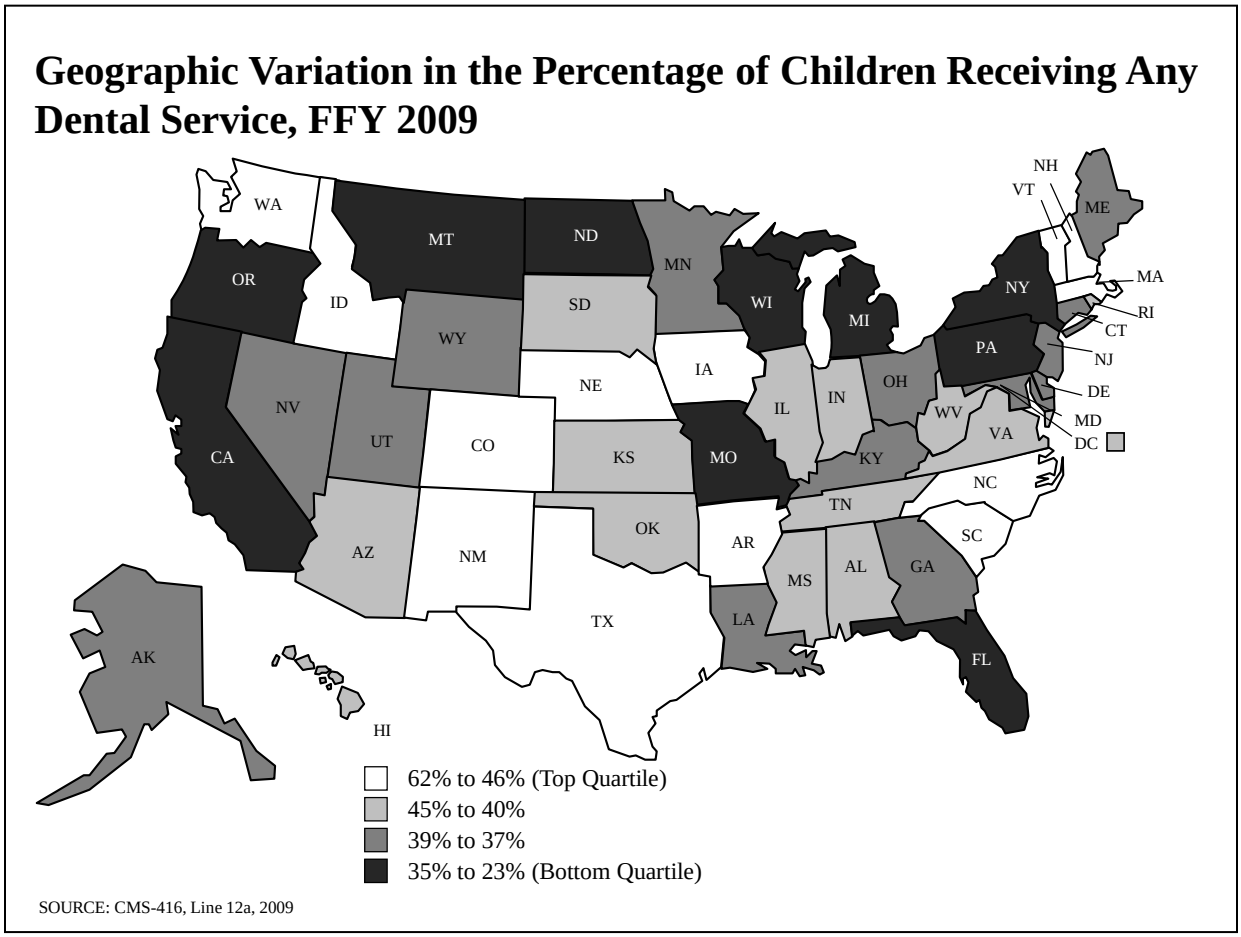

Figure 2. Geographic Variation in the Percentage of Children Receiving Preventive Dental Services, FFY 2009