



## Dental Care Utilization Up Slightly in HUSKY A: More children received care in FFY 2002

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This report is the sixth annual summary of dental care utilization in HUSKY A (Medicaid managed care) issued by the Children's Health Council.<sup>1</sup>

**PURPOSE:** To describe dental care utilization (any care, preventive care, treatment) by children enrolled in HUSKY A in FFY 2002, to identify factors associated with utilization, and to identify utilization trends that suggest changes in access to care.

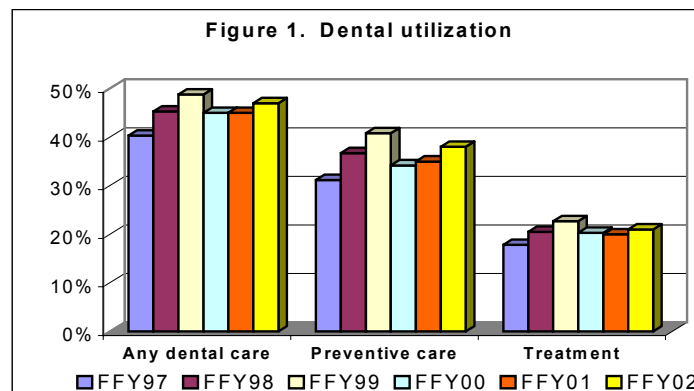
**METHODS:** Using HUSKY A enrollment data from the Department of Social Services, children 3 to 19 who were continuously enrolled between October 1, 2001 and September 30, 2002, were identified. Encounter data were searched for records corresponding to dental care these children received during that year.<sup>2</sup> Utilization rates were calculated by comparing the number of children with at least one service to the number of children who were continuously enrolled and eligible for services.<sup>3, 4</sup>

**RESULTS:** There were 120,193 children continuously enrolled in HUSKY A during the study period, up from 104,470 in the previous year. The percentages of children who received any dental care, preventive care, and treatment, increased slightly over previous years (Figure 1).

Overall, 47% of children had any dental care in the one-year period, slightly up from the previous year (45%). The increased rate among a larger number of continuously enrolled children means that more than 10,000 additional children received dental services in 2001-02.

**Preventive care:** Overall, 38% of children had at least one preventive dental care visit, up from 35% the previous year (Table 1). Just 12% of children 3 to 19 had two or more visits for preventive care in the one-year period, as recommended by dental and pediatric care providers and required under Connecticut's EPSDT periodicity schedule.

**Treatment:** In FFY 2002, 21% of children received any dental treatment, essentially unchanged from 20% in the previous year (Table 1). Nine percent of children with any dental treatment had two or more visits.



**COMPARISON TO NATIONAL DATA:** Pediatric dental utilization varies, depending on the source of the information. The 1988-94 National Health and Nutrition Examination Survey showed that 68% of children 2-18 had had any dental visit in the past year.<sup>5</sup> Analysis of 1998 Medical Expenditure Survey data showed that 42% of children <18 had at least one dental visit that year, including 50% of privately insured children, 27% of those with publicly funded coverage, and 20% of uninsured children.<sup>6</sup> Parents who participated in the 1999 National Survey of America's Families reported that 79% of nearly 36,000 children <18 had had at least one dental visit in the previous year.<sup>7</sup> According to their parents, 85% of children with private insurance, 75% of publicly insured children, and 50% of uninsured children had had at least one dental visit in the past year.

### CONCLUSION:

- ◆ While dental care utilization in FFY 2002 increased just slightly over the previous year, the number of children served increased significantly.

**Table 1. Dental Care Utilization in HUSKY A: FFY 2002 and rates for previous year**

		FFY 2002		FFY 2001	
		Preventive care	Treatment	Preventive care	Treatment
<b>Total</b>		<b>38%</b>	<b>21%</b>	<b>35%</b>	<b>20%</b>
<b>Gender:</b>	<b>Female</b>	<b>39%</b>	<b>21%</b>	<b>36%</b>	<b>21%</b>
	<b>Male</b>	<b>38%</b>	<b>20%</b>	<b>35%</b>	<b>20%</b>
<b>Age:</b>	<b>3-5</b>	<b>35%</b>	<b>11%</b>	<b>37%</b>	<b>13%</b>
	<b>6-8</b>	<b>47%</b>	<b>23%</b>	<b>42%</b>	<b>21%</b>
	<b>9-11</b>	<b>46%</b>	<b>24%</b>	<b>41%</b>	<b>22%</b>
	<b>12-14</b>	<b>38%</b>	<b>24%</b>	<b>34%</b>	<b>23%</b>
	<b>15-19</b>	<b>28%</b>	<b>21%</b>	<b>24%</b>	<b>20%</b>
<b>Race/ethnicity:</b>	<b>White</b>	<b>39%</b>	<b>21%</b>	<b>36%</b>	<b>21%</b>
	<b>Black</b>	<b>36%</b>	<b>19%</b>	<b>33%</b>	<b>18%</b>
	<b>Hispanic</b>	<b>40%</b>	<b>21%</b>	<b>37%</b>	<b>22%</b>
	<b>Asian</b>	<b>40%</b>	<b>24%</b>	<b>40%</b>	<b>24%</b>
<b>Language:</b>	<b>English</b>	<b>38%</b>	<b>20%</b>	<b>35%</b>	<b>20%</b>
	<b>Spanish</b>	<b>43%</b>	<b>22%</b>	<b>40%</b>	<b>23%</b>
<b>County:</b>	<b>Fairfield</b>	<b>36%</b>	<b>20%</b>	<b>32%</b>	<b>19%</b>
	<b>Hartford</b>	<b>40%</b>	<b>21%</b>	<b>36%</b>	<b>21%</b>
	<b>Litchfield</b>	<b>42%</b>	<b>25%</b>	<b>41%</b>	<b>25%</b>
	<b>Middlesex</b>	<b>36%</b>	<b>19%</b>	<b>34%</b>	<b>18%</b>
	<b>New Haven</b>	<b>37%</b>	<b>20%</b>	<b>36%</b>	<b>20%</b>
	<b>New London</b>	<b>39%</b>	<b>23%</b>	<b>44%</b>	<b>23%</b>
	<b>Tolland</b>	<b>30%</b>	<b>17%</b>	<b>23%</b>	<b>14%</b>
	<b>Windham</b>	<b>37%</b>	<b>20%</b>	<b>36%</b>	<b>20%</b>
<b>Health plan:<sup>4</sup></b>	<b>BlueCare</b>	<b>37%</b>	<b>20%</b>	<b>35%</b>	<b>20%</b>
	<b>Community Health Network</b>	<b>41%</b>	<b>22%</b>	<b>41%</b>	<b>24%</b>
	<b>Health Net</b>	<b>39%</b>	<b>21%</b>	<b>33%</b>	<b>19%</b>
	<b>First Choice</b>	<b>36%</b>	<b>19%</b>	<b>36%</b>	<b>20%</b>

<sup>1</sup> The Children's Health Council was created by the Connecticut General Assembly in 1995 and charged with evaluating the impact of Medicaid managed care on children's health services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The Children's Health Council monitors children's health services under a contract with the Connecticut Department of Social Services and with support from the Hartford Foundation for Public Giving.

<sup>2</sup> Preventive care: ADA codes 01000-01999, HCFA Common Procedure Codes (HCPC) D1000-D1999. Treatment: ADA codes 02000-09999, HCPC codes D2000-D9999. Any care: ADA codes 0100-09999, HCPC codes D100-D9999. In Connecticut, codes with "D" appended to rather than preceding the numeric code are also recognized as children's dental services and were also counted. For a detailed report, contact the Children's Health Council.

<sup>3</sup> The EPSDT periodicity schedule calls for preventive care every six months, beginning with an initial referral for care at 2 years of age. As in previous years, utilization in this report refers to whether a child 3 to 19 received at least one service during the one-year period.

<sup>4</sup> Health plans (dental services subcontractors): BlueCare (DBP), CHN (Benecare), Health Net (Doral), First Choice (Benecare).

<sup>5</sup> Vargas CM, Ronzio CR. Relationship between children's dental needs and dental care utilization: United States, 1988-94. *AJPH*, 2002; 92(11): 1816-1821.

<sup>6</sup> Elixhauser A et al. Health care for children and youth in the United States: 2001 annual report on access, utilization, quality, and expenditures. *Ambulatory Pediatrics*, 2002; 2(6): 419-437.

<sup>7</sup> Yu SM, Bellamy HA, Kogan MD, Dunbar JL, Schwalberg RH, Schuster, MA. Factors that influence receipt of recommended preventive pediatric health and dental care. *Pediatrics*, 2002; 110(6). <http://.pediatrics.org/cgi/content/full/110/6/e73>.