

HUSKY A Provides Dental Care For More Children in 2003 by Mary Alice Lee, PhD

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This report is the seventh annual summary of dental care utilization in HUSKY A (Medicaid managed care) issued by the Children's Health Council through 2003 and by Connecticut Voices for Children in 2004.¹

Purpose

To describe dental care utilization by children enrolled in HUSKY A in calendar year (CY) 2003 and to identify trends and factors associated with utilization that suggest changes in access to care.

Methods

Using HUSKY A enrollment data from the Department of Social Services, children ages 3 to 19 years who were continuously enrolled between January 1 and December 31, 2003² were identified. Encounter data were searched for records corresponding to dental care services that these children received during that year.³ Utilization rates were calculated by comparing the number of continuously enrolled children who received at least one dental service to the total number of children who were continuously enrolled that year. According to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for preventive care, children in this age group should receive preventive dental care services every six months.⁴

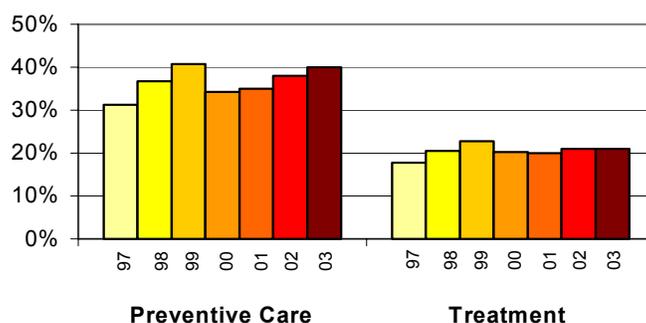
Results

There were 140,728 children ages 3 to 19 years continuously enrolled in HUSKY A in 2003, up 17% from 120,193 children in the previous monitoring period (FY2002).

Utilization: Overall, 47% of enrolled children had *any* dental care in CY2003, a rate that is unchanged from the previous year.

Forty percent of children received at least one *preventive* dental care service in CY2003, up from 38% the

Figure 1. Dental Care in HUSKY A, 1997-2003



previous year (Table 1). This improvement marks a continued, significant increase in the percent of children receiving preventive services each year since 2000. In each of the past two years, the number who received preventive care increased by over 9,000 children. Most of these children had only one preventive dental care visit; only 13% of children ages 3 to 19 years received at least two preventive dental care services in CY2003, as recommended.

Twenty-one percent of children enrolled in HUSKY A received dental *treatment* services in CY2003, unchanged from the previous year. Nine percent of children had two or more visits for treatment.

Factors Associated with Utilization: Four factors were associated with the utilization of preventive dental care services through HUSKY A in CY2003: age, residence, ethnicity, and managed care plan. Specifically, preventive dental care rates were significantly higher for: children ages 6 to 11 years than for younger or older children; children living in Hartford compared with those residing in other cities and towns; and Hispanic children compared with children of other racial and ethnic backgrounds. Also, preventive service utilization was significantly lower among children enrolled in First Choice, compared with those enrolled in other managed care plans.

Conclusions

- HUSKY A is serving the dental needs of a growing number of children, especially children who are Hispanic, ages 6 to 11 years, or living in Hartford.
- Despite continued improvements in dental care utilization rates, fewer than half of the enrolled children who are eligible for preventive dental care

services through HUSKY A actually received these services.

- Dental care utilization under HUSKY A should be monitored to measure the success of efforts to improve utilization, as well as to identify new barriers to utilization in this population.

Table 1. Dental Care Utilization by Children continuously enrolled in HUSKY A: CY2003 and FY2002

		CY2003		FY2002	
		Preventive care	Treatment	Preventive care	Treatment
Total		40%***	21%	38%	21%
Gender:	Female	40%***	22%	39%	21%
	Male	39%***	20%	38%	20%
Age:	3-5	37%***	12%	35%	11%
	6-8	49%***	24%	47%	23%
	9-11	48%***	24%	46%	24%
	12-14	40%**	24%	38%	24%
	15-19	28%	21%	28%	21%
Race/ethnicity:	White	39%	21%	39%	21%
	Black	38%***	19%	36%	19%
	Hispanic	43%***	21%	40%	21%
	Asian	43%*	26%	40%	24%
Language:	English	39%***	21%	38%	20%
	Spanish	45%***	22%	43%	22%
Residence:	Bridgeport	39%***	21%	35%	21%
	Hartford	47%***	23%	41%	22%
	New Haven	35%	21%***	35%	19%
	Other towns	39%	20%	39%	20%
Managed care plan:	BlueCare (DBP)	39%***	20%	37%	20%
	Community Health Network (Benecare)	41%	21%	41%	22%
	Health Net (Doral)	40%**	22%	39%	21%
	First Choice (Benecare)	36%	18%	36%	19%
	Changed plans	42%	22%	41%	22%

Note: Utilization rate in 2003 is significantly higher than rate for 2002 (*) p<.001 ** p<.01 * p<.05)**

¹ Connecticut Voices for Children is a non-profit organization that conducts research and policy analysis on children's issues. This report on dental care utilization was prepared under a contract with the Connecticut Department of Social Services and a grant from the Hartford Foundation for Public Giving. Performance monitoring in HUSKY A builds on work begun by the Children's Health Council, which was created in 1995 and charged with evaluating the impact of Medicaid managed care on children's health services.

² In 2003 the time frame for the collection and analysis of HUSKY A data was changed from a Fiscal Year (FY, October 1 through September 30) to a Calendar Year (CY, January 1 through December 31).

³ 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 recognized as children's dental services and were also counted. For a detailed report on the methods and results, visit the web site for Connecticut Voices for Children (www.ctkidslink.org) and click on "Publications."

⁴ During 2003, the following dental care plans managed dental services for participating managed care plans: DBP (BlueCare Family Plan), Benecare (Community Health Network, First Choice), and Doral (Health Net).