

Dental Care for Children in HUSKY A: 2004

September 2005

This report is the eighth 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 2005.¹

PURPOSE

To describe dental care utilization by children enrolled in HUSKY A in 2004, to describe utilization trends, and to identify factors that suggest differential access to care.

METHODS

Using HUSKY A enrollment data from the Connecticut Department of Social Services (DSS), children ages 3 to 19 years who were continuously enrolled between January 1 and December 31, 2004 were identified. Encounter data were searched for records corresponding to dental care services that these children received during that year.² 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.

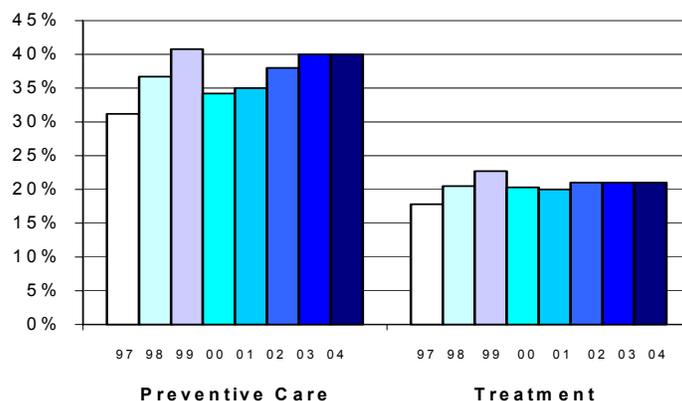
According to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for preventive care, children in HUSKY A should receive preventive dental care services every six months and all necessary dental treatment.³ Under contracts with DSS, HUSKY A managed care plans and their respective dental care subcontractors are responsible for maintaining adequate provider networks and helping families get dental care for their children.

RESULTS

There were 146,598 children ages 3 to 19 years continuously enrolled in HUSKY A in 2004.

Utilization: Overall, just 47 percent of children 3 to 19 had any dental care in 2004, a rate that is unchanged from the previous year.

Figure 1. Dental Care in HUSKY A, 1997-2004



Forty percent of children received at least one preventive dental care service in 2004, unchanged from the previous year (Table 1). This rate marks the end of a steadily increasing percentage of children receiving preventive services each year since 2000 (Figure 1). Only 13 percent of children received two or more preventive dental care services in 2004, as recommended by dental care professionals and required under EPSDT in Connecticut.

Twenty-one percent of children received dental treatment services in 2004, unchanged from the previous year. Nine percent of children had two or more visits for treatment.

Factors Associated with Preventive Care

Five factors were associated with the utilization of preventive dental care services in 2004: age, race/ethnicity, primary language, residence, and managed care plan. Specifically, preventive dental care rates were significantly higher for children ages 6 to 8 compared with younger or older children; for Hispanic and other children compared with White children or African American children; for children in non-English speaking families; and for children living in Hartford compared with those residing in other cities and towns. Children enrolled in Community Health

Network and Health Net had the highest utilization rates. Between 2003 and 2004, preventive care utilization increased significantly among children in Preferred One.

CONCLUSIONS

- Less than half of children who are eligible for preventive dental care services through HUSKY A actually received these required services in 2004.

- Dental care utilization did not increase in 2004, marking an end to preventive care and treatment improvements in recent years.
- Now that plans to carve-out dental care have been rescinded, DSS should work with HUSKY A managed care plans, the Department's external quality review contractor, dental care providers, policy makers, and others to develop a multi-faceted approach to improving access to dental care.

Table 1. Dental Care Utilization by Children in HUSKY A: 2004 and 2003

		PREVENTIVE CARE		TREATMENT	
		2004	2003	2004	2003
Total		40%	40%	21%	21%
Gender:	Female	41%	40%	22%	22%
	Male	39%	39%	20%	20%
Age:	3-5	38%	37%	13%	12%
	6-8	49%	49%	24%	24%
	9-11	48%	48%	24%	24%
	12-14	40%	40%	24%	24%
	15-19	28%	28%	21%	21%
Race/ethnicity:	White	39%	39%	21%	21%
	Black	38%	38%	19%	19%
	Hispanic	43%	43%	22%	21%
	Other children	43%	43%	25%	26%
Language:	English	39%	39%	21%	21%
	Spanish	45%	45%	23%	22%
Residence:	Bridgeport	40%	39%	23%*	21%
	Hartford	47%	47%	23%	23%
	New Haven	35%	35%	20%	21%
	Other towns	39%	39%	21%	20%
Managed care plan (dental subcontractor):					
	BlueCare (DBP)	39%	39%	20%	20%
	Community Health Network (Benecare)	42%	41%	22%	21%
	Health Net (Doral)	41%	40%	22%	22%
	Preferred One (Benecare)	39%*	36%	20%	18%
	Children who changed plans	41%	42%	22%	22%

Note: 146,598 children 3-19 were continuously enrolled in 2004; 140,728 were continuously enrolled in 2003.

Utilization rate in 2004 is significantly higher than rate for 2003 (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. This report was prepared under the direction of Mary Alice Lee, Ph.D., Senior Policy Fellow. A detailed report on methods and results is available at www.ctkidslink.org.

² 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.

³ In accord with professional guidelines, the EPSDT schedule calls for an initial dental visit at 2 years of age; however, very few children (5% or less in recent years) receive any dental care prior to 3 years of age.