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RItE Smiles Evaluation Report

Trends from 2002-2008

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EXECUTIVE SUMMARY

The Rhode Island RItE Smiles program is designed to increase access to preventive dental services, promote the development of good oral health behaviors, decrease the need for restorative and emergency dental care and in the long run decrease Medicaid expenditures for oral health care. Two goals of the RItE Smiles Program investigated in this report are: 1) to increase the number of Children on Medicaid who receive dental services, and 2) to shift the types of dental services these children receive to more preventive care and less restorative care. **In its first two years of operation, the RItE Smiles Program has achieved these goals.**

RItE Smiles Goal: To Increase the Number of Children on Medicaid Who Receive Dental Services

By SFY05, due to the impact of the Oral Health Access Project, the number and percent of Children on Medicaid who had an annual dental visit had begun to increase. With the implementation of RItE Smiles at the beginning of SFY07, these increases became more significant. **Over 50% of the increase in the number of Children on Medicaid under age seven who had at least one dental visit a year from SFY02 to SFY08 occurred from SFY06 to SFY08, the year before to the year after the implementation of RItE Smiles.**

By SFY06, at the completion of the Oral Health Access Project, the number of dental visits per year as well as the annual dental visit rate for Children on Medicaid under age seven had begun to increase. These increases became more significant after the implementation of RItE Smiles in SFY07. **From SFY06 to SFY08, the year before to the year after RItE Smiles implementation, the number of annual dental visits increased 49.1% (from 23,375 to 34,845 visits) and the annual dental visit rate per 1,000 Children on Medicaid increased 51.6% (from 630 to 955 visits per 1,000).** The greatest increases were among the under age four group.

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RItE Smiles Goal: To shift the types of dental services Children on Medicaid receive to more preventive care and less restorative care

It is expected by providing access to oral health care for those with previously unmet dental care needs, there would at first be an increase not only in the provision of preventive dental care services but also and possibly a larger increase in the provision of restorative dental care services. With the provision of regular preventive dental services, future need for restorative and emergency dental care services should lessen.

By SFY05, due to the impact of the Oral Health Access Project, the percent of Children on Medicaid under age seven with at least one preventive dental visit a year and with at least one restorative dental visit a year had begun to increase. After the implementation of RItE Smiles in 2007, the annual percent of children with a preventive and a restorative dental visit increased more significantly.

Calculating three-year moving averages of the percent of Children on Medicaid with annual preventive and restorative dental visits smooth out yearly changes and indicate that from SFY02 to SFY08 the increase in the percent of children with a preventive dental visit has been greater in magnitude than has the increase in the percent of children with a restorative dental visit.

From SFY07 to SFY08, from the first to the second year of RItE Smiles implementation, the percent change in the number of Children on Medicaid under age seven with at least one preventive dental visit in a year increased by 10.4% whereas the percent change in the number of Children on Medicaid with at least one restorative dental visit in a year increased by only 3.8%. This was the first time since about SFY05 that the percent increase for preventive dental visits was greater than that for restorative dental visits.

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Oral Health Indicators for Children with Special Health Care Need (CSHCN)

From SFY05 to SFY08, the percent of Children on Medicaid under age seven with at least one annual dental visit a year as well as their annual dental visit rate increased for all five Children with Special Health Care Need (CSHCN) groups – RItE Care, SSI, Foster Care, Adoption Subsidy and Katie Beckett children. The percent of children with an annual preventive dental visit also increased for each CSHCN group and the percent of children with an annual restorative dental visit increased for four of the five CSHCN groups.

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BACKGROUND

Oral Health Care in Rhode Island

Government Studies and Reports

In May 2000, the Surgeon General of the United States released the report *Oral Health in America*¹ which focused public attention on the importance of oral health. The report states that oral health is “integral” to general health, impacting positive childhood development, adult workplace productivity, and quality of life for older adults.

From November 2000 to May 2001, the *Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for all Rhode Island Residents*², chaired by Rhode Island Senator Elizabeth H. Roberts, convened to seek solutions to the problem of limited access to oral health services for low income Rhode Islanders. With respect to Children on Medicaid, the Commission report states: ‘Under the federal Medicaid law, low-income children through age 20 in Rhode Island are entitled to dental care; however, as in most states, these individuals have significant difficulty receiving needed care’.

Among other recommendations, and specific to the Medicaid Program, the Commission recommended: 1) pursuing funding through state, federal, and other sources to increase Medicaid reimbursement rates for community dental providers and hospital-based dental centers to increase capacity and utilization by underserved populations; 2) reviewing program operations seeking opportunities for administrative simplification, expansion of coverage, and enhancement of access and outreach activities; and 3) reviewing the effect of actions taken to improve access and quality of care for the underserved populations.

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Foundation Involvement

In April 2002, the Robert Wood Johnson Foundation issued a Call for Proposal: State Action for Oral Health Access³. This Initiative was a three-year six-million dollar competitive grant program designed to test innovative, comprehensive state approaches to improving access to oral health services for low-income, minority and disabled populations served through Medicaid, the State Children's Health Insurance Project (SCHIP), and the public health system⁴. The Center for Health Care Strategies would manage the grant offering technical assistance and guidance to grantees.

To be eligible to apply, states had to have already made significant improvement to oral health care for Medicaid and SCHIP populations, including increasing reimbursement rates, streamlining administrative and billing procedure, and conducting patient outreach and compliance activities. Through the earlier efforts of the Commission, Rhode Island had already begun work toward making improvements in oral health care.

The Rhode Island Oral Health Access Project

In January 2003, Rhode Island was awarded one of six Oral Health Access Grants. The Rhode Island Oral Health Access Project was a unique partnership among the Rhode Island Department of Human Services (which houses the Medicaid Program), the Rhode Island Foundation, and Rhode Island KIDS COUNT. One of the three components of the Rhode Island Oral Health Access Project was for the Rhode Island Department of Human Services to restructure the Medicaid dental benefit from a fee-for-service benefit to one that is offered through a Dental Benefits Manager (DBM)⁵.

In September 2006, the Rhode Island Medicaid Program implemented the DBM program, RItE Smiles. This report presents oral health indicators measuring the impact of the first two years of the RItE Smiles program.

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Cited References

- ¹ *Oral Health in America: A Report of the Surgeon General*. National Institute of Dental and Craniofacial Research, National Institutes of Health, U.S. Department of Health and Human Services, Rockville, MD, May 2000.
- ² *The Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for All Rhode Island Residents*, Senator Elizabeth H. Roberts, Chair, November 2001.
- ³ *Call for Proposals: State Action for Oral Health Access*, Robert Wood Johnson Foundation, 2002.
- ⁴ *Closing the Gap: Improving Access to Dental Care in Rhode Island*, A Report of the Rhode Island Oral Health Access Project, Rhode Island KIDS COUNT, 2006.
- ⁵ *Access to Dental Care for Children in Rhode Island*, Rhode Island KIDS COUNT Issue Brief, October 2004.

Additional References of Interest

- The Dental Safety Net in Rhode Island*, Rhode Island KIDS COUNT Special Report, June 2006.
- Catalyzing Improvements in Oral Health Care: Best Practices from the State Oral Action for Health Access Initiative*, Center for Health Care Strategies, August 2006.

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THE RITE SMILES PROGRAM

The Rhode Island RItE Smiles program was designed to improve access to dental care for Rhode Island Children on Medicaid. Specifically, the RItE Smiles program is designed to increase access to preventive dental services, promote the development of good oral health behaviors, decrease the need for restorative and emergency dental care and in the long run decrease Medicaid expenditures for oral health care.

To achieve these goals, Rhode Island transitioned from functioning simply as a payer of services to becoming a purchaser of a new oral health delivery system, a dental benefits manager (DBM) program provided by UnitedHealthcare Dental. Among other responsibilities, the DBM program was charged with: 1) increasing reimbursement rates paid to private dentists, 2) ensuring there are enough dentists who participate in the network, and 3) assisting members with finding dentists.

RItE Smiles was implemented on September 1, 2006. Children born on or after May 1, 2000 are eligible to enroll in RItE Smiles. Once enrolled, a child does not age out of the program.

The two of the goals of the RItE Smiles Program investigated in this report are:

- to increase the number of Children on Medicaid who receive dental services, and
- to shift the types of dental services these children receive to more preventive care and less restorative care.

DRAFT METHODS

Study Population

In this evaluation, we include Children on Medicaid (RItE Care, RItE Share and fee-for-service Medicaid) under age seven for state fiscal years 2002 through 2008. RItE Smiles was implemented on September 1, 2006 with children born on or after May 1, 2000 being eligible for the program. Thus children under age seven were immediately eligible to enroll in the program. In this evaluation, we present statistics for eligible Medicaid children: 1) under age seven, 2) under age four – those children likely not to be enrolled in school programs, and 3) ages four to six - those children possibly enrolled in pre-school, kindergarten and first grade.

CHILDREN ON MEDICAID UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Number of Average (FTE) Eligibles	35,712	36,453	37,174	37,373	37,108	36,718	36,498
Children Under Age 4	21,249	21,647	22,033	22,121	22,006	21,876	21,984
Children Ages 4 to 6	14,463	14,806	15,141	15,252	15,102	14,842	14,514

In this evaluation, we also present statistics for the five Children with Special Health Care Need (CSHCN) groups which comprise the study population – RItE Care, Foster Care, SSI, Adoption Subsidy, and Katie Beckett.

CHILDREN ON MEDICAID UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07	SFY08
Number of Average (FTE) Eligibles	35,712	36,453	37,174	37,373	37,108	36,718	36,498
RItE Care	33,078	33,733	34,484	34,671	34,308	33,792	33,657
Foster Care	600	636	622	671	764	852	817
SSI	1,129	1,137	1,137	1,166	1,190	1,196	1,160
Adoption Subsidy	532	494	505	467	439	469	466
Katie Beckett	373	453	426	398	407	409	398

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Study Period

In January 2003 Rhode Island began work on the Oral Health Access Project and in September 2006 the RIte Smiles Program was implemented. This evaluation presents statistics for state fiscal years 2002 through 2008 so that trends in the provision of oral health care services can be identified throughout the period in which oral health care became and was actively a focus of attention in Rhode Island. These statistics document the impact of both the Oral Health Access Project and the RIte Smiles Program.

Oral Health Indicators

To measure progress toward meeting the RIte Smiles Program's goals of increasing the number of Children on Medicaid who receive dental services and to document shifts in the types of services these children received to more preventive and less restorative care, the following five oral health indicators were tracked. For Children on Medicaid under age seven and for SFY 2002 to 2008:

1. Percent of Children on Medicaid with at Least One Dental Visit,
2. Annual Dental Visit Rate per 1,000 Children on Medicaid,
3. Percent of Children on Medicaid with at Least One Preventive Dental Visit,
4. Percent of Children on Medicaid with at Least One Restorative Dental Visit, and
5. Percent of Children Age Six on Medicaid with at Least One Sealant.

The Oral Health Indicators 1 and 2 document change in access to oral health services. Oral Health Indicators 3 through 5 document the types of dental services received by Children on Medicaid as well as shifts in the types of dental services these children received. The dental services presented in this report were defined as follows.

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- **Dental Visit Procedure Codes:** HCPCS codes D0120 – D9999, excluding D5900-D5999 and D6200-D6999 (HEDIS definition of dental visit). Plus local codes: X0314, X1110, X1204, X1351, X8998, X8999, X9220, X9221, X9920 and T1015.
- **Preventive Dental Visit Procedure Codes:** HCPCS codes D0120, D0150, D1000-D1999 and local codes X1204 and X1351.
- **Restorative Dental Visit Procedure Codes:** HCPCS codes D2000-D2999, D3000-D3999, D6200-D6999, D9920, and local code: X9920.
- **Dental Sealants Procedure Codes:** HCPCS code D1351 and local code X1351.

Dental visits are determined by the unique combination of person and date of service.

Data Sources

This report presents statistics for Children on Medicaid under age seven whose dental services were paid by Medicaid. The data included in this report were derived from the Medicaid Management Information System (MMIS) for SFY 2002 through 2008 and from the United MCO Encounter Files for SFY 2007 and 2008. We include MMIS data for SFY 2007 and 2008 because there are some children who are eligible to enroll in RItE Smiles but do not do so. These children can continue to receive Medicaid paid dental services but their claims are processed through the MMIS system and not the United MCO system. In April of 2007, it was estimated there were less than three or four hundred such children.

The denominators for the percentages and rates included in this report were derived from the Medicaid eligibility files and are average eligible (FTE) counts.

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FINDINGS

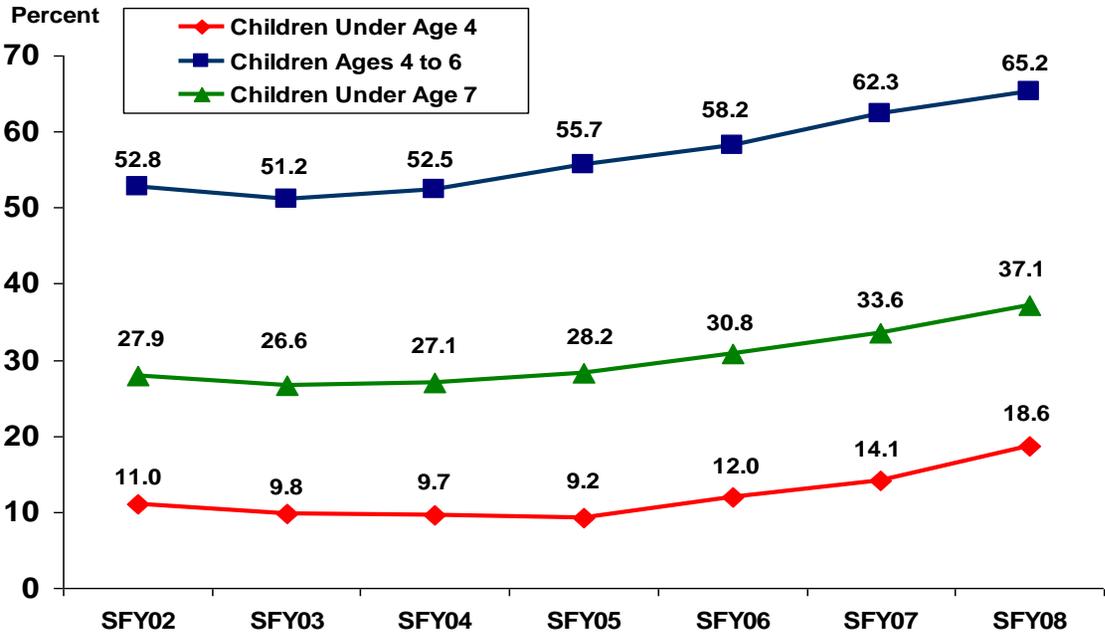
RItE Smiles Goal

To Increase the Number of Children on Medicaid Who Receive Dental Services

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- By SFY06, due to the Oral Health Access Project, the percent of Children on Medicaid under age seven who had at least one dental visit per year had begun to increase.
- With the implementation of RItE Smiles at the beginning of SFY07, the increase in the percent of Children on Medicaid who had at least one dental visit per year became more dramatic.

GRAPH 1. The Percent of Children on Medicaid with at Least 1 Dental Visit per Year Is Increasing

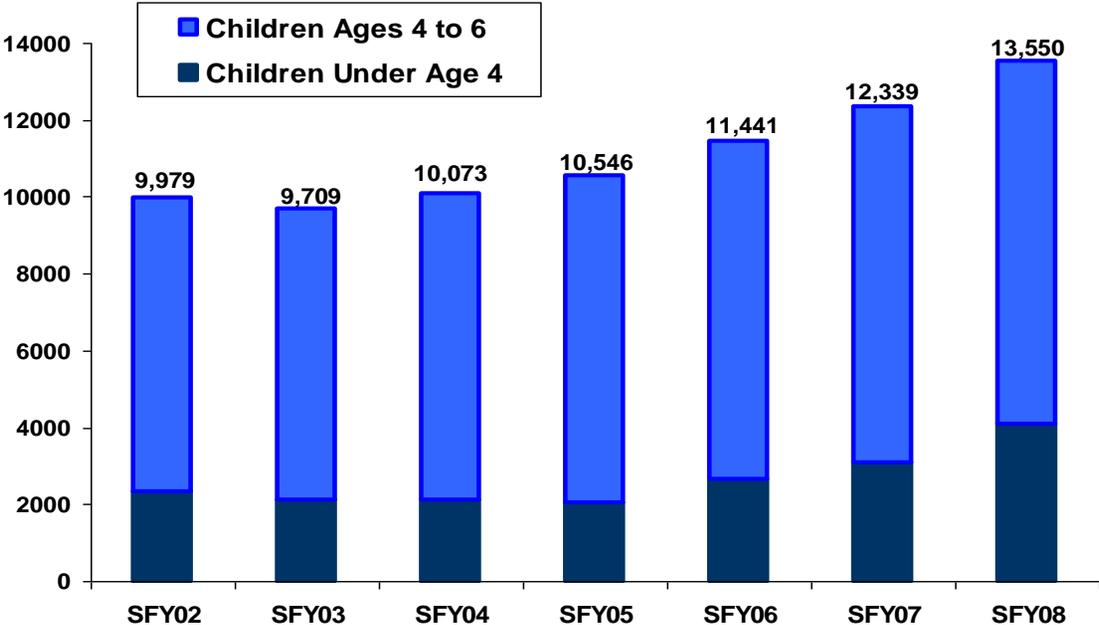


Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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- From SFY02 to SFY08, though the number of Children on Medicaid under age seven remained relatively flat, from 35,712 to 36,498 children, the number of these children who had at least one dental visit in a year increased from 9,979 to 13,550, an increase of 35.8%.
- Over 50% of this increase occurred from SFY06 to SFY08, the year before to the year after the implementation of RItE Smiles.

GRAPH 2. The Number of Children on Medicaid with at Least 1 Dental Visit per Year Has Increased Significantly

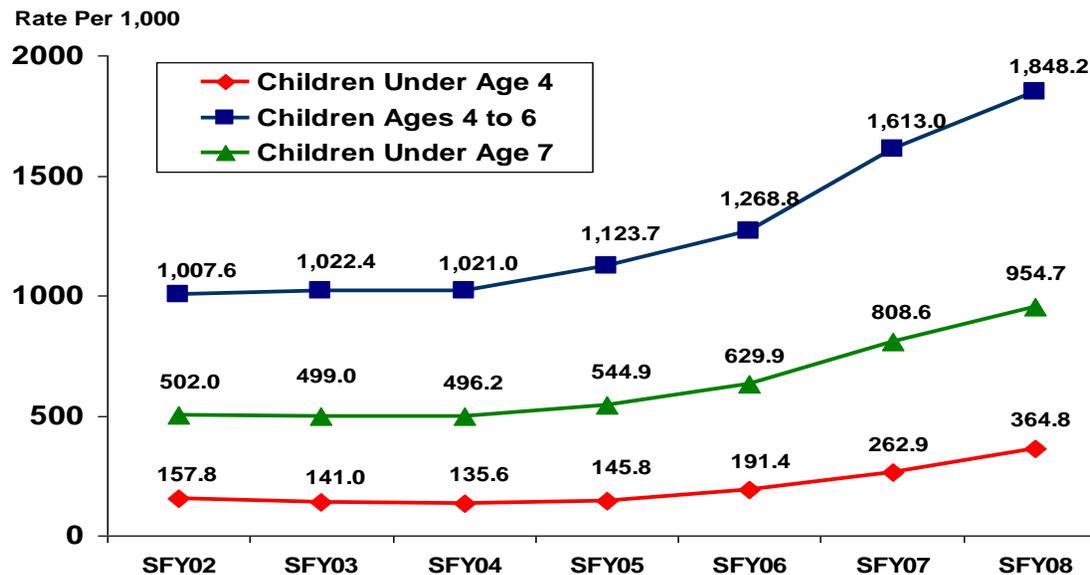


Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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- By SFY06, due to the Oral Health Access Project, the annual dental visit rate for Children on Medicaid under age seven had begun to increase. This increase became more significant after the implementation of RItE Smiles in SFY07.
- From SFY06 to SFY08, the year before to the year after RItE Smiles implementation, the annual dental visit rate for Children on Medicaid under age seven increased 51.6% (from 629.9 to 954.7 per 1,000), under age four 90.6% (from 191.4 to 364.8 per 1,000), and ages four to six 45.7% (from 1,268.8 to 1,848.2 per 1,000). **The greatest increase in the annual dental visit rate was for the under age four group.**

GRAPH 3. From SFY02 to SFY08 the Annual Dental Visit Rate for Children on Medicaid Has Nearly Doubled

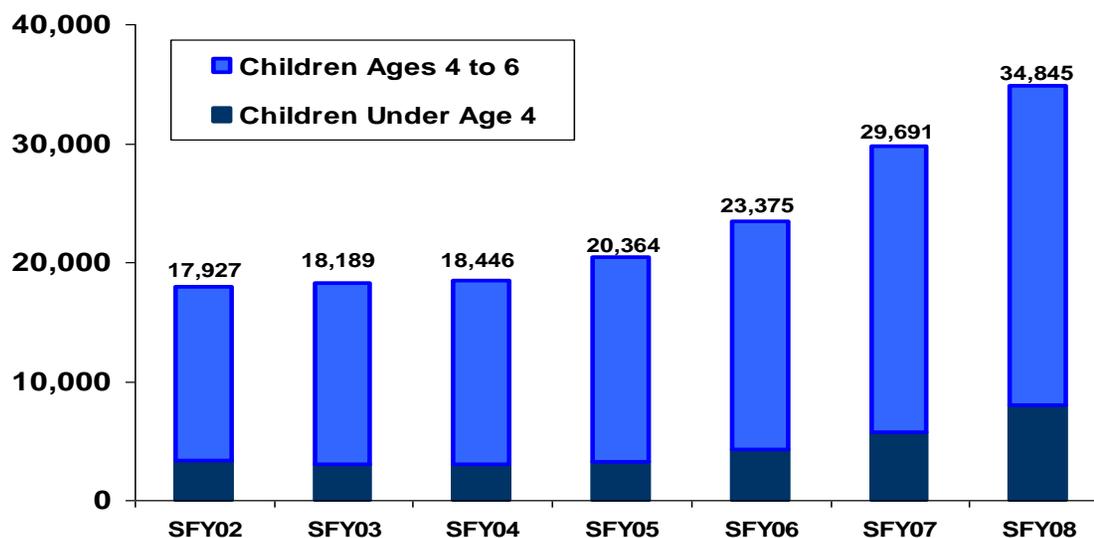


Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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- From SFY02 to SFY08, the number of dental visits for children under age seven nearly doubled, from 17,927 to 34,845. Forty percent of this increase occurred from SFY06 to SFY08, the year before to the year after the implementation of RItE Smiles.
- From SFY06 to SFY08, the number of dental visits for children under age seven increased 49.1%, for children under age four 90.4%, and for children ages four to six 40.0%. The greatest increase in yearly dental visits occurred among the under age four group.

GRAPH 4. From SFY02 to SFY08 the Number of Dental Visits per Year for Children on Medicaid Has Nearly Doubled



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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FINDINGS

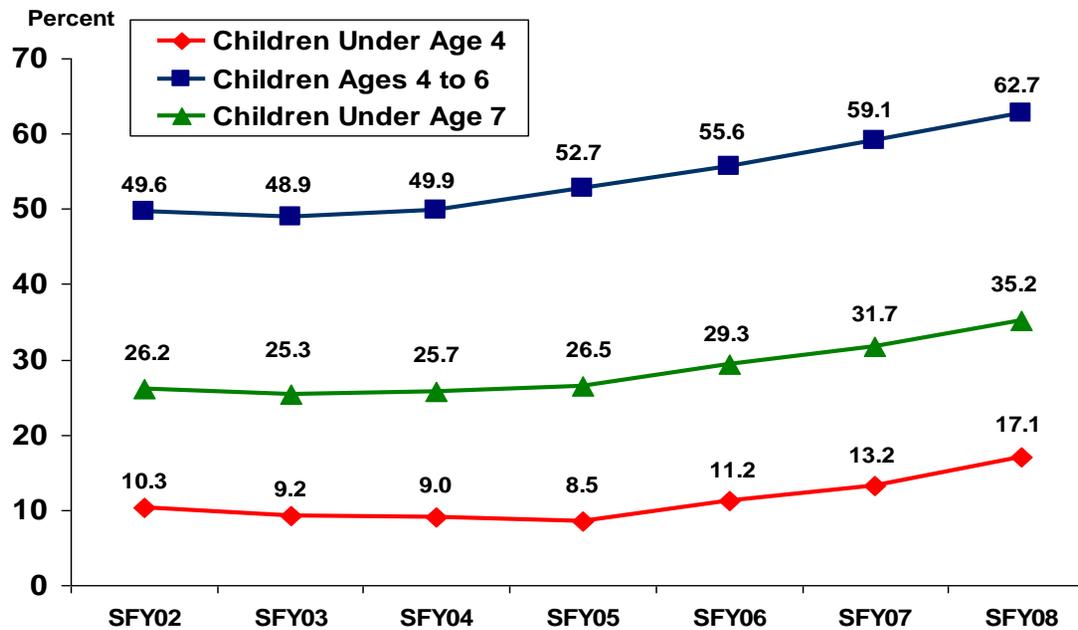
RItE Smiles Goal

**To Shift the Types of Dental Services Children on Medicaid Receive
to More Preventive Care and Less Restorative Care**

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- By SFY06, due to the Oral Health Access Project, the percent of Children on Medicaid under age seven who had at least one preventive dental visit per year had begun to increase.
- With the implementation of RItE Smiles at the beginning of SFY07, the percent of Children on Medicaid who had at least one preventive dental visit per year increased more significantly.

GRAPH 5. Since SFY05 the Percent of Children on Medicaid with at Least 1 Preventive Dental Visit per Year Has Been Steadily Increasing

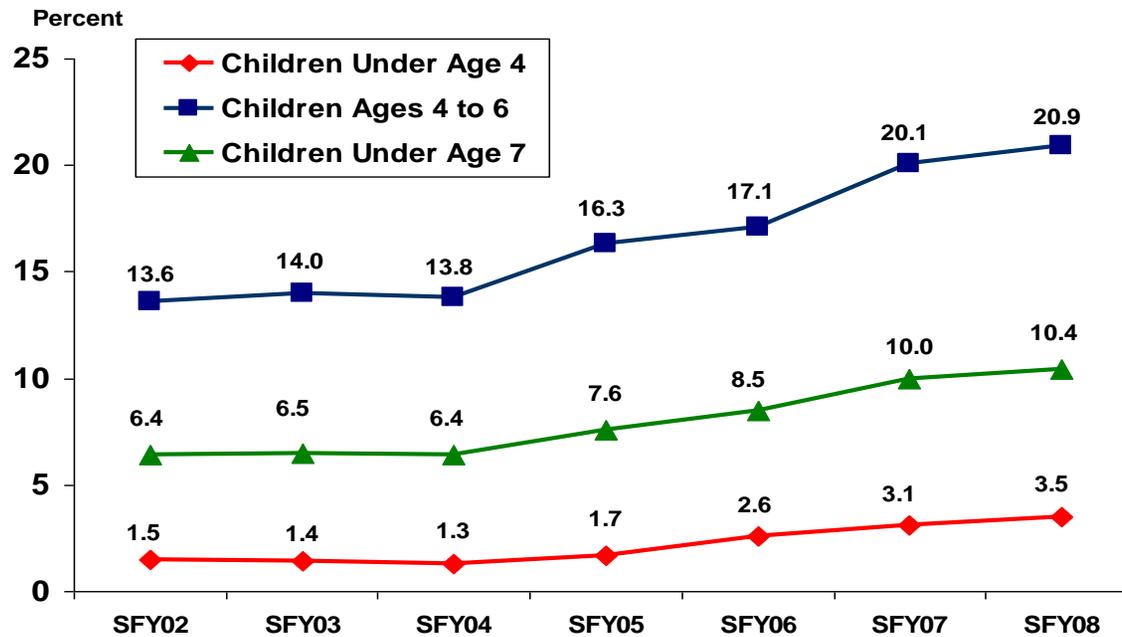


Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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- By SFY05, due to the Oral Health Access Project, the percent of Children on Medicaid under age seven who had at least one restorative dental visit per year had begun to increase.
- With the implementation of RItE Smiles at the beginning of SFY07, the percent of Children on Medicaid who had at least one restorative dental visit per year continued a steady but slow increase.

GRAPH 6. From SFY04 to SFY08 the Percent of Children on Medicaid with at Least 1 Restorative Dental Visit per Year Has Increased



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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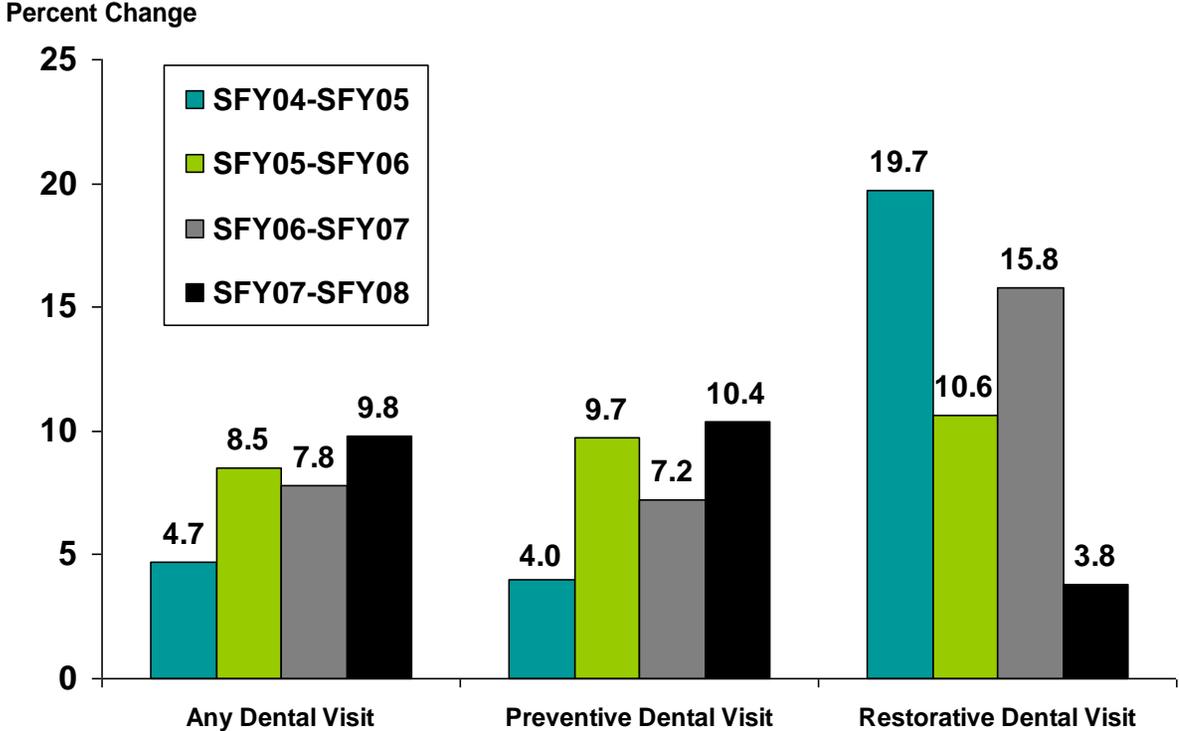
It is expected by providing access to oral health care for those with previously unmet dental care needs, there would at first be an increase not only in the provision of preventive dental care services but also and possibly a larger increase in the provision of restorative dental care services. With the provision of regular preventive dental services, in the future the need for restorative dental care services and emergency dental care should lessen.

Comments to Graph 7:

- From SFY04 to SFY08, the percent change in the number of Children on Medicaid who had at least one dental visit per year was increasing nearly every year. From SFY06 to SFY07 the percent change decreased slightly but never to levels experienced earlier in the decade. This decrease could be due to the process of transitioning from the previous Medicaid fee-for-service dental benefit to the new dental benefit manager delivery system, RItE Smiles.
- From SFY04 to SFY08, the percent change in the number of Children on Medicaid who had a least one preventive dental visit a year was also steadily increasing but also with a decline from SFY06 to SFY07.
- From SFY04 to SFY07, we see a dramatic percent increase in the number of Children on Medicaid who received at least one restorative dental visit a year. This increase could be due to bottled up unmet need. However, from SFY07 to SFY08 we see a dramatic percent decrease in the number of Children on Medicaid who received at least one restorative dental visit perhaps portending that in future years the yearly percent change in the number of Children on Medicaid who receive restorative dental services will remain flat or decrease further.

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**GRAPH 7. The Yearly Percent Change
in the Number of Children on Medicaid Under Age 7
with at Least 1 Dental Visit per Year by Type of Dental Visit**

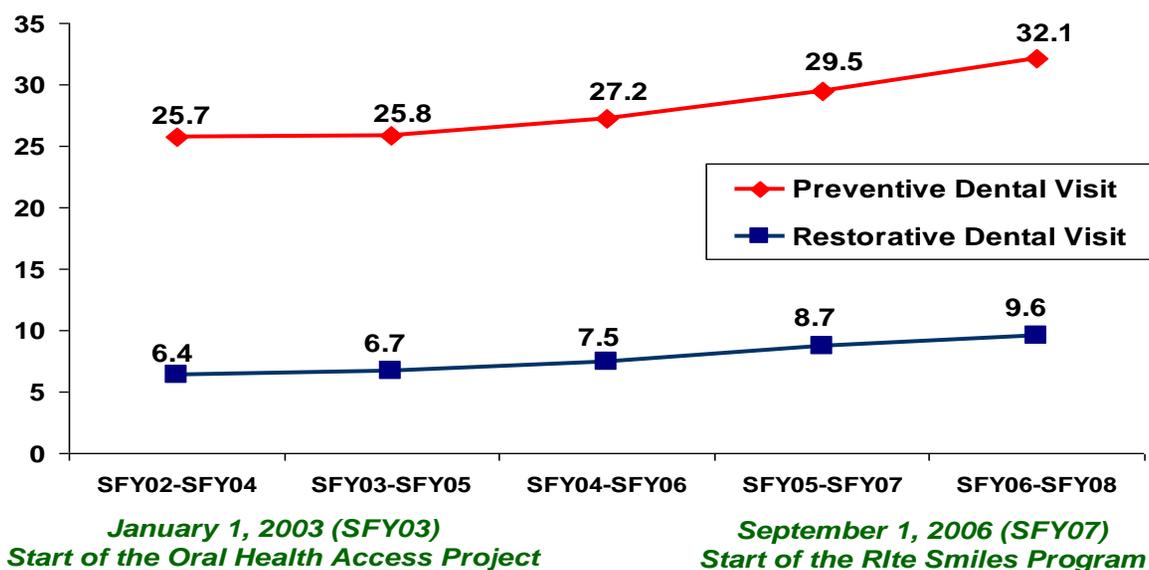


Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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- Calculating three-year moving averages smooth out the yearly changes in the percent of Children on Medicaid with a preventive or a restorative dental visit in a year thus providing a better representation of actual change. From SFY02 to SFY08 the increase in the percent of children with a preventive dental visit has been greater in magnitude than has the increase in the percent of children with a restorative dental visit.

GRAPH 8. Three-Year Moving Average of the Percent of Children on Medicaid Under Age 7 with at Least 1 Dental Visit by Type of Dental Visit

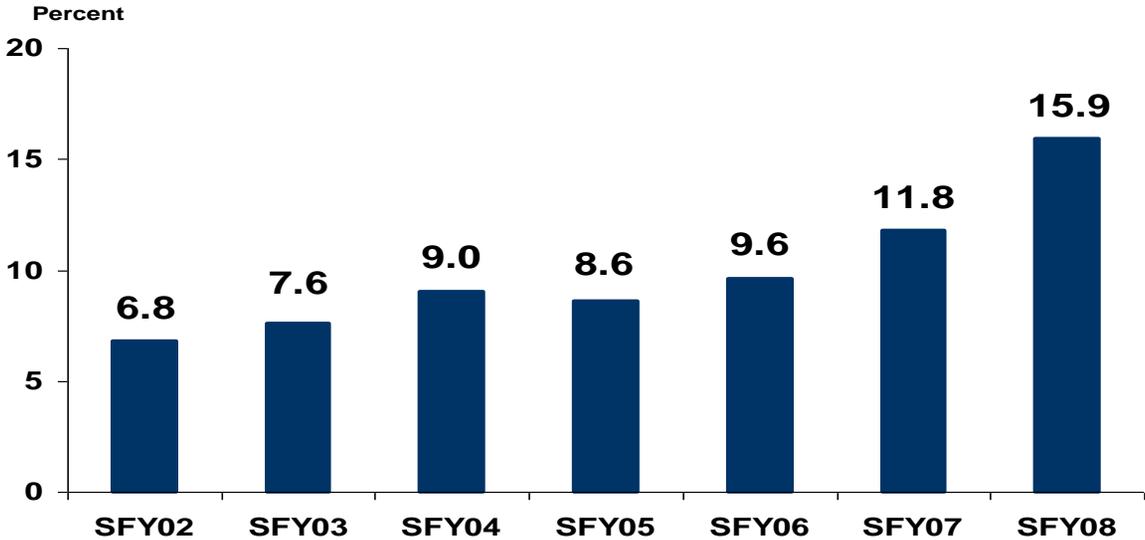


Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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- By SFY06, due to the Oral Health Access Project, the percent of Children on Medicaid age six who had received at least one sealant during a year had begun to increase. This increase became more significant after the implementation of RItE Smiles in SFY07. The provision of dental sealants should serve to decrease the need for future restorative dental services.
- **From SFY06 to SFY07, the year before to the year of RItE Smiles implementation, there was a 22.5% increase in the number of children age six who received at least one sealant; from SFY07 to SFY08, the first and second year of RItE Smiles implementation, there was a 31.5% increase in the number of children age six who received at least one sealant.**

GRAPH 9. The Percent of Children on Medicaid, Age 6, Who Received at Least 1 Sealant per Year Increased Most Significantly after RItE Smiles Implementation



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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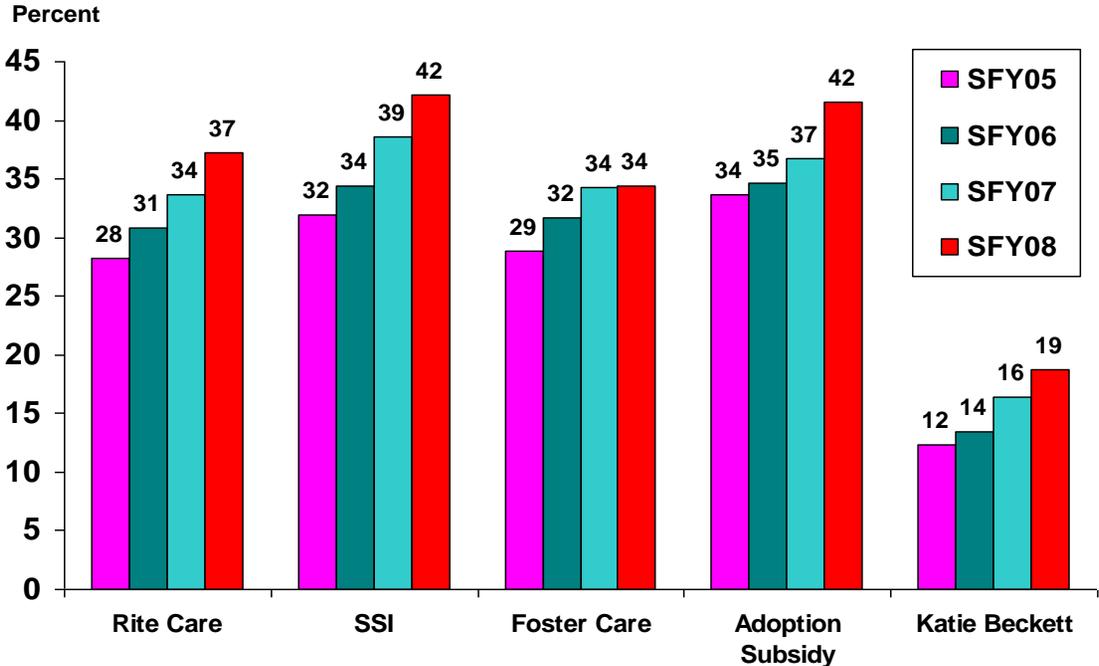
FINDINGS

**Oral Health Indicators for Children with Special Health Care Need
(CSHCN)**

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- From SFY05 to SFY08, two years before to two years after the implementation of RItE Smiles, all five Children with Special Health Care Need (CSHCN) groups experienced an increase in the percent of children under age seven with at least one dental visit in a year.

GRAPH 10. The Percent of Children on Medicaid Under Age 7 with at Least 1 Dental Visit per Year Has Increased for All CSHCN Groups

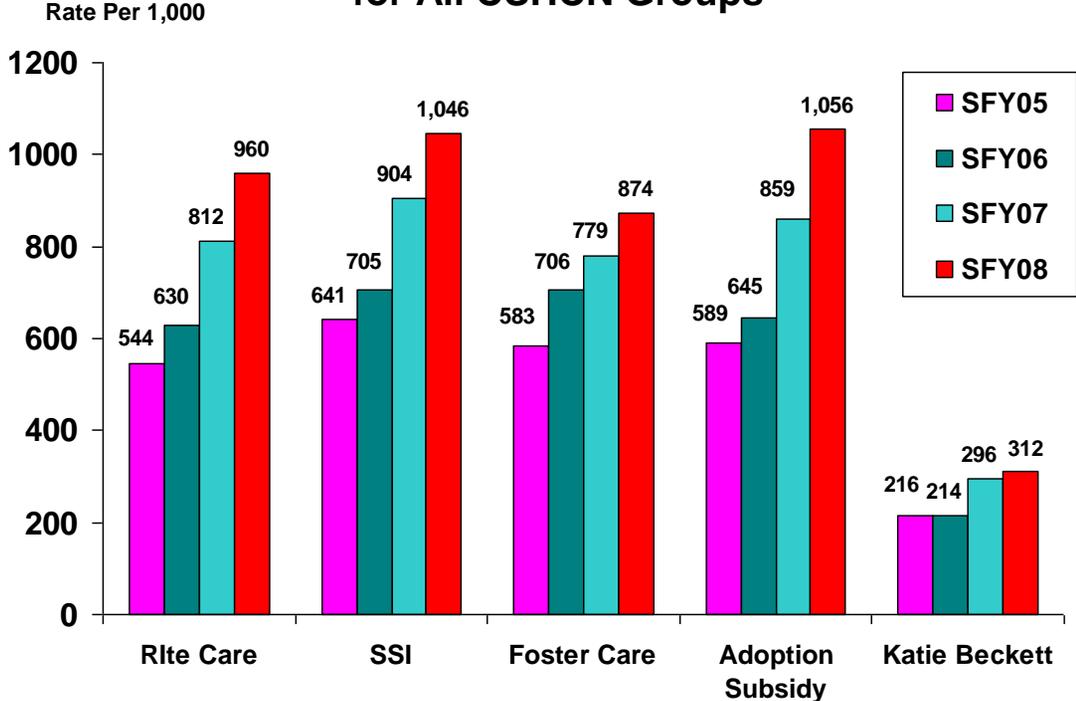


Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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- From SFY05 to SFY08, two years before to two years after the implementation of Rite Smiles, all five CSHCN groups experienced an increase in the annual dental visit rate for children under age seven.

GRAPH 11. The Annual Dental Visit Rate for Children On Medicaid Under Age 7 Has Increased for All CSHCN Groups

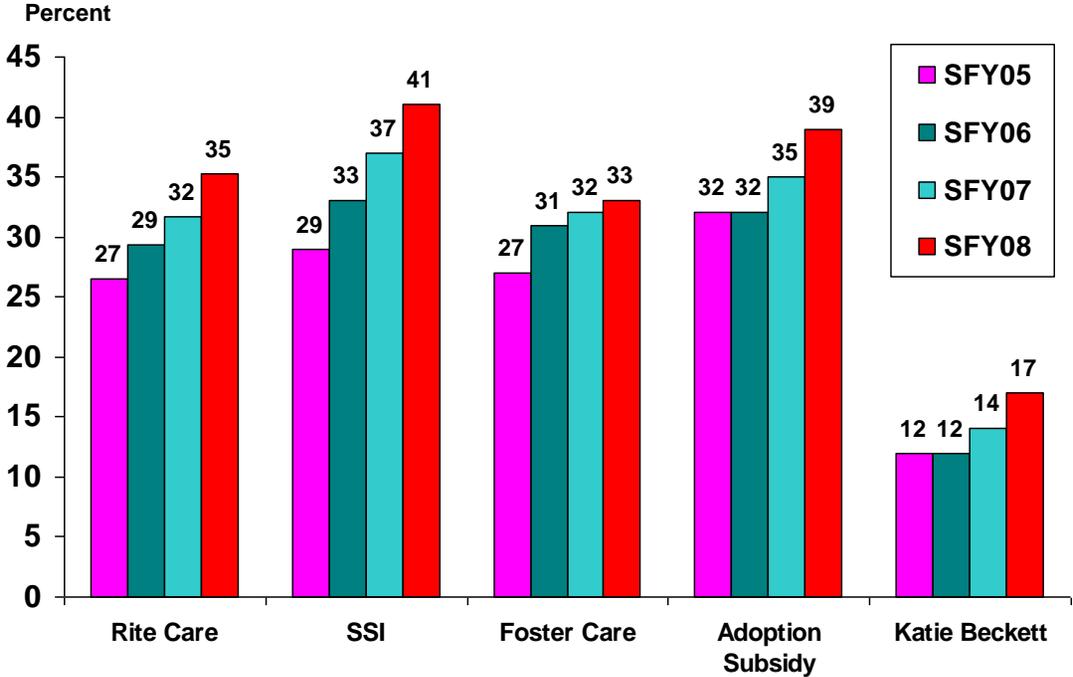


Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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- From SFY05 to SFY08, two years before to two years after the implementation of Rite Smiles, all five CSHCN groups experienced an increase in the percent of children under age seven with at least one preventive dental visit in a year.

GRAPH 12. The Percent of Children on Medicaid Under Age 7 with at Least 1 Preventive Dental Visit per Year Has Increased for All CSHCN Groups

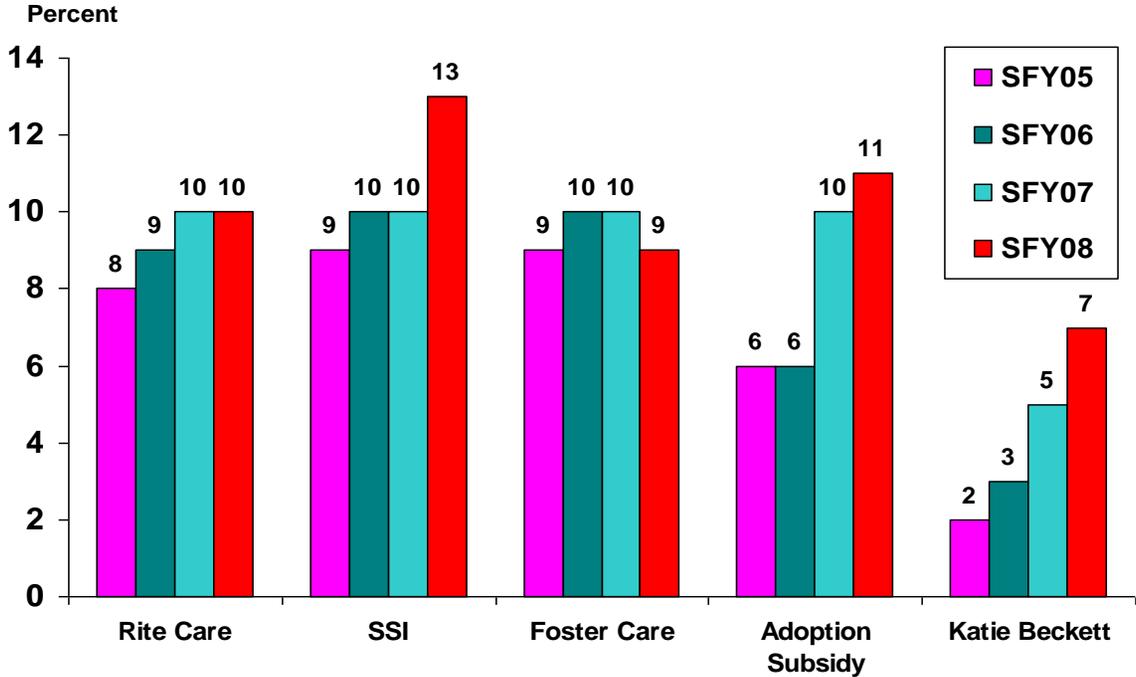


Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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- From SFY05 to SFY08, two years before to two years after the implementation of Rite Smiles, four of the five CSHCN groups experienced an increase in the percent of children under age seven with at least one restorative dental visit in a year.

GRAPH 13. The Percent of Children on Medicaid Under Age 7 with at Least 1 Restorative Dental Visit per Year Has Increased for Most CSHCN Groups



Data Source: MMIS (SFY02-SFY08) and United MCO Encounter (SFY07-SFY08)

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APPENDIX TABLES

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TABLE 1. Percent of Children on Medicaid with Dental Visits by Type of Visit and Service

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CHILDREN ON MEDICAID UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
1. Percent with at Least 1 Dental Visit per Year	27.9	26.6	27.1	28.2	30.8	33.6	37.1
Children Under Age 4	11.0	9.8	9.7	9.2	12.0	14.1	18.6
Children Ages 4 to 6	52.8	51.2	52.5	55.7	58.2	62.3	65.2
2. Percent with at Least 1 Preventive Visit per Year	26.2	25.3	25.7	26.5	29.3	31.7	35.2
Children Under Age 4	10.3	9.2	9.0	8.5	11.2	13.2	17.1
Children Ages 4 to 6	49.6	48.9	49.9	52.7	55.6	59.1	62.7
3. Percent with at Least 1 Restorative Visit per Year	6.4	6.5	6.4	7.6	8.5	10.0	10.4
Children Under Age 4	1.5	1.4	1.3	1.7	2.6	3.1	3.5
Children Ages 4 to 6	13.6	14.0	13.8	16.3	17.1	20.1	20.9
4. Percent Who Received at Least 1 Sealant – Age 6	6.8	7.6	9.0	8.6	9.6	11.8	15.9

*RItE Smiles was implemented September 1, 2006.

TABLE 2. Annual Dental Visit Rates per 1,000 Children on Medicaid

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07-FY08)

DENTAL VISITS PER YEAR	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
5. Number of Dental Visits	17,927	18,189	18,446	20,364	23,375	29,691	34,845
Rate Per 1,000 Eligibles	502.0	499.0	496.2	544.9	629.9	808.6	954.7
Children Under Age 4	3,354	3,052	2,987	3,226	4,213	5,751	8,020
Rate Per 1,000 Eligibles	157.8	141.0	135.6	145.8	191.4	262.9	364.8
Children Ages 4 to 6	14,573	15,137	15,459	17,138	19,162	23,940	26,825
Rate Per 1,000 Eligibles	1,007.6	1,022.4	1,021.0	1,123.7	1,268.8	1,613.0	1,848.2

*RItE Smiles was implemented September 1, 2006.

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TABLE 3. Percent Change in the Number of Children on Medicaid with Dental Visits by Type and Service

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CHILDREN ON MEDICAID UNDER AGE 7	SFY02– SFY03	SFY03– SFY04	SFY04 – SFY05	SFY05– SFY06	SFY06– SFY07*	SFY07*– SFY08
1. Number with at Least 1 Dental Visit per Year	-2.7	3.7	4.7	8.5	7.8	9.8
Children Under Age 4	-9.2	-0.1	-4.0	29.6	16.5	32.7
Children Ages 4 to 6	-0.7	4.8	7.0	3.4	5.2	2.2
2. Number with at Least 1 Preventive Visit per Year	-1.5	3.4	4.0	9.7	7.2	10.4
Children Under Age 4	-9.2	-0.4	-5.5	32.1	16.4	30.9
Children Ages 4 to 6	0.8	4.4	6.4	4.5	4.5	3.7
3. Number with at Least 1 Restorative Visit per Year	3.5	0.8	19.7	10.6	15.8	3.8
Children Under Age 4	-6.7	-0.7	27.8	54.6	17.0	14.6
Children Ages 4 to 6	5.1	1.0	18.6	4.0	15.5	1.7
4. Number Who received at Least 1 Sealant – Age 6	12.4	22.7	-2.7	9.0	22.5	31.5

*Rite Smiles was implemented September 1, 2006.

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TABLE 4. Number of Children on Medicaid with Dental Visits by Type of Visit and Service

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CHILDREN ON MEDICAID UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Number of Average (FTE) Eligible Members	35,712	36,453	37,174	37,373	37,108	36,718	36,498
Children Under Age 4	21,249	21,647	22,033	22,121	22,006	21,876	21,984
Children Ages 4 to 6	14,463	14,806	15,141	15,252	15,102	14,842	14,514
Children Age 6	4,738	4,775	4,932	5,006	4,914	4,893	4,788
1. Number with at Least 1 Dental Visit per Year	9,979	9,709	10,073	10,546	11,441	12,339	13,550
Children Under Age 4	2,347	2,132	2,129	2,044	2,649	3,086	4,094
Children Ages 4 to 6	7,632	7,577	7,944	8,502	8,792	9,253	9,456
2. Number with at Least 1 Preventive Visit per Year	9,364	9,225	9,536	9,913	10,874	11,654	12,865
Children Under Age 4	2,185	1,985	1,978	1,870	2,471	2,877	3,765
Children Ages 4 to 6	7,179	7,240	7,558	8,043	8,403	8,777	9,100
3. Number with at Least 1 Restorative Visit per Year	2,288	2,368	2,387	2,858	3,160	3,658	3,796
Children Under Age 4	314	293	291	372	575	673	771
Children Ages 4 to 6	1,974	2,075	2,096	2,486	2,585	2,985	3,035
4. Number Who received at Least 1 Sealant – Age 6	322	362	444	432	471	577	759

*Rite Smiles was implemented September 1, 2006.

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TABLE 5. Percent of Children with Special Health Care Need (CSHCN) with Dental Visits by Type of Visit

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CSHCN UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Percent with at Least 1 Dental Visit per Year	27.9	26.6	27.1	28.2	30.8	33.6	37.1
Rlte Care	28.1	26.7	27.1	28.2	30.8	33.6	37.2
Foster Care	24.5	30.8	28.6	28.8	31.7	34.3	34.4
SSI	30.2	28.3	30.5	31.9	34.4	38.6	42.2
Adoption Subsidy	30.3	27.1	31.7	33.6	34.6	36.7	41.6
Katie Beckett	12.9	11.0	10.3	12.3	13.5	16.4	18.8
Percent with at Least 1 Preventive Visit per Year	26.2	25.3	25.7	26.5	29.3	31.7	35.2
Rlte Care	26.4	25.4	25.7	26.5	29.3	31.7	35.3
Foster Care	23.2	29.1	28.0	26.8	30.6	32.2	32.7
SSI	26.8	26.8	28.6	29.1	32.6	36.5	40.8
Adoption Subsidy	28.8	26.9	30.1	32.1	32.1	35.0	39.3
Katie Beckett	11.8	9.5	9.2	11.8	12.0	13.9	16.8
Percent with at Least 1 Restorative Visit per Year	6.4	6.5	6.4	7.6	8.5	10.0	10.4
Rlte Care	6.4	6.6	6.4	7.7	8.5	10.0	10.4
Foster Care	5.2	6.3	9.2	9.4	9.9	10.0	9.4
SSI	7.8	6.2	7.3	9.1	9.6	9.8	12.8
Adoption Subsidy	7.3	6.9	5.9	5.6	6.2	10.0	11.4
Katie Beckett	1.9	2.2	1.9	2.0	2.5	5.4	6.5

*Rlte Smiles was implemented September 1, 2006.

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TABLE 6. Annual Dental Visit Rates Per 1,000 for Children with Special Health Care Need

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

DENTAL VISITS PER YEAR	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Total Number of Dental Visits	17,927	18,189	18,446	20,364	23,375	29,691	34,845
Rate Per 1,000 Eligibles	502.0	499.0	496.2	544.9	629.9	808.6	954.7
Number of Dental Visits for RItCare Children	16,685	16,955	17,153	18,865	21,627	27,422	32,302
Rate Per 1,000 Eligibles	504.4	502.6	497.4	544.1	630.4	811.5	959.7
Number of Dental Visits for Foster Care Children	263	332	353	391	539	664	714
Rate Per 1,000 Eligibles	438.3	522.0	567.5	582.7	705.5	779.3	873.9
Number of Dental Visits for SSI Children	601	575	614	747	839	1,081	1,213
Rate Per 1,000 Eligibles	532.3	505.7	540.0	640.7	705.0	903.8	1,045.7
Number of Dental Visits for Adoption Subsidy Children	297	255	257	275	283	403	492
Rate Per 1,000 Eligibles	558.3	516.2	508.9	588.9	644.6	859.3	1,055.8
Number of Dental Visits for Katie Beckett Children	81	72	69	86	87	121	124
Rate Per 1,000 Eligibles	217.2	158.9	162.0	216.1	213.8	295.8	311.6

*RItSmiles was implemented September 1, 2006.

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TABLE 7. Number of Children with Special Health Care Need (CSHCN) with Dental Visits/Type of Visit

Source: Medicaid Management Information System (MMIS: SFY02 – SFY08) and United MCO Encounter Files (SFY07 - SFY08)

CSHCN UNDER AGE 7	SFY02	SFY03	SFY04	SFY05	SFY06	SFY07*	SFY08
Number of Average (FTE) Eligibles – Under Age 7	35,712	36,453	37,174	37,373	37,108	36,718	36,498
RItE Care	33,078	33,733	34,484	34,671	34,308	33,792	33,657
Foster Care	600	636	622	671	764	852	817
SSI	1,129	1,137	1,137	1,166	1,190	1,196	1,160
Adoption Subsidy	532	494	505	467	439	469	466
Katie Beckett	373	453	426	398	407	409	398
Number with at Least 1 Dental Visit per Year							
RItE Care	9,282	9,007	9,344	9,775	10,583	11,346	12,510
Foster Care	147	196	178	193	242	292	281
SSI	341	322	347	372	409	462	490
Adoption Subsidy	161	134	160	157	152	172	194
Katie Beckett	48	50	44	49	55	67	75
Number with at Least 1 Preventive Visit per Year							
RItE Care	8,725	8,559	8,846	9,197	10,062	10,722	11,875
Foster Care	139	185	174	180	234	274	267
SSI	303	305	325	339	388	437	473
Adoption Subsidy	153	133	152	150	141	164	183
Katie Beckett	44	43	39	47	49	57	67
Number with at Least 1 Restorative Visit per Year							
RItE Care	2,123	2,214	2,209	2,655	2,933	3,387	3,491
Foster Care	31	40	57	63	76	85	77
SSI	88	70	83	106	114	117	149
Adoption Subsidy	39	34	30	26	27	47	53
Katie Beckett	7	10	8	8	10	22	26

*RItE Smiles was implemented September 1, 2006.