



Dental Public Health Activities & Practices

Practice Number: 25001
Submitted By: Michigan Department of Community Health
Submission Date: May 2002
Last Updated: June 2010

SECTION I: PRACTICE OVERVIEW		
Name of the Practice: <i>Healthy Kids Dental</i>		
Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Oral Health Program Policies Assurance – Access to Care and Health System Interventions		
HP 2010 Objectives: 21-10 Increase utilization of oral health system.		
State: Michigan	Region: Midwest Region V	Key Words: Medicaid, oral health utilization, access to care
Abstract: The <i>Healthy Kids Dental</i> program was initiated in Michigan to create access to oral health care for Medicaid beneficiaries by using Delta Dental's network of participating providers. This is a demonstration program contracted by the Department of Community Health with Delta Dental Plan of Michigan to administer the Medicaid dental benefit to all Medicaid beneficiaries under age 21 residing in selected counties. The project was initiated on May 1, 2000 in 22 counties. On October 1, 2000, the project was expanded to include an additional 15 counties. Currently the project is in 37 of Michigan's 83 counties. This project hoped to alleviate the most common reasons that dentists cited for non-participation in Medicaid (low reimbursement rates and administrative burden) by having the <i>Healthy Kids Dental</i> set up the same as Delta's commercial dental plans. A 12-month assessment of the program demonstrated that through the contract: (1) substantially more Medicaid beneficiaries are receiving dental care under the <i>Healthy Kids Dental</i> compared to the traditional Fee-For-Service Medicaid coverage; (2) more dentists are providing care to Medicaid beneficiaries under <i>Healthy Kids Dental</i> compared to the traditional Fee-for-Service Medicaid program; (3) more Medicaid beneficiaries are receiving care within their county of residence rather than traveling long distances to receive care; and (4) more Medicaid beneficiaries are receiving restorative dental treatment compared to the traditional Fee-for-Service Medicaid program.		
Contact Persons for Inquiries: Christine M. Farrell, RDH, BSDH, MPA, Oral Health Program Director, Division of Family & Community Health, Michigan Department of Community Health, 201 Townsend St., Lansing, MI 48913, Phone: 517-335-8388, Fax: 517-335-8697, Email: farrellc@michigan.gov		

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Historically, Michigan has experienced the same problems cited nationwide regarding the low reimbursement rate and high administrative burden by dental providers who are unwilling to treat Medicaid-enrolled children, which creates a reduced access to dental care for Medicaid enrollees. However, a turning point occurred when state officials established MICHild, the State Children's Health Insurance Program (SCHIP). The MICHild dental component was unusual in that it was designed to be administered privately through an existing dental carrier, offering reimbursement levels identical to those paid for private dental insurance plans. Implemented on May 1, 1998, MICHild demonstrated the potential effectiveness of this type of state-private dental partnership – in the first year, the proportion of MICHild enrollees with at least one dental visit was nearly identical to the proportion of privately insured children with at least one dental visit.

Following the initial success of the MICHild dental program, the Michigan Department of Community Health initiated a demonstration project on May 1, 2000, called *Healthy Kids Dental*, for Medicaid-enrolled children in 22 counties. An additional 15 counties were added on October 1, 2000, totaling 37 of Michigan's 83 counties.

Justification of the Practice:

Data from many sources demonstrates that children enrolled in Medicaid have lower utilization of dental services, poorer oral health status, and more untreated oral disease, as compared to privately-insured children. These disparities have been linked to the low proportion of dental providers who accept Medicaid as a payment source, leaving Medicaid enrollees with limited access to dental care. Consistently, dental providers have given three reasons for their lack of participation in Medicaid dental programs:

- 1) Medicaid reimbursement levels that are far below dentists' usual and customary fees;
- 2) Administrative difficulties (e.g., eligibility verification, pre-authorization); and
- 3) Excess number of broken appointments and other patient behaviors.

The small numbers of private dental practitioners who are willing to treat Medicaid-enrolled children create a reduced access to dental care for Medicaid enrollees. National figures show that only 20-30 percent of Medicaid-enrolled children received any dental care in a given year, contributing to what the Surgeon General called a "silent epidemic" of oral disease among US children from low-income families.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

Healthy Kids Dental is administered through Delta Dental of Michigan and uses Delta-affiliated providers and addresses the most common reasons for dental non-participation in Medicaid: low reimbursement and complex administrative requirements. *Healthy Kids Dental* aims to address – and ameliorate – two of the three commonly cited reasons for dentists' non-participation in Medicaid. First, reimbursement levels are identical to Delta's commercial dental plans. Second, administrative processes for *Healthy Kids Dental* – including verification of enrollment – are handled through Delta in the same manner as with commercial Delta plans.

Healthy Kids Dental participants can receive care anywhere in the state: eligibility is based on the children's county of residence, not the location of the dentist. The number of Medicaid-enrolled children (aged 0-20) in the 37 counties totaled approximately 100,000.

The Child Health Evaluation and Research (CHEAR) Unit of the University of Michigan undertook an evaluation of the first 12 months of the *Healthy Kids Dental* program. The goal was to compare *Healthy Kids Dental* to the previous year's Medicaid program, and to private Delta plans, in the same 37 counties, in terms of access to care, treatment patterns, and cost.

Major results of the evaluation demonstrated the following:

- More children are being treated under *Healthy Kids Dental*
- Significant utilization increases are seen in children 4-10 years and children continuously enrolled for 12 months.
- More dentists are providing care to Medicaid-enrolled children under *Healthy Kids Dental* (at least 24% increase)

- More local dentists are providing care under *Healthy Kids Dental* (a 305% increase)
- 85% of the local dentists who treat children are treating *Healthy Kids Dental* children in Delta Premier counties.
- More children are treated in their home county (an increase from 38% to 73%)
- Travel distance per visit decreased from 24.4 miles to 12.1 miles.
- The backlog of need is being treated (more restorative and pulp-treatment care)
- More *Healthy Kids Dental* children are entering regular recall.
- The care being provided, and its cost per user, is similar between privately –insured and the *Healthy Kids Dental* children, except for the additional restorative and pulp-related care
- The cost differences are due largely to the differences between Medicaid fees and the *Healthy Kids Dental* fees, added to more children receiving more complete care
- As the backlog of need in current patients is eliminated, the cost per user per year is likely to decline

The conclusion of the study is that the *Healthy Kids Dental* demonstration program has shown that substantial improvements can be made in access to dental care for the Medicaid-enrolled population.

Budget Estimates and Formulas of the Practice:

The current contract is a no-risk contract between the State and Delta Dental. A per member per month rate was established with a reconciliation of expenses at the end of the contract. The current rate was developed actuarially. The method reviewed utilization figures, covered procedures and the number of enrollees. By gathering three years worth of utilization, a risk contract can then be negotiated.

Lessons Learned and/or Plans for Improvement:

- By eliminating two of the three identified barriers to provider participation (low fees and administrative complexity), the *Healthy Kids Dental* demonstration program has shown that substantial improvements can be made in access to dental care for the Medicaid-enrolled population.
- By contracting with a fiscal administrator that is respected by the dental community and, in turn, the dental community understands the administrative policies and procedures, increased access to care can be obtained for Medicaid beneficiaries.
- Plans to expand *Healthy Kids Dental* statewide are contingent upon the state budget status.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- A 8-month assessment report by the Child Health Evaluation and Research (CHEAR) Unit
- A 12-month assessment report by the CHEAR Unit

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

Based on the first 12 months of the *Healthy Kids Dental* demonstration project, the following impact was observed:

- (1) Substantially more Medicaid-enrolled children are receiving dental care under *Healthy Kids Dental*, compared with care under traditional Medicaid coverage, but not yet at the same rate as children with private Delta coverage.
- (2) More dentists in the 37 counties are providing care to Medicaid-enrolled children under *Healthy Kids Dental*, and more children are receiving dental care within their county of residence. In 18 counties, the number of dentists treating Medicaid children increased by more than 300%, and approached the number of dentists who treated any children with Delta private insurance.
- (3) Under *Healthy Kids Dental*, Medicaid-enrolled children are receiving needed restorative and reparative dental care, and are more likely to begin a pattern of regular recall for routine preventive care, compared with Medicaid-enrolled children the previous year. The increase in utilization observed with *Healthy Kids Dental* is evident across all ages. Cultivation for children 4-10 years old was more than 50%.
- (4) The higher costs per user and per enrollee for *Healthy Kids Dental* are due largely to the increased reimbursement rate and, to a lesser extent, to more children receiving more complete care. As the backlog of need in current patients is eliminated, cost per user per year is likely to decline.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

By accessing Delta's dental network, a high number of children have been able to access dental care and receive needed treatment. The rate developed for the contract and utilization rate demonstrates that the contract has been efficient in estimating costs and resources.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The acceptance by the private dental community and the support for the program demonstrates sustainability. The number of dentists participating has increased substantially. Yet, the state budget has to be viable to continue with the sustainability of the *Healthy Kids Dental* program.

This program has been highlighted nationwide as a model for other states to look at to increase access to oral health care by Medicaid beneficiaries.

Collaboration/Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

Support for the *Healthy Kids Dental* program has been given by organized dentistry (the Michigan Dental Association), the local public health clinics, and the Michigan Primary Care Association.

Objectives/Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

National figures show that only 20-30 percent of Medicaid-enrolled children received any dental care in a given year, contributing to what the Surgeon General called a "silent epidemic" of oral disease among US children from low-income families. The demonstration project, *Healthy Kids Dental*, supports effort in achieving the HP 2010 objective of increasing utilization of oral health system.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

Currently, New Hampshire Medicaid and their contracted health plans have developed a contract with their state Delta Dental Plan to offer dental benefits to Medicaid enrollees in their health plans.

Other states are reviewing this model in context with their state and budget situations.