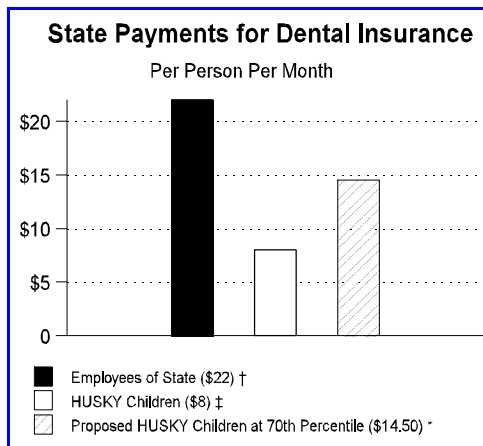


# Give Our HUSKY Kids a Fair Deal on Oral Health Care

## HUSKY children don't receive oral health care due to low reimbursement rates

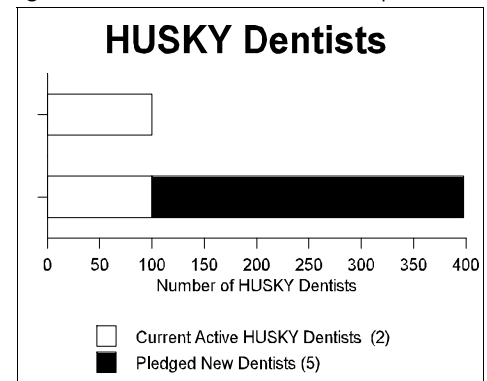


- In a 2006 study, only 27% of persistent 'mystery shoppers' were able to get a preventive dental appointment for a HUSKY child.<sup>1</sup>
- 67% of children enrolled in HUSKY A for all or any part of 2004 received no dental care.<sup>2</sup> Even among children continuously enrolled in HUSKY A in 2005, the best of circumstances, over half received no dental care.<sup>3</sup>
- Connecticut's dental reimbursement fees under HUSKY have been frozen since 1993<sup>4</sup> and are less than the 10<sup>th</sup> percentile of dentists' fees.<sup>2</sup>

**The Solution: Raise HUSKY dental rates to at least the 70<sup>th</sup> percentile of dentists' fees, about \$14.50 per child per month.**

## If Rates are Raised More HUSKY Children will get needed oral health care

- In a survey by the CT State Dental Association and the CT Society of Pediatric Dentists, 300 new dentists have pledged to see HUSKY patients for the first time and 80 current providers have pledged to see more HUSKY children.<sup>5</sup> Now between 100 and 150 dentists actively see significant numbers of HUSKY patients.<sup>6</sup>
- If these new dentists see only one new HUSKY patient a week, nearly 20,000 additional children would receive services. Now HUSKY providers seeing less than 500 patients per year average 3 HUSKY patients a week. **This would mean that 60% of continuously enrolled three to 19 year-old HUSKY children would be able to access needed dental care.**<sup>7</sup>
- Nine other states (Alabama, Delaware, Georgia, Indiana, Michigan, Nebraska, North Carolina, South Carolina and Tennessee) have increased Medicaid to the 75<sup>th</sup> percentile or a comparable market-based rate. All have shown substantial increase in private provider participation, ranging from 21% to over 1,000%, with an average increase of 74%.<sup>14</sup>



## Preventive oral health care can reduce costs

- In 2004 HUSKY children made more than 77,000 emergency visits to dentists, because of difficulty in obtaining timely routine care that would have prevented a crisis. Nearly 10% of all Medicaid dollars are expended for emergency or palliative care.<sup>15</sup>
- Low-income children who have a first preventive dental visit by age one are less likely to have subsequent restorative care or emergency room visits. Their average dental costs are almost 40% lower (\$263 vs. \$447) over a five-year period than children who receive their first preventive visit after age one.<sup>8</sup>
- A 3-year aggregate comparison of Medicaid reimbursement revealed that it is ten times more costly to treat dental emergencies in a hospital (\$6,498) than to provide preventive treatment in a dental office (\$660).<sup>9</sup>

## Talks to settle a nearly seven-year-old lawsuit against the State on HUSKY reimbursement rates have not fixed the problem

- Over six years ago, legal aid attorneys filed a lawsuit against the State for not providing dental care to children on HUSKY as provided by Federal Medicaid law and regulation.
- During the 2006 legislative session, a bill to raise rates to the 70<sup>th</sup> percentile (HB 5790) was approved by the Public Health Committee and the Appropriations Committee.
- In the final 2006 budget negotiations, the State indicated that they would be interested in settling the lawsuit as the way to solve the problem. As a result the bill was withdrawn.
- **Lawyers for the children in the case have never refused a settlement offer, and remain anxious to resolve these serious dental care access problems with solutions that are evidence-based, proven effective, supported by the provider and public health community, and which provide accountability for the expenditure of the state's funds.**<sup>13</sup>
- With no settlement in sight, legislation similar to last session's HB 5790, this session's HB 7069, is necessary to make sure that HUSKY children do not suffer for another year.
- Safety-net facilities are part of the solution but since, even now, two-thirds of HUSKY children are seen by private providers<sup>2</sup>, raising rates will have the most immediate impact, with no additional infrastructure costs. In addition a number of clinics and school-based programs receive the HUSKY dental reimbursement rate to cover their expenses and an increase will expand their capacity.

## Children face increased risks and pain due to poor access to oral health care

- Oral health problems are responsible for more missed school days than any other type of health problem. Three out of 100 children miss school because of dental pain.<sup>11</sup>
- Tooth decay is five times more common than asthma and seven times more common than hay fever in children.<sup>6</sup> Tooth decay is the single most common chronic disease among children.<sup>6</sup>
- Three times more of America's children are in need of dental services than medical services, yet children with public insurance are only one-quarter as likely to see a dentist as they are to see a physician.<sup>6</sup>

### Connecticut Oral Health Coalition

Connecticut Appleseed  
Connecticut Association of Dental Assistants  
Connecticut Association of School-Based Health Centers  
Connecticut Dental Hygienists' Association

Connecticut Oral Health Initiative  
Connecticut Primary Care Association  
Connecticut Society of Pediatric Dentists  
Connecticut State Dental Association

† State of Connecticut; ‡ American Dental Association, *State Innovations to Improve Access to Oral Health Care for Low Income Children: A Compendium Update*. Chicago: American Dental Association: 2005; \* Estimate derived from (†), (‡) and Beazoglou T., Douglass J.M. *HUSKY A Dental Care: Financial Strategies*. Policy Brief. Connecticut Health Foundation, January 2006; <sup>1</sup>*State of Connecticut, Department of Social Services Mystery Shopper Project*, Nan Jeannero and Kerry McGuire, Mercer Government Human Services Consulting, Phoenix, November, 2006; <sup>2</sup> Beazoglou T., Douglass J.M.. *HUSKY A Dental Care: Financial Strategies*. Policy Brief. Connecticut Health Foundation, January 2006; <sup>3</sup> *Dental Care for Children in HUSKY A: Methods and Findings*, Connecticut Voices for Children, October 2006 ([http://www.ctkidslink.org/pub\\_detail\\_316.html](http://www.ctkidslink.org/pub_detail_316.html)); <sup>4</sup> Connecticut Department of Social Services; <sup>5</sup> Survey by the Connecticut State Dental Association and the Connecticut Society of Pediatric Dentists, January 2007; <sup>6</sup> *Elements of Effective Action to Improve Oral Health & Access to Dental Care for Connecticut's Children and Families*, Children's Fund of Connecticut and Connecticut Health Foundation, 2001; <sup>7</sup> Analysis of HUSKY Data by J.M. Douglass, February 2007; <sup>8</sup> *Early Preventive Visits: Effects on Subsequent Utilization and Costs, Pediatrics* 2004, 114; <sup>9</sup> *Disparities in Oral Health and Access to Care: Findings of National Surveys*, Ambulatory Pediatrics, March-April 2002; <sup>10</sup> *Policy on the Dental Home*, American Academy of Pediatric Dentistry, 2004 (<http://www.aapd.org/media/policies.asp>); <sup>11</sup> *Oral Health in America*, United States Surgeon General, 2001; <sup>13</sup> *Update RE Carr v. Wilson-Coker, Medicaid Dental Care Litigation*, Greater Hartford Legal Aid, February 16, 2007; <sup>14</sup> *HUSKY A Dental Care: Avoiding the Repercussions of Poor Dental Care for Children on Medicaid*. Policy Brief. Connecticut Health Foundation, February 2007; <sup>15</sup> Analysis of HUSKY Encounter Data by J.M. Douglass, February 2007;