

Determining Dental Utilization Rates for Children in the Iowa SCHIP and Medicaid Programs

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In this presentation

- Different ways of calculating dental utilization rates for children in Medicaid and SCHIP
- Iowa SCHIP and Medicaid dental programs
- Results of analysis with 2001 Iowa data
 - Comparing results for different approaches
 - Comparing Medicaid and SCHIP

Medicaid, SCHIP and dental care

- Medicaid and SCHIP improve access to dental care
 - Most low-income children who receive dental care do so through these programs
- Studies indicate programs do not meet need
 - 20% with annual preventive dental visit
(1996 Inspector General's report)
- Performance varies based on how dental utilization rates are calculated

Dental utilization methodologies: changing denominators

1. Surveys-dental visit in past year (NHIS 2001)
 - 73% of all children
 - 68% in Medicaid/SCHIP
2. Any child enrolled at least one month during year
 - Includes all children but does not account for partial year enrollments
 - State 416 reporting form to Center for Medicare and Medicaid Services (CMS)
 - 27% for 2001 (17% Oklahoma and Nevada to 50% Massachusetts)
3. Children enrolled for ≥ 11 months during year
 - Does not include all children but accounts for partial year enrollments
 - HEDIS methodology for health plan accreditation
 - 37% of children in Medicaid (2002)



Dental utilization methodologies: changing denominators

4. Only “newly” enrolled children
 - Those not eligible for previous 12 months
 - Better measure of access?

5. Child Full Time Equivalent (FTE)
 - Includes all children and accounts for partial year enrollment

Research questions

1. How do the different methods of calculating dental utilization from claims data affect the rates?
2. How does the dental utilization of Medicaid-enrolled children compare to those in SCHIP?

Traditional Medicaid in Iowa

- Covers children up to 133% of Federal Poverty Level (FPL)
- Fee-for-service program operated by Iowa Dept of Human Services
 - Reimburses about 66% of UCR (IDHS estimate)
- Dentist participation better than in most states
 - 1302 private practitioners
 - 86% submitted a claim (1114)
 - 42% submitted \$10,000 or more (546-half of who submitted a claim)

Combination SCHIP in Iowa

- Medicaid expansion (M-SCHIP)
 - Up to 133% of poverty
- Separate program (S-SCHIP)
 - Healthy and Well Children in Iowa (*hawk-i*) program
 - Covers children from 133–200% of FPL
 - Care provided through private managed care and indemnity plans
 - Reimbursement varies by plan but is higher for all than in Medicaid
- Both cover comprehensive list of dental services
 - No orthodontics in *hawk-i*

Methods for this study

- Used Iowa Medicaid and *hawk-i* enrollment data
 - all children ages 1 to 18 enrolled in Medicaid or *hawk-i* for at least 1 month during calendar year 2001
 - Age at end of year
- Aggregated all Medicaid and *hawk-i* dental claims by person for calendar year 2001
- Matched enrollment data to claims data at the individual level

Demographics (ages 1-18)

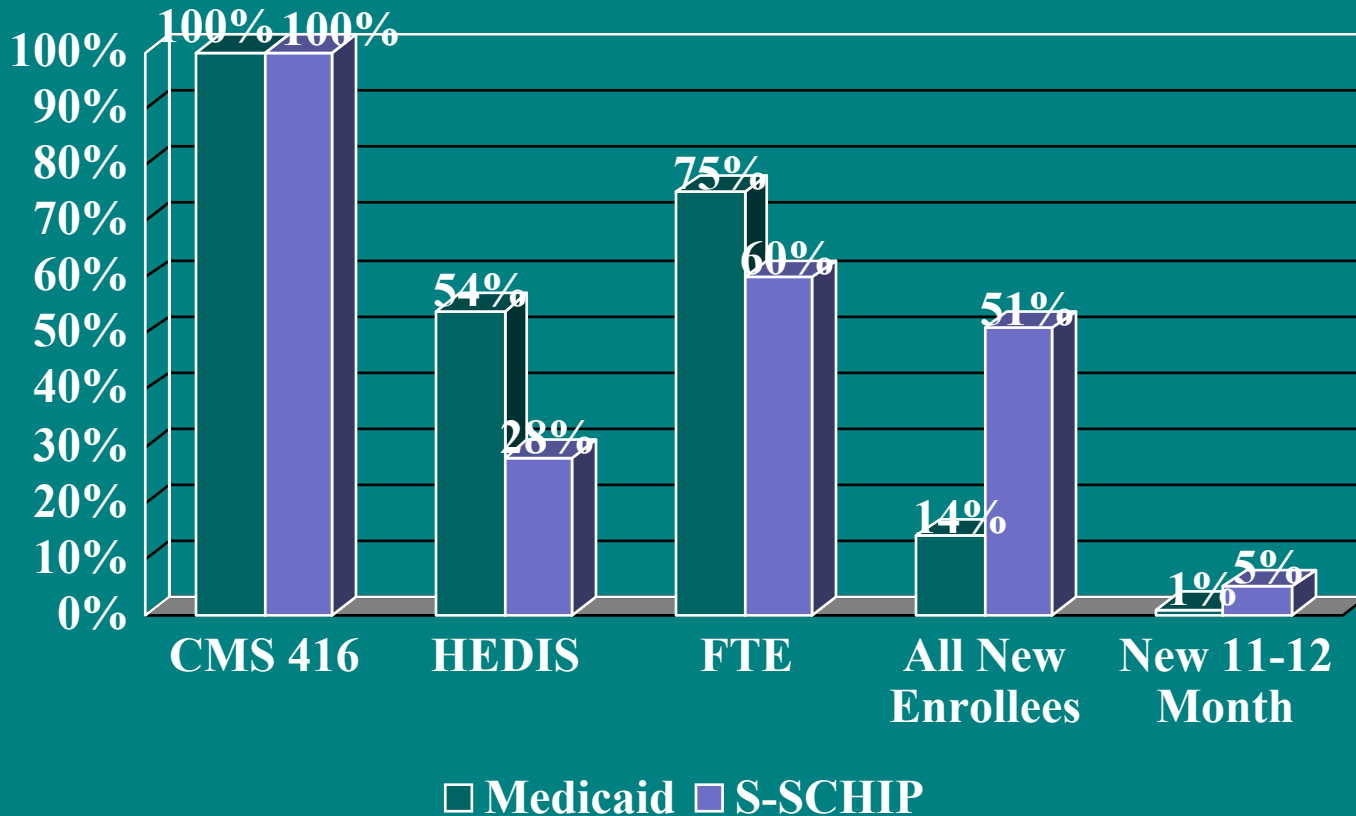
Medicaid

- 141,154 children
- 50%—female
- 44%—age 6 and under
- 54%—enrolled for at least 11 months
- 14%—“new” enrollees
- 47%—< 50% FPL

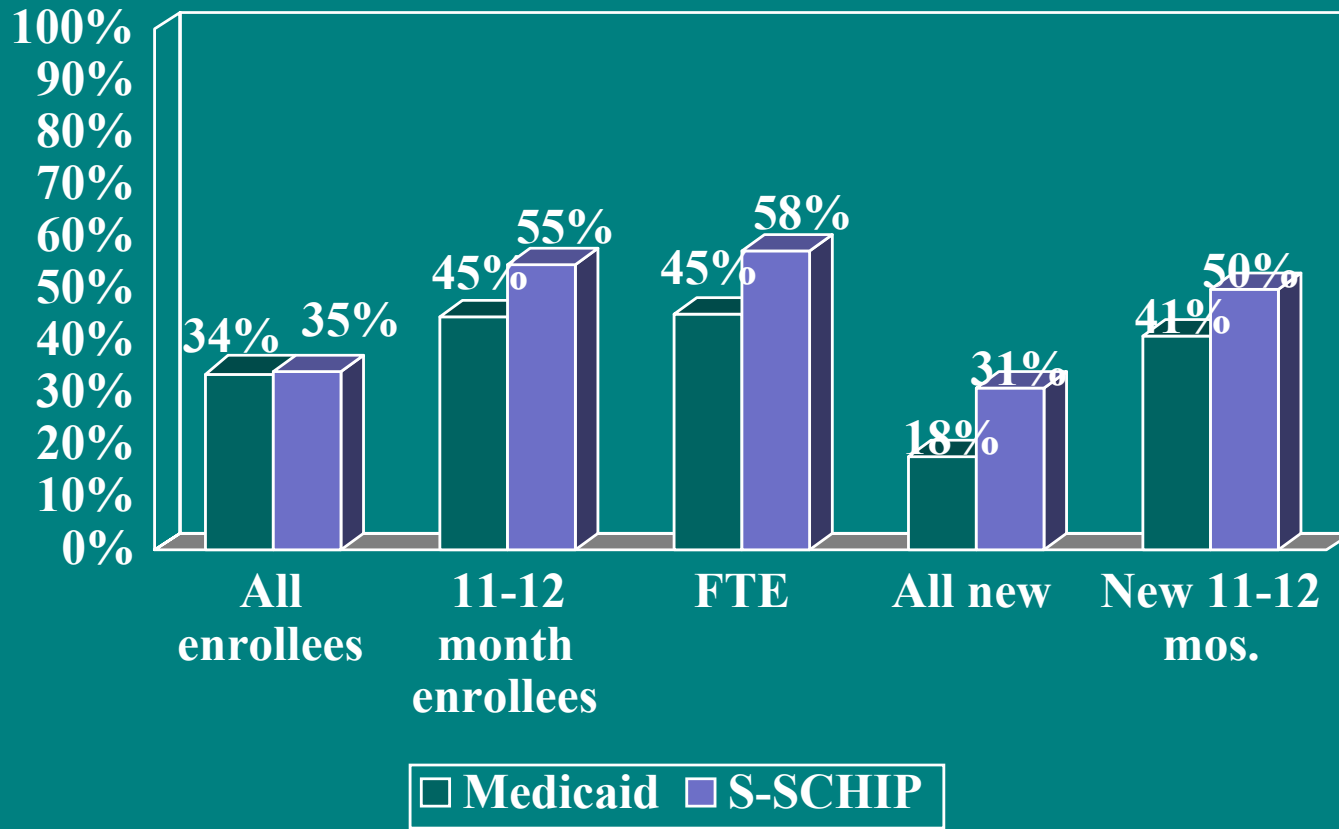
S-SCHIP

- 18,961 children
- 50%—female
- 35%—age 6 and under
- 28%—enrolled for at least 11 months
- 51%—“new” enrollees
- FPL not available but higher than Medicaid

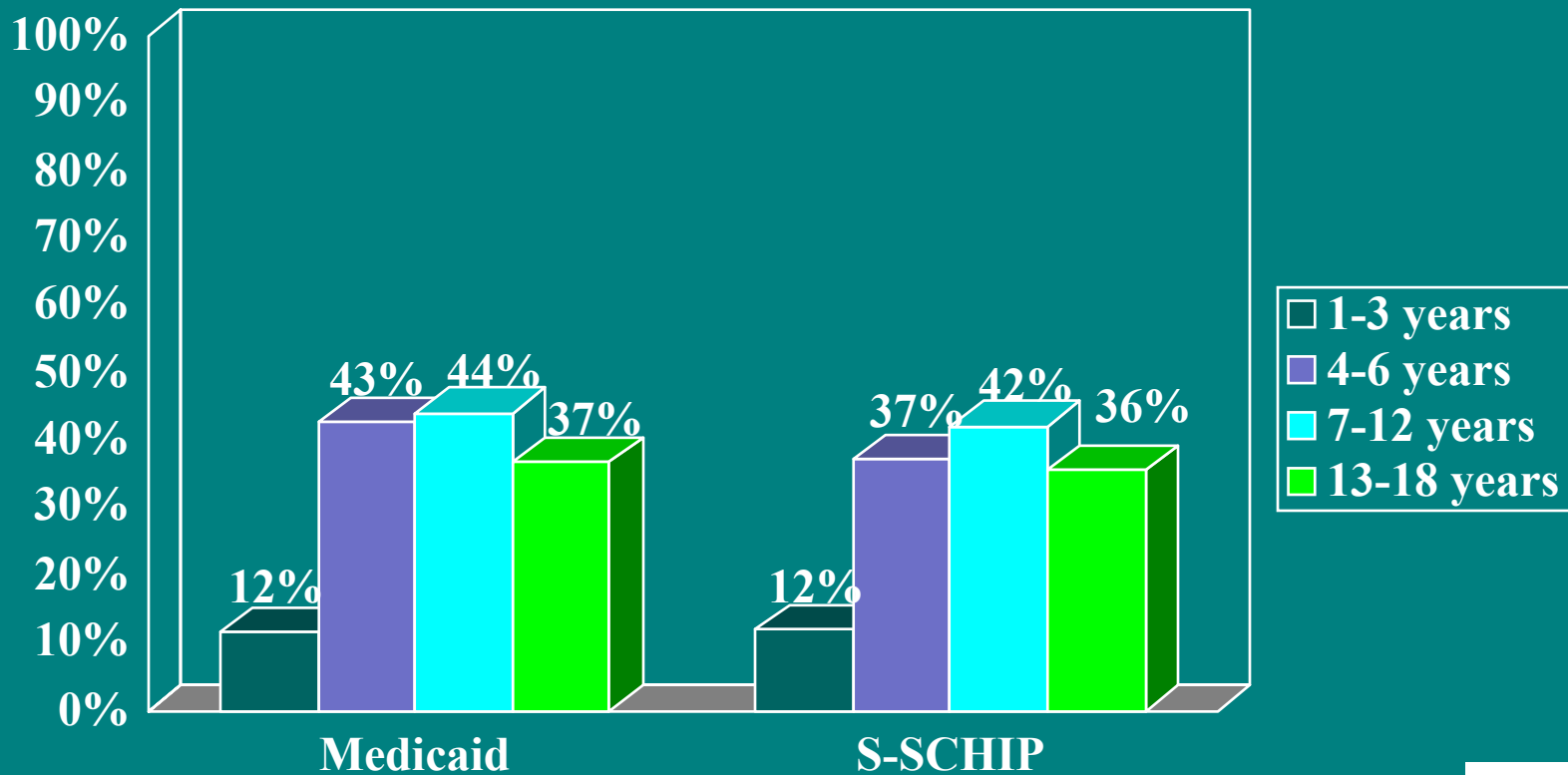
Proportion of all enrolled children included by approach CY 2001



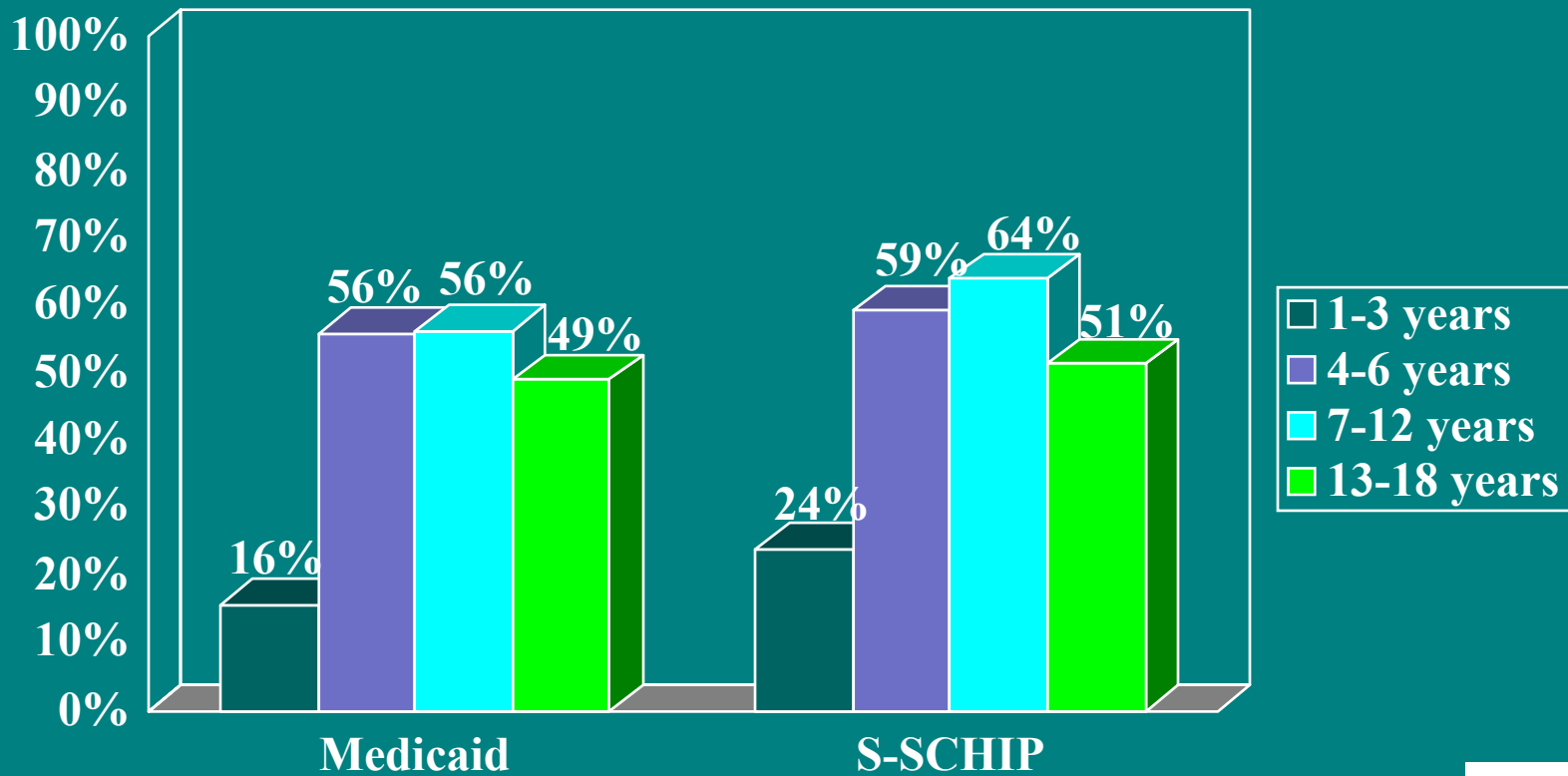
Comparison of 5 methods: any dental visit



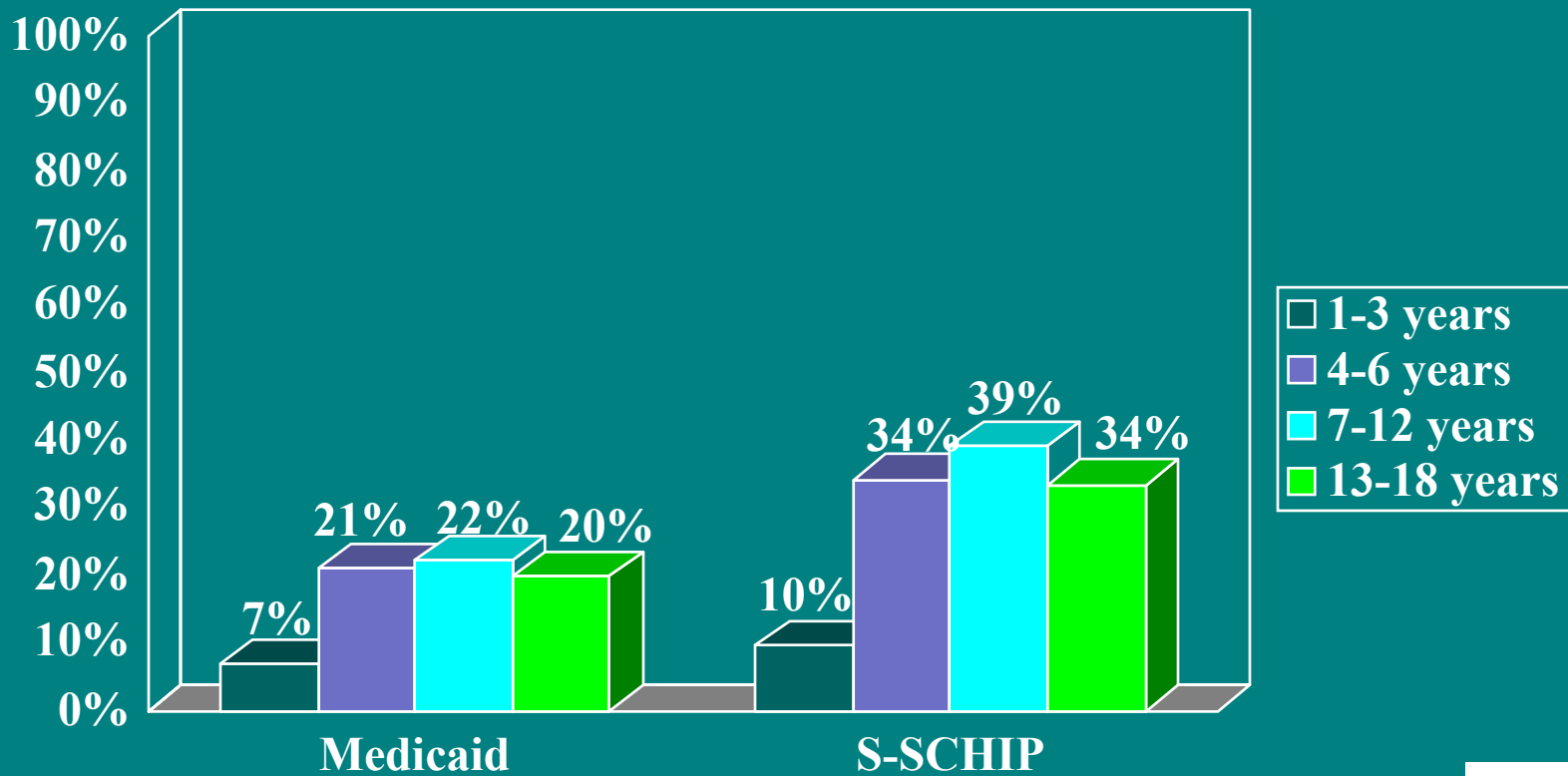
Percent with any dental visit: enrolled at least one month by age



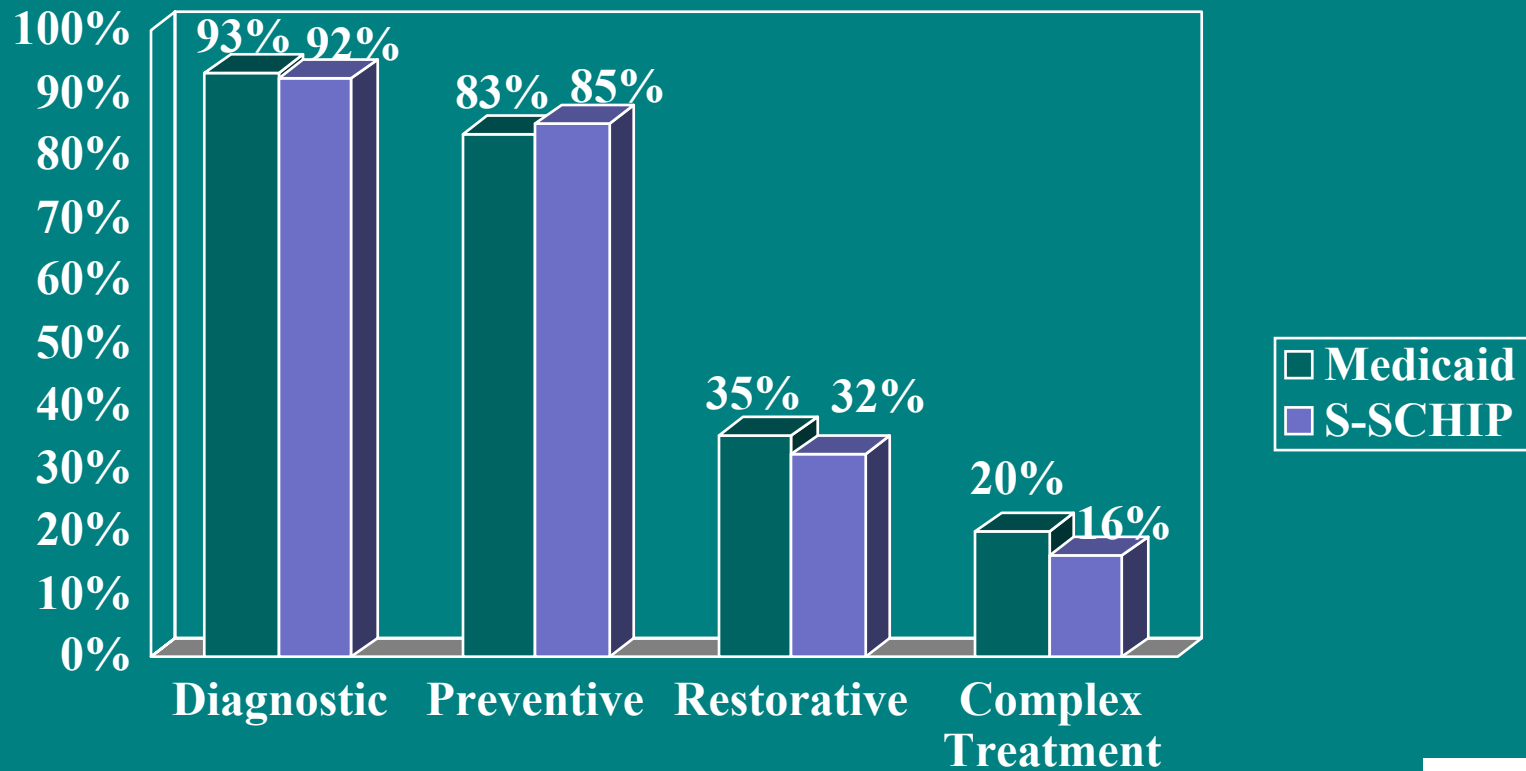
Percent with any dental visit: enrolled \geq 11 months by age



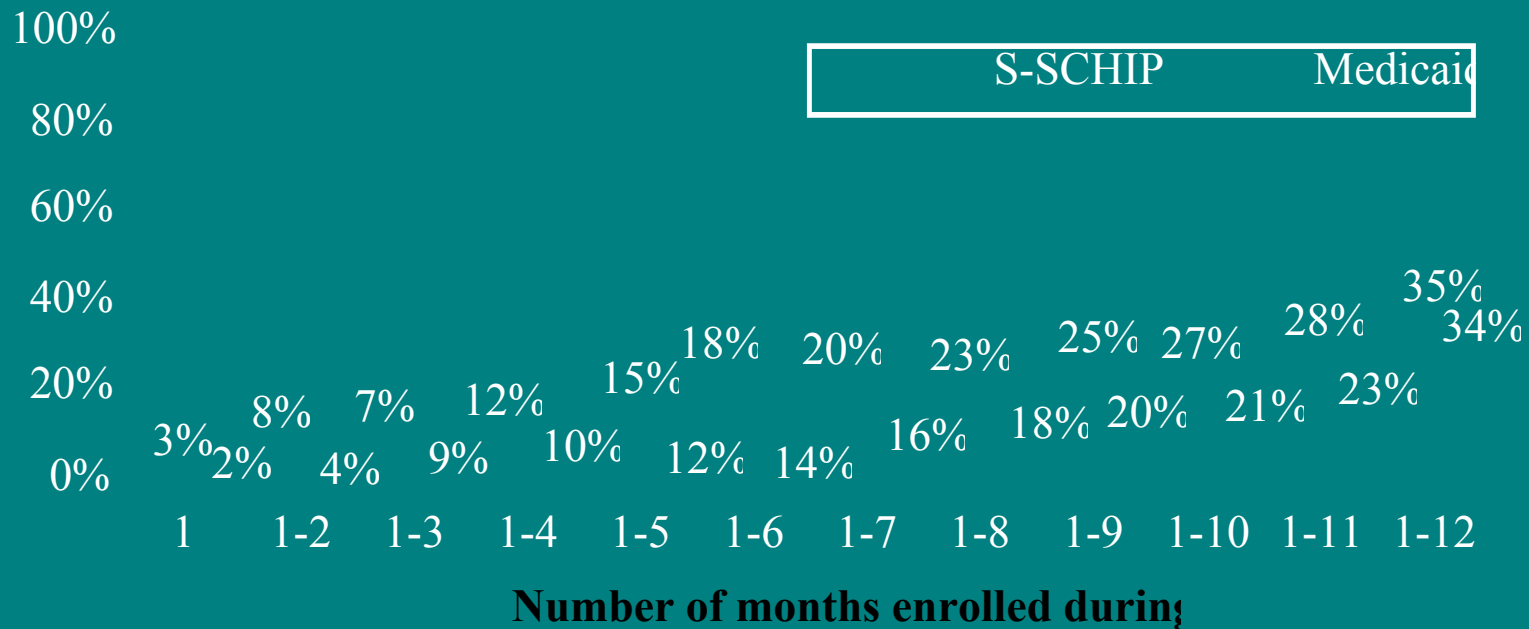
Percent with any dental visit: “new” enrollees by age



Type of services received: those with a dental visit



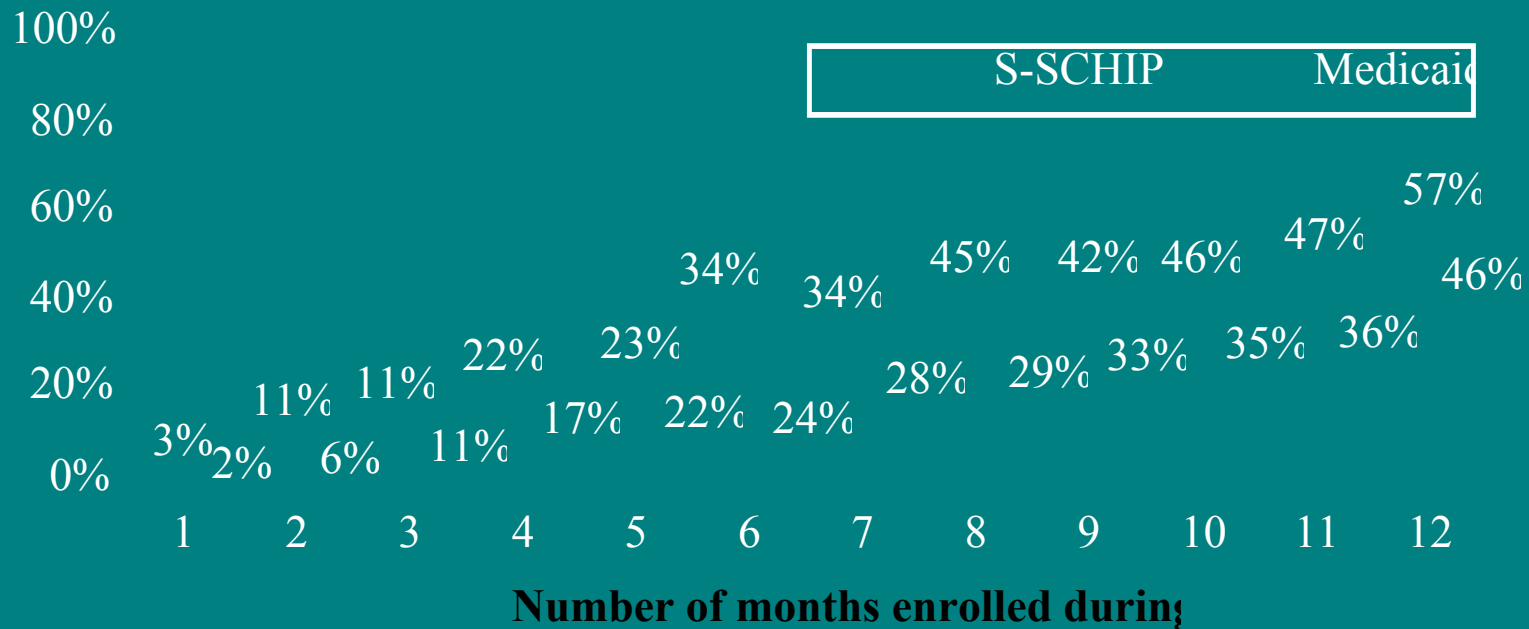
Dental utilization in Medicaid and S-SCHIP by months enrolled



Dental utilization in Medicaid and S-SCHIP by months enrolled



Dental utilization in Medicaid and S-SCHIP by months enrolled



Conclusions

- S-SCHIP had higher utilization rates than Medicaid but depends on method used
 - Eligibility periods differed
- Almost all with a dental visit received a diagnostic or preventive visit
- Different denominators (i.e., different populations) had different results
 - CMS 416 method may underestimate impact of program
 - HEDIS approach may overestimate impact
 - What about including those with 8 months of eligibility in rates?