



## Dental Check-up of the Healthy Families Program

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This project (1) determines the use of dental services by 2- to 11-year-old children covered by California's Healthy Families program during 2001; (2) compares the dental service utilization of Healthy Families children with that of children who lacked dental insurance, were covered by Medicaid dental (i.e., Denti-Cal) insurance, or were covered by private dental insurance; and (3) identifies factors that may influence access to dental care in the program.

### BACKGROUND

The State Children's Health Insurance Program (SCHIP) provides health insurance coverage for uninsured children from families with incomes that are too high to qualify for Medicaid, up to 250% of the federal poverty level (FPL). States may choose to: (1) expand Medicaid eligibility; (2) develop a new, stand-alone program; or (3) combine both approaches. The design approach selected has important programmatic and financial consequences. For example, it affects the state's ability to provide benefit packages that include dental benefits. States choosing Medicaid expansion are required to offer dental services mandated under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program to existing and newly eligible beneficiaries. However, because dental benefits are optional under SCHIP, states with stand-alone programs may choose whether or not to offer these benefits. States choosing the combined approach are required to offer dental benefits to Medicaid beneficiaries, but not necessarily SCHIP beneficiaries. States are also given statutory flexibility in establishing eligibility requirements, cost-sharing provisions and payment rates and arrangements, all of which have significant implications for access to dental care.

The federal SCHIP statute requires each state to submit a program evaluation to the Secretary of Health and Human Services and annual reports documenting their progress toward reaching performance goals. One recommended performance measure is access to dental

care. An evaluation of access to dental care within SCHIP will provide policymakers with important information about the program, especially when this evaluation is done during the program's early years. For example, it might help identify whether the target population is being reached. Comparing access to dental care under SCHIP with that of other public or private insurance programs may also help identify program components that affect access to dental care. Health insurance coverage by itself does not guarantee that services will be available or that children will receive the care they need. Other factors might affect accessibility, such as plan and provider participation. Monitoring access to care at the state and local levels will help to identify these factors.

California expanded Medicaid eligibility and created a separate SCHIP component known as the Healthy Families Program. It offers a comprehensive package of benefits, including dental benefits to SCHIP beneficiaries. Using data from the 2001 California Health Interview Survey (CHIS), we determined the use of dental services by 2- to 11-year-old children in the state. Population-based estimates of dental visits in the preceding year were obtained for children with no dental insurance, Medicaid dental insurance (Denti-Cal), private dental insurance, or Healthy Families dental insurance.

### FINDINGS

*Nearly one in four children ages 2 to 11 years lacked dental insurance.*

Almost one in four California children (23.4%) ages 2 to 11 years lacked dental insurance. More than half (57.1%) of these children with no dental insurance were eligible for either Medicaid or SCHIP insurance, and thus for dental coverage. Overall, 5.3% of children in this age range were enrolled in the state's Healthy Families program. Some parents were not aware of their child's SCHIP dental coverage.

*Dental service utilization varied across insurance categories.*

Uninsured children were significantly less likely to use dental services during the preceding year than insured children. (See Table 1.)

Table 1  
 Percentage of children who used  
 dental services during the year (2001)

Type of Dental Insurance	All Dental Services	Preventive Dental Services
No insurance	58.2	44.5
Denti-CAL	75.8	55.8
Private	80.2	66.4
Healthy Families	72.1	52.0

*Healthy Families children were less likely to have continuous insurance than other insured children.* Healthy Families children were less likely to be insured for all 12 months (86.7%) than either Denti-CAL (94.4%) or privately insured (97.4%) children. Continuous insurance coverage increases dental utilization for all children by ensuring access to care. Compared to children who were insured for only part of the year, continuously insured children were more likely to use any dental services (63.2% versus 76.3%, respectively) and also more likely to use preventive dental services (47.8% versus 60.9%, respectively).

*Healthy Families children were more likely to have no usual source of care than other insured children.* Healthy Families children were slightly more likely to have no usual source of care (2.5%) than either Denti-CAL children (1.4%) or privately insured children (1.0%). This may be associated with the availability of dental providers within the Healthy Families program. Children with no usual source of care were less likely to use dental services (48.9%) than children with a usual source of care (74.5%).

## RECOMMENDATIONS FOR EXPANDING ORAL HEALTH COVERAGE

- Increase the number of dental providers, particularly in communities with the greatest need.
- Implement targeted outreach to improve program participation among plans and providers.
- Implement innovative strategies to improve the retention of children under coverage, e.g., extend the requirement for continuous premium payment from two to three consecutive months.
- Implement strategies to improve the enrollment of children, e.g., decrease the waiting period subsequent to loss of employer-sponsored insurance from 90 days.
- Improve outreach to increase program participation by SCHIP-eligible children, e.g., provide assistance determining eligibility.
- Continue to provide families language assistance with their applications.
- Assign each enrolling child to a dental provider, preferably one who speaks their language. Families may elect to keep this provider or may choose their own provider at any time.
- Inform families of enrolling children about their dental benefits in particular preventive services.
- Eliminate or reduce financial barriers where feasible, such as the maximum monthly premium payable per family.
- Perform studies to monitor access to care in the program, identifying changes that result from specific policies.

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