

Higher Medicaid payments to dentists associated with increased rate of dental care among children

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Children and adolescents from states that had higher Medicaid payment levels to dentists between 2000 and 2008 were more likely to receive dental care, although children covered by Medicaid received dental care less often than children with private insurance, according to a study in the July 13 issue of *JAMA*.

According to background information in the article, more than one-third of children are covered by [public health insurance](#), primarily [Medicaid](#) and the Children's [Health Insurance](#) Program (CHIP). Coverage of [dental care](#) for children and adolescents covered by Medicaid and CHIP is required, although states have wide latitude in setting payment rates for providers including dentists, with these rates varying greatly by state. Medicaid recipients may not be able to access dental care if dentists decline to participate in Medicaid because of low payment levels or other reasons. Little is known about the effect of state dental fees on participation of dentists in the [Medicaid program](#).

Sandra L. Decker, Ph.D., of the [Centers for Disease Control and Prevention](#), Hyattsville, Md., conducted a study to examine the association of state Medicaid payment rates for dental care with the receipt of dental care among children covered by Medicaid. The study included data on Medicaid dental fees in 2000 and 2008 for 42 states plus the District of Columbia, and these data were merged with data from 33,657 children and adolescents (ages 2-17 years) in the National

[Health Interview Survey](#) (NHIS) for the years 2000-2001 and 2008-2009.

Of the 42 states plus the District of Columbia considered in the analyses, the 2008 Medicaid dental fees were lower than the (inflation-adjusted) 2000 fees in 23 states. Payment levels to dentists in 2008 were higher than in 2000 in 19 states plus the District of Columbia. In five states (Connecticut, Indiana, Montana, New York, and Texas) plus the District of Columbia, payments increased by at least 50 percent between 2000 and 2008.

The researchers found that the probability that a child or adolescent had seen a dentist in the past 6 months varied by insurance source. In 2008-2009, children and adolescents covered by Medicaid were less likely (55 percent) than children with private insurance (68 percent) to have seen a dentist in the past 6 months, but were more likely to have seen a dentist than children or adolescents without insurance (27 percent). According to the author's, "children were about 6 percentage points more likely to have seen a dentist in 2008-2009 than in 2000-2001. ... Those covered by Medicaid or CHIP were about 13 percentage points and uninsured children were about 40 percentage points less likely than children with [private insurance](#) to have seen a dentist."

"Changes in state Medicaid dental payment fees between 2000 and 2008 were positively associated with use of dental care among children and adolescents covered by Medicaid. For example, a \$10 increase in the Medicaid prophylaxis payment level (from \$20 to \$30) was associated with a 3.92 percentage point increase in the chance that a child or adolescent covered by Medicaid had seen a dentist," the authors write.

"As future expansions in Medicaid eligibility and insurance coverage more generally are contemplated and possibly implemented, more

attention to the effects of provider payment policies on access to care, quality of care, and health outcomes may be warranted."

More information: *JAMA*. 2011;306[2]187-193.

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