



Hennepin Health

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Increasing Preventive Care among
Children and Adolescents - Child and
Teen Checkups (C&TC) and Dental
Visits

Focus Study: Increasing Preventive Care among Children and Adolescents - Child and Teen Checkups (C&TC) and Dental Visits

Description

Well-child health and dental care visits are essential to achieve and maintain the physical, emotional and oral health of children and young adults. This focus study is a combination of the two 2018 focus studies on child and teen check-ups (C&TC) and dental visits, representing a continuation of focus by Hennepin Health on the importance of preventive care for children and adolescents. C&TC and dental visits can provide children with preventive and developmental health services, help ensure timely immunizations and dental examinations, help reduce the use of acute care services and allow parents an opportunity to discuss their health-related concerns with providers (Abdus, 2013). However, there is evidence that many children in the United States have fewer well-child visits than the American Academy of Pediatrics advises in its Bright Futures recommendations (Abdus, 2013). Researchers have found that children from low-income families often missed 15-month, 18-month, and 4-year well-child visits and that 77 percent of the children who most often missed well-care visits were on publicly insured health plans (Zimlich, 2018). Hennepin Health administers Medicaid funded products that support well-child visits for members.

The well-child benefit for children and adolescents in the Medicaid program is known as Early and Periodic Screening, Diagnostic and Treatment services (EPSDT). EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21 (CMS, 2014). In Minnesota, the EPSDT program is known as Child and Teen Checkups (C&TC).

The topic of improving access to dental services, decreasing racial oral health disparities and increasing the annual dental visit utilization rate for children as oral health and its relationship to individual overall health underscores the importance of preventive and diagnostic oral health care. Unlike many medical conditions, dental problems are not self-limiting. Dental diseases become progressively more severe without treatment, requiring increasingly costly interventions (Academy of General Dentistry, 2008). Untreated dental disease can lead to infection, damage to bone or nerve, and tooth loss. Infection from tooth disease can spread to other parts of the body and may even lead to death.

The prevalence of dental disease and tooth loss is disproportionately high among people with low income, reflecting lack of access to dental coverage and care. Racial and ethnic disparities in dental utilization are pronounced with African Americans and Hispanics having a higher prevalence of dental disease (Hinton & Paradise, 2016). With the expansion of Medicaid and advances in healthcare, studies show that racial minorities and individuals with low socioeconomic status experience more severe oral health problems. These disparities are experienced at all ages with dental caries being considered the most prevalent chronic condition among minority children (Assari & Hani, 2018). “Healthy People 2020 outlines that 35.7 percent of African American children between six and nine years old suffer from untreated dental caries,

which is 1.4 times greater than White children” (Assari & Hani, 2018, p. 2). Furthermore, African American children are less likely to have visited a dentist in the last year, received sealants, and are more likely to have unmet dental needs. In fact, “only 34 percent of African American children received dental care in a year in comparison to 52 percent of White children” (Assari & Hani, 2018, p. 2).

Concern is growing about low dental utilization rates among children and of state reports that indicate disparities in oral health care. Increasing the rate of annual dental visits among children has been identified as a top priority by the Minnesota Department of Human Services (DHS). Following state and national trends, the rate of annual dental visits among Hennepin Health – Prepaid Medical Assistance Program (PMAP)/MinnesotaCare (MNCare) children has been low historically.

The United States Medicaid program provides a comprehensive mandatory benefit package for children that includes oral health screening, diagnosis and treatment services. Dental care is also provided through the Medicaid benefits administered by Hennepin Health. Dental services required in the Medicaid benefit include: dental care needed for relief of pain, infection, restoration of teeth and maintenance of dental health (provided at as early an age as necessary) (CMS, 2014).

Health plans can increase dental and C&TC visits through outreach and intervention strategies by identifying children in need of preventive services. It is important to identify children in need of services as early as possible to schedule timely visits with dental and healthcare providers. In addition, having annual C&TC and visiting a dentist every six months or annually during childhood increases the probability that the behavioral pattern will continue into adulthood. National Committee of Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) rates will be used to evaluate the effectiveness of providing preventive care services within a specified timeframe.

Process and Documentation

Data Measures and Limitations

The HEDIS Technical Specifications are used for the annual HEDIS Well-Child Visits and Dental Visits measure outcomes. Hennepin Health will also use the 2018 DHS Withhold Technical Specifications for the PMAP/MNCare annual dental visit calculation of the utilization rate. The DHS methodology defines the numerator, denominator, continuous enrollment requirements and dental codes to be used in the rate calculation. The 2019 DHS Withhold Reports and the monthly Delta Dental of Minnesota dental utilization reports will be used to measure outcomes for the dental utilization.

DHS enrollment files will be used to calculate the racial disparity rates for 2018 and 2019. There are a significant number of members that do not identify race and therefore the data does not accurately depict the level of racial oral health disparities experienced by Hennepin Health members during that calendar year.

Data limitations include:

- Accurate measurement relies on accurate coding. Primary Care and dental clinics must submit accurate codes timely for all annual preventive and diagnostic well-child and dental services to ensure accurate measurement. Hennepin Health will work with the clinics as needed if coding problems are noted. Delta Dental will collaborate with Hennepin Health as needed if coding problems are noted at the dental clinics.
- Accurate racial disparity rates. Accurate racial disparity rates relies on the majority of members identifying their race at the time of enrollment and the DHS Enrollment File ethnicity information must be correct.

Barrier Analysis

- Individuals covered by State public programs have unique socioeconomic challenges that often coincide with complex health conditions. Issues with access to housing, transportation, adequate and nutritious food, coexist with serious physical conditions, including: diabetes, cardiac disease, mental and chemical health issues. Numerous barriers prevent members from receiving preventive and/or diagnostic medical and dental services. This section describes barriers faced by both members and providers.

Members

1. Members lack knowledge of their health care and dental benefits and the means of utilizing those benefits and accessing care. Educating families eligible for Medicaid on how to enroll and access the systems may be essential for the success of these programs.
2. Low oral health literacy and limited member awareness of the important of annual preventive and/or diagnostic medical and dental services. The messages need to consider the multiple languages and cultural traditions that characterize diversity.
3. Many people consider oral signs and symptoms less important than indication of general illness. Public understanding of oral health and the relationship between the mouth and the rest of the body must be enhanced. These messages need to consider the multiple languages and cultural traditions that characterize diversity.
4. Physical and/or mental disability may limit access to services. Many with disabilities do not seek out or obtain health or dental care as they may be embarrassed by their disabilities.
5. Lack of phone and/or permanent address makes members unreachable.
6. Health plan membership is fluid and a member's enrollment may lapse during the year.

System Barriers

1. Availability and accessibility of dental clinics that accept MHCP members or have the capacity to accept new members.

Provider Barriers

1. Lack of emphasis on the importance of oral health among primary care providers.
2. High no-show rate. Providers state that they will not accept new MHCP members due to the high no show rate for the population.

3. Reimbursement and administrative burden. Minnesota dentists have expressed that one burden to providing care of MHCP recipients is the low reimbursement rate for public programs. Current payment rates for MHCP are typically about 30 percent of the actual costs, well below the cost of providing treatment and among the lowest in the nation.

Strategies

Strategies to encourage and promote C&TC and dental visits focus on both the provider and the member/family. Staff responsible for the implementation of the interventions include the Dental Coordinator, Social Service Navigation/Complex Case Management team, Customer Service, Outreach Coordinators, Walk-In Service Center (WISC), Community Health Workers (CHW), Delta Dental access care coordination services, Senior Quality Management (QM) Specialists and the New Enrollee Survey Coordinator.

The focus is member education on the importance of physical and oral health care and annual visits to the medical and dental providers as well as providing support to assist them accessing services. Additionally, the goal is to increase member understanding of the medical and dental benefit programs available through Hennepin Health and encouraging members to have C&TC and dental visits with the promotion of the C&TC and dental gift card vouchers. Additional strategies include:

- Mailing C&TC/dental visit reminder fliers two months prior to their birthday;
- Promoting C&TC/dental visits at community events, providers' offices, and WISC;
- Collaborating with Hennepin County Public Health and Human Services staff and Hennepin County navigators, including education about the rewards program;
- Providing C&TC/dental information, including the C&TC/dental vouchers on the Hennepin Health website and through Customer Service hold-time messaging;
- Dental Coordinator, Social Service Navigation/Complex Case Management staff, and CHWs will assist each member to schedule a dental appointment and will arrange transportation and interpreter services
 - Once an appointment has been scheduled, staff working with the member will make a reminder call to each member 1-2 days prior to the appointment
 - After the appointment, staff working with the member will follow up with the clinic or the member to assure the member made it to the appointment and also to see if there is any follow up care required and help coordinate any follow up care; and
- Hennepin Health will work with Hennepin Healthcare System and NorthPoint Health and Wellness Center health care providers about the importance of oral health care and encourage health care providers to urge patients to obtain dental care.
 - Hennepin Health will encourage health care providers and members to contact Hennepin Health with questions and for assistance.

Analysis

Between December 2018 and December 2019, children and adolescents were mailed C&TC/dental visit reminder fliers two months prior to their birthday. These visit reminder fliers

targeted members between the ages of 18 months to 21 years. During the first quarter of 2019, Quality Management (QM) staff collaborated with the Marketing and Communications Department to create two C&TC and dental visit reminder postcards: a postcard aimed at the parents of children younger than 11 years old and a postcard directed at adolescents 11 to 21 years old. The C&TC and dental visit postcards describe the importance of these preventive services. The postcards were designed to be sent in the mail to parents and adolescent members as a reminder to schedule timely visits with providers according to the C&TC periodicity schedule. The QM Department subsequently partnered with Data Analytics staff to develop a monthly report to identify members ages birth to 21 years, two months prior to the month recommended by the periodicity schedule for a needed dental examination and C&TC visit. A monthly report of members aged twelve months to 21 years old who are due for C&TC and/or dental visits was generated for QM staff based upon the C&TC periodicity schedule. The QM Department created and executed monthly C&TC and dental visit flier and subsequently postcard reminder mailings for members identified in the monthly C&TC and dental visit report beginning fourth quarter 2018.

Table 1. 2019 C&TC and Dental Visit Mailing		
Birthday Month	Under 11 years old	Over 11 years old
December, 2018	412	NA
January, 2019	300	NA
February, 2019	300	NA
March, 2019	300	NA
April, 2019	424	NA
May, 2019	354	NA
June, 2019	253	164
July, 2019	435	191
August, 2019	473	225
September, 2019	382	231
October, 2019	645	204
November, 2019	358	220
December, 2019	481	199

Dental outreach efforts developed in 2018 continued through 2019 with the Dental Coordinator completing several outbound call initiatives. These calls were made in an effort to reach members directly to educate them on available dental benefits and assist with finding a dental clinic and scheduling an appointment. The Dental Coordinator received referrals from internal staff that work directly with members and assisted them with coordinating dental services. Dental referrals from internal staff increased with the implementation of the New Enrollee Survey process.

Hennepin Health also encouraged health care providers to mention the importance of dental care to their patients and parents of children. NorthPoint Health and Wellness Center dental clinic continued partnering with Hennepin Health to increase access to dental services for children by providing dental visits opening the first and second Wednesdays of each month during the school

year. In September 2019, the Hennepin Healthcare dental clinic also partnered with Hennepin Health in setting aside appointment days and times, including school holidays. Dental visits were also set at Whittier Clinic with the Dental Therapist. Hennepin Health was given access to the Epic, the electronic medical record, so visits could be scheduled by the Dental Coordinator.

Hennepin Health continued the C&TC dental gift card reward programs for members. The gift card reward program was regularly promoted through several modes of communication with members. It is also promoted through internal and external parties who work extensively with members. These internal and external parties include: Member Services Department, Medical Administration Department, Marketing/Communications Department, Hennepin Healthcare for the Homeless Clinic, Hennepin Healthcare Emergency Department CHWs, Hennepin County Health and Human Services and NorthPoint Health and Wellness Center. Information about the gift card reward programs is available on the Hennepin Health website along with a print-friendly version of the dental voucher for members to print and bring to their medical and dental providers.

A comparison of gift card incentives programs between Hennepin Health and other health plans offering services to Medicaid members was conducted. Based on the analysis, gift card amounts were increased for both C&TC and dental visits. Hennepin Health developed a “Health Information and Resources” webpage located on the Hennepin Health member website. Through collaboration with Healthwise, a health information and health decision tool was added, allowing the member to search on a variety of health-related topics for information that could help the member make decisions about their health and lifestyle. Information is provided in a written format as well as through videos. Quit smoking information and mental health and substance abuse resources are also on the webpage.

The table below displays information on the number of C&TC and dental visit gift card distributed by reward program in 2019.

Table 1. Reward Program/ Distribution	
Program	2019
Child and Teen Check-up Age 0- 15 Months	4
Child and Teen Check-Up 3 rd , 4 th , 5 th and 6 th Year of Life	11
Child and Teen Check-Up Adolescent	11
Annual Dental Visit Gift Card age 1 - 20	97

In 2017, Hennepin Health had low Healthcare Effectiveness Data and Information Set (HEDIS) rates for all children and teenage related measures. However, the denominators for these measures were also low ranging from six to 70, which was significantly below the sample size of 411 required by NCQA HEDIS technical specifications. Therefore, no conclusions can be drawn based on the 2017 – 2018 data. The denominators for all child related HEDIS measures will be higher for 2019 due to the increase in Hennepin Health – PMAP/MNCare membership.

The rate of well-child visits for the first 15 months of life, ages 3 – 6 and adolescents was similar in 2018 and 2019 – see Figures 1 – 3. Eligibility requirements (enrolled in the health plan for 11

of 12 months of a calendar year) must be met for members to be included in the measure, so the rates may not accurately reflect the number of children/adolescents who had C&TCs.

Figure 1: Well-Child Visits First 15 Months of Life

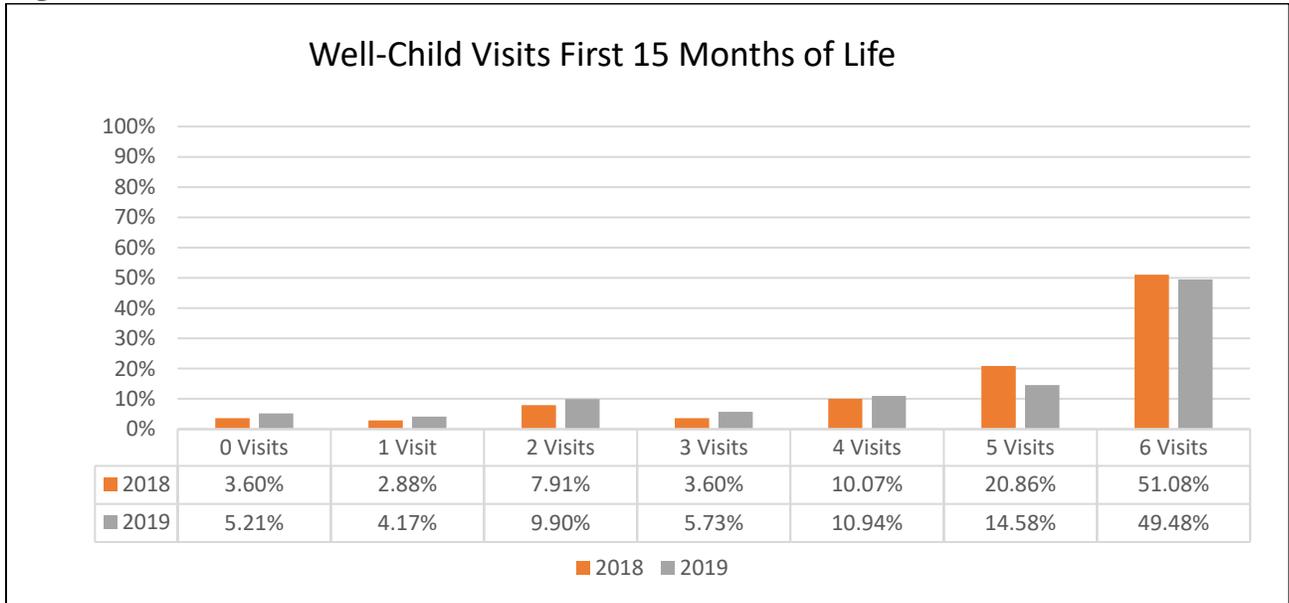


Figure 2: Well-Child Visits 3rd, 4th, 5th and 6th Years of Life

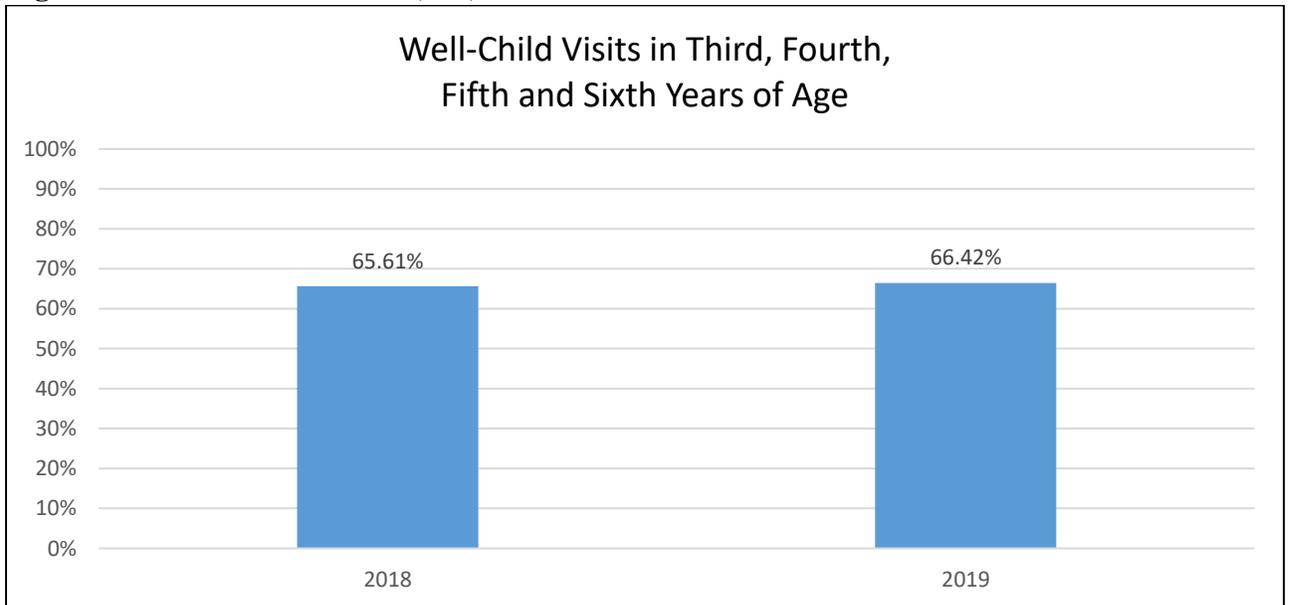
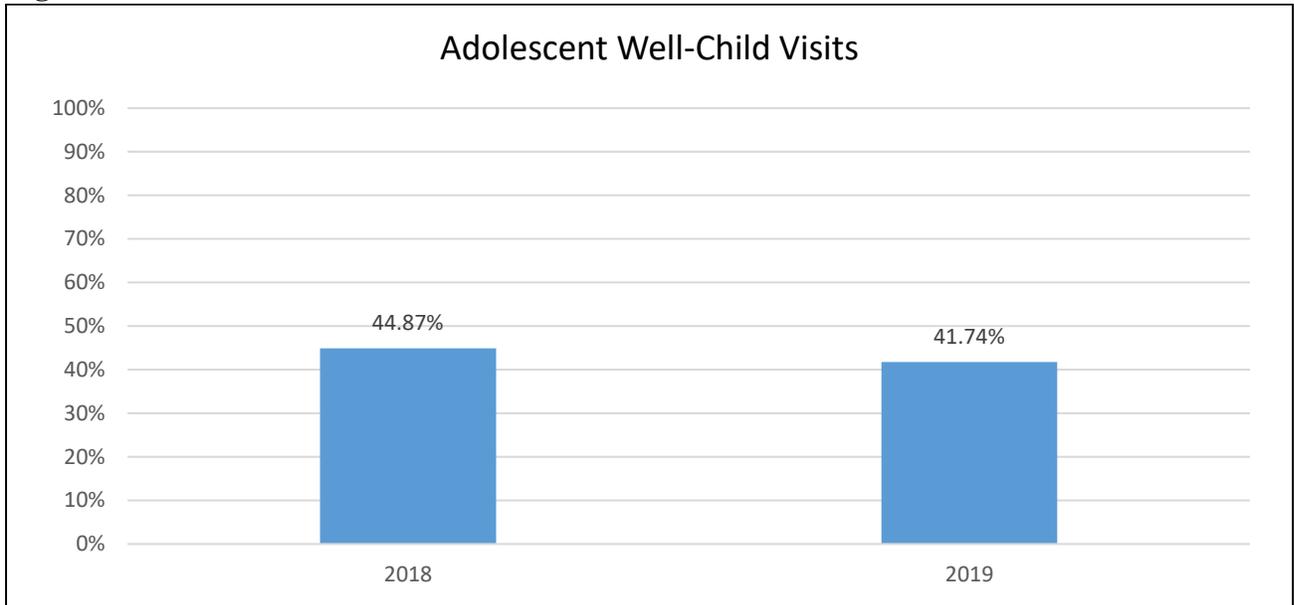


Figure 3: Adolescent Well-Child Visits



The HEDIS annual dental visit rate decreased in all age groups between 2018 and 2019 (Figure 4). Eligibility requirements (enrolled in the health plan for 11 of 12 months of a calendar year) must be met for members to be included in the measure, so the rates may not accurately reflect the number of children/adolescents who completed dental visits.

Figure 4: Annual Dental Visit

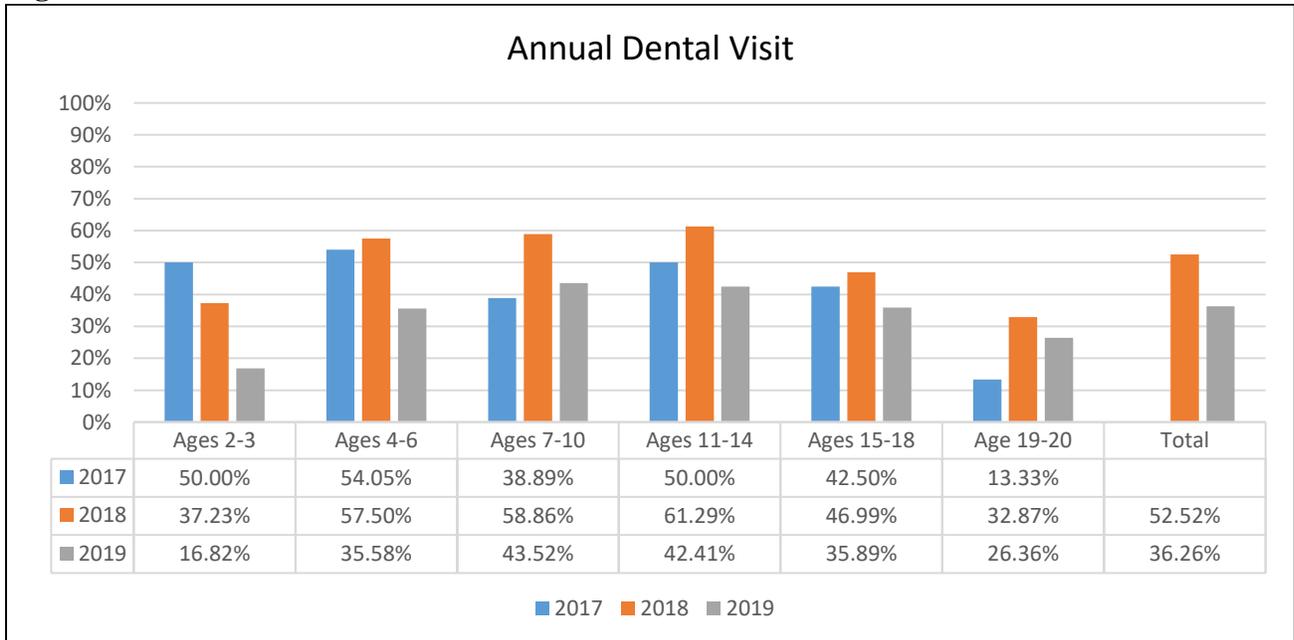


Table 1. PMAP/MN Care Annual Dental Visit 2018 (Q1, Q2, Q3, Q4)*			
Age Range	Numerator	Denominator	Rate
1-20 Years of Age	2,679	6,814	39.32%

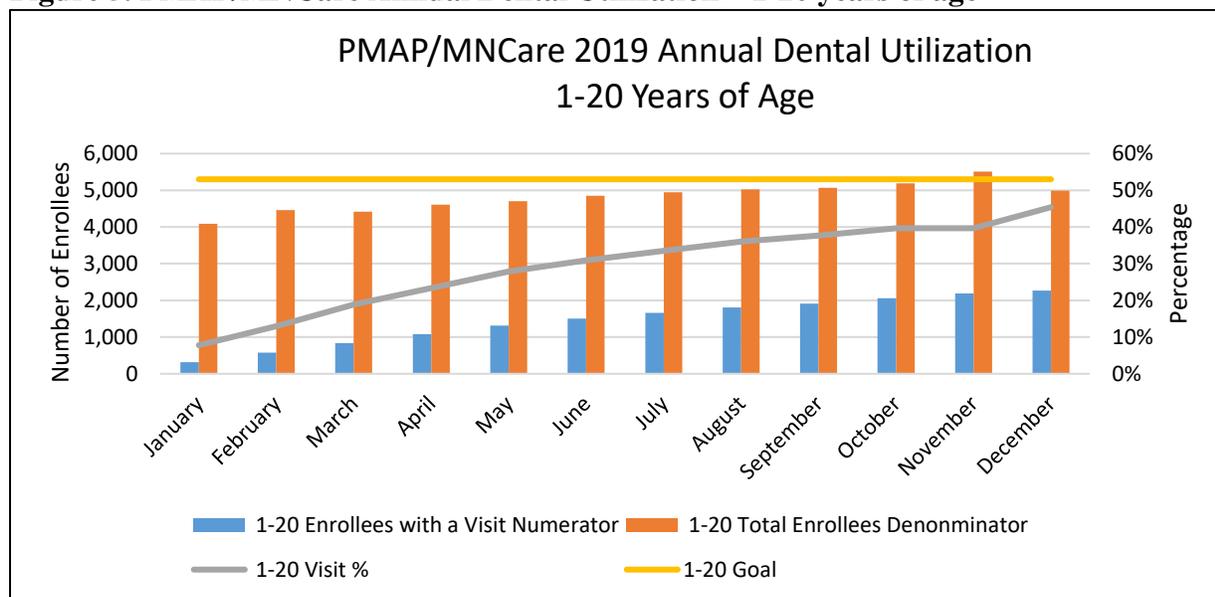
*DHS Withhold Performance Report, January 2019

Table 2. PMAP/MN Care Annual Dental Visit 2019 (Q1, Q2, Q3, Q4)*			
Age Range	Numerator	Denominator	Rate
1-20 Years of Age	2,776	6,554	42.36%

*DHS Withhold Performance Report January 2020

Using the DHS dental utilization calculation methodology, the dental utilization rate for children ages 1-20 has increased by three percent from 2018 to 2019 (Tables 1 and 2). The dental utilization rates were reviewed monthly and at the quarterly meeting with Delta Dental. The quarterly results were compared to the DHS withhold dental reports received throughout the year and revisions were made when identified. Figure 5 below displays the cumulative utilization rate from month to month in 2019.

Figure 5. PMAP/MNCare Annual Dental Utilization – 1-20 years of age



Racial disparities exist among members ages 1 to 20 who completed a dental visit between 2018 and 2019 (Tables 3 and Table 4). A significant number of individuals did not identify race. As a result, a gap exists in the data. In 2019, 42.28% percent of children who completed a dental visit did not have their race identified.

Comparing 2018 and 2019, a higher percent of individuals in all racial and ethnic groups completed a dental visit in 2019. In both years American Indians and African Americans had the lowest rates of dental visits. Hispanics had the highest rates of dental visits in both years.

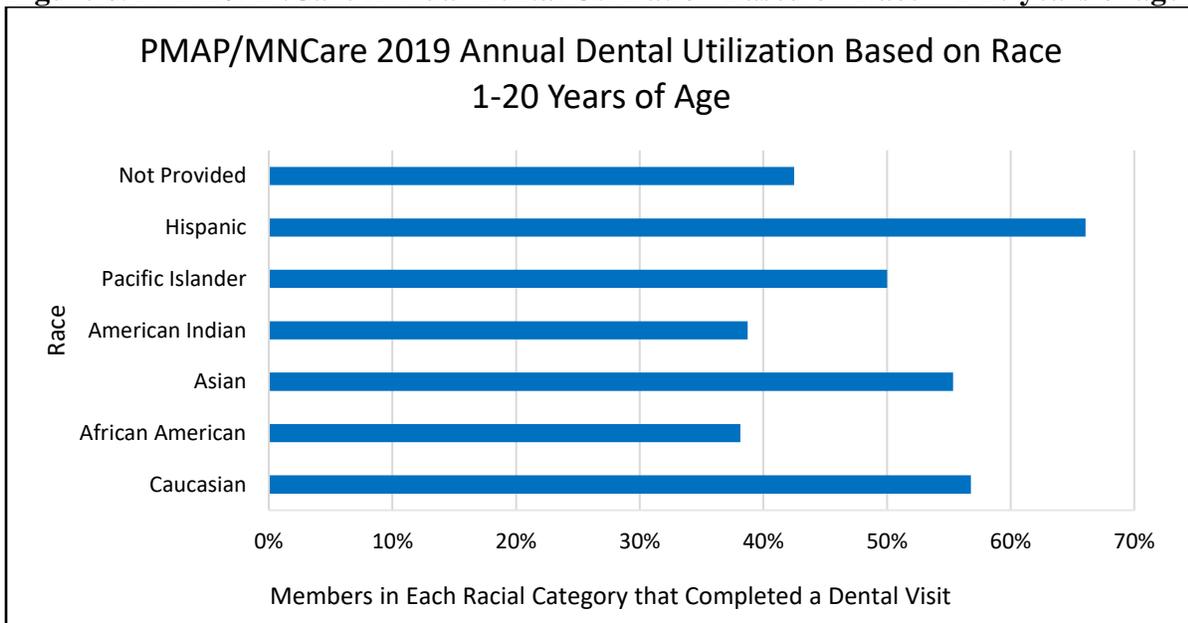
To address racial oral health disparities, the Dental Coordinator aimed to reach families residing in areas predominantly populated by minority groups. Focusing on these geographic areas

allowed the Dental Coordinator to assist minority members of Hennepin Health with finding dental providers and gaining access to dental services.

Table 3. Ages 1-20 PMAP/MNCare 2018 Annual Dental Visit Based on Race			
Race	Numerator	Denominator	Rate
Not Provided	1,026	2,742	37.42%
Hispanic	93	228	40.79%
Pacific Islander	0	2	0%
American Indian	33	163	20.25%
Asian	49	144	34.03%
African American	357	1,532	23.30%
Caucasian	209	579	36.10%

Table 4. Ages 1-20 PMAP/MNCare 2019 Annual Dental Visit Based on Race			
Race	Numerator	Denominator	Rate
Not Provided	779	1,834	42.48%
Hispanic	471	713	66.06%
Pacific Islander	1	2	50%
American Indian	67	173	38.73%
Asian	57	103	55.34%
African American	525	1,377	38.13%
Caucasian	460	810	56.79%

Figure 6. PMAP/MNCare Annual Dental Utilization Based on Race – 1-20 years of age



Recommendations and Next Steps

During 2020, the Hennepin Health QM Department will continue to send reminders to members ages 12 months to 21 years who are due for annual dental and C&TC visits according to the C&TC visit periodicity schedule. The mailings will be completed each month, two months in advance of the recommended visit timeframe.

In addition, the Hennepin Health staff will collaborate with NorthPoint Health and Wellness Center and Hennepin Healthcare to increase outreach to the racially diverse member population residing in nearby zip codes. Outreach to members residing in these areas will include assistance in obtaining dental and C&TC visits with providers at NorthPoint Health and Wellness Center and Hennepin Healthcare.

Although this focus study concluded in December, 2019, the strategies will continue to be implemented in future years. Effectiveness of strategies will be evaluated at least annually. Strategies will be changed and implemented based on the analysis.

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