

**Addendum**  
**Analysis of Options to Ensure**  
**Continuity of Care: A Report to**  
**the Maryland Health Benefit Exchange**  
**Board of Trustees**

**Prepared by The Hilltop Institute and**  
**the Continuity of Care Advisory Committee**

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## **Pediatric Orthodontic Services**

This document provides additional analysis requested by the Continuity of Care Advisory Committee and public stakeholders and serves as an addendum to the Committee's report, *Analysis of Options to Ensure Continuity of Care*. The full report included an analysis of fiscal year (FY) 2011 Medicaid eligibility data to estimate the rate of turnover in eligibility and classify enrollees into four categories:

- Those who were continuously enrolled in Medicaid
- Those who were newly enrolled in Medicaid
- Those who lost eligibility
- Those who gained and then lost eligibility

The latter three groups were used as an estimate of the population that may transition between Medicaid and the Maryland Health Benefit Exchange (MHBE). The Hilltop Institute created separate estimates for the first six months of FY 2011 and for the entire year. After identifying the transition population, Hilltop then analyzed the rate of turnover in Medicaid eligibility for selected populations and conditions that may require continuity of care when transitioning between Medicaid and MHBE health plans. The populations and conditions were identified through Committee input.

As the analysis was in progress, the Committee and public stakeholders requested an analysis of pediatric orthodontic services. They noted that pediatric dental services are a Medicaid benefit and an essential health benefit required of all health plans offered in MHBE. The Committee also recognized that orthodontic services are an important aspect of health, particularly for children with conditions that affect speech, biting, chewing, and swallowing. Continuity of care is a concern for children who transition between health plans in the midst of orthodontic treatment.

To conduct this analysis, Hilltop used procedure codes in the Medicaid claims history to identify children in the 6- and 12-month populations receiving orthodontic services. Under Medicaid early and periodic screening, diagnosis, and treatment (EPSDT) requirements, dental services are a mandated benefit for children through the age of 20 years. The essential health benefit regulations require pediatric benefits for children through the age of 18 years. Thus, the analysis presents separate estimates for children through age 18 years and through age 20 years.

Table 1 below presents the number and percentage of children in the 6- and 12-month populations receiving orthodontic services for each transition group. Due to small cell sizes, and in order to protect individual privacy, data could not be presented for the population gaining and then losing eligibility or for the various Medicaid coverage groups as presented in the full report.

In both the 6- and 12-month measurement periods, orthodontic services were slightly higher for the population losing Medicaid coverage than for the population gaining Medicaid coverage. In both the 6- and 12-month populations losing coverage, roughly 1 percent of children were receiving orthodontic services.

**Table 1. Pediatric Orthodontic Services among the 6-Month and 12-Month Population**

Age Group (Years)	Number	Percentage	Total in Age Group
<b>6-Month Population</b>			
<b>Lost Coverage</b>			
0-18	202	0.72%	28,085
0-20	269	0.82%	32,984
<b>Gained Coverage</b>			
0-18	179	0.36%	49,413
0-20	194	0.36%	53,563
<b>12-Month Population</b>			
<b>Lost Coverage</b>			
0-18	585	1.15%	50,803
0-20	702	1.18%	59,465
<b>Gained Coverage</b>			
0-18	809	0.86%	93,769
0-20	867	0.86%	100,844