



2005 Market Street, Suite 1700      215.575.9050 Phone  
Philadelphia, PA 19103-7077      215.575.4939 Fax

901 E Street NW, 10th Floor      202.552.2000 Phone  
Washington, DC 20004      202.552.2299 Fax  
[www.pewtrusts.org](http://www.pewtrusts.org)

September 27, 2011

Dennis G. Smith, Administrator  
Wisconsin Department of Health Services  
1 West Wilson Street  
Madison, WI 53703-3445

Dear Administrator Smith,

The Pew Children's Dental Campaign promotes evidence-based policy approaches that can help states strengthen access to care. We are concerned that nearly seven out of 10 Medicaid-enrolled children in Wisconsin did not see a dentist in 2009.<sup>1</sup> This rate is lower than the percentage of kids that received dental care nationally and in all four neighboring states.

We support the Wisconsin Dental Association's efforts to improve access to dental care through: 1) increasing Medicaid reimbursement rates, and 2) expanding sealant programs in high-risk schools. Reasonable Medicaid reimbursement rates and the delivery of dental sealants at school-based programs are evidence-based approaches that have been shown to be effective in promoting the dental health of children.

Research has shown a link between Medicaid reimbursement rates and access to care.<sup>2</sup> States that are committed to improving dental care access should ensure their Medicaid reimbursement rates are high enough to cover the cost of care. By doing so, Wisconsin can encourage broader Medicaid participation by dentists. In 2010, the state paid dentists who service Medicaid-enrolled children only 36.4 percent of the median retail fees. Wisconsin's rate is significantly below the national average (60.5 percent) of dentists' median retail fees and also less than the reimbursements paid by the four bordering states.<sup>3</sup> It is unrealistic to expect dental practices to accept Medicaid patients if doing so means their practices suffer a significant loss of income.

Expanding sealant programs is another strategy that Wisconsin should utilize. Sealants are clear, plastic coatings applied to children's molars—the most cavity-prone teeth. Sealants prevent 60 percent of decay at one-third the cost of filling a tooth.<sup>4</sup> The Centers for Disease Control and Prevention's workgroup on school-based sealant programs determined that the use of sealants is a cost-effective approach to preventing cavities among the most vulnerable children. A study found that North Carolina's sealant program lowered overall Medicaid costs, saving money for the state and federal government.<sup>5</sup>

Wisconsin can do more to advance sealants. In 2010, the Badger State had sealant programs in less than 25 percent of high-risk schools.<sup>6</sup> The state has an opportunity to prevent the occurrence

of cavities in children by expanding the availability of dental sealant programs in schools, where kids spend much of their time.

Thank you for your consideration of these policy changes. If you would like to discuss them or related issues, feel free to contact me at either [sgehshan@pewtrusts.org](mailto:sgehshan@pewtrusts.org) or at 202-552-2075.

Sincerely,



Shelly Gehshan  
Director, Pew Children's Dental Campaign

CC: Dr. Gene Shoemaker, President, Wisconsin Dental Association  
Mark Paget, Executive Director, Wisconsin Dental Association  
Mara Brooks, Director of Government Services, Wisconsin Dental Association  
Warren R. LeMay, Chief Dental Officer, Wisconsin Department of Health Services

## Sources

---

<sup>1</sup> "The State of Children's Dental Health: Making Coverage Matter," Pew Center on the States (May 2011), [http://www.pewcenteronthestates.org/initiatives\\_detail.aspx?initiativeID=85899359680](http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=85899359680).

<sup>2</sup> "Dental Care: Improving Access and Quality," Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, Research in Action: Issue 13, <http://www.ahrq.gov/research/dentalcare/dentria2.htm#Conclusion>, accessed September 14, 2011.

<sup>3</sup> Based on data from the American Dental Association, "State Innovations to Improve Access to Oral Health: A Compendium Update," (2008), accessed December 9, 2010, <http://www.ada.org/2123.aspx>; A. Snyder, "Increasing Access to Dental Care in Medicaid: Targeted Programs for Four Populations," National Academy for State Health Policy (March 2009), 2, accessed June 16, 2010, <http://www.nashp.org/node/642>; U.S. Government Accountability Office, "Medicaid: State and Federal Actions Have Been Taken to Improve Children's Access to Dental Services, but Gaps Remain" (September 2009), 13, accessed July 14, 2010, <http://www.gao.gov/new.items/d09723.pdf>; American Dental Association, "Medicaid Program Administration" (March 2004), accessed July 14, 2010, [http://www.ada.org/sections/professionalResources/pdfs/medicaid\\_administration.pdf](http://www.ada.org/sections/professionalResources/pdfs/medicaid_administration.pdf).

<sup>4</sup> The national median charge among general practice dentists for procedure D1351 (dental sealant) is \$44 and national median charge for procedure D2150 (two-surface amalgam filling) is \$134. *See*: American Dental Association. "2009 Survey of Dental Fees," (2009), 17, accessed June 30, 2010, <http://www.ada.org/members/1443.aspx>.

<sup>5</sup> "Dental Care: Improving Access and Quality," Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, Research in Action: Issue 13, <http://www.ahrq.gov/research/dentalcare/dentria2.htm#Conclusion>, accessed September 14, 2011.

<sup>6</sup> B. Gooch, et al. "Preventing Dental Caries Through School-based Sealant Programs: Update Recommendations and Review of Evidence," *The Journal of the American Dental Association* (November, 2009): 1356-1365.