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Access to Care for Underinsured Pediatric Patients in Dallas TX

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INTRODUCTION AND OBJECTIVES

Many families do not have adequate dental insurance, which limits their ability to afford routine check-ups, preventive care, and treatment for dental issues. High costs of dental care, especially if advanced behavior management is required due to young age, extent of treatment needs, medical condition or inability to cooperate, can make it even more difficult for vulnerable populations without insurance or those who are underinsured to seek necessary treatment. In 2023, the Census Bureau report found that Texas children ages 18 and under were more likely to be uninsured than kids in any other state with an uninsured rate of 11.9% that was more than twice the national rate of 5.4%.[1] Analyzing the financial demographics and ASA classification for children requiring advanced behavior guidance under general anesthesia for dental treatment will hopefully provide insight and facilitate discussions that highlight the need for advocacy and policy change to increase access to care.

MATERIALS AND METHODS

A retrospective cohort study using Epic EHR was performed to analyze charts for pediatric patients who received dental treatment under general anesthesia at Children's Health Main Dallas operating room between 01/01/2022 – Present. The CPT code 41899 was used to identify all patients seen in the operating room. Each chart was reviewed for inclusion and exclusion criteria. Exclusion criteria included cases completed prior to 01/01/2022, at Plano OR, ED cases, or Oral Surgery cases. For Medicaid or Commercial insurance payor sources, charts were randomly selected using a random number generator and reviewed if the MRN ended in either a 4 or a 5. Since certain providers may only take certain insurances, charts were selected to have an equal number of the same provider for each payor source when possible. Data was collected regarding the date of surgery, surgery location and provider, medical history, ASA classification, and payor source. Trends were analyzed to see if there is an increase in the number of ASA 3 and 4 patients as well as if there is an increased utilization to different types of funding including grant funding or the CMC Financial Discount Plan, Medicaid, Superior Foster Care Medicaid, CSHCN Medicaid, Commercial insurance, and CHIP.

REFERENCES

[1] Conway D. State Health Insurance Coverage: 2013, 2019, 2023. *U.S. Department of Commerce Census Bureau.* Issued September 2024. https://www2.census.gov/library/publications/2024/demo/acsbr-021.pdf

[2] Figure 1 was created by Daniel Carter at Texas Community Health News using data from the U.S. Census Bureau's American Community Survey 2023.

Figure 3 Distribution of Patients by ASA Rating and by Payor Source

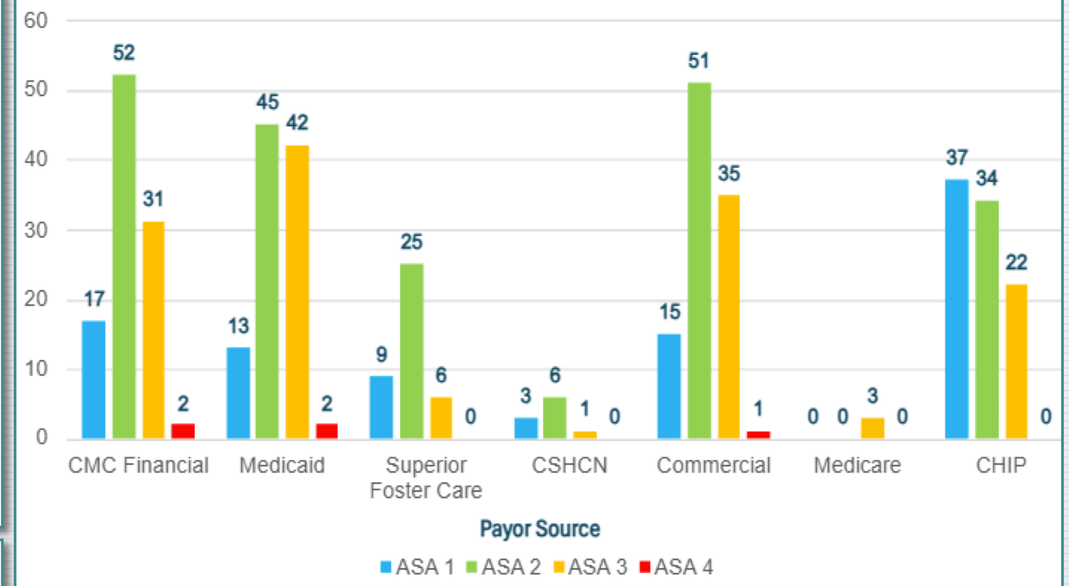

Figure 1

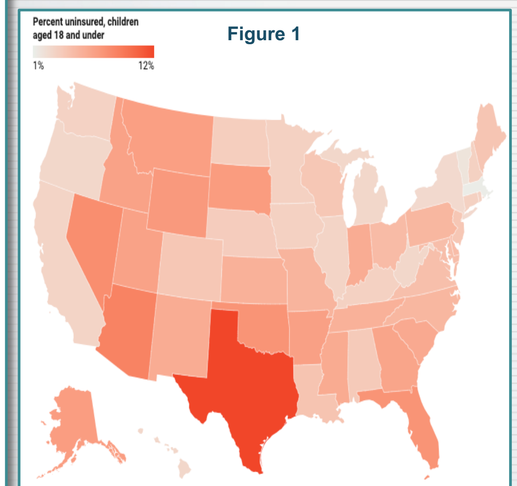

Figure 2 Distribution of Patients by Payor Source Included

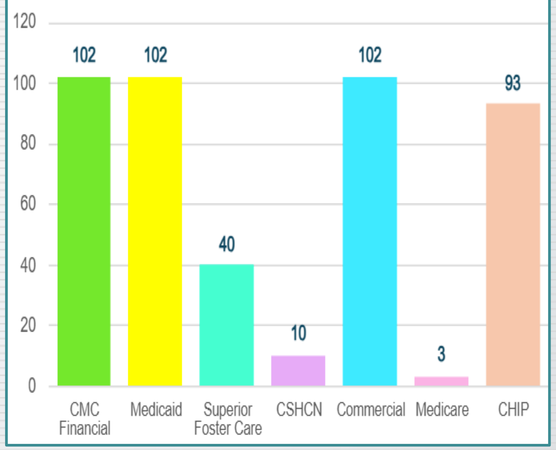

Figure 4 Total ASA 3 and 4 Patients by Payor Source and by Year

	CMC Financial	Medicaid	Superior Foster Care	CSHCN	Commercial	Medicare	CHIP
2022	6	9	3	0	8	1	4
2023	12	17	1	5	15	2	5
2024	12	17	1	2	13	0	11
2025	3	1	1	0	0	0	2

RESULTS

- 9285 dental surgeries were performed during the study period. The following is the breakdown of insurances for those cases:
  - 149 patients had CMC Financial Discount Plan.
  - 7159 patients had Medicaid insurance.
  - 101 patients had Superior Foster Care Medicaid insurance.
  - 19 patients had CSHCN Medicaid insurance.
  - 1566 patients had Commercial insurance.
  - 4 patients had Medicare insurance.
  - 159 patients had CHIP insurance.
  - 403 patients had Tricare/Military insurance.
  - 81 patients had no insurance listed.
- All remaining results reflect the inclusion criteria and selection as noted in the Materials and Methods.

DISCUSSION

This study focused on insurances and financial plans not widely accepted by private practitioners such as CMC Financial, Superior Foster Care, CSHCN, and CHIP. It is very difficult for financially indigent patients to access services and when dental needs are too extensive, patients require treatment to be completed in the OR. In addition, patients with complex medical histories often require treatment under GA. Without financial assistance from hospitals, this likely would not be possible. Most dental grant funding mechanisms are limited to in-office associated treatment costs as hospital facility fees greatly exceed that funding.

Although 81 patients who obtained dental treatment in the OR did not have any payor source listed, it was not possible to determine if these patients had a "payment plan" or qualified for "emergency Medicaid funding" which typically just covers the inpatient visit and services provided only during that time.

While it seems that the level of ASA 3 and ASA 4 patients has been stable over the last four years, when looking at those patients by payor source, the peril is noticed. 32.3% of patients that qualified for the CMC Financial Plan are more medically compromised. Often these patients do not qualify for Medicaid as they may not be U.S. citizens or have verified refugee status. Similarly, 15% of Superior Foster Care patients and 24% of CHIP patients were ASA 3 or 4. While these insurances provide medical care, dental coverage is limited and/or rarely accepted.

CONCLUSIONS

1. Many patients require dental treatment in the OR yearly and often these patients are underinsured.
2. The most vulnerable patients, especially those with special healthcare needs, have difficulty accessing dental care.
3. A more complete picture may be gained by a larger sample size and from a variety of institutions.