

# **Access to Dental Care in Snohomish County 2004**

**July, 2005**

**Snohomish Health District**  
**PUBLIC HEALTH**  
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HEALTHIER COMMUNITY



## **Acknowledgements**

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## Executive Summary

In April of 2004, Snohomish Health District surveyed dental practices to determine the amount of direct care provided by primary care dentists in Snohomish County. Information supports community efforts to improve access to dental care. The following summary highlights key findings about dentist and mid-level provider capacity, population to provider ratios and availability of providers by payer.

### Dental Care Capacity

- In Snohomish County, 315 primary care dentists, including the pediatric dentists, FQHC and staff, provide dental care. After adjusting for part-time hours, hours not in direct patient care, and auxiliary staff, these dentists provided 318.5 full time equivalences (1 FTE = 40 hours) of direct patient care each week. These numbers do not include dental specialists, other than pediatric dentists, such as oral surgeons, periodontists, denturists, or endodontists.

### Access Ratios

Snohomish County as a whole does not have as serious a dental care access problem

- There was one dentist for every 2,540 individuals in Snohomish County. After adjusting for availability of dental hygienists and assistants (HPSA adjustment), the ratio of population to providers improved to 1,903.

There is a significant disparity in access to care for individuals with low incomes.

- The ratio of low income individuals to a full-time dentist accepting low-income patients was 4,159. A serious shortage area, ranking in lowest 25% for all counties in the US, is 5000:1.
- Noteworthy are the three health planning areas (HPA) of Snohomish County that exceed the 5000:1 guideline. East County HPA (14,390:1). North County (6372:1) and View (5127:1) have serious lack of capacity for the low income populations.

### Access by Payer

Most primary care dentists are accepting new insured patients without restrictions (74%).

- Not all providers accept all dental insurance/coverage. There are restrictions by age and types of service delivered. Some do not accept payment by any third party providers.

Options for those with low incomes are more limited than those without Medicaid coverage.

- While 26% of dentists indicate they accept some patients with Medicaid coverage, only 3% of the dentists accept new Medicaid patients without restrictions.
- Residents whose coverage converts from private to public coverage are unlikely to continue having access to their usual and customary provider.
- Access to private dentists for those with Medicaid coverage is a concern.

- Private practices provide 60.3% of the care for low income populations. The remaining 39.7% are provided by the federally qualified dental health centers.
- Government sponsored dental coverage (Medicaid), insurance provided by employers or out-of-pocket payments, finance dental care in Snohomish County. Private dental coverage is rarely available for purchase by individual consumers.

### **Access to Preventive Care by Age**

29.7% of dental providers follow recommended preventive dental visits by one year of age.

### **Background**

The Office of Community and Rural Health, Washington State Department of Health works with local communities to survey primary care providers to assess eligibility for Health Professional Shortage Area (HPSA) status. While HPSA status is voluntary, it establishes eligibility for several federal assistance programs. These surveys are conducted on a three-year cycle. The survey includes questions such as:

- How much direct care is provided to patients?
- What are relative patient shares for privately insured, Medicaid<sup>1</sup> covered, and Sliding Fee Scale?
- Are specific primary care providers taking any new privately insured, Medicaid, or Sliding Fee Scale patients?

HPSA survey data offer a useful snapshot of access to dental care, but results should be interpreted with some care. Limitations of this survey data include:

- It covers only access to **primary care** dentists/pedodontists and their staff, dental hygienists and dentist assistants. Access to specialty care may be a concern if specialists are not accepting referral for Medicaid or Medicare patients. This in turn may be a factor influencing whether primary care dentists are willing to accept Medicaid patients.
- It is self-reported. When possible the survey is administered to the office manager who is often more aware of payment systems than are providers. The Office of Community and Rural Health spot check comparisons of self-reported Medicaid share information from HPSA surveys to activity reported to the Medical Assistance Administration have found that some self-reports over-estimate Medicaid patient shares. Therefore access may be lower than is reported here.

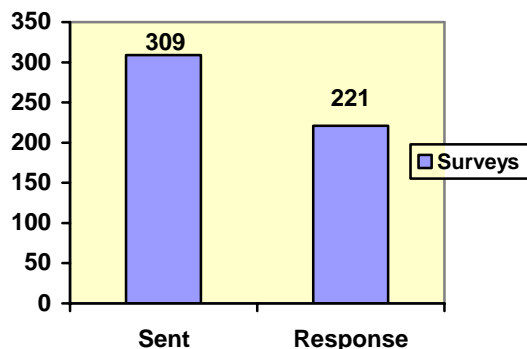
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<sup>1</sup> See Appendix for definitions of Medicaid services, Basic Health, FQHC/Public Clinics

- Respondents were asked to provide an estimate of payer shares as 0%, under 5%, and then at 5% increments. This may introduce rounding bias. It is unclear which direction the bias may go.
- This study does not account for patients who travel into or outside the county for health care services. These border effects are likely to be particularly significant in southern Snohomish County areas bordering King County and Seattle. The magnitude of these effects is not yet known.

## Methods

### Response to Survey Snohomish County HPSA, 2004



The Snohomish County Health District compiled a list of all dental practices in Snohomish County and identified 309 primary care dentists that included four out of the five pediatric dentists. The business office of each practice was mailed or faxed a letter and survey with instructions and then contacted by phone in April of 2004.

The response rate for primary care dentists was 71.5% (221 out of 309).

There were important response differences by clinic type:

- Public Clinics/Federally Qualified Health Centers<sup>2</sup> (100%)

- Pediatric dentists (80%)

- Private dental offices (66.9%)

The Snohomish Health District entered the data and made follow-up calls to correct inconsistencies. Data was adjusted for non-responders.

Faxing surveys to and from provider offices was successful for improving the response rate. Face-to-face visits were used to pick up some completed forms.

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<sup>2</sup> See Appendix for definition of Federally Qualified Health Centers

## Snohomish County Profile

Snohomish County ranks 13<sup>th</sup> in size among Washington's 39 counties (2089 square miles) and is the 4th most densely populated. The county makes up the northern part of Seattle – Tacoma – Everett Metropolitan area. The county is a mix of older city areas and suburbs immediately north of Seattle, rapidly growing bedroom communities, and a few outlying areas such as Darrington that retain rural character. The population grew from 637,500 in 2003 to 646,800 in 2004, one of the fastest growing counties in Washington State. The county's largest industries are manufacturing (tied to Aerospace and the Everett Home Port), services, retail trade and local state and federal government<sup>1</sup>. It is a largely urban/suburban county with 86% living within urbanized areas. Approximately two-thirds of the population is located in the Everett – Edmonds – Mill Creek area. The rest of population is located in the further suburbs of Monroe – Snohomish (10%), Marysville (12%), and Arlington-Stanwood (11%).

The Snohomish County Health District sub-divides the county into six zip code based Health Planning Areas (HPA):

- Everett – Downtown Everett and parts of Northern Mukilteo
- View – Edmonds – Mukilteo and higher income areas on the Puget Sound south of Everett
- Highway 99 – A lower income corridor along Highway 99 including Lynnwood
- South Central – Mountlake Terrace and Mill Creek
- East County – Snohomish, Monroe, and the Highway 2 Corridor
- North County – Marysville, Arlington, Stanwood, Granite Falls, and Darrington

For this analysis we reconstructed these HPAs using census tract geography to correspond with the units in which demographic data was reported. The correspondence between census tracts and zip codes is not exact.

### **Demographics of Snohomish County Health Planning Areas**

#### **Federal Poverty Levels**

#### **HPSA, Snohomish County, 2004**

<b>Health Planning Area</b>	<b>Percentage of County Population</b>	<b>Population at 200% Federal Poverty</b>
North County	23.6%	17.4%
East County	14.3%	14.9%
Everett	16.8%	26.9%
Hwy 99	15.9%	20.8%
View	11.4%	13.0%

South Central	18.0%	14.5%
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## **Language**

### **Languages spoken in dental offices Snohomish County, 2004**

The ability to obtain dental services depends upon the ability of a person to communicate with the dental office. The capacity of dental offices to provide services for those that speak a language other than English is one measure that can influence access to dental care.

<b>Language</b>	<b>% County Population<sup>1</sup></b>	<b>% Dentists by language spoken in office</b>
English	86.2%	66%
Other Language	13.8%	34%

The most significant differences in oral health in Snohomish County are for those that speak a language other than English. (SMILE Survey, 2000, 2005). Those that speak a language other than English comprise approximately 13.8% of Snohomish

County residents.<sup>3</sup>

### **Number of practices with linguistic capacity by HPA**

<b>Health Planning Area</b>	<b>Number of Dentists Responding</b>	<b>English Only</b>	<b>Spanish</b>	<b>Russian or Eastern European</b>	<b>Asian</b>	<b>Other languages</b>
North County	44	31	8	1	3	1
East County	18	14	3	0	0	1
Everett	58	38	8	9	8	8

<sup>3</sup> 2004 American Community Survey

Highway 99	46	24	6	7	4	15
View	28	20	0	5	1	4
South Central	27	19	0	3	0	6
<b>Total</b>	221	146	25 (11.3%)	25	16	35
		66%		34%		

The most common languages after English, in order, are Spanish, Russian/Eastern European, Asian and Arabic. Roughly 34% of the 221 responding dentists reported that they, or a member of their staff, speak a language other than English. 11.3% of the private

dental offices have a staff member that speaks Spanish. Several practices have multiple-language capacity; therefore the number of languages spoken in practices may be greater than the number of dentists responding (duplicated).

## Primary Care Dentists in Snohomish County, 2004



As of the summer 2004, 309 primary care dentists provided 238.6 FTE of direct patient care. Direct patient care excludes specialty care and administrative time.

Adequate primary care dentist capacity is measured by the ratio of provider full-time equivalent to the population for HPSA shortage designations. This is a crude measure that is not adjusted for population treatment needs or provider productivity. While an ideal ratio/benchmark has not been determined for dental care in communities, there are three benchmarks used for federal designation as a shortage area:

### HPSA Population to FTE Ratios

<3000:1FTE	Not a federal shortage area
>3000-5000:1 FTE	Shortage area for federal designations
>5000:1 FTE	Serious shortage area



**Population to FTE dentist by HPA**

Snohomish County, 2004

HPA	Population/FTE <sup>4</sup>
East	2930
North	2796
South	1950
Hwy 99	1491
View	1496
Everett	1433
Total Snohomish County	1903

None of the Snohomish County HPA geographic areas meet the benchmark for federal designation as a health professional shortage area (under3000:1). There may or may not be a shortage of dental providers as additional information on treatment needs or provider productivity is needed.

Dental care capacity for the total Snohomish County population (1903:1) is as expected with dental care more concentrated in the higher density and higher income neighborhoods

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<sup>4</sup> Adjusted for full time equivalent

**Low-Income (<200% FPL) FTE Dentist by HPA  
Snohomish County, 2004**

HPA	Population:FTE
East	14390
North	6372
South	4735
Hwy 99	2745
View	5127
Everett	2954
Total Snohomish County	4159

Snohomish County is At the Stress Level for the total Snohomish County low income population. A population over 3000:1 is the federal ratio at which signs of stress may be felt. (FTEs that report accepting Medicaid or sliding scale are the HPSA measures for low-income capacity.)

Access is not uniform across the county. This pattern is reflected in the high ratios for the East and North County HPAs where most of the non-urbanized population resides.

Ratios for the low-income population indicate improved access around the Community Health Centers in Everett (2954:1) and Hwy 99 (2745:1) Health Planning areas.

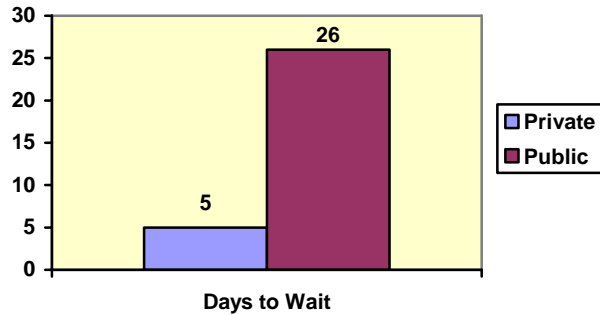
Snohomish County meets the benchmark for a Serious Shortage area for low income populations in North, East, South and View health planning areas. (4000:1)

Snohomish County meets the benchmark for Severe Shortage area for low income populations for the North, East and View Health Planning areas. (5000:1)

The wealthy View HPA has among the worst access ratios for the low income (5127:1) and among the best for the general population (1496:1). This highlights disparities in dental care access that exist in many urban communities and may be what masks providers from understanding disparities.

## Days Until First Appointment for New Patients

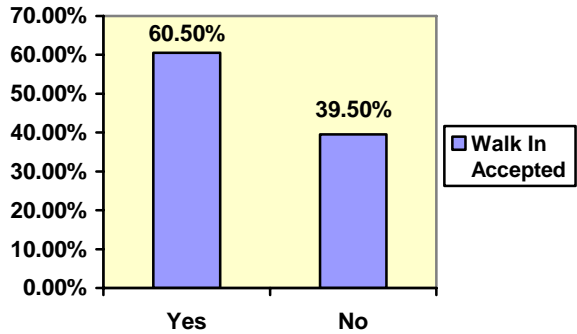
Wait time (in days) for new patients to first appointment by clinic type  
Snohomish County, 2004



Wait times are an indication of access to dental care. Wait times for low income (public clinic) patients show that there are serious access limitations for non-emergent conditions. Public clinics indicate that the average new patient wait is 26 days for a new appointment and 22 days for an established patient. Private offices have an average wait of 5 days for a new patient and 3 days for an established patient.

## Availability of Walk-In Appointments

Percent of dentists that accept walk-ins  
Snohomish County, 2004



Sixty percent of dentists indicated that they accept walk-in appointments indicating there are openings for dental services if people are able or willing to pay for them. In general, same day dental care is primarily for emergency dental visits and may indicate additional availability for other dental services. The HPSA survey did not ask for clarifications of type of services available for walk-in patients, and therefore, must be considered carefully.

### Capacity by Payer Source – Public, Private/Self-Pay

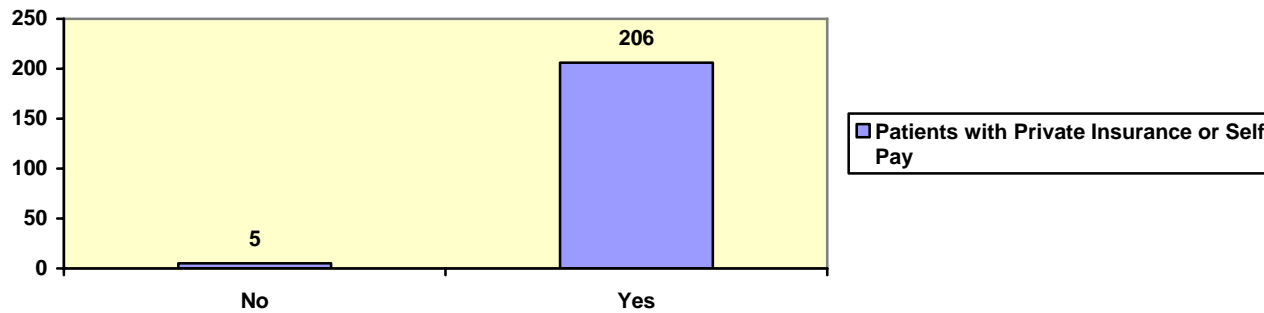
The Medical Assistance Administration pays dentists for select services for people that meet eligibility requirements that otherwise would be unable to afford dental care.<sup>5</sup> Dental services covered by Medicaid programs are accepted in full without co-payments by the providers willing to accept Medicaid coverage. Typically, payment for services by the Medical Assistance Administration are less than payments by other insurance coverage or cash payments made directly from individuals. Private payers include third party payments and cash payments by patients. More dental services would be expected for those that are able to pay higher prices for dental care. Hence, it is not surprising that services are both less available and more restricted for those with Medicaid coverage.

Medicaid coverage is the safety net for those that find themselves unable to afford basic healthcare services. Medicaid coverage spans the gap between unemployment and employment and therefore access to employer-based dental benefits plans. One benefit of having a regular dental provider, as opposed to episodic dental care, is that dentists may be more likely to continue to provide dental care if life circumstances change. We added the question “Do you continue to provide services for established patients if their coverage changes to Medicaid?” as a measure of the dental service that would follow changes from private to public insurance coverage.

<sup>5</sup> See Appendix for definitions of Medicaid and Medicaid programs

## New Patients

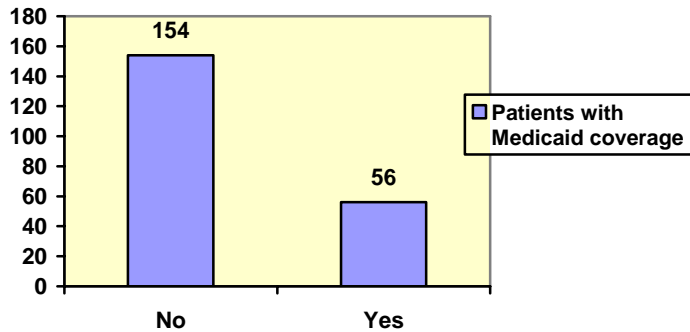
Dentists accepting new patients - payment by third party coverage or self pay  
Snohomish County, 2004



Most (97.6%) primary care

dentists reported they were accepting new patients.

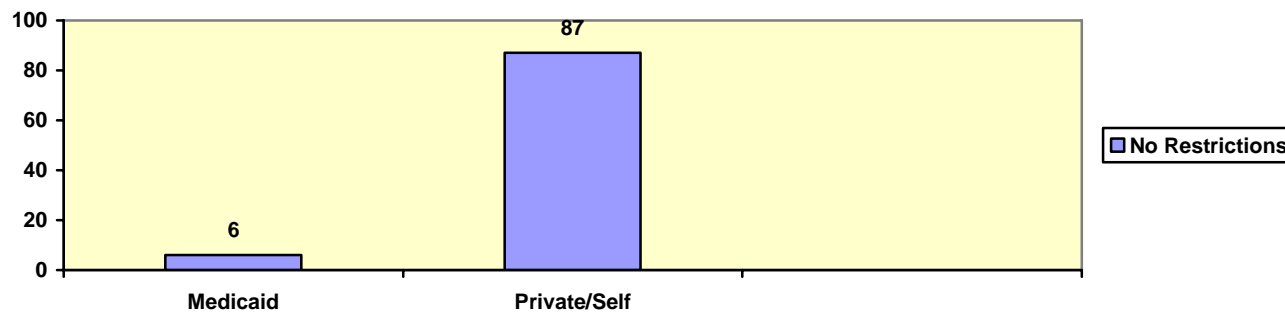
Dentists accepting new patients- Medicaid coverage only  
Snohomish County, 2004



Medicaid patients are accepted by few Snohomish County dentists (26.7%). In contrast to privately insured patients, most providers are not accepting any new Medicaid patients.

## Restrictions on Acceptance of new patients

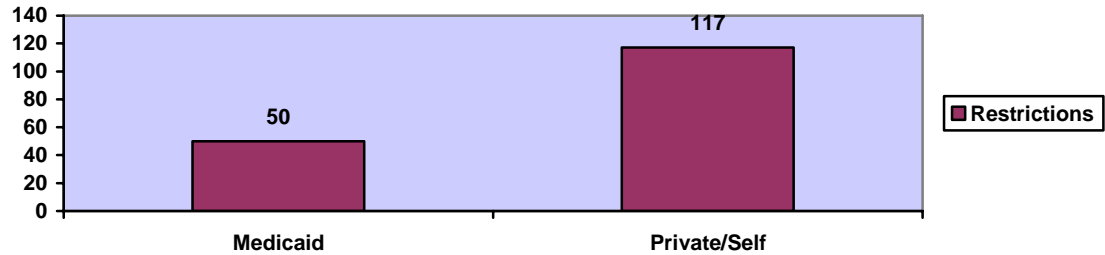
Acceptance of NEW dental patients without restrictions by payment type  
Snohomish County, 2004



Very few dentists accept new patients with Medicaid coverage without restriction by age or services provided (6 dentists - 2.86%) compared to dentists that do not accept Medicaid.

### Restrictions for accepting new dental patients by payment type

### Snohomish County, 2004

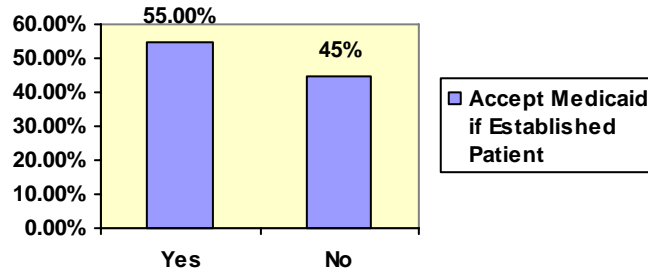


The number of dental providers accepting new patients with restrictions is higher for dentists that do not accept Medicaid. Restrictions can include age, types of insurance plans (managed care or others) and types of services.

The restrictions imposed for those with Medicaid coverage are often more severe. The restrictions have significant affect on access for low income populations that already have fewer providers available. Restrictions include shorter hours of service, fewer days available, along with restriction of types of service (covered and not covered by Medicaid) and age.

## Affect of Established Patients Changing to Medicaid Coverage

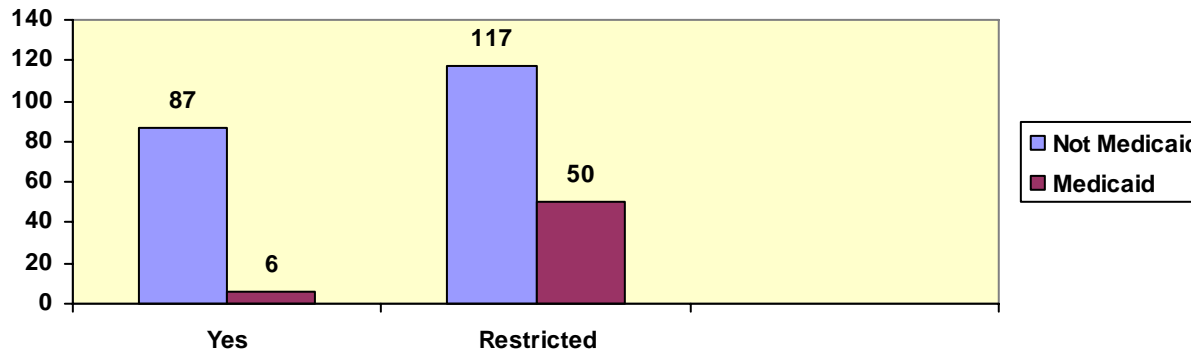
Proportion of dentists that continue care for an established patient that becomes Medicaid eligible Snohomish County, 2004



Private/self pay patients that begin to receive Medicaid dental coverage are likely to lose access to their current dental provider. Fifty five percent of the respondents indicated that they would continue to see patients if their coverage changed to Medicaid. This response needs to be considered carefully. Clarifications given by the responder indicate that while the patient would be seen, Medicaid coverage would not be accepted as payment. 45% of providers would not continue to see patients if their payment method changed to Medicaid at all.

## Access to Dental Care for Families with Medicaid coverage

Percent of providers in private practice accepting new patients  
By type of insurance coverage  
Snohomish County, 2004



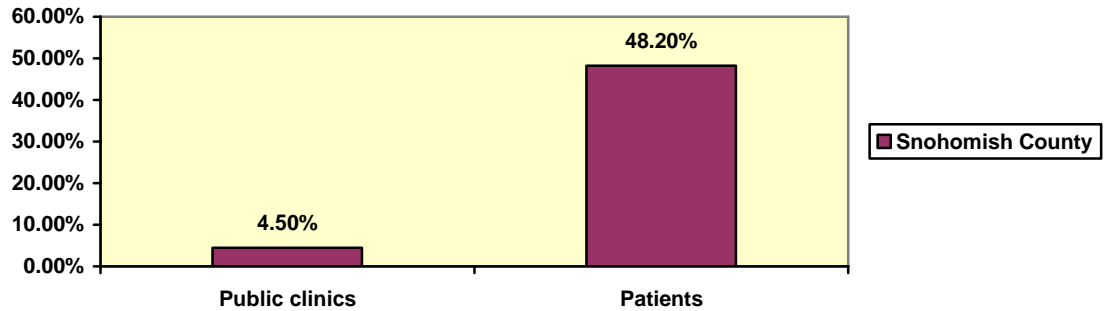
In general, private dentists are unlikely to accept new Medicaid patients.

The Basic Health Plan, for those that are working but remain lower income, offers dental coverage (Medicaid) for children only. Parents are not offered dental coverage. Parents prefer to take their children to a dentist that will see everyone in their family, if not to a pediatric dentist. The lack of parent coverage may reduce the use of available dental services already restricted to children only.

A child's dental health is affected by parent's access to oral health care too. There is a strong association between mothers with healthy teeth and their children's risk for tooth decay. Lack of dental coverage for parents may perpetuate disparities that exist between children from families with higher and lower incomes.

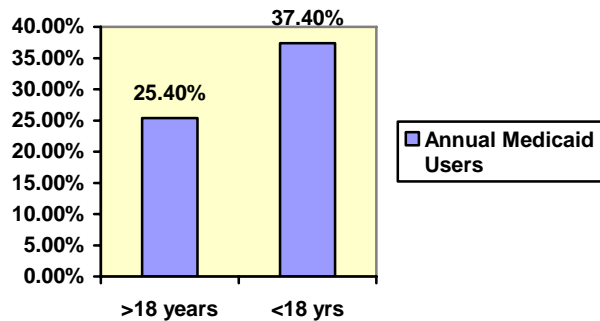
## Capacity for Sliding Scale for Uninsured/Underinsured

Medical Assistance Administration  
Dental Provider Caseloads in Snohomish County  
MAA Dental Clients ages 18 and under  
FY 2004



Public clinics are the primary source for low income patients; however dental care is restricted to primarily children, pregnant women and adult emergencies. Public clinics provide 4.5% of dentist capacity (8 dentists) for primary care patients in the county, but they contribute 48.2% of Medicaid capacity for children 0-18 years old. They are the only facilities that provide care on a Sliding Fee Schedule.

Medical Assistance Administration  
MAA Dental Clients in Snohomish County  
FY 2004



In 2004, 37.4% of children 18 years or younger that were had Medicaid coverage received one or more dental visits. Private dentists (115 dentists) collectively contributed 51.8% of patient capacity for children 0-18 years of age with Medicaid coverage. More information is needed to determine if there is a difference in treatment needs between patients seen in public clinics and private dental offices.

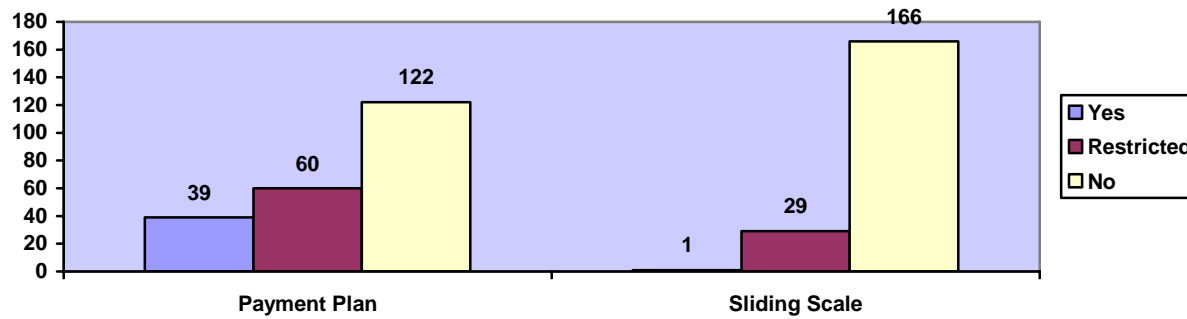
Capacity of adults with Medicaid coverage is more limited for adults than for children. 25.4% of adults with Medicaid coverage received at least one dental visit in the last year.

## Capacity for Payment Plans for Uninsured/Underinsured

### Payment plans or sliding scale fees Snohomish County, 2004

People that do not have insurance or have limited/restricted dental coverage must pay for dental services out-of-pocket. Payment plans and sliding fee services increase opportunities for individuals to obtain dental treatment in a timely manner by extending payments over time. People with low incomes often do not qualify for bank loans or credit card services.

For the purposes of the Snohomish County HPSA survey, we added the question. “Do you accept payment plans? If yes, please clarify any conditions.”



While 44.8% of the dentists responded that they provided some payment plans, most indicated one or more of the following conditions:

- payment due on last day service completed
- payment due within 90 days
- credit cards/bank loans accepted in lieu of cash

Private dentists provided nearly all the capacity for those insured through their employer.

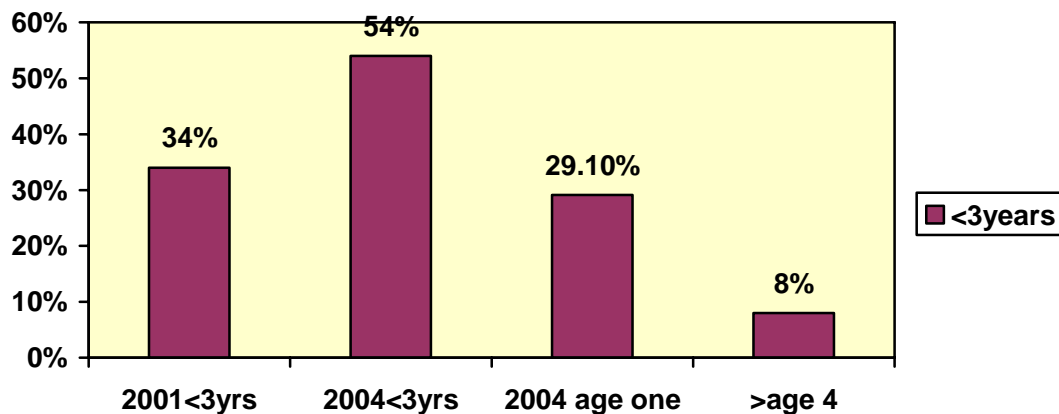
## Pediatric Dentists in Snohomish County

All five pediatric dentists in Snohomish County are accepting new patients and none are currently accepting new patients with Medicaid coverage. One pediatric dentist was accepting a limited number of Medicaid patients at the time of the survey and has since stopped. Pediatric dentists are the primary dentist referral source for children with extensive or complex dental needs. The lack of pediatric dental resources for referral may be an extenuating circumstance that prevents some dentists from participating in the Medicaid program.

### Early Dental Visits

Early identification of high risk children and referral for preventive oral health care by a dentist by age one is recommended by the American Academy of Pediatric Dentists, the American Dental Association and the American Academy of Pediatrics. In 2001 we had asked the question “Do you see children under age 3 for preventive dental visits”. For the April 2004 survey, we changed the question to reflect national recommendations “What age do you recommend for a child’s first dental visit?”.

### Age that first dental visits are recommended by dentists Snohomish County, 2004



The number of Snohomish County dental providers that advocate for early dental visits is increasing.

- 29.1% (25.7% private/100% public) recommended less than age 2 for a first dental visit.

- 8% of private providers indicated they recommend that children do not need to be seen until over age 4

## Age to Retirement

In the 2001 Dental Workforce Study by the Center for Health Workforce Studies at the University of Washington, it was estimated that 49.7% of Washington State dentists plan to retire by 2013. While this survey requested retirement plans for 2009, it provides one measure of changes in access to dental care in the next five to ten years. Twenty eight dentists (13.1%) out of the 214 respondents plan to retire by 2009.

### Snohomish County dentist plans to retire by HPA and population Snohomish County, 2004

Health Planning Area	Number of Dentists Responding	Plan to Retire by 2009	Total Pop: Dentist 2004	Low Income Population: Dentist
North County	39	3	3821	6372
East County	15	3	3924	14390
Everett	47	10	1702	2954
Highway 99	39	6	2199	2745
View	25	1	1951	5127
South Central	22	5	2723	4735
<b>Total</b>	221	28	2540	4159

Everett and Hwy 99 Health Planning areas (N=16) will lose more dentists (47% of the retirees) than the other planning areas. This may increase the population to dentist ratios in these areas. This may also increase stress on the capacity of the public dental clinics located in these two HPA that serve the lower income population.

## How Does Snohomish County Compare to Washington State?

### Snohomish County Medicaid providers and patients under age 19 <sup>6</sup>

	Children seen per private provider	Children seen by public clinics	Dentists that saw at least one child
2000	60.8	5591	124
2001	59.7	6462	122
2002	69.3	7148	115
2003	72.7	7994	122
2004	75.3	8066	115
Change from 2000-2004	(20% increase)	(31% increase)	(7% drop in 5 years)

Similar to Washington State, Snohomish County dentists participating as Medicaid providers has been declining annually. The private dentists and public clinics that accept Medicaid coverage are treating more patients each year. Typically communities have seen slow erosion of provider capacity, not a massive flight. Between 2000 and 2003, Snohomish County's population increased by nearly 5% compared with a statewide increase of 3.5% that further accelerates access issues.

<sup>6</sup> Washington State Medicaid Dental Utilization, 0-18 year olds, fiscal years, Medical Assistance Administration, December 21<sup>st</sup>, 2004.

## How Does Snohomish County Compare to Other Urban Counties?

### Medicaid and Children's Services – 0-18 years Fiscal Years

	2000	2001	2002	2003	2004
Kitsap	18596	18884	19424	19720	19732
Thurston	18360	19529	20313	21200	20699
<b>Snohomish</b>	<b>46459</b>	<b>50016</b>	<b>54313</b>	<b>57575</b>	<b>56888</b>
Yakima	51617	52714	54780	55124	52198
Spokane	47492	50930	54135	56523	56228

### Proportion of all children receiving at least one Medicaid covered service

	2000	2001	2002	2003	2004
Kitsap	29.4%	31.9%	36.3%	38.4%	37.4%
Thurston	30.4%	30.4%	33.1%	34.4%	38.1%
<b>Snohomish</b>	<b>32.4%</b>	<b>33.1%</b>	<b>34.7%</b>	<b>37.5%</b>	<b>37.4%</b>
Yakima	40.5%	42.3%	48.5%	49.2%	52.6%
Spokane	32.4%	33.1%	34.7%	37.5%	37.4%

Snohomish County private dentists (75:1)

### Number of children eligible to receive Medicaid covered dental services

Snohomish County is the third largest county in Washington State. Snohomish County has the fifth largest number of Medicaid eligible residents in Washington State following King, Pierce, Yakima and Spokane County.

### Medicaid and Children's Dental Services – 0-18 years Fiscal Years<sup>7</sup>

The proportion of children 0-18 years old that received at least one dental service during FY 2004 was similar to most counties of similar size or demographic make up. Yakima has a proportionally larger low income and migrant population served by a strong community healthcare system that increases the proportion of children they are able to serve. Private dentists in Yakima accept a larger number of Medicaid patients (479:1) than do

<sup>7</sup> Washington State Medical Assistance Administration, Dental Utilization Reports, Fiscal Years 2000-2004.

## Conclusions

Snohomish County as a whole does not have a serious access problem. Population growth, provider retirement and shrinking numbers of Medicaid dental providers indicate that access will become more serious in the next 5-10 years, especially for those with lower incomes.

There are significant disparities in care between those with higher and lower incomes. Following national and state trends, access to oral health care is becoming increasingly related to income rather than to oral health care need.

Medicaid coverage is not acceptable to a majority of Snohomish County dentists as payment for services.

County and state discussion on improvements in dental coverage and expansion of dental coverage may improve access to dental care for all Snohomish County residents.

Dental disease is preventable. New research indicates that early detection and intervention, especially before age three, can have significant impacts on children's oral health. Dental sealants, another preventive strategy, reduces future decay experience up to 75%.<sup>8 9</sup>

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<sup>8</sup> Anderson M. Risk assessment and epidemiology of dental caries: review of the literature. *Pediatr Dent*. 2002 Sep-Oct;24(5):377-85.

<sup>9</sup> Bader JD, Shugars DA The evidence supporting alternative management strategies for early occlusal caries and suspected occlusal dental caries. *J Evid Based Dent Pract*. 2006 Mar; 6(1):91-100

## **Appendix: Overview of Medicaid, Basic Health and Federally Qualified Health Centers**

This overview is extracted from the Introduction to Health Care Services section of the Health of Washington State, 2002 and updated in 2004<sup>ii</sup> and from the Federally Qualified Health Center Fact Sheet published by the Department of Health and Human Services

**Medicaid** This state-federal health insurance program for low-income people covered 950,000 Washington residents in Fiscal Year 2003. Medicaid primarily covers people currently and formerly on public assistance with family incomes within 200% of the federal poverty line, including Temporary Assistance to Needy Families (TANF), and people with disabilities. Children who are not eligible for TANF but have family incomes within 250% of the federal poverty line can enroll in Medicaid through the State Children's Health Insurance Program (SCHIP). About 29% of Medicaid payments are processed through Healthy Options; Washington's Medicaid managed care option. Welfare reform, which moved thousands of Washington families off public assistance, caused a 2.4% drop in Medicaid participation from 1997 to 1999. More recently, enrollment has been increasing as a result of the state's faltering economy, an increase in households unable to cover extraordinary health costs, and implementation of SCHIP. This increase has occurred despite difficult decisions to tighten eligibility criteria and shift non-residents from Medicaid to Basic Health. For a more detailed overview of Washington's Medicaid program see the Department of Social and Health Services 2003 report [Facing the Future](#).

**Basic Health (BH).** The BH program is administered by the Washington State Health Care Authority to provide subsidized health insurance to low-income individuals who do not qualify for Medicaid. [I can't remember...Basic Health is either 200 FPL or 250 FPL] In 2000, more than 217,000 state residents received coverage through the BH program or Basic Health Plus (BHP), for Medicaid children enrolled in BH. Basic Health Plus includes dental coverage for children only. During the 1990s, the program offered Washington residents a chance to purchase unsubsidized insurance coverage through the BHP. This unsubsidized option is no longer offered, and fewer than 1,000 people remain under this coverage. Subsidized BH coverage was capped at 131,250 in 2000, and the cap was lowered to 125,000 in 2001.<sup>iii</sup> An additional 56,000 children were enrolled in BHP in December 2001. With passage of Initiative 773 in 2001, funding was made available for an additional 20,000 to 30,000 BH enrollees. Subsequent legislation allowed this additional funding to be used to cover the costs of existing Basic Health members. Basic Health enrollment declined to 118,000 in 2003 and is still dropping.

**Federally Qualified Health Centers (FQHC/Public Clinic/CHC)** The FQHC benefit under Medicare was added effective October 1, 1991 when Section 1861(aa) of the Social Security Act was amended by Section 4161 of the Omnibus Budget Reconciliation Act of 1990. FQHCs are "safety net" providers such as community health centers, public housing centers, outpatient health programs funded by the Indian Health Service, and programs serving migrants and the homeless. The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities. Medicare pays FQHCs an all-inclusive per visit amount based on reasonable costs. Payments are calculated, in general, by dividing the Center's total allowable cost by the total number of total visits for FQHC services.

**Appendix 2**  
**Data Analysis**  
**Snohomish County HPSA, 2004**

					(mean fte of responders)	(# non-repond * mean fte respond)	(fte respond + fte non-respond)	(total pop/ estimated fte)
<b>Snohomish County Dental Survey: Population per FTE</b>								
<b>HPA</b>	<b>2000 Census population</b>	<b># responders</b>	<b>Total fte/responders</b>	<b># non-responders</b>	<b>mean fte</b>	<b>total fte/non-responders</b>	<b>estimated total fte</b>	<b>fte: population</b>
East	86831	18	13.6	11	0.77	8.5	22.1	3924
North	142784	44	34.3	4	0.77	3.1	37.4	3821
South	109221	27	20.8	25	0.77	19.3	40.1	2723
Hwy 99	96334	46	35.3	11	0.77	8.5	43.8	2199
View	69227	28	20.8	19	0.77	14.7	35.5	1951
Everett	101627	58	45.8	18	0.77	13.9	59.7	1702
<b>Total</b>	<b>606024</b>	<b>221</b>	<b>170.6</b>	<b>88</b>		<b>68.0</b>	<b>238.6</b>	<b>2540</b>
<b>Snohomish County Dental Survey: Population per HPSA-Adjusted FTE</b>								
<b>HPA</b>	<b>2000 Census population</b>	<b># responders</b>	<b>Total hpsa fte/responders</b>	<b># non-responders</b>	<b>mean hpsa fte</b>	<b>total hpsa fte/non-responders</b>	<b>estimated total hpsa fte</b>	<b>hpsa fte: population</b>
East	86831	18	18.2	11	1.04	11.4	29.6	2930
North	142784	44	46.9	4	1.04	4.2	51.1	2796
South	109221	27	30.0	25	1.04	26.0	56.0	1950
Hwy 99	96334	46	45.9	18	1.04	18.7	64.6	1491
View	69227	28	26.5	19	1.04	19.8	46.3	1496
Everett	101627	58	59.5	11	1.04	11.4	70.9	1433
<b>Total</b>	<b>606024</b>	<b>221</b>	<b>227.0</b>	<b>88</b>		<b>91.5</b>	<b>318.5</b>	<b>1903</b>

**Snohomish County Dental Survey: Low-Income Population per Low-Income FTE**

<b>HPA</b>	<b>2000 Census population, &lt;200% FPL</b>	<b># responders</b>	<b>Total low income fte/responders</b>	<b># non-responders</b>	<b>mean low-income fte (comm health excluded)</b>	<b>total low income fte/non-responders</b>	<b>estimated low income fte</b>	<b>low income fte: low income population</b>
East	12951	18	0.4	11	0.05	0.6	0.9	14390
North	24849	44	3.7	4	0.05	0.2	3.9	6372
South	15863	27	2.1	25	0.05	1.3	3.4	4735
Hwy 99	20037	46	6.4	18	0.05	0.9	7.3	2745
View	8972	28	0.8	19	0.05	1.0	1.8	5127
Everett	27321	58	8.7	11	0.05	0.6	9.3	2954
<b>Total</b>	<b>109993</b>	<b>221</b>	<b>22.1</b>	<b>88</b>		<b>4.4</b>	<b>26.5</b>	<b>4159</b>
	<b>Total pop</b>	<b>Pop &lt; 200% FPL</b>						
East	86831	12951						
North	142784	24849						
South	109221	15863						
Hwy 99	96334	20037						
View	69227	8972						
Everett	101627	27321						
	606024	109993						

**Appendix 4**

**Snohomish County (Primary) DENTAL CARE PROVIDER SURVEY**

***The Office of Community and Rural Health (Department of Health) and community partners are surveying providers to identify access issues in your county. Please fill out a separate form for each Primary Dental Care Provider practicing at this location. Primary Dental Care providers are either D.D.S. or D.M.D. and who provide direct patient care in general dentistry or pedodontics (pediatric dentistry)***

PLEASE PRINT CLEARLY

1. Provider's Practice Name: \_\_\_\_\_

2. Provider's Practice Address (include zip code):  
\_\_\_\_\_

3. Provider's Name:  
\_\_\_\_\_

Provider's Education / Credentials:

Provider Type:

Dentist .....D.D.S.  D.M.D.  General Dentistry \_\_\_\_ Pediatric Dentistry \_\_\_\_

4. Does the provider plan to retire or leave practice in Snohomish County in the next 5 years?

Yes ..... No.....

5. How many hours of direct patient primary care does the provider provide at this location each week?

Please **exclude:** • Specialty care (i.e. orthodontics, periodontics, etc)

• Continuing education • Breaks, lunches

• General practice administration (not directly related to patient care),

\_\_\_\_\_ hours/week

The Office of Community and Rural Health must collect this information to determine whether your area may qualify for federal funding. The next two questions are part of the formula used to determine qualification.

6. Which category best describes the age of the dentist?

Less than 55 years old ..... 60 to 64 years old.....

55 to 59 years old..... 65 years or older.....

7A. How many (total) licensed dental hygienists does the provider's practice employ at this location?

None  2  3  4  5  6  7  8  9+

7B. How many (total) dental assistants does the provider's practice employ at this location?

None  2  3  4  5  6  7  8  9+

8. Does the provider have an additional office location:

No  → Go to Question 9 Yes

a. What is the address of the additional office location (please include name, address, telephone number and zip code):  
\_\_\_\_\_  
\_\_\_\_\_

b. How many hours of direct patient care does this provider provide at this location each week?

Please **exclude**:

\_\_\_\_\_ hours/week

- Specialty care (i.e. orthodontics, periodontics, etc)
- Continuing education
- Breaks, lunches
- General practice administration (not directly related to patient care),

c. How many (total) licensed dental hygienists does the provider's practice employ at this location?

None  2  3  4  5  6  7  8  9+

c2 How many (total) dental assistants does the provider's practice employ at this location?

None  2  3  4  5  6  7  8  9+

9. Does the provider or member of the office staff fluently speak a language other than English?

No.....  → Go to question 10

Yes .....

Spanish.....  Japanese.....  Chinese.....  Arabic.....

Vietnamese.....  Russian.....  American Sign Language.....

Other  -> Specify: \_\_\_\_\_

The next four questions are about how the provider's current patients pay for services. Provide one answer for each category.

**Medicaid**

10. What is the approximate percentage of the provider's current patients using Medicaid Fee For Service to pay for services in the most recent fiscal year?

None	<5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	+
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**Sliding Fee Scale/Uncompensated Care**

11. What is the approximate percentage of the provider's current patients using a sliding fee scale to pay for services in the most recent fiscal year?

None	<5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	+
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12. If offer any sliding fee schedule, Is the Sliding Fee Schedule posted? Yes ....  No....

13. What is the approximate percentage of the provider's current patients whose costs are otherwise charged to uncompensated care?

None	<5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	+
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**Migrant Farmworkers**

14. What is the approximate percentage of the providers current patients who are migrant farmworkers or their dependents? A Migrant Farm Worker does not have permanent local address.

None	<5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	+
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**The next three questions are about your patients.**

**15. Is the provider currently accepting:**

ANY NEW patients?.....  Yes, Unrestricted  Yes, Restricted  No → Skip to Question 16

New insured/self-pay patients?.....  Yes, Unrestricted  Yes, Restricted  No

New Medicaid fee for service patients?  Yes, Unrestricted  Yes, Restricted  No

New sliding fee scale patients?..... Yes, Unrestricted  Yes, Restricted  No

Comments concerning restrictions on new patients: \_\_\_\_\_

**16. When a patient calls the provider's office to request a routine (non-urgent, symptomatic) visit, what is the usual elapsed time between the request and the appointment for:**

A new patient? \_\_\_\_\_ Days

An established patient? \_\_\_\_\_ Days

**17. Does your practice see walk-in patients?** Yes  No

**18. What age do you recommend for a child's first dental visit?** \_\_\_\_\_

**19a. Which days of the week is your practice open (check all that apply)?**

Mon.  Tues.  Weds.  Thurs.  Fri.  Sat.  Sun.

**19b. What is the earliest time your practice opens:** \_\_\_\_\_ AM

**19c. What is the latest time your practice closes:** \_\_\_\_\_ PM

**20. What ages does your practice serve (youngest to oldest)?** \_\_\_\_\_ (youngest) to \_\_\_\_\_ (oldest)

**21. Do you continue to provide services for established patients if their coverage changes to Medicaid?**

Yes  No

**22. Do you accept payment plans (e.g. partial payment at initial visit)**  Yes  No

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If YES, please clarify any conditions:

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**Name of the person responding to this survey:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you so much for completing the survey. Your answers will help us as we look at access to health care issues in Snohomish County

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<sup>i</sup> Full-Time and Part-Time Employment by Major Industry. Regional Economic Information System. Washington State University Cooperative Extension. May 2003.

<sup>ii</sup> Schueler V. Health care services. In The Health of Washington State. Olympia(WA): Washington Department of Health, forthcoming. Available June 2002 from: URL <http://www.doh.wa.gov/>

<sup>iii</sup> The Urban Institute. State responses to Budget Crisis in 2004: An Overview of Ten States - Overview and Case Studies . State and local initiatives to enhance health coverage for the working uninsured. New York: Kaiser Family Foundation January 2004 Available from: URL: <http://www.kff.org/medicaid/7002.cfm>