

RESULTS OF DENTAL MEDICAID FUNDING IMPROVEMENTS

It is well-established that a multifaceted approach to dental Medicaid improvements vastly increases the chances for greater utilization and improved oral health for Medicaid enrollees. It is common knowledge that improving investment in dental Medicaid funding is the key component to ensuring enrollees get the care they need when they need it.

To prove funding improvements have an impact, consider the reports from past improvements and research performed:

Connecticut – 2008 children’s dental fees set to 70th percentile of dental market fees in 2005.¹

- *“For children continuously enrolled in Medicaid, utilization rates increased from 45.9% in 2006 to 71.6% in 2012.”*
- *“These increased utilization rates eliminated the disparities in access to dental services between children with private insurance and children receiving Medicaid benefits. Children enrolled in Medicaid now have utilization rates that are similar to or higher than privately insured children.”*
- *“Expenditures increased \$62 million; this represents less than 1% of 2012 State Medicaid expenditures.”*
- *“Dentist participation increased by 72%.”*
- *“These results suggest that dentists will participate in the Medicaid program if adequately compensated, and low-income families will seek dental services.”*
- *“One solution to the substantial disparities in access to dental care is to increase Medicaid fees to competitive levels.”*

Indiana – 1998 fees increased to 100 percent of the 75th percentile of usual and customary fees.²

- *“The number of dentists seeing a Medicaid-enrolled child increased from 770 in fiscal year (FY) 1997 to 1,096 in FY 2000.*
- *The number of Medicaid-enrolled children with any dental visit increased from 68,717 (18 percent) to 147,878 (32 percent), with little difference between children enrolled through the Medicaid-SCHIP and traditional Medicaid programs by FY 2000.*

¹ [Tryfon Beazoglou, Joanna Douglass, Veronica Myne-Joslin, Patricia Baker, Howard Bailit, Impact of fee increases on dental utilization rates for children living in Connecticut and enrolled in Medicaid, The Journal of the American Dental Association, Volume 146, Issue 1, 2015, Pages 52-60, ISSN 0002-8177, https://doi.org/10.1016/j.adaj.2014.11.001.](https://doi.org/10.1016/j.adaj.2014.11.001)

² [Hughes RJ, Damiano PC, Kanellis MJ, Kuthy R, Slayton R. Dentists' participation and children's use of services in the Indiana dental Medicaid program and SCHIP: assessing the impact of increased fees and administrative changes. J Am Dent Assoc. 2005 Apr;136\(4\):517-23. doi: 10.14219/jada.archive.2005.0209. PMID: 15884323.](https://doi.org/10.14219/jada.archive.2005.0209)

- *The mean number of visits per child per year and the mean number of procedures per child per year remained relatively constant. The cost per enrolled child increased from \$1.70 to \$6.70 per month, while the cost per child with a visit increased from \$9 to \$21 per month.*
- *The increase in fees and changes in administration of the Indiana dental Medicaid program were positively associated with improved dentist participation and children's use of dental services*

National Association of State Health Policy – Research ³

- *Survey research, available literature, and interviews with key stakeholders in six study states indicate that higher fees positively influence: (1) dentists' willingness to accept new Medicaid-enrolled patients; and (2) Medicaid patients' access to and utilization of needed oral health care.*
- *The study states all enjoyed improvements in the percentage of children utilizing dental services (even in a period of expanding Medicaid enrollment), although they have not yet reached the utilization levels of privately insured children. The changes that these states made did mean they substantially increased their spending on dental services, but even so, dental spending is still only a small piece of total Medicaid expenditures.*

California Health Care Foundation – Research ⁴

- *Survey research, academic literature, and interviews with key stakeholders in six states indicate that higher fees positively influence both dentists' willingness to participate in state Medicaid programs and Medicaid patients' access to oral health care.*
- *However, a majority of experts interviewed felt that while adequate reimbursement rates were necessary for improving access to Medicaid dental services, they were not sufficient on their own. Higher rates must be combined with efforts to address administrative concerns and strengthen the state's relationships with community dentists.*

American Journal of Public Health ⁵

- *Reimbursement rates and access to dental care were directly related at the state level, but no evidence indicated that higher reimbursement rates resulted in overuse of dental services for those who had access. The relation between reimbursement rates and access to care was moderated by dentist density and dentist participation in Medicaid. We estimate that more than 1.8 million additional children would have had access to dental care if reimbursement rates were higher in states with low rates.*
- *Children who access the dental care system receive care, but reimbursement may significantly affect access. States with low dentist density and low dentist participation in Medicaid may be able to improve access to dental services significantly by increasing reimbursement rates.*

The Impact of Medicaid Reform on Children's Dental Care Utilization in Connecticut, Maryland & Texas ⁶

- *Increasing Medicaid dental fees closer to private insurance fee levels has a significant impact on dental care utilization and unmet dental need among Medicaid-eligible children.*

³ [The Effects of Medicaid Reimbursement Rates on Access to Dental Care; National Academy for State Health Policy 2008](#)

⁴ [Increasing Access to Dental Care in Medicaid: Does Raising Provider Rates Work? Californai Healthcare Foundation, 2008](#)

⁵ [Chalmers NI, Compton RD. Children's Access to Dental Care Affected by Reimbursement Rates, Dentist Density, and Dentist Participation in Medicaid. Am J Public Health. 2017 Oct;107\(10\):1612-1614. doi: 10.2105/AJPH.2017.303962. Epub 2017 Aug 17. PMID: 28817336; PMCID: PMC5607675.](#)

⁶ [Nasseh K, Vujicic M. The Impact of Medicaid Reform on Children's Dental Care Utilization in Connecticut, Maryland, and Texas. Health Serv Res. 2015 Aug;50\(4\):1236-49. doi: 10.1111/1475-6773.12265. Epub 2014 Dec 7. PMID: 25483733; PMCID: PMC4545356.](#)