



Effect of Medicaid reimbursement rates on children's access to dental care

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Medicaid (Title XIX of the Social Security Act) was designed to provide medical and dental care for children in low socioeconomic groups. Access to dental care for children covered by Medicaid, however, has not been entirely successful due to lack of participation by dental providers.^{1,2} Low reimbursement rates have been reported by providers to be a major factor in Medicaid non-participation.^{1,3,4} A survey (December 1992) among Connecticut dentists reported limited Medicaid participation among those treating children, with almost all the dentists scoring Medicaid fees as unacceptable.⁵ A year later (January 1994), Medicaid fees in Connecticut were increased to 80% of usual and customary and reasonable rate. This follow-up survey was conducted 1 year after the fee increase (December 1994) to determine changes in access to dental care for Medicaid-eligible children in private offices in Connecticut.

Methods and materials

A questionnaire survey was mailed in December 1994 to 117 practicing dentists in Connecticut with an established interest in treating children. All those surveyed had been sent a similar questionnaire earlier in December 1992.⁵ Only two dentists from the 1992 survey who reported being retired were excluded in this follow-up survey. Seventy-three surveyed dentists (62%) were members of the Connecticut Society of Pediatric Dentists (CSPD), and 44 (38%) were members of the Connecticut Society of Dentistry for Children (CSDC). For the purpose of this survey, CSPD members who were also members of the CSDC were counted only as CSPD members. All surveys were anonymous, and an addressed, unstamped envelope was provided for return mailing. The survey reassessed: type of practice (general versus pediatric); percentage of children in general practice; participation in Medicaid; percentage of Medicaid-eligible children as part of total pediatric practice; acceptance of new children; acceptance of new Medicaid-eligible children; acceptability of

Medicaid fees on a scale of 1 to 5; and acceptability of Medicaid paperwork on a scale of 1 to 5.⁵ In addition, awareness about the Medicaid fee increase in the past year, and change in outlook/intake of new Medicaid-eligible patients following the fee increase also were assessed. The change in outlook/intake of new Medicaid-eligible children was surveyed to determine whether the fee increase affected dentists' attitudes as well as acceptance of these children. For purposes of analysis, ranking of Medicaid fees/paperwork was considered as acceptable (1 and 2), equivocal (3), or unacceptable (4 and 5).

Results

Sixty-five (56%) usable questionnaires were returned from 44 pediatric dentists and 21 general dentists. The majority of the Connecticut dentists surveyed (66%) treated Medicaid-eligible children, though some of them (28%) restricted their participation to less than 10%. Almost all the dentists (97%) were accepting new children into their practice, while only half the dentists (52%) were accepting new Medicaid-eligible children. Pediatric dentists showed greater participation in the

TABLE. SURVEY RESULTS OF A QUESTIONNAIRE, MAILED TO CONNECTICUT PEDIATRIC DENTISTS AND GENERAL DENTISTS, ASSESSING THE EFFECTS OF MEDICAID FEE INCREASE

<i>Factor</i>	<i>Pediatric Dentists (N=44)</i>	<i>General Dentists (N=21)</i>	<i>Total (N=65)</i>
Medicaid participation	77% (34)	43% (9)	66% (43)
Medicaid < 10%	27% (12)	29% (6)	28% (18)
Accepting new children	98% (43)	95% (20)	97% (63)
Accepting new Medicaid children	64% (28)	29% (6)	52% (34)
Medicaid fees: unacceptable	41% (18)	76% (16)	52% (34)
Medicaid paperwork: unacceptable	52% (23)	76% (16)	60% (39)
Modified outlook/intake of new Medicaid children following the fee increase	36% (16)	24% (5)	32% (21)

Medicaid program than did general dentists. The majority of the dentists found the Medicaid fees (52%) and paperwork (60%) to be unacceptable (Table). Almost all the dentists (97%) were aware of the Medicaid fee increase; however, only one-third reported that it had modified their outlook/intake of new Medicaid-eligible children (Table). Half of those who treated Medicaid-eligible children reported modifying their outlook/intake of new Medicaid-eligible children following the fee increase as opposed to none of the nonparticipating dentists. The paperwork barrier was reported to be a factor for participation, more so among Medicaid nonparticipants (82%) than among participants (49%).

Discussion

The dental Medicaid reimbursement rate in Connecticut of approximately 35% of usual and customary (UCR) fees hindered compliance with federally mandated standards to assure equal access to dental care for children. Practitioners were forced to reduce or eliminate their participation in the Medicaid program because reimbursements fell far short of covering the cost of providing services. The situation had deteriorated to the point where Medicaid-eligible children in many Connecticut communities could not obtain needed dental care even for emergencies. A 1991 survey on 401 Connecticut Head Start children showed that only one in 10 had received restorative care even though these children had high levels of dental caries.⁶ This lack of access to dental care for Medicaid-eligible children finally resulted in a state-mandated increase in reimbursement rates to approximately 80% of UCR.

The fee increase affected the behaviors of dentists in our survey. Participating dentists who restricted Medicaid-eligible children to less than 10% of their patients declined from one-third⁵ to one-fourth. Also the percentage of dentists accepting new Medicaid-eligible children increased from one-third⁵ to one-half. This study also confirmed that pediatric dentists have greater participation in the Medicaid program than do

general dentists.²⁻⁵ Although pediatric dentists participated in the Medicaid program despite the low reimbursement rate,⁵ the number of pediatric dentists accepting new Medicaid-eligible children almost doubled following the fee increase, and the percentage of Medicaid-eligible children increased in their practice. The improvement in Medicaid participation among Connecticut dentists following the fee increase agrees with the positive impact of Medicaid fee increase reported for physician participation by the National Opinion Research Center for the Health Care Financing Administration.⁷

Even with the lessening of the economic barrier to see Medicaid-eligible children, half the respondents still found the fees unacceptable as opposed to almost all the respondents⁵ prior to the increase.

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