

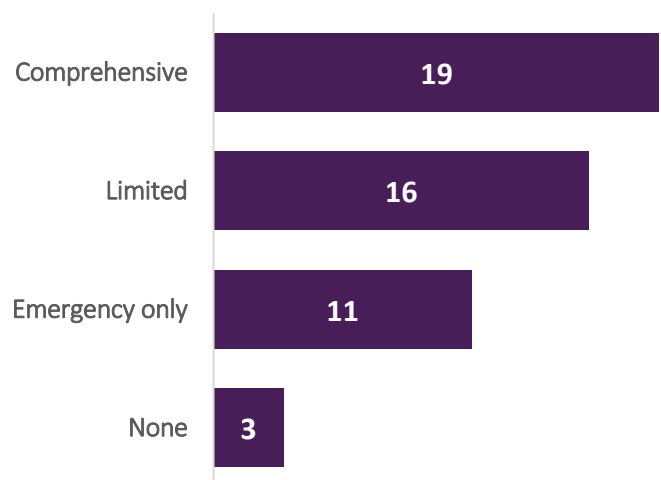
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For Medicaid beneficiaries, the ability to find a dentist is a key component of access to care

Medicaid is a federal insurance program that provides health coverage to low-income children, adults, pregnant women, elderly adults, and individuals with disabilities. As of February 2020, 64 million individuals were enrolled in Medicaid nationwide, equivalent to approximately one-fifth of the U.S. population.¹ The Medicaid program is administered at the state level and is funded jointly by states and the federal government. For Medicaid-enrolled children, dental benefits are federally mandated, but for adults they are elective. As a result, dental coverage for adult beneficiaries varies state to state, ranging from comprehensive dental benefits to none at all. As of September 2019, only 19 states provided comprehensive dental benefits to adult beneficiaries.²

For individuals with Medicaid, there are many barriers to accessing oral health, making them less likely to utilize care and have poorer oral health compared to individuals with private dental insurance. For example, Medicaid-enrolled children are significantly less likely to see a dentist compared to children with private dental insurance.³ The same is true for pregnant women and dental care use during pregnancy.⁴ An adequate supply of dentists who participate in Medicaid is essential to ensure adequate access to care for this population. **One of the most common barriers to receiving dental care is difficulty finding a dentist who accepts Medicaid.**^{5,6}

Number of States with Dental Benefits for Medicaid-Enrolled Adults, by Scope of Benefits, 2019

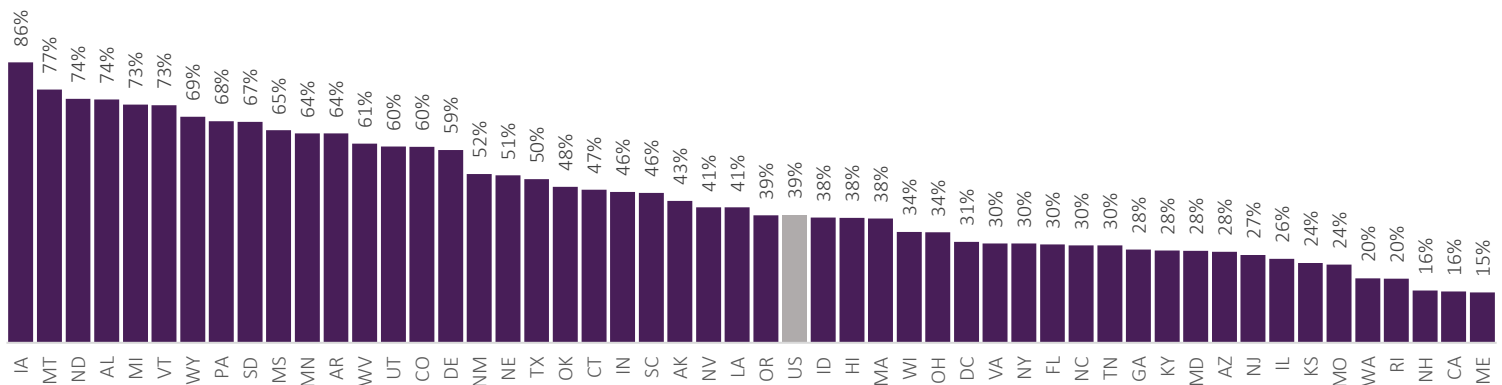


Source: Center for Health Care Strategies, Inc. Medicaid Adult Dental Benefits: An Overview. September 2019. Available [here](#).

The degree of dentist participation in Medicaid depends on how you measure it

There are numerous approaches to measuring dentists' participation in Medicaid, and the measurement approach influences the outcome. The three common measurement approaches are:

1. **Enrollment as a Medicaid provider.** This approach measures participation using provider enrollment registries. It is most notably used by the American Dental Association Health Policy Institute to develop and disseminate state-level estimates of Medicaid participation. Using this approach, approximately 4 in 10 dentists participated in Medicaid in 2016, with rates ranging from 15% in Maine to 86% in Iowa.⁷ This approach generally produces the highest estimate because it only takes into account enrollment status rather than whether the dentist provides care to this population. The main advantage of this approach is that it uses existing data sources and does not often require primary data collection.



Dentist Participation in Medicaid or CHIP, defined by Enrollment as a Medicaid Provider, 2016

Source: American Dental Association Health Policy Institute. Infographic: Dentist Participation in Medicaid or CHIP. Available [here](#).

2. **Acceptance of new patients with Medicaid.** New patient acceptance is generally measured by surveying providers directly or using a secret shopper approach where someone poses as a patient calling to get an appointment. Measuring new patient acceptance generally produces the most conservative estimates of Medicaid participation. For example, one survey of Iowa private practice dentists estimated that 58% of dentists accepted new patients with Medicaid in 2013, in contrast to 86% as measured using a registry in 2014.⁸ Although the most conservative, this approach can be considered most comparable to the experiences of Medicaid enrollees trying to get an appointment for care as a new patient. The important disadvantages of these approaches are that they require significant resources to generate estimates on a broad scale, and that survey participation and responses are subject to various forms of bias.

- 3. Provision of services to Medicaid enrollees.** Provision of services is measured using either survey or administrative claims data. There is significant variation within this approach and no consistent definition of how to measure “meaningful” participation in Medicaid using claims data. Examples include a specific cutoff in dollars submitted or reimbursed (e.g., \$1, \$10,000, etc.) or a specific cutoff in the number of Medicaid patients seen.⁹ In general, the higher the cutoff, the lower the estimate of dentist participation. While this approach is considered the most accurate in terms of actual receipt of services for this population, it is also resource- and labor-intensive analytically and, in the case of administrative claims, requires access to protected data.

Policy-related factors play an important role in Medicaid participation

Many factors influence dentist participation in Medicaid, including modifiable factors such as state Medicaid dental program characteristics, and nonmodifiable factors such as dentist demographics. The two most important Medicaid policy-related barriers to participation are low reimbursement and burdensome administrative requirements.¹⁰ State Medicaid fee-for-service reimbursement rates have remained consistently low compared to private insurance reimbursement and vary widely by state. In 2013, Medicaid reimbursed approximately *half* of commercial dental insurance charges, on average, for child dental services, ranging from 27% in Minnesota to 81% in Delaware.¹¹

Increasing Medicaid reimbursement for dental services is a necessary, but not sufficient, approach to increasing dentist participation in Medicaid. State Medicaid programs that have combined higher reimbursement with other reforms – including streamlining administrative requirements, collaborating with state dental societies, and improving outreach to beneficiaries – have seen promising improvements in dentist participation.^{12,13,14}

Beneficiary outreach activities often target improvements in appointment attendance, as dentists frequently note a high rate of broken appointments among this population as another key barrier to participation.

Individual and practice factors also play a role in Medicaid participation. Dentists who are female, younger, and in a racial/ethnic minority group are more likely to participate in Medicaid than their male, older, and White counterparts.¹⁵ Additionally, dentists in group practices and those practicing in rural areas have also been found to have higher Medicaid participation than solo practitioners and those in urban areas.^{16,17} These findings underscore the important role of education systems, as well as loan repayment programs to increase dental workforce diversity and participation in underserved and professional shortage areas.¹⁸

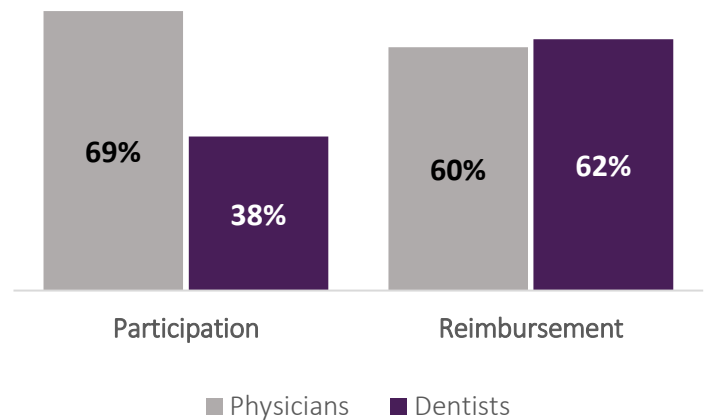
Dentists are less likely to participate in Medicaid compared to physicians

It is helpful to look outside of the dental delivery system for context to understand how dentistry compares to medicine in service to Medicaid enrollees. Despite comparable levels of reimbursement, office-based physicians are almost twice as likely to participate in Medicaid compared to dentists.¹⁹ Possible reasons for this discrepancy are not clear, but could include:

- Most physicians also participate in Medicare and may be more comfortable with government insurance programs. As Medicare does not generally cover dental care, most dentists do not have experiences with this program.
- State Medicaid programs are increasingly developing value-based payment systems for medical care which could incentivize physician participation, whereas these payment systems are just emerging in dentistry. Concomitantly,

Medicaid managed care may also play a role as managed care is nearly ubiquitous for Medicaid medical benefits but is less common, albeit growing, for Medicaid dental plans.

Medicaid Participation and Reimbursement among Dentists and Physicians, 2016



Source: American Dental Association Health Policy Institute Infographic: Medicaid Fee-for-Service Reimbursement and Provider Participation for Dentists and Physicians in Every State. Available [here](#).

More research is needed about dentist participation in Medicaid

A small but consistent body of evidence indicates that increasing reimbursement rates to dentists improves access to care for Medicaid beneficiaries.^{20,21,22} A recent study found 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.²³ However, the same study also found that the relationship between reimbursement and access is not universal, and is influenced by dentist Medicaid participation and dentist density.²⁴ This line of research should be further explored in order to determine best use of resources for improvements in access to care, including the role of emerging alternative payment models beyond the standard fee-for-service.

Other gaps in the evidence on Medicaid dentist participation include differences in acceptance by patient age (e.g., children vs. adults), as well as the impact of the increasing role of managed care companies in administering Medicaid dental programs. The impact of dental education on Medicaid participation also warrants further study; while several studies examined students' attitudes toward treating underserved populations, it is not known how these attitudes translate to provider behavior and the impact on Medicaid participation after graduation. Similarly, the impact of newly introduced value-based care programs on dentist participation needs to be examined.

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