



Access to Care: Georgia Dental Medicaid Provider Participation & Preventive Dental Care Utilization Rates

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LEARNING OBJECTIVES

1. Identify pediatric access to dental care services among individuals enrolled in Georgia Medicaid.
2. Determine which preventative dental services are mainly utilized among Georgia Medicaid enrolled children.
3. Identify dental Medicaid provider participation in the Georgia State Medicaid program.

INTRODUCTION

- Medicaid is a means tested entitlement program, which covers more than 70 million people.¹ Dental Medicaid is one of the main sources of dental coverage for indigent and low-income families.¹
- Research shows a trend of increased dental visits among Medicaid children since 2009 of 40%. However, its estimated that only 30% of dentist participate in Medicaid in Georgia.²
- Significant oral health disparities exist among children in the U.S. based on several factors, including SES, resulting in higher rates of dental caries.
- There are many barriers to access cited in the literature related to dentist density, reimbursement rates for services provided, and lack of Medicaid insurance acceptance at many dental practices.
- Approximately 15% of Medicaid enrolled children fail to receive necessary dental care due to provider refusal.³

PURPOSE

1. To Assess Preventive Dental Services Utilization Rates Among Georgia Medicaid Enrolled Children 0-15 years of age from 2018- 2021
2. To Assess Dental Provider Participation in the GA Medicaid Programs from 2018-2021

Hypothesis: Preventative dental services utilization rates have increased among Georgia Medicaid Enrolled children; pediatric dentist have greater participation than general dentist in providing more preventive services.

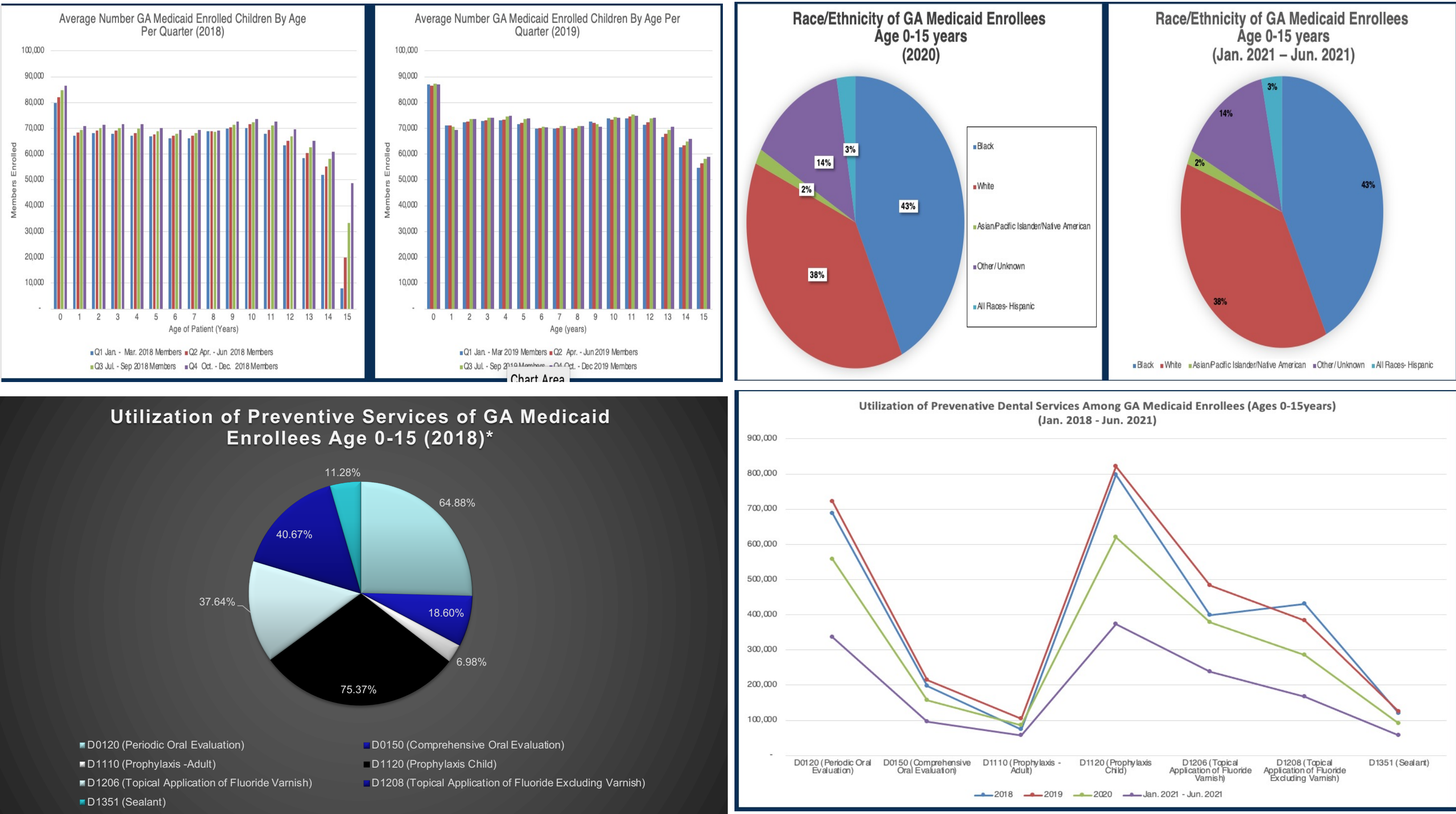
METHODS

Requested secondary claims data by contacting the Georgia Department of Community Health to obtain public deidentified claims data from 01/01/2018-07/01/2021 of GA Medicaid enrolled children from ages 0 months to 15 years old, who were enrolled for at least 12 continuous months. The data set included demographic information related to Ethnicity/Race, Age, Georgia County of Residence.

Retrospective Claims Analysis of utilization of prevention/diagnostic services included the following CDT Codes: D0120, D0150, D1110, D1120, D1206, D1208, and D1351 within the aforementioned time frame. Utilization rates per procedural code, per members were calculated.

The proportion & number of Medicaid participating dental care providers in GA will be evaluated given specific taxonomy identifiers(NPI) & claims codes (NUCC): 12230000X- Dentist, 1223G0001X-Dentist-General Practice, & 1223P0221X- Dentist-Pediatric Dentist, to assess Georgia Medicaid Provider Participation.

RESULTS



RESULTS

- The average total enrollment was approximately 1.1million members over 3.5 years.
- Highest Mode of Enrollees presented in the data were <2 years old.
- 43-45% of Medicaid Enrollees 0-15 identified as Black, Non-Hispanic. 38-42%=White, Non-Hispanic.
- Percentage of Enrollees by county was greatest among metropolitan Atlanta counties and Chatham County: Gwinnett (8.86%), Fulton (8.22%), DeKalb (7.57%), Cobb (4.96%), Clayton(4.54%), Chatham (2.55%) and lowest among rural counties.
- Preventative Services received: 63-64%-D0120, 18%-D0150, 75.3%-D1120, 6-7%-D1110, 37-38%-D1206, 40%-D1208, 10-12%-D1351.
- Results are currently pending for provider participation as data is currently being further analyzed related to general and pediatric dentist participation.

CONCLUSIONS

- There has been a steady increase in Medicaid Preventative Dental utilization rates within the last 10 years, however some decreases in service may be noted in 2020 and 2021 due to COVID.
- Black, Non-Hispanic & White, Non-Hispanic make up more than 80% of Medicaid Enrolled children ages 0-15 within the years of 2018-2021
- Counties with higher populations of people (i.e including Metro Atlanta Area, Chatham, Richmond, Muscogee counties) showed higher membership enrollees with trends toward greater preventive utilization.
- Limitations: Ensuring that data retrieval from GA Medicaid CMH office maintained a level of internal safety standards given demographic and county parameters and proper protocol identified by the IRB.
- The length of years of within the study may not accurately represent the totality of Medicaid Utilization and participation, without addressing other factors such as implementation of the ACA and decreases in services provided due to COVID-19
- The findings obtained from this study may help in improving public health policy by bringing further awareness to access to dental care.
- Furthermore, the findings may highlight other areas of concern as it relates to public dental insurance, provider participation, and patient care.

REFERENCES

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3. Serban, N., Bush, C., & Tomar, S. L. (2019). Medicaid caseload for pediatric oral health care. *Journal of the American Dental Association* (1939), 150(4), 294–304.e10. <https://doi.org/10.1016/j.adaj.2018.11.020>