Appendix D

Survey Instrument

Contents

OFFICE OF TECHNOLOGY ASSES
U.S. CONGRESS

Survey of Dentists About State Medicaid Dental F

Section I. Background

1. Please check or fill in the blank:

a. Sex: [ ] Male [ ] Female

b. Age:

[ ] <26	[ ] 46-50
[ ] 26-30	[ ] 51-55
[ ] 31-35	[ ] 56-60
[ ] 36-40	[ ] 61-65
[ ] 41-45	[ ] >65

c. Race (Optional):
- [ ] American Indian or Alaska Native
- [ ] Asian or Pacific Islander
- [ ] Black, Hispanic Origin
- [ ] Black, not of Hispanic Origin
- [ ] White, Hispanic Origin
- [ ] White, not of Hispanic Origin

d. State and Zip Code of Primary Practice:

State _____

Zip Code_____

2. In what year did you begin to practice dentistry?

19_____

3. Including yourself, how many positions make up your prim

Full-time

Part-time

4. Do you treat children

5. What is the age of your youngest patients? _____

6. Please indicate whether you are engaged limit your practice to one of the follo

- [ ] General Practice
- [ ] Endodontics
- [ ] Oral Pathology
- [ ] Oral Surgery
- [ ] Other: _____

7. Are Medicaid patients tr
- [ ] no
- [ ] yes

If your response was "no" please elaborate:
- [ ] I have never provided services to Me
- [ ] I have provided services to patients but do not currently

If your response was "yes" please elaborate:
- [ ] I treat all Medicaid patients who co
- [ ] I do treat some new Medicaid patient
  - [ ] their age (please describe
  - [ ] if they were referred.
  - [ ] the total number or proport served in my practice.
- [ ] though I am not accepting new Medica to treat Medicaid patients already i
- [ ] I will provide only emergency dental

About what percentage of the office visits yc during a typical week are with Medicaid patie

8. Are you able to accept new patients (i
- [ ] No, my prac
- [ ] Yes, I am

NOTE: If you do not treat children under 18, you do not need to complete sections II through IV. However, we do need to re

Please return by February 15, 1990

Section II. Opinions About the Medicaid Dental Program in Your State

Using the "a" thru "e" rating scale below, how would you rate the following aspects of the Medicaid dental program in your State?

a. Very Good b. Good c. Fair d. Poor e. Don't Know/No Opinion

Administrative Requirements:

1. _____ Timeliness of payment for submitted claims
2. _____ Communication of requirements (e.g., clarity of Medicaid provider manual)
3. _____ Format of billing forms

Reimbursement Issues:

4. _____ Reimbursement levels for covered services
5. _____ Criteria upon which payment or denial of claims are based
6. _____ Consistency with which criteria for payment or denial of claims are applied.

Scope and Limitations of Covered Services:

7. _____ Selection of covered services
8. _____ Selection of services requiring prior authorization
9. _____ Process for receiving prior authorization
10. _____ Criteria upon which approval or denial of prior authorization are based
11. _____ Conformity with community standards of practice.

Section III. A Closer Look at Selected Services

The first four questions relate to the services listed on the next page. Please circle your response to each question (in columns) for each service (in rows).

1. Do you feel that Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18? (please circle Y or N for each service listed below). If you do not normally provide the specific service to any of your patients, please circle O.

2. For each service you responded "no" to in Question 1 above, please indicate any or all of the following possible reasons (a thru f below) by circ ing each letter that applies to that service. Additional comments can be recorded in the next section.
   a. service is not covered
   b. the service is not allowed frequently enough
   c. the benefit excludes the use of appropriate materials (for example, for restorative procedures)
   d. the circumstances under which the service is allowed are too narrow (for example, limitations on patient's age or particular teeth)
   e. prior authorization for this service is often difficult to obtain
   f. other (space for comments is provided in the next section)

3. For each service listed below, do you feel that any other difficulties (such as h thru - listed below) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patient? Please circle each letter that applies.
   g. no
   h. yes, Medicaid reimbursement for this service is insufficient
   i. yes, the adminstrative process is particularly burdensome for this service (for example, payment for the procedure requires the submission of additional information)
   j. yes, Medicaid requirements regarding the service were not clearly communicated
   c. other (space for comments is provided in the next section)

4. For each service below, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice? (please circle Y or N for each service)

5. Upon completion of treatment in your office, how would you rate the Medicaid child's oral health status, as compared to that of your other young patients:
   a. better
   b. worse
   c. about the same

Selected Services:	Ques. 1: (Y, N or O)			Ques. 2: (a thru f)						Ques 3: (g thru k)					Ques 4: (Y or N)	
- initial oral exam	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
periodic oral exam	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
counsel child and parent on self care (oral hygiene, reduce cariogenic food, etc.)	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
Preventive Care																
prophylaxis	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
application of topical fluoride	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
application of pit and fissure sealants	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
posterior bitewings (e.g., every 12-24 months for primary and transitional dentition and every 18-36 months for permanent dentition)	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
Therapeutic Care																
- pulp therapy (primary teeth)	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
- pulp therapy (permanent teeth)	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
restoration of carious lesions for primary teeth	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
restoration of carious lesions for permanent teeth	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
- periodontal scaling and root planing (ADA Code 04341)	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
- gingival curettage (ADA Code 04220)	Y	N	O	a	b	c	d	e	f	g	h	i	j	k	Y	N
provide space maintainers for posterior primary teeth which are lost prematurely	Y	N	O	a	b	c	d	e	f	g	h		j	k	Y	N
provide removable prosthesis when mastication function is impaired or the existing prosthesis is unserviceable	Y	N	O	a	b	c	d	e	f	g	h		j	k	Y	N
- provide medically necessary orthodontic treatment to correct handicapping malocclusion	Y	N	O	a	b	c	d	e	f	g	h		j	k	Y	N

Section IV. Additional Comments

If you have comments about particular questions, please record them below.

1. Background Information -- Additional Comments

1. a. _____

b. _____

c. _____

d. _____

2. _____

3 _____

4. _____

5. _____

6 _____

' _____

8. _____

II. Opinions About the Medicaid Dental Program in Your State -- Additional Comments

Administrative Requirements:

1. _____

2. _____

3. _____

Reimbursement Issues:

4. _____

5. _____

6. _____

Scope and Limitations of Covered Services:

7. _____

8. _____

9. _____

10. _____

11. _____

111. A Closer Look at selected Services -- Additional Comments

1. _____

2. and 3.	Ques. 2: f. other	Ques 3: k. other
- initial oral exam	f.	k.
- periodic oral exam	f.	k.
- counsel child and parent on self care (oral hygiene, reduce cariogenic food, etc.)	f.	k.
- prophylaxis	f.	k.
pp on topical fluoride	f.	k.
app on pit and fissure sealants	f.	k.
- posterior bitewings	f.	k.
- provide pulp therapy for primary teeth	f.	k.
- pulp therapy for permanent teeth	f.	k.
- restoration of carious Lesions for primary teeth	f.	k.
- restoration of carious lesions for permanent teeth	f.	k.
- Periodontal scaling and root planing (ADA Code 04341)	f.	k.
- gingival curettage (ADA Code 04220)	f.	k.
- provide space maintainers for posterior primary teeth which are lost prematurely	f.	k.
- provide removable prosthesis when mastication function is impaired or the existing prosthesis is unserviceable	f.	k.
- provide medically necessary orthodontic treatment to correct handicapping malocclusion	f.	k.

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After Completing
Tape Here
Please

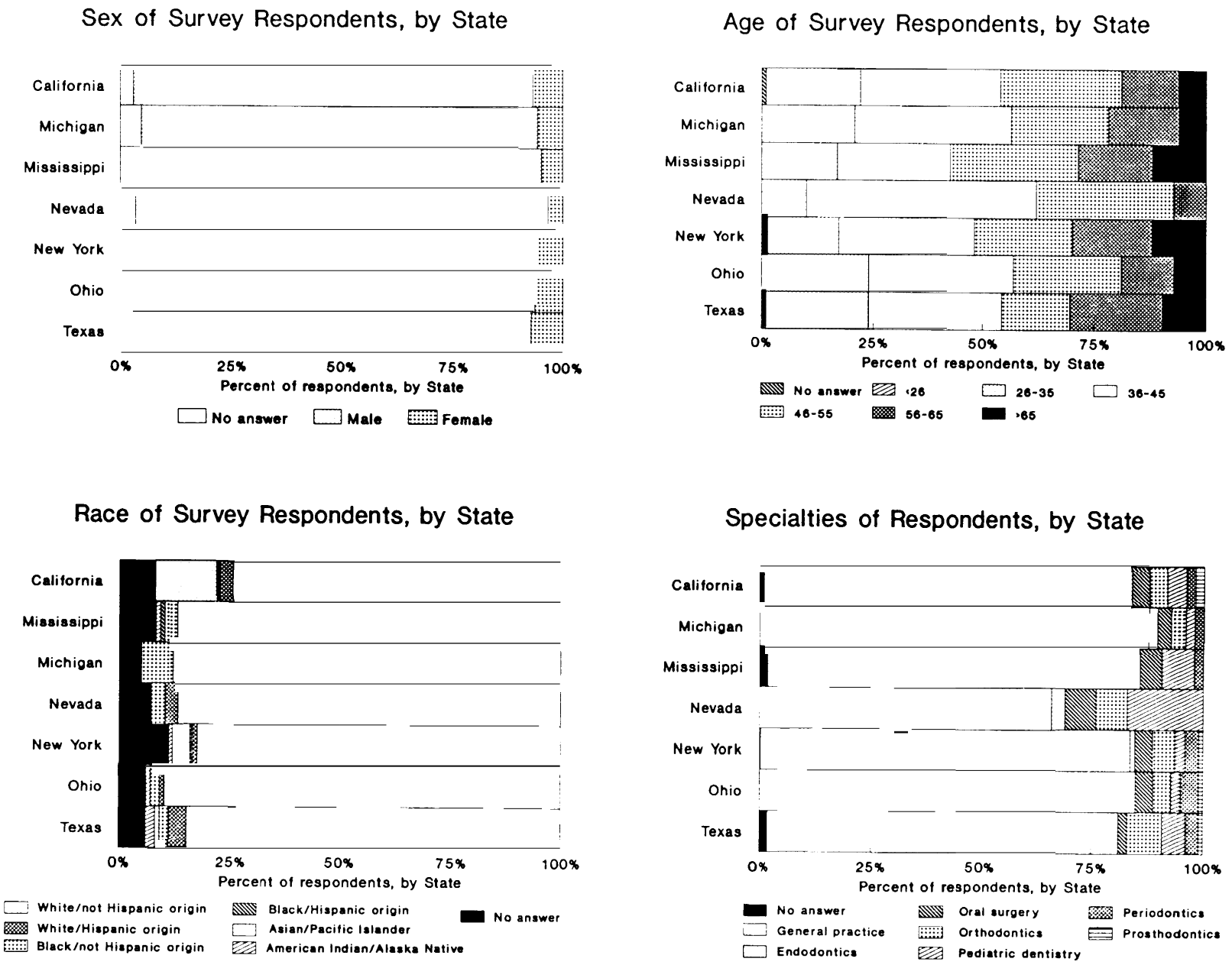
111. (cult.)

4. _____

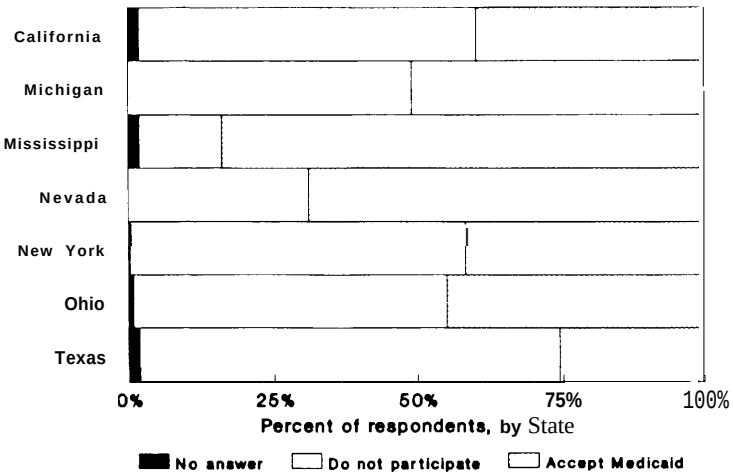
5. _____

Additional Comments about the Survey in General:

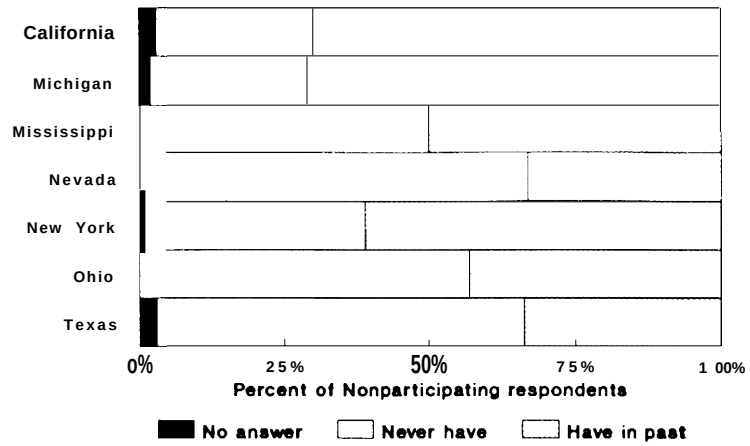
Figure D-1—Information About Survey Respondents, by State



Medicaid Participation of Respondents

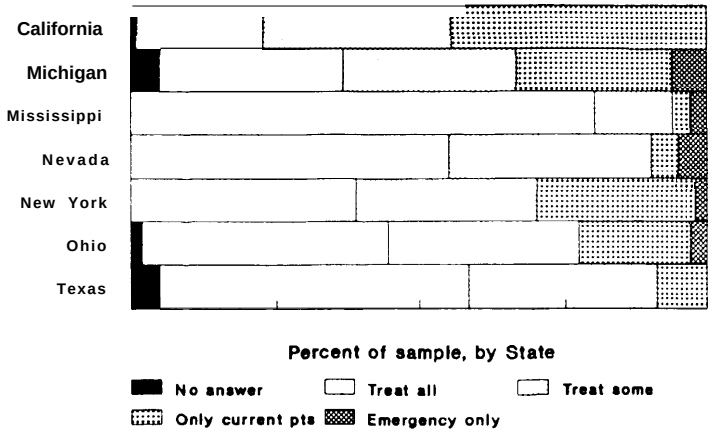


Past Participation Behavior of Nonparticipating Dentists*



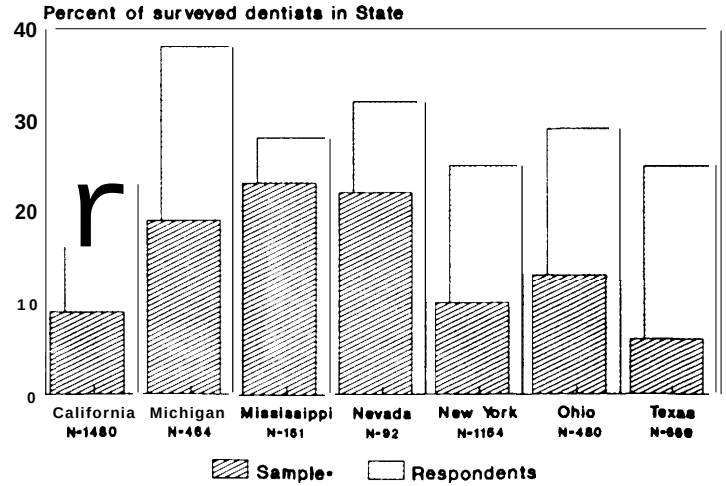
• Those dentists not participating in the Medicaid Program.

Treatment Patterns of Medicaid Patients by Participating Dentists



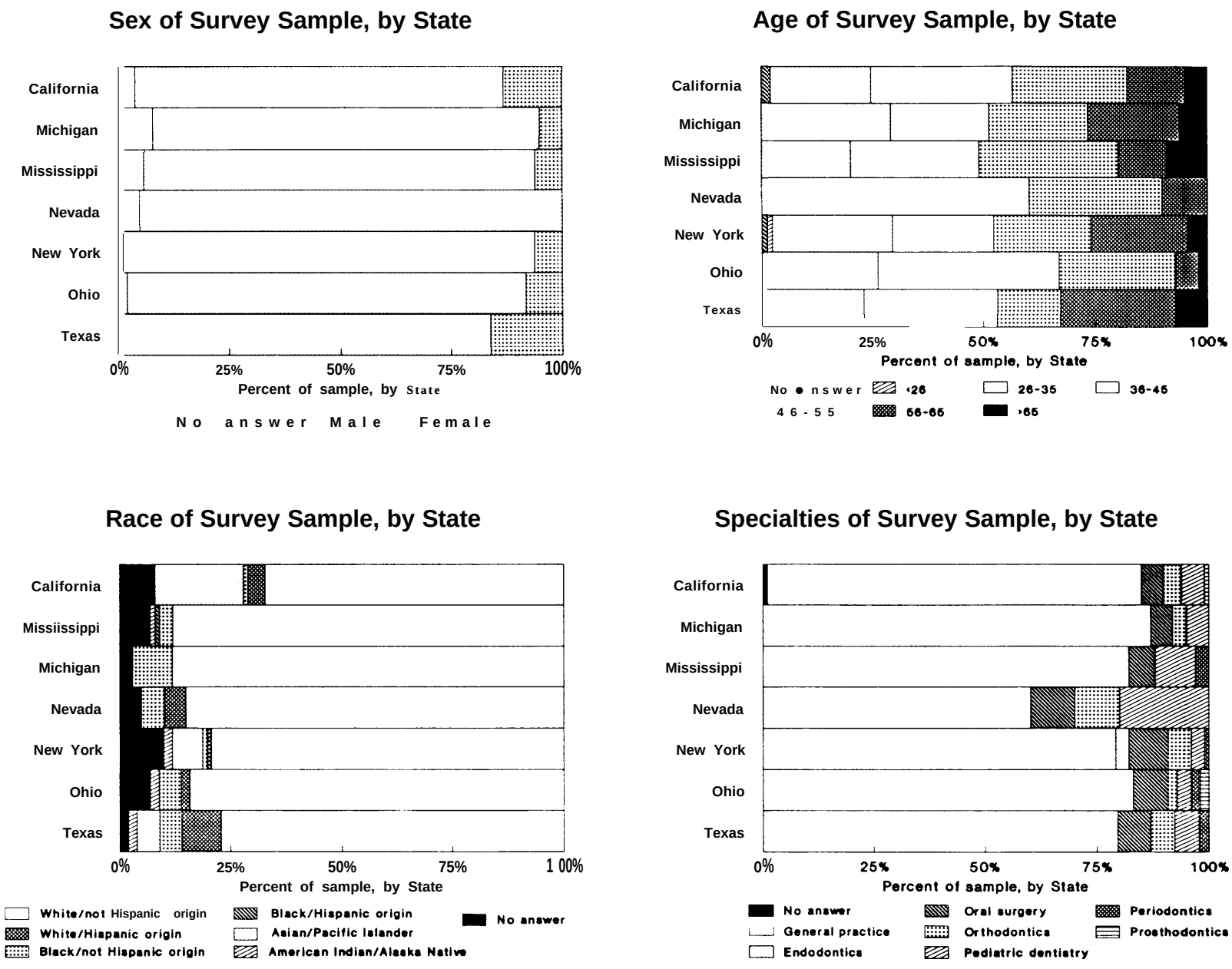
SOURCE: Office of Technology Assessment, 1990.

Response Rate of Surveyed Dentists



•The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.

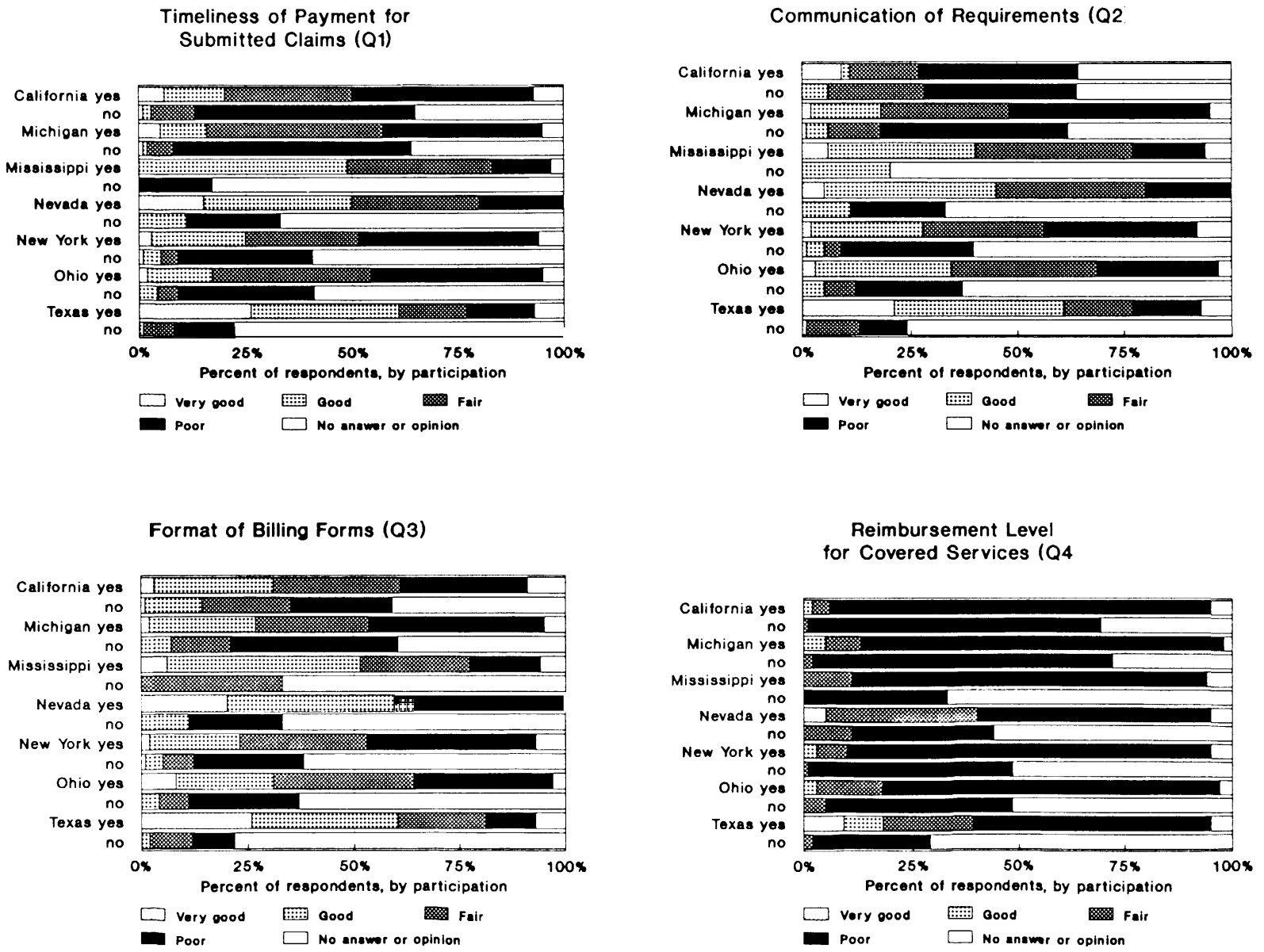
Figure D-2-information About a Sample of Respondents, by State



[a]The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.

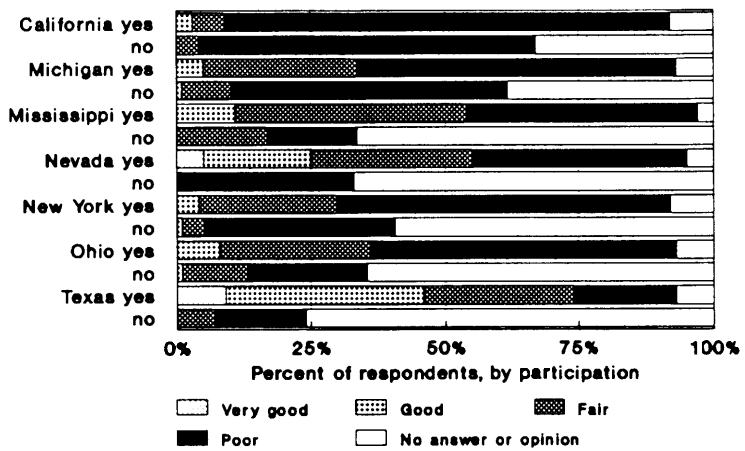
SOURCE: Office of Technology Assessment, 1990.

Figure D-3—Opinions About Medicaid Dental Programs, by State and by the Respondents' Medicaid Participation

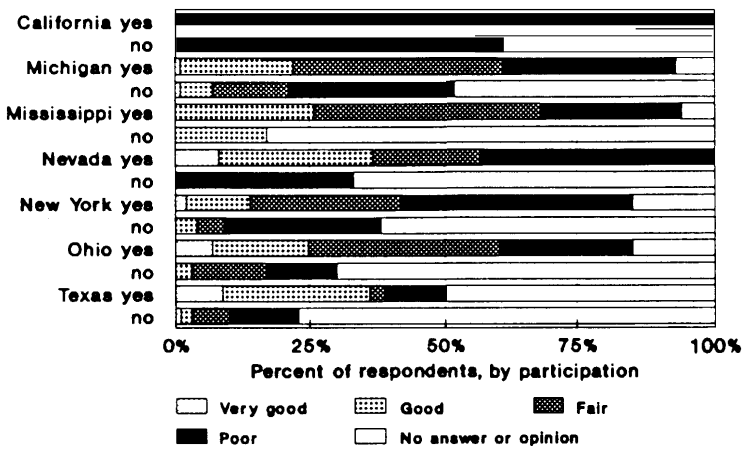


Continued on next page

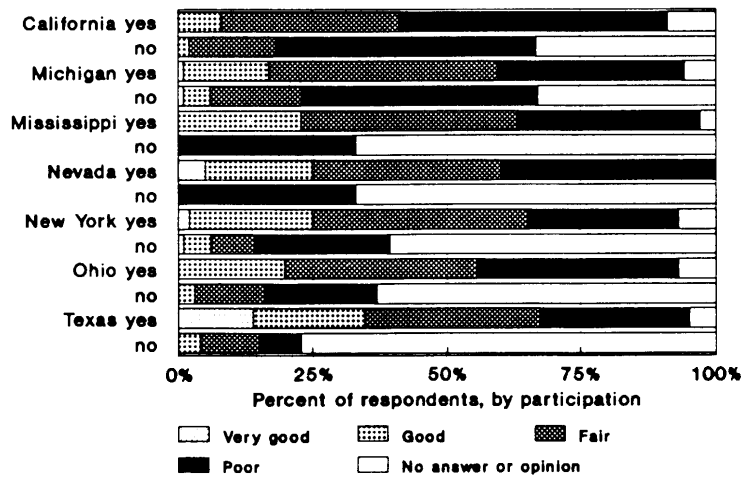
Criteria Upon Which Payment or Denial of Claims are Based (Q5)



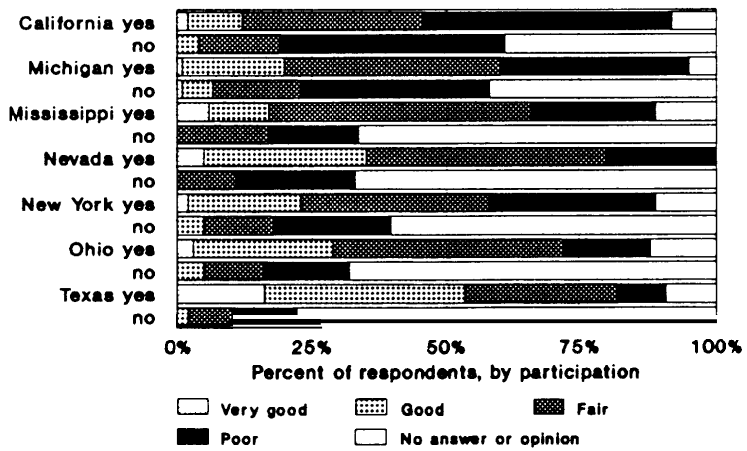
Consistency of Payment or Denial of Claims (Q6)



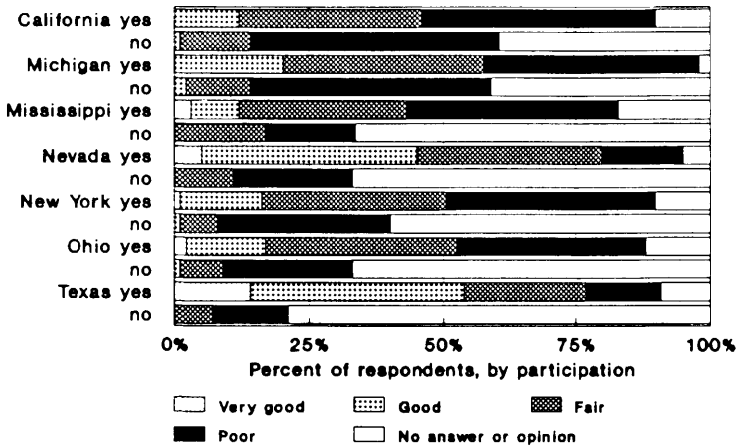
Selection of Covered Services (Q7)



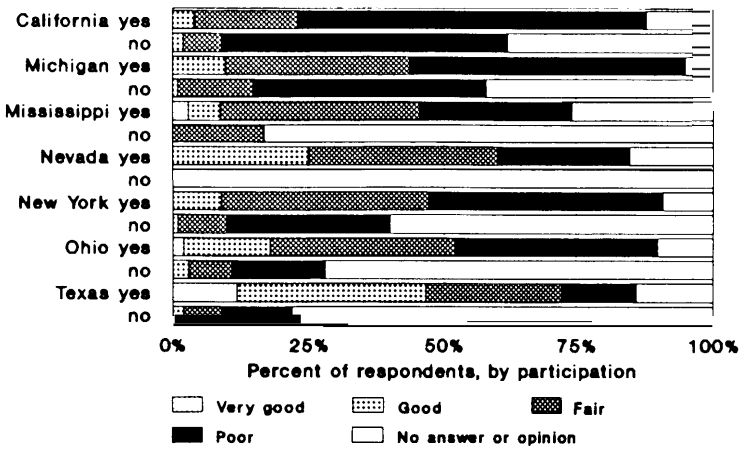
Selection of Services Requiring Prior Authorization (Q8)



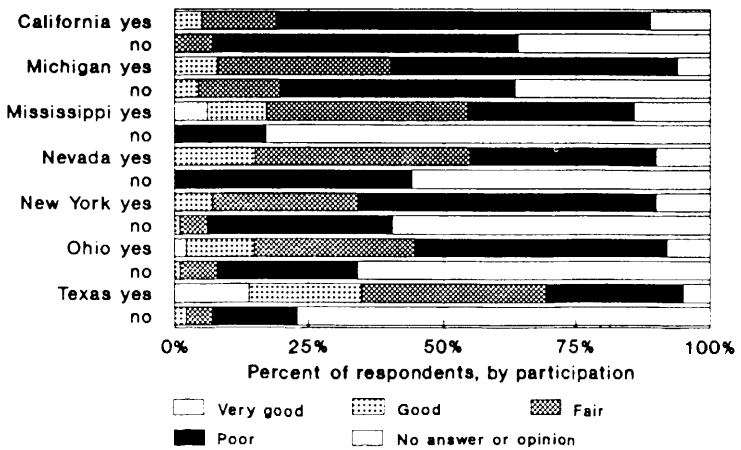
Process for Receiving Prior Authorization (Q9)



Criteria for Approval or Denial of Prior Authorization (Q10)



Conformity With Community Standards of Practice (Q11)



SOURCE of Technology Assessment, 990.

Medicaid Participation of Dentists Responding to Survey

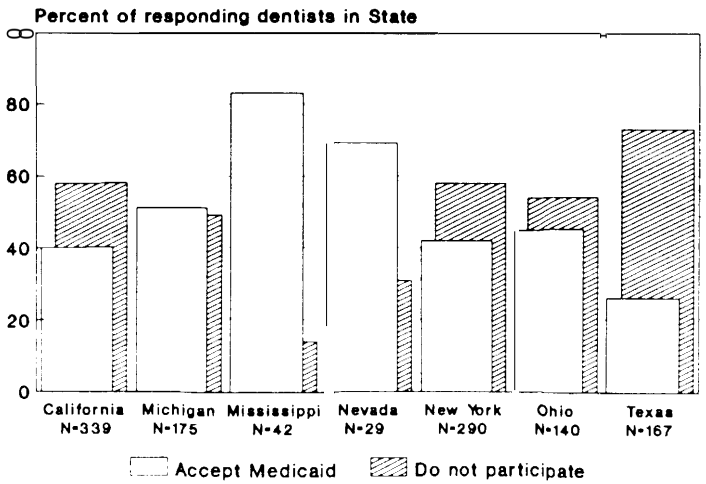
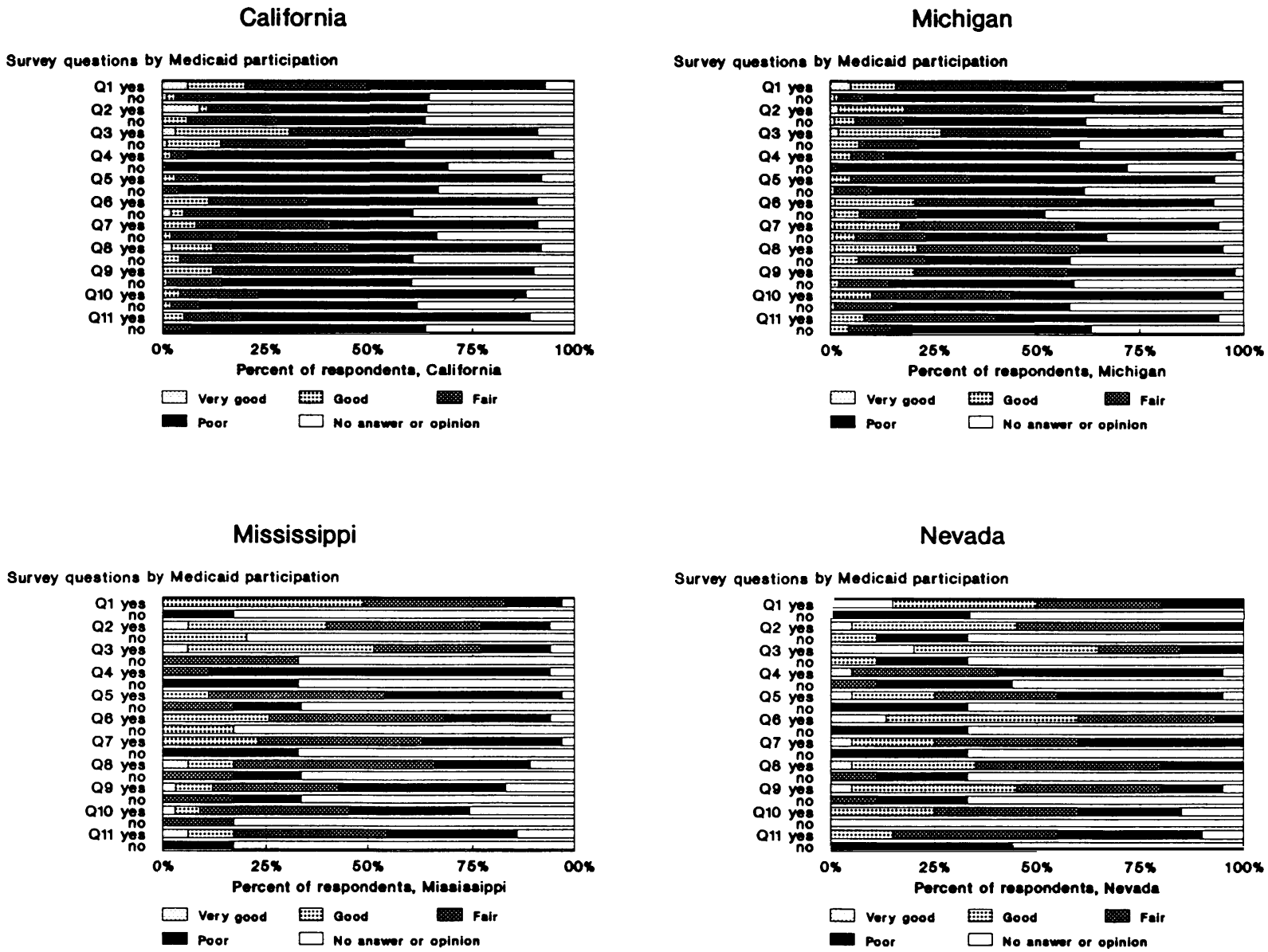
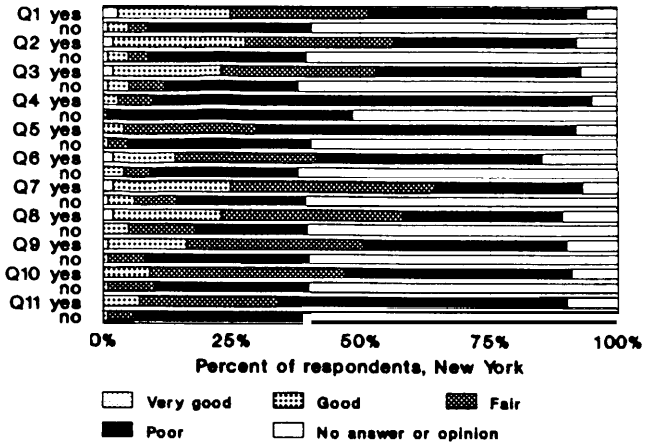


Figure D-4—Opinions About Medicaid Dental Programs, State Summary



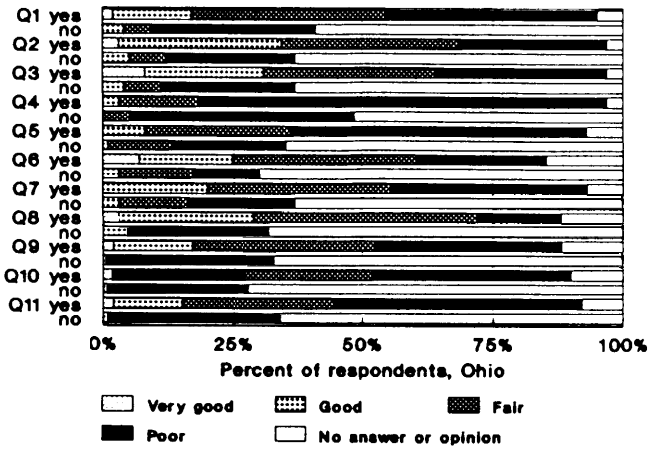
New York

Survey questions by Medicaid participation



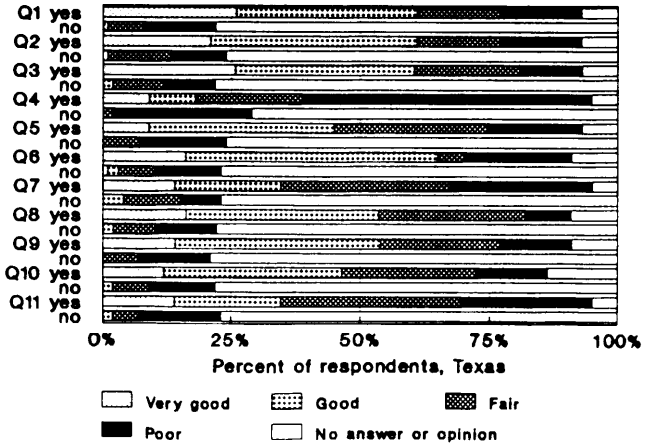
Ohio

Survey questions by Medicaid participation



Texas

Survey questions by Medicaid participation



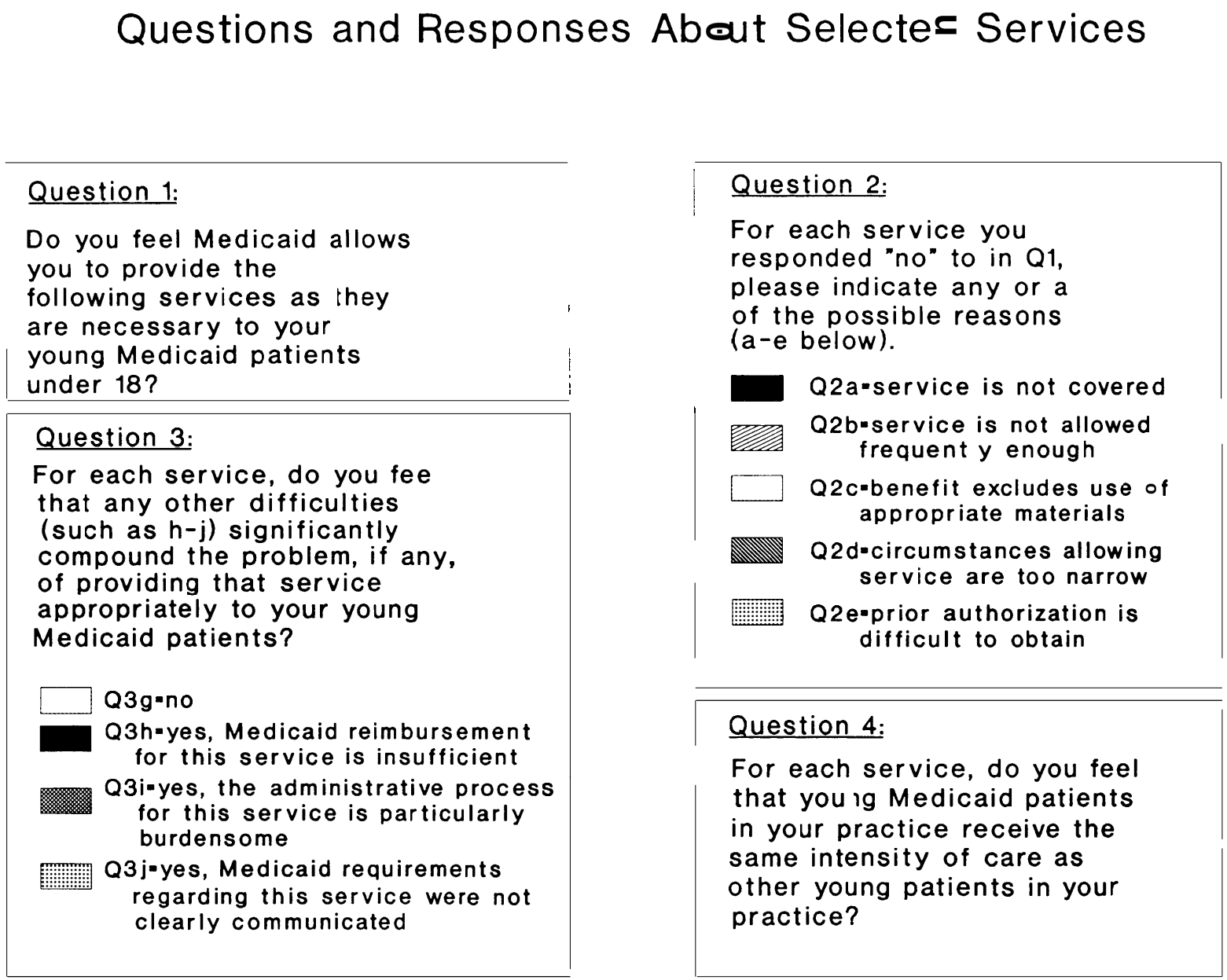
SOURCE: Office of Technology Assessment, 1990.

Opinions of Surveyed Dentists on Certain Aspects of the Medicaid Dental Program in Their State:

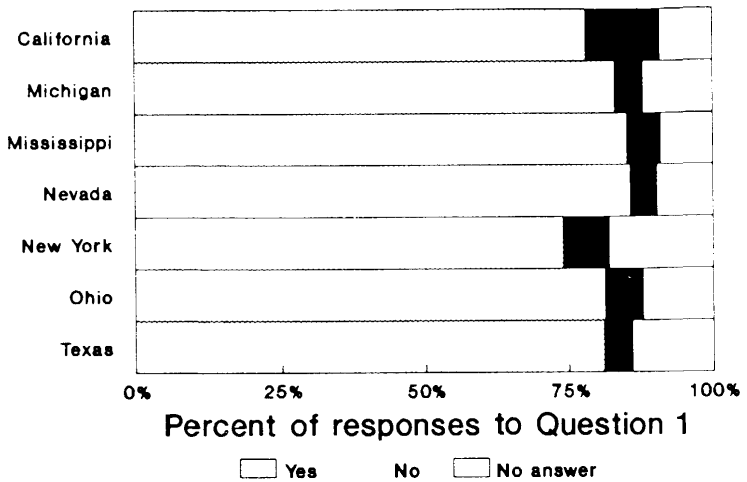
1. Timeliness of payment for submitted claims
2. Communication of requirements
3. Format of billing forms
4. Reimbursement levels for covered services
5. Criteria upon which payment or denial of claims are based
6. Consistency of payment or denial of claims
7. Selection of covered services
8. Selection of services requiring prior authorization
9. Process for receiving prior authorization
10. Criteria for approval or denial of prior authorization
11. Conformity with community standards of practice

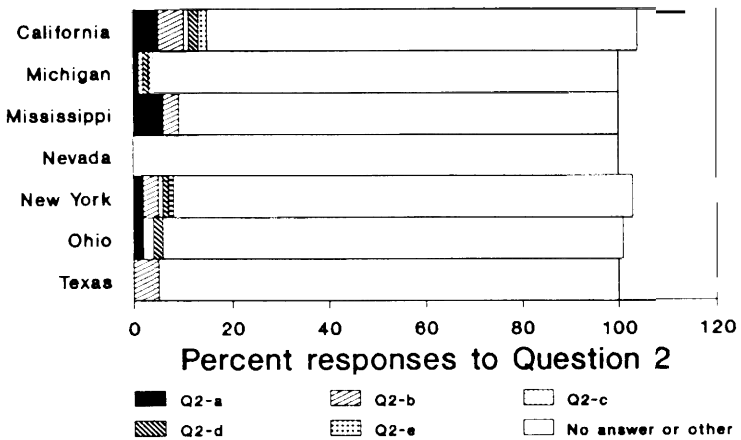
Responses of Both Those Dentists who Participate in Medicaid and Those Who Do Not.

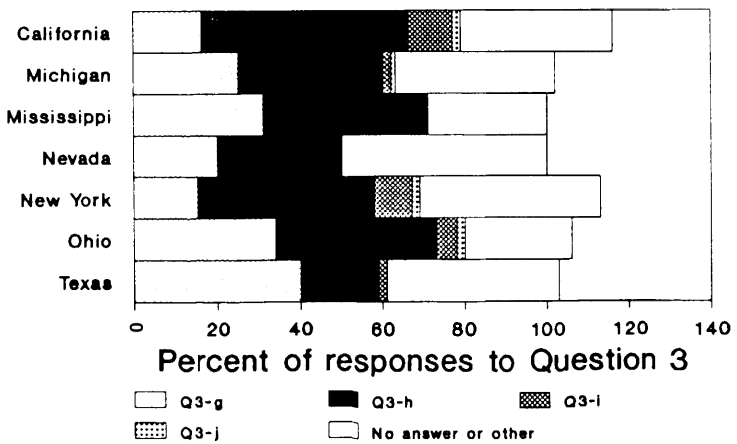
Figure D-5—Responses o Questions About Selected Services: Initial Oral E am

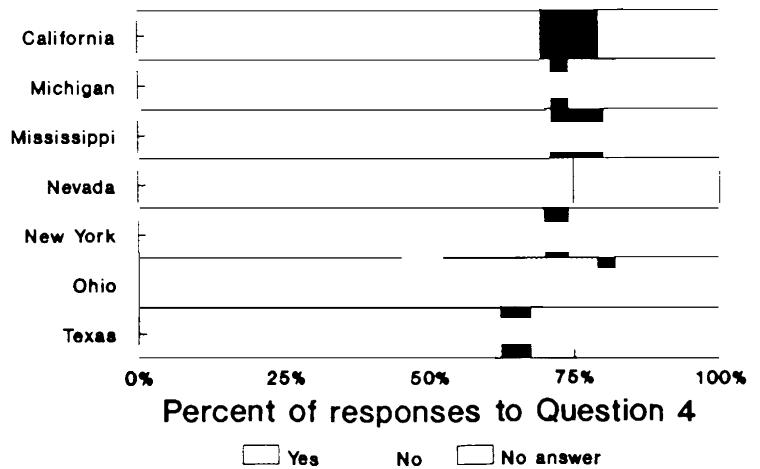


nitia Oral Exam









SOURCE: Office of Tec gy Assessment, 9[illegible]

Figure D-6—Responses to Quest ons About Selected Se v ces Pe od c Oral Exam

Questions and Responses About Selected Services

Question 1:

Do you fee Medicaid a ows you to pr~ide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1 please indicate any or al of the possible reasons (a-e below).

- Q2a=service is not covered
- Q2b=service is not al owed frequent y enough
- Q2c=benefit excludes use o appropriate mater als
- Q2d=circumstances allowing service are too narrow
- Q2e=prior authorization is difficult to obtain

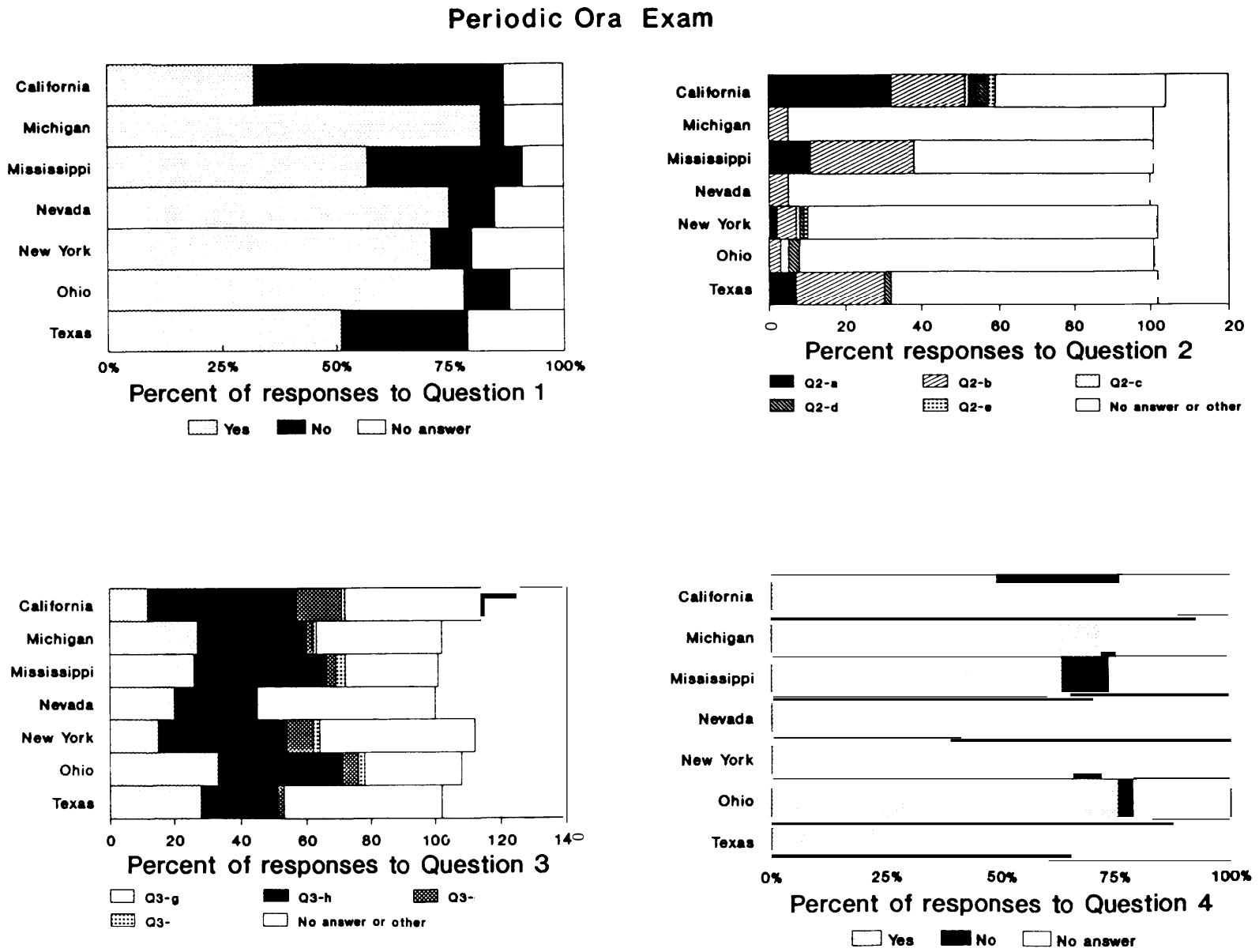
Question 3:

For each service, do you feel that any other difficulties (such as h-j) sigoificant y compound the prob em, if any, of providing that service appropriately to your young Medicaid patieots?

- Q3g=no
- Q3h=yes, Medicaid reimbursement for this service is insufficient
- Q3i=yes, the administrative process for this service is particularly burdensome
- Q3j=yes, Medicaid requirements regarding this service were no clearly communicated

Question 4:

For each service, do you feel that young Medicaid patients o your practice r~ceive the same intensity of care as other young patients in your practice?



SOURCE: Office of Tech logy Assessme 1990.

Figure D-7—Responses to Questions About Selected Services: Counselling Child and Parent on Self Care

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible reasons (a-e below).

- Q2a=service is not covered
- Q2b=service is not allowed frequent y enough
- Q2c=benefit excludes use o appropriate materials
- Q2d=circumstances allowing service are too narrow
- Q2e=orior authorization is difficult to obtain

Question 3:

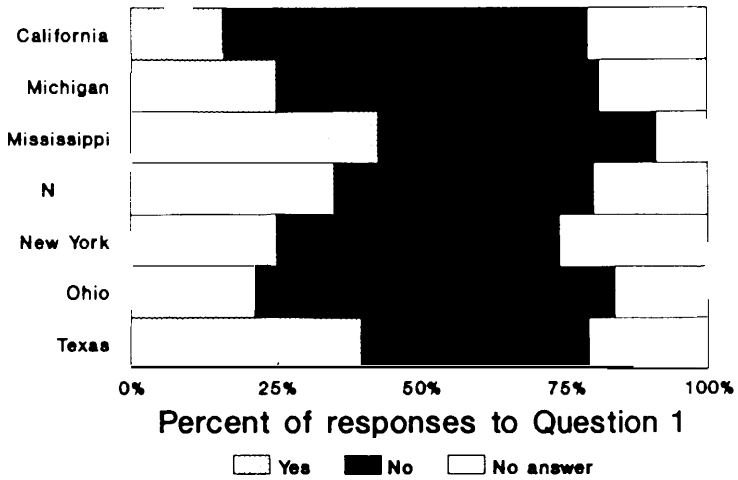
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

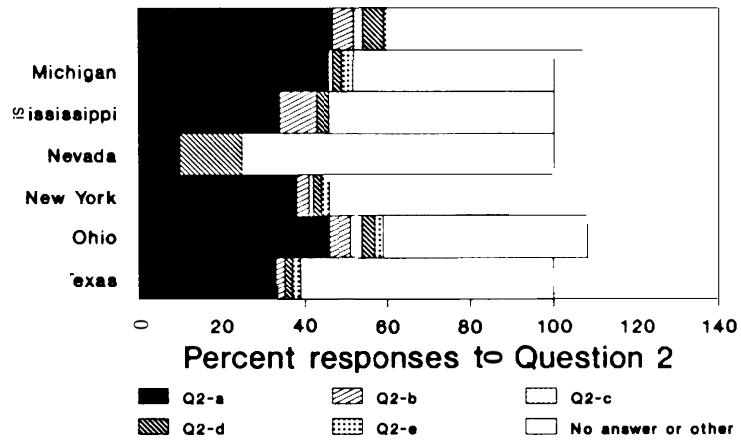
- Q3g=no
- Q3h=yes, Medica= reimbursement for this service is insufficient
- Q3i=yes, the administrative process for this service is pa-ticularly burdensome
- Q3j=yes, Medicaid requirements regarding this service were not clearly communicated

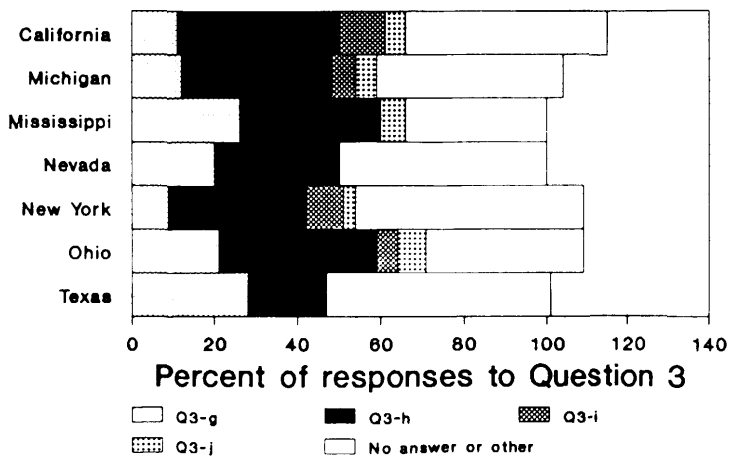
Question 4:

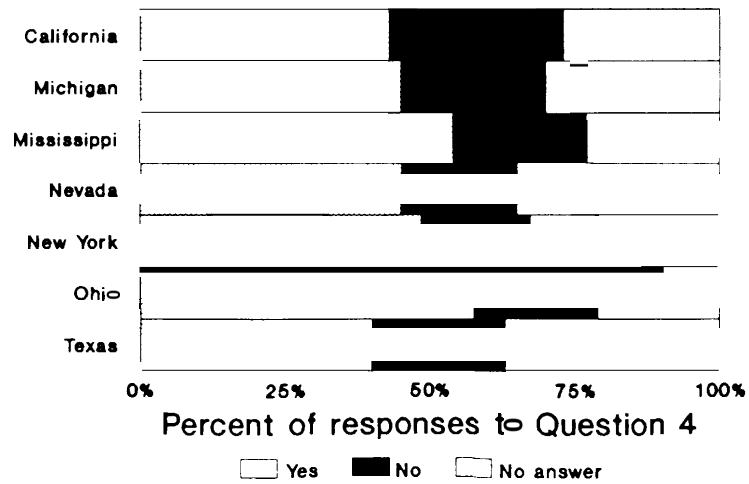
For each service, do you fee that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

Counsel Chi d and Parent on Se Care









SOURCE: Office of Technology Assessme 1990.

Figure D-8—Responses to Questions About Selected Se v ces Prophylaxis

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible reasons (a-e below).

- Q2a=service is not covered
- Q2b=service is not allowed frequently enough
- Q2c=benefit excludes use of appropriate materials
- Q2d=circumstances allowing service are too narrow
- Q2e=prior authorization is difficult to obtain

Question 3:

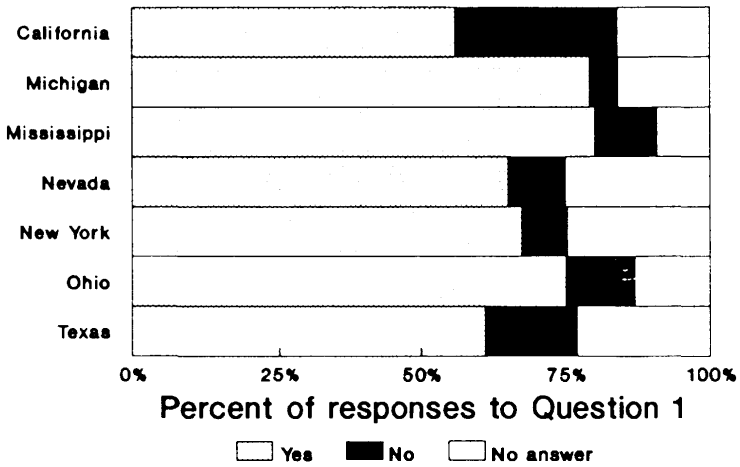
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

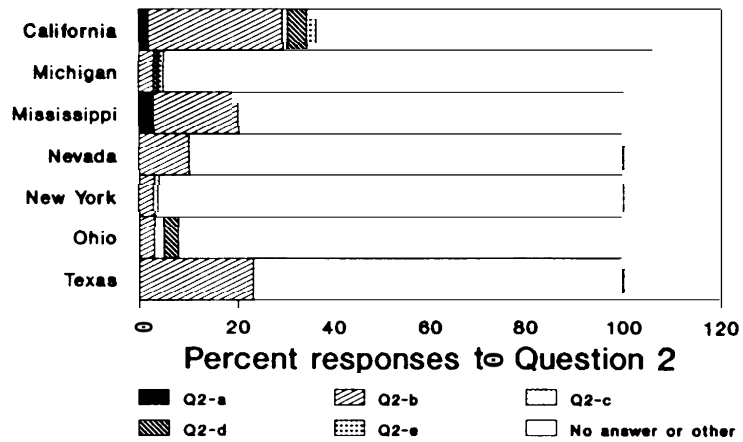
- Q3g=no
- Q3h=yes, Medicaid reimbursemen for this service is insufficient
- Q3i=yes, the administrative process for this service is particularly burdensome
- Q3j=yes, Medicaid requirements regarding this service wer not clearly communicated

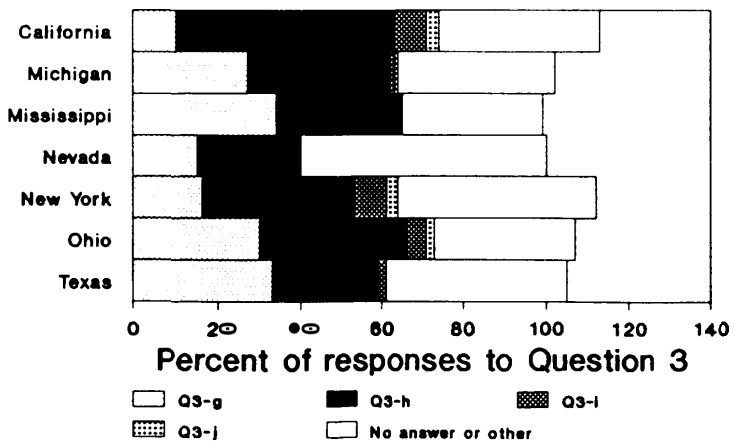
Question 4:

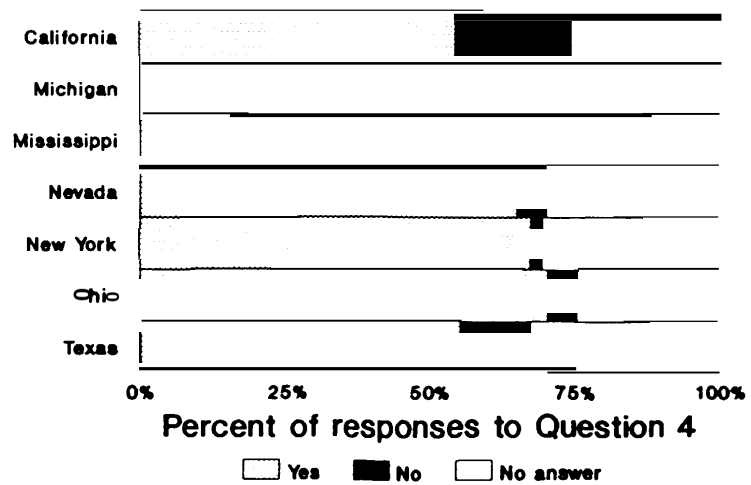
For each service, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

Prophylaxis









SOURCE: Office of Technology Assessment, 1990.

Figure D-9—Responses o Questions About Selected Services: Topical Fluoride

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible reasons (a-e below).

- Q2a-service is no covered
- Q2b-service is not allowed frequently enough
- Q2c-benefit excludes use o appropriate materials
- Q2d-circumstances allowing service are too narrow
- Q2e-prior authorization is difficult to obtain

Question 3:

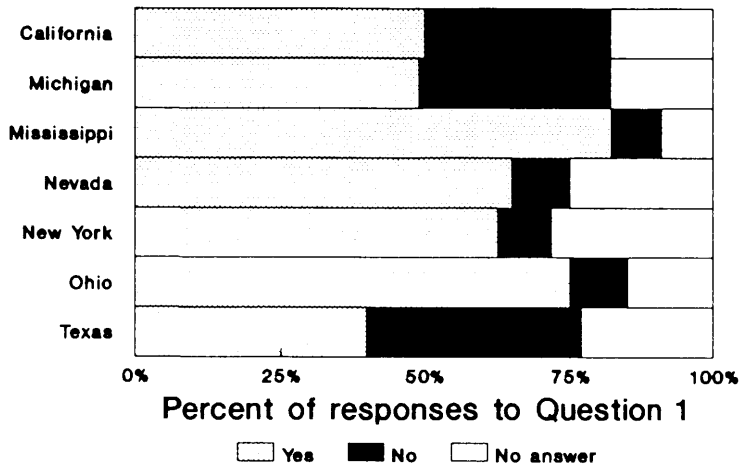
For each service, do you fee that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

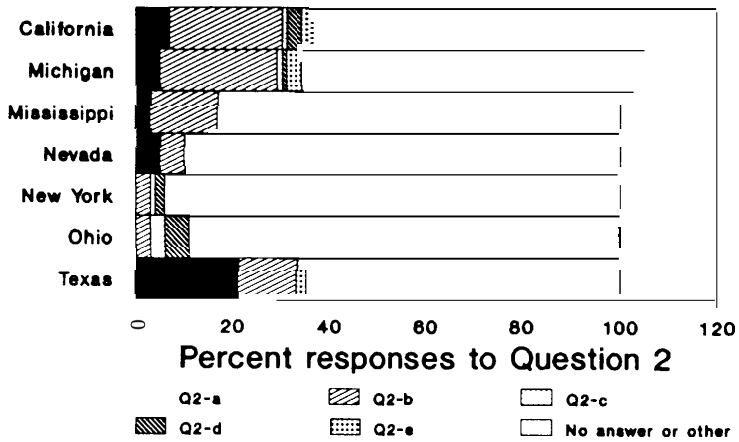
- Q3g-no
- Q3h-yes, Medicaid reimbursement for this service is insufficient
- Q3i-yes, the administrative process for this service is particularly burdensome
- Q3j-yes, Medicaid requirements regarding this service were not clearly communicated

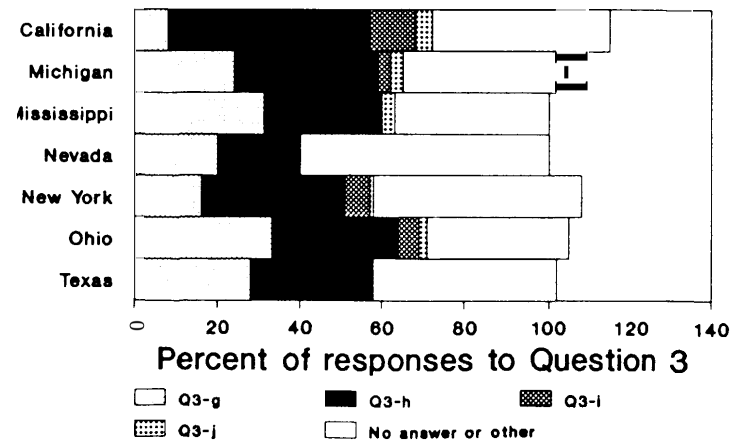
Question 4:

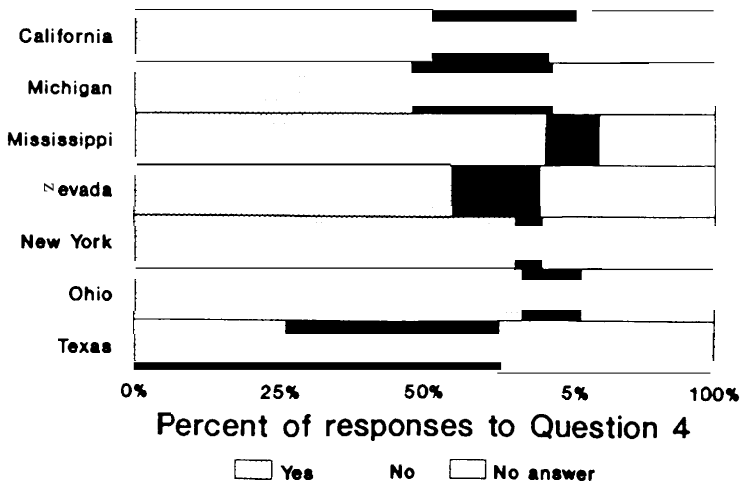
For each service, do you fee that young Medicaid patients in your practice receive the same inteosity of care as other young patieots in your practice?

Application o Topical Fluoride





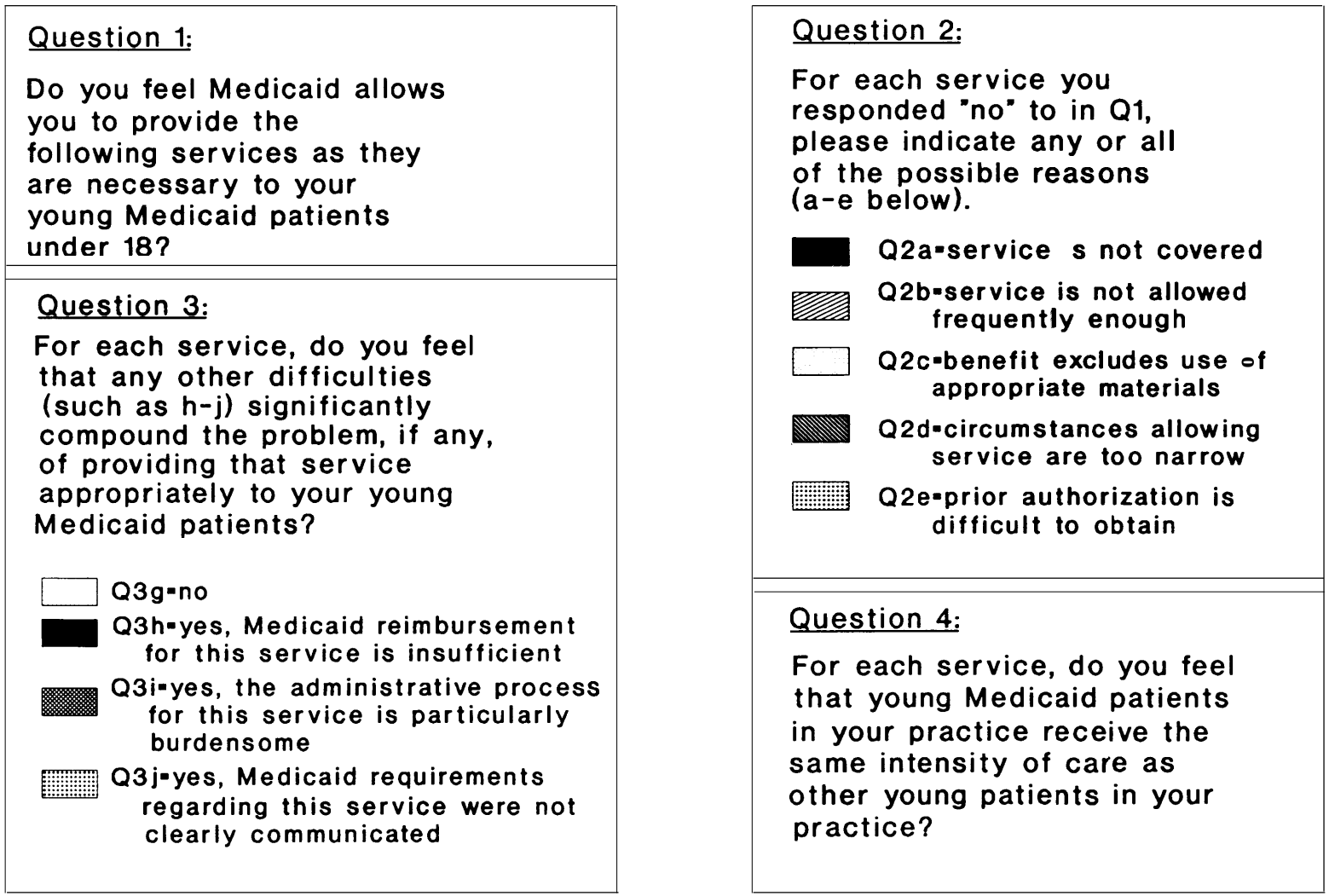




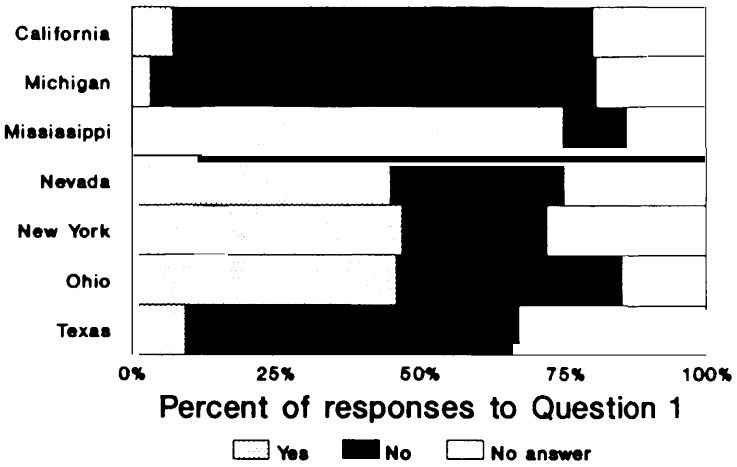
SOURCE: Office of Tec logy Assessment, 90

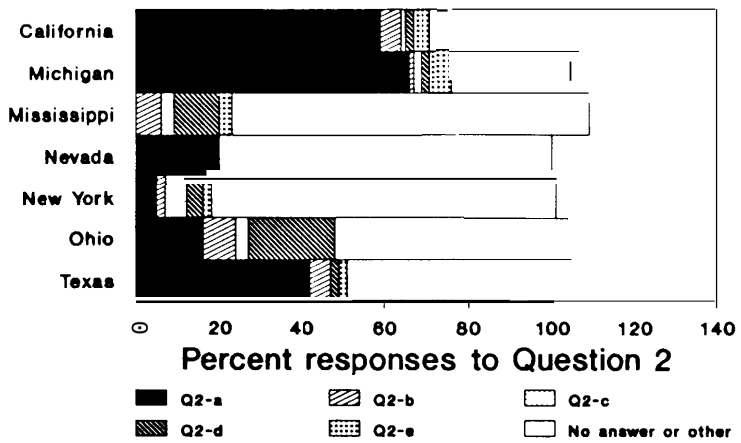
Figure D-10—Responses to Questions About Selected Services: Sea ants

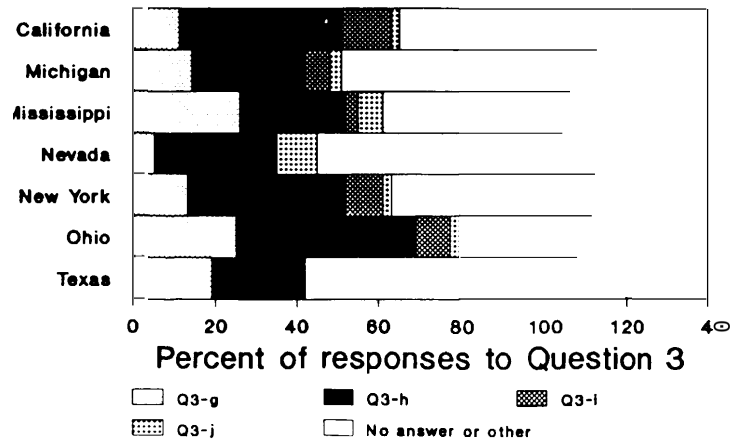
Questions and Responses About Selected Services

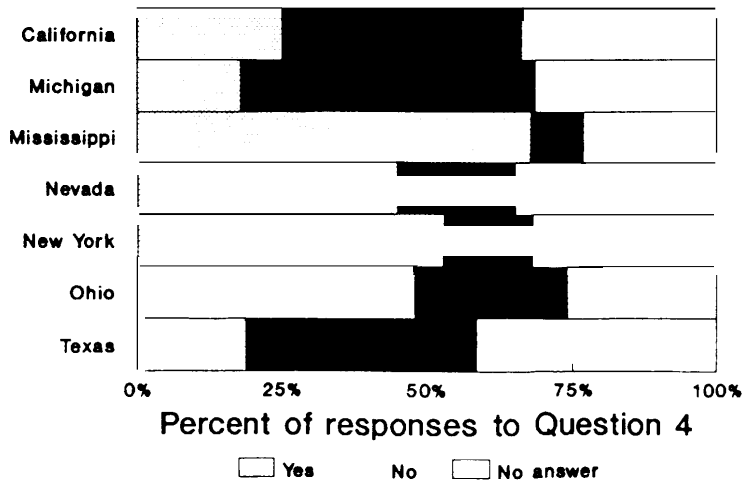


App ication of Sealants









OUR Office of Tec logy Assess 1990.

Figure D-11—Responses ○ Questions About Selected Services: Bitewing X-Rays[a]

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients unde 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or a of the possible reasons (a-e below).

- Q2a▪service is not covered
- Q2b▪service is not allowed frequent y enough
- Q2c▪benefit excludes use o appropriate materials
- Q2d▪circumstances allowing service are too narrow
- Q2e▪prior authorization is difficult to obtain

Question 3:

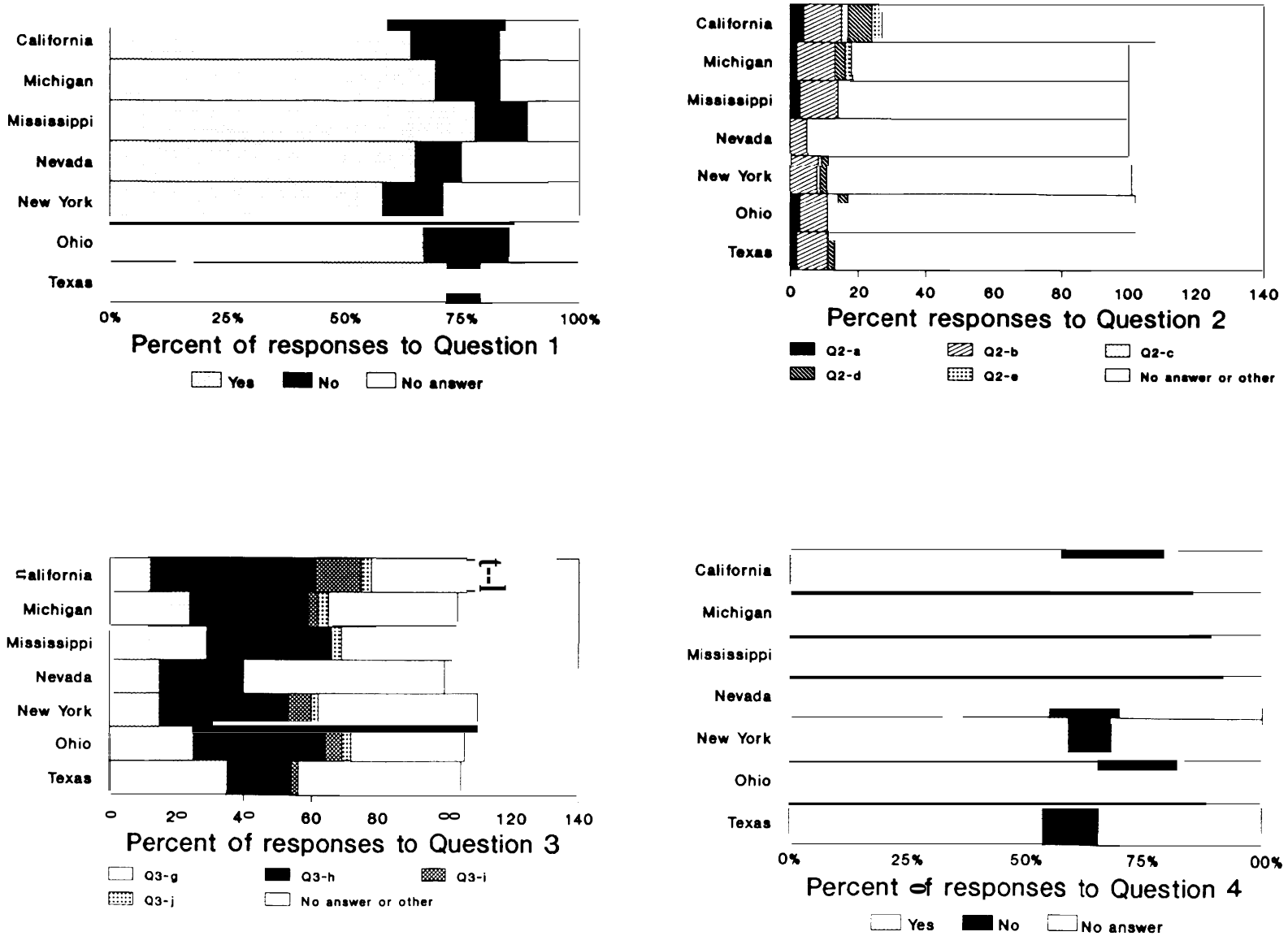
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

- Q3g▪no
- Q3h▪yes, Medicaid reimbursement for this service is insufficient
- Q3i▪yes, the administrative process for this service is particularly burdensome
- Q3j▪yes, Medicaid requirements regarding this service were not clearly communicated

Question 4:

For each service, do you fee that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

Posterior Bitewings*



[a]Provide posterior bitewing x-rays every 12 to 24 months for primary and transitional dentition and every 18 to 36 months for permanent dentition.

SOURCE: Office of Technology Assessment, 1990.

Figure D-12—Responses ○Quest ons About Selected Services: Pulp Therapy for Primary Teeth

Quest•ons and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 3:

For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

- Q3g▪no
- Q3h▪yes, Medicaid reimbursement for this service is insufficient
- Q3i▪yes, the administrative proces for this service is particularly burdensome
- Q3j▪yes, Medicaid requirements regarding this service were not clearly communicated

Question 2:

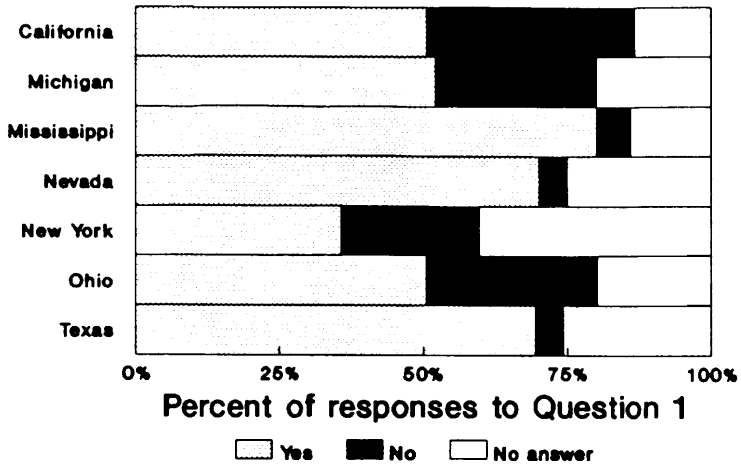
For each service you responded "no" to in Q1, please indicate any or a of the possible reason (a-e below).

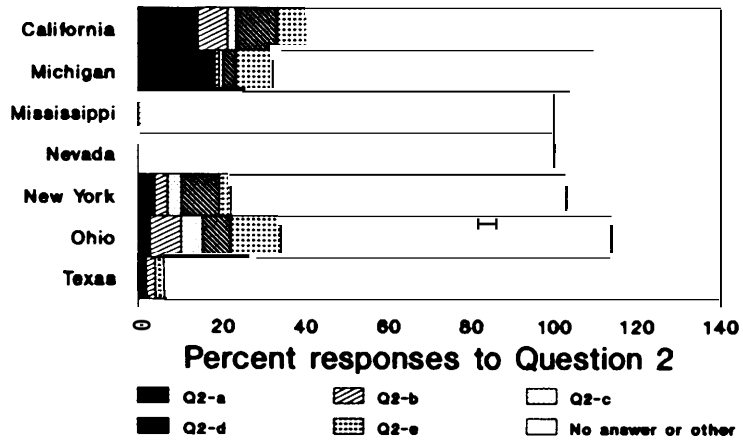
- Q2a▪service is not covered
- Q2b▪service is not allowed frequent y enough
- Q2c▪benefit excludes use ▫ appropriate materials
- Q2d▪circumstances allowing service are too narrow
- Q2e▪prior au horiza ion is difficu to ob ain

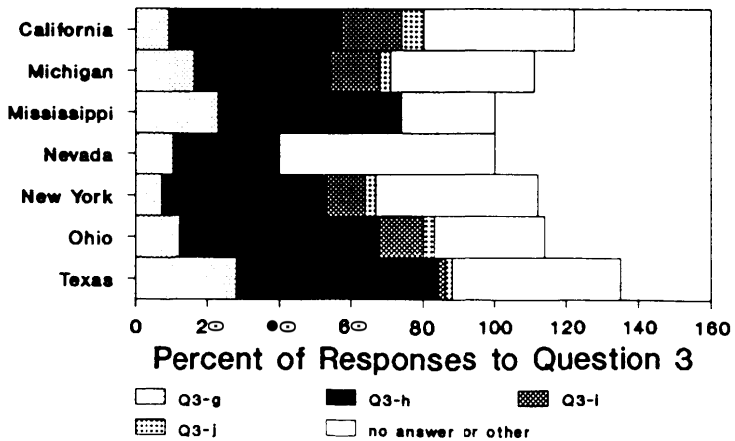
Question 4:

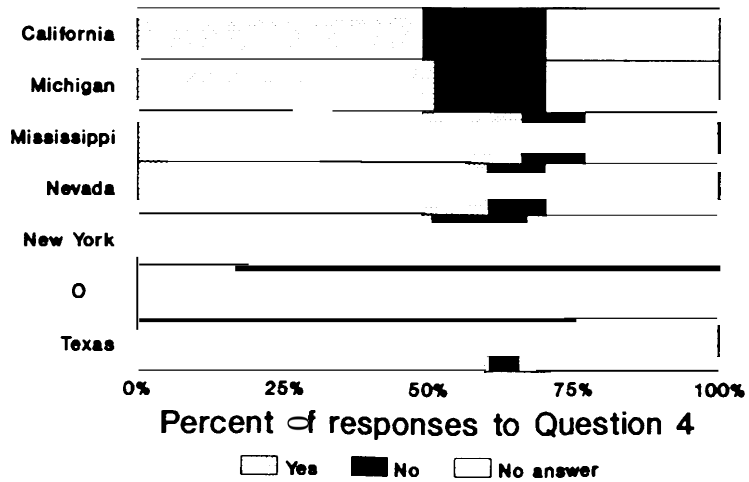
For each service, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

Pulp Therapy (Primary Teeth)









SOURCE: Office of Technology Assessment, 1990.

Figure D-13—Responses o Questions About Selected Services: Pu p Therapy for Permanent Teeth

Questions and Responses ɔbout Selectɒc Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible reasons (a-e below).

- Q2a▪service is not covered
- Q2b▪service is not allowed frequently enough
- Q2c▪benefit excludes use o appropriate materials
- Q2d▪circumstances allowing service are too narrow
- Q2e▪prior authorization is difficult to obtain

Question 3:

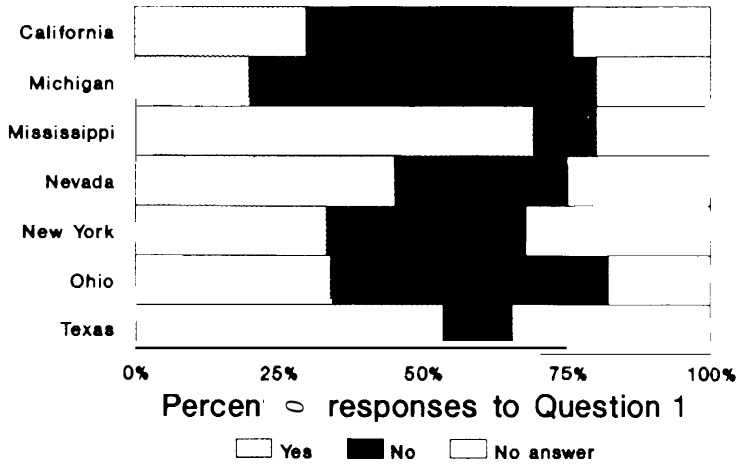
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your youɔg Medicaid patients?

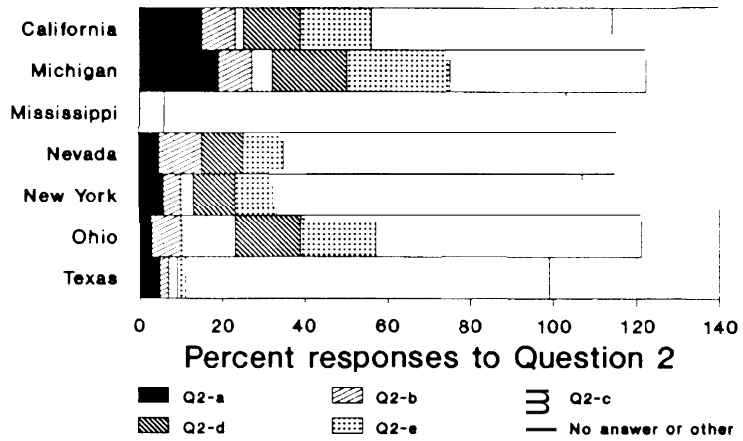
- Q3g▪no
- Q3h▪yes, Medicaid reimbursement for this service is insufficient
- Q3i▪yes, the administrative process for this service is particularly burdensome
- Q3j▪yes, Medicaid requirements regarding this service were not clearly communicated

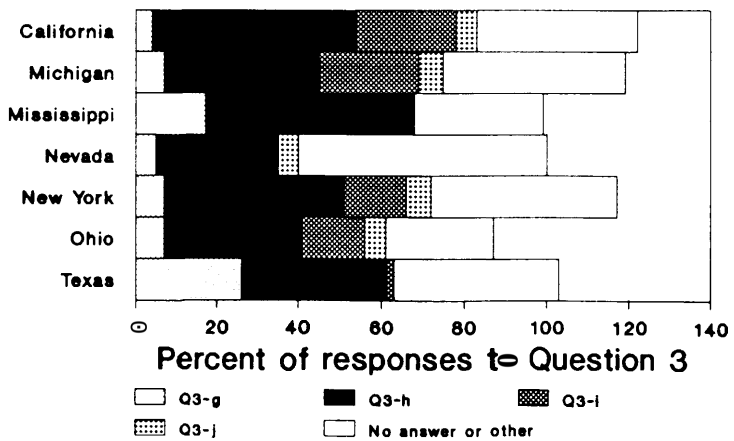
Question 4:

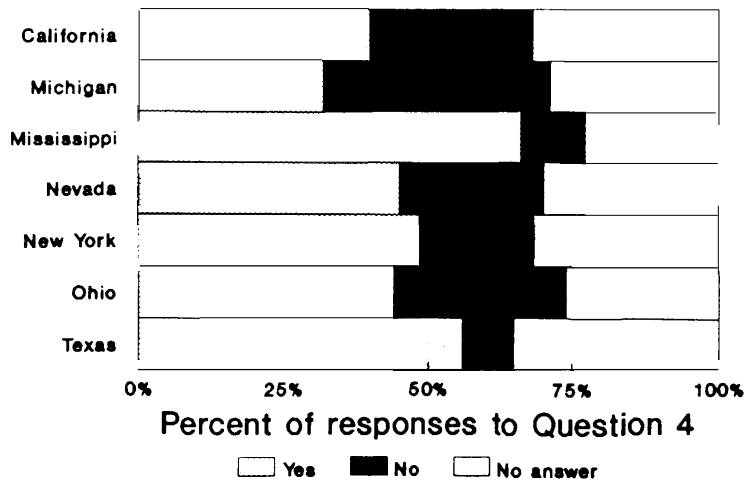
For each service, do you fee that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

Pu p Therapy (Permanent Teeth)









OUR Office of Tech logy Assessme 1990.

Figure D-14—Responses to Questions About Selected Services: Restoration of Carious Lesions for Primary Teeth

Quest'ons and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 3:

For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your yourg Medicaid patients?

- Q3g=no
- Q3h=yes, Medicaid reimbursement for this service is insufficient
- Q3i=yes, the administrative proces for this service is particularly burdensome
- Q3j=yes, Medicaid requirements regarding this service were not clearly communicated

Question 2:

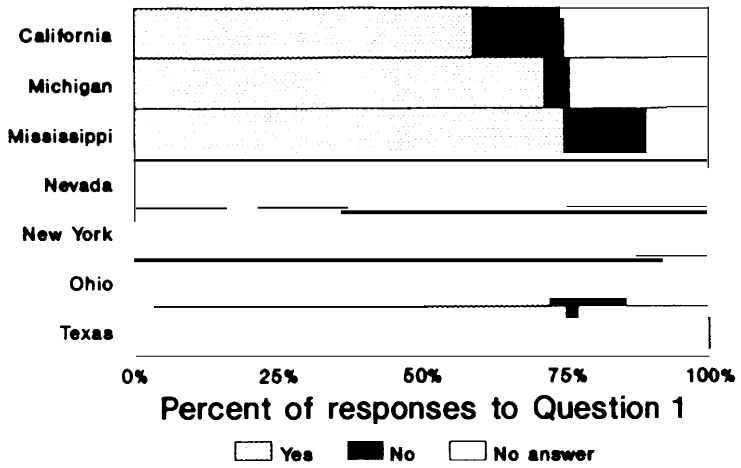
For each service you responded "no" to in Q1, please indicate any or all of the possible reason (a-e below).

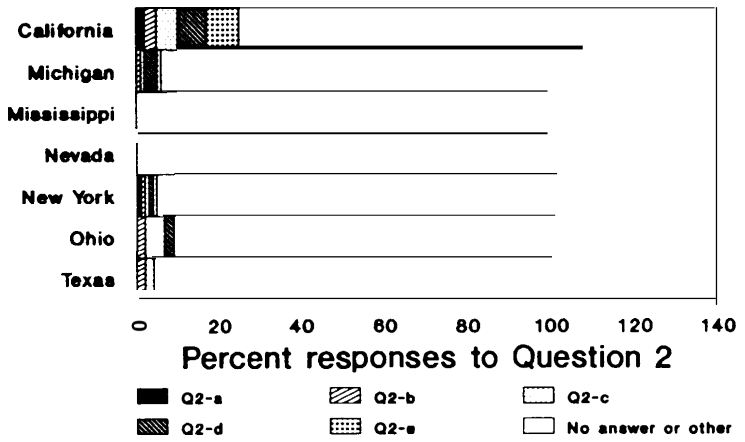
- Q2a=service is not covered
- Q2b=service is not allowed frequent y enough
- Q2c=benefit excludes use of appropriate materials
- Q2d=circumstances allowing service are too narrow
- Q2e=prior authorization is difficult to obtain

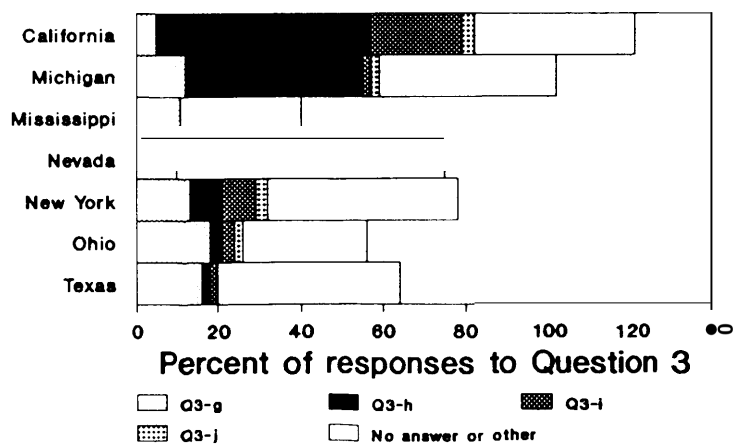
Question 4:

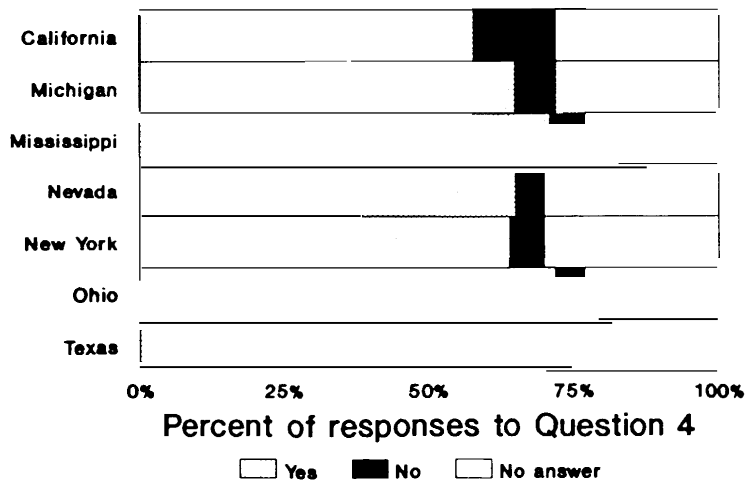
For each service, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

Restoration of Carious Lesions for Primary Teeth









OUR Office of Technology Assessment, 1990.

Figure D-15—Responses to Questions About Selected Services: Restoration of Carious Lesions for Permanent Teeth

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible reasons (a-e below).

- Q2a=service is not covered
- Q2b=service is not allowed frequently enough
- Q2c=benefit excludes use of appropriate materials
- Q2d=circumstances allowing service are too narrow
- Q2e=prior authorization is difficult to obtain

Question 3:

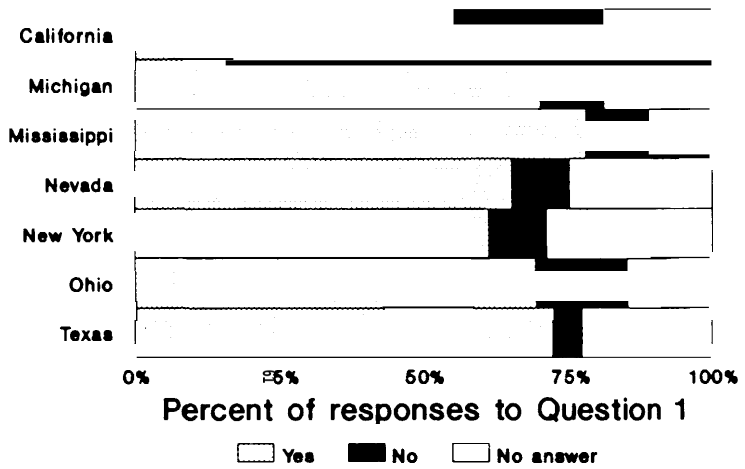
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any of providing that service appropriately to your young Medicaid patients?

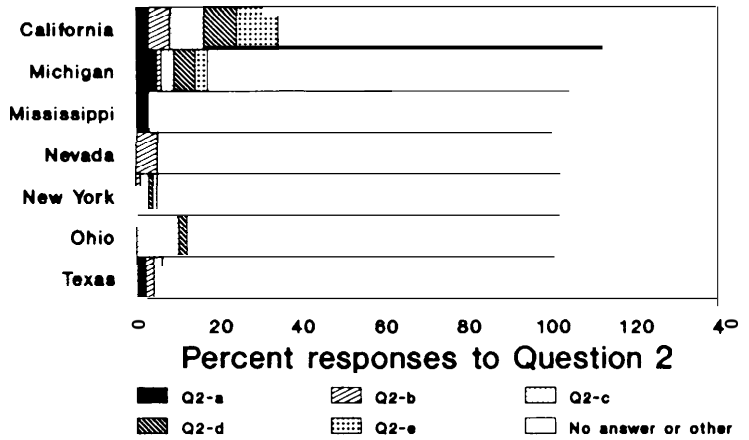
- Q3g=no
- Q3h=yes, Medicaid reimbursement for this service is insufficient
- Q3i=yes, the administrative process for this service is particularly burdensome
- Q3j=yes, Medicaid requirements regarding this service were not clearly communicated

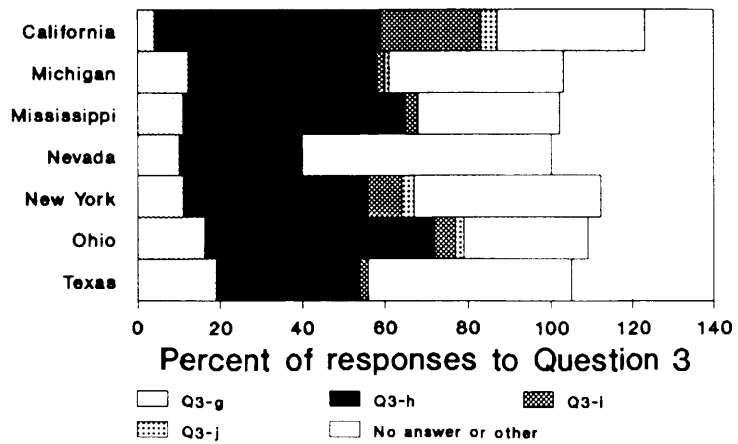
Question 4:

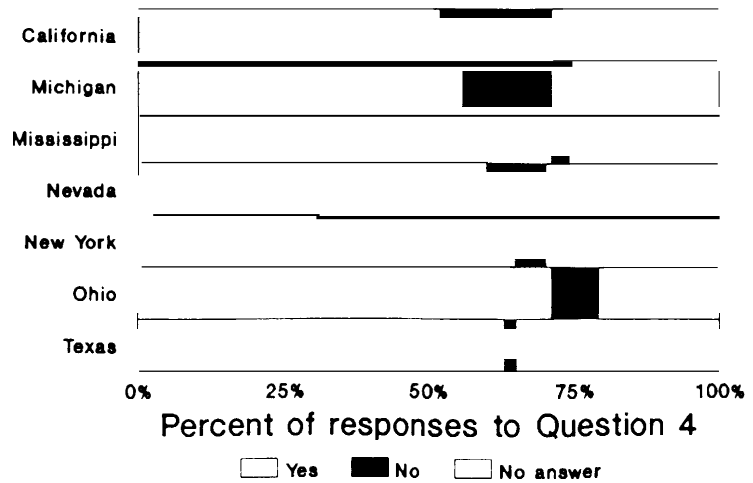
For each service, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

Restoration of Carious Lesions for Permanent Teeth









SOURCE: Office of Technology Assessment, 990.

Figure D-16—Responses to Questions About Selected Services: Periodontal Scaling and Root Planing

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or al of the possible reasons (a-e below).

- Q2a=service s not covered
- Q2b=service is not allowed frequently enough
- Q2c=benefit excludes use of appropr ate materials
- Q2d=circumstances allowing service are too narrow
- Q2e=prior authorization is difficult to obtain

Question 3:

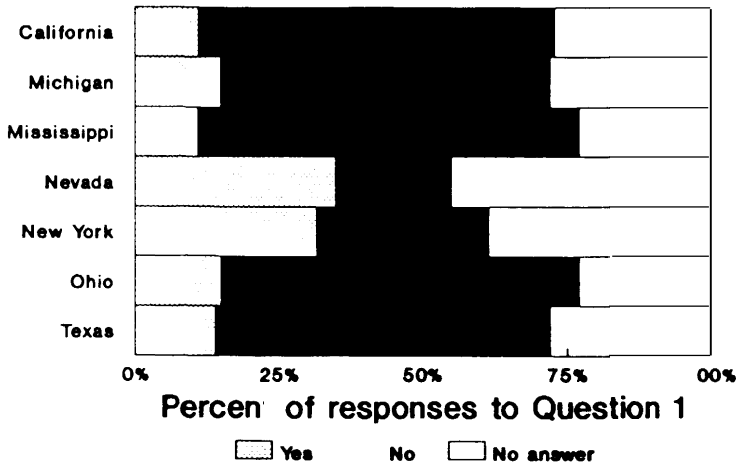
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

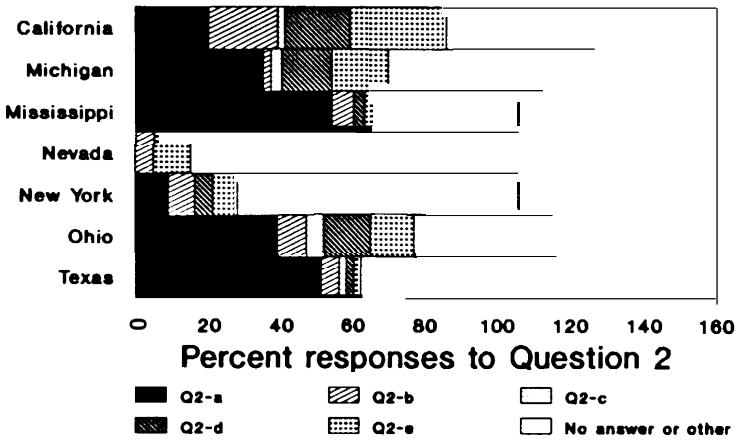
- Q3g=no
- Q3h=yes, Medicaid reimbursement for this service is insufficient
- Q3i=yes, the administrative proces for this service is particularly burdensome
- Q3j=yes, Medicaid requirements regarding this service were not clearly communicated

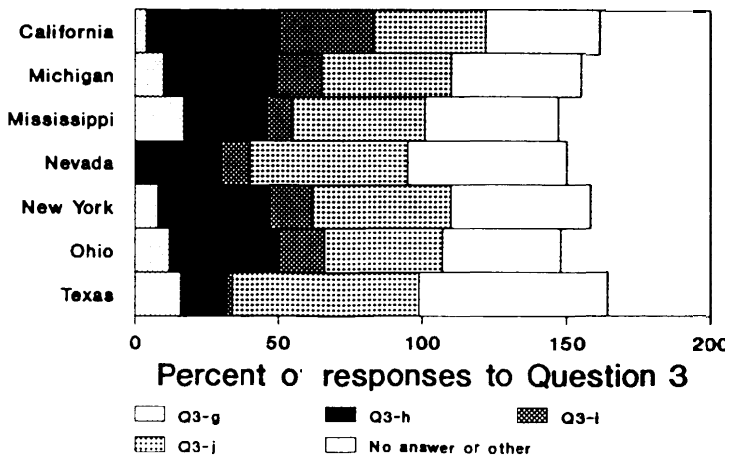
Question 4:

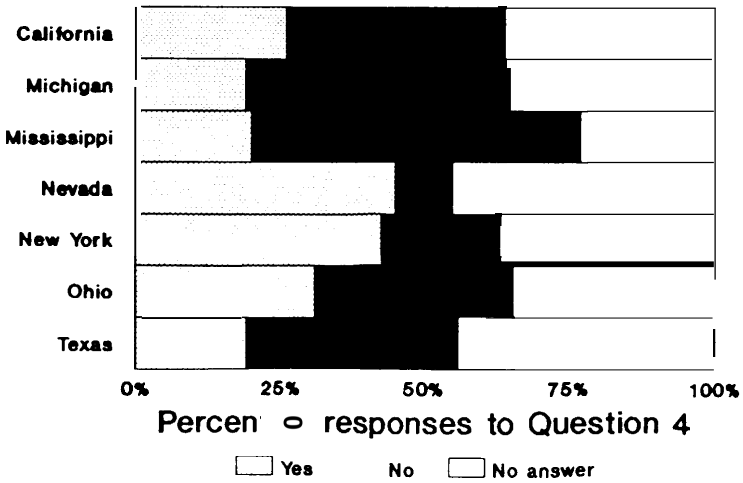
For each serv ce, do you feel that young Medicaid patients o your practice rece ve the same intens ty of care as other young patients in your practice?

Periodontal Scaling and Roo P aning





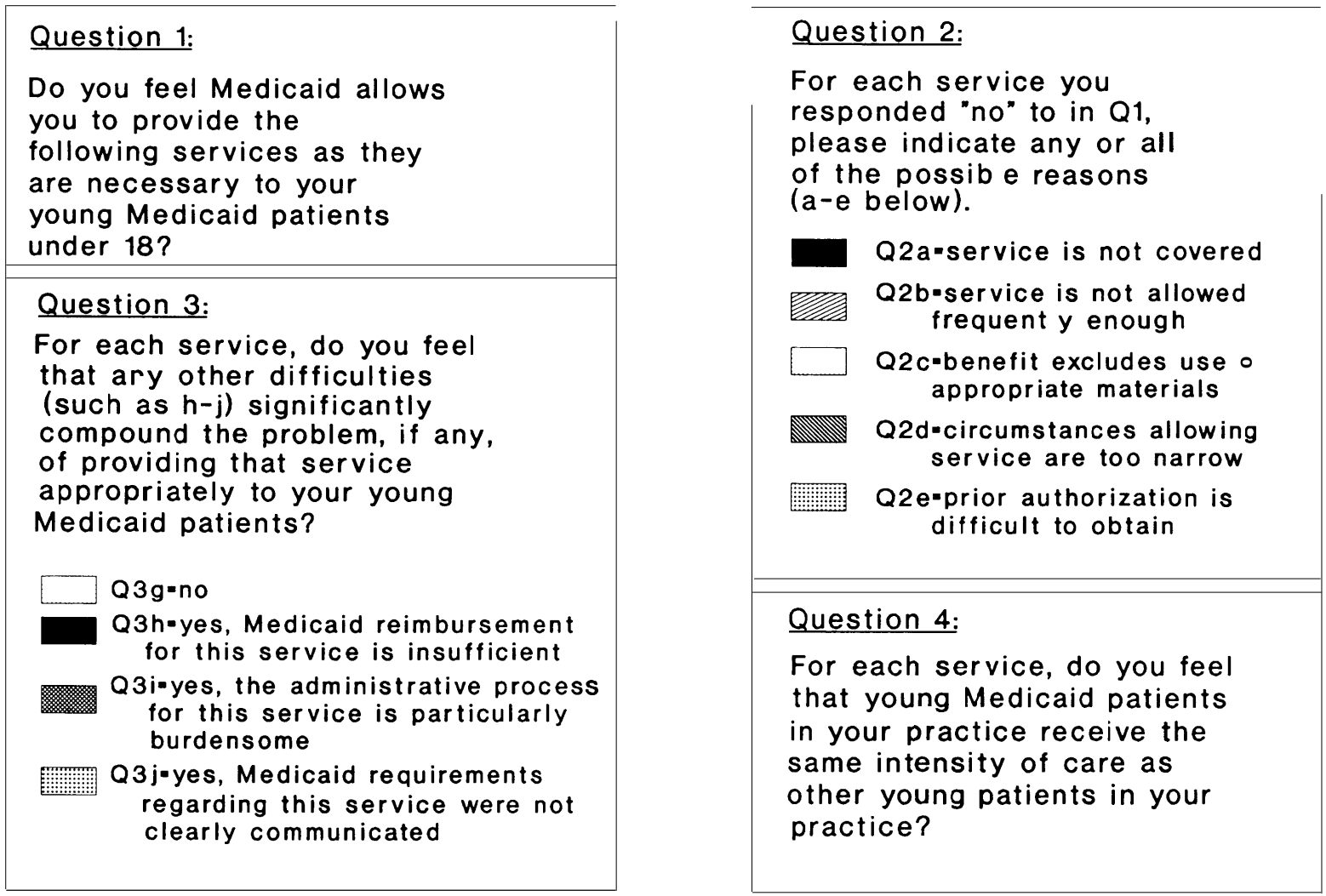




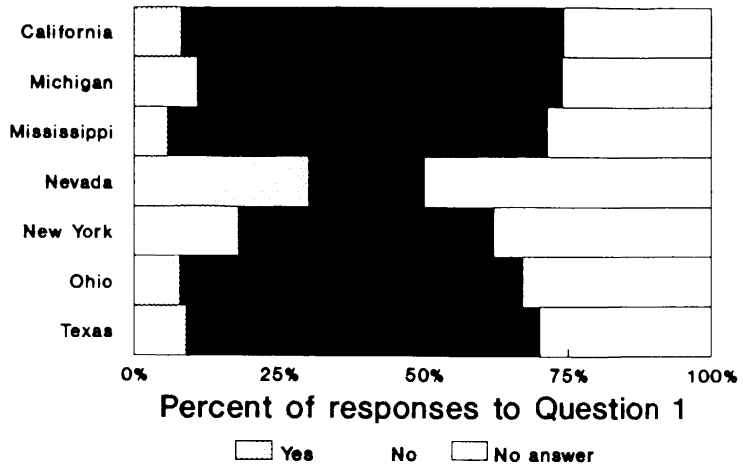
OU Office of Technology Assessment, 1990.

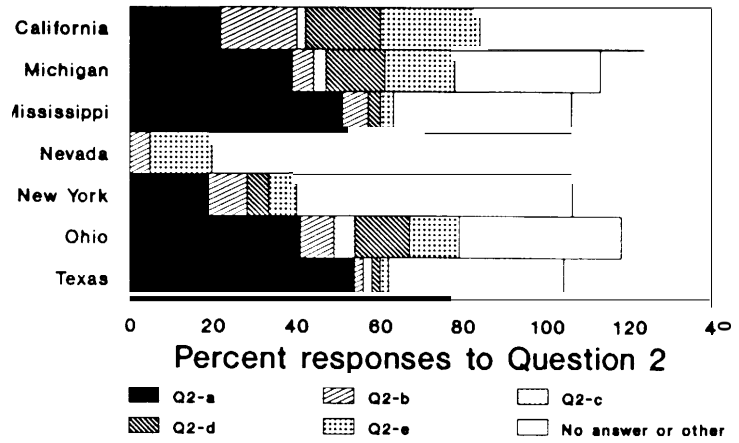
Figure D-17—Responses to Questions About Selected Services: Gingival Curettage

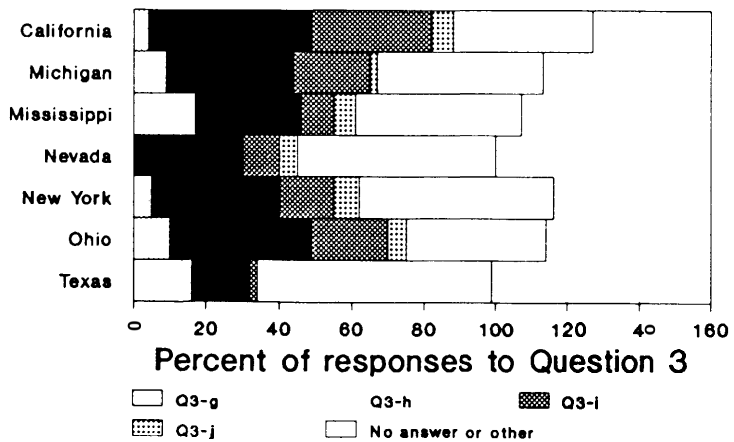
Questions and Responses About Selected Services

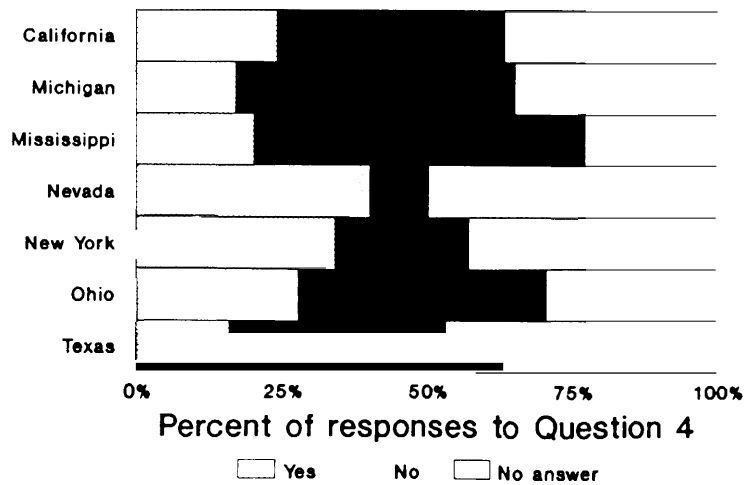


Gingiva Cure tage





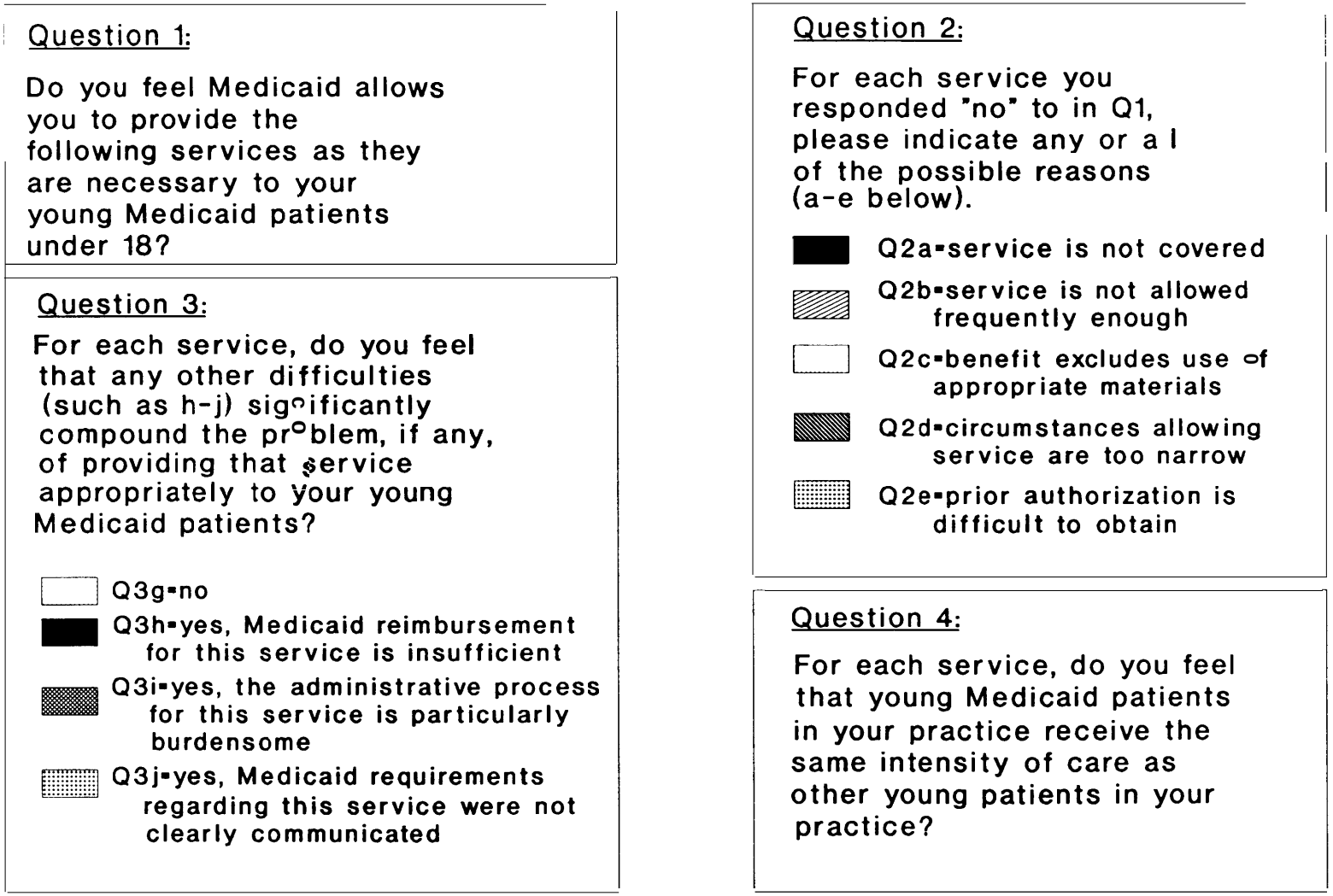




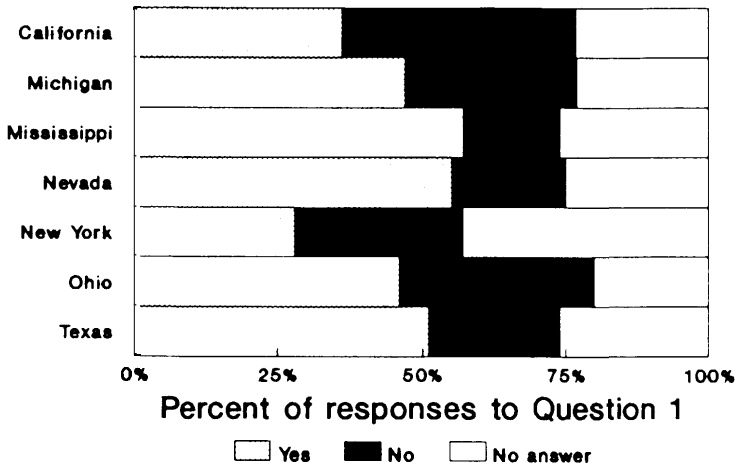
SOURCE: Office of Tec ogy Assessment, 90

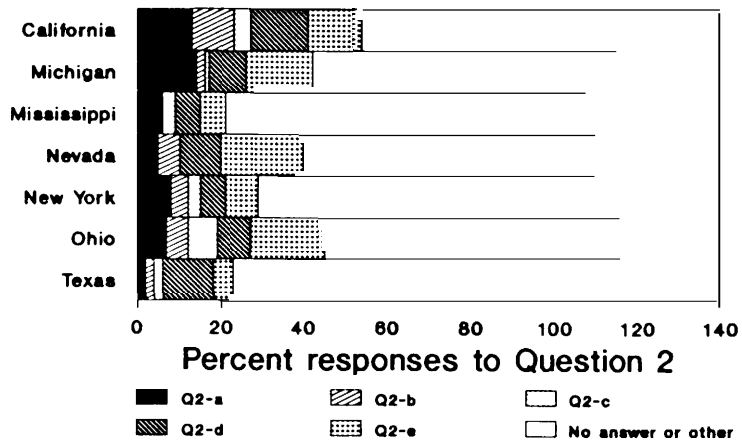
Figure D-18—Responses to Questions About Selected Services: Space Maintenance[a]

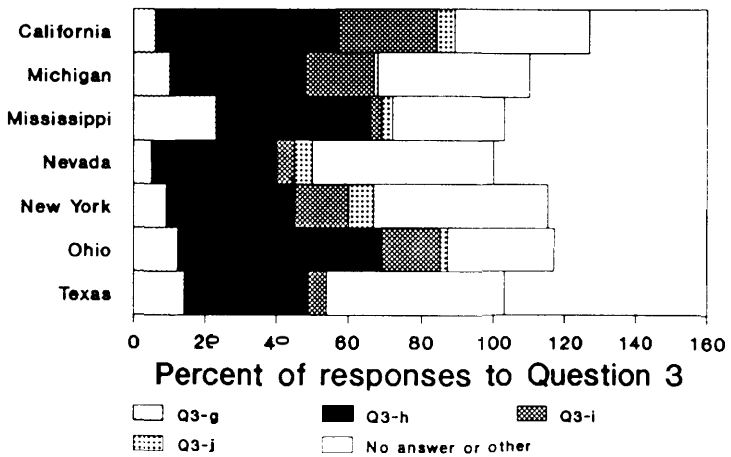
Questions and Responses About Selected Services

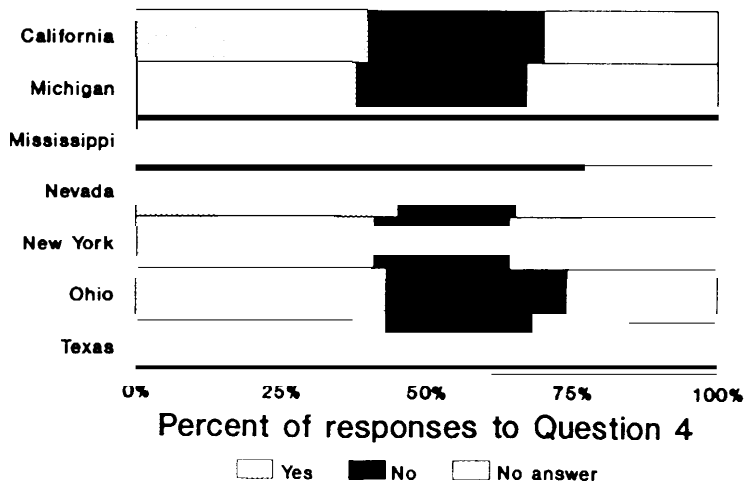


Space Maintenance•







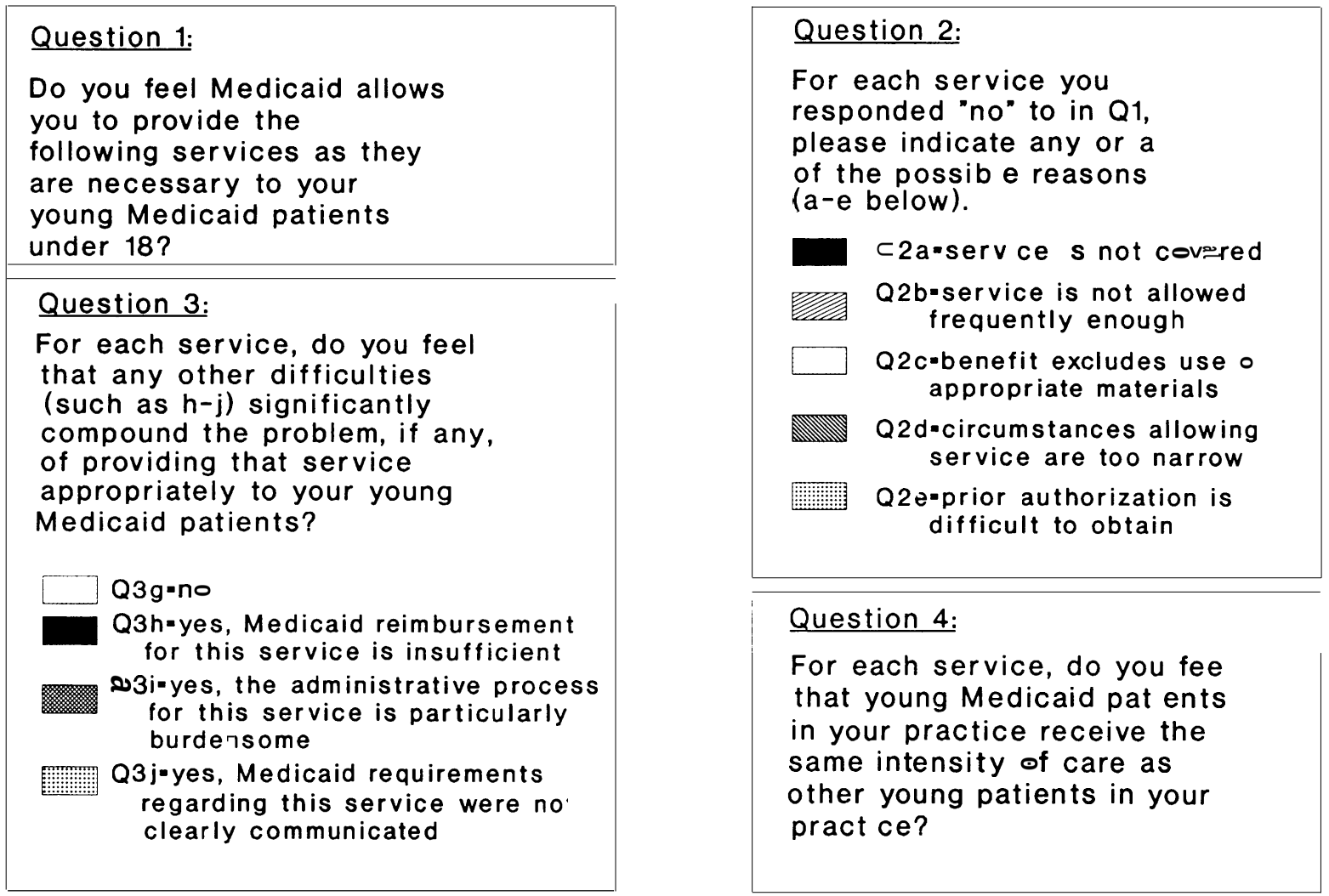


[a]Provide space maintainers for posterior primary teeth which are lost prematurely.

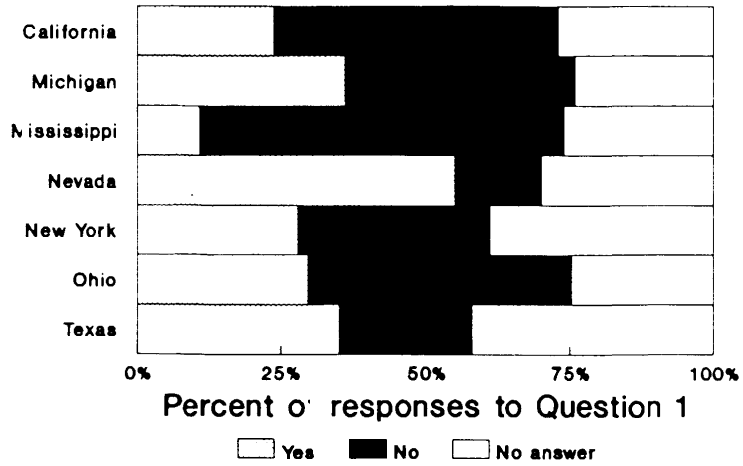
SOURCE: Office of Technology Assessment, 1990.

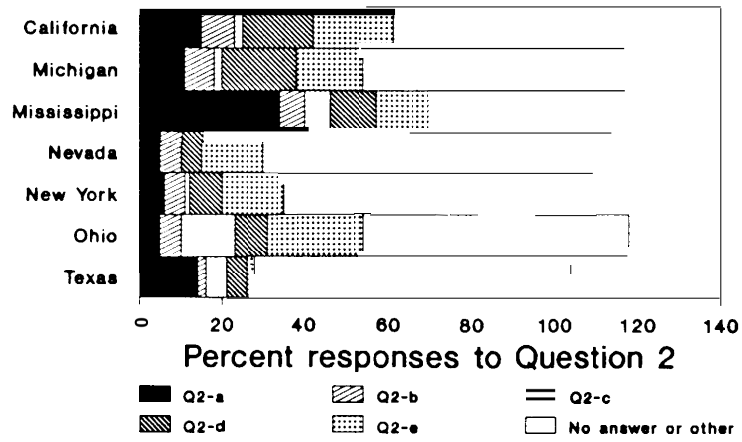
Figure D-19—Responses to Questions Abou Se ec ed Services: Prostheses[a]

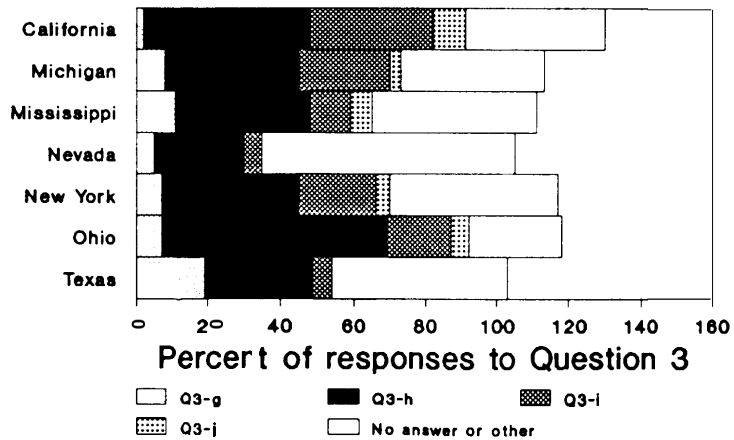
Questions and Responses About Selected Services

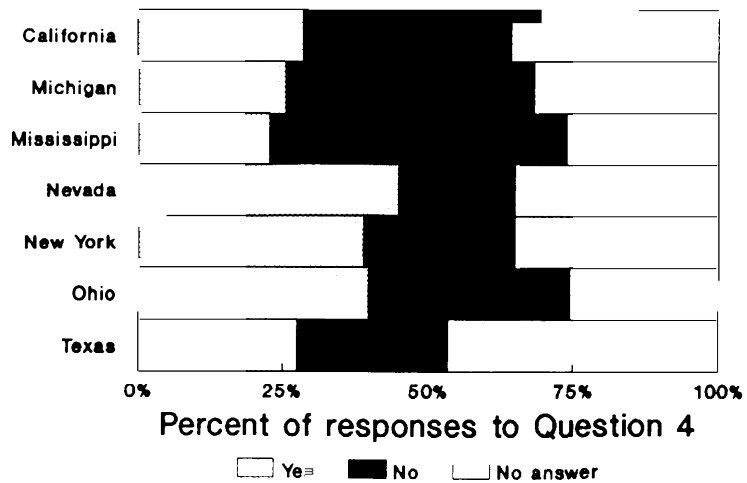


Removable Prosthesis*









[a]Provide removable prosthesis when mastication is impaired or the existing prosthesis is se ce

SOURCE: Office of Technology Assessment, 1990.

Figure D-20—Responses ○Questions About Se ec ed Services: Orthodontic T eatment[a]

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible re on (a-e below).

- Q2a▪service is not covered
- Q2b▪service is not allowed frequently enough
- Q2c▪benefit excludes use of appropriate materials
- Q2d▪circumstances allowing service are too narrow
- Q2e▪prior authorization s difficult to obtain

Question 3:

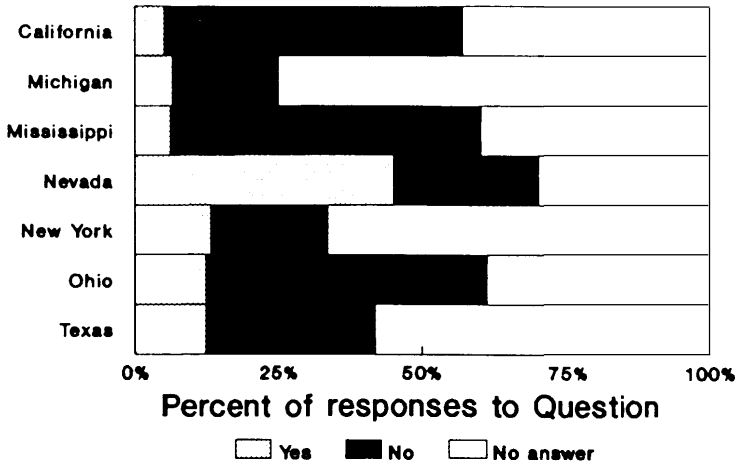
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

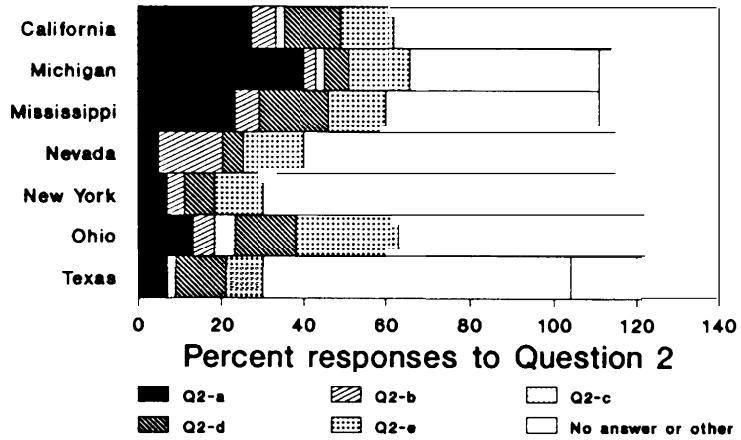
- Q3g▪no
- Q3h▪yes, Medicaid reimbursemen for this service is insufficient
- Q3i▪yes, the administrative process for this service is particularly burdensome
- Q3j▪yes, Medicaid requirements regarding this service were not clearly communicated

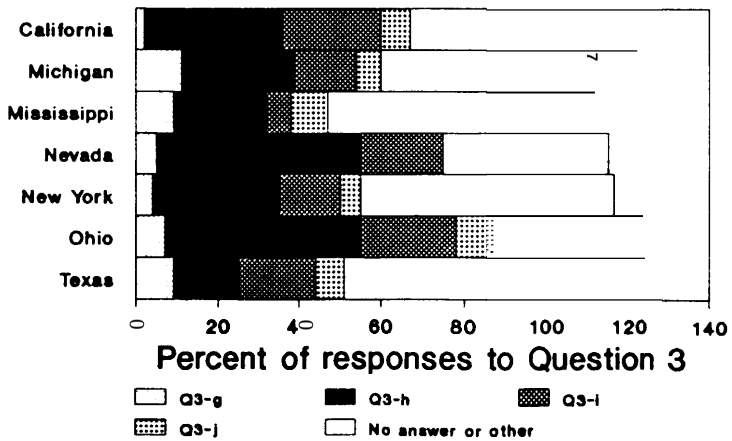
Question 4:

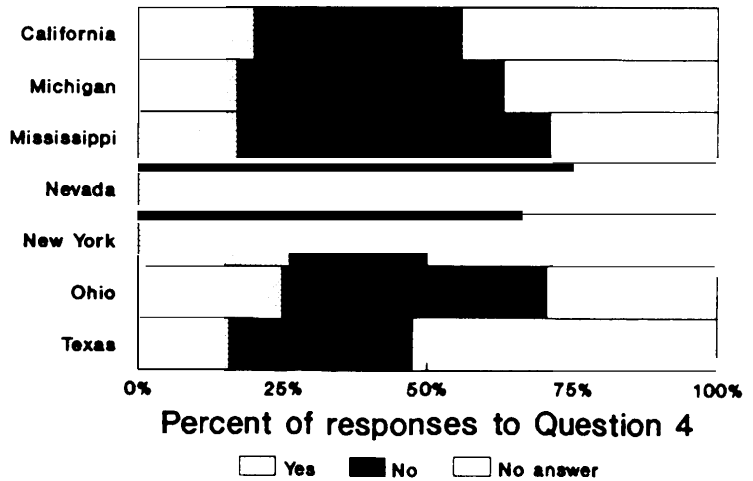
For each service, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

Orthodontic Treatment*





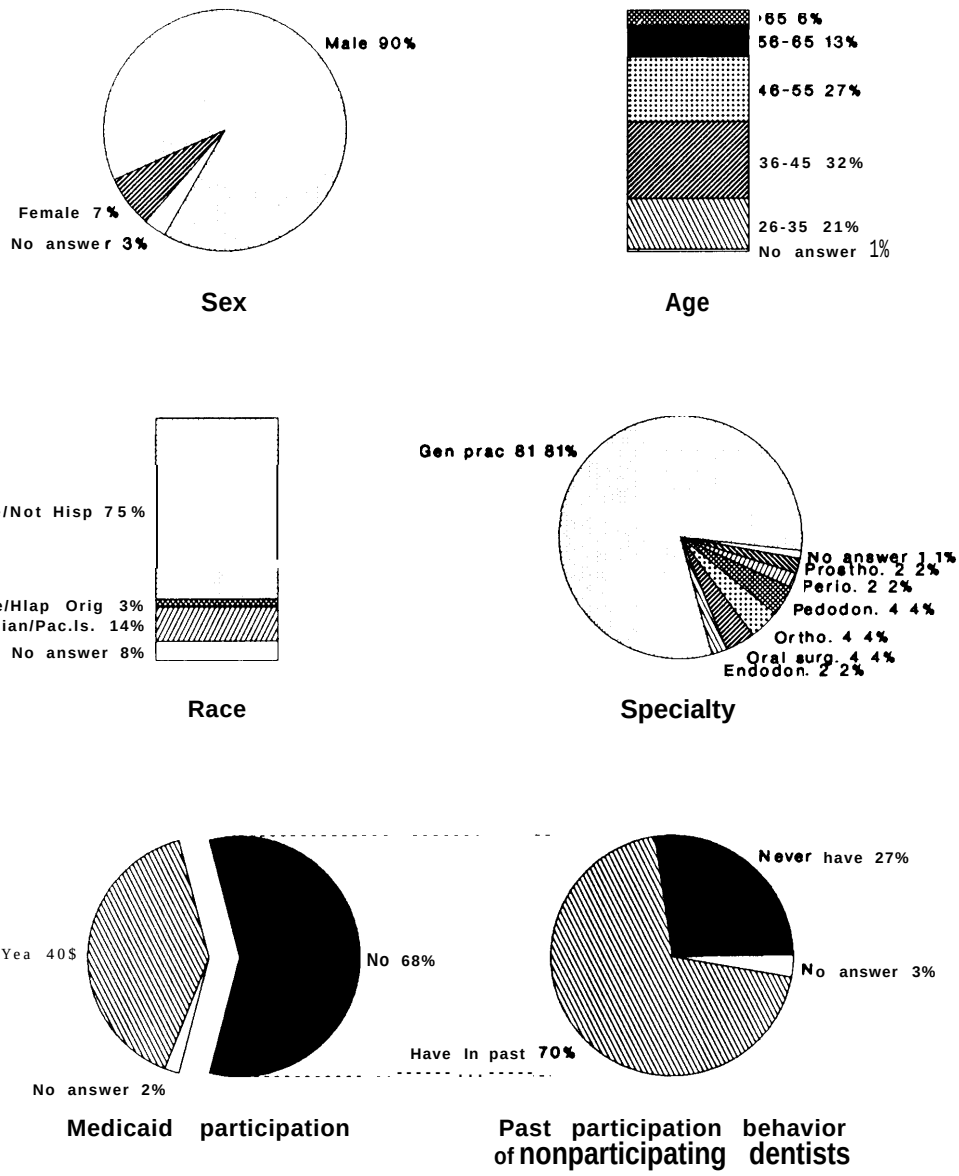




[a]Provide medically ecessary ort odontic atment to correct andicapping malocclusion

SOURCE: Office of Technology Assessment, 1990.

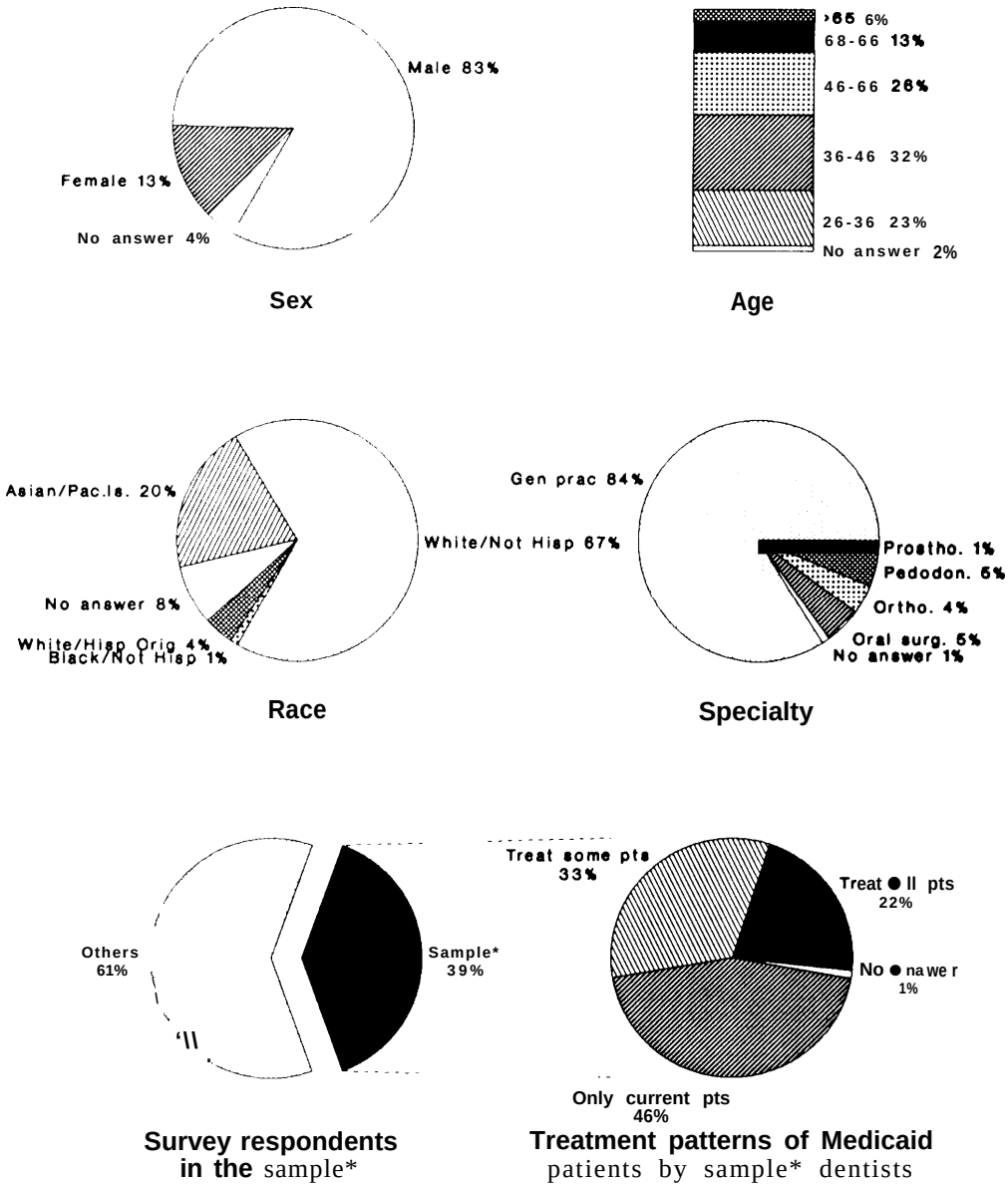
Figure D-21—Information About Survey Respondents, California



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-22—Information About a Sample[a] of Respondents, California



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.
[a]The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.
SOURCE: Office of Technology Assessment, 1990.

Figure D-23—Opinions About Medicaid Dental Programs, California

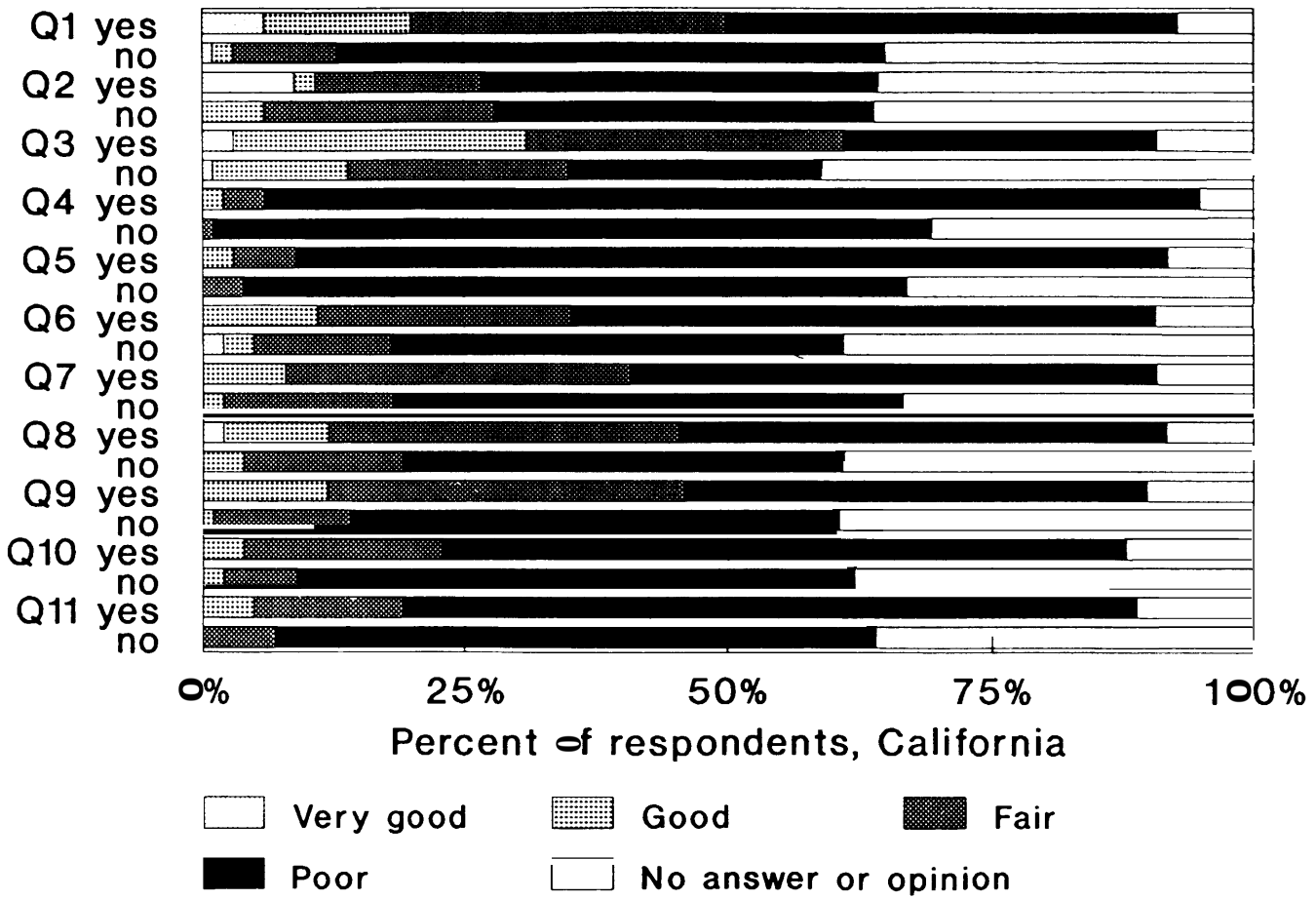
Opinions of Surveyed Dentists on Certain Aspects of the Medicaid Dental Program in Their State:

1. Timeliness of payment for submitted claims
2. Communication of requirements
3. Format of billing forms
4. Reimbursement levels for covered services
5. Criteria upon which payment or denial of claims are based
6. Consistency of payment or denial of claims
7. Selection of covered services
8. Selection of services requiring prior authorization
9. Process for receiving prior authorization
10. Criteria for approval or denial of prior authorization
11. Conformity with community standards of practice

Responses of Both Those Dentists who Participate in Medicaid and Those Who Do Not.

California

Survey questions by Medicaid participation



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

F gu e D-24—Responses o Questions About Selected Se v ces California

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or a of the possible re on (a-e below).

- Q2a-serv ce is not covered
- Q2 -service is not allowed frequently enough
- Q2c-benefit excludes use of appropriate mater als
- Q2d-circumstances allowing service are too narrow
- 2e-prior authorization is difficu t o obtain

Question 3:

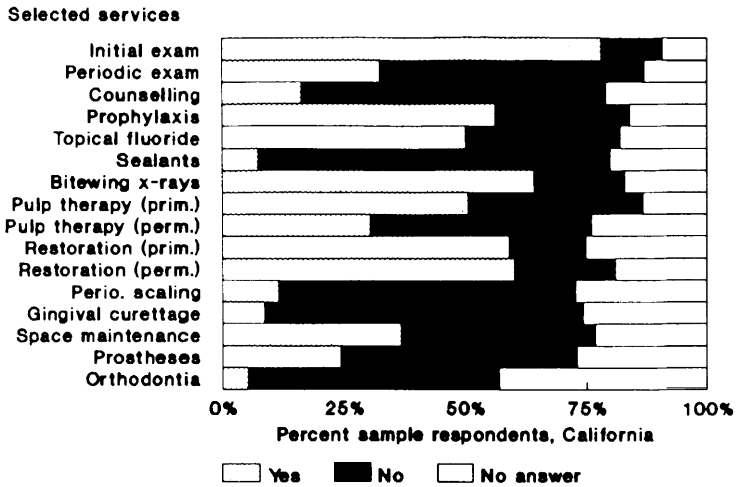
For each service, do you fee that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

- Q3g-no
- Q3h-yes, Medicaid reimbursement for this service is insufficient
- Q3i-yes, the administrative process for this service is particularly burdensome
- 3j-yes, Medicaid requirements regarding this service were not clearly commu nicated

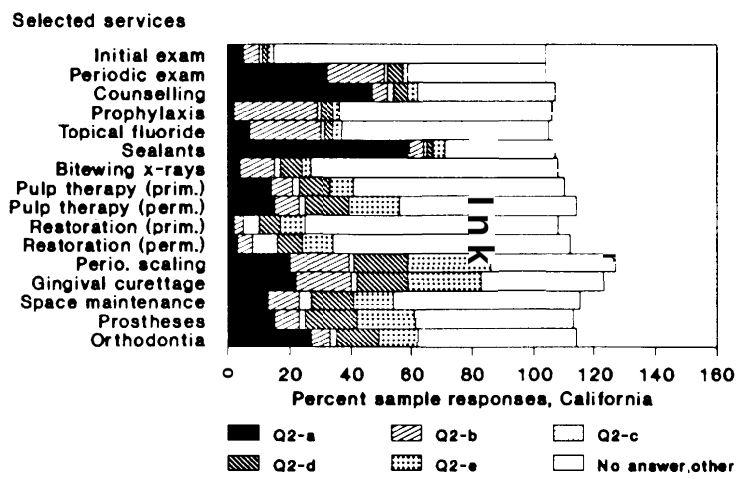
Question 4:

For each service, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young pat ents in your practice?

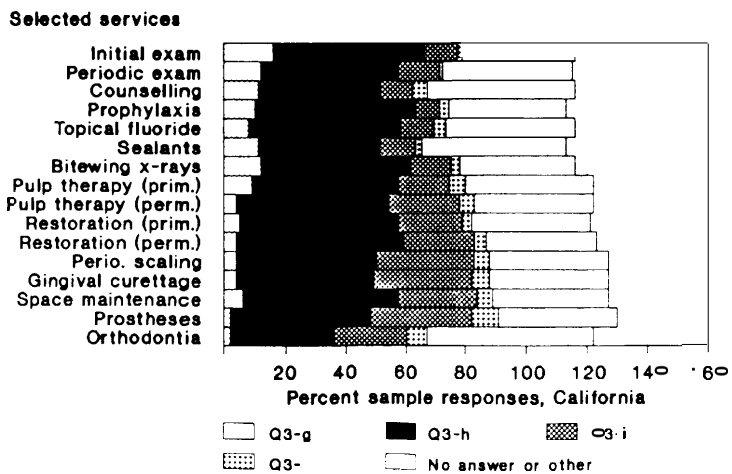
Survey Question 1



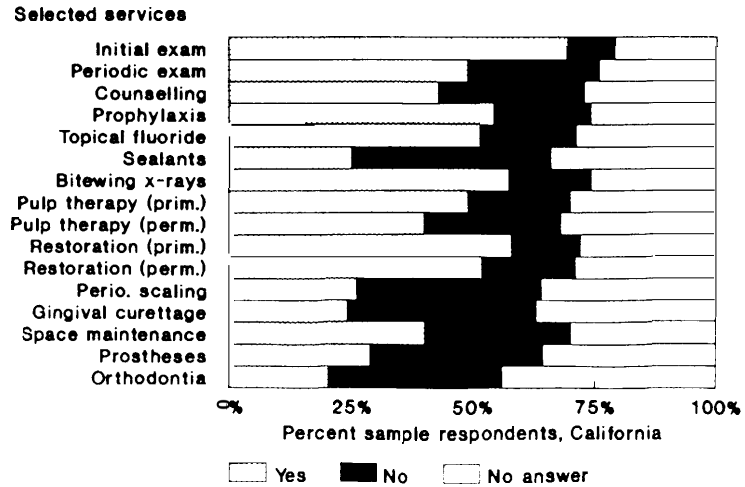
Survey Question 2



Survey Question 3



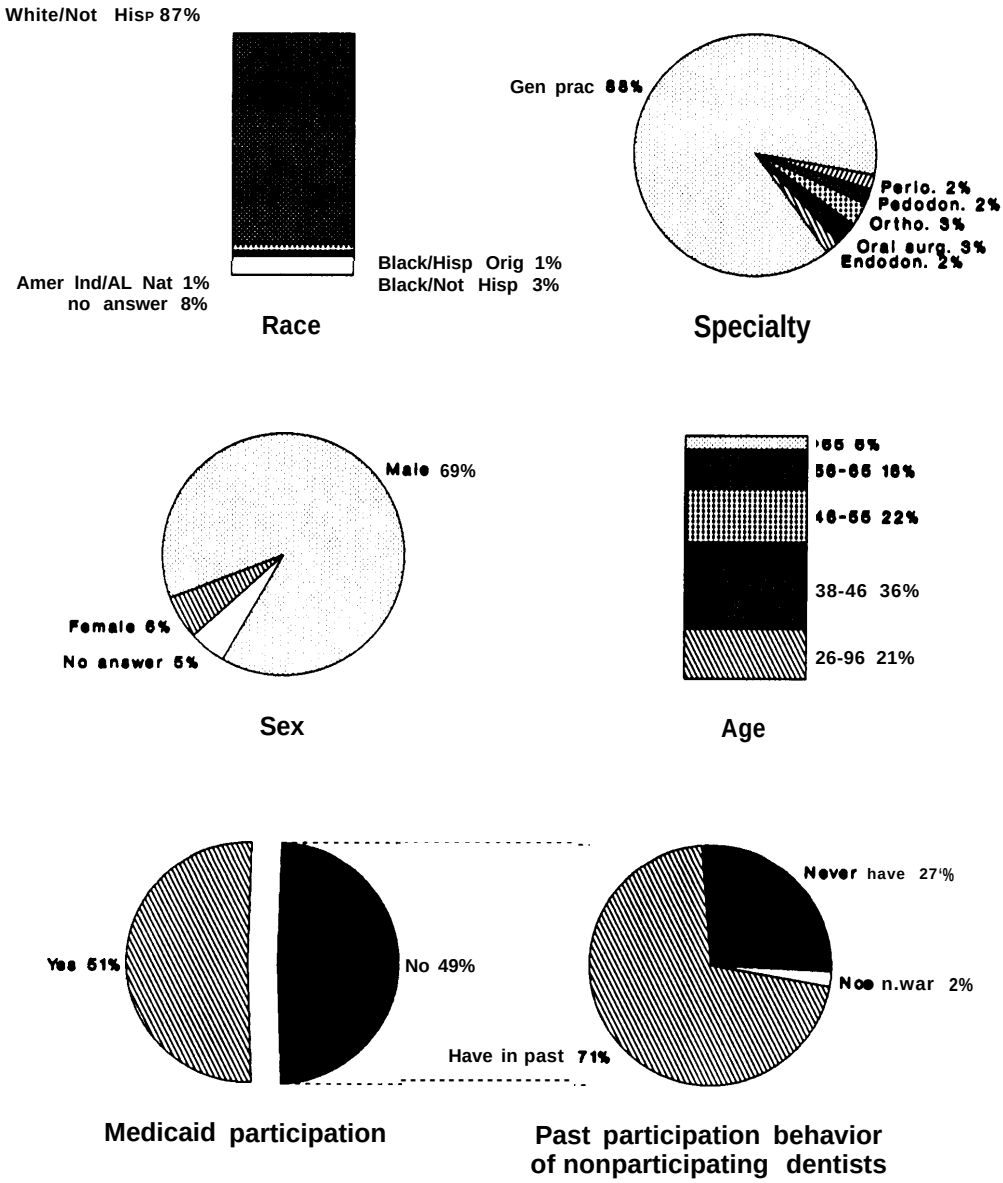
Survey Question 4



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

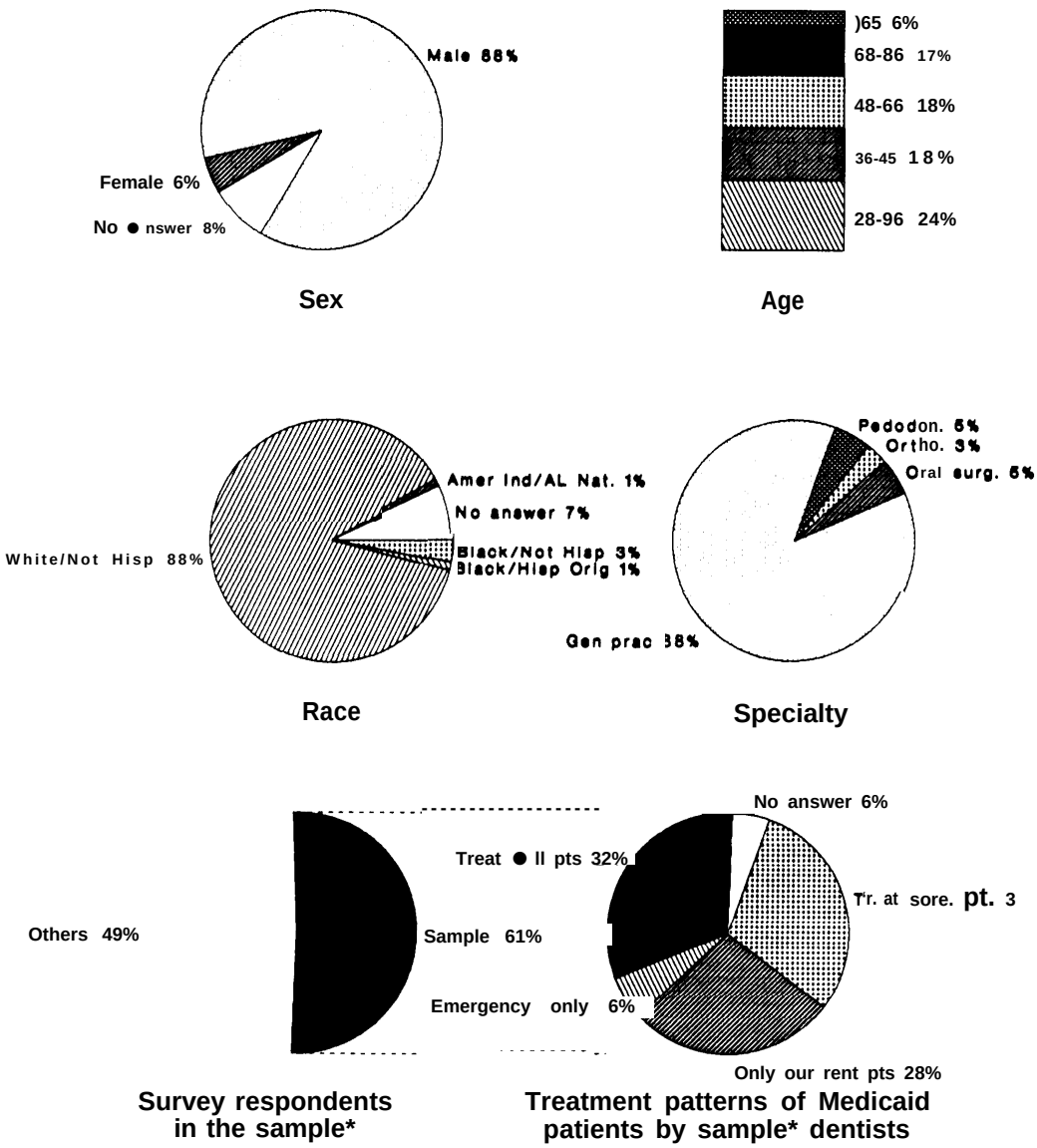
Figure D-25-information About Survey Respondents, Michigan



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-26-Information About a Sample[a] of Respondents, Michigan



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.

Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

[a]The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.

SOURCE: Office of Technology Assessment, 1990.

Figure D-27—Opinions About Medicaid Dental Programs, Michigan

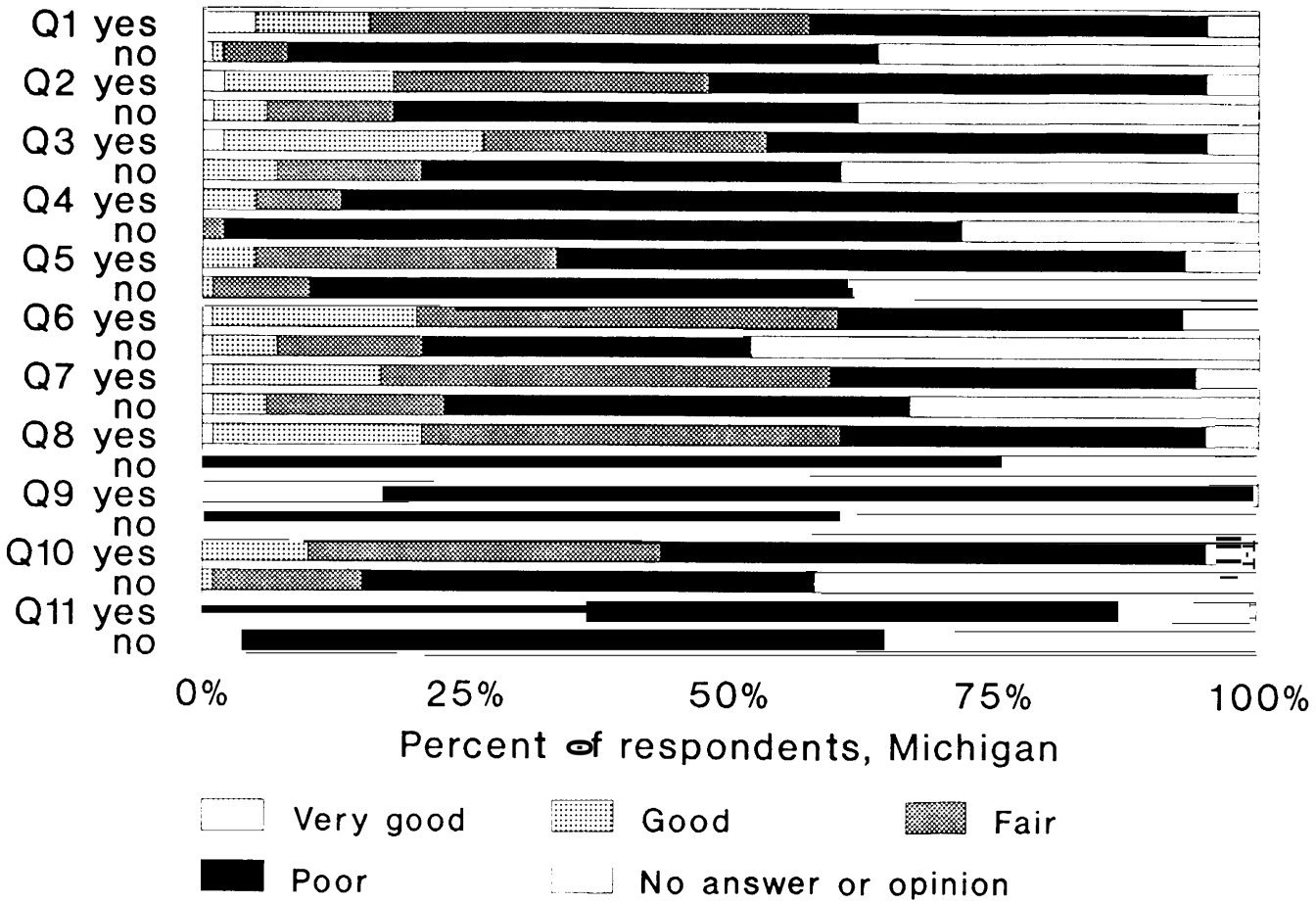
Opinions of Surveyed Dentists on Certain Aspects of the Medicaid Dental Program in Their State

1. Timeliness of payment for submitted claims
2. Communication of requirements
3. Format of billing forms
4. Reimbursement levels for covered services
5. Criteria upon which payment or denial of claims are based
6. Consistency of payment or denial of claims
7. Selection of covered services
8. Selection of services requiring prior authorization
9. Process for receiving prior authorization
10. Criteria for approval or denial of prior authorization
11. Conformity with community standards of practice

Responses of Both Those Dentists who Participate in Medicaid and Those Who Do Not.

Michigan

Survey questions by Medica d participation



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-28—Responses o Quest ons About Selected Services, Michigan

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible reasons (a-e below).

- Q2a-service s not covered
- Q2b-service is not allowed frequently enough
- Q2c-benefit excludes use of appropriate materials
- Q2d-circumstances allowing service are too narrow
- Q2e-prior authorization is difficult to obtain

Question 3:

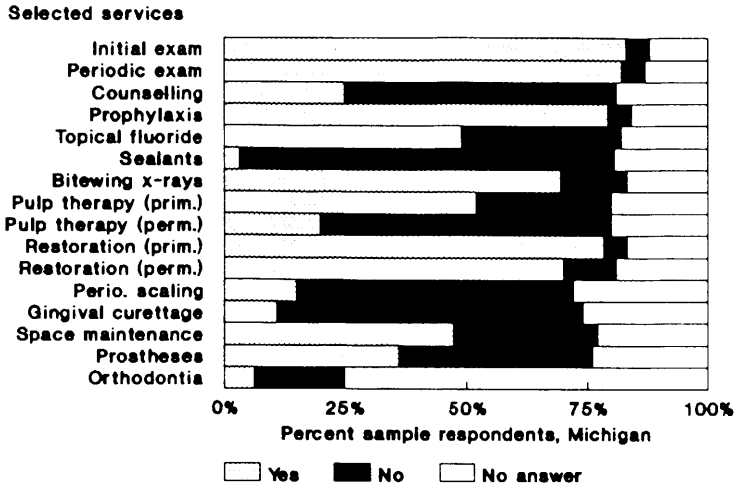
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

- Q3g-no
- Q3h-yes, Medicaid reimbursement for is service is insufficient
- Q3i-yes, the administrative process for this service is particularly burdensome
- Q3j-yes, Medicaid requirements regarding this service were not clearly communicated

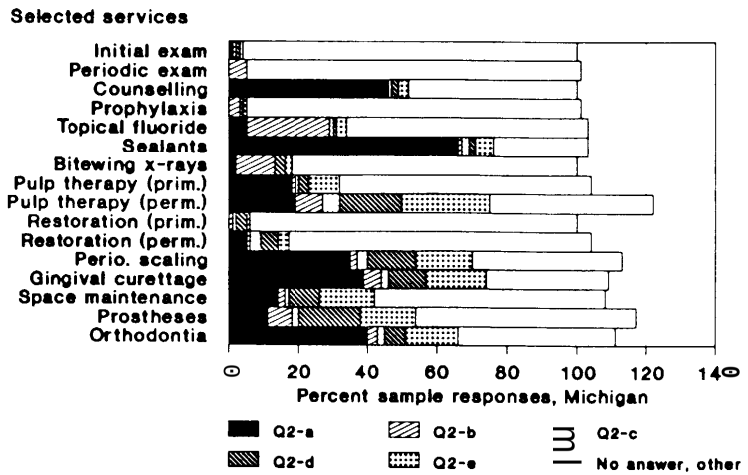
Question 4:

For each service, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young patients i your pract ce?

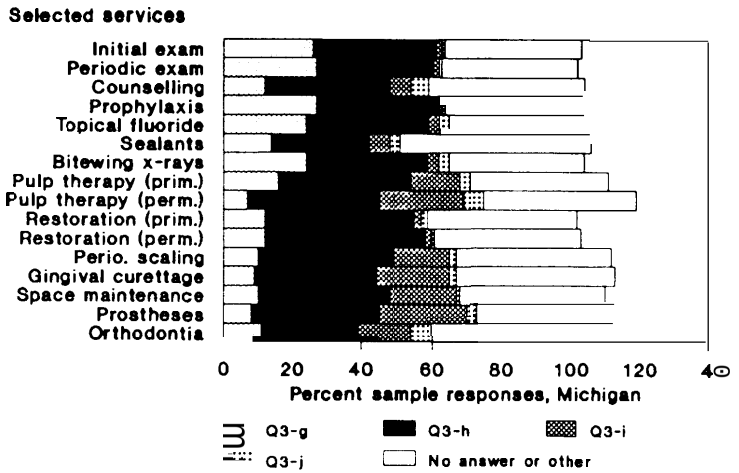
Survey Question 1



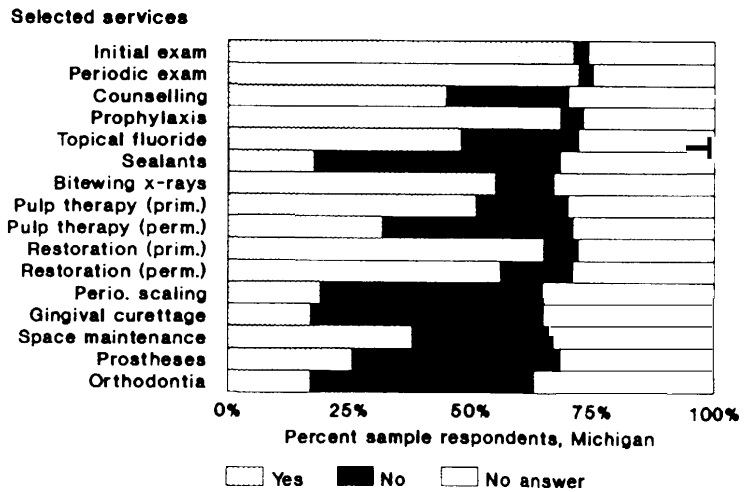
Survey Question 2



Survey Question 3



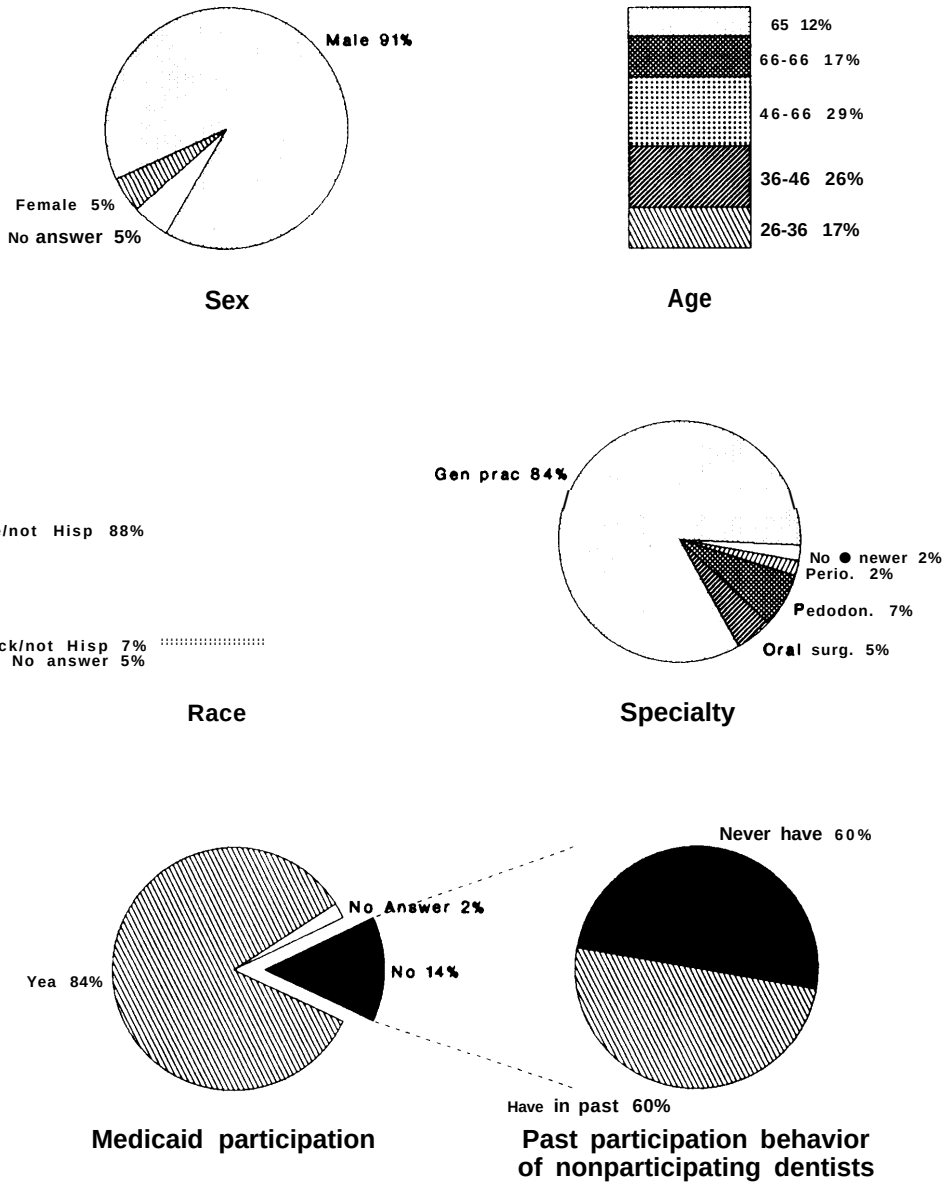
Survey Question 4



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not an
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

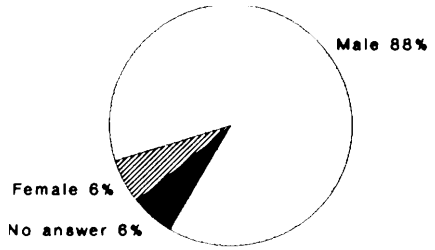
Figure D-29—Information About Survey Respondents, Mississippi



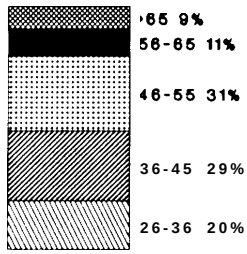
KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

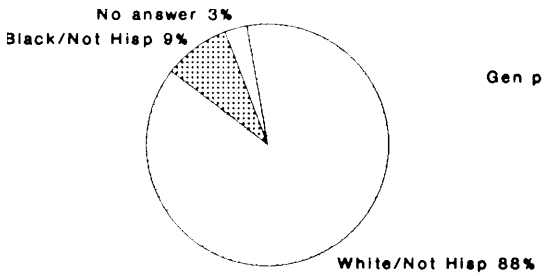
Figure D-30-information About a Sam plea of Respondents, Mississippi



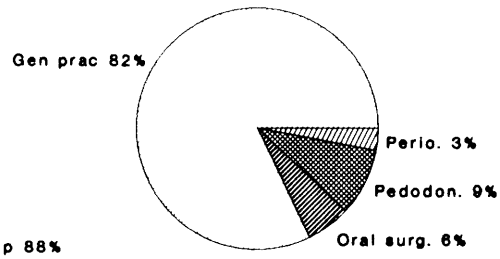
Sex



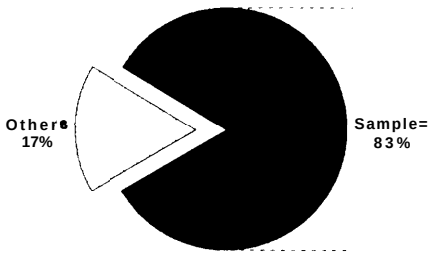
Age



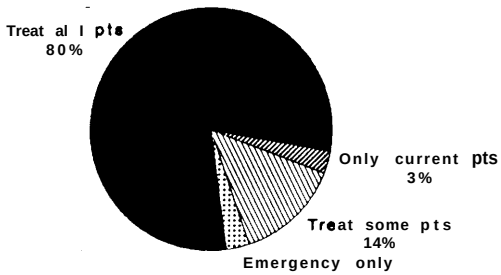
Race



Specialty



Survey respondents in the sample*



Treatment patterns of Medicaid patients by sample* dentists

KEY: Race: American Indian/Alaska Native ;Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.
[a]The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.
SOURCE: Office of Technology Assessment, 1990.

Figure D-31—Opinions About Medicaid Dental Programs, Mississippi

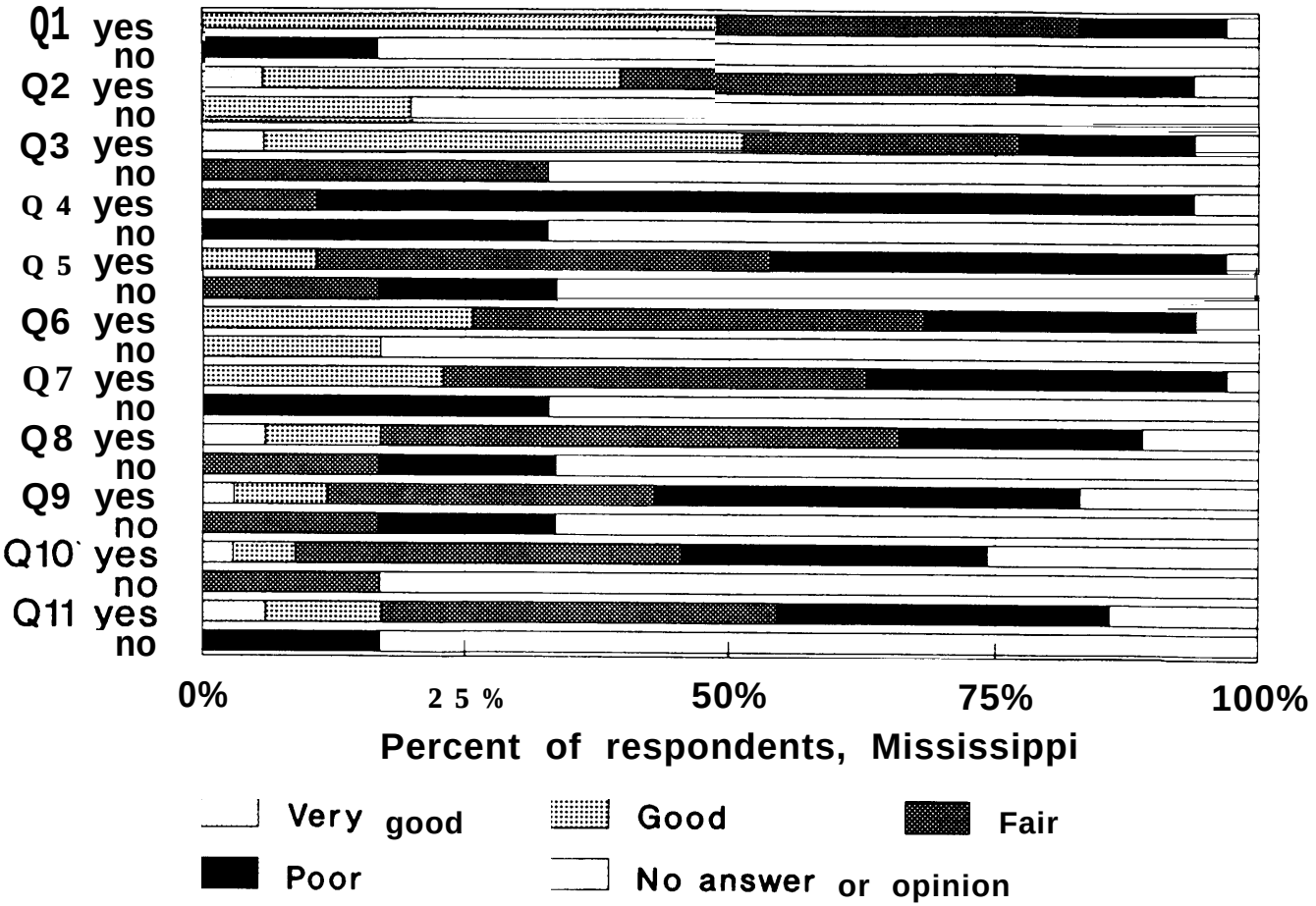
Opinions of Surveyed Dentists on Certain Aspects of the Medicaid Dental Program in Their State:

1. Timeliness of payment for submitted claims
2. Communication of requirements
3. Format of billing forms
4. Reimbursement levels for covered services
5. Criteria upon which payment or denial of claims are based
6. Consistency of payment or denial of claims
7. Selection of covered services
8. Selection of services requiring prior authorization
9. Process for receiving prior authorization
10. Criteria for approval or denial of prior authorization
11. Conformity with community standards of practice

Responses of Both Those Dentists who Participate in Medicaid and Those Who Do Not.

Mississippi

Survey questions by Medicaid participation



KEY: Race: American Indian/Alaska Native; Asian/Pacific blander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin, *Specialty:* Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-32—Responses ○Questions About Selected Services, Mississippi

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible reason (a-e below).

- Q2a▪service is not covered
- Q2b▪service is not allowed frequent y enough
- Q2c▪benefit exc udes use of appropriate materials
- Q2d▪circumstances allowing service are too narrow
- Q2e▪prior authorization is difficult to obtain

Question 3:

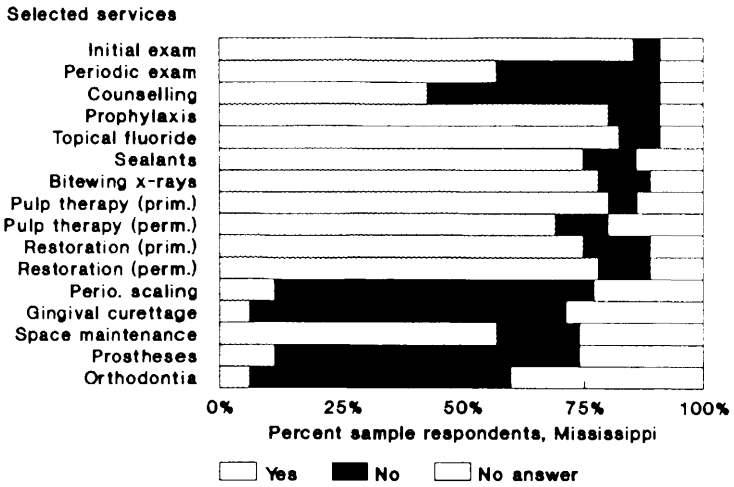
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your youo g Medicaid patients?

- Q3g▪no
- Q3h▪yes, Medicaid reimbursement for this service is insufficient
- Q3i▪yes, the administrative process for this service is particularly burdensome
- Q3j▪yes, Medicaid requirements regarding this service were not clearly communicated

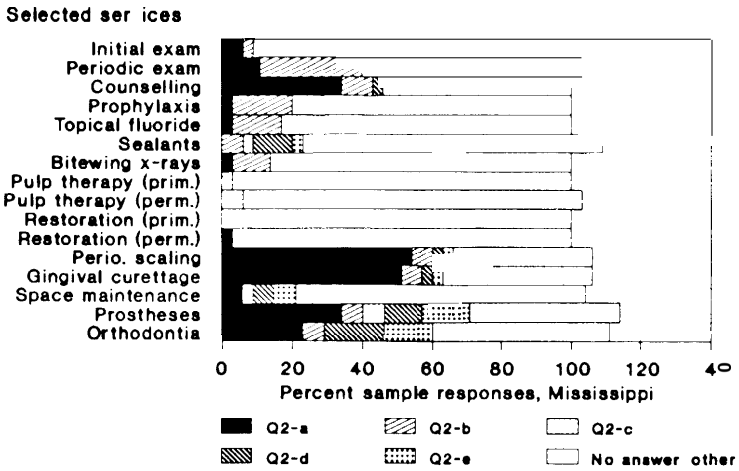
Question 4:

For each service, do you feel that young Medicaid patients in your practice rece ve the same intensity of care as other young patients n your practice?

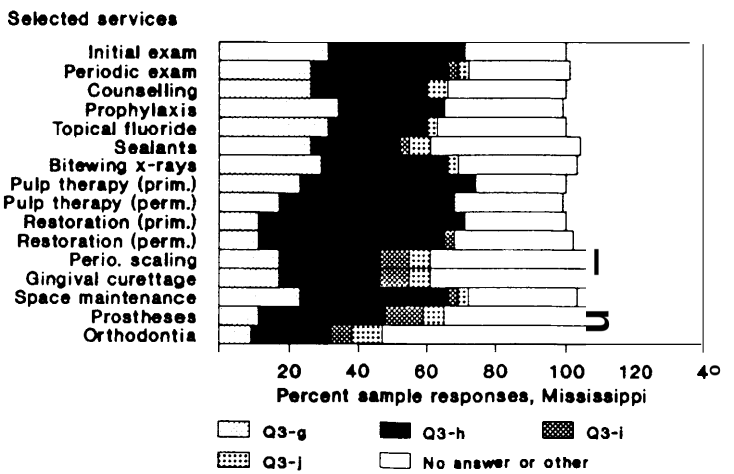
Survey Question 1



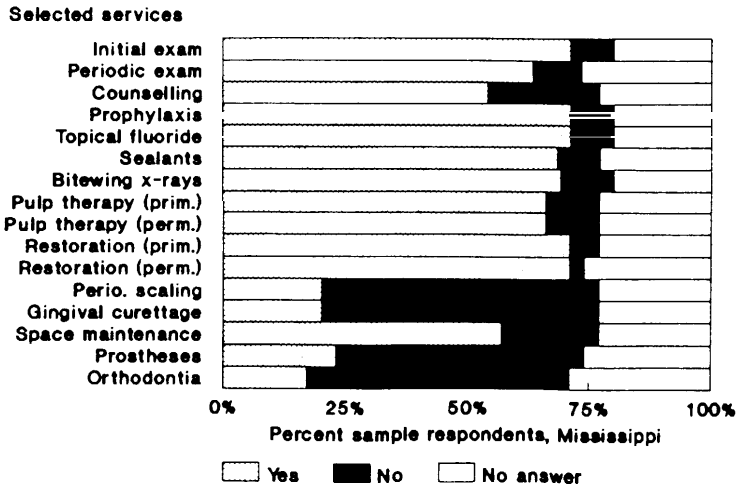
Survey Question 2



Survey Question 3



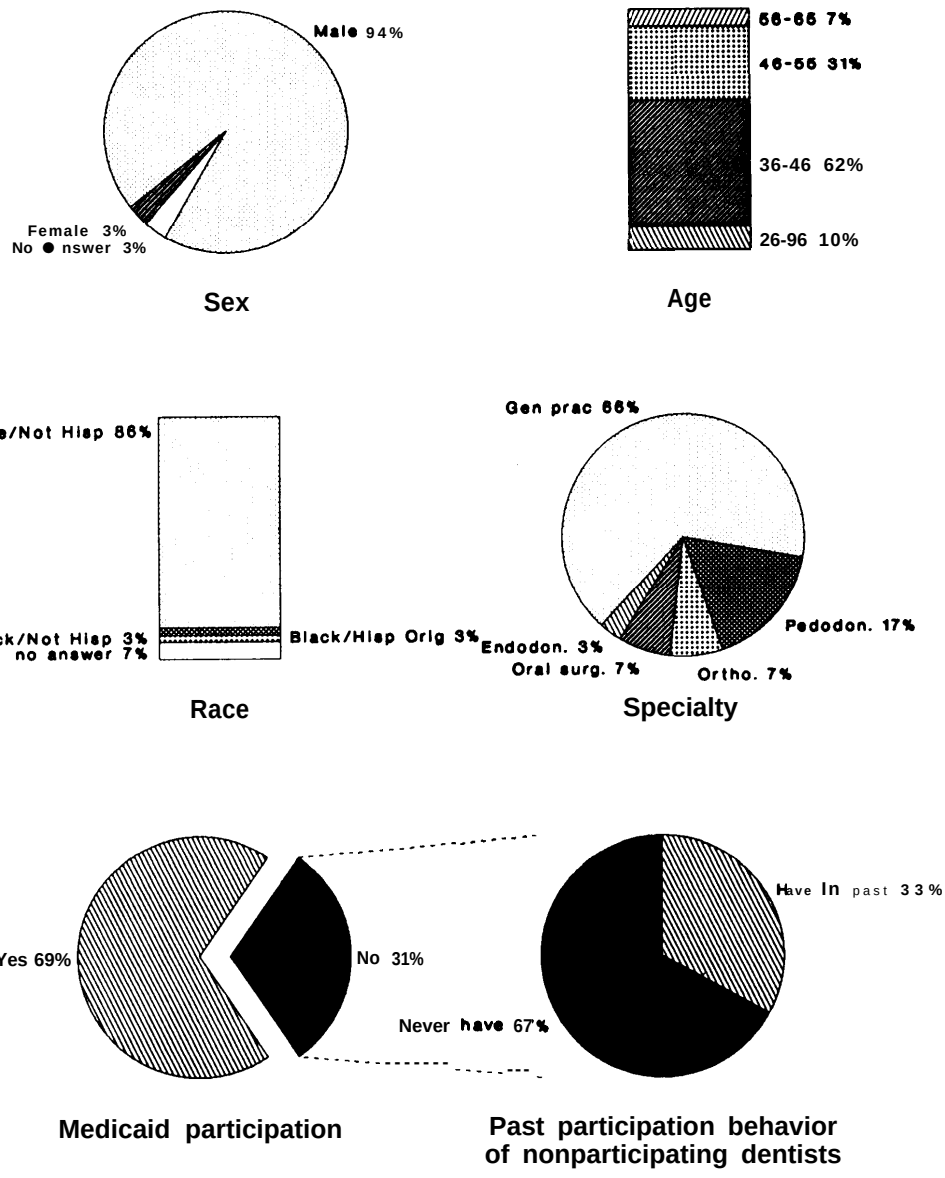
Survey Question 4



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

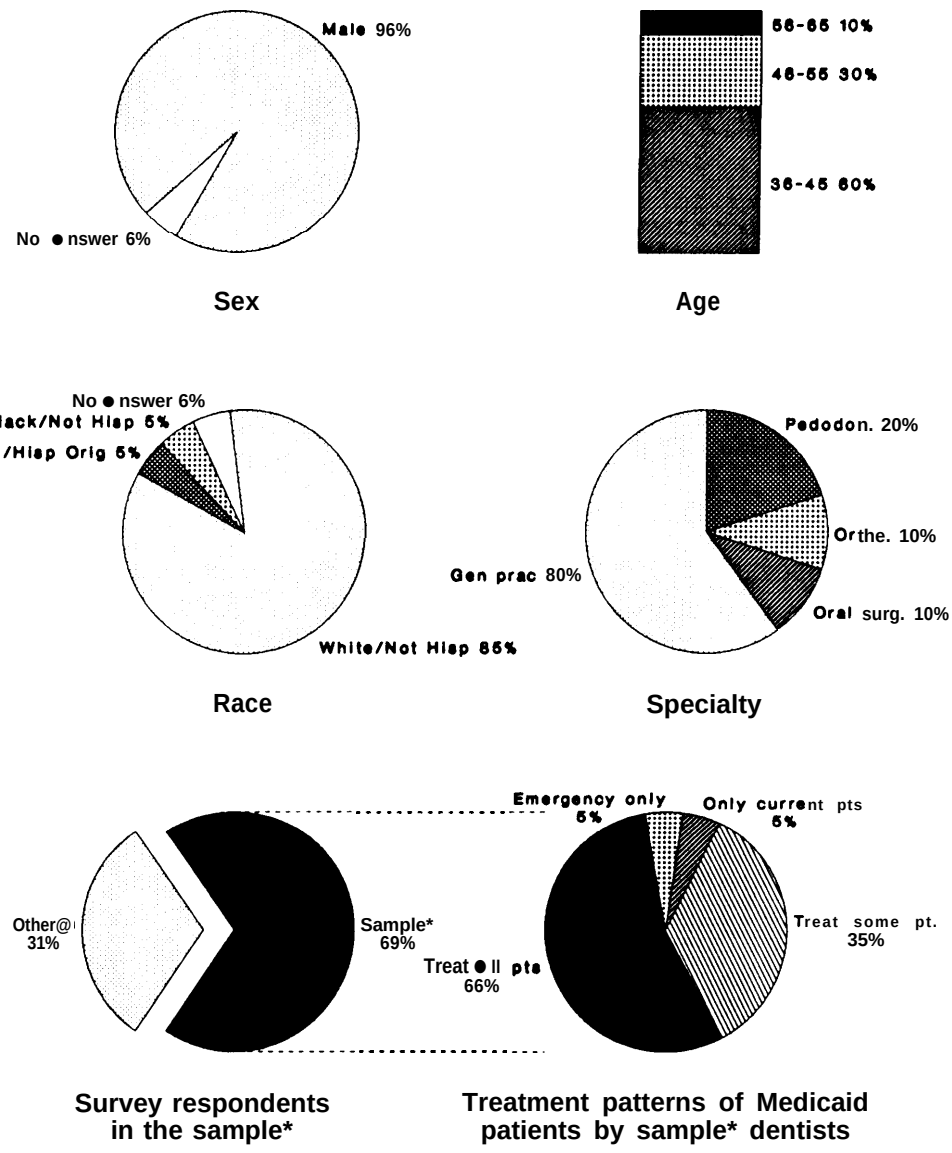
Figure D-33-Information About Survey Respondents, Nevada



KEY: ***Race:*** American Indian/Alaska Native; Asian/Pacific islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-34-information About a Sample[a] of Respondents, Nevada



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodon tks (Pediatric dentistry); Periodontics; Prosthodontics.
[a]The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.

SOURCE: Office of Technology Assessment, 1990.

Figure D-35—Opinions About Medicaid Dental Programs, Nevada

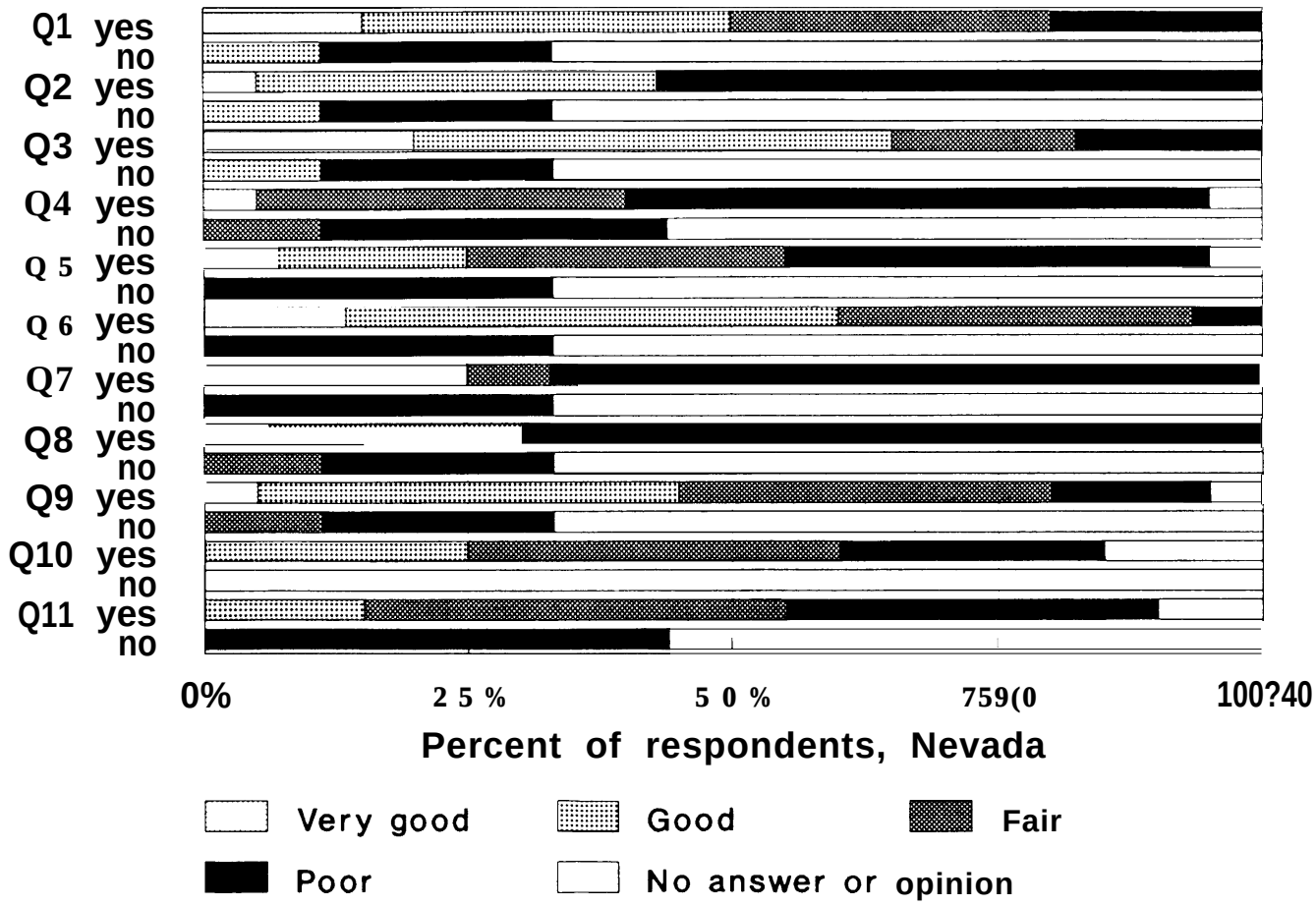
Opinions of Surveyed Dentists on Certain Aspects of the Medicaid Dental Program in Their State:

1. Timeliness of payment for submitted claims
2. Communication of requirements
3. Format of billing forms
4. Reimbursement levels for covered services
5. Criteria upon which payment or denial of claims are based
6. Consistency of payment or denial of claims
7. Selection of covered services
8. Selection of services requiring prior authorization
9. Process for receiving prior authorization
10. Criteria for approval or denial of prior authorization
11. Conformity with community standards of practice

Responses of Both Those Dentists who Participate in Medicaid and Those Who Do Not.

Nevada

Survey questions by Medicaid participation



KEY: Race: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-36—Responses to Questions About Selected Services, Nevada

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible reasons (a-e below).

- Q2a=service is not covered
- Q2b=service is not allowed frequently enough
- Q2c=benefit excludes use of appropriate materials
- Q2d=circumstances allowing service are too narrow
- Q2e=prior authorization is difficult to obtain

Question 3:

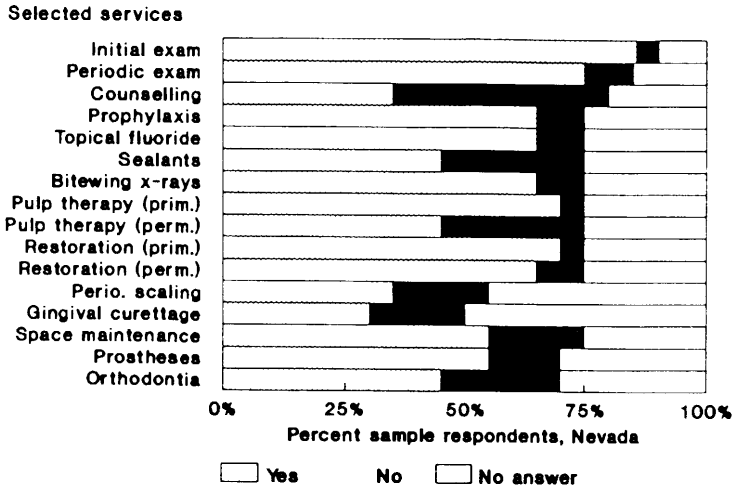
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

- Q3g=no
- Q3h=yes, Medicaid reimbursement for this service is insufficient
- Q3i=yes, the administrative process for this service is particularly burdensome
- Q3j=yes, Medicaid requirements regarding this service were not clearly communicated

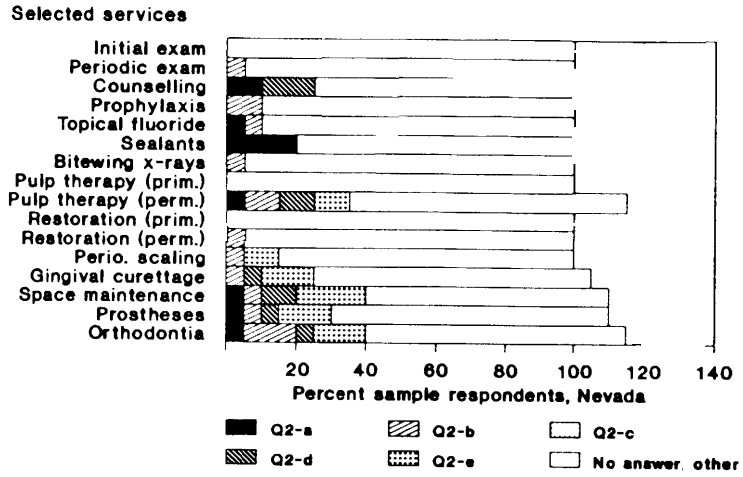
Question 4:

For each service, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

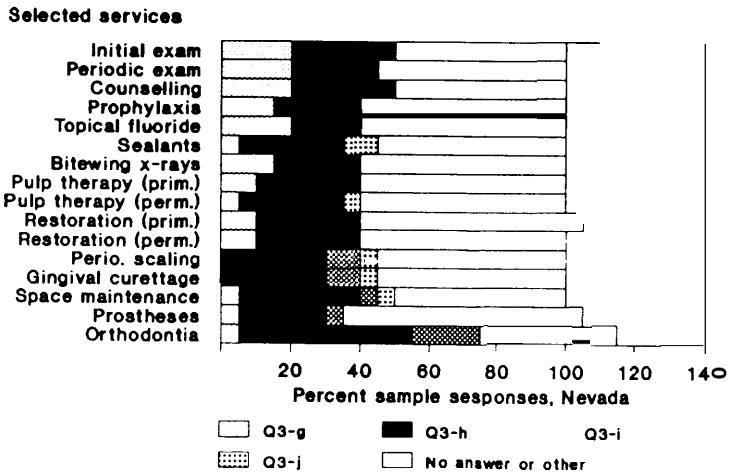
Survey Question 1



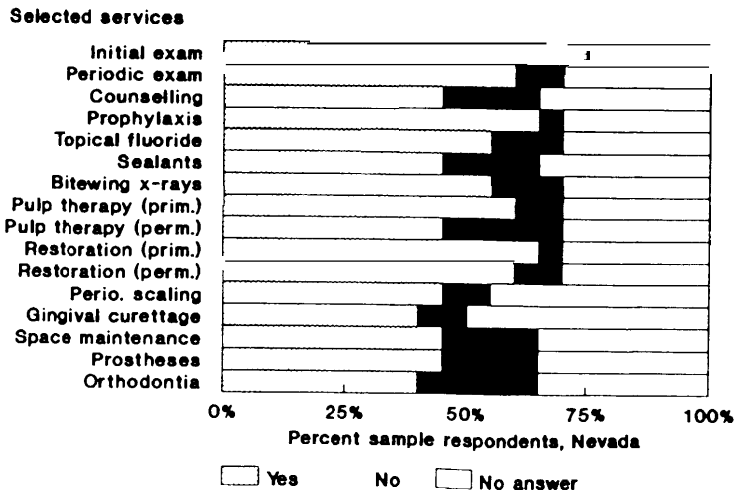
Survey Question 2



Survey Question 3



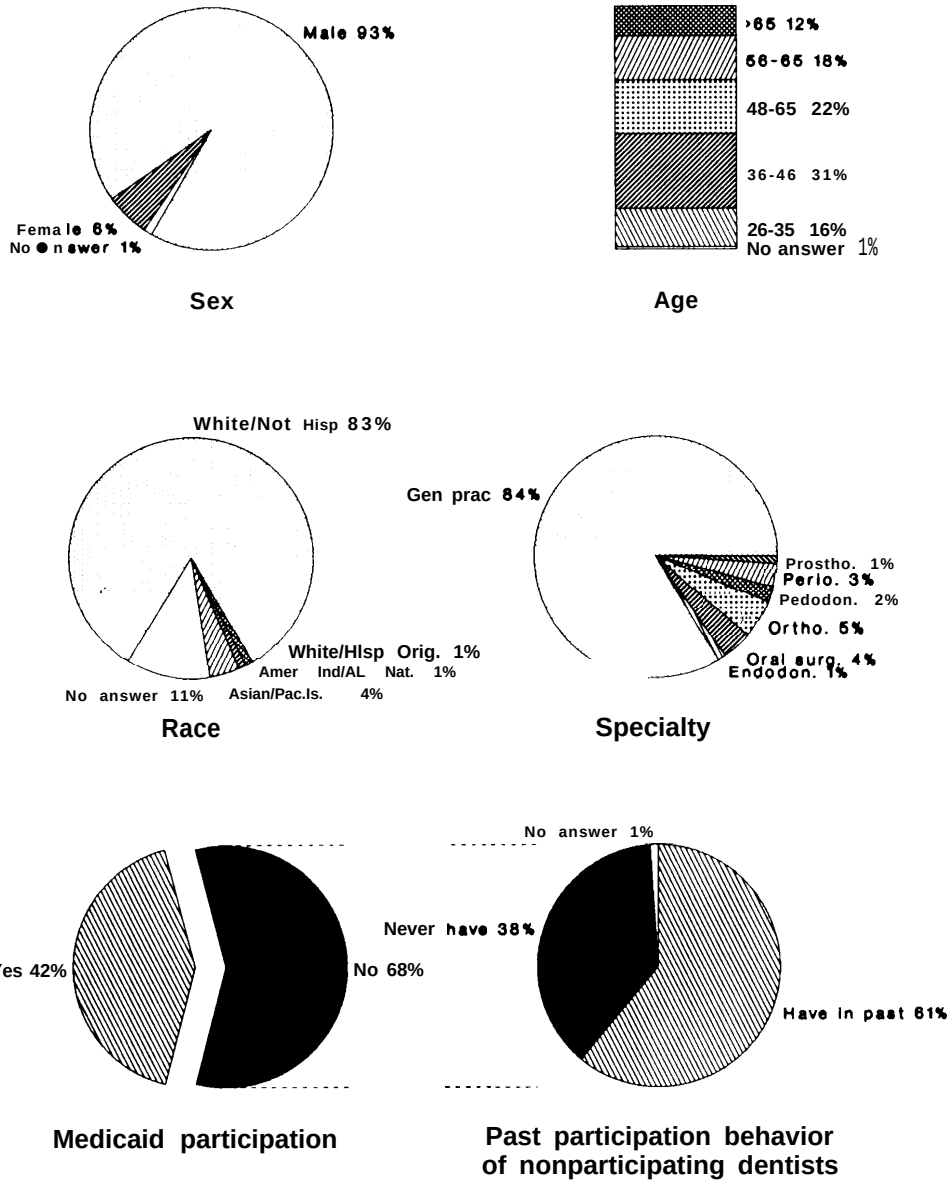
Survey Question 4



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

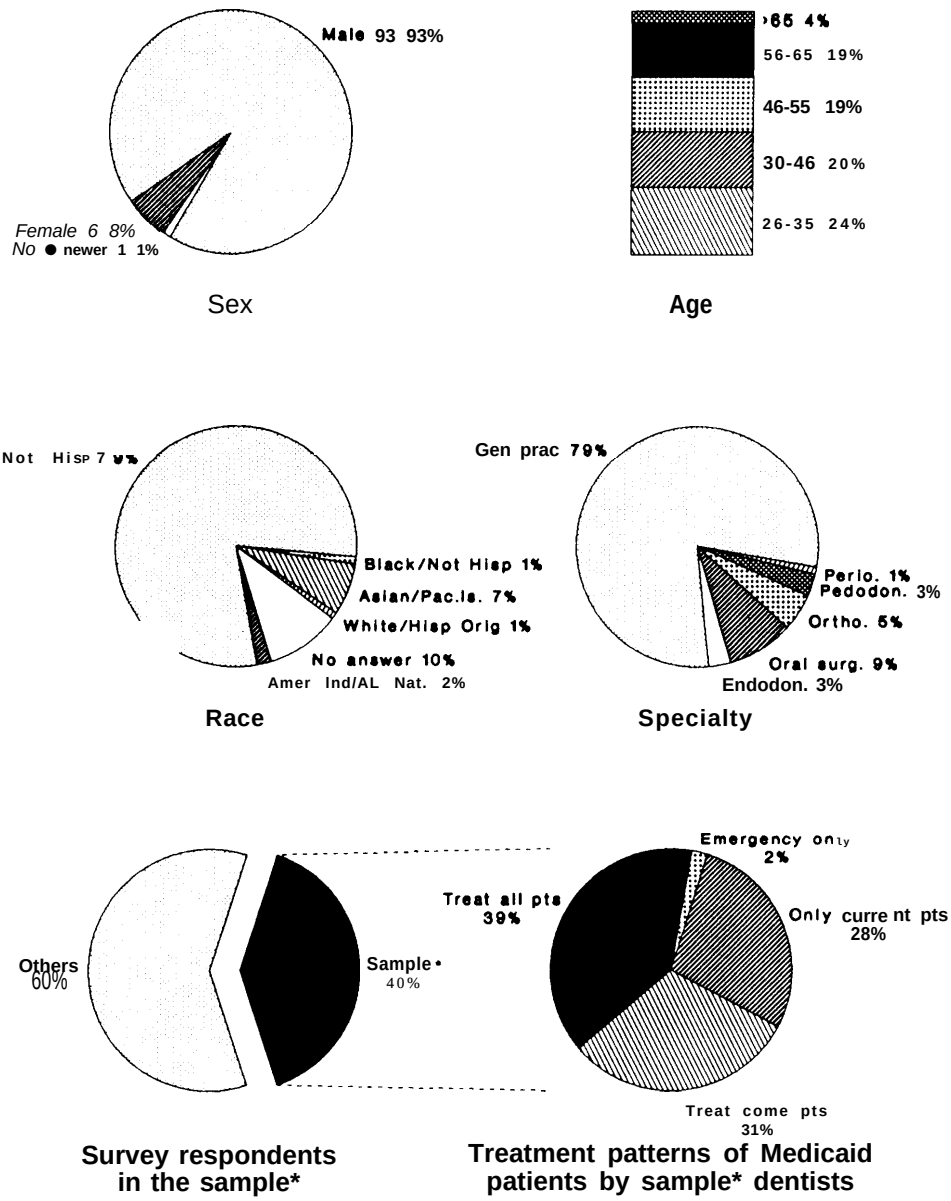
Figure D-37—Information About Survey's Respondents, New York



KEY: Race: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-38-information About a Sample[a] of Respondents, New York



KEY: *Race:* American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.
[a]The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.
SOURCE: Office of Technology Assessment, 1990.

Figure D-39—Opinions About Medicaid Dental Programs, New York

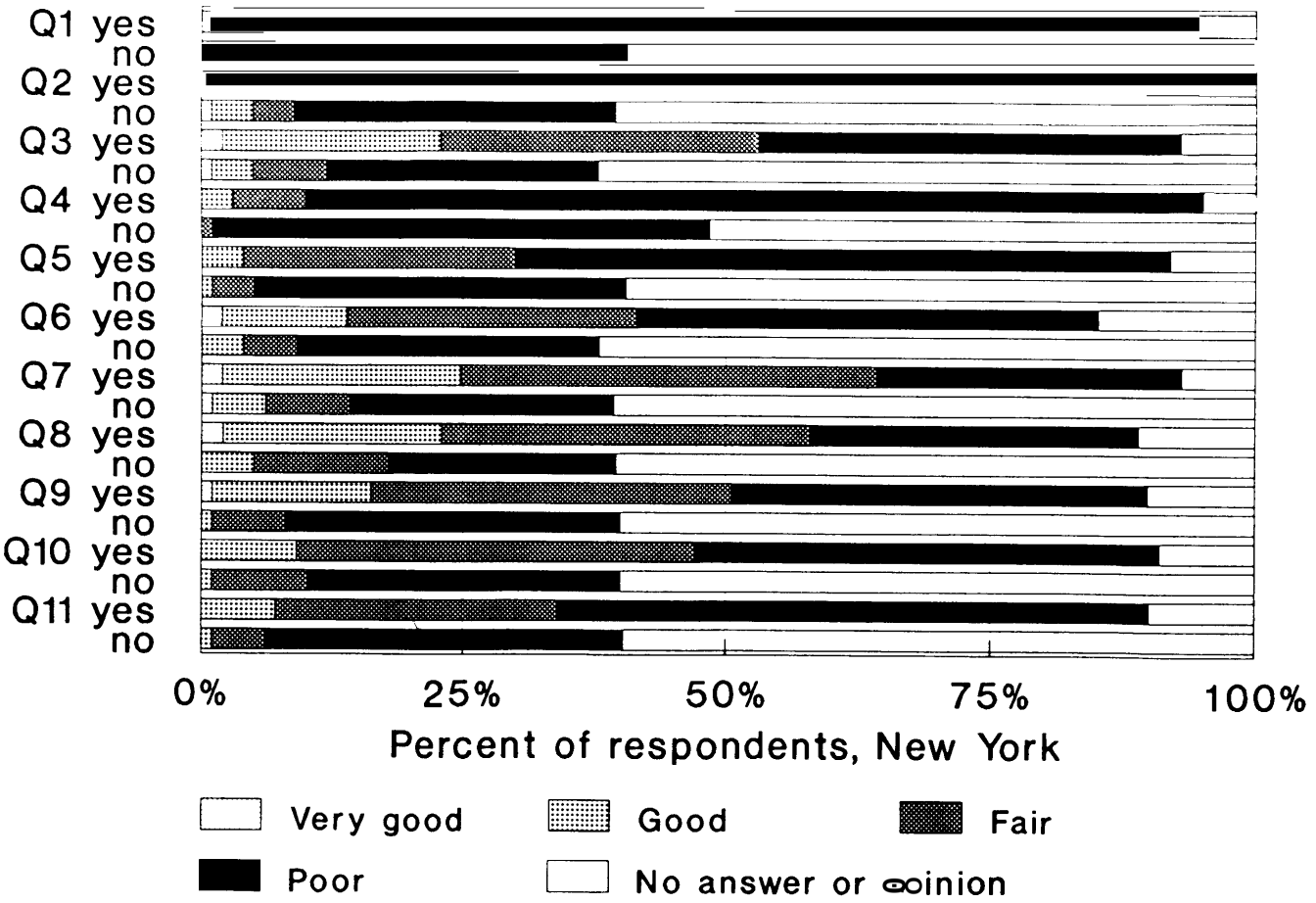
Opinions of Surveyed Dentists on Certain Aspects of the Medicaid Dental Program in Their State:

1. Timeliness of payment for submitted claims
2. Communication of requirements
3. Format of billing forms
4. Reimbursement levels for covered services
5. Criteria upon which payment or denial of claims are based
6. Consistency of payment or denial of claims
7. Selection of covered services
8. Selection of services requiring prior authorization
9. Process for receiving prior authorization
10. Criteria for approval or denial of prior authorization
11. Conformity with community standards of practice

Responses of Both Those Dentists who Participate in Medicaid and Those Who Do Not.

New York

Survey questions by Medicaid participation

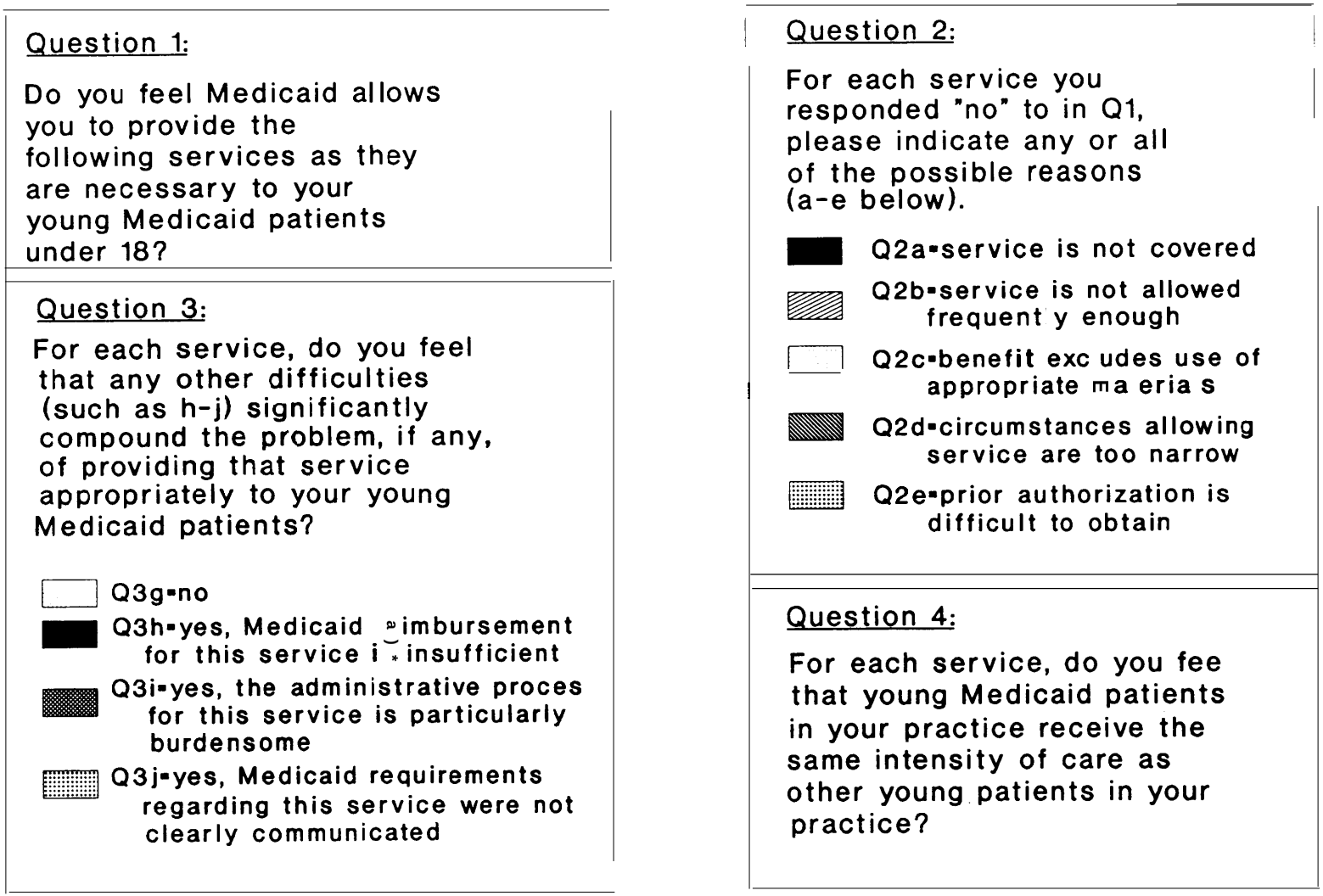


KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

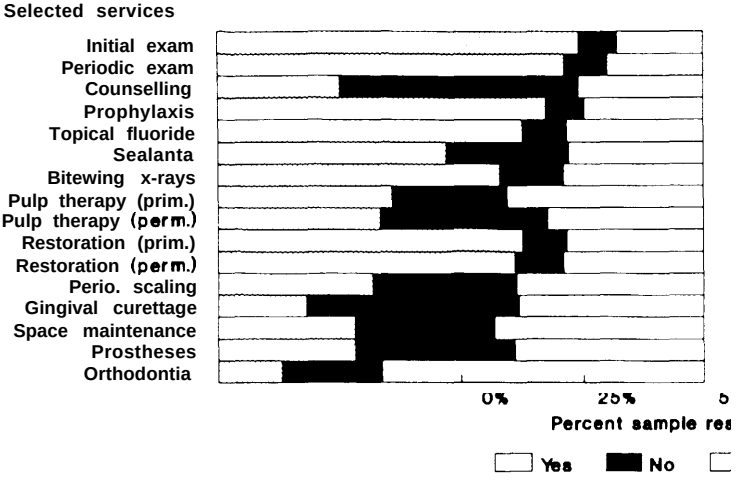
SOURCE: Office of Technology Assessment, 1990.

Figure D-40—Responses to Questions About Selected Services, New York

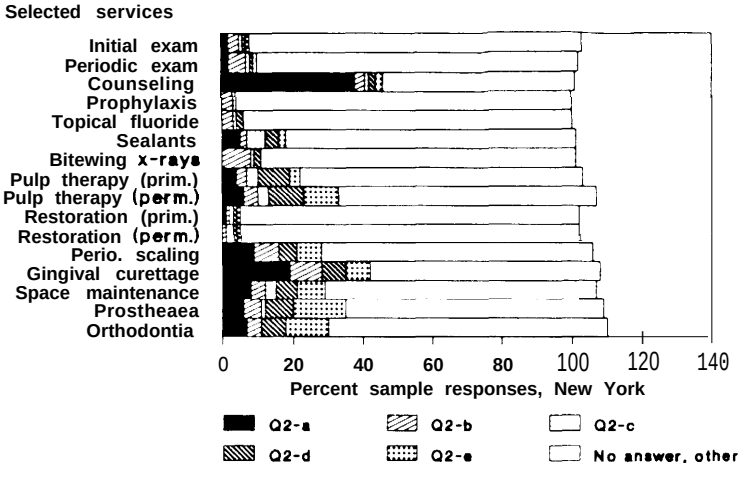
Questions and Responses About Selected Services



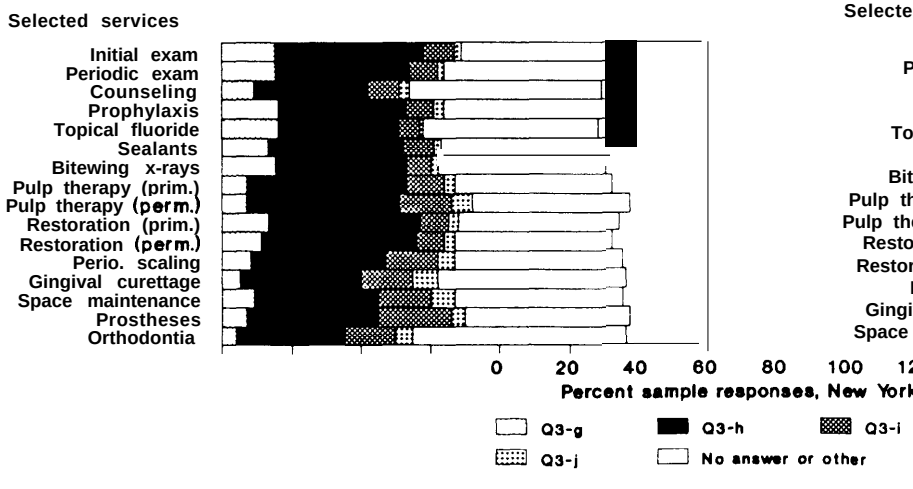
Survey Question 1



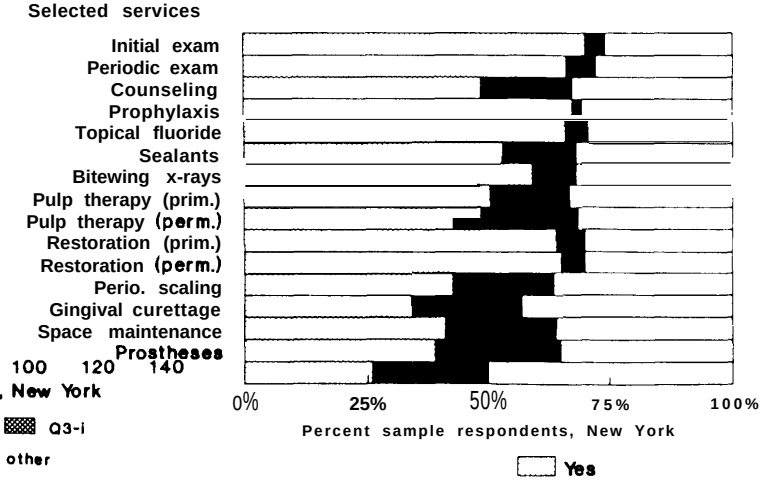
Survey Question 2



Survey Question 3



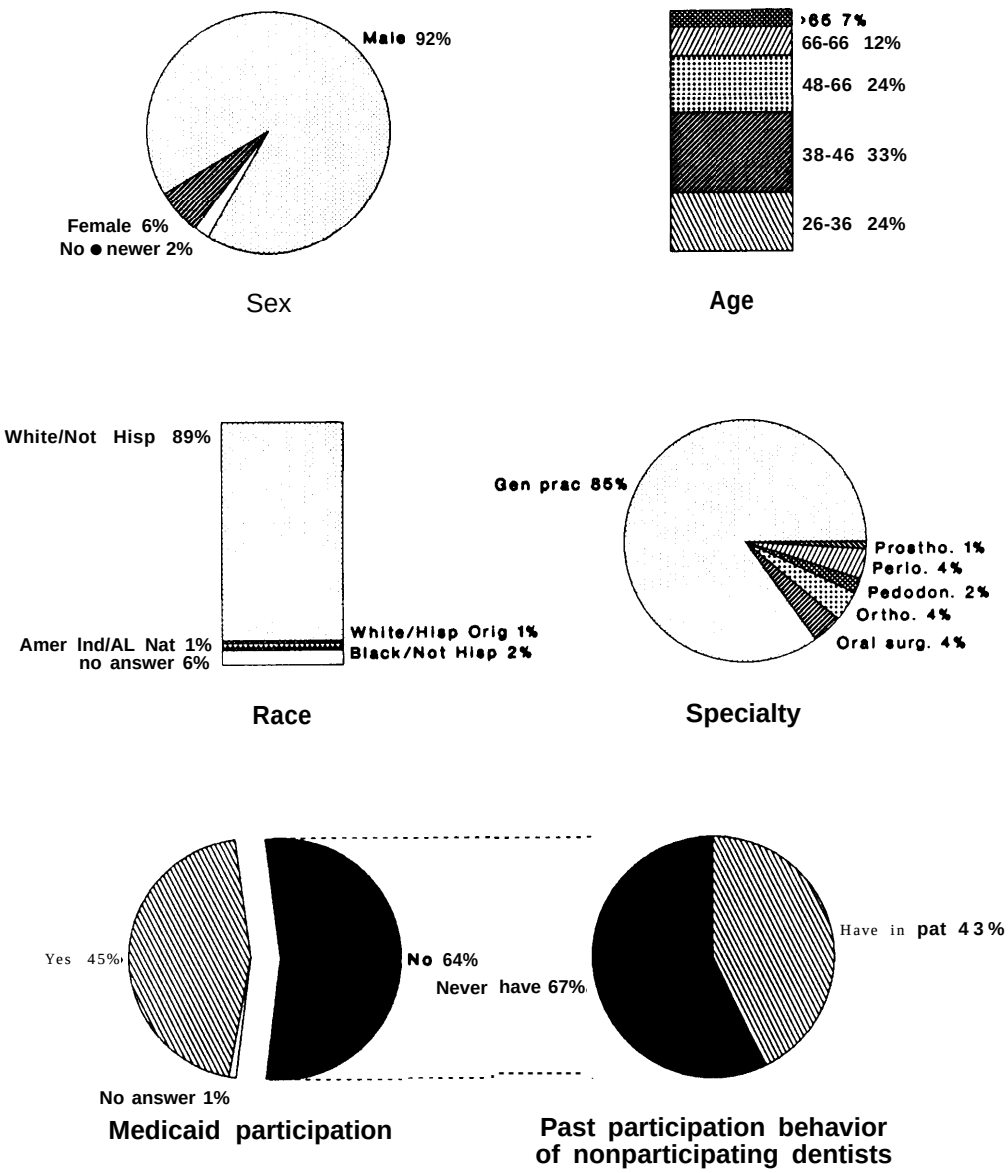
Survey Question 4



KEY: *Race*: *American* Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

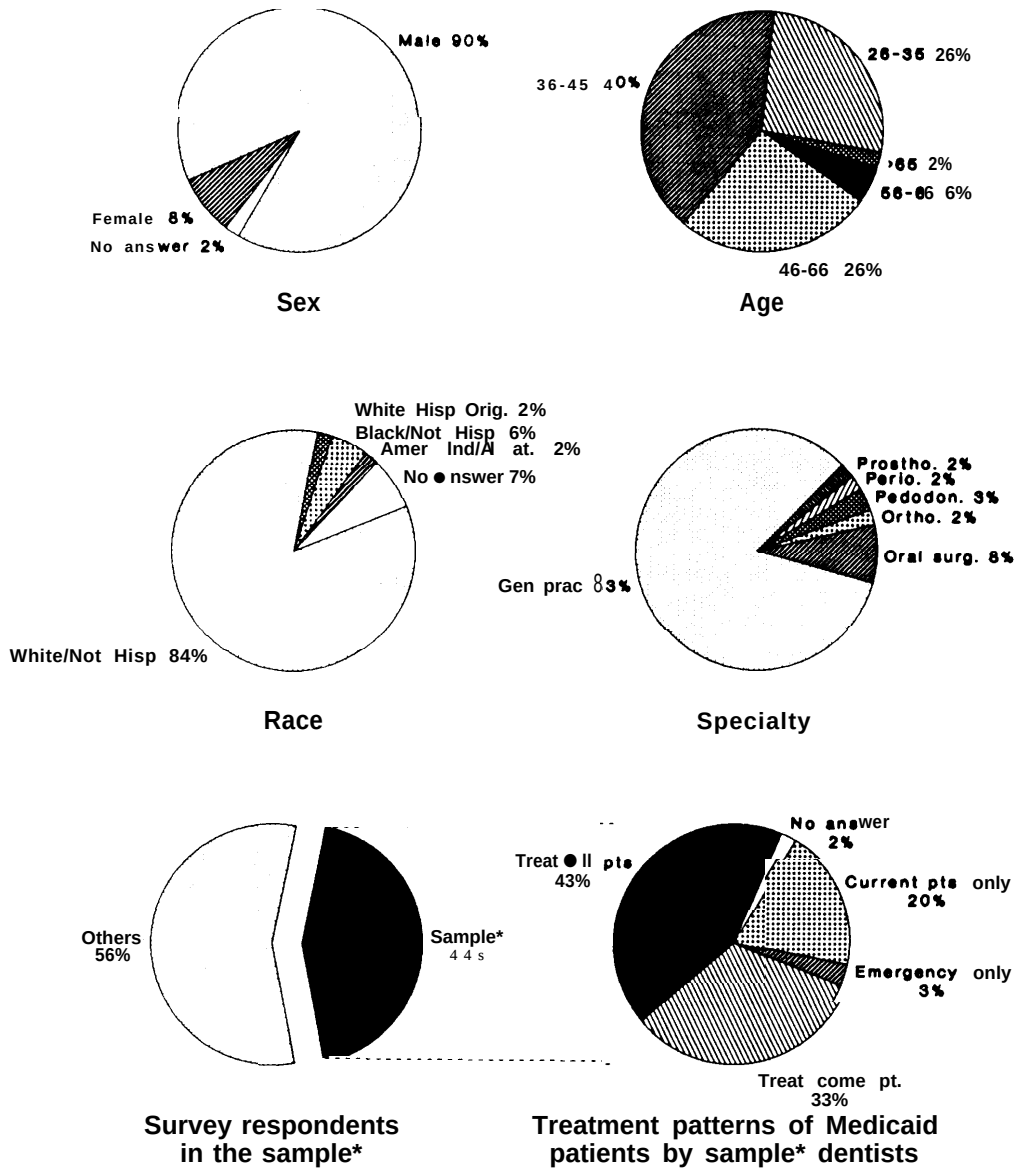
Figure D-41—information About Survey's Respondents,Ohio



KEY: Race: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-42-information About a Sample[a] of Respondents, Ohio



KEY: Race: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.
[a]The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.

SOURCE: Office of Technology Assessment, 1990.

Figure D-43—Opinions About Medicaid Dental Programs, Ohio

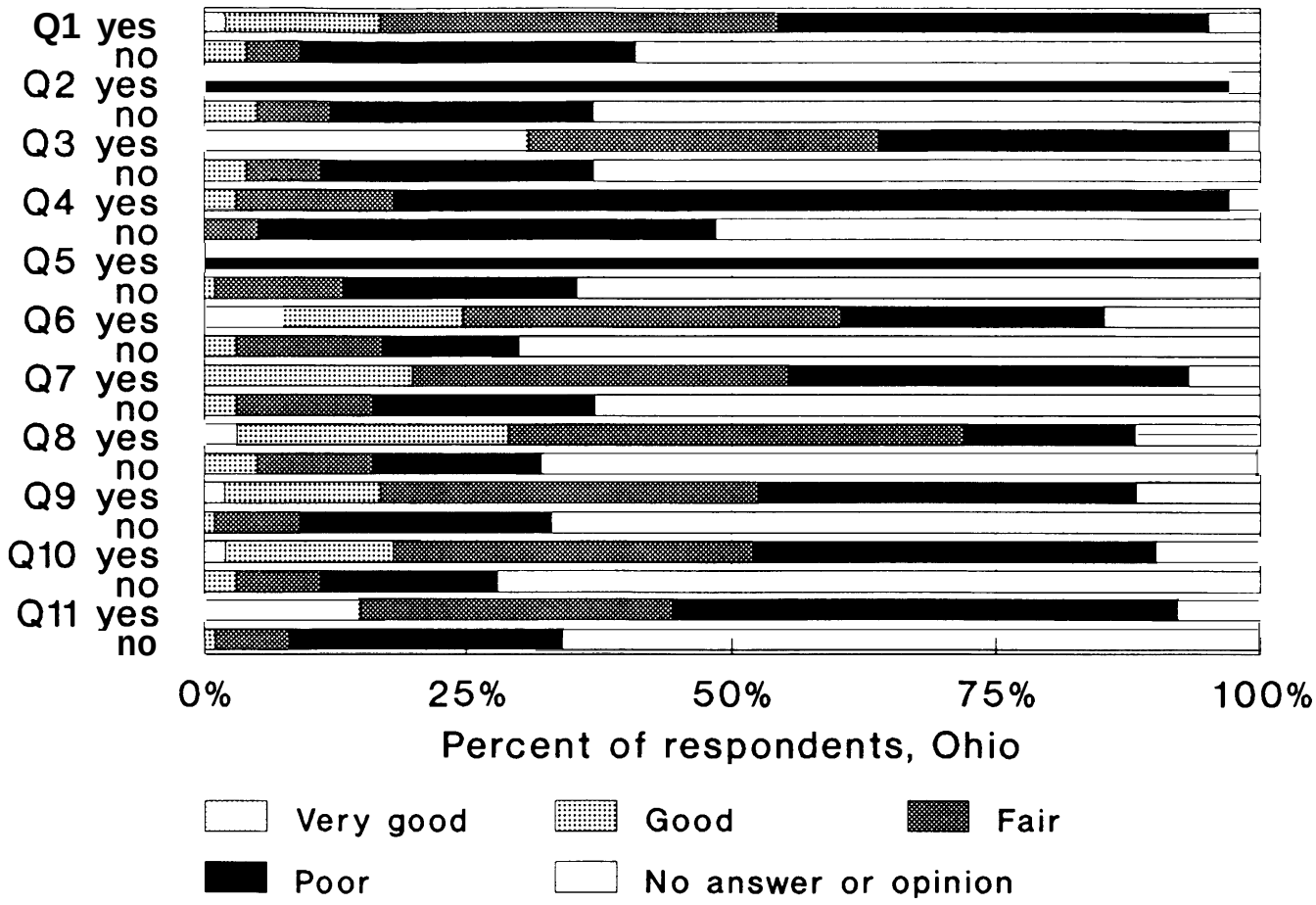
Opinions of Surveyed Dentists on Certain Aspects of the Medicaid Dental Program in Their State:

1. Timeliness of payment for submitted claims
2. Communication of requirements
3. Format of billing forms
4. Reimbursement levels for covered services
5. Criteria upon which payment or denial of claims are based
6. Consistency of payment or denial of claims
7. Selection of covered services
8. Selection of services requiring prior authorization
9. Process for receiving prior authorization
10. Criteria for approval or denial of prior authorization
11. Conformity with community standards of practice

Responses of Both Those Dentists who Participate in Medicaid and Those Who Do Not.

Ohio

Survey questions by Medicaid participation

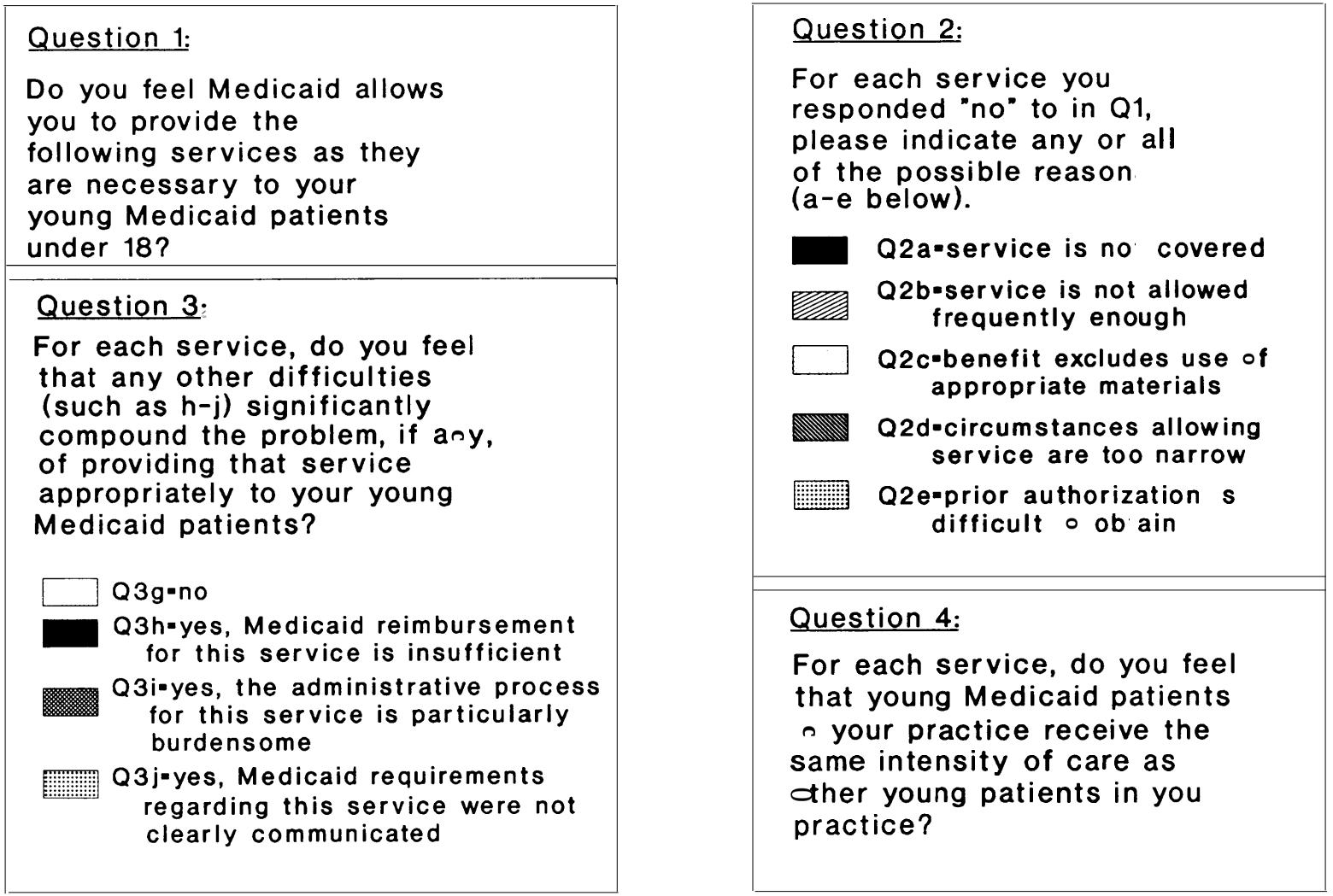


KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); periodontics; Prosthodontics.

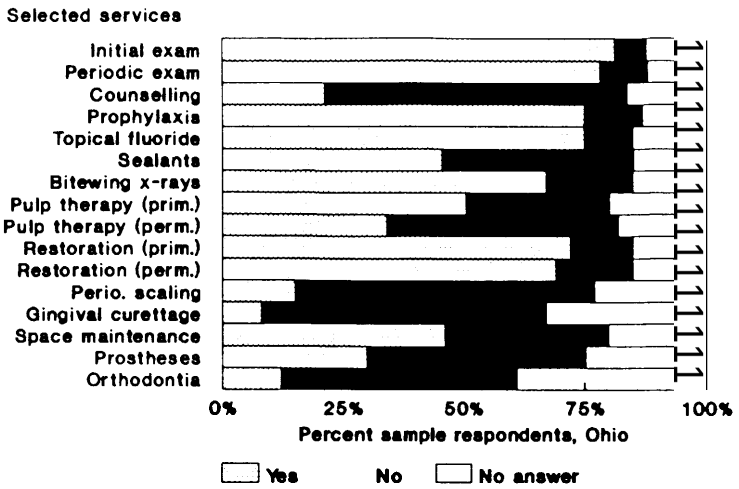
SOURCE: Office of Technology Assessment, 1990.

Figure D-44—Responses to Questions About Selected Services, Ohio

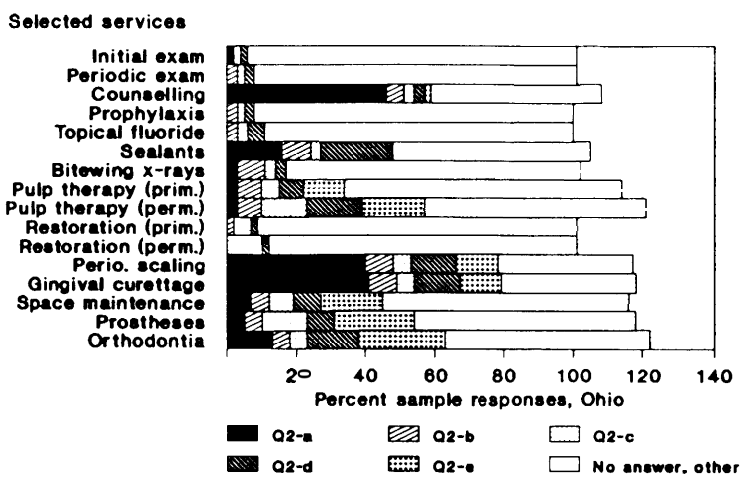
Questions and Responses About Selected Services



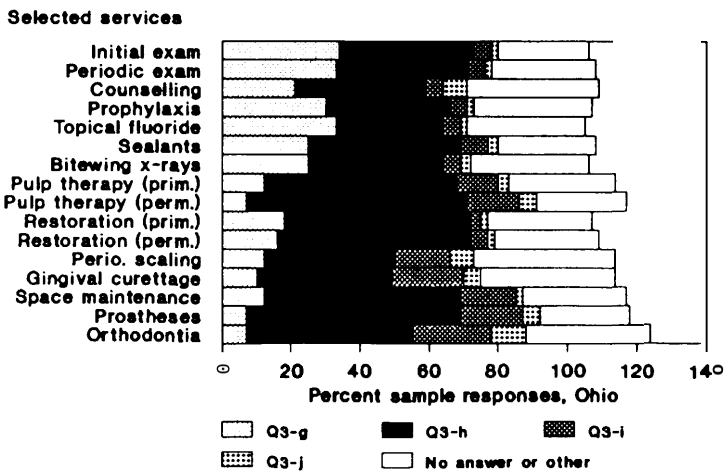
Survey Question



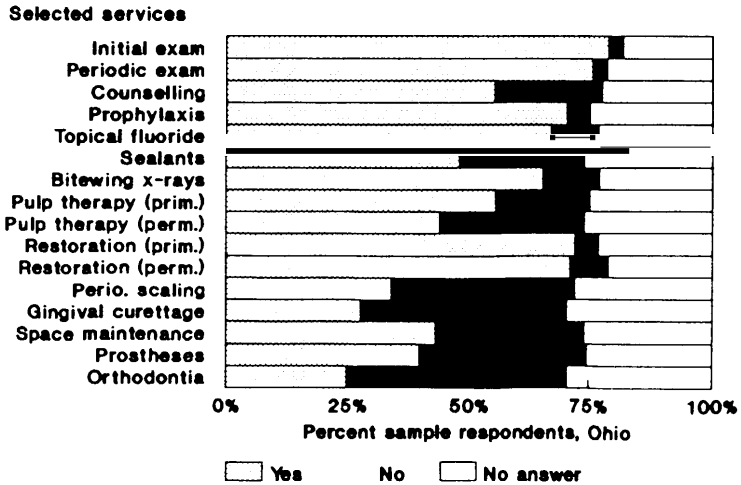
Survey Question 2



Survey Question 3



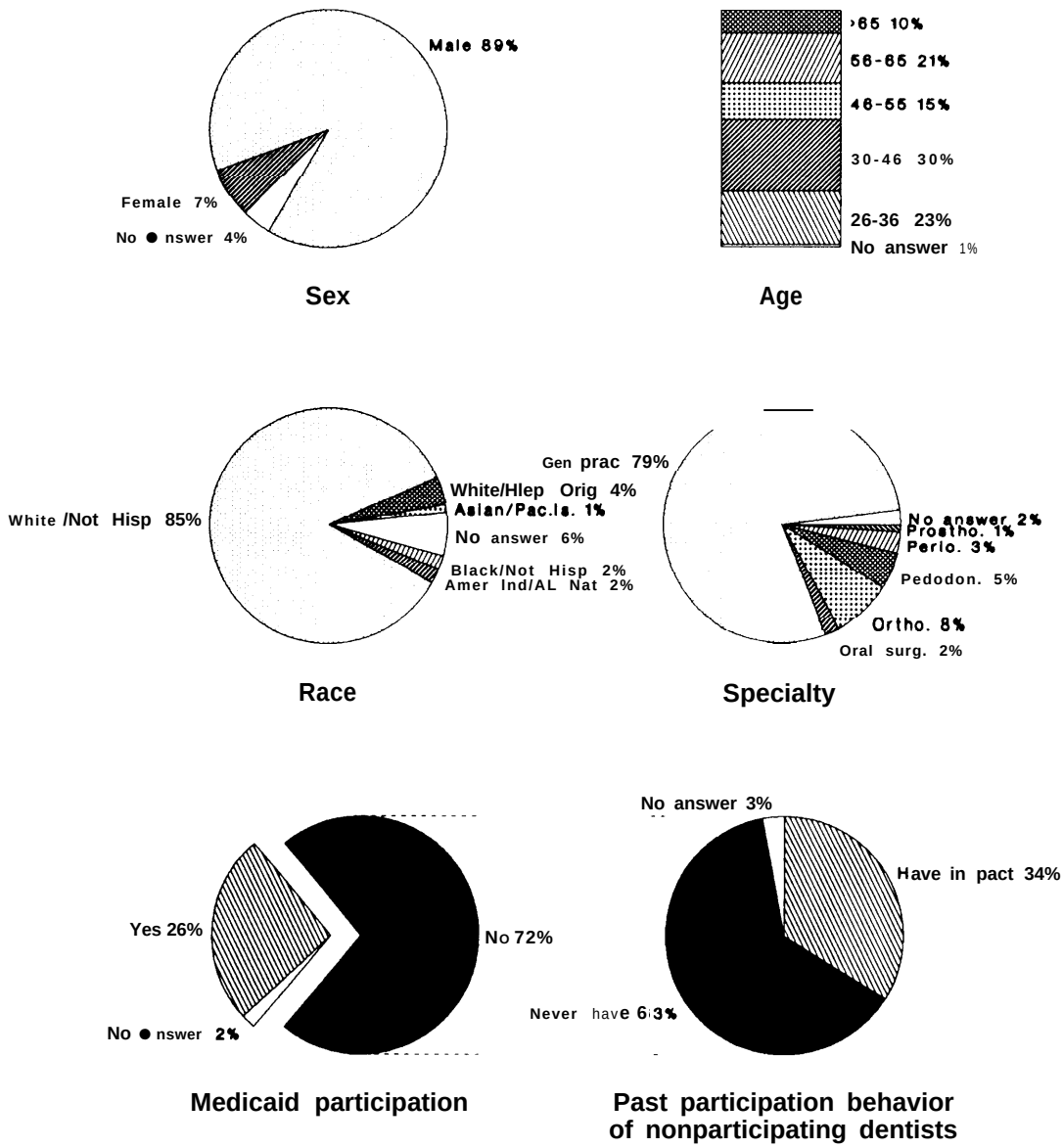
Survey Question 4



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

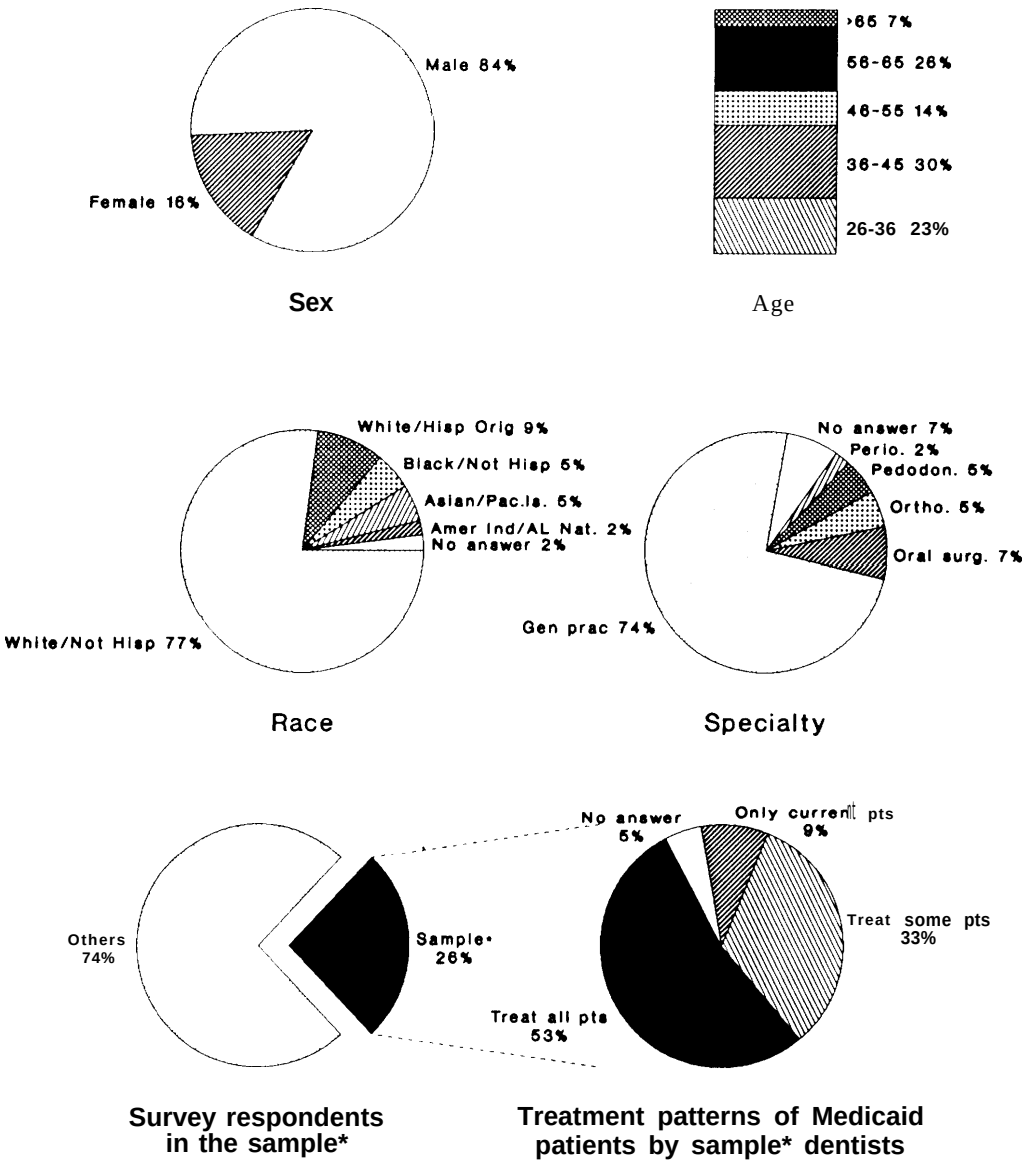
Figure D-45-Information About Survey Respondents, Texas



KEY: Race: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-46-Information About a Sam plea of Respondents, Texas



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.
[a]The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.
SOURCE: Office of Technology Assessment, 1990.

Figure D-47—Opinions About Medicaid Dental Programs, Texas

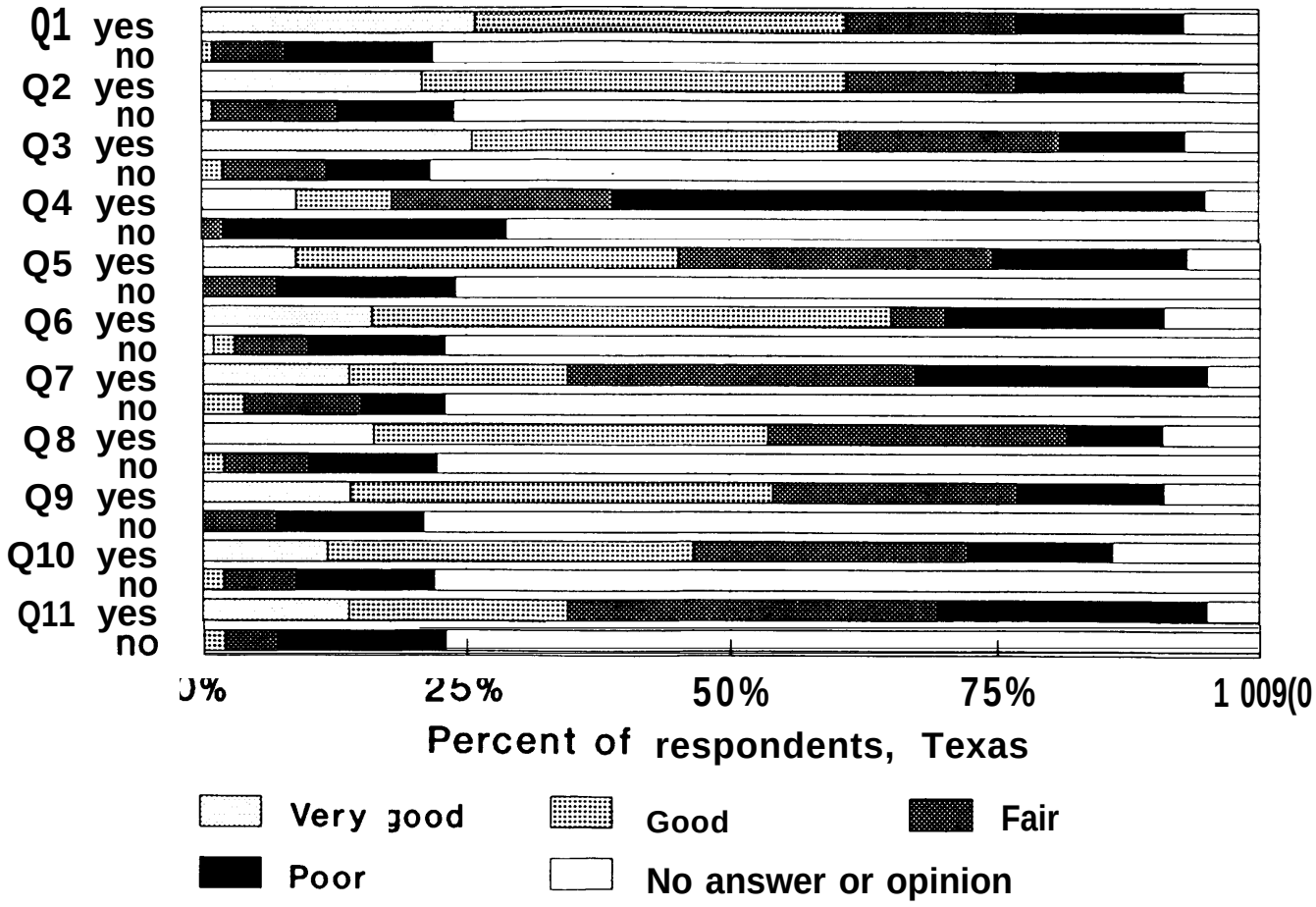
Opinions of Surveyed Dentists on Certain Aspects of the Medicaid Dental Program in Their State:

1. Timeliness of payment for submitted claims
2. Communication of requirements
3. Format of billing forms
4. Reimbursement levels for covered services
5. Criteria upon which payment or denial of claims are based
6. Consistency of payment or denial of claims
7. Selection of covered services
8. Selection of services requiring prior authorization
9. Process for receiving prior authorization
10. Criteria for approval or denial of prior authorization
11. Conformity with community standards of practice

Responses of Both Those Dentists who Participate in Medicaid and Those Who Do Not.

Texas

Survey questions by Medicaid participation



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic origin; White/Hispanic origin; White/not Hispanic origin.
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

SOURCE: Office of Technology Assessment, 1990.

Figure D-48—Responses to Questions About Selected Services, Texas

Questions and Responses About Selected Services

Question 1:

Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?

Question 2:

For each service you responded "no" to in Q1, please indicate any or all of the possible reasons (a-e below).

- Q2a=service is not covered
- Q2b=service is not allowed frequently enough
- Q2c=benefit excludes use of appropriate materials
- Q2d=circumstances allowing service are too narrow
- Q2e=prior authorization is difficult to obtain

Question 3:

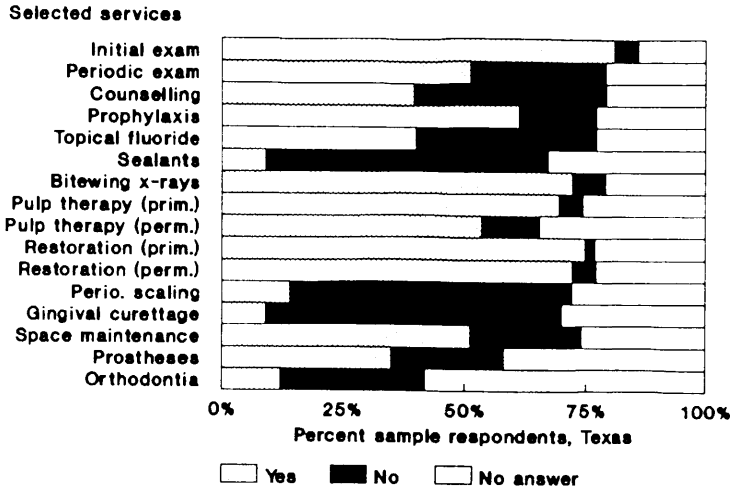
For each service, do you feel that any other difficulties (such as h-j) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

- Q3g=no
- Q3h=yes, Medicaid reimbursement for this service is insufficient
- Q3i=yes, the administrative process for this service is particularly burdensome
- Q3j=yes, Medicaid requirements regarding this service were not clearly communicated

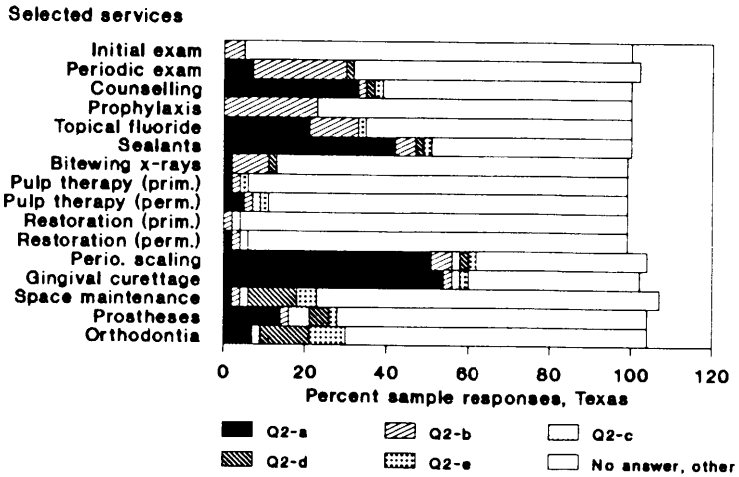
Question 4:

For each service, do you feel that young Medicaid patients in your practice receive the same intensity of care as other young patients in your practice?

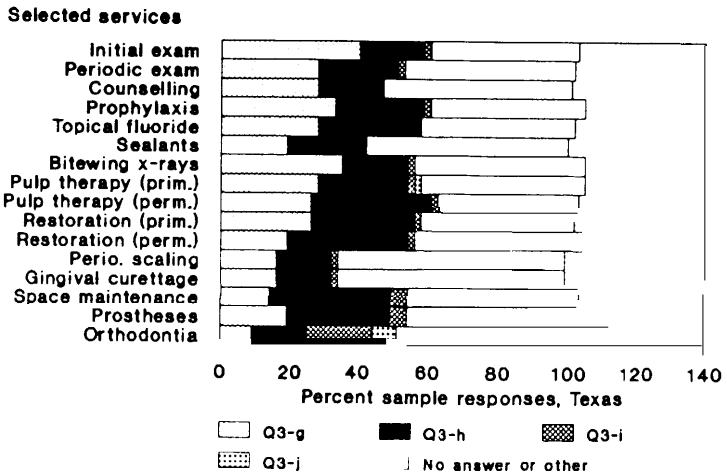
Survey Question 1



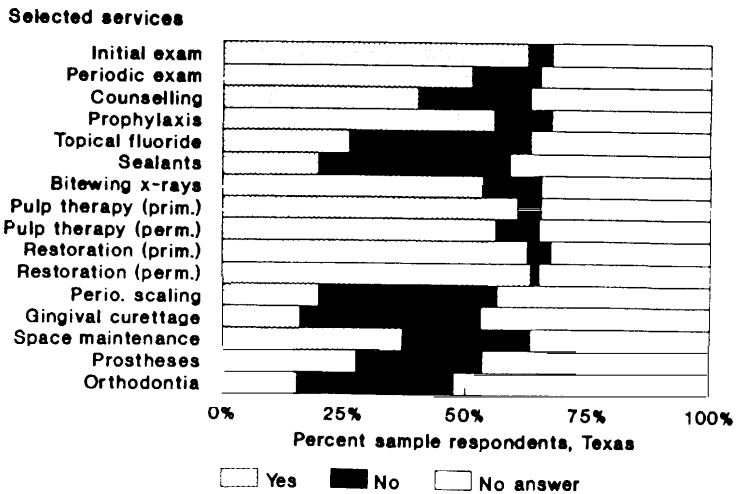
Survey Question 2



Survey Question 3



Survey Question 4



KEY: *Race*: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/not Hispanic W /H W an
Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); od cs ros od ics

SOURCE: Office of Technology Assessment, 1990.