

The narrow focus and exploratory nature of this study shaped its method; basically, a sample of States was selected and their Medicaid manuals compared to a list of basic dental services, or “core components. To ensure context and depth, however, another of the study’s elements was added; specifically, identifying other factors, or ‘barriers,’ that restrict or inhibit eligible children from receiving the dental care to which they are entitled. Two methods were employed to identify these barriers: a workshop attended by State representatives and others, and a survey of dentists in the sample States.

State Sample

The study focuses on a sample of seven States: California, New York, Michigan, Ohio, Mississippi, Texas, and Nevada (see table 2). The sample was chosen based on State Medicaid characteristics (e.g., the number of Medicaid beneficiaries, the number of dependent children under 21, and the resources devoted to the program). Although no two Medicaid programs are the same, the sample provides examples of a range of programs, by size and resources. Almost half (45 percent) of Medicaid’s total payments are represented in the sample as well as 43 percent of dependent children under 21 enrolled in the program nationwide. (Nonetheless, the programs in these States cannot be mistaken as representative of the country as a whole.)

Each State’s dental provider manual for its Medicaid program defines the dental services it allows under the program. These manuals were collected from each sample State to discern whether each State pays for basic dental services provided to children.

Core Components

For the purposes of this study, “basic dental services” are defined as a set of services shared by various dental care guidelines (see app. A), including those suggested by the Health Care Financing Administration (HCFA), the Public Health Service (PHS), and the American Dental Association (ADA). In all instances, the most minimal aspect of a shared component was selected (e.g., that a child should receive an annual exam, rather than exams twice a year) since the rationale behind compiling a com-

mon set of components is that such a set would represent the core of a set of dental services that any child should receive. The purpose for compiling this set was to have a reference against which the level of care provided for by State Medicaid programs could be compared, and not to design an optimal dental care program. Further, the set of core components is not an assessment of medical necessity by OTA. But, a wide review of the set by experts in the field indicated general acceptance of these core components as “basic dental services” within the scope of this study.

Comparison of Core Components to State Medicaid Manuals

Each State’s provider manual was compared to the set of core components to evaluate whether the State was providing for “basic dental care.” The findings of this comparison are presented below. The draft comparison was sent to State Medicaid officials in each State for their review.

Workshop on Other Barriers to Care

Although beyond the narrow scope of this study, there are other factors that affect the delivery of dental care to children under Medicaid. OTA held a workshop on September 22, 1989, to identify some of these barriers to care (see app. B for the list of participants). People representing the Medicaid program and the dental providers in each sample State highlighted barriers in their State environment; although some issues discussed were specific to a particular State, there appear to be categories of problems shared by most States (including low reimbursement levels, low provider participation rates, and high administrative burden associated with participating in the program). Others attending the workshop, representing the Federal Government and groups interested in oral health, echoed these concerns during the meeting. Chapter 4 considers the outcome of this workshop in more depth.

Survey of Dentists

The comparison of the core components and the State manuals assessed the level of dental care offered by each State. The workshop identified a number of issues viewed by officials at the State-

Table 2—information About Sample States, 1986

State	All Medicaid Payments (Smill) [% of us]		All Medicaid Beneficiaries [x of us]	EPSDT Eligible Children (1987) [% of Beneficiaries]	Dependent Kids Under 21 (1986) [% of Beneficiaries]	Payments: Dependent Kids Under 21 (Smill) [% of Beneficiaries]	All Medicaid Dental Services (\$thous)	Percent of Total Payments for Dental Services
California	%,&05	[11%]	2,466,100 [11X]	1,664,622 [68%]	1,375,980 [56%]	\$585 [13%]	\$84,913	2x
Michigan	1,768	[4]	1,119,724 [5]	587,530 [52]	625,516 [56]	290 [16]	29,658	2
Mississippi	317	[1]	318,871 [1]	177,106 [56]	126,920 [40]	38 [12]	6,602	2
Nevada	79	[0]	32,545 [0]	12,130 [37]	13,122 [40]	7 [9]	1,446	2
New York	8,223	[20]	2,322,628 [10]	971,691 [42]	989,349 [43]	685 [8]	97,312	1
Ohio	2,050	[5]	1,078,851 [5]	516,198 [48]	574,811 [53]	670 [33]	28,165	1
Texas	1,628	[4]	878,985 [4]	372,639 [42]	369,634 [42]	in [11]	14,389	1
Sample Total: % of US Total	\$18,470 45%		8,217,704 36%	4,301,916 45%	4,075,332 43%	\$2,447 48%	\$262,485 49%	1%

State	Eligibility for AFDC ^a family of 3 (1987)	AFDC Eligibility Threshold as % of Federal poverty level (\$9,300)	Federal match % (1986)	CN or CN/MN ^b	Age 18 or 21?	Dental Services for all Medicaid? ^c	Dental Services for all Medicaid children? ^d	Dental Services for EPSDT only?
California	\$7,596	81.7%	50.00%	CN/MN	21	Y	Y	N
Michigan	6,480	69.7	56.79	CN/HN	21	N	NS	US
Mississippi	4,416	47.5	78.42	CN	18	N	N	Y
Nevada	3,420	36.8	50.00	CN	21	N	Y	N
New York	5,964	64.1	50.00	CN/MN	21	Y	Y	N
Ohio	3,708	39.9	58.30	CN	21	Y	Y	N
Texas	2,208	23.7	53.56	CN/MN	21	N	US	US

^aAFDC: Aid to Families with Dependent Children

^bCN/MN: Categorically Needy or Medically Needy

^cExcluding regular programs based primarily on emergency care.

^dEnrollment in EPSDT is not required for any Medicaid-eligible child under 18 or 21 in order to receive services.

SOURCES: U.S. Congress, House of Representatives, Committee on Energy and Commerce, Subcommittee on Health and the Environment, *Medicaid Source Book: Background Data and Analysis*, prepared by the Congressional Research Service, Committee Print 100-AA (Washington, DC: U.S. Government Printing Office, 1988); and State Medicaid manuals.

level to be barriers to dental care. The beneficiary/recipient's perspective would have completed the picture regarding the dental care they receive under the Medicaid program. Instead, as a more feasible approach, OTA surveyed dental providers directly; 10 percent (20 percent in both Mississippi and Nevada due to their small population size) of private

practice dentists in each sample State are included. The random sample of dentists, provided by the American Dental Association, was selected from a list of all private practice dentists (not only ADA members). See appendix D for the survey instrument and results.