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<td>D-34. Information About Sample of Respondents, Nevada</td>
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<td>D-37. Information About Survey Respondents, New York</td>
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</tr>
<tr>
<td>D-48. Responses to Questions About Selected Services, Texas</td>
<td>124</td>
</tr>
</tbody>
</table>
Section I. Background

1. Please check or fill in the blank:
   a. Sex: [ ] Male [ ] Female
   b. Age:
      [ ] 0-25 [ ] 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, 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?

3. Including yourself, how many positions make up your practice:
   Full-time
   Part-time

4. Do you treat children
   [ ] Yes, I treat
   [ ] No, my practice

5. What is the age of your youngest patients?

NOTE: If you do not treat children under 18, you do not need to complete sections II through IV. However, we do need to receive this 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 187 (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 circling 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 j 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 administrative 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
   k. 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
<table>
<thead>
<tr>
<th>Selected services:</th>
<th>Ques. 1: (Y, N, or O)</th>
<th>Ques. 2: (a thru f)</th>
<th>Ques. 3: (g thru k)</th>
<th>Ques. 4: (Y or N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial oral exam</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>Periodic oral exam</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>Counsel child and parent on self care (oral hygiene, reduce cariogenic food, etc.)</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>Preventive care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Prophylaxis</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Application of topical fluoride</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Application of pit and fissure sealants</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Posterior bitewings (e.g., every 12-24 months for primary and transitional dentition and every 18-36 months for permanent dentition)</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>Therapeutic care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pulp therapy (primary teeth)</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Pulp therapy (permanent teeth)</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Restoration of carious lesions for primary teeth</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Restoration of carious lesions for permanent teeth</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Periodontal scaling and root planing (ADA Code 0434)</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Gingival curettage (ADA Code 04220)</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h i j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Provide space maintainers for posterior primary teeth which are lost prematurely</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Provide removable prosthesis when mastication function is impaired or the existing prosthesis is unserviceable</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h j k</td>
<td>Y N</td>
</tr>
<tr>
<td>- Provide medically necessary orthodontic treatment to correct handicapping malocclusion</td>
<td>Y N O</td>
<td>a b c d e f</td>
<td>g h k</td>
<td>Y N</td>
</tr>
</tbody>
</table>
Section IV. Additional Comments

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

1. Background Information -- Additional Comments
   a. 
   b. 
   c. 
   d. 

2. 
3. 
4. 
5. 
6. 
7. 
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.
<table>
<thead>
<tr>
<th>1.</th>
<th>Ques. 2: f. other</th>
<th>Ques. 3: k. other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. and 3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- initial oral exam</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- periodic oral exam</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- counsel child and parent on self care (oral hygiene, reduce cariogenic food, etc.)</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- prophylaxis</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- topical fluoride</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- pit and fissure sealants</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- posterior bitewings</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- provide pulp therapy for primary teeth</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- pulp therapy for permanent teeth</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- restoration of carious Lesions for primary teeth</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- restoration of carious lesions for permanent teeth</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- Periodontal scaling and root planing (ADA Code 04341)</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- gingival curettage (ADA Code 04220)</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- provide space maintainers for posterior primary teeth which are lost prematurely</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- provide removable prosthesis when mastication function is impaired or the existing prosthesis is unserviceable</td>
<td>f.</td>
<td>k.</td>
</tr>
<tr>
<td>- provide medically necessary orthodontic treatment to correct handicapping malocclusion</td>
<td>f.</td>
<td>k.</td>
</tr>
</tbody>
</table>
Additional Comments about the Survey in General:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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

Sex of Survey Respondents, by State

Age of Survey Respondents, by State

Race of Survey Respondents, by State

Specialties of Respondents, by State

Legend:
- No answer
- Male
- Female

Legend:
- White/not Hispanic origin
- Black/Hispanic origin
- White/Hispanic origin
- Asian/Pacific Islander
- Black/not Hispanic origin
- American Indian/Alaska Native

Legend:
- No answer
- Oral surgery
- Periodontics
- General practice
- Orthodontics
- Prosthodontics
- Endodontics
- Pediatric dentistry
Medicaid Participation of Respondents

<table>
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<tr>
<th>State</th>
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<th>25%</th>
<th>50%</th>
<th>75%</th>
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<tr>
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<td>Nevada</td>
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<td>Texas</td>
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</tbody>
</table>

Percent of respondents, by State

- No answer
- Do not participate
- Accept Medicaid

Past Participation Behavior of Nonparticipating Dentists

<table>
<thead>
<tr>
<th>State</th>
<th>0%</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
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<td>Michigan</td>
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<td>Nevada</td>
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<td>New York</td>
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<td>Texas</td>
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</tbody>
</table>

Percent of Nonparticipating respondents

- No answer
- Never have
- Have in past

- Those dentists not participating in the Medicaid Program.

Treatment Patterns of Medicaid Patients by Participating Dentists

<table>
<thead>
<tr>
<th>State</th>
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<th>25%</th>
<th>50%</th>
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<td>Texas</td>
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</table>

Percent of sample, by State

- No answer
- Treat all
- Treat some
- Only current pts
- Emergency only

Response Rate of Surveyed Dentists

<table>
<thead>
<tr>
<th>State</th>
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<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
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<td>Mississippi</td>
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<td>Ohio</td>
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<tr>
<td>Texas</td>
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</tbody>
</table>

Percent of surveyed dentists in State

- Sample
- Respondents

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

Sex of Survey Sample, by State

Age of Survey Sample, by State

Race of Survey Sample, by State

Specialties of Survey Sample, by State

---

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

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

Timeliness of Payment for Submitted Claims (Q1)

Communication of Requirements (Q2)

Format of Billing Forms (Q3)

Reimbursement Level for Covered Services (Q4)

Appendix D-Survey Instrument
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 of Questions About Selected Services: Initial Oral Exam

Questions and Responses About Selected Services

<table>
<thead>
<tr>
<th>Question 1:</th>
<th>Question 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?</td>
<td>For each service you responded &quot;no&quot; to in Q1, please indicate any or a of the possible reasons (a-e below):</td>
</tr>
<tr>
<td>Q3g=no</td>
<td>Q2a-service is not covered</td>
</tr>
<tr>
<td>Q3h=yes, Medicaid reimbursement for this service is insufficient</td>
<td>Q2b-service is not allowed frequently enough</td>
</tr>
<tr>
<td>Q3i=yes, the administrative process for this service is particularly burdensome</td>
<td>Q2c-benefit excludes use of appropriate materials</td>
</tr>
<tr>
<td>Q3j=yes, Medicaid requirements regarding this service were not clearly communicated</td>
<td>Q2d-circumstances allowing service are too narrow</td>
</tr>
<tr>
<td>Q2e=prior authorization is difficult to obtain</td>
<td>Q2f=</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 3:</th>
<th>Question 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>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?</td>
</tr>
</tbody>
</table>
Appendix D: Survey Instrument
Questions and Responses About Selected Services

**Question 1:**
Do you feel Medicaid does not 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?

- Q3a: no
- Q3b: yes, Medicaid reimbursement for this service is insufficient
- Q3c: yes, the administrative process for this service is particularly burdensome
- Q3d: 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 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 4:**
For each service, do you feel that young Medicaid patients receive the same intensity of care as other young patients in your practice?
Appendix D: Survey Instrument

Periodic Ora Exam

Percent of responses to Question 1

Percent of responses to Question 2

Percent of responses to Question 3

Percent of responses to Question 4

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 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?

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 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?
Counsel Child and Parent on Special Care

Percent of responses to Question 1
- Yes
- No
- No answer

Percent of responses to Question 2
- Q2-a
- Q2-b
- Q2-c
- Q2-d
- Q2-e
- No answer or other

Percent of responses to Question 3
- Q3-a
- Q3-b
- Q3-c
- Q3-d
- Q3-e
- No answer or other

Percent of responses to Question 4
- Yes
- No
- No answer

Table D-8—Responses to Questions About Selected Services

<table>
<thead>
<tr>
<th>Question 1:</th>
<th>Question 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?</td>
<td>For each service you responded &quot;no&quot; to in Q1, please indicate any or all of the possible reasons (a-e below).</td>
</tr>
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<td><strong>Question 3:</strong></td>
<td><strong>Question 4:</strong></td>
</tr>
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<td>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?</td>
<td>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?</td>
</tr>
</tbody>
</table>

- 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

- 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
Appendix D. Survey Instrument.

Prophylaxis

Percent of responses to Question 1
- Yes
- No
- No answer

Percent of responses to Question 2
- Q2-a
- Q2-b
- Q2-c
- Q2-d
- Q2-e
- No answer or other

Percent of responses to Question 3
- Q3-a
- Q3-b
- Q3-c
- Q3-d
- Q3-e
- No answer or other

### Questions and Responses About Selected Services

<table>
<thead>
<tr>
<th><strong>Question 1:</strong></th>
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<td>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?</td>
<td>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?</td>
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</tbody>
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- **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

- **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
Application - Topical Fluoride

Percent of responses to Question 1

- Yes
- No
- No answer

Percent of responses to Question 2

- Q2-a
- Q2-b
- Q2-c
- Q2-d
- Q2-e
- No answer or other

Percent of responses to Question 3

- Q3-a
- Q3-b
- Q3-c
- Q3-d
- Q3-e
- No answer or other

Percent of responses to Question 4

- Yes
- No
- No answer

SOURCE: Office of Technology Assessment.
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 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 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 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?
Questions and Responses About Selectable 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 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?
Appendix D: Survey Instrument

Posterior Bitewings

- California
- Michigan
- Mississippi
- Nevada
- New York
- Ohio
- Texas

Percent of responses to Question 1

Yes □ No □ No answer □

Percent of responses to Question 2

Q2-a □ Q2-b □ Q2-c □
Q2-d □ Q2-e □ No answer or other

Percent of responses to Question 3

Q3-a □ Q3-b □ Q3-c □
Q3-d □ Q3-e □ No answer or other

Percent of responses to Question 4

Yes □ No □ No answer □

---

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

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 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?

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 frequently 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?
Appendix D—Survey Instrument

Pulp Therapy (Primary 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 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 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 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?
Figure D-14—Responses to Questions About Selected Services: Restoration of Carious Lesions for Primary 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 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?

**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 frequently 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?
Appendix D - Survey Instrument

Restoration of Carious Lesions for Primary Teeth

Percent of responses to Question 1

- Yes
- No
- No answer

Percent of responses to Question 2

- Q2-a
- Q2-b
- Q2-c
- Q2-d
- Q2-e
- No answer or other

Percent of responses to Question 3

- Q3-a
- Q3-b
- Q3-c
- Q3-d
- Q3-e
- No answer or other

Percent of responses to Question 4

- Yes
- No
- No answer

Questions and Responses About Selected Services

Question 1:
Do you feel Medicaid owes 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?

- Q3a: No
- Q3b: Yes, Medicaid reimbursement for this service is insufficient
- Q3c: Yes, the administrative process for this service is particularly burdensome
- Q3d: 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?
Appendix D—Survey Instrument

Restoration of Carious Lesions for Permanent Teeth

Percent of responses to Question 1

<table>
<thead>
<tr>
<th>State</th>
<th>Yes</th>
<th>No</th>
<th>No answer</th>
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</table>

Percent responses to Question 2

<table>
<thead>
<tr>
<th>Question</th>
<th>Q2-a</th>
<th>Q2-b</th>
<th>Q2-c</th>
<th>Q2-d</th>
<th>Q2-e</th>
<th>No answer or other</th>
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</table>

Percent responses to Question 3

<table>
<thead>
<tr>
<th>Question</th>
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<th>Q3-h</th>
<th>Q3-i</th>
<th>No answer or other</th>
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Percent responses to Question 4

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>No answer</th>
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<td>Texas</td>
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</table>

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 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?

**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 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?
### 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-i) significantly compound the problem, if any, of providing that service appropriately to your young Medicaid patients?

- Q3a. No
- Q3b. Yes, Medicaid reimbursement for this service is insufficient
- Q3c. Yes, the administrative process for this service is particularly burdensome
- Q3d. 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?
Figure D-18—Responses to Questions About Selected Services: Space Maintenance

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?
Space Maintenance

Appendix D - Survey Instrument

aProvide space maintainers for posterior primary teeth which are lost prematurely.

## 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?

- **Q3a**: No
- **Q3b**: Yes, Medicaid reimbursement for this service is insufficient
- **Q3c**: Yes, the administrative process for this service is particularly burdensome
- **Q3d**: 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?
Removable Prosthesis

Appendix D: Survey Instrument
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 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?

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 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

Percent of responses to Question

- Yes
- No
- No answer

Percent of responses to Question 2

- Q2-a
- Q2-b
- Q2-c
- Q2-d
- Q2-e
- No answer or other

Percent of responses to Question 3

- Q3-a
- Q3-b
- Q3-c
- Q3-d
- Q3-e
- No answer or other

Percent of responses to Question 4

- Yes
- No
- No answer

*Provide medically necessary orthodontic treatment to correct malocclusion.

Figure D-21—Information About Survey Respondents, California

**Sex**
- Male 90%
- Female 7%
- No answer 3%

**Age**
- 26-35 21%
- 36-45 32%
- 46-55 27%
- 56-65 13%
- 65-75 5%
- No answer 1%

**Race**
- White/Not Hispanic 75%
- White/Hisp. Orig 3%
- Asian/Pac.Is. 14%
- No answer 8%

**Specialty**
- Gen prac 81%
- Endodontics 4%
- Oral surg. 4%
- Ortho. 4%
- Perio. 2%
- Prosth. 2%
- No answer 11%

**Medicaid participation**
- Yes 40%
- No 68%
- No answer 2%

**Past participation behavior of nonparticipating dentists**
- Never have 27%
- Have in past 70%
- No answer 3%

**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 of Respondents, California

Sex

- Male 83%
- Female 13%
- No answer 4%

Age

- 45-65 85%
- 66-67 13%
- 45-66 28%
- 66-67 32%
- 26-36 23%
- No answer 2%

Race

- Asian/Pacific Islander 20%
- White/Not Hispanic 67%
- Black/Not Hispanic 1%
- No answer 8%

Specialty

- General practice 84%
- Prosthodontics 1%
- Orthodontics 4%
- Pediatric dentistry 5%
- Oral surgery 5%
- Other 1%

Survey respondents in the sample

- Others 61%
- Sample 39%

Treatment patterns of Medicaid patients by sample of dentists

- Treat some pts 33%
- Treat III pts 22%
- No or new 1%


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; Pediatric dentistry; Periodontics; Prosthodontics.
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

Q1 yes
Q1 no
Q2 yes
Q2 no
Q3 yes
Q3 no
Q4 yes
Q4 no
Q5 yes
Q5 no
Q6 yes
Q6 no
Q7 yes
Q7 no
Q8 yes
Q8 no
Q9 yes
Q9 no
Q10 yes
Q10 no
Q11 yes
Q11 no

Percent of respondents, California

Very good
Good
Fair
Poor
No answer or opinion

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.

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 of the possible responses 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?

- Q3a. No
- Q3b. Yes, Medicaid reimbursement for this service is insufficient
- Q3c. Yes, the administrative process for this service is particularly burdensome
- Q3d. 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?
Appendix D: Survey Instrument

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.

Figure D-25—Information About Survey Respondents, Michigan

**Race**
- White/Not Hispanic: 87%
- Black/Hispanic Origin: 3%
- Black/Not Hispanic: 1%
- American Indian/Alaskan Native: 1%
- Other: 8%

**Specialty**
- General Practice: 88%
- Periodontics: 2%
- Pediatric Dentistry: 2%
- Orthodontics: 3%
- Oral Surgery: 3%
- Endodontics: 2%

**Sex**
- Male: 69%
- Female: 31%

**Age**
- Under 26: 21%
- 26-35: 36%
- 36-45: 22%
- 46-55: 16%
- 56-65: 6%

**Medicaid Participation**
- Yes: 51%
- No: 49%

**Past Participation Behavior of Nonparticipating Dentists**
- Never: 27%
- No n. war: 2%
- Have in past: 71%

**Key:**
- Race: American Indian/Alaskan 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-26 - Information About a Sample of Respondents, Michigan

**Sex**
- Male 88%
- Female 6%
- No answer 8%

**Age**
- 28-36: 24%
- 36-45: 18%
- 48-66: 18%
- 68-86: 17%
- 86+: 6%

**Race**
- White/Not Hispanic 88%
- Black/Not Hispanic 3%
- Black/Hispanic 1%
- Amer Ind/AL Nat. 1%
- No answer 7%
- Others 49%

**Specialty**
- General practice 38%
- Oral surg. 8%
- Ortho. 3%
- Pedodontics 8%
- No answer 6%
- Only our rent pts 28%
- Treat all pts 32%
- Sample 61%
- Emergency only 6%
- Tr. at sore. pt. 3

**Survey respondents in the sample**
- The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.

**Treatment patterns of Medicaid patients by sample dentists**

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

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

1. Imeliness 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 Medicaid participation

<table>
<thead>
<tr>
<th>Q1 yes</th>
<th>Q2 yes</th>
<th>Q3 yes</th>
<th>Q4 yes</th>
<th>Q5 yes</th>
<th>Q6 yes</th>
<th>Q7 yes</th>
<th>Q8 yes</th>
<th>Q9 yes</th>
<th>Q10 yes</th>
<th>Q11 yes</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Percent of respondents, Michigan

- Very good
- Good
- Fair
- Poor
- No answer or opinion

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.

### 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 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?
Figure D-29—Information About Survey Respondents, Mississippi

Sex

- Male 91%
- Female 5%
- No answer 5%

Age

- 65 12%
- 66-66 17%
- 46-66 29%
- 36-46 26%
- 26-36 17%

Race

- White/not Hisp 88%
- Black/not Hisp 7%
- No answer 5%

Specialty

- Gen prac 84%
- No o newer 2%
- Perio. 2%
- Pedodon. 7%
- Oral surg. 5%

Medicaid participation

- Yea 84%
- No 14%

Past participation behavior of nonparticipating dentists

- Never have 60%
- Have in past 60%

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.

Figure D-30—Information About a Sample of Respondents, Mississippi

Sex

- Male 88%
- Female 6%
- No answer 6%

Age

- 26-36 20%
- 36-45 29%
- 46-55 31%
- 56-65 11%
- 65+ 9%

Race

- White/Not Hispanic 88%
- Black/Not Hispanic 9%
- Black/Hispanic origin 17%
- Other 3%

Specialty

- General practice 82%
- Periodontics 3%
- Oral surgery 6%
- Endodontics 83%
- Other 17%
- Prosthodontics
- Pedodontics (Pediatric dentistry)
- Prosthodontics

Survey respondents in the sample:

- Treat all pts 80%
- Treat some pts 14%
- Only current pts 3%
- Emergency only

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.

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

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

Q1 yes no
Q2 yes no
Q3 yes no
Q4 yes no
Q5 yes no
Q6 yes no
Q7 yes no
Q8 yes no
Q9 yes no
Q10 yes no
Q11 yes no

Percent of respondents, Mississippi

Very good Good Fair Poor No answer or opinion

KEY: Race: American Indian/Alaska Native; Asian/Pacific Islander; Black/Hispanic origin; Black/non-Hispanic origin; White/Hispanic origin; White/non-Hispanic origin; Specialty: Endodontics; General practice; Oral surgery; Orthodontics; Pedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

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 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 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 frequently 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?
Survey Question 1

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Percent sample respondents, Mississippi

[Bar chart showing response rates for each service]

Yes  No  No answer

Survey Question 2

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Percent sample responses, Mississippi

Q2-a  Q2-b  Q2-c  Q2-d  Q2-e  No answer other

Survey Question 3

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Percent sample responses, Mississippi

Q3-a  Q3-b  Q3-c  Q3-d  Q3-e  Q3-f  No answer or other

Survey Question 4

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Percent sample respondents, Mississippi

Yes  No  No answer

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.

Figure D-33-Information About Survey Respondents, Nevada

Sex

- Male: 94%
- Female: 3%
- No answer: 3%

Age

- 26-35: 31%
- 36-46: 62%
- 46-66: 7%
- 66-96: 10%

Race

- White/Not Hispanic: 66%
- Black/Not Hispanic: 3%
- No answer: 7%
- Other: 3%

Specialty

- General practice: 66%
- Oral surgery: 7%
- Orthodontics: 7%
- Pediatric dentistry: 17%
- Endodontics: 3%

Medicaid participation

- Yes: 69%
- No: 31%
- Never have: 67%

Past participation behavior of nonparticipating 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; Pediatric dentistry; Periodontology; Prosthodontics.  

Figure D-34—Information About a Sample of Respondents, Nevada

Sex
- Male: 96%
- No answer: 6%

Age
- 35-45: 80%
- 45-55: 30%
- 55-65: 10%

Race
- Black/Not Hispanic: 5%
- White/Hispanic: 5%
- White/Not Hispanic: 55%
- No answer: 6%

Specialty
- Gen. Practitioner: 80%
- Orthodontics: 10%
- Oral Surgery: 10%
- Pedodontics: 20%

Survey respondents in the sample:
- Other: 31%
- Sample: 69%
- Treat all pts: 66%
- Treat some pts: 35%

Treatment patterns of Medicaid patients by sample dentists:
- Emergency only: 5%
- Only current pts: 5%
- Treat some pts: 35%
- Treat all pts: 66%

KEY:
- American Indian/Alaska Native
- Asian/Pacific Islander
- Black/Not Hispanic origin
- Black/Hispanic origin
- White/Not Hispanic origin
- White/Hispanic origin

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

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

Q1 yes no
Q2 yes no
Q3 yes no
Q4 yes no
Q5 yes no
Q6 yes no
Q7 yes no
Q8 yes no
Q9 yes no
Q10 yes no
Q11 yes no

Percent of respondents, Nevada

Very good Good Fair Poor No answer or opinion

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; Paedodontics (Pediatric dentistry); Periodontics; Prosthodontics.

## 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?

<table>
<thead>
<tr>
<th>Question 3:</th>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q3g=no</td>
</tr>
<tr>
<td></td>
<td>Q3h=yes, Medicaid reimbursement for this service is insufficient</td>
</tr>
<tr>
<td></td>
<td>Q3i=yes, the administrative process for this service is particularly burdensome</td>
</tr>
<tr>
<td></td>
<td>Q3j=yes, Medicaid requirements regarding this service were not clearly communicated</td>
</tr>
</tbody>
</table>

### 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 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?
Figure D-37—Information About Survey’s Respondents, New York

Sex

- Male 93%
- Female 6%
- No answer 1%

Age

- 85 12%
- 66-85 18%
- 48-65 22%
- 36-46 31%
- 26-35 16%
- No answer 1%

Race

- White/Not Hisp 83%
- White/Hisp Orig. 1%
- Amer Ind/Al. Nat. 1%
- Asian/Pac.Is. 4%
- No answer 11%

Specialty

- Gen prac 84%
- Prosth. 1%
- Perio. 3%
- Pedodont. 2%
- Ortho. 6%
- Oral surg. 4%
- Endodont. 1%

Medicaid participation

- Yes 42%
- No 68%

Past participation behavior of nonparticipating dentists

- Never 38%
- Have in past 61%

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.

Figure D-38—Information About a Sample* of Respondents, New York

**Sex**
- Male: 93% (93 individuals)
- Female: 8% (6 individuals)
- No answer: 1% (1 individual)

**Age**
- 26-35: 24% (24 individuals)
- 30-46: 20% (20 individuals)
- 46-55: 19% (19 individuals)
- 56-65: 19% (19 individuals)

**Race**
- White/Not Hispanic origin: 78% (78 individuals)
- Black/Not Hispanic origin: 1% (1 individual)
- Asian/Pacific Islander: 7% (7 individuals)
- Amer Ind/Al Native: 2% (2 individuals)
- No answer: 10% (10 individuals)

**Specialty**
- General practice: 79% (79 individuals)
- Oral surgery: 9% (9 individuals)
- Endodontics: 3% (3 individuals)
- Periodontics: 2% (2 individuals)
- Orthodontics: 1% (1 individual)
- Pediatric dentistry: 3% (3 individuals)

**Survey respondents in the sample**
- Sample: 40% (40 individuals)
- Treat all pts: 39% (39 individuals)
- Treat some pts: 28% (28 individuals)
- Only current pts: 28% (28 individuals)
- Emergency only: 2% (2 individuals)
- Others: 0% (0 individuals)

**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:** General practice, Oral surgery, Orthodontics, Pediatric dentistry, Periodontics, Prosthodontics.
- *The sample contains those dentists responding to the survey who treat Medicaid patients and children under age 18.

**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.
New York

Survey questions by Medicaid participation

Percent of respondents, New York

― Very good  ― Good  ― Fair  ― Poor  ― No answer or opinion

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.

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

**Questions and Responses About Selected Services**

<table>
<thead>
<tr>
<th>Question 1:</th>
<th>Question 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?</td>
<td>For each service you responded &quot;no&quot; to in Q1, please indicate any or all of the possible reasons (a–e below).</td>
</tr>
<tr>
<td>Question 3:</td>
<td>Q2a-service is not covered</td>
</tr>
<tr>
<td>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?</td>
<td>Q2b-service is not allowed frequently enough</td>
</tr>
<tr>
<td>Q3g=no</td>
<td>Q2c-benefit excludes use of appropriate materials</td>
</tr>
<tr>
<td>Q3h=yes, Medicaid reimbursement for this service is insufficient</td>
<td>Q2d-circumstances allowing service are too narrow</td>
</tr>
<tr>
<td>Q3i=yes, the administrative process for this service is particularly burdensome</td>
<td>Q2e-prior authorization is difficult to obtain</td>
</tr>
<tr>
<td>Q3j=yes, Medicaid requirements regarding this service were not clearly communicated</td>
<td>Question 4:</td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
</tbody>
</table>
Survey Question 1

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Survey Question 2

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Prosthetic scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Survey Question 3

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Survey Question 4

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

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.

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

Sex
- Male 92%
- Female 6%
- No newer 2%

Age
- 12-16 12%
- 16-26 24%
- 26-36 24%
- 38-46 33%
- 48-66 24%
- 66-86 12%

Race
- White/Not Hispanic 89%
- Amer Indian/Alaska Native 1%
- no answer 6%

Specialty
- General practice 85%
- Prosthodontics 1%
- Periodontics 4%
- Oral surgery 4%
- Pedodontics 2%
- Orthodontics 4%

Medicaid participation
- Yes 45%
- No 64%
- Never 67%

Past participation behavior of nonparticipating dentists
- Have in pat 43%

No answer 1%

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.

Figure D-42—Information About a Sample of Respondents, Ohio

**Sex**
- Male: 90%
- Female: 8%
- No answer: 2%

**Age**
- 36-45: 40%
- 46-66: 26%
- 68-76: 6%
- 68+: 2%
- 46-66: 25%

**Race**
- White/Not Hispanic: 84%
- Black/Not Hispanic: 6%
- Amer Ind/Aleut: 2%
- White/Hispanic: 2%
- No answer: 7%

**Gen prac**: 53%

**Specialty**
- General practice: 33%
- Oral surgery: 8%
- Prosthodontics: 2%
- Periodontics: 3%
- Orthodontics: 2%
- Endodontics: 2%
- Others: 56%

Survey respondents in the sample* 

Treatment patterns of Medicaid patients by sample* dentists

**KEY:**
- 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

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

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
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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

Q1 yes no
Q2 yes no
Q3 yes no
Q4 yes no
Q5 yes no
Q6 yes no
Q7 yes no
Q8 yes no
Q9 yes no
Q10 yes no
Q11 yes no

Percent of respondents, Ohio

Very good Good Fair Poor
No answer or opinion

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; Pediatric dentistry; periodontics; Prosthodontics.
**Questions and Responses About Selected Services**

<table>
<thead>
<tr>
<th>Question 1:</th>
<th>Question 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel Medicaid allows you to provide the following services as they are necessary to your young Medicaid patients under 18?</td>
<td>For each service you responded “no” to in Q1, please indicate any or all of the possible reason (a-e below).</td>
</tr>
<tr>
<td><strong>Question 3:</strong></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Q2a-service is no covered</td>
</tr>
<tr>
<td></td>
<td>Q2b-service is not allowed frequently enough</td>
</tr>
<tr>
<td></td>
<td>Q2c-benefit excludes use of appropriate materials</td>
</tr>
<tr>
<td></td>
<td>Q2d-circumstances allowing service are too narrow</td>
</tr>
<tr>
<td></td>
<td>Q2e-prior authorization is difficult to obtain</td>
</tr>
</tbody>
</table>

| Q3a-no | Q3b-yes, Medicaid reimbursement for this service is insufficient |
| Q3c-yes, the administrative process for this service is particularly burdensome |
| Q3d-yes, Medicaid requirements regarding this service were not clearly communicated |

<table>
<thead>
<tr>
<th>Question 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
</tbody>
</table>
Appendix D-Survey Instrument

Survey Question

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Percent sample respondents, Ohio

Yes ☐ No ☐ No answer ☐

Survey Question 2

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Percent sample responses, Ohio

Q2-a, Q2-b, Q2-c, Q2-d, Q2-e, No answer, other

Survey Question 3

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Percent sample responses, Ohio

Q3-a, Q3-b, Q3-c, Q3-d, Q3-e, No answer or other

Survey Question 4

Selected services
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

Percent sample respondents, Ohio

Yes ☐ No ☐ No answer ☐

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.

Figure D-45—Information About Survey Respondents, Texas

**Sex**
- Male 69%
- Female 7%
- No answer 4%

**Age**
- 0-14 10%
- 15-39 21%
- 40-54 15%
- 55-69 30%
- 70 and older 30%
- No answer 1%

**Race**
- White/Not Hispanic 85%
- Black/Not Hispanic 1%
- Asian/Pacific Islander 4%
- Amer Indian/Alaska Native 1%
- No answer 6%

**Specialty**
- General practice 79%
- Oral surgery 2%
- Orthodontics 8%
- Prosthodontics 1%
- Endodontics 3%
- No answer 5%

**Medicaid participation**
- Yes 26%
- No 72%
- No answer 2%

**Past participation behavior of nonparticipating dentists**
- Have in pact 34%
- Never have 63%
- No answer 3%

**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 Sample of Respondents, Texas

Sex
- Male: 84%
- Female: 16%

Age
- 46-55: 14%
- 36-45: 30%
- 26-36: 23%
- 66-75: 7%

Race
- White/Not Hispanic: 77%
- Black/Not Hispanic: 5%
- Asian/Pacific Islander: 5%
- American Indian/Alaska Native: 2%
- Amer Ind/Al Nat: 2%
- No answer: 7%

Specialty
- No answer: 7%
- General practice: 74%
- Ortho: 5%
- Oral surg: 7%
- Pedodont. 5%
- Perio: 2%

Survey respondents in the sample*
- Only current pts: 5%
- Treat some pts: 33%
- Treat all pts: 63%

Treatment patterns of Medicaid patients by sample* dentists

Others: 74%

Sample: 28%

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.

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

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

<table>
<thead>
<tr>
<th>Q1</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Q3</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Q4</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Q5</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Q6</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Q7</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Q8</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Q9</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Q10</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Q11</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

Percent of respondents, Texas

KEY:
- Very good
- Good
- Fair
- Poor
- No answer or opinion

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 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?

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
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- 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?
Appendix D—Survey Instrument

Survey Question 1

Selected services:
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
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- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

0% 25% 50% 75% 100%
Percent sample respondents, Texas

[Bar charts showing responses to Survey Question 1]

Survey Question 2

Selected services:
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

0 20 40 60 80 100 120
Percent sample responses, Texas

[Bar charts showing responses to Survey Question 2]

Survey Question 3

Selected services:
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

0 20 40 60 80 100 120 140
Percent sample responses, Texas

[Bar charts showing responses to Survey Question 3]

Survey Question 4

Selected services:
- Initial exam
- Periodic exam
- Counseling
- Prophylaxis
- Topical fluoride
- Sealants
- Bitewing x-rays
- Pulp therapy (prim.)
- Pulp therapy (perm.)
- Restoration (prim.)
- Restoration (perm.)
- Perio. scaling
- Gingival curettage
- Space maintenance
- Prostheses
- Orthodontia

0% 25% 50% 75% 100%
Percent sample respondents, Texas

[Bar charts showing responses to Survey Question 4]

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