



Children's
Healthcare of Atlanta

Analysis of Georgia Medicaid Reimbursement Rates for Dental Services for Children with Cleft and Craniofacial Disorders



EMORY
UNIVERSITY

Akilah Artis, DDS¹ J C Shirley DMD, MS, MSc^{1,2}

1- Division of Dentistry / Center for Cleft and Craniofacial Disorders, Children's Healthcare of Atlanta

2- Department of Pediatrics, Emory University School of Medicine

Purpose

The aim of this study was to evaluate current dental reimbursement rates for Georgia Medicaid plans for services provided for young children with cleft and craniofacial disorders.

Background

Participation in the Medicaid dental program has decreased in Georgia since managed care firms have administered the Medicaid program. Reimbursement rates have traditionally been lower than the usual fees, and administrative policies from managed care companies and dental plan administrators vary significantly. Fewer providers result in children without access to dental services. The outcomes have been widely reported and include children with pain and infection due to untreated dental disease. Lower-income children are almost twice as likely to experience problems from untreated disease.

Georgia Dental Medicaid – CMOs, FFS, and Dental Plan Administrators

Care Managed Organization(CMO) or FFS plan	Dental Administrator	Notes
CMO: Amerigroup	Dentaquest	
CMO: Care Source	Skygen/Scion	
CMO: Peachstate	Envolve	1 Owned by Centene Corp 2 Envolve is a subsidiary of Centene Corp
CMO: WellCare	Avesis	3 Effective May 2021, WellCare is managed by Centene Corp
FFS: GA Dept Community Health (DCH)	N/A	4 For those eligible based on disability, Katie Becket waiver, etc

- Changes with contracts associated with the CMOs and dental sub-contractors, including changes in reimbursement rates, dental services covered, and pre-authorization rules, created uncertainty for dental providers.
- When changes were initially made to Medicaid programs to use managed care organizations in Georgia, dentists dealt with more than fourteen contractual changes.
- Two years after this began, Georgia dentists participating in Medicaid and PeachCare programs declined significantly.

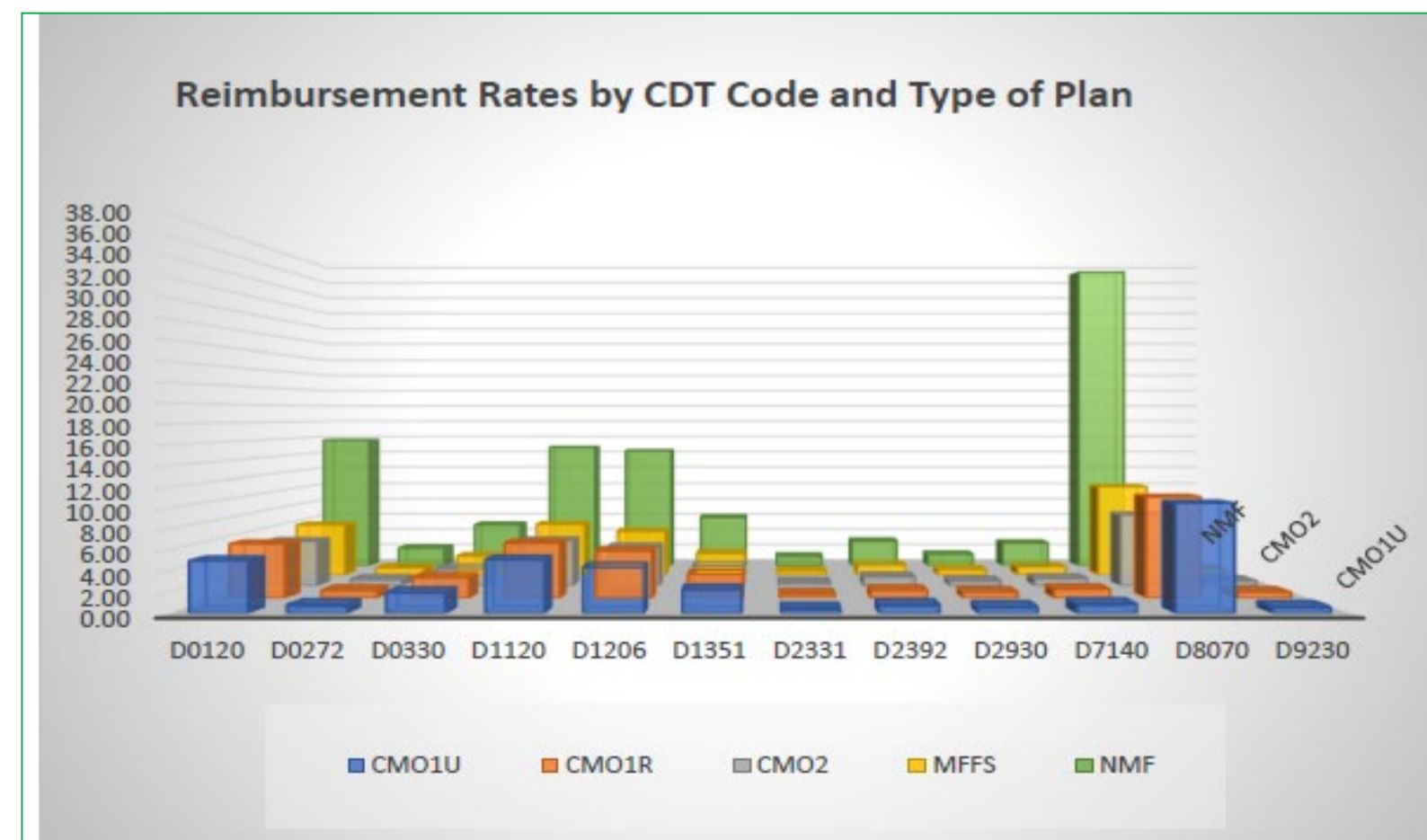
Methods

- Reimbursement rates from three Medicaid managed care dental plans and a Medicaid Fee for Service (FFS) plan were compared with non-Medicaid rates for 12 common procedures for children with cleft and craniofacial disorders from birth-8 years of age.
- A weighted average for the twelve procedure codes was created to determine the index for each of the codes. The weights for each CDT code were created as the proportion of all procedures.
- Information from the dental plans contracted by the Medicaid Care Managed Organizations (CMOs) and Department of Community Health (DCH) data were used to compare to recent American Dental Association (ADA) Survey of Dental Fees data.

Procedure List with Corresponding Weights and CDT Codes

CDT	Procedure	Weight
D0120	Periodic Oral Evaluation	26.02%
D0272	Bitewings-Two Radiographic Images	3.94%
D0330	Panoramic Radiographic Image	3.94%
D1120	Prophylaxis-Child	18.74%
D1206	Topical Application of Fluoride Varnish	29.33%
D1351	Sealant-Per Tooth	9.22%
D2331	Resin-Based Composite – Two Surfaces, Anterior	0.53%
D2392	Resin-Based Composite- Two Surfaces, Posterior	1.26%
D2930	Prefabricated Stainless Steel Crown- Primary Tooth	0.45%
D7140	Extraction, Erupted Tooth	1.54%
D8070	Orthodontic Treatment of the Transitional Dentition	1.24%
D9230	Nitrous Oxide/Analgesia, Anxiolysis	2.68%

Source: Data from Dentrix reports clinical activity (7/2020-6/2021) Children's Healthcare of Atlanta



Results

- Average reimbursement from CMOs was only **31% of ADA Survey of Dental Fees** or the non-Medicaid dental fee group.
- Medicaid Fee for Service were only **35% of the non-Medicaid dental rates**.
- When all Medicaid plans were compared, there remained a large discrepancy as all Medicaid plans were still only **32% of non-Medicaid dental rates**.
- One CMO provided higher reimbursement for all procedures to providers in rural locations versus providers in urban locations.
- The three procedures with the most significant discrepancy between Medicaid and non-Medicaid rates were: **orthodontics (D0860), extractions (D7140), and two surface composite restorations (D2392)**.

Georgia Medicaid CMOs relative to Usual Fees	All Georgia Medicaid relative to Usual Fees	Georgia Medicaid FFS relative to Usual Fees
31%	32%	35%

Conclusions

- Medicaid reimbursement rates for dental services for young children with cleft and craniofacial disorders are **significantly lower than non-Medicaid rates**.
- Low reimbursement rates have impacted provider participation and the overall performance of the Georgia Medicaid program.
- Improvement efforts should be directed at creating reimbursement schemes that are more competitive with non-Medicaid reimbursement and provide incentives for providers who provide care for certain special needs populations.