



Highlights of [GAO-09-723](#), a report to congressional requesters

# MEDICAID

## State and Federal Actions Have Been Taken to Improve Children’s Access to Dental Services, but Gaps Remain

### Why GAO Did This Study

Children’s access to Medicaid dental services is a long-standing concern. The tragic case of a 12-year-old boy who died from an untreated infected tooth that led to a fatal brain infection renewed attention to this issue. He was enrolled in Medicaid—a joint federal and state program that provides health care coverage, including dental care, for 30 million low-income children—but, like many children in Medicaid, he experienced difficulty finding a dentist who would treat him. At the federal level, the Centers for Medicare & Medicaid Services (CMS), an agency within the Department of Health and Human Services (HHS), oversees Medicaid.

In this report, GAO examined (1) state strategies to monitor and improve access to dental care for children in Medicaid and (2) CMS actions since 2007 to improve oversight of Medicaid dental services for children. GAO surveyed all state Medicaid programs and interviewed state and federal officials, and dental researchers and associations.

### What GAO Recommends

GAO recommends that CMS develop a plan to review dental services in states with low utilization rates, ensure that states found to have inadequate managed care provider networks strengthen their networks, develop additional guidance, and identify ways to improve sharing of promising practices among states. CMS generally concurred with GAO’s recommendations.

[View GAO-09-723 or key components.](#)  
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### What GAO Found

State Medicaid programs reported that they use multiple strategies to monitor and improve access to dental services for children, but problems persist. Most states responding to our survey use a variety of tools, such as examining claims and utilization data, to monitor the provision of dental services to children in Medicaid. Although all 21 states that provide Medicaid dental services through managed care organizations (MCO) reported that they set measurable access standards for MCOs, 14 states reported that MCOs do not meet all of the state’s dental access standards. Almost all states described initiatives to improve access to dental services, including simplifying claims processing, increasing reimbursement rates, recruiting providers, and educating beneficiaries. Nonetheless, access rates remain low and states reported that long-standing barriers hinder further improvement.

**Number of States Reporting Barriers to Children Receiving Medicaid Dental Services and Barriers to Dental Providers Serving Medicaid Beneficiaries**

Barrier	To what extent do you believe the following are barriers to children receiving Medicaid dental services in your state?		
	Major/mod. barrier	Minor barrier	Not a barrier
Finding a dental provider that accepts Medicaid.....	43	6	2
Transportation to and from the dental provider’s office.....	25	16	10
Distance between the dental provider’s office and the family’s home....	34	14	3
Parents are unable to take time off work.....	27	22	2
Other barriers.....	23	1	7

  

Barrier	To what extent do you believe the following are barriers to dental providers beginning to serve or serving more Medicaid beneficiaries?		
	Major/mod. barrier	Minor barrier	Not a barrier
Low reimbursement rates.....	36	9	6
Administrative requirements.....	28	17	6
Limited capacity to accept new patients.....	30	13	8
Beneficiary does not show up for appointments.....	45	6	0
Beneficiary does not follow treatment plan as advised by the provider....	30	20	1
Other barriers.....	14	2	8

Source: GAO (Survey of state Medicaid directors conducted between December 2008 and January 2009).

Since May 2007, CMS has taken steps to strengthen its oversight of Medicaid dental services for children, but gaps remain. For example, CMS reviews of Medicaid dental services in 17 states identified a number of concerns and made recommendations for improvement. Nonetheless, at the time of our review CMS did not plan to perform more reviews, even though other states had utilization rates well below HHS’s 2010 target for low-income children receiving a preventive dental service. CMS also provided guidance to states and facilitated collaboration among stakeholders, but states reported needing more CMS support, including guidance on setting dental payment rates, on quality initiatives, and on promoting outreach. States also reported wanting more information on other states’ efforts to improve dental utilization.