

AAO Foundation Award Final Report

Principal Investigator	Anne-Marie Bollen
Award Type	Access to care.
Project title	Does increased Medicaid reimbursement result in increased access to care?
Project Year	July 1, 2009- June 30, 2010
Institution	University of Washington

Summary/Abstract

The aims of this study were to investigate if increased Medicaid reimbursement results in increased access to care. The first part of this study was a comparison between States. The following information was obtained from Medicaid Dental Directors in all States for Fiscal Year 2009: number of orthodontic Medicaid providers, number of patients starting comprehensive orthodontic care, and the reimbursement rate. The number of practicing orthodontists in each state was obtained from the AAO. The number of Medicaid children in each state was obtained from the web.

Reimbursement for comprehensive orthodontic treatment ranged from \$0 to \$4,370. The proportion of practicing orthodontists who were Medicaid providers ranged from 3% to 97%, with higher proportions in States with higher reimbursement rates. The proportion of Medicaid children starting comprehensive care was ten-to-twenty fold higher in States with reimbursement rates above \$2,000 compared to states with reimbursement rates below \$1,000. This study supports the hypothesis that increased fees increase the access to orthodontic care.

The second study was a longitudinal evaluation of Medicaid orthodontic treatment in Washington State, during a time period when the re-imburement rates doubled. The increase in reimbursement resulted in an increase in Medicaid orthodontic providers, as well as an increase in new patient starts; with the latter being greater than the first. Thus, while more orthodontists became Medicaid providers, the greatest increase came from an increased patient load per provider. These results support the findings from the first study, however it seems that for some providers, there are issues and concerns other than the amount of financial remuneration that prevents them from accepting Medicaid patients.

Were the original specific aims of the proposal realized?

The original specific aims of the proposal were:

Do higher reimbursement fees of a publicly funded program (Medicaid) result in:

- Greater numbers of treated patients?
- Greater numbers of participating orthodontists across the state?
- Better geographical distribution of participating orthodontists?

Yes, the original specific aims were realized. Increased reimbursement fees result in greater number of orthodontically treated patients and a greater number of participating orthodontists. The geographical distribution of participating orthodontists is also increased, but to a lesser extent than the two previous entities.

Were the results published? If not, are there plans to publish?

The results of this study are currently being compiled in two manuscripts. Not all data have been obtained (some States have not yet provided their information). As soon as all data are analyzed the two manuscripts will be submitted to the American Journal of Orthodontics and Dentofacial Orthopedics.

Have the results of this Proposal been presented? If so, when and where?

Some of the results have been presented by Dr. Greg King at the AAO meeting in Washington DC this year.