The University of Iowa Public Policy Center
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Informing the Public & Guiding Policy by Conducting Research

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Factors Affecting Iowa Dentist Participation in Medicaid

Capacity of the private oral health safety net

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Preface

The Patient Protection and Affordable Care Act (ACA) of 2010 and other associated payment and delivery system changes could have a profound impact on access to health care services in the U.S. The University of Iowa Public Policy Center (PPC) is currently working with the Commonwealth Fund (New York, NY) to evaluate the impact of the ACA, especially Medicaid expansion, on safety net provider and payers in Iowa. These activities have identified oral health as a less studied area with respect to ACA impact.

In September 2012, the PPC received funding from the DentaQuest Foundation (Boston, MA) to investigate the current state of access to dental care in Iowa, assess capacity of the current dental safety net, and identify current gaps in the system. The results of these activities will help develop targeted policy recommendations.

The goal of this project is to inform policymakers in Iowa and nationally of the dental specific issues regarding the implementation of the ACA and the development of strategies, including public/private partnerships, which address future dental needs.

This report describes findings from our survey of private practice dentists in Iowa. This survey was designed to assess dentists' attitudes towards the Medicaid program, their participation in Medicaid, and attitudes towards treating vulnerable populations. Questions were also asked about attitudes towards corporate dental practices and Community Health Centers (CHCs).

The Medicaid program was created as Medicaid of the Social Security Act. Because most practicing dentists in Iowa commonly refer to the Medicaid program as Medicaid, that was the terminology used in the dentist questionnaire. However, the term Medicaid is used throughout this report for consistency.

This project was conducted by faculty and staff researchers at the University of Iowa PPC and College of Dentistry, along with collaborators at the Iowa Primary Care Association. Funding was provided by the DentaQuest Foundation.

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Introduction

The Medicaid program provides public health insurance for low-income children and adults; eligibility criteria for adults varies by state and is expressed as a percentage of the federal poverty level.[1] In 2011, 431,000 Iowans were enrolled in Medicaid; approximately half of these individuals were children, one-quarter were adults, and one-quarter were either elderly or disabled.[2]

Each state is required to provide Medicaid-enrolled children with comprehensive dental benefits through the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Through the EPSDT program, all medically necessary dental services are covered free of charge to Medicaid-enrolled children. A significant proportion of children in Iowa are insured through Medicaid: 18% of Iowa's children get their dental coverage through Medicaid.[3]

Unlike children, states are not required to provide comprehensive dental coverage for Medicaid-enrolled adults. In 2007, six states offered no adult Medicaid dental benefits and 16 states provided coverage for dental emergencies only.[4] However, Iowa provides a relatively comprehensive set of dental services for adult enrollees.

In 2012, covered dental benefits for Medicaid-enrolled adults in Iowa included:[5]

- Routine exam – once every 6 months
- Teeth cleaning – once every 6 months
- Bitewing x-rays – once every 12 months
- Complete x-rays – once every 5 years, unless there is a need
- Crown – 2 crowns per year
- Sealant – once per tooth
- Dentures – once every 5 years
- Complete exam – once per dental provider
- Periodontal scaling and root planning (with prior authorization)
- Restorative services

The oral health safety net includes: 1) private dentists who provide care to Medicaid enrollees and 2) publicly supported communiity health centers. In Iowa there are

1 Centers for Medicaid and CHIP Services. Eligibility. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Eligibility.html. Accessed February 2013.
2 Kaiser Commission on Medicaid and the Uninsured. Dental coverage and care for low-income children: the role of Medicaid and SCHIP. July 2008. Available at: http://www.kff.org/medicaid/upload/7681-02.pdf. Accessed February 2013.
3 2010 Iowa Child and Family Household Health Survey, Appendix 1: Statewide total percents from 2010 Iowa Child and Family Household Health Survey. University of Iowa, Public Policy Center. Available at: http://ppc.uiowa.edu/sites/default/files/uploads/health/ihhs/appendix_1-2010total.pdf. Accessed December 2012.
4 McGinn-Shapiro M. Medicaid Coverage of Adult Dental Services. National Academy for State Health Policy: State Health Policy Monitor. Oct 2008. Available at: http://nashp.org/sites/default/files/Adult%20Dental%20Monitor.pdf?q=files/Adult%20Dental%20Monitor.pdf.
5 Iowa Department of Human Services. Your Guide to Medicaid. Revised Jan 2012. Available at: http://www.ime.state.ia.us/docs/Comm20.pdf. Accessed February 2013.

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only 12 federally qualified health centers (FQHCs) and two"look-a- like" clinics so the participation of private practitioners in the Medicaid program is critically important for the access of publicly insured populations,. To better understand the capacity for Medicaid enrollee to receive dental care from private practitioners, a survey was conducted with all private dentists in Iowa to determine their level of participation in Medicaid and their attitudes toward the program and treating underserved populations.

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Research Methods

A survey was conducted with all privately practicing dentists in Iowa. The survey instrument used in this study was based on previous surveys administered by the University of Iowa Public Policy Center (PPC) to assess state dental Medicaid programs (e.g., Iowa 1996, Missouri 1999). Supplemental items were added to the existing questionnaire to obtain information about attitudes towards corporate dental practices (e.g, Aspen Dental), Community Health Centers (CHCs), and the use of computers in dental practices. Additional questions were designed using the "Stages of Change" model6 as a framework in order to evaluate the changing attitudes and behaviors among dentists.

Additional questions were designed using the "Stages of Change" model as a framework in order to evaluate the changing attitudes and behaviors among dentists.

Process

The survey of all privately practicing Iowa dentists was conducted during the spring of 2013 using a mixed-mode mail and online methodology. Questionnaires were mailed to all private practice dentists in Iowa (N=1,389). Contact information for dentists, along with basic demographic characteristics, was obtained from the Iowa Dentist Tracking System (University of Iowa, Carver College of Medicine). Once they received the questionnaire, dentists had the option of filling out the paper survey or completing the survey online.

The initial mailing was sent to private practitioners in February 2013, followed by a reminder postcard 10 days later. A second survey packet was sent to non-respondents in March, about one month after the reminder card mailing. No incentives were used to encourage survey response.

The PPC contracted with the University of Iowa Social Science Research Center (ISRC) to produce and distribute this survey. The ISRC also tracked returned surveys and coordinated data entry. Surveys were double entered by QualityKey (La Crescenta,CA) and verified for accuracy.

This survey protocol was approved by the University of Iowa Institutional Review Board (IRB) as appropriate human subjects research.

Data Analysis

Univariate descriptive statistics and bivariate analyses (i.e., Chi-square, t-test and nonparametric tests for group differences) were conducted using IBM SPSS Statistics (v21).

Response rate

Surveys were returned by 776 dentists. After adjusting for bad addresses and other ineligible dentists (e.g., retired), the effective sample size was 1,341, which resulted in a response rate of 58%. This is comparable to recent surveys of Iowa dentists, which had yielded response rates of approximately 50-76%.[7,8] A comparison of response rates by type of response is presented in Table 1.

6 Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. Am J Health Promot. 1997;12(1):38-48.

7 McQuistan MR, Kuthy RA, Heller KE, Qian F, Riniker KJ. Dentists' comfort in treating underserved populations after previously participating in community based clinical experiences as a student. Journal of Dental Education. 2008;72(4):422-430.

8 Jennings AD. Variables associated with the hours worked by Iowa dentists. Thesis, University of Iowa, 2011. http://ir.uiowa.edu/etd/2720.

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Table 1. Response rates

	N	Response rate*
First mailing	602	45%
Second mailing	115	9%
Online	59	4%
Total	776	58%

*Adjusted for ineligible dentists

Chi-square tests were used to compare dentists who responded to the survey and non-responders (Table 2). While responders are fairly representative of the entire dentist population, non-responders are significantly more likely to be specialists but did not differ significantly by gender or age.

Table 2. Survey response rates*

	Responders (N=776)	Non-responders (N=613)	Eligible dentists (N=1,389)
Gender			
Male	78%	76%	77%
Female	22%	24%	23%
Age			
<30 years	5%	6%	6%
30-39	21%	24%	22%
40-49	19%	19%	19%
50-59	30%	29%	29%
60-69	22%	19%	21%
≥70	3%	3%	3%
Specialty†			
General dentistry	85%	78%	83%
Orthodontics	5%	7%	6%
Oral surgery	4%	5%	4%
Pediatric dentistry	3%	4%	3%
Endodontics	1%	3%	2%
Periodontics	1%	2%	1%
Prosthodontics	1%	1%	1%

*Note: percentages may not total 100% due to rounding error.

†Statistically significant differences: $\chi 2$ $p<0.05$

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Demographic Characteristics

A description of dentists who responded to the survey is presented in Table 3. The average age of respondents was 50 years and ranged from 26 to 90. The majority of respondents were general dentists. On average, respondents had been in practice for 18 years.

Over half of the dentists were in solo practice (Table 3). Among the dentists who indicated their role in the practice as "other", the majority described themselves as owners of various practice configurations or as employees in non-corporate settings (Appendix D).

Table 3. Practice characteristics of survey respondents

How many years have you been practicing in your current location?	**n=758**
0-5 years	22%
6-10	14%
11-25	31%
>25	33%
Dentists in the practice that work ≥32 hours per week (including self)	**n=755**
0	6%
1	54%
2	28%
3	9%
4	2%
5	2.5%
6	.5%
Practice type/arrangement	**n=757**
Solo practice	55%
Partner	25%
Associate buying into the practice	5%
Associate not buying into the practice	5%
Independent contractor	3%
Employee in a corporate owned practice	3%
Other	4%
Personal gross production in the previous year	**n=653**
< $200,000	10%
$200-499,999	33%
$500-799,999	30%
> $800,000	27%

Fifty-five percent of dentists reported that they had provided care to all who

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requested it during the past twelve months without feeling overworked (Table 4). This was in contrast to a similar 1995 study of dentists in Iowa that reported 51% of dentists provided care to all while feeling overworked. That previous study also found that 24% of dentists provided care to all without feeling overworked.

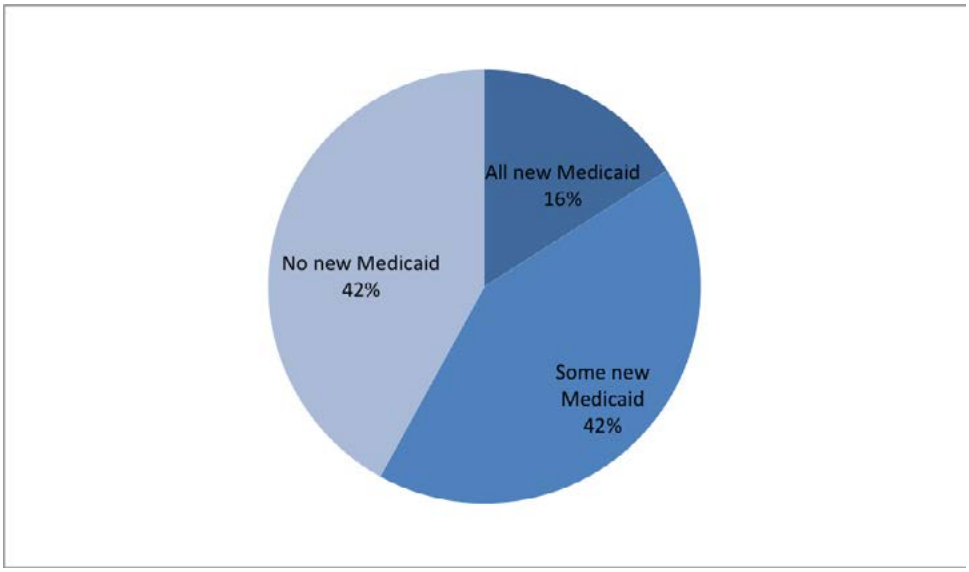
Table 4. Perceived dentist workload

Perceived workload	n=750
Too busy to treat all requesting appointments	7%
Provided care to all requesting it, but felt overworked	19%
Provided care to all requesting it, but did not feel overworked	55%
Not busy enough, would have liked more patients	18%
Practice limited, no new patients taken	2%

Participation in Medicaid

The level of acceptance of new Medicaid patients in dental practices is shown in Figure 1:

Figure 1. Current acceptance of new Medicaid patients by private practice dentists



58% of private practice dentists in Iowa currently accept new Medicaid patients

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80% of dentists who do not accept new Medicaid patients did so at some point in the past

16% of private practice dentists in Iowa currently accept all new Medicaid patients (Figure 1). 42% accept some new Medicaid patients and 42% accept no new Medicaid patients.

Dentists who accept new Medicaid patients were asked if they had any criteria for selecting new patients into their practices (Table 5). The most common criterion that dentists used for accepting new Medicaid patients was restricting this to only their own patients who became eligible for Medicaid benefits. Eleven percent of dentists accepted referrals from I-Smile coordinators. The I-Smile program is operated through the Iowa Department of Public Health and uses dental hygienists to coordinate dental care for Medicaid enrollees.[9] Thirteen percent of dentists accepted Medicaid patients from other sources – primarily restricted geographic regions around their practice and disabled or elderly patients.

Table 5. Current participation in Medicaid

In our office we only accept the following Medicaid patients:	n=325
A set number of new Medicaid patients	11%
Our own patients who go on Medicaid	31%
Referrals from other dentists/ physicians	12%
I-Smile coordinator referrals	11%
Child patients	16%
Adult patients	4%
Patients only from our county	6%
Other	13%

Among dentists that do not currently accept new Medicaid patients, 80% state that they had accepted Medicaid patients previously but no longer see these patients (Table 6).

Table 6. Previous participation in Medicaid

Have you ever treated Medicaid patients in the past?	n=321
No	20%
Yes	80%

Approximately half of these dentists reported that they had stopped accepting Medicaid at some point since 2007 and 8% of dentists report that they had never accepted new Medicaid patients.

9 Iowa Department of Public Health. I-Smile Coordinator Handbook. Written Feb 2007, Revised Jan 2010. Available at: http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=1D0372E2-249A-4761-89ED-93ABBB31B4F3. Accessed September 2012.

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Evaluating Medicaid Participation

Dentist participation in Medicaid has decreased significantly over the last 20 years (Table 7). The 1992 and 1995 surveys were conducted by researchers at the University of Iowa Public Policy Center using similar methods and questions to gather information on Medicaid participation. In 1992, 62% of dentists reported accepting all new Medicaid patients. By 1995 this had decreased to 42%, and as reported, in 2013 it was 16%.

16% of dentists accept all new Medicaid patients who contact their practice

Table 7. Historic participation in Iowa's dental Medicaid program

	Surveys of Iowa Dentists					
	1992 (N=343)		1995 (N=943)		2013 (N=768)	
Level of Medicaid participation	**N**	**%**	**N**	**%**	**N**	**%**
All new Medicaid patients	214	62%	393	42%	122	16%
Some new Medicaid patients	45	16%	208	22%	325	42%
No new Medicaid patients	73	21%	342	36%	321	42%

No significant differences were seen in the level of Medicaid participation in 2013 based on dentist gender or age (Table 8). Among specialists, orthodontists and oral surgeons were more likely to see Medicaid patients than other specialists.

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Table 8. Level of Medicaid participation by dentist characteristics

	No new Medicaid	Some new Medicaid	All new Medicaid
Gender			
Male	42%	42%	17%
Female	43%	44%	13%
Age			
<30 years	37%	37%	26%
30-39	42%	42%	17%
40-49	50%	39%	12%
50-59	38%	49%	13%
60-69	40%	41%	19%
≥70	44%	28%	28%
Specialty*			
General dentistry	44%	41%	16%
Orthodontics	29%	55%	17%
Oral surgery	10%	80%	10%
Pediatric dentistry	10%	80%	10%
Endodontics	70%	20%	10%
Periodontics	71%	29%	0%
Prosthodontics	67%	33%	0%

*Statistically significant differences: $\chi 2$ $p<0.05$

Dentists who had been at their current practice location for ≤ 5 years were significantly less likely to accept all new Medicaid patients (Table 9); 21% of dentists in their current practice location for ≤ 5 years accept all new Medicaid patients, compared to 13-16% of dentists who had been in their current location longer. Perceived workload was not significantly associated with Medicaid participation. No statistically significant differences were seen in level of Medicaid participation based on who in the practice made the decision to accept Medicaid. Additionally, no significant differences were noted based on practice arrangement or gross production.

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Table 9. Practice characteristics by current level of Medicaid participation

	No new Medicaid	Some new Medicaid	All new Medicaid
Years in current practice location*			
0-5 years	45%	34%	21%
6-10 years	42%	42%	15%
11-25 years	46%	42%	13%
>25 years	36%	49%	16%
Practice arrangement			
Solo practice	41%	42%	17%
Other practice arrangement	42%	43%	15%
Perceived workload			
Too busy to treat all requesting appointments	32%	48%	20%
Provided care to all requesting it, but felt overworked	41%	45%	14%
Provided care to all requesting it, but did not feel overworked	43%	43%	14%
Not busy enough, would have liked more patients	40%	40%	20%
Practice limited, no new patients taken	64%	36%	0%
Gross production			
<$500,000	46%	39%	15%
$500,000+	38%	46%	16%

*Statistically significant differences: $\chi 2$ $p<0.05$

84% of dentists had at least one Medicaid patient in their practice, however about 1 in 4 had more than 15% of their patients enrolled in Medicaid (Table 10). Average reported reimbursement from the Iowa Medicaid program in 2011 was approximately $42,000, however this was skewed with just under half receiving less than $10,000 per year.

One-quarter of dentists indicate that they do not have a good place to refer medicaid patients seeking care

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Table 10. Extent of Medicaid participation

Current patients covered by Medicaid (mean=23%)	n=671
0%	16%
1-5%	35%
6-10%	17%
11-15%	9%
>15%	23%
Medicaid reimbursement in 2011 (mean=$41,793)	**n=440**
0	30%
$1-999	2%
$1,000 - 9,999	16%
$10,000 - 49,999	27%
$50,000+	26%

Referring Medicaid Patients

When dentists were asked where they referred Medicaid patients that they were not interested or able to accept in their practice, 45% stated that they referred these patients to the University of Iowa College of Dentistry in Iowa City (Table 11). One-quarter of dentists indicated that they do not have a good place to refer Medicaid patients seeking care. The majority of dentists reporting that they referred to an "other" site, indicated a specific health center or academic institution, and a small subset referred to another local dentist or specialist (Appendix C).

Over half of dentists that currently accept Medicaid report that they are considering stopping

Table 11. Referring Medicaid patients

Where do you refer Medicaid patients that you are not interested or able to accept in your practice?	n=752
I accept them all	9%
Community Health Center	33%
The UI College of Dentistry	45%
Another local practice	25%
Local I-Smile coordinator	2%
Iowa Medicaid "Find a Provider" website	10%
I don't have a good place to refer	25%
Other	8%

Decision to Accept Medicaid

The majority of dentists (61%) were solely responsible for deciding whether to participate in Medicaid (Table 12). Among dentists that were not the sole decision-maker, 31% reported being "very involved" in making that decision.

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Table 12. Decision whether to participate in Medicaid

Who was primarily responsible for making the decision?	n=752
I was	61%
The dentists in the practice as a group	19%
The owner of the practice	14%
The clinic management	4%
Other	1%

Dentists were asked to describe how seriously they were considering changing their level of participation in Medicaid (Table 13). A relatively small proportion of non-Medicaid providers were seriously considering starting to accept new Medicaid patients. In contrast, over half of dentists that currently accepted Medicaid patients reported that they were moderately or extremely seriously considering stopping their acceptance of new Medicaid patients.

Table 13. Consideration of current Medicaid participation

How seriously have you considered starting to accept new Medicaid patients in the past year?	n=306
Not at all seriously	85%
Slightly seriously	11%
Moderately seriously	4%
Extremely seriously	1%
How seriously have you considered stopping your acceptance of new Medicaid patients in the past year?	**n=447**
Not at all seriously	20%
Slightly seriously	21%
Moderately seriously	33%
Extremely seriously	26%

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Attitudes toward Medicaid and Vulnerable Populations

Dentists were presented with a series of statements about the Medicaid program and treatment of vulnerable populations. For statements about the Medicaid program and vulnerable populations, dentists were asked to indicate how strongly they agreed or disagreed with each statement on a four-point scale. Dentists were also asked to rate the relative importance of commonly reported problems with the Medicaid program on a four-point scale from "Not at all important" to "Extremely important".

Attitudes about the patient population

Table 14 shows statements presented to dentists concerning their attitudes about the Medicaid patient population. Findings were separated to compare the attitudes of dentists who accepted no new Medicaid patients with those of dentists who accepted some new and all new Medicaid patients.

Dentists who do not accept new Medicaid patients are more likely to disagree with the statement that Medicaid respects their professional judgment

Table 14. Attitudes about the Medicaid patient population

Statement	Medicaid participation	Strongly disagree	Disagree	Agree	Strongly agree
Medicaid patients make other patients feel uncomfortable in the office	No new	21%	56%	19%	4%
	Some new	23%	55%	18%	5%
	All new	9%	58%	23%	10%
Oral health problems of Medicaid patients are more severe than those of other patients	No new	3%	25%	50%	23%
	Some new	2%	19%	53%	26%
	All new	1%	18%	43%	39%
Low income patients are more difficult to treat than others	No new	7%	40%	40%	13%
	Some new	5%	38%	42%	15%
	All new	5%	37%	43%	16%
I am more likely to be sued if I treat Medicaid patients	No new	16%	54%	21%	9%
	Some new	12%	62%	15%	11%
	All new	11%	58%	17%	15%
It is difficult to provide comprehensive treatment to Medicaid patients*	No new	2%	12%	36%	50%
	Some new	4%	19%	39%	38%
	All new	6%	25%	36%	33%

*Statistically significant differences: $\chi 2$ $p<0.05$. Statistical tests were run by combining the positive responses (agree/strongly agree) and comparing them with the negative responses (disagree/strongly disagree).

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Overall the vast majority of dentists believed that the oral health problems of Medicaid patients were more severe than other patients, that it was diffiecult to provide comprehensive care to Medicaid patients and that Medicaid patients did not make other patients in the office feel uncomfortable. Dentists were mixed in whether low income patients were more difficult to treat. The majority did not believe they were more likely to be sued if they treated Medicaid patients. The only attitudinal question that differed by participation level was about the perceived ability to provide comprehensive care to Medicaid patients. Those who were not accepting any new Medicaid patients were significantly more likely to believe it was difficult to provide comprehensive care than those who were accepting new Medicaid patients (Table 14).

Attitudes about Medicaid administration

Four questions were asked about dentists' attitudes about administrative aspects of the Medicaid program. The vast majority of dentists did not believe that the Medicaid program had been getting less complicated or that dentists could impact the policies of the Medicaid program. They were more mixed on whether the Medicaid program respected their professional judgement and whether changes in the program were communicated effectively. Attitudes on three out of the four items were viewed more positivley by those accepting new Medicaid patients than those that weren't (Table 15).

Table 15. Attitudes about the Medicaid program

Statement	Medicaid participation	Strongly disagree	Disagree	Agree	Strongly agree
The Medicaid program has been getting less complicated in the last few years*	No new	48%	37%	13%	2%
	Some new	35%	41%	21%	3%
	All new	35%	40%	24%	1%
Dentists can have an impact on the policies of the Medicaid program	No new	39%	39%	19%	4%
	Some new	32%	50%	15%	4%
	All new	29%	49%	18%	5%
The Medicaid program respects my professional judgment concerning patient care*	No new	36%	37%	25%	2%
	Some new	25%	36%	34%	5%
	All new	17%	30%	48%	5%
Changes in the Medicaid program are communicated effectively to my office*	No new	28%	44%	26%	2%
	Some new	17%	32%	47%	5%
	All new	17%	44%	37%	3%

*Statistically significant differences: $\chi 2$ $p<0.05$

Three-quarters of all dentists agree that they feel a personal responsibility to provide care to the needy

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Dentists' altruistic attitudes

Several statements about altruistic attitudes and behaviors were presented to dentists as shown in Table 16. The vast majority agreed that without the Medicaid program, low income patients would not be able to receive adequate dental care and the majority were concerned about having the only practice in the area accepting Medicaid patients. Respondents were mixed on whether dentists have an ethical obligation to treat Medicaid patients-attitudes about this and the abitilty of low income patients to receive adequate dental care without the Medicaid program varied by level of Medicaid participation (Table 16). Ninety-two percent of dentists who accept all new Medicaid patients agreed that the Medicaid program provided essential dental care to low income patients. However, only 74% of dentists who do not accept Medicaid patients agreed with this statement.

Table 16. Attitudes about altruism

Statement	Medicaid participation	Strongly disagree	Disagree	Agree	Strongly agree
Dentists have an ethical obligation to treat Medicaid patients*	No new	25%	45%	28%	2%
	Some new	12%	25%	52%	12%
	All new	15%	19%	38%	29%
I am concerned about having the only practice in the area that accepts Medicaid patients	No new	19%	31%	25%	25%
	Some new	7%	37%	29%	27%
	All new	7%	33%	28%	33%
Without the Medicaid program, low income patients would not be able to get adequate dental care*	No new	6%	21%	57%	16%
	Some new	3%	14%	55%	29%
	All new	2%	6%	46%	47%

*Statistically significant differences: $\chi 2$ $p<0.05$

Personal role in providing care to vulnerable patients

Most dentists (95%) agreed or strongly agreed that dental care should be available for needy patients and three-quarters agreed that they feel a personal responsibility to provide care to needy patients (Table 17). Dentists who did not accept Medicaid patients were more likely to feel that they cannot have an impact on meeting the needs of the underserved.

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Table 17. Attitudes about personal role

Statement	Medicaid participation	Strongly disagree	Disagree	Agree	Strongly agree
Dental care should be available for needy patients	No new	1%	6%	73%	21%
	Some new	1%	3%	71%	25%
	All new	0%	5%	64%	31%
I feel a personal responsibility for providing dental care to the needy	No new	7%	30%	56%	7%
	Some new	3%	14%	66%	18%
	All new	3%	12%	62%	24%
I feel I am personally unable to have an impact on the problem of meeting the dental needs of the underserved*	No new	10%	41%	41%	10%
	Some new	10%	60%	26%	4%
	All new	15%	61%	22%	3%

*Statistically significant differences: $\chi 2$ $p<0.05$

Role of the government

Approximately half of dentists agreed or strongly agreed that it is the responsibility of the government to fund programs that provide dental care to the needy (51%). However, when this statement was evaluated by level of current Medicaid participation, proportionally more dentists who accepted new Medicaid patients agreed with this statement compared to dentists that did not accept any new Medicaid patients (Table 18). Dentists who accepted all new Medicaid patients were also more likely to agree that it was more efficient for the government to pay private dentists to provide dental care and to agree that taxes should be raised to increase Medicaid reimbursement rates.

83% of all dentists feel that low reimbursement rates are an extremely important problem

Table 18. Role of the government

Statement	Medicaid participation	Strongly disagree	Disagree	Agree	Strongly agree
It is more efficient for the government to pay private dentists to provide care to needy patients than to fund public clinics*	No new	12%	41%	33%	14%
	Some new	5%	28%	41%	26%
	All new	9%	8%	53%	30%
It is the responsibility of the government to fund programs that provide dental care to the needy*	No new	20%	39%	36%	5%
	Some new	10%	32%	48%	10%
	All new	9%	28%	46%	17%
Taxes should be raised so that dentists can be reimbursed more to treat needy patients*	No new	37%	46%	15%	3%
	Some new	26%	48%	17%	9%
	All new	21%	44%	24%	10%

*Statistically significant differences: $\chi 2$ $p<0.05$

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Problems with participating in the Medicaid program

A list of commonly reported problems with the Medicaid program was presented to dentists, who were asked to describe how important they considered each problem to be when deciding how much to participate in Medicaid (Table 19). The three most imporant issues for dentists, regardless of participation level, were broken appointments, low reimbursement (both over 80% indicating it was extremely important) and denial of payment. Despite the agreement that low reimbursement rates are an important issue, 77% of dentists strongly disagree or disagree that taxes should be raised in order to increase Medicaid reimbursement rates.

When asked to identify which of the three problems listed in Table 19 were the most important, a majority of dentists selected the same three issues: low reimbursement rates (60% of dentists), followed by broken appointments (20%), and complicated paperwork (7%).

88% of dentists agree that CHCs are a good place to refer Medicaid patients

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Table 19. Importance of commonly reported problems

Statement	Medicaid participation	Not at all important	Slightly important	Moderately important	Extremely important
Complicated paperwork	No new	2%	17%	36%	45%
	Some new	4%	23%	40%	34%
	All new	8%	31%	42%	19%
Low reimbursement rates	No new	0%	3%	12%	85%
	Some new	1%	4%	14%	81%
	All new	0%	3%	16%	81%
Intermittent eligibility of Medicaid patients	No new	2%	23%	41%	34%
	Some new	7%	23%	42%	28%
	All new	7%	17%	46%	31%
Denial of payment	No new	1%	9%	25%	66%
	Some new	2%	14%	32%	52%
	All new	4%	17%	31%	48%
Broken appointments	No new	0%	5%	14%	81%
	Some new	1%	4%	18%	78%
	All new	0%	3%	13%	84%
Slow payment	No new	5%	24%	32%	39%
	Some new	11%	29%	35%	25%
	All new	19%	33%	27%	21%
Patient non-compliance with recommended treatment	No new	3%	16%	28%	54%
	Some new	4%	19%	34%	44%
	All new	6%	17%	37%	40%
Frequently changing Medicaid regulations	No new	4%	19%	34%	43%
	Some new	4%	30%	37%	29%
	All new	3%	33%	36%	28%
Not enough other practices in the area accepting Medicaid patients	No new	14%	23%	26%	38%
	Some new	11%	20%	35%	35%
	All new	14%	22%	23%	41%
Fear of government investigation (e.g., chart audits)	No new	43%	26%	13%	17%
	Some new	48%	33%	12%	8%
	All new	47%	28%	10%	15%
Limited services covered by Medicaid	No new	6%	18%	29%	47%
	Some new	7%	26%	38%	29%
	All new	7%	25%	39%	29%

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Use of Computers

The ACA has instituted changes requiring expanded use of electronic health records (EHR) in order to reduce paperwork and administrative effort and improve quality of health care. Not all dentists will be affected by the federally mandated use of EHR; however, at least one state – Minnesota – has passed legislation that mandates the use of EHR by 2015, which may affect dentists.[10]

We assessed dentists' current and potential use of computers in their offices. Ninety-five percent of dentists have at least one computer in their office. A majority of dentists (69%) are able to use their computer to transmit health information electronically (Table 20); however 7% of dentists are not sure whether their computer systems had this capability.

48% of dentists use computers to check Medicaid eligibility of patients

Table 20. Ability computers to transmit health information

Is your computer system capable of sending health information to other providers?	n=739
Yes	69%
No	24%
Don't know	7%

Dentists were then asked to indicate how they used computers in their practices (Table 21). Computers are most commonly used for billing, scheduling, and submission of insurance claims.

Table 21. Current use of computers in practice

How do you use computers in your practice?	n=728
Billing information	92%
Scheduling	87%
Submit insurance claims electronically	81%
Send information to other health care providers	68%
Digital x-rays	65%
Patient treatment information	57%
Medical history	49%
Check eligibility for Medicaid-enrolled patients	48%

10 Electronic Health Records (EHRs). American Dental Association. Available at: http://www.ada.org/5348.aspx. Accessed June 2013.

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Comments about Medicaid

Dentists were asked to provide open-ended responses about 1) the most important change that could be made to increase dentists' willingness to accept Medicaid patients, and 2) other comments about the Medicaid program. Table 22 shows the proportion of dentists at each level of Medicaid participation (taking all new Medicaid patients, some new, or no new) who responded to each of these two questions.

Table 22. Respondents to open-ended questions about Medicaid

Level of Medicaid Participation	Commented About Changes to Medicaid Program N (%)	Other Comments about Medicaid Program N (%)
All new	102 (84%)	66 (54%)
Some New	271 (83%)	146 (45%)
No New	239 (74%)	112 (35%)

Most Important Change to Increase Dentists' Willingness to Accept Medicaid Patients

Dentist comments about increasing willingness to participate in the Medicaid program were categorized into 12 broad themes:

- changes to reimbursement levels,
- high volume of broken appointments among Medicaid patients,
- administrative difficulties,
- undesirable patient characteristics,
- limited services covered by the Iowa Medicaid program,
- general attitudes toward public benefits,
- requiring financial contributions from patients,
- not enough dentists accepting Medicaid,
- tax incentives for dentists to participate in Medicaid,
- specialty dental care,
- creating stricter Medicaid eligibility requirements for patients,
- and miscellaneous comments.

Comments within each theme were further broken down by level of Medicaid participation: all new, some new, or no new Medicaid patients (Appendix E).

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The majority of comments about the most important change that could be made to Medicaid were related to increasing **reimbursement levels**; 508 dentists (66% of respondents) indicated that changing reimbursement levels would increase dentists' willingness to accept Medicaid patients (Table E-1).Sixty-six percent of dentists that accept all new Medicaid patients commented on increasing reimbursement, compared to 70% of dentists taking only some new Medicaid patients and 59% of those taking no new Medicaid patients.

Fifteen percent of respondents (n=112) stated that addressing **broken appointments** would increase dentists' willingness to accept Medicaid patients (Table E-2). Dentists across all three levels of Medicaid participation suggested that there should be some consequence for patients missing appointments, such as a fee or dropping Medicaid eligibility. Many also indicated that dentists should be reimbursed by Medicaid for broken appointments. Overall, 12% of dentists taking no new Medicaid patients had comments about broken appointments, compared to 14% of those taking some new and 21% of those taking all new.

Fourteen percent of dentists reported that **administrative changes** would increase dentist participation in Medicaid (Table E-3). Suggestions include making claim submission and reimbursement easier and quicker, simplifying paperwork, and improving the helpfulness, attitude, and consistency of customer service staff at the Medicaid office. Eight percent of dentists accepting all new Medicaid patients had concerns about Medicaid administration, compared to 13% of those accepting some new and 18% of those accepting no new.

Six percent of dentists commented about **characteristics of the Medicaid patient population** (Table E-4). Across all levels of Medicaid participation, dentists reported concerns being patient compliance with instructions and recommended treatment, responsibility in taking charge of their own oral health, and attitudes of entitlement, or attitudes toward providers.

Other themes, including the extent of services covered by Medicaid and tax incentives for Medicaid providers, were described by less than 5% of dentists (Tables E-5 through E-12).

Other Comments about the Medicaid Program

Dentists were asked to provide any other additional comments that they had about the Medicaid program. These comments were categorized into 12 themes:

- changes to reimbursement levels
- administrative difficulties,
- attitudes about the Medicaid patient population,
- high volume of broken appointments,
- limited services covered by Medicaid,
- specialty dental care,

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- the role of government in providing health care,
- the role of community health centers,
- other dentists' participation in Medicaid,
- Medicaid fraud,
- the hawk-I program,
- positive comments,
- and miscellaneous comments.

Comments were again sorted by level of Medicaid participation (Appendix F).

Ten percent of dentists had general comments about **Medicaid reimbursement levels** (Table F-1). The most common comments across all three levels of dentist participation indicated that reimbursement rates are not enough to cover the cost of providing care. Seven percent of dentists accepting no new Medicaid patients commented about low reimbursement compared to 13% accepting some new and 8% accepting all new.

66% of dentists stated that changing reimbursement levels would increase willingness to accept Medicaid patients

As a free response item, **broken appointments** are cited as a concern for 7% of dentists (Table F-2). Generally, comments were similar across all levels of participation, and include 1) frustrations with patients not showing up for appointments and 2) proposing patient consequences for failed appointments. Eleven percent of dentists accepting all new patients had comments about broken appointments, compared to 8% of dentists taking some new and 4% of dentists taking no new Medicaid patients.

Ten percent of dentists had comments about **Medicaid administration** (Table F-3). Common themes across all three groups include: frustrations with Medicaid staff being unhelpful with questions over the phone and the process of submitting claims and receiving and receiving reimbursement. Seven percent of dentists accepting no new Medicaid patients had comments about Medicaid administration, compared to 12% accepting some new and 11% accepting all new. Concerns about paperwork were more common among those accepting no or some new compared to those accepting all new Medicaid patients.

Ten percent of dentists had comments about the **Medicaid patient population** (Table F-4). Common themes include concerns about patients abusing the system or not being truly needy. Eight percent of dentists accepting no new Medicaid patients had comments about characteristics of the Medicaid patient population, compared to 10% taking some new and 12% taking all new Medicaid patients. Dentists taking some or no new Medicaid patients tended to have more concerns about patient compliance, patients failing to take responsibility for their own oral health, and patients who are unappreciative compared to dentists that take all new Medicaid patients.

Forty-one dentists (5%) had comments about the **extent of services covered by Medicaid** and suggested limiting coverage in some way (e.g., children only) (Table F-5).

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Regarding **specialty dental care** (Table F-7), dentists had concerns about having a place to refer Medicaid patients to receive specialty care. In addition, orthodontists identified frustrations with continuous eligibility for orthodontic cases. Comments about the **role of government** (3% of respondents) were generally related to frustration with the government playing too large of a role in organized dentistry (Table F-8).

Several comments about **Community Health Centers** (CHCs) suggested promoting CHCs as a source of care for Medicaid patients (Table F-9). There were also several complaints about CHCs receiving a flat per-appointment rate instead of being reimbursed by service provided. Twelve dentists had **positive comments** about the Medicaid program, citing improvements in the turnaround of payments after switching to electronic submission (Table F-12).

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Conclusions

One of the better indicators of initial access to dental care for Medicaid enrollees is whether dentists are accepting new Medicaid patients into their practice and the criteria, if any, for who they will accept. The proportion of dentists accepting all new Medicaid patients in Iowa was very limited, with only 16% accepting patients without criteria. This measure of access is particularly important with the upcoming expansion of Medicaid coverage through the Iowa Health and Wellness plan, Iowa's version of the ACA-sponsored Medicaid expansion, in which enrollees will be eligible for dental coverage. The Health and Wellness Program is expected to enroll 120,000 new adult enrollees, thus, acceptance of new enrollees will be critical. Regarding the acceptance of at least some new patients, 58% of dentists in Iowa report accepting either all or some new Medicaid patients; this proportion has declined from 64% since the last survey of Iowa dentists conducted by the University of Iowa Public Policy Center and College of Dentistry in 1995. [11]

Understanding the perceived barriers to participation in Medicaid can help design new programs or improve the existing program in ways that can encourage participation. Attitudes and behaviors about Medicaid participation can be difficult to change as evidenced by the 85% of those not accepting new patients who reported that they had not seriously considered changing this behavior. Conversely, participation is somewhat tenuous in that over half who were accepting at least some new patients indicated that they had moderately or extremely seriously considered stopping this level of participation.

Low reimbursement rates and broken appointments were the two most important problems according to the dentists surveyed, regardless of whether or not they accepted new Medicaid patients. All dentists also seemed to be in agreement that this population had more oral health needs. There were, however, some attitudinal differences in simple bivariate comparisons that were associated with the level of dentist participation in Medicaid. These differences between active and non-active Medicaid participants included:

- Programmatic concerns such as the complexity, respect for professional judgment and effectiveness of the communication
- Patient issues such as how difficult it was to provide comprehensive treatment
- Attitudes about altruism such as whether dentists have an ethical responsibility to treat Medicaid patients and how important the Medicaid program is for access for low income patients
- Issues about the role of government including the efficiency of using private dentists to provide care, the responsibility of government to pay for care for the poor and whether taxes should be raised to reimburse dentists better

Future analyses will include more sophisticated analyses, controlling for other issues when evaluating factors affecting participation in Medicaid.

While programmatic issues such as increasing reimbursement rates get much of the attention in discussions about improving dentist Medicaid participation, the concept of care coordination and building a health home around the dental providers to assist with concerns about patient appointment keeping and compliance should

11 Damiano PC, Kanellis MJ, Willard JC, Momany ET. A report on the Iowa Title XIX dental program. University of Iowa Public Policy Center and College of Dentistry. April 1996.

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not be overlooked. Reducing hassles associated with caring for Medicaid patients in all regards is important. Providing care coordination and patient education would both assist patients with understanding how to utilize care appropriately and increase their health IQ but also assist providers when needed. Having a network of care coordinators/health educators can also assist the enrollees who are not routine seekers of care to find a regular source of dental, and reduce unnecessary dental care sought from hospital emergency department or only on an emergent basis.

The Public Policy Center and College of Dentistry used the results from this survey to conduct an online follow-up survey of private practitioners, which used a series of hypothetical scenarios to examine the relative importance of several perceived problems with the Medicaid program. The results of this second survey will provide an additional perspective on the factors that dentists believe are most important when considering whether to participate in Medicaid. The results from both surveys will be used by this project's National Advisory Committee to develop recommendations to improve capacity of the private oral health safety net by increasing dentist participation.

Related to these two surveys of private practice dentists, a third survey examining capacity within the dental clinics at the Community Health Centers (CHCs) in Iowa is currently underway. Results from that study will provide information about the public safety net and be used to generate policy recommendations that can help strengthen this component of Iowa's oral health safety net.

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Appendices

Appendix A - Survey Materials

Letter 1 - Dentist Survey Cover Letter

University of Iowa Public Policy Center Letterhead

Date

Dentist Address

Dear

You are invited to participate in a research study. The purpose of the study is to collect information to better understand dentists' perceptions and participation in the Title 19 (Medicaid) program. We are inviting all Iowa licensed dentists engaged in private practice to participate in this survey. We obtained your name from the Iowa Dentist Tracking System (IDTS) as part of a list of active licensed dentists. We will invite approximately 1,389 dentists to take part in this study, done by researchers at the University of Iowa.

If you agree to participate, please fill out the enclosed questionnaire that asks about your participation and attitudes towards the Title 19 program in Iowa. If you come to a question you do not want to answer, just skip to the next question. The questionnaire should take about 15 minutes to complete. When you are finished, please fold the questionnaire and mail it back in the enclosed self-addressed, postage-paid envelope. We will send you a reminder postcard in about 2 weeks and if you don't return the survey, we will send a second letter about three weeks after the postcard. **If you don't want us to contact you again, please call 1-800-710-8891 to let us know.**

If you prefer, you can choose to complete the questionnaire online. To complete the survey online, go to **iowadentistsurvey.com** AND use the number located on the bottom right corner of this letter to access the questionnaire.

We will only use a study code number, not your name, to identify your questionnaire. The list linking your name and your study code number will be stored in a place that is accessible only to the researchers. Your individual responses to this questionnaire **will not** be shared with anyone besides the project researchers. Your answers will be part of a pool of information from others. Your individual answers will never be shown. What you write will be used only by this study, unless you choose to participate in a second, on-line survey where your responses will be analyzed together. If we write a report about this study we will do so in such a way that you cannot be identified. We will keep the information you provide confidential, however federal regulatory agencies and the University of Iowa Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research. **Your participation is voluntary. You may choose to fill out this questionnaire or not. If you choose not to, this will not affect the benefits you get.** There are no known risks from being in this study, and you will not benefit personally. However we hope that others may benefit in the future from what we learn as a result of this study. You will not have any costs for being in this research study. You will not be paid for being in this research study.

If you have any questions about the research study itself, please call us at 1-800-710-8891. If you have questions about your rights as a participant in this research project, please contact the Human Subjects Office, **105 Hardin Library for the Health Sciences, 600 Newton Road, University of Iowa, Iowa City, IA 52242-1098**, (319) 335-6564, or e-mail irb@uiowa.edu. To offer input about your experiences as a research subject or to speak to someone other than the research staff, call the Human Subjects Office at the number above. Your knowledge and experience are important to our study.

Thank you in advance if you choose to fill out this questionnaire. Returning the completed questionnaire indicates your willingness to participate in this study.

Respectfully,

Dr. Peter Damiano, Professor and Director Health Policy Research Program

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Letter 2 – Reminder Postcard to Dentist

Title 19 (Medicaid) Survey

We recently sent you a questionnaire about your attitudes and participation in the Iowa Title 19 program. If you have already sent back the questionnaire, thank you very much for your participation!

If you have not yet had a chance, please take a moment to fill out the questionnaire. When you are finished, please return the survey in the postage-paid envelope that came with the survey.

Or, if you prefer, you can choose to complete the survey online. To do this, go to **IowaDentistSurvey.com** and use the number located under your name on the front of this postcard to access the survey.

The information you provide is confidential and will be combined with the responses from other participants. No individual answers will be reported.

This survey is part of a research project by researchers at the University of Iowa Public Policy Center and College of Dentistry. If you have questions about this study or need another questionnaire, please call us toll-free at (800) 710-8891.

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Letter 3 – Iowa Dental Association Survey Announcement

Iowa Dental Association: DSNI Survey Announcement

February 2013

Dear IDA member,

We are writing to encourage you to participate in a survey that is currently being conducted by the University of Iowa Public Policy Center (PPC) and College of Dentistry about dentists' participation and attitudes toward the Title 19 program. This is part of a broader study, funded by the DentaQuest Foundation (Boston, MA), to investigate the challenges likely to be faced by dental providers in managing the changes associated with implementation of the Affordable Care Act (ACA), including Medicaid expansion. The IDA is participating as a member of the National Advisory Committee for this project and has helped prepare the instrument.

This survey, along with instructions describing an on-line alternative version, will be mailed to your practice sometime in February. Information about the online version of the survey will accompany the mailed version for those who would prefer to complete it online.

Information that you provide will be kept confidential and all survey results will only be presented in aggregate form – your individual answers will never be shown. Your participation will help develop policy recommendations in conjunction with their national advisory committee for how to improve the Title 19 program.

After completing the survey, you will be offered an opportunity to provide your e-mail address in order to receive an invitation to participate in a second, follow-up survey on-line. This second survey will continue to explore factors related to improving dentist's participation in Title 19.

Additional details about the project, including members of the National Advisory Committee, can be found at http://ppc.uiowa.edu/health/study/dental-safety-net-iowa-dsni-project.

Thank you very much for your consideration.

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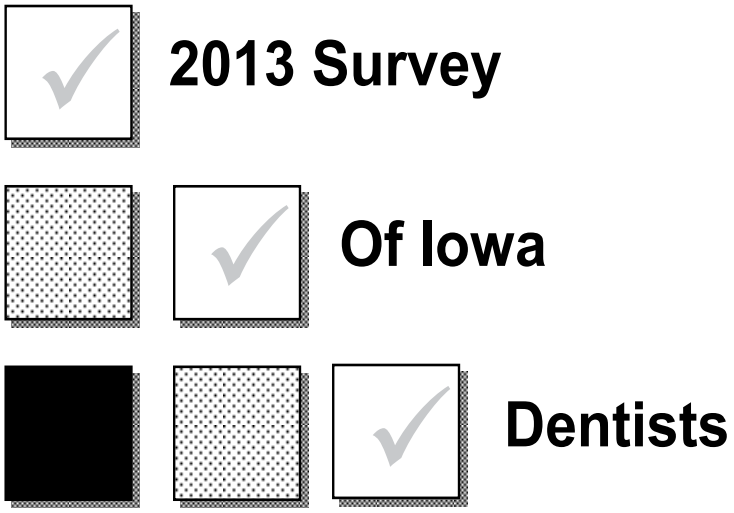
Appendix B - Survey Materials
2013 Survey of Iowa Dentists



This survey is being conducted by researchers at the
Public Policy Center and the
College of Dentistry at the
University of Iowa.

If you have any questions or comments, please contact:

Peter C. Damiano, DDS, MPH
Professor, College of Dentistry and
Director, Public Policy Center
209 South Quadrangle, University of Iowa
Iowa City, IA 52242-1192
(800) 710-8891
peter-damiano@uiowa.edu

INSTRUCTIONS: In this questionnaire we will be asking about your participation in and attitudes toward the Title 19 (Medicaid) program and care for needy populations. For each question, please circle or check the box next to the most appropriate response or write your response in the space provided.

In order for the results of this study to reflect the views of dentists in Iowa, it is important that we hear from you. However, if you come to a question you do not feel comfortable answering, feel free to skip to the next question. When you have completed the questionnaire, please fold it and return it in the enclosed postage-paid envelope.

Thank you.

If you practice in more than one location, please answer the questions in this survey as they pertain to what you consider your *primary practice location*.

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The following questions are about your experience with the Title 19 (Medicaid) program in Iowa.

1. Do you currently accept ***new*** Title 19 patients in your practice?

❑ 1.1. **NO**

N=320 (41.6%)

*If you **are not currently** accepting **new** Title 19 patients, please answer **a** and **b** below.*

a. Have you ever treated Title 19 patients in the past?

❑ 1. I have never accepted Title 19 patients. ***19.6% of dentists that responded "NO" to Question 1***

❑ 2. I accepted Title 19 patients for _____ ***years***, ***80.4%*** *Range: 1-48 years; Mean=15*
then stopped accepting ***new*** Title 19 patients in the year __ *Range: 1948-2013; Mode = 2012*

b. How seriously have you/your practice considered starting to accept ***new*** Title 19 patients in the past year?

❑ 1. Not at all seriously *76.3%*
❑ 2. Slightly seriously *9.4%*
❑ 3. Moderately seriously *3.1%*
❑ 4. Extremely seriously *0%*
❑ 5. Not sure/ I am not responsible for this decision. *3.4%*

Go to Question 2.

❑ 1.2 **YES**

N=450 (58.4%)

*If you **are** currently accepting new Title 19 patients, please answer **a** and **b** below.*

a. Do you accept all new Title 19 patients into your practice?

❑ 1. YES, I accept all new Title 19 patients. ***27.3% of dentists that responded "YES" to Question 1***

❑ 2. NO, in our office we only accept the following Title 19 patients: ***72.7%***
(please check all that apply)

❑ 1. A set number of new Title 19 patients *19.1%*
❑ 2. Our own patients who go on Title 19 *53.8%*
❑ 3. Referrals from other dentists/physicians *20.2%*
❑ 4. I-Smile coordinator referrals *18%.*
❑ 5. Child patients *28.2%*
❑ 6. Adult patients *7.6%*
❑ 7. Patients only from our county *10.4%*
❑ 8. Other *22.9%*

b. How seriously have you/your practice considered stopping your acceptance of new Title 19 patients in the past year?

❑ 1. Not at all seriously *19.8%*
❑ 2. Slightly seriously *20.9%*
❑ 3. Moderately seriously *32.4%*

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❑ 4. Extremely seriously *25.7%*
❑ 5. Not sure/I am not responsible for this decision. *1.1%*

2. Do any other dentists in your practice accept Title 19 patients?

❑ 1. N/A – I am a solo practitioner *44%*
❑ 2. YES, they accept <u>some</u> Title 19 patients *28.7%*
❑ 3. YES, they accept <u>all</u> Title 19 patients *7.7%*
❑ 4. NO *19.6*

3. About what percentage of your current patients are covered by Title 19?

Range: 0-95; Mean = 11.36

4. Where do you refer Title 19 patients that you are not interested or able to accept in your practice? *(check all that apply)* (0,1)

❑ 1. I accept them all *8.6%*
❑ 2. Community Health Center *33.2%*
❑ 3. The UI College of Dentistry 45.1%
❑ 4. Another local practice *24.9%*
❑ 5. Local I-Smile coordinator *2.4%*
❑ 6. Iowa Medicaid "Find a Provider" website *9.5%*
❑ 7. I don't have a good place to refer *24.7%*
❑ 8. Other *7.7%* (0,1)

5. Who was ***primarily*** responsible for making the decision whether your practice would accept Title 19 patients? *(please check only one)*

❑ 1. I was *61.3%*
❑ 2. The dentists in the practice as a group *19.4%*
❑ 3. The owner of the practice *14.4%*
❑ 4. The clinic management *4.1%*
❑ 5. Other *0.8%*

6. What was your personal level of involvement in the decision whether to accept Title 19 patients in your practice?

❑ 1. Not involved *8.9%*
❑ 2. Somewhat involved *7.9%*
❑ 3. Involved *18.8%*
❑ 4. Very involved *64.4%*

7. *Please read the following statements about the Title 19 (Medicaid) program and circle the number that indicates the degree to which you disagree or agree with these statements.*

	Strongly disagree	*Disagree*	*Agree*	*Strongly agree*	*Not sure/ Don't know*
a. It is difficult to provide comprehensive treatment to Title 19 patients.	**3.4%**	**16.5%**	**35.6%**	**40.1%**	**4.4%**
b. The Title 19 program has been getting less complicated in the last few years	**30.9%**	**30.9%**	**14.4%**	**2.0%**	**21.9%**
c. Title 19 patients make other patients feel uncomfortable in the office	**17.1%**	**48.0%**	**16.5%**	**4.4%**	**14.0%**
d. Without the Title 19 program, low income patients would not be able to get adequate dental care	**3.3%**	**13.3%**	**48.7%**	**24.0%**	**10.6%**
e. I am concerned about having the only practice in the area that accepts Title 19 patients	**9.7%**	**29.4%**	**23.5%**	**23.2%**	**14.2%**
f. The Title 19 program respects my professional judgment concerning patient care	**24.0%**	**30.5%**	**28.5%**	**3.4%**	**13.5%**
g. Oral health problems of Title 19 patients are more severe than those of other patients	**2.0%**	**19.3%**	**46.1%**	**24.5%**	**8.1%**
h. Dentists can have an impact on the policies of the Title 19 program	**28.6%**	**37.5%**	**13.9%**	**3.3%**	**16.8%**
i. Low income patients are more difficult to treat than others	**5.4%**	**35.4%**	**37.5%**	**12.8%**	**8.9%**
j. Dentists have an ethical obligation to treat Title 19 patients	**15.9%**	**28.3%**	**35.5%**	**9.7%**	**10.5%**
k. Changes in the Title 19 program are communicated effectively to my office	**16.4%**	**30.2%**	**29.8%**	**2.9%**	**20.6%**
l. I am more likely to be sued if I treat Title 19 patients	**9.5%**	**42.2%**	**12.9%**	**8.0%**	**27.5%**

8. *Please read the following statements about treating needy patients and circle the number that indicates the degree to which you disagree or agree with these statements.*

	Strongly disagree	*Disagree*	*Agree*	*Strongly agree*	*Not sure/ Don't know*
a. Dental care should be available for needy patients	**0.7%**	**4.1%**	**67.7%**	**23.3%**	**4.2%**
b. It is the responsibility of the government to fund programs that provide dental care to the needy	**12.3%**	**30.4%**	**37.7%**	**8.0%**	**11.6%**
c. I feel a personal responsibility for providing dental care to the needy	**4.3%**	**19.1%**	**58.5%**	**13.4%**	**4.7%**
d. Taxes should be raised so that dentists can be reimbursed more to treat needy patients	**25.3%**	**39.4%**	**14.3%**	**5.6%**	**15.5%**
e. It is more efficient for the government to pay private dentists to provide care to needy patients than to fund public clinics	**5.4%**	**19.0%**	**25.9%**	**14.3%**	**35.4%**
f. I feel I am personally unable to have an impact on the problem of meeting the dental needs of the underserved	**9.7%**	**46.8%**	**27.4%**	**5.4%**	**10.7%**

x

9. *The following is a list of commonly reported problems with Title 19 programs. Please indicate how important you considered each problem to be when deciding how much to participate in Title 19.*

	Not at all important	*Slightly important*	*Moderately important*	*Extremely important*	*Not sure/ Don't know*
1. Complicated paperwork	**3.5%**	**20.2%**	**35.8%**	**33.6%**	**5.0%**
2. Low reimbursement rates	**0.4%**	**3.5%**	**13.4%**	**81.6%**	**1.0%**
3. Intermittent eligibility of Title 19 patients	**5.0%**	**20.9%**	**39.9%**	**29.2%**	**5.0%**
4. Denial of payment	**1.8%**	**11.8%**	**27.7%**	**54.5%**	**4.2%**
5. Broken appointments	**0.4%**	**4.0%**	**15.1%**	**79.3%**	**1.2%**
6. Slow payment	**9.6%**	**26.3%**	**30.7%**	**28.4%**	**5.0%**
7. Patient non-compliance with recommended treatment	**3.9%**	**16.8%**	**31.0%**	**45.8%**	**2.5%**
8. Frequently changing Title 19 regulations	**3.3%**	**24.9%**	**33.2%**	**32.1%**	**6.6%**
9. Not enough other practices in the area accepting Title 19 patients	**11.7%**	**19.6%**	**26.4%**	**33.8%**	**8.4%**
10. Fear of government investigation (e.g., chart audits)	**42.6%**	**27.2%**	**11.1%**	**12.0%**	**7.1%**
11. Limited services covered by Title 19	**6.4%**	**22.0%**	**33.2%**	**34.8%**	**3.5%**

10. Which of the problems above (1-11) are the <u>three most important</u> considerations for your office (with "1" indicating the most important)? 1 2 3

11. *Please read the following statements about Community Health Centers (CHCs) and circle the number that indicates the degree to which you disagree or agree with these statements.*

	Strongly disagree	*Disagree*	*Agree*	*Strongly agree*	*Not sure/ Don't know*
a. CHCs provide patients with high quality dental care.	**2.8%**	**13.4%**	**44.9%**	**8.5%**	**30.4%**
b. CHCs are a source of professional competition for my practice	**33.6%**	**44.2%**	**7.0%**	**2.2%**	**13.0%**
c. CHCs are a good place to refer Title 19 patients	**3.2%**	**6.7%**	**50.4%**	**18.8%**	**20.9%**
d. Patients are not able to get comprehensive care at CHCs	**7.9%**	**26.4%**	**19.3%**	**7.5%**	**38.8%**

12. *Please read the following statements about corporate dental practices (e.g., Aspen Dental, Ocean Dental, or Applewhite Dental) and circle the number that indicates the degree to which you disagree or agree with these statements.*

	Strongly disagree	*Disagree*	*Agree*	*Strongly agree*	*Not sure/ Don't know*
a. Corporate practices provide patients with high quality dental care	**17.9%**	**36.2%**	**17.6%**	**2.3%**	**26.0%**
b. Corporate practices are a source of professional competition for my practice	**7.1%**	**28.3%**	**43.9%**	**12.2%**	**8.6%**
c. Corporate practices are a good place to refer Title 19 patients	**13.7%**	**24.9%**	**21.5%**	**4.4%**	**35.5%**
d. Patients are not able to get comprehensive care at a corporate practice	**7.2%**	**36.2%**	**14.7%**	**4.8%**	**37.2%**

We would like to ask some questions about your practice setting to identify how different practice characteristics generally relate to Iowa dentists' impressions of the Title 19 (Medicaid) program.

13. How many years have you been practicing in your current location? ***Range: 0-54 years; Mean=18.4***

14. How would you best describe your practice during the past 12 months?

❑ 1. Too busy to treat all requesting appointments *6.7%*
❑ 2. Provided care to all requesting it, but felt overworked *18.8%*
❑ 3. Provided care to all requesting it, but did not feel overworked *54.8%*
❑ 4. Not busy enough, would have liked more patients *18.3%*
❑ 5. Practice limited, no new patients taken *1.5%*

15. In your practice, how many dentists practice 32 hours or more per week ***(including yourself)***?
Range: 0-6; Mean=1.6

16. How would you describe your role in your primary practice?

❑ 1. Solo practice (owner) *54.7%*
❑ 2. Partner *25.1%*
❑ 3. Associate buying into the practice *4.6%*
❑ 4. Associate not buying into the practice *5.45*
❑ 5. Independent contractor *2.9%*
❑ 6. Employee in a corporate owned practice (e.g., Aspen, Ocean Dental, or Applewhite Dental) *3.3%*
❑ 7. Other *4.0%*

17. Please indicate your **personal gross production** in your practice last year (excluding investment or non-practice income).

❑ 1. under $200,000 *9.6%*
❑ 2. $200,000 – $299,999 *9.0%*
❑ 3. $300,000 – $399,999 *10.7%*
❑ 4. $400,000 – $499,999 *13.3%*
❑ 5. $500,000 – $599,999 *11.0%*
❑ 6. $600,000 – $699,999 *10.3%*
❑ 7. $700,000 – $799,000 *8.7%*
❑ 8. $800,000 – $899,000 *6.7%*
❑ 9. $900,000 – $999,000 *4.0%*
❑ 10. over $1,000,000 *16.5%*

18. Approximately how much were you reimbursed by Title 19 for dental services in 2011?
Range: $0-700,000; Mean = $71,793

19. Do you accept ***hawk-i*** patients in your practice?
hawk-i is the name for Iowa's childrens health insurance program. It is operated as a Delta Dental Premier dental plan.

❑ 1. YES – all ***hawk-i*** patients *64.8%*
❑ 2. YES – some ***hawk-i*** patients *22.4%*
❑ 3. NO *9%*
❑ 4. Not sure/don't know *3.7%*

Now, we would like to ask a few questions about computers in your office.

20. Do you currently have one or more computers in your office?

❑ **1. YES**
N=728
(95.3%)

a. How do you use computers in your practice? *Check all that apply*.

❑ 1. Scheduling *91.1%*
❑ 2. Billing information *96.4%*
❑ 3. Patient treatment information (an electronic dental record) *59.6%*
❑ 4. Digital X-rays *68.7%*
❑ 5. Medical history *50.8%*
❑ 6. Submit insurance claims electronically *84.9%*
❑ 7. Send information to other health care providers *71.7%*

❑ 8. Check eligibility for Medicaid-enrolled patients *50.4%*

b. Is your computer system capable of sending information such as chart information or x-rays to other health care providers?

❑ 1. Yes *59.85%*
❑ 2. No *23.7%*
❑ 3. Don't know *6.5%*

❑ **2. NO**

N=36
(4.7%)

Finally, we would like to ask you some questions about Expanded Function Dental Auxiliaries (EFDAs).

The Iowa Dental Board has convened a task force to look at the possibility of increasing the number of procedures that EFDAs (Dental Assistants and Dental Hygienists) can perform under the supervision of a dentist. Auxiliaries would be required to receive additional education and demonstrate competency in order to provide each procedure. The following questions are intended to explore Iowa dentists' attitudes about additional expanded functions.

21. The state of Iowa currently allows EFDAs to perform the following duties.
Do you ever delegate any of these duties to an EFDA in your practice? (Circle yes or no.)

	Yes	No
a. Remove temporary crowns	**42.1%**	**57.9%**
b. Take final impressions	**22.4%**	**77.6%**
c. Fabricate temporary crowns	**44.1%**	**55.9%**
d. Apply cavity liners, bases, desensitizing agents, or bonding systems.....	**18.0%**	**82.0%**
e. Test pulp vitality	**15.3%**	**84.7%**
f. Take occlusal registrations	**42.0%**	**58.0%**
g. Placement and removal of gingival retraction	**25.9%**	**74.1%**

22. *If the practice act was changed, would you ever consider having a trained and tested expanded function dental auxiliary (EFDA) provide any of the following services in your practice? (Circle yes or no.)*

	Yes	No
a. Removal of cement/adhesives following permanent cementation of crowns/bridges	**60.9%**	**39.1%**
b. Place and shape amalgam restorations following preparation of a tooth by a dentist	**20.9%**	**79.1%**
c. Place and shape composite restorations following preparation of a tooth by a dentist	**17.3%**	**82.7%**
d. Fit and cement stainless steel crowns on primary teeth	**31.4%**	**68.6%**
e. Take final impressions and records for the fabrication of dentures and partial dentures	**32.4%**	**67.6%**
f. Cement final restorations (crowns, fixed partial dentures).....	**20.5%**	**79.5%**

23. *How seriously would you consider covering the costs to send one of your own dental auxiliaries, with multiple years of experience, to a course where they could become certified to provide the services listed in Question 22?*

❑ 1. Not at all seriously *35.2%*
❑ 2. Slightly seriously *17.7%*
❑ 3. Moderately seriously *21.0%*
❑ 4. Extremely seriously *19.7%*
❑ 5. Not sure *6.4%*

24. What is the most important change that could be made to increase dentists' willingness to accept Title 19 patients? _____

_____

_____

_____

25. We are interested in any other comments you may have about the Title 19 program.

_____

May we contact you to participate in a follow-up survey?

We will be conducting an online survey in 4-5 months to further understand how we can improve the Title XIX program based on dentists' responses to this survey. If you share your e-mail address with us below, we will e-mail you with information on how to participate. As always, your responses to that survey will remain confidential and we will not share your e-mail address with anyone else. Your responses to both surveys may be linked so that we do not have to ask certain questions twice.

Please call me if you have any questions about this:

Your e-mail address: _____

Thank you for your consideration.
Pete Damiano
319.335.6800
peter-damiano@uiowa.edu

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Appendix C

Dentist Comments and Categorization of Comments for Survey Question 4

These are a summary of the comments dentists made to question 4 of the 2013 Survey of Iowa Dentists: **Where do you refer Title 19 patients that you are not interested or able to accept in your practice?** Comments are categorized by dentists' current level of Medicaid participation (accepts no new patients, some new patients, or all new patients).

Table C-1. Referrals to other health centers (n=27)

No New Patients (13)
(illegible) DHC
Broadlawns
Broadlawns
Broadlawns
Comfort Dental in Waterloo.
Des Moines Health Center.
Ocean Dental
Ocean Dental
River Hills
River Hills Othimira Centerville
Story County Dental Clinic
Story Dental Clinic County
XIX Clinic
Some New Patients (11)
Broadlawns
Broadlawns
Broadlawns, Ocean Dental
Crescent Health Center Dubuque
Free dental clinic at Mercy Medical C
Free dental clinic
Gentle Dental
Medical center.
New clinic River Hills
St. Luke's.
United Way
All New Patients (2)
BMC, primary care, legacy dental.
St Luke's Dental Health Center
Unknown (1)
Broadlawns

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Table C-2. Referrals to academic institutions (n=9)

No New Patients (2)
Creighton U School of Dentistry
Creighton School of Dentistry
Some New Patients (5)
Creighton University Clinic
Creighton Dental School/UN in Lincoln
Creighton Dental School
UIHC
ICCC
All New Patients (2)
Creighton
University of Iowa Hospitals

Table C-3. Referrals to local dentists & specialists (n=8)

No New Patients (2)
Dentist in town
Some specialists
Some New Patients (4)
Check with other offices in the area, (some others may accept a limited number as well)
Dentist 15 miles away
Oral surgery/pediatric dentists
Try other dentists in area
All New Patients (2)
Pedodontist
Pedodontist

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Table C-4. Miscellaneous referrals (n=11)

No New Patients (6) Have them call the state. I retain what I have. No one has called out of the blue to be accepted as a new Medicaid patient. Internet/phone book/dental board for It is very rare a Title 19 patient contacts our office The office staff answers increasing c We treat emergent or chief complaint issues at no charge for Medicaid
Some New Patients (3) Distance to IA City is too great No idea We place them on a wait list and see them when openings are available
All New Patients (2) If I have discharged them, I tell them they are on their own. Non-local practice

Table C-5. Comments about not referring (n=4)

No New Patients (3) I don't refer I don't see or refer TXIX patients Do not refer people I have never met
Some New Patients (1) We don't offer advice on it

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Appendix D

Dentist Comments and Categorization of Comments for Survey Question 16

These are a summary of the comments dentists made to question 16 of the 2013 Survey of Iowa Dentists: **How would you describe your role in your primary practice?** Comments are categorized by dentist's current level of Medicaid participation (accepts no new patients, some new patients, or all new patients).

Table D-1. Dentist is the owner (unspecified as group or solo practice)(n=1)

Owner/CEO

Table D-2. Dentist is the owner of a group practice (n=15)

Owner group practice
Owner of Incorporated General practice, sec
Owner, 2 dentist group practice
Owner-corporation
Owner-group practice
Owner dentist with associate
Owner of practice with paid part time assoc
Owner w/associate that was long time owner
Owner w/associate
Owner with an associate
Owner with associate
Owner with associate
Owner with older associate
Owner with two associates

Table D-3. Dentist is an employee (n=7)

Employee in PC Corporation
Employee of a sole proprietor
Employee of private practice
Employee of solo practice
Employee with CHC experience and working wi
Employee
Employee/manager

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Table D-4. Miscellaneous (n=5)

Associate/former owner phasing toward (illegible)
C corp
Large group practice associated with other dentists in several locations as of 1/1/2013
Midwest Dental
P.C.

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Appendix E

Dentist Comments and Categorization of Comments for Survey Question 24

These are a summary of the comments dentists made to question 24 of the 2013 Survey of Iowa Dentists: **What is the most important change that could be made to increase dentists' willingness to accept Medicaid patients?** Comments are categorized by dentist's current level of Medicaid participation (accepts no new patients, some new patients, or all new patients).

Table E-1. Comments about reimbursement (n=508)

Medicaid Participation • Comment
No New Patients (n=193)
• $
• $
• $ reimbursement.
• $$
• Increase reimbursement.
• Higher fee schedule.
• 100% re-embursment
• A reasonable fee schedule.
• Accepted fees
• Adequate reimbursement to at least overhead expenses.
• At least cover our costs.
• Average office overhead is 62%. 2012 Title 19 reimbursements are 50% of my fees! Lose money! Increase reimbursement!
• Better coverage.
• Better fee schedule
• Better fees.
• Better reimbursement
• Better reimbursement
• Better reimbursement
• Better reimbursement to providers
• Better reimbursement!
• Better reimbursement! And that is not going to happen to the level required. It would require at a minimal a 100% increase in reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Better reimbursement.
• Bigger reimbursements.
• Change the fee structure.
• Compensation for procedures.

- Compensation. I received 29% of my normal fee, my overhead is 60%.
- Consistency in remuneration.
- Cover the costs.
- Coverage that would allow some semblance of comprehensive care at rates that exceed overhead.
- Dismal reimbursement
- Each town should take responsibility for their own residents that qualify for Title 19, this hinges on improved reimbursement rates.
- Fair reimbursement for treatment.
- Fair reimbursement.
- Fair reimbursement.
- Fee reimbursement increase.
- Fee schedule to better cover overhead costs.
- Fees need to significantly increase, currently do not come close to covering overhead.
- Good reimbursement rates! (85-90%). When the rates were increased about 12-14 years ago due to the tobacco settlement and having spent for dental XIX, everyone took new XIX patients, till the rates dropped again.
- Help the provider get reimbursed instead of looking for the undotted "I" or uncrossed "T" on a claim so that it can be rejected. This requires more time and expense on our part to get partially reimbursed for procedures we are already loosing money perfor
- Higher payment schedule, it is VERY loW.
- Higher rate of reimbursement.
- Higher reimbursement.
- Higher reimbursement
- Higher reimbursement
- Higher reimbursement for the dentist
- Higher reimbursement! Especially on REMOVABLE.
- Higher reimbursement.
- Higher reimbursement.
- Higher reimbursement.
- Higher reimbursement. I did a start up from scratch 2 years ago, and I cannot afford to fill schedules with low reimbursement patients. It is hard enough with the PPO's I'm in network with.
- Higher reimbursement
- Higher reimbursements
- Higher reimbursements. Quicker reimbursements.
- I lose money treating them, my overhead is more than the reimbursement by Title 19.
- Reimbursement is terrible considering I have the 2nd lowest fees in town and it is 55%.
- If claims are submitted, they actually get paid within a reasonable time frame. I have had claims denied for no good reason and take over a year for very minimal reimbursement.
- I have lost $ several times as my lab bill was larger than what I was reimbursed w/partial dentures.
- If Medicaid would consider covering more of the costs.
- If we could pre-auth all tx to see if I was going to get reimbursement.
- Improve reimbursement rates.
- Improve reimbursement rates.
- Increase amount of reimbursement
- Increase benefit payments.
- Increase compensation.
- Increase compensation.
- Increase compensation.
- Increase reimbursement
- Increase fee compensation.
- Increase fee reimbursement
- Increase fees (reimbursement) so dentists can have some chance of paying their bills if they accept XIX. Reimbursement so low with XIX, I can't cover my overhead and make much of any profit.

- Increase fees.
- Increase funding.
- Increase payment.
- Increase payments to a reasonable level
- Increase reimbursement-
- Increase reimbursement
- Increase reimbursement
- Increase reimbursement
- Increase reimbursement by decreasing what is covered for adults, i.e. crowns, endo, (emerg. tx only). Increase for children and adults with disabilities.
- Increase reimbursement considerably.
- Increase reimbursement for dentists.
- Increase reimbursement for services provided.
- Increase reimbursement levels. Some fees don't even cover the lab bill to provide them.
- Increase reimbursement or allow dentists to deduct 40-50% of the unpaid treatment cost from their taxes.
- Increase reimbursement rate to 80% vs. current 52%. Make it a standard for insurance/PPO's to compete with.
- Increase reimbursement rate.
- Increase reimbursement rates, possibly higher rates if tx done in private practice is public CHC.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates. Dentistry is a business and no business can run in the red every time a patient/customer is seen.
- Increase reimbursement to doctors.
- Increase reimbursement to make it at least "break even" after expenses.
- Increase reimbursement with office overhead it is a losing proposition now.
- Increase reimbursement
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursements!!!
- Increase reimbursements, does not even come close to covering overhead.
- Increase reimbursements.
- Increase reimbursements
- Increase the fee schedule.
- Increase the fee schedule.
- Increase the fees
- Increase the reimbursement rates, the way they are now, I would rather take the time off rather than operate at a deficit.
- Increase their fees significantly.

- Increased reimbursement. It is hard to break even with it so low and overhead so high.
- Increased reimbursement.
- Increased reimbursements
- Increased/better reimbursment for procedures.
- Increasing reimbursement for procedures.
- Better reimbursement (I received $9000 for $32,000 of services).
- Higher reimbursement levels.
- Low reimbursement rates
- Make it as easy to use as private ins, pay more.
- Reimbursement too low-doesn't cover cost of broken appts and overhead.
- Mandatory to be able to cover overhead costs, has not been possible for years.
- Better reimbursement.
- More reimbursement
- Low fees
- Pay 100% for preventive services. As long as they come to preventive services, pay a better rate for restorative. Don't pay for much if they are only emergency patient.
- Pay above our costs of doing business.
- Pay better, compare payments from say delta.
- Pay fees same as Delta's low rates.
- Pay them enough to cover costs and maybe even a small profit
- Pay.
- Payment
- Payment increases.
- Payment simply doesn't cover the cost of doing treatment in an office.
- Possibly fees
- Probably reimbursement rates for most dentists. NOT SURE I would participate if rates were comparable to Delta.
- Raise the insultingly low reimbursement rates
- Raise the reimbursement levels. How can you pay 2013 expenses w/1986 dollars?
- Reimburse reasonably.
- Reimbursement
- Reimbursement amounts
- reimbursement increase
- Reimbursement increase significantly.
- Reimbursement increases
- Reimbursement is too low to cover overhead costs.
- Reimbursement level
- Reimbursement rate increase so that you are not losing money for each procedure performed.
- Reimbursement rate increase.
- Reimbursement rates
- Reimbursement rates increased
- Reimbursement rates the same as private insurance. Dental rates the same as private insurance.
- Reimbursement rates!
- Reimbursement rates, timely reimbursement
- Reimbursement rates.
- Reimbursement rates.
- Reimbursement rates.
- Reimbursement too low to deal with paperwork.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.

- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Remuneration.
- Simple math of reimbursement rate. I lose money every time we see Title XIX patients. At approximate 70% overhead, can not afford to take on new Title XIX pts.
- The pay is so inadequate for all the special challenges treating title XIX patients. There will be no providers if the "Affordable Health Care Act" expands Medicaid at current levels of compensation.
- The schedules went from 1/2 fee payment to 1/4 fee payments. We could no longer afford the manpower and chair time for the pts.
- There is a problem with reimbursement.
- There needs to be better reimbursement so we do not write off 60% plus on every Title XIX patient seen.
- We are just overwhelmed taking XIX patients. If reimbursement was higher we would consider taking more & it would help if more practices in our area accepted XIX

Some New Patients (n=228)

- A fee schedule that would at least allow the dentist to meet the cost of dental services. I.e., raise title XIX fees to the point of "breaking even" at least.
- A substantial increase on reimbursement rates!
- Added reimbursement.
- Adequate reimbursement.
- Better fees.
- Better pay
- Better reimbursal. Providing quality dental care to patients is expensive. By the time I pay staff, supplies and lab the profit is very low.
- Better reimbursement
- Better reimbursement and more procedures reimbursed.
- Better reimbursement rate. My overhead is 60-62%, Title 19 pays about 50% of my normal fee. Do the math. I lose money on each patient I see.
- Better reimbursement rates.
- Better reimbursement rates. Current rates do not cover some of our costs, so we lose money seeing these patients.
- Better reimbursement.
- Better reimbursement.
- Better reimbursement.
- Better reimbursement.
- Better reimbursement. Most offices have a 60-80% overhead. Reimbursement at 50% or below is a lose-lose situation for the practice. It is not good business for the paying patient to treat XIX at current reimbursement.
- Better reimbursement
- Biggest complaint I hear is reimbursement level
- Change/improve reimbursement amounts
- Compensation
- Compensation.
- Covers cost of services. Presently approximately 20% loss on services provided.
- Currently our office writes off 1/4 of my salary. Accepting Title 19 and providing standard of care dentistry is a great way to go bankrupt. Increase reimbursements and covered care.
- Ease and amount of reimbursement.
- Expansion of reimbursement rates.
- Extremely low reimbursement levels.
- Fair payment. Currently Title XIX does not even cover my costs.

- Fair reimbursement. Several services are actually below my cost to provide to the patient.
- Fee increase.
- Fees
- Fees are very poor.
- Fees increased, even if title IX shows up the fees barely cover overhead, they do not! $100 to remove a palatal torus! Can't do it.
- Fees need to be increased. They are sometimes below my break even. I can't run a for profit business losing money each time I tx Title 19 patients.
- FEES!!!
- Fees set at 75 percentile.
- Figure got a way to at least reimburse basic care for 18 and under at 70% or so. If Delta Dental UCR or some other matrix.
- For XIX to increase reimbursement rates the current rates reimburse at about 30% of our fee schedule and we have a 65% overhead.
- Funding for services must be improved. Fees have not changed notably in over 10 years where practice overhead expenses certainly have. It is not being greedy to receive compensation that at least covers the cost for providing care.
- Get reimbursement rate up to at least 80% of my usual and customary charges.
- Give it to a corporation who knows from experience how to reimburse!
- Higher fee reimbursement.
- Higher fee schedule
- Higher fee schedule
- Higher payout
- Higher reimbursement
- Higher reimbursement levels.
- Higher reimbursement rate.
- Higher reimbursement rates at least to 70%.
- Higher reimbursement rates.
- Higher reimbursement rates.
- Higher reimbursement will encourage some dentists.
- Higher reimbursement, with a caveat. I feel that all the dentists who currently accept Title 19 patients should be reimbursed at a higher rate for at least 1 year, and then other dentists who "start" taking Title 19 patients when they hear reimbursement rates go up should receive a lower rate. Why reward them for all the work others have done.
- Higher Reimbursement.
- Higher reimbursement.
- Higher reimbursement.
- I am a preferred provider for Metlife, Delta Dental premier and PPO, Principal, Ameritas, Cigna, Blue dental grid and grid plus, United Concordia, and Humana insurance plans. Make Title 19 reimbursement rates similar to any of these and I would accept it
- I think dentists are frustrated generally by the low compensation
- If I received equal pay for Title 19 patients I would treat them as any other patient. We are health care providers but we also have to pay our bills.
- If the plan would pay the dentists fairly most dentists would probably be willing to accept it.
- Improve reimbursement
- Improve reimbursement rate so I don't have to fund the program personally and thru my taxes.
- Improve reimbursement rates
- Improve reimbursement rates.
- Improved reimbursement.
- Increase compensation for orthodontic services.
- Increase fee payment to dentists.
- Increase fee reimbursement.
- Increase fees for exam, xrays, prophy, basic restorative and extractions to UCR. Make co-pay for

partials, dentures and crowns to $25-50 percent.
- Increase fees paid to dentists.
- Increase fees, increase services.
- Increase fees.
- Increase fees. When I started practice reimbursement levels were approximate 80% and most dentists saw XIX. As XIX fees decreased so did the # of dentists accepting XIX. Now with reimbursement at <50% seeing too many XIX pts would ruin the practice.
- Increase in reimbursement
- Increase pay/procedure
- Increase payment
- Increase payment
- Increase payment.
- Increase payments
- Increase payments to dentists will increase the number of patient seen by dentist offices.
- Increase reimbursement
- Increase reimbursement
- Increase reimbursement
- Increase reimbursement
- Increase reimbursement fees.
- Increase reimbursement levels.
- Increase reimbursement levels. If it would be at 75-80% of UCR I would see many more.
- Increase reimbursement on par with Delta Dental.
- Increase reimbursement per service.
- Increase reimbursement rate.
- Increase reimbursement rates
- Increase reimbursement rates
- Increase reimbursement rates
- Increase reimbursement rates
- Increase reimbursement rates
- Increase reimbursement rates to at least a reasonable amount for allowed procedures. Current rates are less than 50% of regular fee for many services provided.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates. It is hypocritical for the state to push for more Title XIX dentist involvement w/o increasing compensation.
- Increase reimbursement rates. They are an insult!
- Increase reimbursement rtes for treatment done.
- Increase reimbursement to a level that makes it possible to gain some profit
- Increase reimbursement to a reasonable level. Current levels do not even cover overhead for staff and facilities. Even with me donating my services. Increasing the number of patients seen when you are losing money is not sustainable. If you pay at a reasonable rate, participation will increase.
- Increase reimbursement to Hawk I levels.
- Increase reimbursement, especially prosthetics and crown and bridge.
- Increase reimbursement, expand covered procedures.

- Increase reimbursement, same complaint I have heard my entire career. Even in smalltown Iowa we are averaging 46% reimbursement of our usual fee.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement. According to Iowa Dental Association the current reimbursement rate is the same as it was in 1986.
- Increase reimbursements
- Increase reimbursements.
- Increase reimbursements.
- Increase reimbursment! When I get reimbursed 42% and my overhead is 55-60%, every patient I see that is T19 cost ME money. This is unacceptable and unsustainable.
- Increase the reimbursement rate
- Increase the reimbursement rate.
- Increase the reimbursement to at least cover our overhead costs. I don't need to make a profit, but I can't afford to lose money on Title XIX.
- Increased fee schedule.
- Increased reimbursement for services provided
- Increased reimbursement rates
- Increased reimbursement rates.
- Increased reimbursement would help
- Increased reimbursement would make a huge difference.
- Increased reimbursement.
- Increased reimbursement.
- Increased reimbursement.
- Increased reimbursement.
- Increased reimbursement.
- Increased reimbursement.
- Increased reimbursement.
- Increased reimbursement.
- Increasing reimbursement of fees.
- Increasing reimbursement rates.
- INCREASING REIMBURSEMENT!!! It doesn’t even cover my overhead. Therefore, not only do dentists basically not get paid ourselves to treat XIX patients, we are actually PAYING our of our pocket to cover the unreimbursed overhead expenses (i.e. staff salaries, supplies, rent, etc.).
- Increasing the reimbursement would be helpful. We only receive 40% of our fees and our overhead is 75 - 85%. Considering this we are paying to see Medicaid patients.
- Large reimbursement.

- Low reimbursement make it such that I get paid less and work harder.
- Low reimbursement rates
- Low reimbursement rates
- Lower cost of dental education. Increase reimbursement
- Make payment equal.
- Make program like Hawk-I. Doesn't have to be perfect, just make the program functional with 80% reimbursement.
- Making it less difficult to get reimbursed. In my opinion, the difficulty of getting reimbursed is more of a problem than the low rate of reimbursement.
- More acceptable fee schedule
- Mostly reimbursement, in my office, XIX fees don't cover my overhead. We provide the exact same service to our XIX patients as we would to any patient.
- Obvious increase in reimbursement levels would increase Title XIX acceptance. But how would you pay for it? Not easy answer.
- Obviously reimbursement is okay, but who's to pay? Yes, as a health care provider I do feel an obligation to serve the needy and I do. But dentists in area where there are high numbers of Title 19 need a decent reimbursement.
- Pay 80% of usual and customary fees and I feel there would be no "access to care" issues.
- Pay adequately for the service given.
- Pay more
- Pay more for treatment rendered. Treating too many Title XIX patients will cause a practice to go broke!
- Pay more.
- Pay our fees!
- Pay them.
- Payment, higher reimbursement.
- Poor reimbursement rates
- Poor reimbursement.
- Probably adequate compensation, at least covering costs!
- Provide better reimbursement.
- Raise fees paid
- Raise fees.
- Raise fees. We who choose to see title XIX are doing for 1/2 what we would normally receive.
- Raise reimbursement.
- Reasonable fees.
- Reasonable reimbursement rates.
- Reasonable reimbursement.
- Reimburse at 60% state wide!
- Reimburse at high rate, especially prosthetic cases where the reimburse is so low by the time to pay the lab bill and overhead costs associated with the cost you actually lose money. If this can't be reimbursed at a significantly higher rate I would rather it not even be covered.
- Reimbursement
- Reimbursement increase
- Reimbursement increase.
- Reimbursement increase.
- Reimbursement levels
- Reimbursement levels not less than overhead.
- Reimbursement rate, can't break even with low reimbursement rates.
- Reimbursement rates
- Reimbursement rates
- Reimbursement rates increased.
- Reimbursement rates most T19 pt's need partials or dentures from a lifetime of negligence of oral hygiene.

- Reimbursement rates need to be better.
- Reimbursement rates that would at least cover expenses. Some procedures (lab repairs) cost money.
- Reimbursement rates.
- Reimbursement rates.
- Reimbursement rates.
- Reimbursement rates.
- Reimbursement should be increased.
- Reimbursement similar to Hawk I.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursements are approximately 44% of charges. Very difficult to cover overhead especially in offices that make the effort to upgrade their technology.
- Reimburtsement rates, the rates have never been raised since I began practicing in 2006.
- The most important thing that will have to be accomplished is to make reimbursement reasonable.
- The reimbursement rate is TERRIBLE.
- Title XIX cannot enforce patients to keep their appointments, but if reimbursement were at least 80% of our fees this would help. There still should be a way to track and penalize those with multiple failures.
- Up reimbursement
- Your reimbursement is 50%. My overhead is 64%. It costs me money to see title 19 patients.

All New Patients (n=81)

- Better funding
- Better pay
- Better reimbursement.
- Fees are too low, many times the fees received for lab cases is lower than the price/fee!
- Fees raised.
- Greater reimbursement, match private insurance coverage for similar procedures.
- Higher fee schedules, therefore higher reimbursement.
- Higher reimbursement
- Higher reimbursement
- Higher reimbursement rates.
- I think this would be helped greatly by better reimbursement.
- Increase % reimbursement.
- Increase fee payment.
- Increase fees
- Increase fee's
- Increase fees for procedures.
- Increase fees.
- Increase fees.
- Increase how much reimbursed for procedures.
- Increase of reimbursement rates to cover expensive/high costs of dental supplies.
- Increase payment.
- Increase reimbursed rates
- Increase reimbursement
- Increase reimbursement

- Increase reimbursement for procedures to dentists.
- Increase reimbursement levels
- Increase reimbursement payments from state.
- Increase reimbursement rate to at least the 75th percentile.
- Increase reimbursement rate.
- Increase reimbursement rates
- Increase reimbursement rates to be similar to private insurance
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates.
- Increase reimbursement rates. I am getting the same fee in 2013 as I was in 2000!
- Increase reimbursement to above break-even point.
- Increase Reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement.
- Increase reimbursement. Currently less than 50%, same level since grad 1994!
- Increase reimbursement. Level has not changed in many years.
- Increase reimbursement. We are writing off an average of 75% of our charge. Our costs have gone up about 5% each year but the reimbursement has actually gone down! In most cases, we are not covering our costs!
- Increase reimbursements.
- Increase reimbursment
- Increase the fees received
- Increase the reimbursement!
- Increased fee reimbursement for procedures rendered.
- Increased reimbursement rates.
- Increased reimbursement, Community Health Centers get over 100% of normal fees, we get less than 50%.
- Increased reimbursement.
- Increased reimbursement.
- Increased reimbursement. I am currently paid at 40% of my charges or worse. DDS don't understand that while they pay for their education that it is still subsidized by the State of Iowa. XXXXXXX XXXXXXX wrote a letter to the Des Moines Register when he was Chair of the Board of Regents that every undergrad hour at Iowa was subsidized by the State at 70 and every hour of classes at the college of dentistry was subsidized at over $1000 an hour. I.
- Increasing the amount of reimbursement would help.
- Money.
- More money as reimbursement
- Must increase reimbursement fees
- Need much better payment for services like almost all other states do.
- pay them enought to cover their costs. We had a case where you wouldn't even cover our lab bill even after asking for a reconsideration.
- Rates are extremely low when compared with other insurance companies. It makes it difficult to treat patients with the best supplies, equipment and other dental technologies. We only use the best of everything, so it makes it difficult to accept Title 1

- Reimburse better.
- Reimbursement for services rendered.
- Reimbursement levels.
- Reimbursement rate.
- Reimbursement rate.
- Reimbursement rates have gone up $200 per ortho case in 13 years.
- Reimbursement rates need to be addressed as they 10 years behind on actual fees.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Reimbursement.
- Short answer, money.
- That's a good question. Perhaps better reimbursement but that would require higher taxes, which I am not in favor of.
- With better reimbursement I would see more if it helped offset loss vs. paying pts.

Unknown (n=6)

- Allow patients to pay out of pocket for better materials in a denture. Dentists don't like providing inferior products to some patients but reimbursements are below cost for better quality denture materials.
- Better reimbursement.
- Better reimbursement.
- Better reimbursements.
- Increase reimbursement to at least 60% UCR
- Increase reimbursement to Hawk I levels

Table E-2. Comments about broken appointments (n=112)

Medicaid Participation
• Comment
No New Patients (40)
• Ability to charge for broken appointments
• Address no-show/broken appts/late cancellations.
• Allow a "one strike and you're out" as far as missing appts.
• As an orthodontist, the biggest deterrent to treating Title 19 patients is compliance, showing up for appointments, hygiene and having parents who are on board with the commitment needed to see treatment through completion. It's unfortunate, but it seems a lot of these children are in life situations that just are not conducive to treatments that require long term commitment. I don't know how you fix that.
• Broken appointment fees.
• Consequences to missing appointments
• Decrease in failed appointment. Case workers stress the importance of keeping appts?
• Decrease no shows or allow broken appt fees to apply.
• Decreased broken appointments.
• Drop eligibility for 3 months for unexcused missed appts.
• Enforce attendance at appointments.
• Enforcement from Tx-19 about missed appts.
• Get them to show up for appointments.
• I kept the good, compliant T19 patients, the rest have not been reappointed (missed appointments, non compliance, etc).
• If a patient fails multiple appointments they are released from my practice. XIX patients do this at such a high rate. Until this changes there is no reimbursement rate that could overcome the fail rate.
• If patients were penalized for failing appointments, i.e. 3 strikes and they don't qualify for dental coverage for x # or years. If T19 was administered by Delta. i.e. an organization that knows dental codes. More dentists would sign up.
• If they would show up for their appointments
• Importance of keeping appt!
• Incentive for patients to keep their appointments.
• It cost the dentist more to treat Title 19 patients because of the no shows. So why should they not be paid at least their normal fee.
• Make them show up for appointments. They have no need to show up if something else comes up.
• Make them value their appointments, too many broken appts and seldom agree to regular recare. They refer to T19 as "insurance", don't follow through with recommended tx.
• Making Title 19 patients accountable for showing up for their scheduled appointments, and routine recall appointments.
• Not make us accept all Title 19 patients. We should be able to see who we want. Schedule no-shows and low fees are the biggest problem.
• Patient compliance to keep appt's..
• Patient must be held accountable for missed appointments and follow through with treatment.
• Patient would not fail to keep appointments.
• Patients breaking apts.
• Patients keeping their appointments.
• Pay for broken appointment (something).
• Penalize patients who fail their appointments.
• Penalties to patients for "no show appts".
• Pts keeping appts.
• Raise the patient's awareness in regards to the cost associated with failed appointments.
• Reimbursed for late cancellations and no shows (not a token fee).
• Reliability of showing up for appts.

- Show up for appointments or lose your Title 19.
- The Title 19 population as a general patient pool, are not dependable to keep appointments.
- Too many no shows, failed appointments, difficult problem to solve.
- Unfortunately patient compliance and appointment failures keep us from accepting new ones.

Some New Patients (46)

- Accountability of Title 19 to reimburse for broken appointments/ensure attendance through social services.
- Broken appointments
- Broken appointments importance.
- Broken appts are still the biggest problem for me, and for that I have no solution.
- Control "no shows".
- Decrease no show rate.
- Educate the Title 19 parent/pt to be appreciative of the services they receive, be on time and not fail appointments, let them know that reimbursement to the dentist is horrible and we see children covered by this truly out of the goodness of our hearts. Educate them. Don't just approve them.
- Extremely high broken appt rate
- Get paid for broken appts.
- Have consequences/penalty for not making it to their appt.
- Have some reimbursement for patient who fail to show for their appointment or possible apply a three strikes rule that they would not be eligible for Title 19.
- High failure rate is also very hard on office overhead cost.
- High rate of broken appts.
- Hold them accountable for broken and failed appointments. It's very frustrating to hold that time open and have them not show up. I have other patients who could have been appointed.
- I find the most frustrating problem is broken or failed appointments and patient non-compliance. I think that there is a serious issue with some patients who receive Title 19 funding not being invested in the process of their health care. I often see a lack appreciation for the program and the care they are receiving. The dentists who treat them are often breaking even if no losing money when considering lab bills, staff wages and supplies to treat them and it worsens when the appointment is failed. I have multiple appointments weekly, if not daily, which are failed with no phone call. They simply do not show up to their scheduled appointment time. While I completely understand unforeseen circumstances happen, it is the repetitiveness of these failed appointments and lack of accountability that I take issue with. What frustrates me further is when we finally contact those patients about their failed appointment we often hear avoidable excuses lacking an apology for our wasted time or having taken away this time from someone else who could benefit from treatment. Currently, there are simply no consequences for these patients who routinely abuse the system. I personally feel that as practitioners we all have a responsibility to share the burden of treating patients on Title 19 programs. However, I also feel fed up with the current system and the people who are routinely abusing healthcare providers and our tax dollars. While I do not have answers to all of these problems, I strongly believe that we need to have some accountability built into this system. There is no motivation for these individuals to change their destructive behavior, because there are no consequences to their actions.
- If pts fail appointments they should be penalized or denied coverage.
- Impressing upon the patients that we dont have to see them-- they should show us some respect by keeping appointments.
- Increase reimbursement to a level that makes it possible to gain some profit after all the problems with failed appts and noncompliance. I see these pts to fill gaps in my schedule so I don’t have to send staff home and miss pay.
- It continues to be a problem to have Medicaid patient keeping their appointments or short canceling us.
- Less "no shows"
- Less broken appointments
- Lost productivity time when Title XIX patient fail to show up because they cost precious money in several ways.

- Lower appointment failure rates.
- Make patient responsible to actually keep appointments.
- Make patients accountable for appts to reduce no shows.
- Make them come to their appointments.
- Make them show up for their appts.
- Make title 19 pts responsible (i.e. they lease benefits if miss 2 or more appts).
- No failed appts.
- No shows are a huge problem.
- No shows.
- Patient compliance with scheduling is biggest issue.
- Patients should be held responsible for keeping their appointments. They get the message from our government that it is ok to miss appointments time and time again, as sanctions are never imposed on them for doing so.
- Patients who show up for scheduled appointments.
- Poor patient show rate for scheduled appts.
- Reimburse for missed appointments.
- Rreimbursement for failed appointments, let Title XIX then decide their future eligibility.
- Some how encourage or "reward" them when they MAKE appointments. They are by far the highest rate of missed appts.
- Somehow make Title 19 patients accountable and some penalty for repeatedly not showing up for appointments.
- The number of failed appts by Title XIX pts is at least 2-3x the rate of non Title XIX.
- The other factors, such as "no-shows", non-compliance, etc., are no more prevalent among these patients as any others.
- The reimbursement rate is TERRIBLE. This, combined with the high failure rate of Title XIX patients makes treatment of them a losing proposition.
- Their rate of failing scheduled appointments is generally higher than other patients.
- There needs to be a way to call a XIX patient out when they are non-compliant or fail appointments. They are receiving a service for free and need to take it responsibly.
- Title XIX cannot enforce patients to keep their appointments, but if reimbursement were at least 80% of our fees this would help. There still should be a way to track and penalize those with multiple failures.
- Unfortunately, a large portion of my "no-shows" are Title XIX.

All New Patients (26)

- A comprehensive and legally acceptable statement regarding what to do with no shows, late cancellations, etc. that patients would be informed of by Medicaid and they would agree to, a statement of personal responsibility. Too many patients take the program and providers for granted. Possibly Medicaid could reimburse something for failed appointments and then charge them back to patients to be able to maintain eligibility.
- Decrease broken appts.
- Decrease patients unwillingness to come to scheduled appts.
- Decreased failed appointments.
- Failed appointments
- Failed appointments will probably never change. Increase fees.
- For many, increased reimbursements. I can live w/the reimbursement because it is not a huge part of my practice. For me it is broken appts, paperwork non compliance etc.
- Force patients to be responsible to make appointments.
- Have patients lose their dental eligibility for all but emergency procedures if they have hx of failing appts at multiple DDS offices. Up to indiv DDS to tell DDS of these patients. When your records indicate two or more DDS's have dismissed them due to failure and last minute cancellations, they lose dental eligibility for 1 year, other than emergency in fedion TE's.
- I recommend a voucher plan, where every XIX gets a $50 voucher each 6 mo, he's to surrender it to a DDS office to get an appointment, and the DDS gets the voucher $50 even if the patient fails their appt.

- If our experience with missed appts and the streamlining of claims submission had not improved, I would not currently be accepting adults XIX pts. I will always see children.
- Institute a voucher. Give each patient a $50 voucher each month to be given to DDS when appointment is made. If patient keeps appointment, $50 goes to pay for service. If patient fails appointment, DDS keeps $50 and patient waits another month for next voucher.
- Mandatory-office visits
- Missed appointments
- Patient compliance and responsibility of making appointments.
- Patient no shows.
- Patient's keeping appointments is also extremely important, but that is not something that can be changed.
- Patients that actually show for appts.
- Penalize pts for broken appointments. Fee (our of pocket) or become non-eligible for T19 after 2 no shows.
- Penalty to patients for failed appointments.
- Personally less failures would be my 1st reason.
- Promote and encourage the dentists to charge a missed appointment fee of significance (i.e. $20).
- Provide a code and reimbursement for missed dental appts, fails. I see about 20% of my practice patients as Title XIX. I schedule over 30%, that's a very large fail rate. As a business man I really shouldn't accept Title XIX.
- Stop the broken appointments. If they break an appointment, we kick them out, period.
- They are late and miss appointments approximately 50% of the time.
- Two strikes on failed appointment protocol. Each Title 19 pt should be aware that two failed appointments will result in suspension of services for set length of time.

Table E-3. Comments about Medicaid administration (n=111)

Medicaid Participation Comments
No New Patients (58)
• Knowledgeable/courteous customer service reps (more training). 2) Ease and acceptance of filing claims.
• Provide Rx pads, that only Title XIX requires, to be free; or better yet, not require different Rx methods than any other patient. 2) Not threatening to audit me over $40 discrepancy. Audits shouldn't be punitive, particularly to a clinician who is only doing $500-1000/month production, paid $200-300/month.
• Approval of needed treatment.
• As long as excessive, continuous regulation updates/changes occur; dismal reimbursement continues; inadequate poorly informed customer service representatives persist, I find it difficult to believe any dentist can manage a profitable practice treating what is inherently and difficult and mostly manipulative population.
• By the time we get through all of the red tape to keep up with regulations and submit claims, we are losing way too much money. Better off treating them at no charge (which we do one day a year at our office).
• Complicated claim submission, very SLOW reimbursements.
• Continually update clinics accepting Title 19 of changes in tx approved and expedite process of getting pre-authorized for tx.
• Decrease "red tape" rejection of claims and all other problems not encountered with insurance companies that we deal with.
• Decrease audits.
• Decrease paperwork, headaches and bureaucracy oversight and BS, direct those funds to patient care.
• Decrease red tape.
• Ease of paperwork.
• Ease of use mirroring private insurance.
• Easier claim submissions and reimbursement.
• Easier paperwork and not make the provider go to the bank to get payments. Also the schedules went from 1/2 fee payment to 1/4 fee payments. We could no longer afford the manpower and chair time for the pts.
• Easier paperwork.
• Get rid of "hold harmless clause" in the contract. Eliminate prior authorizations.
• Get rid of all the hoops that providers must jump thru just to question EOB's or benefits, or to even enroll. The EiDS is a complete pain in the neck so we gave up.
• Help the provider get reimbursed instead of looking for the undotted "I" or uncrossed "T" on a claim so that it can be rejected. This requires more time and expense on our part to get partially reimbursed for procedures we are already loosing money perfor
• I refuse to subject myself to resubmitting claims for ridiculous petty alterations in the form. If there are rules that require petty minutia, the rules should be changed. I also refuse to work with an organization that authorizes me to perform a procedure, then later, denies payment for the work and then further denies it on appeal.
• I was asked to sign a new T19 contract when I asked to review it no one could produce it to me so I dropped out.
• If claims are submitted, they actually get paid within a reasonable time frame. I have had claims denied for no good reason and take over a year for very minimal reimbursement.
• If paperwork, they didn't make so complicated or picky.
• If we could pre-auth all tx to see if I was going to get reimbursement.
• Increase tx approval rate/decrease hassle of getting tx accepted.

- Keep list of services simple. The online eligibility is not accurate, there is NO differentiation between IOWA CARES and Medicaid so we see a pt who shows "eligible" on line and then we are denied payment!
- KISS. Keep IT Simple Stupid. Quit kicking back preauthorizing to delay payment. Decrease any illegal payments to keep fraud at 0%.
- Know how much we would be reimbursed prior to tx.
- Knowing what is/is not covered, having to do pre-auths for things like SRP.
- Most don't get "adequate" care now with T19 funding due to the design of the program and its restrictions. Only if the program was reasonably designed.
- Less governmental meddling.
- Less paperwork
- Less paperwork
- Less paperwork.
- Less paperwork.
- Less paperwork. You can not justify an employees hourly rate for the time they spend on Title XIX paperwork denials and appeals.
- Less red tape regarding necessity of treatment. i.e.: less denials.
- Less red tape. If T19 was administered by Delta. i.e. an organization that knows dental codes. More dentists would sign up.
- Less tenuous paperwork.
- Make it as easy to use as private ins
- Make it easier to get past history quicker.
- Make the contract less complicated, and don't tie dentists hands regarding who they accept/not accept.
- More simplistic filing.
- Pay claims the first time (within 2 months). Not the current 1 year +!
- Pay in under 60 days and decrease write offs to be competitive with PPOs.
- Payment and ease of filing.
- Quicker reimbursements.
- Reduce confusion associated with billing, especially payment adjustments when trying to correct claims.
- Reduce paperwork
- Reduce paperwork.
- Reform system, too cumbersome even to register. Must be simplified and streamlined.
- Send remittance reports by mail instead of providing them on line.
- Simplify entire system!
- Simplify paperwork.
- Streamline paperwork. Reimbursement too low to deal with paperwork. We were often re-filing paperwork to receive compensation that failed to cover overhead costs.
- Streamline the pay process and don't be so sure that dentist charge for procedures they didn't do.
- There is a problem with reimbursement. Even with a pre auth-things are denied. Many claims come back unpaid.
- Timely reimbursement

Some New Patients (43)

- Make reimbursement easier. Another dentist in our practice has claims from last June that haven't been reimbursed. 2) Expanded function dental assistant would not increase the number of Title XIX adults or kids we see. We have great expanded function assistants in our practice, but I still don't feel comfortable delegating some of the already approved functions.
- Simplify the paperwork. 2) Get the gov't out of the system. 3) Give it to a corporation who knows from experience how to reimburse!
- A person to talk to for resolving outstanding claims.
- Better service at T19 office in des moines.
- Change/improve reimbursement amounts and make it less complicated to participate.

- Complicated paperwork and denial of payment
- Cut some of the red tape.
- Decrease amount of paperwork.
- Decrease hassle factor for my front office. Stop sending so many e-mails. A function of their constantly changing issues. The XIX adm must be top heavy w/bureaucrats needing to be busy.
- Decrease paperwork!
- Decrease paperwork, speed up payment (we have had to file over 8 times for several pts and not received payment for over 1 year).
- Decrease paperwork.
- Do not require additional modification of the printed ADA claim form, do not require different forms for prior authorization. Use the same method of identification for quads as all other insurance companies UL/LL etc. Try to work with claim forms and pa
- Ease and amount of reimbursement.
- Easier submission: where the people processing the claims are not sending the claims back due to a dash or a coma missing. And would say why the claim was denied instead of us having to call Medicaid to find out the reason and then redo the whole claim due to something small. All pertinent information is on the form and all x-rays are enclosed.
- Have a customer service line that someone cares if pts get taken care of. They don't seem to understand that their delays prevent us from providing care, make changes to allow ADA insurance form just as all other carriers use. No separate computer program for special form.
- Have ins forms SAME as all the rest!
- I believe rules/regulations and low reimbursement rates are the biggest obstacles.
- IME employees who take personal pride in helping me when I call with a problem or concern.
- It would be nice if Medicaid would follow the standard guidelines used by other insurance companies i.e. Medicaid age of adults starts at 13, all other insurance companies starts adults prophys at age 14. When we send in billings for perio charts, Medicaid requires 10-20-30-40 for quadrants and all other insurance companies use UL, LL, U Rt, and L Rt. Medicaid requires the use of their own pre-approval forms when all other insurance companies use computer generated forms. We usually have to do these forms by hand. Pre-approvals can take up to 6 weeks to be approved or denied. If you need an answer before then, you can call them but many times their answer is "it is being processed" and you get no answer. After waiting this time, you might get a note saying they need additional information and then you wait again. When we try to send payment back to them we have to fill out their recoupment form. One time the returned the form because the revision day was not printed on the bottom, although it was the correct form. So they wouldn't take the money and they sent the form back. A different time we had an overpayment on siblings, and I put the information on one form. This was also returned because you can only put one person on one form. We are trying to return them money and they refuse to take it. The bottom line is that they make their rules and paperwork too cumbersome. And if paperwork is returned to us, we have to start over with the paperwork and the supporting paperwork. All information must be rewritten. They want only originals each time. Three years ago or so, Medicaid was excellent to work with. The phones were answered promptly the staff was helpful and courteous. Today when you call in you may get their answering machine stating they are busy and to call back later. When you do get through, no one at their office wants to help solve your problems.
- Less complicated paper work.
- Less complicated paperwork and less frequent changes to benefits.
- Less papers rec'd from XIX.
- Less paperwork.
- Less paperwork.
- Maintain eligibility. Provide an atmosphere where claim are submitted and paid. Not returned for re-submission.
- Make easy to comply and process claims.
- Make program like Hawk-I. Doesn't have to be perfect, just make the program functional with 80% reimbursement.
- Making it less difficult to get reimbursed. In my opinion, the difficulty of getting reimbursed is more of

a problem than the low rate of reimbursement.
- Minimize paperwork, keep covered procedures constant (minimal change).
- More prompt payment.
- Paperwork challenges when filing. My office manager spends a lot of time trying to get answers that "coincide" with each other. One day she calls and can call back with similar situation and it is a different answer.
- Paperwork needs to simplified and streamlined.
- Paperwork, have system like other conventional ins co, Delta Dental.
- Paperwork, very hard for staff. Rude employees when call customer service, unwillingness to help.
- Paperwork/throughout gov audit outweighs "good feeling" of seeing XIX pts. Fees are very poor.
- Straight forward administration.
- Streamline paperwork.
- Streamline the administration, my receptionists waste time and are less likely to schedule because of it.
- T19 customer service, they are the most clueless insurance company. There have been times that we called 3 times/week, each time they say something different about unpaid claims and we do not get paid for 3 months. The person on the phone was eating and yawning.
- The manual is outdated, confusing and disorganized. Providers have a hard time knowing what is covered, frequency, etc.
- The most important thing that will have to be accomplished is to make reimbursement reasonable. Also Title XIX should behave in a way to treat dental offices in a simpler means, they are the most difficult 3rd party payer we deal with.
- Timely payments, clarity of covered services for the employees reading claims.

All New Patients (10)
- Better customer support, EOB denials do not have detailed explantions when denials arrise, constintly dictating changes
- Decrease complicated paper work. Streamline all interactions with the program. It is very cumbersome and difficult to get appropriate answer.
- Every dentist fears the potential inspectors, mostly because they require hundreds of photocopies or x-ray duplications. They don't seem to notice that we keep hundreds of dental patients from becoming hospital patients where patients hospital bill can be as high as all our Title 19 annual dental bills.
- Increase reimbursement. Level has not changed in many years. If our experience with missed appts and the streamlining of claims submission had not improved, I would not currently be accepting adults XIX pts. I will always see children.
- Keep system simple in terms of paperwork if it becomes more of a waste it would decrease willingness to participate.
- Less complicated filing
- Make the program user friendly!
- So many orthodontic cases get declined making a lot of paperwork result in "no treatment".
- The system needs to be less cumbersome. Needs consistency, rules change without notification. Frustrating to deal with IME.
- There are a lot of obstacles that need attention,(paperwork, missed appointments, etc) but realistically nobody is going to join the program if T19 states that the paperwork crisis has been solved.

Table E-4. Comments about the patient population (n=44)

Medicaid Participation • Comments
No New Patients (18) • Better patient cooperation. 2) Get them to have and keep yearly check ups. • Accepted fees and compliance. • Also coming to appointments with super nice phones, purses, etc. but not have $3 for co pays. Frustrating. • Am not sure there is anything you can do about this one, too many factors that play into the mix. As a population, there is a degree of "entitlement" and lack of responsibility that makes it difficult to "fix". • As an orthodontist, the biggest deterrent to treating Title 19 patients is compliance, showing up for appointments, hygiene and having parents who are on board with the commitment needed to see treatment through completion. It's unfortunate, but it seems a lot of these children are in life situations that just are not conducive to treatments that require long term commitment. I don't know how you fix that. • Because there is no or very little cost $3 for XIX pts, there is no value to a lot of them, so they don't respect our time and therefore aren't very good pts. • Better education of patients as to what is expected of them and consequences of not following through on appointments. I think a higher co-pay would help promote a larger feeling of responsibility. • I kept the good, compliant T19 patients, the rest have not been reappointed (missed appointments, non compliance, etc). • In my opinion, the change that needs to be made, cannot, or will not, change. The Title 19 population as a general patient pool, are not dependable to keep appointments. Yes, there are ALWAYS exceptions but in general, dentistry is not anywhere close to the top of the priority list in their lives. This needs to change first! • Increase pts awareness of their responsibility to show up for appts. • It is taking responsibility for their own appointments. • Make them value their appointments, too many broken appts and seldom agree to regular recare. Reimbursement too low-doesn't cover cost of broken appts and overhead. They refer to T19 as "insurance", don't follow through with recommended tx. • More responsibility to pt so that they value services they are getting, higher co-pay maybe? • More responsible patients. • Patients need to value the health of their mouth more • Respect of our time and services; see the value and pay something. Call during normal business hours. • Unfortunately patient compliance and appointment failures keep us from accepting new ones. • You would have to change the attitude of the patient.
Some New Patients (18) • Compliance of the patients • I find the most frustrating problem is broken or failed appointments and patient non-compliance. I think that there is a serious issue with some patients who receive Title 19 funding not being invested in the process of their health care. I often see a lack appreciation for the program and the care they are receiving. The dentists who treat them are often breaking even if no losing money when considering lab bills, staff wages and supplies to treat them and it worsens when the appointment is failed. I have multiple appointments weekly, if not daily, which are failed with no phone call. They simply do not show up to their scheduled appointment time. While I completely understand unforeseen circumstances happen, it is the repetitiveness of these failed appointments and lack of accountability that I take issue with. What frustrates me further is when we finally contact those patients about their failed appointment we often hear avoidable excuses lacking an apology for our wasted time or having taken away this time from someone else who could benefit from treatment.

Currently, there are simply no consequences for these patients who routinely abuse the system. I personally feel that as practitioners we all have a responsibility to share the burden of treating patients on Title 19 programs. However, I also feel fed up with the current system and the people who are routinely abusing healthcare providers and our tax dollars. While I do not have answers to all of these problems, I strongly believe that we need to have some accountability built into this system. There is no motivation for these individuals to change their destructive behavior, because there are no consequences to their actions.

- If it could be possible, I would like the Title XIX patients to appreciate the service they are given. Obviously, this is an impossible change.
- Impressing upon the patients that we dont have to see them-- they should show us some respect by keeping appointments and not being a pain in the (expletive) while theyre here.
- In my opinion pts on Title XIX have life burdened by a host of problems they have dealing with. The value of dental care lies very low in the minds of this group. Which makes planning and executing treatment difficult.
- Make patients responsible, make patients compliant with instructions, make patients responsible for their actions.
- Noncompliance
- Patient attitude.
- Poor appointment compliance, poor procedure reimbursement, lost productivity time for non Title XIX cases.
- Poor patient show rate for scheduled appts. Poor patient compliance.
- Pts need to be accountable for their oral health. It is an "exercise in futility" to restore teeth that are not taken care of and/or abused w/acidic drinks, sugar and poor oh.
- Some of my Title XIX patients are grateful and wonderful to work with, but the majority cause the most headache in my practice.
- The other factors, such as "no-shows", non-compliance, etc., are no more prevalent among these patients as any others.
- The patient must be willing to go to the dentist. Ask them, if not they should lose something, carrot on the stick, need personal commitment.
- The patients do not appreciate the work I do. They and you consider it an entitlement. I do not.
- The Title 19 patients are the most demanding, least accountable, most night phone calls and don't follow instructions.
- There needs to be a way to call a XIX patient out when they are non-compliant or fail appointments. They are receiving a service for free and need to take it responsibly.
- They consistently don't follow thru with tx that is recommend which then leads to bigger problems.

All New Patients (8)

- Have patient take responsibility for themselves.
- I can live w/the reimbursement because it is not a huge part of my practice. For me it is broken appts, paperwork, non compliance, etc.
- Patient attitude, don't think this can be changed.
- Patient compliance and responsibility of making appointments.
- Patient no shows. Entitled attitude (ortho especially!).
- Patients intitalment (demading).
- The dental board must begin to support dentist who provide care to XIX patients when outrageous and unsubstantial complaints are filed against them. There is a district subset in this group of patients, that when they become angry because they don't get their way, will file complaints filled full of untruths.
- Too many patients take the program and providers for granted.

Table E-5. Comments about services covered by Medicaid (n=33)

Medicaid Participation • Comments
No New Patients (12) • Accept more procedures • Accept the dentist's treatment plan i.e. if an upper and lower partial is needed for overall occlusion, not just 8 teeth. • Allow practitioners to deliver quality treatment w/out so many limitations. • Cover more procedures. • Expand procedures paid for. • Have different "levels" of care depending on the responsibility the patient takes for their own dental care. Responsible folks take good care and return for checks regularly and would get comprehensive care, irresponsible folks who only appear for tooth aches and not cooperating get only extractions. It is not important to make dentures or orthodontics. The treating dentist would make the determination on who cooperates or not. • My experience and the reason I stopped was a situation in which, my patient had a large area of decay on tooth #6. The tooth was broken at the gum line. A root canal was done and I placed a post and bld up. I did a porcelain fused to precious metal crown on the tooth. Title 19 would only cover a porcelain to non precious metal crown on teeth. I jokingly suggested to Title 19 that "if I cut off the better crown and placed a cheaper crown, would it be covered?" she replied that it would. To me that reasoning was ludicrous and I stopped seeing Title 19 patients. The patient also was not someone who would have tolerated another procedure on that tooth. • No coverage for RCT, crowns, etc.. • No orthodontic coverage at all! Use money for dentist Title 19 or elderly. • Possibly fees or more crowns covered. • Procedures covered. • Will cover only very basic disease control for adults (emergency extractions, 5 surface amalgams, etc.)? as I understand.
Some New Patients (16) • Allow patients to be properly treated (no required amalgams or non prec-metals). • Better coverage, more procedures covered. A dentist should be able to do what is best for pt and have it covered to some extent. I WILL not allow insurance coverage to dictate my treatment but others do. I feel unethical, I just provide for free. • Broaden services covered by Title XIX. • Cover all procedures. • Cover more comprehensive services. • Don't compromise my treatment plan. • Expand covered procedures. • I would recommend limiting types of procedures to fillings, extractions, anterior RCT and prophy. Possibly include SSC. • Increase covered care • Increase services. • Increased number of procedures allowed. • More freedom to choose what is best for patients. • More say in what procedures are "necessary"/qualify for tx. • Revise covered services to be more realistic. • Taking our advice in txt choice. • Up reimbursement by cutting out the abused services such as sealants on premolars. I hate to say it, but cut back on prophie for kids, put the money into treatment. I see prevention as less effective in this population due to compliance, so one prophy a year under the age of 12 could free funds to reimburse better on treating disease.

All New Patients (3) • Better funding and number of treatments provided. • Let the private practice dentist dictate what treatment is covered. • Reduce Salzman index to previous level, too many children are turned down for orthodontic treatment that have serious problems now that Salzman score was raised to match Hawkeye levels.
Unknown (2) • Eliminate orthodontic care by specialists (any ortho for that matter) unless associated with a disfiguring medical condition (clefts, micro-nathia, etc.) • Reduce treatment to: 1-Fillings, 2-Extractions, 3-SS Crown, 4-Anterior root canals.

Table E-6. Comments about other dentists' participation in Medicaid (n=13)

Medicaid Participation • Comments
No New Patients (6) • Each town should take responsibility for their own residents that qualify for Title 19, this hinges on improved reimbursement rates. When we were accepting new patients (not just Title XIX) we were getting calls from all over because they were not able • I practice in a community w/7 dentists and I was the only one taking new XIX. • If more specialist in the area would increase. • It would help if more practices in our area accepted XIX • More providers • NS. If the math was done as to number of Medicaid patients versus number of providers in communities and across the state, to create a "request" for providers to accept that number patients so as to take care of "the need" representing the states dental community as unified for Iowans.
Some New Patients (5) • Everyone accept a minimum percentage say 5% of their practice. • I personally feel that as practitioners we all have a responsibility to share the burden of treating patients on Title 19 programs. • Lack of participation across the board by dentist. • More community health centers • Think all dentists in the state should be required to see a certain % of Title 19, especially if they have an EFDA.
All New Patients (2) • Participation in T-19 should be mandated by law. That way no practices have to bear undue burden. • Requirements under law to see some.

Table E-7. Comments about specialty care (n=11)

Medicaid Participation • Comments
No New Patients (4) • As an orthodontist, the biggest deterrent to treating Title 19 patients is compliance, showing up for appointments, hygiene and having parents who are on board with the commitment needed to see treatment through completion. It's unfortunate, but it seems a lot of these children are in life situations that just are not conducive to treatments that require long term commitment. I don't know how you fix that. • If more specialist in the area would increase. • No orthodontic coverage at all! Use money for dentist Title 19 or elderly. • Specialty care not considered.
Some New Patients (3) • Increase compensation for orthodontic services. • Increasing EFDA's functions with more training; especially for pediatric dentists and anybody treating kids. • The inability to refer patients to a local specialist can present as a problem also.
All New Patients (3) • Entitled attitude (ortho especially!). • Reduce Salzman index to previous level, too many children are turned down for orthodontic treatment that have serious problems now that Salzman score was raised to match Hawkeye levels. • So many orthodontic cases get declined making a lot of paperwork result in "no treatment".
Unknown (1) • Eliminate orthodontic care by specialists (any ortho for that matter) unless associated with a disfiguring medical condition (clefts, micro-nathia, etc.)

Table E-8. Comments about public benefits (n=29)

Medicaid Participation • Comments
No New Patients (11) • Changing of attitudes = importance of keeping appt! It's a privilege not a right. • Charge the needy a larger fee so they are somewhat responsible for their care! • I run a business. I pay employees, fixed costs, overhead etc. I work, I get paid. A very simple plan for a business. Two solutions are: get people jobs end off welfare so they can pay for their treatment or have the state pay current fees for service for their clients. • I think it might be society's entitlement issues. The feeling that some people think they are owed dental treatment, not thankful, respectful, see fraudulence in system. Not sure it can be fixed. Unfortunately hurts those who need support. • Not all dentists should treat Title XIX. It's a totally different treatment philosophy. Train and reward dentists who choose this career path. 30 years treating title XIX deserves a pension as other gob's workers. Retiring at 58 as teachers and other state employees with half the education and half the commitment to public service (considering what is sacrificed) is the least the state can do. • Not make us accept all Title 19 patients. We should be able to see who we want. • Restrict eligibility to patients who don't have the income to waste on cartons of cigarettes and new car rims so that the people who really need it can get it and dentists are reimbursed reasonably. • The pay is so inadequate for all the special challenges treating title XIX patients. There will be no providers if the "Affordable Health Care Act" expands Medicaid at current levels of compensation. • What do you think? Maybe the idea that health care is not a right, but rather a service? Libtards. • Would rather work on special cases at no-charge. • You can not give anything away, it has no value to pts.
Some New Patients (12) • After getting jobs most could provide for themselves according to what they consider important. Many would still choose luxury items, TVs, smart phones, and ignore health care. • Better reimbursement rate. My overhead is 60-62%, Title 19 pays about 50% of my normal fee. Do the math. I lose money on each patient I see T19 only as charity to the community. • Find a way to weed out the people who are taking advantage of the system and better reimbursement. It becomes frustrating when you provide a service at a reduced fee to someone who appears to have plenty of money to buy the luxuries in life (nice purse, • Get the treatment OUT OF MY OFFICE, off of my schedule. Treat in local, govt sponsored clinics supplying: equipment, supplies, personnel and scheduling the patients (and dealing with the broken appointments). • I consider all Title XIX to be charity work. • I don't like to be mandated to do charity work. The patients do not appreciate the work I do. They and you consider it an entitlement. I do not. • I feel XIX pts get too much treatment, state should only allow emergency/palliative tx to save money. They get better opportunity for dental treatment than most insurance companies. • It can never be fixed as long as it remains a government/entitlement program. It is wishful thinking to assume it can be fixed, all evidence points in that direction (that government program fail). • Not provide it. • Obviously reimbursement is okay, but who's to pay? Yes, as a health care provider I do feel an obligation to serve the needy and I do. But dentists in area where there are high numbers of Title 19 need a decent reimbursement. • Pay 80% of usual and customary fees and I feel there would be no "access to care" issues. As a taxpayer I pay the taxes to provide the care to these individuals than I am expected to get reimbursed at a rate that doesn't cover overhead! We create all these "feel good" programs and then don't fund them adequately. • This practice has served Title 19 patients for 46 years and yet we are required to sign-up again periodically. I feel this a waste of time and money.

All New Patients (5)

- Have dentist take more interest in their neighbor. Treat the patient not their wallet.
- Honestly, those who choose to not participate w/TXIX will always have excuses to not participate in future.
- I can't think of a change or reason other than dentist may feel compelled to provide a community service.
- Our Iowa Dental Assoc. needs to list treating Title XIX as a community service!!!
- The attitude and politics of the treating dentists. I think this would be helped greatly by better reimbursement.

Unknown (1)

- Don't let them think they have "dental insurance", make them educated on the value of what they are being given!

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Table E-9. Comments about costs to patients (n=13)

Medicaid Participation • Comments
No New Patients (7) • Because there is no or very little cost $3 for XIX pts, there is no value to a lot of them, so they don't respect our time and therefore aren't very good pts. • Charge the needy a larger fee so they are somewhat responsible for their care! • I think a higher co-pay would help promote a larger feeling of responsibility and also the ability to collect the co-pay for missed appointments. • I would like to see higher copays by adults. Three dollars does not create any ownership. • Increase co-pay from $3 which it has been for 35+ years. • More responsibility to pt so that they value services they are getting, higher co-pay maybe? • Respect of our time and services; see the value and pay something. Call during normal business hours.
Some New Patients (4) • Better pay, limit it to the "truly needy" (not the lazy), maybe allow dentist to charge the difference between what insurance doesn't cover so patients have more value in the services we provide and understand the time costs. • Financial commitment of pt to tx. • Make co-pay for partials, dentures and crowns to $25-50 percent. • Raise the co-pay above $3 and make patients more accountable.
All New Patients (2) • Have the T-19 recipient pay something for their services (i.e. $5 for a filling, $25 for a crown). • Pts should have to pay a % of treatment. There is no value in "FREE" services. If they have a greater responsibility to pay for their care, they will likely take better care of themselves.

Table E-10. Comments about tax incentives (n=13)

Medicaid Participation **Comments**
No New Patients (3) • Allow dentists to deduct 40-50% of the unpaid treatment cost from their taxes. • Tax advantages. • Tax credit for XIX payment to the dentist.
Some New Patients (6) • Allow credits on taxes in lost revenues on a system that works • Do not tax revenues. • Give providers that care for XIX a tax credit for the difference between their regular fees and what XIX reimburses. • Providing a tax break or incentive to dentist accepting Title 19. • State income tax credit for treating T19 pt. Dentists not reimbursed for treatment from the state but keep accurate records of all T19 Tx and tally for each year. Formula for tax credit set by state, i.e.: 20,000 tx = $1,000 tax credit. Peer reviewed. Law would state DDS would lose license for dishonest reporting. Fees set at 75 percentile. • Tax incentives for dentists that participate (or penalties for those who don't to help funding).
All New Patients (4) • In the future it would be also great to receive a token tax credit on a formula that is simple, elegant and understandable. • Give dentist tax credits • Let us write off the amount we adjust off for Title 19 patients. i.e. we get 50% of charges, adjust off 50%, let us take that off taxes. • Provide tax credit for amount of write off.

Table E-11. Comments about limiting Medicaid eligibility (n=8)

Medicaid Participation • **Comments**
No New Patients (2)
• Restrict eligibility to patients who don't have the income to waste on cartons of cigarettes and new car rims so that the people who really need it can get it and dentists are reimbursed reasonably. • Stricter guidelines on who is eligible for medicaid (too many young people using it to live on that could be working and supporting themselves not responsible adults!!)
Some New Patients (6)
• Allow people to be on Title 19 for only a short limited time unless physically or mentally handicapped. After getting jobs most could provide for themselves according to what they consider important. Many would still choose luxury items, TVs, smart phones, and ignore health care. • Better pay, limit it to the "truly needy" (not the lazy) • Change who is eligible for Title XIX. I've seen pts who are "working the system". • Change/be selective on requirements for patients covered. • Limit title 19 to patients who truly deserve it (i.e. children, disabled, truly unemployable). • Limit who is eligible for Title 19 more than is currently happening.

Table E-12. Miscellaneous comments (n=19)

Medicaid Participation Comments
No New Patients (9) • Allow dentists to choose which pts they will accept as new patients. • Already covered question #10 • Change the approach from re-active to pro-active. The system is broke and until we see real efforts being made to address the seemingly endless supply of new Title 19 patients, dentists will refuse to participate in a broke system. • Concerned with two former CHC dentists that remained in town to practice after finishing CHC obligation. • Drop the program. • I don't have an answer. • Legal protection from frivolous law suits. • Move the paradigm from reactivity to proactivity. • Nothing.
Some New Patients (8) • Create incentives or at least treat them respectfully and appreciate our partnership. 2) Educate us better on the numbers and demographics of those patients in need. • As past (AGI) president, I am against fee-for-services to treat Medicaid eligible patients. Expand Broadlawns and pay dentists, new grads per diem or on contract. No mid level providers period. • Expanded functions for ALL aux personnel (CPA's, hygienists). • I don't know where funding streams could be found given our already overcommitted social safety net. • I feel an ethical obligation to treat them • I only participate because I feel obligated to try to help my community. • More education of Headstart and other programs for families. • We accept any child, if child good pt-adult family members are accepted.
All New Patients (1) • Protect the dentists from complaining T-19 patients, they are all handicapped mentally, physically, financially all or some of these.
Unknown (1) • Provide transportation to office.

Appendix F

Dentist Comments and Categorization of Comments for Survey Question 25

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These are a summary of the comments dentists made to question 25 of the 2013 Survey of Iowa Dentists: **We are interested in any other comments you may have about the Title 19 program.** Comments are categorized by dentist's current level of Medicaid participation (accepts no new patients, some new patients, or all new patients).

Table F-1. Comments about reimbursement (n=74)

Medicaid Participation • Comment
No New Patients (23)
• Easy/prompt/adequate reimbursement
• Fair reimbursement for services.
• I became a partnership in 2010 and in transition lost a year production or title XIX of approximate 10,000.00 loss and that was relative to the poor coverage of XIX anyway. A 20,000 normal fee loss and I'm a solo, small practice.
• I did a denture in January, the compensation is so pitiful that I computed a $14 profit, about a .45/hr wage.
• I do not participate due to low reimbursement and high failure rate of appointments.
• I lost much $ income and became overburdened with Title XIX. This is because no one else in dental practice here felt any obligation to treat Title XIX. Primarily because of low fees and broken apts.
• I participated fully for 10-12 years to keep up w/overhead at reduced fees must run have more drills and more assistants. Not worth it!
• I would rather volunteer than be insulted with current reimbursements.
• Increase the reimbursement levels and I believe more dentists would accept XIX pts, but hard to see XIX pts w/all the new technology devices and see a true need there.
• Low reimbursement
• Once accepted, very few pts convert into full paying and to cont seeing pts at current reimbursement rate is very costly when trying to run a high quality dental practice.
• Raise the fees
• Rates of reimbursement most important, especially with staff salaries, i.e. RDH - 32.00 and per hour CDA - 20.00 and per hour, costs of running a business, if Title 19 rates of reimbursement increased to other major dental insurers ad PPO's, more dentists would participate.
• Sick and tired of low reimbursement!
• The above (taken from question 24: Increase reimbursements).
• The numbers just don't work = a dentist either has to: 1) lose money. 2) Commit fraud. 3) Do lesser quality. I'm not willing to do any of the above.
• Title 19 only returns enough to cover supplies, assistant, and a hygienist, and then we lose money. We receive about $5000/year from title 19.
• Unless title XIX increases the fee schedule, we will have to stop accepting XIX patients. We are not paid to even cover own costs. That is why patients have to travel 60 miles plus to receive care.
• We have spent MANY HOURS dealing with all types of problems with this program and get paid nothing for the work we do.
• With inflation, increased overhead, and increased taxation, it would be a very large error in management to use resources on this population at reimbursement rates that do not even cover the overhead to treat them, it must be profitable, this is a business, not a government agency, no one here to pick up our tab.
• With our budget problems, reimbursement rates will probably never get much better! I think setting up CHC's are our best way to meet the needs. These can be staffed by recent grads (use with incentives), general dentists looking for work or to try to get more volunteer dentists.

- Without good, or better reimbursement rates XIX is dead. Oh, and midland provider/hygienists won't work at the current payment level either. Good reimbursement will overcome 90% of the problems seeing XIX patients. It's really very simple. Thank you for asking.
- XIX pays approx 30% of my fees, my overhead is much higher than that, you wouldn't do that.

Some New Patients (41)

- As an associate, I currently do not see Title 19 patients because the dentist who owns the practice would lose money by the time I was paid and because of low reimbursement rates.
- At the current ratio of overhead expenses to the reimbursement received is not on par. Overhead typically runs 60 - 65% and the current reimbursement is less than 40%.
- Better reimbursement for children's services.
- Constant hassles to get paid fairly. There is no profit to my business from Title XIX.
- Either fully fund it and provide care OR pay for extractions only. You can live w/o teeth. My mother for 40+ years and my mother-in-law had cancer and NO MANDIBLE for almost 10 years!?! (She lived to almost 80!).
- Fee structure of private insurance carriers does not allow sufficient profit to allow many providers to afford to see more T19 patients.
- Having the state legislature pat itself on the back for reducing costs for Title 19 by lowering reimbursement rates was a slap in the face. I do continue to see Title 19 patients but it is getting increasingly difficult to do so.
- I continue to waiver on whether to accept Title 19, mostly due to low fees and failed appointments.
- I did a denture repair for a patient last year. Title XIX paid me $42.00, my lab bill was $85.00. almost enough to make you BAIL.
- I feel an obligation to help these people but the reimbursement rate pushes my tolerance.
- I have way little that I am concerned with beyond reimbursement numbers.
- I personally would see more patients if we were to be paid better. Most dentists aren't expecting full fee re-imbursement.
- I would gladly accept all those wanting care if I could be paid for it. Dentistry is too expensive and time intensive to provide below my cost. Dentists have to make a living too.
- I would like to get paid, a wage write off is 40% or more on larger procedures, dentures, partial, crowns, which most of these patients need.
- If funding is an issue with reimbursement, decrease adult services and allow children services.
- If payment is less than 50%: losing money and to get payment more difficult, then why should I continue?
- If you want more providers you must pay such that there is a profit for the provider. We cover our overhead with a Title 19 patient but cannot afford to take a Title 19 when a non Title 19 patient wants the appointment.
- Iowa covers a lot of services but at low reimbursement. I'd rather we covered fewer services (peds specific) at a higher level.
- It is a hassle to get reimbursed and for such a small amount. A lot of work for little return.
- It is ridiculous to get reimbursed for denture and partial denture repairs at less than my lab bill for them.
- Limit the treatment options and reimburse better or get rid of the whole program.
- Medicaid Reimbursement Rates - Anything involving lab fees likely results in a loss of money to the provider. Example: I saw a patient for a denture repair. Medicaid paid me $53.75. The lab fee was $64.50, and I paid for the alginate for the impression, the disposable impression tray, the stone to pour up the model, provided office time for 2 visits and paid my staff. Office overhead is more than $300 per hour, and that does not include any wages for the dentist. Medicaid reimburses our community health center a set fee per visit. I believe it is around $136. federally qualified. What I receive for services: exam $16.21, adult prophy $35.47, fluoride $9.16, 4 bitewings $24.33, first periapical $10.13, additional periapical $8.10, extraction $47.67, 2-surface anterior composite $65.87. So, for a 1 hour visit in my office, an adult receiving a prophy, bitewings, and exam, I receive $76.01--it would sure be nice to receive $136! On the other 6-month interval (no bitewings) I receive $51.68--it would sure be nice to receive $136 for an hour of time! Same for an extraction, $47.67 does not cover overhead.

- Over the years I have become quite frustrated with the many barriers and lower reimbursement.
- Refer to the previous comments (taken from question 24: The reimbursement rate is TERRIBLE.. You will end up with no providers if you don't raise your reimbursement levels. Just about all of the reimbursement levels are BELOW 50% of what our charges normally are. Overhead is 64%. You do the math.
- Reimbursement
- Reimbursement for procedures could be improved by better defining those truly needy & eligible for care.
- Reimbursement is below the cost of opening my doors.
- Reimbursement is slow.
- Reimbursement levels too low
- Reimbursements are so low
- Right now reimbursement and several procedures is less than 50% of my customary fee. Trim the fat and better reimburse for important health not esthetics.
- See #24 (taken from question 24: low reimbursement make it such that I get paid less and work harder)
- Seriously considering, stopping, fees to small, can't continuously lose money.
- Simply the reimbursement process.
- Stop robbing my productive time and underpaying me with XIX.
- Technology, computers, digital imaging, lasers, etc. are expensive. The government needs to realize if we are to provide modern, equal, standard of care dentistry we have to be reimbursed at a rate that covers these costs or we as a profession and society must accept legally and morally substandard, non-comprehensive care for Title 19 patients.
- The problem is not access to care. No patient in Des Moines where I practice lives more than 5 minutes from a dentist. No patient in the state lives more than 30 minutes from a dentist. The problem is the ridiculous reimbursement rates and that you tak
- Title 19 won't even cover my costs for a denture repair done by a lab.
- We lose money treating some of those patients, they need to remember that when trying to attract more providers.
- Why does the dentist/owner take 100% of fee reduction. Pharmacies, labs, dental suppliers all benefit from having XIX fully while the dentist swallows the whole write off.
- Why not reimburse emergency care at rate doctor will accept patient instead of emergency care at inflated rate at hospital.

All New Patients (10)

- They should really consider paying full fees for services such as emergency exam, x-rays, extractions for us. If these folds continually go to hospital ER, I'm sure the billing is 10 times what they'd pay us.
- Considering dropping XIX, due to low fees.
- I don't think that I should have to eat the cost of tx if I can't get the appliance/crown back from the lab before the end of the month if pt is losing Title 19.
- I would really appreciate greater reimbursements for hygiene. So many of the patients I see haven't seen a dentist in 10 years or so and some are immigrants whom have never seen anyone. They time spent cleaning these people up is well beyond the norm. and the reimbursements are well below.
- It's bad enough at less than 50% reimbursement, but when they also fail it makes it totally not worth it.
- Low rates are the main reason dentists won't see those patients.
- My practice is very new, (4 years). We still have plenty of holes in our schedule and probably will for another couple of years. When my schedule fills up, I will no longer accept adults with T-19. this is due to very low reimbursement. Why would I continue to do so when it is simply unfeasible economically.
- Pay participating providers the "going rate". Have Delta Dental run the program.
- Reimburse us a little.

- XIX REIMBURSEMENT. 1) Extremely poor. 2) Equipment and supplies have increased 13-20% in past 3 years without increase in XIX payment for same services.

Table F-2. Comments about broken appointments (n=52)

Medicaid Participation • Comment
No New Patients (13)
• I do not participate due to low reimbursement and high failure rate of appointments • I saw Title XIX for many years because I feel I took an oath to help people. I lost much $ income and became overburdened with Title XIX. This is because no one else in dental practice here felt any obligation to treat Title XIX. Primarily because of low fees and broken apts. • I used to provide Title 19 early in my career. My experience was very negative. They were unappreciative, late for their appointments, didn't comply w/treatment, and also stole material from my waiting area. • It's broken for most dentists. Pt are suffering and no solutions are ever done. We do plenty of surveys but no solutions. I'll retire way before I treat any Title XIX patients again. • Patients seem to be less compliant. Patients seem to miss or fail more appointments than other patients. • People fail appointments all the time. • Reason I quit accepting new Title XIX patients is because of high percentage that failed subsequent appointments/tx after emergency treatment (relieve pain). • Sick and tired of missed appointments and low reimbursement! • Some people abuse the system and feel they are entitled to it and they are the ones that break appointments. • The patients don't value the service to consistently show up for appointments. • The payments are low but that is not the problem. Title 19 pts are the 1st to complain, do not appreciate the tx-don't care if they miss appt. Not all are like this but enough I will not tx. If you miss appts they should lose XIX. These people do not understand how a business works and really do not care. They do not understand the cost so their co-payment should be a lot more upfront. • Title XIX pt have the highest level of missed appointments in our office. • Too many cliché's, "always late" "don't care" are not true. We just aren't getting paid to take care of people who often abuse the system. Hard to feel sorry for them when they don't take care of themselves.
Some New Patients (25)
• Appointment fail is high. • Biggest problem with XIX patients is no shows. We will not see pt if miss 2 appts. • Broken appointments sometimes an issue. • Create a three strike and your out for missed appointment. Create code for missed appointment. Still get reimbursed $10 or something minimal! • Failed appt's pushes my tolerance. Most Title 19 pts are very grateful and seem to really need aid. Others appear to be "working" the system. • High failure. • I continue to waiver on whether to accept Title 19, mostly due to low fees and failed appointments. • I don't mind seeing Title 19 pts as long as they show for appts. I have many pts that were Title 19 and still are good pts. • I feel that there should be more PATIENT ACCOUNTABILITY and RESPONSIBILITY tied to their benefits. (i.e. patients often miss appointments, don't follow guidelines with no repercussions) which puts additional burden (financial and other) to providers, and tax payers. • I really don't mind not getting much reimbursement WHEN the patients show up. But a no show just feels like a slap in the face. I'm trying to do the right thing and be nice; give care to someone who can't afford it for whatever reason then to have them • Make it mandatory for Title 19 recipients to keep their appointments, otherwise, we may report them, and they could lose the Title 19. • Many Medicaid patients fail to show up for appointments (more than other patients) and this creates more costs and lost production for our office. We want to help people in need but also have many

expenses when running a dental office.

- Many pro's and con's to participating, some patients are very cooperative, most are very difficult on the schedules (fail, etc). Feel sorry for children when parents don't feel a responsibility to get them to appts. Not sure major changes to the Title XIX program itself would solve all problems.
- My experience as a generalization not true of all Title 19 patients new and existing, 1) fail more appointments, 2) complain more, 3) more entitled, 4) more demanding, 5) more rude to staff. I am all for doing nice things for people but when you get burned enough times you tend to stop trying.
- Patient should be denied eligibility for multiple broken appointments and be well aware of this rule.
- Patients tend to fail appointments.
- See #24 (taken from question 24: A large number of the patients are terrible, the number of failed appts by Title XIX is at least 2-3x the rate of non Title XIX.)
- The main reason that patients (Title XIX) have been dismissed from office is due to appointment failures. This seems to be a big obstacle for this patient population. That said we do have a good group of Title XIX patients that are regular and timely to appointments. Many of these are COC (special needs) and parents who bring in their children.
- These patients are the worst patients on our practice about keeping scheduled appts.
- Title 19 patients make more visits to our ER. They call our office and set up appt then the patient doesn't show up, returns to ER for more narcotics. We must make patients accountable, I believe the patient should pay 20% of bill.
- Title XIX patients have a higher cancellation/no show percentage. My theory is that if something costs you nothing, it's also not valued.
- Too many refuse to see them because of low fees, late or failed appointments, do not comply with recommendations of better oral hygiene, quit smoking, and of sugary substances, etc.
- Unfortunately, no one wins w/a no-show, but I am not in favor of compensating for that. I would like to see more regulations so that poor compliance patients can't be funded for multiple failing restorations.
- Unfortunately, too many of the patients are irresponsible. Poor off, miss appointment, don't follow instructions.
- When I first started taking Medicaid it seemed okay, but it has become very frustrating for me because more often than not patients do not follow through with treatment or show up. Then when they hurt they want to be "seen now" when it could have been avoided in the first place. Then as dentist we get blamed because we won't treat, but patient also has a responsibility as well.

All New Patients (14)

- By far the biggest reason to not take XIX pts is broken apts. They do not value my time.
- Dentists are often reluctant to accept T-19 patients because they are notorious for missing their appointment. This is a continual frustration for the DDS because he/she has to accept a reduced fee for services as opposed to traditional patients, and when the T-19 patient misses they don't even get the reduced fee. That time allotment is lost revenue.
- Failed appointments are a major problem. It should be mandatory that a Title 19 recipient must see a dentist at least once a year to avoid being dropped from Title 19.
- How about a broken appointment billing code. Give us a nominal $ to cover expenses, put on patients record, if they have a certain number of failed appointments, they're on probation or some watched group for expulsion.
- I feel XIX pt's should also have a limit per year, like other types of ins. At times they tend to assume care can be provided if and when they decide. Aren't held responsible for limits and/or missed appointments.
- I wish more emphasis was made to Title XIX patients about how important it is to not cancel or show up for their appointments and that there would be consequences if they didn't.
- Make patients responsible for making their scheduled appointments
- My practice is very new, (4 years). We still have plenty of holes in our schedule and probably will for another couple of years. When my schedule fills up, I will no longer accept adults with T-19. this is due to very low reimbursement, dismal compliance with treatment recommendations, greater than 50% failed appointments rates, and many other reasons. Why would I continue to do so when it is simply unfeasible economically. If they would show up, comply with treatment recommendations,

and if I could get paid for my services, then it would be a different story.

- Patients very poor about keeping appointments.
- This year we have implemented a "patient contract" for all Title 19 patients to sign. The contract discusses cancellation policies and also prevention care. If patient is unwilling to be seen for routine hygiene appts or peridental maintenances we will no longer see them. Also zero tolerance for no show appts.
- Unless there are consequences for failing appts and last minute cancellations they will continue the behavior. It's bad enough at less than 50% reimbursement, but when they also fail it makes it totally not worth it. That is why most DDS's don't accept T-19. they need to suffer consequences to change their behavior.
- Very frustrating that XIX patients don't respect our time or the money the state of Iowa spends on their dental care. Broken appointments and low rates are the main reason dentists won't see those patients.
- We have new patients sign a form which says we will not continue to see them if they miss an appt which has helped to cut down on missed appts, but not eliminated them.
- You should add a "failed appt" code to the XIX fee schedule, and patients who do not attend scheduled appts should have their XIX dental privileges adjusted, limited to community health, restricted from private practice.

Table F-3. Comments about Medicaid Administration (n=76)

Medicaid Participation • Comments
No New Patients (24) • At the end of this year, all of our claims were deleted from the State of Iowa for no reason and with no advanced notice. When we call to ask, they are very vague and it is difficult to get any concrete answers. We are spending so much time trying to get paid, it is just not worth the hassle. • Cummersome, provider responsible for establishing eligibility, month to month, variances, provider contract, ridiculous. • Every time my office calls we get different answers to the same question. • Had a problem with XIX, that if treatment rendered day of exam, they won't pay for exam, leads to patients being re-scheduled for treatment. Also XIX wouldn't let dentist do crown on tooth if they didn't do root canal on it. Also, if XIX denies payment, it is worse than not doing tx on the patient. • I accepted until I had a prior authorization take 30 days to approve. Only to complete the work and find out pt went into a different level of XIX program. My fault for not checking the eligibility again. Hard to swallow over $2000 for staff the year and then the balance for the rest of XIX pt in 2013. • I dropped the program when the ADA legal opinion informed members of the "hold harmless clause" and that our liability insurance would not likely cover the cost of the legal fees. This issue was the "last straw" for me. • I prefer to treat Title 19 patients free of charge rather than spend extra time with paperwork and use taxpayers' money. • I strongly dislike having to change my password each time I log in to get my remittance statements. The procedure to re-enroll to be a XIX provider was grueling, there were 67 pages of instructions alone, and still I felt that the process didn't follow the instructions I had followed. I don't feel I am technology, knowledgeable enough to deal with those issues. • I treat handicap patients and it is difficult treatment and they lose dentures, etc all the time. It is difficult to get Title XIX to understand they have poor OH and get poor home care. Caries happens all the time and can occur rapidly. • I usually end up just treating patients for no charge rather than deal with the hassles. • If above were true (taken from question 24: Easier paperwork and not make the provider go to the bank to get payments. Also the schedules went from 1/2 fee payment to 1/4 fee payments. We could no longer afford the manpower and chair time for the pt.) We could afford to see Title 19 pts again. • Less complicated paperwork • My front staff wastes more time on the phone trying to correct problems that were made by T19. I am to the point of seriously considering dropping all T19 pts due to hassles and cost to practice. Unless drastic changes are made. • Over the last year or so I have seen and increasing number of claims have been returned for no good reason and inexplicable denials. Enough is enough. • Providers srvs. Please handle a concern over the phone. I filled out 3 forms to correct an issue and issue is still not resolved. Too much of a paper trail and still did not get this issue addressed. • Reduce the red tape. The filing and refiling of claims to get paid 40% of my fees. It costs so much in staff time that I am almost doing the dentistry for free. • Rejected/No-pay claims are irritating for otherwise covered services. Prime example is Fluoride. We run into this several times (yes my front desk should catch it before it reaches IME, but we are busy too). If we remember to submit only for fluoride as a • Ridiculous paperwork. Having claims returned for no reason. • Send us notification of payments instead of us having to check online. • The numbers just don't work = a dentist either has to: 1) lose money. 2) Commit fraud. 3) Do lesser quality. I'm not willing to do any of the above. So, I would rather pick several cases per year and just give the care away. That way I don't have to hassle with any paperwork. And can feel good about it. • The state got more and more picky about filling out the forms correctly and making more procedures

not eligible for payment.
- Using their website is torture. I've been considering discontinuing to take any title XIX just because of the hassle of their website.
- We have spent MANY HOURS dealing with all types of problems with this program.
- We stopped taking Title 19 patients because with their spend down procedure we did not get paid for some dentures made. They (the patients) were eligible the month started but not eligible the next month on completion.

Some New Patients (38)
- Almost all claims are denied immediately. It is a hassle to get reimbursed and for such a small amount.
- Completely antiquated and living in the dark. It could be at least as good as a private insurance company. They don't even give clear direction on submitting claims and when you do, it takes forever to get paid.
- complicated paperwork and denial of payment and it makes
- Difficult paperwork
- Have customer service reps that can solve problems over phone instead of filling out another form.
- I currently have claims still not paid from last June (about 9 months ago).
- I disagree with the policy that crowns and partials and dentures can not be billed out until delivery. As you know, those procedures create lab bills and considerable time. We normally bill during the final impression. At times, the patient could lose their insurance during fabrication and then we aren't reimbursed at the time of delivery.
- I have several collegues that had a difficult time signing up to see T19 patients this year so they just stopped seeing T19 patients. T19 should be making the process easier for dentists to sign up, not harder.
- I was surprised how complicated it was to re-register to be a Title XIX provider on-line. It would have been easy to say "I'm going to jump through these hoops to re-apply". After being a provider for many years, it seemed entirely too laborious.
- If a DDS does the work, they should get payment with spending (wasting) time to jump the additional paperwork and inconvenience.
- In the past year have noticed a marked increase in refusal to pay for txt when we have an approved PTE. Have spent many hours on the phone to no avail being told to white out forms, fill out different box, only to be told the exact opposite thing the following week.
- It is the most difficult "insurance company" to get reimbursed/paid. Even through our treatment plans are pre-approved, they look for every possible reason to deny a claim.
- It is the most troublesome 3rd party payment system we have.
- It would be best if prior authorizations were done on the ADA
- Making claims easier to submit.
- Many, many processing/keying errors are made on claim forms by the folks in Des Moines, so my staff spends many hours helping them correct their mistakes. Some of their mistakes are the same ones over and over again.
- Move to a preventive model. Keep eligibility easier for patient and provider to understand.
- My business manager can't stand dealing with Title 19 paperwork and people who work for t. She is not impressed with their knowledge and ability to help her. Would you accept more patients if you lost money and then try also make it hard on you when you have to deal with them.
- Need to be more responsive to denied payments. Sometimes it takes months to settle problems with claims, usually ones that are denied due to IME problems.
- Online application too long and complicated.
- Paperwork is difficult.
- Quit changing codes I submit for resin fills on deciduous teeth to amalgam codes.
- Staff at XIX ask for more information, Oking procedures over the phone and then deny and delay payment. Competence is less from this staff than private insurance contacts.
- State is difficult to work with on paperwork. E.g. need separate #'s other than NPI. Had big problem when went electronic.
- The above comment (taken from question 24: This practice has served Title 19 patients for 46 years

and yet we are required to sign-up again periodically. I feel this a waste of time and money.) is one of the reasons I might consider giving up the care of XIX patients.
- The customer service representatives routinely give differing "solutions/requirements". The IQ of the representatives seems exceedingly low. Nobody cares!
- The inability to bill an exam and tx on the same day is frustrating.
- The Objective Salsman Scoring Index for acceptance of orthodontic cases is a good starting point. However, when a bilaterally polatally impacted canine case is denied, something is wrong with our system. There needs to be some latitude given in case acceptance.
- The paperwork is difficult and frustrating, and the website is poorly made and very hard to use. It could be more like Delta Dental of Iowa's or Metlife's.
- The paperwork is terrible
- The paperwork we fill out for updates to our office. We do not do these things for any insurance company but Title XIX. When we had another doctor helping our in our office it took five to six months to get paid, due to the billing process and how the claims were processed. (This is too long to explain what all happened).
- The title XIX program makes things as difficult as possible. Their registration process was cumbersome, their systems wanted to be different than all other 3rd party payers.
- There are too many regulations and forms which are different from private insurance. I would gladly accept all those wanting care if I could be paid for it.
- They are terrible to work with, often deny payment even after the service was provided in good faith. We are constantly having to resubmit claims.
- Title 19 also needs to improve the effiency of the program itself..
- Title 19 won't even cover my costs for a denture repair done by a lab. We submit paper claims b/c the electronic enrollment is so complicated to get started with in the first place. Frequently have errors on Title 19 end with processing claims resulting in denied claims requiring phone calls to correct, usually due to errors in procedure code #'s being keyed incorrectly. Rules for submitting claims get changed so often even the phone operators don't know answers when we call to ask, i.e. where to indicate "pt is pregnant".
- We are an orthodontic practice so there is a BIG problem when people have a primary insurance. This insurance usually takes over a year to pay, and longer if the payments go directly to the subscriber (when we are not a provider for that company). Being XIX makes one payment, I wait until the primary insurance has paid before sending the claim to XIX. The claims are then denied due to timely filing guidelines. Then to add more insult I am told by one representative to file the claim right away so Medicaid has it on file. I have done that, and then when insurance is done paying sent in the claim with all explanation of benefits to XIX and it is denied because of the timely filing. When I call Medicaid, another representative will say oh we don't keep anything on file when it is denied so we have no record of the claim. Frustrating and irritating!!! And we don't get paid.
- Why does Title 19 have to use their own insurance form? Why isn't the ADA form other insurance companies use good enough for Title XIX??

All New Patients (13)
- Took months to get fully enrolled and start getting reimbursements.
- when we sent provider inquiry, never get response back. When we call Title XIX say they have not received it, this has happened many times. 2) Many times we have denied of payments on the teeth which has been extracted and fillings have been done with proof of radiographs. They say that tooth either not present or we refilled the tooth. 3) Even with prior authorization on crown, they are denying the payment. 4) Customer service is rude and not helpful at all. 5) With provider inquiry form tooth is present in radiograph and it is said that they can't pay because they have paid some other provider for the same tooth and say tooth is not present. Clearly radiograph has tooth present.
- Continuity with your company that does the claims and controls the electronic claims forms.
- IMPROPER USE OF ADA CODE BY XIX, SUBSTITUTION OF ADA CODES. A) XIX requires usage of code D8210 (removable appliance therapy, thumb sucking, and tongue thrusting) for the following treatments: 1) Hawley with finger spring to correct anterior cross bite. 2) Brass ligature to treat ectopic eruption. 3) Replacement of lost/stolen appliance. B) XIX requires usage of code D8220 (fixed appliance for thumb sucking and tongue thrusting) for the following treatments: 1) cemented W-Arch for treatment of posterior/anterior cross bite. PROPHYLAXIS SPECIAL NEEDS CHILDREN.

1) As a specialty office we need to see special needs children every three months for prophylaxis and fluoride because hygiene is compromised due to mental/physical handicap, however XIX denies coverage. Caregiver is not qualified as a dental professional to remove stain, stubborn plaque, and calculus. 2) Previous coverage for every 3 month prophylaxis required documentation of child's mental/physical handicaps which is now denied and limited to 6 month recall. CLAIMS SUBMISSION. XIX requires documentation for certain services, the paper work is completed and submitted, and then XIX denies reimbursement. FAILED PAYMENT OF CLAIMS. XIX requires documentation for certain services, the paperwork is completed and submitted, resubmitted multiple times, and then XIX denies reimbursement. LANGUAGE TECH FEE. 1) Should be paid with service date codes. XIX separates restorative service from interpretation service and pays at a much, much later date, up to 6-8 months. 2) Reimbursement of Language Tech is way too low for this expensive bill. Cot of interpretation negates reimbursement for restorative. For example, interpretation fee sent I for $160, payment is $30-60. we pay language tech directly. INSURANCE BENEFIT COMMUNICATION. When Hawk-I drops coverage, and the child is moved to XIX coverage, Iowa Government programs do not communicate between each other. When claims are submitted to new XIX insurance, XIX denies the claim stating the child has Hawk-I, when child was removed from Hawk-I and placed on XIX. PULP VITALITY TESTING. 1) XIX service code states payable service, but XIX routinely denies claim. EMERGENCY EXAM. 1) A parent of record calls requesting an unscheduled visit for pain, trauma or non-emergent services for questions, information, non-treatment examination, over-retained teeth, non-emergent extraction etc. 2) XIX denies D0140. REQUIREMENT OF SPECIFIC, UNUSUAL, AND EXPENSIVE FORMS: 1) An expensive, specific, prescription pad is required that has to be custom made. 2) New form letter does not adapt to the usual envelope, requiring purchase of non-standard envelopes. 3) Paperwork is time consuming, complicated, and seems to be used to stall/deny reimbursement. 4) Computer generated claim forms change very frequently causing delay of payment. Paper claims are required in the interim while the new claim forms are being added to the system. 5) Paper claims must be purchased; they are expensive and sold in 500 count packages. XIX COVERAGE COMMUNICATION AND REGULATION. XIX changes requirements for claims submission, covered service, or code manipulation, and XIX communicates after XIX changed policy.

- Inconsistent. This is true in policies, competency in their employees (they have great and poor employees).
- It is the most difficult and cumbersome "insurance" company to deal with. I can understand why dentists won't accept them as patients because of all the rules and restrictions and red tape involved in trying to collect from them. Also they are constantly changing the rules and it is hard to keep up with all the new guideline they come up with. I am very close to calling it quits and not accept any more Medicaid patients.
- Lack of communication. Seems very one-sided and changes in the program are not distributed efficiently/effectively.
- Personnel at Title XIX don’t seem to understand claim forms and coverages and/or cannot or won't communicate information adequately over the phone (very frustrating).
- Reduce years of an audit causing loss of practice due to human error as apposed to fraud.
- The Title XIX program user guide is not kept current, it should be available in a current program outline!!
- They review all the providers who see many title 19 patients. They ask for hundreds of pages of information, such as copying charts that are 10 to 20 pages long, duplicating all x-rays of a certain period, and they spend up to several months reviewing them just to argue about a few small items that are probably related to using the wrong tooth number. It is too much work to get the patient in and verify the correct tooth number, so most dentists will just refund the fee. In my three reviews, they asked for $400 to $600 back. I am certain that the Title 19 review person spent more than 50 hours, and I am certain her pay was 10 to 20 times what their recovery was, and I could have contested the recovery. My first review was about matters almost completely about my 3 predecessors. Guess who got to pay back the $600. it wasn't the two dentist who had moved on or the one who passed away. The last review was about 40 crowns. I soon found out other offices also had reviews about 40 crowns. They did not like placement of crowns without a written reason even when the teeth had endo or the teeth with 5 surfaces of restorative materials. If the review person

knew much more about dentistry, they wouldn't ask so many questions. They probably need some method to review cases, but they could much more easily ask to review one chart at a time rather than going back beyond multiple years even in cases in which that patient is out of state or deceased. • Title 19 does not allow payment for i.e. am-ant teeth + D restoration in the same tooth on the same day. How do you do a M-D? No other 3rd party does this. Lack of participation by oral surgeon is of particular concern. We need O.S. backup occasionally. • Wish more of it was online versus snail mail.
Unknown (1) • Our attempts to treat mentally challenged or autistic kids requiring minimal sedation have resulted in ridiculous paperwork, repeated denials, and never once have we been paid. IME staff are only concerned with telling you how you (expletive) and make no attempt to grease the process of "exception to policy". I have abandoned care for these kinds, which is a shame. This whole system is slanted against GP's, the very group who is expected to do all the work.

Table F-4. Comments about the patient population (n=76)

Medicaid Participation • Comment
No New Patients (27)
• Abuse of system by women with multiple children, living with father, but not married in order to continue receiving benefits.
• Compliance with oral health care is a problem. Do not brush, rinse or floss. No accountability, for the patient.
• Every provider has an obligation to help/aid those less fortunate especially children, but we should tighten qualifications so people can't use the system.
• Hard to see XIX pts w/all the new technology devices and see a true need there.
• I had 3 female patients try to commit suicide in this office 1) Taking sedatives (all) that were prescribed without reading instructions. 2) Taking husbands tricyclic drugs (months supply) then asking for IV sedation, which was NOT provided because she was an emergency patient, later ended up in E.R. secondary to overdose. After 30 years of XIX patients I suffered a stroke, which I felt was due to stress involved in treating XIX patients. I've received NO THANKS from any one or any organization? I am not the lone ranger. Dr. XXXXX XXXXXXX.
• I have 1/2 dozen Title 19 patients who I feel are deserving. I am not a single person (dentists in general) welfare program.
• I saw Title XIX for many years because I feel I took an oath to help people. I lost much $ income and became overburdened with Title XIX. This is because no one else in dental practice here felt any obligation to treat Title XIX. Primarily because of low fees and broken apts.
• I see lots of abuse of the system. Patients present with Delta Dental insurance and T19 as a secondary. Most my T19 patients drive new cars, have iphones, and seem to lead an above average life style. I feel that the govt needs to raise income requirements and deny any T19 coverage to those already having dental insurance. My front staff wastes more time on the phone trying to correct problems that were made by T19. I am to the point of seriously considering dropping all T19 pts due to hassles and cost to practice. Unless drastic changes are made.
• I took them for several years and got bombarded when no one else in my area accepted them. Sick and tired of missed appointments and low reimbursement!
• I used to provide Title 19 early in my career. My experience was very negative. They were unappreciative, late for their appointments, didn't comply w/treatment, and also stole material from my waiting area.
• In the current system, the abusers far out-number the people the system was designed for and as a result dentists will shut their door to all Title 19, regardless of reimbursement levels.
• It has become so evident that these pts are abusing our system. They usually walk in on their cell phone (with internet) in their North Face coat, with designer purse, tan and highlights in hair and always want to pay out of pocket for bleaching their teeth. I agree 2 years in state and then get to work! We pay double for them.
• I've found XIX patients often won't pay their #3.00 copays.
• Need compliant patients.
• Not sure why some of my patients have private coverage and Title 19.
• Once accepted, very few pts convert into full paying and to cont seeing pts at current reimbursement rate is very costly when trying to run a high quality dental practice.
• Patients are not held responsible for anything. Hawk-I is better due to pts having to contribute something.
• Patients seem to be less compliant.
• Poor patient compliance
• Providers of child care should be required to maintain a ROUTINE recall schedule for their children, if not DON'T give the providers any Title 19 benefits, or compensation.
• They need to have some personal investment in their care. I worked at Ocean Dental for two years and rarely did a parent care that their child had cavities. Therefore no incentive to change habits equals bad cycle of decay.

- Title 19 pts are the 1st to complain, do not appreciate the tx-don't care if they miss appt. Not all are like this but enough I will not tx. If you miss appts they should lose XIX. These people do not understand how a business works and really do not care. They do not understand the cost so their co-payment should be a lot more upfront.
- Too many cliché's, "always late" "don't care" are not true. We just aren't getting paid to take care of people who often abuse the system. Hard to feel sorry for them when they don't take care of themselves.
- Very abused. I worked at Ocean Dental in the past and patients/parents would drive up in fancy cars with fancy clothes, yet be milking the system for Title 19 health/dental care. Not putting any effort into preventive measures at home.
- We saw generational abusers receive Medicaid on a regular basis. Control and investigate the fraud. Create a Medicaid base that is truly granted only to those who are truly disabled/impaired.
- We see T19 pt that exist in the practice and a lot of pts from Opportunity Village. (Mentally and physically handicapped people). Some people abuse the system and feel they are entitled to it and they are the ones that break appointments.
- Why not make XIX participants do community service to help pay for the medical care; i.e. clean parks, paint old buildings. I have healthy patients in my practice that have had XIX for 10+ years. How about a cut off date and stick to it?

Some New Patients (34)

- Do not comply with recommendations of better oral hygiene, quit smoking, and of sugary substances, etc.
- Failed appt's pushes my tolerance. Most Title 19 pts are very grateful and seem to really need aid. Others appear to be "working" the system.
- Great for kids. Adults seem to take advantage of the system and we do not feel responsible for treating them as much as kids.
- High failure. Many difficult personalities, poor oral hygiene, replace restorations for free and high (illegible) rates. Very frustrated.
- I do Title XIX treatment on handpicked few children and handicapped patients. This pool can't help themselves. The others on Title XIX don't need the help, they primarily are "working" the system for all the free stuff they can get.
- I don't like entitlement programs because recipients of benefits don't seem to have any appreciation to providers or taxpayers for the benefits they receive. Entitlement programs seem to encourage people to put less effort into their lives so they can qualify for benefits.
- I don't mind seeing Title 19 pts as long as they show for appts. I have many pts that were Title 19 and still are good pts.
- I feel that there should be more PATIENT ACCOUNTABILITY and RESPONSIBILITY tied to their benefits. (i.e. patients often miss appointments, don't follow guidelines with no repercussions) which puts additional burden (financial and other) to providers, and tax payers.
- I think that with people there needs to be some incentive to improve themselves and their situation. If we make it to comfortable to be on title 19 then what is the incentive to get off it.
- I truly love providing for my handicapped and truly needy pts. Many of the title pts don't seem to be needy. Most seem to have an air of entitlement and have no respect for the offices schedule, or facility, or generosity in treating them. I'm sure they are unaware that we don't get our regular fees when treating them. I feel they should be removed from the gravy train if they miss too many appts. Not directed to another office to perpetuate the problem. I have sent many pts to collections b/c they won't even pay their copay of $3.00. I'm very close to withdrawing from the program.
- Let's get people off Title XIX that are just too lazy to get a job. McDonald's is always hiring. Teach them skills and change the Title XIX "I am entitled…" attitude to one of "I need to help myself".
- Many of these people feel "entitled" 19.
- Many pro's and con's to participating, some patients are very cooperative, most are very difficult on the schedules (fail, etc). Feel sorry for children when parents don't feel a responsibility to get them to appts. Not sure major changes to the Title XIX program itself would solve all problems.
- Many XIX patients only want to be seen on emergency, not for regular exams and preventive care.
- My experience as a generalization not true of all Title 19 patients new and existing, 1) fail more

appointments, 2) complain more, 3) more entitled, 4) more demanding, 5) more rude to staff. I am all for doing nice things for people but when you get burned enough times you tend to stop trying.

- No one should be forced to provide for others who are unwilling to provide for themselves.
- Of course I am not sure about the right answer to "fix" the problem but it is just frustrating that a lot of patients expect "everything" even ortho treatment to be covered and don't appreciate the value of their "insurance-as they will say". Broken appointments sometimes an issue. I don't want to see people w/pain, outstanding treatment needs, but it would be nice if they needed to have some type of accountability.
- Patient compliance poor.
- Pt's are unreliable and generally pay no attention to recommendations on oral hygiene and sugar exposures.
- Reimbursement for procedures could be improved by better defining those truly needy & eligible for care. It seems numerous patients are diluting available funds that don't appear truly needy (i.e. out of state chiropractic students and other healthy and employed).
- See #24 (taken from question 24: A large number of the patients are terrible, the number of failed appts by Title XIX is at least 2-3x the rate of non Title XIX. They consistently don't follow thru with tx that is recommend which then leads to bigger problems.)
- Some people are deserving of Title XIX coverage. Some are not.
- Some T19 families seem pretty "well-off" drive nice cars, have iphones, vacation, etc. They live better than I do. Also, many have multiple insurances (good insurance like Deeres, etc.). It seems TOO easy for these families to get on the Medicaid program. Accept families that actually NEED the assistance.
- Sometimes, you can't change peoples behavior patterns and choices even if opportunities are presented.
- the main reason that patients (Title XIX) have been dismissed from office is due to appointment failures. This seems to be a big obstacle for this patient population. That said we do have a good group of Title XIX patients that are regular and timely to appointments. Many of these are COC (special needs) and parents who bring in their children.
- The patients can be troublesome and difficult.
- The program is good, 85-90% of the PATIENTS are the problem. i.e. lack of oral and personal hygiene. They demand rather than request service. They want service NOW rather than schedule for next week. They step out to smoke, play or text on i-phone when I am talking to them. 10-15% are excellent patients and those encourage me to accept new patients in need.
- Then there is personal responsibility, if an individual doesn't pick up a toothbrush, drinks 5 Mountain Dews a day, smokes a pack of cigarettes a day, why would they be provided any care besides extractions? I personally provide care on a regular basis to elderly and those in need in my practice as well as volunteering in the IMOM program and participation in the donated dental services program.
- There are so many who truly deserve being on Title 19. There are many, however, who are abusing the system and use Title XIX as a way of life. There should be better screening to include those who need the assistance and get the folks who abuse the system off Title XIX.
- Title 19 patients make more visits to our ER. They call our office and set up appt then the patient doesn't show up, returns to ER for more narcotics. We must make patients accountable, I believe the patient should pay 20% of bill.
- Unfortunately, too many of the patients are irresponsible. Poor off, miss appointment, don't follow instructions. Some take expensive trips. Some have entitlement attitude. Some are good patients and are appreciative.
- We are welcoming to those with handicaps or serious medical problems but we have several patients on XIX that are on it because they could work but choose not to. That group is hard to take because we don't see much difference lifestyles than from my employees who work hard.
- When I first started taking Medicaid it seemed okay, but it has become very frustrating for me because more often than not patients do not follow through with treatment or show up. Then when they hurt they want to be "seen now" when it could have been avoided in the first place. Then as dentist we get blamed because we won't treat, but patient also has a responsibility as well.
- XIX patients seem to have plenty of money for tattoos, cigarettes, phones, etc.

All New Patients (15)

- Change copay system. No copay on preventive services. About $3 each repaired tooth. About $25 copay on dentures/partials. About $50 copay on lost/replaced dentures and partials. Patients need some incentive to brush. One of our problems is that Title 19 patients might try places like Ocean Dental or Aspen on a whim. Perhaps they just get impatient since we cannot offer them the hour of the day they wish to have an appointment. They don't realize that information doesn't travel easily from office to office. We can't always tell right from left and we have no idea of which amount of work has been performed since the x-rays. They usually come back to us, but now we are stuck with paper copies of x-rays. We have had some x-rays referred to us electronically, but they are also nearly useless. Often we need to take a fresh PA on the areas of concern to supplement the poor x-ray copies.
- Considering dropping XIX, patients due to poor compliance and low fees.
- I am strongly in favor of having a program to help people in their time of need. I would assume the Title 19 program was started with this purpose in mind. However I am seeing 3rd generation Title 19 patients in my practice who are capable of holding jobs and providing for their families. This is the problem.
- I feel XIX pt's should also have a limit per year, like other types of ins. At times they tend to assume care can be provided if and when they decide. Aren't held responsible for limits and/or missed appointments.
- I think the $3 co pay should be increased, somehow within their means, patients should have some of their "own" vested in treatment. Some responsibility and ownership I believe to be important for compliance.
- I think the work requirements need looking into, then base the benefits upon hours worked. Drug testing no more tattoos and piercing. It's amazing they have $ for that and not the #3.00 copay!
- If the patients had some clue as to how much the dental care cost then maybe they would take responsibility in their hygiene more seriously! Maybe we could start changing a portion of the cost to them!
- Many patients covered by Title 19 REFER family, friends, etc who ARE NOT Title 19 patients.
- Many recipients SHOULDN'T have it, many recipients here falsify their financial situation to get benefits. This is a college town.
- My perception is that all XIX patients who wish to be seen can be in our area. This is because of the lack of business due to the recession. This may change as the economy improves and people who have been avoiding the dentist seek treatment. We have new patients sign a form which says we will not continue to see them if they miss an appt which has helped to cut down on missed appts, but not eliminated them.
- PARENTAL AND CLIENT ABUSE OF XIX SYSTEM. 1) Some XIX clients truly need the service provided by the State of Iowa. 2) Some children come in wearing $300 worth of clothing, parent clothing is expensive, expensive cell phones/electronic devices used by parents and children. 3) Parents are late, no show, cancel same day of scheduled service, reschedule same day of appointed service. 4) Hygiene and diet: heavy use of juice, soda, in sippy cups/bottles while in dental office, despite hygiene and diet instructions.
- Patients must have skin in the game for them to be responsible. Currently it is nothing but a good feel good handout.
- Please increase awareness of fraud on the patients part. I am tired of my Medicaid patients driving nicer cars than we do, telling me about their Disneyworld trip, telling us about their trips to the casino, and telling us they can't afford a co-pay when they have 2 packs of cigarettes in their pockets. Also, drug testing them might help. The "working" people of our society are subject to drug tests to keep their jobs and benefits, maybe people with free handouts should be subject to the same tests.
- Some Title 19 patients seem to get benefits easily when we know non-married couples avoid getting married to stay eligible for benefits, we suspect some don't report full income to stay eligible.
- Somehow, those needs to be a requirement or incentive for T XIX pts to keep their recare appts so small problems don't become larger and more expensive to treat.

TableF- 5. Comments about services covered by Medicaid (n=41)

Medicaid Participation Comment
No New Patients (7) • Cover restorative procedures for children and adults other than basic procedures, e.g. crowns vs. huge amalgams; resins in lieu of amalgam; let them be treated with procedures (and covered) as a regular fee for service pt will be. • I believe Title 19 patients should receive pain relief only! No one dies, because they have no teeth. If the taxpayers are paying the bill it should only be for basic relief of pain. Extractions, etc. No one should be able to get their mouth rebuilt on someone else's dime! I give away a great deal of dentistry, but refuse to do that and deal with the paperwork/hassles/etc of filing Title 19 cases. Also, I have seen reimbursements to orthodontists for Hawk-I patients. This is absurd! Crooked teeth is not a reason for the taxpayers to pay for someone's orthodontic! I have yet to see a pt die due to crooked teeth. • No adult coverage for crowns, endo, dentures, partials, only emergency treatment/extractions, minor restorative. • Orthodontic treatment should not be an option for Title 19 patients. • Should only be available to ages up to 18. • Title 19 should be for children <18 only. They have the greatest need and most DDS would accept it knowing they are helping children. • XIX wouldn't let dentist do crown on tooth if they didn't do root canal on it.
Some New Patients (18) • Above could be provided by eliminating some covered procedures such as orthodontic endodontics. Crown and bridge removal of asymptomatic wisdom teeth. Keep coverage for exams, prophys, allings restorations, removable prosthetics, extractions. • Cover LESS procedure that the one you cover at much higher rate. More emphasis on children than adult care. • Decrease adult services and allow children services. • Either fully fund it and provide care OR pay for extractions only. You can live w/o teeth. My mother for 40+ years and my mother-in-law had cancer and NO MANDIBLE for almost 10 years!?! (She lived to almost 80!). • I believe that title XIX should focus on children. Instead of covering molar endo for adults and perio proceudres I think title XIX should provide comprehensive care for kids up to age 16-18 with adequate reimbursement. • I think they need coverage for more independent adults. • I think those who are handicapped or disabled should have the same coverage as kids because they can't work to pay for any services out of pocket. • Iowa covers a lot of services but at low reimbursement. I'd rather we covered fewer services (peds specific) at a higher level. • Limit adults to prevention, ext and dentures. • Limit the treatment options • Limiting procedures can be done is creating a lower “standard of care” for this group of patients. • No leeway on treating patients with extenuating circumstances outside of treatment limitations or yearly limits. • Quit changing codes I submit for resin fills on deciduous teeth to amalgam codes. Resins are much better. Don’t second guess my judgment and clinical decisions! • Right now reimbursement and several procedures is less than 50% of my customary fee. Remove Title XIX reimbursement for orthodontic care and make the patients responsible for funding ortho, leave it to the orthodontists if they want to slide there fee scale for these families. I would like to see a breakdown of payments made by the Iowa Medicaid program broken down into preventive/oral surgery/endodontis/restorative/orthodontic procedures. Trim the fat and better reimburse for important health not esthetics.

• Since there is a limited budget (would suggest all funds go to children benefits). • The decision regarding "need" for treatment should be made solely at the discretion of the practitioner not some desk jockey policy maker. • They need to listen to the clinician when it comes to txt decisions. • XIX pays for too many services for adults. Adult services should be very basic and funds shifted to higher reimbursement for children and people with disabilities.
All New Patients (5) • Consider accepting Phase I/Phase II Tx plans for complex cases in orthodontics. • 2 crowns in 12 month period is difficult to keep track of. How about 2 crowns in a calendar year. • Cover more ortho for kids. A little higher copay for adults $10. cut back on general anes for simple ext's and use the savings to pay for kid ortho. • I feel XIX pt's should also have a limit per year, like other types of ins. At times they tend to assume care can be provided if and when they decide. • PROPHYLAXIS SPECIAL NEEDS CHILDREN. 1) As a specialty office we need to see special needs children every three months for prophylaxis and fluoride because hygiene is compromised due to mental/physical handicap, however XIX denies coverage. Caregiver is not qualified as a dental professional to remove stain, stubborn plaque, and calculus. 2) Previous coverage for every 3 month prophylaxis required documentation of child's mental/physical handicaps which is now denied and limited to 6 month recall.
Unknown (1) • Kids should be covered 100% and adults should be minimal coverage, emergency care or dentures. And zero orthodontia and perio, oral surgery in OR's, etc..

Table F-6. Comments about other dentists' participation in Medicaid (23)

Medicaid Participation Comments
No New Patients (10) • Achieve #24 (taken from 24: NS. If the math was done as to number of Medicaid patients versus number of providers in communities and across the state, to create a "request" for providers to accept that number patients so as to take care of "the need" representing the states dental community as unified for Iowans.) first and then be prepared for easy/prompt/adequate reimbursement, so, as providers I (we) feel better about providing the service and work on education since we are providing more and hopefully decrease prevalence of oral disease. • Although I have refused to accept new Title XIX patients, I did so because I was the only remaining dentist in the area overburdening my practice. Everyone should be responsible for such patients to some extent. • Dentists don't need paid more to get them to see Title 19 patients. They just need to feel like they're helping the people that truly WANT and need help. In the current system, the abusers far out-number the people the system was designed for and as a result dentists will shut their door to all Title 19, regardless of reimbursement levels. • Every provider has an obligation to help/aid those less fortunate especially children, but we should tighten qualifications so people can't use the system. • Hardly anyone in my county accepts XIX. I would be over-run with XIX patients if I accepted more. I usually end up just treating patients for no charge rather than deal with the hassles. • I saw Title XIX for many years because I feel I took an oath to help people. I lost much $ income and became overburdened with Title XIX. This is because no one else in dental practice here felt any obligation to treat Title XIX. • I took them for several years and got bombarded when no one else in my area accepted them. • I will always accept TXIX children, but currently not accepting new adults. I became the "dumping" ground for other offices. • I would like to participate in the program but it is a corporate decision by my company not to participate. • My philosophy was always to do the Title 19 patients in my immediate area and refuse out of town patients. If everyone just did their own area, there would be less problems.
Some New Patients (7) • Also, not many dentists in surrounding areas will accept XIX, puts burden on my office. • I feel all DDS should have to accept XIX. We would not have the issues if every county would accept XIX in their area. • If all DDS took their "fair share" of title 19 patients, there would be no shortage. Too many refuse to see them because of low fees, late or failed appointments, do not comply with recommendations of better oral hygiene, quit smoking, and of sugary substances, etc. • If I could limit to my community and not take from the large community I'm close to. • It's disheartening to think that not all DDS could participate on some level, however the case is that some practices will in fact try to pawn off Title XIX patients to essentially unload themselves from the Title XIX hassles of low or no pay, poor continuity of care, and force others to say no more. • Just that dentists who currently treat Title 19 should be rewarded and not let others jump on the bandwagon if and when reimbursement rates go up. • Program would work better if providers would strive to see a certain % in their practice and reimbursement would cover overhead expenses so could offer to see more patients.
All New Patients (6) • I think patients would be better served if everyone sees a few patients. With the economy being lousy, I'm happy to have a body in the chair. I've never been concerned about money I "write off", but rather, what is in my checkbook. • If it was made to be more acceptable by all dentists the offices that see Title 19 patients wouldn't be so burdened. • It is very difficult to bear the burden of title 19, when we are one of the few providers who see them.

- Mandatory compliance from all IA dentists certain percentage of all pts this will be difficult.
- Most dentists do not realize that they are spending too much time selling dentistry. With Title 19 the patient isn't concerned about the financial aspect and will accept the best treatment title 19 is willing to pay for. It is a challenge to stop dental disease and raise the patients dental IQ. It is also rewarding to help so many special needs patients. Most of my referrals are from groups like Mainstream, On with Life, House of Mercy, Link Associates, and many other similar groups. Most of these patients come with care providers. My bigger challenge is the referrals from 4 or 5 different nursing homes. All dentists should share the title 19 patient base.
- We have many new pts call our office and are surprised we take title 19 because they have called 5 other offices. Frustrating.

Table F-7. Comments about specialty care (n=15)

Medicaid Participation Comment
No New Patients (5) • Even if I returned to accepting new T-19 patients I do not provide endo or impacted 3rd molar removal, who would I get to provide those services? The specialists need to be held just as accountable for providing services as the general dentist. • I am an orthodontist and we are treated differently than general dentists. If a patient goes off XIX their coverage stops and we are not paid for the remainder of the Tx even though we have to complete it. • I do not accept Title 19 patients but as a specialist I do treat many of them at no charge. • I do not have anywhere to refer for root canal treatment or extractions that accepts Title 19. • I finally quit the program January 2013 after 27+ years of practice. I just got fed up. Told my good referring dentists I will treat selected needy patients orthodontically for free rather than put up with these headaches and frustrations!
Some New Patients (5) • Lack of specialists not taking any Title XIX pts is a problem also. • Lack of specialists taking Title 19 is a concern. I opt not to do endo, for example. Other pts. Are referred to the local endodentist, but as he doesn't accept Title 19 we have no place to refer them. • Periodontal treatment for adults is very important. Many adults who have T-19, in my experience have not been to the dentist for a long time and often need treatment for periodontal disease. It would be best if prior authorizations were done on the ADA • The Objective Salsman Scoring Index for acceptance of orthodontic cases is a good starting point. However, when a bilaterally polatally impacted canine case is denied, something is wrong with our system. There needs to be some latitude given in case acceptance. • We are an orthodontic practice so there is a BIG problem when people have a primary insurance. This insurance usually takes over a year to pay, and longer if the payments go directly to the subscriber (when we are not a provider for that company). Being XIX makes one payment, I wait until the primary insurance has paid before sending the claim to XIX. The claims are then denied due to timely filing guidelines. Then to add more insult I am told by one representative to file the claim right away so Medicaid has it on file. I have done that, and then when insurance is done paying sent in the claim with all explanation of benefits to XIX and it is denied because of the timely filing. When I call Medicaid, another representative will say oh we don't keep anything on file when it is denied so we have no record of the claim. Frustrating and irritating!!! And we don't get paid.
All New Patients (5) • Consider accepting Phase I/Phase II Tx plans for complex cases in orthodontics. 2) Once accepted for treatment, patients status should not changed (once it is determined they are eligible for tx, status should not be changed until t is completed). • As an orthodontist the change in the scoring (from 22 to 26) in the difficulty of the case has dramatically reduced the number of T19 cases that get approved for service. • Cover more ortho for kids. A little higher copay for adults $10. cut back on general anes for simple ext's and use the savings to pay for kid ortho. • Lack of participation by oral surgeon is of particular concern. We need O.S. backup occasionally. • Though Dr's are a little better I saw times where I could not make a "pedu referral" because of the lack of willingness to see a child on XIX. That's shameful; the children can't help their situation.

Table F-8. Comments about the role of government (n=24)

Medicaid Participation Comment
No New Patients (17)
• As of 12/31/12 when the XIX contract was terminated/nullified (by human services) and opted NOT to resign a new contract. I've practiced for 30 years, and all those years and never once had a problem w/XIX, 30 years! And NOW under Obamacare I'm AUTOMATICALLY labeled as moderate risk for waste, fraud, and abuse?!? They should be sending out thank you cards ad awards for putting up with all the nonsense they dish out. It would get better results than labeling me as moderate risk for waste, fraud and abuse. They burned the bridge, and now there is ZERO CHANCE I'll participate in XIX again.
• Get a job. If you are a "statistic (expletive)" work harder, seek a mentor, life coach, develop a skill, a talent, gain confidence AND grow AND contribute. If you are a liberal you are clearly "the enemy from within". I love my country (Vietnam) (father World War II Europe and Korea). I love my profession (IA DDS 1968). I am 3rd generation DDS. Grandfather, Uncle, sister-hygienist. I love my country, I honor my heritage. I served out 3 vows in my life. Allegiance to 1) Commander-in-Chief military active duty, Air Nat'l Guard. 2) My wife, 45 years so far. 3) My profession, 6/68 to present. I reject Obama, Liberals, Democrats, medical fraud criminals, illegal immigrants (my wife is from Colombia, S.A.). Who is your doctor now? OBAMA/Medicare vs. Health Providers. Hello (expletive) wake up!
• I feel politicians don't value our services enough to pay enough to cover our overhead and the patients don't value the service to consistently show up for appointments.
• I feel that the govt needs to raise income requirements and deny any T19 coverage to those already having dental insurance. My front staff wastes more time on the phone trying to correct problems that were made by T19. I am to the point of seriously considering dropping all T19 pts due to hassles and cost to practice. Unless drastic changes are made.
• I sold my practice 12/31/12 and am now an independent contractor. I saw XIX pts for years when I started my private practice and enjoyed treating them. At the beginning of the Regan era I noticed a shift in philosophy by XIX. The relationship became confrontational and difficult. After taking a management course I was convinced that the pts had nothing at stake and that I was working for less than overhead. XIX was 1/3 of my practice. I dropped the program.
• I think local organizations should deal with dental health. Big government only creates layer issues. Ideology!
• I would rather donate free services to needy families from my church than deal with a government entity. I have so much treatment dictated from Tricare program I participate in that I have no interest being involved with another government funded program.
• In the current environment, the government has become increasingly unfriendly to small business. With inflation, increased overhead, and increased taxation, it would be a very large error in management to use resources on this population at reimbursement rates that do not even cover the overhead to treat them, it must be profitable, this is a business, not a government agency, no one here to pick up our tab.
• I've heard from Iowa Dental Board rep that majority of board inquires result from Title 19 cases. Not sure if true, but interesting, perhaps you could investigate further.
• Maybe we are missing the "boat" so to speak. Raise taxes enough so government can provide everything: dental care, medical, food, clothing, cars, vacations, college for the kids, etc. Why not have a XIX recipient pull up to the pump with a car that the state bought and paid the dealership 20 cents on the dollar, so they can fill it with gas from "kumtgo" at, maybe 25 cents a gallon.
• Too much government control of fee schedule.
Some New Patients (7)
• Having the state legislature pat itself on the back for reducing costs for Title 19 by lowering reimbursement rates was a slap in the face. I do continue to see Title 19 patients but it is getting increasingly difficult to do so.
• I think there should be more school loan repayment programs for dentist who agree to accept a

certain % of patients with Title 19 in their practice.
- I wonder if the government workers would not only work for free but pay the people they work for.
- If the politicians really think they are funding this program enough maybe we should pay them 50% of their salary for awhile and see how they like it.
- Perhaps government owned and staffed clinics paying dentists a reasonable salary, maybe a better and less costly alternative.
- Probably best served in government clinics though they tend to be quite inefficient.
- Title XIX is a COMPLETE WRECK. Constant hassles to get paid fairly, coupled with way too much bureaucratic nonsense. I only do it to long standing patients. There is no profit to my business from Title XIX.

All New Patients (5)
- I am not saying that the board should not investigate all complaints. I am saying that they need to approach the dentist with the presumption of innocence.
- In general I feel government entitlements are severely abused by MANY individuals. Some need it, many abuse it.
- Over the past several years I have noticed a higher and higher percentage of patients on welfare. This should not be surprising since Obama would prefer that the whole country be dependant on the government. Absolutely pathetic!
- State administrators don't take pay cuts when we do so I see that as negative.
- The changes must come from the legislature and my experience is they don't care and never have direct contact with those in need of care. This population is viewed as not a voting public that helps get people elected!

Unknown (1)
- This is a political "feel good" program that is woefully inadequate in addressing the dental needs of the poor.

Table F-9. Comments about Community Health Centers (n=13)

Medicaid Participation Comments
No New Patients (6) • Fund CHC and do student loan repayment I think is a great option, often there are long waits for patients to be seen at CHC. • I like the title xix program's goals, but CHC is inefficent. Treating people on an encounter-based system is a foolish use of time and they could see more people if that changed. • I think setting up CHC's are our best way to meet the needs. These can be staffed by recent grads (use with incentives), general dentists looking for work or to try to get more volunteer dentists. • Look at other states who effectively offer CHS's in lieu of Title XIX. • Promote CHC's • Why do community clinics get a set fee for every Title XIX patient it sees? This is in direct competition with our practice and give them an unfair advantage over us.
Some New Patients (5) • **I**n more populated areas it would be most efficient to point patients toward a CHS or a corporate dental business but in smaller populated or rural why not subsidize a dentist or couple to set up an efficient system to handle low reimbursement pts (i.e. subsidize a staff position in exchange for so many XIX visits or patients. • I would donate equipment for this clinic (taken from question 24: Get the treatment OUT OF MY OFFICE, off of my schedule. Treat in local, govt sponsored clinics suppling: equipment, supplies, personnel and scheduling the patients (and dealing with the broken appointments). I would donate my time every month. You deal with any billing, broken appointments, paperwork requirements. Stop robbing my productive time and underpaying me with XIX. Use the money to set up the clinics. Let me donate my services, stop insulting me and trying to shame me into the current program with your inadequate compensation. There is a better way! • It is unfair to private practices that community clinics get better reimbursement for Title XIX patients, se fees for each Title XIX patient that comes to an appointment. • Then, there is the patient that has to come in for a problem between 6-month intervals, and Medicaid does not even want to cover the exam. Xxxxxxxxx Xxxxxxxxx Xxxxxx Xxxxxx in Xxxxx Xxxx, XX: Yes, they do hurt local private practices. I used to be a privately contracted dentist there (no loan repayment and no benefits of any kind), and then strictly a volunteer--for several years. I know how the system works. Other local dentists used to express their concerns to me. The Health Center advertises-especially for regular insurance patients, accepts grant funds, gets large discounts on all supplies, and receives more Medicaid reimbursement per patient visit. How is a small private dental office supposed to compete with that? The Health Center has a fluoride program to go out to the schools in a very large surrounding area. The fluoride and screening program IS A GREAT THING TO DO. So, what's the problem? 1) The consent form has private insurance information--it sounds like the fluoride is free, but it is not free, if you have insurance. Then, when the child sees the dentist they choose to go to, the benefit has been used, and the family is charged for something that was not supposed to cost them additional money. 2) The Health Center uses the personal information provided on the consent form for financial gain. The consent form asks if the child has a dentist. Regardless of whether they do or not, the family receives a call stating that the Health Center would be happy to see them in their clinic. 3) The consent form states that if insurance does or does not pay, the balance will be written off. THIS IS INSURANCE FRAUD! 4) The Health Center takes advantage of multiple billings to Medicaid for fluoride treatments and exams. THIS IS MEDICAID FRAUD! 5) The consent form stated that money received from insurance was strictly for supplies. I presume there is already grant money paying for the fluoride. I doubt that the supplies cost anywhere near the amount taken in. I called the Xxxxxxxxx Xxxxxxxxx Xxxxxx Xxxxxx dental director regarding one of my patients that participated in the fluoride program. We ended up meeting at the school district office. The Health Center made a big deal that, "..insurance paid us $21.84. we wrote off remaining charges"--Well, I have to tell you that I wrote off over $80 and lost this family of four!--All over their fluoride program, because they charged private insurance. I believe

the fluoride program is a great thing to do. But, I also believe patients should be treated the same. None of them should be charged for fluoride. 2011-2012 Xxxxxxxxx Xxxxxxxxx Xxxxxx Xxxxxx Screenings: 1637 kids screened. 1027 Iowa Medicaid, 432 private insurance, 178 Uninsured. According to my calculation, 1027 Iowa Medicaid patients x approx $136 per patient = $139,672 TAXPAYER DOLLARS! I think this is abuse of taxpayer dollars and downright fraud. It is certainly more than I pay myself in a year. I have also heard, from another dentist, that there were exam charges to regular insurance patients, in addition to fluoride charges in one of the school districts located in our area. I am not the only frustrated dentist. I feel I do my part. I provide more than $60,000 per year in free dental care, take Medicaid referrals for hospital treatment from other dentists, and would like to be able to see more Medicaid patients without increasing fees in my practice. I even called and discussed these issues with Xxxxx in Public Health at XXX-XXX-XXXX on 1-16-2013. Of course, she was to call me back but did not do so. The usual bureaucracy. • We are not near any community health centers, so we have no referral center.
All New Patients (2) • Limited to community health, restricted from private practice. • Something has to change with Title 19 or you will continue to see a decline in providers serving Title 19. Public centers are not the answer. Public centers cannot treat patients with the highest level of care due to budget restrictions.

Table F-10. Comments about fraud (7)

Medicaid Participation Comments
No New Patients (2) • The numbers just don't work = a dentist either has to: 1) lose money. 2) Commit fraud. 3) Do lesser quality. I'm not willing to do any of the above. • We saw generational abusers receive Medicaid on a regular basis. Control and investigate the fraud. Create a Medicaid base that is truly granted only to those who are truly disabled/impaired.
Some New Patients (2) • Fee-for-service only invites fraud. There isn't enough paper but my email is xxxxxxxxxxx@msn.com. • There is the patient that has to come in for a problem between 6-month intervals, and Medicaid does not even want to cover the exam. Xxxxxxxxx Xxxxxxxxx Xxxxxx Xxxxxx in Xxxxx Xxxx, XX: Yes, they do hurt local private practices. I used to be a privately contracted dentist there (no loan repayment and no benefits of any kind), and then strictly a volunteer--for several years. I know how the system works. Other local dentists used to express their concerns to me. The Health Center advertises-especially for regular insurance patients, accepts grant funds, gets large discounts on all supplies, and receives more Medicaid reimbursement per patient visit. How is a small private dental office supposed to compete with that? The Health Center has a fluoride program to go out to the schools in a very large surrounding area. The fluoride and screening program IS A GREAT THING TO DO. So, what's the problem? 1) The consent form has private insurance information--it sounds like the fluoride is free, but it is not free, if you have insurance. Then, when the child sees the dentist they choose to go to, the benefit has been used, and the family is charged for something that was not supposed to cost them additional money. 2) The Health Center uses the personal information provided on the consent form for financial gain. The consent form asks if the child has a dentist. Regardless of whether they do or not, the family receives a call stating that the Health Center would be happy to see them in their clinic. 3) The consent form states that if insurance does or does not pay, the balance will be written off. THIS IS INSURANCE FRAUD! 4) The Health Center takes advantage of multiple billings to Medicaid for fluoride treatments and exams. THIS IS MEDICAID FRAUD! 5) The consent form stated that money received from insurance was strictly for supplies. I presume there is already grant money paying for the fluoride. I doubt that the supplies cost anywhere near the amount taken in. I called the Xxxxxxxxx Xxxxxxxxx Xxxxxx Xxxxxx dental director regarding one of my patients that participated in the fluoride program. We ended up meeting at the school district office. The Health Center made a big deal that, "..insurance paid us $21.84. we wrote off remaining charges"--Well, I have to tell you that I wrote off over $80 and lost this family of four!--All over their fluoride program, because they charged private insurance. I believe the fluoride program is a great thing to do. But, I also believe patients should be treated the same. None of them should be charged for fluoride. 2011-2012 Xxxxxxxxx Xxxxxxxxx Xxxxxx Xxxxxx Screenings: 1637 kids screened. 1027 Iowa Medicaid, 432 private insurance, 178 Uninsured. According to my calculation, 1027 Iowa Medicaid patients x approx $136 per patient = $139,672 TAXPAYER DOLLARS! I think this is abuse of taxpayer dollars and downright fraud. It is certainly more than I pay myself in a year. I have also heard, from another dentist, that there were exam charges to regular insurance patients, in addition to fluoride charges in one of the school districts located in our area. I am not the only frustrated dentist. I feel I do my part. I provide more than $60,000 per year in free dental care, take Medicaid referrals for hospital treatment from other dentists, and would like to be able to see more Medicaid patients without increasing fees in my practice. I even called and discussed these issues with Xxxxx in Public Health at XXX-XXX-XXXX on 1-16-2013. Of course, she was to call me back but did not do so. The usual bureaucracy.
All New Patients (3) • Many recipients SHOULDN'T have it, many recipients here falsify their financial situation to get benefits. This is a college town. • Please increase awareness of fraud on the patients part. I am tired of my Medicaid patients

driving nicer cars than we do, telling me about their Disneyworld trip, telling us about their trips to the casino, and telling us they can't afford a co-pay when they have 2 packs of cigarettes in their pockets. Also, drug testing them might help. The "working" people of our society are subject to drug tests to keep their jobs and benefits, maybe people with free handouts should be subject to the same tests.

- Reduce years of an audit causing loss of practice due to human error as apposed to fraud.

Table F-11. Comments about hawk-I (n=7)

Medicaid Participation Comment
No New Patients (4) • I have seen reimbursements to orthodontists for Hawk-I patients. This is absurd! Crooked teeth is not a reason for the taxpayers to pay for someone's orthodontic! I have yet to see a pt die due to crooked teeth. • I am an orthodontist and we are treated differently than general dentists. If a patient goes off XIX their coverage stops and we are not paid for the remainder of the Tx even though we have to complete it. XIX does a good job for pay for service and general dentistry. We have been put of Hawk's from its inception and it is great! • I would be happy to treat Hawk-I children and I did for years until Delta took over and "fired" all Iowa dentists who are not Delta providers. Why isn't it important to have a willing, voluntary dentist participating in Hawk-I? Just because he is not a Delta provider? Also, XIX pays approx 30% of my fees, my overhead is much higher than that, you wouldn't do that. • Patients are not held responsible for anything. Hawk-I is better due to pts having to contribute something.
Some New Patients (1) • Hawk-I program is supported because fees are more realistic. Why not reimburse emergency care at rate doctor will accept patient instead of emergency care at inflated rate at hospital.
All New Patients (2) • INSURANCE BENEFIT COMMUNICATION. When Hawk-I drops coverage, and the child is moved to XIX coverage, Iowa Government programs do not communicate between each other. When claims are submitted to new XIX insurance, XIX denies the claim stating the child has Hawk-I, when child was removed from Hawk-I and placed on XIX. • We do not accept Hawk-I because we feel there is still unmet needs with lower income patients on Title 19. Most Hawk-I patients seem to pay privately.

Table F-12. Positive Comments (n=12)

Medicaid Participation Comments
No New Patients (2) • I think it is a GREAT benefit for children. • XIX does a good job for pay for service and general dentistry. We have been put of Hawk's from its inception and it is great!
Some New Patients (4) • Electronic payment is quick, difficult to set up initially though. Most procedures are covered if documented well. • Great for kids. • Overall, a good service for the underserved. • The program is good
All New Patients (6) • I think Title XIX is essential to the health of (???). Dental care is expensive and necessary. It is especially important for children. • Most nicest patients I have. • My general feeling is that the majority of folks I see are relatively good patients as far as keeping appointments. Their payment when done electronically is a fairly fast turnaround. Wednesdays seem to be the cut off for payment. In other work claims we put the next week for procedure done one week prior. I will say that this has improved in the last year or so. However, there was a time that I was embarrassed for the profession. Even my own general dentist colleagues. People have lost sight of why they wanted to be a health practitioner. Unless they were solely out to make money only! • Paperwork has decreased dramatically since electronic submission was started. Payment is more prompt with direct deposit both are big plusses. • The payments have gotten much faster the last couple of years. Thank you! • We feel it helps our patients whom are will to appriciate it.

Table F-13. Miscellaneous comments (n=41)

Medicaid Participation Comment
No New Patients (19) • Accepting Title XIX patients adds a certain amount of stress that just isn't worth it. Sorry. • Have no interest in signing up. • Having extensive experience with XIX as a solo practitioner from 2007-2011, there are too many comments to make regarding the patients, the program, and the Medicaid dental branch employees to do any comment justice. • I have always supported the idea and take patients, many convert to (illegible) patients in the future. But it seems the (illegible) needs to be dental friendly and not make it hard to be a supporter of the program. • I have found it easier to treat patients for no charge (donated dental services-give kids a smile for example) than to treat new Title XIX pts. • If I am going to do charity work, I would rather choose who I give my services/money to. • Increasing the number of people in title XIX does not solve the health care access problem in this country. • It is easier just to volunteer and provide service for free. • Make coverage logical and beneficial to the LONG TERM dental health of the pt. • No comments, I just work part time at 90 years of age, I don't want long hours or lots of patients. Trying 90 and see! • None • Should ask if specialist. I am orthodontist. • The FQHC in Waterloo (XXXXXXX XXXXXX) has dental patients return multiple times for treatment because they are paid "by the visit". I saw a patient that had been seen there for #3-0, #28-0, #29-0, #30-mo, #31-0, 5 VISITS. This is their normal practice. • The program is awful, unless you run a title 19 "mill" you can't keep your doors open. • The Title 19 program has been discussed too much during the past 20 years. It will never change or improve. There aren't enough federal funds to increase funding for it. • They give it out too freely. • They pass it out too easily. • (We did take it when I was an associate). If I lived in an area where no care was available for T19, I would consider taking on some. I tried to take a couple in the past, but was told I'd have to take all/can't pick and choose (except can limit # of appts available). I'd rather provide comprehensive care for my patients, than a single appt for many. Comprehensive care would cut down emergency and higher cost tx needs. • Why not make XIX participants do community service to help pay for the medical care; i.e. clean parks, paint old buildings. I have healthy patients in my practice that have had XIX for 10+ years. How about a cut off date and stick to it? I would rather volunteer than be insulted with current reimbursements.
Some New Patients (16) • Corporate dental groups are terrible. • I am no interested in donating my time to keep my staff busy. It is ridiculous to get reimbursed for denture and partial denture repairs at less than my lab bill for them. • I am very concerned about providing care for those in need. 1) However, I feel that the system (currently) is grossly unfair to providers, which discourages provider participation, which then adds to the burden of those providers who do see these patients. 2) Also, I feel that there should be more PATIENT ACCOUNTABILITY and RESPONSIBILITY tied to their benefits. (i.e. patients often miss appointments, don't follow guidelines with no repercussions) which puts additional burden (financial and other) to providers, and tax payers. • I feel sorry for all the people left out in the cold, with no place to go. • I truly believe there is a need, but also this is a population that sometimes does not seek dental care. Is it access to care or is it a problem of not caring? We need to better educate about prevention and

the importance of dental health.
- It has been studied to death, but never changes.
- It is necessary.
- It is probably a mismanaged program.
- It needs overhauling and now.
- It serves no purpose.
- It's wasteful and very nearly broken! Shameful. Please make good use of this survey, put some "teeth" into your findings. Don't just let this be another "survey". Actually try to fix this. Thanks!
- Not sure how involved Title 19 is, but reduce or change school based programs. I see more problems then good come from school sealant programs. Also unethical incentives (i.e. prices for the mose sealants in a classroom). The sealants are poor and I had one patient sealed over diagnosed caries.
- Spent extra time to do multiple wax tryins to make dentures perfect, patient loved them, however she failed to mention that she no longer had T19 so we lost $1050. we had approval at 1st impressions but since we went out of our way to make sure her dentures were perfect, she was not covered at delivery. T19 did not reimburse us 04, our lab bill was over $400.
- The program per se is valuable. But one is reminded of the "take the horse to the trough…" adage. Title XIX is the trough with water in it.
- This entitlement program is broken.
- We must be able, as a profession, to offer alternatives other than to simply ask for more money.

All New Patients (6)
- Higher loan repayment program would greatly attract more young dentists to participate with IME.
- I feel the program is necessary but inadequate to allow a sole proprietor private practice dentist to appropriately meet the patient needs.
- My suggestions are not designed to generate more revenue, they are meant to provide INCENTIVES to both the dentist and the patient. When people receive services for free they tend to deem little or not value to those services. By charging a small fee, the patients may place more value and take more pride in the care of their teeth. The fee for services will only be effective if there is a commensurate and punitive amount for missed appointments. Dentists are often reluctant to accept T-19 patients because they are notorious for missing their appointment. This is a continual frustration for the DDS because he/she has to accept a reduced fee for services as opposed to traditional patients, and when the T-19 patient misses they don't even get the reduced fee. That time allotment is lost revenue.
- See my attached rant to XXXXX XXXX executive director of the XXX and his district president and trustees. Our State president XXX XXXXXX received my e-mail and did not call me and I am in the same district as his. One person sent me an e-mail agreeing with me. The others appear to NOT want to address the issues. I KNOW THIS IS CONFIDENTIAL HOWEVER, I AM AT A STAGE INMY CAREER THAT I DON'T MIND BEING KNOWN AS A DENTIST ADVOCATE FOR TITLE XIX PATIENTS! I would be glad to visit with you about title XIX from a dentist who has been treating this population of patients since 1979. It is my opinion that those in leadership roles in the IDA do NOT represent me or those dentist seeing title XIX on a routine basis.
- Title 19 pts need regional "hubs" to receive tx as UofIA often out of reach to many Title 19 pts.
- We are orthodontists so many questions really not applicable, so interpret your data accordingly.