

**Survey of Medicaid Beneficiaries
and
Survey of Dentist Opinions on Medicaid
Results for Minnesota**

Table of Contents

	Page
About These Studies	4
Executive Summary	5
 Survey of Medicaid Beneficiaries	
<hr/>	
Oral Health Status	
Overall, how would you describe the condition of your mouth and teeth?	7
In the past 12 months, have you: ...felt there is less flavor in your food because of problems with your teeth, mouth, dentures or jaw? ...had difficulty doing your job or daily tasks because of problems with your teeth, mouth, dentures or jaw? ...had difficulty chewing any foods because of problems with your teeth, mouth, dentures or jaw? ...felt uncomfortable about the appearance of your teeth, mouth, dentures or jaw? ...had painful aching in your mouth?	7
 Oral Health-Related Behaviors	
How often do you: ...brush your teeth two times per day with fluoride toothpaste? ...floss or clean between your teeth daily? ...drink tap water instead of bottled water? ...use tobacco products? ...consume sugary foods and/or drinks between meals?	8
 Time of Last Dental Visit	
When was your last dental visit?	9
 Reasons for Not Visiting the Dentist More Frequently	
[If not within the past 12 months] Why did you not visit the dentist more frequently?	10

Table of Contents (continued)

Oral Health-Related Attitudes and Beliefs

How much do you agree to disagree with the following statements?

- My smile is an important part of my appearance.
- The condition of my teeth and gums is an important part of my overall health.
- It is important to me to keep my natural teeth.
- Flossing my teeth everyday is a high priority for me.
- Going to a dentist is not worth the cost to me.
- Going to the dentist is only important if my teeth or gums are bothering me.

12

Survey of Dentist Opinions on Medicaid

Treatment of Medicaid Beneficiaries

In the last 12 months, have you treated any adult or child patients who are enrolled in your state's Medicaid program?

13

[If saw Medicaid patients within the last 12 months] About what percentage of your total patient volume is Medicaid patients?

13

Barriers to Treating Medicaid Beneficiaries

How important are each of these factors in keeping you from treating more Medicaid patients?

- Reimbursement rate of Medicaid
- Appointment cancellation or no-show rate of Medicaid patients
- Dential of payment by Medicaid
- More comprehensive procedures not covered by Medicaid
- Overall claims submission process
- Time it takes to get paid by Medicaid
- Audit of practice activities
- Staffing shortages in my practice
- Process of enrolling as a Medicaid provider

14

Perceptions about Medicaid Beneficiaries

How much do you agree or disagree with the each statement below?

- Low reimbursement will hurt my practice's overall profitability, making it less valuable over time
- It is challenging to provide comprehensive treatment to Medicaid patients
- Compared to my other patients, oral health problems are more severe for Medicaid patients
- Compared to my other patients, Medicaid patients are culturally more difficult to treat
- I am more likely to be sued if I treat Medicaid patients
- Being a Medicaid-enrolled provider negatively affects my reputation among professional colleagues
- Being a Medicaid-enrolled provider positively affects how my community views me and my practice
- Medicaid patients make other patients feel uncomfortable in the office
- Medicaid patients value their oral health
- Medicaid patients comply with recommended treatment plans

16

Table of Contents (continued)

Practice Capacity and Workload

Overall, thinking about the last 12 months, what best describes the capacity of your primary practice to treat patients, regardless of their type of insurance coverage? 19

[If too busy to treat all or able to treat all but overworked] How much is your current workload impacted by staffing challenges in the practice (e.g., not enough staff, unqualified staff)? 19

About these Studies

The American Dental Association Health Policy Institute (HPI) commissioned Qualtrics to conduct online surveys of dental providers and Medicaid beneficiaries in eight states: Maryland, Minnesota, Nebraska, New Hampshire, Ohio, Pennsylvania, Rhode Island, and South Dakota. Data collection for Medicaid beneficiaries began on December 4, 2023 and closed on January 11, 2024. Data collection for dental providers began on December 2, 2023 and closed on December 30, 2023.

For the Survey of Medicaid Beneficiaries, the survey was administered using a nonprobability based sample, and quotas were used to ensure that the sample base was representative of the population of adults, aged 18 or older, in each of the eight states. Responses were reviewed by the researchers for quality control. Respondents were asked if they are enrolled in their state's Medicaid program. Those who answered "yes" were invited to complete the survey. A total of 2,467 Medicaid beneficiaries responded with a +/- 6% margin of error for each state. **A total of 484 beneficiary responses were collected for Minnesota.**

For the Survey of Dentist Opinions on Medicaid, this report summarizes results broken out to show dentists who have treated any Medicaid beneficiaries vs. dentists who have not treated any Medicaid beneficiaries in the last 12 months. **Of the 2,436 dentists contacted, a total of 142 responses were collected for Minnesota.**

Executive Summary

Access to Care for Medicaid Adult Beneficiaries

- About half of Minnesota Medicaid adult beneficiaries who were surveyed reported that they visited the dentist within the last 12 months. Among those who did not visit the dentist, the top reason was provider accessibility; beneficiaries cannot find a dentist who accepts Medicaid, cannot get to a dentist easily, cannot find a convenient appointment time, or beneficiaries do not know how to find a dental care provider.
- Another important barrier to dental care utilization relates to affordability. Adult Medicaid beneficiaries reported that they cannot afford to go to the dentist or many dental care services they need are not covered by their insurance plan, leaving them to pay out of pocket.

Attitudes, Behaviors, and Oral Health Status among Medicaid Adult Beneficiaries

- Access issues are leading to oral health problems. Two in five respondents report they very or fairly often felt uncomfortable about the appearance of their teeth, mouth, dentures or jaw in the last year, more than double the rate for the overall adult population in Minnesota.¹ One-third have very or fairly often had trouble chewing, and 27% have very or fairly often experienced painful aching in their mouth. The rate for trouble chewing is higher than the rate for the overall adult population in Minnesota, and the rate for painful aching is about the same.¹
- Adult Medicaid beneficiaries strongly value their oral health. Around four in five respondents agree or strongly agree that their smile is an important part of their appearance, that the condition of their teeth and gums is an important part of their overall health, and that it is important to keep their natural teeth. There is a disconnect between how adult Medicaid beneficiaries value their oral health and dentist perceptions. Only about one-quarter of dentists agree or strongly agree that Medicaid beneficiaries value their oral health.
- Oral health habits can improve among adult Medicaid beneficiaries. Less than half reported that they “most of the time” or “always” brush twice a day with fluoride toothpaste, 37% clean between their teeth daily, and 43% drink tap water instead of bottled water. Nearly two in five consume sugary foods and beverages 1 to 2 times per day while an additional 29% do so 3 to 5 times per day. Two-thirds reported at least occasional usage of tobacco products.

Barriers to Medicaid Participation for Dentists

- Nearly three-quarters of Minnesota dentists who were surveyed reported that they have treated Medicaid beneficiaries during the last 12 months. For reference, this is higher than larger administrative data sets show, where 59% of Minnesota dentists saw at least one Medicaid beneficiary.²
- The top pain points keeping dentists from seeing more Medicaid beneficiaries are low reimbursement rates (83% citing this reason), denial of payment by Medicaid programs (59%), appointment cancellation and no-show rates (47%), and Medicaid’s limited coverage of comprehensive procedures (46%).

- Only 4% of dentists currently treating Medicaid beneficiaries are not busy enough and can absorb more patients. Sixty-nine percent of dentists treating Medicaid beneficiaries said staffing challenges are extremely or very much a factor in their heavy workload.

The Big Picture

This research suggests four important ways policymakers can improve access to dental care for adult Medicaid beneficiaries in Minnesota. These include:

- Ensure Medicaid programs cover comprehensive dental care services. Both providers and beneficiaries reported that lack of coverage for certain dental care services was an important issue. On the beneficiary side, it poses a major barrier to care. On the provider side, it is an important barrier to participation.
- Improve navigation services for beneficiaries. Finding a dentist who participates in Medicaid is challenging for beneficiaries, not necessarily because they do not exist, but because there is no easy way to find them. State Medicaid programs should consider building Open Table-type of platforms to help beneficiaries find convenient appointment times with minimal friction, even including linking beneficiaries with subsidized transportation services. These reforms will help fill the schedules for participating dentists who are not busy enough.
- Address dentist participation pain points. Top of the list is increasing reimbursement rates. In addition, streamlining administration and finding ways to reduce cancellation and no-show rates is important. The latter might be achieved through improved navigation services or expanded coverage, highlighted above.
- Enhance healthy behavior promotion services. Beneficiaries reported high rates of behaviors that negatively affect oral health. There is an opportunity for Medicaid programs to include oral health related “healthy behavior coaching” in their beneficiary outreach, such as connecting beneficiaries with nutritional counseling or tobacco cessation programs. This must be done in a client-centric way, as there are broader social determinants of health to consider.

Methods

- We surveyed Medicaid beneficiaries and dentists in eight states: Maryland, Minnesota, Nebraska, New Hampshire, Ohio, Pennsylvania, Rhode Island, and South Dakota. The survey of Medicaid beneficiaries was conducted December 4, 2023 through January 11, 2024. The survey of dentists was conducted December 2, 2023 through December 30, 2023.
- In total, 484 Medicaid beneficiaries in Minnesota responded to the survey of Medicaid beneficiaries and 142 Minnesota dentists responded to the survey of dentists.

¹ American Dental Association. Oral health and well-being in Minnesota. Health Policy Institute. 2016. Available from: <https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/oralhealthwell-being-statefacts/Minnesota-Oral-Health-Well-Being.pdf>.

² American Dental Association. Dentists who participate in Medicaid: Who they are, where they locate, how they practice. Health Policy Institute. Webinar. September 15, 2022. Available from: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpi_dentist_participation_medicaid_webinar_slides.pdf.

Survey of Medicaid Beneficiaries

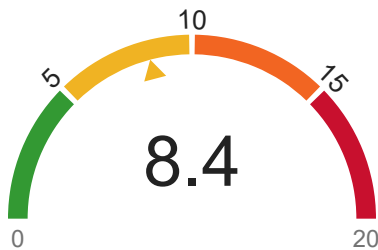
Oral Health Status

Overall, how would you describe the condition of your mouth and teeth?



OHIP-5 score

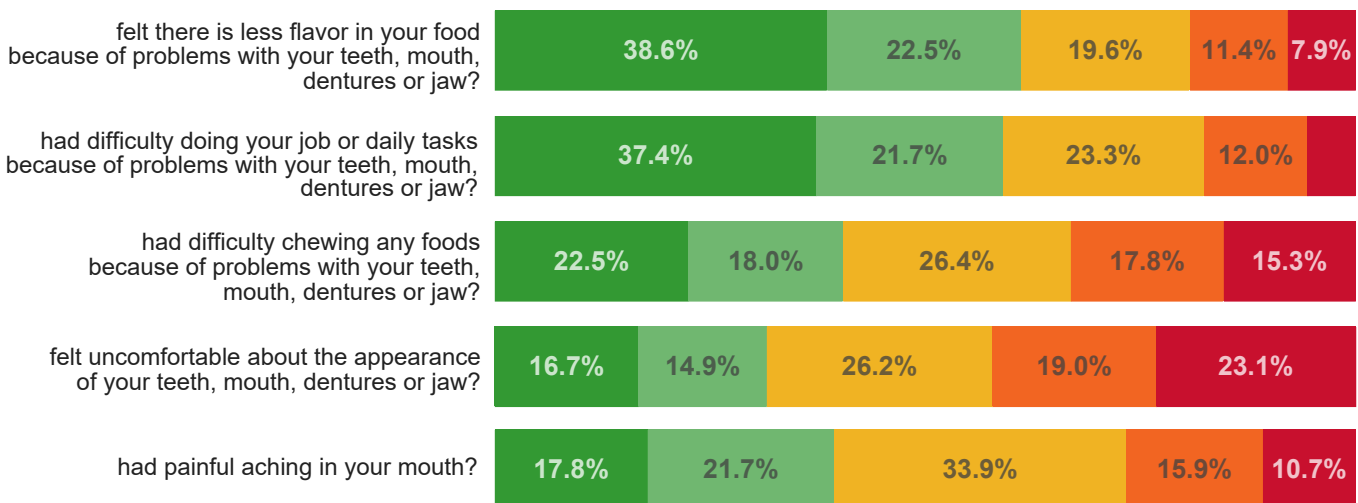
484 Responses



Lower OHIP-5 scores indicate *less frequent* oral health problems.

The OHIP-5 score is the summary score of ratings on the 5 items in the chart below. A score of 0 indicates no oral health problems and 20 indicates very frequent oral health problems.

In the last 12 months, have you...

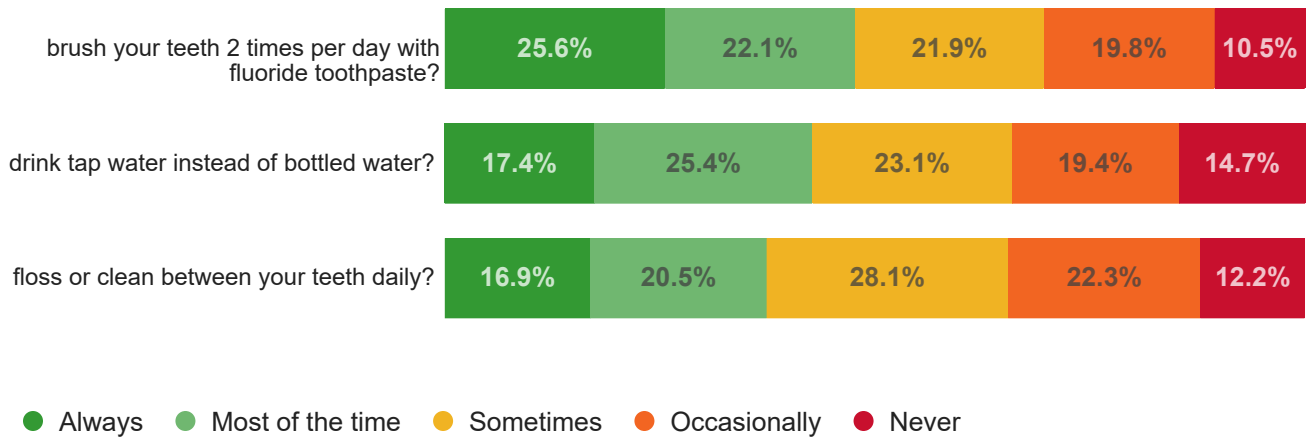


● Never (0) ● Hardly ever (1) ● Occasionally (2) ● Fairly often (3) ● Very often (4)

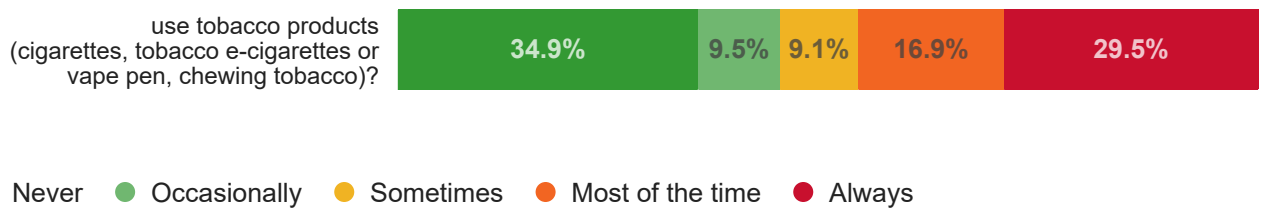
Oral Health-Related Behaviors

How often do you:

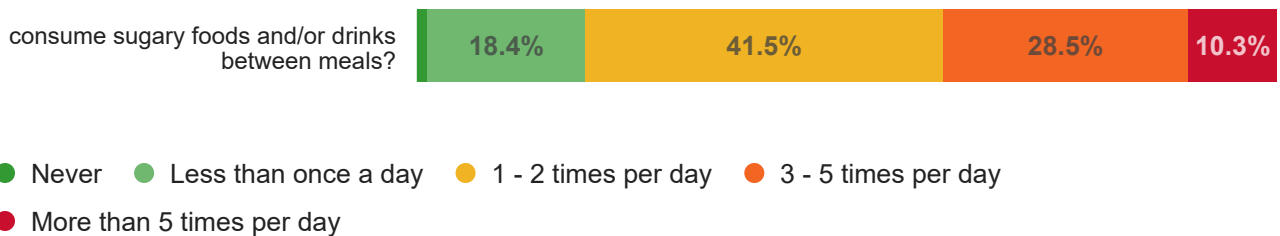
484 Responses



(Reversed scale item)



(Reversed scale item)



Time of Last Dental Visit

When was your last visit to the dentist?

484 Responses



● Within the last 12 months ● 1 - 5 years ago ● More than 5 years ago ● I have never been to the dentist

Reasons for Not Visiting the Dentist More Frequently

[If not within the past 12 months] Why did you not visit the dentist more frequently?

(Select all that apply.)

Responses to this question are combined into 5 larger categories: provider access, affordability, no perceived need, fear/anxiety, other. If one or more of the items in a category was selected, it was counted as 1 response for the larger category.

The individual items for each of the larger categories are as follows:

1. Provider access

- It is too hard to find a dentist that accepts my insurance plan
- I cannot travel to a dentist easily
- I cannot find time to get to the dentist
- I do not know where to go to receive dental services
- I could not find a dentist who speaks my language or is of a similar racial or ethnic background as me

2. Affordability

- I cannot afford to go to the dentist
- Many services are not covered by my plan so I end up having to pay with my own money

3. No perceived need

- My mouth is healthy so I do not need to visit the dentist
- I do not have any of my original teeth

4. Fear / anxiety

- I am afraid of going to the dentist

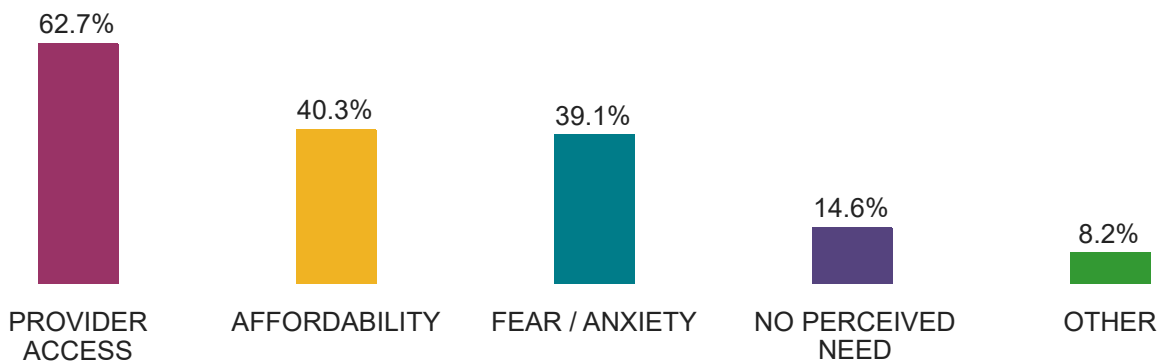
5. Other

- Other
- No reason

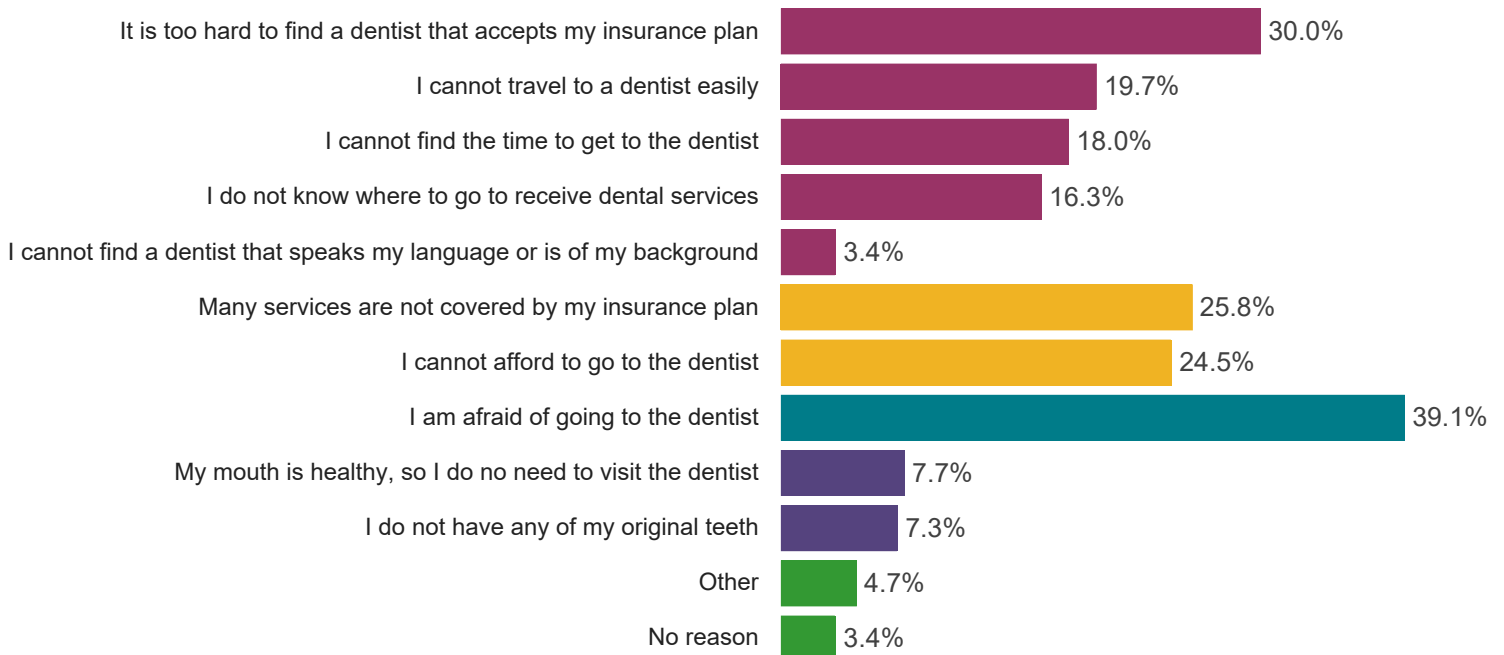
**[If not within the past 12 months] Why did you not visit the dentist more frequently?
(Select all that apply.)**

Five categories

233 Responses



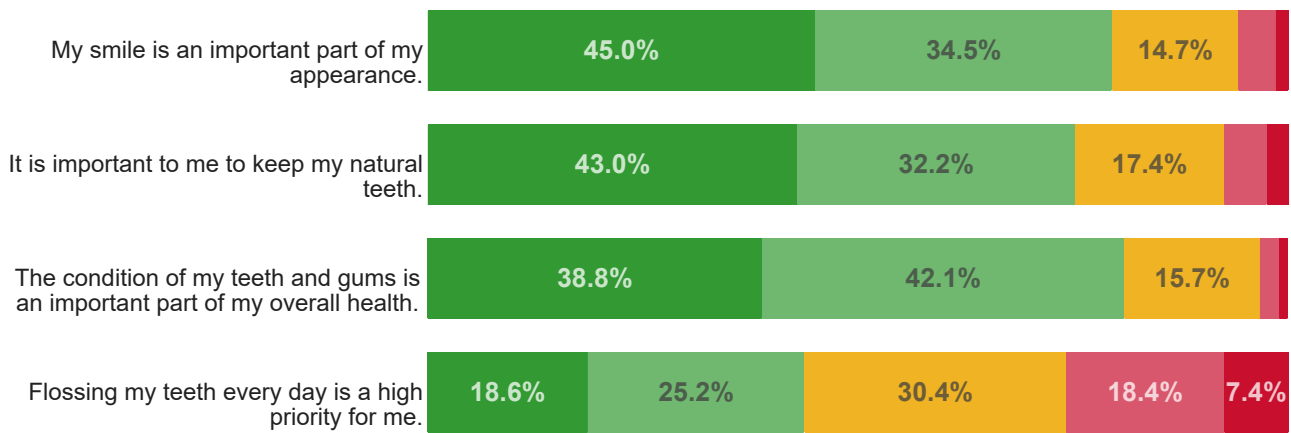
Individual items



Oral Health-Related Attitudes and Beliefs

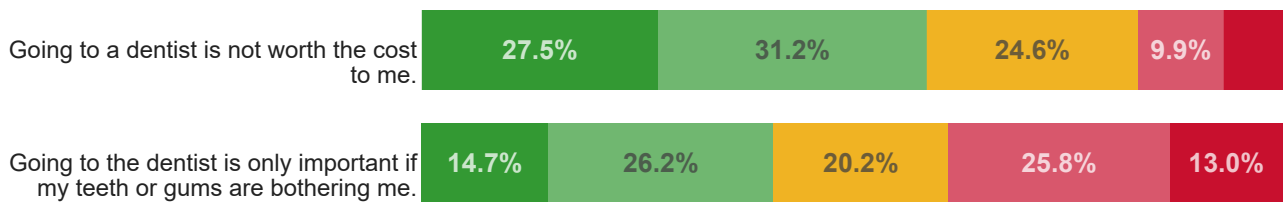
How much do you agree or disagree with the following statements?

484 Responses



● Strongly agree ● Agree ● Neutral ● Disagree ● Strongly disagree

(Reversed scale items)



● Strongly disagree ● Disagree ● Neutral ● Agree ● Strongly agree

Survey of Dentist Opinions on Medicaid

Treatment of Medicaid Beneficiaries

In the last 12 months, have you treated any adult or child patients who are enrolled in your state's Medicaid program?



142 Responses



[If treated any Medicaid patients] About what percentage of your total patient volume is Medicaid patients?

100 Responses

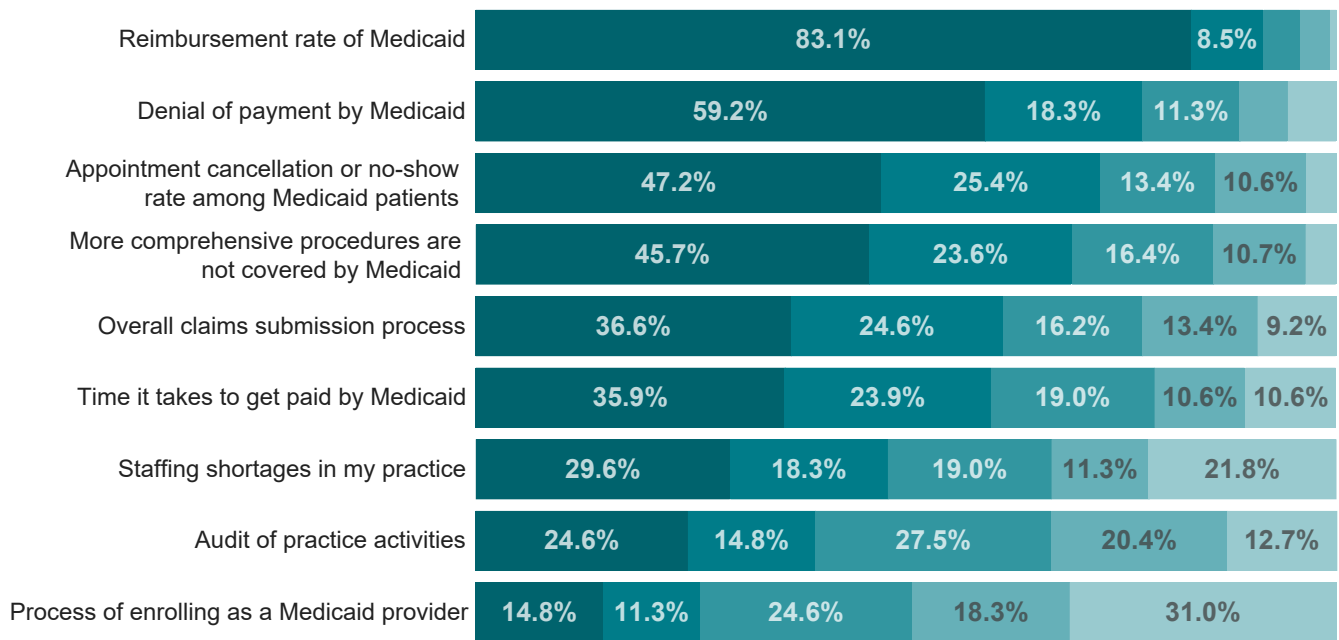


Barriers to Treating Medicaid Beneficiaries

How important are each of these factors in keeping you from treating more Medicaid patients?

All respondents

142 Responses

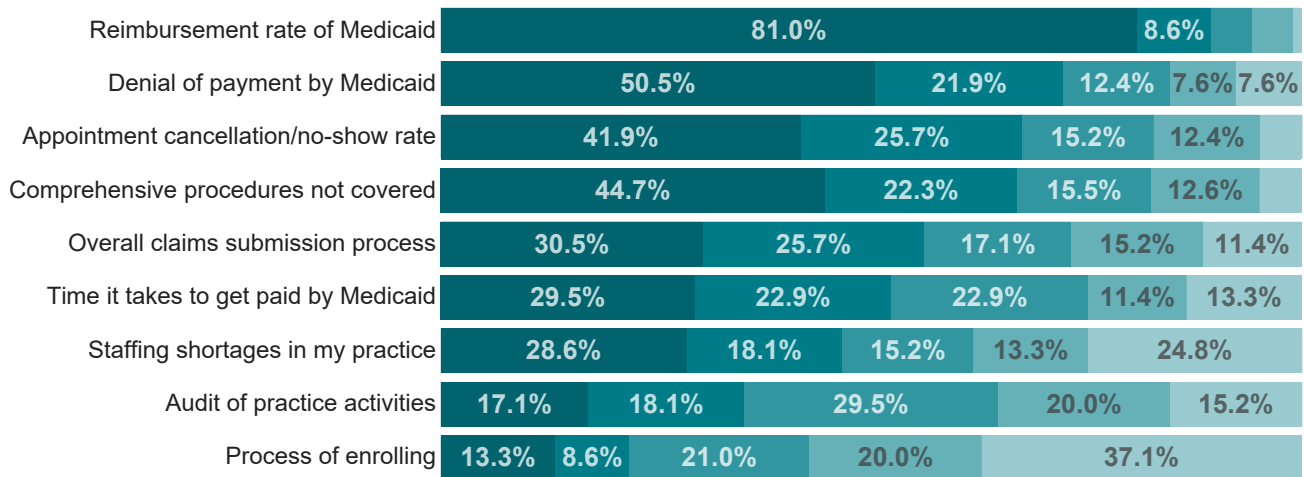


- Extremely important
- Very important
- Moderately important
- Somewhat important
- Not at all important

How important are each of these factors in keeping you from treating more Medicaid patients?

Dentists currently treating Medicaid beneficiaries

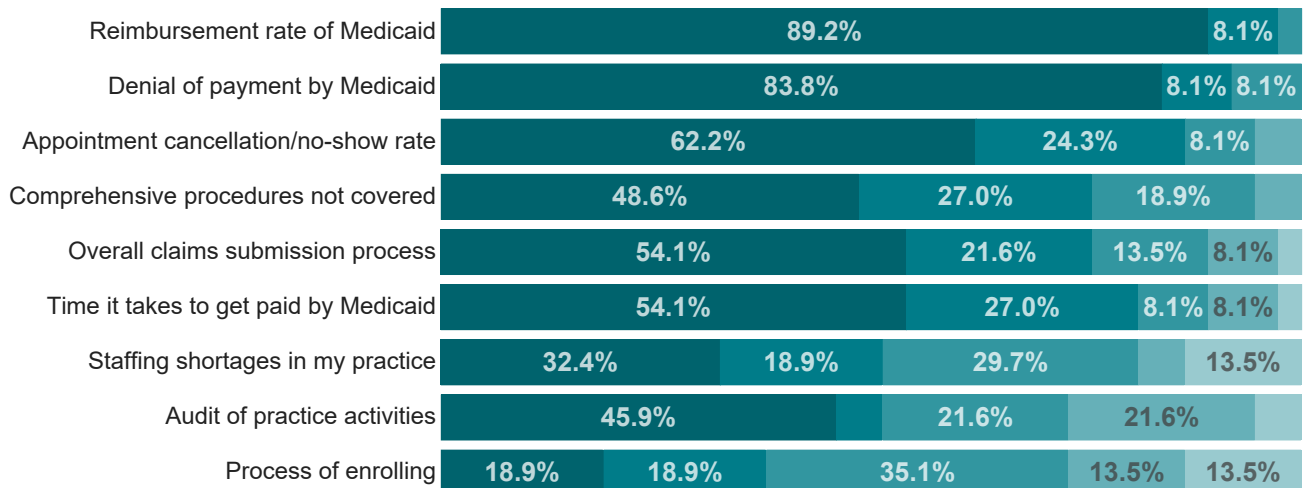
105 Responses



- Extremely important
- Very important
- Moderately important
- Somewhat important
- Not at all important

Dentists *not* currently treating Medicaid beneficiaries

37 Responses

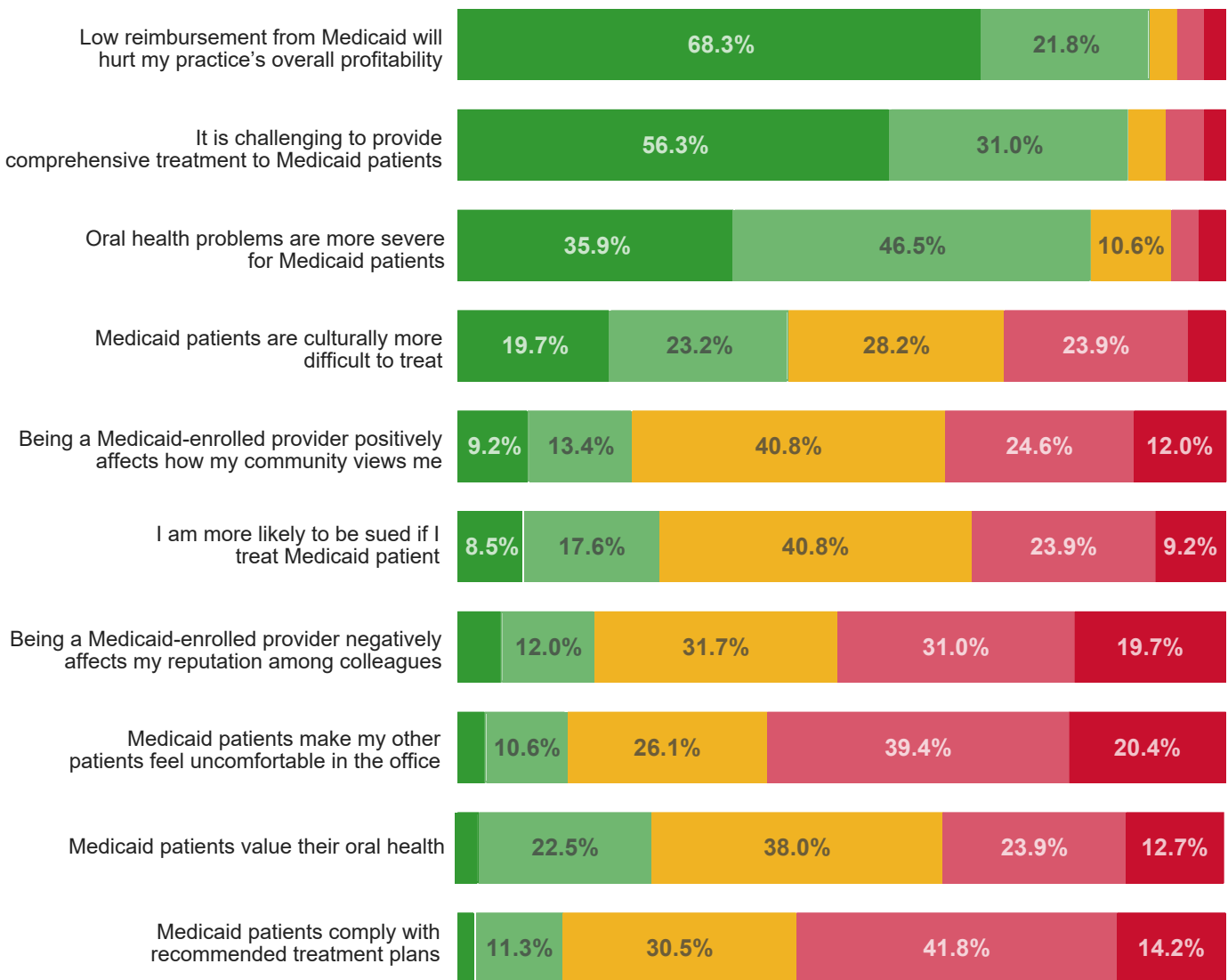


Perceptions about Medicaid Beneficiaries

How much do you agree or disagree with the each statement below?

All respondents

142 Responses

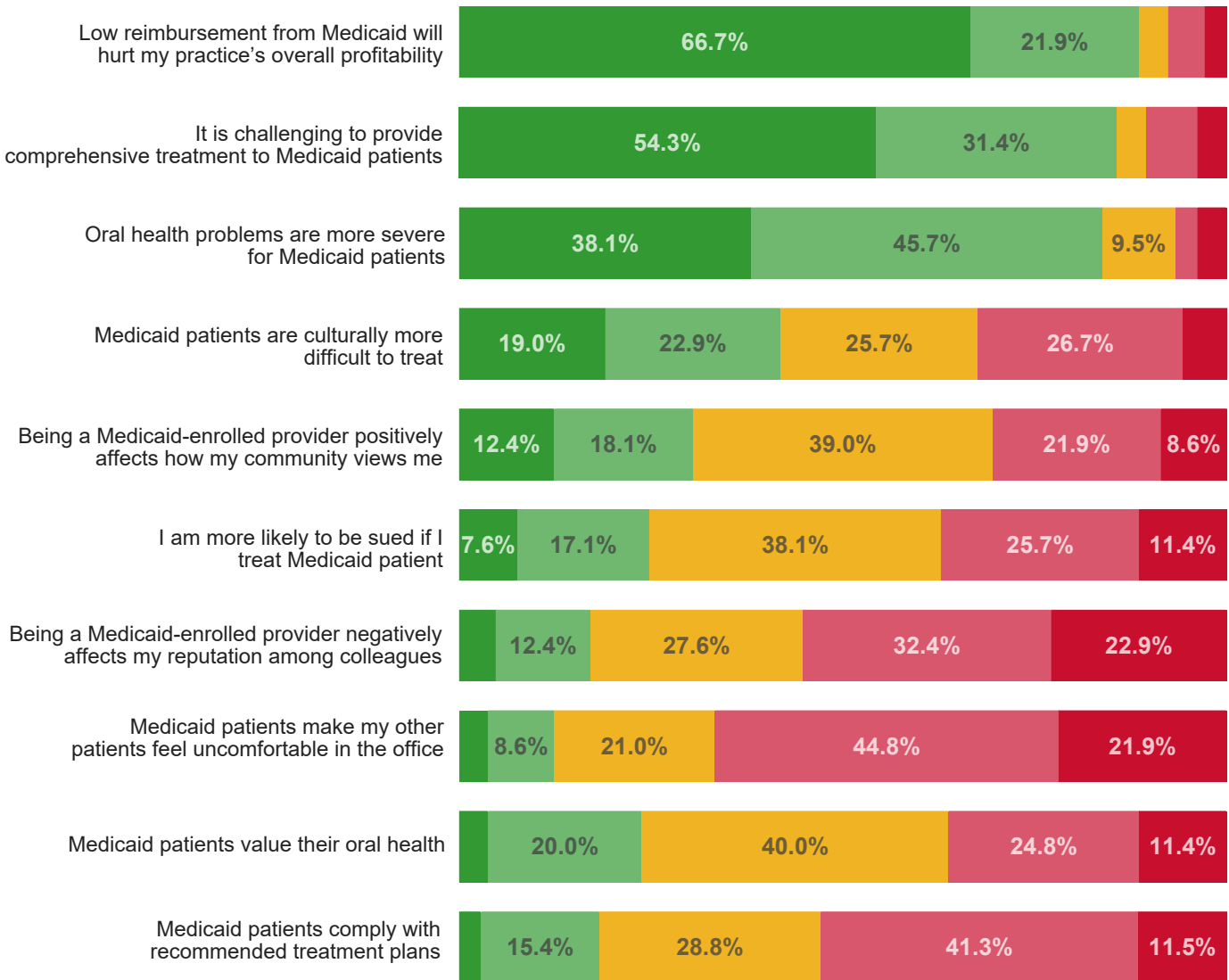


● Strongly agree ● Agree ● Neither agree nor disagree ● Disagree ● Strongly disagree

How much do you agree or disagree with the each statement below?

Dentists currently treating Medicaid beneficiaries

105 Responses

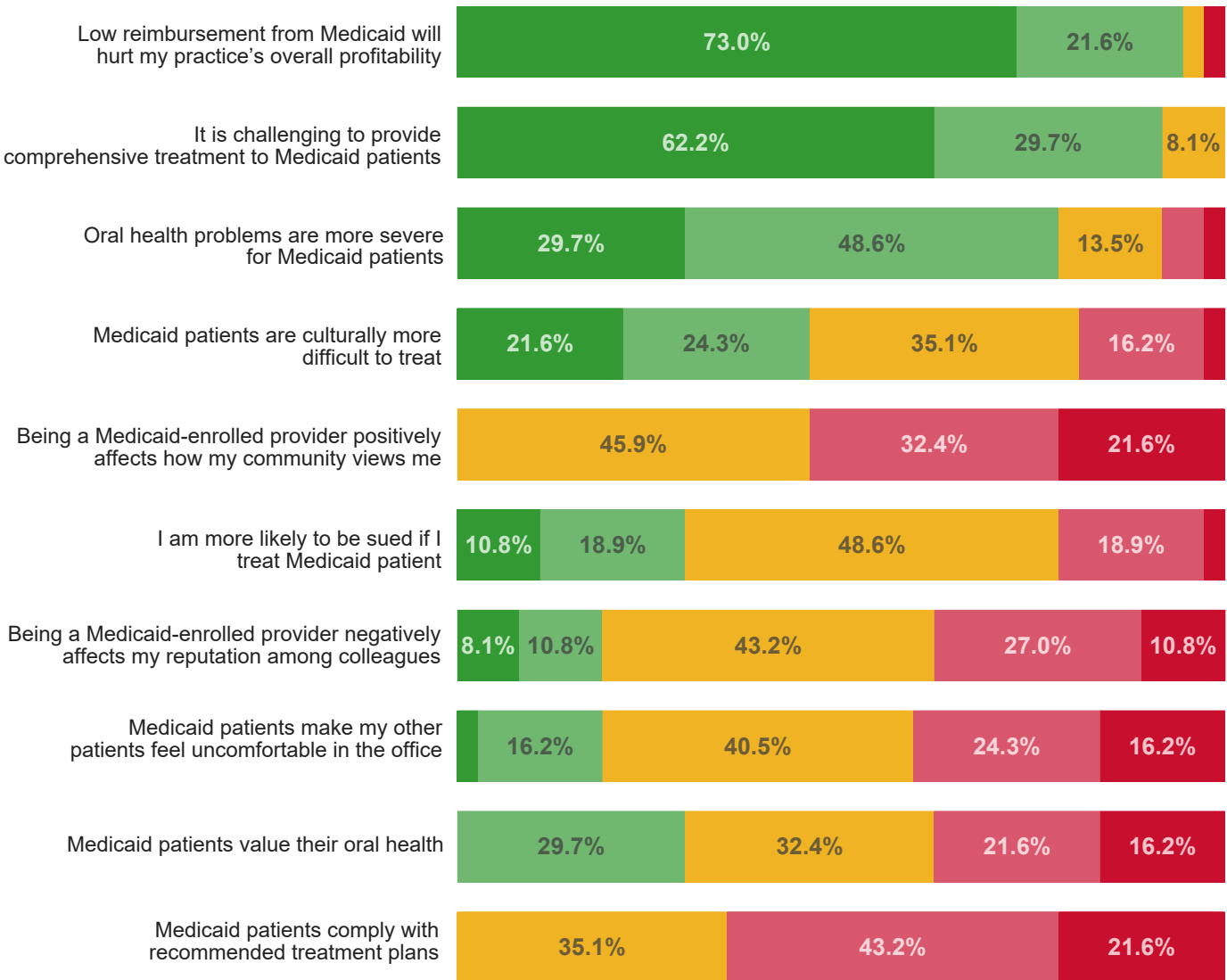


● Strongly agree ● Agree ● Neither agree nor disagree ● Disagree ● Strongly disagree

How much do you agree or disagree with the each statement below?

Dentists *not* currently treating Medicaid beneficiaries

37 Responses



● Strongly agree ● Agree ● Neither agree nor disagree ● Disagree ● Strongly disagree

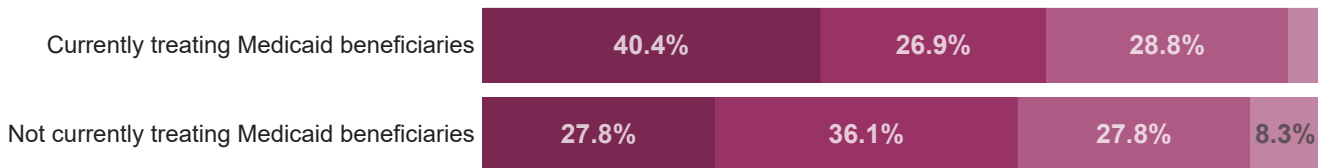
Practice Capacity and Workload

Overall, thinking about the last 12 months, what best describes the capacity of your primary practice to treat patients, regardless of their type of insurance coverage?

All respondents



● Too busy to treat all ● Treated all but overworked ● Treated all but not overworked ● Not busy enough



[If too busy to treat all or treated all but overworked] How much is your current workload impacted by staffing challenges in the practice (e.g., not enough staff, unqualified staff)?

All respondents



● Extremely ● Very much ● Somewhat ● Not at all

