U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
Region II

FINAL REPORT

New York EPSDT Review Report
Dental Services
February, 2008 Site Visit

Executive Summary

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children enrolled in Medicaid is intended to assure the availability and accessibility of required health care resources and to help children to effectively use them. Representatives from Regions I and II, of the Centers for Medicare & Medicaid Services (CMS), conducted an on-site review of New York's EPSDT benefit with a focus on dental services in February 2008. The purpose of the review was to determine what efforts New York has made to address the rate of children's dental utilization in the State, and to make recommendations on additional actions New York can take to increase these utilization rates. Specifically, we interviewed State and County staff, as well as a non-representative sample of providers, and conducted extensive document review in the areas of informing, periodicity, access, diagnosis and treatment services, support services, and coordination of care.

According to the 2006 CMS-416 report, there were over two million children eligible for the Child/Teen Health Program (CTHP), EPSDT, in New York. All of these children were eligible to receive dental benefits. Approximately, 27 percent of total Medicaid-eligible children received a dental service in 2006, as reported to CMS by the State. The delivery systems of care are managed care and fee-for-service (FFS). Dental services are an optional benefit for a managed care organization (MCO). If an MCO does not offer dental services as a benefit, a child will receive the service from an FFS provider.

In February 1999, the Dental Society of the State of New York, individual dentists, and Medicaid beneficiaries filed a class action lawsuit charging the State Medicaid agency with failure to adhere to 42 U.S.C. § 1396a(a)(1) (state-wideness), § a(a)(8) (reasonable promptness in the provision of services), § a(a)(10)(B) (comparability in the provision of services), § a(a)(23) (free choice of providers), § a(a)(30) (quality care and equal access), and § a(a)(37) (prompt and efficient claims payment). The plaintiffs and the State entered into a settlement on May 24, 2000. The State was required to increase dental expenditures for selective dental services for the three years following the settlement (2001-2003). A Dental Medicaid Advisory Committee was also established and tasked with making recommendations to the State for improving access.

Though the State has increased dental provider rates, there are challenges in enhancing access and utilization to dental services. According to the interviewed providers and State's staff, there is difficulty finding specialists to serve the Medicaid population in rural areas. The State also asserts that dental providers are reluctant to participate in Medicaid because there is no reimbursement for broken appointments.

The State has examined other mechanisms to address access and utilization to dental services. In 2006 the State conducted a study to analyze the utilization of dental services for the FFS and managed care population in Medicaid. The State is also considering the role of pediatricians in the provision of fluoride treatment.

The EPSDT Review team recognizes the State's challenges in ensuring access and utilization of dental services for children enrolled in Medicaid. We urge the State to continue communication

and coordination of efforts among the Bureau of Dental Health, Office of Health Insurance Programs, and the Bureau of Maternal and Child Health in the provision of dental services for the Medicaid population.

This report addresses the EPSDT key areas, with the exception of screening services. The narrative is limited primarily to information related to findings and recommendations. For easy access, the recommendations are listed below.

The CMS review team has found no areas that are out of compliance with Federal regulations; however, CMS has nine recommendations for the State to address improving access to dental services.

Recommendations

- The State should revise the Medicaid Managed Care Model Handbook to include information about EPSDT, Child/Teen Health Program and specific information about the availability of dental services and how to access the services.

  State Response:
  The State will make changes to the Medicaid Managed Care Model Handbook to include information about EPSDT and the Child/Teen Health Program, and will include information specific to the availability and access to dental services.

- The State should provide families with a single, clear document that explains Medicaid dental benefits for children, including information on the importance of preventive and routine dental care and how they can get assistance finding a dental provider.

  State Response:
  The application packet includes three client booklets. Book #2 (WSS-4I48B) "What You Should Know About Social Services Program" provides a list of available Child/Teen Health Program (C/THP) services, including dental services. It also instructs the beneficiary to contact their local department of social services C/THP coordinator if they need help finding a provider.

- The State should ensure that the application package from each Local Departments of Social Services includes information about the availability of dental services and how to access the services.

  State Response:
  The State will review the information included in the application package or that given at the time of enrollment to ensure the inclusion of information about the availability of dental services and how to access those services.

- The State should continue to monitor FFS provider reimbursement rates and the impact of FFS reimbursement rates on provider participation as well as consider other strategies to improve provider participation.

  State Response:
  The State will continue to monitor FFS reimbursement rates to assess the impact on provider participation, and make appropriate adjustments within budgetary constraints. The anticipated changes to clinic reimbursement through Ambulatory Patient Groups (APGs) will result in increased reimbursement for dental services delivered in such settings. Assessment will similarly be made of the effect on availability of dental services generally throughout the State as a result.

- The State should implement a mechanism to register, monitor and resolve FFS beneficiaries' complaints.

  State Response:
  MCOs maintain complaint resolution mechanisms for their enrollees. The State is exploring alternative approaches to handle fee-for-service complaints.

- The State should implement a system to ensure appropriate FFS provider network coverage particularly the availability of dental specialists in more rural parts of the State.

  State Response:
  The State will explore what options exist to increase participation of dental providers, including dental specialists. The increase in reimbursement to clinics through the APGs may provide leverage to affect dentists' participation.

- The State and/or MCOs should consider expanding the application of fluoride varnish by pediatricians.

  State Response:
  The State is looking into its Dental Practice Act and exploring the potential for application of fluoride varnish by pediatricians.

- The State should consider reviewing its transportation system in rural areas to ensure that there is no barrier for beneficiaries in need of dental services.

  State Response:
  The State will review transportation policies through the local departments of social services to ensure barriers do not exist to beneficiaries in obtaining needed dental services.

- The State should consider analyzing the data compiled on the CMS 416 to review their dental utilization rates.

  State Response:
  The State will analyze the data compiled on the CMS 416 to review dental utilization rates.

General Recommendation

The State should ensure that beneficiaries receive reminders regarding the need for periodic dental services either from the State Medicaid Agency as part of the annual EPSDT informing requirement or directly from dental service providers.

State Response:
Beneficiaries will receive reminders of the need for dental services through inclusion of such information in the annual EPSDT information notifications.

New York EPSDT Review Report
Focus on Dental Services
February, 2008 On-Site Visit

I. Background

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children enrolled in Medicaid is intended to assure the availability and accessibility of required health care resources and to help children to effectively use them. Dental services are included in the EPSDT program coverage and there is a great deal of national interest in the provision of dental services to children covered by Medicaid.

CMS has conducted on-site reviews of children's dental services in 16 States. The States reviewed were selected based on the dental utilization rates reported by states to CMS on the CMS-416 annual report, which is used to report EPSDT program information. Primarily, the States reviewed had less than a 30 percent dental utilization rate for children. The State of New York had a 27 percent dental utilization rate according to the data submitted by the State for fiscal year 2006. These reviews were performed to determine what efforts States have made to address the rate of children's dental utilization in each State, and to make recommendations on additional actions states can take to increase these utilization rates and ensure compliance with Federal Medicaid regulations.

In addition, Congress has requested that CMS collect information regarding dental service utilization and delivery systems from all States. While CMS has conducted a number of onsite dental reviews in some States, we are collecting more limited dental information by telephone from all States.

II. Scope of Review

The EPSDT program consists of two mutually supportive operational components:

- Assuring the availability and accessibility of required health care resources, and;
- Helping Medicaid beneficiaries and their parents or guardians effectively use them.

The intent of the review was to examine and discuss the efforts New York has taken to address the utilization rate of children's dental services and to make recommendations on additional actions that New York can take to ensure compliance with the regulations and increase their rate of children's dental utilization.

New York's review was performed by CMS representatives from Regions I and II and V, on February 26-28, 2008. The New York State Department of Health (DOH) is the single State agency that administers the Medicaid program in New York. During this on-site review, CMS

representatives met with the appropriate State staff from the DOH's Office of Health Insurance Programs to gain a better understanding of how the State ensures children receive dental benefits.

County staff at the Local Departments of Social Services (LDSS) including the Human Resources Administration/Department of Social Services, the agency responsible for the administration of public health insurance in New York City, was interviewed to determine how the State's policies are implemented at the local level. Additionally, we interviewed a total of 13 providers for this review including four dental providers and a representative from a managed care organization onsite as well as eight additional provider telephone calls to gain their perspective about the Medicaid dental system in New York. As part of this review, we also reviewed data provided by the State, reviewed the EPSDT provider manual, dental provider manual, managed care handbooks, and dental informing materials.

III. Introduction to New York Dental Services for Children

The New York State Department of Health (DOH) is the single State agency that administers the Medicaid program in New York. The EPSDT benefit is known as the Child/Teen Health program (CTHP). The 58 LDSS are required to determine Medicaid eligibility, and to inform Medicaid applicants and beneficiaries about EPSDT benefits. When requested, the LDSS staff assists the family with scheduling appointments, arranging transportation, and locating a provider. If the child is enrolled in a managed care organization (MCO), he will receive a benefit package, which includes information about the Child/Teen Health (CTHP) program, help with scheduling appointments and transportation assistance. The program offers physicals, immunizations, and vision, hearing, and dental screenings.

As reported to CMS on the CMS 416 report, there were over two million children under the age of 21 eligible for Medicaid in New York during 2006. All of these children were eligible to receive dental benefits. Dental services are an optional benefit for an MCO so dental benefits vary by MCO and county. If an MCO does not offer dental services, the child will receive the services from a fee-for-service (FFS) dental provider. In 2006, 69 percent of children enrolled in Medicaid received dental care from an MCO, while the other 31 percent received dental care through FFS. As of January 2008, the State of New York had approximately 15,000 licensed dentists in the State; approximately 5500 are enrolled dental providers.

In 2006, the State conducted a study to analyze mechanisms to address access and utilization of dental services. The study identified several barriers to dental care such as lack of sufficient providers, lack of adequate transportation and shortage of dentists willing to treat the Medicaid population. The study also concluded that some MCO and FFS beneficiaries were unaware that they were entitled to receive dental services. The report recommended "educating Medicaid families on accessing the dental care system was necessary." The information gathered by CMS review team during this review confirms that the State continues to have issues in these areas.

IV. Review Descriptions, Findings, and Recommendations

Key Area I- Informing Families on EPSDT Services

Section 5121 of the State Medicaid Manual provides the requirements for informing Medicaid beneficiaries of the EPSDT program, including dental services, in a timely manner. Based on section 1902(a)(43) of the Act, States are to assure there are effective methods to ensure that all eligible individuals and their families know what services are available under the EPSDT program; the benefits of preventive health care, where services are available, how to obtain them, and that necessary transportation and scheduling assistance is available. Regulations at 42 CFR 438.10 require the State, its contractor, or health plans to provide information to all enrollees about how and where to access Medicaid benefits that are not covered under the managed care contract. No methodology is mandated to States to determine the "effectiveness" of their methods, nor are States required to measure "effectiveness" of their informing strategies. Informing is particularly important with respect to dental services since many families do not see dental services as a priority and may need additional information on these important services.

In New York State, the DOH is responsible for informing beneficiaries of the availability of EPSDT services. The LDSS and managed care plans also share in this role by providing applicants and members with information on available services and delivery options.

At the time of application, each applicant receives a package from the LDSS that provides information on the available managed care options and the State's CTHP. The CTHP pamphlet lists the preventive care screening services covered by the State including the availability of "dental screenings". This CTHP's pamphlet serves as the first official notification of EPSDT services. The State's application package does reference the CTHP; however, it does not outline specific services provided by the Medicaid program, such as dental.

In the State of New York, mandatory managed care enrollment varies by county. Some counties have a FFS component while others require mandatory managed care enrollment. In New York State, applicants pre-select their managed care option when applying for services at the LDSS. If an applicant does not pre-select a plan and is required to select a plan, he/she will have 60 days to select a health plan. Once a plan is selected, the beneficiary has 90 days to change plans if necessary. After 90 days, the beneficiary is locked into the plan for an additional 9 months. Some beneficiaries are not required to enroll in managed care; this group will receive their services through the State's FFS network.

The LDSS have health benefit advisors on site to educate applicants on their available managed care options. This process allows applicants to make a well informed decision to the most appropriate MCO based on their needs.

New York State's Medicaid beneficiaries receive two health cards, a Medicaid card from the State and an identification card from the selected managed care plan. All MCOs are required to send out an enrollee handbook within 15 days of enrollment. The enrollee handbook includes information on choosing a PCP, the provider network, how to access services, including emergent care and how to access the health plans member services department.

The review team evaluated the State's Medicaid Managed Care Model Handbook, which outlines the requirements for all of the State's 42 Managed Care plans. The model handbook included a section on dental coverage. However, it did not list specific services that are available under EPSDT. The Model handbook did not include information on the State's CTHP (EPSDT).

- ***Recommendation #1:*** The State should revise the Medicaid Managed Care Model Handbook to include information about EPSDT, Child/Teen Health Program and specific information about the availability of dental services and how to access the services.

  State Response:
  The State will make changes to the Medicaid Managed Care Model Handbook to include information about EPSDT and the Child/Teen Health Program, and will include information specific to the availability and access to dental services.

- ***Recommendation #2:*** The application package from the LDSS should include information about the availability of dental services and how to access the services.

  State Response:
  The application packet includes three client booklets. Book #2 (WSS-4I48B) "What You Should Know About Social Services Program" provides a list of available Child/Teen Health Program (C/THP) services, including dental services. It also instructs the beneficiary to contact their local department of social services C/THP coordinator if they need help finding a provider.

- ***Recommendation #3***: The State should provide families with a single, clear document that explains Medicaid dental benefits for children, including information on the importance of preventive and routine dental care and how they can get assistance finding a dental provider.

  State Response:
  The State will review the information included in the application package or that given at the time of enrollment to ensure the inclusion of information about the availability of dental services and how to access those services.

Key Area II- Periodicity Schedule and Interperiodic Services

Section 5140 of the State Medicaid Manual provides the requirements for periodic dental services and indicates that distinct periodicity schedules must be established for each of these services. Sections 1905(a)(4)(B) and 1905(r) of the Act require that these periodicity schedules assure that at least a minimum number of examinations occur at critical points in a child's life.

The State follows the recommendations of the American Academy of Pediatrics (AAP) and Bright Futures Recommendations for Routine Preventive Dental Care. The State's dental periodicity schedule requires an annual visit to a dental provider within six months of the first eruption of a tooth and no later than 12 months. After the first oral exam, a routine exam should occur every six months.

- There are no recommendations for Periodicity Schedule.

Key Area III- Access to Dental Services

The State must provide, in accordance with reasonable standards of dental practice, dental services to eligible EPSDT beneficiaries who request them. The services are to be made available under a variety of arrangements, in either the private or public sector. States are to assure maximum utilization of available resources to optimize access to EPSDT dental services, with the greatest possible range and freedom of choice for the beneficiaries and encouraging families to develop permanent provider relationships. When dental services are provided through a managed care arrangement, regulations require States to include contract language with plans to monitor over- and under-utilization, and to maintain and monitor a network of providers sufficient to provide adequate access. For all States, section 42 CFR 440.100 specifies that dental services are to be provided by, or under the supervision of, a dentist qualified under State law to furnish dental services. States may also utilize other oral health resources coverable under the Medicaid program.

In New York State, 69 percent of Medicaid eligible children receive dental services through the State's managed care network through contracts with MCOs. The remaining 31percent receive dental benefits through the State's FFS network. Dental service delivery varies by managed care plan and counties; some MCOs do not offer dental benefits in certain counties, in these instances beneficiaries receive their dental benefits via the State's FFS network.

As an example, Rensselaer County has four MCO plans available to members. Three of the four MCOs, Capital District Physicians Health Plan, Wellcare and Group Health Incorporated (GHI) do not provide dental services. The fourth health plan, Fidelis Care of NY, does provide dental coverage to their members. Most managed care plans that provide dental services utilize a third party administrator (TPA) to deliver dental benefits to their members. The State informed the review team that one MCO is allowing pediatricians to provide fluoride varnish treatment to their Medicaid eligible children.

The State's managed care contracts have strict provider network standards that require each managed care network to maintain an appropriate network of a 1:2000 standard ratio for dental generalists to beneficiaries. MCOs review their provider networks on a quarterly basis ensuring that they have at least two of each provider type within each county. The MCOs assure access by requiring that providers are within 30 minutes or 30 miles of the concentrated populations. The MCOs also utilized geographic mapping to identify areas where there is an increased need for providers. In instances where specialty providers are not available within a certain geographic area, the MCOs must ensure that providers can be accessed out of network and out of county when needed. The MCOs have performance benchmarks that they must meet. MCOs that have deficiencies are required to institute a corrective action plan to correct the deficiency.

The State has implemented a specific dental FFS triage call group that assists both managed care and FFS beneficiaries with dental questions, locating a provider, or other dental related questions. Beneficiaries can access the call group when calling the customer service number on

their NYS Medicaid card. The LDSS and New York City's HRA are tasked with assisting beneficiaries with locating a provider, providing appointment scheduling assistance and assisting with transportation when requested.

The State's FFS dental program does not have standards similar to those in use by the MCOs. MCOs employ special tracking systems to register, monitor and resolve beneficiaries' complaints. The MCOs also utilize geographical mapping to ensure appropriate provider coverage within service areas. The FFS delivery system does not employ similar controls to track beneficiary complaints and ensure appropriate provider network coverage. The FFS network has a larger proportion of providers participating within the metro urban areas. Provider participation decreases within the more rural outlying counties. The State commented that MCOs do not provide dental programs in the more rural areas because they can not meet the contractual standards of the State in these areas where there is a high demand for dental services and a limited number of practicing dental professionals.

Beneficiaries in the New York City Metropolitan area face fewer barriers in locating dental providers and specialists serving the Medicaid population. This is because the area has a larger number of dental professionals practicing in a smaller geographic area. Some of the interviewed providers have more than one location participating in the Medicaid program. These locations meet the needs of Medicaid patients. They have larger waiting rooms, are handicapped accessible and are nearby public transportation.

The upstate dental providers that were interviewed commented on the limited number of participating dental providers, specifically specialty providers such as endodontists, periodontists and oral surgeons. The providers also spoke of patients that travel in excess of 30 miles to receive dental services. Some dental providers informed us that they had to resort to pulling molars that could have been saved if a specialist had been available to treat the child.

The State increased dental reimbursement rates in efforts to expand the number of FFS dental providers participating in the program. The increases were related to the settlement agreement of the Dental Society of the State of New York v. Pataki lawsuit. The State increased dental provider reimbursement each year beginning in 2000 through 2002. The first year increase was $60 million beginning on June 1, 2000 ($72 million annualized), the second year was $60 million beginning on April 1, 2001, and the third year was $36 million beginning on April 1, 2002. The year four rate increase correlated to the State increasing provider participation within the FFS program. According to the State, the rate increases over the first three years had little effect on increasing provider participation. The State indicated that participation increased slightly in years one and two; however, participation declined slightly in year three. Therefore, the correlated rate increase for year four, 2004, was never instituted.

Most providers interviewed noted that missed appointments by Medicaid beneficiaries were an issue. Some providers noted that they overbooked appointments in order to offset the high broken appointment rate. The exception was some specialty providers such as the oral surgeons who did not note a problem with missed appointments.

Provider participation within the Medicaid program is voluntary. The State does not have any licensing mandates related to participation, involvement within the Medicaid program is voluntary and rate increases serve as the incentive for providers to participation.

- ***Recommendation #4:*** The State should continue to monitor FFS provider reimbursement rates and the impact that FFS reimbursement rates have on provider participation as well as consider other strategies to improve provider participation.

  State Response:
  The State will continue to monitor FFS reimbursement rates to assess the impact on provider participation, and make appropriate adjustments within budgetary constraints. The anticipated changes to clinic reimbursement through Ambulatory Patient Groups (APGs) will result in increased reimbursement for dental services delivered in such settings. Assessment will similarly be made of the effect on availability of dental services generally throughout the State as a result.

- ***Recommendation* #5:** The State should implement a mechanism to register, monitor and resolve FFS beneficiaries' complaints.

  State Response:
  MCOs maintain complaint resolution mechanisms for their enrollees. The State is exploring alternative approaches to handle fee-for-service complaints.

- ***Recommendation* #6:** The State should implement a system to ensure appropriate FFS provider network coverage particularly the availability of dental specialists in more rural parts of the State.

  State Response:
  The State will explore what options exist to increase participation of dental providers, including dental specialists. The increase in reimbursement to clinics through the APGs may provide leverage to affect dentists' participation.

- ***Recommendation* #7:** The State and/or MCOs should consider expanding the application of fluoride varnish by pediatricians.

  State Response:
  The State is looking into its Dental Practice Act and exploring the potential for application of fluoride varnish by pediatricians.

Key Area IV- Diagnosis and Treatment Services

Children under the age of 21 may receive additional benefits under EPSDT when determined to be medically necessary by the State. EPSDT requires that services for children under age 21 not be limited to services included in the State's Medicaid Plan, but only by what is coverable under section 1905(a) of the Act. Diagnostic services must fully evaluate any dental condition

identified, while treatment services must ensure that health care is provided to treat or ameliorate the dental condition. Section 1902(a)(10) of the Social Security Act and regulations found at 42 CFR 440.240 require that services provided be comparable in amount, duration, and scope for all recipients within an eligibility group. Dental benefits are an optional service that States are not required to cover for adults.

A Medicaid patient is guaranteed freedom of choice in obtaining the dental care available under the New York State Medicaid Program. New York State's EPSDT provider manual accurately describes EPSDT services.

No prior authorization is required for routine dental services for children. Prior authorization is required for endodontic services, removal of impacted teeth and orthodontia. If a procedure requires prior approval, the dentist must receive approval from the DOH before starting the procedure. A complete treatment plan listing all necessary procedures must be listed and coded on the prior approval request form. As noted earlier, some dental providers also informed us that some children are losing molars that could have been saved due to the lack of dental specialists available to treat Medicaid eligible children.

- There are no recommendations for Diagnosis and Treatment. See Recommendation #6 regarding the lack of specialists available to treat Medicaid eligible children.

Key Area V- Support Services

Section 5150 of the State Medicaid Manual indicates that the State is required to ensure that beneficiaries have adequate assistance in obtaining needed Medicaid services by offering and providing, if requested and necessary, assistance with scheduling appointments and non-emergency transportation. This includes the regulatory requirement of 42 CFR 431.53 mandating an assurance of transportation.

State services vary by counties in New York State. One LDSS hired a dental appointment scheduler, but funding is no longer available to support that position. Two LDSS (Broome & Thompson counties) coordinate their services in an effort to decrease missed appointments.

Transportation varies by counties; LDSS are required to provide transportation services. Patients are given funds for public transportation and taxis. Some LDSS have contracts with transportation vendors to provide non-emergency transportation. The contractor information is shared with applicants when they apply for Medicaid. A Medicaid beneficiary must make an appointment for transportation within 36 hours of the medical appointment. The transportation services will accommodate the whole family.

MCOs also provide transportation services. They have facilitators who are responsible for scheduling transportation.

While there are no restrictions on transportation in New York State, the rural areas have more geographical challenges as noted in the State's 2006 study. There is a lack of public transportation and it can take more time to arrange transportation. In New York City, there is an

extensive public transportation system. Dental providers and HRA received few complaints regarding the availability of transportation.

- ***Recommendation #8***: The State should consider reviewing its transportation system in rural areas to ensure that there is no barrier for beneficiaries in need of dental services.

  State Response:
  The State will review transportation policies through the local departments of social services to ensure barriers do not exist to beneficiaries in obtaining needed dental services.

Key Area VI- Coordination of Care

Regulations found at 42 CFR 438.208 require the coordination of health care services for all managed care enrollees. Section 5240 of the State Medicaid Manual describes the use of continuing care providers which encourages coordination of care.

Primary care providers and dental providers coordinate care. The dental office will contact a child's pediatrician if he/she needs sedation, has behavioral problems that requires immobilization, or requires extraction of several teeth. These are the limited instances of coordination of care between primary care providers and dental providers, and this coordination is part of the treatment plan for the child.

- There are no recommendations for Coordination of Care.

Key Area VII-Data Collection, Analysis and Reporting

During the review, the State did not indicate a problem with data collection, analysis and reporting. The State's EPSDT contact had recently retired and it was unclear whether the data was analyzed or utilized for any purpose. Many providers did mention that the managed care plans do regular utilization reviews of their records.

- ***Recommendation #9***: The State should consider analyzing the data compiled on the CMS 416 to review their dental utilization rates.

  State Response:
  The State will analyze the data compiled on the CMS 416 to review dental utilization rates.

V. Conclusion

CMS looks forward to working in partnership with the State to improve EPSDT dental services to children. The CMS review team made recommendations in the areas of informing, access support services and data as to specific actions the State of New York should take to increase the utilization of dental services by children. While the State has made efforts to increase utilization, they continue to be insufficient if less than 30 percent of children are accessing dental services as

indicated on the CMS-416 form. As with some other States, rural areas appear to have the greatest barriers for access to dental services in New York. The State should continue their efforts in addressing the recommendations detailed in this report to enhance utilization rates for Medicaid children's dental services. The State should continue their efforts in addressing the recommendations detailed in this report to enhance utilization rates for Medicaid children's dental services.

Appendix

Participants

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