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Medicaid Dental

Additional action needed to address low dental services utilization among children

Greg S. Griffin | State Auditor
Lisa Kieffer | Executive Director

DOAA
Georgia Department of Audits & Accounts

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Performance Audit Division
Greg S. Griffin, State Auditor
Lisa Kieffer, Executive Director

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Why we did this review

This follow-up review was conducted to determine the extent to which the Department of Community Health (DCH) addressed recommendations from our November 2021 performance audit (Report #19-20).

The performance audit evaluated the Fee-For-Service Medicaid Dental Program within DCH. Studies show that declining utilization of dental services, especially preventive care, may lead to increasing negative health outcomes for children covered through Medicaid and ultimately higher healthcare costs. Additionally, unlike other states, Georgia limited Medicaid coverage for adult members to emergency services and did not include routine care. Inadequate dental coverage increases members' risk for dental disease and the need for emergency services.

About Medicaid Dental

Federal law requires that state Medicaid programs provide all children (members under 21 years of age) with full dental benefits. Such benefits include restorative, preventive, and emergency treatments.

Federal law does not require state Medicaid programs to provide dental coverage to adults. However, full dental benefits were expanded to Georgia's adult Medicaid population in the fiscal year 2025 appropriations bill.

What we found

Following our 2021 report, the Department of Community Health (DCH) initiated steps to address findings related to ensuring children covered through Medicaid receive oral healthcare. However, DCH has discontinued these efforts in the last 18 months, despite persistently low and declining utilization rates among children. Further action is needed to ensure children covered through Medicaid Fee-For-Service receive necessary oral healthcare.

The General Assembly and governor have taken action to provide adults covered through Medicaid with full dental benefits, including preventive, restorative, and orthodontic surgery care. Changes became effective at the beginning of fiscal year 2025.

Program Management

In the original audit, we found DCH lacked the coordinated, data-driven management approach recommended by the federal Centers for Medicare and Medicaid Services (CMS) to effectively manage Medicaid programs. As a result, DCH was unaware of declining utilization among children in its Fee-For-Service Program and had not sufficiently assessed the capacity of its provider network. Issues included the following:

- We found that within the Medicaid Fee-for-Service Program, the percentage of children receiving dental services trailed the national average and the Georgia Medicaid managed care population. DCH was unaware of this trend because it did not routinely analyze claims to evaluate services provided and identify differences between subpopulations and geographic areas.
- The lack of a data-driven management approach also limited DCH's ability to develop informed strategies to address deficiencies. The reasons for the variations had not been studied, including the potential for insufficient provider availability.

Following the original audit, DCH initiated a quarterly process to analyze claims data to track dental services utilization among its Fee-For-Service population. DCH has since discontinued this quarterly review, even though staff acknowledged persistent low utilization. Our updated analysis found that the percentage of Fee-For-Service children receiving dental services fell from 33% in fiscal year 2020 to 28% in fiscal year 2024. This utilization rate continues to trail both the Georgia managed care population (45%) and national rates (44%). DCH has not taken steps to identify the cause for this trend and has not developed a strategy to address this problem.

Provider Network Capacity

Studies have shown that access to dental providers is a major contributor to low and declining utilization rates. The original audit found that although Fee-For-Service utilization rates had declined since fiscal year 2017, DCH had not reviewed the sufficiency of its Fee-For-Service provider network or acted to increase its capacity. In particular:

- While Georgia's Fee-For-Service dental provider network met federal access standards, the network information DCH used in its assessment included inactive providers and providers who did not accept new patients. Consequently, members' meaningful access to dentists was lower than portrayed in federal reporting, especially in certain areas of the state. In addition, DCH had not assessed members' ability to obtain dental appointments within a reasonable time period.
- We found DCH could increase its efforts to encourage provider participation in its Fee-For-Service dental program by ensuring reimbursement rates are competitive with other insurers, recruiting dentists able to serve the needs of Fee-For-Service children (many of whom have disabilities), and collaborating with other state agencies that serve similar populations.

Following the audit, DCH took action to improve its assessment of the provider network capacity; however, current efforts are limited. For example, although DCH began excluding non-active providers from its assessments of Fee-For-Service provider network capacity, these assessments failed to also consider whether providers are accepting new patients, which is crucial for determining true access to dental services. (This information is readily available in DCH's provider database but has been overlooked.) Additionally, DCH initiated a quarterly process to determine whether dental appointments could be obtained within a reasonable timeframe. The studies showed many providers failed to offer routine appointments within 21 days and urgent care appointments within 48 hours. However, DCH did not consider these findings in the capacity analyses and has since discontinued the studies.

Since the report's release, the General Assembly passed and the governor signed House Bill 872, which extends service cancelable loans to dental students who agree to practice in specialties experiencing shortages or underserved rural areas of the state. It is not evident, however, that DCH has taken action to specifically increase Fee-For-Service dental provider capacity.

Limited Benefits for Adults

In our 2021 report, we found Georgia was one of only 14 states that did not provide adult dental benefits beyond emergency services. Most states provide adults with preventive and diagnostic care, which can reduce hospital emergency room visits, improve healthcare, and increase employability of those with significant dental issues. After our report's release, the General Assembly passed and the governor signed the Fiscal Year 2025 Appropriations Act, which expands Medicaid dental coverage for adults to include preventive, diagnostic, restorative, and orthodontic surgery care.

Agency Response: *DCH agreed with the current status as stated in the report and included corrective action for each recommendation as discussed in the following table.*

The following table summarizes the findings and recommendations in our 2021 report and actions taken to address them. A copy of the 2021 performance audit (Report #19-20) may be accessed at Georgia Department of Community Health - Medicaid Dental.

Medicaid Dental
Follow-Up Review, August 2025

Status: 5 Findings			
Substantially Addressed: 1	**Partially Addressed: 1**	**Not Addressed: 3**	**No Recommendation: 0**

Finding 1: There is no coordinated management of the Medicaid dental program.

Not Addressed – After our report's release, DCH staff began analyzing Fee-For-Service dental claims and provider enrollment data to track trends; however, this process has since been abandoned. In addition, the data and findings from these studies were not shared with the policy compliance specialist assigned to the Dental Program. Consequently, DCH has not implemented the recommended coordinated approach for managing the Medicaid Dental Program. It should be noted that dental utilization rates for Fee-For-Service member children have continued to decline and fall below Medicaid national averages and the Georgia Medicaid managed care population.

Original Recommendations	Action Taken
1.1 DCH should assign staff to implement a coordinated, data driven approach to managing the Medicaid Dental Program.	Not Implemented – DCH has not implemented the recommended coordinated data-driven approach for managing the Medicaid Dental Program. Although DCH staff began analyzing Fee-For-Service dental claims and provider enrollment data after the audit, this process has been discontinued. In addition, the data and findings from these studies were not shared with the policy compliance specialist assigned to the Dental Program. As discussed in the next section, data shows dental utilization rates for children covered by Medicaid has declined since the original report and continues to trail national and Georgia Medicaid Managed Care population rates. DCH should assess the causes of these trends and develop strategies to address these issues. *DCH agreed with the recommendation and stated that an interagency team has been formed to identify root causes of low dental utilization rates and to develop a strategic plan to increase utilization. This group will begin monthly meetings in August 2025.*

Finding 2: The rate at which Fee-For-Service children utilize dental services is decreasing and is lower than rates for managed care and other states.

Not Addressed – Although DCH implemented a process to track dental service utilization, this process has been discontinued. Additionally, DCH has not identified potential causes for declining utilization and has not established a baseline or metric to judge whether the current utilization rate is acceptable.

Original Recommendations	Action Taken
2.1 DCH should establish goals for dental utilization among its Fee-For-Service member children, such as a minimum percent of members receiving dental care annually.	Not Implemented – DCH has not established dental utilization rate goals for its Fee-For-Service member children. In its response, DCH stated that its utilization goals are related to federal standards from the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, which outlines the frequency of dental services all children covered by Medicaid should receive. However, these goals are not related to the recommendation, which was to establish a standard related to the desired percentage of children covered under Medicaid who receive such care annually. *DCH agreed with the recommendation. DCH stated that in accordance with our recommendation, it has established an "initial tentative goal of increasing utilization rates by at least 3% per year for the Fee-For-Service pediatric population. DCH notes that "this initial tentative goal may be adjusted based upon the results of the root cause analysis" described in the response to recommendation 1.1.*
2.2 DCH should monitor dental service utilization among its Fee-For-Service member children and identify potential causes for declining or insufficient rates.	Not Implemented – Following the audit, DCH began monitoring dental service utilization among its Fee-For-Service population, including adults and children; however, this process has been discontinued and the causes for low utilization rates have not been researched. For example, although the utilization rate for Fee-For-Service children declined from 33% in fiscal year 2020 to just 28% in fiscal year 2024, DCH has not analyzed utilization trends by geographic areas or population subgroups to identify potential causes of this decline. *DCH agreed with the recommendation and that beginning in August 2025 it will "gather data through automated reporting and will review dental service utilization by member, member county, procedure, provider specialty, provider location, etc. This information will be incorporated into an internal interactive dashboard using maps, tables, and graphs, thereby allowing DCH to monitor trends and identify access concerns."*

Finding 3: DCH's compliance with federal standards does not ensure that Fee-For-Service members have sufficient access to dental services.

Not Addressed – After the original audit, DCH began reviewing Fee-For-Service dental claims, member enrollment, and provider enrollment data on a quarterly basis; however, this process has been discontinued. These reviews assessed whether there was an adequate number of active providers for the Medicaid population and whether Medicaid members had access to at least one active dental provider within a reasonable distance of their residence. However, the analyses did not exclude providers who are not accepting new patients—data readily available in the provider network database—and therefore likely overstated members' meaningful access to care. Additionally, DCH began—but has since discontinued—a process to conduct "secret shopper" calls to assess whether providers were accepting appointments for new Medicaid patients and offering these appointments within a reasonable timeframe. Although most of the providers called did not provide appointments within a reasonable timeframe, there is no evidence these findings were integrated into a larger provider network strategy.

Original Recommendations	Action Taken
3.1 In assessing its Fee-For-Service provider network, DCH should analyze the number of providers who accept new patients and actively participate in Medicaid.	Not Implemented – Following the audit, DCH began identifying the number of active Fee-For-Service providers by contract type (i. e., pediatric, adult, oral surgery) by county on a quarterly basis. However, this process has been discontinued and the analysis did not consider the number of providers accepting new patients. *DCH agreed with the recommendation and stated that it will resume the discontinued quarterly analysis immediately. DCH stated the analysis will now consider the number of providers accepting new patients.*
3.2 DCH should track the ratio of Fee-For-Service beneficiaries to active providers accepting new patients on a county level to identify areas of the state that lack meaningful access.	Not Implemented – Following the audit, DCH began reviewing Fee-For-Service dental claims, member enrollment, and provider enrollment data on a quarterly basis. This information was used to assess whether there is an adequate number of active providers for the Fee-For-Service population and whether Medicaid members have access to at least one active dental provider within a reasonable distance of their residence (defined by DCH as within 30 miles for urban residences and within 45 miles for rural residences). However, this analysis has since been discontinued. In addition, the analysis did not consider whether the providers are accepting new patients, and therefore may have overstated Medicaid members' actual access to dental services. *DCH agreed with the recommendation and stated it will resume the "review of Fee-For-Service dental claims, member enrollment, and provider enrollment data immediately." DCH stated the review would "include the use of secret shopper calls and an ongoing analysis of claims data." DCH should ensure this analysis considers the number of providers accepting new patients.*

3.3 DCH should conduct "secret shopper" calls similar to those used for CMO provider network studies to determine whether Fee-For-Service beneficiaries can obtain dental appointments in a reasonable timeframe.	Not Implemented – After the audit, DCH began conducting "secret shopper" calls for a risk-based sample of Fee-For-Service dental providers on a quarterly basis; however, this process has since been discontinued. These calls were conducted to determine whether the providers were accepting new patients and providing appointments in a reasonable timeframe. However, it is not evident that the results from these calls were used to further inform the provider network capacity analyses. *DCH agreed with the recommendation and stated that it "will resume secret shopper calls immediately." DCH further stated that the results of the calls "will be utilized to further inform the provider network capacity analyses."*

Finding 4: DCH should increase its efforts to encourage provider participation in the Medicaid Dental program.

Partially Addressed – Since the release of the report, the General Assembly passed and the governor signed House Bill 872, which extends service cancelable loans to dental students who agree to practice in specialties experiencing shortages or underserved rural areas of the state. It is not evident, however, that DCH has taken action to increase Fee-For-Service dental provider capacity.

Original Recommendations	Action Taken
4.1 DCH should systematically and routinely assess Fee-For-Service reimbursement rates for dental services. In these studies, DCH could compare Fee-For-Service to managed care, DOAS, and other state Medicaid rates. Based on the results, DCH should adjust rates to ensure they are competitive with other Medicaid programs and private insurers.	Fully Implemented – Two dental rate increases have been implemented since the report's release (June 2022) and the latest increase was effective July 1, 2025. DCH stated that any further rate increases require legislative action and CMS approval.
4.2 DCH's Medicaid program should consider collaborating with the State Office of Rural Health to recruit providers to practice in Health Professional Shortage Areas (HPSAs) by providing assistance to these providers in obtaining eligibility for the National Health Service Corps loan repayment and scholarship program.	Partially Implemented – It is not evident that DCH has collaborated with the State Office of Rural Health to recruit providers to practice in HPSAs. However, in April 2024 the General Assembly passed and the governor signed House Bill 872, which extends service cancelable loans to dental students who agree to practice in specialties experiencing shortages or in underserved rural areas of the state. *DCH agreed with the recommendation and stated it "agree(s) to collaborate with the State Office of Rural Health to recruit providers to practice in Health Professional Shortage Areas. DCH will obtain the requirements needed to obtain eligibility for the National Health Service Corps loan repayment scholarship program and notify providers as appropriate."*

4.3 DCH should consider collaborating with the Department of Public Health (DPH) to encourage local public health clinics to provide dental services in counties or areas with a shortage of Medicaid dental providers.	Partially Implemented – According to DCH, all public health districts have at least one public health dental clinic, and DCH works with DPH to enroll dental providers currently serving in those clinics to enroll as Medicaid providers and accept Medicaid patients. However, it is not evident that DCH has worked with DPH to encourage all public health clinics located in areas with shortages of Medicaid dental providers to provide dental services. In addition, DCH has proposed a study with DPH's Oral Health Program to determine whether the program's services can be expanded to include areas with identified provider network capacity shortages. *DCH agreed with the recommendation and stated it will "collaborate with DPH to increase access to dental services in counties with a shortage of Medicaid dental providers. Further, DCH will work with DPH's Oral Health Program to determine whether the program's services can be expanded to include areas with identified provider network capacity shortages."*
4.4 DCH should research and emulate other states' efforts to increase the number of dental providers in the Medicaid Fee-For-Service network, including providers that serve children with disabilities.	Partially Implemented – Although DCH has researched strategies that other states have employed to increase utilization rates, it has not yet identified which strategies it should implement. *DCH agreed with the recommendation and stated it will resume research efforts to increase the number of dental providers serving children with disabilities.*

Finding 5: Georgia Medicaid does not cover adult's preventive dental care, which can lead to untreated dental issues, higher medical costs, and avoidable hospital visits.

Fully Addressed – Since our report's release, the General Assembly passed and the governor signed the Fiscal Year 2025 Appropriations Act, which included the funds necessary to provide full dental benefits to adult Medicaid members.

Original Recommendation	Action Taken
5.1 The General Assembly should consider providing adult members access to preventive and diagnostic dental care. To control costs, the General Assembly should consider measures such as establishing annual caps or co-payments.	Fully Implemented – The General Assembly passed and the governor signed the Fiscal Year 2025 Appropriations Act, which expands Medicaid dental coverage for adults to include preventive, diagnostic, restorative, and orthodontic surgery care.

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