

# Medicaid Fee Increases Impact Pediatric Dental Care in Ohio



Interviewed Dentists Represent Diverse Regions Across Ohio



Following the Medicaid fee increase we saw improved provider participation and care delivery, but qualitative findings suggest that persistent administrative and structural barriers may limit meaningful expansion of access for children.

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## 01 Background

- Medicaid is a critical safety net, but access to pediatric dental care remains uneven due to reimbursement variability and systemic barriers
- Higher reimbursement rates increase provider participation and utilization, but effects are inconsistent and influenced by workforce and geographic factors
- Participation in Medicaid is unevenly distributed, with higher involvement among minority dentists and those in rural or high-poverty areas
- Need for real-world evaluation of how fee increases impact utilization, participation, and provider behavior

## 02 Purpose

To evaluate the impact of the January 1, 2024 Ohio Medicaid dental fee increases on pediatric dental utilization and provider participation. Qualitative analysis explored dentists' motivations to treat Medicaid-enrolled children.

## 03 Methods

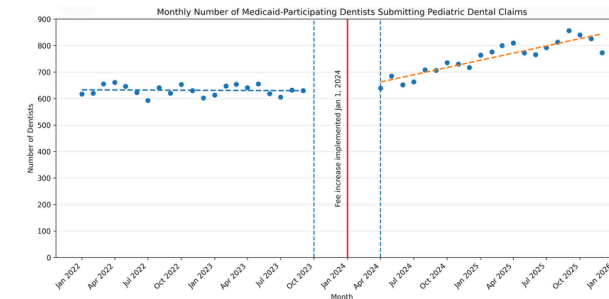
A mixed-methods, parallel convergent design was used. Quantitative analyses applied interrupted time series models to Partners For Kids Medicaid dental claims from 2022–2025. Monthly outcomes included: claims volume, dentist participation (number of dentists filing claims), number of unique children treated, and number of unique children treated per dentist. Semi-structured interviews with Ohio dentists participating in Medicaid were analyzed using thematic analysis.

## 05 Conclusions

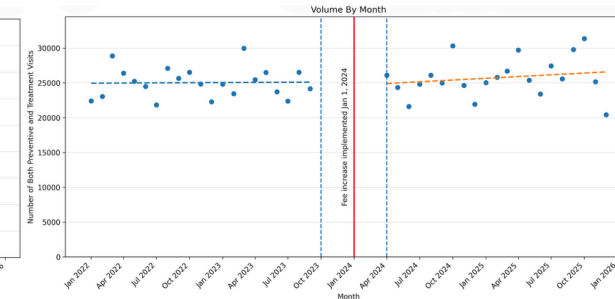
The Medicaid fee increase was followed by improved provider participation and care delivery; however, gains in access were driven primarily by redistribution of care and increased engagement of existing providers rather than a substantial expansion in the number of children entering the system. Qualitative findings highlight that persistent structural barriers, namely administrative burden, care coordination challenges, and coverage limitations, continue to constrain meaningful improvements in access. While reimbursement increase is essential to grow and sustain provider participation, it alone is insufficient to achieve system-level change. Meaningful expansion of access will require targeted efforts to reduce administrative complexity, strengthen care coordination, and support the providers who currently deliver the majority of Medicaid care.

## 04 Results

The increase in dentists submitting pediatric Medicaid claims suggests reduced barriers after the fee increase. Improved reimbursement may have enhanced financial viability, activating underutilized providers and increasing participation.



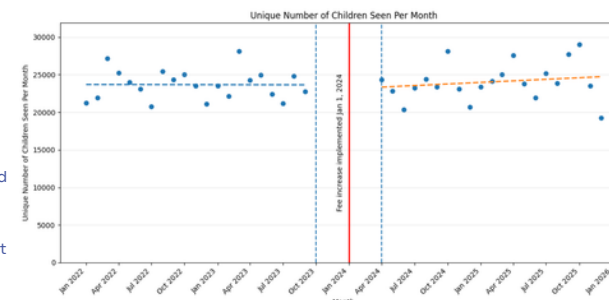
Dentist participation increased



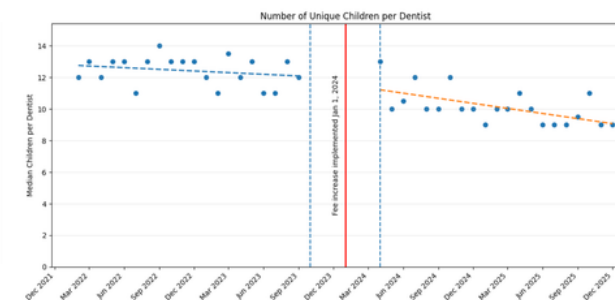
Total visits increased

Total visits and children seen both increased, suggesting improved population-level access and reduced unmet need—reflecting broader pediatric engagement, not just more procedures per child.

Total visits increased, but unique children rose only slightly (~69/month), indicating greater care intensity rather than expanded reach. Following the increase, existing patients potentially received more frequent visits, completed deferred treatment, or had multi-visit complex treatment plans.

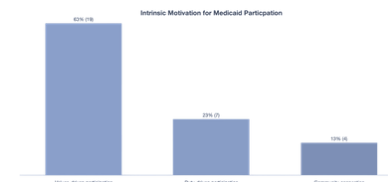


Children seen increased modestly

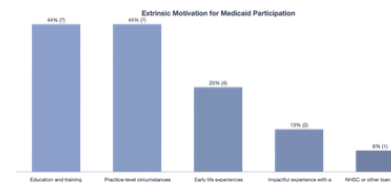


Children per dentist decreased

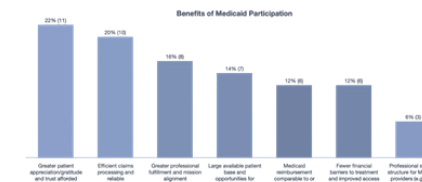
Children per dentist decreased, which may reflect redistribution across a larger provider pool rather than reduced access. As participation increased faster than patient volume, care may have been spread more evenly, potentially improving availability and scheduling for Medicaid populations.



Interviewed providers describe motivation for Medicaid participation as largely values-driven. Participation appears rooted in a commitment to serving vulnerable populations. Consider focus on retention rather than expansion.



Participation appears more strongly shaped by formative and systemic factors than by isolated experiences or one-time financial incentives.



The prominence of patient appreciation highlights the importance of relational rewards. In a profession with high burnout, greater patient gratitude and trust may reinforce purpose, improve job satisfaction, and support long-term sustainability. Reinforces why providers stay despite barriers.

References:

