

Access to AHCCCS

Evaluating Network Adequacy of Oral Health Services for Children on Medicaid in Arizona

College of Health Solutions | Arizona State University

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If you have any questions about this report or feedback for our team, please contact Swapna Reddy at Swapna.Reddy@asu.edu or Matthew Speer at Matthew.Speer@asu.edu.

Executive Summary

The original intent of Medicaid in the United States was to expand access to mainstream medical services for some of our most vulnerable populations. In that spirit, the Centers for Medicare & Medicaid Services (CMS) launched the [National Oral Health Initiative](#) in 2010 to support states in their efforts to improve utilization of preventive oral health services among Medicaid-enrolled children. Many states, including Arizona, have since undertaken efforts to increase access to routine oral health services for their children. Yet pervasive oral health disparities and low utilization of services persist among recipients of Arizona's state Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS).

Families whose income is at or below 138% of the Federal Poverty Level (\$17,609 for individuals in 2020, or \$36,156 for a family of 4) are eligible for AHCCCS. Children 18 years old or younger are also eligible for AHCCCS KidsCare coverage if their family's income is 205% of FPL or less (\$53,710 or less for a family of 4).

In an effort to help close the gap in utilization rates, researchers at Arizona State University's College of Health Solutions conducted a direct test of network adequacy among AHCCCS dental providers through a "secret shopper" phone survey. This study tested various components of children's access to oral health care, including reliability of provider directory information, appointment availability at the practice level for children covered by both AHCCCS and commercial insurance, and compliance with regulatory standards. Results of the survey are summarized below.

Study Results

- Researchers identified, catalogued, and attempted to call a total of **185 unique practices** across the state of Arizona.
- **159 practices were reached** via phone on behalf of AHCCCS patients, or 86% of those catalogued.
- **149 practices were reached** via phone on behalf of a commercially insured child, or about 81% of all practices identified.
- **4 of 15 Arizona counties (Apache, Graham, Greenlee, and Santa Cruz)** did not list an active pediatric dental provider identifiable through AHCCCS MCO provider directories.
- Researchers calling to request a routine dental cleaning on behalf of an AHCCCS patient generally experienced longer delays for a practice's next available appointment than those calling on behalf of a child covered under a commercial insurer.
- Nearly all practices reached by phone confirmed acceptance of AHCCCS plans, with only a few exceptions isolated to Maricopa County.

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- Only 1 practice in Arizona's South GSA was found to be in violation of AHCCCS Contractor Operations Manual (**ACOM**) **Policy 417**, which requires that networks ensure routine appointments are available within 45 days of request. In this case, the next available appointment was 53 days out.
- Violations of **ACOM Policy 436**—which requires networks to ensure 90% of recipients do not need to travel more than 15 minutes (Maricopa/Pima counties)/40 minutes (all other Arizona counties) or 10 miles (Maricopa/Pima)/30 miles (all other Arizona counties) to the nearest practice, based on county—are more difficult to assess without a detailed geographical breakdown of AHCCCS recipients.
- Although most practices publish their correct contact information, online booking options and weekend appointment availability were infrequently offered and generally isolated to practices in large, urban centers (Maricopa and Pima counties).

An adequate provider network is a critical attribute of health insurance coverage. Especially for children on Medicaid, inadequate networks can prevent patients from being able to see the providers that they know, trust, and depend upon throughout their lives. To reduce the number of children with untreated decay, we can improve access to dental care by: educating parents on the importance of early dental visits; developing systems that support early screening, referral and case management; and expanding the workforce providing dental care to Arizona's youngest children. Routine oral health screenings can play a role beyond detecting potential signs of dental disease—they often serve as important opportunities to monitor for signs and risk factors disproportionately experienced by low-income children or those experiencing poverty such as co-morbidities, abuse, and/or malnutrition. Providing routine and recommended oral health screenings to the pediatric Medicaid population helps to meet our heightened duty to low-income children, some of the most vulnerable among us, as well as to ensure that we prioritize our stewardship and commitment of this vital publicly funded safety net.

Below is a summary of evidence-based recommendations for policymakers and advocates to improve and sustain an adequate provider network.

Recommendations

- **Ensure that contracted plans maintain accurate and up-to-date provider directories that are consistent with AHCCCS.**
- **Create or support student recruitment and loan repayment programs.**
- **Recognize and regulate non-dentist oral health providers.**
- **Integrate oral health services with primary care and teledentistry.**
- **Empower AHCCCS as the primary enforcer of network adequacy requirements.**
- **Develop and adopt a Network Adequacy Certification Tool (NACT).**
- **Develop, standardize, and implement online scheduling portals.**

The remainder of this report contains a snapshot of the state of oral health disparities for children in Arizona and introduces the concept of network adequacy and relevant state regulations. A full description of survey methodology, results, and our recommendations follow.

Background

Oral Health Disparities in Arizona

Oral health is a foundational pillar of every child's overall health and well-being. [Research](#) has shown that poor oral health outcomes in the form of tooth decay, or dental caries, can have a profound detrimental impact on a child's development, quality of life, and school performance, in addition to negative economic consequences. Tooth decay in children 0-5 years of age is of particular importance because unhealthy teeth in a young child can lead to pain, infection, and can put a child at risk of future oral health problems. Early prevention efforts are critical to eradicate tooth decay in Arizona's children.

Even though tooth decay can be prevented, most children in Arizona continue to develop cavities. To assess the current oral health status of Arizona's elementary school children, the Arizona Department of Health Services, with support from First Things First, coordinated a statewide oral health survey of kindergarten and third grade children attending Arizona's public schools.

Snapshot of the [Healthy Smiles Healthy Bodies Survey](#) (ADHS, 2015):

- More than half of Arizona's kindergarten children (52%) have a history of tooth decay, higher than the national average for 5-year-old children (36%).
- 64% of third grade children in Arizona have a history of tooth decay, compared to 52% of third grade children in the general U.S. population.
- More than a quarter of Arizona's kindergarten and third grade children (28%) have untreated tooth decay; slightly higher than the national average of 22%.
- About 44% of Arizona's third grade children have at least 1 dental sealant on a permanent molar tooth; higher than the prevalence among the general U.S. third grade population (32%).
- Oral health disparities disproportionately impact Arizona children attending lower-income schools.
- American Indian and Hispanic children have the highest prevalence of decay experience and untreated tooth decay.

Considering the existing disparities in oral health for low income children in Arizona, it is especially crucial to ensure that children covered under AHCCCS have an adequate and accessible network of dental providers for preventive and emergency services.

AHCCCS Eligibility

As of June 1, 2020, nearly [2 million Arizonans](#) are enrolled in AHCCCS programs. This represents more than 25% of the state's population, with more than 400,000 gaining coverage since Medicaid was expanded in 2014. Children under the age of 18 constitute [more than 41%](#) of the AHCCCS population.

Eligibility for AHCCCS is available to:

- *Children birth to 1 year with family income up to 147% of the federal poverty level (FPL)**
- *Children 1 to 5 years with family income up to 141% of FPL*
- *Children 6 to 18 with family income up to 133% of FPL*
- *Pregnant women with family income up to 156% of FPL*
- *Parents with family income up to 138% of FPL*
- *Childless, non-elderly adults with family income up to 138% of FPL (Medicaid expansion population)*

**For reference, FPL in 2020 for a single individual is \$12,760, and \$26,200 for a family of 4.*

Network Adequacy

Definitions and Enforcement

Network Adequacy refers to a health plan's ability to deliver the benefits promised by providing reasonable access to a sufficient number of in-network providers and access to all services included as part of the plan.

According to [federal law](#), Medicaid managed care plans must provide timely access to all covered services through both in-network and out-of-network providers. The law stipulates that these services must be made available to beneficiaries at all times and include a broad range of preventive services. Though the federal law creates a broad framework of network adequacy, it is up to states to develop more detailed standards for access and availability for state-contracted MCOs. These standards include time and distance, provider-to-member ratios, and appointment scheduling and wait times. These standards are critical for determining the availability and accessibility of preventive services to many vulnerable populations.

However, [very few states](#) have specific standards or metrics in measuring network adequacy. This flexibility has led to varying levels of enforcement across the country thus thwarting the effectiveness of these laws. It is important to note that the federal government requires documents to be easily accessible, though policies adopted by state Medicaid programs are not consistently operationalized. The AHCCCS Contractor

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Operations Manual (ACOM) Policies 417 and 436 stipulate that contracted managed care networks must obey by the following time and distance standards:

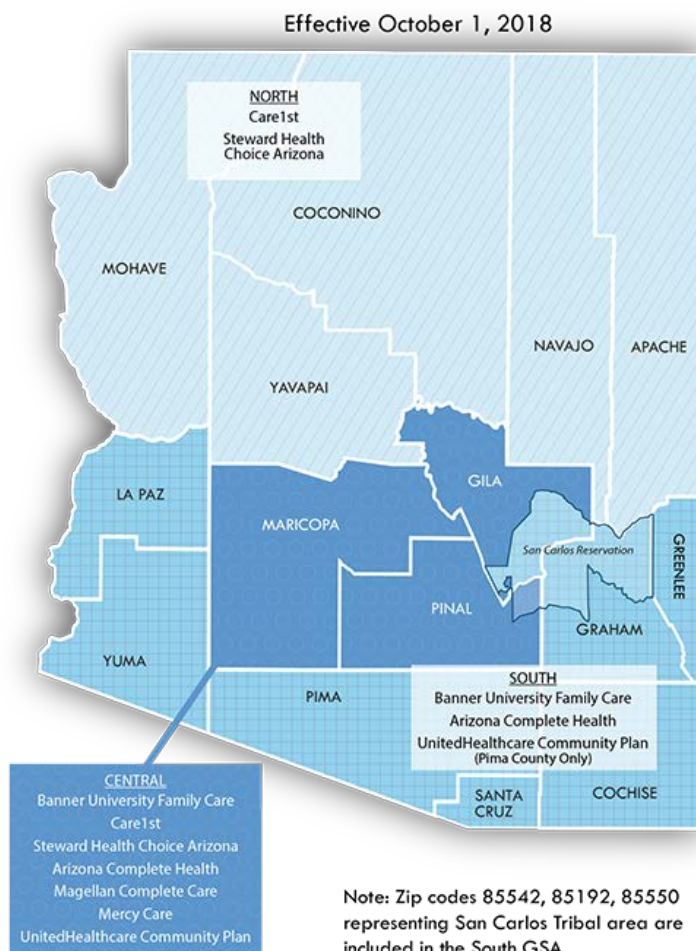
AHCCCS Contractor Operations Manual Policies

Classification	Requirement	County
<u>ACOM Policy 417</u>	Next available appointment within 45 days of request	All AZ counties
<u>ACOM Policy 436</u>	90% of recipients do not need to travel more than 15 minutes or 10 miles to practice	Maricopa, Pima
	90% of recipients do not need to travel more than 40 minutes or 30 miles to practice	Coconino, Mohave, Pinal, La Paz, Yavapai, Graham, Greenlee, Cochise, Yuma, Gila, Santa Cruz, Apache, Navajo

"Secret Shopper" Survey

Gaps in access and utilization of oral health care services for children on AHCCCS have been documented through previous research. The purpose of this study was to directly test network adequacy among AHCCCS dental providers through a "secret shopper" phone survey. This study tested various components of children's access to oral health care, including reliability of provider directory information, appointment availability at the practice level for children covered by both AHCCCS and commercial insurance, and compliance with regulatory standards.

AHCCCS Geographic Service Area (GSA) Map



AHCCCS contracts with 7 integrated managed care organizations (MCOs) to coordinate the provision of health care services to its members. This chart (left) illustrates the division of the MCOs across 3 geographic service areas (GSAs).

For the purpose of portraying simulated patients for our survey, the most prominent MCO in terms of membership was chosen within each of the 3 GSAs.

Central GSA: Mercy Care

South GSA: Banner University Family Care

North GSA: Care1st

Delta Dental and Cigna Dental were the 2 commercial insurers simulated in the calls placed to each practice.

Survey Script

In calls conducted from January through March 2020, 3 Research Assistants (MSa, MZ, LK) followed this standardized set of guidelines outlined in the script below on behalf of a 5 year old patient covered either through an AHCCCS or commercial insurance plan. The script was developed and approved as part of the research protocol filed through the ASU Institutional Review Board.

You are a “secret shopper”, presenting on each call as the parent of a 5-year-old child, seeking to schedule a routine dental appointment. Calls should be conducted during normal business hours for each practice, which can be referenced on the provider spreadsheet. Before calling, you will need to determine what insurers that each office contracts with. This information should be found on their website, and will also be recorded on the provider spreadsheet.

For AHCCCS plans, insurers are categorized according to 3 geographical services areas (GSAs):

- **North** (Mohave, Coconino, Yavapai, Navajo, and Apache)
 - **Indicated Health Plan: Care 1st**
- **Central** (Maricopa, Gila, and Pinal)
 - **Indicated Health Plan: Mercy Care**
- **South** (La Paz, Yuma, Pima, Santa Cruz, Cochise, Graham, Greenlee, and San Carlos Reservation)
 - **Indicated Health Plan: Banner University Family Care**

Please record the following information from each call, if/where applicable:

Date	Practice	Provider	Able to Reach? (Y/N)	Accepting New Patients? (Y/N)	Insurance Accepted? (Y/N)	Date/Time of Soonest Available Appointment

✓ **Introduction**

Good morning/afternoon! My name is [FIRST/LAST NAME] and I’m calling on behalf of my daughter/son, _____, to schedule a routine teeth cleaning as a new patient with Dr. _____.

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✓ **Age**

_____ is 5 years old.

✓ **Insurance #1: AHCCCS**

We have [PREDETERMINED AHCCCS PLAN]. Health plan should correspond to the GSA, as shown above.

✓ **Insurance #2: Commercial/Private**

We have [PREDETERMINED CONTRACTED INSURER]

If asked to provide additional information before scheduling the appointment, such as a detailed medical history for your child or specific insurance identifiers:

_____ doesn't have any allergies, and I believe she/he is up to date on all of her/his vaccinations. I don't have the insurance card with me. Can I bring it with me to the appointment?

NOTE: If you are unable to move forward with scheduling an appointment without detailed insurance information or identifiers, offer to call the office back at a later time to provide this and hang up.

✓ **Appointment**

When is Dr. _____'s next opening? Is there anything available in the morning, evening, or over the weekend?

If/when you are offered an appointment, do not finalize or confirm. End the call with the following:

Perfect. I will just need to give you a call you back later today/tomorrow after I confirm my work schedule. Thank you so much for your time!

After the call has ended, make sure that you have recorded all information in the spreadsheet.

Results

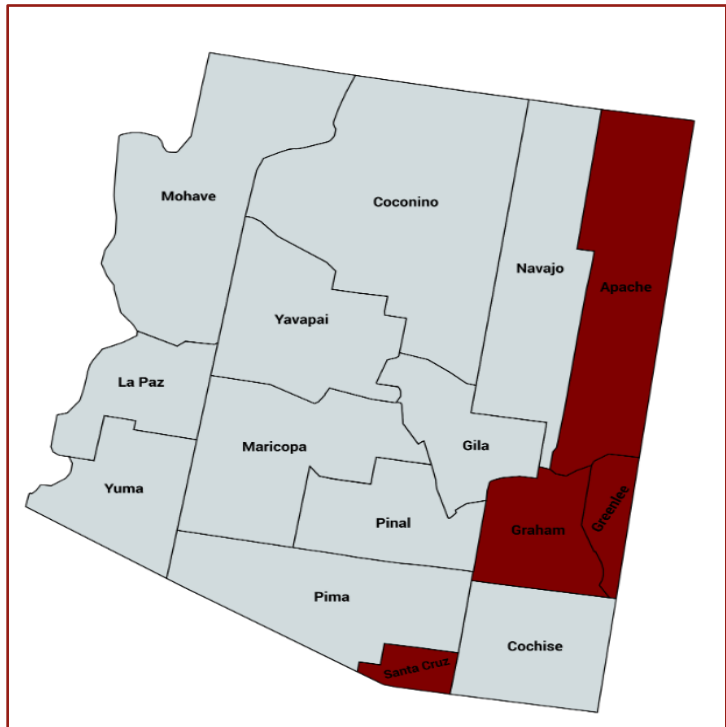
Survey results are reported according to each practice's AHCCCS GSA designation. Results for Maricopa County within the Central GSA have been further distinguished due to the marked urban-rural divide and regulatory distinction made by ACOM Policy 436. Using the provider directories curated by each respective MCO, 114 unique practices were identified and called in Maricopa County, and 18 more across Gila and Pinal counties within the Central GSA; 19 practices were identified in the Northern GSA; and 34 practices in the Southern GSA. An overview of results is provided below, followed by a breakdown of each GSA.

- Researchers identified, catalogued, and attempted to call a total of **185 unique practices** across the state of Arizona.
- **159 practices were reached** via phone on behalf of AHCCCS patients, or 86% of those catalogued.
- **149 practices were reached** via phone on behalf of a commercially insured child, or about 81% of all practices identified.

Figure 1. Arizona Counties Without a Listed AHCCCS Provider

4 of 15 Arizona counties (Apache, Graham, Greenlee, and Santa Cruz) did not list an active pediatric dental practice identifiable through AHCCCS MCO provider directories.

The table on the following page breaks down each of these 4 counties by zip code and includes the distance to the nearest practice from each zip code.



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Table 1. Zip Codes Without an AHCCCS Provider

Apache		Graham		Santa Cruz		Greenlee	
Zip Code	Nearest Practice (Miles)	Zip Code	Nearest Practice (Miles)	Zip Code	Nearest Practice (Miles)	Zip Code	Nearest Practice (Miles)
85920	54.1	85530	39.5	85611	15.0	85533	83.7
85924	54.2	85531	67.5	85621	32.9	85534	79.0
85925	38.1	85535	58.0	85624	26.2	85540	87.1
85926	27.0	85536	52.2	85637	19.7	85922	55.1
85927	31.9	85543	63.5	85648	25.1		
86402	1.6	85546	75.2				
85930	11.1	85551	73.3				
85932	48.2	85552	71.0				
85933	35.6						
85934	16.0						
85936	43.6						
85901	7.0						
85937	26.9						
85938	45.1						
85939	19.3						
85940	20.1						
85912	13.0						
85941	22.4						

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- Researchers calling to request a routine dental cleaning on behalf of an AHCCCS patient generally experienced longer delays for a practice's next available appointment than those calling on behalf of a child covered under a commercial insurer.

Overview and Contrast of Caller Experiences, by AHCCCS GSA

AHCCCS Caller	Prevalence	Commercial Insurance Caller	Prevalence
Central GSA (Maricopa County)		Central GSA (Maricopa County)	
Able to Reach	84.2%	Able to Reach	78.1%
Accepting New Patients	92.7%	Accepting New Patients	88.8%
Insurance Accepted	96.6%	Insurance Accepted	98.7%
Central GSA (Gila/Pinal)		Central GSA (Gila/Pinal)	
Able to Reach	77.8%	Able to Reach	83.3%
Accepting New Patients	85.7%	Accepting New Patients	86.7%
Insurance Accepted	100.0%	Insurance Accepted	100.0%
North GSA		North GSA	
Able to Reach	94.7%	Able to Reach	94.7%
Accepting New Patients	100.0%	Accepting New Patients	100.0%
Insurance Accepted	100.0%	Insurance Accepted	100.0%
South GSA		South GSA	
Able to Reach	91.2%	Able to Reach	79.4%
Accepting New Patients	83.9%	Accepting New Patients	96.3%
Insurance Accepted	100.0%	Insurance Accepted	100.0%

- Nearly all practices reached by phone confirmed acceptance of AHCCCS plans, with only a few exceptions isolated to Maricopa County.
- Only 1 practice in Arizona's South GSA was found to be in violation of AHCCCS Contractor Operations Manual (**ACOM**) **Policy 417**, which requires that networks ensure routine appointments are available within 45 days of request. In this case, the next available appointment was 53 days out.
- Violations of **ACOM Policy 436**—which requires networks to ensure 90% of recipients do not need to travel more than 15 minutes (Maricopa/Pima counties)/40 minutes (all other Arizona counties) or 10 miles (Maricopa/Pima)/30 miles (all other Arizona counties) to the nearest practice, based on county—are more difficult to assess without a detailed geographical breakdown of AHCCCS recipients.

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Factors of Accessibility, by AHCCCS GSA

Accessibility Experience	Prevalence
Central GSA (Maricopa County)	n=114
Correct Number Listed	94.7%
Direct Online Booking Available	19.3%
Online Booking Request Available	52.6%
Weekend Availability	28.1%
Central GSA (Gila/Pinal Counties)	n=18
Correct Number Listed	100.0%
Direct Online Booking Available	16.7%
Online Booking Request Available	33.3%
Weekend Availability	5.6%
North GSA	n=19
Correct Number Listed	100.0%
Direct Online Booking Available	0.0%
Online Booking Request Available	100.0%
Weekend Availability	5.3%
South GSA	n=34
Correct Number Listed	97.1%
Direct Online Booking Available	2.9%
Online Booking Request Available	41.2%
Weekend Availability	35.3%

Although most practices publish their correct contact information, online booking options and weekend appointment availability were infrequently offered and generally isolated to practices in large, urban centers (Maricopa and Pima counties).

This table summarizes factors of accessibility for practices included in our study. These factors include whether the practice lists the correct number, the availability of online booking options, and weekend appointment availability.

In the following 3 subsections, results are further broken down according to the 3 AHCCCS GSAs: Central, North, and South.

Central Arizona GSA: Maricopa, Gila, and Pinal Counties

114 unique practices were identified and called in Maricopa County, and 18 more were catalogued across the rest of the Central GSA, in Gila and Pinal Counties (see Summary Tables 1 and 2 above).

Summary Table 1. Central Arizona GSA, Maricopa County

	AHCCCS (Mercy Care)	Commercial Insurer (Delta Dental)
Number of Practices Identified	114	114
Practices Reached	96	89
Practices Reached Not Accepting New Patients	7 (7.3% of practices reached)	10 (11.2%)
Time Until Next Available Appointment, Mean	8.4 days	6.9 days
Time Until Next Available Appointment, Range	0-92 days	1-34 days

Summary Table 2. Central Arizona GSA, Gila and Pinal Counties

	AHCCCS (Mercy Care)	Commercial Insurer (Delta Dental)
Number of Practices Identified	18	18
Practices Reached	14	15
Practices Reached Not Accepting New Patients	0	2 (13.3%)
Time Until Next Available Appointment, Mean	6.3 days	2.8 days
Time Until Next Available Appointment, Range	1-21 days	0-13 days

The data collected within Central Arizona GSA is better represented by separating the findings in the urbanized Maricopa county from those of more rural Gila and Pinal counties as the prevalence of practitioners per child and providers per ZIP code vary substantially. Due to the marked urban-rural distinctions between these counties, causes of low dental care utilization rates can be influenced disproportionately by different social and structural determinants (e.g., transportation). The AHCCCS network adequacy regulations previously discussed also make this distinction.

Of the 114 practices in Maricopa County, 96 answered the phone for the AHCCCS caller (Mercy Care) and 89 for the commercial insurer (Delta Dental). Among the 18 practices identified in the rest of the Central GSA, 14 were reached by the AHCCCS caller and 15 for Delta Dental.

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For the AHCCCS caller, 7 practices reached in Maricopa County were not accepting new patients—notably, 2 of these practices cited guidance issued in response to the COVID-19 outbreak (see Limitations for further details). For the Delta Dental caller, 2 practices would not accept new patients for the other Central Arizona counties, both of which were also due to the COVID-19 pandemic. Ten of the 89 offices reached by the Delta Dental caller were not accepting new patients in Maricopa County for similar reasons, compared to 2 in Gila and Pinal counties.

Among all pediatric dental practices reached, two Maricopa County practices did not have a next available appointment for the AHCCCS caller within the 45-day regulatory measure (ACOM Policy 417). 1 additional practice was fully booked through April (90+ days from the date of the call) but did offer a same-day appointment within an hour. No practices reached by the Delta Dental caller in Maricopa County were unable to schedule an appointment within 45 days. The average time until the next available appointment for the AHCCCS caller in Maricopa County was 8.4 days; for the Delta Dental caller, the average time until the next available appointment was 6.9 days, the with a range of 1 to 34 days.

For Gila and Pinal counties in the rest of the Central Arizona GSA, the average time until the next offered appointment was 6.3 days for the AHCCCS caller. Alternatively, the average time until the next available appointment for the Delta Dental caller was 2.8 days, with a range of 0 (same day) to 13 days.

North Arizona GSA: Mohave, Coconino, Yavapai, Navajo, and Apache Counties

A total of 19 practices were identified in Arizona’s North GSA, which spans 5 counties in what is primarily a rural region of the state (see Summary Table 3 below).

Summary Table 3. North Arizona GSA

	AHCCCS (Care1st)	Commercial Insurer (Delta Dental and Cigna)
Number of Practices Identified	19	19
Practices Reached	18	18
Practices Reached Not Accepting New Patients	0	0
Time Until Next Available Appointment, Mean	5 days	6.6 days
Time Until Next Available Appointment, Range	1-16 days	1-43 days

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Of the 19 practices, 18 were reached for both the AHCCCS (*Care1st*) and commercially insured (*Delta Dental and Cigna*) callers, and all 18 practices indicated that they were accepting new patients for both callers.

As for appointment availability, 1 out of 18 Northern Arizona practices did not offer their next available appointment to the AHCCCS caller. This particular practice did not have a scheduler in office when reached, though the Delta Dental caller did not experience this issue and encountered no problems scheduling an appointment. The average time until the next available appointment for the AHCCCS caller was 5 days, and the range was 1 to 16 days. For the Delta Dental caller, the average time was 6.6 days and the range was 1 to 43 days (1 practice offering an appointment 43 days out was a notable outlier and heavily skews the average in such a small sample size).

It is important to note that directories accessed by researchers did not show a single pediatric dental care provider in Apache County. This significant region of rural Arizona forms part of the Navajo and Fort Apache Indian Reservations, for which residents may rely upon oral health services offered through the Indian Health Service.

South Arizona GSA: Pima, La Paz, Yuma, Santa Cruz, Cochise, Greenlee, and Graham Counties

34 practices were identified and contacted in the Southern GSA (see Summary Table 4 below).

Summary Table 4. South Arizona GSA

	AHCCCS (Banner University Family Care)	Commercial Insurer (Delta Dental)
Number of Practices Identified	34	34
Practices Reached	31	27
Practices Reached Not Accepting New Patients	5 (16.1% of practices reached)	1 (3.7%)
Time Until Next Available Appointment, Mean	9.3 days	8.3 days
Time Until Next Available Appointment, Range	0-53 days	1-64 days

Similar to the findings in the North Arizona GSA, the small sample size of practices is likely a product of being located in what is mostly a rural region of the state. The small sample size also increases the sensitivity of our findings to outliers that may skew some results, and therefore make it difficult to generalize results. Out of the 34 practices, 31 were reached by the AHCCCS caller (*Banner University Family Care*) and 27 for the privately insured caller (*Delta Dental*). 5 practices reached by the AHCCCS caller were not accepting new patients; 1 practice was fully booked until June, another was not accepting new pediatric patients, 1 did not provide a reason, and the other 2 practices cited reasons

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related to COVID-19. For the Delta Dental caller, only 1 practice was not accepting new patients in the South GSA—the same prior that indicated they were booked until June. However, all South GSA practices reached confirmed that they accepted patients with the selected insurance plans for both callers.

With respect to scheduling, 25 out of 26 practices offered a next available appointment to the AHCCCS caller, while the other lone practice did not have their schedule for March available to book an appointment at the time of the call. The Delta Dental caller did not have the same problem. The average time until the next available appointment for the AHCCCS caller was 9.3 days, with a range of 0 to 53 days. Only 1 practice fell beyond the 45-day regulatory requirement at 53 days, while 2 others fell close behind at 42 and 36 days. For the Delta Dental caller, 1 practice was significantly beyond the 45-day marker at 64 days, while the average time was 8.3 days with a range of 1 to 64 days.

Notably, 3 (Graham, Greenlee, and Santa Cruz) out of 7 counties in the South GSA do not list a single active pediatric dental practice contracted with AHCCCS at the time directories were searched. Furthermore, for 2 of these counties (Graham and Greenlee), there is not a single practice listed within 30 miles of each of the counties' ZIP codes, in violation of ACOM Policy 436.

Limitations

The results of this study should also be viewed in light of its limitations.

COVID-19: First, calls placed to 44 unique practices between March 12 and March 27 were conducted against the backdrop of the ongoing pandemic caused by coronavirus disease 2019 (COVID-19). For these practices, appointment availability was severely limited following guidance issued by the American Dental Association to postpone or cancel all visits that were considered non-emergent. We elected not to postpone further data collection for these practices due to the volatile and unpredictable nature of the spread of COVID-19.

Insurance Carriers: Another limitation is our choice of insurance carriers, which could subjectively influence the likelihood or delay of being offered an appointment. For both simulated patients, we chose plans with the most expansive provider networks within each of the 3 AHCCCS-designated GSAs. We also verified that practices accepted the plan prior to conducting calls.

Method of Contact: Finally, it should be emphasized that this study involved placing a direct phone call to every practice. If a practice was unreachable, researchers did not leave a voicemail to follow up at a later time or date. This was decided in order to keep the time between the 2 calls placed to every practice as brief as possible. It should also be noted that a direct phone call is only 1 method of scheduling an appointment. The availability and promotion of online scheduling software was variable among practices. However, such tools can be especially useful to improve accessibility for parents or caregivers who may not be able to place calls during normal work hours. Finally, all calls were only attempted in English. Our research team does not include a member fluent in Spanish or any other language applicable to the study population. Consequently, language barriers were unable to be tested as a function of appointment availability for the purpose of this study.

Conclusion

To reduce the number of children with untreated decay, Arizona can improve access to dental care by: educating parents on the importance of early dental visits; developing systems that support early screening, referral and case management; and expanding and diversifying the workforce providing dental care to Arizona's youngest children. An integral attribute to ensuring the success of those efforts requires an adequate provider network.

Especially for children on Medicaid, inadequate networks can prevent patients from being able to receive care from the providers that they know, trust, and depend upon throughout their lives. Unfortunately, being eligible for and enrolled in **AHCCCS** programs does not guarantee consistent **access** to services. The aim of this study was to evaluate 1 dimension of access, and the results underscore the marked disparities in the availability and accessibility of oral health provider networks for children on Medicaid in Arizona. It is particularly concerning that, in 4 counties, we were unable to identify any oral health providers for children through health plan directories. This speaks to the need to improve the accessibility of services in rural regions of the state. However, there were minimal disparities in scheduling appointments observed between AHCCCS and commercial callers. A confluence of social and structural determinants beyond the scope of this study such as transportation issues, health education, fear related to immigration policies, etc. must be considered to further close this gap between coverage and utilization of services.

Recommendations

Ensure that contracted plans maintain accurate and up-to-date provider directories that are consistent with AHCCCS. Directories for providers are curated by both AHCCCS and all other health plans. To help ensure that patients are empowered to select the health plan that provides covered access to the dentists they want and need, health plans should provide an accurate, complete directory of participating providers through multiple media outlets and in multiple languages.

Create or support student recruitment and loan repayment programs, especially for rural parts of the state. Rural communities are impacted by a confluence of unique social, demographic, and regional determinants resulting in marked disparities. Policies that aim to incentivize more providers to practice in these communities are desperately needed. For example, [North Carolina](#) uses loan repayment and targeted recruitment to encourage oral health providers to practice in rural areas.

Recognize and regulate non-dentist oral health providers. Dental therapists are midlevel providers who can deliver preventive and routine dental care, such as filling cavities, placing crowns, and diseased tooth extractions in place of a dentist. [Some states](#), including Arizona, have expanded their oral health workforce by permitting mid-level oral health providers to perform certain oral health services such as applying fluoride varnish in schools or oral health screenings in nursing homes.

Integrate oral health services with primary care and teledentistry. There continues to be pervasive fragmentation between different health systems in the U.S. To improve both access and quality, [Oregon](#) integrated oral health services into the traditional medical system for Medicaid beneficiaries. As this model evolves, evaluators can pursue pilot programs to reduce the cost of dental services in MCOs by integrating dental hygienists into primary care settings, providing enhanced dental services to people with diabetes, and increasing the development and use of teledentistry.

Empower AHCCCS as the primary enforcer of network adequacy requirements. Though AHCCCS issues requests to MCOs with requirements for auditing and reporting, enforcement of these requirements and consequences of violations are not transparent. While health plan self-assessment and private accreditation are key components of ensuring network adequacy, it is critical that Arizona regulators take a more active role to ensure that network adequacy requirements are evaluated, monitored and enforced.

ACCESS TO AHCCCS

Develop and adopt a Network Adequacy Certification Tool (NACT).

Last year, [the California Department of Health Care Services \(DHCS\) adopted a NACT](#) to ensure that its Medicaid managed care beneficiaries have appropriate access to needed substance use disorder (SUD) treatment services. The NACT is a standardized tool for counties in California developed to assess the adequacy of their SUD provider networks against the needs of beneficiaries. It collects information on location as well as both current and projected provider capacity. This model could be adopted by plans for oral health services as well. To regularly review, assess, and certify that network adequacy standards, plans should submit a completed NACT by the beginning of each fiscal year. Standardized, quarterly reports can also be produced by each health plan using the data recorded by the NACT.

Develop, standardize, and implement online scheduling portals.

Appointment scheduling via direct phone calls can represent a significant barrier to utilization of services. An online scheduling system is a web-based application or portal that allows enrollees to conveniently both their appointments through a web-enabled device. Online scheduling platforms could significantly reduce barriers faced by parents trying to schedule appointments during work hours. AHCCCS would further benefit from requiring and standardizing a bilingual or multilingual online platform for all practices and providers participating in their network.

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