

Indicator C.1. Dentists Who Actively Participate in Medicaid per 1,000 EPSDT-Eligible Enrolled Children	
Description:	The number of dentists who actively participate in Medicaid per 1,000 EPSDT-eligible enrolled children.
What data source is used?	Medicaid administrative enrollment and claims data are used to calculate this indicator.
Who is the target population?	Children enrolled in Medicaid who are eligible for EPSDT.
How is the indicator measured?	<p>The indicator is expressed as the number of dentists per 1,000 children:</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p>Numerator: Number of dentists who bill \$10,000 or more during the year for enrolled children eligible for EPSDT in the state's Medicaid program</p> <hr style="border: 0.5px solid black;"/> <p>Denominator: Number of EPSDT-eligible enrolled children (in thousands)</p> </div>
Are any Medicaid-enrolled children excluded?	No, all Medicaid enrolled children eligible for EPSDT during the reporting year are included in the measurement of this indicator.
What does this indicator measure and why is it important?	This indicator is a measure of access to dental providers among Medicaid-enrolled children. Dental caries is the most common chronic disease in children in the United States. The Institute of Medicine identified improving access to oral health care as a “critical and necessary first step to improving oral health outcomes and reducing disparities.” ⁱ National guidelines from the American Academy of Pediatric Dentistry and the American Academy of Pediatrics recommend that children receive oral health care services by age 1 and have regular visits thereafter. ^{ii,iii} In 2014, 52% of all children and 60% of poor children (FPL<100%) did not have a dental visit during the year. ^{iv} The barriers to accessing oral health care include low dentist participation in state Medicaid programs. ⁱ
Are there any limitations to this indicator?	This indicator does not delineate provider participation by geographic area or other factors that may be important to assessing provider availability and access to care. States may want to conduct a deeper analysis of this indicator to identify disparities in provider availability.

ⁱInstitute of Medicine and National Research Council. 2011. [Improving Access to Oral Health Care for Vulnerable and Underserved Populations](#). Washington, DC: The National Academies Press.

ⁱⁱAmerican Academy of Pediatric Dentistry, Council on Clinical Affairs. 2018. [Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents](#). 11 pp.

ⁱⁱⁱAmerican Dental Association. 2020. [Your Baby's First Dental Visit](#). Chicago, IL: American Dental Association.

^{iv}Nasseh K, Vujicic M. 2016. [Dental Care Utilization Steady Among Working-Age Adults and Children, Up Slightly Among the Elderly](#). Health Policy Institute Research Brief. Chicago, IL: American Dental Association.