



DEPARTMENT OF COMMUNITY HEALTH

**MEDICAID AND PEACHCARE FOR
KIDS™**

**REPORT #15: MEMBER DENTAL
SURVEY**

MAY 11, 2010

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REPORT GLOSSARY

The following listing of terminology and references may be used throughout this report:

- **Avesis** - The dental subcontractor to Peach State Health Plan (PSHP) prior to June 1, 2009. Avesis was subcontracted with PSHP to administer the provision of dental care services to PSHP GF members.
- **Care Management Organization (CMO)** – An organization that has entered into a risk-based contractual arrangement with the Department to obtain and finance care for enrolled Medicaid and PeachCare for Kids™ members. CMOs receive a per capita or capitation claim payment from the Department for each enrolled member. Three Care Management Organizations currently operate in Georgia. These organizations include AMERIGROUP Community Care (AMERIGROUP), Peach State Health Plan (PSHP), and WellCare of Georgia (WellCare).
- **DentaQuest (formerly known as Doral)** - The dental subcontractor to AMERIGROUP and WellCare of Georgia, responsible for administering the provision of dental care services to AMERIGROUP and WellCare members. Effective June 1, 2009, DentaQuest became the dental subcontractor to Peach State.
- **Department of Community Health (DCH or Department)** – the Department within the state of Georgia that oversees and administers the Medicaid and PeachCare for Kids™ programs.
- **Dr. David Bivin** - Professor, Department of Economics, Indiana University Purdue University Indianapolis, who specializes in econometrics. Dr. Bivin performed the statistical analyses used in this study.
- **Dr. Ye Zhang** - Assistant Professor, Department of Economics, Indiana University Purdue University Indianapolis, who performed quality assurance on the statistical findings.
- **Fee-For-Service (FFS)** – A Medicaid and/or PeachCare for Kids™ delivery program whereby a provider submits a claim for payment by the Department after the service has been provided.
- **Georgia Families (GF)** – The risk-based managed care delivery program for Medicaid and PeachCare for Kids™ where the Department contracts with Care Management Organizations to manage and finance the care of eligible members.

- **James Wolf** - Director, Survey Research Center at Indiana University - Purdue University Indianapolis, who oversaw the member interview process and reporting of interview outcomes for statistical analysis.
- **Logit** – A type of multivariate regression that is appropriate when the variable being explained is a response to a “yes” or “no” question. Logit predicts the probability of responding “yes” based on the variables in the regression.
- **Member** – An individual who is eligible for Medicaid or PeachCare for Kids™ benefits. An individual who is eligible for Medicaid or PeachCare for Kids™ benefits might also be eligible to participate in the Georgia Families program.
- **Multivariate Regression** - Regression models with multiple dependent variables and any number of predictor variables.
- **PeachCare for Kids™ Program (PCK)** – The State Children’s Health Insurance Program (SCHIP) funded by Title XXI of the Social Security Act, as amended.
- **Regression Analysis** - A form of statistical modeling that attempts to evaluate the relationship between one variable (termed the dependent variable) and one or more other variables (termed the independent variables).
- **Response Bias** - Error that results from the fact that people who respond to a survey might not have the same opinions as those who do not respond or a type of cognitive bias which can occur if respondents answer questions in the way they think the interviewer wants them to answer rather than according to their true beliefs or experiences.
- **Subcontractor** – An entity that contracts with a CMO to administer the provision of some or all of the health care services for which that CMO is responsible.
- **Survey Research Center, Indiana University Purdue University Indianapolis (SRC)** - For purposes of the project and under the direction of Myers and Stauffer, the facility utilized to perform the interviews of the Georgia Medicaid and PeachCare for Kids™ members regarding their experiences and satisfaction with their dental benefits.

PROJECT BACKGROUND AND OBJECTIVE

Myers and Stauffer LC (MSLC) was engaged to assist the Department of Community Health (DCH or the Department) in its efforts to assess the policies and procedures of the Georgia Families (GF) program, including an evaluation of issues presented by providers, selected claims paid or denied by Care Management Organizations (CMOs), and selected GF policies and procedures. Previously issued reports are available online at <http://dch.georgia.gov>. These reports include the payment and denial trends of hospital, physician, and dental claims, the payment accuracy of selected claims, an analysis of certain CMO policies and procedures, and other special studies authorized by the Department.

Because the Department desires to understand the experiences of Georgia Medicaid and PeachCare for Kids™ members with obtaining dental care, including experiences with attempting to locate dentists, scheduling appointments, barriers to finding dental care, satisfaction with their dental coverage, and other important information, the Department authorized MSLC to perform a survey of Medicaid and PeachCare for Kids™ members.

The objective of this engagement is to survey a sample of fee-for-service Medicaid and Georgia Families members regarding their experiences with obtaining dental services. Members were selected based on whether they had a dental visit at any time from September 1, 2008 through August 31, 2009 while enrolled with a Care Management Organization (CMO) or fee-for-service Medicaid (FFS), and members who did not have a dental visit while enrolled with a CMO or in FFS during the same 12-month period.

METHODOLOGY

The survey interviews described in this report were conducted by the Survey Research Center (SRC) at Indiana University Purdue University Indianapolis, under contract with Myers and Stauffer LC. The purpose of the survey was to interview a sample of Medicaid and PeachCare for Kids™ program members.¹ The statistical analyses were completed by Dr. David Bivin and Dr. Ye Zhang under the direction of Myers and Stauffer LC. The Department approved the analytical protocol for the survey.

Population and Sampling

From member data provided by the Georgia Department of Community Health (DCH), Medicaid and PeachCare for Kids™ members between the ages of 4 and 65 were identified. The eligible population was reduced to those members who were continuously enrolled from September 1, 2008 through August 31, 2009 with a single payor, AMERIGROUP Community Care (AMERIGROUP), Peach State Health Plan (Peach State), WellCare of Georgia (WellCare) or traditional or fee-for-service (FFS) Medicaid or PeachCare for Kids™. Certain other member categories were excluded, such as members that reside in a nursing facility, or children in foster care.

By cross-referencing members eligible for the survey with FFS dental claims and CMO encounter claims for the period September 1, 2008 through August 31, 2009, a random sample of 40,000 members (10,000 per payor) who received dental services was selected. A fifth sample of 10,000 members, covered by any one of the four payors, was also randomly selected. The members included in this fifth sample did not have a claim for dental services paid by any payor during the same 12-month period.

The table below provides an overview of the population and survey eligibility.

¹ The information presented in this section conforms to the best practices guidelines for full disclosure as promoted by the American Association of Public Opinion Research. For details on this and other professional standards visit their website: <http://www.aapor.org/disclosurestandards/>

Table 1: Population and Distribution of Eligible Members

	Total Population Age 4 to 65 ²		Continuous Enrollment Population Age 4-65		Members Eligible for Survey Strata 1-4 (with Dental Claims)			Members Eligible for Survey Stratum 5 (without dental claims)	
	Members	%	Members	%	Strata	Members	%	Members	%
FFS	452,300	31.2%	158,806	35.1%	1	29,163	6.4%	129,643	28.7%
AMERIGROUP	222,768	15.3%	84,887	38.1%	2	42,305	19.0%	42,582	19.1%
Peach State	280,493	19.3%	110,668	39.5%	3	62,382	22.2%	48,286	17.2%
WellCare	496,195	34.2%	186,640	37.6%	4	99,353	20.0%	87,287	17.6%
TOTAL	1,451,756	100.0%	541,001			233,203		307,798	

Demographic Detail of Sample by Strata

Table 2 below provides details by strata regarding the demographics of the 50,000 members included in the sample.

² For purposes of the total population, counts include members with continuous and non-continuous enrollment with a single payor for the period September 1, 2008 through August 31, 2009. Members with non-continuous enrollment are categorized by the last payor in which they were enrolled with during that time period.

Table 2: Demographic Representation in Member Sample

	FFS	AMERIGROUP	Peach State	WellCare	No Dental Service	Total Sample
Race						
Black	37.8%	40.9%	49.4%	41.4%	51.3%	44.1%
White	22.9%	43.8%	38.2%	47.0%	38.6%	38.1%
Hispanic	1.1%	9.1%	5.3%	5.0%	1.4%	4.4%
Asian	0.7%	2.0%	3.2%	2.6%	1.0%	1.9%
Not Indicated or Other	37.5%	4.2%	3.9%	4.0%	7.7%	11.5%
Age						
4- 5 Years	5.7%	16.0%	16.9%	17.3%	8.0%	12.8%
6 - 9	14.5%	32.0%	32.4%	31.1%	11.7%	24.3%
10 - 12	11.0%	20.4%	19.6%	20.0%	9.7%	16.1%
13 - 15	10.0%	15.6%	15.4%	15.2%	9.6%	13.1%
16 - 18	8.9%	11.7%	11.2%	11.2%	9.8%	10.6%
19 and >	49.9%	4.3%	4.5%	5.2%	51.2%	23.1%
Gender						
Female	49.2%	51.4%	52.4%	52.7%	55.5%	52.2%
Male	50.8%	48.6%	47.6%	47.3%	44.5%	47.8%
Location						
Rural	26.4%	20.4%	23.9%	24.1%	26.4%	24.2%
Urban	73.6%	79.6%	76.1%	75.9%	73.6%	75.8%

The selection of 50,000 members (10,000 per strata) was to ensure that an adequate initial sample was available to achieve a target completion rate of 600 completed interviews per strata. Prior to beginning the interviews, SRC randomly selected 25,000 members and loaded those members into its survey software. SRC was able to achieve the target response rate of 600 completed interviews per strata without requiring any additional sampled members from the original 50,000 selected. The random selection process mitigates response bias. To further mitigate any bias, members were assured that their answers were confidential and multiple attempts were made to contact members that did not answer the telephone on the first attempt.

Survey Questionnaire

The questionnaire used for this survey was developed by Myers and Stauffer in consultation with the Department's management. A draft version of the survey was shared with the Georgia Dental Association (GDA) for comments and certain revisions

were made to the instrument as a result of the comments shared by the GDA. Please refer to Exhibit B for a copy of the survey instrument.³

The questionnaire was composed of 17 initial questions designed to solicit information from the member regarding their experiences with obtaining dental services and to identify potential barriers to receiving care. The questionnaire was tested and implemented by the SRC with telephone interviews and data collection beginning in December 2009 and concluding in mid-February 2010.

The interview questions were directed at the member selected in the sample. When the member was an adult (age 19 or older), the interviewer requested to speak directly to the member. When the member was a minor, the interviewer asked to speak to a parent or guardian most knowledgeable of the child's dental health. Surveys were conducted in both English and Spanish.

Overall Response Rates

The information shown in the Table 3 below summarizes the outcomes of the interviews. The rows in the table indicate each of the possible outcomes of the calls made. Multiple attempts to contact a member were made as needed to provide individual members with an opportunity to participate in the survey⁴. The "Last Disposition" indicates the number of calls with the particular final outcome. The "Number of Attempts" column indicates the total number of attempts and temporary dispositions across all calls made to members. The survey had a 6.25 percent interview completion rate, calculated by dividing the number of completed interviews by the number of attempted calls. As shown, SRC placed 48,445 calls to 12,182 different telephone numbers in order to achieve 3,028 completed survey interviews. The survey had a 24.9 percent response rate when considering the completed interviews divided by the total last disposition or 12,182. For purposes of this table, the term "eligible" indicates members who met the criteria to be selected in the survey sample described in the "Population and Sampling" section above.

³ To facilitate the analysis of the survey responses, certain questions were subdivided by the available responses. These subdivisions are not noted in Exhibit B but are illustrated in Exhibit D, which illustrates the frequency distribution of survey responses.

⁴ Multiple attempts were made to contact members unless the member refused to participate in the survey.

Table 3: Survey Outcomes

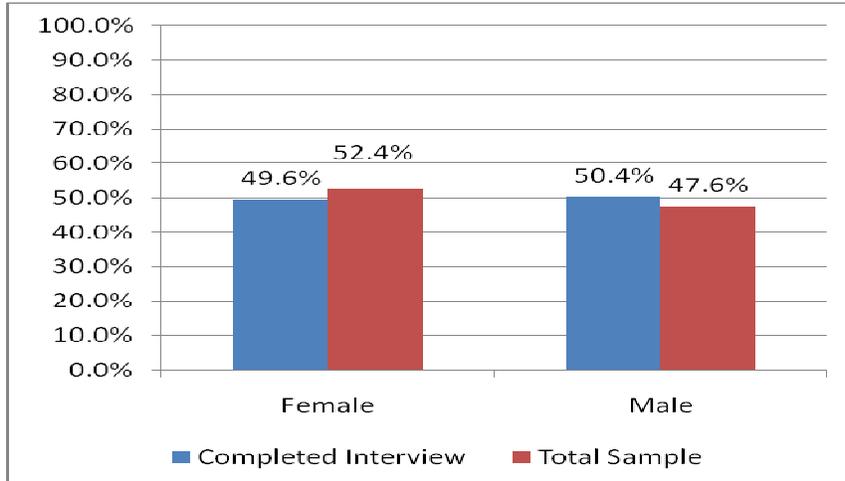
Outcomes	Last Disposition	Number of Attempts
Interview Complete ⁵	3,028	3,028
Do Not Call	110	110
Eligible For Survey – Refused	1,452	1,637
Eligible For Survey – Discontinued Interview	8	266
Eligible For Survey – Deceased	3	3
Eligible For Survey – Physically/Mentally Unable	22	22
Eligible For Survey – Language Unable	414	478
Busy	126	2,496
No Answer	454	6,427
Answering Machine/Voicemail	1,797	24,580
Technical Telephone Problems	534	534
Did Not Know Member or Where Member was Located	928	930
Fax/Data Number Reached	78	78
Non-Working Telephone Number	441	441
Disconnected Telephone Number	2,256	2,257
Telephone Number Changed	116	117
Cellular Telephone Number	11	11
Business/Government/Other Organization Telephone Number	105	105
Group Facility (i.e., Nursing Home)	11	11
Call Back Scheduled	250	4,674
Call Back – Spanish Language	38	240
Totals	12,182	48,445

Comparison of Demographics of Members Completing the Survey to Sample Demographics

Although multiple attempts were made to provide members with an opportunity to participate in the survey, over half of the members contacted did not complete the interview. The following data in Figures 1, 2 and 3 illustrates that those members who did not complete the interview were not significantly different from those members who did complete the interview. In the following figures, demographic information is used to divide the sampled members into three groups: those members who were not selected to be in the sample, those members who were contacted but did not complete an interview and those members who completed the interview.

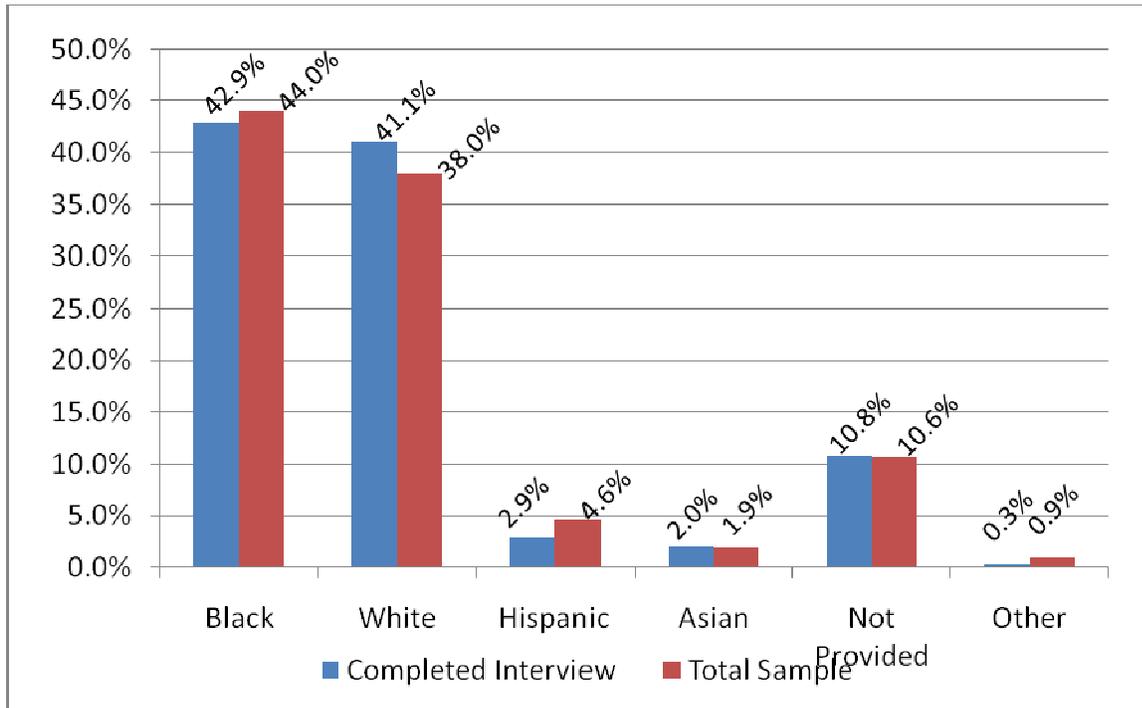
⁵ After reviewing the completed interviews, SRC supervisors eliminated four interviews for quality control reasons. Therefore, 3,024 completed interviews were used in the analyses reported herein.

Figure 1: Participation by Gender



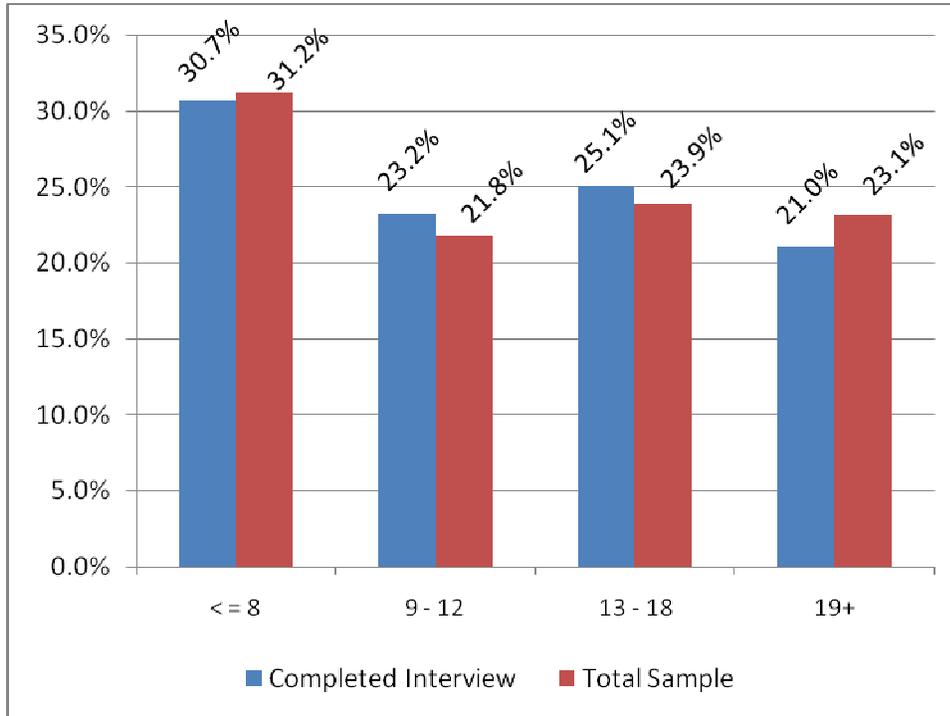
There were 25,000 total members from the original sample of 50,000 that were loaded into the survey software: 12,818 members were not attempted; 9,154 members were attempted but did not result in a completed interview; and 3,028 calls to members resulted in a completed interview. Although there were slightly more female than male members in the sample of 25,000, the members completing the interviews resulted in a nearly equal split between the two genders. It should be noted that these are the genders of the Medicaid and/or PeachCare for Kids™ members and not necessarily the gender of the individual providing the survey responses. In many cases the person completing the interview was a parent or guardian of the member.

Figure 2: Participation by Race



As illustrated in the figure above, Blacks represented the largest racial/ethnic group in the sample of 25,000, with 44 percent of the total, followed by White (38 percent), Hispanic (4.6 percent) and Asian (1.9 percent). Although Spanish-speaking interviewers were utilized, language may have still played a role in preventing the sample proportion of surveys completed for the Hispanic ethnic group (2.9 percent) from being closer to the target proportion in the sample (4.6 percent). At the conclusion of the telephone surveys, there were 38 call backs scheduled with Hispanic members that had been repeatedly rescheduled, indicating a possible reluctance to complete the interview along with a reluctance to refuse.

Figure 3: Participation by Age



The participation in the survey by age group of the member very closely matches the proportions of the age ranges in the sample. The largest difference is in the proportion of individual ages 19 years and older who completed the interview (21 percent) compared to the sample (23.1 percent). These results could suggest that parents may be more open to discussing this type of information about their children with researchers than that they are about discussing the same information as it relates to themselves.

ASSUMPTIONS AND LIMITATIONS

The following assumptions and limitations should be considered when evaluating the findings presented in this report.

- The analysis assumes that access to dental services and satisfaction with the care received can be linked to demographic factors such as age or race and to dental care provider. However, CMO or FFS policies and procedures, market forces, health professional shortage areas, and other factors may also contribute to access to services and satisfaction.
- In order to narrow the population to those members who would have the greatest likelihood of requiring dental services, only those members between the ages of 4 and 65 were eligible for the sample.
- In order to be selected in the sample, the member had to have been continuously enrolled with the same payor for the entire period beginning September 1, 2008 through August 31, 2009.
- Members who are residents of a nursing facility or children that are in foster care were ineligible for selection to participate in the survey.
- Although members who were not continuously enrolled with one payor during the period September 1, 2008 through August 31, 2009 were not eligible to be selected in the sample to be interviewed, those members were however included in the total population when analyzing the potential for unmet demand. These members were allocated across payor type based on the last payor they were enrolled with during the period September 1, 2008 through August 31, 2009. Additionally, the determination of whether or not the member received a dental service was made based on whether the claim was paid by that same last payor.
- The sample size for this survey is large enough to accurately capture a variety of relationships within the data. However there are groups that rarely appear simply because they are a very small segment of the population. This is the case with South Pacific Islanders and Native Americans. For this reason, these individuals are grouped with those who were listed in the member enrollment file as "Other" on the question of race.
- The number of observations within each stratum is approximately equal even though the total populations for each stratum are not equal. Where applicable, the results are weighted by the population size so as to more accurately reflect the proportions in the population.

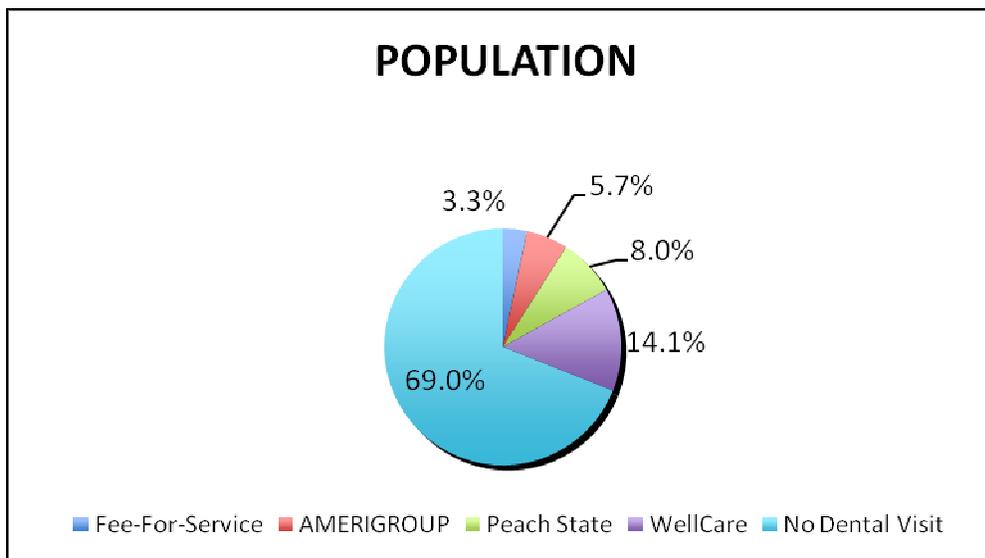
- Missing data or certain skip patterns may have affected the number of responses noted in the report. For instance, the question “What barriers prevented you from visiting the dentist more often,” is only asked of those members who indicate that they had not visited the dentist as often as they would have liked.
- Although the claims data indicates that all of the members in Strata 1 through 4 had a dental visit during the period September 1, 2008 through August 31, 2009, a number of these members responded "no" when asked the question, “Have you visited a dentist in the past year” (Question “S2” on Exhibit B). For each of the three CMOs, the percentage of members responding this way ranges from 1.2 percent to 2.5 percent of the sample. But for FFS, 14.5 percent of the sample indicated that they had not visited the dentist during the period September 1, 2008 through August 31, 2009. As a result, only 76 percent of the members indicated a visit in the past year rather than the 80 percent that was anticipated. This may be due to the member being unable to recall a dental visit which may have occurred early in the time period included in this report. Therefore, although these observations are classified as not having visited the dentist during the period September 1, 2008 through August 31, 2009, it is important to note that the findings of this report may have been different if the members had responded affirmatively to the question.
- It should be noted that members in the FFS delivery system are comprised primarily of members in the Aged, Blind, and Disabled aid categories, while the Georgia Families program is primarily comprised of mothers and children. Thus, for a variety of reasons, it is not expected that the FFS delivery system would necessarily have comparable survey results to the Georgia Families program (i.e., members enrolled with a CMO).

SURVEY FINDINGS

INTRODUCTION

A stratified random sample was selected from eligible survey participants. There were five strata with an equal number of observations selected for each. However, the population of Medicaid and PeachCare for Kids™ members is not equally distributed over the different strata. There are 1,451,756 total members and 1,001,181 (69 percent) did not receive a dental service between September 1, 2008 and August 31, 2009 (i.e., they are categorized in Stratum 5). At the other extreme, only 47,489 members that meet the survey eligibility criteria are categorized in the traditional FFS delivery system. The figure below illustrates the distribution of the population across strata.

Figure 4: Medicaid and PeachCare for Kids™ Population



A simple random sample of members would have yielded a very similar breakdown. Of the 3,024 observations drawn, about 2,085 (69 percent of 3,024) would have fallen into the No Dental Visit category (i.e., Stratum 5) and only approximately 99 (3.3 percent of 3,024) would have appeared in the FFS delivery category. The relatively small sample for FFS would have limited reliable comparisons across strata. Thus, the sample was stratified to insure that about 20 percent of the sample, approximately 600 observations, came from each stratum.

When using a stratified sample, it is important to re-weight the sample observations to account for their proportion of the population. Reliable conclusions could not be made on the population from a simple average of results across strata because the underlying populations are significantly different. Consider question S2, for example. The question

asks if the respondent or his or her child had visited the dentist in the past year. According to the definition of the strata, anyone who should have answered “yes” to this question would fall into strata 1, 2, 3, or 4 while anyone answering no would have fallen into strata 5. For the sample as a whole, 80 percent of the respondents should have indicated that they had visited the dentist in the prior year.⁶ To make a statement about the population, we used the appropriate calculation as follows:

EXAMPLE	
FFS	100 percent responding “yes” x 3.3 percent of the population +
AMERIGROUP	100 percent responding “yes” x 5.7 percent of the population +
Peach State	100 percent responding “yes” x 8.0 percent of the population +
WellCare	100 percent responding “yes” x 14.1 percent of the population +
No Dental Visit	0 percent responding “yes” x 69 percent of the population
	=31 percent of the population responding “yes”

Weighting the sample results to account for differences in population sizes is essential in order to draw an accurate picture of the Medicaid and PeachCare for KidsTM population. This procedure is used where appropriate throughout the report.

GENERAL SURVEY RESPONSES

In this section, we discuss the general findings and survey results. The questions on the survey instrument are numbered from S0 through S17f. In the discussion below, we cite the survey question as a reference to the reader. For brevity, we limit our discussion to points of interest and do not address every survey question in detail. The frequency distributions and findings for each question are presented individually in Exhibit D of this report.

Because the sample was selected at random from within each stratum, the following statistics provide an accurate representation of each stratum's population. The issues addressed below refer to specific items in the survey and the results are limited to the 3,024 completed interviews⁷. The results are weighted by the populations within each stratum so that they can be interpreted as characteristic of the population of members.

⁶ Actually 76.2 percent of the respondents in the sample answered “yes”. The difference between the expected value of 80 percent and the true value of 76.2 percent represents those respondents classified in strata 1 through 4 who reported that they had not visited the dentist in the prior year, despite claims and encounter data to the contrary.

⁷ Table 3 indicates that 3,028 surveys were completed. However, during the quality assurance process performed by SRC supervisors, the responses obtained from 4 interviews indicated that the responses may be inaccurate or unreliable. Therefore, those interview results were removed from the statistical portion of this analysis.

The survey asked members “Have you visited a dentist in the past year (S2)?” Figure 4 below is a summary of the members’ responses, categorized by various demographic features. While approximately 95 percent of the survey respondents that received this question answered in the affirmative, this equates to approximately 30 percent of the overall population indicating that they visited the dentist in the past year. Approximately 40 percent of members under the age of 19 indicated they have visited the dentist in the past year. However, we noted a significant decline in members who indicated they visited a dentist during the past year beginning at age 10 and continuing through the teenage years. Only five percent of the adults in the population reported that they had visited the dentist in the past year.

From a race/ethnic background perspective, the percentages who indicated they had visited a dentist in the past year ranged from approximately 30 percent for Blacks and Whites to 45 percent for Asians. Forty percent of Hispanics reported visiting a dentist in the past year.

Region 9, which includes Catoosa, Dade and Walker counties in the northern part of the state, reports the highest percentage of dental visits in the past year at 39 percent while Region 6, which includes Chatham and Effingham counties in the southeast region of the state, reports the lowest percentage at 24 percent. Males are about 5 percent more likely than females to have visited the dentist in the past year while the percentages among rural and urban residents are approximately equal. In the next four figures below, we illustrate the percentage of members that visited a dentist in the past year by age, race, gender, and location.

Figure 5a: Age of Members

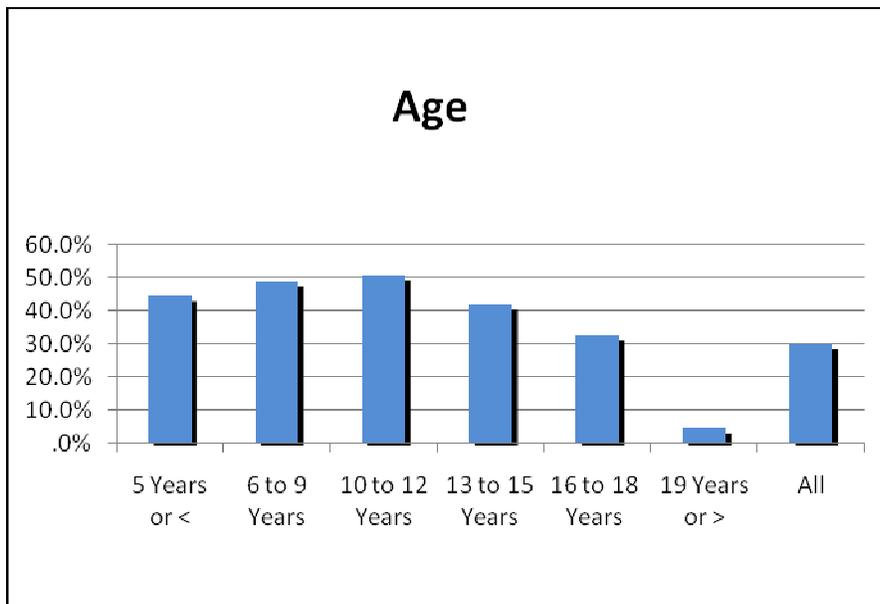


Figure 5b: Race of Members

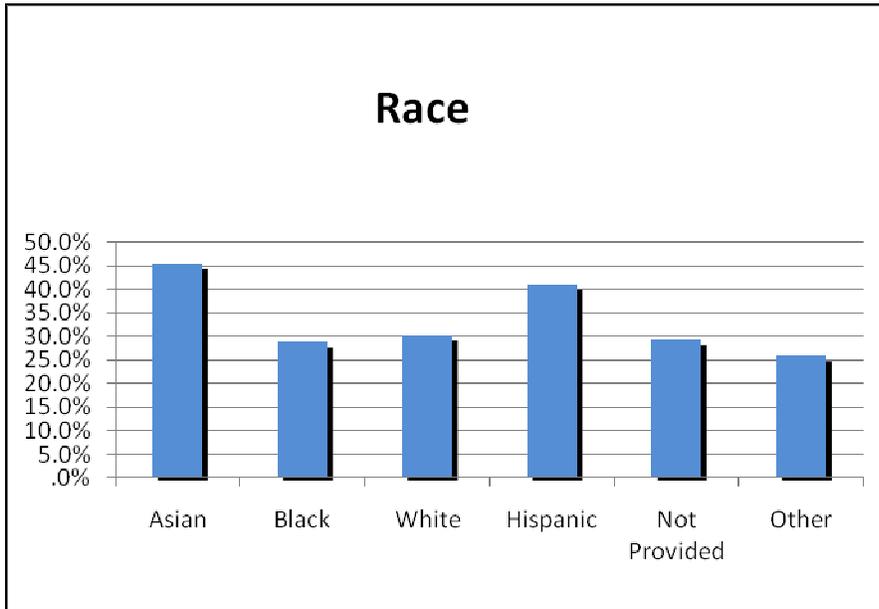


Figure 5c: Members' Region

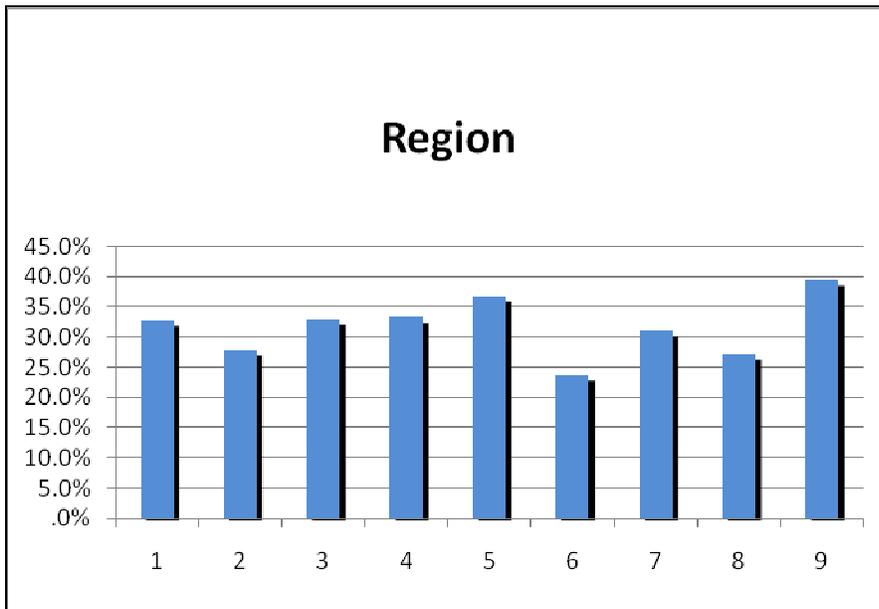
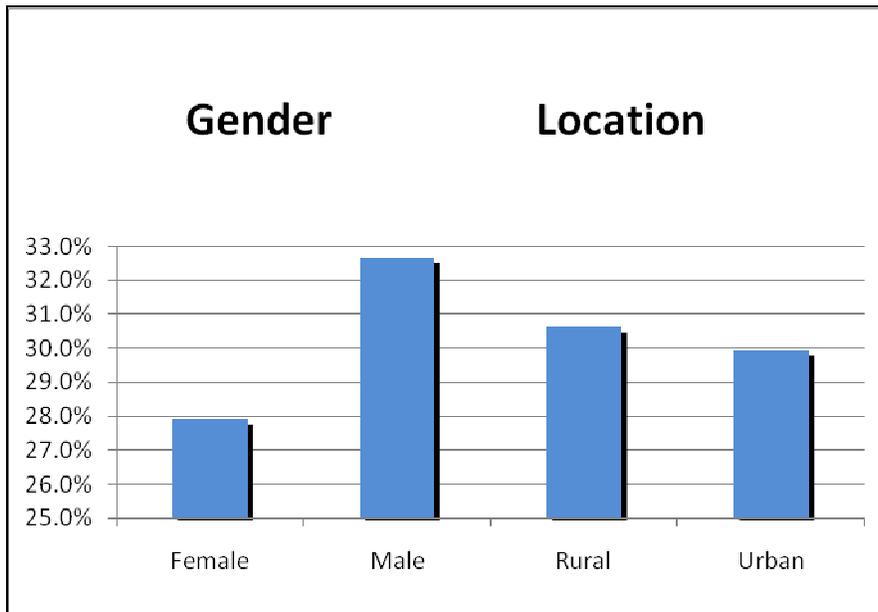


Figure 5d: Members' Gender and Location



Among those members that indicated they had visited the dentist in the past year, 92 percent indicated they had visited the dentist more than once (S4) and 88 percent currently indicated they visit the dentist as often as they would like (S16). In contrast, among those that have not visited the dentist in the past year, 33 percent indicate that they have visited the dentist as often they would like.

Members were also asked if they would like to have visited the dentist more often over the last year (S13a). Twenty percent of those that had visited the dentist in the past year indicated "yes" and 58 percent of those that had not visited the dentist in the past year offered the same response. This large percentage may be indicative of unmet demand for dental services, which we address later in this report.

Question S6 addresses the dentist's location for those respondents that visited the dentist in the past year (S2). Eighty-five percent of the respondents' dentists are located in a private office and eight percent are located in a community health center or clinic. An additional three percent of the respondents report that their dentist is mobile. The remainder are scattered across several categories such as dental schools and hospital outpatient clinics, both of which are reported by less than one percent of the respondents.

The figures for the dentists' location are fairly uniform across strata, age, race, gender, and urban versus rural communities. Across regions, the percentage of respondents visiting their dentists in a private office range from 83 percent for Regions 1 (Dougherty and Lee counties), 2 (Clarke, Jackson, Madison, and Oconee counties), and 5 (Bibb, Houston, Jones, and Peach Counties) to 92 percent for Region 9 (Catoosa, Dade, and Walker counties). Fifteen percent of the respondents in Region 7 (Chattahoochee and Muscogee counties) visit their dentists in a community health center or clinic and seven percent of the respondents in Region 2 indicate that their dentists are mobile.

When asked about emergency care, 18 percent of members that had visited the dentist in the past year indicated that they had made a visit to the dentist because of a dental emergency (S10). Only three percent of the members with a dental visit in the last year had to visit a hospital emergency room (S13) for a dental problem as opposed to 11 percent of those who did not visit the dentist in the past year. Not surprisingly, this suggests that routine dental care may be a factor in reducing the likelihood of emergency care.

Table 4 provides details regarding the members' reported levels of satisfaction with different aspects of their dental care (S17a – S17f). These questions were asked of all of the members, including those that had or had not visited the dentist in the prior year. Reported levels of satisfaction with dental benefits and office hours are relatively high. However, the reported levels of satisfaction decrease when members were asked about the number of dentists available to them with only 47 percent indicating complete satisfaction and 17 percent reporting not at all satisfied. When asked about wait times for a dental appointment, and distance to the dentist, members were completely satisfied 53 percent and 55 percent of the time.

Table 4: Levels of Satisfaction (5=highest, 1=lowest)

Category	5	4	3	2	1
Dental Benefits Coverage (S17a)	59.3%	15.7%	10.9%	4.2%	9.9%
Quality of Dental Care (S17b)	61.3%	17.0%	7.7%	3.1%	11.0%
Wait Time for a Dental Appointment (S17c)	52.9%	19.9%	14.1%	4.3%	8.8%
Number of Dentists Available to You (S17d)	47.4%	13.9%	13.5%	8.4%	16.8%
Office Hours of the Dentists in Your Area (S17e)	61.1%	17.7%	11.6%	3.6%	6.1%
Distance To/From Dentists in Your Area (S17f)	54.8%	18.6%	12.8%	5.0%	8.8%

CROSS TAB OF RESPONSE FREQUENCIES BY STRATA

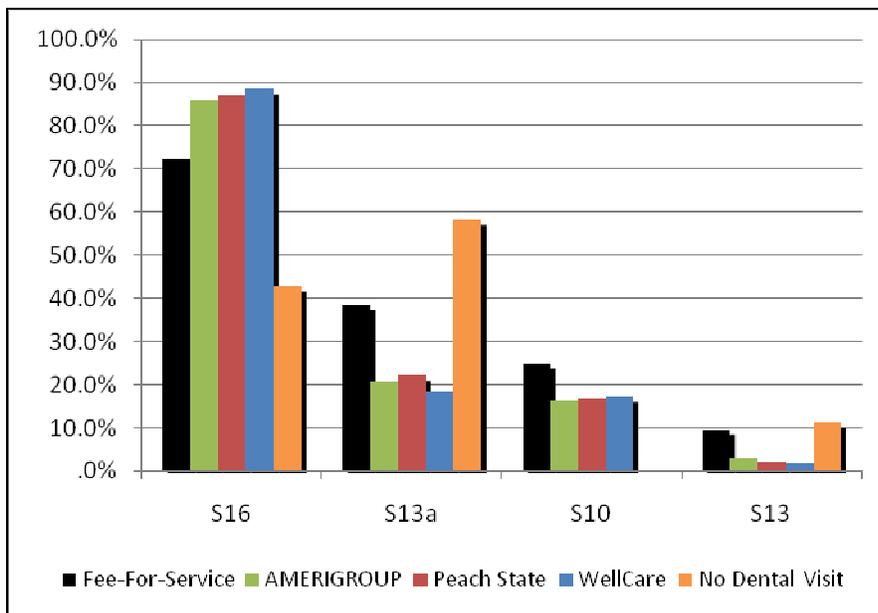
The figure below provides detail by strata of the responses to the survey questions regarding access and utilization. When the members were asked if they had visited the dentist as often as they would have liked (S16), the percentage of members responding “yes” for the CMOs, Strata 2 through 4, range from 80 to 90 percent. Seventy-two

percent of fee-for-service members indicated they visited the dentist as often as they liked. When the question is re-worded to ask if the member would liked to have visited the dentist more often (S13a), the positive response is about twice as high for fee-for-service as for AMERIGROUP, Peach State and WellCare.

Members with no dental service in the past year (i.e., Stratum 5) are only about half as likely as those members who did have a visit in the past year (Strata 1 – 4) to visit the dentist as often as they would like. Compared to AMERIGROUP, Peach State, and WellCare, these members are about three times more likely to indicate that they would like to have visited a dentist more often over the prior year.

Finally, for emergency care, fewer than 20 percent of AMERIGROUP, Peach State, and WellCare members made an appointment for emergency dental care (S10). The corresponding figure for fee-for-service is 25 percent. Three percent or fewer of AMERIGROUP, Peach State, and WellCare members visited a hospital emergency room for a dental emergency (S13). The figures for fee-for-service and those with no dental visit in the past year are 10 percent and 11 percent, respectively.

Figure 6: Members' Access by Strata

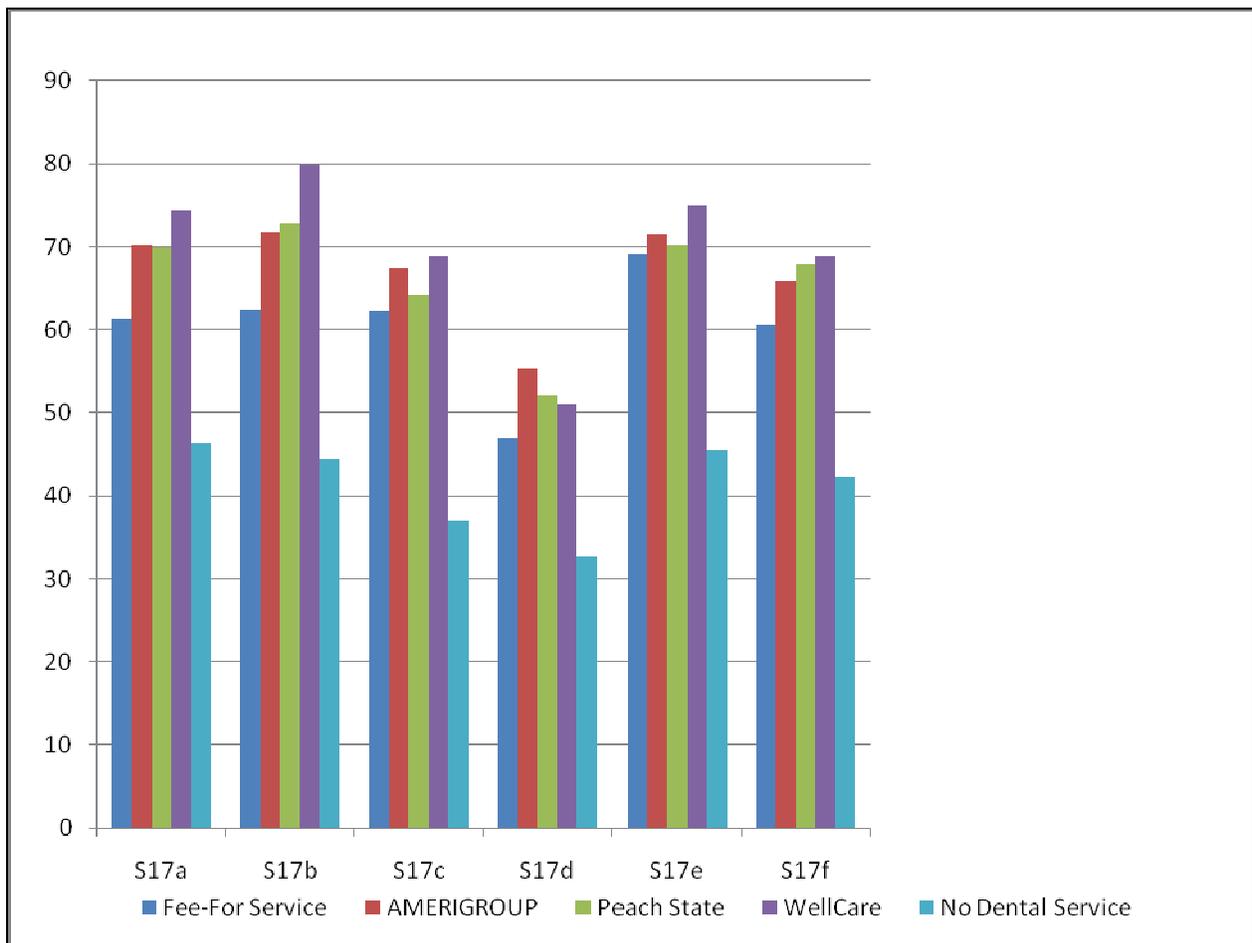


S16: "Currently visit as often as I would like"
 S13a: "Would liked to have visited more often"
 S10: "Have had to schedule a dental appointment for an emergency"
 S13: "Have had to go to the emergency room for a dental emergency"

The figure below illustrates the rate of satisfied members across strata (S17a – S17f). The figure lists the proportion of members who responded "Completely Satisfied" to each of the six questions on satisfaction (a rating of 5 on the 5 point scale). The

percentages for WellCare are slightly higher than the other strata for five out of the six questions. Fee-for-service has slightly lower percentages than the three CMOs across all questions. The percentage differences between fee-for-service and the highest CMO percentage ranges from six percentage points (S17e: office hours) to 16 points (S17b: quality of care). On all six questions, the satisfaction rates are lower for those with no dental visit in the past year. Of the six categories, the number of providers available to the members (S17d: number of dentists) had the lowest percentage for all five strata.

Figure 7: Members' Satisfaction by Strata



S17a: Dental Benefits Coverage
 S17b: Quality of Dental Care
 S17c: Wait Time for a Dental Appointment
 S17d: Number of Dentists Available to You
 S17e: Office Hours of the Dentists in Your Area
 S17f: Distance To/From Dentists

DESCRIPTIVE ANALYSIS OF SURVEY RESPONSES

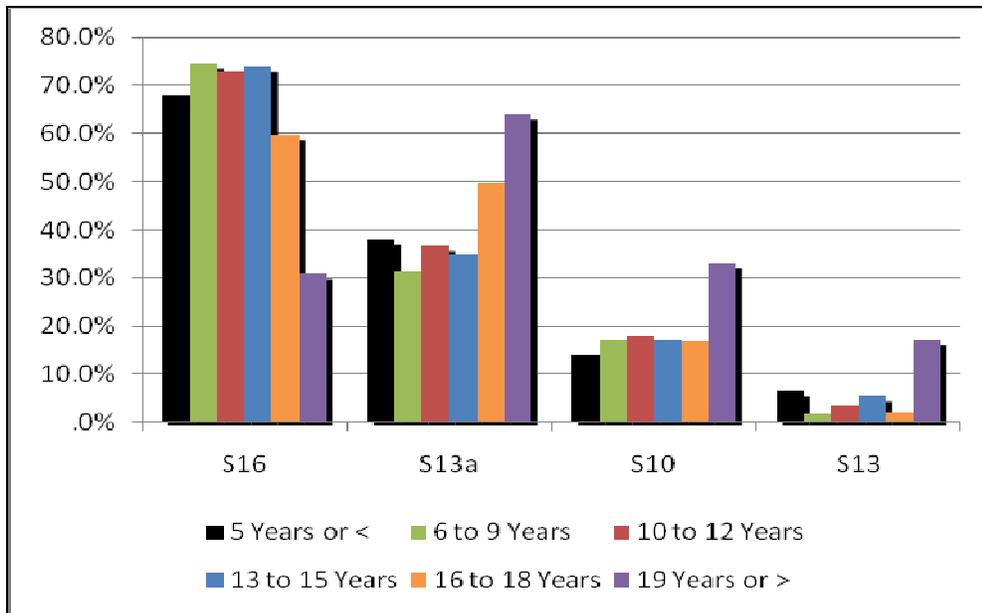
This section provides information on access and satisfaction detailed by member demographics including age, race, gender, and whether the member resides in a rural or urban community. The measures of access are listed following Figure 8 below.

ACCESS

Age of the Member

Figure 8 provides information regarding member access, detailed by the member’s age. Members aged 19 years or older are less likely than younger members to respond positively to the question “Do you currently visit the dentist as often as you would like (S16)” and more likely to respond positively to the question “Would you have liked to have visited a dentist more often (S13a).” About 70 percent of the children age 18 and younger currently visit the dentist as often as their parents would like. Adults are also significantly more likely to report the need for emergency care (S10). This is especially evident for trips to the hospital emergency room where the figure approaches 20 percent (S13).

Figure 8: Members’ Access by Age

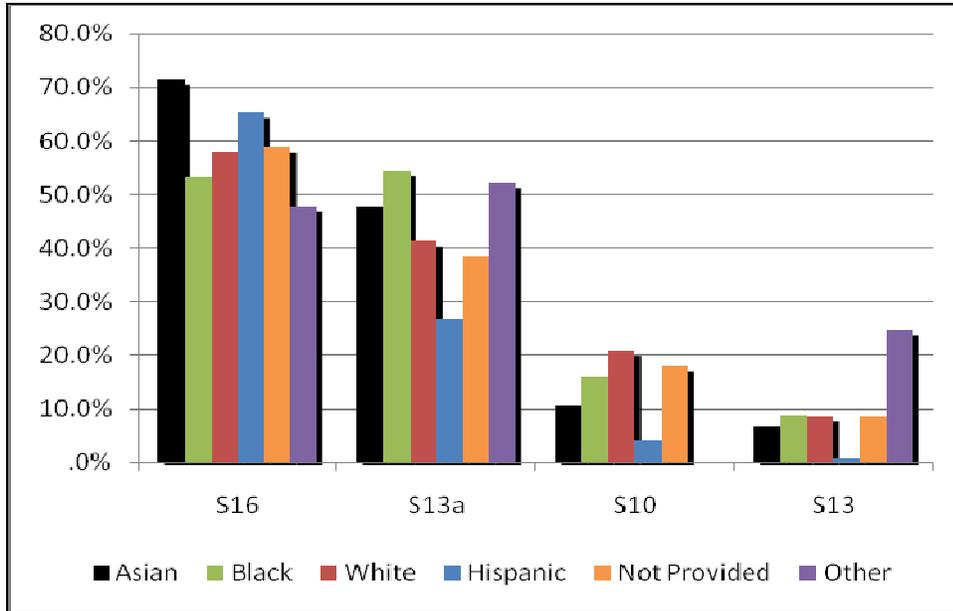


S16: “Currently visit as often as I would like”
 S13a: “Would liked to have visited more often”
 S10: “Have had to schedule a dental appointment for an emergency”
 S13: “Have had to go to the emergency room for a dental emergency”

Race of the Member

Asian members report that they currently visit the dentist as often as they would like more than any other race/ethnic group (S16). A high percentage of Hispanic members also report visiting the dentist as often as they would like. Hispanics also have the lowest reported incidence of emergency care, either through their dentist (S10) or a hospital emergency room (S13).

Figure 9: Members' Access by Race

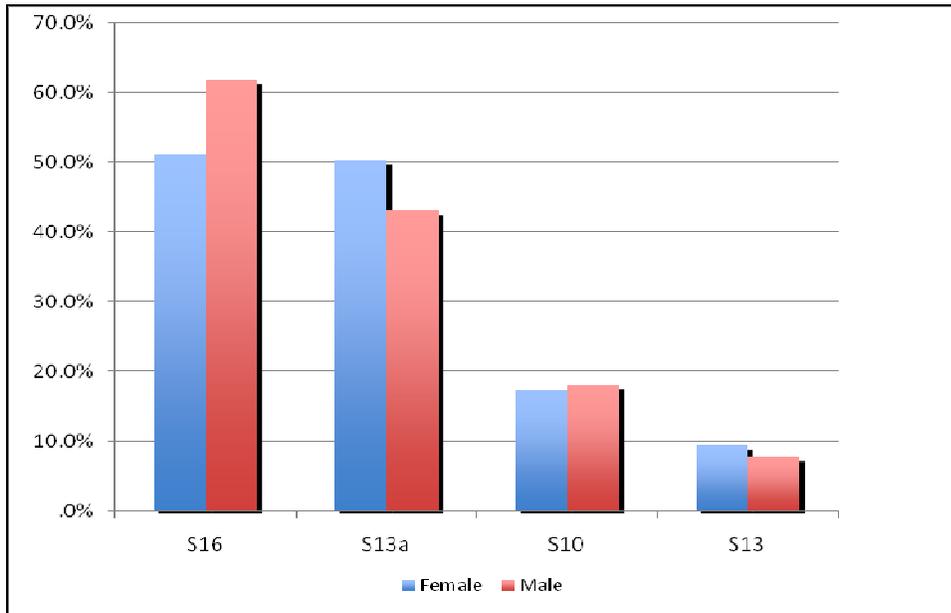


S16: "Currently visit as often as I would like"
S13a: "Would liked to have visited more often"
S10: "Have had to schedule a dental appointment for an emergency"
S13: "Have had to go to the emergency room for a dental emergency"

Gender of Member

As illustrated in the figure below, females are 11 percent less likely than males to report that they currently visit the dentist as often as they would like (S16) and about seven percent more likely to report that that they would have liked to have seen the dentist more often (S13a). Both genders report about the same incidence of emergency care (S10, S13).

Figure 10: Members' Access by Gender



S16: "Currently visit as often as I would like"
 S13a: "Would liked to have visited more often"
 S10: "Have had to schedule a dental appointment for an emergency"
 S13: "Have had to go to the emergency room for a dental emergency"

Urban versus Rural Communities

Responses on the questions of access (S13a, S16) show that urban residents responded slightly more positively ("yes" to S16 and "no" to S13a) than residents in rural communities. However, the differences are typically less than two percentage points.

Member Satisfaction

Questions S17a through S17f asked respondents to rate their satisfaction with their a) dental benefits/coverage; b) the quality of care they receive; c) the wait time for an appointment; d) the number of dentists available to them; e) the office hours of the dentists in their area; and f) the distance to/from dentists. Since members' perceptions of satisfaction can differ significantly from one individual to another, we used the median or modal response to summarize the results. The rating scale used was one to five, with five being "completely satisfied" and one being "not at all satisfied".

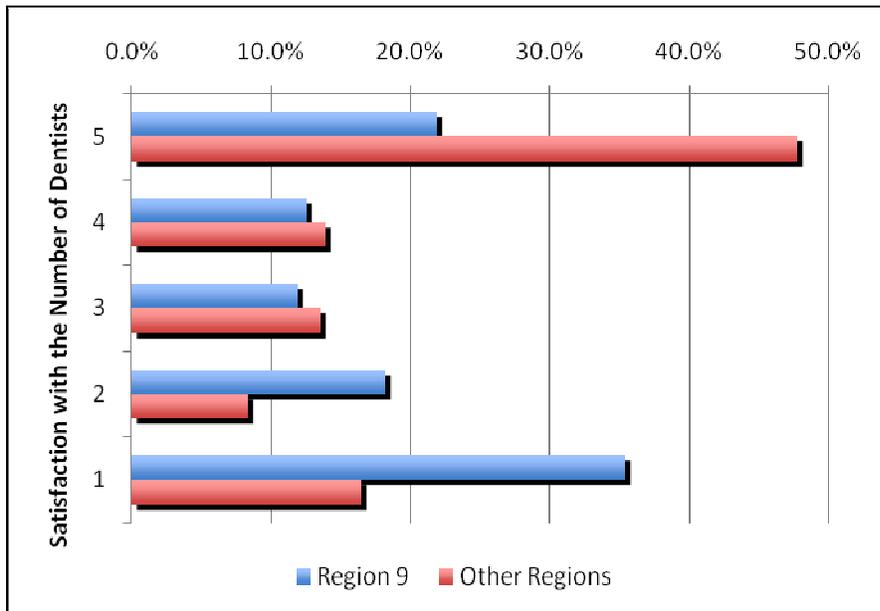
In nearly all cases for this survey, both the median and the mode are "completely satisfied" for each age group, designated racial category, gender and rural versus urban community. Adults as members rate satisfaction lower than for children on all six questions. Their median ranking is 4 out of 5 on benefits, quality of care, wait time for an appointment and the number of dentists.

Asian members rate wait time at 4 out of 5 as well. The median rating for satisfaction with the number of dentists is 4 for members who are White. Conversely, Hispanic members report being especially satisfied with benefits, quality of care, and wait time for a dental appointment. The percentage of members indicating complete satisfaction is around 15 percent above the mean for this group.

The differences between males and females are typically small with females indicating they are slightly more satisfied. Urban members indicate a slightly higher level of satisfaction in general than rural residents.

The most striking result appears for Region 9 (Catoosa, Dade and Walker counties) where only 21.9 percent of the members are completely satisfied with the number of dentists. The figure below compares the satisfaction rankings of Region 9 with those of other regions. The most frequent response for Region 9 is “not at all satisfied”, and a far larger percentage of members give rankings of two to the availability of dentists. This is in contrast to the responses that indicate that members in Region 9 are the most likely to have visited the dentist in the past year. We noted that Region 9 has relatively few members. Its members account for 1.3 percent of the population.

Figure 11: Member Satisfaction with Number of Available Dentists



Multivariate analysis is an analytical approach to understand the relationship among variables. The frequency distributions presented above provide a convenient overview of the data and the crosstab tables yield a simple summary of how two variables are related to one another. Multivariate analysis, in contrast, allows all of the relevant influences to have an effect simultaneously.

The estimation methodology used in this analysis is a type of regression analysis known as “Logit.” Standard regression analysis assumes a straight-line relationship. Logit estimates probabilities instead, and is appropriate when there are only two possible outcomes, for example “yes” or “no”.

The coefficients from Logit models are interpreted as odds ratios. For instance, if a male answers “yes” to question S16 (Do you currently visit the dentist as often as you like) 60 percent of the time, his odds are 60 percent/40 percent=1.5. If a female answers “yes” to the same question 75 percent of the time, then her odds are 75 percent/25 percent=3. The odds ratio is $3/1.5=2$ and using Logit, this value is the same for everyone in the sample. Numbers larger than one indicate greater odds and numbers less than one indicate lower odds.

The large majority of the coefficients computed using this methodology was statistically significant and conveyed the same conclusions as presented earlier in this report. However, there are some notable differences between care delivery systems.

Table 5 below summarizes the CMO results on access and satisfaction measures relative to the fee-for-service results. The amounts shown are odds ratios that compare the CMOs to the fee-for-service delivery system. An asterisk (*) next to a number indicates that the CMO significantly exceeded fee-for-service on the question and a cross (†) indicates that fee-for-service significantly exceeded the CMO. No symbol indicates that the numbers are not significantly different.

The CMOs score significantly better odds on both measures of access (S13a, S16). On measures of satisfaction (S17a-S17f), the results are mixed. Fee-for-service is not significantly different from AMERIGROUP and Peach State on benefits and exceeds these two CMOs on quality of care although the odds are similar (that is, near one). Fee-for-service also exceeds Peach State on available hours. For the remaining measures, the CMOs received more positive responses than Fee-for-service.

Table 5: CMO Performance Relative to Medicaid

Num.	Survey Question	Logit Odds Ratios		
		AMERIGROUP	Peach State	WellCare
S13a	Would you have liked to visit a dentist more than you did over the last year?	0.43*	0.45*	0.37*
S16	Do you currently visit the dentist as often as you would like?	1.43*	1.78*	1.91*
S17a	Satisfaction with dental benefits	1.00	0.99	1.27*
S17b	Satisfaction with quality of care	0.89†	0.93†	1.42*
S17c	Satisfaction with wait time for an appointment	1.18*	0.99	1.34*
S17d	Satisfaction with number of available dentists	1.25*	1.13*	1.13*
S17e	Satisfaction with office hours	1.09*	0.97†	1.20*
S17f	Satisfaction with distance to/from dentist	1.30*	1.43*	1.51*

*The CMO significantly exceeds Fee-For-Service.

† Fee-For-Service significantly exceeds the CMOs.

BARRIERS/FACILITATORS TO DENTAL VISITS

Of the members who responded to the survey, 46.9 percent indicated that they would like to have visited the dentist more often in the past year (S13a). Forty-three percent of the members who indicated they would like to have visited the dentist more often in the past year also provided a specific reason (S14). As illustrated in the table below, the predominant reason given is that the member cannot find a dentist that will accept Medicaid (approximately 35 percent). Twenty-two percent of members indicated transportation was an issue and 17 percent of members gave reasons related to work or school.

Lack of funds is among the most common “Other” reasons members do not see a dentist. Respondents also often cite that their coverage does not include the type of procedures the child needs. There were also a fair number of respondents who felt they should be able to visit a dentist more than their coverage currently allows.

Table 6: Reasons for Not Visiting the Dentist As Often As Would Like

Reason	Percentage
Cannot find a dentist that will accept Medicaid	34.8%
Transportation issues	22.1%
Work or school reasons	16.6%
Afraid to go, nervous, does not like dentists	12.1%
Difficulty in scheduling appointment	12.0%
Long wait times for appointments	1.8%
Language barriers	0.7%
TOTAL	100%

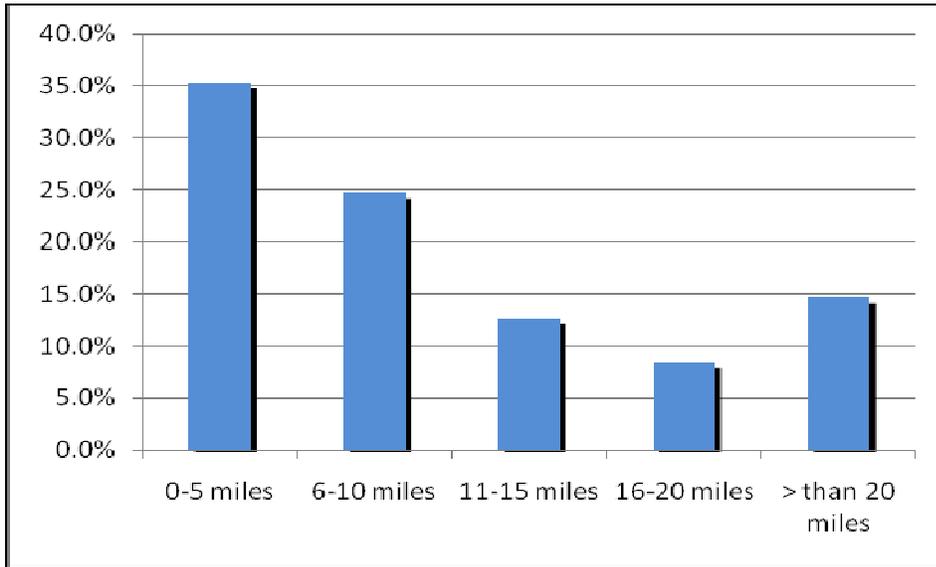
Among those 9.5 percent of respondents that could not locate a dentist that accepts Medicaid or had difficulty scheduling an appointment, 21.4 percent contacted Medicaid, PeachCare for Kids™ or a CMO (S15) and 72 percent of the remainder knew how to contact them (S15a). Fifty percent contacted one of these agencies more than once (S15b), and 39 percent of these reported being helped as a result of that contact (S15c). Nine percent of members reported that they contacted the Georgia Dental Association for assistance (S15e).

In response to the question S11, "In the last year, how often would you say that you had to miss a scheduled dental appointment?", 70 percent of the respondents indicated that they had not missed an appointment in the last year. Of the 30 percent that indicated that they had missed an appointment, 21 percent responded that they had missed one appointment, 6.2 percent indicated that they had missed two appointments, and 1.3 percent indicated that they missed three or more appointments.

The most frequently given reason for missing an appointment (S12) was a conflict with work or school schedules (28 percent). Fifteen percent indicated that they either forgot the appointment or could not find transportation. Nearly 39 percent of respondents indicated "Other" reasons for missing an appointment including that they were sick or there was a family emergency. More than 90 percent of those that provided a response indicated that they rely on personal transportation (S8).

The figure below provides details regarding the reported distance to the dentist (S7). Sixty percent of those members who responded reported living 10 miles or less from their dentist. Fifteen percent of the members indicated they live more than 20 miles from their dentist.

Figure 12: Reported Distance to a Dentist



Question 16a asks members that had not visited the dentist as often as they like what assistance would allow them to visit more often. The percentage breakdown is listed in the table below. The leading responses are transportation (10 percent) and more dentists (nine percent). A smaller percentage indicates better information about the available services, better office hours, and assistance with finding a dentist. Language does not appear to be a significant barrier.

Table 7: Factors That Would Help You Visit a Dentist More Often

Type of Assistance	Percentage
Transportation	9.7%
More dentists to choose from within my area	9.4%
Better information about the available services	5.4%
Better office hours/more days of the week	4.3%
Assistance with finding a dentist	4.2%
Reminders to visit the dentist	1.2%
Finding a dentist that speaks my language	0.5%

The final set of questions addressed in this section concern those members looking for assistance in locating a dentist (S5). The table below details the member responses regarding how they located their dentist. Only those members that had visited the dentist in the past year were given an opportunity to respond. More than 33 percent of the members received a referral from a family member or friend and another 21 percent of the members found their dentist through advertising, the telephone book, or the Internet. Fourteen percent of the members chose their dentist from a list prepared by

their payor (fee-for-service or one of the CMOs/ the CMOs’ dental administrators) and 10 percent of the members were referred by a doctor or dentist.

Table 8: How Did You Locate Your Dentist?

Method	Percentage
Referral from family member or friend	33.3%
Advertisement, telephone book, or Internet	20.6%
Other methods	16.7%
List of dentists from your provider	13.7%
Referral from a doctor or dentist	10.2%
Call to your provider	1.9%
Called the Georgia Dental Association	0.1%

As noted above, “Other methods” comprised nearly 17 percent of the responses. One of the most common “Other” responses for parents of children who are covered is that they rely on the school the child attends. It is unclear from the responses if the dentist comes to the school or the school refers the parents to the dentist. Other common responses are that the dentist is near their home.

APPOINTMENTS AND EMERGENCY CARE

Length of Time to Schedule a Non-emergency Appointment

One question posed to members was the length of time from the date they scheduled their dental visit until the date of the actual appointment (S9). The table below provides a summary of the members’ responses by strata. This question was asked only of those members who reported that they had visited the dentist in the past year.

About one third of the members reported scheduling their next appointment during the current appointment, a possible indication that dental care is considered a habit for these members. Of the remaining two-thirds, approximately one-half of those members were able to see the dentist within a week of making an appointment. Fee-for-service had the highest percentage of members reporting that they were able to see their dentist within a week of making the appointment. However, a smaller percentage of fee-for-service members reported scheduling an appointment during their current visit.

Table 9: Length of Time From Scheduling an Appointment to the Date of the Appointment

Length of Time	FFS	AMERIGROUP	Peach State	WellCare	Total
Scheduled during checkup	26.1%	39.6%	33.6%	37.7%	35.9%
Less than one week	42.0%	31.3%	33.4%	30.2%	32.3%
8-15 days	15.9%	13.2%	13.5%	16.2%	14.9%
16-30 days	6.4%	7.4%	7.6%	7.0%	7.2%
31-60 days	2.5%	1.8%	2.9%	2.3%	2.4%
Longer than two months	3.3%	2.0%	3.0%	2.5%	2.6%
Walk in	1.0%	.7%	.3%	.3%	.5%
Other	1.4%	3.0%	3.7%	2.7%	2.9%
Don't know/refused	1.5%	1.0%	1.9%	1.0%	1.3%
TOTAL	100%	100%	100%	100%	100%

Length of Time to Schedule an Emergency Appointment

The table below summarizes the reported length of time for a member to schedule a dental visit in an emergency situation (S10a). The question was only asked of those members who had indicated they had an emergency dental visit, approximately 14 percent of the sample.

On average, approximately 49 percent of members with an emergency dental situation reported being able to obtain an appointment with a dentist in less than a day. The highest percentage was from AMERIGROUP at 58.2 percent while the lowest reported percentage was 40.2 percent for WellCare. Of those remaining members that did not report being able to see the dentist within a day, an average of 32 percent of the members are able to schedule an appointment within two days. Therefore, on average, approximately 81 percent of members with an emergency dental need are able to schedule an appointment in two days or less.

Table 10: Length of Time Required to See a Dentist Following an Emergency

Length of Time	FFS	AMERIGROUP	Peach State	WellCare	Total
Less than one day	45.7%	58.2%	52.0%	40.2%	48.7%
1 to 2 days	33.3%	20.4%	32.0%	42.2%	32.2%
3 days to one week	10.9%	13.3%	14.0%	8.8%	11.7%
One to two weeks	2.3%	3.1%	1.0%	2.9%	2.3%
Longer than two weeks	3.9%	1.0%	0.0%	3.9%	2.3%
Don't know	3.9%	2.0%	1.0%	0.0%	1.9%
Other	0.0%	2.0%	0.0%	2.0%	.9%
TOTAL	100%	100%	100%	100%	100%

UNMET DEMAND

The survey examines the issue of access for those members that did not visit a dentist in the past year (S2). Adults comprise 37 percent of the population but 50 percent of the non-visits. Fifty-five percent of Asian members and 59 percent of Hispanic members had not visited the dentist in the past year as compared to 70 percent for Whites and 71 percent for Blacks.

Females are more likely than males to have not visited the dentist in the past year (72 percent versus 67 percent). Urban and rural members are approximately equally likely to have visited the dentist. Across regions, the percentage of members that have not visited the dentist in the past year ranges from 61 percent for Region 9 (Catoosa, Dade, and Walker counties) to 77 percent for Region 6 (Chatham and Effingham counties).

Among the members that have not visited a dentist in the past year, 56 percent were looking for a dentist at the time of the survey (S2a), 87 percent indicate that they would see a dentist if he or she and/or their child had a dental problem such as a toothache (S2b), and 82 percent indicated that they knew how to find a dentist if they needed one (S2c). Thus, the non-use of a dentist does not appear to be due to an overwhelming fear of dentists or a lack of availability of dentists.

We also analyzed barriers that prevent more frequent visits to the dentists and the possible solutions offered by the members. The variables used to define Unmet Demand are questions S14 (i.e., reason for not visiting as often as you like) and S16a (factor to help you see a dentist more often). There was some overlap in the responses. For instance, one response to question S14 is that there are not enough dentists who accept Medicaid patients and one response to question S16a is that it would be beneficial to have more dentists to choose from. Any member that indicates either of these answers is included in the category "More dentists/Accept Medicaid" in the figures below. Likewise, questions S14 and S16a both include responses dealing with the number of hours per day or days per week that a dentist's office is open. These responses are combined as well. Approximately 12 percent of members fall into these two categories of Unmet Demand.

Unmet Demand by Strata

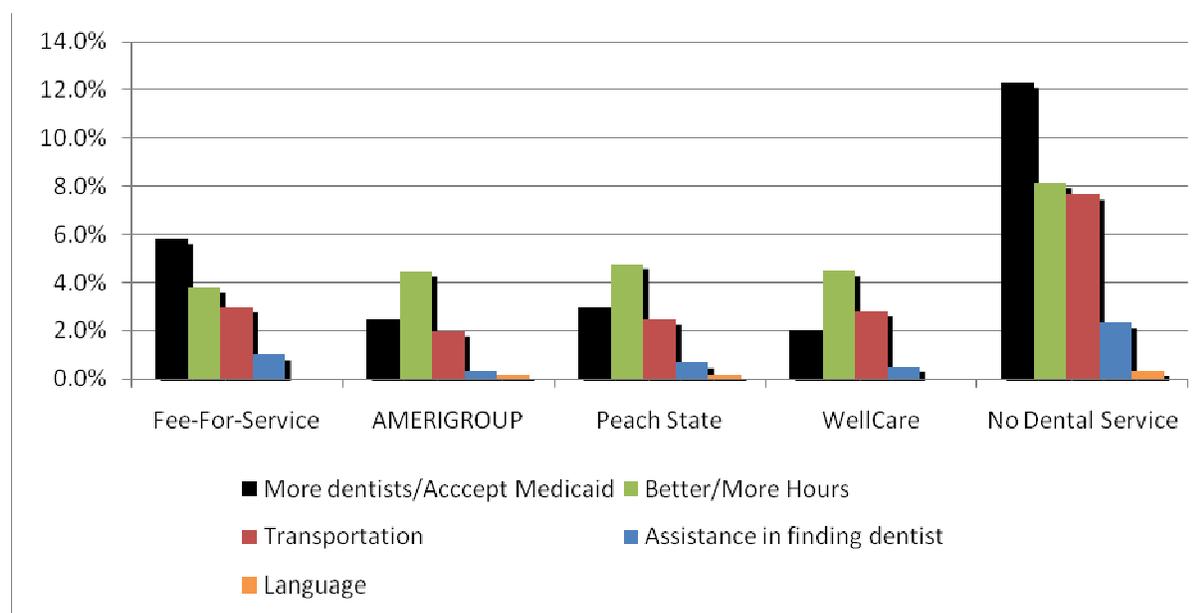
The figure below illustrates the percentage of members that belong to each stratum that indicated a particular barrier to more frequent use of the dentist. Each set of bars refers to one of the strata and a bar within a set refers to a particular barrier. Thus, we are comparing barriers within a stratum.

For both the Fee-For-Service and No Dental Visit strata, the primary barrier reported by members is the number of dentists available followed by the number of hours per day or days per week that the dentist is available. For fee-for-service, almost six percent of the

members indicate a difficulty with locating a dentist and almost four percent indicate that available hours of the dentist are a barrier.

For each of the CMOs, available hours are a more significant barrier with more than four percent indicating an issue in this regard. In contrast, the proportion of members reporting a problem with the number of dentists is approximately two percent in each case. Transportation is an issue with around two percent of members in each stratum. A smaller percentage of members report that assistance with finding a dentist would be beneficial and a very small number of members reported language barriers. These figures may well understate the overall impact of the barriers because a large number of members facing barriers did not provide a specific answer to either question.

Figure 13: Barriers to Access by Strata



Percentages are among those members that provided an answer to questions S14 and/or S16a. The "Other" and "No Response" categories are omitted.

The table below reports the total number of members facing barriers by strata. The figures in the first row refer to the total number of individuals enrolled in the program. In an effort to identify the potential Unmet Demand in the Medicaid and PeachCare for Kids™ population, we have included some individuals in the table that were not eligible for the survey⁸ under the assumption that their behavior is similar to the individuals that were eligible.

The No Dental Service category contains more observations than the remaining four strata combined and their results in the figure above suggests that the total number of people facing one or more barriers is significant. The second row estimates that approximately 680,000 individuals that are eligible for the program would prefer to have

⁸ In most cases, the reason the member was ineligible for the survey was for non-continuous eligibility.

seen the dentist more often. It is estimated that for approximately 100,000 individuals, more dentists that accept Medicaid and better hours are significant resolutions to barriers. For another approximate 88,000 members, transportation is a significant issue.

Table 11: Estimated and Potential Unmet Demand in Population

	FFS	AMERIGROUP	Peach State	WellCare	No Dental Service	Total
Total Members	47,589	82,907	115,775	204,304	1,001,181	1,451,756
Would like to have visited the dentist more often	18,278	17,073	25,558	37,208	582,082	680,200
More dentists/ Accept Medicaid	2,758	2,049	3,433	4,059	123,069	135,368
Better/More Hours	1,812	3,688	5,531	9,133	81,491	101,655
Transportation	1,418	1,639	2,861	5,750	76,502	88,170
Assistance in finding dentist	473	273	763	1,015	23,283	25,807
Language	0	137	191	0	3,326	3,654

Unmet Demand by Region

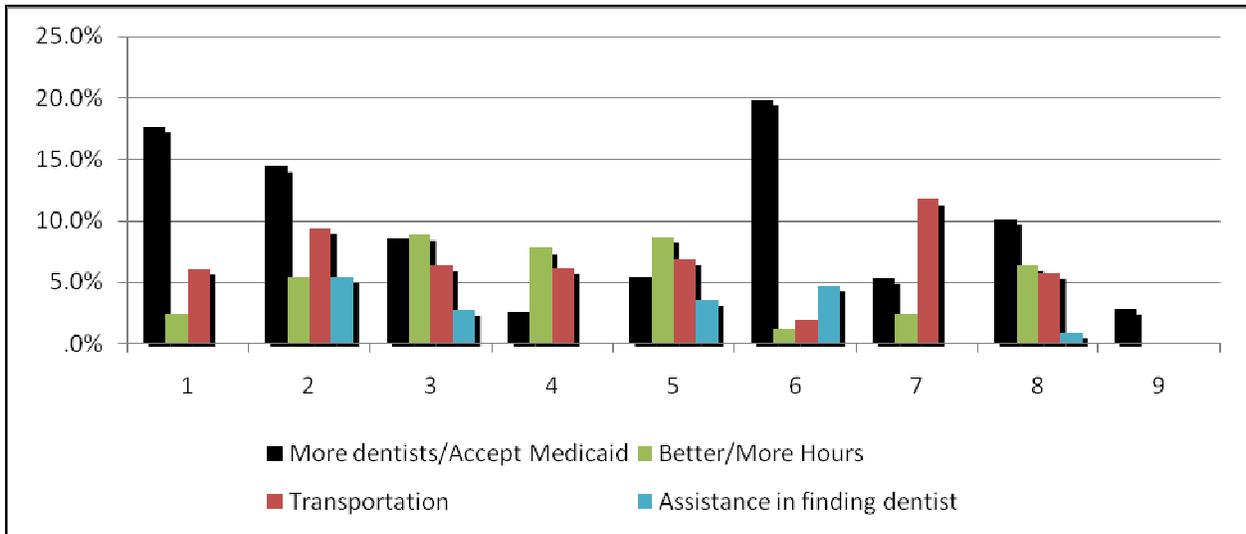
As we illustrated previously, members in Region 9 (Catoosa, Dade, and Walker counties) indicate substantial dissatisfaction with the number of available dentists. The figure below provides data illustrating that the availability of dentists is a significant barrier in a number of regions, especially Region 6 (Chatham and Effingham counties) where 20 percent of the members list this as a barrier.

Conversely, the availability of dentists in Region 9 is a barrier to a relatively small segment of the population. The reason for this can be traced to the large percentage of Region 9 members that have visited the dentist in the prior year. While it appears that the availability of dentists in Region 9 is the only barrier, this may be misleading because a large number of members reported issues that fell into the "other" category that is omitted from the figure. Region 4 (Columbia, Richmond, and McDuffie counties) is also notable for the fact that so few members indicate that the number of dentists is a barrier to dental care.

The number of dentists (including the number of dentists that accept Medicaid) is the most significant barrier in five of the nine regions. But dentists' hours are also important and rank as high or higher than the number of dentists in Regions 3 (Atlanta area counties), 4, and 5 (Bibb, Houston, Jones, and Peach Counties). Transportation is also

an issue for many members across regions and is the most significant barrier for Region 7 (Chattahoochee and Muscogee counties).

Figure 14: Reported Barriers to Access by Region



As mentioned above, “Other” barriers cited by respondents are not included in the figure above. The most often cited reasons in this category included the need for expanded coverage that would allow them to see a dentist more often or for a wider variety of services, proximity to a dentist, financial issues, and unsure of the services that are covered.

Please refer to Exhibit C for a complete list of regions and counties.

EXHIBITS

EXHIBIT A

Member Survey Overview

Attribute	Description
Population	<p>Medicaid and PeachCare for Kids™ members with continuous enrollment that received a dental service, ages 4 to 65.</p> <p>A separate stratum will be used to sample members ages 4 to 65 with continuous eligibility that did not have a dental service to determine the reasons (i.e., barriers, or did not have a need).</p> <p>Members in a nursing facility or members in foster care were not eligible to participate in the survey.</p>
Service Dates	Claims with service dates September 1, 2008 through August 31, 2009 will be used to stratify members with or without a dental service.
Delivery Systems	Medicaid / PeachCare for Kids™ and Georgia Families.
Collection Methodology	Telephone survey.
Languages	Survey interviews will be conducted in English and Spanish.
Versions	Interviews will be conducted with adults (over age 18). For samples related to children, interviews will be conducted with parent/guardians.
Data Requirements	Member eligibility file with demographic data, provider file, claims data for Medicaid and each CMO / Dental subcontractor.
Stratification	There will be five strata to be based on 1) Medicaid with dental service; 2) AMERIGROUP with dental service; 3) Peach State with dental service; 4) WellCare with dental service; and 5) members without a dental service (i.e., from each of the plans and Medicaid as one group).
Sampling	Members will be sampled without replacement.
Sample Size	Estimate of 15,000, goal of 600 responses per stratum.
Response Rate	We anticipate response rate to be approximately 20 percent.
Research Topics	Research topics include whether the member has a regular dentist, approximate distance to their provider, their ability to make timely appointments, satisfaction with the dentist and the health plan, and barriers to receiving dental care. Baseline data regarding oral health status to be obtained through claims records.

EXHIBIT B

Medicaid and PeachCare for Kids™ Member Survey Interview Script and Questions

Hello, my name is <NAME>. I am calling on behalf of the Georgia Medicaid and PeachCare for Kids™ programs .

(NOTE, RESPONDENTS MAY ONLY REFER TO THE CMO PLAN THEY ARE ENROLLED WITH OR MAY NOT KNOW THAT IT IS MEDICAID OR PEACHCARE FOR KIDS™ PROGRAMS.)

May I speak to <MEMBER NAME>?

(IF MEMBER < 18 years old)

May I speak to the parent or guardian of (MEMBER NAME)?

We are conducting research with Georgia residents enrolled in Medicaid or PeachCare for Kids™ to learn more about the dental services they may have received or reasons they have not received dental services. Your name has been randomly selected from a list of all eligible participants. I have some very important questions for you about your <or MEMBER NAME> benefits. The questions should only take about five or six minutes. If you choose not to participate it will in no way effect your <or MEMBER NAME> <Medicaid or PeachCare for Kids™> coverage, but please understand that your answers to this small set of questions is the best way for the individuals in state government to understand what <Medicaid or PeachCare for Kids™> members are experiencing.

(IF MEMBER HAS QUESTIONS ABOUT THE SURVEY AND WANTS TO SPEAK WITH SOMEONE, THEY SHOULD CALL MYERS AND STAUFFER, TOLL-FREE AT 877- 436 - 0411).

(IF MEMBER WANTS TO KNOW WHAT WILL BE DONE WITH THE RESULTS OF THE SURVEY, INFORM THEM THAT RESULTS WILL BE ANONOMYZED, AGGREGATED, AND REPORTED TO THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH.)

S0. Is this a good time for us to continue?

(IF R OR MEMBER NAME HAS NOT BEEN TO DENTIST IN PAST YEAR, ONLY ONE OR TWO MINUTES OF QUESTIONS)

- 1 Yes – SKIP TO S1
- 2 No – SKIP TO S0a.
- 9 Refused

S0a. What is a better time to call you to complete the survey?

(RECORD ANSWER AND PLACE IN QUEUE FOR RETURN CALL)

(IF MEMBER DID NOT RECEIVE A DENTAL SERVICE BETWEEN 9/1/08 AND 8/31/09, SKIP TO S13.)

S1. According to our records, you <or MEMBER NAME> are enrolled with < Medicaid or CMO >. Is this correct?

- 1 Yes – SKIP TO S2
- 2 No
- 8 DK
- 9 REF

S1a. Are you <or MEMBER NAME> currently enrolled with < OTHER OPTION > (OTHER CMO, OR MEDICAID NOT MENTIONED IN S1).

- 1 Yes – SKIP TO S2
- 2 No
- 8 DK
- 9 REF

S1b. Have you <or MEMBER NAME> ever been enrolled in either Medicaid/PeachCare for Kids™ or a Care Management Organization?

- 1 Yes
- 2 No – SKIP TO S2
- 8 DK – SKIP TO S2
- 9 REF – SKIP TO S2

S1c. Which one?

- 1 Medicaid/PeachCare for Kids™
- 2 Care Management Organization
- 3 OTHER (Specify) _____
- 8 DK
- 9 REF

S2. Have you <or MEMBER NAME > visited a dentist in the past year?

- 1 Yes – SKIP TO S3
- 2 No
- 8 DK
- 9 REF

S2a. Are you <or MEMBER NAME > looking for a dentist?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

S2b. Would you <or MEMBER NAME > go if you had a dental problem like a toothache?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

S2c. Would you <or MEMBER NAME > know where to go to find a dentist if you <or MEMBER NAME> needed one?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

IF (S2 > 1) SKIP TO S13

S3. What is the name of the dentist that you <or MEMBER NAME > last visited?

(IF R CAN'T REMEMBER DENTISTS NAME)

Was it _____? (ENTER NAME)

- 1 ENTER NAME _____
- 8 DK
- 9 REF

S4. Have you <or MEMBER NAME > visited this dentist more than one time?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

S5. How did you <or MEMBER NAME > find this dentist?

- 1 List of dentists from Medicaid, PeachCare for Kids™, CMO, Doral, or AVESIS
- 2 Referral from family member or friend
- 3 Referral from a doctor or dentist
- 4 Call to Medicaid, PeachCare for Kids™, CMO, Doral, or AVESIS
- 5 Advertisement, telephone book, or internet
- 6 Called the Georgia Dental Association
- 7 OTHER (specify) _____
- 8 DK
- 9 REF

S6. Where is this dentist located, in a private office or some other type of location?
(READ CATEGORIES IF NECESSARY.)

- 1 Private dental office

- 2 Community health center or clinic
- 3 Hospital outpatient department
- 4 Dental school
- 5 Dentist is mobile in a van or RV
- 6 OTHER (specify) _____
- 8 DK
- 9 REF

S7. What is the approximate distance to this dentist?

- 1 0-5 miles
- 2 6-10 miles
- 3 11-15 miles
- 4 16-20 miles
- 5 More than 20 miles
- 8 DK
- 9 REF

S8. How do you <or MEMBER NAME > travel to dentist appointments?

- 1 Public transportation (e.g. bus, train)
- 2 Personal vehicle of yours, relative, or friend
- 3 Van arranged by Medicaid, PeachCare for Kids™, CMO, Doral, or Avesis
- 4 Bicycle or walk
- 5 Dentist is mobile and comes to neighborhood or school
- 6 OTHER (specify) _____
- 8 DK
- 9 REF

S9. For this dentist, how long does it normally take from the time you <or MEMBER NAME > call to schedule the appointment until the date of the appointment?

- 1 Less than 1 week
- 2 8 - 15 days
- 3 16 - 30 days
- 4 31 – 60 days
- 5 Longer than 2 months
- 6 Appointments are scheduled during check-ups
- 7 I <or MEMBER NAME > usually walk-in without an appointment
- 8 OTHER (specify) _____
- 9 DK/REF

S10. Have you <or MEMBER NAME > ever had to schedule a dental appointment for an emergency or urgent problem?

- 1 Yes
- 2 No – SKIP TO S10b
- 8 DK – SKIP TO S10b
- 9 REF – SKIP TO S10b

S10a. How long does it normally take from the time you <or MEMBER NAME > contact your dentist about an emergency until the date of the appointment?

- 1 Less than 1 day
- 2 1-2 days
- 3 3 days to 1 week
- 4 1 - 2 weeks
- 5 Longer than 2 weeks
- 6 OTHER (specify) _____
- 8 DK
- 9 REF

S10b. Have you <or MEMBER NAME > ever gone to your dentist without an appointment because you <or MEMBER NAME > had a dental emergency?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

S11. In the last year, how often would you say that you <or MEMBER NAME > had to miss a scheduled dental appointment?

- 0 Never – SKIP TO S13
- 1 Once
- 2 Twice
- 3 Three or more times
- 4 I <or MEMBER NAME > walk-in without an appointment.
- 8 DK
- 9 REF

S12. The last time you <or MEMBER NAME > had to miss an appointment, it was because:

- 1 Could not find transportation
- 2 Could not find child care
- 3 Could not miss work or school
- 4 Forgot about the appointment
- 5 Other _____
- 8 DK
- 9 REF

S13. Have you <or MEMBER NAME > ever gone to a hospital emergency room because you <or MEMBER NAME > had a dental emergency?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

S13a. Would you <or MEMBER NAME > have liked to have visited a dentist more than you <or MEMBER NAME > did over the last year?

- 1 Yes
- 2 No – SKIP TO S16
- 8 DK – SKIP TO S16
- 9 REF – SKIP TO S16

S14. What is the one main reason that you <or MEMBER NAME > have not visited a dentist as often as you <or MEMBER NAME > would like?

(IF MORE THAN ONE REASON MENTIONED, ASK FOR THE ONE MOST IMPORTANT REASON.)

- 1 Cannot find a dentist who will accept Medicaid, PeachCare for Kids™, CMO, Doral or AVESIS coverage
- 2 Difficulty in scheduling appointment
- 3 Afraid to go, nervous about dentists, do not like dentists – SKIP TO S16
- 4 Long wait times for appointments – SKIP TO S16
- 5 Transportation issues – SKIP TO S16
- 6 Language barriers – SKIP TO S16
- 7 Work or school reasons – SKIP TO S16
- 8 OTHER (specify) _____ – SKIP TO S16
- 9 DK/REF

S15. Have you < or MEMBER NAME> contacted <Medicaid/PeachCare for Kids™ or CMO > to request their assistance?

- 1 Yes – SKIP TO S15b
- 2 No
- 8 DK
- 9 REF

S15a. (IF “No”) Would you < or MEMBER NAME > know how to contact them if you <or MEMBER NAME> wanted to?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

SKIP TO S16

S15b. Did you <or MEMBER NAME> contact them more than once about scheduling an appointment with a dentist?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

S15c. Was <Medicaid/PeachCare for Kids™ or CMO> able to help you <or MEMBER NAME>?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

S15d. Why were they unable to help?

S15e. Have you <or MEMBER NAME> ever called the Georgia Dental Association for help in locating a dentist?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

S16. Do you or <MEMBER NAME > currently visit the dentist as often as you would like?

- 1 Yes – SKIP TO S17
- 2 No
- 8 DK
- 9 REF

S16a. What one factor would help you <or MEMBER NAME > visit a dentist more often?

- 1 More dentists to choose from within my area
- 2 Reminders to visit the dentist
- 3 Better information about what services are available
- 4 Transportation
- 5 Better office hours/more days of the week
- 6 Finding a dentist that speaks my language
- 7 Assistance with finding a dentist
- 8 OTHER (specify)_____
- 9 DK/REF

S17. Finally, on a scale of 1 to 5, where 1 is lowest and 5 is highest, please rate your <or MEMBER NAME> satisfaction with the following:

- 1 < Medicaid/PeachCare for Kids™ or CMO> dental benefits/coverage
- 2 Quality of dental care received from <Medicaid/PeachCare for Kids™ or CMO>
- 3 Wait time for a dental appointment
- 4 Number of dentists available to you from <Medicaid/PeachCare™ for Kids or CMO>
- 5 Office hours of the dentists in your area
- 6 Distance to/from dentists in your area
- 8 DK
- 9 REF

Those are all the questions I have for you. Thank you very much for your assistance with this important survey.

Stratum: Medicaid/PeachCare for Kids™ member received dental service from Dr. <dentist name> on <fill date> or Member did not receive a dental service between 9/1/08 through 8/31/09.

SAMPLE RECORD MUST CONTAIN:

Unique ID

Member name

Phone Number

Date of dental services from 9-1-08 through 8-31-09 (or at least last visit)

Membership in Medicaid/PeachCare for Kids™ or CMO

Member Age (in order to determine if we need to ask for parent/guardian)

EXHIBIT C

County Code	County	FFS		CMO			
		Region	Region Code	Region	AMGP	PSHP	WellCare
001	Appling	Rural Area	08	SE	Appling		Appling
002	Atkinson	Rural Area	08	SW		Atkinson	Atkinson
003	Bacon	Rural Area	08	SE	Bacon		Bacon
004	Baker	Rural Area	08	SW		Baker	Baker
005	Baldwin	Urban	08	Central		Baldwin	Baldwin
006	Banks	Rural Area	08	North	Banks		Banks
007	Barrow	Urban	03	Atlanta	Barrow	Barrow	Barrow
008	Bartow	Urban	08	Atlanta	Bartow	Bartow	Bartow
009	Ben-Hill	Rural Area	08	SW		Ben-Hill	Ben-Hill
010	Berrien	Rural Area	08	SW		Berrien	Berrien
011	Bibb	Urban	05	Central		Bibb	Bibb
012	Bleckley	Rural Area	08	Central		Bleckley	Bleckley
013	Brantley	Rural Area	08	SE	Brantley		Brantley
014	Brooks	Rural Area	08	SW		Brooks	Brooks
015	Bryan	Rural Area	08	SE	Bryan		Bryan
016	Bulloch	Urban	08	SE	Bulloch		Bulloch
017	Burke	Rural Area	08	East	Burke		Burke
018	Butts	Rural Area	03	Atlanta	Butts	Butts	Butts
019	Calhoun	Rural Area	08	SW		Calhoun	Calhoun
020	Camden	Urban	08	SE	Camden		Camden
021	Candler	Rural Area	08	SE	Candler		Candler
022	Carroll	Urban	08	Atlanta	Carroll	Carroll	Carroll
023	Catoosa	Urban	09	North	Catoosa		Catoosa
024	Charlton	Rural Area	08	SE	Charlton		Charlton
025	Chatham	Urban	06	SE	Chatham		Chatham
026	Chattahoochee	Rural Area	07	Central		Chattahoochee	Chattahoochee
027	Chattooga	Rural Area	08	North	Chattooga		Chattooga
028	Cherokee	Urban	03	Atlanta	Cherokee	Cherokee	Cherokee
029	Clarke	Urban	02	North	Clarke		Clarke
030	Clay	Rural Area	08	Sw		Clay	Clay
031	Clayton	Urban	03	Atlanta	Clayton	Clayton	Clayton
032	Clinch	Rural Area	08	SW		Clinch	Clinch
033	Cobb	Urban	03	Atlanta	Cobb	Cobb	Cobb
034	Coffee	Urban	08	SW		Coffee	Coffee
035	Colquitt	Urban	08	Sw		Colquitt	Colquitt
036	Columbia	Urban	04	East	Columbia		Columbia

County Code	County	Region	County Code	Region	AMGP	PSHP	WellCare
037	Cook	Rural Area	08	SW		Cook	Cook
038	Coweta	Urban	03	Atlanta	Coweta	Coweta	Coweta
039	Crawford	Rural Area	08	Central		Crawford	Crawford
040	Crisp	Rural Area	08	Central		Crisp	Crisp
041	Dade	Rural Area	09	North	Dade		Dade
042	Dawson	Rural Area	08	North	Dawson		Dawson
043	Decatur	Rural Area	08	SW		Decatur	Decatur
044	DeKalb	Urban	03	Atlanta	DeKalb	DeKalb	DeKalb
045	Dodge	Rural Area	08	Central		Dodge	Dodge
046	Dooly	Rural Area	08	Central		Dooly	Dooly
047	Dougherty	Urban	01	SW		Dougherty	Dougherty
048	Douglas	Urban	03	Atlanta	Douglas	Douglas	Douglas
049	Early	Rural Area	08	SW		Early	Early
050	Echols	Rural Area	08	SW		Echols	Echols
051	Effingham	Urban	06	SE	Effingham		Effingham
052	Elbert	Rural Area	08	North	Elbert		Elbert
053	Emanuel	Rural Area	08	East	Emanuel		Emanuel
054	Evans	Rural Area	08	SE	Evans		Evans
055	Fannin	Rural Area	08	North	Fannin		Fannin
056	Fayette	Urban	03	Atlanta	Fayette	Fayette	Fayette
057	Floyd	Urban	08	North	Floyd		Floyd
058	Forsyth	Urban	03	Atlanta	Forsyth	Forsyth	Forsyth
059	Franklin	Rural Area	08	North	Franklin		Franklin
060	Fulton	Urban	03	Atlanta	Fulton	Fulton	Fulton
061	Gilmer	Rural Area	08	North	Gilmer		Gilmer
062	Glascocock	Rural Area	08	East	Glascocock		Glascocock
063	Glynn	Urban	08	SE	Glynn		Glynn
064	Gordon	Urban	08	North	Gordon		Gordon
065	Grady	Rural Area	08	SW		Grady	Grady
066	Greene	Rural Area	08	East	Greene		Greene
067	Gwinnett	Urban	03	Atlanta	Gwinnett	Gwinnett	Gwinnett
068	Habersham	Urban	08	North	Habersham		Habersham
069	Hall	Urban	08	North	Hall		Hall
070	Hancock	Rural Area	08	East	Hancock		Hancock
071	Haralson	Rural Area	08	Atlanta	Haralson	Haralson	Haralson
072	Harris	Rural Area	08	Central		Harris	Harris
073	Hart	Rural Area	08	North	Hart		Hart
074	Heard	Rural Area	08	Central		Heard	Heard
075	Henry	Urban	03	Atlanta	Henry	Henry	Henry
076	Houston	Urban	05	Central		Houston	Houston
077	Irwin	Rural Area	08	SW		Irwin	Irwin
078	Jackson	Urban	02	North	Jackson		Jackson
079	Jasper	Rural Area	08	Atlanta	Jasper	Jasper	Jasper
080	Jeff-Davis	Rural Area	08	SE	Jeff-Davis		Jeff-Davis

County Code	County	Region	County Code	Region	AMGP	PSHP	WellCare
081	Jefferson	Rural Area	08	East	Jefferson		Jefferson
082	Jenkins	Rural Area	08	East	Jenkins		Jenkins
083	Johnson	Rural Area	08	Central		Johnson	Johnson
084	Jones	Rural Area	05	Central		Jones	Jones
085	Lamar	Rural Area	08	Central		Lamar	Lamar
086	Lanier	Rural Area	08	SW		Lanier	Lanier
087	Laurens	Urban	08	Central		Laurens	Laurens
088	Lee	Rural Area	01	SW		Lee	Lee
089	Liberty	Rural Area	08	SE	Liberty		Liberty
090	Lincoln	Rural Area	08	East	Lincoln		Lincoln
091	Long	Rural Area	08	SE	Long		Long
092	Lowndes	Urban	08	SW		Lowndes	Lowndes
093	Lumpkin	Rural Area	08	North	Lumpkin		Lumpkin
094	Macon	Rural Area	08	Central		Macon	Macon
095	Madison	Rural Area	02	North	Madison		Madison
096	Marion	Rural Area	08	Central		Marion	Marion
097	McDuffie	Rural Area	04	East	McDuffie		McDuffie
098	McIntosh	Rural Area	08	SE	McIntosh		McIntosh
099	Meriwether	Rural Area	08	Central		Meriwether	Meriwether
100	Miller	Rural Area	08	SW		Miller	Miller
101	Mitchell	Rural Area	08	SW		Mitchell	Mitchell
102	Monroe	Rural Area	08	Central		Monroe	Monroe
103	Montgomery	Rural Area	08	SE	Montgomery		Montgomery
104	Morgan	Rural Area	08	North	Morgan		Morgan
105	Murray	Urban	08	North	Murray		Murray
106	Muscogee	Urban	07	Central		Muscogee	Muscogee
107	Newton	Urban	03	Atlanta	Newton	Newton	Newton
108	Oconee	Rural Area	02	North	Oconee		Oconee
109	Oglethorpe	Rural Area	08	North	Oglethorpe		Oglethorpe
110	Paulding	Urban	03	Atlanta	Paulding	Paulding	Paulding
111	Peach	Rural Area	05	Central		Peach	Peach
112	Pickens	Rural Area	08	Atlanta	Pickens	Pickens	Pickens
113	Pierce	Rural Area	08	SE	Pierce		Pierce
114	Pike	Rural Area	08	Central		Pike	Pike
115	Polk	Urban	08	North	Polk		Polk
116	Pulaski	Rural Area	08	Central		Pulaski	Pulaski
117	Putnam	Rural Area	08	East	Putnam		Putnam
118	Quitman	Rural Area	08	SW		Quitman	Quitman
119	Rabun	Rural Area	08	North	Rabun		Rabun
120	Randolph	Rural Area	08	SW		Randolph	Randolph
121	Richmond	Urban	04	East	Richmond		Richmond
122	Rockdale	Urban	03	Atlanta	Rockdale	Rockdale	Rockdale
123	Schley	Rural Area	08	SW		Schley	Schley
124	Screven	Rural Area	08	East	Screven		Screven

County Code	County	Region	County Code	Region	AMGP	PSHP	WellCare
125	Seminole	Rural Area	08	SW		Seminole	Seminole
126	Spalding	Urban	03	Atlanta	Spalding	Spalding	Spalding
127	Stephens	Rural Area	08	North	Stephens		Stephens
128	Stewart	Rural Area	08	SW		Stewart	Stewart
129	Sumter	Rural Area	08	SW		Sumter	Sumter
130	Talbot	Rural Area	08	Central		Talbot	Talbot
131	Taliaferro	Rural Area	08	East	Taliaferro		Taliaferro
132	Tattnall	Rural Area	08	SE	Tattnall		Tattnall
133	Taylor	Rural Area	08	Central		Taylor	Taylor
134	Telfair	Rural Area	08	Central		Telfair	Telfair
135	Terrell	Rural Area	08	SW		Terrell	Terrell
136	Thomas	Urban	08	SW		Thomas	Thomas
137	Tift	Urban	08	SW		Tift	Tift
138	Toombs	Rural Area	08	SE	Toombs		Toombs
139	Towns	Rural Area	08	North	Towns		Towns
140	Treutlen	Rural Area	08	Central		Treutlen	Treutlen
141	Troup	Urban	08	Central		Troup	Troup
142	Turner	Rural Area	08	SW		Turner	Turner
143	Twiggs	Rural Area	08	Central		Twiggs	Twiggs
144	Union	Rural Area	08	North	Union		Union
145	Upton	Rural Area	08	Central		Upton	Upton
146	Walker	Urban	09	North	Walker		Walker
147	Walton	Urban	03	Atlanta	Walton	Walton	Walton
148	Ware	Urban	08	SE	Ware		Ware
149	Warren	Rural Area	08	East	Warren		Warren
150	Washington	Rural Area	08	East	Washington		Washington
151	Wayne	Rural Area	08	SE	Wayne		Wayne
152	Webster	Rural Area	08	SW		Webster	Webster
153	Wheeler	Rural Area	08	Central		Wheeler	Wheeler
154	White	Rural Area	08	North	White		White
155	Whitfield	Urban	08	North	Whitfield		Whitfield
156	Wilcox	Rural Area	08	Central		Wilcox	Wilcox
157	Wilkes	Rural Area	08	East	Wilkes		Wilkes
158	Wilkinson	Rural Area	08	Central		Wilkinson	Wilkinson
159	Worth	Rural Area	08	SW		Worth	Worth

EXHIBIT D

S1. We were informed that (you are /your child is) enrolled with is this correct?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2341	77.4	97.2	97.2
	2 No	68	2.2	2.8	100.0
	Total	2409	79.7	100.0	
Missing	8 DK	13	.4		
	System	602	19.9		
	Total	615	20.3		
Total		3024	100.0		

S1a. In which organization (are you/is your child) currently enrolled?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Traditional Medicaid	12	.4	18.5	18.5
	2 Peach State Health Plans	7	.2	10.8	29.2
	3 WellCare, or	10	.3	15.4	44.6
	4 Amerigroup?	4	.1	6.2	50.8
	5 NONE OF THESE (VOLUNTEERED)	32	1.1	49.2	100.0
	Total	65	2.1	100.0	
Missing	8 DK	16	.5		
	System	2943	97.3		
	Total	2959	97.9		
Total		3024	100.0		

S1b. (Have you/Has your child) ever been enrolled in either the Medicaid/PeachCare program or a CMO?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	34	1.1	81.0	81.0
	2 No	8	.3	19.0	100.0
	Total	42	1.4	100.0	
Missing	8 DK	6	.2		
	System	2976	98.4		
	Total	2982	98.6		
Total		3024	100.0		

S1c. Which one?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Medicaid/PeachCare	26	.9	76.5	76.5
	3 (OTHER Volunteered) Specify _____	8	.3	23.5	100.0
	Total	34	1.1	100.0	
Missing	System	2990	98.9		
Total		3024	100.0		

S2. (Have you/Has your child) visit a dentist in the past year?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2304	76.2	95.1	95.1
	2 No	118	3.9	4.9	100.0
	Total	2422	80.1	100.0	
Missing	System	602	19.9		
Total		3024	100.0		

S2a. Are you looking for a dentist (for your child)?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	57	1.9	48.7	48.7
	2 No	60	2.0	51.3	100.0
	Total	117	3.9	100.0	
Missing	8 DK	1	.0		
	System	2906	96.1		
	Total	2907	96.1		
Total		3024	100.0		

S2b. Would you go if (you/your child) had a dental problem like a toothache?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	102	3.4	91.9	91.9
	2 No	9	.3	8.1	100.0
	Total	111	3.7	100.0	
Missing	8 DK	6	.2		
	9 REF	1	.0		
	System	2906	96.1		
	Total	2913	96.3		
Total		3024	100.0		

S2c. Would you know where to go to find a dentist if (you/your child) needed one?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	98	3.2	85.2	85.2
	2 No	17	.6	14.8	100.0
	Total	115	3.8	100.0	
Missing	8 DK	3	.1		
	System	2906	96.1		
	Total	2909	96.2		
Total		3024	100.0		

S4. (Have you/Has your child) visited this dentist more than one time?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2097	69.3	91.4	91.4
	2 No	198	6.5	8.6	100.0
	Total	2295	75.9	100.0	
Missing	8 DK	9	.3		
	System	720	23.8		
	Total	729	24.1		
Total		3024	100.0		

S5. How did you find this dentist?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 List of dentists from your Medicaid/PeachCare or CMO	309	10.2	13.9	13.9
	2 Referral from family member or friend	745	24.6	33.5	47.4
	3 Referral from a doctor or dentist	268	8.9	12.1	59.5
	4 Call to Medicaid/PeachCare or CMO	47	1.6	2.1	61.6
	5 Advertisement, telephone book, or Internet	478	15.8	21.5	83.1
	6 Called the Georgia Dental Association	3	.1	.1	83.3
	7 OTHER (SPECIFY)	372	12.3	16.7	100.0
	Total	2222	73.5	100.0	
Missing	8 DK	82	2.7		
	System	720	23.8		
	Total	802	26.5		
Total		3024	100.0		

S6. Where is this dentist located, in a private office or some other type of location?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Private dental office	1946	64.4	86.5	86.5
	2 Community health center or clinic	197	6.5	8.8	95.2
	3 Hospital outpatient department	11	.4	.5	95.7
	4 Dental school	8	.3	.4	96.1
	5 Dentist is mobile in a van or RV	66	2.2	2.9	99.0
	6 OTHER (SPECIFY)	22	.7	1.0	100.0
	Total	2250	74.4	100.0	
Missing	8 DK	54	1.8		
	System	720	23.8		
	Total	774	25.6		
Total		3024	100.0		

S7. What is the approximate distance to this dentist?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0-5 miles	804	26.6	35.6	35.6
	2 6-10 miles	539	17.8	23.9	59.5
	3 11-15 miles	293	9.7	13.0	72.4
	4 16-20 miles	202	6.7	8.9	81.4
	5 More than 20 miles	365	12.1	16.2	97.5
	6 Unknown	56	1.9	2.5	100.0
	Total	2259	74.7	100.0	
Missing	8 DK	43	1.4		
	9 REF	2	.1		
	System	720	23.8		
	Total	765	25.3		
Total		3024	100.0		

S8. How (do you/does your child) travel to dentist appointments?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Public transportation (e.g. bus, train)	62	2.1	2.7	2.7
	2 Personal vehicle of yours, relative, or friend	2110	69.8	91.6	94.3
	3 Van arranged by Medicaid/PeachCare or CMO	41	1.4	1.8	96.1
	4 Bicycle or walk	16	.5	.7	96.7
	5 Dentist is mobile and comes to neighborhood or school	54	1.8	2.3	99.1
	6 OTHER (SPECIFY)	21	.7	.9	100.0
	Total	2304	76.2	100.0	
Missing	System	720	23.8		
Total		3024	100.0		

S9. For this dentist, how long does it normally take from the time you call to schedule an appointment until the date of the appointment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Less than 1 week	782	25.9	35.4	35.4
	2 8 - 15 days	338	11.2	15.3	50.7
	3 16 - 30 days	164	5.4	7.4	58.1
	4 31 - 60 days	55	1.8	2.5	60.6
	5 Longer than 2 months	62	2.1	2.8	63.4
	6 My appointments are scheduled during check-ups	796	26.3	36.0	99.4
	7 I or dependent usually walk-in without an appointment	13	.4	.6	100.0
	Total	2210	73.1	100.0	
Missing	8 OTHER (SPECIFY)	63	2.1		
	9 DK/REF	31	1.0		
	System	720	23.8		
	Total	814	26.9		
Total		3024	100.0		

S10. Have you ever had to schedule a dental appointment for an emergency or urgent problem?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	429	14.2	18.7	18.7
	2 No	1871	61.9	81.3	100.0
	Total	2300	76.1	100.0	
Missing	8 DK	4	.1		
	System	720	23.8		
	Total	724	23.9		
Total		3024	100.0		

S10a. How long does it normally take from the time you contact your dentist about an emergency until the date of the appointment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Less than 1 day	209	6.9	49.6	49.6
	2 1-2 days	138	4.6	32.8	82.4
	3 3 days to 1 week	50	1.7	11.9	94.3
	4 1 - 2 weeks	10	.3	2.4	96.7
	5 Longer than 2 weeks	10	.3	2.4	99.0
	6 OTHER (SPECIFY)	4	.1	1.0	100.0
	Total	421	13.9	100.0	
Missing	8 DK	8	.3		
	System	2595	85.8		
	Total	2603	86.1		
Total		3024	100.0		

S10b. Have you ever gone to the dentist without an appointment because (you/your child) had a dental emergency?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	199	6.6	8.7	8.7
	2 No	2101	69.5	91.3	100.0
	Total	2300	76.1	100.0	
Missing	8 DK	4	.1		
	System	720	23.8		
	Total	724	23.9		
Total		3024	100.0		

S11. In the last year, how often would you say that (you/your child) had to miss a scheduled dental appointment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Once	491	16.2	21.5	21.5
	2 Twice	148	4.9	6.5	28.0
	3 Three or more times	33	1.1	1.4	29.4
	4 Never missed an appt	1606	53.1	70.3	99.8
	5 I go without an appt	5	.2	.2	100.0
	Total	2283	75.5	100.0	
Missing	8 DK	20	.7		
	9 REF	1	.0		
	System	720	23.8		
	Total	741	24.5		
Total		3024	100.0		

S12. The last time (you/your child) had to miss an appointment, it was because:					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 could not find transportation	99	3.3	15.0	15.0
	2 could not find child care	11	.4	1.7	16.7
	3 could not miss work or school	181	6.0	27.5	44.2
	4 forgot about the appointment	101	3.3	15.3	59.6
	5 or some other reason? (SPECIFY)	266	8.8	40.4	100.0
	Total	658	21.8	100.0	
Missing	8 DK	13	.4		
	9 REF	1	.0		
	System	2352	77.8		
	Total	2366	78.2		
Total		3024	100.0		

S13. Have you ever gone to the hospital emergency room because (you/your child) had a dental emergency?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	167	5.5	5.5	5.5
	2 No	2853	94.3	94.5	100.0
	Total	3020	99.9	100.0	
Missing	8 DK	3	.1		
	9 REF	1	.0		
	Total	4	.1		
Total		3024	100.0		

S13a. Would you have liked (your child) to have visited a dentist more than (you/your child) did over the last year?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	951	31.4	31.8	31.8
	2 No	2042	67.5	68.2	100.0
	Total	2993	99.0	100.0	
Missing	8 DK	31	1.0		
Total		3024	100.0		

S14. What is the ONE MAIN REASON that (you have/your child has) not visited a dentist as often as you would like?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Cannot find a dentist who will accept Medicaid coverage	111	3.7	28.8	28.8
	2 Difficulty in scheduling appointment	62	2.1	16.1	44.9
	3 Afraid to go, nervous about dentists, do not like dentists	42	1.4	10.9	55.8
	4 Long wait times for appointments	12	.4	3.1	59.0
	5 Transportation issues	88	2.9	22.9	81.8
	6 Language barriers	3	.1	.8	82.6
	7 Work or school reasons	67	2.2	17.4	100.0
	Total	385	12.7	100.0	
Missing	8 OTHER (SPECIFY)	511	16.9		
	9 DK/REF	55	1.8		
	System	2073	68.6		
	Total	2639	87.3		
Total		3024	100.0		

S15. Have you contacted Medicaid, PeachCare or a Care Maintenance Organization to request their assistance?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	35	1.2	20.7	20.7
	2 No	134	4.4	79.3	100.0
	Total	169	5.6	100.0	
Missing	8 DK	4	.1		
	System	2851	94.3		
	Total	2855	94.4		
Total		3024	100.0		

S15a. Would you know how to contact them if you wanted to?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	96	3.2	69.6	69.6
	2 No	42	1.4	30.4	100.0
	Total	138	4.6	100.0	
Missing	System	2886	95.4		
Total		3024	100.0		

S15b. Did you contact them more than once about scheduling an appointment with a dentist?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	17	.6	53.1	53.1
	2 No	15	.5	46.9	100.0
	Total	32	1.1	100.0	
Missing	8 DK	3	.1		
	System	2989	98.8		
	Total	2992	98.9		
Total		3024	100.0		

S15c. Were they able to help you?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	17	.6	48.6	48.6
	2 No	18	.6	51.4	100.0
	Total	35	1.2	100.0	
Missing	System	2989	98.8		
Total		3024	100.0		

S15e. Have you ever called the Georgia Dental Association for help in locating a dentist?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	18	.6	10.4	10.4
	2 No	155	5.1	89.6	100.0
	Total	173	5.7	100.0	
Missing	System	2851	94.3		
Total		3024	100.0		

S16. (Do you/Does your child) currently visit the dentist as often as you would like?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2277	75.3	76.2	76.2
	2 No	713	23.6	23.8	100.0
	Total	2990	98.9	100.0	
Missing	8 DK	30	1.0		
	9 REF	4	.1		
	Total	34	1.1		
Total		3024	100.0		

S16a. What ONE factor would help (you/your child) visit a dentist more often?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 More dentists to choose from within my area	67	2.2	26.7	26.7
	2 Reminders to visit the dentist	16	.5	6.4	33.1
	3 Better information about what services are available	46	1.5	18.3	51.4
	4 Transportation	58	1.9	23.1	74.5
	5 Better office hours/more days of the week	33	1.1	13.1	87.6
	6 Finding a dentist that speaks my language	2	.1	.8	88.4
	7 Assistance with finding a dentist	29	1.0	11.6	100.0
	Total	251	8.3	100.0	
Missing	8 OTHER	408	13.5		
	9 DK/REF	54	1.8		
	System	2311	76.4		
	Total	2773	91.7		
Total		3024	100.0		

17a. On a scale of 1-5, satisfaction with your dental benefits/coverage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	.1	.1	.1
	1	151	5.0	5.2	5.3
	2	99	3.3	3.4	8.7
	3	253	8.4	8.7	17.3
	4	468	15.5	16.0	33.3
	5	1949	64.5	66.7	100.0
	6	1	.0	.0	100.0
	Total	2924	96.7	100.0	
Missing	8	96	3.2		
	9	4	.1		
	Total	100	3.3		
Total		3024	100.0		

17b. On a scale of 1-5, satisfaction with quality of dental care received					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	.1	.1	.1
	1	150	5.0	5.2	5.3
	2	80	2.6	2.8	8.1
	3	186	6.2	6.4	14.5
	4	464	15.3	16.1	30.6
	5	2003	66.2	69.4	100.0
	Total	2886	95.4	100.0	
Missing	8	130	4.3		
	9	8	.3		
	Total	138	4.6		
Total		3024	100.0		

17c. On a scale of 1-5, satisfaction with wait time for appointment					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	131	4.3	4.5	4.5
	2	93	3.1	3.2	7.8
	3	312	10.3	10.8	18.6
	4	532	17.6	18.5	37.1
	5	1814	60.0	62.9	100.0
	Total	2882	95.3	100.0	
Missing	8	135	4.5		
	9	7	.2		
	Total	142	4.7		
Total		3024	100.0		

17d. On a scale of 1-5, satisfaction with number of dentists available					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	.1	.2	.2
	1	294	9.7	11.3	11.4
	2	200	6.6	7.7	19.1
	3	305	10.1	11.7	30.7
	4	370	12.2	14.2	44.9
	5	1439	47.6	55.1	100.0
	Total	2612	86.4	100.0	
Missing	8	400	13.2		
	9	11	.4		
	System	1	.0		
	Total	412	13.6		
Total		3024	100.0		

17e. On a scale of 1-5, satisfaction with office hours of the dentists					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	103	3.4	3.6	3.6
	2	78	2.6	2.7	6.3
	3	234	7.7	8.2	14.5
	4	447	14.8	15.6	30.1
	5	2005	66.3	69.9	100.0
	Total	2867	94.8	100.0	
Missing	8	149	4.9		
	9	8	.3		
	Total	157	5.2		
Total		3024	100.0		

17f. On a scale of 1-5, satisfaction with distance to/from dentists					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	171	5.7	5.9	5.9
	2	114	3.8	3.9	9.8
	3	311	10.3	10.7	20.4
	4	474	15.7	16.2	36.7
	5	1849	61.1	63.3	100.0
	Total	2919	96.5	100.0	
Missing	8	96	3.2		
	9	9	.3		
	Total	105	3.5		
Total		3024	100.0		

Was the interview conducted in Spanish?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	80	2.6	2.6	2.6
	2 No	2944	97.4	97.4	100.0
	Total	3024	100.0	100.0	

Members Age				
Age	Frequency	Percent	Valid Percent	Cumulative Percent
4	160	5.3	5.3	5.3
5	212	7.0	7.0	12.3
6	203	6.7	6.7	19.0
7	167	5.5	5.5	24.5
8	185	6.1	6.1	30.7
9	176	5.8	5.8	36.5
10	181	6.0	6.0	42.5
11	182	6.0	6.0	48.5
12	165	5.5	5.5	53.9
13	153	5.1	5.1	59.0
14	155	5.1	5.1	64.1
15	132	4.4	4.4	68.5
16	138	4.6	4.6	73.0
17	106	3.5	3.5	76.6
18	76	2.5	2.5	79.1
19	26	.9	.9	79.9
20	19	.6	.6	80.6
21	18	.6	.6	81.2
22	14	.5	.5	81.6

Age	Frequency	Percent	Valid Percent	Cumulative Percent
23	20	.7	.7	82.3
24	7	.2	.2	82.5
25	7	.2	.2	82.7
26	7	.2	.2	83.0
27	9	.3	.3	83.3
28	8	.3	.3	83.5
29	12	.4	.4	83.9
30	9	.3	.3	84.2
31	9	.3	.3	84.5
32	9	.3	.3	84.8
33	8	.3	.3	85.1
34	10	.3	.3	85.4
35	10	.3	.3	85.7
36	8	.3	.3	86.0
37	7	.2	.2	86.2
38	7	.2	.2	86.5
39	11	.4	.4	86.8
40	7	.2	.2	87.1
41	13	.4	.4	87.5
42	9	.3	.3	87.8

Age	Frequency	Percent	Valid Percent	Cumulative Percent
43	13	.4	.4	88.2
44	21	.7	.7	88.9
45	13	.4	.4	89.4
46	13	.4	.4	89.8
47	9	.3	.3	90.1
48	20	.7	.7	90.7
49	18	.6	.6	91.3
50	17	.6	.6	91.9
51	17	.6	.6	92.5
52	17	.6	.6	93.0
53	23	.8	.8	93.8
54	17	.6	.6	94.3
55	23	.8	.8	95.1
56	21	.7	.7	95.8
57	11	.4	.4	96.2
58	20	.7	.7	96.8
59	15	.5	.5	97.3
60	10	.3	.3	97.7
61	21	.7	.7	98.3
62	14	.5	.5	98.8

Age	Frequency	Percent	Valid Percent	Cumulative Percent
63	11	.4	.4	99.2
64	11	.4	.4	99.5
65	14	.5	.5	100.0
Total	3024	100.0	100.0	

Health Plans					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	AMERIGROUP Community Care	686	22.7	22.7	22.7
	Peach State Health Plan	686	22.7	22.7	45.4
	FFS Medicaid/PeachCare	892	29.5	29.5	74.9
	WellCare of Georgia	760	25.1	25.1	100.0
	Total	3024	100.0	100.0	

Sampling Strata					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	FFS Medicaid/PeachCare	604	20.0	20.0	20.0
	AMERIGROUP Community Care	607	20.1	20.1	40.0
	Peach State Health Plan	607	20.1	20.1	60.1
	WellCare of Georgia	604	20.0	20.0	80.1
	No Dental Visit	602	19.9	19.9	100.0
	Total	3024	100.0	100.0	

Was Member a Minor					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2315	76.6	76.6	76.6
	2 No	709	23.4	23.4	100.0
	Total	3024	100.0	100.0	