

Title. Restructuring Medicaid hospital reimbursement rates for oral rehabilitation completed in a hospital operating room (OR) and ambulatory surgical centers.

Access to hospital operating rooms (OR) for pediatric dentists to perform oral rehabilitation for children in need of dental treatment is slowly diminishing. This has led to significant wait times for pediatric patients to receive dental care in a necessary OR setting. One of the main factors that plays a role in deciding which specialties have preference for operating rooms in hospitals is finances. Medical surgical procedures are better reimbursed by Medi-Cal than dental procedures, therefore hospitals prefer reserving operating rooms for medical surgical procedures at the expense of oral rehabilitation cases. In addition, due to the COVID-19 pandemic, hospitals have been at an extreme loss of revenue due to the decline of elective procedures and non-emergent procedures being canceled. This is a public health concern because delayed wait times for pediatric dental patients to be seen in an OR setting leads to greater emergency room visits, higher likelihood of systemic infection, and increases the number of missed school days for children.

Lee et al. reviewed seven state Medicaid programs to attempt to identify patterns of OR treatment under general anesthesia (GA) and possible reasons for denial of OR time for dental treatment; hospital challenges financially appeared to be the most agreed upon contributing factor¹. During the pandemic at least forty-seven hospitals closed or entered bankruptcy resulting in an estimated loss of \$323.1 billion dollars in financial losses². Even hospitals who were not forced down these avenues continued to demonstrate remarkable financial losses. This may have contributed to hospitals increasing access to OR time for higher paid surgeries to help mitigate the recent financial strains of the COVID-19 pandemic. Despite the accomplishments through lobbying of the American Academy of Pediatric Dentistry to gain payer coverage of GA dental services, a new financial crisis has increased due to the reduction in reimbursement to hospitals covering patients with Medicare and Medicaid services. Although there is scant direct data on OR access for pediatric comprehensive dental care, the consequences of the observed decrease in OR time can be well predicted.

Current approaches to help alleviate the strain on gaining access to the OR includes creating ambulatory surgical centers in which GA cases can be completed. The creation of dental surgical centers that allow pediatric dentists to book time for their GA cases is one solution that has helped ease this issue. Another solution is having pediatric dentists offer outpatient GA appointments under the care of an anesthesiologist. However, some patients who are medically complex or have special needs may not be able to be seen in this outpatient setting and require a hospital setting. Therefore, restructuring Medicaid reimbursement rates would be the most optimal solution.

Recommendations for action. Through working with Centers for Medicare & Medicaid services (CMS) we want to lobby for improved facility fee reimbursement by Medical/Medicaid to hospitals to make dental operations more profitable for the hospitals. In addition, we ask CMS to extend the facility code to ambulatory surgical centers to allow surgical centers to be reimbursed. This will help allow pediatric dental oral rehabilitation more competitive with other surgeries. Alternatives to increased reimbursement rates are the continued development and expansion of stand-alone outpatient surgery centers and in-office general anesthesia options that can be equipped for patients presenting with American Society of Anesthesiologist (ASA) physical status

classifications of I and II, needing dental treatment under general anesthesia. These could help relieve the need for technically routine cases from needing hospital OR access.

Literature cited.

1. Lee HH, Foundez L, Yarbrough C, et al. Patterns in pediatric dental surgery under general anesthesia across seven state Medicaid programs. *JDR Clin Trans Res* 2020;5(4):358-365.
2. American Hospital Association. Hospitals and Health Systems Face Unprecedented Financial Pressures Due to COVID-19. *Am Hosp Assoc* 2020;(May):5.