ADA American Dental Association®

# Increasing Medicaid Participation in Dentistry: A Blueprint from a Six-State Pilot Program

Council on Advocacy and Access for Prevention • June 2026

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# Increasing Medicaid Participation in Dentistry:
## A Blueprint from a Six-State Pilot Program

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# Increasing Medicaid Participation in Dentistry:
A Blueprint from a Six-State Pilot Program

## Executive Summary

U.S. health policy has taken positive strides in recent years toward improved access to dental care. As of 2025, 38 states and the District of Columbia have comprehensive dental benefits for their adult Medicaid population, meaning most types of procedures (including restorative) are covered and annual spending caps are either nonexistent or at least $1,000. Despite expansions of benefits, the share of adult Medicaid beneficiaries receiving dental care services in a given year is never above one-third, including beneficiaries in states that have comprehensive benefits.

When it comes to adults not receiving needed dental care, several social and administrative factors need to be addressed beyond the comprehensiveness of dental benefits. Even with expanded coverage, beneficiaries face prohibitive out-of-pocket costs, dental care access issues (i.e., difficulty finding a provider who accepts Medicaid, difficulty traveling to the dentist), fear and anxiety, and lack of oral health literacy. Dentist participation in Medicaid varies widely by state, but overall, lack of participating dentists is a major barrier to care. Dentists' hesitation to participate in Medicaid stems from financial and non-financial considerations, the chief of which is low reimbursement rates. Raising reimbursement rates for dental services has led to upticks in provider participation in Medicaid in the past.

To increase dentist participation and Medicaid beneficiary utilization, the American Dental Association (ADA) partnered with coalitions in six different states under a learning collaborative model. Prior to the onset of this pilot project, these six states had enacted recent expansions of dental coverage and/or increased Medicaid reimbursement rates for dental services. The purpose of the collaborative was to identify strategies to improve utilization once the state had established some positive momentum with regards to coverage and/or reimbursement. Each state coalition collaborated with ADA staff to set state-specific goals, strategize data collection and analysis, and discuss challenges and strategies related to their goals. After two years of collaboration, the following patterns became apparent:

- Reimbursement increases must be paired with provider outreach and education to help combat outdated information or long-held beliefs about participating in the program.
- Multistakeholder coalitions assembled to increase dentist participation in Medicaid are most effective when all key stakeholders involved in assuring access to care under a state's Medicaid dental benefit are included. Coalitions are least effective when major stakeholders, such as state government or managed care organizations, are not present in carrying out these efforts.

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## Background of the Project

In June 2023, the American Dental Association's (ADA) Council on Advocacy for Access & Prevention (CAAP) established a two-year project to improve dentist participation in Medicaid and dental care utilization among child and adult Medicaid beneficiaries in six states. The six states in this pilot program were **Maryland, Nebraska, Ohio, Pennsylvania, Rhode Island,** and **South Dakota**.

States in this pilot project were selected based on recent increases they had made in reimbursement or coverage for dental benefits in their Medicaid programs. A mix of differing aspects of Medicaid programs (i.e., number of managed care organizations (MCOs), robustness of oral health services and Medicaid coverage, demographics of oral health workforce, proximity to a dental school, etc.), was assured to allow ADA researchers to evaluate the effectiveness of a collaborative improvement approach within the diversity of Medicaid program administration.

The initial goals of the six-state pilot project aimed to complete the following by December 2025:

1. **Create a blueprint for a learning collaborative approach to improve provider participation in Medicaid and effectively increase utilization of dental services for children and adults.**
2. **Increase the number of Medicaid providers with any claims for Medicaid beneficiaries by at least a certain percentage in at least five of the six states.**
3. **Increase the number of "meaningful" Medicaid providers in at least five of the six states. Meaningful provider is defined as either (1) seeing 100 or more beneficiaries per year or (2) had $10,000 or more in Medicaid claims per year.**
4. **Measure the change in the number of Medicaid beneficiaries receiving dental services by category of service.**

Each state coalition was composed of some combination of members of the state's department of health, dental association or society, oral health coalitions, MCOs managing dental benefits or the dental benefit administrators, dental school administration, and similar organizations (Table 1). Coalitions held monthly virtual meetings throughout the two-year program to discuss progress toward their respective goals. In addition, all the states met together on a quarterly basis to share their goals, tactics, and successes as a learning collaborative. These collaboratives helped states revise and develop new strategies based on other states' successes.

The following sections of this report provide an overview of the efforts by each state's coalition to meet their specific goals as well as the successes and challenges the coalitions encountered throughout the two-year program

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**Table 1. Members of Pilot Project State Coalitions by Agency or Organization**

| | State Medicaid Agency Leadership | State Medicaid Agency Support Staff | State Oral Health Program or Department | State Oral Health Coalition | State Dental Association Leadership or Members | State Dental Association Staff | State MCO Dental Director or Administrator | State MCO - Other | Dental School Deans | Other |
|---|---|---|---|---|---|---|---|---|---|---|
| Maryland | 0 | 0 | 0 | 3 | 3 | 1 | 0 | 0 | 0 | 0 |
| Nebraska | 1 | 1 | 1 | 0 | 1 | 1 | 3 | 3 | 2 | 0 |
| Ohio | 0 | 0 | 0 | 1 | 4 | 2 | 2 | 0 | 0 | 2 |
| Pennsylvania | 2 | 6 | 3 | 1 | 2 | 2 | 10 | 0 | 0 | 0 |
| Rhode Island | 2 | 3 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| South Dakota | 1 | 2 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 |

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# Maryland

## Background

Since 2022, Maryland has enacted several policy changes to increase dental care access for its Medicaid population:

- The state legislature increased Medicaid fees in 2023 for certain preventative and restorative dental services by 20%
- Comprehensive adult dental coverage was signed into law in 2022 and implemented in January 2023. Prior to this coverage expansion, Maryland had no dental benefits for adult Medicaid beneficiaries.
- The Healthy Babies Equity Act was passed in July 2023, providing healthcare services, including dental care, to pregnant people regardless of immigration status. Medicaid coverage for postpartum parents was extended to 12 months after birth in 2021.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Maryland dentists | 4,197 | 4,246 | 4,171 |
| Maryland dentists participating in Medicaid | 30% | 27% | N/A |
| Maryland dentists participating as an adult Medicaid provider | 1,193 | 1,240 | 1,221 |
| Maryland dentists participating as an adult Medicaid provider (%) | 28% | 29% | 29% |
| Maryland dentists billing $10,000+ in Medicaid claims per year (“Meaningful Provider”) | 1,270 | 1,318 | N/A |

*__Source:__ Data for top two rows are from the ADA Health Policy Institute in 2023 and 2024. All remaining data are from Maryland State Board of Dental Examiner, SKYGEN USA, and Maryland Health Smiles Dental Program. __Notes:__ Data for Maryland is reported as calendar year. Some data for 2025 are not yet available.*

### Goal 1: By December 2025, Maryland will increase the number of providers who are participating in Medicaid and submitting claims to the Maryland Health Smiles Dental Program (MHSDP) by 2% (30 new providers).

**Outcome:** The Maryland coalition was unable to assess the number of Medicaid-participating providers who are also submitting claims due a lack of available data. However, the number of Maryland dentists participating as an adult Medicaid provider increased by 4% from 2023 to 2024 and 2% from 2023 to 2025 (2025 data is incomplete).

### Goal 2: By December 2025, Maryland will increase the number of “meaningful” dental providers (who are billing MHSDP at or above $10,000 a year) by 3% (38 more providers).

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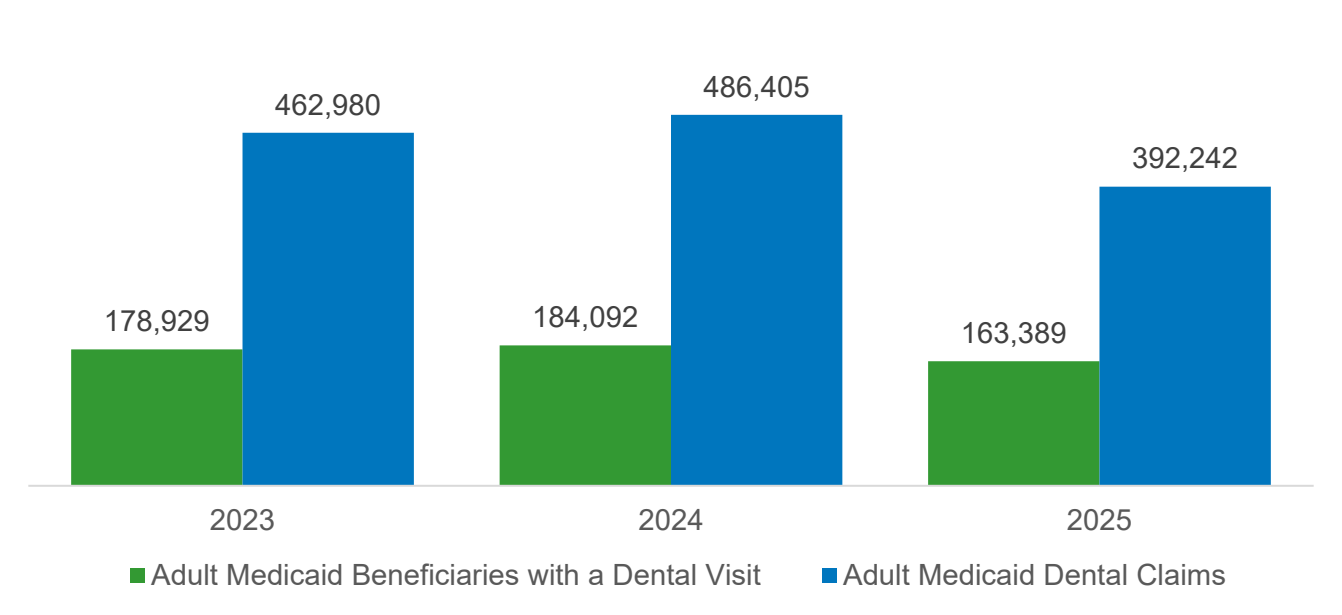
# Maryland

**Outcome:** While the number of meaningful dental providers has not been completed for 2025, the Maryland coalition was able to assess the number of meaningful dental providers increased by 3.8% from 2023 to 2024.

## Goal 3: By December 2025, Maryland will increase the number of adult Medicaid beneficiaries receiving dental care.

**Outcome:** The Maryland coalition was unable to assess the number of adult Medicaid beneficiaries receiving dental care due a lack of available data.

### Data Highlight: Dental Care Utilization and Dental Claims for Adult Medicaid Beneficiaries in Maryland




*Source: Maryland State Board of Dental Examiner, SKYGEN USA, and Maryland Health Smiles Dental Program. Note: Data for 2025 are only through August 2025.*

## Challenges

The Maryland Department of Medicaid and the Maryland Department of Health, Office of Oral Health declined to participate in the Maryland coalition, which limited opportunities for the coalition to collect meaningful data.

Maryland federal employees have experienced mass layoffs following efforts by the Department of Government Efficiency (DOGE), limiting the state's health administration's ability to collect and provide data on Medicaid enrollment and utilization.

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# Maryland

## Successes

The Maryland coalition established a collaborative approach to address administrative burdens and provider credentialing, resulting in conversations with the Maryland Department of Medicaid and other key stakeholders.

Social media campaigns increase awareness of dental benefits under the Medicaid program among providers and beneficiaries.

Maryland's Dent-Care Loan Assistance Repayment Program was expanded to include dental hygienists in 2024 and dentists in 2026. This program is available to dental hygienists and dentists whose patient base is at least 30% Medicaid beneficiaries.

Maryland faced a significant budget deficit entering the 2025 General Assembly session; however, there were no cuts made to Medicaid dental benefits for the 2026 Fiscal Year Budget.

Members of the Maryland coalition have expressed confidence that promotional activities by Maryland Dental Action Coalition (MDAC), the Maryland State Dental Association (MSDA), and other advocates – coupled with the retention of Medicaid funding and current coverage – will continue to augment Medicaid provider participation.

The Maryland coalition launched several campaigns to raise awareness among Medicaid beneficiaries of expanded dental benefits and increase dental care utilization. MDAC's My Reason to Smile Campaign, for example, had over 9 million engagements and 20,000 unique visits to its webpage. MSDA has an ongoing dental provider outreach and recruitment strategy, which focuses on highlight the benefits of in enrolling in the Medicaid program. These provider and beneficiary-focused initiatives will collectively support increased access to dental care.

## Future Initiatives

Maryland will continue to collect data on changes in provider participation rates, network adequacy, and utilization of dental services among child and adult Medicaid beneficiaries

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# Nebraska

## Background

Since 2022, Nebraska has implemented several policy changes to increase dental care access for its Medicaid population:

- The Nebraska legislature increased Medicaid fees by 10% in 2023 and 12.5% in 2024.
- In 2024, the annual spending cap of $750 for adult Medicaid beneficiaries was dropped and adult dental benefits were expanded to the comprehensive level. Prior to this expansion, dental benefits for adults in Nebraska were limited.
- Dental coverage, previously carved out and siloed from general health coverage, was moved to an integrated plan with three MCOs distributing Medicaid benefits.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Nebraska dentists | 1,295 | 1,272 | N/A |
| Nebraska dentists participating in Medicaid | 1,208 | 1,162 | 1,162 |
| Nebraska dentists with 100+ Medicaid beneficiaries per year (“Meaningful Provider”) | 432 | 418 | 382 |

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Nebraska Medicaid beneficiaries | 434,904 | 463,000 | 422,097 |
| Nebraska Medicaid beneficiaries receiving any dental service | 32% | 29% | 31% |
| Nebraska Medicaid beneficiaries receiving at least one preventive service | 30% | 24% | 26% |

*__Source:__ Top two rows are from the ADA Health Policy Institute. All remaining data are from the Nebraska Department of Health and Human Services. __Notes__: Data for Nebraska is reported as state fiscal year. Data for beneficiaries include all ages (children and adults). Preventive services include procedures billed under D1000–D1999. Some data for 2025 are not yet available.*

## Goal 1: By June 2025, Nebraska will increase the number of newly enrolled dentists in Medicaid and in-network with MCOs by 3%.

**Outcome:** The number of new Nebraska dentists participating in Medicaid and credentialed with MCOs increased by 9.6% from 2023 to 2024 and 2.1% from 2023 to 2025.

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# Nebraska

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Number of dentists who are newly participating in Medicaid | 146 | 160 | 149 |

***Source:*** *Nebraska Department of Health and Human Services.* ***Note****: Data for Nebraska is reported as state fiscal year.*

### Goal 2: By June 2025, Nebraska will increase the number of Medicaid paid dental claim submissions by 3%.

**Outcome:** Following outreach efforts to dental providers informing them of a recent fee increase, Nebraska saw a 5% increase in the number of paid dental claims from 2024 to 2025.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Number of paid Medicaid dental claims | 311,242 | 293,991 | 307,807 |

***Source:*** *Nebraska Department of Health and Human Services.* ***Note****: Data for Nebraska is reported as state fiscal year.*

### Goal 3: Nebraska will assess its performance meeting the following measures from the Dental Quality Alliance: (1) OEV-CH-A: Oral Evaluation, Dental Services; the percentage of Medicaid enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year (2) DOE-A-A: Adults with Diabetes, Oral Evaluation; the percentage of Medicaid enrolled adults aged 18 years and older with diabetes who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation within the reporting year (3) TRT-CH-A: Treatment Services, Dental Services; the percentage of Medicaid enrolled children under age 21 who received a treatment service within the reporting year.

**Outcome:** The Nebraska coalition successfully collected and analyzed data for its selected measures. From 2023 to 2025, the percentage of (1) pediatric Medicaid beneficiaries who received a comprehensive or periodic oral evaluation increased by 2.2 percentage points (2) adult Medicaid beneficiaries with diabetes who received a comprehensive or periodic oral evaluation or comprehensive periodontal evaluation increased by .4 percentage points and (3) pediatric Medicaid beneficiaries who received a treatment service increased by 1.7 percentage points.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| OEV-CH-A: Oral Evaluation, Dental Services | 45.6% | 45.2% | 47.8% |
| DOE-A-A: Adults with Diabetes, Oral Evaluation | 19.0% | 18.3% | 19.4% |

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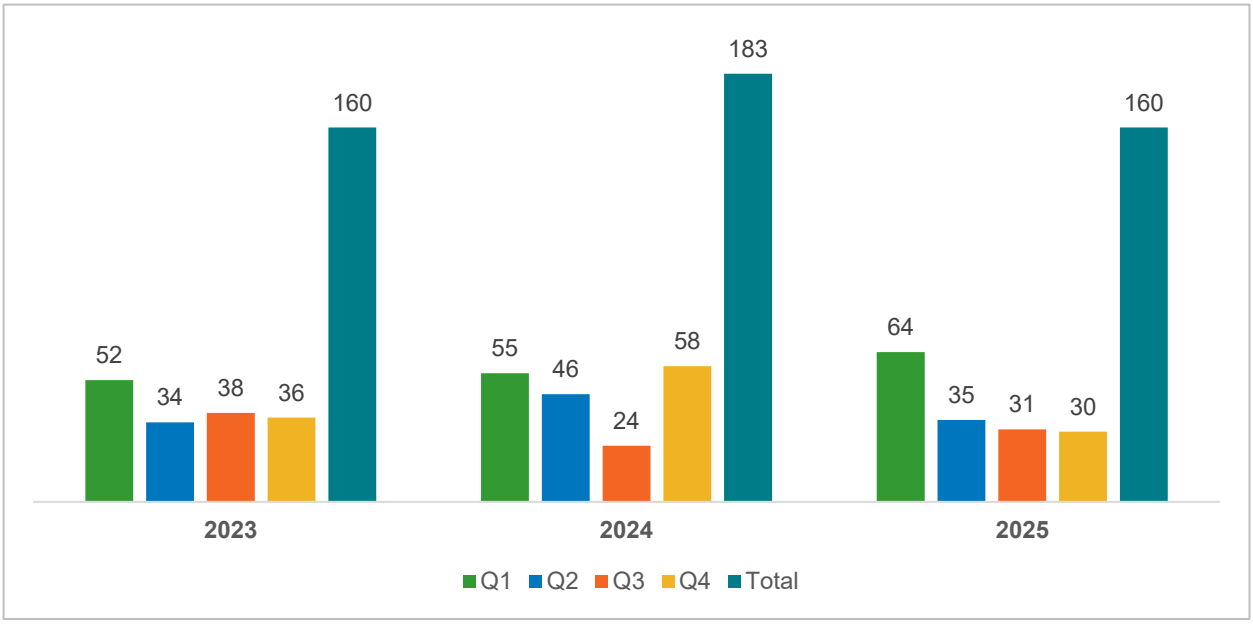
# Nebraska

| | | | |
|---|---|---|---|
| TRT-CH-A: Treatment Services, Dental Services | 16.6% | 16.4% | 18.3% |

***Source:*** *Nebraska Department of Health and Human Services.* ***Note****: Data for Nebraska is reported as state fiscal year.*

## Data Highlight: Nebraska Providers Newly Enrolled in Medicaid




***Source:*** *Nebraska Department of Health and Human Services.* ***Note****: Data for Nebraska is reported as state fiscal year.*

### Challenges

Nebraska, like most rural states, struggles to recruit dentists and dental hygienists to its underserved areas. Despite numerous efforts to improve provider perception of Medicaid, Nebraska dentists are still wary of administrative barriers associated with Medicaid, such as audits. The Nebraska team recognizes the need for ongoing education, particularly of dental students, to change these persistent perceptions.

### Successes

The Nebraska team has built a cohort of stakeholders that committed to capitalizing on recent milestones expanding access to care. The participation of Nebraska's dental schools, participating Medicaid providers, the Nebraska Department of Medicaid, Nebraska state dental director, their Medicaid and long-term care deputy director, and their medical services director aided in the success of this pilot project goals.

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# Nebraska

Nebraska and the ADA Health Policy Institute created a cobranded coverage chart between the three MCOs to improve transparency for providers navigating plan differences. Dentist credentialing has been streamlined, and additional dental benefits have been incorporated into the Medicaid program.

## Future Initiatives

The Nebraska coalition will continue to engage potential and current Medicaid-participating dentists to continually increase their capacity to see more beneficiaries. The coalition plans to explore new incentives for Medicaid participation such as value-based care (VBC) contracts and bonuses for beneficiary health outcomes. To increase dental access specifically in rural areas, Nebraska will work with the ADA's Health Policy Institute to measure the geographic distribution of Medicaid providers and identify Medicaid "deserts" and plan recruitment efforts accordingly. The Nebraska Dental Association will continue to advocate for other rural oral health initiatives, including loan repayment for rural dentists, expanded and reimagined D4 rural rotations, and expanded function dental assistants (EFDA) scholarships.

To increase Medicaid beneficiary utilization, the coalition will explore ways to coordinate MCO outreach and funnel beneficiaries seeking care in hospital emergency departments to more appropriate avenues of care, including teledentistry and referrals to urgent care clinics in Nebraska's two dental schools. Quality improvement efforts will focus more on pregnant beneficiaries and beneficiaries with diabetes.

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# Ohio

## Background

Since 2022, Ohio has implemented a significant policy change to increase dental care access for its Medicaid population:

- In January 2024, the Ohio state legislature passed a massive increase (93%) of Medicaid dental fees and expanded coverage to include posterior crowns and nightguard appliances.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Ohio dentists | 5,836 | 5,787 | N/A |
| Ohio dentists participating in Medicaid | 38% | 30% | N/A |

***Source:*** *ADA Health Policy Institute.* ***Note:*** *Data for Ohio are reported as calendar year. Data for 2025 are not yet available.*

## Goal 1: Gather data and prepare update to legislators and stakeholders regarding outcomes from fee increase

**Outcome:** The Ohio coalition was unable to provide an update to legislators and stakeholders due a lack of available data.

## Goal 2: Increase dentist provider participation in Medicaid.

**Outcome:** The Ohio coalition was unable to assess Medicaid provider participation due a lack of available data. The Ohio Dental Association (ODA) reports a 10 plus percentage increase in the number of ODA member dentists who self-reported themselves as Medicaid providers.

## Goal 3: Improve provider perception of Medicaid.

**Outcomes:** The Ohio coalition was unable to assess Medicaid provider participation due a lack of available data.

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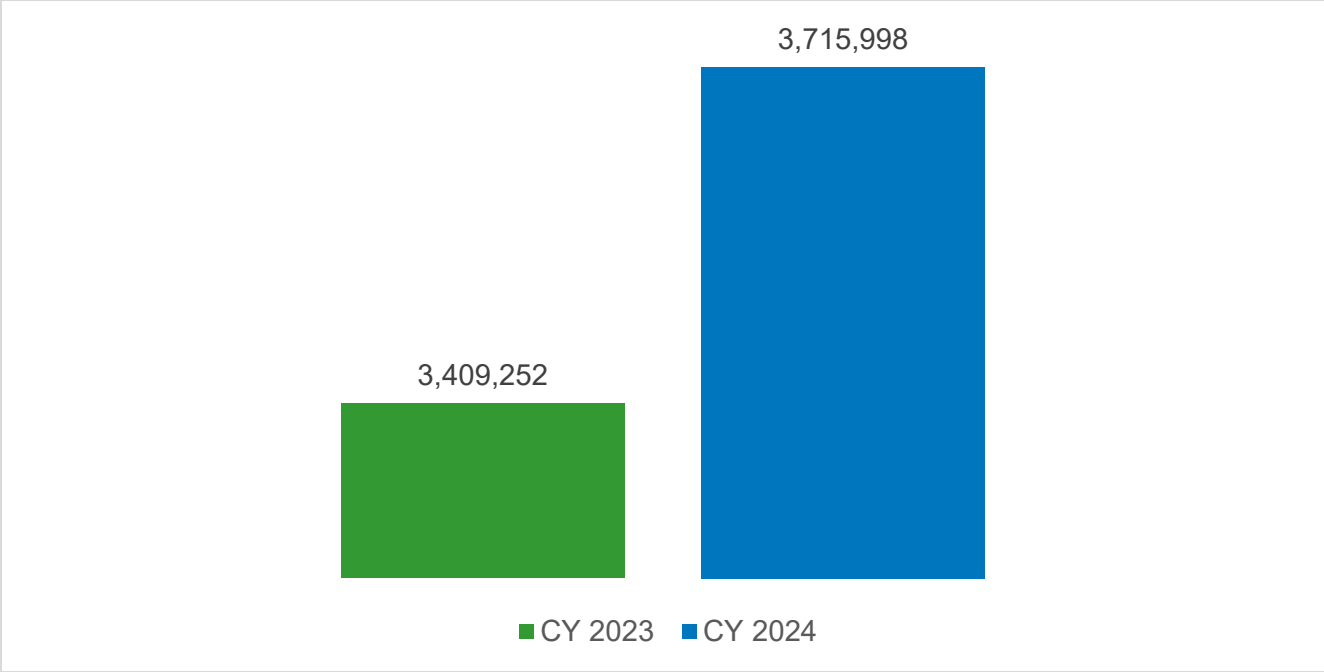
# Ohio

## Data Highlight: Total Medicaid Dental Services Provided by Three Ohio MCOs




***Source**: Data provided from three managed care organizations in Ohio.*

### Challenges

The Ohio Department of Medicaid (ODM) and Ohio Department of Health was unable to participate or provide data, so the state team was comprised mostly of dental providers, limiting the diverse perspective of potential stakeholders. The lack of collaboration also limited data accessibility. While there was an official data request sent to ODM, data limitations prevented it from being shared with the pilot project. The Ohio coalition also faced difficulty in collecting data directly from the seven MCOs; three MCOs did not respond to the data request for this pilot project.

### Successes

ODA successfully disseminated a survey and achieved a good response rate to gather real time data of ODA member participation in Medicaid.

The Ohio coalition engaged a number of the state's MCOs to increase provider participation, a catalyst for better communication amongst all stakeholders.

The Ohio team was able to compile data from three MCOS which showed a dramatic rise in Medicaid dental services for all ages from 2023 to 2024.

### Future Initiatives

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# Ohio

Most of the work ahead of the Ohio coalition will be centered around increasing collaboration between the state's MCOs and other health agencies. Collaboration with MCOs will be essential in increasing dentist participation in Medicaid and beneficiary dental care utilization. The Ohio coalition will also have to implement data collection strategies to track the success of this collaboration.

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# Pennsylvania

## Background

Since 2022, Pennsylvania has implemented several policy changes to increase dental care access for its Medicaid population:

- Medicaid add-on payment for providers in the managed care delivery system covering 31 specific dental codes, effective January 2025 and currently scheduled to sunset December 2026.
- One-time supplemental payment to Medicaid enrolled dentists based on utilization of 31 specific dental codes.
- Bills reintroduced in the House and Senate to restore the adult dental benefit in January of 2025; House Bill 583 passed the House in June 2025 by a vote of 154-49 and remains in committee on the Senate side.
- Dental benefits were expanded to include other services and care settings, including teledentistry for all ages, street medicine for all ages, and 6x/year fluoride varnish coverage for beneficiaries under age 21.
- In 2025, the Pennsylvania legislature passed a law authorizing public health dental hygienists to complete mandated school dental screenings.
- In 2022, several new MCO contracts went into effect, and from 2022 to 2025, the Bureau of Managed Care Operations reinforced requirements for comprehensive dental benefits covered under the Medical Assistance (MA) Program's benefit limit exception process.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Pennsylvania dentists | 9,086 | 9,728 | 9,023 |
| Pennsylvania dentists participating in Medicaid who have billed at least 1 claim | 24% | 22% | 22% |
| Pennsylvania dentists with 100+ Medicaid beneficiaries per year ("Meaningful Provider") | 15% | 14% | 9% |

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Pennsylvania Medicaid beneficiaries | 4,042,767 | 3,742,074 | 3,352,405 |
| Pennsylvania Medicaid beneficiaries receiving any dental service | 27.0% | 26.6% | 23.1% |

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# Pennsylvania

| | | | |
|---|---|---|---|
| Pennsylvania Medicaid beneficiaries receiving at least one preventive service | 21.5% | 21.2% | 18.5% |

***Source**: Top row is from Pennsylvania Coalition of Oral Health. All remaining data are from Pennsylvania Department of Human Services.*
***Notes**: Data for Pennsylvania are reported as calendar year. Data for 2025 were extracted as of September 15, 2025 and are incomplete. Pennsylvania Medicaid providers have up to 180 days to submit claims and submitted claims undergo validation and processing before inclusion in the data system, claims from earlier months of 2025 may not yet be captured. Beneficiary data are for all ages (child and adult). Preventive services include procedures billed under D1000–D1999.*

## Goal 1: By December 2025, Pennsylvania will increase the number of enrolled providers in the Medicaid ID (MAID) system who have billed at least 1 claim in the benefit year by 3% (78 new providers).

**Outcome:** From 2023 to 2024, the number of enrolled providers in MAID who billed at least one claim increased by 1.3%.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Medicaid participating dentists who have billed at least 1 claim | 2,154 | 2,182 | 1,973 |

***Source**: Pennsylvania Department of Human Services. **Notes**: Data for Pennsylvania are reported as calendar year. Data for 2025 were extracted as of September 15, 2025 and are incomplete. Pennsylvania Medicaid providers have up to 180 days to submit claims and submitted claims undergo validation and processing before inclusion in the data system, claims from earlier months of 2025 may not yet be captured.*

## Goal 2: By December 2025, Pennsylvania will increase the number of meaningful providers (100+ beneficiaries in a year) by 3% (50 providers).

**Outcome:** From 2023 to 2024, the percent dentists seeing 100 or more Medicaid beneficiaries in a year increased by 3.5% due to efforts by Pennsylvania's MCOs to support dentists looking to expand their Medicaid patient base.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Number of dentists with 100+ Medicaid beneficiaries per year | 1,325 | 1,372 | 814 |

***Source**: Pennsylvania Department of Human Services. **Notes**: Data for Pennsylvania are reported as calendar year. Data for 2025 were extracted as of September 15, 2025 and are incomplete. Pennsylvania Medicaid providers have up to 180 days to submit claims and submitted claims undergo validation and processing before inclusion in the data system, claims from earlier months of 2025 may not yet be captured.*

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# Pennsylvania

## Goal 3: Measure beneficiary utilization of diagnostic, preventative, restorative, and oral surgery services. Track the number of medical providers applying Topical Fluoride Varnish (CPT 99188).

**Outcome:** The Pennsylvania coalition successfully collected and analyzed Medicaid claims data to identify utilization patterns and established baseline trends in service utilization by category. From 2023 to 2024, the number of medical providers applying topical fluoride varnish to beneficiaries ages 0-20 increased by 24% and the number of beneficiaries who received topical fluoride varnish increased by 18%, a significant increase that the Pennsylvania coalition will continue to monitor. Pennsylvania theorizes that the decrease in total number of services received in all 4 categories can be partially attributed to the Medicaid Public Health Emergency unwinding.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Total number of services received for diagnostic services (D0100-D0999) | 3,225,527 | 3,109,689 | 1,997,201 |
| Total number of services received for preventive services (D1000-D1999) | 3,446,566 | 3,434,697 | 2,196,963 |
| Total number of services received for restorative services (D2000-D2999) | 1,046,453 | 955,047 | 536,890 |
| Total number of services received for oral surgery services (D7000-D7999) | 574,277 | 510,385 | 270,155 |
| Number of medical providers applying topical fluoride varnish to beneficiaries ages 0-20 | 1,119 | 1,391 | 1,278 |
| Number of beneficiaries ages 0-20 receiving topical fluoride varnish | 45,894 | 54,358 | 40,632 |
| Number of beneficiaries ages 0-20 who received topical fluoride varnish and had a dental service within 90 days | 7,441 | 9,452 | 6,021 |

*__Source__: Pennsylvania Department of Human Services. __Notes__: Data for Pennsylvania are reported as calendar year. Topical fluoride varnish are services billed under CPT 99188. Data for 2025 were extracted as of September 15, 2025 and are incomplete. Pennsylvania Medicaid providers have up to 180 days to submit claims and submitted claims undergo validation and processing before inclusion in the data system, claims from earlier months of 2025 may not yet be captured.*

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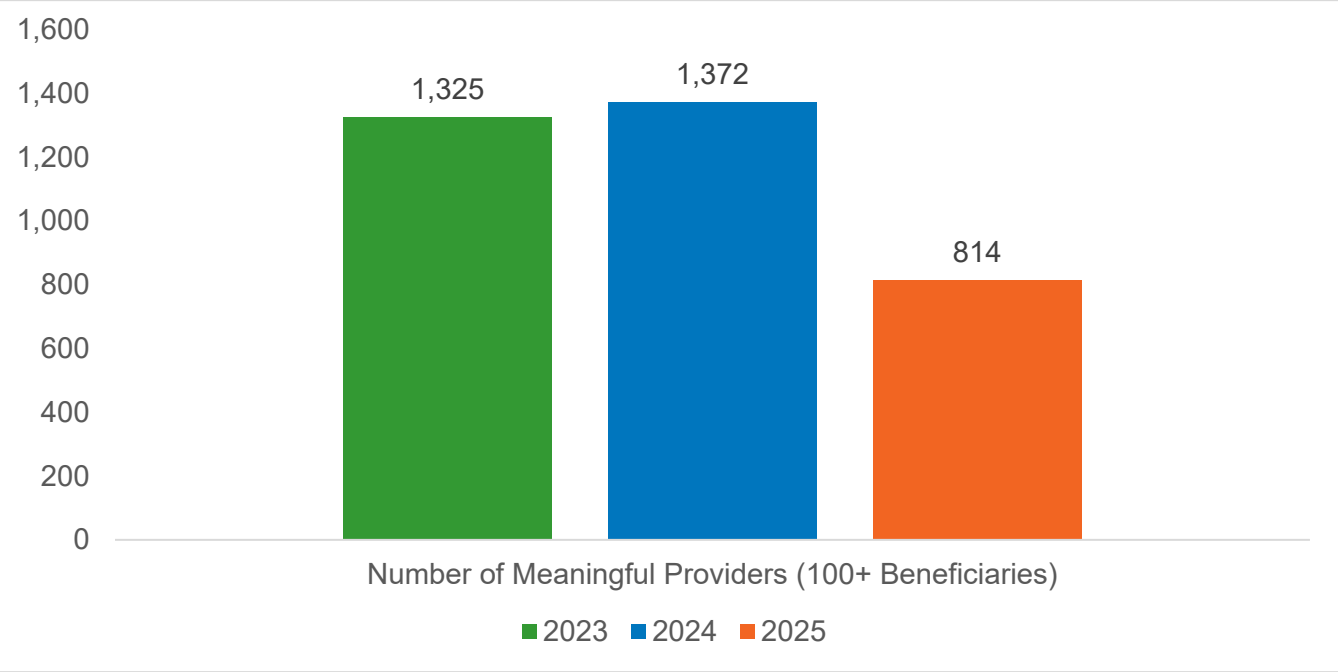
# Pennsylvania

## Data Highlight: Pennsylvania Dentists who are Meaningful Medicaid Providers (100+ Medicaid Beneficiaries)




***Source**: Pennsylvania Department of Human Services. **Notes**: Data for 2025 were extracted as of September 15, 2025 and are incomplete. Pennsylvania Medicaid providers have up to 180 days to submit claims and submitted claims undergo validation and processing before inclusion in the data system, claims from earlier months of 2025 may not yet be captured.*

### Challenges

Pennsylvania has not been able to address provider pain points when it comes to participating in Medicaid, including limited comprehensive adult coverage, persistent administrative burdens, and low reimbursement rates.

Pennsylvania also faces an overall structural problem within Medicaid; carve-in arrangements reduce the influence of the dental program relative to other health priorities.

### Successes

Through a collaborative partnership with the Pennsylvania Coalition for Oral Health (PCOH), the Department of Health (DOH), the Department of Human Services (DHS), the Pennsylvania Dental Association (PDA), and Managed Care Organizations (MCOs), the Pennsylvania coalition worked together to develop and implement strategies to achieve their shared goals. DHS also played a critical role in analyzing the data for each goal. The collaborative process and data analyses laid the foundation for ongoing monitoring and continued improvement.

Pennsylvania conducted a webinar for dentists and Public Health Dental Hygiene Practitioners (PHDHPs) on how to enroll in the Medical Assistance (MA) program. The Pennsylvania coalition

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# Pennsylvania

implemented a continuing education (CE) program focusing on the benefits and processes of MA program participation. Though increasing provider enrollment was not achievable during this time frame, Pennsylvania will continue to actively engage with members at CE and other Pennsylvania Dental Association (PDA) events. Targeted communications (texts, emails, and newsletter articles) through PDA channels will be disseminated to increase provider awareness and encourage participation in Medicaid.

The Pennsylvania coalition, particularly PDA, improved its engagement with dental providers and secured opportunities for face-to-face interactions at dental society meetings and CE events. These engagements strengthened communication between state agencies and providers, laying the foundation for ongoing collaboration.

### Future Initiatives

The Pennsylvania coalition plans to maintain outreach and engagement with dental providers on enrolling in the Medicaid program, particularly through CE events, webinars, newsletters, and targeted communications. Outreach efforts will also target Medicaid beneficiaries to increase utilization of preventive services. The coalition also plans to meet monthly going forward to ensure the success of their shared goals.

Given Pennsylvania's dentist supply issues, the coalition will collaborate with dental schools and MCOs to monitor and address provider distribution and capacity across the state to ensure adequate access in underserved areas. MCOs will expand quality improvement initiatives to increase the number of meaningful providers and improve service delivery through new data-driven insights. Pennsylvania will continue to collaborate with DHS to enhance data collection, quality, and analysis. The coalition plans to build and maintain long-term, sustainable dental data systems to inform policy decisions, measure utilization, and track progress on Pilot Project goals.

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# Rhode Island

## Background

Since 2022, Rhode Island has implemented several policy changes to increase dental care access for its Medicaid population:

- Medicaid fees were increased in July 2022, doubled in many cases. This fee increase was the first since 1992.
- Medicaid dental benefits were expanded to include Immediate dentures.
- The number of public health dental hygienists increased due to funding for training costs.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Rhode Island dentists | 569 | 563 | N/A |
| Rhode Island dentists participating in Medicaid | 49% | 53% | N/A |
| Rhode Island dentists with 100+ Medicaid beneficiaries per year ("Meaningful Provider") | 24% | 25% | N/A |

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Rhode Island Medicaid beneficiaries | 374,923 | 394,368 | 351,325 |
| Rhode Island Medicaid beneficiaries receiving any dental service | 30% | 28% | 31% |
| Rhode Island Medicaid beneficiaries receiving at least one preventive service | 24% | 22% | 24% |

*__Source__: Data for top row are from the ADA Health Policy Institute. All remaining data are from the Rhode Island Department of Health __Notes__: Data for Rhode Island are reported as state fiscal year. Beneficiary data are for all ages (child and adult). Preventive services include procedures billed under D1000–D1999. Data for 2025 are as of November 2025 and are incomplete.*

## Goal 1: By December 2025, Rhode Island will increase the number of participating Medicaid providers by 9% (273 to 297 providers), with 9% (215 to 234 providers) in private practice and 9% (58 to 63 providers) in FQHCs.

**Outcome:** From 2023 to 2024, the number of Medicaid providers increased by 6%; the number of Medicaid providers in private practice increased by 9% and the number of Medicaid providers in FQHCs increased by 16%. While data for 2025 is not yet complete, it is notable that from 2023 to 2025 the number of Medicaid providers in FQHCs increased by 60%.

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# Rhode Island

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Number of private practice dentists participating in Medicaid | 79 | 86 | 81 |
| Percent of private practice dentists participating in Medicaid | 17% | 18% | 17% |
| Number of FQHC dentists participating in Medicaid | 30 | 35 | 48 |
| Percent of FQHC dentists participating in Medicaid | 91% | 95% | 96% |

***Source**: Rhode Island Department of Health. **Notes**: Data for Rhode Island are reported as state fiscal year. Data for 2025 are as of November 2025 and are incomplete.*

### Goal 2: By December 2025, Rhode Island will increase the number of meaningful providers (100+ beneficiaries in a year) by 4% (136 to 141 providers).

**Outcome:** From 2023 to 2025, the number of meaningful Medicaid providers increased by 8% in Rhode Island. The Rhode Island coalition recognized the importance of the dental safety net and the critical role that FQHCs play in the delivery of dental services.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Number of Medicaid participating dentists accepting 0 Medicaid beneficiaries | 56 | 63 | 71 |
| Number of Medicaid participating dentists accepting 1-9 beneficiaries | 49 | 49 | 20 |
| Number of Medicaid participating dentists accepting 10-100 beneficiaries | 39 | 44 | 51 |
| Number of Medicaid participating dentists accepting 100+ beneficiaries | 136 | 141 | 147 |

***Source**: Rhode Island Department of Health. **Notes**: Data for Rhode Island are reported as state fiscal year. Data for 2025 are as of November 2025 and are incomplete.*

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# Rhode Island

## Goal 3: Measure utilization of diagnostic, preventive, restorative, and oral surgery services for child and adult beneficiaries

**Outcome:** The Rhode Island coalition successfully collected and analyzed utilization of services for child and adult beneficiaries from 2023 to 2025. From 2023 to 2025, the percentage of child and adult Medicaid beneficiaries receiving dental services either remained stable or increased. This pattern held across diagnostic, preventive, restorative, and oral surgery services, and no decreases were observed.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Percentage of child Medicaid beneficiaries who received any dental services | 42% | 40% | 43% |
| Percentage of child Medicaid beneficiaries who received diagnostic services (D0100-D0999) | 38% | 36% | 39% |
| Percentage of child Medicaid beneficiaries who received preventive services (D1000-D1999) | 38% | 35% | 38% |
| Percentage of child Medicaid beneficiaries who received restorative services (D2000-D2999) | 11% | 11% | 12% |
| Percentage of child Medicaid beneficiaries who received oral surgery services (D7000-D7999) | 5% | 5% | 5% |
| Percentage of adult Medicaid beneficiaries who received any dental services | 18% | 17% | 19% |
| Percentage of adult Medicaid beneficiaries who received diagnostic services (D0100-D0999) | 16% | 15% | 17% |
| Percentage of adult Medicaid beneficiaries who received preventive services (D1000-D1999) | 11% | 11% | 12% |
| Percentage of adult Medicaid beneficiaries who received restorative services (D2000-D2999) | 7% | 6% | 7% |

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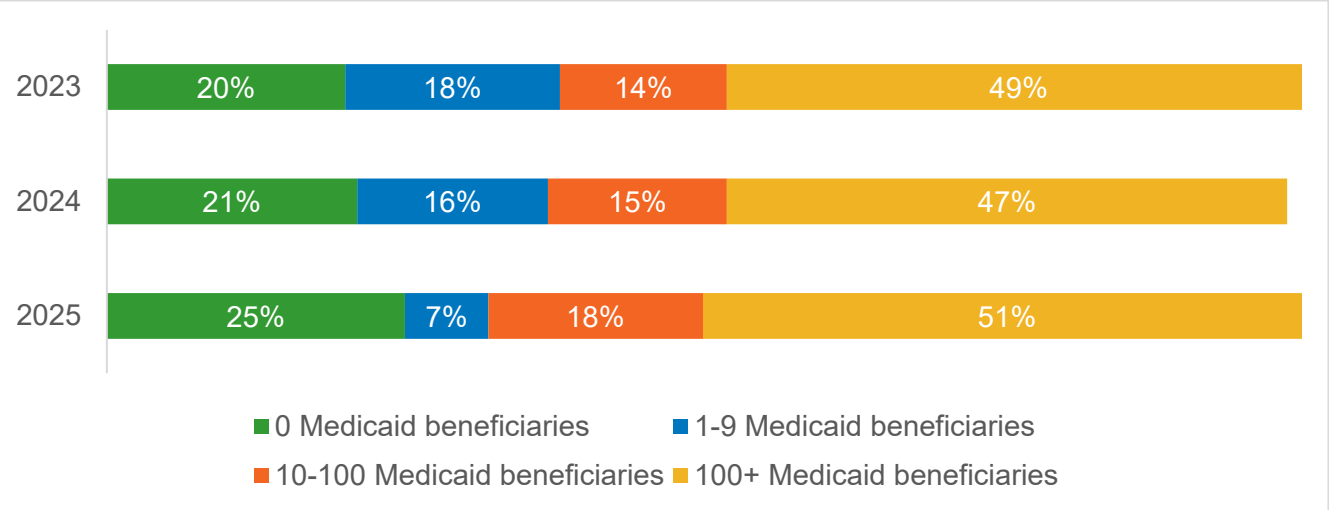
# Rhode Island

| | | | |
|---|---|---|---|
| Percentage of adult Medicaid beneficiaries who received oral surgery services (D7000-D7999) | 4% | 4% | 5% |

***Source**: Rhode Island Department of Health. **Notes**: Data for Rhode Island are reported as state fiscal year. Medicaid beneficiary data is ages 0-24 for children and ages 25-64 for adults. Data for 2025 are as of November 2025 and are incomplete.*

## Data Highlight: Rhode Island Dentists by Beneficiary Volume per Year




***Source**: Rhode Island Department of Health. **Notes**: Data for Rhode Island are reported as state fiscal year. Medicaid beneficiary data is ages 0-24 for children and ages 25-64 for adults. Data for 2025 are as of November 2025 and are incomplete.*

### Challenges

Despite ongoing outreach efforts to dentists about the Medicaid program, a lack of interest and negative perceptions about Medicaid persist in some parts of Rhode Island's dentist workforce. Despite the increase in fees in 2022, reimbursement for Medicaid services remains too low for some providers. The Rhode Island coalition overall struggled with limited engagement and support from organized dentistry.

### Successes

Increased provider participation stemmed from several initiatives. The Rhode Island Department of Health (RIDOH) redesigned its Medicaid website, improving information and resources such as provider testimonies to improve participation. RIDOH also disseminated a direct mail campaign and regular provider newsletter updates. The Rhode Island pilot project coalition developed a social media campaign to recruit more providers based on quality improvement strategies and geotargeting.

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# Rhode Island

The coalition also recognize the need for reframing data analysis to regularly measure the impacts of quality improvement projects, allowing for timely adjustments and streamlined processes for future initiatives.

## Future Initiatives

Rhode Island, currently a fee-for-service state only for adult dental benefits, may explore managed care for its Medicaid adult dental program to increase provider participation and beneficiary utilization. MCO administration would enable better data tracking of provider and beneficiary engagement with Medicaid.

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# South Dakota

## Background

Since 2022, South Dakota has implemented several policy changes to increase dental care access for its Medicaid population:

- In July 2023, Medicaid fees were increased to 70% of average billed charges, and inflationary increases were added in 2024 and 2025.
- In July 2023, South Dakota Medicaid expanded coverage to adults ages 19 to 64 with incomes up to138% of the federal poverty line. Recipients under expansion are eligible to receive the same dental benefit package as other enrolled adults.
- Throughout 2022 to 2025, Medicaid coverage was expanded to include new allowances for emergency services, dental sealants, bridges, crowns, fluoride varnish, sedations and more. The annual benefit maximum for adults increased from $1,000 to $2,000.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| South Dakota dentists | 476 | 490 | 499 |
| South Dakota dentists participating in Medicaid | 68% | 70% | 72% |
| South Dakota dentists with 100+ Medicaid beneficiaries per year (“Meaningful Provider”) | 26% | 27% | 38% |

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| South Dakota Medicaid beneficiaries | 140,591 | 123,002 | 144,310 |
| South Dakota Medicaid beneficiaries receiving any dental service | 35% | 40% | 45% |
| South Dakota Medicaid beneficiaries receiving at least one preventive service | 31% | 36% | 39% |

***Source:*** *South Dakota Department of Social Services.* ***Notes:*** *Data for South Dakota are reported as state fiscal year. Beneficiary data are for all ages (child and adult). Preventive services include procedures billed under D1000–D1999.*

### Goal 1: Increase the number of Medicaid participating dentists by 5 percentage points (19 providers).

### Subgoal: Recruit 75% of new dentists into the Medicaid program.

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# South Dakota

**Outcome:** From 2023 to 2025, the number of dentists participating in Medicaid increased by 4 percentage points in South Dakota. In addition, the South Dakota coalition was successfully able to recruit 75% of new dentists in their Medicaid program in 2024.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Percentage of dentists participating in Medicaid | 68% | 70% | 72% |
| Number of new South Dakota dentists | 36 | 40 | 28 |
| Number of new South Dakota dentists participating in Medicaid | 25 | 30 | 16 |
| Percentage of new South Dakota dentists participating in Medicaid | 69% | 75% | 57% |

***Source:*** *South Dakota Department of Social Services.* ***Note:*** *Data for South Dakota are reported as state fiscal year.*

### Goal 2: Increase the number of meaningful providers (100+ beneficiaries a year) by 10 percentage points by June 2025 (13 providers).

### Subgoal: Increase the number of providers who accept 50+ new beneficiaries per year by December 2025 (20 providers).

**Outcome:** From 2023 to 2025, the number of meaningful providers increase by 14 percentage points in South Dakota. The number of provider accepting 50+ beneficiaries increased by 15 percentage points.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Number of Medicaid participating dentists accepting 100+ beneficiaries | 126 | 132 | 192 |
| Percent of Medicaid participating dentists accepting 100+ beneficiaries | 39% | 39% | 53% |
| Number of Medicaid participating dentists accepting 50+ beneficiaries | 193 | 196 | 265 |
| Percent of Medicaid participating dentists accepting 50+ beneficiaries | 59% | 57% | 74% |

***Source:*** *South Dakota Department of Social Services.* ***Note:*** *Data for South Dakota are reported as state fiscal year.*

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# South Dakota

## Goal 3: Increase the percentage of beneficiaries that receive any dental service by 10 percentage points by June 2025 (35% to 45%).

## Subgoals: Increase the percentage of eligible children and adults that receive preventative dental services. Increase the number of services provided by 10%.

**Outcome**: From 2023 to 2025, the percentage of beneficiaries that receive any dental service increased 10 percentage points. The percentage of eligible children and adults that receive preventative dental services increased by 14 percentage points for children and 9 percentage points for adults. The number of services provided increased by 36%.

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Percentage of Medicaid beneficiaries (all ages) receiving any dental service | 35% | 40% | 45% |
| Percentage of child Medicaid beneficiaries receiving preventive dental services | 41% | 48% | 54% |
| Percentage of adult Medicaid beneficiaries receiving preventive dental services | 13% | 18% | 22% |
| Number of Services Provided | 435,070 | 430,201 | 593,125 |

***Source:*** *South Dakota Department of Social Services.* ***Notes:*** *Data for South Dakota are reported as state fiscal year. Medicaid beneficiary data is ages 0-20 for children and ages 21+ for adults. Preventive dental services are limited to D0120, D0145, D0150, D1110, D1120, D1206, D1208, and D1351. Some codes apply to child beneficiaries only.*

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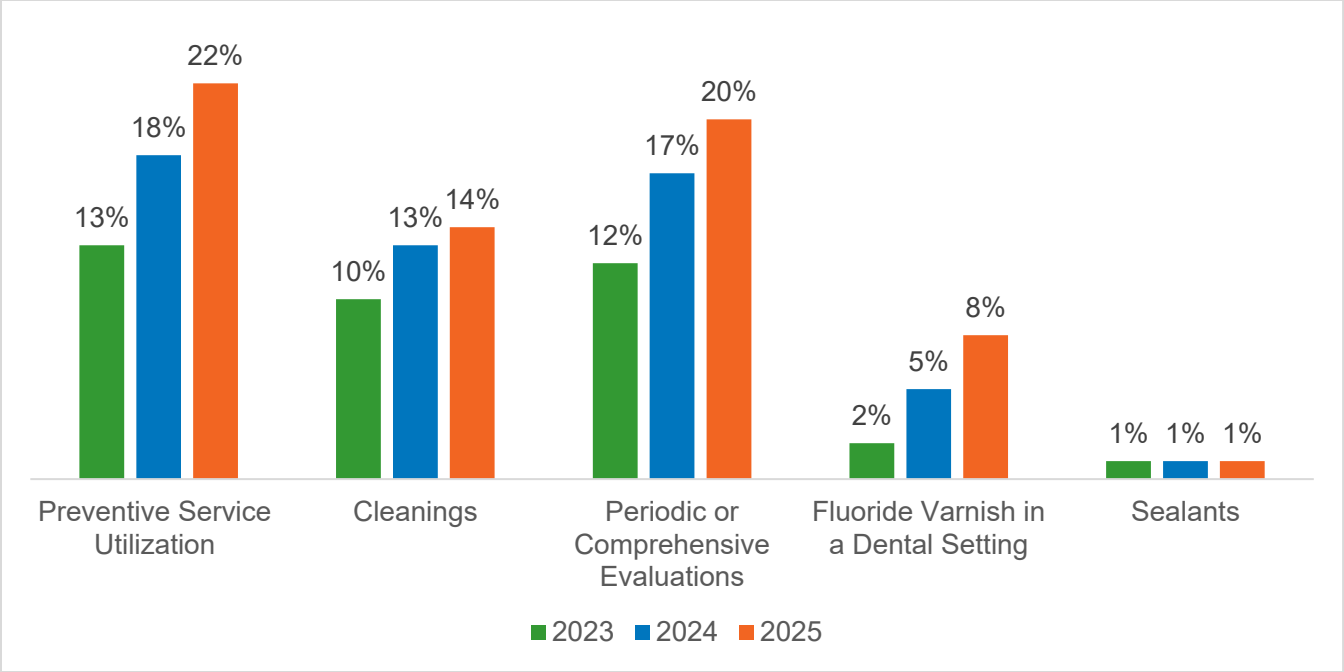
# South Dakota

## Data Highlight: South Dakota Adult Medicaid Beneficiaries Receiving Preventive Services




***Source:*** *South Dakota Department of Social Services.* ***Notes:*** *Data for South Dakota are reported as state fiscal year. Medicaid beneficiary data is ages 0-20 for children and ages 21+ for adults. Preventive dental services are limited to D0120, D0145, D0150, D1110, D1120, D1206, D1208, and D1351. Some codes apply to child beneficiaries only.*

### Challenges

As a rural state, South Dakota faces a lot of workforce challenges, particularly the recruitment of dental school graduates. Further, the ability of South Dakota to accept more Medicaid beneficiaries is impacted by dental hygienist shortages. There are workgroups and initiatives underway to address the shortage.

### Successes

The South Dakota coalition was able to establish a need for ongoing collaboration in terms of setting goals for policy or rate enhancements. The South Dakota coalition increased outreach to non-participating or minimally participating providers. Outreach highlighted various program enhancements as well as Delta Dental of South Dakota's loan forgiveness program. The South Dakota Dental Association ran an 'Open the door to Medicaid' campaign with communications related to encouraging new providers to enroll or accept more Medicaid patients.

By prioritizing data, quality assurance, quality metrics, and quality improvement, the South Dakota coalition achieved meaningful impact in the oral evaluation of children and adults as well as a comprehensive analysis of preventive measures for children and adults.

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# South Dakota

One of the main pain points for South Dakota dentists related to Medicaid is the impact of missed appointments among beneficiaries. Delta Dental care coordinators already had a referral process in place to provide dental offices with assistance reaching beneficiaries at risk of being dismissed due to missed appointments. In addition to this resource, Delta Dental collected best practices from local offices and compiled them in a missed appointment toolkit for providers.

Completion of an in-person survey at the State Dental Meeting to gauge dental providers' awareness of Medicaid policy enhancements and the associated impact on accepting new Medicaid patients.

## Future Initiatives

The coalition has committed to meet regularly, keep communication strong, continue tracking Medicaid dentist participation and beneficiary utilization as was done in this pilot project. In addition, the coalition is considering pursuing the expansion of the South Dakota Retirement System Supplemental Retirement Plan (SRP). This would allow Medicaid participating dentists to defer a portion of their Medicaid payments into an SRP.

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## Conclusion

Ultimately, four out of six states in the ADA's pilot project were able to increase dentist participation in Medicaid and expand utilization of dental services among Medicaid beneficiaries. While these results cannot be attributed to one single intervention, state coalitions that found the most success in increasing provider participation collaborated on one of the following activities:

- Create or maintain relationships with dentists through direct outreach and office visits
- Offer enrollment assistance and provide ongoing support to help dentists navigate Medicaid or CHIP requirements
- Alleviate dentist concerns around missed appointments with technical guides providers and additional care coordination to support beneficiaries
- Streamline enrollment, credentialing, and prior authorization processes
- Partner with dental schools to expand recruitment pipelines and promote provider engagement

A key aspect – and obstacle – of this project was access to data. Regular collection of and access to data allowed state coalitions to monitor dental provider participation trends and make data-informed interventions to target areas with low participation and reduce provider barriers. States that did not have access to updated, reliable data were inhibited in their decision-making processes and had less success in meeting their goals.

Based on the data provided, the ADA's pilot states were able to achieve the following between 2023 and 2025:

- Combined across Maryland and South Dakota, at least **332,874 new Medicaid beneficiaries** received dental services
- Combined across Nebraska and South Dakota, at least **526 dentists newly enrolled in Medicaid**
- Combined across Pennsylvania, Rhode Island and South Dakota, at least **124 dentists became meaningful Medicaid providers**, providing care to more than 100 Medicaid beneficiaries

These results may not reflect all of the pilot states' impact as two of the six states were not able to collect data from their state Medicaid departments.

Additionally, the outcomes above can be attributed to the hard work and dedication of several states towards this pilot program but may be attributed to other factors as well. For example, two states (Pennsylvania and Maryland) recently increased dental coverage for adults in Medicaid, and the state of Ohio increased their Medicaid dental reimbursement to be similar to commercial rates. Both types of interventions may have contributed to an increase in dentist participation in Medicaid and the number of Medicaid beneficiaries being treated.

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## Discussion/Policy Implications

This project aimed to determine if a learning collaborative approach could encourage increased dentist participation in Medicaid. Several state coalitions that participated in this project proved it is possible, but success depends on all parties of the dental Medicaid system sitting at the table. All stakeholders – state Medicaid officials, provider groups, payors, and contractors –involved in the delivery of dental Medicaid benefits must be present and active in efforts to increase dentist participation in Medicaid. The states with the most success had the state oral health program, state Medicaid officials, managed care organizations, dental benefit administrators, state dental associations, and oral health coalitions/dental schools actively involved in their coalitions. When one major stakeholder in the oral healthcare delivery system in Medicaid was not present, the coalition faced delays and setbacks in data access, provider outreach, and policy influence.

Similar state-based coalitions that were not involved in this pilot project have demonstrated the positive impact stakeholder collaboration can have on improving provider and beneficiary engagement with Medicaid. Missouri, whose team included the Missouri Coalition for Oral Health, MO HealthNet, Missouri Dental Association, began employing a Medicaid Dental Facilitator in 2022. This position helps educate dentists on improved reimbursement and offers dedicated support to dental practices statewide, actively working to improve access to care by addressing existing barriers. Missouri has seen almost an 18% increase in dentists participating in Medicaid since 2015, which can be attributed to this coalition's efforts.

## Acknowledgements

The ADA would like to acknowledge the Council on Access for Advocacy and Prevention, Council on Dental Benefit Programs, Council on Government Affairs, and Council on Dental Practice and its members for their leadership and participation within this pilot program. The ADA would also like to recognize Ian Hedges, M.S., ADA director for Medicaid and Medicare program policy, Matt Zaborowski, MPH, CPH, former ADA senior manager, Deesha Bhaumik, PhD, ADA HPI senior health policy analyst, and Brittany Flynn, MA, ADA HPI manager for their contributions and efforts to this initiative. Lastly, the ADA would like to sincerely thank all the passionate coalition volunteers from MD, NE, OH, PA, RI, and SD who spent two years improving access to dental care for vulnerable members in their communities because they felt it was their professional duty.

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