



10 Steps to Increase Provider Participation in Medicaid and Reduce Associated Administration Burdens

Step 1

Examine available data to determine current baselines of provider participation and service utilization within your state, in order to be able to gauge future progress. These include [CMS 416 data](#); [Medicaid overview by State](#); [CDC state synopses](#), which include multi-year trends; individual state dental utilization data, for example [Wisconsin](#); and ADA resources, such as the [Medicaid Dental Compendium](#), [HPRC analysis](#) and state by state comparisons.

Step 2

Work with CMS and the state dental Medicaid program to gain access to data from third party payors, in addition to fee-for-service. Though this is often considered proprietary, this data is supported by both federal and state resources and should be available to both federal and state officials. Work with third party payors to find common ground in sharing data. If necessary, mandate this within the RFP for state dental program administrators.

Step 3

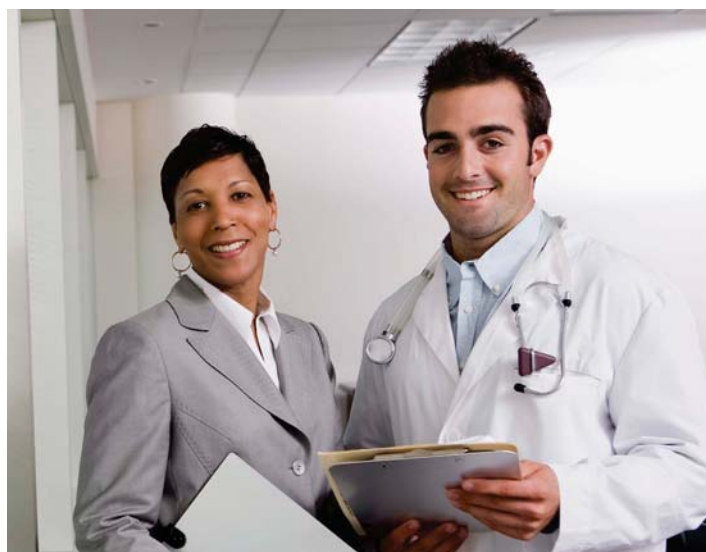
Streamline your credentialing and provider eligibility process: Review those states making a positive difference (Oklahoma, California, Maryland, and Kentucky) as well as using [CAQH](#) as an alternative to in-state processing.

Step 4

Does your state allow and utilize electronic filing of claims? Promote prompt payment for clean claims and reduce prior authorization requirements?

Step 5

Convene or strengthen a state dental Medicaid advisory committee bringing interested stakeholders to the table to find common ground, including representatives of organized dentistry, state dental Medicaid program, state oral health program, patient advocates, state legislators, and third party payors. New Jersey and Tennessee are good examples.



Step 6

Maintain strong lines of communication between:

- the state dental Medicaid program and the state Medicaid program
- the state dental Medicaid program and the state oral health program
- the state oral health coalition and the state dental Medicaid advisory committee
- the American Dental Association and the Medicaid-CHIP State Dental Association

Step 7

Have you had success in getting Medicaid reimbursement rates increased? Was there a corresponding increase in providers participating and patients served? If so, how long did that “bump” last? Are adult dental Medicaid benefits available and stable? What can be learned from Connecticut, California and others?

Step 8

Work to reduce unwarranted fraud and compliance abuse allegations. Establish uniform compliance training for providers and auditors for investigations/reviews conducted by state dental Medicaid program and third party payors.

Step 9

Review the pros and cons of patients successfully suing a state dental Medicaid program. Though there is general agreement that suing the state dental Medicaid program is not the first option to consider, it would be helpful to review the background information that led others to take this action. Hopefully, negotiation and compromise will sufficient overall health.

Step 10

Share program successes and failures so that others might learn from your experience.

Questions? Contact us!

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For more information about the American Dental Association's *Action for Dental Health: Dentists Making a Difference* campaign, visit [ADA.org/action](https://ada.org/action).