

The Intentional Choice to Being a Dental Medicaid Provider:

It's Good for Society and Good for Business



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For too many years, dentists who choose to see patients that have Medicaid as their dental benefit plan have been viewed as having less than an ideal practice. In my 23 years of practicing pediatric dentistry, I have been told, "I'm not a good business manager" or "It's so sad you HAVE to take Medicaid in your practice."

On the contrary, being inclusive of patients that happen to have Medicaid is a privilege and has more upsides than you think. Unfortunately, it is the downsides we focus on. However, the upsides or silver linings can include the following:

- 1) It is in the ADA Code of Ethics, that we should practice the ethical principles of "justice" and "beneficence." Justice is the duty to treat people fairly. When you include Nebraskans that have Medicaid, it means you provide them with fair access to dental care. Beneficence is the duty to "do good and promote the patient's welfare." For many dentists, it feels extremely good to help those with the greatest dental needs who often live in difficult situations or who have fallen into hard times. Most recipients are children, including those in the foster care system. A large fraction of the adult population has special needs. Furthermore, many are vets who served our country. Seeing those with Medicaid is a way of giving back to society and helping others have opportunities for a better future. What about the ethics surrounding turning away a child in pain or has experience trauma? How do we as a profession defend that?
- 2) Health care professionals have a societal contract with the public. The public provides dentists with the privilege of having a high standard of living, autonomy over their profession, etc. In return, the public entrusts the profession to care for all members of society, both the haves and have nots. (Dentistry's Social Contract is at Risk, JADA, 1-22-20)
- 3) Medicaid makes up about 20% of the dental benefit market and is a \$12 billion dollar market. About one out of every two births is a child born into Medicaid. Ignoring Medicaid as a key player in dental market is like retailers ignoring Amazon and Wal-Mart.
- 4) In terms of children, Medicaid covers a wide breadth of services. Very few things require any prior authorization, you can work quickly and fill holes in the schedule with patients who have urgent needs or just happen to be there, and they are more than happy to stay and have some restorative treatment done. Many of these children will go on to college and come back to you with a great dental benefit plan or pay a fee for service.
- 5) Medicaid can help new dentists get busy quickly, fill chair time, and allow dentists to build their speed and confidence. In children, the time unit production of basic restorative dentistry, recall prevention codes, and simple extractions is high, while costs are low.
- 6) Helping to alleviate pain and suffering is one of the most gratifying things we do. Many patients who live in poverty are incredibly grateful when a dentist eliminates their pain and helps them to eat better or be able to smile again. Giving someone the gift of feeling they can socially connect with others is one of the most humanistic things we do.
- 7) Helping an adult with Medicaid to have a more confident smile has been reported to play a role in helping these individuals apply for jobs or seek promotions. Better employment opportunities can lead to more individuals eventually having private dental benefits and leaving Medicaid as well as other social programs based on income. It is good for our economy to contribute to able adults who can and want to work.
- 8) Seeing patients on Medicaid keeps dental-related problems out of the local hospital E.D. It helps drive down the costs of deferred dental treatment, the associated medical costs, and the need for physicians to prescribe narcotics. Patients with Medicaid often can and will pay for non-covered services at their full fee. Many value oral health and esthetics.
- 9) Having other community, health care, and business leaders see you as their local dentist doing your part, and taking care of the underserved is something they respect and admire. When routine care is deferred and becomes severe, it is often your local oral surgeon who is at the end of the line. Shouldn't we allow them to focus on oral surgery and not the consequences of deferred dental treatment?
- 10) When dentists choose not to do their share of Medicaid care, it means some other dentist in your community must do a disproportionate share. That colleague must have their day interrupted with a toothache in their equally busy schedule.

It is time we as a profession, and as individual dentists, recognize the responsibility of caring for this population. They can be challenging; but for many, you can play a key role in improving their lives. Many of us have fallen into tough times due to illness, disability, substance abuse, loss of a loved one, financial stress, divorce, etc. We just had the rainy-day funds, insurance, or the support of family and friends to recover and move forward.

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Much has been made lately within research communities of the Social Determinants (or Drivers) of Health. These considerations involve where a patient lives, their genetics, how educated they happen to be, what their diet is like, family structures (or lack thereof) and their literacy levels.

As a Medicaid provider in my State, I have watched how families struggle with day-to-day issues. My participation in the program, as well as my (and NDA's) advocacy efforts to improve the program in our State, is a critical link for this population to improve their ability to live lives free of pain be able to care for themselves and their families, and go to work.

Being a Medicaid provider allows me to realize this opportunity for professional fulfillment as well as controlling my practice model. I set limits, have policies, and watch my payer mix and overhead closely. I do not have empty chair time.... ever. Many colleagues do not realize that participating in the program does not obligate you to an undefined number of patients that you must see.

However, being such a provider allows you to help in some way those of us who are seeing a significant number of these patients. I know dentists who provide care to Medicaid beneficiaries within a certain age range or on particular days of the week. All are welcome in this community of helping the less fortunate and social entrepreneurship.

No doubt, the Medicaid system has many problems.... low fees, administrative burdens, audits, etc. However, the NDA and ADA are working on many specific initiatives to improve the program for dentists and patients. Good wins have recently included a 10% fee increase in July 2022, a 3 % increase in July 2023, and elimination of the adult \$750 annual cap (which goes into effect Jan 2024). In addition, the NDA worked on a bill for a 25% fee increase that made it out of committee. As new changes are coming, with new contractors, I want to say THANK YOU to MCNA for being a great Medicaid partner for my practice and welcome to United Health Care, Molina, and Nebraska Total Care as our new contracted partners.

On Friday Nov 10th, the NDA and the new managed care plans will be hosting a "Dental Medicaid Update" at the Cornhusker Hotel in Lincoln. Come and hear about the changes coming, the improvements, and meet the new dental plan leaders. The Medicaid Director will be present as well as many others who want to hear your concerns and have an opportunity to address them. The program is free for all dentists and dental team members. Register on the NDA website.

The Council on Advocacy for Access and Prevention (CAAP) has multiple resources to assist you in Medicaid participation from having an Age One dental visit event in your practice, how to document "medically necessary" care and aspects of credentialing that you will find useful. The Medicaid Provider Advisory Committee (MPAC) will be engaged in "Boot Camps" within dental schools and state association meetings to show legislators that the program improvements they have made in many states are appreciated by the profession.

Effective January 1, 2024, dental services will be provided by the managed care organizations (MCOs). Representatives with each of the MCOs may be reaching out to providers to contract for dental services.

If you have any questions or would like to speak to the MCOs about contracting, please reach out to:

Molina Healthcare (SkyGen USA)

1-800-508-6965 - networkdevelopment@skygenusa.com

Nebraska Total Care (Envolve Health)

833-554-2292 - dentalnetwork@envolvehealth.com

UnitedHealthcare (Dental Benefit Providers)

800-822-5353 - ce_packetrequest@uhc.com