1) Approximately 11% of member dentists participated in the survey(s). Of those, 85% were general dentists and 85% are in private practice. On average, there are 1.75 full-time (FT) dentists and 0.9 part-time (PT) dentists in each practice. These offices employ 2.5 FT hygienists and 1.5 PT hygienists, 3.3 FT assistants and 0.9 PT assistants, in a setting with 6.3 operatories.

2) 72% said they would consider participating in an adult Medicaid benefit if reimbursement and administrative burden were addressed.

3) When asked how many hours a month would they be willing to see this population, they responded (average) 18 hours.

4) Major barriers:
   a. Reimbursement: It is not possible to cover overhead at current rates
   b. No-shows / lack of patient accountability: need for care coordination and a program that incentes patient accountability
   c. Lack of specialists: need for a robust network for referrals, especially oral surgery
   d. Administrative burden: simplify enrollment and re-credentialing, and ensure timely reimbursement and pre-authorizations.
   e. Audits: audits must be reasonable, fair, minimally-invasive and conducted by actual dentists
   f. Lack of value: state-wide program to elevate the value of oral health

5) The public health network of FQHC’s and Community Health Centers cannot support this population alone. It is vital to have participation from the private practitioners.