



WDA Position Paper on FQHC-Private Practice Contracting

May 2010

This paper provides background on the Wisconsin Dental Association's support for and role in facilitating discussions between private-practice dentists and Federally Qualified Health Centers regarding the potential opportunity to treat more low-income patients. The reasons WDA supports facilitating dialogue between FQHCs and private-practice dentists:

- (1) Contracting between FQHCs and private-practice dentists could positively impact access for the underserved thereby helping prevent painful dental infections from developing, alleviating pain where it already exists and generally promoting a healthier population among low-income dental patients in the state.
- (2) Private-practice dentists limit their participation in MA because of economics. If private-practice dentists are reimbursed at a more equitable level, we believe more patients will be treated because more dentists would be motivated to participate in the program.

The WDA understands this is just one of many ways the state could increase access to dental care for the underserved population. The WDA does not believe this concept, in itself, will solve dental access disparities that currently exist in Wisconsin.

The WDA views its role as helping to facilitate discussions and share information between FQHCs interested in expanding their capacity and private practitioners who have current capacity within their practice setting. The WDA cannot and will not be able to assist individual dentists with negotiating contracts with individual FQHCs.

However, the American Dental Association has endorsed a national FQHC-Dentist Contracting Handbook (which includes a sample contract) that individual dentists can refer to as a resource if/when the contracting option appears to be feasible for both a dentist and an FQHC. WDA is also aware that if the ultimate reimbursement to private dentists through the various FQHCs is not significantly better than what dentists receive through their participation in the traditional MA program or if FQHC contracting significantly increases MA paperwork, we doubt dentists will choose to participate in these contracting opportunities.

While we are hopeful there can be a few sample contracts initiated and tested in Wisconsin in the near future, we also realize that WDA support for increased communication between FQHCs and private-practice dentists is just one avenue we can explore in our efforts to find innovative ways to increase access in Wisconsin. Visit the WDA Web site at www.wda.org and type in "Legislative Issue Papers" in the search engine to see a full listing of our potential solutions to dental access in the state.