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SAFETY NET CLINIC CONNECT

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Missed the call? We've got you covered.

On November 3, the Arkansas Oral Health Coalition convened safety net clinic staff to hear about experiences surrounding the **2024 Medicaid Fee for Service transition.**

The biggest concern we heard was with Medicaid's requirement to use [one dental laboratory](#) for removable prosthetics. If you have noticed quality issues with the contracted Medicaid laboratory, please be sure to **submit an official Vendor Performance Report** for each case. This is the best way to advocate for improved quality for your patients and your organization!

[Download the Vendor Performance Report Form](#)

More details on the process to report vendor quality issues can be found in **Section 203.000** of the Medicaid Provider Manual.

203.000

Monitoring Performance of the Dental Equipment Supplier

7-1-09

The Arkansas Medicaid Program uses a single dental laboratory selected through a competitive bid process to furnish **dentures** for eligible Medicaid beneficiaries age 21 and over. The Medicaid Program's Medical Assistance Unit depends on dental providers to assist in monitoring the performance of the contractor both in quality of product and timeliness of delivery. The following procedures must be followed:

- A. The Medical Assistance Unit welcomes positive and negative comments regarding the dental laboratory's performance. All comments regarding the dental laboratory's performance must be made on the Vendor Performance Report. [View or print the Vendor Performance Report](#). The provider will complete the Vendor Performance Report at any time a beneficiary verbally expresses dissatisfaction with his or her **dentures**.
- B. Vendor Performance Reports should be mailed to the Division of Medical Services, Medical Assistance Unit. [View or print the Division of Medical Services, Medical Assistance Unit contact information](#).
- C. The Medical Assistance Unit, upon receipt of the Vendor Performance Report, will log and investigate the complaint.
- D. A copy of the report is kept on file and may be a factor in awarding future contracts.

To assist the Medical Assistance Unit in investigating the report, the following guidelines are suggested when submitting a Vendor Performance Report:

- A. Agency and address - enter dental provider agency name, address and phone number
- B. Vendor and address - enter name and address of dental laboratory
- C. Include the date the patient was examined and the date the claim and prescription were submitted
- D. Indicate the date the **dentures** were delivered
- E. Describe specific problems, e.g., poor quality (explain in detail), failure to deliver in a timely manner, unauthorized substitution, etc.
- F. Give name and ID number of the Medicaid beneficiary
- G. If the provider's staff has previously contacted the dental lab about a problem, note the date of contact, the name of the person who made the contact and the name of the persons contacted. Include any pertinent information related to the contact.

Copies of the Vendor Performance Report may be obtained by calling the Division of Medical Services, Medical Assistance Unit.

Arkansas Oral Health Coalition

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