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Dental Action Plan Template
For Medicaid and CHIP Programs

State: ALABAMA

Program (please designate): Medicaid CHIP _____ Both _____

State Lead: BEVERLY CHURCHWELL

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In an effort to increase the number of Medicaid and CHIP children who have access to dental care and receive preventive dental services, CMS is working with States to implement two national oral health goals. While some States have undertaken oral health improvement activities in recent years, additional activities are needed to increase access and prevention in order to meet children's needs and these goals. CMS will provide States with technical assistance and opportunities to share best practices to assist them in meeting these goals. The purpose of this Action Plan is to identify what activities States intend to undertake in order to achieve these dental goals. CMS will share each State's plan by posting them on the CMS website, but CMS will omit posting proprietary dental provider payment data upon State request. In addition, States are asked to provide baseline information on their existing programs, and to identify access issues and barriers to care that they are currently facing so CMS can help address these issues with technical assistance. While CMS is interested in learning about efforts or activities States have already undertaken as well as successes of those efforts and lessons learned, development of the Action Plan will primarily serve to assist States in their efforts to document their current activities and collaborations to improve access and to inform States about where their resources could best be devoted to achieve the goals. This information will also be used to assist other States in their efforts to increase access.

Medicaid and CHIP Dental Health Goals:

- Increasing the proportion of children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10 percentage points over a five-year period.

To be phased-in:

- Increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period.

Instructions & Next Steps:

- 1) Each State, including the District of Columbia, is to complete this Dental Action Plan Template in its entirety as a Word document. Please do not include graphics or charts in the Template itself, as these items are not compatible for posting on the CMS website. You may attach separate documentation if you want to submit additional information. CMS encourages the Territories to complete a dental action plan but the Territories will not be included in the dental goal.
- 2) If you are undertaking State-wide oral health improvement activities that impact both programs, you may submit one combined dental action plan. Separate dental action plans should be submitted in States that are addressing oral health improvement activities separately in their Medicaid and separate CHIP programs.
- 3) Once you have completed the template, please e-mail this information to your CMS Regional Office within six months of the date of the State Health Official letter.
- 4) CMS Regional Office staff will review the information and send it to CMS Central Office for further review. Regional Office staff will contact you for additional information, if appropriate or necessary.
- 5) After reviewing and compiling this information, CMS plans to post this information on the CMS website.
- 6) CMS Regional Office staff will follow up with States on a regular basis to track the progress of the State Action Plans and achievement towards the goal(s).

If you have any questions when filling out this template, please contact your CMS Regional Office.

Oral Health Program (Background)

Provide information on your current oral health program for children under Medicaid and/or CHIP. Include information about your State's current delivery system(s) (e.g., fee-for-service, managed care, administrative service organization, etc.). If your State has changed delivery systems in recent years, explain the reason for the change and the impact on access to dental services. Also include information on provider participation rates (including dental specialists and other providers, such as physicians, dental hygienists and other newer model mid-level practitioners) and issues with access to oral health services in underserved areas. "Underserved areas" would include areas of your State that you know are rural, frontier or where it is difficult to recruit providers as well as designated Dental Health Professional Shortage Areas (DHPSAs).

- Access Issues/Barriers to Oral Health Services (please provide information on issues/barriers that you are aware of that impede access to providing oral health services to children through Medicaid or CHIP in your State generally, as well as in underserved areas, and any steps you have taken to address those issues or barriers):

BARRIERS

1. General Dentist are reluctant to see children age 1

STEPS TAKEN TO ADDRESS ISSUES OR BARRIERS

- 1) 1st Look, The Oral Health Risk Assessment and Dental Varnishing Program effective January 1, 2009 allow children 6 months to 36 months of age who have a high caries risk based on the risk assessment to receive fluoride varnishes. These services may be provided by medical providers or their clinical staff (RNs, PAs, Nurse Practitioners, and LPNs) that have received the 1st Look Training. The 1st Look Training is available online. You may access this online training at http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.4.0_Medical_Services/4.4.2.5_1st_Look.aspx
 - 2) Continue to work with UAB School of Dentist to assist with implementation of a 1.5 million dollar 3-year oral health workforce grant from HRSA. Part of the grant is to develop county specific oral health workforce, demographic and other useful information. The grant continues to serve as a recruitment tool for prospective dentists looking for community opportunities; as a resource for public facilities; and to provide a link to Medicaid providers as well.
- Current Dental Delivery System (e.g., fee for service, managed care, use of administrative service organization or combination dental programs). If you have a combination dental delivery system, provide the number of children served by each system:
Alabama Medicaid has a fee for service system of payment for the Dental Program
 - Provider (Dentist) Participation Rates (For the most recent year data is available, include the number of dentists licensed in your State, the number of Medicaid and/or CHIP participating dentists (any claims filed), and number of active dentists (billing \$10,000 or more in a year. Please specify the time period the data represents as well as the specialty of the dentist):
 - 1) Currently there are 2,195 Active licensed dentists with an Alabama address
 - 2) There are approximately 750 Medicaid enrolled dentists with a claim paid in FY2013
 - 3) There are approximately 574 licensed Medicaid providers who had greater than or equal to \$10,000 in paid dental claims in FY 2013
 - Non-Dentist Provider Participation Rates: (Describe the participation of other providers, e.g., pediatricians, dental mid-level providers, dental hygienists, in your State to improve access to dental services for children. In addition, for the most recent year data is available (please specify), please provide the number of Medicaid and/or CHIP non-dentist providers, by provider type, participating in your Medicaid and/or CHIP programs. "Participating" is defined the same as for dentists (any claim filed).)
- 1st Look, The Oral Health Risk Assessment and Dental Varnishing Program allow pediatricians to provide dental varnishing to children 6 months to 36 months of age. There were approximately 167 non-dentist enrolled in this program in FY 2013.
- Additional information about program (please provide any additional information that is relevant or that you would like to share about your dental program): There were approximately,

- 1) 56- dentist in FQHC facilities,
- 2) 64 oral surgeons,
- 3) 32 -pediatric dentist,
- 4) 1- periodontal dental providers; and
- 5) 6 -endodontic dental providers

Activities to Achieve Goal

Describe the activities you have underway and/or plan to implement in order to achieve the new dental goal(s). If you would like to share any of your activities/initiatives as a “promising practice” with other States, please refer to the CMS website (<http://www.cms.gov/MedicaidCHIPQualPrac/MCPPDL/list.asp#TopOfPage>) for instructions on how to submit the information for posting on the CMS Quality webpage.

Provide details on these activities, along with potential barriers, in the space provided (add additional space if needed). Examples of activities underway, or to be undertaken, to improve access and achieve the dental goals may include:

- Collaboration with dental schools and dental hygiene programs; Working with UAB School of Dentist to assist with implementation of a 1.5 million dollar 3-year oral health workforce grant from HRSA.
- Education/outreach to dentists, dental hygienists, and State/National dental associations; Participates in the Oral Health Coalition of Alabama (OHCA) meeting, to discuss oral health issues in the state and develop strategies for oral health improvement.
- Education/outreach to pediatricians, family practitioners, and State/national medical associations Work with the State Pediatric Association and pediatric dentist in the state to encourage online training of pediatricians in 1st Look Program
- Education/outreach to beneficiaries; Patient 1st care managers educates beneficiaries and their families about the importance of oral health care.
- Coordination with Federally Qualified Health Centers;
- Undertaking administrative simplifications;
- Using electronic health records and supporting Dental providers in their efforts to qualify for meaningful use incentive payments; The Agency provides information to the UAB Dental School students and other dental providers on electronic health records and how to qualify for meaningful use incentive payment.
- If a CHIPRA quality demonstration grantee, describe how you are coordinating activities with those being undertaken under the CHIPRA demonstrations;
- Changing/increasing payment rates;
- Coordination with Maternal and Child Health (MCH) Title V programs (Title V is the Federal grant program focused solely on assuring the health of all mothers and children).

Additional Background

Provide additional information on your current oral health program for children under Medicaid and/or CHIP. Oral Health Improvement Initiatives: Has your State undertaken any initiatives within the last 5 years to increase the number of children covered under the Medicaid and CHIP program who receive access to oral health services? If so, please describe those activities. Yes, in 2009, the state implemented 1st Look, The Oral

Health Risk Assessment and Dental Varnishing Program allowing children 6 months to 36 months of age who have a high caries risk based on the risk assessment to receive fluoride varnishes.

- What impact did those initiatives have? Do you consider those activities to have been successful? If so, please describe. Yes, the program allows Medicaid children to receive preventive oral health from their medical provider and appropriate referral to get patient into a dental home. On average Medicaid is seeing 165 non dental providers enrolled in our 1st Look Program with an average of 1,700 recipients per quarter receiving a 1st look service.
- If the activities did not achieve the results that you had expected, please describe the lessons learned. These lessons can be a learning opportunity for other States.

DENTAL DATA MEASUREMENT: Does your State compute or report the National Committee for Quality Assurance's (NCQA) HEDIS dental measure or a modification of it? (Dental care: percentage of members 2 through 21 years of age who had at least one dental visit during the measurement year." Web site: No <http://qualitymeasures.ahrq.gov/content.aspx?id=14998>) If yes, describe how that data compares with the data submitted on line 12.a of the CMS-416 and/or Section III, G.1.a. of the CHIP Annual Report (Total Enrollees Receiving Any Dental Services). If the HEDIS measure result differs from the result reported on CMS-416, line 12.a, or the CHIP Annual Report, Section III, G.1.a., please explain why you think there is a difference. If you use a modification of the HEDIS measure, please describe the modification. (NOTE: You are not required to report this data on the Template.) N/A

REIMBURSEMENT STRATEGIES: What are your current reimbursement rates for the following 10 procedures for services provided to children eligible for Medicaid and CHIP?

Diagnostic:	D0120	Periodic Oral Exam-\$17.10
	D0140	Limited Oral Evaluation, problem focused-\$27.25
	D0150	Comprehensive Oral Exam- \$20.90
	D0210	Complete X-rays with Bitewings- \$57.00
	D0272	Bitewing X-rays – 2 films-\$17.10
	D0330	Panoramic X-ray film-\$46.55
	D0145	Oral Evaluation For A Patient Under 3 Years of Age and Counseling With Primary Caregiver - \$20.90
Preventive:	D1120	Prophylaxis (cleaning)-\$26.50
	D1203	Topical Fluoride (excluding cleaning) considered non-covered
	D1208	Topical Fluoride (excluding cleaning) -\$17.10
	D1206	Topical Fluoride Varnish)-\$17.10 ages less than 3 \$14.25 ages 3-20.
	D1351	Dental Sealant-\$24.70

Please describe any increases or decreases in these reimbursement rates that have occurred in the last five years. Due to budget constraints, the Alabama Medicaid Agency implemented a 5 percent reduction in payments to dental providers effective April 1, 2013. Effective, October 1, 2014 the rates will be reversed.

EFFORTS RELATED TO DENTAL SEALANTS: Do you encourage or plan to encourage dental providers in your State to provide dental sealants? Dental Sealants are covered by Alabama Medicaid for eligible recipients. If so, how do you communicate that information? N/A Have you seen an increase in the number

of children receiving sealants? N/A. Does your State support active school-based or school-linked dental sealant programs? No. If yes, how many Medicaid- or CHIP-enrolled children were served by these programs in the past year? N/A. How many sealants were placed in these programs in the past year? N/A; Are you continuing to see increases in the number of children served by these programs? N/A Has funding from the Centers for Disease Control and Prevention [for oral health infrastructure development] contributed to these efforts? N/A Please describe.

Collaboration with Dental Schools: Do you have a dental school or dental hygiene school in your State? If yes, do you have any arrangement with the dental school or dental hygiene school to treat Medicaid beneficiaries, serve in rural areas, provide educational opportunities, etc.? Please describe. Yes, Medicaid continues to work with UAB School of Dentist to assist with of a 1.5 million dollar 3-year oral health workforce grant from HRSA; we have another year for the grant. Plans as of now are to apply for another grant at the end of this term. Part of the grant is to develop county specific oral health workforce, demographic and other useful information. The grant serves as a recruitment tool for prospective dentists looking for community opportunities and as a resource for public facilities.

All of the project operations for our Workforce grant have again moved forward according to plan.

We have met or are in the process of meeting all of our goals and objectives for the year. We had 25 senior students to participate in the SEARCH program this year rotating through community health centers, public health department clinics and Indian health clinics in rural and underserved areas across the state.

1025 patients were provided needed treatment services in these various sites. The participating students again expressed appreciation for the opportunity to participate in this program and provided enthusiastic feedback through an anonymous survey conducted to obtain their opinions and suggestions for the programs.

We even had a few students change their career direction to community health after the experience this year. We also provided rotations experiences for all 110 Junior and Senior dental students to the AL Institute for the Deaf and Blind, Sparks Center for those with Learning and Developmental Disorders, as well as the United Cerebral Palsy Center to expose them to the needs of special needs patients and provide didactic classroom instruction on these needs. All D3 and D4 students rotate one half day at the United Cerebral Palsy Center of Birmingham. Students are directly involved with providing preventive and restorative dental procedures for adults with special needs at this clinic. Patients with Cerebral Palsy, traumatic brain injuries, Downs Syndrome, and varying levels of cognitive deficit are treated in this clinic. Typically, these patients demonstrate behavior that a general dentist could not reasonably treat in a private practice. Students learn proper wheelchair etiquette, patient positioning, communication skills as well as dental techniques. Following this rotation, students should have a better comfort level with this special population of patients and have better skills for providing care.

We completed negotiations with the AL Dental Association and formed a joint University/Dental Association oversight committee last year which has met quarterly each year. We developed guidelines for our grant award program, developed application and reference forms, developed a plan for monitoring and evaluation of the awardees, and have advertised broadly about the program to received applications each year.

Advertising and promotion of this granting award program was conducted for over six months of this academic year. Several individual candidates expressed interest in applying for this generous award. In the final analysis three awards were made to exceptional candidates. This year numerous inquiries were made regarding the program but a smaller number of applications were actually submitted.

We are scheduled to finalize selection of candidates this year after conducting interviews and reviewing their application materials. We also implemented a plan to monitor the awardees this year. The Alabama Dental Association staff monitored the compliance of our award recipients. Detailed reporting forms are received from the recipients with reports on their progress in reaching and maintaining 30% Medicaid patients. Mentoring activities are planned to insure the new dentists will have support and advice in developing their practices. We intend for these new sites to be long term and available for access to underserved patients for many years, even beyond the 4 years required under the terms of our agreement with them. The dental association is working to help these dentists identify local resources and economic assistance from local communities to aid their progress toward full practice implementation.

We have also developed a county-specific data base of every practicing dentist in the state as well as county-specific data on numbers of dentists accepting Medicaid to better inform future classes of dental students on practice locations as well as to identify areas of greatest need for improved access to dental care and inform our joint Dental Association/University committee on choices for our grant award program. Databases were secured from the Alabama Board of Dental Examiners, Alabama Rural Health Association, and Alabama Medicaid Agency, Alabama Department of Public Health, and census data to develop county profiles useful for dental practice locations in all Alabama counties. From the database of all licensed Alabama dentists in December 2012, county-specific data determined the number of dentists per county, and the number of dentists per 10,000 populations. The age of each dentist was determined and the age distribution of dentists in categories of those 70 years of age or older, 65-69 years, 55-64, 40-54 and those less than 40 years of age was determined. From Medicaid data, the number of dental Medicaid providers per county was determined and the percent of all dentists in the county who were dental Medicaid providers. The number of dentists treating any Medicaid patients within the county was determined as well as the number of dentists outside the county who treated any Medicaid patients from a given county. For each county, the number and percent of Medicaid children who received (and did not receive) a dental service in FY 2012 was determined. Census data provided the number and percent of the county population by age, education, and family income. The unemployment rate was also determined from Alabama Department of Labor database.

Several databases were developed for this project and were used by the Alabama Dental Association/School of Dentistry advisory committee in selecting dentists for the grant awards. A database of dental workforce and economic indicators by county established the number of licensed dentists, and dentist- to-population ratios, number and percent of dental Medicaid providers, number and percent of Medicaid children who did not receive a dental service in FY 2012. Using these parameters and others, a database was developed that ranked as high, medium, or low in terms of needing dentists in general, and specifically dental Medicaid providers. We are also working with Dr. Lisle Hites of the UAB School of Public Health to create an interactive GIS mapping tool to be placed on our Community page of the School of Dentistry's website. We anticipate that this will assist dentists in identifying areas of greatest need for rural and underserved populations in this state. We plan to post a first version of this interactive tool on the School of Dentistry website this summer as well.

<http://uabcsch.maps.arcgis.com/apps/StorytellingTextLegend/index.html?appid=f3b2b4206327446d80606306b33a59b1>

In the time remaining for this grant year, we plan to award the three \$100,000 grant awards to selected candidates that will be chosen before the end of each June. We will also prepare for student rotations to community SEARCH sites monitoring faculty status for supervising dentists in these clinics, negotiating and completing contractual arrangements with these clinics, planning screening events at United Cerebral Palsy and other Jefferson County locations and advertising for the next years grant awards.

Also, presentations are made at the Dental School to students telling them about Medicaid and encouraging them to become providers especially in under serviced areas of the state.

ELECTRONIC DENTAL RECORDS: Describe the use of electronic dental records in your State for your Medicaid and CHIP population.

Below is the number of enrolled dentists who have attested to the use of Certified Electronic Health Record Technology (CEHRT) as part of the Medicaid EHR Incentive Payment program.

The program requires that at least 30% of the participants' encounters for a specified period may be from the Medicaid or CHIP population. During FY 2013 Medicaid had 750 enrolled dentists with a paid claim in FY 2013; out of these 750, 196 have attested to adopt, implement, or upgrade (AIU) to a certified system.

Achieving meaningful use (MU) stage 1 and now stage 2 is a challenge. The Medicaid EHR Meaningful Use Division continues to work throughout the State of Alabama to assist the dental community with demonstration of using electronic health records in a meaningful way.

	2011	2012	2013	Total
AIU	95	54	47	196
MU	0	2	0	2
Total Paid	95	56	47	198
% of "Take Up"	0	4%	0	1%

What is the take up rate by dental providers? As indicated above, the "take up" rate for meaningful use is extremely low for dentists. For Program Year (vs. Fiscal Year), the rate is 0%, compared to 1% overall.

Is the dental record integrated with the medical record? Yes Will the State support dental provider efforts to qualify for meaningful use incentive payments? Medicaid's Meaningful Use Administration has responded to all requests from individual dentists as well as the Alabama Dental Association to support their interest and efforts at participating in the EHR-MU Incentive Payment Program. In addition, this office has made a point of including all program-eligible provider types in outreach efforts to supply them with program information. In fact, in the development of program education and outreach printed materials, at least one of the documents has been specifically tailored for dentists although the program requirements apply equally to all provider types. The office has also led a seminar

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on the incentive program at one of the dental association's state-wide conventions and is always available to speak at any organization function. Also, while the office cannot make recommendations for any particular EHR vendor, the names of all known certified electronic dental record products have also been given to dentists for their consideration. In general, ensuring program understanding on the part of all active and potential program participants is one of the fundamental activities within the office.

Technical Assistance

CMS would like to provide ongoing technical assistance to States to assist in them in meeting the national dental goals. If you have specific areas and/or topics requiring technical assistance, please identify them here. If you would like to submit copies of materials or provide links to relevant websites for additional information, please do so.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 65 hours per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: Cindy Ruff at cynthia.ruff@cms.hhs.gov.

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