

Dental Action Plan Template
For Medicaid and CHIP Programs

State: Maryland

Program (please designate): Medicaid____ CHIP____ Both X

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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):

Maryland has historically had low access to dental services and low beneficiary utilization of benefits because of the following issues:

- Low provider participation due to the reimbursement schedule and administrative complexities
 - Pediatric dental workforce limitations
 - Lack of parental understanding of the importance of preventive dental services
 - Beneficiary compliance issues such as broken appointments
- 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:

As of July 1, 2009, the Maryland Department of Health & Mental Hygiene made the following significant changes to its dental care delivery system to address access and beneficiary utilization issues:

- Establishment of a statewide single vendor for dental services – The Department of Health and Mental Hygiene eliminated the managed care model for children's dental services and instead moved to a "carve out" delivery model for a focused approach to dental services. The Department contracted with DentaQuest (formerly Doral Dental) to be the sole dental benefits administrator for the new carve-out program in Maryland. The program was re-branded as The Maryland Healthy Smiles Dental Program and was designed to provide coverage for children under age 21, pregnant women 21 years of age and older, and adults enrolled in the Rare and Expensive Case Management (REM) program. (Limited adult

coverage remains with the HealthChoice managed care program.) DentaQuest is responsible for building the provider network, processing and paying claims, providing beneficiary and provider support and creating outreach activities to educate beneficiaries on the importance of proper oral care.

- Medical Provider Dental Screening Training – The Department of Health and Mental Hygiene, Office of Oral Health developed a training and certification program for EPSDT medical providers to conduct oral health screenings and apply fluoride varnish during well-child visits. The goal of the program is to reduce the incidence of tooth decay in children ages 3 and under. As of June 2012, the Department had trained 385 providers. These providers have performed over 58,000 fluoride varnish treatments.
- Streamlined Administration – The Maryland Department of Health & Mental Hygiene and DentaQuest streamlined key provider administrative processes with the new dental program. Cumbersome application and credentialing processes were modified to reduce paperwork requirements for providers. To ensure the claims submission process is simplified, DentaQuest offers several options for claims submission (paper, web, and EDI). The Department moved the dental claims adjudication cycle to weekly and DentaQuest offers Electronic Funds Transfer (EFT) for payments for faster payment. Additionally, the claims funding state bank account was initially pre-funded to eliminate payment delays to providers.
- Increased Beneficiary Outreach – The Maryland Department of Health & Mental Hygiene has tasked DentaQuest with conducting several beneficiary outreach programs designed to educate beneficiaries on the importance of proper oral health care. Programs include bi-lingual (Spanish & English) communications that target parents of Medicaid children and additional “at risk” populations (i.e. pregnant women, beneficiaries who miss appointments, and beneficiaries who have not been to a dentist in over 12 months). Additional community activities have also been conducted to educate the larger Medicaid population on the importance of proper oral health and the prevention of dental disease.
- 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):

As of August 2014, Maryland has 4,123 licensed dentists. The unduplicated total for the Maryland Healthy Smiles Program provider network is 1,354. The size of the current Medicaid dental network more than doubles the number of participating providers at the launch of the carve-out model (649 providers in August 2009). In calendar year 2013, 1,258 providers billed at least one service, and 938 providers billed \$10,000 or more in services provided.

As of January 2015, the program has 978 participating provider locations in Maryland, and 133 provider locations in surrounding states.

- 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).)

During the 2008 legislative session, Maryland unanimously passed a law to facilitate the role of dental hygienists working for public health programs. The law permits public health dental hygienists to provide services within the scope of their practice in offsite settings (e.g., schools and Head Start centers). As a result, health department dental programs have begun recruiting and enlisting public health dental hygienists, and school-based health centers are employing dental hygienists to provide preventive services. In 2012, the Office of Oral Health received a grant from the American Public Health Association to evaluate the impact of the public health dental hygienist statute. Findings from the evaluation can be found in the following report:
<http://phpa.dhmf.maryland.gov/oralhealth/Documents/EvaluationReport.pdf>.

In July 2009, the Department began training and reimbursing primary care providers for the application of fluoride varnish for children up to three years of age. By June 2014, 456 unique Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) certified providers administered over 113,635 fluoride varnish treatments.

After receiving a \$200,000 grant from the Kaiser Foundation in June 2011, Maryland began a pilot dental screening program linked to an established school-based dental clinic in Prince George’s County in October 2011. The dental screening program includes a care coordination/case management plan in place for children identified to be at high risk for dental disease. The dental screenings accompany pre-existing vision and hearing screenings for schoolchildren. The partnership will issue an interim report on its progress by the end of CY 2012.

- Additional information about program (please provide any additional information that is relevant or that you would like to share about your dental program):

Activities to Achieve Goal

Describe the activities you have underway and/or plan to implement in order to achieve the new dental goal(s). 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;
- Education/outreach to dentists, dental hygienists, and State/National dental associations;
- Education/outreach to pediatricians, family practitioners, and State/national medical associations
- Education/outreach to beneficiaries;
- 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;

- 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).

The Maryland Department of Health and Mental Hygiene will continue to work with its dental benefits administrator to conduct activities designed to increase the rate of preventive dental services received by low-income children, adolescents, and pregnant women in the Medicaid and CHIP programs. By making the aforementioned changes to the dental delivery system, the first steps to reaching this goal have been taken. Going forward, in order to achieve an increase of 10 percentage points over a five-year period, the Maryland Department of Health & Mental Hygiene and DentaQuest will take these additional steps:

1. Collaborate with the dental provider community to increase access to services
The Department of Health & Mental Hygiene and DentaQuest will continue to work with organizations across Maryland to ensure that dental provider participation continues to increase. Activities will be coordinated with the following organizations to encourage general dentists and dental specialists to participate in the Maryland Healthy Smiles Dental Program.

- Office of Oral Health
- Maryland State Dental Association
- Maryland Dental Society
- Robert T. Freeman Dental Society
- Maryland Academy of General Dentistry
- Maryland Academy of Pediatric Dentistry
- The University of Maryland School of Dentistry
- The Maryland Oral Health Association
- Public Health Departments
- Federally Qualified Health Centers
- Private Non-Profit Hospitals

Additionally, DentaQuest will continue to conduct multi-faceted recruitment and relationship management activities in order to encourage provider participation in the Maryland Healthy Smiles Dental Program. DentaQuest and the Department will identify rural areas and health professional shortage areas, and targeted non-participating providers will receive the following key messages:

- Social responsibility and the opportunity to “give back” to the community;
- Improved administration;
- Increased beneficiary outreach;
- Provider defined participation levels;
- Shared responsibility and equal distribution of beneficiaries;
- Financial benefits; and
- Increased rates for targeted for preventive, diagnostic, and restorative CDT codes.

Maryland also has a loan assistance repayment program for dentists who provide services for Medicaid recipients, called the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP). The service obligation requires that the dentists must participate for three years, and during that period, 30 percent of their base patient population must be Medicaid patients. In January 2014, five new dentists started the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP). These dentists will work with the program through December 2016. During CY 2013, MDC-LARP dentists treated 16,348 unduplicated Medicaid patients, and billed 40,870 dental visits for Medicaid patients. MDC-LARP dentists have seen 113,739 unduplicated Medicaid patients through 284,347 patient visits since the inception of the program in 2001.

2. Launch a comprehensive education/outreach program to increase beneficiary utilization of services

The Maryland Department of Health & Mental Hygiene and DentaQuest will continue to utilize a comprehensive set of outreach activities designed to educate beneficiaries on the importance of oral health and the availability of dental benefits. The outreach program will include eight (8) key initiatives that increase the likelihood of educational “touch points” with beneficiaries.

- Initiative 1: Beneficiary Initial Enrollment Information - To assist Maryland Healthy Smiles Dental Program beneficiaries in understanding their dental benefits and provider availability, DentaQuest will mail Enrollment Packets to every beneficiary within 10 days of enrollment. The enrollment packets will include a beneficiary handbook, an identification card and a provider directory.
- Initiative 2: “Train the Trainer” Program - DentaQuest will continue to partner with beneficiary advocacy organizations across the State of Maryland to ensure that Maryland Healthy Smiles Dental Program parents/guardians receive information on proper oral healthcare and their dental program covered benefits. Educational sessions will be conducted with these groups since they often are the first point of contact for beneficiaries who want information about dental health.
- Initiative 3: Screening Support Program - To foster knowledge of proper oral hygiene, DentaQuest will provide support to professional organizations and community groups interested in performing dental screenings for children. This support will include some/all of the following activities:
 - Ensuring protocols have been established for obtaining parental support;
 - Ensuring that a case management strategy is in place by the partner organization so that appropriate follow up can be performed;
 - Providing a current listing of Maryland Healthy Smiles Dental Program participating providers that can perform follow up procedures and establish a dental home;
 - Providing oral health education materials/resources; and/or
 - Providing contact information for the DentaQuest Maryland Healthy Smiles Dental Program Customer Service department for assistance with benefits, transportation and finding a provider.

- Initiative 4: Dental Health Month Activities - Each February, DentaQuest will collaborate with schools, private practitioners and provider organizations around the state for “Dental Health Month” and “Give Kids a Smile Day” activities. These activities will be designed to focus attention on the importance of good oral health care and its relationship to overall health.
- Initiative 5: Community Health Event Participation - DentaQuest will participate in health fairs and other community events to educate Maryland Healthy Smiles Dental Program beneficiaries on the importance of oral health related topics.
- Initiative 6: Outreach to “At Risk” Beneficiaries - DentaQuest will make outbound telephone calls to Maryland Healthy Smiles Dental Program beneficiaries to provide additional information about oral health, making dental appointments and benefits that are available. Proactive calls will be made to beneficiaries on the following topics:
 - Pregnant Women calls – For pregnant beneficiaries, proactive calls will be made to the beneficiaries to inform them that they have benefits until the date of delivery and to encourage them to get their babies to a dentist when teeth erupt.
 - Missed appointment follow up calls - When DentaQuest receives notification from providers of beneficiaries who miss appointments, DentaQuest will make follow up calls to the beneficiary to encourage them to reschedule their appointment.
 - “Non-compliant” beneficiary calls – For beneficiaries who have not been to the dentist in over 12 months, DentaQuest will make proactive calls to encourage them to seek dental care.
- Initiative 7: Identification Card Replacement Program - If beneficiaries need additional cards, DentaQuest will provide a toll free telephone number to obtain replacement cards.
- Initiative 8: Oral Health Literacy Campaign – In 2010, Maryland secured \$1.2 M in federal funding to develop a Statewide Oral Health Literacy Campaign for the public. The purpose of the Oral Health Literacy Campaign is to better inform parents and caregivers of low-income families through various traditional, social media, and other effective communication tools about the importance of oral health, and to enable families to better navigate the oral health care delivery system. The campaign ran from March to mid-July 2012, and the results of the initiative are available on the website located at <http://www.healthyteethhealthykids.org>.

Pre- and post-campaign surveys were conducted to examine whether the target audience was aware of the campaign brand and messaging, and whether oral health habits, behaviors, and attitudes were influenced by the campaign. In October 2012, the social marketing firm, PRR, Inc. and Maryland Marketing Source reported survey results:

- Overall, participants were very concerned about oral health issues, ranking it the same as other health issues including heart health, diabetes, and cancer.
- Two-thirds of respondents had heard of the “Healthy Teeth, Healthy Kids” campaign.
- There was a 13 percentage point increase in awareness of key campaign messaging that “oral health is an important part of overall health.”
- Visits to the dentist increased by 7 percent.

- 25 percent of respondents recalled receiving the campaign brochure.
- 50 percent recalled receiving an oral health kit from their health center.
- 100 percent of those receiving oral health kits said that they used the products in the kit.

Based on these encouraging results, a “Healthy Teeth, Healthy Kids” Spanish-language campaign launched in February 2013. The campaign targeted low-income Hispanic women ages 18-34. The campaign included a new Spanish-language website, www.DientesSanosNinosSanos.org, and a nine-week Spanish language radio campaign. The campaign reached more than 50 percent of Hispanic women between the ages of 18-34 in the radio station’s target region, with each hearing the advertisement an average of ten times, resulting in more than a million views. The campaign was so successful that a second, eight-week Spanish language “Healthy Teeth, Healthy Kids” radio and transit advertising campaign is planned for September and October 2014.

3. Assign every Medicaid child to a dental home

The American Academy of Pediatric Dentistry has defined a dental home as “an ongoing relationship between a dentist and patient, inclusive of all aspects of oral health care delivery in a comprehensive, continuously accessible, coordinated, and family centered way.” The Maryland Department of Health & Mental Hygiene and DentaQuest agree with this definition and believe that increased utilization of preventive services by beneficiaries is more likely to occur when there is a dental home. Consequently, beginning in 2012, children in the Maryland Healthy Smiles Dental Program are being assigned to a dental home to help facilitate the dental care delivery system. The Maryland Department of Health & Mental Hygiene and DentaQuest will work together to incorporate provider education, beneficiary outreach, and technology as the assignment process continues.

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.

- What impact did those initiatives have? Do you consider those activities to have been successful? If so, please describe.
- 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.

Oral Health Literacy Campaign – Maryland launched a literacy campaign for the public to learn the importance of oral health in March 2012. See previous responses for more detail about the “Healthy Teeth, Healthy Kids” campaign.

MSDA Access to Care Day – The Maryland State Dental Association, in conjunction with Maryland Medicaid’s Office of Oral Health and its ASO DentaQuest, conducts an Access to Care Day to recruit

dentists to join the Medicaid network. September 18, 2014 marked the seventh year of successfully coordinating the event, and DentaQuest representatives provide information about the Maryland Healthy Smiles program to recruit new providers. Additionally, free continuing education credits and training in pediatric dentistry and perinatal oral health issues are provided to dentists and dental hygienists who attend. These annual programs have given dentists and their staff the opportunity to discuss the Maryland Healthy Smiles Program and other State oral health issues with DentaQuest representatives, the Maryland Department of Health and Mental Hygiene, and members of the Maryland Dental Action Committee (MDAC). Events like these have assisted in increasing dentist participation in the Maryland Healthy Smiles Program from 649 providers in August 2009 to 1,354 providers in August 2014.

Maryland Public Health Dental Hygienist Law – See response to “Non-Dentist Provider Participation Rates” for a brief description of the Public Health Dental Hygienist Law and its impact.

Deamonte Driver Mobile Dental Van Project – The Prince George’s County Local Health Department collaborated with the Robert T. Freeman Dental Society Foundation to use a mobile dental van to deliver school-based oral health care services, and provide a dental home for children in Prince George’s County and surrounding areas where there are no available dental services. Additionally, this project has helped to enroll additional Medicaid dental providers in the community who are willing to provide complex dental treatment for children unable to be treated on the van. The project provides diagnostic, preventive, and simple restorative dental services to low-income students in one Montgomery County School, and in 20 Prince George’s County schools. The Prince George’s County Foundation School is one of these sites, and is where Deamonte Driver, a 12-year old Prince George’s County child who died from a dental infection, attended school. During the 2011-2012 school year, the Deamonte Driver Mobile Dental Van Project saw 1,185 children, of which 143 children needed immediate or urgent care and were referred to neighborhood dental clinics. During the 2013-2014 school year, the DDDVP provided cleanings and fluoride treatments to 1,671 children at 21 schools in Prince George’s and Montgomery counties. For this cohort, 1,410 dental sealants were applied to 888 children. A total of 613 children were referred to the local health department or a private dentist for follow-up care. The DDDVP will continue to provide much needed dental services to elementary school children by visiting at least 20 schools throughout the 2014-2015 school year.

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: <http://www.qualitymeasures.ahrq.gov/content.aspx?id=47230&search=dental>) 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.)

Maryland and DentaQuest use dental HEDIS measures to compute access to care for children based on period of enrollment in the Medicaid program (i.e., during any period of enrollment versus 320 days of continuous enrollment during a calendar year). Maryland stratifies this information by age group and by region to determine which areas of the state are improving and which areas need more concentrated efforts.

Unlike the CMS-416 data submitted on line 12a, the eligible population for HEDIS reporting is not divided into categorically needy and medically needy classifications; also, Maryland uses the calendar year as a point-in-time measure (January through December) for HEDIS, instead of the federal fiscal year (October through September) as is required in the CMS-416. In addition, Maryland's age classifications group together children ages 0-3 and ages 4-5, rather than CMS-416's classifications of all children under the age of one, ages 1-2, and ages 3-5. Most children under the age of three are not expected to receive dental services, with the exception of children receiving fluoride varnish treatments. Therefore, most of our measures begin with age four as a baseline for determining access to dental visits.

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: \$29.08
 D0140* Limited Oral Evaluation, problem focused: \$43.20
 D0150* Comprehensive Oral Exam: \$51.50
 D0210 Complete X-rays with Bitewings: \$57.00
 D0272 Bitewing X-rays – 2 Films: \$15.00
 D0330 Panoramic X-ray Film: \$42.00

Preventive: D1120* Prophylaxis (Cleaning): \$42.37
 D1203* Topical Fluoride (excluding cleaning): \$21.60
 D1206* Topical Fluoride Varnish: \$24.92
 D1351* Dental Sealant: \$33.23

Please describe any increases or decreases in these reimbursement rates that have occurred in the last five years.

In July 2009, the State of Maryland increased fees for preventive services, oral surgery services and endodontic services by about 94 percent. Seven of the nine codes listed above were included in the fee increase (indicated with asterisks), along with five others:

D0145 Oral Evaluation, Patient < 3 Years Old: \$40.00
D1110 Prophylaxis, Adult 14 Years and Over: \$58.15
D1204 Topical Application of Fluoride, Adult (Excluding Prophylaxis): \$23.26
D7140 Extraction, Erupted Tooth or Exposed Root: \$103.01
D9248 Non-Intravenous Conscious Sedation: \$186.91

A workgroup comprised of dentists, community stakeholders, and Maryland Department of Health and Mental Hygiene participants targeted 12 rates and compared them to fees in neighboring states, as well as to the American Dental Association's median charges for each procedure for dentists in the South Atlantic region.

In FY 2015, the Department received almost \$2.2M in total funds towards the increase in dental reimbursement rates beginning in January 2015. A workgroup will be convening to gather feedback from stakeholders and decide on the specific dental codes for this rates increase.

Efforts Related to Dental Sealants: Do you encourage or plan to encourage dental providers in your State to provide dental sealants? If so, how do you communicate that information? Have you seen an increase

in the number of children receiving sealants? Does your State support active school-based or school-linked dental sealant programs? If yes, how many Medicaid- or CHIP-enrolled children were served by these programs in the past year? How many sealants were placed in these programs in the past year? Are you continuing to see increases in the number of children served by these programs? Has funding from the Centers for Disease Control and Prevention [for oral health infrastructure development] contributed to these efforts? Please describe.

The Department's Office of Oral Health has implemented many initiatives related to provision of dental sealants, leading to 62,867 children receiving dental sealants during CY 2011.

In 2008, the Department's Office of Oral Health received a five year grant award for a State-Based Oral Disease Prevention Program from the CDC. This grant builds upon the existing efforts of the Office of Oral Health to plan, implement, and evaluate population-based oral disease prevention and promotion programs. As part of this grant, the Office of Oral Health developed a school-based dental sealant demonstration project to examine the logistics and cost-effectiveness of school-based dental sealant services. The Office of Oral Health partnered with the University of Maryland School of Dentistry, which has expertise and experience in statewide dental assessment, surveillance, and prevention activities. The statewide demonstration program was conducted at 10 elementary schools that were selected according to sampling needs. Dental screenings and sealants, when indicated, were provided to third graders in public elementary schools from 2009-2010.

CDC funds also allowed for the successful recruitment of a School-Based Dental Sealant Coordinator in March 2011. The Office of Oral Health's dental sealant demonstration project has served as a guide for the development of new and existing policies and programs that support statewide oral disease prevention and community-based public health prevention services. The Office of Oral Health subsequently received a 3-year \$1.5M grant (\$500,000/year) from the U.S. Health Resources and Services Administration (HRSA) which included among its many activities for the grant, expansion of its school-based dental sealant program. As a result, the Office of Oral Health for the first time issued a RFA in FY 2013 for local health departments to develop statewide school-based and/or school-linked dental sealant programs for their own jurisdictions. Eight local health departments were awarded grants for the first time under this RFA in July 2012. Local health departments receiving these grants are: Allegany, Baltimore, Charles, Howard, Kent, Prince George's, Somerset, and Wicomico Counties.

The Office of Oral Health developed a dental sealant manual to assist local health departments in the implementation of school-based or school-linked dental sealant programs. The new statewide school-based/linked dental sealant project also is supporting a website - Mighty Tooth (<http://mightytooth.com>) – developed by the dental sealant demonstration project. The statewide dental sealant program places a special emphasis on vulnerable populations, specifically school children in Title I schools. Title I schools are an appropriate venue to provide preventive dental sealant and other prevention services such as topical fluoride modalities to inhibit the onset of dental decay in these high-risk, low-income students.

Local health departments in Kent and Queen Anne's Counties have developed school-based dental access points and assessment/prevention services. The project includes school-wide oral health education to Medicaid-enrolled and uninsured students on location at 11 schools in Kent and Queen Anne's Counties using a mobile dental team comprised of a dental hygienist and dental assistant. Selected patients receive an oral health assessment, cleaning, and sealant treatment. Patients with further dental needs are linked to an existing dental home such as the University of Maryland School of Dentistry clinic in Perryville (Cecil

County) or the Choptank Community Health System, Inc. clinical program in Goldsboro (Caroline County), with case management provided to coordinate care.

The Deamonte Driver Mobile Dental Van Project is a collaboration between the Prince George's County Local Health Department and the Robert T. Freeman Dental Society Foundation to use a mobile dental van to deliver school-based oral health care services, and provide a dental home for children in Prince George's County and surrounding areas where there are no available dental services. More information on this program can be found earlier in the document.

As a result of the initiatives listed, the Department's Office of Oral Health determined that through the efforts of state and local public health programs and proprietary organizations, over 70% of Title I schools in Maryland receive school-based services including the provision of dental sealants and other prevention services.

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.

The University of Maryland School of Dentistry is located in Baltimore, MD. The dental school currently participates in the Medicaid program and is one of the largest providers of dental services in the state. Both faculty and the dental students (under the supervision of the dental school chair) perform services for beneficiaries of the Maryland Healthy Smiles Dental Program. In addition, the dental school also performs key educational activities, including dental risk assessment for medical providers and pediatric training for general dentists.

The University of Maryland School of Dentistry in Perryville (Cecil County) works with Local Health Departments in Kent and Queen Anne's Counties to bolster school-based dental access points and assessment/prevention services. The Local Health Departments' project includes school-wide oral health education to Medicaid-enrolled and uninsured students on location at 11 schools in Kent and Queen Anne's Counties using a mobile dental team comprised of a dental hygienist and dental assistant. Selected patients receive an oral health assessment, cleaning, and sealant treatment. Patients with further dental needs are linked to the nearby dental school or the Choptank Community Health System, Inc. clinical program in Goldsboro (Caroline County), with case management provided to coordinate care.

Maryland also has a loan assistance repayment program for dentists who provide services for Medicaid recipients, called the Maryland Dent Care Loan Assistance Repayment Program (MDC-LARP). See previous responses for a full description of the program.

Electronic Dental Records: Describe the use of electronic dental records in your State for your Medicaid and CHIP population. What is the take up rate by dental providers? Is the dental record integrated with the medical record? Will the State support dental provider efforts to qualify for meaningful use incentive payments?

The results of a provider survey in early 2010 found that about 14 percent of dental providers participating in Medicaid or CHIP had EHRs. This is in contrast to the overall Medicaid and CHIP adoption rate of 20 percent. The survey response rate for this provider group was 14 percent.

Additionally, DentaQuest launched an easy to use provider portal to promote electronic billing. Approximately 76 percent of dental providers bill electronically using this provider portal.

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