

Dental Action Plan Template
For Medicaid and CHIP Programs

State: Massachusetts

Program (please designate): Medicaid ____ CHIP ____ Both ___X___

State Lead: Stacia Castro, Specialty Provider Network Manager and Jane Willen, Dental Program Manager

Contact Information for State Lead:

EOHHS/Office of Providers and Plans
100 Hancock Street, 6th Floor
Quincy, MA 02171

Office Phone (617) 847-6547

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):

MassHealth has taken steps to address issues and barriers to providing oral health services to children through Medicaid/CHIP in Massachusetts, including:

- Establishment of MassHealth Dental Advisory Committee (M-DAC): effective April 2004, the M-DAC was established to review and make policy recommendations to MassHealth and assist in the continued improvement of the MassHealth Dental Program. Members of the M-DAC share information and assist MassHealth with better understanding the opportunities and challenges in oral health. Committee members serve as ambassadors for the MassHealth Dental Program and are liaisons to the provider community, professional organizations and the Members served in their region. The M-DAC consists of no more than eleven committee members who are licensed dental professionals that are active in their communities and professional organizations and provide supportive perspective to MassHealth. The committee members are a diverse group with a background in the public and private sectors, and have experience in oral health as a general dentist, dental specialist or public health dental hygienist. The MassHealth Dental Director also participates as a committee member. In addition, staff from MassHealth, Mass Dental Society, Mass. Dept. of Public Health and MassHealth’s TPA serve the M-DAC as support representatives to provide program and policy expertise.
- **Eased caseload capacity concerns:** effective March 1, 2006, MassHealth implemented regulations to allow MassHealth dental providers the option to place a cap on how many MassHealth member they treat in their practice in order to encourage additional providers to enroll in MassHealth; as of June 30, 2014, 720 of the 5,492 (13%) MassHealth dental provider services locations had opted to utilize this option.
- **Dental reimbursement rate increases:** effective July 1, 2006; October 1, 2007; and January 1, 2009, MassHealth increased reimbursement rates for dental providers.
- **Contract with Third Party Administrator (TPA):** effective February 1, 2007, Dental Service of Massachusetts (DSM) through its subcontractor,

DentaQuest (formerly, Doral Dental USA, LLC) became the dental third-party administrator (TPA) for the MassHealth dental program. The TPA performs claims processing, dental provider network maintenance and development, provider and member relations including assistance and intervention services, and utilization management services. Member assistance and intervention services include help finding a dentist, help arranging transportation to the dentists' office, help obtaining administrative review, responding to Member/Provider, answering questions about prior authorization approval, claims inquiry, missed appointment protocol, scheduling an appointment and member information corrections.

- **Reduced or eliminated administrative burdens:** effective January 1, 2008, MassHealth removed prior authorization requirements on 34 dental service codes for EPSDT services provided to children under age 21, updated its dental regulation 130 CMR 420.000, and added coverage of additional CDT and CPT service codes; effective July 1, 2012, MassHealth removed prior authorization requirements from an additional 14 dental service codes and 81 CPT codes added for dentists who are specialists in oral surgery in accordance with MassHealth regulations; effective January 1, 2013, three additional service codes were added, plus four additional codes for public health dental hygienists.
- **Application of Fluoride Varnish by Non-dental Providers:** effective October 1, 2008, MassHealth implemented regulations to allow the application of fluoride varnish by physicians, physician assistants, nurse practitioners, registered nurses, and licensed practical nurses; and effective June 1, 2012 to allow payment to physicians and community health centers for the application of fluoride varnish by medical assistants under the supervision of a physician. Additionally, effective January 2015, MassHealth added the CPT Service code 99188 (topical application of fluoride varnish; therapeutic application for moderate to high caries risk patients) to further promote and support non-dental providers in providing the service.
- **Allowed Public Health Dental Hygienists (PHDHs) to enroll as MassHealth providers:** effective September 10, 2010, MassHealth amended its regulations to allow qualified PHDHs to become MassHealth dental providers.
- 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:

MassHealth is the Medicaid and CHIP program for the Commonwealth of Massachusetts. The MassHealth dental program is "carved out" of its managed care organizations and functions on a fee-for-service basis in which beneficiaries obtain

care from any participating dentist, without referral from the primary care provider. The following two types of dental services are, however, provided through the managed care organizations: 1) emergency-related dental services needed to evaluate or stabilize an enrollee's emergency medical condition, and 2) oral surgery performed in an outpatient hospital or ambulatory surgery setting when medically necessary to treat an underlying medical condition). Dental services are provided on a fee-for-service basis by dentists enrolled with the Commonwealth in the MassHealth Dental provider network.

The TPA performs claims processing, dental provider credentialing, network maintenance and development, provider and member relations including assistance and intervention services, and utilization management services. Member assistance and intervention services include help finding a dentist, help arranging transportation to the dentists' office, help obtaining administrative review, responding to Member/Provider, answering questions about prior authorization approval, claims inquiry, missed appointment protocol, scheduling an appointment and member information corrections.

- **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):
 - Number of active licensed dentist practicing in Massachusetts in SFY 2014 was 5,500.
 - Number of participating MassHealth dentists at end of SFY 2014 was 2,120.
 - Number of participating MassHealth dentists who billed \$10,000 or more in SFY 2014 was 1,526.
 - The following identifies number of dental providers by specialty in SFY 2014:

Dental Providers by Specialty	Number
Anesthesiologist	1
Endodontist	20
General Practitioner	1106
Public Health Hygienist	16
Oral Surgeon	78
Pediatric Dentist	152
Periodontist	134
Prosthodontist	15
Public	4

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).)

Non-Dental Providers in a Medical Setting

Effective October 1, 2008, MassHealth revised its regulations for physicians, community health centers (CHCs) and hospital-licensed health centers (HLHC) to allow the application of fluoride varnish by physicians, physician assistants, nurse practitioners, registered nurses, and licensed practical nurses. Feedback from providers indicated that allowing medical assistants to provide fluoride varnish in their practices would greatly enhance their ability to participate in the MassHealth fluoride varnish program. MassHealth regulations were therefore revised effective June 1, 2012 to allow medical assistants to provide fluoride varnish under the supervision of a physician in non-dental settings. The application of fluoride varnish may take place at physician’s offices, CHCs and hospital licensed health centers HLHCs.

The number of providers billing fluoride varnish in their practices has shown a steady increase since the inception of the program. Below reflects the significant increase of the number of providers billing fluoride varnish in a medical setting when comparing SFY 2009 to SFY 2014.

HLHC	HLHC	CHC	CHC	Physician	Physician
SFY09	SFY14	SFY09	SFY14	SFY09	SFY14
2	5	2	29	20	199

Public Health Dental Hygienists

Effective September 10, 2010, MassHealth amended its regulations and began enrolling qualified public health dental hygienists (PHDHs) as MassHealth providers, in accordance with the Dental Omnibus legislation passed in January 2009 (St. 2008, c. 530, codified at M.G.L. c. 112, §51). PHDHs who meet the requirements specified in the Board of Registration in Dentistry (BORID) regulations and the MassHealth regulations can enroll in MassHealth and claim payment for certain dental services provided in a variety of public health settings, including schools and mobile dental settings. Specifically, PHDHs may claim payment for CDT Service Codes D0220, D0272, D0273, D0274, D1110, D1120, D1206, D1208, D1351, D4341, D4342, D9110, and D9410.

Between SFY 2011 and SFY 2014 there has been a significant increase of PHDHs enrolling and billing MassHealth, as outlined below:

SFY	Enrolled	Billing
SFY11	17	15
SFY12	24	18
SFY13	43	32
SFY14	47	35

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

1. Intervention Services Specialists

MassHealth's TPA has designated two full-time, specifically trained Intervention Services Specialists to respond to complex provider and member requests for assistance with obtaining or delivering covered services that are beyond the scope of issues typically handled by the customer service representatives or where the member calls to express difficulty getting an appointment. Responsibilities of these specialists include, but are not limited to:

- Accepting referrals from providers for members who require education on subjects such as failure to keep scheduled dental appointments, proper dental office procedures, and the importance of follow-up treatments or good oral hygiene practice;
- Assisting members in need of transitioning from one provider to another, including instances where the member is not satisfied with the quality of care received and especially where the course of treatment is not yet completed;
- Providing special assistance to providers and members when the dental care the member needs is dependent on the member receiving services of adjunct or prior to the service being requested; and
- Providing assistance to members who are eligible to obtain transportation services under applicable regulations, and when the member's circumstances prevent his or her ability to handle such arrangements.

2. Electronic Radiographs

The MassHealth dental program accepts dental radiographs electronically via FastAttach™ for prior-authorization requests and for retrospective review. MassHealth, in conjunction with National Electronic Attachment, LLX (NEA) accepts all prior authorizations and claims that require retrospective review for authorization such as x-rays, periodontal charts, narratives, and pathology reports via the internet. Participating providers may submit EDI HIPAA compliant claims via www.masshealth-dental.net. In addition, providers may submit radiographs along with their claims via the MassHealth dental provider web portal free of charge at www.masshealth-dental.net.

3. Dental Provider Enrollment Application

MassHealth reduced the size of the dental provider enrollment application package to 17 pages and developed a user-friendly group provider application. The enrollment portion of the application is about 7 pages long, while the remainder of the application package is made up of instructions to complete the application and Federally Required Disclosures. The package also includes instructions, the provider agreement, attestation forms, IRS forms, electronic funds transfer agreement (EFT), and other materials that may be needed for specific individuals. A number of other requirements were discontinued in order to simplify the application process. The

dental provider enrollment forms are available at <https://masshealth-dental.net/memberservices/contactus.aspx>

4. Office Reference Manual

In conjunction with MassHealth, the TPA has developed an Office Reference Manual (ORM) that contains detailed information for participating providers about eligibility verification procedures, treatment authorization, claims submission, and other matters relevant to providers. The ORM is a living document and is updated upon MassHealth's request. Providers can download the ORM by logging into the MassHealth dental provider portal at <https://onlineservices.masshealth-dental.net/>.

5. Member Eligibility

Participating providers may access member eligibility information through the MassHealth Dental Program's interactive voice response (IVR) system or through a full service website at www.masshealth-dental.net. The eligibility information received from either system is the same information available by calling the dental program's provider services department.

6. Member Notices

Upon eligibility determination, the MassHealth TPA mails each member a "Dental Benefit Brochure" which provides information on dental benefits, the member assistance/intervention service available, and importance of obtaining timely dental care, including screenings by a child's first birthday and/or upon eruption of teeth.

One month prior to members' birthdays, members under 21 receive a notice that explains the important of good oral health and how to access dental services. Additionally, when a dentist submits information through the TPA's portal that a member has missed a scheduled appointment, a letter is mailed to the member which stresses the importance of oral health and keeping appointments.

Lastly, in the fall of 2014, the MassHealth TPA implemented the use of automated calls. These calls are made to members for whom there has not been a claim of a dental examination (ADA Codes D0120 or D0150) and prophylaxis (ADA Codes D1110 or D1120) in the preceding 12-month period. If a call is not answered after two tries or a number is invalid then the TPA mails a postcard reminder to the member to make a dental appointment. It is estimated that 204,000 calls will be made per year.

7. Member Education

The MassHealth dental website offers a variety of educational materials, including "Baby Teeth Are Important", "Brushing Tips", "Dental Do's", "Good Oral Health", "How to Keep Healthy Teeth and Gums", "Pacifiers", "Pregnant Women", and "Snack Facts."

As part of the intervention services program, participating providers are encouraged to use the MassHealth "broken appointment log" to inform them about missed

appointments so that MassHealth can outreach to members with missed appointments and educate them on the importance of keeping their dental appointments.

The MassHealth TPA maintains a dentist directory which lists MassHealth participating dentists by geographic area and dental speciality. The directory is updated regularly as new information is received and can be accessed at <https://masshealth-dental.net/MemberServices/Portal.aspx>.

8. Provider Recruitment

On May 11, 2007, the Massachusetts Dental Society (MDS) officially approved a resolution encouraging all of its 4000+ members to enroll in the MassHealth program. The MDS dental Internet site includes endorsements of the MassHealth dental programs from Society members and a link to the MassHealth Dental Program web site.

Pursuant to the TPA contract, the MassHealth TPA has been engaged in an active provider recruitment effort since the TPA contract was implemented in February 2007. Because the provider network has stabilized over the past several years, the current focus of the effort is to further develop the dental specialists provider network and increase provider participation in certain identified areas of the Commonwealth.

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).

Engaging Medical Clinicians in Oral Health – Fluoride Varnish

The DentaQuest Foundation awarded a grant in January 2012 to the Connecticut Chapter of the American Academy of Pediatrics to initiate a four state (CT, MA, RI and ME) collaborative to support primary care medical providers in providing preventive oral health interventions for young children. The MassHealth TPA partnered with the grantee's principal investigator, Hugh Silk, M.D. and his team "From the First Tooth", which works to establish medical and dental integration through physician training, education and access to resources. The TPA, Dr. Silk, the grant's dental hygienist trainer for the state of Massachusetts, and the grant project manager came together as a team in February 2012.

The shared goal of this team is to increase the number of medical practices providing fluoride varnish services and promoting oral health when treating MassHealth members who are children under age 21. In addition, the group strives to establish a strong connection between the MassHealth team and the physicians to enable them to access participating provider listings for referral to a dental home.

The data shows that a young child will see a primary care doctor on average eight times per year before the first time they see the dentist. By emphasizing oral health in the physician setting, not only will parents and their children become educated regarding preventive treatment, the physician will also be able to refer the child to a dental home for comprehensive preventive care and treatment. The goal is to increase the number of medical practices providing this care.

By joining forces, the team has been able to combine the expertise of both entities. The MassHealth TPA has an Outreach Coordinator dedicated to reaching out to practices and recruiting them to participate in the oral health training and incorporate the program into their practice and to include billing codes and processes to enable reimbursement. From the First Tooth has a dedicated hygienist who is experienced in using the Smiles for Life educational materials, assists practices in adding oral health to their workflow and provides hands-on training.

As a result of this successful partnership, over 163 new providers have been trained in Massachusetts since SFY 2012. The success is attributed to on-going follow-up -with medical practices after training to ensure implementation of the fluoride varnish program.

Fluoride Varnish Outreach and Partnership Components

- Outreach (drop-in visits or phone calls) at medical provider offices to provide support and education in the use of fluoride varnish in their practices, including:
 - Speaking with the office manager about the use of fluoride varnish in the practice verbally and through a detailed information packet;
 - Making follow-up calls/e-mail a month later to inquire whether the practice would like to schedule a training;
 - Scheduling a one and a half hour training session with the practice staff; each person trained will receive certificate of completion at the end and CME credits; and

- Making follow-up calls to ensure each provider is comfortable using the fluoride varnish and billing for the service.
- Outreach by the TPA to PPO (Physician) Regional Network Managers (RNM) to provide fluoride varnish brochures that will be used as a handout to medical providers during their annual RNM visit. The brochure was titled “What you need to know about...Fluoride Varnish”.
- Outreach to Massachusetts professional associations and health fairs:
 - Massachusetts Chapter of the American Academy of Pediatrics
 - Massachusetts Academy of Family Practitioners
 - Brockton Public Schools Summer in the City
 - Massachusetts Nurse Association
 - Massachusetts Medical Society
 - Harvard Medical School
- Oral Health articles published in newsletters:
 - American Academy of Pediatrics – Massachusetts Chapter
 - Massachusetts Medical Society
 - Primary Provider Organizations
 - Massachusetts Dental Society Journal
- Updates to the MassHealth webpage, including:
 - Self-administered training (since January 2009): a web-based continuing medical education (CME) program (AAP or Smiles for Life) designed to train medical providers and office staff on how to provide preventive medical care and apply fluoride varnish on pediatric patients;
 - Training handbook and patient information sheets;
 - Information on ordering fluoride varnish and how to use it in a provider’s practice;
 - Information regarding medical record documentation and MassHealth billing.
- Prescription Pads are given to each physician practice:
 - Physician Rx Pad: Referral to Dentist for Pregnant Women;
 - Provider Rx Pad: Member - Record of receiving FV; schedule for next FV treatment.

General Outreach

The TPA Outreach Coordinator attended various events to provide training and information to both organizations and Members at numerous venues, including:

- “Train the Trainer” presentation given by the TPA outreach coordinator to staff at WIC locations throughout Massachusetts to increase awareness of MassHealth benefits, including oral health benefits; In SFY 2013 the outreach coordinator attended 17 events at statewide WIC Offices training over 400 individuals, which included DPH nutritionists, and school nurses (A fax form system is in use for

WIC offices to allow them to send the name of any WIC MassHealth member to the Member Intervention Specialist. The Intervention Specialist will follow-up with the member to answer questions about benefits or finding a dentist.)

- Support of PHDH: In SFY 2013, the outreach coordinator connected with the 45 PHDH to provider support with the billing process; 37 PHDH provided treatment to over 14,500 Members received treatment;
- Over 30 OBGYN offices were visited where educational materials were distributed.

Collaboration with Key Stakeholders

On a consistent basis, MassHealth and the TPA collaborate with key stakeholders in the dental community, which includes but is not limited to the Massachusetts Board of Registry in Dentistry (BORID), the Massachusetts Dental Society, the DPH Office of Oral Health and the Mass League which represents the community health centers throughout the Commonwealth. These working relationships provide opportunity to optimize resources and efforts to reach shared goals.

ER Diversion Test Program

Milford Hospital ER is the test site for this program; A Fax form system is used to notify the MassHealth Intervention Specialist when MassHealth members are seen in the emergency room for an oral health related issue; a follow-up call will be made to the Member to discuss benefits and determine if assistance is required to find a dentist for treatment.

Representation in the Community

Through the MassHealth TPA, MassHealth is recognized as an active statewide partner and works on projects related to oral health in Massachusetts. Organizations and projects include:

- The Better Oral Health for Massachusetts Coalition: community water fluoridation trainings and rapid responder lists; workforce counsel representation; Office of Oral Health Burden document; Medical/Dental feedback roundtables;
- Massachusetts Department of Oral Health Advisory Committee: steering committee provides feedback to the Office of Oral Health;
- Massachusetts Academy of Pediatric Physicians Oral Health Committee: Development of physician collateral;
- Perinatal Guidelines: MassHealth fact sheet workgroup contributor;
- Massachusetts Head Start Consortium for Oral Health: Support of Age 1 Connect the Dots Training; development of Physician and Dental Provider Tool Kit, Oral Health Collateral; Age 1 Article for MDS Journal Newsletter, Portal; Age 1 calls;
- Massachusetts Medical Society Committee on Oral Health: ER diversion; Medical Dental Integration Survey for Physicians;
- Rural Oral Health Conference Planning Committee: NE Rural Oral Health Conference.

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.

MassHealth has developed a relationship with its sister agency, the Department of Public Health (DPH), enabling DPH to become a MassHealth dental provider and receive payments for dental hygienists, thereby enabling members to receive care from additional dental providers.

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

The collaboration between the two agencies has been successful and has served to enable the treatment of more children by dental hygienists on a sustainable basis, as the DPH program is no longer dependent on grant funding. Currently, DPH has 3.0 FTE registered dental hygienists (RDH) and a part-time as needed RDH providing services in schools. In SFY 2013, the RDH screened 4658 children and each child was referred to a dental home.

- 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:

<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.)

No.

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
D0140 Limited Oral Evaluation, problem focused	\$49
D0150 Comprehensive Oral Exam	\$58
D0210 Complete X-rays with Bitewings	\$88
D0272 Bitewing X-rays – 2 films	\$30
D0330 Panoramic X-ray film	\$88

Preventive:

D1120 Prophylaxis (cleaning)	\$51
D1203 Topical Fluoride (excluding cleaning)	\$26 (replaced by D1208 effective January 1, 2013)
D1206 Topical Fluoride Varnish	\$26
D1208 Topical Application of Fluoride	\$26
D1351 Dental Sealant	\$41

Effective January 1, 2015, medical providers who bill fluoride varnish will be instructed to use the CPT Service code 99188 (topical application of fluoride varnish; therapeutic application for moderate to high caries risk patients) in place of the CDT Service code D1206. The fee of \$26 will not change. Dentists and public health dental hygienists will continue to use D1206 when billing for fluoride varnish.

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

The reimbursement rates have not increased or decreased in the last five years.

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.

MassHealth Sealant Program

Through its TPA, MassHealth has implemented a sealant program in an effort to increase the number of Members under 21 who receive sealants on their permanent molars. Every six months a report is sent to all MassHealth participating general and pediatric dental providers which lists patients who would benefit from sealant services but have not had a

claim for a sealant. In addition, education information is sent to dentists about the efficacy of sealants and member collateral materials are available through the MassHealth Provider Web Portal.

MDPH-SEAL Program

The Massachusetts Department of Public Health (MDPH) developed the MDPH-SEAL (Seal, Educate, Advocate for Learning) Program, a school-based oral health prevention (dental sealant and fluoride) program to serve MassHealth eligible and other high-risk school-age children and youth. The goal of the SEAL Program is to improve their oral health by increasing their access to preventive dental services (dental sealants and topical fluoride), and reduce oral health disparities.

The dental professionals supporting the MDPH-SEAL Program consist of registered dental hygienists (3.0FTE), a full time grant coordinator for a medical/dental linkage initiative, a half time fluoridation coordinator (0.50FTE); a half time epidemiologist (0.50FTE); a Division Director who spends 2 days each week as acting oral health program director; A 1 day per week dentist supervisor and a 1 day per week dentist director of the Office of Oral Health. The staff dentist provides general supervision for the program's dental hygienists through a standing order allowing the hygienists to place dental sealants without the patient having first had a dental examination. The dental hygienists work closely with school nurses and nurse practitioners in the school-based health centers to coordinate the MDPH-SEAL Program and to implement a case management program for dental referrals.

The program serves high-risk children and those enrolled in the MassHealth (Medicaid/CHIP) Program. MDPH-SEAL targets schools (1) with at least fifty-percent free and reduced school lunch participation; (2) in communities with more than 15,000 MassHealth eligible children; (3) with school-based health centers; and (4) located in dental health professional shortage areas. While the program targets children in grades 2, 6, 7 and 9; it is open to any child within a participating school with appropriate permission to participate. In school-year 2012-2013, the Program is served school-age children and youth in 108 schools in 13 different Massachusetts communities.

Dental hygienists provide screenings, administer dental sealants and fluoride varnish, and provide referrals for restorative treatment and other dental needs, and follow-up as needed with both school nurses and parents.

All dental services are delivered with portable dental equipment and all children may participate regardless of their insurance status or the family's ability to pay. Since its inception in 2007, the program was supported with competitive HRSA funding and some state dollars. In school year 2011-2012, the MDPH Office of Oral Health became a MassHealth dental provider, allowing the Program to receive direct reimbursement from this public insurance program ensuring its sustainability.

The Program collaborates with the state's public health hospital dental programs, community health center dental programs, and private dental providers to assure resources for restorative treatment and other dental care is available.

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 following dental schools are located in Massachusetts.

- Tufts University Dental School
- Boston University Henry M. Goldman School of Dental Medicine
- The Harvard University School of Dental Medicine

The following dental hygiene schools are located in Massachusetts

- Cape Cod Community College
- Springfield Technical Community College
- Middlesex Community College - Lowell campus
- Bristol Community College
- The Massachusetts College of Pharmacy and Health Sciences - Forsyth School of Dental Hygiene
- Mt. Ida College Dental Hygiene Program
- Mount Wachusett Community College
- Northeastern University
- Quinsigamond Community College

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 following dental and dental hygiene school clinics participate as MassHealth dental providers:

The Tufts University School of Dental Medicine is a MassHealth dental provider. Through its Division of Special Care in Dentistry, Tufts provides clinical services and preventive education programs to under-served populations.

Tufts also provides comprehensive oral health care to developmentally disabled individuals in Massachusetts pursuant to a contract between the Tufts University School of Dental Medicine and the state's Department of Developmental Services. This program serves more than 7,000 patients at eight clinics throughout the state. The program also maintains arrangements with four hospitals to address the needs of patients who require IV sedation or general anesthesia for treatment, and focuses on the dental health needs of individuals with disabilities such as autism, blindness and Down syndrome.

As part of the larger [Community Dental Health Program](#), Tufts serves approximately 2,500 patients with developmental disabilities in about 191 locations. Most (about 1,900)

of those patients are children. Sites include schools, including schools specifically for children with disabilities, adult day activity centers, community organizations, and group residences. Eight dental hygienists travel throughout the state with portable dental equipment, providing oral health education, screening, dental cleaning, dental sealants and fluoride applications to patients. Hygienists also make referrals to local dentists and offer ongoing case management services, providing a critical continuum of care that extends beyond twice-yearly cleanings.

Boston University Henry M. Goldman School of Dental Medicine is a MassHealth dental provider offering dental services at the Undergraduate Dental Clinic, the Graduate Dental Clinic and the BU Oral Surgery Group Practice. Boston University also offers access to a program known as the “Delta Dental Scholars Program,” in which half of the student's dental school tuition will be paid by the program administrators in return for the student rendering dental services to members of Boston’s poorest communities.

The dental school currently runs five city wide prevention programs and operates in 61 schools in Boston, Chelsea, Framingham, Natick, and Lawrence delivering preventive services to thousands of children, including oral health education, dental screenings, fluoride applications, and placement of sealants. During the 2012-13 academic year, 15,442 children were provided oral health education; 5,008 received oral screenings and fluoride applications; and 3,158 dental sealants were placed for 1,041 children.

The dental school community outreach includes providing screenings and/or oral health education to over 2000 children in Boston area preschools, day care centers, Early Head Start, and Head Start programs; oral health education to parents and guardians; and oral health education to preschool teachers, staff, and administrators.

The Harvard University School of Dental Medicine Dental Clinic is a MassHealth dental provider and encourages its students to participate in local and international community service groups.

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 Massachusetts Medicaid EHR Incentive Payment Program (EHR Program) approved by the Centers for Medicare & Medicaid Services (CMS) began on October 3, 2011. The Program will run through December 31, 2021. MassHealth is administering and overseeing the Medicaid EHR Incentive Payment Program and has contracted with Massachusetts eHealth Institute (MeHI) to support key operational components of the program. Providers must receive their first incentive payment by 2016 in order to take advantage of this program.

The following EHR products are available to providers: Open Dental – Version 12.4, 13.1, 13.2, 13.3, 14.2, 14.3; MacPractice DDS – Version 4.1, 4.2, 4.3, 4.4; Dentrix Meaningful Use Access – Version 7.6 and NextGen EDR – Version 4.2, 4.3, 5.0.

Since the program launch 447 dentists have registered to participate in the EHR Program and 319 have received EHR payments. The Massachusetts Dental Society (MDS) continues to disseminate information about the progress of EHR adoption, lessons learned and the specific impact of the EHR initiatives and Meaningful Use guidelines on its members. MDS has helped to identify barriers related to dentists implementing EHR that need to be addresses. Barriers to implementing EHR include significant financial investment, lack of clear return on investment for practices and patients, limited number of dental EHR products and confusion on what qualifies an EHR system under Massachusetts law.

In some cases the dental record is integrated with the medical record. In settings such as community health centers where both medical and dental services are provided, it has been difficult to find integrated products that unify patient records, billing, scheduling, etc. and meet both the clinical and dental needs. In addition, many of the Community Health Centers (CHCs) that care for a high volume of the Medicaid and CHIP population are using Henry Schien's Dentrix Enterprise 2014 Version is certified for meaning use. As a result, many of the dentists practicing in the CHCs are unable to participate in the program at this time.

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.

ASTDD: <http://www.astdd.org/state-activities/?state=MA>

MDPH: www.mass.gov/dph/oralhealth
<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/oral-health/dental-sealants.html>
<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/oral-health/block-oral-disease-education-materials-and-trainings.html>

CDC: http://www.cdc.gov/OralHealth/state_programs/states/ma.htm

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.