

Dental Action Plan Template

For Medicaid and CHIP Programs

State: Vermont, December 2012
Updated January 2015

Program (please designate): Medicaid CHIP Both X

State Lead: Selina Hickman, Policy Director

Contact Information for State Lead:
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495
802-879-5939

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, most States will need to undertake additional activities to increase access and prevention in order to meet 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. We will share these plans with all States to build a national body of knowledge across States. 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. CMS is also interested in learning about what efforts or activities States have already undertaken and how successful those efforts were as well as lessons learned if these activities did not achieve the results you expected. If a State has begun to implement the new CHIPRA dental provisions, CMS is very interested in learning about those activities. This information will be used to assist other States in their efforts to increase access.

Medicaid and CHIP Dental Health Goals:

- Increase the rate 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 rate 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.

Update: Recent data from the Vermont Department of Health and CMS show a reduction in the number of children who receive dental sealants. According to the 2013-2014 Health Department survey, since 2009-2010 there has been a 12 percentage point decrease in the percent of Vermont's third grade children with dental sealants. According to the latest data from CMS, at 16.3%, Vermont lags behind other region one states in the percentage of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar (ME, MA, and CT are all above 20%). DVHA will work with other stakeholders (e.g., the Vermont State Dental Society, the Vermont Department of Health, the AHS Dental Workgroup, and the VT Oral Health Coalition) toward the goal of increasing this rate to 25.8% by 2016 (2011 baseline data for VT is 15.8%).

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.
- 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 submit this information electronically 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 to CMS Central Office for further review. Regional office staff will contact you for additional information, if 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):

The 2011 Vermont CMS 416 report indicates 54.9% of Medicaid children received a dental service. The rates are lowest for those children 2 years and under, and those children above 18 years. The rates for children aged 3-5 years were 58%; those aged 6-9 years were 70%; those aged 10-14 years were 66% and those aged 15-18 years were 58%. The rates by age for preventive care are similar to that of any dental service. Vermont has done a good job recruiting Vermont dentists to participate in Medicaid. At the same time there are concerns that reimbursement rates are a barrier to maintaining or increasing access to care. In addition, Vermont is challenged by an aging dental workforce, limited participation by some Medicaid enrolled providers, and that most active Vermont dentists are already Medicaid enrolled providers.

Update: The 2013 Vermont CMS 416 report indicates 52.45% of children enrolled in Medicaid received a dental services; this is a decrease since 2011. Additional barriers have been identified since that time: there is reluctance among dental providers to see children under the age of three, there is a lack of integration between medicine and dentistry, and recent healthcare reform has put a strain on current dental capacity. DVHA will work with other stakeholders (e.g., the Vermont State Dental Society, the Vermont Department of Health, the AHS Dental Workgroup, and the VT Oral Health Coalition) toward the goal of increasing this rate to 62.45% by 2018.

- Current 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:

Public health care coverage of children (Dr. Dynasaur) is provided through the Medicaid Global Commitment to Health 1115 Waiver. The Dr. Dynasaur program includes both Medicaid & CHIP children. Children covered under Medicaid and CHIP have the same benefit and utilize the same provider network. The service delivery model used to provide dental services in Dr Dynasaur is fee for service.

- 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):

There are 1,644 dental professionals (dentists, hygienists, and assistants) licensed by the Vermont Secretary of State with an active status in December 2012 who reside in Vermont. The Vermont Department of Health (VDH) Office of Oral Health surveys active dentists in Vermont every few years. In 2011 VDH reported there were 368 active practicing dentists in Vermont, with 297 being primary care dentists and 71 being specialists. There are 434 Medicaid/CHIP enrolled dental providers with 391 being located in Vermont. As some dentists practice at more than one location, there are overall 347 individual enrolled dentists and 320 are Vermont based. The most recent Medicaid provider participation data on indicates 87% of dentists actively practicing in Vermont are enrolled Medicaid providers. In SFY 2012 there were 242 Medicaid/CHIP enrolled dentists billing for services to children, with 146 billing over \$10,000.

Update: The 2013 Dentist Survey results are not available; however, it is hypothesized that the number of practicing dentists and the percentage of dentists who are enrolled as Medicaid providers has remained fairly consistent. Although over 80% of practicing dentists in VT are enrolled as Medicaid providers, the percentage of their patient base varies drastically. For example, in calendar year 2011 84% of practicing dentists were enrolled as Medicaid providers, but 32% of them (100 dentists) had claims totaling less than 10k for the year. DVHA will work with other stakeholders (e.g., the Vermont State Dental Society, the Vermont Department of Health, the AHS Dental Workgroup, and the VT Oral Health Coalition) to encourage a more equal distribution of Medicaid beneficiaries among enrolled providers (i.e., encourage those who are accepting minimal amounts to do more).

- 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).)

In February 2008, the Department of Vermont Health Access (DVHA) began reimbursing Primary Care Providers for performing Oral Health Risk Assessments to promote preventive care and increase access for children from ages 0-3. There were 43 non-dentists billing for oral health services in 2011. Medicaid/CHIP does not enroll dental hygienists.

Update: DVHA is currently exploring the option of enrolling dental hygienists as VT Medicaid providers.

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

Oral health is essential to general health and well-being throughout life, and without good oral health a person is not truly healthy. Vermont's achievements in addressing the oral health and dental access needs of its residents are many. Vermont's coverage of oral health services, dentist participation in the Medicaid program, oral health status indicators and utilization rates by Medicaid are among the highest in the country.

One of the keys to Vermont's success has been the collaboration between the Department of Vermont Health Access (DVHA), the Vermont Department of Health (VDH), and the Vermont State Dental Society (VSDS) to address challenges to improving dental care. The Director of the VDH Office of Oral Health oversees the oral health program in Vermont, including its Oral Health Plan for Vermont's children and adults. These activities are coordinated within the VDH Division of Health Promotion and Disease Prevention, in conjunction with the Maternal Child Health Program and EPSDT program, and with the Agency of Human Services and its other Departments. The VDH Office of Oral Health also works closely with the Centers for Disease Control to improve program infrastructure and increase oral health disease prevention activities. In addition, the Office of Oral Health supports the Vermont Oral Health Coalition, a group of stakeholders working to improve oral health.

Vermont is the second most rural state in the country with a high proportion of individuals eligible for Medicaid, and comparatively high provider participation and medical/dental service levels. The VDH Dental Provider Survey reports Vermont has seen a small increase of active general and specialty dentists from 355 in 2007 to 368 in 2011. The VDH 2011 survey indicated that the percentage of dentists accepting new patients remained the same as 2009 while the percentage accepting new Medicaid patients rose from 65% to 69%. Access to dental care has been improved by the increase in the number of dentists in Vermont and of those accepting new Medicaid patients. This has been assisted by provider outreach conducted by the VSDS, VDH Office of Oral Health's grant to VSDS for recruitment of new dentists, scholarship and loan repayment programs, and the DVHA Supplemental Payment Program. While Vermont has seen improvements in the number of dentists, as well as the percentage accepting new patients, those improvements could quickly erode without continued work.

There are a few other activities that have contributed to increasing access to care. Since 2009, a Federally Qualified Health Center (FQHC) has been operating the Ronald McDonald Dental Care Mobile van. The van provides dental care in underserved areas of the State. In 2009 the VSDS, the VDH, and the Vermont Head Start program began a program to assist children in Head Start programs to establish dental homes and coordinate with the Tooth Tutor Program. The Tooth Tutor Program, based in schools and Head Start

Centers, helps establish a dental home for children who have not been to the dentist in over a year and emphasizes the importance of placing dental sealants when appropriate. Tooth Tutors serve as a liaison between families that have not accessed care and dental offices and provide culturally competent services and understanding of the barriers families face in accessing care. And more recently several FQHCs have increased dental capacity by adding staff or adding chairs to existing dental centers, and by opening two new dental centers.

Vermont has a number of activities designed to increase knowledge about dental care and the ability to access dental services among Dr Dynasaur children. For example, Dr Dynasaur children enrolled in Primary Care Plus (PCCM) may choose a dental home, just as they do a medical home, to provide a regular source of preventive care or treatment. In addition, included in the (Medicaid, CHIP, Dr Dynasaur) Member Handbook is an easy to read table for parents on preventive care that includes items on preventive dental care. Children covered by Medicaid and CHIP also receive regular age appropriate letters as part of the EPSDT program, including information for parents about the importance of dental care for their children.

Update: There is some question about whether or not choosing, or being assigned a dental home, the Member Handbook, and the letters are the most effective strategies to address oral health literacy and access to dental care for Medicaid beneficiaries. DVHA is working with other stakeholders to evaluate these strategies and to promote cultural competence and evidenced based best practices among providers (in addition to oral health literacy among beneficiaries). For example, DVHA is involved in a project that co-locates public health dental hygienists (PHDH) in local Health Department offices. These hygienists work directly with pregnant women and children enrolled in the WIC program, providing oral health risk assessments, fluoride varnish, and connection with a local dental home; they also work with local health care providers (e.g., Ob/Gyns, pediatricians, family physicians, dentists) to develop an environment that supports preventive dental care for pregnant women and children beginning at age one.

Currently 6 of the 12 local Health Offices have a PHDH

Adults enrolled in Medicaid receive a limited dental benefit. In the fall of 2013 pregnant women in Medicaid were granted a full dental benefit. In the past year the VDH Office of Oral Health was meeting with numerous professional associations to promote evidence based guidelines for oral health during pregnancy and early childhood. A consensus letter was sent to members of the Vermont Chapter of the American Academy of Pediatrics, Vermont Chapter of the American Academy of Family Practice, and the Vermont State Dental Society. The consensus letter focused on three areas of oral health: dental care during pregnancy is safe; addressing the oral health needs of mothers can reduce the child's risk for early tooth decay; and early child tooth decay can be costly and is preventable.

All these efforts have resulted in increasing access to dental services and improving the oral health of children.

Update: A recent survey of VT prenatal care providers by UVM medical students showed that 74% of survey respondents were not aware of the Medicaid policy change for pregnant women. Time constraints during visits, lack of formal training, and scarcity of dental providers were identified as barriers to addressing prenatal oral health. DVHA is working with other stakeholders to promote provider knowledge about the removal of the cap on dental services for pregnant and post-partum women, and to increase the dental referral base for pregnant women. The Health Department's Maternal and Child Health Program has included an oral health objective as part of their strategic plan: 67% of women enrolled in Medicaid will have visited a dentist or dental clinic during pregnancy. DVHA is committed to working with MCH and other stakeholders to ensure this goal is met.

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
- Undertake administrative simplifications
- Use 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 what is 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).

DVHA will continue collaboration with VDH Office of Oral Health and VSIDS. Over time the collaboration between DVHA, VDH Office of Oral Health and VSIDS has been effective in identifying barriers, coordinating on strategies to address barriers, and implementing interventions to remove or ameliorate barriers. DVHA expects that collaboration to continue and that it will result in increased access to care and improved dental care for all Vermonters.

Goal: Increase the rate 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. 2011 Baseline: 54.90% 2013: 52.9% 2016 Goal: 64.9%

Activities to meet goal:

1. Ensure accuracy of dental provider information used by Medicaid recipients.

There have been concerns regarding the accuracy of the information on the Insure Kids Now website provided by State Medicaid and CHIP programs. To ensure the accuracy of the information DVHA has been reviewing and updating dental provider information for accuracy.

Update: this continues to be an issue. DVHA is committed to addressing this issue by developing a protocol/schedule to keep the Insure Kids Now website and the VT Medicaid Provider Portal up to date.

2. Increase the number of oral health providers.

The VDH Oral Health Survey indicated that 38% of dentists were interested in adding an associate to their practice. Of those 18% had done so, 8% had tried but were not successful, and 11% did not try. DVHA will work with the VSIDS to better understand barriers and challenges to practices adding associate(s).

Update: In addition to considering a state plan amendment that would allow hygienists to become enrolled as Medicaid providers, DVHA is also exploring ways to promote the use of Expanded Functions Dental Auxiliaries as a way to increase provider capacity.

3. Recruit new dentists to Vermont.

DVHA, VDH Office of Oral Health, AHEC, and VSIDS plan to continue the dental recruiter, loan repayment program and scholarship programs. These programs are critical to recruiting new dentists to Vermont.

4. Encourage Medicaid enrolled practices serving a low number of Medicaid patients to serve more.

While most Vermont based dentists are Medicaid enrolled providers, a number of practices serve low numbers of Medicaid patients. DVHA will work with the VSIDS, and individual dentists to better understand barriers and challenges to Medicaid enrolled practices serving more Medicaid patients.

Update: The Health Department has contracted with a marketing firm to do formative research to better understand the barriers and challenges to Medicaid enrolled practices serving more Medicaid patients. DVHA will work with the Health Department and other stakeholders to build on this research to promote increased access to dental care for Medicaid beneficiaries.

5. Increase the number of Vermont dentists that are enrolled Medicaid providers.

There are a number of Vermont based dentists that are not Medicaid enrolled providers. DVHA will work with the VSIDS, and individual dentists to better understand barriers and challenges to practices becoming Medicaid enrolled providers.

Update: Representatives from DVHA attended the 2014 Annual Meeting of the Vermont State Dental Society to answer questions and learn from providers about the barriers and challenges they have working with Medicaid. DVHA is committed to continuing to keeping the lines of communication open with dental providers so that their concerns are addressed.

6. Increase the number of young children who receive preventive dental care.

The CMS 416 data indicates that children under 3 years of age had low rates of dental care. In Vermont, the CHIPRA Quality Demonstration grant is focused on implementing the Blueprint for Health in practices that serve children. An important component for expanding the Blueprint to children is incorporating the new Bright Futures preventive care guidelines, including oral health. The project includes clinical performance measures for primary care, and included on the list are indicators of dental home and oral health risk assessment. As the grant is implemented over the next two years provides an opportunity to reinforce with primary care practices serving children the importance of the mother's oral health and that children should be see an oral health provider by the age or 1 or when their first tooth appears.

Update: Under CHIPRA the Blueprint has expanded to pediatric practices. Currently all practices interested in NCQA have been scored. Practices selected topics for performance improvement. To date none of the performance improvement projects have been related to dental.

DVHA has also employed the following strategies to increase the rate of children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services: support the idea of PHDHs in local Health Department offices, establish a sub-group of the AHS Dental Workgroup to clarify FQHC rules/policies, focus on support for dentists regarding new diagnosis coding procedure, and explore a benefits red-design.

Goal: Increase the rate 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. 2011 Baseline: 15.8% 2013 update: 16.3% 2016 Goal: 25.8%

1. Develop an awareness campaign regarding sealants.

DVHA will work with the Office of Oral health and the VSIDS it identify strategies to ensure dentists are aware of the importance of sealants.

2. Assess use of sealants by provider/practice.

DVHA will analyze claims data to assess the provision of dental sealants by practices.

Additional Background

Provide additional information on your current oral health program for children under Medicaid and CHIP. Please submit one template for your State Medicaid program and one template for your separate CHIP program (if applicable):

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.

Many Vermonters face challenges in receiving appropriate oral health care due to the limited number of practicing professionals that accept Medicaid insurance, the affordability of services and a lack of emphasis on the importance of oral health care. Challenges frequently are more acute for low-income Vermonters, including those Vermonters participating in the State's public health care programs. In 2007 the DVHA, in conjunction with the VDH, began implementing a number of targeted initiatives to provide a comprehensive, balanced approach to improving oral health and dental access for all Vermonters.

First, in May 2008, DVHA introduced the capability to select/assign a primary dentist for a child, allowing for the same continuity of care as assigning a Primary Care Provider (PCP) for health improvement. Most new enrollees now select a dental home, emphasizing the importance of keeping oral health care on par with regular physicals and health checkups. If enrollees do not select a dental home, member services will assign one whenever possible, unless an enrollee formally declines this option. Selection of a dental home reinforces the idea of regular care and links the child to a specific provider, both of which should increase demand for care.

Update: As mentioned previously, there is some exploration of whether or not choosing, or being assigned a dental home actually works to increase access to care. The Medicaid Provider Portal is not always accurate, so it is difficult for beneficiaries to choose a provider that will actually accept them as new patients. In addition, the provider assigned to them by member services may not be accepting new patients by the time the beneficiary calls to make an appointment. DVHA has made a commitment to developing a protocol to ensure that the Medicaid Provider Portal is more accurate in the future.

Second, DVHA committed to increase Medicaid reimbursement rates over a three-year period to stabilize the current provider network, encourage new dentists to enroll as Medicaid providers and already enrolled dentists to see more Medicaid beneficiaries. Rates were increased in SFY 2008 and SFY 2009. Planned rate increases were not instituted in SFY 2010 due to budgetary constraints; however, dentists were held harmless from a 2% provider rate reduction

experienced by most other Medicaid providers. In 2011, the Administration proposed an approach to increase dental reimbursement rates for SFY 2013 using a broad based provider tax but that legislation was not passed by the Legislature. Reimbursement rates are a concern and DVHA continues to work with the VSDS and look for ways to address this concern.

Update: DVHA increased dental rates by 3% in the aggregate on November 1, 2013 following legislative appropriation. While an additional 1.6% rate increase was passed for SFY15, it was later rescinded due to an overall state budget shortfall. SFY16 budget discussions are ongoing and details are not yet available at this time.

In addition to rate changes, DVHA recently released a request for information (RFI) to help inform discussions about whether a total dental benefit redesign would help ensure that existing dollars are being used most effectively.

In addition to raising provider rates in SFY 2008, DVHA instituted a Supplemental Payment Program. The program was designed to recognize and reward dentists serving high volumes of Medicaid beneficiaries. The program has continued and typically 35-40 dentists qualify for semi-annual supplemental payments.

To recruit new dentists, Vermont started a scholarship program, and a loan repayment program that 12 – 15 individuals participate in. The Vermont Department of Health also recruitment activities at VSDS to work with New England dental schools and other dentists interested in practicing in Vermont as well as practices in transition. Vermont also has a small dental residency program through Fletcher Allen Health Center that also attracts dentists to the state. .

Another area of concern was missed appointments and late cancellations. In SFY 2008 DVHA approved and encouraged the use of a missed/cancelled appointment code. The purpose was to assess the degree that appointments were being missed or cancelled. As DVHA has reviewed the data and discussed with dentists it clear that the data has limited value. In order to have an accurate count, providers need to submit the code for every missed appointment or cancellation. It costs the provider to process the claim and they receive no reimbursement. Inconsistencies in reporting indicate that this method is not providing an accurate picture of missed or cancelled appointments.

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." 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.)

Vermont has been using the HEDIS dental measure since 2007. Our experience is that the HEDIS measure reports higher rates than the CMS 416 Report. There are a number of factors which could account for the difference in results. HEDIS rates are measured by calendar year while CMS 416 reports are based on the Federal Fiscal Year. HEDIS criteria indicates that an eligible child may not have more than one gap in enrollment up to 45 days, while the CMS 416 criteria indicates eligible child be continuously enrolled for at least 90 days. The HEDIS criteria includes some CPT codes that are not included in the CMS 416 criteria.

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 - \$20.00 Update: \$25.00
D0140 Limited Oral Evaluation, problem focused - \$40.00
D0150 Comprehensive Oral Exam - \$32.00 Update: \$40.00
D0210 Complete X-rays with Bitewings - \$56.00 Update \$65.00
D0272 Bitewing X-rays – 2 films - \$17.00 Update \$24.00
D0330 Panoramic X-ray film - \$48.00 Update \$60.00

Preventive: D1120 Prophylaxis (cleaning) - \$32.00 Update \$34.00
D1208 Topical Fluoride (excluding cleaning) – \$15.00 Update \$18.00
D1206 Topical Fluoride Varnish - \$15.00 Updated: \$18.00
D1351 Dental Sealant - \$35.00

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

Rates were increased in SFY 2008 and again in SFY 2009. Rates were not increased for SFY 2010 due to budgetary constraints; however, dentists were held harmless from a 2% provider rate reduction experienced by most other Medicaid providers.

Efforts Related to Dental Sealant: 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.

Sealants

American Dental Association and the American Academy of Pediatric Dentistry recognizes that the placement of sealants and their continued maintenance are scientifically-sound and cost-effective techniques for prevention of pit and fissure caries. To encourage the use of sealants in the future DVHA plans to work with VDH Office of Oral Health and VSIDS to identify strategies to increase the use of sealants. Vermont does not have a school-based dental sealant program.

Update: Vermont has the only school-linked sealant program in the country. The Tooth Tutor program has evolved into a school-linked sealant program; Tooth Tutor dental hygienists link students to local dental offices where they theoretically received comprehensive dental care including sealants. Last year (2013-2014) was the first time the Health Department collected data on the number of sealants that were placed through the program. Since hygienists can only collect data if they have parental permission, and they depend on dental practices to provide the data to them, it is not a streamlined process. However, the data that was submitted last year is consistent with both the 2013-2014 Elementary School Oral Health Survey and the CMS 416 report; sealant rates are dropping in VT.

The Tooth Tutor program is coordinated at the state level by the Health Department's Office of Oral Health, but Tooth Tutor hygienists are hired and supervised by the schools in which they work. Schools self-select to participate in the program. Currently there are approximately 30 hygienists working in 100 schools (about one third of the schools in the state); 51% of participating schools are over 50% FRLP.

This program will only work to increase sealant rates if sealants are being placed by dental practices on children referred through the program. DVHA will work with stakeholders to understand why sealant placement rates have dropped, and how to address those challenges/barriers.

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.

While Vermont does not have a dental school in the state, the Vermont Dentist Workforce Development Committee, which is multidisciplinary membership committee including DVHA, VDH, VSDS, and University of Vermont Dental Residency Program, has conducted several activities to enhance our relationships with dental schools and to collaborate where possible including:

- VSDS Dentist Recruitment Coordinator visits several northeast dental schools each year to maintain a close working relationship with each school, to recruit dentists to Vermont, and to participate in forums or other events to promote access and quality dental care;
- Held a Vermont forum with dental schools on establishing dental residency and externship programs in Vermont which resulted in Harvard University and Tufts University Schools of dentistry establishing Externships in Vermont; and
- Maintaining contact with the University of New England on its efforts to establish a new dental school;
- The Vermont Dentist Workforce Development Committee will continue to work closely with dental schools in the New England region to assist our efforts in workforce development and enhance existing educational and training opportunities.

Update: The Dental Residency Program is now part of the Family Medicine Residency at the University of Vermont Medical Center (Formerly Fletcher Allen Health Care). This promotes the integration of medicine and dentistry. Dental residents will rotate through the Milton Family Practice, and family medicine residents will rotate through the new dental residency clinic in South Burlington.

Led by the Dentist Recruitment Coordinator (working through the VSDS with the assistance of grant funding), the Dentist Work force Development Committee stayed apprised of efforts to bring new dentists into Vermont. Efforts remained focused principally within the NE region and resulted in attracting enough new dentists into Vermont to effectively offset the dentists lost to VT, principally through retirement.

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?

Vermont does not have data on the use of electronic dental records by dental providers in the State. Anecdotal reports are that few providers have paperless dental record systems in place.

Update: Vermont does not have reliable data on the use of electronic dental records by dental providers in the state. Anecdotal reports continue to indicate that there are few providers that have paperless dental record systems in place. However, the majority of providers employ electronic dental records. Electronic dental records are not integrated with electronic medical records.

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 for 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.

Plans to submit: VSDS Dental Action Plan, VOHC Oral Health Plan