

Dental Action Plan Template
For Medicaid and CHIP Programs

State: Virginia

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).

- Implemented on July 1, 2005, **Smiles For Children (SFC)** is the Virginia Medicaid dental program that was designed to improve access to quality dental services for Medicaid and CHIP children across the Commonwealth. The program was made possible through the support of the Governor and the General Assembly, including the provision of an overall 30 percent increase in funding for the reimbursement of dental services. **Smiles For Children** operates as a fee-for-service dental health

benefit plan with a single benefits administrator, DentaQuest. The Department of Medical Assistance Services (DMAS) retains policymaking authority and, in conjunction with the Dental Advisory Committee, closely monitors contractor activities. In State Fiscal Year 2014 (SFY) more than 899,000 Medicaid and CHIP members (approximately 615,000 children) were eligible for the program. Medicaid and FAMIS cover comprehensive dental benefits for children including: diagnostic, preventive, restorative/surgical procedures, and orthodontics. Comprehensive dental benefits are not covered for adults under **Smiles For Children**. Adult dental services are limited to medically necessary oral surgery and associated diagnostic services, such as x-rays and surgical extractions.

- As reported in the General Assembly 2014 report, as of August 2014 there were 1893 dental providers participating in the **Smiles For Children** program. This represents approximately 27 percent of the 6911 Virginia licensed dentists.
- DMAS works with the Virginia Department of Health “Bright Smiles for Babies” program to expand access to fluoride varnish treatment for at risk Medicaid/CHIP children under age three by non-dental providers. Non-dental providers are reimbursed for fee-for-service Medicaid children under age three by DMAS and by managed care children under age three by the individual managed care organizations. DMAS will pay for two fluoride varnish applications per year by a non-dentist for fee for service children under the age of three. Medical/non-dental providers offering this service must be a Medicaid provider and approved to bill for the dental code. Effective 2010, DMAS required managed care organizations to reimburse non-dental providers for the administration of fluoride varnish for children under age three. As reported in the General Assembly 2014 report, there are 277 non-dental providers administering fluoride varnish.
- 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):
 1. High rate of broken appointments. Action(s) taken:
 - Implemented a broken appointment initiative comprised of four (4) key areas:
 - Data collection, tracking, trending and analyses
 - Member education, communications and outreach
 - Provider education and training
 - Targeted Quality Improvement Initiatives
 2. Lack of recognition and integration of oral health in total health. Action(s) taken:
 - The Department of Medical Assistance Services (DMAS) partnered with the Virginia Department of Health (VDH) to train non-dental providers in applying fluoride varnish in the at risk under 3 year old Medicaid children.
 - DMAS requires Managed Care Organizations (MCOs) to pay non-dental providers for physicians for the application of fluoride varnish in the at risk under 3 year old Medicaid children.

- DMAS pays Medicaid physicians for the application of fluoride varnish for fee for service at risk
for fee for service at risk Medicaid children in the at risk under 3 year old age category.
- Virginia's Dental Benefits Administrator (DBA) of the **Smiles For Children** Medicaid program created a RX-like pad for physicians to use to educate parents/guardians about fluoride varnish for their children and to inform parents/guardians as to their next fluoride varnish treatment and/or referral to the Smile For Children program.
- The DBA created a prescription tear off pad to be used by the primary care provider. This informs the parent/guardian about Virginia's Medicaid **Smiles For Children** program (SFC) and is a mechanism to secure a dental home.
- DMAS supplies Program Operations with Dental Outreach materials that are used when training Medicaid physicians.
- DMAS/DBA implemented an Early Dental Home for children under age 5. The initiative seeks to engage primary care physicians ensuring that PCPs in the Medical Homes are familiar with the mandatory dental screening required by EPSDT. Physicians received communication regarding which dental risk factors to look for so that they can identify children under 5 who need immediate assignment to Dental Homes.
- The dental benefit administrator participates as a member of the Virginia Interprofessional Oral Health Alliance. The alliance was awarded a planning grant from the DentaQuest Foundation to develop a statewide plan that seeks to advance systemic changes in three specific areas: promote Professional Education and Training, Practice Environment and Community Engagement and Public Awareness. The DBA also participated as a member Design Team responsible for the development of the plan. Now that the alliance has been awarded a grant to implement the plan, the DBA will be actively involved in the implementation of the plan.
- The DBA has formed partnerships with each MCO. They meet at least once a year to discuss opportunities for further collaboration. Current projects include: DBA provides oral health newsletter articles to be included in provider and member newsletters, DBA attends and presents at several MCO member and provider forums, MCOs include **Smiles For Children** information in flyers and handouts, DBA and MCOs partner at Community Events.
- The DBA attends several conferences that target medical professionals such as AAP, Family Physicians, and Nurse Practitioners in an effort to distribute SFC materials and encourage them to integrate oral health into their practices.

3. Limited and shrinking pool of new dental providers. Action(s) taken:

- Successful recruiting of statewide dental providers for the SFC program has significantly reduced the remaining pool of providers who do not participate.
- Continued statewide network analysis by the Department and the dental benefits administrator and provider development statewide with focus in low access areas.
- Partnering and maintaining strong relationships with the Virginia Dental Association (VDA) and Old Dominion Dental Society (ODDS).
- Presentations of the **Smiles For Children** program to Virginia Dental Association (VDA) Component Societies.
- DBA participation and contribution to the Mission of Mercy (MOMS) projects.

- 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:

Based on SFY 2014
 Medicaid – 500,807 children
 Medicaid Expansion – 50,575 children
 FAMIS – 63,236 children

- 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):

Based on SFY 20-14
 6911 Virginia licensed dentists
 1893 **Smiles For Children** participating providers
 There are 1106 active dentists billing \$10,000 or more a year

- Specialties include the following
 - Anesthesiologist
 - Endodontist
 - General Practitioner
 - Oral Surgeon
 - Orthodontist
 - Pediatric dentist
 - Periodontist
 - Prostodontist

- 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).)

Based on SFY 2012
 277 non-dental providers

Provider Types
 FQHCs
 Health Department Clinics
 Nurse Practitioners
 Rural Health Clinics
 Physicians
 Child Health Investment Partnership staff with oversight of a medical director

- 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).
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- SFC continues working with the VDA, Northern Virginia Dental Society, ODDS, Southwest Dental Society, Virginia Commonwealth University (VCU) Clinic Day, Piedmont Dental Society, and Virginia Society of Pediatric Dentistry, Virginia Academy of General Dentistry, and Virginia Oral Health Coalition, Virginia Dental Hygienists' Association Component 2, Virginia Department of Health-Division of Dental Health, Tidewater Dental Society, Virginia Health Care Association.
 - In 2013, SFC attended the Virginia Society of Oral and Maxillofacial Surgeons Conference for the first time. SFC has also implemented a newly enrolled provider training webinar. Additionally, we have submitted recruitment invitations to join the network to all providers identified through Gap Analyses as not currently in the network. We have contacted all providers listed as Existing Patients Only (EPO)-Not in Directory to increase patient load and change provider panel status.
 - Introduced Preventistry program in 2011 – discussed under “Efforts Related to Dental Sealants”
 - Continued partnership with Virginia Health Department to increase and educate non-dental providers administering fluoride varnish to at risk Medicaid children under the age of 3 years old.
 - SFC implemented an Early Dental Home for children under age 5. The initiative seeks to engage primary care physicians ensuring that PCPs in the Medical Homes are familiar with the mandatory dental screening required by EPSDT. Physicians received communication regarding which dental risk factors to look for so that they can identify children under 3 who need immediate assignment to dental homes.
 - Coordinate member outreach efforts with other DMAS divisions to disseminate oral health educational information.
 - Implemented a member broken appointment initiative comprised of four (4) key areas:
 - Data collection, tracking, trending and analyses
 - Member education, communications and outreach

- Provider education and training
- Targeted Quality Improvement Initiatives
- Collaboration with other organizations such as Head Start for identification and referral of children without a dental home.
 - SFC's DBA participates on the Head Start advisory committee and attends several Head Start Conferences each year
- Postcards mailed to members who have not utilized dental services within 9 months in counties/cities where utilization is less than the state average.
- SFC created a RX-like pad for physicians to use to educate parents/guardians about fluoride varnish for their children and to inform parents/guardians as to their next fluoride varnish treatment and/or referral to the Smile For Children program
- SFC created a prescription tear off pad to be used by the primary care provider. This informs the parent/guardian about the **Smiles For Children** and is a mechanism to secure a dental home.

Potential Barriers:

Economic Influences/Budget Pressure:

- Increased enrollment due to economic downturn, potential enrollment decrease with economic an upturn
- Increased pressure to contain or even lower program costs while maintaining optimal oral health outcomes

Continued Network Expansion:

- Fewer new dentists especially in underserved/rural areas
- Limited pool of dentist available to treat adults
- 41% of Virginia localities are designated Dental Professional Shortage Areas
- Unchanged fee schedule reimbursement since 2005
- Oral Health and Overall Health:
 - Limited awareness of integral relationship between oral health and overall health

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.

Two of DMAS' ongoing strategic goals implemented to increase the number of children covered under the Medicaid and CHIP program who receive access to oral health services are 1) increasing member utilization and 2) increase access to network dental providers. Member outreach and network development activities are outlined below:

Member Outreach

Member outreach and personalized attention to help members locate appropriate providers in an intricate and ongoing part of the success of the **Smiles For Children** program. DMAS and

DentaQuest have demonstrated commitment to expediting access to care for members and ensuring members have dental care resources:

- Work on the Dental Home initiative in Virginia has started. Preliminary steps have included re-branding all member education documents, member handbook, etc. to include the new dental home message.
- The DBA conducted a postcard mailing campaign to 33,781 members in counties with utilization below the state average with no record of service between 6/1/11 and 3/1/12. DBA staff participates in outreach events. These events included presentations to groups, booth displays at health events, sponsorships, committee memberships, provision of oral health supplies and a multitude of other outreach events.
- Reaching **Smiles For Children** members throughout the Commonwealth is also made possible through extensive collaboration between DMAS and community-based organizations, community leaders, child advocacy groups and multiple key stakeholders. A few examples of valued partnerships and shared event opportunities over the last year include:
 - Virginia Dental Association and Mission of Mercy Events
 - Virginians Oral Health Coalition
 - Virginia Healthcare Foundation - ToothTalk
 - Virginia Rural Health Association
 - Virginia Association of School Nurses
 - Virginia Academy of General Dentistry
 - The Virginia Department of Education
 - American Academy of Pediatrics – Virginia Chapter
 - National Association of Social Workers-Virginia Chapter
 - Head Start Association and the Health Advisory Committee
 - Old Dominion Dental Society
 - Give Kids a Smile Day –Richmond and Northern Virginia local annual event
 - Federally Qualified Health Centers
 - Home Visiting Consortium
 - Virginia Department of Health WIC program
 - Virginia Association of Early Childhood Education
 - Richmond Mayor’s Youth Academy
- Ongoing outreach to managed care organizations (MCOs) in an effort to identify and improve ways to facilitate efficiencies in outreach delivery and promote children’s health.

Provider Outreach

- **Smiles For Children** staff actively recruit providers and conduct outreach to the provider community.
- VCU third year dental student presentations are ongoing to stress the importance of becoming a Medicaid provider after dental school.
- Collaborative partnerships with the Virginia Dental Association and multiple dental community service agencies.
- DMAS/DBA leadership continues to participate in the Mission of Mercy events offered through the Virginia Dental Association.
- DMAS/DBA staff have resumed attendance at local provider meetings to present **Smiles For Children** and promote dental program participation.

- Targeted network analyses were conducted to direct recruitment efforts in underserved areas of the state.
- Special efforts were made to recruit providers willing to treat adults
- Personal assistance has been provided to dentists to answer questions about the program and to complete the network application.
- Targeted providers were visited to solicit program participation.
- **Smiles For Children** partnered with a mobile dental clinic providing services in Virginia. A perception of mobile dentistry is that patients needing urgent care are not referred to a dentist. A pilot was initiated to evaluate the perception and to identify members needing urgent care. The goal of the pilot was to identify elementary school aged Medicaid members visiting the mobile dental clinic that had urgent dental needs, but did not have a dental home. The mobile dental clinic contacted the member's legal guardian and the member was referred to a dental home (dentist). The pilot results showed that 54% of the identified members needing urgent care subsequently received timely dental care.
- In July 2011, the DBA introduced a new Provider Web portal which includes the new Broken Appointment tracking feature. Providers are now able to enter members with broken appointments into the Provider Web Portal and track members broken appointment history in their office. Once a broken appointment is reported, the DBA contacts the member via phone to explain the importance of keeping appointments. If the phone call is unsuccessful, a postcard is mailed expressing the importance of keeping dental appointments and complying with treatment.
- DMAS works with the Virginia Department of Health "Bright Smiles for Babies" program to expand access to fluoride varnish treatment by non-dental providers. this service. DMAS pays for two fluoride varnish applications per year by a non-dentist for children under the age of three. Fluoride varnish application is covered by fee-for-service Medicaid and by managed care organizations. Medical providers offering this service must be a Medicaid provider and approved to bill for the dental code.

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

Members

- In SFY 2014 approximately 615,000 Medicaid and CHIP children participating in the Virginia Medicaid program. DMAS compared utilization between a commercial insurer (the Commonwealth State Employee dental plan) and the Medicaid SFC program. The results showed that the percent of enrollees using services in each plan was similar. During SFY2013 and SFY2014, dental utilization for State employees, including their spouses and dependents, was approximately 70%, compared to 61% in the SFC program.

Providers

- The number of providers enrolled in the SFC dental program continues to increase. Provider participation has almost tripled since the program began in 2005. By the end of August 2014, there were 1,893 providers. This represents approximately 27 percent of the 6,911 licensed dentists in Virginia.
- In SFY 2013 there were 1,785 providers in the SFC network versus 1,893 providers in SFY 2014 representing a 6% increase from SFY 2013. Additional providers continue to enroll in the program monthly, further strengthening the program's provider network.

- In addition to the expanding number of providers participating in the dental network, more of these providers are actually treating patients; this is evidenced by the number of providers submitting claims. As of SFY 2014, approximately 79 percent (or about 1,489 providers) of the participating network providers were submitting claims. The significant growth in the provider network, including the number of dental specialists, not only dramatically increases provider availability, but also expands network capacity and improves availability of services for SFC members.
- The number of non – dental providers administering fluoride varnish treatment has increase from 24 in 2006 to 277 in 2014. The number of claims submitted in 2006 was 516 versus 14,196 in 2014.
- 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?

Although we do not report the HEDIS dental measure to NCQA, Virginia annually reports the NCQA HEDIS dental measure to the General Assembly.(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.)

The technical specifications in each report are different. Virginia follows the technical specifications for the CMS-416 and the HEDIS measure.

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 \$20.15 |
| | D0140 Limited Oral Evaluation, problem focused \$24.83 |
| | D0150 Comprehensive Oral Exam \$31.31 |
| | D0210 Complete X-rays with Bitewings \$71.91 |
| | D0272 Bitewing X-rays – 2 films \$20.15 |
| | D0330 Panoramic X-ray film \$53.99 |
| Preventive: | D1120 Prophylaxis (cleaning) \$33.52 |
| | D1203 Topical Fluoride (excluding cleaning) \$20.79 |
| | D1206 Topical Fluoride Varnish \$20.79 |
| | D1351 Dental Sealant \$32.28 |

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

- Implemented on July 1, 2005, **Smiles For Children** is the Virginia Medicaid dental program that was designed to improve access to quality dental services for Medicaid and CHIP children across the Commonwealth. The program was made possible through the support of the Governor and the General Assembly, including the provision of an overall 30 percent increase in funding for the reimbursement of dental services. There have been no rate changes since 2005.
- Efforts Related to Dental Sealants: Do you encourage or plan to encourage dental providers in your State to provide dental sealants? Yes If so, how do you communicate that information? The **Smiles For Children** program encourages providers to place sealants when appropriate. DentaQuest initiated a 'Preventistry' program in February, 2012. This program strives to increase sealant use awareness within the Virginia Medicaid dental provider network, and increase actual sealant application in at risk age appropriate members. The Preventistry program highlights clinical recommendations with the practitioner's professional judgment and the individual patient's needs. Dentists are encouraged to employ caries risk assessment strategies to determine whether placement of pit and fissure sealants is indicated as a primary preventive measure.
- Providers receive a report every six months which identifies all members seen in their practice ages 6-7 and 12-13. This report highlights the patient's need for sealants if the sealants have not yet been placed.
- The resulting increase in provider application of sealants in age appropriate children after the initial six months of the Preventistry efforts has been a total increase of 8.3 percent.
- The **Smiles For Children** program participates in Virginia State wide collaborative efforts with other State agencies such as Department of Public Health to increase awareness and use of preventive dental measures including sealants.

Have you seen an increase in the number of children receiving sealants? Yes, in the age groups list above.

Does your State support active school-based or school-linked dental sealant programs? Yes

If yes, how many Medicaid- or CHIP-enrolled children were served by these programs in the past year? We partner with the Virginia Department of Health on a school based sealant program. How many sealants were placed in these programs in the past year?

of children sealed: 1,746 (includes any reseals), # of teeth sealed: 6,109 (average # of sealants per child, 3.5 sealants)

#Follow-up visits for sealant retention rate from prior year: 89% sealant retention rate

Are you continuing to see increases in the number of children served by these programs? Yes

Has funding from the Centers for Disease Control and Prevention [for oral health infrastructure development] contributed to these efforts? No

Collaboration with Dental Schools: Do you have a dental school or dental hygiene school in your State? If yes, do you have any arrangement with the dental school or dental hygiene school to treat Medicaid beneficiaries, serve in rural areas, provide educational opportunities, etc.? Please describe.

- Yes – Providers at VCU School of Dentistry are providers in the Medicaid Dental Network and are represented on the DMAS Dental Advisory Board (DAC)

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?

On August 1, 2012, DMAS launched the Virginia Medicaid Electronic Health Record (HER) Incentive Program. Providers can now enroll online through the Virginia Medicaid EHR Incentive Program portal. Eligible dentists can receive up to \$21,500 in the first year for adopting, implementing or upgrading to a meaningful use certificate HER (A/I/U) Dentists can earn up to \$63,750 if they participate in the incentive program for six years.

Is the dental record integrated with the medical record?

As far as the dental EHR products, each vendor is in the midst of dealing with this issue. Some of them are currently working on integrating MU workflow into the clinical documentation component of the dental EHR. Others are recommending dentists use a medical EHR product in combination with their dental practice management software until the vendor can complete full integration of the two products. Others have not yet announced how they will provide full meaningful use functionality. Still others are delaying because of market consolidation and other factors.

Will the State support dental provider efforts to qualify for meaningful use incentive payments? Yes

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.