



## Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group

### EXPRESSION OF INTEREST (EOI) FORM

The Center for Medicaid and CHIP Services (CMCS) is pleased to launch the **Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group**. The group will support states in implementing quality improvement (QI) activities designed to improve oral health outcomes through the delivery of preventive oral health services. As part of this affinity group, QI advisors and subject-matter experts will provide technical assistance to state Medicaid- and CHIP-led teams through individualized and group meetings. QI tools will be used to develop, implement, test, and scale up initiatives. For more information on the affinity group, please see the fact sheet on [Medicaid.gov](https://www.medicicaid.gov).

Please complete by **November 18, 2020, 8:00 p.m. (ET)**.

Contact information	
<b>Team lead name:</b>	<b>Title:</b>
<b>Agency name:</b>	
<b>Mailing address:</b>	
<b>Phone:</b>	<b>Email:</b>

1. Participation goals: Briefly share the goals you hope to achieve by participating in the Affinity Group on Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP. Include any data that you used to determine your goals.

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2. State needs assessment: CMCS would like to understand your state’s use of topical fluoride services for Medicaid and CHIP beneficiaries whose ages range from birth to 21.

a. Briefly describe the fluoride services that you cover in your state (for example, fluoride varnish by dental and non-dental providers, silver diamine fluoride, etc.) and any utilization management tools in place (for example, prior authorization, narrow network, etc.).

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b. Briefly describe your state’s current dental payment structures for topical fluoride-related services (for example, fee-for-service, coverage through a dental health plan, part of bundled payments, etc.).

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c. What are the key challenges and opportunities related to topical fluoride use in your state? If possible, use data to describe.

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3. Early project ideas: Tell us about the ideas that you are considering to improve the use of topical fluoride in your state. (Note: You are not required to have an intervention or a strategy to submit an EOI for participating in the affinity group. A state may identify or develop these as part of participating in the affinity group.)

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4. Your team: Tell us who else will be a part of your team.

Name	Title	Organizational affiliation	Email	Confirmed? (Yes/No)

5. State teams are expected to have the support of the Medicaid director, medical director, or other senior leaders in the agency to demonstrate the state’s interest in achieving the project’s goals. Please fill in the name of the senior Medicaid or CHIP official supporting your state’s participation below.

<b>Name:</b>
<b>Title:</b>
<b>Email:</b>
<b>Phone number:</b>

Please submit your completed form to [MACQualityImprovement@mathematica-mpr.com](mailto:MACQualityImprovement@mathematica-mpr.com).

Questions? Email us at [MACQualityImprovement@mathematica-mpr.com](mailto:MACQualityImprovement@mathematica-mpr.com).