NOTE: This tool was developed by the Medicaid-CHIP State Dental Association to assist State Medicaid Dental Programs in the development of their State Oral Health Action Plans for CMS.

Oral Health Action Plan Template
For Medicaid and CHIP Programs

STATE:	STATE CONTACT:
AGENCY:	TITLE:
PROGRAM NAME:	AGENCY:
PROGRAM TYPE REFLECTED IN THIS TEMPLATE: ____MEDICAID ____CHIP ____COMBINED MEDICAID /CHIP	PROGRAM:
	TELEPHONE:
	EMAIL:

INSTRUCTIONS

It is best to complete separate templates for each of your State's Medicaid and CHIP dental programs. If your State has a combined Medicaid and CHIP dental program, or if you are implementing common improvements across both Medicaid and CHIP dental programs, you may complete a single template for both programs.

ORAL HEALTH INITIATIVE GOALS

1) To increase the proportion of children ages 1-20 enrolled in Medicaid or CHIP for at least 90 consecutive days who receive a preventive dental service by 10 percentage points over a five-year period. Target year is FY 2015.

2) To increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period. Target year has not yet been determined.

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TYPE OF DENTAL DELIVERY SYSTEM

SERVICE DELIVERY FOR DENTAL	Calendar year implemented	Number of children currently enrolled	If a new dental delivery system was launched since 2005, please explain why the new dental delivery system model was chosen.
Fee For Service			
Administered by the State agency, including CARVED OUT of medical managed care			
Administered by a contractor, including CARVED OUT of medical managed care			
Administered by a contractor or contractors, but CARVED IN to medical managed care			
Other FFS (describe)			
Dental Managed Care			
CARVED IN to medical managed care			
CARVED OUT of medical managed care			
Other dental managed care (describe)			

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"PARTICIPATING" DENTAL PROVIDERS

"Participating"= submitted at least one claim. "Actively participating"= submitted at least $10,000 in claims.	YEAR DATA IS FOR:	NUMBER LICENSED IN STATE	Primary Dental Delivery System Type: _____		Secondary Dental Delivery System Type: _____	
			# PARTICIPATING	# ACTIVE	# PARTICIPATING	# ACTIVE
DENTISTS						
DENTAL HYGIENISTS						
OTHER DENTAL MID-LEVEL						
DENTAL SPECIALISTS (enumerated by type)						

"PARTICIPATING" NON-DENTAL (MEDICAL) PRIMARY CARE PROFESSIONALS PROVIDING ORAL HEALTH CARE SERVICES

"Participating"= submitted at least one claim for oral health services. "Actively participating"= submitted at least $10,000 in claims.	YEAR DATA IS FOR:	NUMBER LICENSED IN STATE	# PARTICIPATING	# ACTIVE
MDs				
NURSE PRACTITIONERS				
PHYSICIAN ASSISTANTS				
OTHER NON-DENTAL MID-LEVEL PROVIDERS				

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Describe any specific access challenges in your State, such as rural areas, dental health professional shortage areas, etc.

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Describe the activities you have underway and/or plan to implement in order to achieve the dental goal(s). Here are some examples of types of activities. Please describe how you are doing, or plan to do, any of these in your State. Please also add and describe any additional activities you have underway or plan to implement.	
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/or supporting dental providers in their efforts to qualify for meaningful use incentive payments	
Coordination with Maternal and Child Health (MCH) Title V programs (Title V is the Federal/State program focused on assuring the health of all mothers and children, and Children with Special Health Care Needs (CSHCN).	
Collaboration with dental schools and dental hygiene programs	

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If your State is a CHIPRA quality demonstration grantee, describe how you are coordinating activities with those being undertaken under the CHIPRA demonstration.	
Changing or increasing reimbursement rates or approaches	
Other	
Other	
Other	

Other Oral Health Improvement Initiatives
Has your State undertaken any initiatives within the last 5 years to increase the number of children who receive oral health or dental 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.

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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://qualitymeasures.ahrq.gov/content.aspx?id=14998) 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.

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Reimbursement Strategies: What are your current reimbursement rates for the following 10 procedures for services provided to children eligible for Medicaid and CHIP? Please describe any increases or decreases in these reimbursement rates that have occurred in the last five years.

Current Reimbursement Rates		Current Fees	Plans to Adjust
D0120	Periodic Oral Exam		
D0140	Limited Oral Evaluation, problem focused		
D0150	Comprehensive Oral Exam		
D0210	Complete X-rays with Bitewings		
D0272	Bitewing X-rays – 2 films		
D0330	Panoramic X-ray film		
D1120	Prophylaxis (cleaning)		
D1203	Topical Fluoride (excluding cleaning)		
D1206	Topical Fluoride Varnish		
D1351	Dental Sealant		

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Efforts Related to Dental Sealants

Assessment of Current School-based, School-linked, Head Start or Early Childhood Dental Programs	Comment:
Do you encourage or plan to encourage dental providers in your State to provide dental sealants?	Yes ____ No ____
If yes, how do you communicate that information to providers?	Comment:
Have you seen an increase in the number of children receiving sealants over the last year or years? If yes, please explain.	Yes ____ No ____ Comment:
Does your state support school-based or school-linked dental sealant programs?	Yes ____ No ____
If yes, how many Medicaid or CHIP enrolled children were served by these programs in the past year? Are you continuing to see increases in the number of children served by these programs?	# Comment:
How many sealants were placed in these programs in the past year?	#
Has funding from the Centers for Disease Control and Prevention (for oral health infrastructure development) contributed to these efforts?	Yes ____ No ____ Comment:

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

Plans to Expand Dental School or Dental Hygiene Program Collaboration
Describe any plans to initiate or expand collaboration with dental school or dental hygiene program?

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Electronic Dental Records
Describe the use of electronic dental records by providers in your State for the Medicaid and CHIP populations. Estimate the percentage of dental providers using electronic dental records. Is the dental record integrated with the medical record? How is the State supporting dental provider efforts to qualify for meaningful use incentive payments?

Technical Assistance
Indicate areas of interest or topics about which you would be interested in receiving technical assistance.

Other Materials or Links to Relevant Websites
If you would like to submit copies of materials or provide links to relevant websites for additional information, please do so as attachments to this template.

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