



## STATE ORAL HEALTH ACTION PLAN (SOHAP) TEMPLATE FOR MEDICAID AND CHIP PROGRAMS

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**STATE:** District of Columbia

**PROGRAM TYPE ADDRESSED IN TEMPLATE:**       MEDICAID ONLY     COMBINED MEDICAID AND CHIP

**STATE MEDICAL DENTAL PROGRAM LEAD:**

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This State Oral Health Action Plan (SOHAP) template is for use by states participating in the CMS Oral Health Initiative (OHI) Learning Collaborative. It includes a simplified framework for planning and evaluating state-specific strategies to improve utilization of preventive dental services by children enrolled in Medicaid or CHIP, consistent with the following CMS national children's oral health improvement goals:

- Increase the proportion of children ages 1-20 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a preventive dental service by 10 percentage points between FFY2011 and FFY2015; and
- 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 five-year period (baseline year TBD).

Technical assistance provided through the OHI Learning Collaborative will support each state to use this template and a subsequent Plan-Do-Study-Act (PDSA) template. The SOHAP template guides each state through the following activities:

1. Describing and assessing the state's Medicaid dental delivery system, including: (a) its structure, (b) current workforce participation, (c) dental reimbursement rates, (d) opportunities and resources conducive to improved dental service utilization, and (e) key barriers to preventive service utilization;
2. Identifying key drivers of change and interventions needed to meet the CMS goals, using a driver diagram;
3. Determining the resources needed for intervention implementation, and from where those resources will come;
4. Anticipating barriers to each intervention, and identifying potential solutions and the technical assistance needed to overcome them; and
5. Creating plans to assess the success of each intervention and subsequent achievements of drivers, including the data needed to do so.



## SOHAP Template

Please complete this template in its entirety as a Word document, attaching separate documentation (e.g., historical utilization reports, previous strategic plans, etc.) as you think it would add value to the completed SOHAP. Feel free to add rows to each table as needed.

### 1. Overview and Assessment of State Medicaid Dental Delivery System

#### A. Structure of Dental Delivery System

	YEAR IMPLEMENTED	NUMBER OF CHILDREN CURRENTLY ENROLLED IN MEDICAID/CHIP <sup>1</sup>	NAMES OF PLANS CONTRACTED WITH PROGRAM
<b>Fee-for-Service</b>			
Administered by the state agency, including <b>carved out</b> of medical managed care		FY13: 6,994	N/A
Administered by a contractor, including <b>carved out</b> of medical managed care	N/A	0	N/A
Administered by a contractor, but <b>carved in</b> to medical managed care	----	0	N/A
Other fee-for-service ( <i>please describe</i> ): _____	N/A		N/A
<b>Dental Managed Care</b>			
Carved in to medical managed care	1992	FY 13: 86,211	AMERIHEALTH, TRUSTED, MEDSTAR, AND HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS, INC. (HSCSN)

<sup>1</sup> Include date, and distinction between Medicaid and CHIP enrollees, where applicable.



	YEAR IMPLEMENTED	NUMBER OF CHILDREN CURRENTLY ENROLLED IN MEDICAID/CHIP <sup>1</sup>	NAMES OF PLANS CONTRACTED WITH PROGRAM
Carved out of medical managed care	N/A	0	N/A
Other dental managed care ( <i>please describe</i> ): _____	N/A	0	N/A

**B. Dental Workforce**

**i. Participating Dental Providers** (“Participating” = submitted at least one claim; “Active” = submitted at least \$10,000 in claims):

PROVIDER TYPE	YEAR OF DATA	NUMBER LICENSED IN STATE	PRIMARY DENTAL DELIVERY SYSTEM TYPE: Managed Care		SECONDARY DENTAL DELIVERY SYSTEM TYPE: FFS	
			# PARTICIPATING	# ACTIVE	# PARTICIPATING	# ACTIVE
Dentists	2013	1,185	185	108	118	43
Dental Hygienists	2013	464	**	**	**	**
Other Mid-Level Dental Provider Dental Hygienist	2013	429	**	**	**	**
Dental Specialists (enumerated by type): General Dentistry	2013	*	150	86	99	32
Oral Maxillofacial Surgery	2013	*	11	4	6	1
Orthodontics	2013	*	8	5	5	5
Pediatric Dentistry	2013	*	11	10	5	3
Periodontics	2013	*	5	3	1	1
Endodontics	2013	*	0	0	2	1

\*Data on District licensees by specialty was not available through the Health Professional Licensing Administration

\*\*Data on services rendered by mid-level dental providers, including dental hygienists, is unavailable on Medicaid claims since these practitioners do not bill independently.



**ii. Participating Non-Dental (Medical) Professionals Providing Dental Services** (“Participating” = submitted at least one claim; “Active” = submitted at least \$10,000 in claims):

PROVIDER TYPE	YEAR OF DATA	NUMBER LICENSED IN STATE	NUMBER PARTICIPATING	NUMBER ACTIVE	REIMBURSEMENT FOR DENTAL SERVICES (PAYMENT RATE OR NO)	NUMBER OF PROVIDERS DELIVERING DENTAL SERVICES
MDs/Dos	2013	9,323	2	0	\$29***	Same as number participating
Nurse Practitioners	2013	1,039	*	*	*	*
Physician Assistants	2013	554	**	**	**	**
Other Non-Dental, Mid-Level Providers	2013		**	**	**	**

\*There were no cases of independently billing nurse practitioners submitting claims for providing dental services. Data on services rendered by those nurse practitioners who do not bill independently is not available.

\*\*Data on services rendered by these mid-level practitioners is unavailable on Medicaid claims since they do not bill independently.

\*\*\*This is the reimbursement amount for fluoride varnish services.



**C. Dental Service Reimbursement Rates**

<b>CODE</b>	<b>SERVICE</b>	<b>CURRENT REIMBURSEMENT RATE</b>	<b>PLANS TO ADJUST</b>
D0120	Periodic Oral Exam	\$35.00	
D0140	Limited Oral Evaluation, problem-focused	\$50.00	
D0150	Comprehensive Oral Exam	\$77.50	
D0210	Complete X-rays with Bitewings	\$91.00	
D0272	Bitewing X-rays – two films	\$40.00	
D0330	Panoramic X-ray film	\$80.00	
D1120	Prophylaxis (cleaning)	\$47.00	
D1208	Topical Fluoride (excluding cleaning)	\$25.00*	*PLEASE NOTE THE CORRECT CODE IS D1208 FOR TOPICAL FLUORIDE
D1206	Topical Fluoride Varnish	\$29.00	
D1351	Dental Sealant	\$38.00	

\*MCOs negotiate their own rate with dental benefit administrators.



***D. Opportunities and Resources Conducive to Improved Preventive Dental Service Utilization***

Describe opportunities or resources in your state (e.g., political/legislative support, changes in reimbursement, scope of practice laws, stakeholder support, etc.) that could support increased preventive dental service access and utilization among children enrolled in Medicaid or CHIP:

In the past DC Council session in 2014, two oral health related measures were introduced and are still under Council review. The DC Pediatric Oral Health Coalition provided support to the District of Columbia City Council Committee on Health for the Children's Oral Health Amendment Act which would allow for a school-based dental sealant program in the District. Also, the District of Columbia City Council has proposed legislation, known as the "Student Certificate of Health Amendment Act of 2014," which will streamline the Universal Health Certificate and Oral Health Assessment Form, reducing the paperwork burden for providers and parents. DHCF will continue to monitor any legislative changes enacted by the District's City Council. The Committee on Health is chaired by Yvette Alexander who has a strong interest in children's health, including children's oral health.

Since FY14, DHCF has been working with pediatric primary care providers serving children under three to encourage the service delivery of fluoride varnish treatments, as well as making dental referrals for this population. The HealthCheck Training and Resource Center ([www.dchealthcheck.net](http://www.dchealthcheck.net)) not only includes oral health components of EPSDT in the well-child visit training section, but also includes the Smiles for Life fluoride varnish training module for primary care providers to bill for fluoride varnish services. The website is DC's main tool for communicating with primary care providers on issues relevant to EPSDT and oral health.

In addition, the Department of Health's Community Health Administration (CHA) has implemented a Perinatal Oral Health Initiative. CHA is currently working on outreach efforts to increase WIC and Healthy Start Staff Members' knowledge of oral health, as well as how they can better engage the population they serve with information on oral health. CHA intends to equip perinatal program staff members to make active referrals to dental providers for both pregnant women and their children. In particular, a particular focus will be to increase preventive care referrals for children 3 years of age and younger.



***E. Key Barriers to Preventive Dental Service Utilization***

Describe the key barriers to preventive dental service utilization among children in your program, including those specific to certain geographic areas or demographic groups (e.g., by age or race/ethnicity), and/or to the specific service of dental sealant application:

Two major areas of focus for the District continue to be oral health integration into primary care and well-child visits, and dental sealant utilization. Young children under the age of 3 have very low dental utilization, and therefore the District strives to stress the importance of oral health care in well-child visits with primary care providers. In addition, the District noticed a slight decrease in dental sealant application utilization from 21% of 6-14 year olds receiving a sealant in FY12 to 18% in FY13. The District's targeted areas of focus are outreach to families of children, adolescents, and young adults in need of oral health services, access to these services, and outreach and enhanced communication with the healthcare provider community on meeting the oral health needs of the pediatric Medicaid population.

The primary barriers to oral health services identified by the District include:

- the lack of oral health literacy on the part of caregivers, especially pertaining to the oral health needs of young children;
- lack of coordination with community partners (including other state agencies and organizations with a focus on pediatric oral health care);
- poor coordination between primary care providers and dentists; and
- beneficiaries' inadequate understanding of how to access oral health services.

On January 8, the District met with key MCO stakeholders to discuss improving dental service utilization and addressing barriers to improvement. The major topics discussed were: provider capacity; primary dental providers; oral health education (on provider and beneficiary levels); outreach; access to care; cultural and diversity issues; dental provider satisfaction with Medicaid program; and data needs and enhanced data reviews.



State-Specific Aims, Drivers of Change, and Interventions

Driver Diagram Template 1

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
<p>Increase by 10 percentage points the proportion of children ages 1-20 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a preventive dental service by FFY2018</p>	<p>Improved ability of families to access dental care.</p> <p>Increased number of primary dental providers who are contracted with Medicaid and are actively participating in the managed care delivery system.</p> <p>Dental providers play more active role in removing barriers to oral health care.</p>	<p>Increased parental knowledge of ways to access dental services, including available transportation.</p> <p>Greater provider willingness to serve Medicaid beneficiaries.</p> <p>Improved dental provider knowledge of barriers for Medicaid beneficiaries to receive dental services.</p>	<p>Education for providers and beneficiaries on importance of and access to coverage of dental services, including transportation for dental services</p> <p>Quarterly targeted outreach to dental providers by MCO or DBM to encourage active participation (i.e., serve additional Medicaid beneficiaries)</p> <p>Review reports (Complaint Report; Annual Satisfaction Survey; and Annual Ombudsman Report) to identify educational opportunities for meeting agenda topics and transmittal communications.</p> <p>Include OHI Goals and coordination with DC Pediatric Oral Health Coalition and DOH CHA Oral Health Program as standing items on DHCF Annual Dental Meeting</p> <p>Provide quarterly educational newsletter to Dental Providers with information about care barriers and access solutions.</p> <p>Annual Dental Provider Office visits by MCO Provider Relations staff including various educational topics such as barriers to care.</p> <p>Offer a provider portal which discusses best</p>



AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
	Greater number of dental referrals made by primary care providers to connect children to oral health care.		<p>practices.</p> <p>DC DentaQuest Advisory Dental Provider Committee consisting of six (6) dental practices meeting quarterly sharing the committee meeting minutes with the MCOs.</p> <p>DentaQuest hold two (2) Webinars per year including the OHI for dental providers and their staff.</p>
		Improved knowledge of approaches to oral health integration in primary care (including perinatal health)	<p>Provide ongoing Fluoride Varnish Training for PCPs for children enrolled in DC Medicaid who are under the age of 3</p> <p>Build upon oral health education on HealthCheck website for primary care providers</p> <p>Produce Annual Transmittal on Oral Health to DC Medicaid providers</p> <p>Distribute MCO “provider packets” on Oral Health Services under Medicaid</p>
	Improved access to oral health services	Increased points of access to oral health services through weekend and evening hours	<p>Compile and share information for beneficiaries (through MCOs, providers and Dental HelpLine) on evening hours/weekends; and develop quarterly reports.</p> <p>Develop secret shopper data on dental providers and access to oral health services to highlight needed outreach activities and strategies</p> <p>Conduct additional data reviews: CAHPS Survey (dental provider access and</p>

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
		<p>More consistent Mobile Dental Providers Policy</p>	<p>capacity); 416 data and DentaQuest data in order to implement interventions that reflect identified needs from secret shopper data and additional reviews.</p> <p>Development of Mobile Dental Providers Policy and calendar (in state v. out of state) to coordinate better service delivery. (including review of Maryland policy).</p>
	<p>Improved family knowledge on oral health services for children under Medicaid</p>	<p>Enhanced DHCF-DOH communications with provider community on oral health (to pass onto enrollees)</p>	<p>Use of resources (CMS/Newsletters/HealthCheck website/provider offices) shared with providers to pass onto enrollees</p> <p>Use of DHCF Transmittals and Provider Bulletin</p> <p>Use of DOH CHA Perinatal Oral Health Initiative to train WIC and Healthy Start staff</p>
		<p>Reduced dental phobia among families</p>	<p>Development of oral health one-pagers for handouts in dental offices and primary care offices</p> <p>Based on assessment of cultural, language, and diversity opportunities, as well as collection and analysis of race/ethnicity data to determine barriers of care, develop plan to address barriers.</p>
		<p>Increased knowledge and appreciation among parents of the importance of good oral health care</p>	<p>Development of oral health one-pagers for handouts in dental offices and primary care offices (same as above)</p>

Driver Diagram Template 2

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
<p>Increase by 10 percentage points 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 FFY2018.</p>	<p>Increased dental provider knowledge of importance of dental sealants</p>	<p>Increased numbers of parents/children seeking out dental sealants from dentists.....</p>	<p>Quarterly targeted outreach to dental providers on sealant utilization by MCO or DBM</p> <p>Development of educational materials for providers and beneficiaries on importance of dental sealants</p> <p>Review dental sealant utilization data from HealthCheck quarterly reports and annual 416s to develop outreach and strategies on access to dentists to provide dental sealants</p> <p>Include dental sealant utilization as agenda item at DHCF Annual Dental Meeting in order to discuss how to overcome barriers to this service</p>
	<p>Increased number of referrals by primary care providers for dental care and/or dental sealants</p>	<p>Greater knowledge among PCPs about the importance of dental sealants</p>	<p>Develop more oral health education on HealthCheck to highlight the proper use of and importance of dental sealants for PCPs (use of materials from HRSA, CMS, and other oral health groups)</p> <p>Distribute transmittal on Dental Sealants coverage under Medicaid to dentists and PCPs</p> <p>Include information in Provider Bulletin quarterly on importance of referrals to</p>

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
			dental services and dental sealants
	Increased access to dental sealants through schools	Develop a DOH Oral Health Program in Schools to increase school-based oral health program availability with DOH	<p>Meet with and provide education materials for policy makers/City Council on need for school-based oral health programs and connection to coordination with Medicaid. (Highlight benefits of program and one-stop shop approach in order to increase compliance with overall EPSDT rates.)</p> <p>Use of dental suites in 7 school-based health centers in DC high schools</p> <p>Use of School Health MOA and analyses of DC Oral Health Assessment Forms to better target resources for DOH program</p>
		If feasible, broadened scope of practice for dental hygienists to apply dental sealants.	Schedule meeting with DC Board of Dentistry to determine feasibility of changing scope of practice to increase dental sealant utilization.
	Improved family knowledge on dental sealants for children under Medicaid	Enhanced DHCF-DOH communications with Provider Community on dental sealants	<p>Use of DHCF Transmittals and Provider Bulletins to focus on dental sealants</p> <p>Use of resources (CMS/Newsletters/HealthCheck) shared with providers to pass onto beneficiaries</p> <p>Develop targeted list of beneficiaries in need of sealants for outreach workers to specifically target for dental</p>

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
			sealant services
		Increased family knowledge of the availability of dental services and the dental help-line to access services	<p>Develop Policy and Procedures with enrollment broker on assisting families with dental providers and dental services.</p> <p>Review enrollment broker materials annually to ensure information for families on the holistic approach to health includes good oral health care.</p>
		Increase school-based oral health program availability with DOH	<p>Analyses of DC Oral Health Assessment Forms and use of data from School Health MOA to determine schools /children to target for outreach for dental sealant placement.</p> <p>Educate policy makers/City Council on need for school-based oral health programs and connection to coordination with Medicaid. (Highlight benefits of program and one-stop shop approach in order to increase compliance with overall EPSDT rates).</p>