



Consortium for Oral Health Systems  
Integration and Improvement

ASTDD | DQA | OHRC

# Midwest Network for Oral Health Integration (MNOHI)

## Environmental Scan 2023 Chartbook

---

---

# NOHI Environmental Scan, 2023

Cite as: Phipps KR. 2023. *Midwest Network for Oral Health Integration (MNOHI): Environmental Scan 2023 Chartbook*. Washington, DC: National Maternal and Child Oral Health Resource Center.

## Acknowledgements

The following NOHI project staff and partners developed the environmental scan and data-collection tool, collected and interpreted the data, and responded to questions to enhance this report:

- Midwest Network for Oral Health Integration Project: Nancy Adrianse, Misty Davis, Ellen Sugrue Hyman, Susan Lawson, Cristina McKay, Marla Morse, Emily Norrix, Elizabeth Pitts, Lindsay Sailor, and Addie Trueblood
- Rocky Mountain Network of Oral Health Project: Lauren Barone, Kera Beskin, Patricia Braun, Cherith Flowerday, and Hollis Russinof
- Transforming Oral Health for Families Project: Brita Allen, Mary Backley, Ericca Facetti, Gulielma Fager, Sarah Bedard Holland, Rachel King, Kimberly Lewis, Victoria Potter, Isabelle Stitt-Fredericks, Bridget Walsh, Katherine Wise, and Sharon Zalewski

In addition, the following staff from the Consortium for Oral Health Systems Integration and Improvement (COHSII) assisted in the development of this chartbook: Harry Goodman, Katrina Holt, Susan Lorenzo, and Chris Wood.

## NOHI Environmental Scan, 2023

*Midwest Network for Oral Health Integration (MNOHI): Environmental Scan 2023 Chartbook* © 2023 by National Maternal and Child Oral Health Resource Center, Georgetown University

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an annual award totaling \$1,325,000 with no funding from nongovernmental sources. The content are those of the author(s) and do not necessarily represent the official views of, or endorsement by, HRSA, HHS, or the U.S. government. For more information, please visit [www.HRSA.gov](http://www.HRSA.gov).

Permission is given to save and print this publication and to forward it, in its entirety, to others. Requests for permission to use all or part of the information contained in this publication in other ways should be sent to the e-mail address below.

National Maternal and Child Oral Health Resource Center

Georgetown University

E-mail: [OHRInfo@georgetown.edu](mailto:OHRInfo@georgetown.edu)

Website: [www.mchoralhealth.org](http://www.mchoralhealth.org)

# Table of Contents

<b>Introduction</b> .....	<u>6</u>
About NOHI and COHSII .....	<u>7</u>
About NOHI Projects .....	<u>8</u>
The Environmental Scan .....	<u>9</u>
Chartbook Layout .....	<u>10</u>
<b>Scope of Practice</b> .....	<u>11</u>
Oral Health Scope of Practice for Medical Providers .....	<u>12</u>
Oral Health Scope of Practice for Medical Providers and Team Members .....	<u>13</u>
Oral Health Scope of Practice for Dental Providers .....	<u>14</u>
<b>Medicaid Billing and Reimbursement</b> .....	<u>16</u>
Medicaid Billable Services for Medical Providers .....	<u>17</u>
Oral Health Services Billable Outside the Prospective Payment System .....	<u>18</u>
Medical Providers That Can Directly Bill for Fluoride Varnish Application .....	<u>19</u>
Medicaid Reimbursement for Fluoride Varnish Application to Medical Providers .....	<u>20</u>
Fluoride Varnish Application by Medical Providers .....	<u>21</u>
Restrictions for Fluoride Varnish Application by Medical Providers .....	<u>22</u>
Medicaid Recipients That Received a Topical Fluoride Application .....	<u>23</u>
Medicaid Billable Services for Dental Providers .....	<u>24</u>
Dental Providers That Can Directly Bill for Fluoride Varnish .....	<u>25</u>
Restrictions on Fluoride Varnish Application by Dental Providers .....	<u>26</u>
Medicaid Reimbursement to Dental Providers .....	<u>27</u>

# Table of Contents

<b>Dental Hygienists</b> .....	<u>28</u>
Dental Hygienists—Advanced Practice Designation .....	<u>29</u>
Dental Hygienists—Direct Access .....	<u>30</u>
Dental Hygienists—How Community Health Centers are Using Dental Hygienists .....	<u>31</u>
<b>Dental Therapists</b> .....	<u>32</u>
Dental Therapists—Legislation .....	<u>33</u>
<b>Community Health Workers</b> .....	<u>34</u>
Community Health Workers—Examples .....	<u>35</u>
<b>Teledentistry</b> .....	<u>36</u>
Teledentistry—Examples .....	<u>37</u>
<b>General Information</b> .....	<u>38</u>
Community Health Centers, Medicaid, and Pregnancy Benefits .....	<u>39</u>
Programs to Incentivize Dentists and Value-Based Care Payments .....	<u>40</u>
Programs to Incentivize Dentists—Examples .....	<u>41</u>
Surveillance, Performance Indicators, and Education .....	<u>42</u>
Non-Dental Services Provided by Dental Providers .....	<u>43</u>
State Oral Health Program and Oral Health Coalition .....	<u>44</u>
Dentist Participation in Medicaid .....	<u>45</u>
<b>Appendices</b> .....	<u>46</u>
Appendix 1: Medicaid Reimbursement to Dental Hygienists .....	<u>47</u>
Appendix 2: Community Water Fluoridation .....	<u>48</u>
Appendix 3: Dental Workforce and Health Professional Shortage Area Designations .....	<u>49</u>
Appendix 4: Acronyms Used in the Chartbook .....	<u>50</u>

# Introduction

## About NOHI and COHSII

### About NOHI

To improve access to and use of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease, the Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau (MCHB) funded the *Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net*. During the funding cycle, the NOHI projects will develop, implement, and evaluate models of care using these collective strategies:

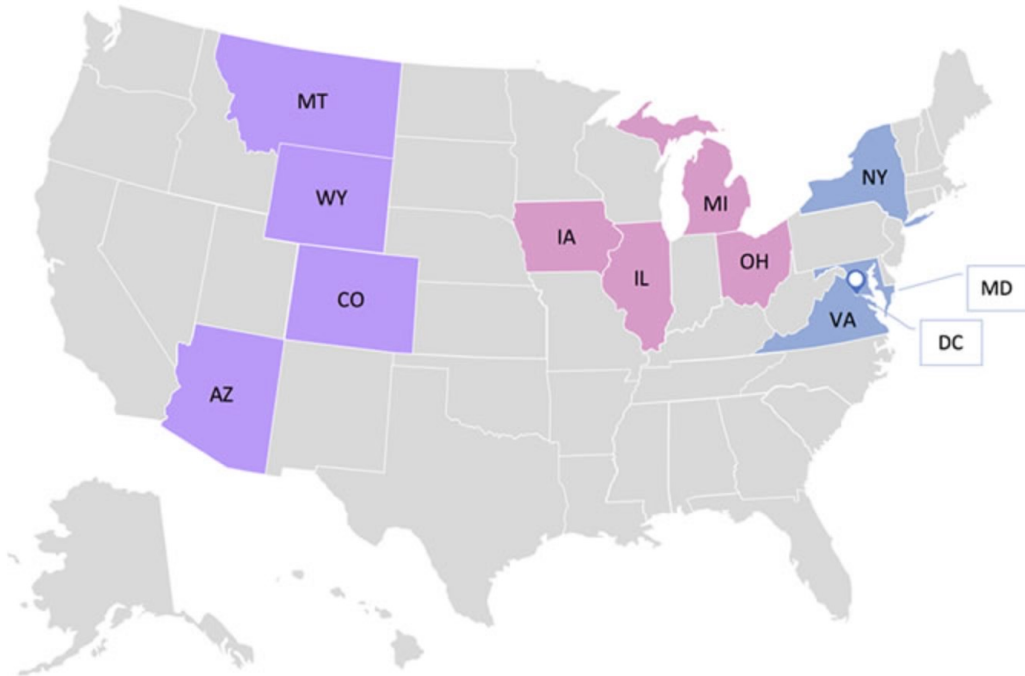
- Enhance integration of oral health care within maternal and child health safety net services (e.g., community health centers [CHCs]).
- Increase knowledge and skills among non-dental providers for delivering optimal oral health services.
- Increase knowledge and awareness of preventive oral health practices among parents and other caregivers to increase adoption of these practices, including use of oral health services.

### About COHSII

NOHI projects participate in a learning collaborative supported by the Consortium for Oral Health Systems Integration and Improvement (COHSII). COHSII is led by the National Maternal and Child Oral Health Resource Center working in partnership with the Association of State and Territorial Dental Directors and the Dental Quality Alliance. COHSII is a national partnership serving the public health community. The purpose of COHSII is to expand access to integrated preventive oral health care for the maternal and child health population, particularly in safety net sites, by providing high-quality oral health technical assistance, training, and resources. COHSII is supported by a cooperative agreement from HRSA, MCHB.

# About NOHI Projects

Three NOHI projects were awarded funding for a 5-year period, 2019–2024



## Midwest Network for Oral Health Integration (MNOHI)

States: Illinois, Iowa, Michigan, and Ohio

Target population: Children ages 6–11 years

## Rocky Mountain Network of Oral Health (RoMoNOH)

States: Arizona, Colorado, Montana, and Wyoming

Target population: Children from birth to age 40 months and pregnant women

## Transforming Oral Health for Families (TOHF)

States/Jurisdiction: District of Columbia, Maryland, New York, and Virginia

Target population: Children from birth to age 40 months and pregnant women



## The Environmental Scan

### Development

In 2020, COHSII convened a series of meetings with the three NOHI projects to facilitate the development of an environmental scan tool to gain knowledge about factors that could impact the integration of oral health care into primary care at the state/jurisdiction level with the purpose of informing the work of the NOHI projects. The scan included questions focused on scope of practice of medical and dental providers, Medicaid payment, and policies and regulations that impact the target population's oral health. In 2021 and 2022 COHSII facilitated the NOHI projects' review and revision of the environmental scan tool, and the NOHI projects conducted a second (project years 2–3) and a third (project year 4) environmental scan. The American Academy of Pediatrics, Section on Oral Health staff conducted the environmental scans for the RoMoNOH states, while state/jurisdiction coordinators and/or project partners conducted the scans for MNOHI and TOHF states/jurisdiction. Click [here](#) for the environmental scan tool. This chartbook presents the results of the third environmental scan. COHSII analyzed the environmental scan data and prepared the chartbook with content reviewed by NOHI projects and state dental directors. See *Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net: Environmental Scan 2023 Chartbook* for the results of the environmental scan for all 12 NOHI states/jurisdiction. This chartbook was produced to provide the results of the environmental scan for the MNOHI states.

### Limitations





The individuals who completed the environmental scan did not receive formal and standardized training on using the environmental scan tool. Because of this, questions may have been interpreted differently, and the results may not be directly comparable between states/jurisdiction.

## Chartbook Layout

This chartbook is divided into seven sections:

1. Scope of practice
2. Medicaid billing and reimbursement
3. Dental hygienists
4. Dental therapists
5. Community health workers
6. Teledentistry
7. General information

Within each section, pages are color coded based on the type of information presented:

-  Information about medical providers
-  Information about dental providers
-  Other information
-  Section dividers

### Chartbook Definitions

- Dental provider\*: dentist, dental hygienist, dental therapist, dental assistant
- Medical provider (non-dental provider\*): physician, physician assistant, nurse practitioner, advanced practice registered nurse, certified nurse midwife
- Medical team member (non-dental team member\*): Registered nurse, licensed practical nurse, certified medical assistant, registered medical assistant

\* Definitions used in NOHI environmental scan

# Scope of Practice

Scope of practice refers to the procedures and actions that a health provider is permitted to perform in keeping with the terms of their professional license or certification. Scope of practice is limited to what state/jurisdiction law allows based on the provider's education, experience, and/or demonstrated competency.

# Oral Health Scope of Practice for Medical Providers

Is the service allowable under the provider's scope of practice?

State	Physician		Nurse Practitioner		Physician Assistant	
	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish
Illinois	Yes	Yes	Yes	Yes	Yes	Delegation
Iowa	Yes	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes

## Summary



Physicians, nurse practitioners, and physician assistants can complete oral health risk assessments and apply fluoride varnish in all four MNOHI states either directly or through delegation.

## Oral Health Scope of Practice for Medical Providers and Team Members

Is the service allowable under the provider's scope of practice?

State	Advanced Practice Nurse		Certified Nurse Midwife		Registered Nurse or Licensed Practical Nurse		Certified or Registered Medical Assistant	
	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish
Illinois	Yes	Delegation	Yes	Delegation	Yes	Delegation	No	Delegation
Iowa	Yes	Yes	Yes	Yes	Yes	Delegation	Delegation	Delegation
Michigan	Yes	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation
Ohio	Yes	Yes	Yes	Yes	No	Delegation	No	Delegation

### Summary



Advanced practice nurses, certified nurse midwives, registered nurses or licensed practical nurses, and certified or registered medical assistants can complete an oral health risk assessment in Iowa and Michigan either directly or through delegation.

Advanced practice nurses, certified nurse midwives, registered nurses or licensed practical nurses, and certified or registered medical assistants can apply fluoride varnish in all MNOHI states either directly or through delegation.

# Oral Health Scope of Practice for Dental Providers

## Is the service allowable under the provider's scope of practice?

State	Dentist		Dental Therapist	
	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish
Illinois	Yes	Yes	Not applicable	Not applicable
Iowa	Yes	Yes	Not applicable	Not applicable
Michigan	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Not applicable	Not applicable

### Summary



Dentists can complete an oral health risk assessment and apply fluoride varnish in all four MNOHI states. In the MNOHI state with dental therapists (Michigan), therapists can complete an oral health risk assessment and apply fluoride varnish.

## Oral Health Scope of Practice for Dental Providers (Continued)

### Is the service allowable under the provider's scope of practice?

State	Dental Hygienist		Advanced Practice Hygienist		Registered Dental Assistant		Expanded Function Dental Assistant	
	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish
Illinois	Yes	Yes	Yes	Yes	No	Delegation	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Delegation	Delegation	Delegation	Delegation
Michigan	Yes	Yes	Yes	Yes	No	Yes	Not applicable	Not applicable
Ohio	No	Yes	No	Yes	No	Delegation	No	Delegation

### Summary



Dental hygienists cannot conduct an oral health risk assessment in Ohio but can apply fluoride varnish in all MNOHI states. Registered dental assistants can apply fluoride varnish in all MNOHI states either directly or through delegation.

# Medicaid Billing and Reimbursement



# Medicaid Billable Services for Medical Providers

Can a medical provider bill and be reimbursed for the service through Medicaid fee-for-service?

State	Oral Health Risk Assessment	Fluoride Varnish Application	Oral Health Education	Oral Health Case Management
Illinois	No	Yes	No	No
Iowa	No	Yes	No	No
Michigan	No	Yes	No	No
Ohio*	Yes	Yes	Yes	No

\* Ohio has a bundled service that includes an oral health risk assessment, fluoride varnish application, and oral health education.

## Summary



Only Ohio reimburses medical providers for an oral health risk assessment and oral health education. In all four MNOHI states, medical providers can be reimbursed by Medicaid fee-for-service for applying fluoride varnish.



No MNOHI states reimburse medical providers for oral health case management.

## Oral Health Services Billable Outside Prospective Payment System (PPS)\*

What oral health services performed by medical providers can be billed to Medicaid outside the PPS?

State	Services	Comment
Illinois	None	
Iowa	None	
Michigan	None	
Ohio	Bundled service—risk assessment, fluoride varnish, oral health education	\$15 for bundled service

### Summary



Safety-net clinics can bill outside the prospective payment system for oral health services in Ohio.

\*PPS is a method of reimbursement in which Medicaid payment is made based on a predetermined, fixed amount.

## Medical Providers That Can Directly Bill for Fluoride Varnish Application

Can the medical provider directly bill Medicaid fee-for-service for a fluoride varnish application?

State	Physician	Nurse Practitioner	Physician Assistant	Advanced Practice Nurse	Certified Nurse Midwife	Registered Nurse	Certified Medical Assistant
Illinois	Yes	Yes	Yes	Yes	No	No	No
Iowa	Yes	Yes	Yes	Yes	Yes	No	No
Michigan	Yes	Yes	Yes	No	No	No	No
Ohio	Yes	Yes	Yes	Yes	Yes	No	No

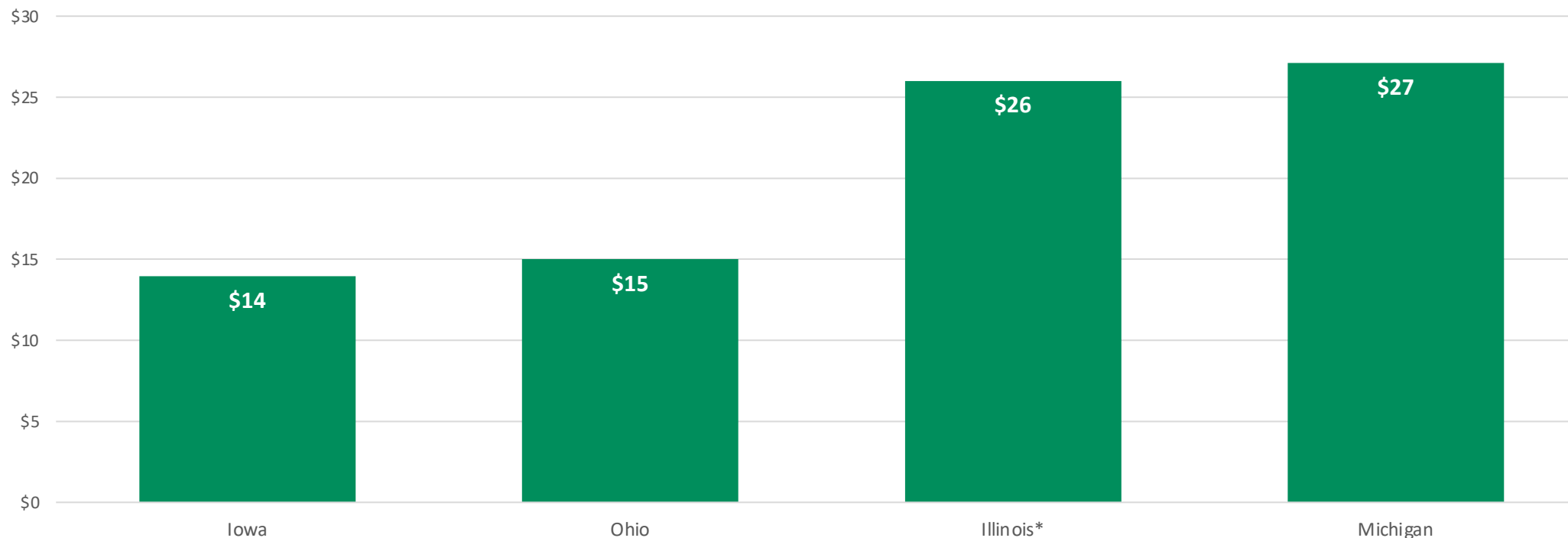
### Summary



Physicians, nurse practitioners, and physician assistants can directly bill Medicaid for a fluoride varnish application in all MNOHI states. Advanced practice nurses can directly bill Medicaid for a fluoride varnish application in all MNOHI states except Michigan while certified nurse midwives can directly bill in Iowa and Ohio.

## Medicaid Reimbursement for Fluoride Varnish Application to Medical Providers

### *Medicaid Fee-for-Service Reimbursement Rates (Rounded) for Fluoride Varnish Application (CPT Code 99188) Provided by a Physician or Their State-Allowed Designee, 2023*



\* CPT 99188 is not a covered benefit. Medical providers bill for fluoride varnish application using CDT Code D1206.



Medicaid fee-for-service reimbursement rates for fluoride varnish application provided by physicians or their state-allowed designee vary by state from a low of \$14 in Iowa to a high of \$27 in Michigan.

# Fluoride Varnish Application by Medical Providers

State	Must Take a Training Course for Medicaid Reimbursement	Number of Applications Per Year	Must Be Combined with Well-Child Visit	Number Reduced if Child Receives from Dentist
Illinois	Yes	3	No	No
Iowa	No	4	Yes	No
Michigan	Yes	4	No	No
Ohio	No	2	No	No

### Summary



Half of the MNOHI states (Illinois and Michigan) require medical providers to take a training course before they can be reimbursed by Medicaid for applying fluoride varnish.



Most MNOHI states (Illinois, Iowa, and Michigan) allow medical providers to apply fluoride varnish three or four times per year. Only Ohio limits the number of fluoride varnish applications to two times per year.

## Restrictions for Fluoride Varnish Application by Medical Providers

Describe age limits/range for reimbursable fluoride varnish applications by a medical provider for a child.

How many times per year can a medical provider be reimbursed for applying fluoride varnish for a pregnant woman?

State	Age Limits for Children	Number of Varnish Applications for Pregnant Woman
Illinois	Birth to 35 months of age	0
Iowa	Birth to 5 years of age	0
Michigan	Birth to 5 years of age	0
Ohio	Birth to 6 years of age	0

### Summary



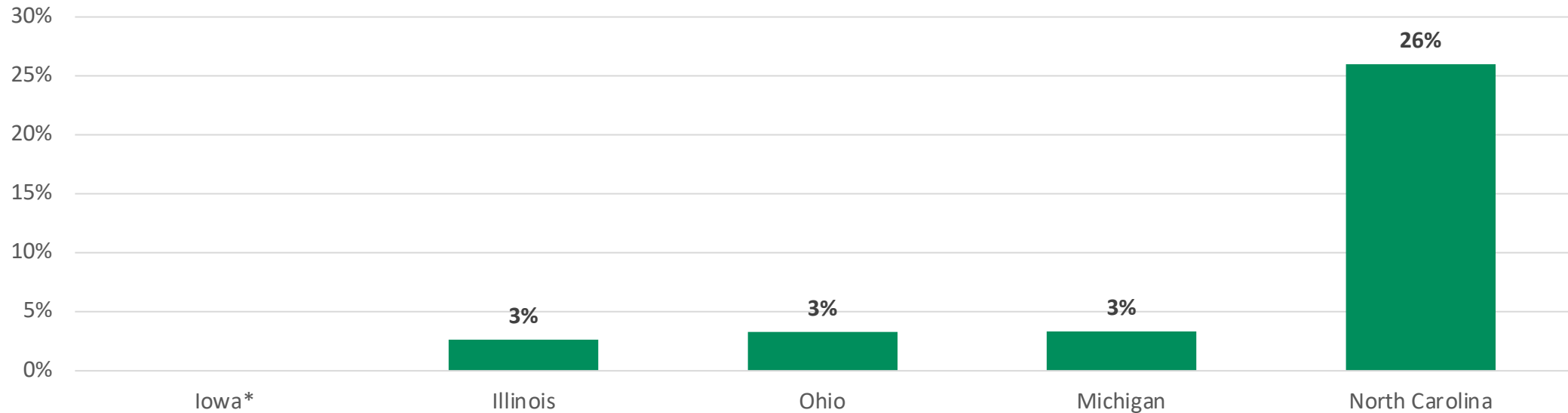
Illinois limits reimbursement to a medical provider for a fluoride varnish application to children less than 3 years of age. The upper limit is 5 or 6 years of age in Iowa, Michigan, and Ohio.



No MNOHI states reimburse medical providers for a fluoride varnish applied to a pregnant woman.

## Medicaid Recipients That Received a Topical Fluoride Application

### *Percentage of Medicaid Recipients Ages 1–2 Years That Received a Topical Fluoride Application From a Medical Provider or a Direct Access Dental Hygienist, 2020*



\* Data insufficient to display

### Summary



In the MNOHI states, few young children enrolled in Medicaid are receiving a topical fluoride application from a medical provider or direct access dental hygienist, especially compared to North Carolina, which is the state with the highest percentage of children receiving a topical fluoride application from a medical provider or direct access dental hygienist.

Source: Herndon J, Ojha D, Layman S, Colangelo E, Aravamudhan K. 2022. *Dental Quality Alliance Oral Healthcare Quality State Profiles*. Chicago, IL: American Dental Association; Gainesville, FL: Key Analytics and Consulting. Accessed September 26, 2023.

Note: The Centers for Medicare & Medicaid Services has two provider classifications, “dental,” which includes services provided by or under the supervision of a dentist and “oral health,” which includes services provided by other personnel (e.g., physicians, direct access dental hygienists).

## Medicaid Billable Services for Dental Providers

### Can a dental provider bill and be reimbursed for oral health services through Medicaid fee-for-service?

State	Oral Health Risk Assessment (D0601-0603)	Fluoride Varnish (D1206)	Oral Hygiene Instruction (D1330)	Oral Health Case Management (D9992)
Illinois	No	Yes	No	No
Iowa	No	Yes	No	No
Michigan	No	Yes	No	No
Ohio	No	Yes	No	No

### Summary



No MNOHI states reimburse dental providers for an oral health risk assessment, oral hygiene instruction, or oral health case management. All MNOHI states reimburse for a fluoride varnish application.



## Dental Providers That Can Directly Bill for Fluoride Varnish

### Can a dental provider directly bill Medicaid for a fluoride varnish application?

State	Dentist	Dental Therapist	Dental Hygienist	Advanced Practice Hygienist	Registered Dental Assistant	Expanded Function Dental Assistant
Illinois	Yes	Not applicable	No	No	No	Not available
Iowa	Yes	Not applicable	No	No	No	No
Michigan	Yes	Yes	No	Yes*	No	Not applicable
Ohio	Yes	Not applicable	No	No	No	No

\* While an advanced practice hygienist has an NPI number and is the rendering provider, payment is made to the public health agency.

### Summary



Dentists can directly bill Medicaid for a fluoride varnish application in all MNOHI states, while dental hygienists can directly bill in Michigan if they have an advanced practice designation.

## Restrictions on Fluoride Varnish Application by Dental Providers

Describe age limits/range for the number of fluoride varnish applications/year by a dental provider for a child.

How many times per year can a dental provider be reimbursed for fluoride varnish for a pregnant woman  $\geq 21$  years of age?

State	Age Limits/Range for Varnish for a Child	Number of Varnish Applications for Pregnant Woman
Illinois	<21 years of age (2/year)	0
Iowa	None (4/year)	4
Michigan	Birth to 71 months of age (4/year), 6–20 years of age (2/year)	0
Ohio	<21 years of age (2/year)	0

### Summary



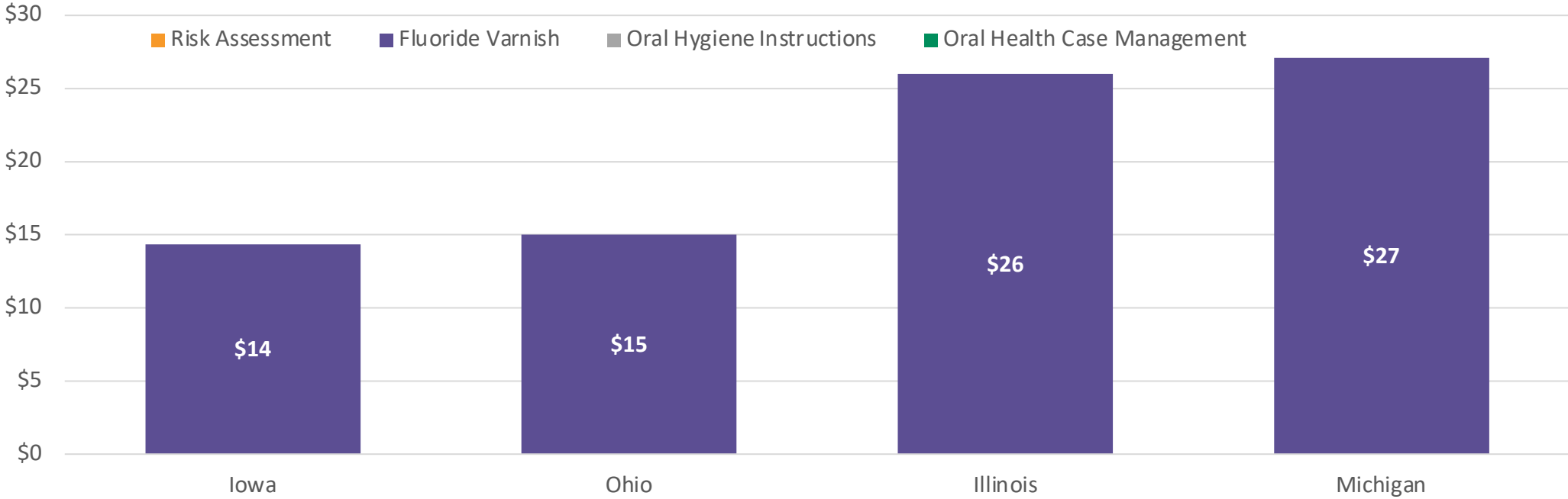
All MNOHI states reimburse dental providers for a topical fluoride application for children <21 years of age enrolled in Medicaid.



One MNOHI state (Iowa) reimburses dental providers for a fluoride varnish application provided to pregnant women  $\geq 21$  years of age.

# Medicaid Reimbursement to Dental Providers

*Medicaid Fee-for-Service Reimbursement Rates (Rounded) for Risk Assessment (D0601-0603), Fluoride Varnish (D1206), Oral Hygiene Instruction (D1330), and Case Management (D9992) Provided by a Dentist or Their Designee, 2023*



**\$** Medicaid fee-for-service reimbursement rates to dental providers for this bundle of services varies by MNOHI state from a low of \$14 in Iowa to a high of \$27 in Michigan.

# Dental Hygienists

Dental hygienists are licensed dental providers who focus on preventing and treating oral diseases to protect patients' teeth, gums, and overall health. They are graduates of accredited dental hygiene education programs and must pass a written national board examination and a clinical examination before they are licensed to practice. Hygienists work in a variety of settings such as private dental offices, schools, public health clinics, and nursing facilities.

## Dental Hygienists—Advanced Practice Designation

### States with dental hygiene designations other than standard dental hygiene practice

State	Name of Advanced Dental Hygiene Designation
Illinois	Public health dental hygienist
Iowa	Public health dental hygienist
Michigan	PA 161 dental hygienist
Ohio	Oral health access supervision permit program

### Summary and Impact



All the MNOHI states have an advanced dental hygiene designation, which allows dental hygienists to work outside the traditional private dental practice with general or direct access supervision.



Advanced practice designations expand access to preventive oral health care by allowing dental hygienists to provide care in community-based locations such as schools and other public health settings.

Source: American Dental Hygienists' Association. 2022. *Direct Access States*. Chicago, IL: American Dental Hygienists' Association. [www.adha.org/direct-access](http://www.adha.org/direct-access)

## Dental Hygienists—Direct Access

Direct access refers to the ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.

Direct access to fluoride varnish in a community-based setting is available in all MNOHI states if the hygienist has a special permit, has advanced designation, or practices in a public health setting.

Source: American Dental Hygienists' Association. 2022. *Direct Access States*. Chicago, IL: American Dental Hygienists' Association. [www.adha.org/direct-access](http://www.adha.org/direct-access)

## Dental Hygienists—How Community Health Centers Are Using Dental Hygienists

### Examples of how community health centers are using dental hygienists



Iowa: Community health centers are using public health supervision hygienists to provide care in community-based settings and as part of the medical team during well-child visits.



Michigan: The PA 161 program allows dental hygienists embedded in community health center pediatric and obstetric/gynecology departments throughout the state to provide preventive oral health services.



Ohio: Community health centers are using public health supervision hygienists to provide care in community-based settings and as part of the medical team during well-child visits.

# Dental Therapists

Dental therapists are midlevel providers, similar to physician assistants. Dentists hire and supervise therapists to provide high-quality care to more patients, grow their practices, and provide treatment to populations that are underserved and at high risk for oral disease. Therapists can work in traditional dental offices and clinics or in community settings such as schools or nursing homes. They provide preventive and routine restorative care, including filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.



## Dental Therapists—Legislation

### States with dental therapist legislation

Michigan is the only MNOHI state that has passed dental therapy legislation, but, as of September 2023, there are no practicing therapists.

# Community Health Workers

A community health worker is a frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

## Community Health Workers—Examples



Two of the MNOHI states—Michigan and Ohio—report having a certification process for community health workers.



Ohio includes oral health in the community health worker curriculum.



Community health workers have been identified by many titles, such as community health advisors, lay health advocates, *promotoras*, outreach educators, community health representatives, peer health promoters, and peer health educators.

# Teledentistry

Teledentistry is the use of electronic information, imaging, and communication technologies, including interactive audio, video, and data communications, as well as store and forward technologies, to provide and support oral health care delivery, diagnosis, consultation, treatment, transfer of information, and education.

## Teledentistry—Examples

State	Practiced in State	Which Providers Can Use Teledentistry	Synchronous Reimbursed by Medicaid	Asynchronous Reimbursed by Medicaid	Parity in Payment
Illinois	Yes	Dentist, public health hygienist	Yes	Yes	No
Iowa	Yes	Dentist, dental hygienist	Yes	Yes	Yes
Michigan	Yes	Dentist	Yes	No	Yes
Ohio	Yes	Dentist, hygienists, expanded function dental assistant	Yes	No	No

### Summary



Teledentistry is permitted and is being practiced in all four MNOHI states. Dentists can use teledentistry in all MNOHI states, and dental hygienists can use teledentistry in Illinois (public health dental hygienist), Iowa, and Ohio. Expanded function dental assistants can use teledentistry in Ohio.



Medicaid reimburses for synchronous teledentistry in all MNOHI states. Medicaid reimburses for asynchronous teledentistry in two MNOHI states—Illinois and Iowa.

# General Information

## Community Health Centers, Medicaid, and Pregnancy Benefits

State	CHCs Can Bill Same Day For Medical and Dental	Medicaid Medical Administration	Medicaid Dental Administration	State Has Medicaid Pregnancy Benefit	State Has Auto Enrollment for Pregnant Women	State Has Perinatal Practice Guidelines
Illinois	Yes	In house	Contracted out	Yes	Yes	Yes
Iowa	Yes	Contracted out	Contracted out	Yes	Yes	Yes
Michigan	Yes	Contracted out	Both	Yes	Yes	Yes
Ohio	Yes	Contracted out	Contracted out	Yes	Yes	Yes

## Programs to Incentivize Dentists and Value-Based Care Payments

State	State Has Programs to Incentivize Dentists to Participate in Medicaid	State Has Value-Based Care Payment Models for Oral Health
Illinois	No	No
Iowa	Yes	No
Michigan	No	Yes
Ohio	Yes	Yes



## Incentives for Medicaid Participation—Examples

### Examples of how states are incentivizing dentists for participating in Medicaid



Iowa: The managed care dental carriers have incentives that have been approved by Iowa Medicaid. The incentives for SFY24 include additional payments for providing services for I-Smile referrals, members with intellectual and/or developmental disability waivers, timely recall visits, and establishing dental homes for members. Other incentives approved include increase in payment for oral surgery and sedation codes, as well as for preventive and endodontic codes.



Michigan: Effective January 2023, Michigan raised the Medicaid dental provider fee to 100% of private industry standards and expanded coverage to include endodontics, crowns, and periodontal treatment. Providers can be reimbursed more than the fee schedule if, on the managed care side, they participate in the value-based payment system for preventive visits.



Ohio: Effective January 1, 2024, clinics and dental practices that serve a high proportion of individuals with developmental disabilities will be designated as dental health resource shortage areas, allowing dentists who work at those clinics or practices to apply for the Loan Repayment Program. Ohio has a 5% rural payment differential.

## Surveillance, Performance Indicators, and Education

State	Percentage with Fluoridated Water, 2020*	Had State Added BRFSS, PRAMS, and YRBSS Oral Health Questions, 2016—2020	State Has Oral Health Performance Indicators Through Accountable Care Collaborative	Number of Dental Schools	Number of Dental Hygiene Programs
Illinois	98%	BRFSS	Yes	3	13
Iowa	90%	BRFSS, PRAMS	No	1	5
Michigan	89%	BRFSS, PRAMS, YRBSS	Not available	2	13
Ohio	93%	BRFSS	No	2	13

\* Percentage of the state's population on a community water system that had access to fluoridated water.

BRFSS = Behavioral Risk Factor Surveillance System

PRAMS = Pregnancy Risk Assessment Monitoring System

YRBSS = Youth Risk Behavior Surveillance System

## Non-Dental Services Provided by Dental Providers

State	Allowable Non-Dental Services	Reimbursed for Non-Dental Services
Illinois	Dentists can provide diabetes blood glucose screening tests, diabetes risk screenings, blood pressure screening, vaccinations, and maternal depression screening.	No
Iowa	Dentists can provide glucose testing. Dental assistants and dental hygienists can perform glucose testing if delegated by a dentist. Hypertension screenings can be completed by all dental providers.	COVID vaccines
Michigan	Dentists, dental hygienists, and dental assistants can perform hypertension screening. Dentists and dental hygienists can perform maternal depression screening. Dentists can provide vaccinations under emergency authorization. HPV vaccinations are within the scope of dentists, but they can't delegate this to others. Only physicians can delegate other vaccinations to dentists, RDHs, and RDAs.	Yes, for vaccination No, for other services
Ohio	Dentists can provide hypertension screening, glucose and A1C screening, and tobacco screening.	Yes, for tobacco cessation No, for other services

## State Oral Health Program and Oral Health Coalition

State	Has an Oral Health Program*	The Leader of the Oral Health Program is a Dental Professional*	The Leader of the Oral Health Program has a Master's Degree (degree)*	Has an Oral Health Coalition
Illinois	Yes	Yes	Yes (MPH)	Yes
Iowa	Yes	Vacant^	Vacant^	Yes
Michigan	Yes	Yes	Yes (MPA)	Yes
Ohio	Yes	Yes	Yes (MS)	Yes

^ In Iowa, the public health dental director must be a dentist and have 2 years of administrative experience in a dental public health program or a Master's degree in public health. As of October 3, 2023, the Iowa dental director position is vacant.

\*Source: Association of State and Territorial Dental Directors Membership Roster as of October 3, 2023

## Dentist Participation in Medicaid

State	Number of Dentists Working in Dentistry (2022)	Percentage of Dentists Participating in Medicaid/CHIP (2019)	Percentage of Dentists that Served 1+ Medicaid Enrollees (2017)	Percentage of Dentists that Served 100+ Medicaid Enrollees (2017)
Illinois	8,652	29%	18%	13%
Iowa	1,640	78%	73%	23%
Michigan	5,755	70%	56%	10%
Ohio	5,911	30%	21%	14%

CHIP=Children's Health Insurance Program

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed September 26, 2023. [www.ada.org/resources/research/health-policy-institute/dentist-workforce](http://www.ada.org/resources/research/health-policy-institute/dentist-workforce)  
 (2) Vujicic M, Nasseh K, Fosse C. 2021. *Dentist Participation in Medicaid: How Should It be Measured? Does It Matter?* Chicago, IL: American Dental Association. Accessed October 3, 2023. (3) American Dental Association. 2020. Dentist Participation in Medicaid or CHIP. Accessed December 21, 2023. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic\\_0820\\_1.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0820_1.pdf)

# Appendices

## Appendix 1: Medicaid Reimbursement to Dental Hygienists

Michigan is the only MNOHI state with statutory or regulatory language allowing the state Medicaid agency to reimburse dental hygienists for services rendered.

- **Michigan:** Medicaid policy allows any dental hygienist, including dental hygienists working within a PA 161 Program, to enroll as a provider in the Michigan Medicaid Program. This is a Medicaid Program decision and does not require state legislation. A dental hygienist is required to have a Type 1 (individual) national provider identifier (NPI) number to enroll. The dental hygienist is considered a rendering/servicing-only provider. Rendering/Servicing-Only Provider is a Type 1 (individual) NPI who renders services strictly on behalf of an organization, clinic, or group practice. Dental hygienists are required to affiliate themselves with a Type 2 (group) NPI such as a federally qualified health center, local health department, clinic, sole dentist, or dental group.

Source: American Dental Hygienists' Association. N.d. *Reimbursement* [webpage]. Accessed September 26, 2023. [www.adha.org/reimbursement](http://www.adha.org/reimbursement)

## Appendix 2: Community Water Fluoridation

### Percentage of population served by a community water system receiving fluoridated water

State	Number of Persons Receiving Fluoridated Water	Number of Persons Served by CWS	% Population Served by CWS Receiving Fluoridated Water	Rank Out of 51 States/Jurisdiction
Illinois	11,457,094	11,640,823	98.4	4
Iowa	2,409,673	2,684,404	89.8	15
Michigan	6,638,231	7,432,372	89.3	16
Ohio	9,177,890	9,901,174	92.7	10

CWS = community water system

Source: Centers for Disease Control and Prevention. 2023. *2020 Fluoridation Statistics* [webpage]. Accessed September 26, 2023. [www.cdc.gov/fluoridation/statistics/2020stats.htm](https://www.cdc.gov/fluoridation/statistics/2020stats.htm)



## Appendix 3: Dental Workforce and Health Professional Shortage Area Designations

### Dentists working in dentistry and dental health professional shortage area (dHPSA) information, 2022

State	Number of Dentists Working in Dentistry	Number Dentists per 100,000 Population	Total Dental Care HPSA Designations	Population of Designated dHPSAs	Percentage of Need Met	Practitioners Needed to Remove dHPSA Designation
Illinois	8,652	68.8	245	2,818,438	29%	503
Iowa	1,640	51.2	153	451,729	32%	76
Michigan	5,755	57.4	248	1,563,157	26%	300
Ohio	5,911	50.3	171	2,018,103	27%	385
<b>Total U.S.</b>	202,536	60.8	7,192	69,478,189	32%	11,896

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed September 26, 2023. [www.ada.org/resources/research/health-policy-institute/dentist-workforce](http://www.ada.org/resources/research/health-policy-institute/dentist-workforce)  
 (2) Kaiser Family Foundation. 2022. *Dental Care Health Professional Shortage Areas (HPSA)* [webpage]. Accessed September 26, 2023. [www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas](http://www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas)

## Appendix 4: Acronyms Used in Chartbook

- BRFSS: Behavioral Risk Factor Surveillance System
- CDT Code: Code on Dental Procedures and Nomenclature
- CHC: Community health center
- CHIP: Children's Health Insurance Program
- CMS: Centers for Medicare & Medicaid Services
- COHSII: Consortium for Oral Health Systems Integration and Improvement
- CPT Code: Current Procedural Terminology codes
- CWS: Community water system
- dHPSA: Dental health professional shortage area
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment
- HPSA: Health professional shortage area
- Medicaid FFS: Medicaid fee-for-service
- MNOHI: Midwest Network for Oral Health Integration
- NOHI: Networks for Oral Health Integration Within the Maternal and Child Health Safety Net
- NPI: National Provider Identifier
- PRAMS: Pregnancy Risk Assessment Monitoring System
- RoMoNOH: Rocky Mountain Network of Oral Health
- TOHF: Transforming Oral Health for Families
- YRBSS: Youth Risk Behavior Surveillance System