



Consortium for Oral Health Systems
Integration and Improvement

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Midwest Network for Oral Health Integration (MNOHI)

Environmental Scan 2021–2022 Chartbook

NOHI Environmental Scan, 2021–2022

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NOHI Environmental Scan, 2021–2022

Midwest Network for Oral Health Integration (MNOHI): Environmental Scan 2021–2022 Chartbook © 2022 by National Maternal and Child Oral Health Resource Center, Georgetown University

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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:

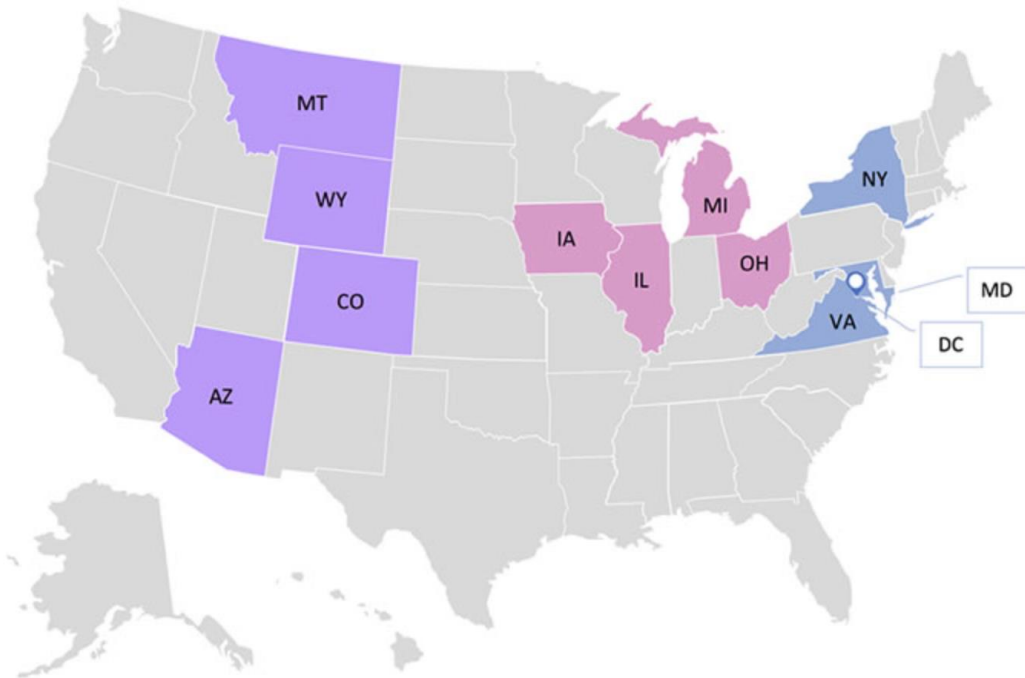
- Enhance integration of oral health care within maternal and child health safety net services (e.g., community health centers [CHCs]).
- Increase knowledge and skills among non-dental providers for delivering optimal oral health services.
- Increase knowledge and awareness of preventive oral health 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, COHSII facilitated the NOHI projects' review and revision of the environmental scan tool, and the NOHI projects conducted a second (project years 2–3) environmental scan. The American Academy of Pediatrics, Section on Oral Health staff conducted the environmental scan for the RoMoNOH states, while state/jurisdiction coordinators and/or project partners conducted the scan for MNOHI and TOHF states/jurisdiction. Click [here](#) for the environmental scan tool. COHSII analyzed the environmental scan data and prepared a 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 2021–2022 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.

MNOHI Chartbook Layout

This chartbook is divided into eight 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
8. Optional questions

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 that which state 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. For physician assistants in Illinois, fluoride varnish is applied 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 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 in 2021–2022 (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 complete 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	Not available
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. 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.

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

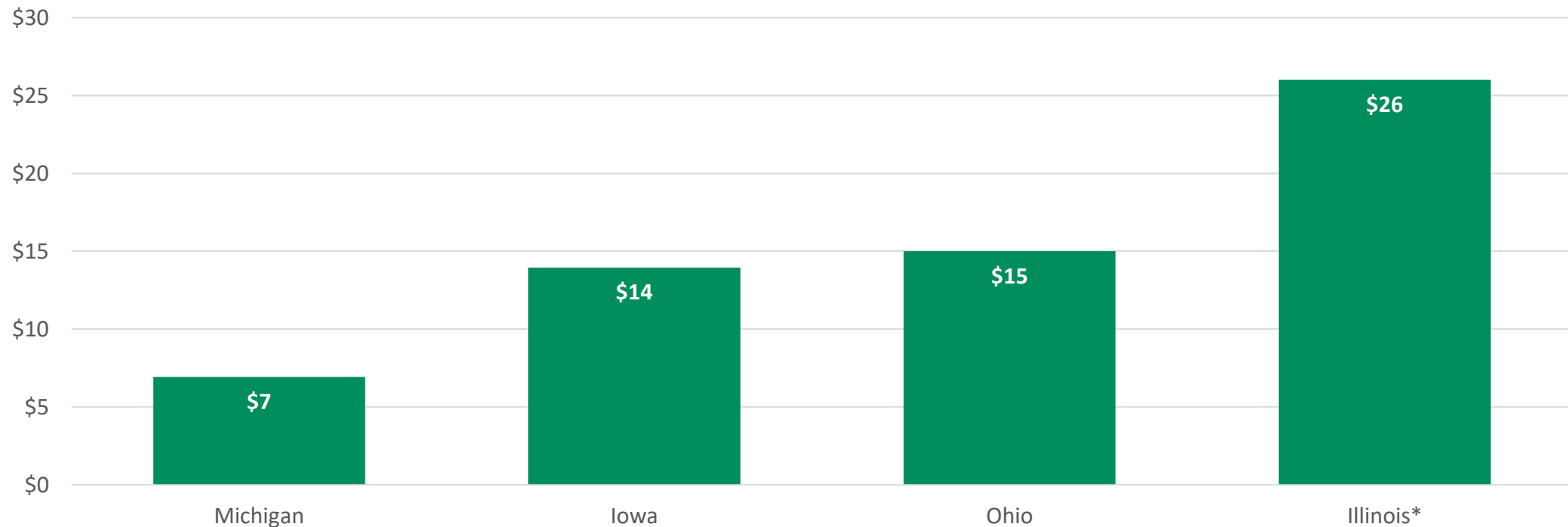
Summary



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 in all MNOHI states except Michigan.

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, 2022



* CPT 99188 is not a covered benefit. Medical providers bill for fluoride varnish application using CDT Code D1206. Rates obtained from state Medicaid FFS schedules, current as of June 2022.



Medicaid fee-for-service reimbursement rates provided by physicians or their state-allowed designee for fluoride varnish application vary by state from a low of \$7 in Michigan to a high of \$26 in Illinois.

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



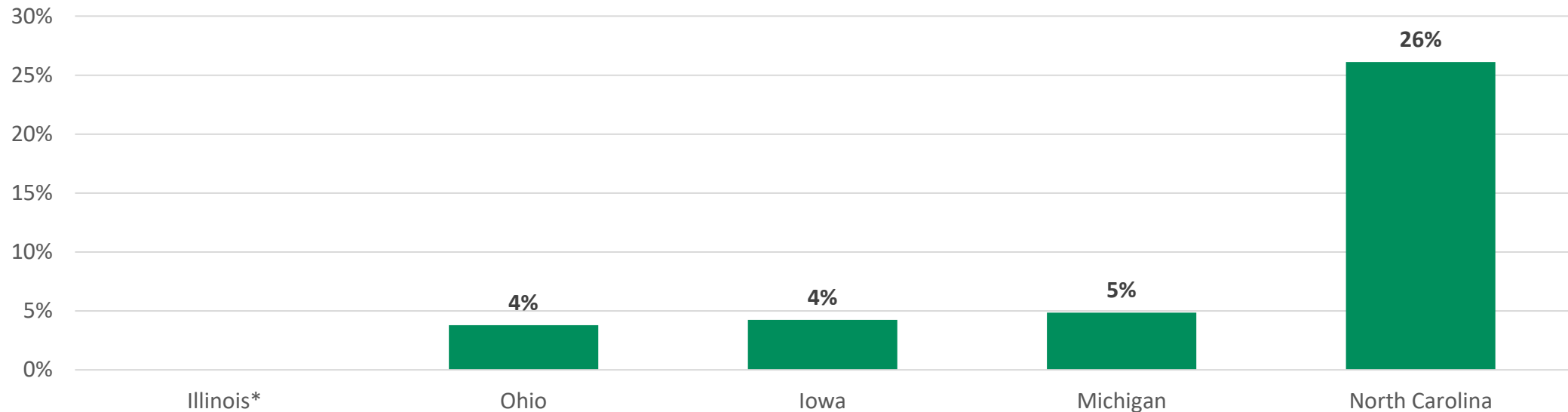
Half of the MNOHI states (Illinois and Michigan) require that medical providers take a training course before they can be reimbursed by Medicaid for applying fluoride varnish.



Most MNOHI states allow medical providers to apply fluoride varnish three or more times per year. Only Ohio limits the number of fluoride varnish applications to two per year. In Iowa, fluoride varnish application is only reimbursable if combined with a well-child visit.

Medicaid Recipients That Received a Topical Fluoride Application

Percentage of Medicaid Recipients Ages 1–2 That Received a Topical Fluoride Application From a Medical Provider or a Direct Access Dental Hygienist, 2018



* IL—no data to display

Summary



In the MNOHI states, few young children enrolled in Medicaid are receiving topical fluorides 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 June 27, 2022.

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 and 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	Yes	Yes	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.

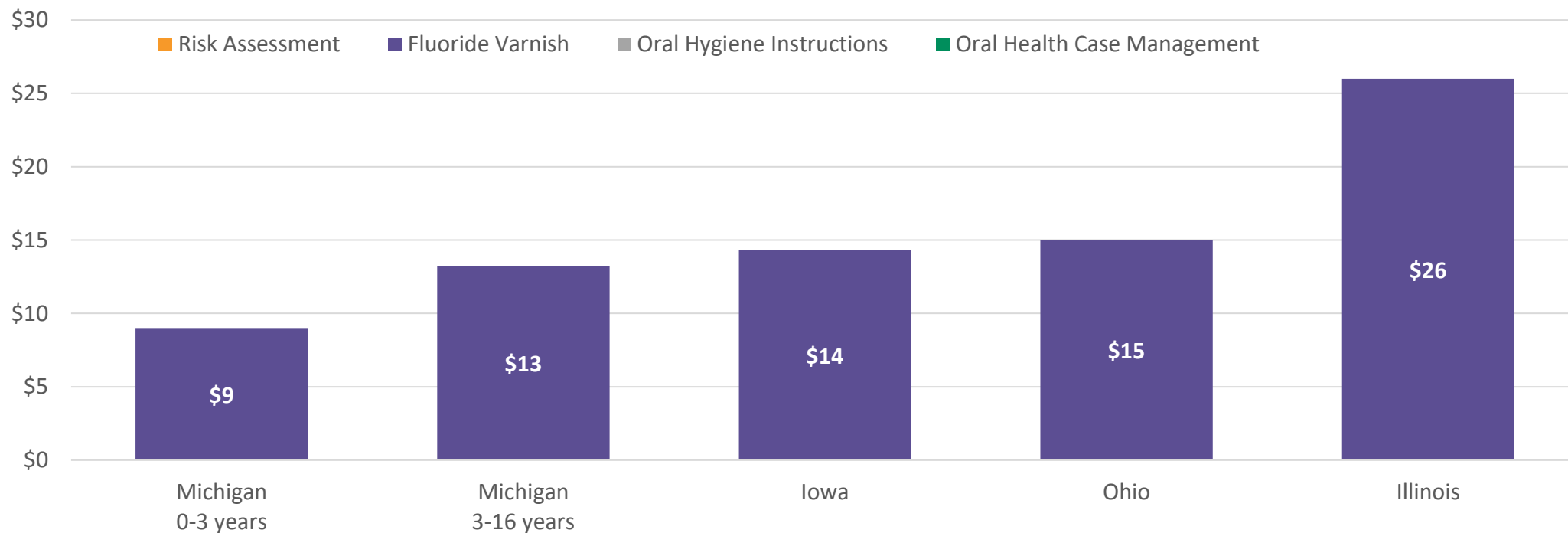
Summary



Dentists can directly bill Medicaid for a fluoride varnish application in all MNOHI states, while dental hygienists can directly bill in Illinois and advanced practice hygienists can directly bill in Illinois and Michigan.

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, 2022



\$ Medicaid fee-for-service reimbursement rates to dental providers for this bundle of services varies by MNOHI state from a low of \$9 in Michigan to a high of \$26 in Illinois.

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 MNOHI states have an advanced dental hygiene designation, which allows 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 hygienists to provide care in community-based locations such as schools and other public health settings.

Source: American Dental Hygienists' Association. 2020. *Direct Access States*. Chicago, IL: American Dental Hygienists' Association. 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, advanced designation, or practices in a public health setting.

Source: American Dental Hygienists' Association. 2020. *Direct Access States*. Chicago, IL: American Dental Hygienists' Association. 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.

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 April 2022, 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



One of the four MNOHI states (Ohio) reports 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	No	No	Yes
Ohio	Yes	Dentist	Yes	No	No

Summary



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



Medicaid reimburses for synchronous teledentistry in all MNOHI states except Michigan. Medicaid reimburses for asynchronous teledentistry in Illinois and Iowa.

General Information

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	Not available
Michigan	Yes	Contracted out	Both	Yes	Yes	Yes
Ohio	Yes	Contracted out	Contracted out	Yes	Yes	Yes

General Information—State Policies

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	No	No
Michigan	No	Yes
Ohio	Yes	Yes

Optional Questions

Surveillance, Performance Indicators, and Education

State	Percentage with Fluoridated Water, 2018*	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	90%	BRFSS, PRAMS, YRBSS	Not available	2	13
Ohio	93%	None	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.	No
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.	Yes, for vaccination No, for other services
Ohio	Dentists can provide hypertension screening, glucose and A1C screening, COVID rapid testing (if the practice meets federal requirements), and tobacco screening.	Yes, for tobacco cessation No, for other services

Appendices

Appendix 1: Medicaid Reimbursement to Dental Hygienists

Michigan is the only MNOHI state with statutory or regulatory language allowing the state Medicaid department 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 July 2, 2022. 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	11,386,618	11,600,611	98.2%	4
Iowa	2,280,194	2,526,141	90.3%	14
Michigan	6,605,118	7,379,404	89.5%	16
Ohio	9,083,082	9,816,237	92.5%	10

CWS = community water system

Source: Centers for Disease Control and Prevention. 2020. *2018 Fluoridation Statistics* [webpage]. Access July 2, 2022. www.cdc.gov/fluoridation/statistics/2018stats.htm

Appendix 3: Dental Workforce and Health Professional Shortage Area Designations

Dentists working in dentistry and dental health professional shortage area (dHPSA) information, 2021

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	8,674	68.5	233	2,559,672	29%	465
Iowa	1,677	52.5	132	380,841	33%	64
Michigan	5,838	58.1	244	1,497,513	26%	286
Ohio	6,003	51.0	156	1,885,689	27%	349
Total U.S.	201,927	60.8	6,678	61,899,714	31%	10,822

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed July 2, 2022. www.ada.org/resources/research/health-policy-institute/dentist-workforce
 (2) Kaiser Family Foundation. 2021. *Dental Care Health Professional Shortage Areas (HPSA)* [webpage]. Accessed August 11, 2022. 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
- 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