



Consortium for Oral Health Systems
Integration and Improvement

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Rocky Mountain Network of Oral Health (RoMoNOH)

Environmental Scan 2021–2022 Chartbook

NOHI Environmental Scan, 2021–2022

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NOHI Environmental Scan, 2021–2022

Rocky Mountain Network of Oral Health (RoMoNOH): 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:

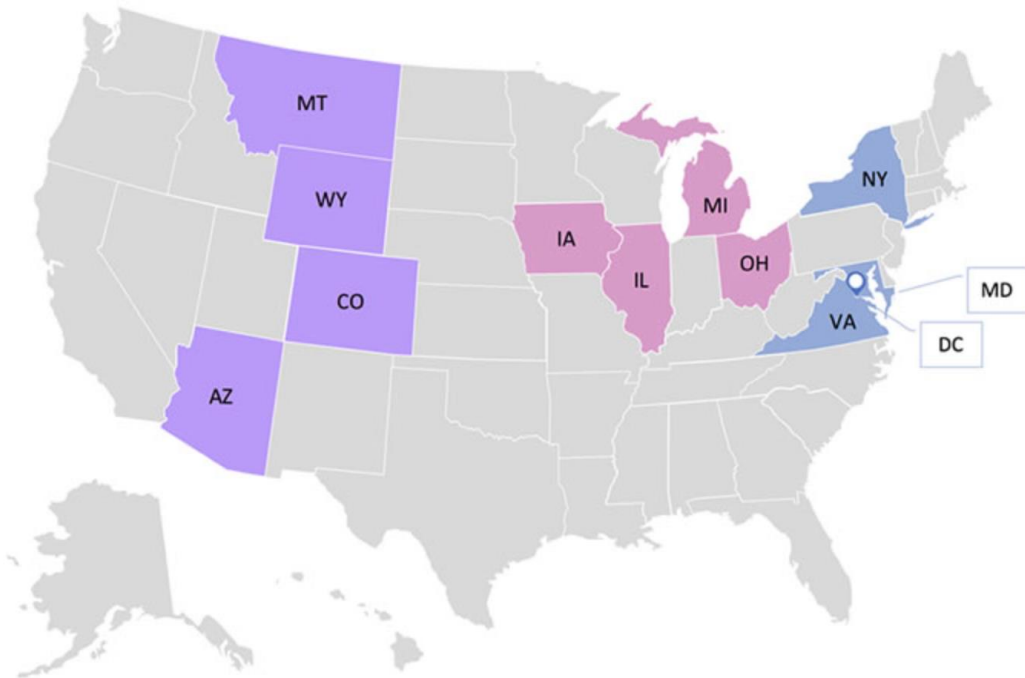
- Enhance integration of oral health care within maternal and child health safety net services (e.g., community health centers [CHCs]).
- Increase knowledge and skills among non-dental providers for delivering optimal oral health services.
- Increase knowledge and awareness of preventive oral health 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 RoMoNOH 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.

RoMoNOH 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
Arizona	Yes	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	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 RoMoNOH states.

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
Arizona	No	No	No	No	No	No	No	No
Colorado*	No	Delegation	No	Delegation	No	Delegation	No	Delegation
Montana	Yes	Yes	No	No	Yes	Yes	Delegation	Delegation
Wyoming	Yes	Yes	No	No	Yes	Yes	No	No

* In Colorado, a caries risk assessment (CRA) can be completed by advanced practice nurses, certified nurse midwives, registered nurses or licensed practical nurses, and certified or registered medical assistants. However, the CRA must be reviewed by the prescriptive authority clinician to diagnose risk.

Summary



Advanced practice nurses and registered nurses or licensed practical nurses can apply fluoride varnish in most RoMoNOH states either directly or through delegation. Arizona is the only RoMoNOH state that does not allow medical team support staff to apply fluoride varnish. In Montana and Wyoming, advanced practice nurses and registered nurses or licensed practical nurses can conduct a risk assessment. Montana is the only RoMoNOH state that allows a certified or registered medical assistant to complete a risk assessment.

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
Arizona	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	*	*
Montana	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Not applicable	Not applicable

* In June 2022, Colorado’s governor signed dental therapy legislation into law effective January 2023.

Summary



Dentists can complete an oral health risk assessment and apply fluoride varnish in all four RoMoNOH states. In the RoMoNOH states with dental therapists in 2021–2022 (Arizona and Montana), 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
Arizona	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	Not applicable	Not applicable
Montana	Yes	Yes	Yes	Yes	No	Yes	Not applicable	Not applicable
Wyoming	No	Yes	No	Yes	No	Yes	No	Not available

* In Arizona, the term “registered dental assistant” is not applicable. In the state, dental assistants must hold a current Arizona Board of Dentistry–approved certificate to conduct radiographs.

Summary



Dental hygienists can complete an oral health risk assessment in all states except Wyoming and can apply fluoride varnish in all RoMoNOH states. Registered dental assistants can apply fluoride varnish in all RoMoNOH states.

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
Arizona	No	Yes	No	No
Colorado	Yes	Yes	Yes*	No
Montana	No	Yes	No	No
Wyoming	Yes	Yes	No	No

* In Colorado, Medicaid reimburses for “oral evaluation, counseling with primary caregiver” of children from birth to age 36 months using code D0145.

Summary



Only Colorado and Wyoming reimburse medical providers for an oral health risk assessment. In all four RoMoNOH states, medical providers can be reimbursed by Medicaid fee-for-service for applying fluoride varnish.



Colorado is the only RoMoNOH state that reimburses medical providers for oral health education.



No RoMoNOH 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
Arizona	Yes	No	No	No	No	No	No
Colorado	Yes	Yes	Yes	No	No	No	No
Montana	Yes	Yes	Yes	Yes	Yes	No	No
Wyoming	Yes	Yes	Yes	No	No	Yes	No

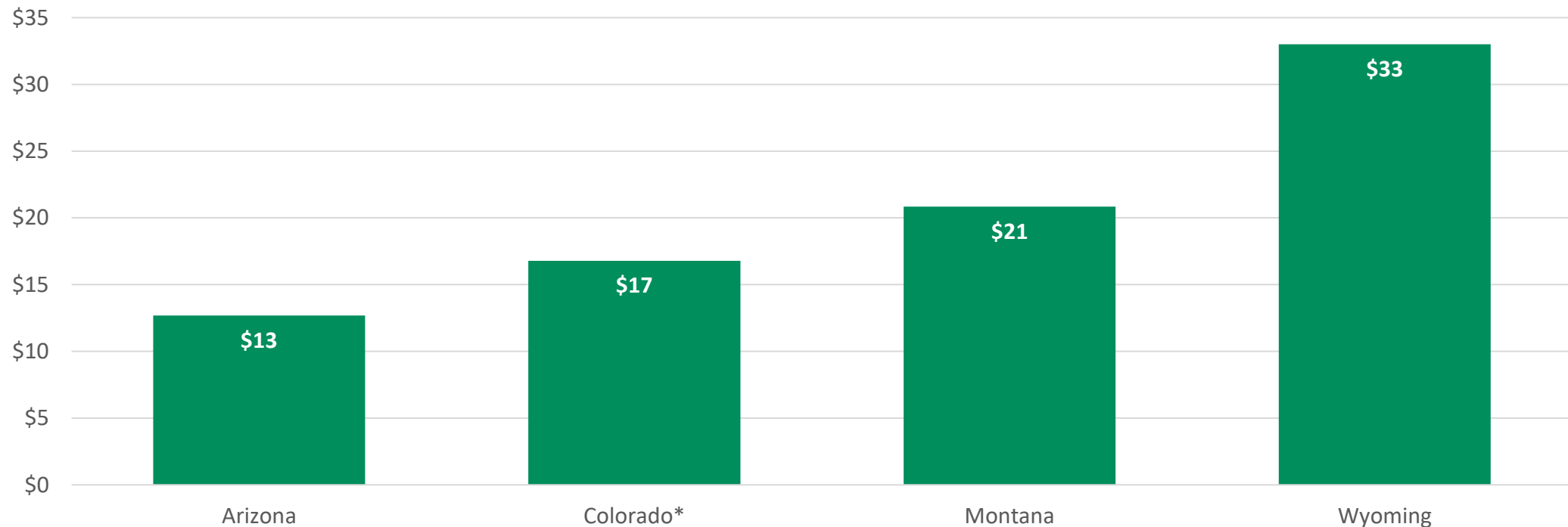
Summary



Physicians are the only medical providers that can directly bill Medicaid for a fluoride varnish application in all RoMoNOH states. Nurse practitioners and physician assistants can directly bill Medicaid for a fluoride varnish application in all RoMoNOH states except Arizona. Registered nurses can directly bill Medicaid for a fluoride varnish application in Wyoming.

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 for a fluoride varnish application provided by physicians or their state-allowed designee vary by state from a low of \$13 in Arizona to a high of \$33 in Wyoming.

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
Arizona	Yes	2	No	No
Colorado	Yes	2 (4 for high risk)	Yes	Yes
Montana	No	6	Yes	Not available
Wyoming	No	< 3 years: 3	Yes	No

Summary



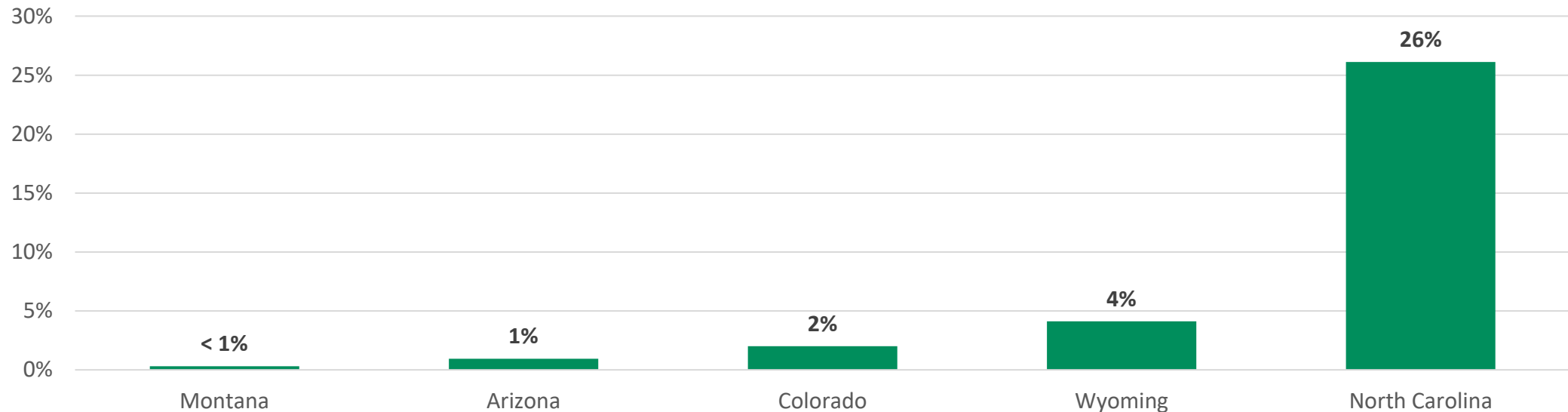
Half of the RoMoNOH states (Arizona and Colorado) require that medical providers take a training course before they can be reimbursed by Medicaid for applying fluoride varnish.



Most RoMoNOH states allow medical providers to apply fluoride varnish three or more times per year. Only Arizona limits the number of fluoride varnish applications to two per year.

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



Summary



In the RoMoNOH 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)
Arizona	No	Yes	No	No
Colorado	No	Yes	No	No
Montana	Yes	Yes	Yes	Yes
Wyoming	No	Yes	Yes	No

Summary



Montana is the only RoMoNOH state that reimburses dental providers for an oral health risk assessment, while all RoMoNOH states reimburse for a fluoride varnish application.



Only Montana and Wyoming reimburse dental providers for oral hygiene instruction, and only Montana reimburses for oral health case management.

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
Arizona	Yes	No	No	Yes	No	No
Colorado	Yes	*	Yes	Yes	No	No
Montana	Yes	No	Yes	Yes	No	No
Wyoming	Yes	Not applicable	No	No	No	No

* In June 2022, Colorado's governor signed dental therapy legislation into law effective January 2023.

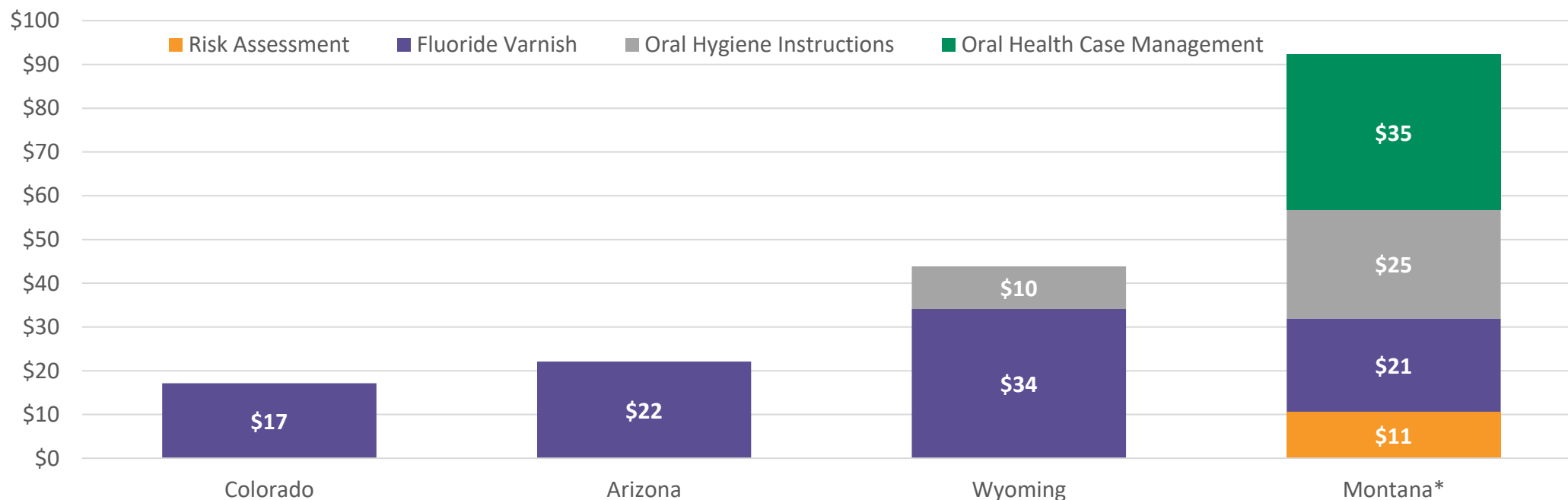
Summary



Dentists can directly bill Medicaid for a fluoride varnish application in all RoMoNOH states, while dental hygienists can directly bill in two RoMoNOH states (Colorado and Montana) and advanced practice hygienists can directly bill in three RoMoNOH states (Arizona, Colorado, and Montana).

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



* In Montana, only AbCd providers are eligible to receive reimbursement for oral hygiene instruction. Rates obtained from state Medicaid fee schedules, current as of June 2022.



Medicaid fee-for-service reimbursement rates to dental providers for this bundle of services varies by RoMoNOH state from a low of \$17 in Colorado to a high of \$92 for Access to Baby and Child Dentistry (AbCd) providers in Montana. Montana is the only RoMoNOH state that reimburses for case management.

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
Arizona	Affiliated practice dental hygienist
Colorado	Independent practice dental hygienist*
Montana	Public health dental hygienist/limited access permit
Wyoming	Public health dental hygienist

* In Colorado, all dental hygienists can practice independently. Independent practice does not require an additional designation or permit.

Summary and Impact



All RoMoNOH 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.

Colorado is the only RoMoNOH state that allows direct access dental hygienists to apply fluoride varnish in a community-based setting without a special permit or advanced designation. Direct access to fluoride varnish in a community-based setting is available in Arizona, Montana, and Wyoming if the hygienist has a special permit, has advanced designation, practices in a public health setting, or has a collaborative practice agreement with a dentist.

Source: American Dental Hygienists' Association. 2020. *Direct Access States*. Chicago, IL: American Dental Hygienists' Association. www.adha.org/direct-access

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

As of April 2022, two RoMoNOH states have passed dental therapy legislation—Arizona and Montana (Indian Health Service and tribal programs only)—but there are no practicing therapists in any of the states. In June 2022, Colorado’s governor signed dental therapy legislation into law effective January 2023.

Note: Montana’s dental therapy legislation removed restorative procedures, including extractions, from the authorized scope of practice for therapists, which limits their ability to meet the oral health needs of Montana’s tribes.

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



None of the RoMoNOH states have a certification process for community health workers.



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
Arizona	Yes	Dentist, therapist, dental hygienist	Yes	No	No
Colorado	Yes	Dentist, dental hygienist	Yes	Yes	Yes
Montana	Yes	Dentist	Yes	Yes	Yes
Wyoming	No	Not available	No	No	No

Summary



Teledentistry is permitted and is being practiced in all RoMoNOH states except Wyoming. In states that are practicing teledentistry, dentists can use teledentistry in all and hygienists can use teledentistry in Arizona and Colorado.



Medicaid reimburses for synchronous teledentistry in all RoMoNOH states except Wyoming. Medicaid reimburses for asynchronous teledentistry in Colorado and Montana.

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
Arizona	Yes	In house	In house	No	Not applicable	Yes
Colorado	Yes	In house	Contracted out	Yes	Yes	No
Montana	Yes	Contracted out	Contracted out	Yes	Yes	Not available
Wyoming	Yes	In house	In house	Yes	Yes	No

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
Arizona	Yes	Not available
Colorado	Yes	Yes
Montana	Yes	No
Wyoming	No	No

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
Arizona	58%	PRAMS	Not available	2	7
Colorado	75%	BRFSS, PRAMS, YRBSS	Yes	1	4
Montana	31%	BRFSS, PRAMS	Not available	0	1
Wyoming	57%	None	No	0	2

* 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
Arizona	Dentists and dental hygienists can provide vaccines during a declared local, state, and national emergency.	No
Colorado	Dentists can provide HbA1c in-office point of service testing (A1C), blood glucose level tests, COVID vaccines, hypertension screening, behavioral health screening, and tobacco-cessation education.	Yes, for A1C, blood glucose level tests and COVID vaccines. No, for other services
Montana	Dentists and dental hygienists can provide tobacco prevention- and -cessation counseling, and dentists can prescribe tobacco-cessation medication.	Yes, for tobacco counseling
Wyoming		No

Appendices

Appendix 1: Medicaid Reimbursement to Dental Hygienists

The following three RoMoNOH states have statutory or regulatory language allowing the state Medicaid department to reimburse dental hygienists for services rendered.

- **Arizona:** Dental hygienists in affiliated practice with a dentist who is also a Medicaid provider may be reimbursed for certain services included in the practice agreement with the dentist.
- **Colorado:** Unsupervised dental hygienists may bill with the affiliation of a dentist.
- **Montana:** Dental hygienists practicing under public health supervision may provide preventive dental hygiene services.

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
Arizona	4,028,381	6,942,498	58.0%	38
Colorado	4,040,612	5,396,543	74.9%	29
Montana	229,620	749,018	30.7%	48
Wyoming	262,712	460,371	57.1%	40

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
Arizona	4,220	58.0	209	2,307,767	30%	399
Colorado	3,964	68.2	98	1,150,287	50%	142
Montana	631	57.1	129	354,148	41%	50
Wyoming	308	53.2	30	49,008	34%	8
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

- AbCd: Access to Baby and Child Dentistry program in Montana
- 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