



**Executive Office of Health and Human Services
Oral Health Transformation Portfolio**

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Executive Summary

Oral health is critical for quality of life, success in school and work, and overall systemic health, yet represents an area with significant disparities in outcomes based on socioeconomic status and race/ethnicity.

While Rhode Island has some foundation of prior oral health system initiatives through RItE Smiles for children, oral health has been neglected as part of systems change, resulting in inequity for low-income and disabled adults in our communities, high costs for systemic health and emergency department use, and missed opportunities for employability and quality of life.

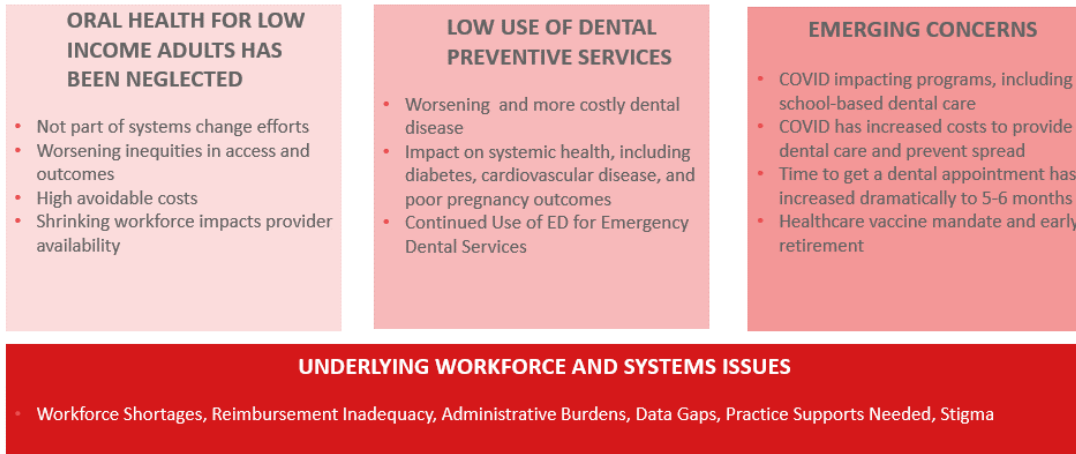
Strategies to address these needs include improving access to private practice sites, developing alternative sites of care, enhancing the workforce, and promoting initiatives to increase oral health literacy and the use of evidence-based preventive strategies.

Activities are widespread and address costs of care, enhance providers' ability to care for vulnerable populations, and increase Rhode Island's workforce through residency training and retention initiatives.

Trends in Oral Health

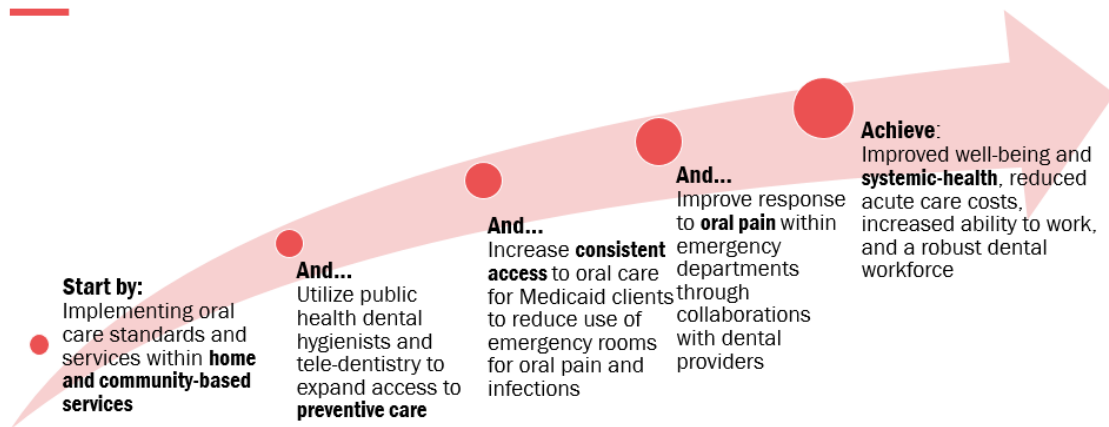
Our oral health care system is experiencing numerous burdens and gaps which have negatively impacted oral health outcomes each year. Through conversations with dental providers, community stakeholders, and community members, we were able to outline those specific challenges:

Summary of Concerns and Planning Considerations



This feedback was key in developing a plan to promote transformation in the current system. This multipronged approach will work to improve conditions for providers and clients, and create a robust oral health care model in Rhode Island:

Our Incremental Change Approach for Improvement



Why We Need You

In 2021 less than 10% of Rhode Island dentists submitted claims for adult Medicaid clients. As such, Medicaid clients have limited access to regular preventive services and experience extended appointment wait times because few dentists accept their insurance. The impact of so few dentists accepting Medicaid is reflected in about 37% of adults with Medicaid receiving any dental service. The state is committed to making healthcare accessible to more Rhode Islanders, especially our historically underserved populations, and expanding access for Medicaid clients is a crucial step. This approach aligns with the platform of the [American Dental Association](#), as they encourage dentists to offer services to Medicaid clients “as a way to expand dental care for all.”

Rhode Islanders need dentists. People are greatly impacted by preventable cases of oral pain and infection and end up at an emergency department ill-equipped to handle a dental complaint. People experiencing behavioral health issues or recovering from substance abuse are unable to seek employment or fully participate in our community due to low self-esteem about their smiles. Declines in oral health outcomes are exacerbating overall racial and socioeconomic disparities in care. We need a provider base that is ready to accept more patients, but we fall short in current capacity—and specifically underserve those within the Medicaid Program. This is a transformative opportunity to address oral health equity and we need you to succeed.

Medicaid Adult Dental Rates

Historically, dentists have highlighted low Medicaid reimbursement rates as a key reason why they do not participate in Medicaid or accept a higher number of Medicaid patients. The state understands the burden low rates can place on a dental practice; especially as operational costs continue to climb. It is important to recognize and thank the dentists who continue to provide services to our adult Medicaid clients despite these challenges. Your work has not gone unnoticed, and the Office of the Governor approved the increase of adult Medicaid reimbursement rates for the first time since 1992. These new rates went live on July 1, 2022, and can be found at <https://eohhs.ri.gov/providers-partners/dental-services>. We hope these increases can allow current Medicaid providers to continue accepting these clients and encourage more dentists to enroll as Medicaid providers.

Dentists have experienced increased operational and staff costs, in addition to spending \$40,000 – 60,000 to make their practices “COVID safe.” We hope the new rates will encourage greater dental participation in the Medicaid program, thus increasing access to preventive, restorative, surgical, and denture services for Medicaid clients. In addition to the new rates, the state is developing additional resources for dentists to ensure success as they expand their patient population.

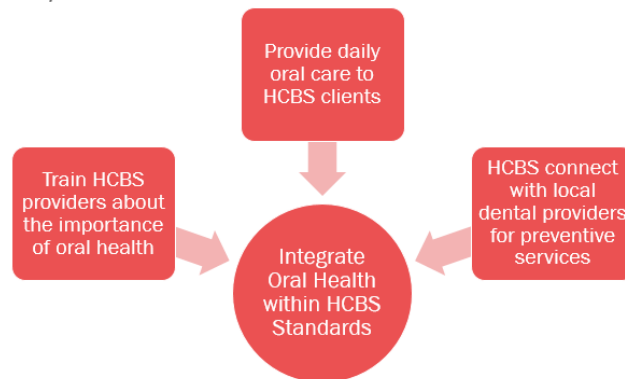
Enrolling as a Medicaid provider is a way to expand your dental family. All patients have the same desires, to be happy, healthy, and have a beautiful smile. This is an opportunity to do the right thing and provide services to clients who have not had the chance to receive care for their teeth and are now uncomfortable smiling. This is an opportunity to stay true to the promise of providing quality care for all, and you as a dental provider have the ability to provide that.

Dental Care in Home and Community Based Services Pilot Project

The current oral health system is experiencing significant hurdles; therefore, it is time to look towards innovative care models to address the growing gaps in care. The EOHHS has received funding for a two-year pilot project aimed to provide preventive oral care services to adult Medicaid recipients receiving care from a home and community-based service agency.

Expanding Oral Care in HCBS Settings

Highlighting the need of daily oral care is necessary as more adults move from traditional health facilities to home and community-based services.



This will be achieved through establishing a standard of oral care within HCBS agencies, especially as more older adults turn to these non-traditional services instead of hospitals or nursing homes. Training skilled and un-skilled HCBS providers (i.e., registered nurses, certified nursing assistants) on the importance of oral health, its connection to overall health, how to perform daily oral care tasks, and key signs of infection will bridge the gap between the medical and dental services patients receive. The project will utilize the skillset and training of public health dental hygienists (PHDH) to provide preventive oral services to patients in the comfort of their own homes.

Advances in mobile dentistry and tele-dentistry allow PHDHs to receive additional feedback from a dentist, without needing to remove the patient from their home. The PHDH and the dentist work together to identify the patients with the greatest need, then schedule an appointment to receive care in the dental clinic. Additional project success will be achieved through the participation of oral surgeons for necessary surgical procedures on HCBS clients.

The long-term goal of this short-term project is to increase dental provider enrollment in Medicaid to ensure more Medicaid clients can establish a dental home and receive regular preventive services. Improving access to consistent oral care will limit the discomfort and pain felt by clients, decrease the number of complex visits experienced by providers, and decrease the overutilization of emergency departments for oral pain and infections. Focusing on access to preventive services is key to improving oral health outcomes statewide.

In summary, this pilot implementation of an innovative model seeks to make a landmark investment in the transformation of oral healthcare in Rhode Island, increasing service delivery within two years, and improving equity for our most vulnerable and marginalized Rhode Islanders.

Workforce Development

The Rhode Island dental workforce is struggling to keep up with the increasing demand for oral care. The dentist-to-population ratio is the lowest of the New England states and continues to fall as neighboring states' ratio increases. There are many reasons for this, including the lack of a dental school in the state, increased loan burden after graduation, reports of higher commercial rates in neighboring states, and decreasing number of dentists entering private practice. The state is working to alleviate the burden the dental workforce is experiencing through multiple initiatives.

One initiative is the [EOHHS Healthcare Workforce Planning Workgroups](#). This was established after the EOHHS, the Office of the Post-Secondary Commissioner (OPC), and the Department of Labor and Training (DLT) – in partnership with the Rhode Island Foundation – co-hosted the Healthcare Workforce Summit on April 1, 2022. The three workgroups (Healthcare Career Pathways & Pipelines, Healthcare Workforce Data Collection & Analytics, and Health & Human Services Partnerships with Higher Education) are committed to identifying short-term and longer-term solutions to Rhode Island's significant healthcare workforce challenges.

Other initiatives include alleviating the burden of student loans taken on by dental providers. This was achieved through increased funding of the [Wavemaker Fellowship](#), as well as an expansion of careers that may apply, including those in healthcare and dentistry.

In the future, investing in residency programs would be a step toward addressing gaps resulting from being a state without a dental school. This program will produce residency-trained dentists and oral surgeons, individuals trained to provide care for the most complex cases. These new graduates will have a significant economic, employment, and care gap impact as small businesses. Those who do stay in Rhode Island will receive an additional reward if they work in a setting committed to caring for vulnerable populations, including those with Medicaid coverage. The residency program will also recruit in a way to achieve more racial and ethnic diversity within the field, producing providers who better reflect the population they serve.

Resources for Providers

How to Enroll as a Medicaid Provider

Please follow these step-by-step instructions to enroll as a dental provider for Fee for Service Medicaid. When you submit, you will receive an email/letter informing you of your acceptance as a Provider with further instructions. You may not bill Medicaid for services until you are approved.

You will need to following items to enroll:

1. Address Information, including postal code +4
2. Tax ID – Either EIN or SSN
3. Completed W-9 as an attachment, including signature
4. You may also need to attach some federally required disclosures, but you will be told what is needed.

How to Enroll:

1. Go to <https://www.riproviderportal.org>
2. Once on this page, DO NOT log-in where you see “User ID” in the first box. Instead, go down 2 sections to: “Would you like to enroll as a provider?” Click the blue link, “**Provider Enrollment**” then click continue.
3. At the top of this page, click the blue link, “**Enrollment Application**”.
4. You will see Type of Provider Enrollment...click the 1st Choice ...Provider Enrollment...RI Medicaid Provider-Billing Claims Directly to RI Medicaid.
5. Then go to **Initial Enrollment Information** and click the drop-down menu...Click on “**Individual**”, or if applying as a Group, click on “**Group**”.
6. Go to Provider Type and using the drop-down menu, scroll through the dropdown to see “**Dentist**” and click that.
7. Complete the Contact Information and hit continue.

Please see the *Provider Enrollment User Guide* to assist you with the enrollment process:
[ProviderEnrollmentUserGuide_en-us.pdf \(riproviderportal.org\)](#)

Frequently Asked Questions About Being a Dental Provider in the Adult Medicaid Program

1. Where is the manual with program policies?
 - a. The Rhode Island Medicaid Dental Services Coverage Manual can be found on the EOHHS website (www.eohhs.ri.gov), on the [Dental Services](#) page.
2. Where is the fee schedule?
 - a. There is downloadable fee schedule, with the new 2022 rates, available on the EOHHS website (www.eohhs.ri.gov), on the [Dental Services](#) page.
3. What if I need an interpreter?
 - a. Interpreter services can be billed using T code T1013. Click [HERE](#) for more information on billing.
 - b. Frequently used medical interpreter services in Rhode Island include:
 - i. [Pinpoint/Dorcas International](#) 401-784-8634 (24/7 Hotline)
 - ii. [International Languages](#) 401-465-8774
 - iii. [Horton Interpreter Services](#) 401-331-4798

- c. Patients in Medical Managed Care programs can obtain assistance with an interpreter by contacting their managed care program.
4. Who can I contact if I have a question?
 - a. The RI Medicaid Customer Service Help Desk for Providers can be reached at (401) 784-8100, Monday – Friday from 8am – 5pm. Additionally, you can receive a monthly Provider Update dispersed by the RI Medicaid Program. Send an email to riproviderservices@gainwelltechnologies.com, put “Subscribe” in the subject line of the email, and include your National Provider Identifier (NPI) and the primary type of services you provide. This will allow you to receive the monthly update, as well as any updates related to the services you provide.
 - b. Dental providers can also contact Andrea Rohrer, Gainwell Provider Representative, for additional questions by email at andrea.rohrer@gainwelltechnologies.com or by phone at 469-897-4389.
5. May I charge patients for missed appointments?
 - a. Federal regulations do not allow providers to bill Medicaid or charge Medicaid clients for missed appointments. The provider should utilize standard appointment reminder systems (i.e., phone calls, text messages, email) to inform clients of their upcoming appointments.
6. A patient missed appointments. What can I do?
 - a. Typical steps taken by the clinic to remind patients about upcoming appointments, including sending out reminder calls/texts for upcoming appointments, should be the first step. If patients continue to miss appointments, the clinic could consider utilizing the skills of a community health worker (CHW). CHWs are valuable because they typically come from or reside in the community they serve and have the unique ability to bring information where it is needed most. They can reach community residents where they live, eat, play, work, and worship. They can connect with the hard-to-reach patients in ways other staff in your clinic may be unable to. CHWs are valuable to help with case management, and their work can be billed to Medicaid.
7. What procedures require prior authorization?
 - a. The Medicaid Dental Provider Manual is a great resource to determine which services are automatically covered, and which require prior authorization (PA). Emergency services do not require a PA; however, it is the responsibility of the provider to document the need for the emergency service. Provider can also contact the Gainwell help desk at 401-784-8100 to determine if the procedure code needs a PA. In addition, the provider can check on the Rhode Island Medicaid Health Care Portal to see if the PA has been approved.
8. What if the patient would benefit from a service that is not covered?
 - a. A dentist may develop a treatment plan which includes services that are not covered in the Medicaid program. As in all cases of informed consent, all alternatives, costs, risks, and prognoses should be reviewed with the patient.
9. What about immediate dentures?
 - a. According to the Medicaid Dental Provider Manual, dentures, full or partial, fall under the category “Procedures Never Considered Emergencies”.

Misconceptions about Medicaid and Medicaid clients

True or False: If I accept Medicaid, then a certain percentage of my adult clients must have Medicaid as their insurer.

False. Rhode Island Medicaid does not require dentists to accept a certain number of Medicaid clients. This rule varies state to state, but Rhode Island currently has no such requirements. Providers can take on as many Medicaid clients as their practice can serve, similar with any other insurance type.

True or False: Clients with Medicaid are more likely to miss appointments than clients with private insurance.

False. A 2016 Medicaid-Medicare-CHIP State Dental Association (MSDA) study, conducted in Rhode Island, found no difference in no show rates when splitting the data into two groups: 1) those with private and public insurance and 2) those with adult Medicaid benefits. Over 12 weeks, adult Medicaid clients displayed an average no show rate of 1%, compared to 21% of those in the private and public insurance group. These numbers show that Medicaid clients account for a negligible amount of overall no-show appointments in dental clinics.

True or False: Medicaid clients do not use their Medicaid benefits.

It's complicated. A 2016 study conducted by MSDA found that only 37% of Rhode Island adults enrolled in Medicaid received dental services. However, a significant contributor to that statistic is the simple fact that only 25 private dentist offices out of 160 accept adult Medicaid clients. A lower portion of dentists accepting adult Medicaid translates into lower utilization of benefits.

True or False: Medicaid clients are more complex.

Sometimes. As mentioned above, in 2016 only 37% of adults enrolled in Medicaid received dental services. For years now, a very small portion of Rhode Island dentists were the only source for nearly a quarter of all Rhode Island residents. Limited dental access resulted in only 15% of adults with Medicaid receiving a preventive dental service in 2018. New clients might require additional work during their initial visit, not because they do not care about their oral health, but because they were unable to get care. More dentists accepting adult Medicaid clients leads to more consistent checkups, resulting in fewer complex patients.

True or False: Most Medicaid claims get denied.

False. The likelihood of the approval of a Medicaid claim is dependent upon the quality of the record explaining the medical necessity of the procedure. Quality documentation is a key part of all aspects of healthcare and is important to ensure the procedure is in the best interest of the patient. However, claims denials are dependent upon many factors, including but not limited to if the member is eligible for Medicaid FFS on the dates of service for the procedure, are the procedure codes covered by Rhode Island Medicaid, these are all required fields in the claim filled out correctly, and are the Dental providers actively enrolled with (Fee for Service) Medicaid.

True or False: It takes months to receive reimbursements from Medicaid clients.

False. Every two weeks Medicaid holds a financial. If claims are submitted within a certain timeframe, reimbursements for those claims that don't hit any edits will be shown on the next week's remittance advice. Ex. If you submit all your claims for the week by 12/02/2022 by 5:00 pm you then will receive payment on 12/09/2022. The Medicaid claims payment schedule can be found [here](#).

True or False: Signing up as a Medicaid provider is time consuming and cumbersome.

False. The entire process should take less than 30 minutes! Get the guide here: [ProviderEnrollmentUserGuide_en-us.pdf \(riproviderportal.org\)](#). There are also numerous resources meant to ease the burden of becoming a newly enrolled Medicaid provider, including information on billing, front office staff training, and provider specific training, all of which can be found on the EOHHS [website](#).

True or False: There is a racial disparity in oral health.

True, but why? Different oral health outcomes by race are not caused by differences in biology or general will, but by differences in access. Black and Hispanic Rhode Islanders receive regular dental care at rates 25% lower than White Rhode Islanders. However, Black and Hispanic Rhode Islanders are also disproportionately represented as Medicaid recipients. As we discussed before, Medicaid clients have extremely limited access to dental care, including the fact that dental services are disproportionately available in higher-income neighborhoods. All these factors combined, cause lower rates of preventive dental services in minority populations, and increased use of emergency dental services.

Strategies for Practice Performance

Practices committed to expanding access to oral care to our most vulnerable populations require support to ensure success. Therefore, listed below are different resources available to a practice to assist with expanding to a more diverse and expansive patient population.

Utilizing Public Health Dental Hygienists

What is a Public Health Dental Hygienist?

Public Health Dental Hygienists (PHDHs) have the training and skill set to provide preventive dental services to individuals in public health settings. They provide much needed services to the community by meeting people where they are.

- A public health setting includes but is not limited to residences of the homebound, schools, Head Start programs, nursing homes and long-term care facilities, licensed clinics, community health centers, hospitals, medical facilities, prisons, residential treatment facilities, federal, state or local public health programs, mobile dental facilities, and portable dental programs.

A dental hygienist can enroll in a PHDH program after gaining experience working in a dental clinic or private practice. PHDHs carry their own malpractice insurance and are held to infection prevention and control standards as outlined by the Centers of Disease Control and Prevention (CDC). The Community College of Rhode Island (CCRI) has the following enrollment requirements for its PHDH program:

1. Applicant must be a Registered Dental Hygienist with a valid license to practice in the state of Rhode Island,
2. Applicant must have a minimum of three (3) years of full-time experience as a Registered Dental Hygienist, or
3. An equivalent of 4,500 hours of clinical experience.

PHDHs can expand the patient population of a dental office by providing preventive services outside the clinic and referring patients back to the dentist for services outside of their scope of practice. PHDHs can work in a public health setting after establishing a written collaborative agreement (WCA) with a licensed dentist. Within the WCA, the dentist and the PHDH will agree upon the frequency of communication and review of hygienist's notes, dental hygiene procedures to be provided, population and geographic areas served, and many more items. It is the responsibility of the PHDH to inform patients the services provided do not replace a standard dental exam and encourage them to obtain an exam by a dentist within 90 days. A dentist participating in a WCA is not required to provide additional treatment to the PHDH's patient, however a process should be discussed and outlined in the WCA.

Tele-dentistry as a tool of communication between the PHDH and dentist can provide an effective means to complete an exam.

Utilizing Community Health Workers: How Community Health Workers “Work” in a Dental Practice

What is a Community Health Worker?

Community Health Workers (CHWs) are certified frontline public health workers who are trusted members of the community they serve. This trusting relationship enables them 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 responsiveness of service delivery. CHWs can develop a rapport with members due to shared life circumstances including culture, and language. Some also may have the same health conditions as their clients. They can thus enhance the cultural and linguistic appropriateness of care and help to counteract factors such as social exclusion, poverty, and marginalization.

Specific roles of CHWs can include:

- Bridging/culturally mediating between individuals, communities and health and human services, including building individual and community capacity;
- Providing culturally appropriate health education and information;
- Assuring that people get the services they need; or
- Providing direct services, including informal counseling and social support; and advocating for individual and community needs.

CHWs are hired primarily for their deep understanding of the population they serve, and they conduct outreach at least 50% of the time in one or more of the categories above.

How are CHWs trained and certified?

In order to be certified, CHWs must complete 70 hours of training in the nine “Core Competencies,” prove that they have worked as a CHW for six months or 1000 hours, undergo 50 hours of supervision, and submit an application with a portfolio to the Rhode Island Certification Board.

As of November 2022, CHW training is offered by three RI organizations: the [Community Health Worker Association of RI](#), [Clinica Esperanza](#), and [Community Health Innovations of RI](#). CHW Core Competency training covers the following nine domains required by the RICB:

1. Engagement Methods and Strategies
2. Individual and Community Assessment
3. Culturally and Linguistically Appropriate Responsiveness
4. Promote Health and Well-Being
5. Care Coordination and System Navigation
6. Public Health Concepts and Approaches
7. Advocacy and Community Capacity Building
8. Safety and Self-Care
9. Ethical Responsibilities and Professional Skills

How can a CHW be effective in a dentist's office?

EDUCATE

- Educate target communities on oral health preventive strategies using lay language and engage hard to reach clients.
- Educate on general oral health principles, facts pertaining to pediatric, pregnant people and geriatric oral health, and topics like the importance of sealants, fluoride varnish, etc. CHWs frame such education with a consideration of the client's background, circumstances, priorities, and capacities.
- Conduct outreach through entities such as senior centers, food pantries, parent teacher meetings, religious institutions, YMCA, Boys & Girls Clubs, school district health classes, WIC programs, Head Start, public housing forums, etc.

CONNECT

- Due to their familiarity with their clients' community and background, CHWs can establish mutually trusting and respectful relationships that motivate and empower clients to make healthy choices.
- Connect patients to dentists by providing contact information and assistance with scheduling a visit especially if the client does not have English fluency.
- CHWs have skills in motivational interviewing and can help clients set realistic oral health goals, such as cutting back on sugar or prioritizing routine dental care by scheduling an annual visit.
- CHWs consider the whole person and may have special practices for education such as children's toys or visuals, or materials in the patient's primary language if not English.

LOWER BARRIERS

- CHWs can lower barriers to dental care by helping with transportation by offering gas cards and taxi vouchers if available, and helping patients navigate bus routes or access other means of transport to their appointments.
- CHWs can help reduce no-show rates and promote timely attendance by supporting strategies to attend appointments.

How are CHWs paid?

As of 2022, Certified CHWs can enroll as Medicaid Providers and bill for Community Health Worker services. Information regarding enrolling as a CHW provider, billing, reimbursements, and more can be found [here](#).

Billing and Common Mistakes

We want dentists to experience success as a Medicaid provider. To do so, the EOHHS is working in conjunction with Medicaid to develop a webinar to address common mistakes and answer questions from providers. There are provider training and education resources developed by Gainwell (the third-party provider of Medicaid), as well as supports developed by the American Dental Association.

EOHHS CMS/Gainwell Topics

- New Provider Training
- New Office Staff Training
- Billing 101
- Billing Tips for Dental Providers
- Payment Error Rate Measurement (PERM) Provider Education Sessions
- Program Integrity

ADA Medicaid Provider Reference Guide

- Medicaid Facts
- Documentation of Medicaid Service
- Medicaid Compliance Issues
- Cultural Competence Course for Medicaid Providers
- Dentists as Advocates for Better Medicaid Programs

References for Providers

Practice Management Resources

**Courses are available on the ADA CE Online [website](#)*

1. [Being a Medicaid Provider in an Era of Accountability](#) (Recorded Webinar)
 - a. CE Credit(s): 3
 - b. Member Price: \$0
 - c. Retail Price: \$0
2. [The Ins, Outs and In-Between: How Dental Medicaid Works and How It Can Work for You](#) (Recorded Webinar)
 - a. CE Credit(s): 1
 - b. Member Price: \$0
 - c. Retail Price: \$0
3. [Making the Dental Office more Inclusive for Patients who have Special Healthcare Needs](#) (Recorded Webinar)
 - a. CE Credit(s): 1
 - b. Member Price: \$0
 - c. Retail Price: \$0
4. [Conscious and Unconscious Bias in Dental Practice Ethical Considerations](#)
 - a. CE Credit(s): 2
 - b. Member Price: \$0
 - c. Retail Price: \$0
5. [ADA Advanced Dental Coding Module: Diagnostic \(D0100-0999\)](#)
 - a. CE Credit(s): 2
 - b. Member Price: \$129
 - c. Retail Price: \$129
6. [The Age of Health Equity: Four Voices, One Goal for Community Benefit](#) (Recorded Webinar)
 - a. CE Credit(s): 1.5
 - b. Member Price: \$0
 - c. Retail Price: \$0

Documentation of Medicaid Services

**Additional resources are available on the American Dental Association [website](#)*

1. Electronic Health Records: Increasing the Quality of Care ([PDF](#))
2. There Are Many Types of Medicaid Fraud ([PDF](#))
3. Brochure on Medically Necessary Care and How to Document it ([PDF](#))
4. AAPD Policy on Medically Necessary Care ([PDF](#))

Medicaid, Medicare, and CHIP Services Dental Association (MSDA)

*Learning module presentations can be downloaded on the MSDA [website](#)

Improving the Quality of Oral Healthcare through Case Management

- Module 1: Principles of a Quality Improvement
- Module 2: Principles of Dental Practice Management - Part 1
- Module 3: Goal Setting
- Module 4: Process and Outcome Measurement
- Module 5: Principles of Medicaid Dental Practice Management - Part 2
- Module 6: Principles of Dental Case Management
- Module 7: Dental Case Management: Addressing Appointment Compliance Barriers CDT Code: D9991
- Module 8: Dental Case Management: Care Coordination CDT Code: D9992
- Module 9: Dental Case Management: Motivational Interviewing CDT Code: D9993
- Module 10: Dental Case Management: Improving Oral Health Literacy CDT Code: D9994

Additional Resources

1. Zwetchkenbaum, S., & Oh, J. (2017, October). "More Rhode Island Adults Have Dental Coverage After the Medicaid Expansion: Did More Adults Receive Dental Services? Did More Dentists Provide Services?" www.rimed.org. Retrieved from <http://www.rimed.org/rimedicaljournal/2017/10/2017-10-51-health-zwetchkenbaum.pdf>
2. Chinn CH, Levine J, Matos S, Findley S, Edelstein BL. "An interprofessional collaborative approach in the development of a caries risk assessment mobile tablet application: My Smile Buddy." J Health Care Poor Underserved. 2013 Aug;24(3):1010-20. doi: 10.1353/hpu.2013.0114. PMID: 23974376; PMCID: PMC4523798. [nihms707978.pdf](#)

