

## Frequently Asked Questions

**Q** What technical assistance services are provided by the program?

**A** Your practice will be assigned an Implementation Specialist. This person will provide the in-person 1 hour training of the program certifying you and all who attend in Smiles for Life. The Implementation Specialist will ensure that you and your staff have the necessary information and tools to successfully implement the program into your practice. This includes working with your staff on your practice's workflow and developing an implementation plan specific to your practice. Following the training, your Implementation Specialist will follow up with your Oral Health Champion at a minimum of 1 week post training, 1 month post training and 4 months post training. If the providers of your practice choose to participate in the CME/MOC Part IV activity you will have a 7 month post training follow up as well. Your Implementation Specialist will be available via several forms of contact to assist you during any point of the process. Your Implementation Specialist will also be the person with whom you will report data to if enrolled in the CME/MOC Part IV activity.

*Testimonial: "As an office manager the training is crucial. Adding more responsibility and work is not always welcomed by the staff. But once the physicians and medical assistants saw how easy and important it was to do an oral screening and apply varnish they embraced the change immediately." – Erica McEvoy, Practice Manager Children's Care Medical Center.*

**Q** What are the current recommendations for providing preventive oral health services during well-child visits?

**A** Conducting an oral health risk screening every six months beginning at age 6 months. Fluoride varnish is recommended in the primary care setting every 3–6 months starting at tooth emergence. The American Academy of Pediatric Dentistry and the American Academy of Pediatrics both recommend establishment of a dental home by the 1st birthday.

**Q** What is Smiles for Life certification?

**A** A child focused curriculum designed for educating primary care providers in the promotion of oral health, which is endorsed by the American Academy of Pediatrics. This certification is required in order for providers (MDs, DOs, and NPs) to bill Michigan Medicaid for fluoride varnish applications and oral health screenings. Currently, only MDs, DOs, and NPs are eligible to bill Michigan Medicaid for these services. Once certified, these providers can delegate the service provision to other certified or non-certified clinical support staff, such as MAs.



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**Q** Who can be Smiles for Life certified in Michigan?

**A** Anyone who attends the MCPP direct-to-provider training will become Smiles for Life certified, and the provider types include: Physicians, NPs, PAs, RNs, MAs, etc. It is recommended, not required, that clinical support staff who are delegated the fluoride varnish application service are Smiles for Life certified.

**Q** Do insurance companies reimburse for fluoride varnish applications and oral health screenings?

**A** Yes, reimbursement are in addition to the reimbursement for a well-child visit, and providers must be Smiles for Life certified and be either an MD, DO, or NP to bill Medicaid for services.

**Q** What is the reimbursement for providing preventive oral health services during well-child visits?

**A** Michigan Medicaid: 0 - 35 months:

- Oral health screening & risk assessment \$14.89 up to twice per year.
- Fluoride varnish \$9.00 up to 4 times per year.

**A** Private Insurance

- Private insurance carriers will differ – verify with each carrier.
- We have had clinics report that most commercial insurances are covering the fluoride varnish applications. For instance, we have heard from multiple clinics that Blue Cross Blue Shield is paying \$33, Priority Health at \$18, Blue Care Network at \$19.40, Health Plus of MI at \$10, and McLaren at \$13.23. These figures have been reported by practices that have implemented the program.

**Q** Is this billable as an office visit?

**A** No, fluoride varnish applications and oral health screenings should be billed with a well-child visit or sick visit.

**Q** What is fluoride varnish?

**A** Fluoride varnish is a topical fluoride used to prevent tooth decay. Fluoridated toothpaste is another type of topical fluoride. Both are used on the surface of the teeth. Fluoride varnish helps to strengthen tooth enamel. It prevents new cavities, slows down or stops decay from getting worse, and can actually begin to reverse the caries process.

**Q** Is fluoride varnish safe?

**A** Fluoride varnish is safe. It is recommended for babies from the time they have



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their first tooth. Because only a small amount of fluoride varnish is painted on the teeth, almost no fluoride varnish is swallowed.

**Q** Who can apply the fluoride varnish?

**A** Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Medical Assistants, or any licensed medical providers.

**Q** Is applying the fluoride varnish a long process?

**A** No, application should not take more than 1 - 2 minutes.

**Q** What well-child visits can I apply fluoride varnish?

**A** Fluoride varnish should be applied every 3 – 6 months starting with tooth emergence, with the most benefit being achieved every 3 months.

**Q** When wouldn't I want to apply fluoride varnish?

**A** There are no indications that applying fluoride varnish is harmful but you should stop applying it, like anything else, if there are adverse reactions. You can continue to apply fluoride varnish in the medical setting even if the child has a dental home. The greatest benefit from fluoride varnish applications is received with multiple applications, up to four applications per year. The fact that usually a child's dental appointment occurs every 6 months; the medical provider has an opportunity to apply fluoride varnish as well, reducing the child's overall risk for tooth decay.

**Q** How do I reply to a caregiver that is concerned about fluoride varnish and autism?

**A** Fluoride varnish is a topical medication, meaning there is little to no systemic affect. There is no clinical evidence between autism and fluoride varnish. In fact, children with autism usually have an increase dental caries risk, and frequently applied fluoride varnish is indicated to reduce risk status.

**Q** Why are baby teeth important?

**A** Baby teeth help children chew easily and properly, speak clearly, hold space in the jaw for permanent teeth that are growing under the gums. Baby molars are in their mouths until age 9 - 12 years, and extractions should be avoided if possible as a structure is needed to maintain appropriate spacing in the mouth.

**Q** What is the cost to provide these services?

**A** There is no cost for becoming Smiles for Life certified and we provide a starter kit supply of fluoride varnish (fluoride varnish costs approximately \$1 – 3 per application).

**A** Additional incentives include 30 Performance Improvement CME credits and 20-25

The logo features a stylized tooth icon in a light teal color, with a white outline and a teal fill. The tooth is positioned to the left of the program's name.

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MOC Part IV credits, provided at no cost to participants, through a joint-sponsorship between Altarum Institute and the University of Michigan Medical School and Health System.

**A** Participating in the MCPP training provides an opportunity to satisfy 4 Measures and 2 CQM's for Meaningful Use.