

Integrating Oral Health Care into Primary Care

Five Successful, Long-Standing, Statewide Programs
Providing Care for the Maternal and Child Health Population



Program Spotlight

I-Smile and Cavity Free Iowa

Overview

I-Smile is a statewide program of the Iowa Department of Health and Human Services (Iowa HHS) that connects pregnant women and children and their families in Iowa with oral health, medical, and community resources to help ensure a lifetime of health and wellness. Iowa HHS administers I-Smile through contracts with regional public and private nonprofit organizations as part of the state's Title V maternal and child health (MCH) program. Each contractor employs an I-Smile coordinator (dental hygienist) who is responsible for working with pregnant women and children and their families; dentists and dental office staff; medical professionals; school nurses, teachers, and administrators; businesses; civic organizations; and social service organizations. There are currently 15 I-Smile coordinators serving all 99 counties across Iowa.

Cavity Free Iowa (CFI) is a companion program of I-Smile that works to increase the number of children from birth to age 6 in Iowa who receive oral health screenings, fluoride varnish applications, anticipatory guidance, and dental referrals during a well-child visit in medical practices. Local I-Smile coordinators provide on-site training for pediatric and family practice medical staff and assist with referrals for children needing oral health care. CFI previously convened a workgroup quarterly to discuss strategies for increasing awareness of the initiative as well as other medical-dental integration opportunities. This workgroup has evolved and joined Oral Health Iowa, a statewide oral health coalition, to increase CFI's impact. The CFI workgroup includes representatives from the Iowa HHS oral health program, the Broadlawns Dental Clinic, the Delta Dental of Iowa Foundation, local I-Smile coordinators, Iowa's Medicaid program, pediatricians, nonprofit dental clinics, and others.

Inception and Early Years

I-Smile launched in 2006 in response to the passage of the 2005 [IowaCare Medicaid Reform Act](#), which includes a provision that every child age 12 and younger enrolled in Medicaid must have a designated dental home. The state legislature also sought to ensure that children receive oral health screening and preventive care identified as part of the [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#) program's oral health standards. I-Smile was funded via a memorandum of understanding between the Iowa Department of Human Services and the Iowa Department of Public Health, now Iowa HHS.





Iowa has had a strong state MCH program that contributes funding for oral health efforts; it also has a robust partnership with the state Medicaid program. The passing of the Medicaid Reform Act secured \$1,000,000 annually for I-Smile. Additionally, the program obtains federal administrative claims match funds to support program infrastructure.

Many years after I-Smile began, CFI launched in 2017 because of the interest of two pediatricians. At an MCH advisory council meeting, after hearing about the addition of fluoride varnish application to Iowa's EPSDT periodicity schedule in 2015, the pediatricians wanted to get more involved in oral health and provide fluoride varnish during well-visits. One of the pediatricians, who is one of the program's biggest champions, along with Iowa HHS staff, convened a workgroup that developed CFI. Additionally, because CFI is linked to I-Smile, CFI has used I-Smile's resources, including I-Smile coordinators, to provide training for medical office staff and technical assistance (TA) on Medicaid billing issues.

Funding

I-Smile receives additional support from the state's Title V Maternal and Child Health Services Block Grant and other state and federal programs. I-Smile contracts with and provides funding to 15 local Title V agencies (pub-

lic or private nonprofit organizations) that administer I-Smile as part of the state's MCH program, which helps ensure that children and pregnant women across the state receive oral health care. Local contractors also receive Medicaid reimbursement for preventive oral health care provided to children enrolled in Medicaid. In 2023, the Iowa Department of Human Services and Iowa Department of Public Health merged to form Iowa HHS. The merger did not affect funding for the I-Smile program.

"I think a key strength of the program is that local dentists like having an I-Smile coordinator as a local liaison. Whether they want to take Medicaid dental referrals or not, they know they have somebody they can talk to. Having that communication at a local level is big and the relationships between I-Smile coordinators and dental offices is really important. And so locally, dentists get a lot of support."

—I-Smile

Iowa HHS oral health program staff facilitate workgroup meetings, and grants from the Delta Dental of Iowa Foundation have paid for fluoride varnish supplies and award plaques for participating medical offices. Medicaid provides reimbursement to medical professionals for fluoride varnish for children through age 5, based on the well-child visit schedule. Most private insurers provide reimbursement to medical professionals for fluoride varnish applications based on the [U.S. Preventive Services Task Force's recommendation](#) that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at primary tooth eruption up to age 5.

Notable Program Strengths

- I-Smile receives annual support of \$1,000,000 from state general funds.

- I-Smile maintains strong partnerships with the state Medicaid program.
- The program uses I-Smile coordinators (dental hygienists) who are liaisons within their communities. Dentists appreciate being able to reach out to their local I-Smile coordinator in their own community. The relationship between dentists and I-Smile coordinators is key and helps garner program support from the Iowa Dental Association.
- I-Smile programs can bill Medicaid for preventive oral health care and receive funding to provide care-coordination services.
- Physicians can be reimbursed by Medicaid for fluoride varnish applications for children through age 5 when done during a well-child visit.
- CFI has a workgroup in Iowa that developed a training toolkit for I-Smile coordinators.
- Iowa HHS staff provide quarterly trainings for I-Smile coordinators, which helps ensure that coordinators learn from one another and use consistent messaging. Trainings also include leadership skill-building guidance for coordinators.
- I-Smile coordinators are required to make outreach visits to all pediatricians or family medicine physicians in their counties.
- The Oral Health Iowa coalition is supportive of I-Smile.



Notable Program Evaluation Activities

- The I-Smile and CFI evaluation uses multiple metrics that cover various populations.
- The Medicaid program shares data with the state I-Smile program upon request.
- I-Smile and CFI evaluation is completed internally. With support from the Iowa HHS oral health program's epidemiologist and oral health consultants, program data are reviewed, and TA and quality-improvement support are offered to contracted agencies providing I-Smile services.
- State I-Smile staff review data quarterly, which allows the program to quickly address any concerns with services and outcomes.
- I-Smile coordinators complete a needs assessment every 3 to 5 years and update it annually. This helps the program identify and understand the needs of specific populations.
- I-Smile and CFI use data to complete annual summaries that are widely shared with stakeholders and posted online. They also share data at conferences, Oral Health Iowa coalition meetings, and partner organization meetings. Additionally, they use data to develop a postcard for Children's Dental Health Month that is distributed to state legislators.

Evaluation Methodology

I-Smile uses the following data sources and performance measures to evaluate its program.

Source: Medicaid paid claims data

- Percentage of Iowa Medicaid-enrolled children from birth to age 12 with a service from a dentist/dental clinic.
- Percentage of Iowa Medicaid-enrolled children from birth to age 12 with a service from I-Smile (Title V contractor).

Source: CMS 416 data

- Percentage of Iowa Medicaid-enrolled children from birth to age 2 with any dental or oral health service.
- Percentage of Iowa Medicaid-enrolled children from birth to age 5 with any dental or oral health service.
- Percentage of Iowa Medicaid-enrolled children ages from birth to age 20 with any dental or oral health service.



Source: I-Smile data

- Number of children served through I-Smile.
- Number of children provided a direct service through I-Smile.
- Number of children provided dental care coordination through I-Smile.
- Percentage of children screened with dental caries.
- Percentage of Medicaid-enrolled children who received dental care coordination with a Medicaid-reimbursed dental visit within 180 days.

Source: Iowa HHS oral health program surveillance data

- Percentage of children in Head Start; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and third grade with dental caries.
- Percentage of children in Head Start, WIC, and third grade with filled teeth.
- Percentage of children in Head Start, WIC, and third grade with a history of dental caries.
- Percentage of children in third grade with previously sealed molars.

Select Evaluation Findings

- In 2018, 50 percent of children enrolled in Medicaid received dental services, including two out of every three children ages 3 to 12. Iowa rates surpassed both the national average of 34.6 percent of children from families with low incomes receiving preventive dental services and the Healthy People 2020 goal of 33.2 percent (Source: [Iowa's I-Smile Program Promotes Dental Care for Children, Pregnant Women, and Adults \[2020\]](#)).

- In 2018, more than 30,650 children received preventive dental services in public health locations, including WIC clinics, schools, and Head Start centers—nearly four times higher than the number receiving such services in 2005 (Source: [Iowa's I-Smile Program Promotes Dental Care for Children, Pregnant Women, and Adults](#) [2020]).
- In 2019, 73 percent more children enrolled in Medicaid in Iowa saw a dentist than in 2005 (Source: [Iowa's I-Smile Program Promotes Dental Care for Children, Pregnant Women, and Adults](#) [2020]).
- Medicaid costs per child (from birth to age 12) per year have remained relatively steady since the start of the program in 2005. After accounting for inflation and a 1 percent rate increase in 2014, the average cost was \$150.75 in 2005 and \$170.74 in 2019 (Source: [Iowa's I-Smile Program Promotes Dental Care for Children, Pregnant Women, and Adults](#) [2020]).
- In 2021, 51,630 children received care coordination from I-Smile for dental services (Source: [Inside I-Smile 2021 Update on Children's Oral Health in Iowa](#) [2022]).
- About two-thirds of the children receiving services from I-Smile pay out-of-pocket for dental services or are enrolled in Medicaid (Source: [Inside I-Smile 2021 Update on Children's Oral Health in Iowa](#) [2022]).

Resources for More Information About Evaluation

- [Inside I-Smile 2021 Update on Children's Oral Health in Iowa](#) (2022)
- [Iowa's I-Smile Program Promotes Dental Care for Children, Pregnant Women, and Adults](#) (2020)



From Battani K, Crall J, Fischer D, Goodman H, Holt K. 2024. *Integrating Oral Health Care into Primary Care: Five Successful, Long-Standing, Statewide Programs Providing Care for the Maternal and Child Health Population*. Washington, DC: National Maternal and Child Oral Health Resource Center. Permission is given to save and print this publication and to forward it, in its entirety, to others.