



**ST. MARY'S COUNTY
HEALTH DEPARTMENT**

Meenakshi G. Brewster, MD, MPH - Health Officer

Administration, Records & Health Services: 301 – 475 – 4330

Environmental Health: 301 – 475 – 4321

Medical Assistance Transportation: 301 – 475 – 4296

Maryland Relay Service: 1 – 800 – 735 – 2258

Email: smchd.healthdept@maryland.gov

Request for

Expression of Interest

#25-01

Conservative Dental Services

For Underserved Residents of St. Mary's County, Maryland

Open and Continuous

Issued By

St. Mary's County Health Department

Division of Health Promotion & Community Services

Adult Dental Program

St. Mary's County Health Department (SMCHD) seeks interested dental practices to submit an Expression of Interest (EOI) to contract with our Adult Dental Program.

History and Overview

SMCHD has been working for over 20 years to reduce the proportion of adults suffering from untreated dental decay, pain, and infection through the Office of Oral Health grant. This grant enables us to fund contracts with qualified dental practices to deliver conservative dental services to uninsured or underinsured adults over 21 in St. Mary's County.

Program Requirements

Participating dental practices agree to accept reimbursement for approved services based on the current Maryland Medicaid Dental Fee Schedule and Procedure Codes CDT, which can be found on the Maryland.gov website.

Contracts resulting from this request can be renewed annually on or around July 1st for willing and qualified practices.

Dental practices interested in this opportunity will be required to offer the following services per individual based on need:

- One limited oral exam
- One cleaning (Adult Prophylaxis)
- Up to two fillings
- Up to two extractions
- Problem-focused x-rays
- Offer emergency appointments as needed
- Additional conservative services can be performed based on pre-approval from a SMCHD representative of the Adult Dental Program. Approval letters are emailed to the dental practice before the patient's first scheduled appointment.

To be considered, dental practices must meet the following criteria:

- Hold a valid and unrestricted dental license in the State of Maryland
- Have a demonstrated commitment to serving underserved populations
- Possess the ability to deliver conservative dental services in a clinical setting
- Have appropriate malpractice insurance
- Remain as a “business in good standing” with the State of Maryland
- Agree to comply with all relevant federal, state, and local regulations

To participate in this purchase-of-care program, dental practices must agree to the following criteria:

1. Provide conservative dental services via an invoice to include the approved services and corresponding CDT codes within the current Maryland Medicaid Dental Fee Schedule.
2. Notify SMCHD in writing of all follow-up appointments scheduled by the dental practice.
3. Communicate with SMCHD to relay information regarding patients referred to other services, such as an oral surgeon.
4. To obtain payment for provided services by billing, contact St. Mary’s County Health Department, Division of Health Promotion & Community Services, Attention: Adult Dental Program, smchd.dental@maryland.gov.
5. Invoices shall not reflect any services which SMCHD has not approved.
6. Each invoice must include the dental practice name, address, Federal Tax Identification, client’s name, services provided (with respective CDT codes), date services were provided, service cost, and amount due.
7. Submit all claims for reimbursement under the contract to all insurance providers for the patients before claims are submitted to SMCHD for payment. SMCHD is the payer of last resort.
8. Append to all claims for reimbursement under this Contract proof that such claims have been denied in whole or in part by all insurance providers of the client.

9. Submit an invoice for the reimbursable services performed within thirty (30) days of the service date.
10. To provide a seamless continuum of care for clients, dental practices participating in this agreement shall ensure appropriate and timely discharge planning, including any appropriate referrals, before the client's release from services.
11. You agree not to 'balance bill' any clients served under this agreement or bill for missed appointments.
12. Shall not be in arrears concerning the payment of any monies due and owing the State of Maryland and/or any department or unit thereof, including but not limited to the payment of taxes and employee benefits, and not become in arrears during the time the dental practice is participating in this agreement.
13. Shall (1) not discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry, or physical or mental handicap unrelated in nature and extent to reasonably preclude the performance of such employment; (2) include a provision similar to that contained in subsection (1) above, in any subcontract except a subcontract for standard commercial supplies or raw materials; and (3) post and cause subcontractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause.

Additional Information

Individuals can initiate self-referral by directly contacting SMCHD or may be referred by various community partners. An SMCHD staff member coordinates directly with participating dental practices to schedule initial patient appointments, ensuring the patient's date and time are confirmed. Following the provision of services, the dental practice's office submits the treatment bill/invoice to the SMCHD via email, where payment is processed through the fiscal office within ten (10) days. Dental practices will schedule any necessary follow-up appointments for patients to complete additional approved services.

1. SMCHD will be the primary referral source for clients utilizing these funds. Unless otherwise noted, clients must be assessed and referred to selected dental practices by SMCHD. Participant dental practices will be notified in writing by SMCHD of any additional organizations that are authorized to refer clients under this Contract.
2. Payment by SMCHD for dental practice services will cease when the Adult Dental Program Grant funds are depleted or at the end of the funding cycle.
3. Only invoices submitted within the current signed agreement term will be reimbursed.

Application Process

Expressions of Interest must be submitted using the following [Google Form](#).

For further information about the program or to address any questions regarding this request, please contact Stephanie Thomas at smchd.dental@maryland.gov or 301-475-4330.