

**Open Solicitation Plan  
For  
Open Solicitation #1155406 – Oral Health Services**

As required by Montgomery County Procurement Regulations, Code of Montgomery County Regulations (COMCOR), Section 11B.00.01, et seq., Section 4.1.6.3 (a), the Department of Health and Human Services (DHHS) / Public Health Services is submitting this Open Solicitation Plan for approval by the Director, Office of Procurement, Montgomery County, Maryland.

Section 4.1.6.3 Procedure

- (1) Public Notice – Notice for this solicitation will be posted on the Montgomery County (County), Office of Procurement website. Additionally, a copy of the notice will be sent to current service providers under Open Solicitation #1027387, which this solicitation replaces.
- (2) Application Process – The Department of Health and Human Services (DHHS) Contract Management Team (CMT) will post a copy of the solicitation packet for this Open Solicitation at:

<https://montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>

The solicitation packet includes the following: 1) the Notice to Vendors; 2) the Instructions and Vendor Information; 3) the Pre-Approved Form Contract including the General Conditions of Contract Between County and Contractor; 4) the County’s Business Associate Agreement, and all other attachments. Applicants must submit all required Vendor Information as described in Instructions and Vendor Information, Section I., Submission Documents.

- (3) Criteria for accepting or rejecting applications – The solicitation packet contains the minimum qualifications (set forth in Article III., Minimum Qualifications of the Pre- Approved Contract) for services upon which applicants will be accepted. Applications will be reviewed by DHHS staff for acceptance or rejection, based on the minimum qualifications.
- (4) All applicants meeting the minimum qualifications listed in the Pre-Approved Contract will be eligible to receive a contract to provide the services described in the Open Solicitation. Client referrals will be based on geographical area of the provider, cultural competency including language capability of the provider, and medical specialty or medical necessity required by the client.
- (5) Pre-Approved Form Contract – Applicants will be required to execute a contract with the County using the Pre-Approved Form Contract (the Form Contract), including the General Conditions of Contract Between County and Contractor (“General Conditions”), and the County’s Business Associate Agreement, and other attachments without modification.
- (6) Cost – The cost of contracts will not exceed available fiscal appropriations. Funds will be encumbered in Purchase Orders issued under each contract by DHHS.
- (7) Cancellation – The County reserves the option to cancel this Open Solicitation at any time. Award of a contract under this Open Solicitation is subject to fiscal appropriations made by the County.

- (8) Changes to Forms – The County may update the Open Solicitation Form Contract with updated versions of the forms listed below without issuing an amendment to the Open Solicitation:
- a. General Conditions of Contract Between County & Contractor (PMMD-45);
  - b. Minority Business Program & Offeror’s Representation (PMMD-90);
  - c. Minority-Owned Business Addendum to the General Conditions of Contract between County and Contractor (PMMD-91);
  - d. Minority, Female, Disabled (MFD) Person Subcontractor Performance Plan (PMMD-65);
  - e. Wage Requirements for Services Contract Addendum to The General Conditions of Contract Between County and Contractor, and Wage Requirements Law Certification (PMMD-177); and
  - f. Business Associate Agreement.

The updated forms will be applicable to new contracts entered into after the date they are added to the open solicitation; forms attached to previously executed contracts will remain in effect for these contracts unless formally amended by contract amendment.

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**NOTICE TO VENDORS**  
**OPEN SOLICITATION #1155406**  
**ORAL HEALTH SERVICES**

The Montgomery County, Maryland Department of Health and Human Services (DHHS) is seeking applications from qualified, licensed entities and practitioners to provide Oral Health Services including General Dentistry, Pediatric Dentistry, Dental Hygiene, and Oral Surgery to adults, children, maternity clinic patients, and other client populations with special needs, as referred by the County.

Applicants wishing to provide Oral Health Services under this Open Solicitation must comply with all applicable licensing requirements and maintain all applicable licenses under Maryland Law and, if applicable to the services to be provided, a Board Certification in Oral Surgery, Pediatric Dentistry, a Drug Enforcement Administration (DEA) License, and a Controlled Dangerous Substance (CDS) Registration. All applicants are required to comply with Maryland Occupational Safety and Health Regulations for blood-borne pathogens. The State of Maryland adopts the Federal Occupational Safety and Health Administration (OSHA) standards for blood-borne pathogens.

The compensation rates for the services under Open Solicitation #1155406 are set by the County and published at: <https://montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>

Compensation for services rendered under a contract resulting from this Open Solicitation will be based on a **fixed hourly rate**, or on a **fee-for-service basis** depending upon where services are rendered.

Services provided at Montgomery County's facilities and programs, including oral health presentations or consultations at non-public facilities will be a fixed hourly rate based upon dental specialty.

If services are provided in the applicant's private dental office or mobile dental clinic(s), the fee-for-service amount will form the basis for compensation.

The County may, at its option and as fiscal appropriation allows, adjust the Approved Fee Schedule for this Solicitation typically at the beginning of the County's Fiscal Year (i.e. July 1). Adjustment of the Approved Fee Schedule for this Solicitation will be accomplished without having to issue amendment to this Open Solicitation. The County's Fiscal Year runs from July 1<sup>st</sup> through June 30<sup>th</sup>.

The applicant may perform services in a variety of public and non-public facilities including: Montgomery County Public Health Clinics; Montgomery County public and private school sites; the Montgomery County Detention Center; homeless shelters, senior facilities, and other community locations; the applicant's office; and/or the applicant's Mobile Dental Clinic, if applicable.

All applicants meeting the minimum qualifications listed in the Pre-Approved Form Contract of this Open Solicitation and are found to be responsible will be awarded a contract for services.

The County does not guarantee that applicants awarded a contract resulting from this Open Solicitation will receive any minimum number, or any, assignments. The County will make client referrals to the

contractor based on geographical area, cultural competency including language capability of the contractor, medical specialty or medical necessity required by the patient. The County shall refer patients to the Contractors subject to satisfactory service delivery and performance by the Contractor, and as determined by the County, and fiscal appropriations by the County.

***Applicants must review all of the documents and information provided with this packet before completing and returning the Application/Vendor Information Form and approved Form Contract.***

Any prospective vendor questions regarding the Open Solicitation process or services to be provided should be emailed to:

HHS.Open.Solicitations@montgomerycountymd.gov

**Oral Health Services  
Open Solicitation # 1155406**

**Instructions and Vendor Information**

The County will enter into contracts with all applicants who: (1) meet the Minimum Qualifications set forth in Article III. Minimum Qualifications of the Pre-Approved Form Contract; and (2) are found to be a responsible vendor/organization. If your application is accepted and approved and you/your organization is found to be responsible, the County will execute the Pre- Approved Form Contract and return a copy to you. All applicants under this Open Solicitation must sign the Pre-Approved Form Contract which includes the General Conditions of Contract Between County and Contractor, the County's Business Associate Agreement and other Attachments, as written, with no modification.

Once you receive notice from the County that the contract has been executed, an executed purchase order from the County, and a request for services from the County, you may begin to provide services to clients.

The County makes no guarantee that any single Contractor will receive referrals or any assignments. The County will seek to accommodate clients in terms of geographical area, cultural competency including language capability, medical specialty or medical necessity required. Each Contractor will be assigned patients by the County subject to satisfactory service delivery and performance by the Contractor, as determined by the County and fiscal appropriations by the County.

Award of a Contract under this Open Solicitation is subject to fiscal appropriations. The County reserves the option to cancel this Open Solicitation at any time.

**I. Submission Documents:** The following items must be submitted:

- A. Form Contract and Contract Attachments-the form contract must be filled out correctly and submitted. Please follow these steps:
  1. Sign the Form Contract – If the applicant is a corporation, an officer of the corporation with authority to sign contracts for the corporation must sign the Form Contract.
  2. PLEASE PUT YOUR ORGANIZATION'S NAME ONLY IN THE PARAGRAPH AT THE TOP OF THE PAGE. ENTER A DATE ONLY IN THE SIGNATURE BLOCK.
  3. Submit all the pages of the Form Contract (not just the signature page), including the completed attachments listed below:
    - a. General Conditions of Contract Between County & Contractor, (Attachment A)  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-45.pdf>, and
    - b. Business Associate Agreement  
<https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>

- B. Application Documents - The following attachments are required and must be completed or the application will be rejected:
1. “Vendor Information Form;”
  2. “Minority-Owned Business Addendum to General Conditions of Contract Between County and Contractor,”  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMM D-90.pdf> and “Minority, Female Disabled (MFD) Person Subcontractor Performance Plan” – Please submit your MFD plan or request a waiver.  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMM D-65.pdf>
  3. “Wage Requirements for Services Contract Addendum to The General Conditions of Contract Between County and Contractor”  
[www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-177.pdf](http://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-177.pdf)
  4. \*Optional\*, “Minority Business program & Offeror’s Representation” – this form may be filled out and submitted if applicable to the applicant’s organization.  
[www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-90.pdf](http://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-90.pdf)
- C. Certificate(s) of Insurance – that provides evidence of meeting the insurance requirements set forth in Article IX of the Pre-Approved Form Contract. Contact your insurance broker to obtain the Certificate.
- D. Licenses – All applicants must possess the appropriate and required licenses, registrations, and certifications, listed in Article III. Minimum Qualifications of the Pre-Approved Form Contract as required by the State of Maryland and federal regulations for professional oral health practitioners.
- E. Proof of legal name – Articles of Incorporation and Articles of Amendment if applicable.
- F. W-9 Tax form or copy of Social Security card if Sole Proprietorship
- G. Proof of tax-exempt status – Determination Letter from IRS, if applicable
- H. Background Investigation – All applicants must provide a full Criminal History Records Check for application.
- I. Certificate of Good Standing from the Maryland State Department of Assessments and Taxation

As directed above in Section I., please complete, attach, and send all Submission Documents to:  
Montgomery County, Maryland

Department of Health and Human Services  
1401 Rockville Pike, Suite 340  
Silver Spring, MD 20852  
Attn: Dr. Tricia Boyce, Dental Director

Applications may also be emailed to  
[tricia.boyce@montgomerycountymd.gov](mailto:tricia.boyce@montgomerycountymd.gov)

# OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

## I. BACKGROUND

1. Montgomery County, Maryland (the “County”), through its Department of Health and Human Services, Public Health Services, provides oral health services to uninsured adults, children, pregnant women, and other client populations with special needs who meet the designated eligibility criteria established by the County. Oral health services include the following: general dentistry, pediatric dentistry, oral surgery, dental hygiene, oral health consultation, and oral health group education sessions.
2. The County’s Department of Health and Human Services determines client eligibility for oral health services for several different oral health programs. Depending on the program, the County either refers eligible clients for services to dental providers in their dental office or mobile dental clinic or schedules the client for appointments at County dental clinics or other appropriate sites.
3. The County desires to enter into a contract with qualified dental professionals, including general dentists, pediatric dentists, oral surgeons, and dental hygienists, to provide oral health services to clients referred by the County, at the County’s mobile health clinic, health centers, schools, and other locations in the community, and/or at the applicant’s (Contractor’s) dental office or mobile dental clinic.
4. The Contractor was selected under Open Solicitation # 1155406, Oral Health Services, to provide services in accordance with the Open Solicitation and this resultant Contract.

## II. SCOPE OF SERVICES

- A. The primary focus of the County is to provide oral health services that move patients towards a disease-free and stabilized oral health status; Phase I Treatment completion. Phase II Treatment involves the restoration of complete oral function and esthetics patients, and requires laboratory-based treatments, Phase II Treatment must be preapproved by the County.. Please see the following clinical guidelines and expectations below:
  1. Phase I Treatment is the minimal and expected level of treatment for all patients treated under the Oral Health Solicitation. Completion of Phase I Treatment reflects that the patient has been moved to stable oral health. Phase I Treatment is complete once all of the following conditions are met and documented:
    - a. Urgent consultations, evaluations, and any second opinions have been completed.
    - b. Periodontal status is stable.
      - i. No pending non-surgical periodontal treatment is needed. Minimally, periodontal treatment must be scheduled already for Phase I treatment to be considered completed.
      - ii. Patient may have slight/mild gingivitis diagnosis.
    - c. All restorative procedures (basic restorations) have been completed.
      - i. There should be no active caries in the patient’s mouth.
    - d. All endodontic procedures have been completed.

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

### FORM CONTRACT # \_\_\_\_\_

- i. There should be no active periapical disease in the patient's mouth.
      - e. All urgent extractions have been completed.
        - i. No active disease state remains in the patient's mouth.
      - f. Each time a new exam/recall is completed, minimally another phase I completion is expected within the chart documentation.
      - g. EXCEPTIONS:
        - i. If the patient declines treatment for any of the above, and that has been properly documented in the chart, Phase I completion should be documented.
        - ii. If the patient has been discontinued or terminated from care.
  - 2. Phase II Treatment must be pre-approved by the County. Phase II completion reflects restoration of complete function and esthetics for the patient that requires laboratory-based treatments. Phase II Treatment is complete once all of the following conditions are met and documented:
    - a. All non-urgent consultations, evaluations, and any second opinions have been completed.
    - b. Elective functional and esthetic restorative procedures have been completed.
    - c. Fixed prosthetic and implant services included in the treatment plan have been completed.
    - d. Any advanced endodontic procedures have been completed.
    - e. All pre-prosthetic and/or elective oral surgery has been completed.
    - f. Removable prostheses have been delivered.
      - i. Patient with accepted fit, function, and esthetics.
    - g. Any orthodontic treatment required has been completed or referred with proper documentation.
    - h. The patient is moved into recall status with documented recall schedule.
    - i. Patient is actively managing their care.
- B. The Contractor must provide one or more of the following services outlined in this section, Article II., Scope of Services, and will be appraised on the performance of the Scope of Services detailed in this section as set forth in Attachment E, Montgomery County DHHS Dental Services Dental Provider Competency Assessments & Annual Performance Appraisal, of this Solicitation:
  - 1. General Dentistry/Pediatric Dentistry
    - a. The Contractor must provide age-appropriate general dentistry/pediatric dentistry services for the clients referred by the County. Services covered under this Contract are limited to those detailed in the Approved Fee Schedule, which is published at:  
<https://montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>  
and fall into the following broad general categories:
      - i. Oral examinations which include oral cancer screening;
      - ii. Diagnostic services;

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

- iii. Preventive dental care;
  - iv. Restorative dental care;
  - v. Oral surgery;
  - vi. Emergency dental care during normal business hours of assigned clinic;
  - vii. Pulpotomy; and
  - viii. Root canal therapy
- b. While providing services at County facilities, the Contractor must be able to perform all dental services within the normal scope of practice for a general dentist, including but not limited to, extractions, root canals, crowns, dentures, and similar services. The Contractor is the professional in charge of and responsible for clinical decisions for the patients in their care and will give guidance, direction, and medical oversight to other staff assisting in that care. The Contractor must provide dental care and treatment that is consistent with industry standard of care and Value Based Care System principles as referred to in the following link: <https://www.carequest.org/topics/value-based-care>. The Contractor must perform their obligations in accordance with high standards of competence, care, and concern for the welfare and needs of the client in accordance with the “Principles of Ethics & Code of Professional Conduct” of the American Dental Association found at the following link: [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/about/ada\\_code\\_of\\_ethics.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/about/ada_code_of_ethics.pdf) and the Board of Dental Examiners referenced in COMAR Title 10 Maryland Department of Health Subtitle 44 Board of Dental Examiners.
- c. The Contractor providing services under this Contract in County dental clinics will be provided dental equipment, instruments, and supplies needed to provide full dental care to County clients, as deemed necessary by the Dental Director or their designee. The Contractor must manage all County dental equipment and property with care and report any damages immediately to the Dental Director or their designee.
- d. The Contractor must complete a statistical form, provided by the County, on each visit of a referred client.
- e. The Contractor must maintain the following licenses, registrations, and certifications, as required by the State of Maryland, and Federal Regulations, during the term of this Contract.
- i. All dentists must have the following:
    - General License to Practice Dentistry as set forth in Health Occupations Article § 4-301, Annotated Code of

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

- Maryland;
    - Pharmacy Permit/License to Dispense Prescription Drugs as set forth in Health Occupations Article § 12-101, Annotated Code of Maryland;
    - Drug Enforcement Administration (DEA) Drug License; and
    - Controlled Dangerous Substance (CDS) Registration
  - ii. If the Contractor provides pediatric dentistry services, in addition to the above, the Contractor must have Board Certification in Pediatric Dentistry as set forth in COMAR § 10.44.14.03.
  - iii. If the Contractor provides services from a mobile dental clinic, in addition to the above, the Contractor must adhere to the Employee Safety Policies that govern the use of facilities, equipment, toxic and hazardous substances, and waste management standards for traditional dental operations and personnel utilization.
  - f. The Contractor must meet MOSH (Maryland Occupational Safety and Health) regulations for blood borne pathogens. Further, the State has adopted the OSHA Standards contained in Title 29 Code of Federal Regulations (CFR), Part 1910, Subpart Z – Toxic and Hazardous Substances, Standard 1910.1030 – Blood borne Pathogens which applies to each type of dental practice.
  - g. The Contractor must provide preventive dentistry procedures (e.g., sealants, silver diamine fluoride, and similar procedures) and interim therapeutic restorations within the scope of Contractor’s license.
  - h. The Contractor must perform services in accordance with the general and direct supervision rules outlined by the Maryland State Board of Dental Examiners (MSBDE).
2. Endodontics
- a. Contractors who are qualified to perform advanced endodontics and who are assigned to perform advanced endodontics by the County under this Contract must provide advanced endodontic services to clients referred by the County including the following:
    - i. Diagnostics;
    - ii. Non-surgical and surgical endodontic treatment and retreatment;

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

- iii. Management of endodontic treatment of medically compromised patients;
    - iv. Emergency treatment of endodontic conditions; and
    - v. Preparation of space for intraradicular restorations in endodontically treated teeth.
  - b. The Contractor must complete a statistical form, provided by the County, on each visit of a referred client.
  - c. Contractors who are providing advanced endodontic services under this Contract must maintain the following licenses, registrations, and certifications, as required by the State of Maryland and Federal Regulations, during the term of this Contract.
    - i. General License to Practice Dentistry as set forth in Health Occupations Article § 4-301, Annotated Code of Maryland;
    - ii. Board Certification in Advanced Endodontics as set forth in COMAR § 10.44.14.03;
    - iii. Pharmacy Permit/License to Dispense Prescription Drugs as set forth in Health Occupations Article § 12-101, Annotated Code of Maryland;
    - iv. DEA Drug License; and
    - v. CDS Registration.
- 3. Periodontics
  - a. Contractors who are qualified to perform advanced periodontics and who are assigned to perform advanced periodontics by the County under this Contract must provide advanced periodontic services to clients referred by the County, including the following:
    - i. Diagnostics;
    - ii. Surgical and nonsurgical management of periodontal diseases and conditions;
    - iii. Periodontal treatment of medically compromised patients;
    - iv. Management of patients with periodontal diseases and interrelated systemic disease or conditions;
    - v. Management of non-plaque related periodontal diseases and disorders of the periodontium.
  - b. The Contractor must complete a statistical form, provided by the County, on each visit of a referred client.
  - c. Contractors who are providing advanced periodontic services under this Contract must maintain the following licenses, registrations, and certifications, as required by the State of Maryland and Federal Regulations, during the term of this Contract.

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

- i. General License to Practice Dentistry as set forth in Health Occupations Article § 4-301, Annotated Code of Maryland;
- ii. Board Certification in Advanced Periodontics as set forth in COMAR § 10.44.14.03;
- iii. General Sedation Permit as set forth in COMAR §10.44.12.03;
- iv. Parenteral Sedation Administration Permit as set forth in COMAR §10.44.18.03;
- v. Pharmacy Permit/License to Dispense Prescription Drugs as set forth in Health Occupations Article § 12-101, Annotated Code of Maryland;
- vi. DEA Drug License; and
- vii. CDS Registration.

#### 4. Oral Surgery

- a. Contractors who are qualified to perform oral surgery and who are assigned to perform oral surgery by the County under this Contract must provide oral surgery services to clients referred by the County including the following:
  - i. Diagnostics;
  - ii. Oral cancer examinations;
  - iii. Extractions/surgical and non-surgical services;
  - iv. Tissue biopsies;
- b. The Contractor must complete a statistical form, provided by the County, on each visit of a referred client.
- c. Contractors who are providing oral surgery services under this Contract must maintain the following licenses, registrations, and certifications, as required by the State of Maryland and Federal Regulations, during the term of this Contract.
  - i. General License to Practice Dentistry as set forth in Health Occupations Article § 4-301, Annotated Code of Maryland;
  - ii. Board Certification in Advanced Oral Surgery as set forth in COMAR § 10.44.14.03;
  - iii. General Sedation Permit as set forth in COMAR §10.44.12.03;
  - iv. Parenteral Sedation Administration Permit as set forth in COMAR §10.44.18.03;
  - v. Pharmacy Permit/License to Dispense Prescription Drugs as set forth in Health Occupations Article § 12-101, Annotated Code

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

- of Maryland;
- vi. DEA Drug License; and
- vii. CDS Registration.

### 5. Dental Hygiene

- a. The Contractor must provide dental hygiene services to clients referred by the County, including the following:
  - i. Preventive dental care;
  - ii. Other Oral hygiene services, (including, but not limited to periodontal care);
  - iii. Oral health education;
  - iv. Oral health screenings; and
  - v. Care plan coordination.
- b. Contractors who are providing dental hygiene services under this Contract must maintain a General License to Practice Dental Hygiene as set forth in Health Occupations Article § 4-301, Annotated Code of Maryland.
- c. The Contractor must have the capacity to travel to various locations in Montgomery County during each day the Contractor provides services under the Contract.
- d. The Contractor who possesses a Registered Dental Hygienist license must be willing to work under the general and direct supervision rules outlined by the MSBDE.
- e. The Contractor who possesses a Registered Dental Hygienist license must take x-rays of clients within practice scope independent of a Dental Assistant. Dental Assistants are not guaranteed to be assigned to a Registered Dental Hygienist but will be assigned based on availability.

### 6. Related Oral Health Services

- a. At the request of the County, the Contractor must provide oral health consultations to the County.
- b. At the request of the County, the Contractor must provide oral health education group presentations, at a time and place to be selected by the County with the Contractor's input as to scheduling.
- c. The sessions for related oral health services (consultations and education) are billable at the hourly rate for each oral health professional in accordance with the rates as set forth under Article VI. Compensation, Paragraph B, of this Contract.

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

- C. The Contractor must provide services to County-referred clients at various locations in Montgomery County, including but not limited to the following locations:
1. Montgomery County Public Health Clinics:
    - Germantown
    - Rockville
    - Silver Spring – three locations
    - Montgomery County Public Schools (MCPS)
    - Mobile health clinic
  2. Montgomery County Public Schools
  3. Montgomery County DHHS Mobile Health Clinic
  4. Contractor’s private dental office; referrals must be approved by the County; or
  5. Contractor’s mobile dental clinic; referrals must be approved by the County.
- D. The Contractor must maintain compliance with the federal Physician Self-Referral Law (“Stark Law”) and Anti-Kickback Statute (“AKS”). In accordance with this law, the Contractor must comply with the following:
1. The Contractor is prohibited from accepting referrals or performing services on clients referred from County facilities or programs to a private practice or clinic operated and owned by the Contractor while working in DHHS clinics.
  2. The Contractor is prohibited from accepting referrals or performing services on clients referred from the County programs and affiliated entities with which the Contractor or immediate family member has a financial relationship while working in DHHS clinics.
  3. Any known or suspected violations of the Stark Law or AKS by the Contractor must be reported, investigated, and remediated in accordance with applicable laws and County compliance policies.
- E. Dental Settings and Client Choice or Assignment
1. Contractors who will provide services to County-referred clients in a private dental office will be placed on a list of current contracts for Oral Health Services. Providers will be assigned clients on a rotating basis with additional consideration for geographic location required by the client, nature of service required by the client, and language needs of the client.
  2. Contractors who will provide services in one of the County’s Public Health Clinics will be assigned work by the County on a rotating basis, in accordance with the County’s need for services at each clinic site and the Contractor’s availability to provide the required services to the County.
  3. Contractors who will provide services to County-referred clients in a Mobile Dental Clinic will be assigned work by the County on a rotating basis with additional consideration for geographic location required by the client, nature of service required by the client, and language needs of the client.

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

4. Related Oral Health Services – Upon request of the County, Contractors may be asked to provide oral health consultations including, but not limited to, continuing education, peer review activities and provider meetings and/or health education group presentations. In either case, these County-requested consultations and presentations will be paid at the hourly rate established for each oral health professional as set forth under Article VI. - Compensation of this Contract.

### III. MINIMUM QUALIFICATIONS

All applicants meeting the minimum requirements listed below will be eligible to receive a contract. The Contractor must comply with these “Minimum Qualifications” for the duration of the contract term.

- A. Two years of experience in the practice of public health dentistry is preferred. Applicants may substitute possession of a Master’s degree in Public Health for one year of the preferred experience. Candidates may substitute U.S. Armed Forces military service experience as a commissioned officer in Dental Officer classifications or Dental Corpsman or Officer specialty codes in the dental field of work on a year-for-year basis for the required experience.
- B. All applicants must possess the appropriate and required licenses, registrations, and certifications, listed below, as required by the State of Maryland and Federal Regulations for professional oral health practitioners.
  1. General Dentistry/Pediatric Dentistry
    - a. All dentists must have the following:
      - i. General License to Practice Dentistry as set forth in Health Occupations Article § 4-301, Annotated Code of Maryland;
      - ii. Pharmacy Permit/License to Dispense Prescription Drugs as set forth in Health Occupations Article § 12-101, Annotated Code of Maryland;
      - iii. DEA Drug License; and
      - iv. CDS Registration.
    - b. Pediatric dentists in addition to the above must have Board Certification in Pediatric Dentistry as set forth in COMAR 10.44.14.03.
    - c. Mobile dental clinics, in addition to the a. and b. above, must meet the Employee Safety Policies that govern use of facilities, equipment, toxic and hazardous substances, and waste management standards for traditional dental operations and personnel utilization.

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

- d. Must meet MOSH regulations for blood borne pathogens. Further, the State has adopted the OSHA Standards contained in Title 29 Code of Federal Regulations (CFR), Part 1910, Subpart Z – Toxic and Hazardous Substances, Standard 1910.1030 – Blood borne Pathogens which applies to each type of dental practice.
  2. Dental Hygiene  
  
General License to Practice Dental Hygiene as set forth in Health Occupations Article § 4-301, Annotated Code of Maryland.
  3. Oral Surgery  
  
All dentists practicing oral surgery must have the following:
    - a. General License to Practice Dentistry as set forth in Health Occupations Article § 4-301, Annotated Code of Maryland;
    - b. Board Certification in Oral Surgery as set forth in COMAR 10.44.14.03;
    - c. General Sedation Permit as set forth in Health Occupations COMAR §10.44.12.03;
    - d. Parenteral Sedation Administration Permit as set forth in COMAR §10.44.18.03;
    - e. Pharmacy Permit/License to Dispense Prescription Drugs as set forth in Health Occupations Article § 12-101, Annotated Code of Maryland;
    - f. DEA Drug License; and
    - g. CDS Registration.
- C. All applicants must accept the County's fee structure that is detailed in Article VI. Compensation of this Contract.
- D. All Contractors must comply with the County's mandatory insurance requirements as set forth under Article IX. General Conditions and Insurance of this Contract and must provide an insurance certificate(s) evidencing the required insurance coverage.
- E. All Contractors must have established organizational policies to assure compliance with all Health Insurance Portability and Accountability Act (HIPAA) regulations and other applicable State, local, and federal laws and regulations governing the confidentiality of medical records.

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

- F. The Contractor must provide two weeks' advance notice for leave requests and submit the request in the County designated system, unless sick or under the care of a physician. If under the care of a physician, a physician's note is needed to approve sick leave.
1. If sick leave is approved, the Contractor must prove fitness to return to work if on sick leave for more than two weeks due to illness. Proof of fitness must be in accordance with OSHA mandated fit-testing, and proviso physician's note according to regulations.
- G. The Contractor must comply with Department of Health and Human Services Background Check Policy requirements for staff, contractors, subcontractors, and volunteers serving clinic patients (please see link below for policy).
- <https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>
- Each applicant must have a background investigation and a full criminal history records check, completed before starting work on a DHHS contract. DHHS requires that investigations are required only once every five years unless there is a break in service greater than 120 days. If there is a break in service greater than 120 days, the entire background investigation must be performed again.
- H. The Contractor must be available to answer calls after hours or days when the Contractor is not scheduled to work for patients that have been recently treated.
- I. All providers under this Solicitation must provide oral health services for all age groups.
- J. If a Contractor's position becomes a County merit position, then the County reserves the right to unilaterally terminate this Contract with 10 days' written notice.
- K. The Contractor's dental license must not be under disciplinary action, suspension or revocation. The Contractor must not be declared ineligible, or voluntarily excluded from the provision of health care/medical services by any federal, state, or local governmental agency.

#### IV. QUALITY ASSURANCE

- A. The Contractor must comply with the County's quality assurance measures. This includes permitting the County to conduct on-site visits, chart reviews, and reviews or requests for other data related to the services provided under this Contract.
- B. In the case of a Contractor with employees or consultants who are utilized to serve County clients under this Contract, the Contractor must verify the medical certification of each of its clinical employees or consultants each year and must maintain a copy of these credentials on file. The required medical certification is detailed in this Article II.

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

### FORM CONTRACT # \_\_\_\_\_

Scope of Services for each type of professional. The Contractor must provide the County access to these documents upon request.

- C. The Contractor must verify and maintain a copy of the current medical liability insurance of each of its employees or consultants who are utilized by the Contractor to serve County clients under this Contract. The Contractor must provide the County access to these documents upon request.
- D. The Contractor must document all patient encounters, including treatment notes, diagnoses, and any relevant clinical information in the Electronic Health Record (EHR) system within 72 hours of each patient visit. Documentation must be accurate record-keeping in compliance with clinical and regulatory standards.
- E. The Contractor must ensure that all billing is accurate, timely, and in compliance with applicable coding and regulatory guidelines. All claims for services rendered must be submitted within 72 hours of the patient visit and based on documented care in the Electronic Health Record (EHR). Any discrepancies or errors in billing must be promptly addressed and corrected.
- F. The Contractor must maintain individual patient records that are sufficiently detailed and current to allow, if necessary, another dentist who is unfamiliar with the patient to properly continue treatment in the absence of the initial service provider.
- G. The Contractor must follow professionally accepted standards of dentistry.
- H. The Contractor must comply with and must ensure that all employees and or consultants utilized by the Contractor for the performance of services under this Contract comply with the Federal Americans with Disabilities Act, and the MOSH Administration regulations.
- I. The Contractor must participate in an appraisal of performance under the Contract, to include appraisals from other staff and contractors providing services under this Contract. The Contractor must also provide appraisals of other staff and Contractors providing services under this Open Solicitation. The rating from an appraisal and patient satisfaction surveys may affect contract renewal or provide for the Contract's termination. For more information regarding the appraisal, please see Attachment E, , DHHS Dental Provider Competency Assessments and Annual Performance Appraisal.
- J. The Contractor must utilize a County e-mail address and correspond with patients, staff, and other contractors utilizing the County's e-mail system. The Contractor's email "signature" must indicate that Contractor is working as a contractor to the County.
- K. The Contractor must respond to patient inquiries, clinical alerts, and other communications received through the Electronic Health Record (EHR) messaging system within 48 hours.
- L. The Contractor must be credentialed or submit an application to be credentialed as a provider for any insurance program accepted by the County for performance of services under this Contract within thirty (30) days of hire.

# OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

## V. OUTCOMES AND PERFORMANCE MEASURES

A. The County has established performance expectations and standards of clinical compliance for providers working under this contract detailed below. Annual review of the contractor's performance standards and clinical compliance will be measured by the criteria outlined in Attachment E for DHHS Clinic practitioners, Montgomery County DHHS Dental Clinical Services Dental Provider Competency Assessments & Annual Performance Appraisal or Attachment F for non DHHS clinic practitioners, Montgomery County DHHS Montgomery County DHHS Dental Provider Annual Audit:

### i. Credentialling

- Maintains current licensure, board certifications, DEA and/or any additional appropriate professional licensure relating to direct clinical care
- Affiliation with Dental Insurances Accepted by DHHS (DHHS clinic practitioners only)
- Disclosure of Data Bank Notations
- Current continuing education requirements required for licensure
- Current malpractice coverage

### ii. Clinical Quality

- Compliant with OSHA guidelines
- Participation in DHHS quality assurance and quality insurance audits, e.g. dental record audits/peer reviews, Onsite Audit as part of normal contract monitoring efforts(non DHHS clinic practitioners only)
- Follows Scope of Practice per Maryland State Board of Dental Examiners and that outlined in this Oral Health Solicitation
- Delegates procedures and functions to the extent permissible by MSBDE as related to public health and general/direct supervision of auxiliary dental staff (DHHS clinic practitioners only)
- Follows DHHS Dental Program Clinical Guidelines (DHHS Clinic practitioners only)

### iii. Efficiency and Productivity

- Demonstrates efficiency and/or productivity in the following areas; General Dentistry (Diagnostic and Restorative), Public Health Dentistry and Board Certified Specialty of Dentistry (Pediatric Dentistry, Oral Surgery, Endodontics, Periodontics, etc.)
- Service Standards and Performance Metrics

### iv. Customer Relations and Clinical Satisfaction

- Grievances, surveys or observations
- Professional behavior of provider and/or staff
- Culturally competent of patients and/or staff

### v. Practice Management

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT # \_\_\_\_\_**

- Timely submission of invoices (non DHHS clinic practitioners only)
- Coding/billing/regulation compliance
- Safety adherence/promotion

B. A. The County has established the following service standards and performance metrics to measure work performed under this Contract. The performance measures will be measured annually and are guides to improving healthcare outcomes for Montgomery County residents participating in the County dental program:

Service Standard	Performance Measures
<p>A. Oral Examination Clinical oral evaluations include evaluation, diagnosis, and treatment planning. A patient must have either an initial comprehensive oral exam or a periodic recall oral evaluation once per year, such as:</p> <ul style="list-style-type: none"> <li>• Comprehensive oral evaluation, to include bitewing x-rays, new or established patients;</li> <li>• Periodic Oral Evaluation to include bitewing x-rays established patient;</li> <li>• Detailed and Extensive Oral Evaluation, problem-focused by report;</li> <li>• Re-evaluation, limited, problem-focused (established patient; not post-operative visit); or</li> <li>• Comprehensive Periodontal Evaluation, new or established patient.</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of oral health patients with a documented oral examination completed within the measurement year in the client’s primary oral health record.</li> </ul>
<p>B. Periodontal Screening or Examination A periodontal screen shall include the assessment of medical and dental histories, the quantity and quality of attached gingival, bleeding, tooth mobility, and a radiological review of the status of the periodontium and dental implants. A comprehensive periodontal examination includes:</p> <ul style="list-style-type: none"> <li>• Evaluation of periodontal conditions;</li> <li>• Evaluation and recording of dental caries;</li> <li>• Evaluation and recording of missing or unerupted teeth;</li> <li>• Evaluation and recording of restorations;</li> <li>• Evaluation and recording of occlusal relationships;</li> <li>• Evaluation of oral cancer;</li> <li>• Probing and charting;</li> <li>• Evaluation and recording of the patient’s dental and medical history; and</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of oral health patients who had a periodontal screen or examination at least once in the measurement year</li> <li>• Patient Exclusions:               <ul style="list-style-type: none"> <li>○ Patients who had only an evaluation or treatment for a dental emergency in the measurement year<sup>4</sup></li> <li>○ Edentulous patients (complete)</li> <li>○ Patients who were &lt;13 years of age</li> </ul> </li> </ul>

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT # \_\_\_\_\_**

<ul style="list-style-type: none"> <li>• General health assessment.</li> </ul> <p>Some forms of periodontal disease may be more severe in individuals with immune system disorders. Patients with HIV may have especially severe forms of periodontal disease. The incidence of necrotizing periodontal diseases may increase in patients with acquired immune deficiency syndrome (AIDS).</p>	
<p><b>C. Dental Treatment Plan</b>  A dental treatment plan that includes preventive care, maintenance, and elimination of oral pathology shall be developed and discussed with the patient. Various treatment options shall be discussed and developed in collaboration with the patient. A treatment plan appropriate for the patient’s health status, financial status, and individual preference must include as clinically indicated:</p> <ul style="list-style-type: none"> <li>• Provision for the relief of pain;</li> <li>• Elimination of infection;</li> <li>• Preventive plan component;</li> <li>• Periodontal treatment plan if necessary;</li> <li>• Elimination of caries;</li> <li>• Replacement or maintenance of tooth space or function;</li> <li>• Consultation or referral for conditions where treatment is beyond the scope of services offered;</li> <li>• Determination of adequate recall interval;</li> <li>• Invasive Procedure Risk Assessment (before oral surgery, extraction, or other invasive procedure);</li> <li>• The dental treatment plan will be signed by the oral care health professional providing the services. (Electronic signatures are acceptable)</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of oral health patients who had a dental treatment plan developed or updated at least once in the measurement year</li> </ul>
<p><b>D. Phase 1 Treatment Plan</b>  Phase 1 treatment includes prevention, maintenance, and elimination of oral pathology that results from dental caries or periodontal disease. This includes:</p> <ul style="list-style-type: none"> <li>• Restorative treatment;</li> <li>• Basic periodontal therapy (nonsurgical);</li> <li>• Basic oral surgery that includes extractions and biopsy;</li> <li>• Non-surgical endodontic therapy; and</li> <li>• Space maintenance and tooth eruption</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of oral health patients with a Phase 1 treatment plan completed within 12 months</li> </ul>

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT # \_\_\_\_\_**

<p>guidance for transitional dentition. A Phase 1 treatment plan will be established and updated annually to include diagnostic, preventive, and therapeutic services that will be provided. The Phase 1 treatment plan, if the care was completed on schedule, is completed within 12 months of initiating treatment.</p>	
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- C. The Contractor must collaborate with the County in its efforts to gather outcome and performance measurements. As a part of this effort, the Contractor must submit statistical forms as required by this Contract. The County will aggregate the statistics received from the Contractor in order to measure performance of the program in meeting the outcomes related to this Contract.
- D. If requested to do so by the County, the Contractor must distribute a County- prepared customer satisfaction postcard to County-referred clients.

**VI. COMPENSATION**

- A. The County will set forth the compensation rate on a Fixed Rate Schedule for Contracts awarded as a result of Open Solicitation #1155406. These rates are included to this open solicitation as Attachment D and will also be posted on the DHHS website at: <https://montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>

In the event these rates change, within 30 days of the effective date, the Department of Health and Human Services' Director or her/his designee will promptly notify the Director, Office of Procurement and the Contractor and forward the updated Rate Schedule, indicating the effective date of the new rates.

No services will be performed or compensated under this Contract prior to the execution of a County Purchase Order and the Contractor's receipt of said County Purchase Order containing a maximum compensation amount. The County will compensate the Contractor only up to the amount stated in the purchase order(s) issued to the Contractor. The maximum amount payable under this Contract must not exceed the total amount shown on the purchase order(s) issued to the Contractor for that fiscal

- B. The County, depending on the provider's clinic setting will pay the Contractor either:
  - 1. the fixed hourly rate according to the type of dental professional providing services at County's facilities and programs in Montgomery County, including oral health presentations or consultations designated by the County for the provision of services in accordance with Section I. Dental Contractor's Hourly Rates of the Approved Fee Schedule.
  - 2. a fixed fee-for-service schedule that includes a list of compensable services for services provided at the Contractor's private dental office or mobile dental clinic in accordance with Section II, III, and IV of the Approved Fee Schedule.

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

3. For mobile dental services on site, at homeless shelters only, the Contractor may add an additional 5% to the Mobile Dental Clinic fee schedule stated in Attachment D to cover the intensive case coordination with the Health Care for the Homeless staff.
- C. The Contractor must not charge any fees or co-payments for services provided under this Contract to County-referred clients except as approved in advance by the County. However, if a client needs services beyond the Scope of Services of this Contract or if the service is within the Scope of Services of this contract but beyond the level of funding available to the client, the Contractor and the client may negotiate a separate agreement for services which in no way obligates additional funds to be paid to the Contractor from the County. If such an agreement is made, the County assumes no responsibility for the collection of fees under such an agreement and Contractor is solely responsible for collection of client fees from the client.
- D. The County will issue Purchase Order(s) to the Contractor to cover payment for services provided to County-referred clients. No services under this Contract may begin until the Contractor receives from the County a Purchase Order. The Contractor must not perform any services other than the amount stated on the Purchase Order. The County will not pay the Contractor for services performed that exceed the Purchase Order amount(s) issued under this Contract. The Contractor is responsible for monitoring services it performs and charges against the issued Purchase Order(s) to ensure that it does not perform services in the amount other than referenced in the issued Purchase Order(s).
- E. Compensation to the Contractor must not exceed funds encumbered to this Contract in the Purchase Order issued to the Contractor.
- F. For services provided at Montgomery County facilities and programs (i.e., Montgomery County DHHS Mobile Clinic, Montgomery County Dental Clinics, MCPS, etc.), the Contractor will be compensated at a fixed hourly rate as set forth in Article VI, Compensation, Paragraph B.1. For services provided at the Contractor's private dental office or mobile dental clinic, the County will compensate the Contractor at the fixed-fee for service as set forth in Article VI, Compensation, Paragraph B.2.

### VII. INVOICES

- A. The Contractor must submit a monthly invoice to the County in a format approved by the County. Invoices must be submitted within 15 days of the close of each month. All invoices must be submitted to the Contract Monitor, Dental Services, Public Health Services, Department of Health and Human Services. The County will endeavor to pay the Contractor within 30 days of receipt and acceptance and approval of the Contractor's correct and accurate invoice and required documentation.
- B. The Contractor's invoice must be accompanied by the following:
  1. for services provided at County facilities and programs (i.e. dental clinics, school based health centers), a record of hours and dates of service, approved and signed by appropriate County staff, and completed patient visit statistical reports on County form; and

OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

- 2. for services provided at the Contractors private dental office or mobile dental clinic, a completed patient visit statistical report on an ADA (American Dental Association) approved form with CDT (Code on Dental Procedures and Nomenclature) codes, with a description of the service provided, the approved fee-for-service rate for the service(s) rendered and total amount due for each service rendered to each client for each visit and summary of the total due for services rendered to all clients during the invoiced period.

VIII. TERM

This Contract is effective on the date indicated on the signature page, and terminates after two (2) years. Before the Contract term ends, and subject to fiscal appropriations, the Director may (but is not required to) renew this Contract, if the Director determines that renewal is in the best interests of the County. Contractor’s satisfactory performance does not guarantee renewal of this Contract. The Director may exercise this option to renew for two (2) times for two (2) years each.

IX. GENERAL CONDITIONS AND INSURANCE

The attached General Conditions of Contract Between County and Contractor (Attachment A) are incorporated by reference and made part of this Contract. The following insurance requirements supersede those outlined in Provision 21, Insurance, of the General Conditions.

Prior to the execution of the contract by the County, the Contractor must obtain, at their own cost and expense, the following *minimum* (not maximum) insurance coverage with an insurance company/companies licensed to conduct business in the State of Maryland and acceptable to the Division of Risk Management. This insurance must be kept in full force and effect during the term of this contract, including all extensions. The insurance must be evidenced by a certificate of insurance, and if requested by the County, the Contractor shall provide a copy of the insurance policies and additional insured endorsements. The minimum limits of coverage listed below shall not be construed as the maximum as required by contract or as a limitation of any potential liability on the part of the Contractor to the County nor shall failure to request evidence of this insurance in any way be construed as a waiver of Contractor’s obligation to provide the insurance coverage specified. The Contractor’s insurance shall be primary with the County’s being non-contributory.

Commercial General Liability

A minimum limit of liability of **one million dollars (\$1,000,000), per occurrence, and two million (\$2,000,000) aggregate**, for bodily injury, personal injury and property damage coverage per occurrence including the following coverages:

- Contractual Liability
- Premises and Operations
- Independent Contractors & Subcontractors
- Products and Completed Operations
- Sexual Molestation and Abuse – **\$1,000,000 limit required unless provided within Professional Liability coverage**

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT # \_\_\_\_\_**

Business Automobile Liability – can be waived if contractor is not operating a Mobile clinic

A minimum limit of liability of **one million dollars (\$ 1,000,000)**, combined single limit, for bodily injury and property damage coverage per occurrence including the following:

Owned automobiles

Hired automobiles

Non-owned automobiles

Worker's Compensation/Employer's Liability – can be waived if contractor is a sole proprietor

Meeting all statutory requirements of the State of Maryland Law and with the following minimum Employers' Liability limits:

***Bodily Injury by Accident - \$100,000 each accident***

***Bodily Injury by Disease - \$500,000 policy limits***

***Bodily Injury by Disease - \$100,000 each employee***

Professional Liability (Errors and Omissions Liability)

The policy shall cover professional errors and omissions, negligent acts, misconduct or lack of ordinary skill during the period of contractual relationship and services rendered with the County with a limit of liability of at least:

***Each Claim***

***\$1,000,000***

***Annual Aggregate \$2,000,000***

Sexual Molestation and Abuse – **\$1,000,000 limit required unless provided within *Commercial General Liability coverage***

*In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of three (3) years beginning at the time work under this Contract is completed.*

Subcontractor Requirements

Unless otherwise stated below the proposed awardee/contractor shall require all subcontractors to obtain, and maintain, insurance with limits equal to, or greater, than those limits required within the contract.

Additional Insured

Montgomery County, Maryland, its elected and appointed officials, officers, consultants, agents and employees, must be included as an additional insured on an endorsement to Contractor's commercial general, automobile insurance, and contractor's excess/umbrella insurance policies, if used to satisfy the Contractor's minimum insurance requirements under this contract, for liability arising out of contractor's products, goods and services provided under this contract. The stipulated limits of coverage above shall not be construed as a limitation of any potential liability of the contractor. Coverage pursuant to this Section shall not include any provision that would bar, restrict, or preclude coverage for claims by Montgomery County against Contractor, including but not limited to "cross-liability" or "insured vs insured" exclusion provisions.

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT # \_\_\_\_\_**

Policy Cancellation

Should any of the above policies be cancelled before the expiration date thereof, written notice must be delivered to the County in accordance with the policy provisions.

Certificate Holder

Montgomery County, Maryland  
Dept of Health & Human Services  
401 Hungerford Dr., 6<sup>th</sup> Floor  
Rockville, MD 20850

**X. PRIORITY OF DOCUMENTS**

The following documents are incorporated by reference and made a part of this Contract and are listed in the following order of precedence to be applied in the event of a conflict in their term:

1. This Contract Document;
2. The General Conditions of Contract Between County and Contractor;  
Attachment A
3. The County's Business Associate Agreement; Attachment B
4. Vendor Information Form; Attachment C
5. Rate Schedule; Attachment D
6. DHHS Dental Provider Competency Assessments and Annual Performance  
Appraisal; Attachment E

- Signature Page follows -

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT # \_\_\_\_\_**

**Oral Health Services Open Solicitation #1155406**

**Form Contract #**

This Contract, which incorporates by reference: the Approved Form Contract with the attached General Conditions of Contract Between County and Contractor, and all required forms under Priority of Documents, is effective on \_\_\_\_\_ by and between \_\_\_\_\_, hereinafter referred to as the "Contractor" and Montgomery County, Maryland, hereinafter referred to as the "County".by signature of the Director, Office of Procurement. This Contract and any renewals or extensions of this Contract are subject to the appropriation of funds.

**Part A: Contractor's Offer to Provide Services:**  
(Prospective Contractor Must Complete)

**Contracting Corporation, Partnership,  
Limited Liability Company, Sole  
Proprietorship OR Individual**

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Part B: County Acceptance:**

**MONTGOMERY COUNTY, MARYLAND**

\_\_\_\_\_  
Avinash G. Shetty, Director  
Office of Procurement

\_\_\_\_\_  
Date

**RECOMMENDATION**

\_\_\_\_\_  
James C. Bridgers, Jr., Ph.D., MBA., Director  
Department of Health and Human Services

\_\_\_\_\_  
Date

This form has been approved as to form and  
legality by the Office of the County Attorney

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT # \_\_\_\_\_**

**ATTACHMENT C**

**VENDOR INFORMATION FORM**

**Oral Health Services  
Open Solicitation # 1155406**

Please review and complete the following information for the above-referenced service.

\_\_\_\_\_  
Legal Name of Firm or Individual

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Tax Identification Number (TIN) or SSN

\_\_\_\_\_  
Email

(Note: if applicant does not have a TIN, the County will require the applicant's Social Security Number in order to make payments for services rendered by the applicant in accordance with the resulting contract.)

Attach a curriculum vitae or brief narrative not to exceed two pages (see Instructions, Submission Documents, A) evidencing the required two years of experience working with public health dental programs. Please include this as part of the overall narrative (see Instructions, Submission Documents, F) as documentation of your experience.

**Licenses/Certifications**

**Language Proficiency**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT # \_\_\_\_\_**

**ATTACHMENT D  
Open Solicitation #1155406  
Oral Health-Services  
Fee Schedule  
Montgomery County Rates for FY2025**

Contractors providing dental services in one or more of the County's facilities or other public and non-public sites and providing oral health presentations or consultations will be paid based on invoices using the following pay scale:

<b>I. DENTAL CONTRACTOR'S HOURLY RATES</b>		
	<b>Profession</b>	<b>Dollar/Hour</b>
	General Dentist	\$85.00
	Pediatric Dentist	\$125.00
	Periodontist	\$125.00
	Endodontist	\$125.00
	Oral Surgeon	\$175.00
	Dental Hygienist	\$58.00
	Addition to hourly rate if County requires chair side assistant	\$21.00

**II. DENTAL FEES FOR PRIVATE DENTAL OFFICES**

<b>Code</b>	<b>Description</b>	<b>Fee</b>
	<b><u>Diagnostic</u></b>	
<u>D0120</u>	<u>Periodic oral evaluation - Established Patient</u>	<u>\$39</u>
<u>D0140</u>	<u>Limited Oral Evaluation</u>	<u>\$50</u>
<u>D0150</u>	<u>Comprehensive Oral Evaluation – New or Established Patient</u>	<u>\$56</u>
<u>D0180</u>	<u>Comprehensive Periodontal Evaluation – New Or Established Patient</u>	<u>\$60</u>
<u>D0411</u>	<u>HbA1c In-Office Point of Service Testing</u>	<u>\$29</u>
<u>D0412</u>	<u>Blood Glucose Level Test- In-Office using a Glucose Meter</u>	<u>\$29</u>
<u>D0460</u>	<u>Pulp Vitality Tests</u>	<u>\$10</u>
<u>D0601</u>	<u>Caries Risk Assessment and Documentation- low risk</u>	<u>\$10</u>
<u>D0602</u>	<u>Caries Risk Assessment and Documentation- medium risk</u>	<u>\$10</u>
<u>D0603</u>	<u>Caries Risk Assessment and Documentation- high risk</u>	<u>\$10</u>
	<b><u>Diagnostic Imaging</u></b>	
<u>D0270</u>	<u>Bitewing- Single Radiographic Image</u>	<u>\$15</u>
<u>D0272</u>	<u>Bitewings- Two Radiographic Images</u>	<u>\$35</u>
<u>D0273</u>	<u>Bitewings- Three Radiographic Images</u>	<u>\$39</u>
<u>D0274</u>	<u>Bitewings- Four Radiographic Images</u>	<u>\$48</u>
<u>D0210</u>	<u>Intraoral - Complete Series of Radiographic Images</u>	<u>\$101</u>
<u>D0220</u>	<u>Intraoral – Periapical First Radiographic Image</u>	<u>\$22</u>
<u>D0230</u>	<u>Intraoral – Periapical Each Additional Radiographic Image</u>	<u>\$17</u>
<u>D0330</u>	<u>Panoramic Radiographic Image</u>	<u>\$91</u>
	<b><u>Preventative Care</u></b>	
<u>D1110</u>	<u>Prophylaxis – Adult (Permanent Dentition)</u>	<u>\$74</u>
<u>D1206</u>	<u>Topical Application of Fluoride Varnish</u>	<u>\$18</u>
<u>D1310</u>	<u>Nutritional Counseling for Control of Dental Disease</u>	<u>\$42</u>
<u>D1320</u>	<u>Tobacco Counselling for the Control and Prevention of Oral Disease</u>	<u>\$42</u>
<u>D1330</u>	<u>Oral Hygiene Instructions</u>	<u>\$37</u>
<u>D1351</u>	<u>Sealant – Per Tooth</u>	<u>\$34</u>

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

D1354	<u>Interim Caries Arresting Medicament application – per tooth</u>	<u>\$25</u>
D1510	<u>Space maintainer-Fixed, Unilateral</u>	<u>\$120.00</u>
D1516	<u>Space maintainer-Fixed Bilateral, Maxillary</u>	<u>\$210.00</u>
D1517	<u>Space maintainer – Fixed Bilateral, Mandibular</u>	<u>\$210.00</u>
D1520	<u>Space maintainer – Removable - Unilateral</u>	<u>\$100.00</u>
D1526	<u>Space maintainer- Removable – Bilateral, Maxillary</u>	<u>\$160.00</u>
D1527	<u>Space maintainer – Removable – Bilateral, mandibular</u>	<u>\$160.00</u>
D1553	<u>Re-cement or re-bond unilateral space maintainer-per quadrant</u>	<u>\$24.00</u>
D1556	<u>Removal of fixed unilateral space maintainer – per quadrant</u>	<u>\$25.00</u>
	<b><u>Basic Restorative Care</u></b>	
D2140	<u>Amalgam – One Surface, Permanent</u>	<u>\$72</u>
D2150	<u>Amalgam – Two Surfaces, Permanent</u>	<u>\$90</u>
D2160	<u>Amalgam – Three Surfaces, Permanent</u>	<u>\$106</u>
D2161	<u>Amalgam – Four or More Surfaces, Permanent</u>	<u>\$110</u>
D2330	<u>Resin-Based Composite - One Surface, Anterior</u>	<u>\$93</u>
D2331	<u>Resin-Based Composite – Two Surfaces, Anterior</u>	<u>\$118</u>
D2332	<u>Resin-Based Composite – Three Surfaces, Anterior</u>	<u>\$143</u>
D2335	<u>Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)</u>	<u>\$181</u>
D2391	<u>Resin-Based Composite – One Surface, Posterior</u>	<u>\$109</u>
D2392	<u>Resin-Based Composite – Two Surfaces, Posterior</u>	<u>\$132</u>
D2393	<u>Resin-Based Composite – Three Surfaces, Posterior</u>	<u>\$166</u>
D2394	<u>Resin-Based Composite – Four or More Surfaces, Posterior</u>	<u>\$205</u>
D2920	<u>Recement or re-bond crown</u>	<u>\$27</u>
D2930	<u>Prefabricated Stainless Steel Crown – Primary Tooth</u>	<u>\$180</u>
D2931	<u>Prefabricated Stainless Steel Crown- Permanent Tooth</u>	<u>\$200</u>
D2940	<u>Protective Restoration</u>	<u>\$50</u>
D2950	<u>Core Build-Up, Including, any pins required</u>	<u>\$150</u>
D2952	<u>Post and core in addition to crown, indirectly fabricated</u>	<u>\$300</u>
D2954	<u>Prefabricated post and core in addition to crown</u>	<u>\$200</u>
	<b><u>Fixed Prosthodontics (including routine post-op delivery care)</u></b>	
D2740	<u>Crown-porcelain/ceramic substrate</u>	<u>\$606</u>
D2752	<u>Crown-porcelain fused to noble metal</u>	<u>\$646</u>
	<b><u>Endodontic Care</u></b>	
D3110	<u>Pulp Cap Direct (including final restoration)</u>	<u>\$17</u>
D3120	<u>Pulp Cap Indirect (including final restoration)</u>	<u>\$37</u>
D3310	<u>Endodontic Therapy, Anterior Tooth (excluding final restoration)</u>	<u>\$345</u>
D3320	<u>Endodontic Therapy, Premolar Tooth (excluding final restoration)</u>	<u>\$420</u>
D3330	<u>Endodontic Therapy, Molar Tooth (excluding final restoration)</u>	<u>\$500</u>
	<b><u>Periodontic Care</u></b>	
D4341	<u>Periodontal Scaling and Root Planing- 4 or more teeth per quadrant</u>	<u>\$98</u>
D4342	<u>Periodontal Scaling and Root Planing- 1 to 3 teeth per quadrant</u>	<u>\$78</u>
D4210	<u>Gingivectomy or Gingivoplasty-Four or more contiguous teeth or tooth bounded spaces per quadrant</u>	<u>\$250.00</u>
D4211	<u>Gingivectomy or Gingivoplasty-One to three contiguous teeth or tooth bounded spaces per quadrant</u>	<u>\$150.00</u>
D4230	<u>Anatomical Crown Exposure-Crown Exposure-Four or more contiguous teeth or tooth per quadrant</u>	<u>\$250.00</u>
D4231	<u>Anatomical Crown Exposure-Crown Exposure-One to three contiguous teeth or</u>	<u>\$150.00</u>

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

	<u>tooth per quadrant</u>	
D4240	<u>Gingival Flap Procedure, Including Root Planing- Four or more contagious teeth or tooth per quadrant</u>	<u>\$250.00</u>
D4241	<u>Gingival Flap Procedure, Including Root Planing- One to three contagious teeth or tooth per quadrant</u>	<u>\$150.00</u>
D4249	<u>Clinical Crown Lengthening – Hard Tissue</u>	<u>\$225.00</u>
D4260	<u>Osseus Surgery - Four or more contagious teeth or tooth per quadrant</u>	<u>\$550.00</u>
D4261	<u>Osseus Surgery – One to three contagious teeth or tooth per quadrant</u>	<u>\$350.00</u>
	<b><u>Removable Prosthodontic Service (including routine post-op delivery care)</u></b>	
D5110	<u>Complete Denture- Maxillary</u>	<u>\$1250</u>
D5120	<u>Complete Denture- Mandibular</u>	<u>\$1250</u>
D5211	<u>Maxillary Partial Denture- resin base (includes clasps, rests and teeth)</u>	<u>\$619</u>
D5212	<u>Mandibular Partial Denture- resin base (includes clasps, rests and teeth)</u>	<u>\$619</u>
D5213	<u>Maxillary Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)</u>	<u>\$1250</u>
D5214	<u>Mandibular Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)</u>	<u>\$1250</u>
D5410	<u>Adjust Complete Denture- Maxillary</u>	<u>\$50</u>
D5411	<u>Adjust Complete Denture- Mandibular</u>	<u>\$50</u>
D5421	<u>Adjust Partial Denture- Maxillary</u>	<u>\$50</u>
D5422	<u>Adjust Partial Denture- Mandibular</u>	<u>\$50</u>
D5511	<u>Repair Broken Complete Denture Base, Mandibular</u>	<u>\$150</u>
D5512	<u>Repair Broken Complete Denture Base, Maxillary</u>	<u>\$150</u>
D5520	<u>Replace Missing or Broken Teeth- Complete Denture each tooth</u>	<u>\$126</u>
D5621	<u>Repair Cast Partial Framework- Mandibular</u>	<u>\$124</u>
D5622	<u>Repair Cast Partial Framework- Maxillary</u>	<u>\$124</u>
D5630	<u>Repair or Replace Broken or Retentive Clasp materials-per tooth</u>	<u>\$160</u>
D5640	<u>Replace Broken Teeth per Tooth</u>	<u>\$134</u>
D5650	<u>Add Tooth to Existing Partial Denture</u>	<u>\$150</u>
D5660	<u>Add Clasp to Existing Partial Denture- per tooth</u>	<u>\$160</u>
D5730	<u>Reline Complete Maxillary Denture (Direct)</u>	<u>\$295</u>
D5731	<u>Reline Complete Mandibular Denture (Direct)</u>	<u>\$295</u>
D5740	<u>Reline Maxillary Partial Denture (Direct)</u>	<u>\$280</u>
D5741	<u>Reline Mandibular Partial Denture (Direct)</u>	<u>\$280</u>
D5750	<u>Reline Complete Maxillary Denture (Indirect)</u>	<u>\$375</u>
D5751	<u>Reline Complete Mandibular Denture (Indirect)</u>	<u>\$375</u>
D5760	<u>Reline Maxillary Partial Denture (Indirect)</u>	<u>\$360</u>
D5761	<u>Reline Mandibular Partial Denture (Indirect)</u>	<u>\$360</u>
D5850	<u>Tissue Conditioning, Maxillary</u>	<u>24</u>
D5851	<u>Tissue Conditioning, Mandibular</u>	<u>24</u>
	<b><u>Removable Prosthodontic Service (including routine post-op delivery care)</u></b>	
D5110	<u>Complete Denture- Maxillary</u>	<u>\$1250</u>
D5120	<u>Complete Denture- Mandibular</u>	<u>\$1250</u>
D5211	<u>Maxillary Partial Denture- resin base (includes clasps, rests and teeth)</u>	<u>\$619</u>
D5212	<u>Mandibular Partial Denture- resin base (includes clasps, rests and teeth)</u>	<u>\$619</u>
D5213	<u>Maxillary Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)</u>	<u>\$1250</u>
D5214	<u>Mandibular Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)</u>	<u>\$1250</u>
D5410	<u>Adjust Complete Denture- Maxillary</u>	<u>\$50</u>

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

D5411	<u>Adjust Complete Denture- Mandibular</u>	<u>\$50</u>
D5421	<u>Adjust Partial Denture- Maxillary</u>	<u>\$50</u>
D5422	<u>Adjust Partial Denture- Mandibular</u>	<u>\$50</u>
	<b><u>Oral Surgery</u></b>	
D7140	<u>Extraction, Erupted Tooth or Exposed Root</u>	<u>\$134</u>
D7210	<u>Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth</u>	<u>\$150</u>
D7220	<u>Removal of Impacted Tooth- Soft Tissue</u>	<u>\$158</u>
D7230	<u>Removal of Impacted Tooth- Partial Bony</u>	<u>\$300</u>
D7240	<u>Removal of Impacted Tooth- Complete Bony</u>	<u>\$400</u>
D7250	<u>Removal of Residual Tooth Roots (cutting procedure)</u>	<u>\$150</u>
D7280	<u>Exposure of an Unerupted Tooth</u>	<u>\$369</u>
D7285	<u>Incisional Biopsy of Oral Tissue- hard (bone, tooth)</u>	<u>\$85</u>
D7286	<u>Incisional Biopsy of Oral Tissue- soft</u>	<u>\$150</u>
	<b><u>Miscellaneous</u></b>	
D9230	<u>Inhalation of Nitrous Oxide/Analgesia, Anxiolysis</u>	<u>\$20</u>
D9239	<u>Intravenous moderate (conscious) sedation/analgesia-first 15 minutes</u>	<u>\$59</u>
D9243	<u>Intravenous moderate (conscious) sedation/analgesia-each subsequent 15- minute increment</u>	<u>\$59</u>
D9248	<u>Non-intravenous conscious sedation</u>	<u>\$200</u>
D9110	<u>Palliative (Emergency) Treatment of Dental Pain- minor procedure</u>	<u>\$40</u>
D9310	<u>Consultation with Specialist (non-treating Dentist or Physician)</u>	<u>\$48</u>
D9986	<u>Missed Appointment</u>	<u>n/a</u>
D9987	<u>Cancelled Appointment</u>	<u>n/a</u>
DCOMP	<u>Treatment Complete</u>	<u>n/a</u>
D9990	<u>Certified translation or sign-language services per visit</u>	<u>\$20</u>
D9991	<u>Dental Case Management- addressing appointment compliance barriers</u>	<u>\$30</u>
D9992	<u>Dental Case Management- care coordination</u>	<u>\$30</u>
D9993	<u>Dental Case Management- motivational interviewing</u>	<u>\$30</u>
D9994	<u>Dental Case Management- patient education to improve oral health literacy</u>	<u>\$30</u>
D9995	<u>Teledentistry- synchronous; real-time encounter</u>	<u>\$50</u>
D9996	<u>Teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review</u>	<u>\$50</u>
D9997	<u>Dental Case Management- patients with special health care needs</u>	<u>\$30</u>

<b>III. MOBILE DENTAL CLINIC</b>		
<b>CDT Codes</b>	<b>Description</b>	<b>Fee-for-service rates</b>
00120	Periodic Oral Evaluation-Established Patient	\$40.00
D0140	Limited Oral Evaluation	\$59.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$65.00
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$72.00
D0210	Intraoral Complete Series of Radiographic Images	\$109.00
00220	Intraoral-Periapical first of Radiographic Image	\$26.00
D0230	Intraoral-Periapical Each Additional Radiographic Image	\$17.00
D0240	Intraoral-Occlusal Radiographic Image	\$32.00
D0270	Bitewing Single Radiographic Image	\$21.00
D0272	Bitewings-Two Radiographic Images	\$36.00
D0273	Bitewings-Three Radiographic Images	\$36.00
D0274	Bitewings-Four Radiographic Images	\$52.00
D0330	Panoramic Radiographic Image	\$91.00

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

D0460	Pulp Vitality Tests	\$46.00
D1110	Prophylaxis-Adult	\$81.00
D1120	Prophylaxis-Child	\$55.00
D1206	Topical Application Fluoride Varnish	\$40.00
D1208	Fluoride with Proply-Adult	\$29.00
D1330	Oral Hygiene Instructions	\$49.00
D1351	Sealant per tooth	\$47.00
D1354	Interim Caries Arresting Medicament application – per tooth	\$25.00
02140	Amalgam-One surface, Primary or permanent	\$112.00
02150	Amalgam-Two surfaces, primary or permanent	\$134.00
02160	Amalgam-Three surfaces primary or permanent	\$163.00
D2161	Amalgam- Four or more surfaces primary or permanent	\$194.00
D2330	Resin-Based Composite-one surface, anterior	\$124.00
02331	Resin-Based Composite-Two Surface anterior	\$165.00
D2332	Resin-Based Composite-Three surfaces, anterior	\$197.00
D2335	Resin-Based Composite-Four or more surfaces anterior or involving Incisal angle (anterior)	\$238.00
D2391	Resin-Based Composite -1 Surface, Posterior	\$137.00
D2392	Resin-Based Composite - 2 Surface, Posterior	\$201.00
D2393	Resin-Based Composite - 3-Surface, Posterior	\$257.00
D2394	Resin-Based Composite – 4 or more Surfaces, Posterior	\$292.00
D2740	Crown-porcelain/ceramic	\$1040.00
D2752	Crown-porcelain fused to noble metal	\$921.00
D2920	Recement or re-bond crown	\$87.00
D2931	Prefabricated Stainless Steel Crown- Permanent Tooth	\$216.00
02932	Prefabricated Resin Crown	\$269.00
D2940	Protective Restoration	\$92.00
D2950	Core Build Up, Inc. Pin	\$224.00
D2951	Pin Retention	\$56.00
D2954	Prefabricated post and core in addition to crown	\$224.00
03110	Pulp Cap Direct (including final restoration)	\$67.00
03120	Pulp Cap Indirect (including final restoration)	\$61.00
03220	Therapeutic Pulpotomy	\$158.00
D3310	Endodontic Therapy, Anterior Tooth (excluding final restoration)	\$661.00
D3320	Endodontic Therapy, Premolar Tooth (excluding final restoration)	\$697.00
D3330	Endodontic Therapy, Molar Tooth (excluding final restoration)	\$864.00
D4341	Periodontal Scaling and Root Planing, four or more teeth per Quadrant	\$234.00
D4342	Periodontal Scaling and Root Planing, Limited 1-3 teeth	\$149.00
D4355	Full Mouth Debridement to Enable a Comprehensive Evaluation and Diagnosis	\$144.00
D5110	Complete Denture- Maxillary	\$1,330.00
D5120	Complete Denture-Mandibular	\$1,330.00
D5211	Upper Partial Resin Base	\$1000.00
D5212	Lower Partial Resin Base	\$1000.00
05213	Maxillary Partial Denture-Cast Metal Frame-Resin base	\$1500.00
D5214	Mandibular Partial Denture-Cast Metal Frame-Resin Base	\$1,500.00
D5410	Adjust Complete Denture Maxillary	\$69.00
05411	Adjust Complete Denture Mandibular	\$69.00
D5421	Adjust Partial Denture-Maxillary	\$69.00
D5422	Adjust Partial Denture- Mandibular	\$69.00
D5511	Repair Broken Complete Denture Base, Mandibular	\$167.00

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

D5512	Repair Broken Complete Denture Base, Maxillary	\$167.00
D5520	Replace Missing or Broken Teeth Complete Denture Each Tooth	\$134.00
D5621	Repair Cast Partial Framework- Mandibular	\$132.00
D5622	Repair Cast Partial Framework- Maxillary	\$132.00
D5630	Repair or Replace Broken or Retentive Clasp materials-per tooth	\$207.00
D5640	Replace Broken Teeth per Tooth	\$156.00
D5650	Add Tooth to Existing Partial Denture	\$174.00
D5660	Add Clasp to Existing Partial Denture- per tooth	\$238.00
D5730	Reline Complete Maxillary Denture (Direct)	\$307.00
D5731	Reline Complete Mandibular Denture (Direct)	\$307.00
D5740	Reline Maxillary Partial Denture (Direct)	\$280.00
D5741	Reline Mandibular Partial Denture (Direct)	\$280.00
D5750	Reline Complete Maxillary Denture (Indirect)	\$405.00
D5751	Reline Complete Mandibular Denture (Indirect)	\$405.00
D5760	Reline Maxillary Partial Denture (Indirect)	\$393.00
D5761	Reline Mandibular Partial Denture (Indirect)	\$393.00
D5850	Tissue Conditioning, Maxillary	\$151.00
D5851	Tissue Conditioning, Mandibular	\$151.00
D9932	Cleaning and Inspection of Removable, Complete Denture Maxillary	\$55.00
D9933	Cleaning and Inspection of Removable, Complete Denture Mandibular	\$55.00
D9934	Cleaning and Inspection of Removable, Partial Denture Maxillary	\$55.00
D9935	Cleaning and Inspection of Removable, Partial Denture Mandibular	\$55.00
D9941	Fabrication of Athletic Mouthguard	\$150.00
D9943	Occlusal Guard Adjustment	\$95.00
D9944	Occlusal Guard- Hard Appliance Full Arch	\$300.00
D9945	Occlusal Guard- Soft Appliance- Full Arch	\$300.00
D9946	Occlusal Guard- Hard Appliance Partial Arch	\$300.00
D7140	Extraction, Erupted Tooth or Exposed Root	\$135.00
D7210	Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth	\$220.00
D7220	Removal of Impacted Tooth- Soft Tissue	\$250.00
D7230	Removal of Impacted Tooth- Partial Bony	\$300.00
D7240	Removal of Impacted Tooth- Complete Bony	\$400.00
D7250	Removal of Residual Tooth Roots (cutting procedure)	\$230.00
D7280	Exposure of an Unerupted Tooth	\$327.00
D7285	Incisional Biopsy of Oral Tissue- hard (bone, tooth)	\$93.50
D7286	Incisional Biopsy of Oral Tissue- soft	\$100.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	\$200.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$150.00
D7320	Alveoplasty not in conjunction with extractions- four or more teeth or tooth spaces per quadrant	\$240.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$190.00
D9110	Palliative (Emergency) Treatment of Dental Pain- minor procedure	\$75.00
D9310	Consultation with Specialist (non-treating Dentist or Physician)	\$75.00
D9630	Drugs or medicaments dispensed in the office for home use	\$25.00
D9910	Application of Desensitizing Medicament	\$25.00

# OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

## FORM CONTRACT #

D9930	Treatment of Complications (post-surgical) – unusual circumstances by report	\$65.00
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For Mobile Dental Services on site at Homeless Shelters only, a provider may add an additional 5% to the above dental rates to cover the intensive case coordination with the Health Care for the Homeless staff.

CDT codes not on this list require pre-authorization from DHHS Administration and dental director.

## DENTAL BILLING GUIDELINES AND LIMITATIONS

### PREVENTIVE (D1000-D1999)

**Infection Control:** Infection control is not considered a separate billable dental procedure or service and cannot be billed to a participant or the plan.

<b>Note: Limit one (1) D0120 or D0150 per 6-month period.</b>
<b>Note: Limit one (1) D0140 per 12-month period.</b>
<b>Note: Limit one (1) D0150 per 36-month period.</b>
<b>Note: Limit one (1) D0180 per 12-month period.</b>
<b>Note: D0411 or D0412 must be in combination with D9992 and include patient compliance data report</b>
<b>Note: Limit one (1) per 12 months period for D0270, D0272, D0273, and D0724.</b>
<b>Note: Limit six (6) per 12-month period for D0230.</b>
<b>Note: Limit one (1) per 36-month period for D0210 and D0330.</b>
<b>Note: Limit one (1) D1110 per 6-month period.</b>
<b>Note: Limit one (1) D1206 per 6-month period.</b>
<b>Note: Limit to one (1) D1351 per tooth per 12-month period</b>

### RESTORATIVE (D2000-D2999)

**Sedative Filling (D2940):** Procedure D2940 cannot be billed to a participant when performed in conjunction with any restorative procedure or root canal therapy on the same tooth during the same participant visit.

Adhesives, bases, or liners as a separate service from the restorations (the Code defines these to be included as part of the restoration).

### **Core Build-Up, including any pins (D2950):**

**A Core Buildup is generally needed when the following conditions are met:**

- A major part of the tooth's structure (50% or more) is fractured or carious.
- The preparation is at or below the gingival crest.
- should be submitted with a pretreatment

A Core Build-up cannot be billed when the procedure only involves a filler to eliminate an undercut, box form, or concave irregularity in the preparation, the procedure should be included in the crown prep. Pins reported as a separate service from a core buildup (the D2950 buildup code includes pins).

A Core Buildup cannot be billed in conjunction with a restorative procedure (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335) on the same tooth during the same participant visit.

### **Prefabricated post and core in addition to crown (D2954):**

A Prefabricated post and core cannot be billed in conjunction with a restorative procedure (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335) on the same tooth during the same participant visit.

**Crown Removal:** The removal of a crown is included in the cost of the other service being performed (i.e. re-cementation, replacement, etc.). Participants may not be billed separately for the crown removal.

# OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # \_\_\_\_\_

**Note: Limit one (1) restoration per patient per tooth per surface per 36 months.**

## **ENDODONTICS (D3000-D3999)**

**Root Canal Therapy:** The following procedure(s) cannot be billed as a separate charge to a participant when performed in conjunction with root canal therapy on the same tooth:

- Intra-operative treatment radiographic images (D0220/D0230)
- Pulp Testing (D0460)
- Sedative filling (D2940)
- Pulpotomy (D3220)
- Canal Preparation (D3950)
- Palliative Treatment (D9110)
- Surgical procedure for isolation of a tooth with rubber dam (D3910)

**Root Canal Treatment (D3310, D3320, D3330) may be billed if the following conditions must be documented and met:**

- Pre-operative radiograph
- Post-operative radiograph
- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion/temperature
- Closed apex

**Pulp Cap – indirect (D3120) and direct (D3110) (excluding final restoration):** Procedure in which nearly exposed pulp or exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.

Treatment of Root Canal Obstruction; non-surgical access (D3331): In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, included but not limited to separated instruments, broken posts or calcification of 50% or more of the roots. A dated pre-treatment x-ray should be submitted for this procedure.

**Apexification/Recalcification (D3351-D3353):** This procedure is performed in (at minimum) three stages consisting of an initial visit, interim visit(s) and a final visit, which includes completed root canal therapy. It is important to submit all visits along with your fee for each stage to ensure accurate claim processing.

## **PERIODONTICS (D4000-D4999)**

**Per Quadrant Scaling/Root Planing:** DHHS defines a full quadrant as 4 or more teeth for scaling/root planing. Procedures involving 1 to 3 teeth per quadrant will have their own CDT codes and fees. Quadrant indicators (UR, UL, LL, and LR) are required on claim submissions. DHHS will determine the benefit on a quadrant-related procedure for scaling/root planing based upon the number of teeth which require that procedure. This is based on our dental consultant's review of submitted documentation. If the benefit determination is for a partial quadrant procedure, you will be limited to bill the participant the fee for the lower of your submitted charge, or plan allowance, for a partial quadrant. The participant is only responsible for the partial quadrant scheduled amount if that is the final benefit determination.

DHHS provides benefits for the procedure being performed, regardless of the method(s) and instruments utilized. Use of lasers during dental procedures cannot be billed as a separate charge to the patient or DHHS.

**Per Quadrant Periodontal Surgical Procedures:** DHHS defines a full quadrant as 4 or more teeth, or bounded spaces for surgical procedures. Procedures involving 1 to 3 teeth, or bounded spaces, per quadrant will have their own CDT codes and fees. Quadrant indicators (UR, UL, LL, and LR) are required on claim submissions. DHHS will determine the benefit on a quadrant-related procedure for surgical procedures based on the number of teeth, or bounded spaces, which require

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

### FORM CONTRACT # \_\_\_\_\_

that procedure. This is based on our dental consultant's review of submitted documentation. If the benefit determination is for a partial quadrant procedure, you will be limited to bill the participant the fee for the lower of your submitted charge, or plan allowance, for a partial quadrant. The participant is only responsible for the partial quadrant scheduled amount if that is the final benefit determination.

Periodontal Charting: DHHS considers periodontal charting part of the evaluation process, and a participant cannot be billed a separate charge for periodontal charting.

#### **Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per**

**quadrant (D4210):** It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration. A participating dentist may not charge for the 4211 if performed on the same date of service/same tooth as a restorative procedure. When performed with a crown, it is considered part of the preparation for the crown. The participant may not be balance billed.

#### **Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per**

**quadrant (D4211):** It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration. A participating dentist may not charge for the 4210 if performed on the same date of service/same tooth as a restorative procedure. When performed with a crown, it is considered part of the preparation for the crown. The participant may not be balance billed.

#### **Gingival Flap Procedure, Including Root Planing – four or more contiguous teeth or bounded**

**teeth spaces per quadrant (D4240):** A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure — may include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, Widman surgery, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, and to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.

#### **Gingival Flap Procedure, Including Root Planing – one to three contiguous teeth or bounded teeth**

**spaces per quadrant (D4241):** A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure — may include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique code.

**Crown Lengthening (D4249):** A participating dentist may not charge for a 4249 if performed on the same date of service as the crown. The participant may not be balance billed.

#### **Osseous Surgery (Including Flap Entry and Closure) – four or more contiguous teeth or tooth**

**bounded spaces per quadrant (D4260):** This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique code.

#### **Osseous Surgery (Including Flap Entry and Closure) – one to three contiguous teeth or tooth**

**bounded spaces per quadrant (D4261):** This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4261 and should be reported using their own unique code.

**Bone Replacement Graft – first site in quadrant (D4263):** This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

### FORM CONTRACT # \_\_\_\_\_

deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration of barrier membranes. Other separate procedures may be required concurrent to D4263 and should be reported using their own unique codes.

**Bone Replacement Graft – each additional site in quadrant (D4264):** This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This code is used if performed concurrently with D4263 and allows reporting of the exact number of sites involved.

**Biologic Materials to Aid in Soft and Osseous Tissue Regeneration (D4265):** Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.

**Guided Tissue Regeneration – resorbable barrier, per site (D4266):** This procedure does not include flap entry and closure, or when indicated, wound debridement, osseous contouring, bone replacement grafts and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.

**Guided Tissue Regeneration – non-resorbable barrier, per site (includes membrane removal) (D4267):** This procedure does not include flap entry and closure, or when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.

**Benefit Determination Guidelines for: Full Mouth Debridement (D4355):** For benefit determination purposes, MetLife will reimburse claims for full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit as submitted and based upon the individual dental plan's frequency limitation for this service. This procedure will be counted against the Dental Plan's frequency limitation for a prophylaxis. D4355 is not to be completed on the same day as D0150, D0160 or D0180.

#### **Localized Delivery of Antimicrobial Agents via a Controlled Release Vehicle into Disease**

**Crevice Tissue, per tooth (D4381):** Code 4381 is by definition PER TOOTH, therefore the participating dentist may not charge per site.

Special Notes Regarding "Per Site" Periodontal Codes: MetLife has traditionally considered allowances for procedures D4263, D4264, D4266, D4267, and D4381 on the basis of one site = one tooth. Our documented fee data has been based on this. Therefore, future allowances will continue to be considered on this historical model. Procedures for soft tissue grafting have traditionally been considered on a "per site" basis. Our fee data has been based upon this established precedent and plan allowances for these procedures will therefore continue to follow this. For benefit determination purposes, MetLife considers tissue-grafting procedures (D4270, D4273, D4275, D4276, D4277, D4278,

**D4283 and D4285) that encompass 2 contiguous teeth or areas to be one site and therefore benefits will be determined accordingly. Irrigation (code D4921):** Irrigation is not included in the descriptor for Code D9630 and cannot be submitted for payment under this code. Irrigation (code D4921) is normally included within other services rendered to the participant and cannot be billed as a separate charge to a participant.

**Note: Limit two (2) periodontal maintenance per 12-month period (not allowed within 90 days of D4341 and D4342). Date of previous SRP service must be documented.**

**Note: Limit one (1) full mouth debridement (D4355) per twenty-four (24) month period.**

# OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

## FORM CONTRACT #

<b>Note: Limit one (1) D4346 per twenty-four (24) month period.</b>
<b>Note: D4341 and D4342 Limit one (1) quadrant per 12-month period. Radiographic images and documentation of periodontal probings taken within the last 12 months are required. Frequency may be affected by other periodontic services.</b>

### **PROSTHODONTICS, REMOVABLE (D5000-D5899)**

**Initial and Replacement Dentures:** For initial dentures, please indicate extraction dates on the submitted claim. For replacement dentures, please indicate date of fabrication of the original dentures on submitted claim.

**Materials and Laboratory Costs:** A participant cannot be billed a separate charge for materials and laboratory costs including specialized procedures or “upgraded” materials since they are included in the services provided.

**Complete Denture Adjustments (D5410-D5411):** For benefit determination purposes, DHHS considers all adjustments performed on complete/immediate dentures within the first 6 months to be a part of the total treatment of inserting the denture. A participant cannot be billed for an adjustment to the complete/immediate denture within the first 6 months following insertion of the denture. When a reline is performed on an immediate denture within the first 6 months of placement, a participant cannot be billed for the reline.

### **Partial Dentures (D5211-D5282)**

The negotiated fee for partial dentures includes an allowance for all teeth and all clasps. A participant cannot be billed a separate charge for any additional teeth or clasps.

<b>Note: D5110, D5120, D5211, D5212, D5213, D5214</b>
<ul style="list-style-type: none"><li>• Replacement is limited to one of these procedures every 60 months</li><li>• Frequency is waived for accidental injury with documentation</li><li>• Allowances include adjustments within 6 months after placement date</li></ul>
<b>Note: D9944, D9945, D9946</b>
<ul style="list-style-type: none"><li>• Limited to one guard every 36 months</li></ul>
<b>Note: D2740, D2752, D5110, D5120, D5211, D5212, D5213, D5214, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5850, D5851, D9944, D9945, D9946 DHHS pre-authorization required.</b>
<ul style="list-style-type: none"><li>• Note: Radiographic images and documentation of periodontal probings taken within the last 12 months are required.</li></ul>

### **PROSTHODONTICS, FIXED (D6200-D6999)**

**Diagnostic Documentation Requirements:** Most recent dated and labeled, pre-operative x-rays of the remaining teeth in the respective complete upper or lower arch are required for fixed bridgework and should be included on initial claim submission and pretreatment estimates.

### **ORAL AND MAXILLOFACIAL SURGERY (D7000-D7999)**

**Tray/Surgical Tray:** Tray set-up or surgical tray preparation is not considered a separate billable dental procedure or service and cannot be billed to a participant or to MetLife.

**Bone Replacement Graft for Ridge Preservation – per site (D7953):** Osseous autograft, allograft or nonosseous graft is placed in an extraction site at the time of the extraction to preserve ridge integrity (e.g. clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Membrane, if used should be reported separately.

**Repair of Maxillofacial Soft and/or Hard Tissue Defect (D7955):** Reconstruction of surgical, traumatic, or congenital defects of the facial bone, including the mandible, may utilize autograft, allograft, or alloplastic materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches. This code does not include edentulous

## OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

### FORM CONTRACT # \_\_\_\_\_

maxilla and mandibular reconstruction for prosthetic considerations. See Code D7950.

Suture removal, is considered as part of service from the extractions (surgical or non-surgical), which include suturing and postoperative care; and not a separated service from the extraction (surgical or non-surgical).

Post-op or follow-up visits are part of the original extraction visit/treatment and cannot be billed as a separate procedure.

#### **ADJUNCTIVE GENERAL SERVICES (D9000-D9999)**

**Palliative (emergency) Treatment of Dental Pain:** Palliative Treatment (D9110) cannot be billed to a participant as a separate charge when performed during the same visit with definitive treatment.

**Regional Block Anesthesia (D9211):** Generally, this procedure is included in the allowable charge for the specific service presented on the claim. Participating dentists cannot charge separately for this service.

**Local Anesthesia (D9215):** Local Anesthesia (D9215) done in conjunction with definitive treatment cannot be billed as a separate charge to a participant.

**Other Drugs and/or Medicaments, by report (D9630):** The plan allowance for code D9630 applies for the administration of the drug and/or medicaments. In most cases, actual drug charges would be considered under the participant's medical plan or prescription drug plan and not subject to a plan allowance. This code is not to be used to submit for irrigation per the CDT descriptor.

**Application of Desensitizing Medicament (D9910):** This service is not allowed with a filling, crown or bridge - If a participating dentist uses 9910 with a filling, it is considered part of the filling, crown or bridge and the participating dentist may not charge for it or balance bill the plan participant. Denied with a crown – If a dentist uses 9910 with a crown, it is considered part of the crown and the dentist cannot charge for it. Duplicate charges on the same date of service – A participating dentist can only charge for one (1) 9910 on the same date of service. This code is considered as a per-visit allowable charge.

**Behavior Management (D9920):** This code is payable as an allowable charge based on increments of 15 minutes to a maximum of one (1) hour.

**Occlusal Adjustment – limited (D9951):** May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a “per visit” basis, this should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics.

**Occlusal Adjustment – limited/complete (D9951-D9952):** Procedures D9951 and D9952 cannot be billed to a participant in conjunction with the placement of restorations or prostheses. MetLife considers an occlusal adjustment as part of the restorative process when performed during the same participant visit.

**Note: Nitrous Oxide/Analgesia sedation are a benefit when submitted in conjunction with oral surgery or select periodontal treatment procedures. Benefit is limited to one per date of service.**

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT # \_\_\_\_\_**

**Attachment E  
MONTGOMERY COUNTY DHHS DENTAL CLINIC SERVICES  
DENTAL PROVIDER COMPETENCY ASSESSMENTS &  
ANNUAL PERFORMANCE APPRAISAL**

**Name:** \_\_\_\_\_ **Evaluation Date:** \_\_\_\_\_

**Provider License:** Dentist  Dental Hygienist  **Supervisor:** \_\_\_\_\_

**Clinic Locations:** Rockville  Silver Spring  Metro Court  Germantown  Colesville   
Dennis Ave

**Evaluation Type:** 90 day  6-month  Annual  **Hire Date:** \_\_\_\_\_

<b>PROFESSIONAL COMPETENCE</b>	<b>MEASURES</b>	<b>RATING</b>	<b>COMMENTS</b>
<b>Credentialing</b> -Current License o Limitations o Conditions  -Current Board Certification  -Continuation with Dental Insurances Accepted by DHHS o Medicaid o Current Criminal Background Check  -Bank Notations  -Continuing Education Requirements o Adequate hours completed including courses required for license renewal o Makes efforts to attend and participate in courses/classes offered or sponsored by the county  -Current Malpractice Coverage	Dental Board  Specialty Board  e-Prep  NPDB  Credentialing Records	<input type="checkbox"/> <b>Excels in Area:</b> excellent performance that far exceeds the job's requirements  <input type="checkbox"/> <b>Performs Very Well:</b> above average performance that exceeds the job's requirements  <input type="checkbox"/> <b>Average:</b> acceptable performance that meets the job's requirements  <input type="checkbox"/> <b>Below Average/Needs Minor Improvement:</b> minimally acceptable performance  <input type="checkbox"/> <b>Unsatisfactory/Needs Major Improvement:</b> unacceptable performance	
<b>Clinical Quality</b> -QA-Peer Review/Other Audit o Participates with all quality assurance activities by HHS/Dental Program  -Appropriateness of the services provided o General Care o Utilization	Peer Review Audits  Observation	<input type="checkbox"/> <b>Excels in Area:</b> excellent performance that far exceeds the job's requirements  <input type="checkbox"/> <b>Performs Very Well:</b> above average performance that exceeds the job's requirements	

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

<ul style="list-style-type: none"> <li>○ Dental Record Review</li> <li>-Practice Adherence             <ul style="list-style-type: none"> <li>○ Follows Scope of Practice per Maryland State Board of Dental Examiners (general and direct supervision)</li> <li>○ Delegates procedures and functions to the extent permissible by law as related to public health</li> <li>○ Follows DHHS Dental Program Clinical Guidelines</li> <li>○ Compliant with OSHA guidelines outlined by dental program                 <ul style="list-style-type: none"> <li>● Infection Control and Bloodborne Pathogen regulations</li> <li>● Respiratory protection annual fit-testing</li> </ul> </li> </ul> </li> <li>Record Audit             <ul style="list-style-type: none"> <li>○ Use of SOAP/Other Appropriate documentation</li> <li>○ Format/Flow Sheets</li> <li>○ Legibility</li> <li>○ Completeness</li> </ul> </li> </ul>	<p align="center">Peer Review Audits</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Average:</b> acceptable performance that meets the job's requirements</li> <li><input type="checkbox"/> <b>Below Average/Needs Minor Improvement:</b> minimally acceptable performance</li> <li><input type="checkbox"/> <b>Unsatisfactory/Needs Major Improvement:</b> unacceptable performance</li> </ul>	
<p><b>Efficiency/Productivity</b></p> <ul style="list-style-type: none"> <li>-General Dentistry             <ul style="list-style-type: none"> <li>○ Diagnostic                 <ul style="list-style-type: none"> <li>● skills appropriate to a public health framework</li> <li>● performs oral cancer screenings</li> <li>● does accurate and complete hard tissue charting</li> <li>● complete periodontal charting when appropriate</li> <li>● correctly prescribes radiographic images according to ADA policy</li> <li>● correctly enters medications and prescriptions in EHR</li> </ul> </li> <li>○ Restorative                 <ul style="list-style-type: none"> <li>● Quadrant dentistry when at all possible</li> <li>● Performs all aspects (crowns, dentures, root</li> </ul> </li> </ul> </li> </ul>	<p align="center">Productivity Report</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Excels in Area:</b> excellent performance that far exceeds the job's requirements</li> <li><input type="checkbox"/> <b>Performs Very Well:</b> above average performance that exceeds the job's requirements</li> <li><input type="checkbox"/> <b>Average:</b> acceptable performance that meets the job's requirements</li> <li><input type="checkbox"/> <b>Below Average/Needs Minor Improvement:</b> minimally acceptable performance</li> <li><input type="checkbox"/> <b>Unsatisfactory/Needs Major Improvement:</b> unacceptable performance</li> </ul>	

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

<p>canals, extractions, basic pediatric services)</p> <p>-Public Health/Preventive Dentistry</p> <ul style="list-style-type: none"> <li>○ Caries Risk Assessments</li> <li>○ Caries Management and Stabilization             <ul style="list-style-type: none"> <li>● Implementation of preventive techniques such as sealants, silver diamine fluoride, interim therapeutic restorations</li> <li>● Completion of Phase I Treatment</li> </ul> </li> <li>○ Oral Health Education</li> <li>○ Makes appropriate referrals</li> <li>○ Willingness to treat all age groups</li> </ul> <p>-Board Certified Specialty</p> <ul style="list-style-type: none"> <li>○ Pediatric Dentistry</li> <li>○ Oral Surgery</li> <li>○ Endodontics</li> </ul>			
<p><b>Patient Clinical Satisfaction</b></p>	<p>Grievances, Survey, Observation</p>	<p><input type="checkbox"/> <b>Excels in Area:</b> excellent performance that far exceeds the job's requirements</p> <p><input type="checkbox"/> <b>Performs Very Well:</b> above average performance that exceeds the job's requirements</p> <p><input type="checkbox"/> <b>Average:</b> acceptable performance that meets the job's requirements</p> <p><input type="checkbox"/> <b>Below Average/Needs Minor Improvement:</b> minimally acceptable performance</p> <p><input type="checkbox"/> <b>Unsatisfactory/Needs Major Improvement:</b> unacceptable performance</p>	
<p><b>ORGANIZATIONAL COMPETENCE</b></p>	<p><b>MEASURES</b></p>	<p><b>RATING</b></p>	<p><b>COMMENTS</b></p>
<p><b>Customer Relations-Internal/External</b></p> <p>-Adaptability and Flexibility</p> <p>-Conveys Empathy (verbal/non-verbal)</p> <p>-Communicates if late/absent</p> <p>-Communicates time-off with advance notice</p> <p>-Receptive to audit feedback/review</p> <p>-Greet patients with name and title</p>	<p>Observation</p>	<p><input type="checkbox"/> <b>Excels in Area:</b> excellent performance that far exceeds the job's requirements</p> <p><input type="checkbox"/> <b>Performs Very Well:</b> above average performance that exceeds the job's requirements</p>	

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

<ul style="list-style-type: none"> <li>-Assures that patient questions are answered, treatment plan is understood and respects patient's choices</li> <li>-Willing to go to other clinics as needed</li> <li>-Professional behavior/appearance</li> <li>-Culturally competent of patients and staff</li> <li>-Resolves conflict with peers/staff in a private setting</li> <li>-Maintains confidentiality/privacy of patients and staff</li> <li>-Problem solving vs problem finding</li> <li>-Practices collegial relationships with other providers by consulting and collaborating on cases</li> <li>-Represents public health and the county in a positive manner when interacting with other professionals in the community</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Average:</b> acceptable performance that meets the job's requirements</li> <li><input type="checkbox"/> <b>Below Average/Needs Minor Improvement:</b> minimally acceptable performance</li> <li><input type="checkbox"/> <b>Unsatisfactory/Needs Major Improvement:</b> unacceptable performance</li> </ul>	
<p><b>Practice Management</b></p> <ul style="list-style-type: none"> <li>-Policy/Procedure/Protocol compliance</li> <li>-Performance (high volume situations)</li> <li>-Performance (emergency situations)</li> <li>-Meeting participation (staff)</li> <li>-Accommodates "Walk-in" patients</li> <li>-Accommodates "Add-on" patients</li> <li>-Attendance/punctuality</li> <li>-Teamwork</li> <li>-Employee evaluation input</li> <li>-Initiative</li> <li>-Problem solving in practice</li> <li>-Safety adherence/promotion</li> <li>-Signs off on reports in a timely manner</li> <li>-Completion of routing slips in a timely manner</li> <li>-Coding/billing/regulation compliance</li> <li>-Manages patient appointment time</li> </ul>	<p>Sign in sheets</p> <p>Observation</p> <p>Documents</p> <p>Audits</p> <p>Schedules</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Excels in Area:</b> excellent performance that far exceeds the job's requirements</li> <li><input type="checkbox"/> <b>Performs Very Well:</b> above average performance that exceeds the job's requirements</li> <li><input type="checkbox"/> <b>Average:</b> acceptable performance that meets the job's requirements</li> <li><input type="checkbox"/> <b>Below Average/Needs Minor Improvement:</b> minimally acceptable performance</li> <li><input type="checkbox"/> <b>Unsatisfactory/Needs Major Improvement:</b> unacceptable performance</li> </ul>	
<p><b>Technology Utilization</b></p> <ul style="list-style-type: none"> <li>-Compliance with DHHS technology requirements             <ul style="list-style-type: none"> <li>o Completion of county DHHS training (Security Awareness, HIPPA, NextGen, etc.)</li> <li>o Use of county email for DHHS communication matters</li> <li>o Utilization of leave management software (Humanity) for all leave requests</li> </ul> </li> </ul>	<p>Observation</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Excels in Area:</b> excellent performance that far exceeds the job's requirements</li> <li><input type="checkbox"/> <b>Performs Very Well:</b> above average performance that exceeds the job's requirements</li> <li><input type="checkbox"/> <b>Average:</b> acceptable performance that meets the job's requirements</li> </ul>	

**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

<ul style="list-style-type: none"> <li>○ Compliant with county medication distribution and tracking protocols</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Below Average/Needs Minor Improvement:</b> minimally acceptable performance</li> <li><input type="checkbox"/> <b>Unsatisfactory/Needs Major Improvement:</b> unacceptable performance</li> </ul>	
<p><b>Organization/Community Contribution</b></p> <ul style="list-style-type: none"> <li>-Participation in Institutional Problem Solving and Planning             <ul style="list-style-type: none"> <li>○ QA Program: Peer Review, Audits, In-servicing, Pt satisfaction</li> <li>○ Clinical department and provider group contribution</li> <li>○ Participation in Community activities</li> </ul> </li> </ul>	<p align="center">Observation</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Excels in Area:</b> excellent performance that far exceeds the job's requirements</li> <li><input type="checkbox"/> <b>Performs Very Well:</b> above average performance that exceeds the job's requirements</li> <li><input type="checkbox"/> <b>Average:</b> acceptable performance that meets the job's requirements</li> <li><input type="checkbox"/> <b>Below Average/Needs Minor Improvement:</b> minimally acceptable performance</li> <li><input type="checkbox"/> <b>Unsatisfactory/Needs Major Improvement:</b> unacceptable performance</li> </ul>	

**Supervisor Comments:**

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**Contractor Comments:**

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**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES**

**FORM CONTRACT #**

<ul style="list-style-type: none"> <li>○ Display of notice regarding CDC guidelines regarding universal precautions</li> <li>○ Use of personal protective equipment and following CDC guidelines</li> <li>○ Use of lead aprons</li> <li>○ Dental unit water lines testing</li> </ul> <p>Dental Record Audit</p> <ul style="list-style-type: none"> <li>○ Use of SOAP/Other</li> <li>○ Format/Flow Sheets</li> <li>○ Legibility</li> <li>○ Completeness</li> </ul>			
<p><b>Efficiency/Productivity</b></p> <p>-Performance Metrics</p> <ul style="list-style-type: none"> <li>○ % of patients with oral exam completed</li> <li>○ % of patients who had a dental treatment plan developed or updated</li> <li>○ % of patients with Phase I treatment plan completed</li> </ul>	<p>Productivity Report</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>	
<p><b>Patient Clinical Satisfaction</b></p>	<p>Grievances, Survey, Observation</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>	
<p><b>Customer Relations-Internal/External</b></p> <p>-Professional behavior/appearance</p> <p>-Culturally competent of patients and staff</p> <p>-Maintains confidentiality/privacy of patients</p> <p>-Overall practice cleanliness and organization</p>	<p>Observation</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>	
<p><b>Practice Management</b></p> <p>-Completion of invoicing in a timely manner</p> <p>-Coding/billing/regulation compliance</p> <p>-Patient appointment accessibility (urgent vs non-urgent)</p>	<p>Observation</p> <p>Audits</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>	

**Supervisor Comments:**

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**Contractor Comments:**

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**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_