

Health Department Vendor		Reporter's Name	
Quarterly Reporting Period		Fiscal Year	

On-Site Clinical Program Children Services

Number of Children Seen (Unduplicated Patients)			
Age		Race	
0 – 2 years		White	
3 – 5 years		Black African American	
6 – 12 years		Asian	
13 – 20 years		Hawaiian Pacific Islander	
		Native American Alaska Native	
		Other Unknown	
Gender		Hispanic	
Male		Yes	
Female		No	
Other Unknown		Unknown	
Insurance Status		Number Referred for Dental Treatment Outside Clinic	
Medicaid SCHIP		Referred to oral surgeon	
Private insurance		Referred to endodontist	
Uninsured		Referred to pediatric dentist	
Unknown		Referred to pediatric dentist for operating room services	
		Number of Clinical Visits	
		Number of prophylaxis visits	
		Number of restorative visits	
		Number of teeth restored	
		Number of SDF visits	
		Number of teeth SDF applied to	
		Number of emergency visits	
		Number of extraction visits (primary and permanent)	
		Total number of teeth extracted	
		Number receiving sealants	
		Number teeth sealed	
		Number receiving fluoride treatments	
		Number of Parents Caregivers Educated on HPV	
		Number Referred from Emergency Department (ED)	

Adults Services

Number of Adults Seen (Unduplicated Patients)			
Age		Race	
21 – 64 years		White	
65+ years		Black African American	
		Asian	
		Hawaiian Pacific Islander	
		Native American Alaska Native	
		Other Unknown	
Gender		Number Referred from ED	
Male			
Female		Number Referred for Dental Treatment Outside Clinic	
Other Unknown		Referred to oral surgeon	
		Referred to endodontist	
		Referred to periodontist	
		Referred to prosthodontist	
Insurance Status		Number of Clinical Visits	
Medicaid		Number of prophylaxis visits	
Dual-eligible		Number of restorative visits	
Private insurance		Number of teeth restored	
Uninsured		Number of SDF visits	
Unknown		Number of teeth SDF applied to	
		Number of emergency visits	
		Number of extraction visits	
		Total number of teeth extracted	
		Number of dentures provided	
Hispanic		Screened and Referred for Medical Conditions	
Yes		Screened for hypertension	
No		Referred to medical provider for hypertension	
Unknown		Screened for diabetes	
		Referred to medical provider for diabetes	
		Screened for oral cancer	
		Referred for biopsy	

Report Due Dates	Q1: October 15	Q2: January 15	Q3: April 15	Q4: July 15
-------------------------	-----------------------	-----------------------	---------------------	--------------------

E-mail report to: MDH.UGAOralHealth@Maryland.gov

Pregnancy Services

Number of Pregnant Patients Seen (Unduplicated Patients)		
Age	Race	Number of Clinical Visits
Younger than 14	White	Number of prophylaxis visits
15 – 20 Years	Black African American	Number of restorative visits
21 – 30 Years	Asian	Number of teeth restored
31 – 40 Years	Hawaiian Pacific Islander	Number of SDF visits
41+ Years	Native American Alaska Native	Number of teeth SDF applied to
	Other Unknown	Number of emergency visits
Insurance Status	Referred by	Number of extraction visits
Medicaid	WIC	Total number of teeth extracted
Private insurance	ED Hospital	Number of dentures provided
Uninsured	Obstetrician Midwife	
Unknown		Trimester of Pregnant Patient's First Dental Appointment
Hispanic	Number Referred for Dental Treatment Outside Clinic	First trimester
Yes	Referred to oral surgeon	Second trimester
No	Referred to endodontist	Third trimester
Unknown	Referred to periodontist	Post-partum
	Referred for dentures	
		Number that Completed Treatment Prior to Delivery

Off-Site Oral Health Programs

School-Based | School-Linked | Community Oral Health Programs

Number of Children Seen (Unduplicated Patients)		
Age	Race	Number Screened Examined
0 – 2 years	White	Total screened examined
3 – 5 years	Black African American	Percent of consents returned
6 – 12 years	Asian	Number receiving fluoride varnish
13 – 20 years	Hawaiian Pacific Islander	Number referred for urgent needs
	Native American Alaska Native	Number receiving case management
	Other Unknown	
Gender	Number Receiving Oral Health Education	Number Receiving Fluoride Rinse
Male		Total receiving fluoride rinse
Female		Percent of consents returned
Other Unknown		
Insurance Status	Number Receiving Mouth Guards	Locations Visited (Total Sites)
Medicaid SCHIP		Judy Center
Private insurance		Early Head Start Head Start
Uninsured		Elementary School
Unknown		Middle School
Hispanic	Silver Diamine Fluoride	High School
Yes	Number of children receiving at least one SDF application	Other (please list):
No	Number of teeth SDF applied to	
Unknown		

Report Due Dates	Q1: October 15	Q2: January 15	Q3: April 15	Q4: July 15
-------------------------	-----------------------	-----------------------	---------------------	--------------------

E-mail report to: MDH.UGAOralHealth@Maryland.gov



DEPARTMENT OF HEALTH

Oral Cancer Screening Program

Fiscal Year 2023

Number of Adults Screened (Unduplicated Patients)		
Age	Race	Insurance Status
21 – 64 years	White	Medicaid
65+ years	Black African American	Dual-eligible
	Asian	Private insurance
Gender	Hawaiian Pacific Islander	Uninsured
Male	Native American Alaska Native	Unknown
Female	Other Unknown	
Other Unknown		Referred for Biopsy
	Hispanic	
	Yes	Number of Healthcare Providers
	No	(Medical and Dental) Trained on
	Unknown	Oral Cancer

Number of Adults Receiving Oral Cancer Education Only	
Number of Adults Educated on HPV	

Adult Case Management

Number of Adults Receiving Case Management (Unduplicated Patients)		
Age	Race	Insurance Status
21 – 64 years	White	Medicaid
65+ years	Black African American	Dual-eligible
	Asian	Private insurance
Gender	Hawaiian Pacific Islander	Uninsured
Male	Native American Alaska Native	Unknown
Female	Other Unknown	
Other Unknown		Number Referred for Urgent Needs
Pregnant Patients	Hispanic	Referred to oral surgeon
	Yes	Referred to endodontist
	No	Referred to periodontist
	Unknown	Referred to prosthodontist

Outreach

Number of Outreach Events	
Number of Dental Hygiene Kits Distributed	
Number of Children Receiving Oral Health Education	
Number of Adults Receiving Oral Health Education	

Dental Workforce

	Full-Time	Part-Time	Total FTE
Dentist			
Dental Hygienist			
Dental Assistant			
Case Manager			

Report Due Dates	Q1: October 15	Q2: January 15	Q3: April 15	Q4: July 15
-------------------------	-----------------------	-----------------------	---------------------	--------------------

E-mail report to: MDH.UGAOralHealth@Maryland.gov