

## Instructions for filling out the Public Health Authorization Annual Report for Oral Health Services

The first thing a Registered Dental Hygienist with the Public Health Authorization will need to do is save a blank version of Public Health Authorization Annual Report to their computer. There are two tabs in the Excel workbook to fill out each time the report is submitted, the Hygienist Information tab and the Services Provided tab. The instructions below are to aid in completing and submitting the report.

*Please note, if there is a yellow bar across the top of the Excel page saying **enable content**, click on this link to be able to access and choose multiple options in the dropdown list.*

The **first tab** in the Excel workbook is the **Hygienist Information** tab. There are instructions on the top and throughout the page on how to fill this tab out, as well as below.

In the Provider Name section please type in your name.

In the Dental Hygienist License No. section enter your license number from the State of Nebraska.

In the Dental Hygienist Public Health Authorization No. section enter your public health authorization number from the State of Nebraska.

Type of Authorization: Use the dropdown list to select Child only or Child & Adult. To access the dropdown list click on the blank cell to the right of the cell that says 'Type of Authorization' and an arrow will appear on the right side of the cell. Click on the arrow for the choices and click on the choice you want as the answer.

County: Use the dropdown list to select the counties you provided services in during the reporting year. To access the drop down list click on the blank cell to the right of the cell that says 'County'; an arrow will appear on the right side of the cell. When you click on the arrow a list of all the counties in Nebraska will appear. To select the first county click on the county name. To select additional counties open the dropdown list and while holding down the CTRL key click on the county name. This step will have to be done for each additional county.

Location Type: Please access the dropdown list by clicking on the blank cell right of the cell that says 'Location Type' and an arrow will appear on the right side of the cell. Click on the arrow for the choices, and then select the first location type you provided services in during the reporting period. If services were provided in more than one location type, access the dropdown list and while holding down the CTRL key click on the additional location types. This step will have to be completed for each additional location type. If you select the option of 'Similar program or agency' please specify the program or agency in the cell below.

If a Registered Dental Hygienist **did not provide any services** during the reporting period please fill in the Provider Name, Dental Hygienist License No., Dental Hygienist Public Health Authorization No., Type of Authorization, Annual Reporting Due Date, and the line that says, "I received my Public Health Authorization on \_\_\_\_\_ (date). I did not provide any Services during this reporting period," with the date your Public Health Authorization was received in the blank.

Annual Reporting Due Dates: Click on the blank cell to the right of the cell that says 'Annual Reporting Due Date' to access the drop down list of options. Then select the correct time period for which you are reporting. **\*\*For the reporting periods of September 2013- December 2013 and January 2014- December 2014 the same reporting deadline applies of January 30, 2015. \*\***

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The **second tab** in the Excel workbook is the **Services Provided** tab. Please use the following instructions to complete the form. The Services Provided tab allows for reporting of services provided throughout the year by specified age ranges.

In the Year Services Provided: (two digits) line simply enter the last two digits of the year the exam was done. For example for 2013 enter 13

Age ranges used for reporting are <1, 1-2, 3-5, 6-9, 10-14, 15-18, 19-20, 21-24, 25-34-, 35-44, 45-57, 55-64, 65-74, 75-84 and 85+. These ranges are based on the ranges used by Medicaid and the Behavioral Risk Factor Surveillance System (BRFSS).

For the Services provided, Preliminary Charting and Screening, Oral Health Education (Individual setting) sections and the last question please enter the number of people under each age range for whom the service was provided. If the service was not provided for an age range enter a 0.

For the Oral Health Education (Group Setting) section provide the total number of workshops provided during the reporting period, and the total number of In-service Trainings provided during the reporting period. Please note for this section the totals are not broken down by age group.

Once both tabs of the form have been filled out for a reporting period the hygienist will want to save the form to their computer. Please e-mail all completed forms as an attachment to [DHHS.OralHealth@nebraska.gov](mailto:DHHS.OralHealth@nebraska.gov). All reports for a given year are due by the last Friday in January following the reporting period. The exception being for the 2013 reporting period. Please see the chart below which shows when reports are due.

<u>Annual Reporting Period</u>	<u>Report Due</u>
September 2013 – December 2013	January 30, 2015
January 2014 – December 2014	January 30, 2015
January 2015 – December 2015	January 29, 2016
January 2016 – December 2016	January 27, 2017
January 2017 – December 2017	January 26, 2018
January 2018 – December 2018	January 25, 2019

Please contact the Office of Oral Health and Dentistry at [DHHS.OralHealth@nebraska.gov](mailto:DHHS.OralHealth@nebraska.gov) or 402-471-8594 if you have questions or need further assistance in completing the Public Health Authorization Annual Report form.

### **For purposes of this report the definitions of the following terms apply:**

A Health care or related facility means a hospital, a nursing facility, and assisted-living facility, a correctional facility, a tribal clinic, or a school-based preventive health program.

A Public Health setting means a federal, state, or local public health department or clinic, community health center, rural health clinic, or other similar program or agency that serves primarily public health care program recipients.