



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

March 9, 2020

The Honorable Larry Hogan
Governor
State of Maryland
Annapolis, MD 21401-1991

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

RE: 2019 Annual Oral Health Legislative Report, Health-General Article, Section 13-2504(b) and HB 70 (Chapter 656 of the Acts of 2009)

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Pursuant to Health-General Article §13-2504(b), the Maryland Medicaid Program and the Office of Oral Health within the Department of Health (Department) submit this comprehensive oral health legislative report to the Governor and the General Assembly. In addition, the 2009 Joint Chairmen's Report (pg. 82) requested that without adding an official reporting requirement, the report also be distributed to the budget committees.

This consolidated oral health report addresses the following initiatives: 1) dental care access under the Maryland Medical Assistance Program (as originally required by Chapter 113 of the Acts of 1998 – SB 590) as well as the Office of Oral Health's efforts to improve access; 2) the Oral Health Safety Net Program (as originally required by Chapters 527 and 528 of the Acts of 2007 – SB 181/HB 30); and 3) the Oral Cancer Initiative (as originally required by Chapters 307 and 308 of the Acts of 2000 – SB 791/HB 1184). More specifically, the report discusses:

- Maryland Medicaid availability and accessibility of dentists;
- Medicaid dental administrative services organization (ASO) utilization outcomes, and allocation and use of related dental funds;
- The results of the Oral Health Safety Net Program administered by the Office of Oral Health;

- The findings and recommendations of the Office of Oral Health’s Oral Cancer Initiative; and
- Other related oral health issues.

The Department is pleased to share this report detailing the work that has been completed to improve dental care for Marylanders. If you have any questions regarding this report, please contact me or my Chief of Staff Tom Andrews at (410) 767-0136 or thomas.andrews@maryland.gov.

Sincerely,



Robert R. Neall
Secretary

MARYLAND'S 2019 ANNUAL ORAL HEALTH LEGISLATIVE REPORT

Health-General Article, Section 13-2504(b) and HB 70 (Chapter 656 of the Acts of 2009)

Robert R. Neall
Secretary

Table of Contents

Executive Summary	2
I. Introduction	4
II. Maryland’s Oral Health Accomplishments	5
Part 1. Oral Health Safety Net Program	5
Community Programs Supported	5
Federally-Funded Grant Projects	7
Expanding Oral Health Infrastructure	10
Part 2. Medicaid Dental Care Access	15
Availability and Accessibility of Dentists in Medicaid	15
Maryland Healthy Smiles Dental Program Dental Utilization Rates	17
HealthChoice Dental Utilization Rates	22
Emergency Department Utilization	23
Recent Dental Legislation and Program Expansions	25
III. Conclusion and Future Initiatives	26
Appendix A: Glossary of Key Abbreviations	27
Appendix B: Medicaid Dental Funding, Expenditures, and Utilization Rates; MCO and Maryland Healthy Smiles Dental Program Funding and Expenditures for Dental Services; and Utilization of Dental Services in HealthChoice and DentaQuest, SFY 1997 - CY 2017	28
Appendix C: State Public Health Dental Programs	29
Appendix D: Map of Maryland Health Professional Shortage Areas as of August 2018	31
Appendix E: Medicaid Dental Utilization Rates, CY 2009 – CY 2018 (Enrollment in Medicaid > 320 Days*, Ages 4-20)	32
Appendix F: Impact Breakdown of ODIP and Dental Sealant Programs	33

Executive Summary

The Centers for Medicare and Medicaid Services (CMS) and other stakeholders recognize Maryland as a national leader in oral health.¹ Maryland has implemented programs to improve access to oral health services through changes to the Maryland Medical Assistance Program (Medicaid) and by expanding public health dental infrastructure. Maryland continues to receive high grades from the federal government for its oral health initiatives because of its resolute efforts to improve dental care access for low-income Marylanders, especially those who are Medicaid-eligible, underserved, or underinsured.

The Maryland Department of Health (Department) intends to focus its oral health improvement efforts to address gaps in oral health literacy, improve disease prevention, and increase availability and access to quality dental care in Maryland. The Department's Office of Oral Health (OOH) also continues to address other key issues, including provider access and ensuring children across the state have access to preventive services, such as dental sealants and fluoride varnish. Medicaid continues to see increases in the number of providers and in utilization of dental care. On June 1, 2019, Medicaid implemented a new adult dental pilot that will provide services to adults ages 21 through 64 who are eligible for both Medicaid and Medicare.

Oral Health Safety Net Program

The Governor included \$1.4 million in the state fiscal year (SFY) 2019 budget for OOH to continue to support community-based oral health grants. These grants aim to expand the dental public health capacity for low-income, disabled, and Medicaid-eligible populations by providing funding for expansion of school-based dental sealant programs and for supporting the expansion of clinical procedures available to the target populations. Building on prior successes, this additional funding provides Marylanders in most jurisdictions access to a public health dental clinic that serves their area.

The Department is also required to provide education on oral cancer prevention for high-risk, underserved populations. The Oral Cancer Initiative, mandated by Chapters 307 and 308 of the Acts of 2000 (House Bill (HB) 1184/Senate Bill (SB) 791), requires that the Department implement programs to train health care providers on oral cancer screening and referral of patients with oral cancer to appropriate service providers.

Medicaid Dental Care Access

Maryland's Medicaid dental benefits, collectively called the Maryland Healthy Smiles Dental Program, are administered by a single statewide dental administrative services organization (ASO). The ASO is responsible for coordinating all dental services for children, pregnant women, adults in the Rare and Expensive Case Management (REM) Program, and former foster

¹ Centers for Medicare and Medicaid Services, "CMCS Informational Bulletin: Update on CMS Oral Health Initiative and Other Oral Health Related Items," 10 July 2014, Department of Health and Human Services, 10 October 2017. <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-10-2014.pdf>

care youth up to the age 26. Additionally, the ASO is responsible for all functions related to the delivery of dental services for these populations, including provider network development and maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. SKYGEN USA (formerly known as Scion) has been serving as the ASO since calendar year (CY) 2016.

Utilization rates have increased and provider networks have expanded since the Department improved and rebranded its dental benefit as the Maryland Healthy Smiles Dental Program. Maryland dental utilization continues to outpace national averages. The Department also continues to expand to new populations. Most recently, the Department expanded dental benefits to adults with both Medicaid and Medicare who are 21 through 64 years of age.

I. Introduction

Pursuant to Health-General Article §13-2504(b), Annotated Code of Maryland, the Maryland Medical Assistance Program (Medicaid) and the Office of Oral Health (OOH) within the Maryland Department of Health (Department) are required to submit a comprehensive oral health report that addresses the following areas:

- 1) The results of the Oral Health Safety Net Program administered by OOH;
- 2) Findings and recommendations for the Oral Health Safety Net Program and OOH's Oral Cancer Initiative;
- 3) The availability and accessibility of dentists throughout the state participating in Medicaid;
- 4) The outcomes that managed care organizations (MCOs) and dental MCOs under Medicaid achieve concerning the utilization of targets required by the Five Year Oral Health Care Plan,² including:
 - (a) Loss ratios that the MCOs and dental MCOs experience for providing dental services; and
 - (b) Corrective actions taken by MCOs and dental MCOs to achieve the utilization targets; and
- 5) The allocation and use of funds authorized for dental services under Medicaid.

² The Five Year Oral Health Plan was established by Chapter 113 of the Acts of 1998 (Senate Bill 590) and at the time established five consecutive years of dental access targets starting in 1998 when dental access was expected to increase by 10 percent each year. This iteration of the Plan concluded in 2003 and information related to the targets set by the 1998 Plan will not be included in this report. Currently, the dental ASO is the primary provider of dental services; MCOs may provide a limited dental package to their members. There is no dental MCO.

II. Maryland's Oral Health Accomplishments

Part 1. Oral Health Safety Net Program

Improving access to oral health services requires multiple strategies. Chapters 527 and 528 of the Acts of 2007 (HB 30/SB 181) established the Oral Health Safety Net Program within the Office of Oral Health (OOH). The purpose of the program is to:

- 1) Support collaborative and innovative ways to expand oral health capacity for low-income, disabled, and Medicaid populations by awarding community-based oral health grants to local health departments (LHDs), federally-qualified health centers (FQHCs), and other non-profit entities providing oral health services within State facilities;
- 2) Contract with a licensed dentist to provide public health expertise for the State; and
- 3) Provide continuing education courses on oral health to healthcare providers.

The OOH continues to explore new and creative strategies to enhance the oral health safety net, including:

- 1) Providing new or expanded oral health services in publicly-funded federal, state, or local programs;
- 2) Developing public and private partnerships; and
- 3) Expanding school-based and school-linked dental programs.

Community Programs Supported

The OOH supports several community programs in LHDs, FQHCs, hospitals, and foundations across the State targeting underserved areas and individuals with unmet needs. By leveraging funding from the OOH as well as additional sources, these community programs are able to positively impact every county in Maryland through a diverse set of initiatives (see Table 1). Further impact breakdown for the Oral Disease and Injury Prevention Program (ODIP) and Dental Sealants programs can be found in Appendix F.

Table 1: Community Programs Supported, SFY 2018

Program	County(ies) Funded	Activities	Impact
<p>Oral Disease and Injury Prevention Program (ODIP)</p> <p><u>Funding:</u> \$767,810</p>	<p>Allegany, Anne Arundel, Baltimore, Baltimore City, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Worcester</p>	<p>ODIP funds a variety of activities aimed at supporting LHDs in improving oral health conditions through utilizing numerous strategies, including:</p> <ul style="list-style-type: none"> - On-site clinical services for children; - On-site clinical services for adults; - Off-site oral health programs; - School-based/linked community oral health services; - WIC (Supplemental Nutrition Program for Women, Infants, and Children) oral health services; - Off-site oral cancer programs; and - Off-site adult case management. 	<p>Children seen:</p> <ul style="list-style-type: none"> • In-clinic: 17,818 • In schools: 10,366 <p>WIC patients screened: 32</p> <p>Adults seen: 10,178</p> <p>Pregnant women seen: 16</p> <p>Oral cancer screenings: 919</p>
<p>Dental Sealants Program</p> <p><u>Funding:</u> \$369,000</p>	<p>Allegany, Baltimore, Cecil, Charles, Harford, Kent, Prince George's, Somerset, Wicomico, Worcester</p>	<p>The Dental Sealants program strives to improve oral health conditions for children through supporting school-based, school-linked, and mobile programs which:</p> <ul style="list-style-type: none"> - Screen children; - Provide sealants; and - Refer children for follow-up care. 	<p>Schools visited: 134</p> <p>Children:</p> <ul style="list-style-type: none"> • Seen: 7,962 • Receiving sealants: 3,844 <p>Sealants placed: 13,267</p>
<p>Calvert Health Systems</p> <p><u>Funding:</u> \$80,000</p>	<p>Calvert, St. Mary's</p>	<p>Calvert Health Systems provides affordable and accessible oral health care to children and adults. The program provides funding for dental care to those who cannot afford it but require emergency intervention due to severe abscess or decay. Additionally, Calvert Health Systems continues to partner with the Southern Maryland Mission of Mercy and Tri-County Veterans Council to host a Mission of Mercy event for veterans and provide follow-up care.</p>	<p>Children seen:</p> <ul style="list-style-type: none"> • In-clinic: 215 • In schools: 408 <p>Adults seen: 1,281</p>

Program	County(ies) Funded	Activities	Impact
Monocacy Health Partners (MHP) Funding: \$25,000	Frederick	The MHP Dental Clinic offers dental services to uninsured, underinsured, and low-income residents.	Adults: <ul style="list-style-type: none"> • Seen: 2,629 • Receiving emergency treatment: 2,258
Maryland Foundation of Dentistry for the Handicapped Funding: \$56,000	Statewide	The Maryland Foundation of Dentistry for the Handicapped is a 501(c)3 non-profit organization which recruits volunteer dentists and specialists to treat and educate patients and assist patients with necessary case management services.	Adults seen: 972
Health Care for Homeless Funding: \$50,000	Baltimore City	Health Care for Homeless is a non-profit organization that runs dental clinics in West Baltimore and Downtown. They provide dental services particularly to children.	Children: <ul style="list-style-type: none"> • Seen: 63 • Clinical visits: 101 Oral cancer screenings: 264
MSDAF Mission of Mercy Funding: \$35,000	Statewide	MSDA Mission of Mercy gathers volunteer dental professionals who along with a volunteer staff of several hundred hold free, two-day dental clinics at locations around the State.	Adults: <ul style="list-style-type: none"> • Seen: 3,187 • Uninsured: 3,187 Providers trained: 787
UMSOD LIUC Funding: \$25,000	Statewide	The Oral Health for Limited Income Uninsured Children (OH-LIUC) program, managed by the University of Maryland School of Dentistry (UMSOD), will provide oral health care to uninsured children from limited income families. Comprehensive oral health care is provided by pre-doctoral dental students and pediatric dental residents.	Children: <ul style="list-style-type: none"> • Seen: 63 • Clinical visits: 162

Federally-Funded Grant Projects

Hypertension Screening in the Dental Setting

The OOH collaborated with the Department's Center for Chronic Disease Prevention and Control (CCDPC) to develop and implement the *Models of Collaboration for State Chronic*

Disease and Oral Health grant, funded by the Centers for Disease Control and Prevention (CDC), from 2016 through 2018. This collaboration created a program engaging dentists to provide hypertension screenings during routine dental visits and, if necessary, provide patient referrals to primary care providers (PCPs) for appropriate medical follow-up. This collaboration aided in the effort to reduce the prevalence of undiagnosed and uncontrolled hypertension among Maryland residents.

The OOH and CCDPC collaborated with 14 LHDs throughout Maryland to implement program activities. Over the two-year grant period, 47 dental practices participated and screened 36,996 individuals for hypertension. In addition, 2,689 individuals with undiagnosed or uncontrolled hypertension were referred to PCPs for further treatment. During CY 2018 – 2019, the OOH stretched its campaign on “Two Minutes with Your Dentist Can Save Your Life” expending the new branding. During this phase, the campaign focused on television advertising and transit advertising. Over the course of the 3-month campaign which lasted from March – May, 224 spots of television advertisements were broadcasted with 4,246,925 impressions reaching a population of more than 1.5 million. YouTube achieved 3,187 impressions and 1,669 views. The transit advertising ran on the exterior of buses and in poster casings at transit stops in the transit markets of Baltimore City and in Baltimore, Montgomery, Howard, Northern Anne Arundel, Northern Prince George’s, Annapolis, Queen Anne’s, Somerset, Wicomico, Worcester, Dorchester, Carroll, and Talbot Counties. The campaign delivered 29,156,610 impressions. The lessons and results from the *Models of Collaboration for State Chronic Disease and Oral Health* grant were presented at the National Oral Health Conference, 2019 in Tennessee.

With the successes of the *Models of Collaboration* grant, the OOH and CCDPC intend to continue the promotion of hypertension screenings in dental settings and to expand collaborations between medical and dental practitioners. Conditions such as diabetes and obesity are rampant throughout the United States, including the state of Maryland, and present an opportunity to continue collaboration efforts between dental and medical providers to address these deadly health conditions.

Perinatal and Infant Oral Health Quality Improvement Project (PIOHQI)

In 2015, the OOH received a \$1 million grant from Health Resources and Services Administration (HRSA) to engage in the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) initiative for the period of August 1, 2015 – July 31, 2019. The goal of the PIOHQI project was to reduce the prevalence of oral disease in pregnant women and infants through improved access to high-quality oral health care (i.e., preventive services, restorative treatment, and education).

PIOHQI developed the *Oral Health Care During Pregnancy: Practice Guidance for Maryland’s Prenatal and Dental Providers* guidance document to provide up-to-date, evidence-based recommendations, and resources to prenatal and dental providers throughout the state to increase utilization of oral health care services and ultimately improve oral health of pregnant women and infants in Maryland. The document was disseminated via mail to about 7,600 dentists, dental hygienists, obstetricians, gynecologists, and nurse midwives and was sent electronically to numerous provider organizations and academic and public health programs in Maryland.

Additionally, PIOHQP provided statewide and local trainings on oral health care during pregnancy and early childhood and created oral health data and goal setting forms for use during home visits with pregnant women. Two English and Spanish videos were produced: *Lift the Lip to Prevent Decay* and *Brushing Toddlers' Teeth*. PIOHQP also launched 8-week Spanish language social marketing campaign promoting the importance of oral health care during pregnancy. This included radio advertising and the distribution of educational brochures and posters in English and Spanish to Latinas of childbearing age. In partnership with two FQHCs and the University of Maryland, Baltimore Women's Health Center, oral health screenings and referrals were integrated into existing prenatal care. The prenatal care providers at the center provided oral health screenings to their patients and a referral system was developed for the prenatal care providers to refer pregnant patients to outside dental providers for dental care. Oral health resources (i.e., toothbrushes, floss, toothpaste, washcloths, and educational brochures) were provided to pilot home visiting programs in Baltimore City and Harford and Prince George's Counties. The *Toothful Tales* children's book in English and Spanish and health passports for pregnant women and their infants were distributed to increase oral health literacy among low-income women.

During year four of the PIOHQP project, the OOH was awarded an additional funding of \$20,000 by the National Maternal and Child Oral Health Resource Center at Georgetown University for the Partnership for Integrating Oral Health Care into Primary Care (PIOHCPC) project for the project period of January 1, 2019 – July 30, 2019. PIOHCPC project is supported by HRSA's Maternal and Child Health Bureau (MCHB). This partnership enhanced our existing PIOHQP efforts with primary care professionals from the University of Maryland Medical Center, Women's Health Clinic integrating oral health care into prenatal visits as well as from partnering with the University of Maryland School of Dentistry to provide oral health care for pregnant women.

Community-Based Prevention Services through Regional Oral Health Coordinators (ROHCs)

With the support of funding from HRSA, the OOH mobilized two Regional Oral Health Coordinators (ROHCs) to two key regions of Maryland: Western Maryland and Central/Southern Maryland. The ROHCs support LHDs in building referral networks with local dental providers and document best practices for case management and care coordination that can be used statewide by LHDs, health care, and non-dental organizations. They will work with community partners and local PCPs to promote the Oral Health Delivery Framework – a conceptual model for integrating oral health care in routine medical care.

Oral Health Care Based Childhood Obesity Screening and Prevention Program

With HRSA grant funding, the OOH started innovative and inter-professional approach in health promotion and disease prevention to address the common risk factors of child obesity and dental caries. The program offers body-mass index screenings and referrals to PCPs or nutritional counseling for at-risk children. It also provides counseling on the elimination of sugary beverages from children's diets as well as tips on healthy eating, along with being active and limiting screen time on social media and electronic devices. The OOH has developed *Healthy*

Mouth, Healthy Body - making healthy choices for life, a communication campaign targeting dental professionals, parents, and children to recognize childhood obesity and deal with it appropriately. The campaign is currently in the final stages of development. FY 2019 has been a planning year, and the campaign is set to launch in early 2020.

Expanding Oral Health Infrastructure

Maryland Oral Health Plan

In January 2018, the Maryland Dental Action Coalition (MDAC) released the updated Maryland Oral Health Plan (MOHP), a five-year roadmap to improved oral health.³ Funded by OOH, the plan builds on oral health improvements achieved since the release of the first State plan in 2011, identifies critical remaining gaps, and outlines strategies to improve the oral health and overall health of Marylanders. The MOHP provides specific direction for the oral health actions in the next five years with sets of strategies and actions to be taken. The MDAC released the 5-year Maryland Oral Health Plan in January 2018. The plan has set 11 goals in three key areas (access to oral health care, oral disease and injury prevention, and oral health literacy and education) to be achieved by 2023:

- 1) All Maryland children will have comprehensive dental Insurance coverage through public (Medicaid/MCHP) or private insurance.
- 2) All Maryland adults will have comprehensive dental Insurance coverage through public Medicaid or private insurance.
- 3) All Maryland residents will have a dental home.
- 4) The oral health safety net provider system will get stronger.
- 5) The oral health care system will be integrated within the medical health care system.
- 6) Data/evidences will be utilized to advance optimal oral health for all Marylanders.
- 7) The public awareness on oral health and injury prevention will be improved.
- 8) Community based oral disease and injury prevention programs will be promoted.
- 9) The understanding of the relationship between oral health and overall health will be enhanced.
- 10) The collaborations between oral health and other health and human service providers enable patients to navigate the oral health system and have a dental home.
- 11) The medical professionals/students will be educated on the importance of the oral/systemic connection and foster collaboration between medical and dental disciplines and communities.

Training of Dental and Medical Providers

Between July 2009 and June 2019, approximately 2,124 health professionals from a variety of disciplines received training in didactic and clinical dentistry and oral systemic health so that they can competently treat their patients. The OOH organized the Ninth Annual Ava Roberts Advanced Pediatric Dentistry Seminar on November 30, 2018. With the funding from HRSA,

³ Maryland Oral Health Plan, 2018-2023. http://www.mdac.us/2018_01_14/MD_OHP_2018_0102.pdf

the seminar included specific sessions on opioids. The sessions provided specific guidance to: (i) identify best practices for appropriate prescribing, handling, and disposal of medications and controlled substances, (ii) review usage of State or Regional Prescription Drug Monitoring Program's and usage of Electronic Health Records, and (iii) review current and emerging methods of pain control without use or with limited use of opioids. The health professionals who attended the seminar included 37 students, 33 dental hygienists, 18 dental assistants, and 12 dentists.

Community Water Fluoridation

Leading public health agencies, including the CDC and World Health Organization, endorse community water fluoridation as the single most effective public health measure to improve oral health by preventing tooth decay. Maryland has surpassed the Healthy People 2020 (HP 2020) objective of 79.6 percent of the population with public water receiving fluoridated water, as 94.7 percent of Marylanders with public water receive fluoridated water.⁴ To address water fluoridation needs in Maryland, the OOH partners with the Maryland Department of the Environment (MDE) to create fluoridation plans, share fluoridation data, monitor fluoride levels, and generate annual reports. The OOH continued to partner with the Maryland Rural Water Association (MRWA) to survey community water systems and provide technical assistance. Twenty-three fluoridation stations across eighteen water systems were surveyed in FY 2019. The surveys highlighted both the continued need for fluoridation equipment maintenance, repair, and replacement as well as the need for fluoridation training for water operators. One Regional Fluoridation Training Class for Water System personnel was conducted in FY 2019. The class was held in Williamsport, Maryland on November 8, 2018 and had fourteen attendees. Through funding available from its CDC grant, the OOH continues to provide replacement fluoridation equipment and fluoridation training to systems in need. One water system (Town of Fruitland) was provided with replacement fluoridation equipment in FY 2019. The Town of Fruitland water system has a service population of 3,900 people.

Maryland Community Health Resources Commission Dental Grant Awards

The Maryland Community Health Resources Commission (MCHRC) continues to partner with OOH to fulfill its commitment to expanding and creating new capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents. Since March 2008, MCHRC has awarded 43 dental services grants totaling \$8.7 million. The MCHRC dental grant projects, awarded to local health departments, FQHCs, and private, non-profit foundations and hospitals throughout the State, have collectively served more than 67,000 low-income children and adults, resulting in more than 153,000 visits.

MCHRC seeks to support programs that will be sustainable after its initial grant funds have been expended. MCHRC dental grantees have leveraged their initial grant resources to secure more than \$3.7 million in additional federal, local, private, and other resources to maintain programs in

⁴ Department of Health and Human Services, Healthy People 2020, Topics and Objectives, <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=32>, 5 October 2015.

their underserved communities. MCHRC continues to expand access to dental services for both adults and children. The following is a summary of the grants awarded by the MCHRC in 2019:

- **MedStar St. Mary's Hospital** received a one-year grant (\$150,000) to expand access to dental services in the Lexington Park region of St. Mary's County, previously designated as a Health Enterprise Zone. The project involves a partnership with Health Partners, Inc. to open a new dental practice that will expand access for underserved individuals in the southern corridor of St. Mary's Country.
- **Mosaic Community Services** received a two-year grant (\$325,000) to expand access to dental services for clients served by Mosaic, many of whom are impacted by chronic diseases that include diabetes and hypertension and have delayed seeking dental care. Under the project, private dental providers will offer services to Mosaic clients in Baltimore, Carroll and Harford Counties and Baltimore City.
- **Chase Brexton** received a two-year grant (\$300,000) to support a partnership with Johns Hopkins Hospital that would identify individuals seeking oral health care services at the hospital ED and refer them to community-based dental services provided at Chase Brexton. Under the project, individuals will receive assistance for transportation; financial assistance for medications; enrollment options for health insurance; health education; care coordination and outreach for missed appointments; and referrals for health care and psychosocial support services.
- **Western Maryland AHEC** received a two-year grant (\$100,000) to expand an existing dental program that currently serves low-income adults in western Maryland through a community health worker model in Allegany, Garrett and Washington counties. The project will target individuals who are in recovery and have delayed accessing dental services.

Eastern Shore Oral Health Outreach Program

The OOH Lower Eastern Shore Oral Health Outreach Program provides seven Early Head Start and Head Start Centers with oral health screenings, fluoride varnish applications, oral health education, and case management. During the 2018 – 2019 school year, the OOH screened 426 Head Start students and 215 Early Head Start students. Each student was screened three to four times throughout the school year, culminating in a total of 1,625 Head Start screenings and 465 Early Head Start screenings. For those students identified as presenting early evidence of cavities, evidence of dental problems, or needing urgent care, the staff managed cases by referring the students and their parents to dental clinics. Through the program, 2,897 children received oral health education during four quarters. Among the students, 94 percent received fluoride varnish support, and 30 percent were referred to dental services for further treatments including two percent who required urgent care. Between Wicomico, Worcester, and Somerset Counties, 18 Judy Center Partnerships benefited from the outreach campaign (that included screening, oral health education, fluoride varnish application, and case management).

The OOH Upper and Mid-Eastern Shore Oral Health Education and Outreach Program covered six counties (Cecil, Queen Anne, Kent, Dorchester, Talbot, and Caroline). The program

delivered 30 - 45 minute oral health education sessions covering agendas related to medical, dental, behavioral, and social interaction. During 2019, the sessions benefitted 180 individuals every 3 months. In all counties, oral health education events were organized in day care centers, including non-profit and private settings. The program provided Special Education Citizen's Advisory Committee (SECAC) gatherings to distribute oral health kits for daily use, every three months in six counties. In addition, case management services were provided based on the demand of schools, parents, and extended families.

Maryland's Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids

In July 2009, the Department began training and reimbursing Medicaid Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) medical providers for the application of fluoride varnish for children through age five. Providers must complete an online training as part of the certification process. In March 2010, the training became available online.⁵ EPSDT Fluoride Varnish certified providers administered 275,582 fluoride varnish applications to Medicaid children through June 2019.

Maryland Dent-Care Loan Assistance Repayment Program

The purpose of the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) is to improve access to oral health care by increasing the number of dentists that provide services to Medicaid recipients. In January 2019, five new MDC-LARP dentists started their three-year commitment to the program. The providers practice in Baltimore City and Anne Arundel, Dorchester, Montgomery and Talbot Counties. During CY 2018, MDC-LARP dentists treated 21,362 unique Medicaid patients and provided 53,404 dental visits for Medicaid recipients. MDC-LARP dentists have provided 541,835 dental visits since the inception of the program in 2001.

Oral Cancer Awareness Month

In April 2019, the Department observed Maryland Oral Cancer Awareness Month. The OOH made information available online to county coordinators, including prevention materials, scripts for public service announcements, Maryland Tobacco Quitline resources, and articles for local newspapers. The information addressed only oral cancer and the importance of the Human Papillomavirus (HPV) vaccine, which, in addition to preventing cervical cancer, can prevent certain types of oral cancers. The 2019 resources can be found on the OOH's website.⁶

Oral Cancer Initiative

Chapters 307 and 308 of the Acts of 2000 (HB 1184/SB 791) established the Department's Oral Cancer Initiative (Health-General Article, §18-801 and §18-802, Annotated Code of Maryland).

⁵ Link can be found here: <https://www.mchoralhealth.org/flvarnish/>

⁶ Link can be found here: https://phpa.health.maryland.gov/oralhealth/Pages/Oral_Cancer_Awareness_Month_2019.aspx

The major components of this initiative are oral cancer education for the public, education and training for dental and non-dental health care providers, screening and referral if needed, and evaluation of the program. The statute further requires OOH to develop activities and strategies to prevent and detect oral cancer, with an emphasis on high-risk, underserved populations.⁷ The Oral Cancer Initiative funds the Oral Cancer Mortality Prevention Initiative. This initiative, directed by OOH, provides funds through ODIP funding. The grantees implement oral cancer prevention initiatives, including oral cancer education and screenings for the public as well as education and training for health care providers on how to conduct an oral cancer exam. In FY 2019, 6,344 individuals received an oral cancer screening. Of those screened, 24 were referred to a surgeon for a biopsy. Additionally, 2,352 health care providers received education on oral cancer.

In 2000, the Maryland General Assembly created the Cigarette Restitution Fund (CRF) Program that provides funds for cancer prevention, education, screening, and treatment services for seven targeted cancers, including oral cancer.⁸ Some local jurisdictions provide oral cancer screening and education and outreach services to residents. To date, CRF grants have funded oral cancer prevention and early detection education, outreach and training services for 491,891 health care providers, trainers and educators, and the public, resulting in 12,058 oral screening exams for patients. In cooperation with OOH, the CRF Program is responsible for maintaining up-to-date Oral Cancer Minimal Clinical Elements for screening, diagnosis, treatment, follow-up, and care coordination services to provide guidance for public health programs that screen for oral cancer. In addition, Johns Hopkins University and the University of Maryland use CRF cancer research funds to conduct oral cancer research.

HIV Oral Health Care Referral Program

The OOH is preparing to implement and evaluate a pilot program to increase the access to oral health care for people living with HIV. In 2019, the OOH received \$ 2.5 million in funding from the Department, and the Center for HIV Prevention and Health Services to engage in the HIV Oral Health Care Referral Program initiative for the period of August 1, 2019 through June 30, 2024. The program will be implemented statewide with an emphasis on the most highly populated areas. The program will entail a social marketing campaign to increase awareness of the importance of regular oral health care among people living with HIV/AIDS (PLWHA) and referral supports to increase the rate of referral of PLWHA to oral health care services by PCPs and medical professionals at HIV treatment centers.

⁷ Md. Health General Code Ann. § 18-801.

⁸ Chapters 17 and 18 of the Acts of 2000 (SB 896/HB 1425), Md. Ann. Code Health-General Art., Title 13, Subtitles 10 and 11.

Part 2. Medicaid Dental Care Access

The Maryland Medicaid program covers dental benefits through the Maryland Healthy Smiles Dental Program. Dental services are covered for children aged 20 and younger under EPSDT, pregnant women, certain adult populations, and former foster care youth until they become 26. Non-pregnant adults may receive dental benefits provided as an additional benefit of their MCO. As of July 2019, eight out of nine MCOs voluntarily cover limited adult dental services to their members as a part of their benefit package using their own profits. In addition, the Department has an adult dental pilot for adults aged 21 through 64 who are enrolled in both Medicaid and Medicare.

Medicaid dental reimbursement for services for children, pregnant women, and participants enrolled in the Rare and Expensive Case Management (REM) program has increased in recent years to \$192.1 million for CY 2018 (see Appendix B). The Medicaid program delivered oral health services to 504,533 children and adults (ages 0-64) during CY 2018 compared to 493,146 in CY 2017. Maryland continues to improve its dental program by confronting barriers to providing comprehensive oral health services to Medicaid participants.

Availability and Accessibility of Dentists in Medicaid

Since 2009, a single statewide dental ASO has overseen services for Maryland Healthy Smiles Dental Program participants. SKYGEN USA⁹ currently serves as the ASO. The ASO is responsible for credentialing, claims payment, and other dental provider issues, such as resolving provider issues and running a provider call center. This streamlines the process for providers and as a result, the Department has been able to increase the Medicaid dental provider network.

With the goal of increasing dental provider enrollment, the Department outlined pay-for-performance standards in February 2015 in the Maryland Medicaid Dental Benefits Administrator Request for Proposals. The pay-for-performance standards incentivize provider outreach and reward the ASO for increasing provider enrollment in target counties. The ASO must be able to demonstrate improvement across two ratios: 1) the general dentist provider-to-participant ratio and 2) the dental specialist provider-to-patient ratio.¹⁰ Performance payments are tiered and allow for continued demonstrations of improvement over the life of the contract. SKYGEN USA will continue outreach to dental providers to increase participation in the program. In CY 2018, there were 1,712 total (1,596 unique) providers enrolled (see Table 2).

⁹ Formerly known as Scion

¹⁰ The ASO is tasked with demonstrating improvement in counties that were not meeting the 1:500 general dentist provider-to-participant ratio and the 1:10,000 dental specialists provider-to-patient ratio as of January 1, 2016.

Table 2: Number of Dentists Participating in Medicaid who Billed One or More Services, by Region

Region¹¹	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Baltimore Metro	490	536	538	560	593
Washington D.C. Suburbs	525	564	567	563	582
Southern Maryland	55	54	60	63	66
Western Maryland	117	128	122	145	152
Eastern Shore	84	89	86	97	100
Out-of-State	179	182	167	197	219
Total¹²	1,450	1,464	1,540	1,625	1,712
Unique Total¹³	1,361	1,470	1,467	1,600	1,596

According to the Maryland State Board of Dental Examiners, there were 4,014 dentists actively practicing in Maryland in August 2019 (see Table 3). As of August 2019, 1,567 dentists participated with the Maryland Healthy Smiles Dental Program. In CY 2017, 1,596 unduplicated dentists billed one or more Medicaid services, and 1,221 unduplicated dentists billed \$10,000 or more to the Medicaid program.

Table 3: Active Dentists and Dentists Participating with the Maryland Healthy Smiles Dental Program

Region¹¹	Total Active Dentists¹⁴	Active Pediatric Dentists¹⁴	Dentists Enrolled with Maryland Healthy Smiles Dental Program¹⁵	Dentists Who Billed One or More Services in CY 2018¹⁶	Dentists Who Billed \$10,000+ in CY 2018¹⁶
Baltimore Metro	1,872	65	700	593	458
Washington D.C. Suburbs	1,649	66	733	582	468
Southern Maryland	144	7	96	66	51

¹¹ Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington, D.C. suburbs include Prince George's and Montgomery Counties. Southern Maryland includes Calvert, Charles, and St. Mary's Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.

¹² Please note that the total is the sum of all regions.

¹³ Please note that the unique total does not equal the sum of all regions because an individual dentist may have offices in multiple regions. The unique total reflects the number of unique dentists unduplicated statewide. This unique total also includes out-of-state dentists who served Maryland Medicaid participants.

¹⁴ Source: Maryland Board of Dental Examiners, as of August 2019

¹⁵ Source: SkyGen USA, as of August 2019

¹⁶ Records were manually unduplicated by provider name because providers who practice in multiple locations may have different provider numbers for each practice affiliation. Dentists working for group practices or clinics were impossible to identify; therefore, the number of unique providers may significantly undercount the total number of dentists providing dental services to Medicaid participants.

Region¹¹	Total Active Dentists¹⁴	Active Pediatric Dentists¹⁴	Dentists Enrolled with Maryland Healthy Smiles Dental Program¹⁵	Dentists Who Billed One or More Services in CY 2018¹⁶	Dentists Who Billed \$10,000+ in CY 2018¹⁶
Western Maryland	275	12	206	152	123
Eastern Shore	208	7	156	100	82
Out-of-State	--	--	207	219	95
TOTAL¹⁷	4,014	129	1,567	1,596	1,221

Maryland Healthy Smiles Dental Program Dental Utilization Rates

Children and Dental Utilization

Under EPSDT requirements, dental care is a mandated health benefit for children under 21 years of age.¹⁸ To assess the performance of HealthChoice and the ASO, Medicaid uses a measure closely modeled after the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS®) measure for Medicaid children’s dental services utilization. In CY 2018, 69.1 percent of children received dental services, which is greater than the national HEDIS® mean (see Table 4).

Table 4: Number of Children Aged 4 through 20 Years Enrolled in Medicaid¹⁹ for at least 320 Days Receiving Dental Services, CY 2014 - CY 2018

Year	Total Number of Participants	Participants Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average^{20,21}
CY 2014	423,625	286,713	67.7%	↑
CY 2015	404,118	278,796	69.0%	↑
CY 2016	440,100	301,367	68.5%	↑
CY 2017	464,585	316,294	68.1%	↑

¹⁷ Please note that the totals for Maryland Healthy Smiles Dental Program enrollment, dentists billing one or more services, and dentists billing more than \$10,000 in services do not equal the sum of all regions because an individual dentist may have offices in multiple regions. The totals listed reflect the number of unique dentists unduplicated statewide for CY 2018.

¹⁸ Children are only covered up to age 19 under the Maryland Children’s Health Program and up to age 20 under Medicaid.

¹⁹ The study population for CY 2014 through CY 2018 measured dental utilization for all qualifying individuals in Maryland’s Medicaid program, including fee-for service (FFS) and HealthChoice MCO participants. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10. Recipients with partial benefits were also excluded from the analysis.

²⁰ Mean for the Annual Dental Visit measure, total age category (ages 2-20 years), as of HEDIS® 2006. The 2-3 year age cohort was added as of HEDIS® 2006.

²¹ Due to National Committee for Quality Assurance licensing restrictions beginning with CY 2013, the National HEDIS® Mean can no longer be displayed in Table 4. An arrow has been added to indicate if Maryland’s performance score is above, below, or equal to the National HEDIS® Mean.

Year	Total Number of Participants	Participants Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average ^{20,21}
CY 2018	469,413	324,252	69.1%	↑

Of the 733,594 children enrolled in Medicaid for any period during CY 2018, 55.6 percent of these children received one or more dental service compared to 55.0 percent in CY 2017 (see Table 5). The utilization rates of children with any period of enrollment have increased over the five-year period for all age groups.

Table 5: Percentage of Children Aged 0 through 20 Years Enrolled in Medicaid¹⁹ for Any Period who had at Least One Dental Visit by Age Group, CY 2014 - CY 2018

Age Group	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
0–3	29.8%	28.9%	30.0%	30.3%	30.8%
4–5	65.2%	64.7%	66.3%	65.8%	65.6%
6–9	68.0%	68.0%	69.1%	69.2%	69.6%
10–14	62.1%	62.8%	64.7%	65.6%	66.2%
15–18	51.3%	51.6%	54.3%	55.6%	56.5%
19–20	34.3%	34.0%	36.7%	37.3%	37.8%
All	52.9%	52.8%	54.5%	55.0%	55.6%

In response to the concern that the level of restorative services or treatment may not be adequate, Medicaid has examined the type of dental services that children receive. Utilization of diagnostic services increased from 66.2 percent in CY 2014 to 67.4 percent in CY 2018, while utilization of restorative services has decreased from approximately 23.2 percent of all children in CY 2014 to 22.9 percent in CY 2018 (see Table 6).

Table 6: Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid¹⁹ for at least 320 Days Receiving Dental Services, by Type of Service, CY 2014 - CY 2018

Year	Total Number of Participants	Diagnostic	Preventive	Restorative
CY 2014	423,625	66.2%	62.6%	23.2%
CY 2015	404,118	67.6%	64.0%	24.0%
CY 2016	440,100	67.0%	63.4%	23.2%
CY 2017	464,585	66.5%	62.9%	23.2%
CY 2018	469,413	67.4%	63.6%	22.9%

Utilization rates are lower when analyzed for any period of enrollment versus a period of continuous enrollment, because the MCO or ASO has had less opportunity to manage the care of these populations. For those children enrolled in Medicaid for any period, 54.7 percent received a preventive or diagnostic visit in CY 2018. Of those receiving a preventive or diagnostic visit, 28.5 percent received a follow-up restorative visit (see Table 7).

Table 7: Percentage of Children Aged 0 through 20 Years Enrolled in Medicaid¹⁹ for Any Period who received a Preventive/Diagnostic Visit Followed by a Restorative Visit, CY 2014 - CY 2018

Year	Total Number of Participants	Number with Preventive/Diagnostic Visit	Percent with Preventive/Diagnostic Visit	Number with Preventive/Diagnostic Visit Followed by a Restorative Visit	Percent with Preventive/Diagnostic Visit Followed by a Restorative Visit
CY 2014	706,378	367,908	52.1%	107,595	29.2%
CY 2015	709,669	369,645	52.1%	109,614	29.7%
CY 2016	702,105	377,058	53.7%	109,048	28.9%
CY 2017	723,709	391,897	54.2%	114,089	29.1%
CY 2018	733,594	401,370	54.7%	114,312	28.5%

Pregnant Women and Dental Utilization

Chapter 113 of the Acts of 1998 (SB 590) required that HealthChoice cover dental services for all pregnant women. The percentage of pregnant women 21 years and over enrolled for at least 90 days receiving dental services was approximately 28.2 percent in CY 2018 (see Table 8).

Table 8: Number and Percentage of Pregnant Women Aged 21 and Older with at least 90 Days in Medicaid¹⁹ who had Dental Services, CY 2014 - CY 2018

Year	Total Number of Participants	Number of Participants with at least One Visit	Percent with Dental Visits
CY 2014	25,408	6,858	27.0%
CY 2015	26,795	7,324	27.3%
CY 2016	29,014	7,562	26.1%
CY 2017	29,111	7,981	27.4%
CY 2018	28,259	7,979	28.2%

Rare and Expensive Case Management (REM) Adults

The Department began offering dental benefits to REM adults in July 2009, after acquiring an ASO to administer the Department’s Healthy Smiles Dental Program.

Overall, 2,284 REM participants utilized dental services in CY 2018 (see table 9). The highest percent utilization was in the 6 to 9 year olds, with 77.4 percent utilizing services.

Table 9: Number and Percentage of REM Participants Aged 4 through 64 Years with at Least 320 Days in Medicaid¹⁹ Who Had Dental Services, by Age Group, CY 2018

Age Group (Years)	Total Number of Participants	Number with Any Service	Percentage with Any Service
04 - 05	314	216	68.8%
06 - 09	696	539	77.4%
10 - 14	830	606	73.0%
15 - 18	592	367	62.0%
19 - 20	280	149	53.2%
21 - 39	978	356	36.4%
40 - 64	255	51	20.0%
Total	3,945	2,284	57.9%

From CY 2014 to CY 2018, the percent of REM participants utilizing dental services increased from 53.3 percent to 56.2 percent (see table 10). The age group with the highest utilization varied between 4 to 5 year olds and 6 to 9 years olds across the period.

Table 10: Percentage of REM Participants Aged 4 through 64 Years Enrolled for Any Period in Medicaid Who Had Dental Services, by Age Group, CY 2014–CY 2018

Age Group	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
04 - 05	61.6%	66.2%	73.5%	71.5%	66.2%
06 - 09	70.1%	67.9%	70.6%	76.1%	75.6%
10 - 14	66.3%	65.5%	67.7%	67.3%	71.6%
15 - 18	58.1%	58.2%	59.4%	59.8%	61.0%
19 - 20	45.1%	49.5%	49.5%	48.9%	52.2%
21 - 39	34.4%	33.9%	33.6%	34.5%	35.4%
40 - 64	18.8%	20.7%	20.2%	18.5%	18.0%
Total	53.3%	53.3%	54.8%	55.3%	56.2%

Former Foster Care Youth

Chapters 57 and 58 of the Acts of 2016 (SB 252/HB 511) authorized Medicaid to cover dental care for former foster care youth until they reach age 26. CMS granted Maryland a waiver to cover these services, and Maryland has provided dental services as an EPSDT benefit to former foster care youth since January 1, 2017.

In CY 2018, 275 or 22.2 percent of all former foster youth received at least one dental visit (see table 11). This is an increase from CY 2017, where only 21.7 percent received at least one dental service.

Table 11: Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for 320 Days who had Dental Services, by Region, CY 2017 and CY 2018

Region	CY 2017			CY 2018		
	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits
Baltimore City	563	108	19.2%	540	104	19.3%
Baltimore Suburban	374	88	23.5%	339	86	25.4%
Eastern Shore	90	21	23.3%	70	17	24.3%
Out of State	* ²²	*	0.0%	*	*	0.0%
Southern Maryland	*	*	19.4%	*	*	25.0%
Washington Suburban	173	43	24.9%	161	37	23.0%
Western Maryland	100	23	23.0%	91	22	24.2%
Total	1,333	289	21.7%	1,238	275	22.2%

18.9 percent of former foster youth received diagnostic services in CY 2018 (see table 12). 13.4 percent received preventive services and 6.3 percent received restorative services during the same year.

Table 12: Percentage of Former Foster Care Participants Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service and Region, CY 2018

Region	Percentage with Diagnostic Service	Percentage with Preventive Service	Percentage with Restorative Service
Baltimore City	16.5%	10.7%	5.8%
Baltimore Suburban	21.7%	16.2%	7.7%
Eastern Shore	16.8%	11.9%	4.0%
Out of State	0.0%	0.0%	0.0%
Southern Maryland	22.7%	18.2%	9.1%
Washington Suburban	21.0%	16.7%	6.7%
Western Maryland	20.0%	12.3%	4.6%

²² Cells with populations 10 or fewer are suppressed

Region	Percentage with Diagnostic Service	Percentage with Preventive Service	Percentage with Restorative Service
Total	18.9%	13.4%	6.3%

HealthChoice Dental Utilization Rates

Apart from dental services covered for pregnant women and adults in REM, adult dental services are not covered under HealthChoice or the Maryland Healthy Smiles Dental Program. Prior to the dental carve-out and implementation of the Dental ASO, all of the HealthChoice MCOs provided a limited adult dental benefit. As of July 2019, eight out of nine HealthChoice MCOs provide limited dental services to non-pregnant adults (see Table 13).

Table 13: HealthChoice Dental Benefits for Non-Pregnant Adults as of July 1, 2019

MCO	Dental Benefits Offered Limitations Apply and Vary by MCO	Maximum Benefit Limit per CY
Aetna Better Health	Oral exam, fluoride treatment, and cleaning twice a year; x-rays; fillings; extractions; and emergency palliative treatment (limit four per year)	\$750 (not including basic care such as exams and cleanings)
Amerigroup Community Care	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$500
Jai Medical Systems	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$500
Kaiser Permanente	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$750
Maryland Physicians Care	Oral exam and cleaning twice a year; x-rays; fillings and extractions	30% coinsurance for fillings and extractions; 20% off non-covered dental services
MedStar Family Choice	Oral exam and cleaning twice a year; x-rays; fillings and extractions	None
Priority Partners	Oral exam and cleaning twice a year; x-rays and extractions	None
United Healthcare	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$750
University of Maryland Health Partners	None	N/A

Beginning January 1, 2014, Maryland expanded Medicaid eligibility to low-income families and adults under age 65 under the Patient Protection and Affordable Care Act. Since then, HealthChoice adult dental expenditures have risen because of the subsequent increased enrollment. In CY 2017, adult HealthChoice participants increased to 591,603, of which 86,947, or 14.7 percent received at least one dental service through the MCOs' value-added benefits (see Table 14).

Table 14: Percentage of Non-Pregnant Adults 21 through 64 Receiving Dental Services, Enrolled in HealthChoice for at Least 90 Days

Year	Total Number of Participants	Participants Receiving One or More Dental Service	Percent Receiving Service
CY 2014	486,025	65,671	13.5%
CY 2015	533,689	72,556	13.6%
CY 2016	521,954	72,318	13.9%
CY 2017	569,948	85,323	15.0%
CY 2018	591,603	86,947	14.7%

Emergency Department Utilization

In CY 2017, 18,909 children and adults with any period of enrollment in HealthChoice visited the emergency department (ED) with a dental diagnosis, not including accidents, injury, or poison (see Table 15).

Table 15: Number and Percentage of Medicaid Participants Aged 0 through 64 years with at least One ED Visit with a Dental Diagnosis or Dental Procedure Code, CY 2017

Age Group (Years)	Total Number of Participants	Number of Participants with ER Visit with Dental Diagnosis or Procedure	Percentage with ER Visit with Dental Diagnosis or Procedure	Total Number of Visits with Dental Diagnosis or Procedure
0 - 3	157,255	725	0.5%	1,243
4 - 5	75,975	269	0.4%	494
6 - 9	150,116	516	0.3%	929
10 - 14	178,433	303	0.2%	565
15 - 18	119,351	402	0.3%	805
19 - 20	52,464	333	0.6%	705
21 - 39	406,525	10,811	2.7%	26,857
40 - 64	342,561	5,550	1.6%	12,639
Total	1,482,680	18,909	1.3%	44,237

In CY 2018, the percent of participants with an ED visit with a dental diagnosis or procedure decreased to 1.3 percent (see Table 16). In CY 2018, the total number of visits decreased to 44,237.

Table 16: Number and Percentage of Medicaid Participants Aged 0 through 64 years with at least One ED Visit with a Dental Diagnosis or Dental Procedure Code, CY 2014 - CY 2018

Year	Total Participants	Number of Participants with ED Visit with Dental Diagnosis or Procedure	Percentage with ED Visit with Dental Diagnosis or Procedure	Total Number of Visits with Dental Diagnosis or Procedure
CY 2014	1,378,963	22,293	1.6%	57,679
CY 2015	1,437,496	21,227	1.5%	52,661
CY 2016	1,401,793	20,916	1.5%	51,168
CY 2017	1,462,875	20,255	1.4%	47,985
CY 2018	1,482,680	18,909	1.3%	44,237

In CY 2018, 2,548 children with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison (see table 17). The total number of ED visits with a dental diagnosis also decreased to 4,741 in CY 2018.

Table 17: Number of ED Visits with a Dental Diagnosis or Procedure by Children Aged 0 through 20 Years Enrolled in Medicaid¹⁹ for any Period, CY 2014 - CY 2018

Year	Total Number of Participants	Number of Participants who had an ED Visit with a Dental Diagnosis	Number of ED Visits with a Dental Diagnosis
CY 2014	706,378	2,806	5,337
CY 2015	709,669	2,642	5,547
CY 2016	702,105	2,741	5,090
CY 2017	723,709	2,655	4,845
CY 2018	733,594	2,548	4,741

The percent of former foster youth utilizing the ED was also low. In CY 2018, 3.5 percent of former foster youth visited the ED (see table 18).

Table 18: Percentage of Former Foster Care Participants Enrolled in Medicaid for Any Period with ED Visit with a Dental Diagnosis, by Region, CY 2018

Region ²³	Percent with at least One ED Visit
Baltimore City	4.9%
Baltimore Suburban	2.9%

²³ Baltimore Suburban: Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Southern Maryland: Calvert, Charles, and St. Mary's Counties. Western Maryland: Allegany, Frederick, Garrett, and Washington Counties. Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties. Washington Suburban: Prince's George and Montgomery Counties.

Region²³	Percent with at least One ED Visit
Eastern Shore	6.9%
Out of State	0.0%
Southern Maryland	4.5%
Washington Suburban	0.0%
Western Maryland	0.8%
Total	3.5%

Recent Dental Legislation and Program Expansions

Adult Dental Pilot Program

On May 15, 2018, Governor Hogan signed SB 284 - Maryland Medical Assistance Program - Dental Coverage for Adults - Pilot Program (Chapter 621 of the Acts of 2018) into law. The Department submitted an amendment to its §1115 waiver to CMS on July 2, 2018. CMS approved the waiver amendment, and the adult dental pilot program went into effect on June 1, 2019.

The statewide pilot program serves individuals between the ages of 21 and 64 who are dually-eligible for both Medicare and Medicaid. The Department estimates approximately 33,810 participants²⁴ have gained dental coverage under the pilot. Dually-eligible individuals do not currently receive dental benefits through Medicaid, and coverage for dental services through Medicare is extremely limited.²⁵ Based on analysis performed by the Hilltop Institute, the total estimated cost of the program is \$5.0 million. These costs are subject to a 50 percent federal match; the total state share of the cost is approximately \$2.5 million.

The adult dental pilot benefit package includes coverage for diagnostic, preventive, and restorative services, in addition to extractions. Benefits will be subject to an \$800 per person maximum benefit allowance per calendar year for the first year of the pilot, which may be subject to review for subsequent demonstration years. These benefits are carved out and overseen by the dental ASO.

²⁴ As of July 31, 2019

²⁵ Medicare does not cover most dental care, dental procedures, or supplies, such as cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices. Medicare Part A pays for certain dental services that are obtained when a Medicare participant is in a hospital.

III. Conclusion and Future Initiatives

In 2020, the Department intends to increase the number of dental service providers, expand education, prevention, and outreach initiatives, promote oral health literacy for the public, and provide funding support for the Oral Cancer Initiative. It will work to increase the provision of prevention, early intervention, and educational oral health services in high-risk, low-income venues such as WIC, Head Start/Early Head Start programs, as well as in Title I schools.

The Department greatly appreciates the strong commitment demonstrated by the Governor and the Maryland General Assembly to transforming Maryland's capacity to provide oral health services.

Appendix A: Glossary of Key Abbreviations

ASO	Administrative Services Organization
CY	Calendar Year
CCDPC	Center for Chronic Disease Control and Prevention
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CRF	Cigarette Restitution Fund
The Department	Maryland Department of Health (formerly the Department of Health and Mental Hygiene)
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
FFS	Fee-for-service
FQHC	Federally-Qualified Health Center
HB	House Bill
HPSA	Health Professional Shortage Area
HPV	Human Papillomavirus
HRSA	Health Resources and Services Administration
LHD	Local Health Department
MCHB	Maternal and Child Health Bureau
MCHRC/CHRC	Maryland Community Health Resources Commission
MCO	Managed Care Organization
MDAC	Maryland Dental Action Coalition
MDC-LARP	Maryland Dent-Care Loan Assistance Repayment Program
Medicaid	Maryland Medical Assistance Program
MOHP	Maryland Oral Health Plan
HEDIS®	National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
OOH	Office of Oral Health
ODIP	Oral Disease and Injury Prevention Program
PCP	Primary Care Provider
PIOHCPC	Partnership for Integrating Oral Health Care into Primary Care
PIOHQI	Perinatal and Infant Oral Health Quality Improvement
PLWH	People Living with HIV/AIDS
REM	Rare and Expensive Case Management
ROHC	Regional Oral Health Coordinators
SB	Senate Bill
Scion	Scion Dental, Inc.
SFY	State Fiscal Year
WIC	Supplemental Nutrition Program for Women, Infants and Children

Appendix B: Medicaid Dental Funding, Expenditures, and Utilization Rates; MCO and Maryland Healthy Smiles Dental Program Funding and Expenditures for Dental Services; and Utilization of Dental Services in HealthChoice and DentaQuest, SFY 1997 - CY 2017

Year	Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program	Amount Spent by MCOs for Dental[±]	Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)	Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)
SFY 1997	N/A	\$2.7 M*	19.9%	6.6%
CY 2000	\$12.3 M (est.)	\$17 M (est.)	28.7%	9.3%
CY 2001	\$27.1 M	\$23.6 M	33.6%	10.8%
CY 2002	\$40.3 M	\$28.9 M	34.5%	10.3%
CY 2003	\$33 M	\$32.5 M	43.2%	13.6%
CY 2004	\$28 M	\$36.7 M	43.7%	13.8%
CY 2005	\$33 M	\$42.0 M	45.8%	15.8%
CY 2006	\$35.1 M	\$46.6 M	46.2%	16.4%
CY 2007	\$42.5 M	\$53.8 M	51.5%	19.3%
CY 2008	\$55.4 M	\$71.4 M	54.6% [†]	20.8% [†]
CY 2009**	\$82.8 M	\$39.6 M	60.9%	23.2%
CY 2010***	\$137.6 M	\$6.5 M	64.1%	25.1%
CY 2011	\$152.7 M	\$11.4 M	66.6%	25.2%
CY 2012	\$150.5 M	\$11.1 M	67.8%	24.3%
CY 2013	\$157.2 M	\$5.3 M	68.3%	24.4%
CY 2014	\$159.0 M	\$16.5 M	67.7%	23.2%
CY 2015	\$165.2 M	\$14.4 M	69.0%	24.0%
CY 2016	\$174.6 M	\$15.3 M	68.5%	23.2%
CY 2017	\$186.8 M	\$17.0 M	68.1%	23.2%
CY 2018	\$192.1 M	\$18.3 M	69.1%	22.9%

* In SFY 1997, the Department spent \$2.7 M on dental services under its FFS program.

** In CY 2009, the total spent by the Department on dental services was \$82.8 M. This included \$39.6 M in MCO capitation rates for dental services from January 1, 2009 – June 30, 2009 and \$43.2 M for dental services under the new Maryland Healthy Smiles Dental Program for the period July 1, 2009 – December 31, 2009.

*** Beginning in SFY 2010, Maryland Healthy Smiles Dental Program is reimbursed FFS and paid an administrative fee. The \$6.5 M in CY 2010 and \$11.4 M in CY 2011 spent by MCOs account for adult dental services only and is not reimbursed by the State.

† The study population for CYs 2008-2015 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including FFS and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.

± Source: HealthChoice Financial Monitoring Report; this includes adult dental spending by the MCOs

Appendix C: State Public Health Dental Programs

County	Local Health Department Clinic	Community Health Centers	Dental School/Other
Allegany	On Site	None	Allegany Health Right (contracts with private dental providers), Allegany College of Maryland (Dental Hygiene Program)
Anne Arundel	On Site (2 sites) ^{1,2}	Chase Brexton	None
Baltimore City	On Site (2 sites) ^{1,2}	Total Health, Chase Brexton, Park West, Healthcare for the Homeless, Family Health Centers of Baltimore	University of Maryland School of Dentistry, University of Maryland Rehabilitation and Orthopaedic Institute (formerly Kernan Hospital), Baltimore City Community College (Dental Hygiene Program), University of Maryland Medical Center
Baltimore	On Site (2 sites) ¹	Chase Brexton	Community College of Baltimore County (Dental Hygiene Program)
Calvert	None	Calvert Community Dental Care	None
Caroline	None	Choptank (2 sites)	None
Carroll	On Site	None	Access Carroll ³ , Carroll County Department of Citizen Services ⁶
Cecil	None	West Cecil Health Center	University of Maryland School of Dentistry
Charles	On Site	Served by Calvert Community Dental Care	Health Partners ³
Dorchester	None	Choptank	None
Frederick	On Site	None	None
Garrett	On Site	None	None
Harford	On Site	None	Served by University of Maryland School of Dentistry, Perryville (Cecil County)
Howard	Does not directly provide services but through its contract with Chase Brexton FQHC provides both clinical and school-based/linked dental services	Chase Brexton	Howard County Community College (Dental Hygiene Program)
Kent	School-based program in partnership with	Served by Choptank	Served by University of Maryland School of Dentistry, Perryville (Cecil County)

County	Local Health Department Clinic	Community Health Centers	Dental School/Other
	Queen Anne's County Health Department		
Montgomery	On Site (5 sites) ^{1,5}	CCI Health and Wellness Services	None
Prince George's	On Site (2 sites) ¹	Greater Baden, CCI Health and Wellness Services	Fortis College (Dental Hygiene Program)
Queen Anne's	School-based program in partnership with Kent County Health Department	Served by Choptank	Served by University of Maryland School of Dentistry, Perryville (Cecil County)
Somerset	None (served by Wicomico County Health Department)	Chesapeake Health Care	None
St. Mary's	Serves as an intermediary between Medicaid Program and private dental providers (limited emergency extraction)	Served by Calvert Community Dental Care	None
Talbot	None	Served by Choptank	None
Washington	None	Family Healthcare of Hagerstown	Hagerstown Community College (Dental Hygiene Program)
Wicomico	On Site	Served by Chesapeake Health Care	None
Worcester	On Site	Served by Chesapeake Health Care	None

1 Multiple sites.

2 Began treating Medicaid enrollees in SFY 2013.

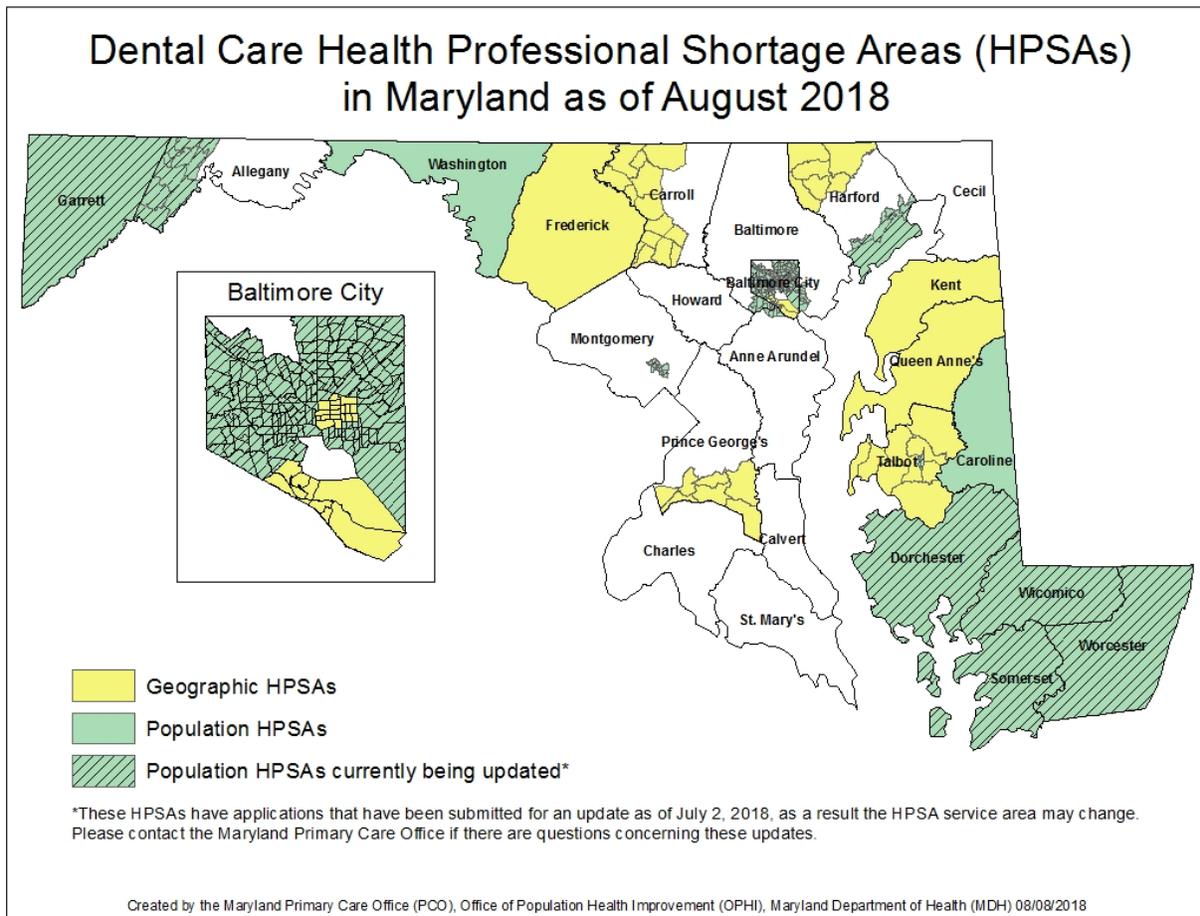
3 MCHRC funding beginning in SFY 2010.

4 Partnership between Howard County Health Department and Chase Brexton.

5 Does not currently treat Medicaid enrollees.

6 Discount Dental Program.

Appendix D: Map of Maryland Health Professional Shortage Areas as of August 2018



Appendix E: Medicaid Dental Utilization Rates, CY 2009 – CY 2018 (Enrollment in Medicaid ≥ 320 Days*, Ages 4-20)

Criteria	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Age										
4-5	60.9%	67.8%	70.8%	72.3%	72.9%	73.1%	73.9%	73.2%	72.0%	72.4%
6-9	65.6%	71.5%	73.8%	74.9%	75.7%	75.2%	76.5%	75.8%	75.0%	76.0%
10-14	60.7%	66.4%	68.5%	69.8%	70.0%	69.3%	71.2%	71.2%	71.2%	72.2%
15-18	51.2%	55.9%	58.5%	59.4%	59.7%	58.9%	60.3%	60.9%	61.3%	62.5%
19-20	37.5%	38.6%	41.2%	43.0%	43.3%	42.7%	43.9%	42.8%	42.9%	44.7%
All 4-20	59.0%	63.9%	66.4%	67.8%	68.3%	67.7%	69.0%	68.5%	68.1%	69.1%
Region										
Baltimore City	56.6%	62.4%	64.4%	65.0%	66.2%	65.7%	65.5%	64.6%	64.3%	64.8%
Baltimore Suburbs	56.7%	61.7%	63.6%	66.0%	65.7%	65.6%	66.9%	66.7%	66.4%	67.8%
Washington Suburbs	62.1%	65.8%	70.4%	71.9%	73.3%	72.2%	74.0%	73.6%	73.2%	74.0%
Western Maryland	64.1%	56.9%	69.6%	69.4%	68.2%	67.0%	68.7%	68.0%	67.3%	67.7%
Southern Maryland	56.1%	66.6%	57.5%	58.7%	59.7%	59.7%	59.6%	59.8%	59.1%	59.8%
Eastern Shore	59.4%	69.6%	67.9%	69.1%	68.6%	67.5%	69.6%	68.4%	67.7%	69.7%
All Regions	59.0%	63.9%	66.4%	67.8%	68.3%	67.7%	69.0%	68.5%	68.1%	69.1%

* The study population measured dental utilization for all qualifying individuals in Medicaid, including FFS and HealthChoice MCO participants. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

** Baltimore Suburbs includes Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington, D.C. suburbs include Prince George’s and Montgomery Counties. Southern Maryland includes Calvert, Charles, and St. Mary’s Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester Counties.

Appendix F: Impact Breakdown of ODIP and Dental Sealant Programs

Program	County	Detailed coverage					
		Children seen			Adults seen	Pregnant women seen	Oral cancer screenings
		In clinic	In schools	In WIC			
Oral Disease and Injury Prevention Program (ODIP)	Allegany	1,630	352	0	786	0	* ²²
	Anne Arundel ²⁶	2,610	0	0	629	0	0
	Baltimore ²⁶	290	0	0	669	0	0
	Baltimore City	148	411	0	1,456	0	0
	Caroline	0	0	0	0	0	15
	Carroll	816	0	12	0	14	21
	Cecil	0	83	0	0	0	0
	Charles	1,452	1,525	0	1,399	0	0
	Dorchester ²⁶	0	0	0	132	0	0
	Frederick	3,086	1,016	0	0	0	0
	Garrett	1,266	0	0	1,119	0	0
	Harford	3,095	865	18	129	*	40
	Howard	0	0	0	1,140	0	415
	Kent ²⁶	0	470	*	0	0	0
	Montgomery	1,908	4,74	0	2,629	0	424
	Prince George's	462	0	0	*	0	0
	Queen Anne's	0	809	0	0	0	0
St. Mary's	0	0	0	82	0	0	
Worcester	1,055	101	0	*	0	0	

Program	County	Schools visited	Children seen	Children receiving sealants	Sealants placed
Dental Sealants Program	Allegany	14	1,113	884	3,107
	Baltimore	46	1,346	878	2,821
	Calvert	4	188	51	153
	Cecil	1	64	39	110
	Charles	10	1,297	521	2,308
	Harford	8	596	383	1,274
	Kent	5	837	76	276
	Prince George's	4	372	48	147
	Somerset	17	855	491	1,438
	Wicomico	22	1,123	382	1,221
	Worcester	2	181	91	412

²⁶ Reflects data through Quarter 3 (March 31, 2019).

