MARYLAND
Department of Health

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

January 3, 2019

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 Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

RE: 2018 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 Miller, and Speaker Busch:

Pursuant to Health-General Article §13-2504(b), the Maryland Medicaid Program and the Office of Oral Health within the Department of Health (the 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 do not hesitate to contact Webster Ye, Deputy Chief of Staff, at (410) 767-6480 or webster.ye@maryland.gov.

Sincerely,
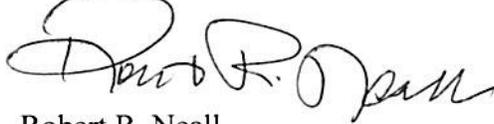
Robert R. Neall
Secretary

Enclosure

cc: Sarah Albert, Department of Legislative Services (MSAR #10381)

MARYLAND'S 2018 ANNUAL ORAL HEALTH LEGISLATIVE REPORT

Health-General Article §13-2504(b)

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

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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 (the 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. Also, Medicaid is in the process of implementing 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 $1.3 million in the state fiscal year (SFY) 2018 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. Building on prior successes, this additional funding provides Marylanders in every jurisdiction 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/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 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

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[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

maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. Scion Dental, LLC (Scion) has been serving as the ASO since calendar year (CY) 2016 after a re-procurement of the contract in 2015.

Medicaid spent $186.8 million for dental expenditures in CY 2017 (see Appendix B). 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 is also pursuing opportunities to continue to expand service coverage to vulnerable adults. On May 15, 2018, Governor Hogan signed Senate Bill (SB) 284 - Maryland Medical Assistance Program - Dental Coverage for Adults - Pilot Program (Chapter 621 of the Acts of 2018) into law. The law requires the Department to implement an adult dental pilot program. The Department is proposing a limited adult dental pilot that will serve individuals statewide who are eligible for both Medicare and Medicaid (dual eligibles) and are 21 through 64 years of age. The proposed statewide pilot program will serve approximately 38,510 individuals who currently do not receive dental services. The proposed dental package includes coverage for diagnostic, preventive, and restorative services, in addition to extractions. The target start date is the first half of 2019. Program regulations are currently in development at the Department. As mandated in SB284, the objective in implementing this pilot is to determine whether offering an adult dental benefit will improve health outcomes for vulnerable adults.

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 (the 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

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[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.

       (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.

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.

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

OOH supports several community programs in LHDs, FQHCs, hospitals, and foundations across the State targeting underserved areas and individuals with unmet need. By leveraging funding from 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).

Table 1: Community Programs Supported, SFY 2018

Program	County(ies)	Activities	Impact

Program	County(ies)	Activities	Impact
Oral Disease and Injury Prevention Program (ODIP) Funding: $781,907	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	ODIP funds a variety of activities aimed at supporting LHDs in improving oral health conditions through utilizing numerous strategies, including: - 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.	Children seen: • In-clinic: **20,421** • In schools: **11,696** WIC patients screened: **5,837** Adults seen: **15,042**
Dental Sealants Program Funding: $464,020	Allegany, Baltimore, Calvert, Cecil, Charles, Harford, Kent, Prince George's, Somerset, Wicomico, Worcester	The Dental Sealants program strives to improve oral health conditions for children through supporting school-based, school-linked, and mobile programs which: - Screen children; - Provide sealants; and - Refer children for follow-up care.	Schools visited: **116** Children: • Seen: **7,868** • Receiving sealants: **3,650** Sealants placed: **11,871**
Deamonte Driver Mobile Dental Van Project Funding: $120,000	Prince George's	A Dental Sealants program, the Deamonte Driver Mobile Dental project is Prince George's County's initiative which uses a mobile program to screen children, provide sealants, and refer children for follow-up care.	Schools visited: **7** Children: • Seen: **226** • Receiving sealants: **162** Sealants placed: **599**
Calvert Health Systems Funding: $130,000	Calvert, St. Mary's	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.	Children seen: • In-clinic: **215** • In schools: **408** Adults seen: **1,281**

Program	County(ies)	Activities	Impact
Monocacy Health Partners (MHP) Funding: $50,000	Frederick	The MHP Dental Clinic offers dental services to uninsured, underinsured, and low-income residents.	Adults: • Seen: **1,301** • Receiving emergency treatment: **573**
Maryland Foundation of Dentistry for the Handicapped Funding: $60,000	All counties	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: **797**

Federally-Funded Grant Projects

Hypertension Screening in the Dental Setting

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 for appropriate medical follow-up.

OOH and CCDPC collaborated with 14 LHDs throughout Maryland to implement program activities. OOH and CCDPC staff trained LHD representatives using a "Train the Trainer" approach. Once trained, LHD staff recruited dental practices and provided program training and resources for dental staff to perform hypertension screenings. 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 primary care providers for further treatment. This collaboration aided in the effort to reduce the prevalence of undiagnosed and uncontrolled hypertension among Maryland residents.

To promote hypertension screenings in the dental setting, OOH developed, produced, and implemented a comprehensive statewide social marketing campaign entitled "Two Minutes with Your Dentist Can Save Your Life." The campaign educates Marylanders about the importance of dentists in identifying undiagnosed hypertension and reminds dentists of the vital role they play in each patient's overall health. The campaign was communicated to the public through video advertising in movie theaters and on gas station pump TV screens, as well as on social media advertising on Facebook and other internet sites. In addition, materials such as posters, postcards, and prescription pads were distributed to dental practices to help dentists educate their patients.

Spanish-Language Benefits and Safety of Tap Water Campaign

With funding from the Health Resources and Services Administration (HRSA), OOH developed messaging for radio advertising, tested the messaging with focus groups of Latinas, produced

radio advertisements, and launched a Spanish-language radio advertising campaign to promote the safety and benefits of drinking tap water. The advertising message used a Spanish-speaking dentist to discuss the safety and benefits of drinking tap water in Maryland, highlighting that tap water contains fluoride, which protects teeth and prevents cavities. The campaign targeted Latinas aged 18 to 45 in Baltimore, Howard, Montgomery, and Prince George's Counties, and in Baltimore City. Advertising ran on WLZL radio, Maryland's largest and most popular Spanish-language radio station. Advertisements also targeted Latinas on Pandora radio, YouTube, and Facebook. The campaign ran in July and August of 2018. The 187,850 advertisements that ran garnered almost 700,000 gross media impressions.

Perinatal and Infant Oral Health Quality Improvement Project

The Perinatal and Infant Oral Health Quality Improvement (PIOHQI) project, funded by HRSA's Maternal and Child Health Bureau, spans from August 2015 to July 2019 and aims to reduce the prevalence of oral disease in pregnant women and infants through improved access to high-quality oral health care. In CY 2017, the University of Maryland College Park School of Public Health, a contracted PlOHQI partner, conducted surveys, interviews, and focus groups of pregnant women, personnel from the WIC program, and medical and dental providers to assess barriers and facilitators to oral health care during pregnancy. Findings informed the development of oral health educational materials, including a State guidance document on oral health care during pregnancy, which was disseminated statewide to all dental and prenatal providers in May 2018. The guidance also serves to improve oral health integration into prenatal care and to encourage dental providers to see women throughout the entire duration of pregnancy. The PIOHQI project has several pilot prenatal sites involved in oral health care integration and referral efforts, including LHD, FQHC, and hospital settings. The PIOHQI project also works with home visiting programs in the State, in partnership with the Department's Maternal, Infant, and Early Childhood Home Visiting Program to integrate oral health into routine home visits with families.

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.

Statewide Summit

In June 2018, more than 120 representatives from a broad cross-section of oral health stakeholders, including government, non-profits, clinical care providers, MCOs, associations, foundations, and academia attended MDAC's *Oral Health and Overall Health: Outcomes for*

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[3] Maryland Oral Health Plan, 20189-2023. http://www.mdac.us/2018_01_14/MD_OHP_2018_0102.pdf

Continued Success in Maryland statewide convening, funded by OOH and the DentaQuest Foundation. In presentations focused on three key priorities of the updated MOHP, expert speakers and panelists discussed health behaviors of the immigrant and Latino communities, the impact of the uninsured on the public health system, cross-professional collaboration, the role of community health workers, and racial disparities in oral health. Representatives from Medicaid outlined the Department's §1115 waiver application to the Centers for Medicare and Medicaid Services (CMS) to establish a statewide Medicaid adult dental pilot program. Convening attendees participated in a facilitated discussion on implementation of the pilot, and MDAC submitted its input to Medicaid the following day.

Training of Dental and Medical Providers

On December 1, 2017, the eighth annual Ava Roberts Advanced Pediatric Dentistry Seminar took place. The seminar was sponsored by OOH in collaboration with MDAC and the University of Maryland School of Dentistry, with 128 individuals in attendance.

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 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, OOH partners with the Maryland Department of the Environment (MDE) to create fluoridation plans, share fluoridation data, monitor fluoride levels, and generate annual reports. OOH continued to partner with the Maryland Rural Water Association to survey community water systems and provide technical assistance. Twenty-four fluoridation stations across 20 water systems were surveyed in SFY 2018. 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. Through funding available from its CDC grant, OOH continues to provide replacement fluoridation equipment to systems in need.

Maryland Community Health Resources Commission Dental Grant Awards

The Maryland Community Health Resources Commission (MCHRC) continues to partner with OOH to expand and create new capacity for oral health care to serve low-income, underinsured, and uninsured Marylanders. Since March 2008, MCHRC has awarded 39 dental services grants totaling $7.8 million. The MCHRC dental grant projects, awarded to LHDs, FQHCs, and private and non-profit foundations and hospitals, have collectively served approximately 62,000 low-income children and adults, resulting in more than 136,000 visits.

MCHRC seeks to support programs that will be sustainable after initial grant funds have been expended. The following is a summary of the grants awarded by the MCHRC in 2018.

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[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.

- **Choptank Community Health Systems Inc**. received a two-year grant ($240,000) to address pediatric dental workforce challenges on the Eastern Shore by expanding access to a new dental practice in Denton. Through a partnership with the University of Maryland School of Dentistry, Choptank recruited a dental fellow to provide pediatric dental services in their existing clinics in Federalsburg, Goldsboro, and Cambridge.
- **Greater Baden Medical Services Inc**. received a two-year grant ($300,000) to increase access to dental care and nutritional counseling for low-income adults in Prince George's County. The project collaborates with Lyft to provide rides to appointments for residents lacking access to transportation.
- **Western Maryland Area Health Education Center** received a two-year grant ($70,000) to expand an existing successful dental program that serves two jurisdictions (Allegany and Garrett Counties) into a third jurisdiction (Washington County). The program provides access to reduced price dentures for low-income residents who face barriers accessing health and dental care.

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 2017-2018 school year, OOH screened 458 Head Start students and 115 Early Head Start students. Each student was screened three times throughout the school year, culminating in a total of 1,265 Head Start screenings and 398 Early Head Start screenings.[5] For those students identified as presenting early evidence of cavities, evidence of dental problems, or needing urgent care, the staff manages cases by referring the students and their parents to dental clinics. Early Head Start and Head Start students started the 2017-2018 school year with a collective 49 percent needing case management services and ended the school year with 45 percent needing case management services.

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 up to three years of age. Effective January 1, 2018, the new age eligibility for the Maryland's Mouths Matter program was nine months through age five. By June 2018, 513 unique EPSDT-certified medical providers had administered 234,670 fluoride varnish treatments to Medicaid children.

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 2018, five new MDC-LARP dentists started their three-year

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[5] Early Head Start students received an additional screening in the summer; however, data for the fourth visit had not yet been received at the time of this report's completion.

commitment to the program. During CY 2017, MDC-LARP dentists treated 24,188 unique Medicaid patients and provided 60,471 dental visits for Medicaid recipients.

Oral Cancer Awareness Month

In April 2018, the Department observed Maryland Oral Cancer Awareness Month. 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.

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). 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.[6] The Oral Cancer Initiative funds the Oral Cancer Mortality Prevention Initiative. This initiative is directed by OOH and provides grants to LHDs throughout Maryland to 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 SFY 2018, 1,422 individuals received oral cancer screenings. Of those screened, 12 were referred to a surgeon for a biopsy. Over 1,800 parents and caregivers were educated on HPV, a known cause of oral cancer. Additionally, 95 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.[7] 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 312,416 health care providers, trainers and educators, and the public, resulting in 12,050 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.

Part 2. Medicaid Dental Care Access

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[6] Md. Health General Code Ann. § 18-801.

[7] 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.

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 2018, all 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 is in the process of implementing 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 $186.8 million for CY 2017 (see Appendix B). The Medicaid program delivered oral health services to 485,201 children and adults (ages 0-64) during CY 2017 compared to 463,964 in calendar year (CY) 2016; this is approximately a five-percent increase consistent with Medicaid's enrollment growth of five percent. 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. Scion currently serves as the ASO. The ASO is responsible for credentialing, billing, and dental provider issues, which streamlines the process for providers. As a result, the Department has been able to increase the Medicaid dental provider network. The Dental Home Program was implemented statewide in December 2013.

With the goal of increasing dental provider enrollment, the Department outlined pay-for-performance standards in the 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.[8] Performance payments are tiered and allow for continued demonstrations of improvement over the life of the contract. In CY 2016 and CY 2017, Scion added 140 access points as part of this incentive: 11 endodontists, 99 general dentists, six oral surgeons, eight orthodontists, and 16 pediatric dentists. Scion will continue outreach to dental providers to increase participation in the program. In CY 2017, there were 1,625 total (1,600 unique) providers enrolled (see Table 2).

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

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[8] 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.

Region[9]	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
Baltimore Metro	465	471	490	536	538	560
Washington, D.C. Suburbs	451	462	525	564	567	563
Southern Maryland	52	48	55	54	60	63
Western Maryland	126	124	117	128	122	145
Eastern Shore	72	84	84	89	86	97
Out-of-State	125	161	179	182	167	197
Total[10]	**1,291**	**1,350**	**1,450**	**1,464**	**1,540**	**1,625**
Unique Total[11]	**1,220**	**1,258**	**1,361**	**1,470**	**1,467**	**1,600**

According to the Maryland State Board of Dental Examiners, there were 4,014 dentists actively practicing in Maryland in August 2018 (see Table 3). As of August 2018, 1,521 dentists participated with the Maryland Healthy Smiles Dental Program. In CY 2017, 1,600 unduplicated dentists billed one or more Medicaid services, and 1,255 unduplicated dentists billed $10,000 or more to the Medicaid program. This represents approximately 39.9 percent and 31.3 percent respectively of the total active, licensed dentists in the state.

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

Region	Total Active Dentists (August 2018)[12]	Active Pediatric Dentists (August 2018)[13]	Dentists Enrolled with Maryland Healthy Smiles Dental Program (August 2018)[14]	Dentists Who Billed One or More Services in CY 2017[15]	Dentists Who Billed $10,000+ in CY 2017[16]
Baltimore Metro	1,735	56	642	560	454
Washington D.C. Suburbs	1,624	53	667	563	472
Southern Maryland	157	6	88	63	53
Western Maryland	278	8	200	145	116

[9] 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.

[10] Please note that the total is the sum of all regions.

[11] 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 enrollees.

[12] Source: Maryland Board of Dental Examiners

[13] Source: Ibid

[14] Source: Scion

[15] 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 enrollees.

[16] See previous footnote.

Region	Total Active Dentists (August 2018)[12]	Active Pediatric Dentists (August 2018)[13]	Dentists Enrolled with Maryland Healthy Smiles Dental Program (August 2018)[14]	Dentists Who Billed One or More Services in CY 2017[15]	Dentists Who Billed $10,000+ in CY 2017[16]
Eastern Shore	220	6	161	97	82
Out-of-State	--	--	222	197	79
TOTAL[17]	**4,014**	**129**	**1,521**	**1,600**	**1,255**

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 2017, 68.1 percent of children received dental services, which is greater than the national HEDIS® mean (see Table 4).

Table 4: Number of Children Aged 4-20 Years Enrolled in Medicaid[19] for at least 320 Days Receiving Dental Services, CY 2012 - CY 2017

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average[20,21]
CY 2012	385,132	261,077	67.8%	49.2%
CY 2013	405,873	277,272	68.3%	↑
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%	↑

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[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 2016.

[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 2012 through CY 2016 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including fee-for service (FFS) and HealthChoice MCO enrollees. 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 2-21 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. In CY 2013, CY 2014, CY 2015, and 2016, Maryland's performance score was above the National HEDIS® Mean.

Of the 723,709 children enrolled in Medicaid for any period during CY 2017, 55.0 percent of these children received one or more dental service compared to 54.5 percent in CY 2016 (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 0–20 Years Enrolled in Medicaid[22] for Any Period who Had at Least One Dental Visit by Age Group, CY 2012 - CY 2017

Age Group	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
0–3	27.9%	29.8%	29.8%	28.9%	30.0%	30.3%
4–5	64.8%	65.8%	65.2%	64.7%	66.3%	65.8%
6–9	67.8%	68.9%	68.0%	68.0%	69.1%	69.2%
10–14	62.9%	63.4%	62.1%	62.8%	64.7%	65.6%
15–18	52.4%	53.2%	51.3%	51.6%	54.3%	55.6%
19–20	35.1%	35.8%	34.3%	34.0%	36.7%	37.3%
All	**52.3%**	**53.7%**	**52.9%**	**52.8%**	**54.5%**	**55.0%**

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 percent in CY 2012 to 66.5 percent in CY 2017, while utilization of restorative services has decreased from approximately 24 percent of all children in CY 2012 to 23 percent in CY 2017 (see Table 6).

Table 6: Percentage of Children Aged 4-20 Years Enrolled in Medicaid[23] for at least 320 Days Receiving Dental Services, by Type of Service, CY 2012 - CY 2017

Year	Total Number of Enrollees	Diagnostic	Preventive	Restorative
CY 2012	385,132	66.0%	62.5%	24.3%
CY 2013	405,873	66.8%	63.2%	24.4%
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%

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, 54.2 percent received a preventive or diagnostic visit in CY 2017. Of those receiving a preventive or diagnostic visit, 29.1 percent received a follow-up restorative visit (see Table 7).

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[22] The study population for CY 2012 through CY 2016 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including fee-for service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

[23] The study population for CY 2012 through CY 2016 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including fee-for service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

Table 7: Percentage of Children Aged 0–20 Years Enrolled in Medicaid[24] for Any Period who Received a Preventive/Diagnostic Visit Followed by a Restorative Visit, CY 2012 - CY 2017

Year	Total Number of Enrollees	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 2012	645,562	331,496	51.3%	102,028	30.8%
CY 2013	661,872	349,864	52.9%	106,862	30.5%
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%

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 27 percent in CY 2017 (see Table 8).

Table 8: Number and Percentage of Pregnant Women Aged 21+ Years with at least 90 Days in Medicaid[25] who had Dental Services, CY 2012 - CY 2017

Year	Total Number of Enrollees	Number of Enrollees with at least One Visit	Percent with Dental Visits
CY 2012	21,708	6,537	30.1%
CY 2013	22,286	6,113	27.4%
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%

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

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[24] Please see previous footnote.

[25] The study population for CY 2012 through CY 2016 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including fee-for service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

provided a limited adult dental benefit. As of July 2018, all nine HealthChoice MCOs provide limited dental services to non-pregnant adults (see Table 9).

Table 9: HealthChoice Dental Benefits for Non-Pregnant Adults as of July 1, 2018

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	$250
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
University of Maryland Health Partners	Oral exam and cleaning twice a year; x-rays; fillings and extractions	$350
United Healthcare	Oral exam and cleaning twice a year; x-rays; fillings and extractions	$250

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 enrollees increased to 569,948, of which 85,323 received at least one dental service through the MCOs' value-added benefits. In CY 2017, 15.0 percent of non-pregnant adults enrolled in a HealthChoice MCO for at least 90 days received at least one dental service, up from 13.9 percent in CY 2016 (see Table 10).

Table 10: Percentage of Non-Pregnant Adults 21-64 Receiving Dental Services, Enrolled in HealthChoice for at Least 90 Days

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 2000	114,223	16,986	14.9%
CY 2001	111,694	16,795	15.0%
CY 2002	117,885	16,800	14.3%
CY 2003	116,880	21,288	18.2%
CY 2004	115,441	12,457	10.8%
CY 2005	116,266	11,093	9.5%

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 2006	114,844	11,747	10.2%
CY 2007	138,212	18,290	13.2%
CY 2008	125,386	23,587	18.8%
CY 2009	177,474	26,063	14.7%
CY 2010	192,835	33,117	17.2%
CY 2011	222,580	50,652	22.8%
CY 2012	236,205	51,619	21.9%
CY 2013	248,524	33,093	13.3%
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%

Emergency Department Utilization

In CY 2017, 20,255 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 11). Of those, 17,600 adults aged 21 and older visited the ED with a dental diagnosis, compared to 18,175 in CY 2016.

Table 11: Number and Percentage of Medicaid Participants Aged 0 - 64 years with at least One ED Visit with a Dental Diagnosis or Dental Procedure Code, CY 2017

Age Group	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
0 - 3[26]	158,892	770	0.5%	1,304
4 - 5	74,865	248	0.3%	433
6 - 9	151,770	495	0.3%	861
10 - 14	170,502	314	0.2%	550
15 - 18	116,825	401	0.3%	787
19 - 20	50,855	427	0.8%	910
21 - 39	398,351	11,897	3.0%	29,911
40 - 64	340,815	5,703	1.7%	13,229
Total	**1,462,875**	**20,255**	**1.4%**	**47,985**

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[26] Most newborns and infants are not expected to use dental services. As a result, the dental service rate for the 0-3 age groups should be interpreted with caution.

In CY 2017, the percent of participants with an ED visit with a dental diagnosis or procedure decreased to 1.4 percent (see Table 12). In CY 2017, the total number of visits decreased to 47,985.

Table 12: Number and Percentage of Medicaid Participants Aged 0 - 64 years with at least One ED Visit with a Dental Diagnosis or Dental Procedure Code, CY 2012 - CY 2017

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 2012	1,001,081	14,757	1.5%	38,421
CY 2013	1,031,029	15,093	1.5%	39,358
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

In CY 2016, 2,655 children with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison. The percentage of children with ED visits relative to the total Medicaid population eligible for dental services continued to decline across the five-year period and has remained at less than one percent.

Table 13: Number of ED Visits with a Dental Diagnosis or Procedure by Children Aged 0–20 Years Enrolled in Medicaid for any Period, CY 2012 - CY 2017

Year	Total Number of Enrollees	Number of Enrollees who had an ED Visit with a Dental Diagnosis	Number of ED Visits with a Dental Diagnosis
CY 2012	645,562	2,899	5,699
CY 2013	661,872	2,815	5,464
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

Recent Dental Legislation and Program Expansions

Expansion of Dental Services to 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, and required Medicaid to apply to CMS for the necessary waiver to receive a federal match for these services. 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.

Proposed Adult Dental Pilot

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 law requires the Department to implement an adult dental pilot and to apply for a waiver from CMS if necessary. The Department submitted an amendment to its §1115 waiver to CMS on July 2, 2018. Subject to the approval of CMS, the adult dental pilot program will go into effect in the first half of 2019. As required in SB284, the objective in seeking this amendment is to determine whether offering an adult dental benefit will improve health outcomes for vulnerable adults.

The proposed statewide pilot program will serve individuals between the ages of 21 and 64 who are dually-eligible for both Medicare and Medicaid. The Department estimates approximately 38,510 participants will gain 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.[27] 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 proposed dental package includes coverage for diagnostic, preventive, and restorative services, in addition to extractions. Benefits will be subject to an $800 per person cap per calendar year for the first year of the pilot, which may be subject to review for subsequent demonstration years. These benefits will be carved out and overseen by the dental ASO. A copy of the Department's §1115 waiver amendment to CMS, which includes a more extensive discussion of the proposed pilot, can be found online at https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx.

III. Conclusion and Future Initiatives

In 2019, 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, and 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.

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[27] 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.

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
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
MCO	Managed Care Organization
MCHRC	Maryland Community Health Resources Commission
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
PIOHQI	Perinatal and Infant Oral Health Quality Improvement
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± (Includes Adult 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%

* 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 enrollees. Recipients with partial benefits were excluded from the analysis.

± Source: HealthChoice Financial Monitoring Report.

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]		
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	
Caroline	None	Choptank (2 sites)	
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	
Frederick	On Site	None	
Garrett	On Site	None	
Harford	On Site	None	Served by University of Maryland School of Dentistry, Perryville (Cecil County)

County	Local Health Department Clinic	Community Health Centers	Dental School/Other
Howard	Subcontract - Chase Brexton FQHC	Chase Brexton[5]	Does not directly provide services but through its contract with Chase Brexton FQHC provides both clinical and school-based/linked dental services, Howard County Community College (Dental Hygiene Program)
Kent	School-based program in partnership with Queen Anne's County Health Department	Served by Choptank	Served by University of Maryland School of Dentistry, Perryville (Cecil County)
Montgomery	On Site (5 sites) [1,5]	Community Clinic, Inc. (CCI)	
Prince George's	On Site (2 sites) [1]	Greater Baden, CCI	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	
St. Mary's	Serves as an intermediary between Medicaid Program and private dental providers (Limited emergency extraction)	Served by Calvert Community Dental Care	
Talbot	None	Served by Choptank	
Washington	None	Family Healthcare of Hagerstown	Hagerstown Community College (Dental Hygiene Program)
Wicomico	On Site	Served by Chesapeake Health Care	
Worcester	On Site	Served by Chesapeake Health Care	

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

Dental Care Health Professional Shortage Areas (HPSAs) in Maryland as of August 2018
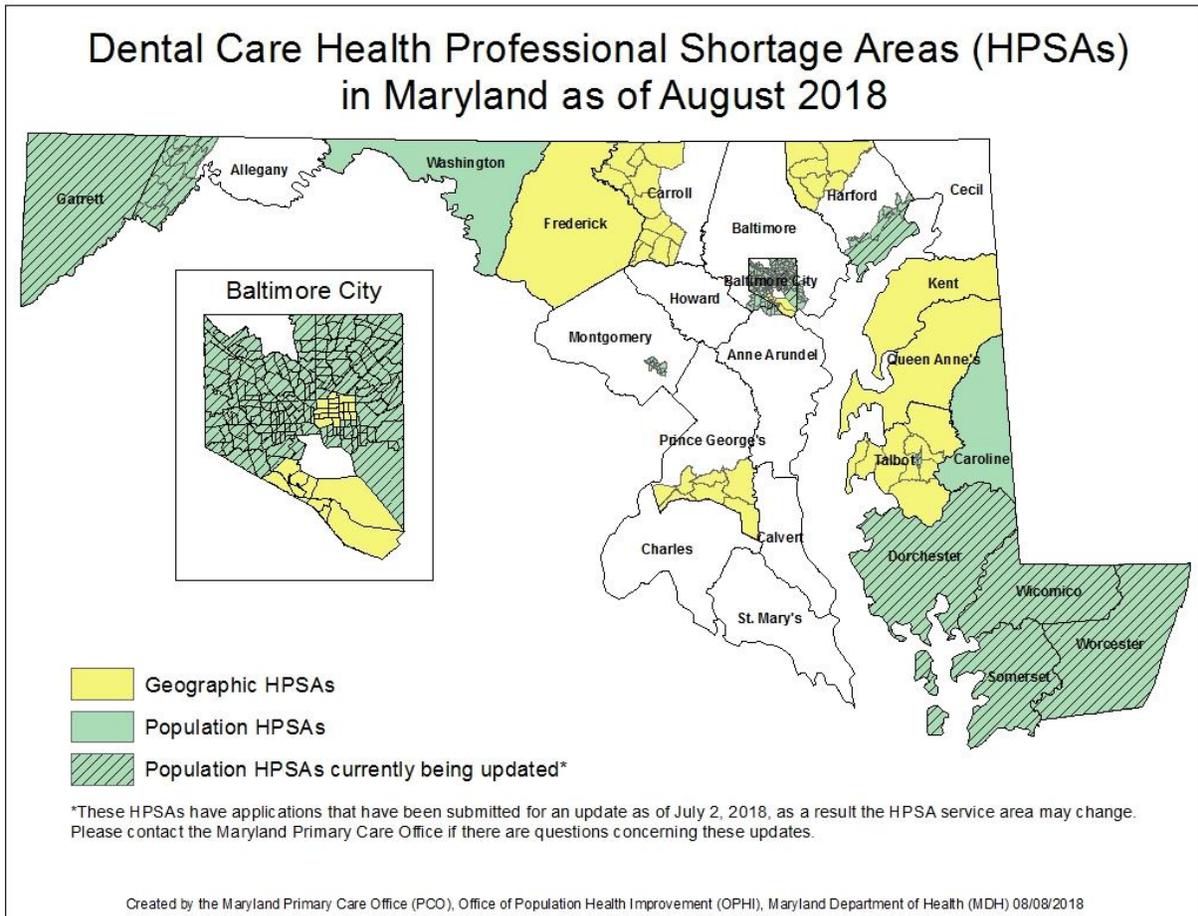
Appendix E: Medicaid Dental Utilization Rates, CY 2004 – CY 2017 (Enrollment in Medicaid ≥ 320 Days*, Ages 4-20)

Criteria	CY 2004	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
Age														
4-5	43.6%	45.9%	46.2%	52.5%	57.0%	60.9%	67.8%	70.8%	72.3%	72.9%	73.1%	73.9%	73.2%	72.0%
6-9	48.7%	51.1%	51.6%	57.6%	62.5%	65.6%	71.5%	73.8%	74.9%	75.7%	75.2%	76.5%	75.8%	75.0%
10-14	44.8%	46.9%	47.5%	53.2%	57.2%	60.7%	66.4%	68.5%	69.8%	70.0%	69.3%	71.2%	71.2%	71.2%
15-18	37.6%	39.7%	40.2%	44.3%	47.6%	51.2%	55.9%	58.5%	59.4%	59.7%	58.9%	60.3%	60.9%	61.3%
19-20	26.8%	27.7%	26.9%	28.4%	33.2%	37.5%	38.6%	41.2%	43.0%	43.3%	42.7%	43.9%	42.8%	42.9%
All 4-20	**43.7%**	**45.8%**	**46.2%**	**51.5%**	**55.7%**	**59.0%**	**63.9%**	**66.4%**	**67.8%**	**68.3%**	**67.7%**	**69.0%**	**68.5%**	**68.1%**
Region**														
Baltimore City	35.8%	38.1%	38.8%	45.9%	51.8%	56.6%	62.4%	64.4%	65.0%	66.2%	65.7%	65.5%	64.6%	64.3%
Baltimore Suburbs	46.1%	47.0%	47.1%	51.4%	54.8%	56.7%	61.7%	63.6%	66.0%	65.7%	65.6%	66.9%	66.7%	66.4%
Washington Suburbs	46.4%	50.2%	49.5%	54.8%	58.8%	62.1%	65.8%	70.4%	71.9%	73.3%	72.2%	74.0%	73.6%	73.2%
Western Maryland	56.1%	56.4%	55.7%	59.3%	61.9%	64.1%	56.9%	69.6%	69.4%	68.2%	67.0%	68.7%	68.0%	67.3%
Southern Maryland	39.5%	40.0%	43.3%	46.7%	52.2%	56.1%	66.6%	57.5%	58.7%	59.7%	59.7%	59.6%	59.8%	59.1%
Eastern Shore	48.2%	49.2%	51.8%	55.7%	55.7%	59.4%	69.6%	67.9%	69.1%	68.6%	67.5%	69.6%	68.4%	67.7%
All Regions	**43.7%**	**45.8%**	**46.2%**	**51.5%**	**55.7%**	**59.0%**	**63.9%**	**66.4%**	**67.8%**	**68.3%**	**67.7%**	**69.0%**	**68.5%**	**68.1%**

* The study population for CY 2014 measured dental utilization for all qualifying individuals in Medicaid, including FFS and HealthChoice MCO enrollees. 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.