MARYLAND Department of Health

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

May 3, 2018

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: 2017 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.

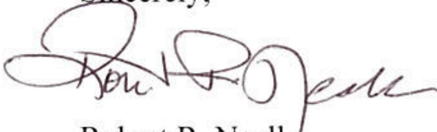
This consolidated oral health report addresses the following initiatives: 1) dental care access under the Maryland Medical Assistance Program (as originally required by Chapter 113 of the Acts of 1998 – SB 590) as well as the Office of Oral Health's efforts to improve access; 2) the Oral Health Safety 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) 260-3190 or webster.ye@maryland.gov.

Sincerely,



Robert R. Neall
Secretary

Enclosure

cc: The Honorable Edward J. Kasemeyer, Chairman, Senate Budget and Taxation Committee
The Honorable Maggie McIntosh, Chairman, House Appropriations Committee
Jinlene Chan
Webster Ye
Tricia Roddy
Susan Tucker
Walter Josephs
Gregory McClure
Jody Sheely
Sarah Albert, MSAR #10381

MARYLAND'S 2017 ANNUAL ORAL HEALTH LEGISLATIVE REPORT

Health-General Article §13-2504(b)

Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Robert R. Neall
Secretary

Table of Contents

Executive Summary 1

I. Introduction 3

II. Maryland's Oral Health Accomplishments 5

Part 1. Oral Health Safety Net Program 5

- Oral Health Screening Surveys 5
- Major Oral Health Recommendations 6
- Expanding Oral Health Infrastructure 10

Part 2. Oral Cancer Initiative 14

- Other Activities 14

Part 3. Medicaid Dental Care Access 16

- Availability and Accessibility of Dentists in Medicaid 16
- Maryland Healthy Smiles Dental Program Dental Utilization Rates 19
- HealthChoice Dental Utilization Rates 24
- Addressing Dental Health Professional Shortage Areas 27
- Strategies to Improve Access to Dental Care 28
- Funding 29

III. Conclusion and Future Initiatives 30

Appendix A: Glossary of Key Abbreviations 31

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 2016 32

Appendix C: State Public Health Dental Programs 33

Appendix D: Map of Maryland Health Professional Shortage Areas 35

Appendix E: Medicaid Dental Utilization Rates, CY 2004 – CY 2016 36

Executive Summary

Maryland is recognized as a national leader in oral health as a result of managing comprehensive programs to improve access to oral health services through changes to the Maryland Medical Assistance Program (Medicaid) and public health dental infrastructure.[1] 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 Centers for Medicare and Medicaid Services (CMS) asked states to participate in the national Oral Health Initiative to increase the use of preventive dental services by children enrolled in Medicaid by at least 10 percentage points by 2015. The national goal is for at least 52 percent of Medicaid enrolled children aged 0-20 years to receive a preventive dental service by federal fiscal year (FFY) 2015. Maryland was one of 15 states to meet the first-year CMS Oral Health Initiative goal.[2] For calendar year (CY) 2016, Maryland remained above the target federal goal at 54.5 percent (see Table 5).

However, Maryland still faces challenges that the Department's Office of Oral Health (OOH) will continue to address. Provider access remains an issue in some areas of the State, and ensuring children across the State have access to preventive services, like dental sealants and fluoride varnish, is an ongoing challenge. Additionally, many older adults (65 and older) lack dental insurance, and many have no plan in place to pay for dental care once they retire.

The Governor included $1.5 million in the state fiscal year (SFY) 2017 budget for the Department's OOH to continue to support community-based oral health grants in the Oral Health Safety Net Program. This additional funding provides Marylanders in every county access to a public health dental clinic that serves their jurisdiction.

Oral Cancer Initiative

The Oral Cancer Initiative, mandated by Chapters 307 and 308 of the Acts of 2000 (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, and to provide education on oral cancer prevention for high-risk, underserved populations.

Medicaid Dental Care Access

Maryland's Medicaid dental benefits for the Maryland Healthy Smiles Dental Program are administered by a single statewide dental administrative services organization (ASO). The

---

[1, 2] 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

ASO is responsible for coordinating all dental services for children, pregnant women, and adults in the Rare and Expensive Case Management Program. Additionally, the ASO is responsible for all functions related to the delivery of dental services, including provider network development and maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. Scion Dental, Inc. (Scion) has been serving as the ASO since CY 2016 after a re-procurement in 2015.

Medicaid spent $174.6 million for dental expenditures in CY 2016 (see Appendix B). Utilization rates have increased and provider networks have expanded since the Department rebranded its dental benefit as the Maryland Healthy Smiles Dental Program. Maryland dental utilization continues to outpace national averages.

The Department greatly appreciates the strong commitment demonstrated by the Governor and General Assembly to transforming Maryland's capacity to provide oral health services. With ongoing funding and support, the Department and its partners will continue working together to address the oral health needs of all Marylanders, with a special emphasis on vulnerable populations.

I. Introduction

Pursuant to Health-General Article §13-2504(b), Annotated Code of Maryland, Medicaid and the OOH within 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 the OOH;

2) Findings and recommendations for the Oral Health Safety Net Program and the 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,[3] including:
   (a) Loss ratios that the MCOs and dental MCOs experience for providing dental services; and
   (b) Corrective action by MCOs and dental MCOs to achieve the utilization targets; and

5) The allocation and use of funds authorized for dental services under Medicaid.

Part 1 of this report details the Oral Health Safety Net Program administered by the Department's OOH, including collaboration between the Department and other stakeholders to strengthen access to comprehensive oral health care for low-income, disabled, and Medicaid populations through clinical dental programs, school-based/linked oral health services, and other initiatives throughout the State. This section also provides an update on the OOH's Oral Health Survey of Maryland School Children, 2015-2016 and the Maryland Head Start Oral Health Survey, 2016-2017.

Part 2 focuses on progress made by the OOH's Oral Cancer Mortality Prevention Initiative. This section documents the initiatives implemented to increase public and provider awareness of the importance of oral cancer screening, the impact of outreach combined with broadening training efforts for dental providers to conduct oral cancer screenings, and progress in detecting and treating oral cancer in Maryland residents since the initiative began in 2000.

Part 3 addresses the availability of dentists participating in the Maryland Healthy Smiles Dental Program, access to care and utilization for Medicaid populations under the ASO, and services offered by local health departments to low-income residents in dental Health

---

[3] 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.

Professional Shortage Areas (HPSAs). This section also details funding for oral health care services under the Medicaid Program.

II. Maryland's Oral Health Accomplishments

Part 1. Oral Health Safety Net Program

Improving access to oral health services is both serious and complex in scope, requiring multiple strategies. Chapters 527 and 528 of the Acts of 2007 (HB 30/SB 181) established the Oral Health Safety Net Program within 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, 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 has employed a licensed public health dentist since the creation of the Oral Health Safety Net Program. The public health dentist is the expert voice of OOH, representing the Department with internal and external stakeholders including legislators, local health departments, professional societies, dental and public health schools, along with other federal Health and Human Services divisions. The public health dentist provides dental expertise on policy development, legislation, surveillance, protocol evaluation, and dental provider recruitment. The OOH continues to explore new and creative strategies to enhance the oral health safety net and improve access to oral health services for low-income and uninsured individuals, and Medicaid recipients. These strategies, among others, include:

- Providing new or expanded oral health services in publicly funded federal, state, or local programs;

- Developing public and private partnerships; and

- Expanding school-based/linked dental programs.

Oral Health Screening Surveys

Oral Health Survey of Maryland School Children, 2015 - 2016

The OOH conducts an oral health survey of Maryland school children every five years. The OOH partnered with the University of Maryland School of Dentistry (UMSOD) to conduct the Oral Health Survey of Maryland School Children over the period 2015-2016. Fifty-six elementary schools participated in the survey, and 7,942 kindergarten and third grade students were screened. While the survey results are still being analyzed, preliminary results showed that the oral health status of school children in the state was generally good; the vast majority of Maryland's public school children had no unmet dental treatment needs, and less than one percent had any type of urgent need. In terms of tooth decay history, the survey found some

regional disparities in Maryland. The Western region had the lowest rates of decay experience while the Eastern Shore region had the highest rates. OOH will release the final report in fall 2017.

Maryland Head Start Oral Health Survey, 2016 - 2017

OOH also partnered with UMSOD to conduct its 2016-2017 Maryland Head Start Oral Health Survey. Probability proportional to size sampling was used to select twenty Head Start sites in Maryland to participate in this survey. Over 1,000 children from ages three to five were screened (78 percent participation rate). While the results of the survey are still being finalized, preliminary findings show that the prevalence of Maryland's Head Start children with untreated decay is 14 percent – identical to the national average for all income levels. Compared to low-income children nationwide, Maryland's Head Start children have a substantially lower prevalence of untreated decay (14 percent vs. 25 percent). Additionally, Maryland's Head Start children have a slightly higher prevalence of treated decay (26 percent) than the current national average (23 percent). The final report is forthcoming.

Major Oral Health Recommendations

The OOH, in collaboration with the Maryland Dental Action Coalition (MDAC), has provided recommendations to enhance education, outreach, dental public health infrastructure, provider participation, and provider scope of practice.

Maintaining and Enhancing the Dental Public Health Infrastructure

The Governor's SFY 2017 budget for the OOH included $1.5 million to sustain clinical dental treatment and preventive services for low-income Maryland children, especially those who are Medicaid-eligible or uninsured, and to support many of the requirements listed in the 2007 Oral Health Safety Net legislation. While these Oral Health Safety Net grant funds are used statewide, the grants are targeted to Calvert, Frederick, Kent, Queen Anne's, and Worcester counties—jurisdictions previously identified as not being served by a clinical public health dental program.

- *Calvert County:* Funding provided to Calvert County supports a variety of dental public health initiatives. Calvert Memorial Hospital's Calvert Community Dental Care program provides direct services to low-income children and adults, including Medicaid recipients, in Calvert and St. Mary's Counties. It is one of the few public dental programs in Maryland that provides services to the adult Medicaid population. The program had 1,938 encounters in SFY 2017.

  Calvert Memorial Hospital established a direct referral system from the emergency department (ED) to the dental clinic. The program provides a limited exam within 24 to 48 hours of a visit to the ED for dental care, except on weekends. This allows a continuum of care and integrates dental services into the medical model and chronic disease management.

Calvert County's school-linked dental services program recently added preventive exams and dental sealants for children in grades three through five at Appeal Elementary. The County also maintains its long-standing partnership with Head Start and the Judy Center.

Calvert Memorial Hospital continues to partner with the Southern Maryland Mission of Mercy team and the Tri-County Veterans Council to host a Mission of Mercy event for veterans and provide follow-up care. In collaboration with the Calvert County Health Department, Calvert Memorial Hospital provides funding for emergency dental care for those who cannot afford it but require emergency intervention due to severe abscess or decay.

- *Frederick Memorial Hospital (Monocacy Health Partners):* Monocacy Health Partners established partnerships with the UMSOD, Frederick County Health Department, Seton Center, and the religious coalition for emergency needs to reduce ED related dental visits. The dental clinic at the Frederick Memorial Hospital is expanding its dental services to the surrounding communities to facilitate and improve access to care for the underserved and vulnerable adult populations. A dentist was recruited in March 2017, resulting in the delivery of care for 521 adults, with 123 receiving emergency treatment.

- *Kent/Northern Queen Anne's Counties:* The program serving these counties provides dental screenings, fluoride varnish, tooth brushing with fluoridated toothpaste, case management, and transportation for those with urgent and early dental needs, and education. The goal of the program is to increase the portion of low-income children who receive preventive dental services and reduce the proportion of children with untreated dental decay. Reaching children at a younger age promotes good oral hygiene skills, a positive dental experience, establishing a dental home for regular check-ups, and earlier identification and treatment of urgent and early dental needs. Kent County consolidated its programs in SFY 2017, now targeting five elementary schools, two middle schools, and one high school (all are Title 1 schools), and 43 community-based organizations in Kent and Northern Queen Anne's Counties.

  The shortage of dentists in both Kent and Queen Anne's Counties remains unchanged, which affects access to care. Kent's population to dentist ratio is 2,849:1 and Queen Anne's ratio is 2,695:1. Statewide, Maryland's population to dentist ratio is 1,392:1. Only one dentist in Kent County provides preventive care to children enrolled in Medicaid, and no dentists provide restorative care. In addition, only two of the seven Kent County towns on municipal/county water systems have fluoridated water; a contributing factor to the oral health challenges in this region. Twenty-five percent of homes in Kent County have well water with no fluoride. Community awareness and education is supported through family daycare, child care centers, pre-kindergarten registration, migrant camps, participation in sports, and other child oriented events. Other partners include state agencies, public health organizations, local agencies, and health care providers.

- *Worcester County:* The Worcester County Health Department's Dental Center partnered with Worcester County Schools to provide school-based oral health education, screenings, and fluoride varnish applications to all pre-kindergarten and kindergarten

students. In SFY 2017, the Worcester Dental Center implemented a school-linked dental sealant program to identify middle school children in need of oral health care and to provide dental sealants and any other necessary treatment.

In SFY 2017, OOH statewide grants contributed to 26,764 children and 13,913 adults receiving care through local health department dental programs, and 42,913 child and 25,772 adult clinical visits. Furthermore, 4,090 adults received emergency treatment in local health department programs because of these grants. Geographic areas with high-need for dental public health services on Maryland's Eastern Shore and in Southern Maryland have benefitted greatly from these grant programs (see Appendix C for a full listing of state public health dental programs).

Developing a Unified, Culturally and Linguistically Appropriate Oral Health Message

Maryland continues to use social marketing as a way to increase oral health awareness and improve oral health literacy for targeted populations in Maryland. In fall 2016, the MDAC and the OOH launched a Spanish-language social marketing campaign to create awareness about the importance of oral health during pregnancy. This campaign was part of the Children's Oral Healthcare Access Program, also known as the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Project, which is funded by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau. Also in partnership with the MDAC, in the first quarter of 2017 the OOH ran the *Dientes Sanos, Niños Sanos,(Healthy Teeth, Healthy Kids)* social marketing campaign, targeting Hispanic women between 18 and 45 years old in Prince George's and Montgomery counties, and in Baltimore City. The campaign was accompanied by a Spanish-language public relations initiative that resulted in the issuance of several county and city council proclamations recognizing the impact of the campaign in improving the health of Maryland's Latino community.

Dental Services for Public School Children

The OOH supports the following oral health initiatives:

- *Deamonte Driver Mobile Dental Van Project*: The Deamonte Driver Mobile Dental Van Project (DDDVP) provides diagnostic, preventive, and simple restorative dental services to low-income students in Prince George's County schools and surrounding communities. The dental van was named after Deamonte Driver, a 12-year old from Prince George's County who died from an untreated dental infection. During the 2016-2017 school year, the DDDVP provided cleanings and fluoride treatments to 1,472 children at 19 schools in Prince George's and Montgomery Counties. For this cohort, 2,733 dental sealants were applied to 665 children. A total of 642 children were referred to the local health department or a private dentist for follow-up care.

- *Dental Sealant Services:* The OOH engaged in a number of educational activities to better inform partners and stakeholders in dental sealant services: 1) distributed a dental sealant manual to assist local health departments in implementing dental sealant services; 2) continued to use the Mighty Tooth interactive website to provide information to

caregivers, medical professionals, and school administrators; and 3) held a statewide meeting of dental sealant program coordinators. The statewide dental sealant program places special emphasis on vulnerable populations, specifically children in Title I schools. In SFY 2017, 11 local health departments received OOH awards to operate school-based/linked dental sealant programs within their jurisdictions. OOH funded dental sealant programs that screened 10,562 school children in SFY 2017 and provided 15,182 dental sealants to 4,526 children. In SFY 2017, OOH distributed grant awards for sealant-focused programs to 10 local health departments and one FQHC.

- *WIC Oral Health Initiative:* Through a HRSA grant, the OOH provides funding to the Eastern Shore Area Health Education Center to support community oral health education and prevention activities. This initiative leverages the Supplemental Nutrition for Women, Infants, and Children (WIC) program to deliver preventive oral health services to young children and their mothers. In addition, education is provided to pregnant women, mothers, and children at integral life stages when oral diseases can be prevented. The WIC Oral Health Initiative is implemented in communities on Maryland's Eastern Shore and at WIC Centers in Dorchester, Talbot, and Caroline Counties. During SFY 2017, a dental hygienist screened 505 children and provided 424 fluoride varnish applications to children at WIC centers on the Eastern Shore. Of these children, six were referred to Choptank Community Health Services for follow-up care or a dental home. The dental hygienist also provided health education seminars in schools and community settings to over 5,793 children and adults, and distributed over 4,661 oral health kits.

- *Oral Health Access Programs:* The Kent County Health Department coordinates and operates a school-based Children's Dental Health Program in Kent and Northern Queen Anne's Counties. A key component of the program is providing transportation to dental homes located more than 45 minutes away due to the shortage of dentists in these counties. The program targets students who have Medicaid, are uninsured, are eligible for free and reduced meals, and those without a dental home. A dental hygienist and dental assistant provide comprehensive oral health services including screening, prophylaxis, fluoride varnish, dental sealants, and oral health education on-site at ten schools.

Perinatal and Infant Oral Health Quality Improvement Project

The PIOHQI project, funded by the HRSA Maternal and Child Health Bureau, spans from August 2015 to July 2019 and targets pregnant women and infants at high risk for oral disease. The project's goal is to reduce the prevalence of oral disease in pregnant women and infants through improved access to high-quality oral health care. In CY 2016, the University of Maryland College Park, School of Public Health (a contracted PIOHQI partner) conducted surveys and interviews of pregnant women at WIC sites throughout the state to assess barriers and facilitators to oral health care during pregnancy. Findings from these surveys contributed to the development of oral health education materials, including an Oral Health During Pregnancy brochure in English and Spanish and a goal setting tool for home health visitors highlighting important oral health tips for pregnant women. Additionally, the PIOHQI team provided trainings on oral health during pregnancy and infancy to public health dental providers and home health visitors.

Hypertension Screening in the Dental Setting

In 2016, the OOH received funding from the Centers for Disease Control and Prevention (CDC) to develop a chronic disease prevention project, *Hypertension Screening in the Dental Setting*, integrating activities from the OOH and the Department's Center for Chronic Disease Prevention and Control. The OOH provided 12 local health departments with tools and trainings related to blood pressure screening and assessment in the dental setting. Those local health departments then recruited 34 dental practices to implement the project. During the first month of implementation, 1,821 patients were screened, and 93 patients were referred to physicians for further diagnosis and treatment.

Training of Dental and Medical Providers

Between July 2009 and June 2017, approximately 1,846 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. Three courses took place during this fiscal year.

- On August 19, 2016, the seventh annual Ava Roberts Advanced Pediatric Dentistry Seminar took place. The seminar is sponsored by the OOH in collaboration with the MDAC and the UMSOD. Attendance for this conference was 124.

- On December 9, 2016, the OOH collaborated with the Department's Center for Chronic Disease Prevention and Control to host a Hypertension and Oral Health Conference. Attendance for this event was 100.

- On June 2, 2017, the OOH partnered with the Maryland Department of Aging to convene the "Making Oral Health a Priority for Older Adults" conference. Attendance for this event was 114.

The Maryland State Dental Association convened its ninth "Access to Care Day" on September 22, 2016 as part of its annual conference. Representatives from Scion were present to enlist new dentists for the program. Dental providers who attended the session received free continuing dental education credits and training. This annual program gives dental professionals the opportunity to discuss the Maryland Healthy Smiles Dental Program and other state oral health issues with Scion representatives, Department staff, and members of the MDAC.

Expanding Oral Health Infrastructure

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. A key Healthy People 2020 objective is to increase the percentage of persons on public water systems who receive fluoridated water to 79.6

percent.[4] Currently in Maryland, 94.1 percent of the population on public water supply receives fluoridated water.[5]

The OOH partners with the Maryland Department of the Environment to create fluoridation plans, share fluoridation data, monitor fluoride levels, and generate annual reports. In SFY 2017, the OOH used funding from its CDC and HRSA grants to ensure that a high percentage of Marylanders continue to have access to optimally fluoridated water. The OOH continued its partnership with the Maryland Rural Water Association (MRWA) to survey community water systems to provide technical assistance while gathering information on equipment needs, operator training levels, and a variety of other data points relevant to the water fluoridation process. In SFY 2017, 26 fluoridation stations across 14 water systems were surveyed. The surveys highlighted the continued need for fluoridation equipment maintenance, repair, and replacement as well as fluoridation training for water operators.[6]

In addition to equipment maintenance, repair, and replacement, the surveys also identified a need for fluoridation-specific training for water operators. Working with the MRWA, the OOH developed an eight-hour fluoridation training course for water operators. Operators must regularly obtain continuing education credits in order to maintain their certification. Classes are now presented semi-annually at a variety of locations across the state. The most recent classes were held on November 14, 2016 in Centreville (Queen Anne's County) and on May 31, 2017 in Walkersville (Frederick County). Attendance included 19 water operators at the Centreville class and 21 at the Walkersville class.

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, and with the assistance of the Director of the OOH, MCHRC has awarded 36 dental services grants totaling $7.2 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 53,500 low-income children and adults, resulting in nearly 114,700 visits.

The MCHRC seeks to support programs that will be sustainable after its initial grant funds have been expended. MCHRC dental grantees leveraged their initial grant resources to secure more than $3.4 million in additional federal, local, private, and other resources to maintain

---

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

[5] Maryland Department of the Environment, "Maryland's Capacity Development Program for Public Drinking Water Systems," September 2011, 13 October 2016 <
http://www.mde.state.md.us/programs/Water/Water_Supply/Documents/2011%20Capacity%20Development%20Report%20to%20Governor_final.pdf>.

[6] Water operators are trained and licensed by the Maryland Department of the Environment in water plants in the State of Maryland. Their duties include insuring compliance with the Safe Drinking Water Act and other water related regulations.

programs in their underserved communities. The 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 2017:

- West Cecil Health Center received a two-year grant ($325,000) to implement an expanded dental program in Cecil County, a dentally underserved area of the state, through an innovative partnership involving the UMSOD. Under a cooperative agreement, West Cecil Health Center has agreed to assume operations of the UMSOD clinic, which will maintain its status as a clinical teaching site with five pre-doctoral students and four dental hygiene students. Based on West Cecil Health Center's status as an FQHC, the program is designed to be sustainable after MCHRC grant funds are expended.

- Anne Arundel Health Department received a two-year grant ($200,000) to expand access to emergency dental services for low-income adults in Anne Arundel County, with a particular emphasis on diverting preventable dental-related ED visits. The target population is low-income Medicare and Medicaid adults. The project will build on the existing Residents Access to a Coalition of Health (REACH) Program in Anne Arundel County by linking patients with private dentists and building the capacity of the existing dental clinic(s) at the Health Department to serve more residents.

- Allegany County Health Department received a two-year grant ($100,000) to expand the capacity of its adult dental program and its ability to respond to the dental emergency needs of adults going to the hospital ED.

- Health Partners, a non-profit primary healthcare and dental provider, received a two-year grant ($100,000) to expand access to dental services in Charles County, a dentally underserved area of the state, by supporting Health Partners' current site in Waldorf and supporting the expansion of dental services at a new site in Nanjemoy.

Eastern Shore Oral Health Outreach Program

Programs in the Upper and Mid-Eastern Shore (Cecil, Kent, Queen Anne's, Talbot, Caroline, and Dorchester Counties) include case management services for agencies and individuals in need of urgent and/or routine dental services. In addition, these programs support local agencies by providing preventive oral health education, specific oral health education/adaptive oral health care materials for special needs clients/agency families; collaborative dental education with medical services for diabetics and behavioral health clients; and continue to promote the concept of the health home (inclusive of medical, mental/behavioral, and dental services) for adults. Utilization of existing state and local agency resources provides possible innovative options for dental services to children, integration of dental education to teens through middle school options, and ongoing development of services to the underserved adult/senior population.

The Lower Eastern Shore Dental Education Program (Wicomico, Worcester, and Somerset Counties) facilitates coordinated programmatic activities including oral health

assessments; fluoride varnish applications; and referrals for children participating in Early Head Start and Head Start Centers, Judy Centers, Family Support Centers, and WIC. In addition, facilitators of these services identify trends and community members who are most at risk, and provide education, intervention, and appropriate referrals to a dental home across the continuum of care. The target populations for these initiatives are pregnant women and families with young children.

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. By June 2017, 500 unique EPSDT certified medical providers had administered 203,141 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 services by increasing the number of dentists that provide services for Medicaid recipients. In CY 2016, 15 dentists participated in the program; five of those dentists completed their three-year service obligation in December 2016. The service obligation requires that the dentists participate in MDC-LARP for the full three years, and during that period, 30 percent of their base patient population must be Medicaid patients. In January 2017, five new MDC-LARP dentists started their three-year commitment to the program; these providers will work with the program through December 2019. During CY 2016, MDC-LARP dentists treated 24,038 unduplicated Medicaid patients and provided 60,096 dental visits for Medicaid recipients. MDC-LARP dentists have seen 171,184 unduplicated Medicaid patients through 427,960 patient visits since the inception of the program in 2001.

Part 2. 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 Statute requires the Department to develop and implement programs to train health care providers to screen and refer patients with oral cancer to appropriate treatment services and to provide education on oral cancer prevention for high-risk, underserved populations. It further requires OOH to develop activities and strategies to prevent and detect oral cancer in the State, with an emphasis on high-risk, underserved populations. 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 Oral Cancer Initiative funds the Oral Cancer Mortality Prevention Initiative. Directed by OOH, the Oral Cancer Mortality Prevention Initiative enables counties to provide an education and awareness campaign to the public and to address oral cancer screening training needs among health care providers. To date, 39,583 people have been screened for oral cancer, and 6,400 health care providers have received oral cancer prevention and early detection education through OOH grants to local health departments throughout Maryland.

In 2000, the Maryland General Assembly also 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/or education and outreach services to residents. To date, CRF grants have funded oral cancer prevention and early detection education, outreach and training services for 211,196 health care providers; trainers and educators; and the public, resulting in 12,030 oral screening exams for patients. Garrett County continues to use CRF funding for oral cancer screening activities. 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 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. Because of these cumulative efforts, thousands of Maryland residents have been screened for oral cancer.

Other Activities

The Department awards grants to local health departments to implement oral cancer prevention initiatives. Initiatives include providing oral cancer education and screenings for the public, and education and training for health care providers on how to conduct an oral cancer exam. In SFY 2017, 3,749 individuals received oral cancer screenings. Of those screened, 19 were referred to a surgeon for a biopsy. Over 4,000 parents/caregivers were educated on the

---

[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.

human papillomavirus (HPV), a known cause of oral cancer, and 505 health care providers received education on oral cancer.

In April 2017, the Department observed Maryland Oral Cancer Awareness Month. The OOH provided information, available online, to county coordinators, including prevention materials, scripts for public service announcements, Maryland Tobacco Quitline resources, and articles for local newspapers.[8] The information addressed not only oral cancer but also the importance of the HPV vaccine which, in addition to preventing cervical cancer, can prevent certain types of oral cancers.

[8] Office of Oral Health, "Oral Cancer Awareness Month 2017," Maryland Department of Health, 21 July 2017 <https://phpa.health.maryland.gov/oralhealth/Pages/Oral_Cancer_Awareness_Month_2017.aspx>

Part 3. Medicaid Dental Care Access

Medicaid dental funding for children, pregnant women, and participants enrolled in Rare and Expensive Case Management has increased in recent years, from approximately $12 million in CY 2000 to $174.6 million for CY 2016 (see Appendix B). This growth in funding is partially attributable to increases in the Medicaid fee schedule for selected codes since 2000. In SFY 2009, the State budget included $7 million in general funds to increase targeted codes to the 50th percentile of the American Dental Association's South Atlantic region charges for dental services. This funding growth reflects increases in enrollment, increased utilization due to improved outreach activities, and additional providers participating with the Medicaid program. The Medicaid program delivered oral health services to 463,964 children and adults (ages 0-64) during CY 2016 compared to 457,143 in CY 2015; this is approximately a 2 percent increase compared to overall Medicaid enrollment growth of 5 percent.

Maryland has made major program changes and has seen a significant increase in dental utilization over the last few years, which contributed greatly to Maryland's recognition as an oral health leader by the Pew Center. Additionally, in April 2010, CMS launched its national Oral Health Initiative and asked states to participate by increasing the use of preventive dental services by children enrolled in Medicaid nationally by at least 10 percentage points in five years. The national goal is for at least 52 percent of Medicaid enrolled children aged 1-20 years to receive a preventive dental service by FFY 2015. The interim goal for each state was to improve by two percentage points each year. Maryland was one of 15 states to meet the first-year CMS Oral Health Initiative goal.

Maryland continues to improve its dental program by confronting barriers to providing comprehensive oral health services to Medicaid enrollees. Medicaid recognizes that even with the rate increase that occurred in SFY 2009, rates for many procedure codes have not increased since 2004. In an effort to continue making investments in the overall improvement in access to preventive dental care, the Governor included roughly $2.2 million (total funds) in the SFY 2015 budget to increase Medicaid dental fees starting January 1, 2015. A workgroup was convened to gather feedback from stakeholders and to determine which dental codes would be subject to this rate increase. Five codes were identified; they include fluoride varnish treatments (D1208), protective restorations (D2940), provision of oral hygiene instructions (D1330), fabrication of athletic mouth guards (D9941), and indirect pulp capping (D3120).

Availability and Accessibility of Dentists in Medicaid

HealthChoice, the Medicaid managed care program, is the current health service delivery system for most children and non-elderly adults enrolled in Medicaid and the Maryland Children's Health Program. Prior to the implementation of the Maryland Healthy Smiles Dental Program's ASO on July 1, 2009, dental care was a covered benefit provided by HealthChoice MCOs. HealthChoice MCOs were required to offer comprehensive oral health services including

preventive care to children through 20 years of age and pregnant women.[9] While adult dental services are not a required benefit and are not funded by Medicaid, seven of the eight HealthChoice MCOs currently offer basic oral health services to adults. HealthChoice adult dental benefits typically include cleanings, fillings, and extractions (see Table 11 for more information on HealthChoice adult dental benefits).

Current Dentist Enrollment: Maryland Healthy Smiles Dental Program

Through the ASO, providers can now participate with Medicaid via a single point of contact, rather than contracting with each HealthChoice MCO. The ASO handles 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. On January 1, 2016, Scion became the ASO for the Maryland Healthy Smiles Dental Program. The previous ASO, DentaQuest, actively enrolled new dentists in the Maryland Healthy Smiles Dental Program from 2009 to 2015. Because of the overall increase in the provider network since 2009, the Dental Home Program was implemented statewide in December 2013.

While Medicaid is pleased with the progress made in the increased access to care, there is still room for improvement. With the goal of increasing dental provider enrollment, the Department outlined pay-for-performance standards in the February 2015 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.

Scion has proposed a comprehensive provider outreach program to encourage non-participating dentists to work with Medicaid. In addition to outreach, Scion offers online provider credentialing and contracting to improve the network enrollment process. Scion offers the use of proprietary tools aimed at easing the provider engagement process, including an advanced pre-authorization model and the capability to check participant eligibility in real-time and up to a month in advance. Since January 2016, Scion has enrolled 161 providers with the Maryland Healthy Smiles Dental Program. Scion will continue to outreach to dental providers to increase participation in the program. In CY 2016, there were 1,540 total (1,467 unique) providers enrolled (see Table 1).

[9] Children are only covered up to age 19 under the Maryland Children's Health Program and up to age 20 under Medicaid.

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

Region*	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
Baltimore Metro	465	471	490	536	538
Washington, D.C. Suburbs	451	462	525	564	567
Southern Maryland	52	48	55	54	60
Western Maryland	126	124	117	128	122
Eastern Shore	72	84	84	89	86
Other	125	161	179	182	167
Total**	**1,291**	**1,350**	**1,450**	**1,464**	**1,540**
Unique Total***	**1,220**	**1,258**	**1,361**	**1,470**	**1,467**

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

According to the Maryland State Board of Dental Examiners, there were 4,164 dentists actively practicing in Maryland in August 2017. Table 2 indicates the number of pediatric and general dentists practicing in Maryland and the number of dentists currently participating with the Maryland Healthy Smiles Dental Program as of August 2017. For the last two columns, 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.

Table 2: Active Dentists and Dentists Participating with the Maryland Healthy Smiles Dental Program

REGION[a]	Total Active Dentists (August 2017)	Active Pediatric Dentists (August 2017)	Dentists Enrolled with Maryland Healthy Smiles Dental Program (August 2017)	Dentists Who Billed One or More Services in CY 2016	Dentists Who Billed $10,000+ in CY 2016
Baltimore Metro	1,867	62	633	538	434
Washington D.C. Suburbs	1,795	52	705	567	450
Southern Maryland	159	4	91	60	44
Western Maryland	125	9	215	122	98
Eastern Shore	218	4	168	86	73
Out-of-State	--	50	276	167	63
TOTAL[b]	**4,164**	**181**	**1,628**	**1,467**	**1,115**

[a] 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.
[b] 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.

In 2008, less than 40 percent of Maryland licensed active dentists were participating with Medicaid. As of August 2017, 2,088 total dentists (1,628 unduplicated dentists) participated with the Maryland Healthy Smiles Dental Program compared to 4,164 active dentists in the State. In CY 2016, 1,467 unduplicated dentists billed one or more Medicaid services, and 1,115 unduplicated dentists billed $10,000 or more to the Medicaid program. This represents approximately 35 percent and 27 percent respectively, of the total active, licensed dentists in the State. The number of unique dentists billing at least one Medicaid service has steadily increased over the last four years, from 1,220 in 2012, to 1,467 in CY 2016. The number of dentists billing more than $10,000 to Medicaid also increased from 908 in 2012, to 1,115 in 2016. Pediatric dentists remain a minority in the State, accounting for less than 5 percent of the total number of active dentists in Maryland in 2017.

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.[11] Utilization of dental services has historically been low but has increased significantly in recent years. Prior to implementation of the HealthChoice managed care program in 1997, only 14 percent of all children enrolled in Medicaid for any period received at least one dental service. This number was below the national average of 21 percent.[12]

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. The number of individuals included in the HEDIS® measure is based on two criteria: 1) an age range from four through 21 years, and 2) enrollment of at least 320 days. Medicaid modified its age range to reflect four through 20 years because the Medicaid program only requires dental coverage through age 20 years. To facilitate comparability across calendar years, Medicaid is presenting a multi-year look back for each measure that includes fee-for-service and MCO participants across the Medicaid program. Recipients with partial benefits were excluded from the analysis.

---

[11] Children are only covered up to age 19 under the Maryland Children's Health Program and up to age 20 under Medicaid.
[12] Academy of Pediatrics, "State Medicaid Report for Federal FY 1996 - Analysis of HCFA National Data for Medicaid Children's Dental Services Utilization."

During the first year of the HealthChoice program in 1997, the percentage of children receiving dental services was 19.9 percent. In 1999, HealthChoice utilization increased dramatically to 25.9 percent. However, performance was still 10 percentage points below the HEDIS® national Medicaid average. After Medicaid adopted the 2007 Dental Action Committee recommendations, dental care utilization for children enrolled in HealthChoice increased from 51.5 percent (CY 2007) to 60.9 percent (CY 2009). In CY 2016, 68.5 percent of children received dental services, which is greater than the national HEDIS® average (see Table 3).

Table 3: Number of Children Aged 4-20 Years Enrolled in Medicaid[a] for at least 320 Days Receiving Dental Services, CY 2012–CY 2016

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average[b]
CY 2012	385,132	261,077	67.8%	49.2%
CY 2013	405,873	277,272	68.3%	↑[c]
CY 2014	423,625	286,713	67.7%	↑[c]
CY 2015	404,118	278,796	69.0%	↑[c]
CY 2016	440,100	301,367	68.5%	↑[c]

[a] 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.
[b] 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.
[c] Due to National Committee for Quality Assurance licensing restrictions beginning with CY 2013, the National HEDIS® Mean can no longer be displayed in Table 3. 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.

Maryland continues to perform higher than the national HEDIS® Mean for Annual Dental Visits. In addition, by using the Annual EPSDT Report published by CMS, it is possible to compare Maryland's children dental utilization rates against the national averages. The report demonstrates that the total Maryland dental utilization rates for children ages 0-20, at 52.9 percent during both FFY 2015 and FFY 2016, continue to outpace the national rates of utilization, at 44.8 and 45.4 percent respectively. Maryland utilization rates compare favorably to the national utilization rates across most age ranges (see Table 4).

In recent years, Medicaid began reporting utilization rates for children with any period of enrollment in Medicaid. Utilization rates are lower when analyzed for any period of enrollment. One reason for this may be the inclusion of children who were in a HealthChoice MCO or Medicaid for only a short period. Children may have had turnover in eligibility or enrollment or have been new to the HealthChoice MCO or Medicaid, thereby resulting in insufficient time to link the child to care. MCOs and the ASO have less opportunity to manage the care of these populations.

Table 4: Annual EPSDT Report Dental Utilization Percentage of Total Eligibles by Age Group who had any Dental Services, Enrolled for Any Period in Medicaid[a]

Age Group	FFY 2014		FFY 2015		FFY 2016	
	Maryland Dental Utilization	National Dental Utilization	Maryland Dental Utilization	National Dental Utilization	Maryland Dental Utilization	National Dental Utilization
< 1[b]	1.0%	2.5%	0.7%	2.6%	0.6%	2.8%
1-2[b]	31.1%	23.3%	30.3%	23.9%	30.1%	24.6%
3-5	62.4%	50.7%	61.6%	51.4%	61.3%	51.7%
6-9	69.5%	57.1%	67.9%	58.6%	67.1%	59.4%
10-14	64.0%	52.1%	62.9%	54.0%	63.1%	55.0%
15-18	55.5%	42.3%	52.0%	44.1%	53.0%	44.8%
19-20	38.5%	23.3%	34.3%	25.4%	35.7%	25.6%
Total	**54.5%**	**43.3%**	**52.9%**	**44.8%**	**52.9%**	**45.4%**

[a] Utilization rates differ slightly from the study conducted by the State due to the differing time periods analyzed. The FFY ranges from October 1 to September 30.
[b] Most newborns and infants are not expected to use dental services. As a result, the dental service rate for the < 1 and 1-2 age groups should be interpreted with caution.

Of the 702,105 children enrolled in Medicaid for any period during CY 2016, 54.5 percent of these children received one or more dental service compared to 52.8 percent in CY 2015 (see Table 5). The utilization rates of children with any period of enrollment have increased over the seven-year period for all age groups. The high utilization for children ages 0-3 years from 2012-2016 (see Table 5) is likely due to the change that took effect in July 2009, which allowed EPSDT certified medical providers to apply fluoride varnish.

Table 5: Percentage of Children Aged 0–20 Years Enrolled in Medicaid* for Any Period who Had at Least One Dental Visit by Age Group, CY 2012 – CY 2016

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

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

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. As indicated in Table 3, access to any dental service has increased from 67.8 percent in CY 2012 to 68.5 percent in CY 2016. Access to diagnostic services increased from 66 percent in CY 2012 to 67 percent in CY 2016. Access to restorative services has decreased from approximately 24 percent of all children in CY 2012 to 23 percent in CY 2016 (see Table 6).

Table 6: Percentage of Children Aged 4-20 Years Enrolled in Medicaid* for at least 320 Days Receiving Dental Services, by Type of Service, CY 2012 - CY 2016

Year	Diagnostic	Preventive	Restorative
CY 2012	66.0%	62.5%	24.3%
CY 2013	66.8%	63.2%	24.4%
CY 2014	66.2%	62.6%	23.2%
CY 2015	67.6%	64.0%	24.0%
CY 2016	67.0%	63.4%	23.2%

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

As noted above, 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, 53.7 percent received a preventive or diagnostic visit in CY 2016. Of those receiving a preventive or diagnostic visit, 28.9 percent received a follow-up restorative visit.

Table 7: Percentage of Children Aged 0–20 Years Enrolled in Medicaid* for Any Period who Received a Preventive/Diagnostic Visit Followed by a Restorative Visit, CY 2012 - CY 2016

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%

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

Although there has been a modest utilization increase in restorative visits since the restorative fee increase in 2004, some children do not receive restorative care in a timely manner. Children who do not receive timely restorative care may ultimately seek care in an ED. In CY 2016, 2,741 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 seven-year period and has remained at less than one percent.

Table 8: 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 2016

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

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

Pregnant Women and Dental Utilization

Prior to the implementation of HealthChoice in 1997, Medicaid did not cover adult dental care. Chapter 113 of the Acts of 1998 (SB 590) required that HealthChoice cover dental services for all pregnant women. Recent legislative efforts to expand dental benefits to postpartum women have been unsuccessful.[13] In July 2009, DentaQuest took over administration of dental services for pregnant women. DentaQuest identified pregnant women by eligibility coverage groups and by using dental claims data to identify if a patient is pregnant at the time of treatment. DentaQuest conducted postcard and flyer-based mailings to women enrolled in pregnancy-related coverage groups to engage them in care during the evaluation period. DentaQuest also participated in community-based events, such as Head Start parent meetings and WIC meetings.

The percentage of pregnant women 21 years and over enrolled for at least 90 days receiving dental services was approximately 26 percent in CY 2016 (see Table 9). The percentage of pregnant women 14 years and over enrolled for any period receiving a dental service in 2016 was approximately 26 percent compared to approximately 31 percent in CY 2012 (see Table 10).

The Department is monitoring the variances in the number of pregnant women receiving dental services. The Department, along with Scion, is in the process of embarking on a comprehensive five-year plan designed to improve the engagement of pregnant women in dental care. At the heart of this program is:

1) The assignment of pregnant women to a Dental Home;

2) Enhanced individualized outreach by phone and through other mechanisms to ensure pregnant women are aware of their dental benefit and how to access services; and

3) The formation of partnerships with key oral health partners, such as OB/GYN providers.

[13] The most recent effort was SB 431 in the 2015 Session of the Maryland General Assembly. In the 2014 session, SB 695 sought to expand dental coverage to eligible postpartum women for 90 days after the end of the pregnancy.

Table 9: Number and Percentage of Pregnant Women Aged 21+ Years with at least 90 Days in Medicaid* who had Dental Services, CY 2012 - CY 2016

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%

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

Table 10: Number and Percentage of Pregnant Women Aged 14+ Years Enrolled in Medicaid* for Any Period who had Dental Visits, CY 2012 – CY 2016

Year	Total Number of Enrollees	Number of Enrollees with at least One Visit	Percent with Dental Visits
CY 2012	27,092	8,330	30.7%
CY 2013	27,158	7,639	28.1%
CY 2014	30,743	8,228	26.8%
CY 2015	32,015	8,732	27.3%
CY 2016	34,275	8,883	25.9%

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

HealthChoice Dental Utilization Rates

Non-Pregnant Adults and Dental Utilization

Apart from dental services covered for pregnant women and adults in the Rare and Expensive Case Management Program, adult dental services are not included in MCO or ASO capitation rates, and therefore are not required to be covered under HealthChoice or the Maryland Healthy Smiles Dental Program.

Prior to the dental carve out and implementation of the Dental ASO, all seven of the HealthChoice MCOs provided a limited adult dental benefit. In CY 2008, MCOs spent approximately $8.9 million for these services. After the State transitioned to the Maryland Healthy Smiles Dental Program, the MCOs spent $12.3 million on adult dental services in CY 2009, $6.5 million in CY 2010, $11.4 million in CY 2011, $11.1 million in CY 2012, $5.3 million in CY 2013, $16.5 million in CY 2014, $14.4 million in CY 2015, and $15.3 million in CY 2016. By January 2013, two of the MCOs had discontinued offering adult dental services. When a new MCO entered the HealthChoice Program in February 2013, they joined five other HealthChoice MCOs in providing limited dental services to non-pregnant adults. Between CY 2012 and CY 2013, there was a large decline in dental services among adults enrolled in HealthChoice, which may be attributed to the large number of enrollees in the two MCOs that

did not offer adult dental benefits during that period. As of August 2017, seven of eight HealthChoice MCOs provide limited dental services to non-pregnant adults (see Table 11).

Beginning January 1, 2014, Medicaid eligibility in Maryland was expanded for low-income families and adults under age 65 under the Patient Protection and Affordable Care Act. HealthChoice adult dental expenditures rose in 2014 to $16.5 million because of the subsequent increased enrollment, an $11.2 million increase from CY 2013. In CY 2014, there were 486,025 adults (ages 21-64), who were enrolled in HealthChoice for at least 90 days, of which 65,671 received at least one dental service (see Table 12).

MCO adult dental expenditures increased to $15.3 million in CY 2016. In CY 2016, adult enrollees decreased to 521,954, of which 72,318 received at least one dental service (see Table 12). In CY 2016, 13.9 percent of non-pregnant adults enrolled in a HealthChoice MCO for at least 90 days received at least one dental service, up from 13.5 percent in CY 2014 (see Table 12).

Table 11: HealthChoice Dental Benefits for Non-Pregnant Adults as of August 2017

MCO	Dental Benefits Offered Limitations Apply and Vary by MCO
AMERIGROUP Community Care	Oral exam and cleaning twice a year; x-rays; fillings and extractions.
Jai Medical Systems	Oral exam and cleaning twice a year; x-rays; fillings and extractions.
Kaiser Permanente	Oral exam and cleaning twice a year; x-rays; fillings and extractions.
Maryland Physicians Care	Oral exam and cleaning twice a year; x-rays; fillings and extractions.
MedStar Family Choice	Oral exam and cleaning twice a year; x-rays; fillings and extractions.
Priority Partners	Oral exam and cleaning twice a year; x-rays and extractions.
University of Maryland Health Partners	Oral exam and cleaning twice a year; x-rays; fillings and extractions.
UnitedHealthcare	No dental benefits offered for adult enrollees.

Table 12: 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%
CY 2006	114,844	11,747	10.2%
CY 2007	138,212	18,290	13.2%

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
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%

Chapters 57 and 58 of the Acts of 2016 (SB 252/HB 511) authorize Medicaid to cover dental care up to the age of 26 for former foster youth, and requires Medicaid to apply to CMS for the necessary waiver to receive a federal match for these services. Maryland included this as a component when it applied for its HealthChoice waiver renewal in 2016. The subsequent CMS approval allows Maryland to receive a federal match on dental services as an EPSDT benefit to former foster care youth up to the age of 26 with an effective coverage date of January 1, 2017.

In April 2015, the respective chairmen of the Senate Finance and House Health and Government Operations Committees requested that the MDAC conduct a study on expanding access to oral health care and coverage for adults, including extending Medicaid coverage for specific adult populations, and establishing or expanding public health initiatives that support oral health care services for adults presently without dental coverage. The MDAC contracted with the Hilltop Institute to conduct the study and presented a summary of its findings to the House Health and Government Operations Committee in February 2016.[14] In its report, Hilltop estimates that State costs for an adult dental benefit would range from $17.8 million to $40.5 million for a 'basic benefit' and from $29.1 million to $65.9 million for an 'extensive benefit' with no annual cap.

In CY 2016, 20,916 children and adults with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison. Of those, 18,175 adults ages 21 and older visited the ED with a dental diagnosis (see Table 13).

Table 13: Number and Percentage of Medicaid Participants Aged 0 - 64 years with at least One Emergency Department (ED) Visit with a Dental Diagnosis or Dental Procedure Code, CY 2016

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

[14] Betley, C., Idala, D., James, P., Mueller, C., Smirnow, A., & Tan, B., "Adult dental coverage in Maryland Medicaid," 1 February 2016, The Hilltop Institute, UMBC, 12, October 2016 <http://www.hilltopinstitute.org/publications/AdultDentalCoverageInMarylandMedicaid-Feb2016.pdf.>

0 - 3	156,936	891	0.6%	1,559
4 - 5	73,610	261	0.3%	475
6 - 9	150,612	457	0.3%	842
10 - 14	160,418	281	0.2%	514
15 - 18	112,581	416	0.5%	779
19 - 20	47,948	435	1.5%	921
21 - 39	371,936	12,368	4.1%	32,309
40 - 64	327,752	5,807	2.3%	13,769
Total	**1,401,793**	**20,916**	**1.5%**	**51,168**

Across all age groups, the percent of Medicaid participants with at least one ED visit has remained consistent at 1.5 percent (see Table 14). In CY 201 , the total number of visits decreased to 51,168.

Table 14: Number and Percentage of Medicaid Participants Aged 0 - 64 years with at least One Emergency Department (ED) Visit with a Dental Diagnosis or Dental Procedure Code, CY 2012 - CY 2016

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

Addressing Dental Health Professional Shortage Areas

Within Maryland, several areas have been designated as dental HPSAs, or areas designated by HRSA as having a shortage of dental health providers. Regions designated as dental HPSAs are portions of the Eastern Shore, Western Maryland, Southern Maryland, and Baltimore City (see Appendix D). Residents living in all jurisdictions of the State now have access to low-cost dental services available through community programs sponsored by FQHCs, local health departments, academia, and other private, non-profit health organizations (e.g., community hospitals).

As of June 2017, 15 Maryland jurisdictions were served directly by on-site clinical (defined as the direct provision of dental care services by, at a minimum, a licensed dentist) or school-based/linked dental programs administered by local health departments. This includes Kent and Queen Anne's Counties, which had been identified in the past as having limited dental public health services, as well as the Worcester County Health Department, which began operating its onsite clinical dental program in April 2011. The St. Mary's County Health Department, which is not included in this count, does not directly administer a clinical dental program but acts as a conduit to link low-income patients with private dental practitioners who

are available to provide dental services to this population within the county. Similarly, the Howard County Health Department subcontracts with a FQHC, Chase Brexton Health Services, for its clinical dental service program and is not included in this count. In addition, six jurisdictions on the Eastern Shore without a local health department dental program have dental programs served by two FQHCs – Choptank Community Health Systems (Caroline, Talbot, and Dorchester) and Chesapeake Health Care (Somerset, Wicomico, and Worcester Counties).

Strategies to Improve Access to Dental Care

Training

In July 2009, the Department began training and reimbursing Medicaid EPSDT medical providers for the application of fluoride varnish for children up to three years of age. By June 2017, 500 unique EPSDT certified medical providers have administered 203,141 fluoride varnish treatments to Medicaid children.

Dental Home Program

According to the American Academy of Pediatric Dentistry, a Dental Home Program is the provision of comprehensive oral health care by one primary care dentist. This includes acute care and preventive services, comprehensive assessment for oral diseases and conditions, an individualized preventive dental health program, anticipatory guidance about growth and development issues, information about proper care of the child's teeth, dietary counseling, and referrals to dental specialists when care cannot directly be provided within the dental home.

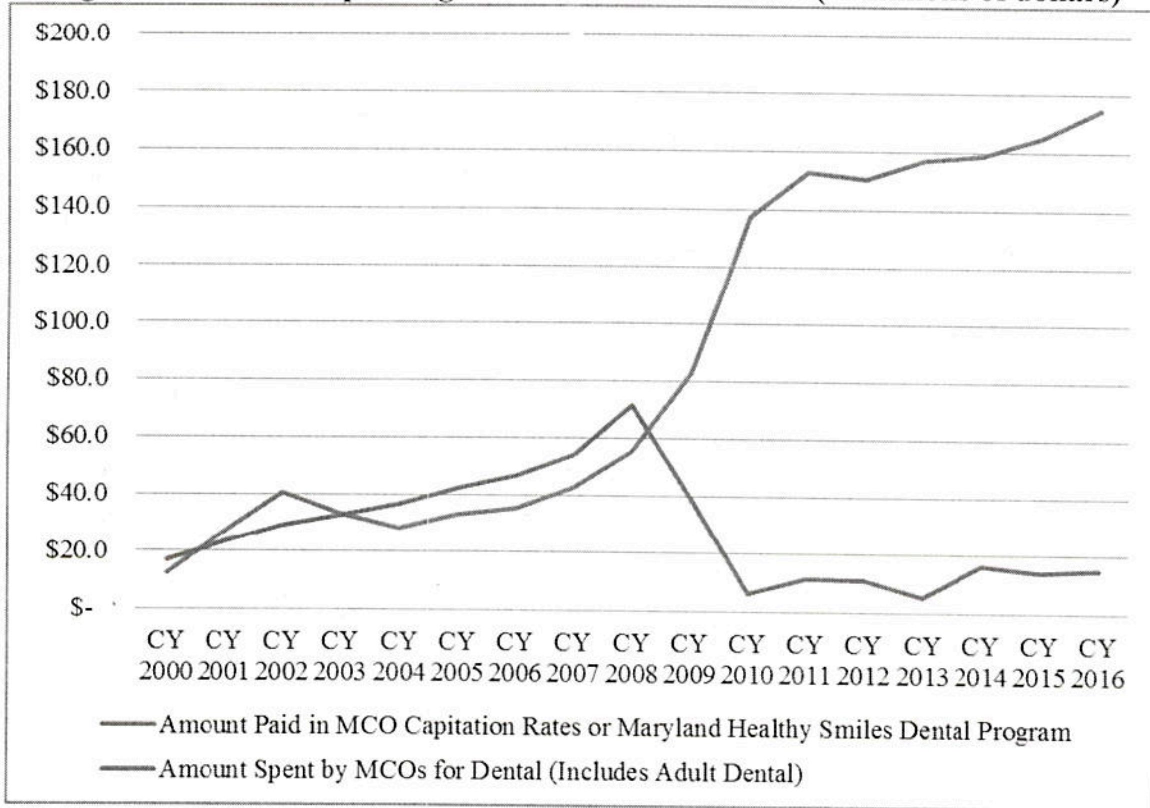
In December 2013, the Dental Home Program was implemented statewide in Maryland. The Maryland Healthy Smiles Dental Program members who are enrolled in the Dental Home Program are children under the age of 21, some pregnant women, and Rare and Expensive Case Management Program recipients over the age of 21. Upon enrollment into the dental home, the Maryland Healthy Smiles Dental Program provides all new members with information about the Maryland Healthy Smiles Dental Program and an identification card that includes the information for that member's dental home. Members can change their dental home at any time by contacting Scion, though the new dental home provider must be accepting new patients and able to provide the services the member needs. Maryland Healthy Smiles Dental Program members can use the Scion website to find a list of participating dentists in their area.

Every Maryland Healthy Smiles enrollee is assigned a dental office to serve as their dental home.[15] In CY 2016, 732,740 members had a dental home assignment compared to 519,881 in CY 2015. Of those who had a dental home assignment, 322,295, or 44 percent, received at least one dental service. Approximately 36.3 percent of dental home enrollees utilized their dental home in CY 2016.

Funding

Medicaid dental funding for children and pregnant women has increased in recent years from approximately $12 million in CY 2000 to $174.6 million in CY 2016 (see Appendix B). From 2004 through the first half of 2009, MCOs were responsible for dental care and received capitated payments. Beginning July 1, 2009, the Maryland Healthy Smiles Dental Program was carved out and began paying dental claims on a fee-for-service basis. A graph of Medicaid dental funding is below in Figure 1.

Figure 1: Medicaid Spending from CY 2000 – CY 2016 (in millions of dollars)



[15] Except pregnant women over 21. Many of the recipients who are eligible because of pregnancy lose coverage postpartum, making the assignment to a dental home under the Maryland Healthy Smiles Program extraneous; however, this is being reevaluated by the Department.

III. Conclusion and Future Initiatives

The work outlined in this report is an ongoing priority for both Medicaid and the OOH. The Department continues to work on collaborative efforts to expand oral health access and address oral health disparities for Maryland's low-income and vulnerable populations. Medicaid and the OOH will continue to be guided by the recommendations from the original 2007 Dental Action Committee to achieve the goals and objectives of the Maryland State Oral Health Plan and to collaborate with key state partners. In turn, so long as funding is available, the Department envisions continued growth and support of the Maryland Healthy Smiles Dental Program, the Oral Health Safety Net Program, and projects such as new school-based/linked oral health initiatives and other oral disease prevention initiatives.

The Department will continue 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 Judy Centers, WIC, and Head Start/Early Head Start programs, as well as Title I schools. The Department is also dedicated to supplementing current efforts to assure that Maryland residents receive optimally fluoridated water. In addition, the Department envisions further expansion and sophistication of its oral health surveillance system and aims to target additional populations, such as older adults, to better quantify and highlight their oral health needs. The Department continues to work with Scion and other stakeholders to continue to improve the Maryland Healthy Smiles Dental Program.

Maryland has been recognized by CMS, the Pew Center on the States, and others as a national leader in access to oral health services.[16] The accomplishments and activities highlighted in this report demonstrate that Maryland's leadership in oral health will continue. 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. With ongoing funding and support, the Department and its partners will continue working together to address the oral health needs of all Marylanders, with a special emphasis on vulnerable populations.

---

[16] 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

Appendix A: Glossary of Key Abbreviations

ASO	Administrative Services Organization
CY	Calendar Year
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CRF	Cigarette Restitution Fund
DDDVP	Deamonte Driver Mobile Dental Van Project
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
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
HPSA	Health Professional Shortage Area
HPV	Human Papillomavirus
HRSA	Health Resources and Services Administration
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
MRWA	Maryland Rural Water Association
HEDIS®	National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
OOH	Office of Oral Health
PIOHQI	Perinatal and Infant Oral Health Quality Improvement
REACH	Residents Access to a Coalition of Health
Scion	Scion Dental, Inc.
SFY	State Fiscal Year
UMSOD	University of Maryland School of Dentistry
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 2016

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%

* 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 Program for the period July 1, 2009 – December 31, 2009.

*** Beginning in SFY 2010, Maryland Healthy Smiles 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

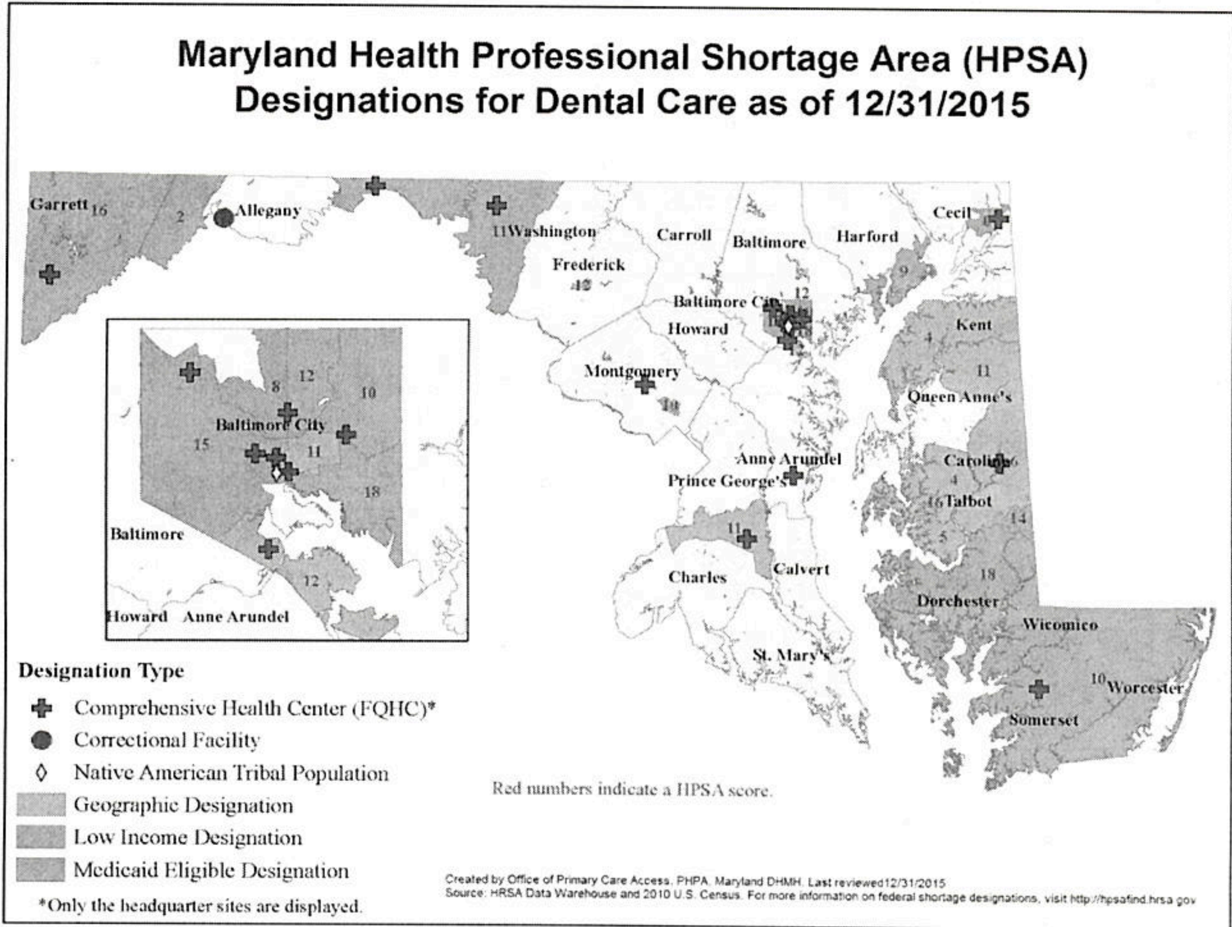
County	Local Health Department Clinic	Community Health Centers	Dental School/Other
Allegany	On Site	None	Allegany Health Right (contracts with private dental providers), Allegany College of Maryland (Dental Hygiene Program)
Anne Arundel	On Site (2 sites) [1,2]		
Baltimore City	On Site (2 sites)[1,2]	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[4], Carroll County Department of Citizen Services[7]
Cecil	None	West Cecil Health Center	University of Maryland School of Dentistry
Charles	On Site	Served by Calvert Community Dental Care	Health Partners[4]
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)
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) [1,6]	Community Clinic, Inc. (CCI)	
Prince George's	On Site (2 sites) [1]	Greater Baden, Community Clinic, Inc.	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 Closed in June 2014.
4 MCHRC funding beginning in SFY 2010.

5 Partnership between Howard County Health Department and Chase Brexton.
6 Does not currently treat Medicaid enrollees.
7 Discount Dental Program.

Appendix D: Map of Maryland Health Professional Shortage Areas

(Data accurate through 7/1/17)



Appendix E: Medicaid Dental Utilization Rates, CY 2004 – CY 2016 (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
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%
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%
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%
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%
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%
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%**
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%
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%
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%
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%
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%
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%
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%**

*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.