



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

The Honorable Shane E. Pendergrass
Chair, Health and Government Operations
Committee
Room 241, House Office Building
Annapolis, MD 21401-1991

RE: Letter of Information – HB 368 – Task Force on Oral Health in Maryland

Dear Chair Pendergrass:

The Maryland Department of Health (the Department) is submitting this letter of information for House Bill (HB) 368 – Task Force on Oral Health in Maryland.

HB 368 seeks to establish a task force to (1) analyze the current access to dental services for all residents of the State; (2) identify areas of the State where a significant number of residents are not receiving oral health care services, distinguishing between pediatric and adult populations; (3) identify barriers to receiving dental services in these areas; (4) analyze the impact of these barriers; (5) assess the options to eliminate the barriers; and (6) make recommendations regarding methods to increase access to dental services in the State. HB 368 also requires the submission of an interim report on May 1, 2022 and a final report on December 1, 2022. The Deputy Secretary for Health Care Financing and the Dean of the University of Maryland School of Dentistry would co-chair the task force, and the Task Force would be staffed jointly between the Department and the Department of Legislative Services.

The Department notes that the work of the proposed task force would be duplicative of efforts undertaken by the Department's Office of Oral Health (OOH) and the Maryland Dental Action Coalition (MDAC). Maryland Medical Assistance (Medicaid), in conjunction with OOH, also submits an annual oral health access report (originally required by SB 598 – Ch. 113 of the Acts of 1998) under Health-General Article, §13-2504(b). The report includes information on Medicaid dental utilization and expenditures, as well as information on the actions taken by OOH to increase access to dental services and overall oral health in the State.

The mission of OOH is to improve the oral health of Maryland residents through a variety of public oral health initiatives and interventions, while MDAC works to develop and maintain a statewide partnership of individuals and organizations to increase oral health promotion, disease prevention, education, advocacy, and access to oral health care.

I hope this information is useful. If you would like to discuss this further, please contact Assistant Secretary of Health Policy, Webster Ye, at webster.ye@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Webster Ye". The signature is fluid and cursive, with the first name "Webster" being more legible than the last name "Ye".

Webster Ye
Assistant Secretary

cc: Jinlene Chan, MD, MPH, FAAP, Acting Deputy Secretary, Public Health Services
Donna Gugel, MHS, Director, Prevention and Health Promotion Administration
Debony Hughes, DDS, Director, Office of Oral Health



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

December 8, 2020

The Honorable Larry Hogan
Governor
100 State Circle
Annapolis, Maryland 21401

The Honorable Bill Ferguson
President
Senate of Maryland
State House, H-107
Annapolis, Maryland 21401

The Honorable Adrienne A. Jones
Speaker
Maryland House of Delegates
State House, H-101
Annapolis, Maryland 21401

Re: 2020 Annual Oral Health Legislative Report, Health-General, §13-2504(b) and HB 70 (Chapter 656 of the Acts of 2009)

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Pursuant to Health-General Article §13-2504(b), the Maryland Medicaid Program and the Office of Oral Health within the Department of Health submits this comprehensive oral health legislative report to the Governor and the General Assembly.

If you have any questions regarding this report, please contact my Director of Governmental Affairs, Webster Ye at (410) 767-6481 or webster.ye@maryland.gov.

Sincerely,

Dennis R. Schrader
Acting Secretary

cc: Sarah Albert, Department of Legislative Services, 5 copies

MARYLAND'S 2020 ANNUAL ORAL HEALTH LEGISLATIVE REPORT



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

Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Dennis R. Schrder
Acting Secretary,
Department of Health

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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 State efforts to improve dental care access for low-income residents, especially those who are Medicaid-eligible, underserved, or underinsured.

The Maryland Department of Health (the Department) focuses 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 and OOH have worked together to target outreach to pregnant women with the message that dental care is safe, important, and available through Medicaid. Medicaid continues to see increases in the number of providers and in utilization of dental care. On June 1, 2019, Medicaid implemented a new adult dental pilot that has provided services to adults ages 21 through 64 who are eligible for both Medicaid and Medicare.

Oral Health Safety Net Program

The Governor included \$1.2 million in the state fiscal year (SFY) 2020 budget for OOH to continue support for community-based oral health grants. These grants aim to expand the dental public health capacity for low-income and Medicaid-eligible populations and individuals with disabilities by providing funding for expansion of school-based dental sealant programs and for supporting the expansion of access to clinical procedures for target populations. Building on prior successes, this additional funding provides Marylanders in many jurisdictions access to a public health dental clinic that serves their area.

The Department is also required to provide education on oral cancer prevention for high-risk, underserved populations. The Oral Cancer Initiative, mandated by Chapters 307 and 308 of the Acts of 2000 (House Bill 1184/Senate Bill 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 benefits administrator (DBA). The DBA is responsible for coordinating all dental services for children, pregnant women, adults in the Rare and Expensive Case Management (REM) Program, former foster care youth up to age 26,

¹Centers 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>.

and now adults 21 through 64 years of age enrolled in both Medicaid and Medicare. Additionally, the DBA is responsible for all functions related to the delivery of dental services for these populations, including provider network development and maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. SKYGEN USA (formerly known as Scion) has been serving as the DBA since calendar year (CY) 2016.

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

I. Introduction

Pursuant to Health-General Article §13-2504(b), Annotated Code of Maryland, the Maryland Medical Assistance Program (Medicaid) and the Office of Oral Health (OOH) within the Maryland Department of Health (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, including:
 - a. Loss ratios that the MCOs and dental MCOs experience for providing dental services; and
 - b. Corrective actions taken by MCOs and dental MCOs to achieve the utilization targets; and
5. The allocation and use of funds authorized for dental services under Medicaid.²

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 DBA is the primary provider of dental services; MCOs may provide a limited dental package to their members. There is no dental MCO.

II. Maryland's Oral Health Accomplishments

Part 1. Oral Health Safety Net Program

Improving access to oral health services requires multiple strategies. Chapters 527 and 528 of the Acts of 2007 (House Bill (HB) 30/Senate Bill (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 and Medicaid populations, as well as for individuals with disabilities 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 community programs in LHDs, FQHCs, hospitals, and foundations across the State targeting underserved areas and individuals with unmet needs. By leveraging funding from OOH as well as additional sources, these community programs positively impact 21 out of the 24 counties in Maryland through a diverse set of initiatives (see Table 1). Further impact breakdown for the Oral Disease and Injury Prevention (ODIP) and Dental Sealant Programs can be found in Appendices F and G.

Table 1: Community Programs Supported, SFY 2020

Program	County(ies) Funded	Activities	Impact
<p>ODIP Program</p> <p><u>Funding:</u> \$783,988</p>	<p>Allegany, Anne Arundel, Baltimore, Baltimore City, Caroline, Carroll, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George’s, Queen Anne’s, Somerset, St. Mary’s, Worcester</p>	<p>ODIP funds a variety of activities to support LHDs in improving oral health conditions through numerous strategies, including:</p> <ul style="list-style-type: none"> - On-site clinical services for children; - On-site clinical services for adults; - On-site clinical services for pregnant patients; - School-based/linked community oral health services; - Off-site oral cancer screening programs; and - Off-site adult case management. 	<p>Seen On-Site:</p> <ul style="list-style-type: none"> ● Children: 18,434 (3.5% increase from SFY 2019) ● Adults: 14,023 (37.8% increase from SFY 2019) ● Pregnant Patients: 745 <p>Off-Site Services:</p> <ul style="list-style-type: none"> ● Children Seen: 9,295 ● Adult Oral Cancer Screenings: 2,019 ● Adult Case Management: 795
<p>Dental Sealants Program</p> <p><u>Funding:</u> \$340,000</p>	<p>Allegany, Anne Arundel, Baltimore, Charles, Harford, Kent, Prince George’s, Somerset, Wicomico</p>	<p>The Dental Sealants Program strives to improve oral health conditions for children through supporting school-based, school-linked, and mobile programs which:</p> <ul style="list-style-type: none"> - Screen children; - Provide sealants; and - Refer children for follow-up care. 	<p>Schools Visited: 103</p> <p>Children Seen: 6,990</p> <p>Children Receiving Sealants: 2,516</p> <p>Sealants Placed: 9,194</p>
<p>Health Care for the Homeless</p> <p><u>Funding:</u> \$50,000</p>	<p>Baltimore City</p>	<p>Health Care for the Homeless is a non-profit organization that runs dental clinics providing services to children in West Baltimore and Downtown.</p>	<p>Seen On-Site:</p> <ul style="list-style-type: none"> ● Children: 198 <p>Off-Site Services:</p> <ul style="list-style-type: none"> ● Children Seen: 1 ● Adult Oral Cancer Screenings: 458

<p>Calvert Health Systems</p> <p><u>Funding:</u> \$80,000</p>	<p>Calvert, St. Mary's</p>	<p>Calvert Health Systems provides affordable and accessible oral health care to children and adults. The program provides funding for dental care to those who cannot afford it but require emergency intervention due to severe abscess or decay. Additionally, Calvert Health Systems continues to collaborate with the Southern Maryland Mission of Mercy and Tri-County Veterans Council to host a Mission of Mercy event for veterans and provide follow-up care.</p>	<p>Seen On-Site:</p> <ul style="list-style-type: none"> ● Children: 71 ● Adults: 488 ● Pregnant Patients: 16 <p>Off-Site Services:</p> <ul style="list-style-type: none"> ● Children Seen: 286 ● Adult Oral Cancer Screenings: 225 <p>Dental Sealants Program:</p> <ul style="list-style-type: none"> ● Schools Visited: 5 ● Children Seen: 286 ● Children Receiving Sealants: 91 ● Sealants Placed: 343
<p>Frederick Health Dental Clinic</p> <p><u>Funding:</u> \$25,000</p>	<p>Frederick</p>	<p>The Frederick Health Dental Clinic offers dental services to uninsured, underinsured, and low-income residents.</p>	<p>Seen On-Site:</p> <ul style="list-style-type: none"> ● Children: 26 ● Adults: 1,651 <p>Off-Site Services:</p> <ul style="list-style-type: none"> ● Adult Oral Cancer Screenings: 475
<p>Maryland Foundation of Dentistry</p> <p><u>Funding:</u> \$56,000</p>	<p>Statewide</p>	<p>The Maryland Foundation of Dentistry 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.</p>	<p>Adult Case Management: 566</p>
<p>Maryland State Dental Association</p>	<p>Statewide</p>	<p>MSDAF MOM gathers volunteer dental professionals who, along with several hundred volunteer staff, hold free, two-day dental</p>	<p>Adults Seen: 2,301 Providers Trained on Oral Cancer: 632</p>

<p>Foundation (MSDAF) Mission of Mercy (MOM)</p> <p><u>Funding:</u> \$35,000</p>		<p>clinics at locations around the State. MSDAF provides training to all volunteer providers on how to treat patients with substantial decay and dental treatment needs, which is the population that the MOM serves.</p>	
<p>University of Maryland School of Dentistry (UMSOD) Oral Health for Limited Income Uninsured Children Program (OH-LIUC)</p> <p><u>Funding:</u> \$25,000</p>	<p>Statewide</p>	<p>OH-LIUC, managed by UMSOD, provides oral health care to uninsured children from limited-income families. Comprehensive oral health care is provided by pre-doctoral dental students and pediatric dental residents.</p>	<p>Children Seen: 130</p>
<p>University of Maryland Rehabilitation and Orthopaedic Institute</p> <p><u>Funding:</u> \$35,000</p>	<p>Statewide</p>	<p>The University of Maryland Rehabilitation and Orthopaedic Institute provides direct clinical oral health care services to underserved children and children with special needs or behavioral issues.</p>	<p>Children Seen: 2,779 Adults Seen: 1,536 Pregnant Patients Seen: 1</p>

<p>University of Maryland School of Dentistry (UMSOD) Prenatal Clinic</p> <p><u>Funding:</u> \$26,000</p>	<p>Statewide</p>	<p>The Prenatal Clinic provides oral health screenings, education, and fluoride varnish services for pregnant patients scheduled at the University of Maryland Women’s Health Center (UMWHC).</p>	<p>Adult Case Management: 97</p>
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Federally-Funded Grant Projects

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

With funding from the Health Resources and Services Administration (HRSA), OOH mobilized two Regional Oral Health Coordinators (ROHCs) to two key regions of Maryland: Western Maryland and Central/Southern Maryland. The ROHCs support LHDs in building referral networks with local dental providers, and document best practices for case management and care coordination to be used statewide by LHDs, health care providers, and non-dental organizations. The ROHCs work with community partners and local primary care providers (PCPs) to promote medical-dental collaboration. While COVID-19-related precautions have limited ROHCs' ability to work in-person locally, the program has successfully transitioned to virtual networking and remote-based projects and continues to have an impact on Maryland's regional medical-dental integration work.

Oral Health Care-Based Childhood Obesity Screening and Prevention Program

With HRSA grant funding, OOH started an innovative approach to address the common risk factors of childhood obesity and dental caries. The Oral Health Care-Based Childhood Obesity Screening and Prevention Program offers body mass index screenings and referrals to PCPs or nutritional counseling for at-risk children. The program also provides counseling on the elimination of sugary beverages from children's diets as well as tips on healthy eating, being active, and limiting screen time on social media and electronic devices. OOH has developed Healthy Mouth, Healthy Body - Making Healthy Choices for Life, a communication campaign that encourages dental professionals, parents, and children to recognize childhood obesity and respond appropriately.

The Oral Health Care-Based Childhood Obesity Screening and Prevention Program was initially scheduled to begin implementation of a pilot project in five Maryland counties in spring 2020. The Governor's declaration of a state of emergency in March 2020 to respond to the COVID-19 pandemic caused OOH to temporarily suspend the implementation of this portion of the program while still in the process of completing provider trainings on the pilot project's screening, health education, and referral model. OOH was able to successfully complete the remaining provider trainings virtually in July 2020 and plans to resume pilot project implementation with local partners in SFY 2021.

In addition, OOH works in collaboration with an advisory panel, a group of subject matter experts including nutritionists, public health professionals, pediatric dentists, pediatricians, and other medical and dental providers, who provide strategic advice on planning and implementation of the Oral Health Care-Based Childhood Obesity Screening and Prevention Program.

Expanding Oral Health Infrastructure

Annual Ava Roberts Advanced Pediatric Dentistry Seminar

The Annual Ava Roberts Advanced Pediatric Dentistry Seminar (the Seminar) is the OOH's primary method of providing training to dental providers in Maryland. OOH organized the tenth Annual Ava Roberts Advanced Pediatric Dentistry Seminar on December 13, 2019. The Seminar included seven presentations that covered issues related to childhood obesity, dental health care for children with special health care needs, essentials of sedation and anesthesia for dentistry, and Prevent Abuse and Neglect through Dental Awareness (PANDAs) training. The health professionals who attended the seminar included 31 dentists, 29 dental hygienists, 16 dental assistants, four pediatric fellows, and 14 others, including students.

OOH is currently partnering with the Maryland Dental Action Coalition (MDAC) to plan for the 2020 Ava Roberts seminar, tentatively scheduled to be held virtually in December 2020. The 2020 Seminar will include presentations on infection control guidelines, particularly COVID-19 prevention.

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. With 94.7 percent of Marylanders with public water receiving fluoridated water, Maryland has surpassed the Healthy People 2020 (HP 2020) objective of 79.6 for this benchmark.³ 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 continues to collaborate with the Maryland Rural Water Association (MRWA) and their circuit riders to survey community water systems and provide technical assistance. Circuit riders work alongside the rural system officials and operators to provide expertise in issues related to drinking water treatment and water distribution systems.⁴ Due to the impact of the COVID-19 pandemic, MRWA circuit riders were only able to complete four community water fluoridation surveys in SFY 2020. These surveys continue to highlight both the need for fluoridation equipment maintenance, repair, and replacement, as well as the need for continued fluoridation training for community water fluoridation personnel. Two fluoridation training classes for water system personnel were conducted in SFY 2020. The classes were held virtually on June 30, 2020 and August 12, 2020. Through funding from the CDC State Actions to Improve Oral Health Outcomes grant, OOH continues to provide replacement fluoridation equipment and fluoridation training to water systems in need. Two water systems, Salisbury (service population of 26,194 people) and the town of Hancock (service population of 1,658 people), were provided with replacement fluoridation equipment in SFY 2020.

³ 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.

⁴ Maryland Rural Water Association, <https://www.md-rwa.org/mrwa-circuit-rider-programs.html>

Maryland Community Health Resources Commission Dental Grant Awards

The Maryland Community Health Resources Commission (Commission) continues to collaborate 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, the Commission has awarded 44 dental services grants totaling \$8.8 million. The Commission's dental grant projects, awarded to LHDs, FQHCs, and private, non-profit foundations and hospitals throughout the State, have collectively served more than 69,000 low-income children and adults, resulting in more than 158,000 visits. In SFY 2020, grantees provided services in Baltimore City and Allegany, Baltimore, Carroll, Garrett, Harford, St. Mary's, and Washington Counties. Grantee projects included expansion of access to dental care through the opening of new clinical facilities, emergency department (ED) diversion and referrals to dental homes, and outreach services to patients with complex medical needs, such as diabetes, hypertension, and substance abuse.

Additionally, the Commission awarded emergency funding in SFY 2020 to the Maryland State Dental Association Charitable and Educational Foundation (MSDAF) and the Maryland Foundation of Dentistry (MFD) to address unanticipated expenses related to the COVID-19 pandemic. MSDAF was awarded \$49,400 and those funds will be used to purchase equipment and make adaptations to current protocols to reduce infection risk among those seeking care at its MOM clinics held across the state. MFD was awarded \$24,000 and those funds will be used to provide intensive case management coordination between MFD applicants and MFD volunteer dentists.

Lower Eastern Shore Oral Health Outreach Program

The OOH Lower Eastern Shore Oral Health Outreach Program covers three counties (Somerset, Wicomico, and Worcester). The program provides seven Early Head Start and Head Start Centers in these counties with oral health screenings, fluoride varnish applications, oral health education, and case management. During the 2019 – 2020 school year, OOH conducted screenings for 443 Head Start students and 98 Early Head Start students. Students are typically screened between three and four times throughout the school year; however, some third and all fourth visits were cancelled due to the COVID-19 pandemic. During the 2019 – 2020 school year, each student was screened two to three times, culminating in a total of 1,176 Head Start screenings and 204 Early Head Start screenings. For those students identified as presenting early evidence of caries, evidence of dental problems, or needing urgent care, staff managed cases by referring the students and their parents to dental clinics. Among the students, 86 percent received fluoride varnish support, and 23 percent were referred to dental services for further treatments including two percent who required urgent care.

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

In July 2009, the Department began training and reimbursing the Medicaid Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) medical providers for the application of fluoride varnish for children through age five. Providers must complete an online training as part

of the certification process. In March 2010, the training became available online.⁵ In SFY 2020, there were 513 active EPSDT Fluoride Varnish certified providers. These providers administered 37,509 fluoride varnish applications to Medicaid children in SFY 2020. Further information can be found in Appendix G.

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 the highest need areas of the State. The participating dentists must see a minimum of 30 percent Medicaid patients and provide monthly reports on their activities. In January 2020, five new MDC-LARP dentists started their three-year commitment to the program. The providers practice in Baltimore, Garrett, and Harford Counties, and Baltimore City. During CY 2019, MDC-LARP dentists treated 21,905 unique Medicaid patients and provided 54,762 dental visits for Medicaid recipients. MDC-LARP dentists have provided 596,597 dental visits since the inception of the program in 2001.

Oral Cancer Awareness Month

The Department observes Maryland Oral Cancer Awareness Month every April; however, due to the COVID-19 pandemic, there were no activities for Oral Cancer Awareness Month in April 2020.

Oral Cancer Initiative

Chapters 307 and 308 of the Acts of 2000 (House Bill (HB) 1184/Senate Bill (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. 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, directed by OOH, provides funds through ODIP funding. The grantees implement oral cancer prevention initiatives, including oral cancer education and screenings for the public, as well as education and training for health care providers on how to conduct an oral cancer exam. In SFY 2020, 15,320 individuals received an oral cancer screening. Of those screened, 12 were referred to a surgeon for a biopsy. Additionally, 706 health care providers received education on oral cancer. This data includes screenings done both in LHD dental clinics and off-site screenings such as health fairs.

In 2000, the Maryland General Assembly created the Cigarette Restitution Fund (CRF) Program, which provides funds for cancer prevention, education, screening, and treatment services for

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

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

seven targeted cancers, including oral cancer.⁷ Some local jurisdictions provide oral cancer screening, education, and outreach services to residents. To date, CRF grants have funded oral cancer prevention and early detection education, outreach, and training services for 501,340 health care providers, trainers, educators, and the public, resulting in 12,061 oral screening exams for patients. In cooperation with OOH, the CRF Program is responsible for maintaining up-to-date Oral Cancer Minimal Clinical Elements for screening, diagnosis, treatment, follow-up, and care coordination services to provide guidance for public health programs that screen for oral cancer. In addition, Johns Hopkins University and the University of Maryland use CRF cancer research funds to conduct oral cancer research.

HIV Oral Health Care Referral Program

In 2019, OOH received \$ 2.5 million in funding from the Department Center for HIV Prevention and Health Services in order to develop, implement, and evaluate a five-year program to create a comprehensive referral to dental care pilot project and social marketing campaign to increase access to oral health care for people living with HIV (PLWH). The program was designed to increase awareness of the importance of regular oral health care among PLWH and increase the rate of referral of PLWH to oral health care services by PCPs and medical professionals at HIV treatment centers.

As the core component of this five-year initiative, the pilot project will implement a more efficient referral process from PCPs to oral health care providers. It is planned that it will include approximately 100 primary care and oral health care provider sites in Montgomery and Prince George's Counties and in Baltimore City. A complementary social marketing campaign will extend throughout the entire project period.

OOH assembled an inter-professional advisory committee to provide guidance throughout the project. The Advisory Committee consists of medical and oral health professionals; subject matter experts; and representatives from public health, academia, PLWH, and the community.

OOH is in the process of contracting with an external communications company to develop, implement, and evaluate the multi-year social marketing campaign. This work will further inform the development and implementation of the pilot program through focus groups planned for the fall of 2020. Focus group members will include oral health professionals, PCPs, and PLWH. The groups, originally planned to be held in-person, will now be conducted virtually because of the COVID-19 pandemic.

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.

Part 2. Medicaid Dental Care Access

The Maryland Medicaid program covers dental benefits through the Maryland Healthy Smiles Dental Program. Dental services are covered for children aged 20 and younger under EPSDT, pregnant women, certain adult populations, and former foster care youth until they become 26. Non-pregnant adults may receive dental benefits provided as an additional benefit of their MCO. As of August 2020, all nine MCOs voluntarily cover limited adult dental services for their members as a part of their benefit package using their own profits. In addition, the Department has an adult dental pilot for adults aged 21 through 64 who are enrolled in both Medicaid and Medicare.

Medicaid dental reimbursement for services for children, pregnant women, and participants enrolled in the Rare and Expensive Case Management (REM) program has increased in recent years to \$199.7 million for CY 2019 (see Appendix B). The Medicaid program delivered oral health services to 523,841 children and adults (ages 0-64) during CY 2019 compared to 504,533 in CY 2018. 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 benefits administrator (DBA) has overseen services for Maryland Healthy Smiles Dental Program participants. SKYGEN USA, formerly known as Scion, currently serves as the DBA. The DBA is responsible for credentialing, claims payment, and other dental provider issues, such as resolving provider issues and running a provider call center. This streamlines the process for providers and as a result, the Department has been able to increase the Medicaid dental provider network.

With the goal of increasing dental provider enrollment, the Department outlined pay-for-performance standards in February 2015 in the Maryland Medicaid Dental Benefits Administrator Request for Proposals. The pay-for-performance standards incentivize provider outreach and reward the DBA for increasing provider enrollment in target counties. The DBA 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. SKYGEN USA will continue outreach to dental providers to increase participation in the program. In CY 2019, there were 1,801 total (1,694 unique) providers enrolled (see Table 2).

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

Region ⁹	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
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⁸ The DBA 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.

⁹ Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburban 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

Baltimore Metro	536	538	560	593	628
Washington Suburban	564	567	563	582	630
Southern Maryland	54	60	63	66	66
Western Maryland	128	122	145	152	164
Eastern Shore	89	86	97	100	98
Out of State	182	167	197	219	215
Total¹⁰	1,464	1,540	1,625	1,712	1,801
Unique Total¹¹	1,470	1,467	1,600	1,596	1,694

According to the Maryland State Board of Dental Examiners, there were 4,229 dentists actively practicing in Maryland in August 2020 (see Table 3). As of August 2020, 1,738 dentists participated with the Maryland Healthy Smiles Dental Program. In CY 2019, 1,694 unduplicated dentists billed one or more Medicaid services, and 1,244 unduplicated dentists billed \$10,000 or more to the Medicaid program.

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

Region	Total Active Dentists¹²	Active Pediatric Dentists	Dentists Enrolled with Maryland Healthy Smiles Dental Program¹³	Dentists Who Billed One or More Services in CY 2019¹⁴	Dentists Who Billed \$10,000+ in CY 2019
Baltimore Metro	1,903	113	756	628	476
Washington Suburban	1,700	94	788	630	477
Southern Maryland	140	*	110	66	52
Western Maryland	277	19	217	164	124
Eastern Shore	209	*	174	98	79
Out of State	--	--	244	215	89

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 participants.

¹² Source: Maryland Board of Dental Examiners, as of August 2020.

¹³ Source: SKYGEN USA, as of August 2020.

¹⁴ Records were manually unduplicated by provider name because providers who practice in multiple locations may have different provider numbers for each practice affiliation. Dentists working for group practices or clinics were impossible to identify; therefore, the number of unique providers may significantly undercount the total number of dentists providing dental services to Medicaid participants.

Total¹⁵	4,229	240	1,738	1,694	1,244
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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 age 21.¹⁶ To assess the performance of HealthChoice and the DBA, 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 2019, 69.4 percent of children received dental services, which is greater than the national HEDIS® mean (see Table 4).

Table 4: Number and Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid for at least 320 Days Receiving Dental Services¹⁷

Year	Total Number of Participants	Participants Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average^{18,19}
CY 2015	404,118	278,796	69.0%	↑
CY 2016	440,100	301,367	68.5%	↑
CY 2017	464,585	316,294	68.1%	↑
CY 2018	469,413	324,252	69.1%	↑
CY 2019	477,768	331,485	69.4%	↑

Of the 733,128 children enrolled in Medicaid for any period during CY 2019, 56.7 percent of these children received one or more dental services compared to 55.6 percent in CY 2018 (see Table 5). The utilization rates of children with any period of enrollment have increased over the five-year period for all age groups.

Table 5: Percentage of Children Aged 0 through 20 Years Enrolled in Medicaid for Any Period who had at Least One Dental Visit by Age Group

¹⁵ 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 2019.

¹⁶ Children are only covered up to age 19 under the Maryland Children's Health Program and up to age 20 under Medicaid.

¹⁷ The study population for CY 2015 through CY 2019 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including fee-for service (FFS) and HealthChoice MCO participants. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10. Recipients with partial benefits were also excluded from the analysis.

¹⁸ Mean for the Annual Dental Visit measure, total age category (ages 2-20 years), as of HEDIS® 2006. The 2-3 year age cohort was added as of HEDIS® 2006.

¹⁹ 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.

Age Group	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
0–3	28.9%	30.0%	30.3%	30.8%	32.0%
4–5	64.7%	66.3%	65.8%	65.6%	66.6%
6–9	68.0%	69.1%	69.2%	69.6%	70.7%
10–14	62.8%	64.7%	65.6%	66.2%	67.0%
15–18	51.6%	54.3%	55.6%	56.5%	57.3%
19–20	34.0%	36.7%	37.3%	37.8%	38.9%
Total	52.8%	54.5%	55.0%	55.6%	56.7%

Medicaid has examined the type of dental services that children receive. Utilization of diagnostic services remained consistent through the period, while utilization of restorative services has decreased from approximately 24.0 percent of all children in CY 2015 to 23.0 percent in CY 2019 (see Table 6).

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

Year	Total Number of Participants	Diagnostic	Preventive	Restorative
CY 2015	404,118	67.6%	64.0%	24.0%
CY 2016	440,100	67.0%	63.4%	23.2%
CY 2017	464,585	66.5%	62.9%	23.2%
CY 2018	469,413	67.4%	63.6%	22.9%
CY 2019	477,768	67.7%	63.8%	23.0%

Utilization rates are lower when analyzed for any period of enrollment versus a period of continuous enrollment, because the MCO or DBA has had less opportunity to manage the care of these populations. For those children enrolled in Medicaid for any period, 55.8 percent received a preventive or diagnostic visit in CY 2019. Of those receiving a preventive or diagnostic visit, 28.3 percent received a follow-up restorative visit (see Table 7).

Table 7: Percentage of Children Aged 0 through 20 Years Enrolled in Medicaid for Any Period Who received a Preventive/Diagnostic Visit Followed by a Restorative Visit

Year	Total Number of Participants	Number with Preventive/Diagnostic Visit	Percent with Preventive/Diagnostic Visit	Number with Preventive/Diagnostic Visit Followed by a Restorative Visit	Percent with Preventive/Diagnostic Visit Followed by a Restorative Visit
CY 2015	709,669	369,645	52.1%	109,614	29.7%
CY 2016	702,105	377,058	53.7%	109,048	28.9%
CY 2017	723,709	391,897	54.2%	114,089	29.1%
CY 2018	733,594	401,370	54.7%	114,312	28.5%
CY 2019	733,128	408,862	55.8%	115,813	28.3%

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 aged 21 years and over enrolled for at least 90 days receiving dental services was approximately 28.8 percent in CY 2019 (see Table 8).

Table 8: Number and Percentage of Pregnant Women Aged 21 and Older with at least 90 Days in Medicaid Who had Dental Services

Year	Total Number of Participants	Number of Participants with at least One Visit	Percent with Dental Visits
CY 2015	26,795	7,324	27.3%
CY 2016	29,014	7,562	26.1%
CY 2017	29,111	7,981	27.4%
CY 2018	28,259	7,979	28.2%
CY 2019	28,939	8,346	28.8%

For pregnant women 14 years and older and enrolled for any period, 28.5 percent had at least one dental service in CY 2019 (see Table 9). This is an increase over CY 2018, which had 28.0 percent of pregnant women receiving dental services.

Table 9: Number and Percentage of Pregnant Women Aged 14 and Older Enrolled in Medicaid for Any Period Who had Dental Visits

Year	Total Number of Participants	Number of Participants with at least One Visit	Percent with Dental Visits
CY 2015	32,015	8,732	27.3%
CY 2016	34,275	8,883	25.9%
CY 2017	33,707	9,136	27.1%
CY 2018	32,718	9,146	28.0%
CY 2019	33,961	9,675	28.5%

Rare and Expensive Case Management (REM) Participants

The Department began offering dental benefits to REM adults in July 2009, after acquiring a DBA to administer the Department's Healthy Smiles Dental Program.

Overall, 2,306 REM participants utilized dental services in CY 2019 (see Table 10). The highest percent utilization was in children six through nine years old, with 73.6 percent utilizing services.

Table 10: Number and Percentage of REM Participants Aged 4 through 64 Years with at Least 320 Days in Medicaid Who had Dental Services, by Age Group, CY 2019

Age Group (Years)	Total Number of Participants	Number with Any Service	Percentage with Any Service
4 - 5	325	224	68.9%
6 - 9	666	490	73.6%
10 - 14	847	612	72.3%

15 - 18	569	371	65.2%
19 - 20	291	172	59.1%
21 - 39	1,018	383	37.6%
40 - 64	243	54	22.2%
Total	3,959	2,306	58.2%

From CY 2014 to CY 2018, the percent of REM participants utilizing dental services increased from 56.2 percent to 56.5 percent (see Table 11). Children ages six through nine had the highest utilization of any age group.

Table 11: Percentage of REM Participants Aged 4 through 64 Years Enrolled for Any Period in Medicaid who had Dental Services, by Age Group

Age Group	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
4 - 5	66.2%	73.5%	71.5%	66.2%	66.5%
6 - 9	67.9%	70.6%	76.1%	75.6%	72.2%
10 - 14	65.5%	67.7%	67.3%	71.6%	70.7%
15 - 18	58.2%	59.4%	59.8%	61.0%	63.2%
19 - 20	49.5%	49.5%	48.9%	52.2%	57.1%
21 - 39	33.9%	33.6%	34.5%	35.4%	36.7%
40 - 64	20.7%	20.2%	18.5%	18.0%	20.5%
Total	53.3%	54.8%	55.3%	56.2%	56.5%

Former Foster Care Youth

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

In CY 2019, 279 or 25.9 percent of all former foster youth received at least one dental visit (see Table 12). This is an increase from CY 2018, during which only 22.2 percent received at least one dental visit.

Table 12: Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for 320 Days who had Dental Services, by Region

Region ²⁰	CY 2018			CY 2019		
	Total Number of Participants	Number with at Least	Percentage with	Total Number of Participants	Number with at Least	Percentage with

²⁰ Baltimore Suburban includes Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburban includes 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.

		One Visit	Dental Visits		One Visit	Dental Visits
Baltimore City	540	104	19.3%	415	98	23.6%
Baltimore Suburban	339	86	25.4%	306	84	27.5%
Eastern Shore	70	17	24.3%	76	20	26.3%
Out of State	*	*	*	*	*	*
Southern Maryland	*	*	*	*	*	*
Washington Suburban	161	37	23.0%	154	49	31.8%
Western Maryland	91	22	24.2%	92	21	22.8%
Total	1,238	275	22.2%	1,077	279	25.9%

20.8 percent of former foster youth received diagnostic services in CY 2019 (see Table 13). Fifteen (15.0) percent received preventive services and 6.4 percent received restorative services during the same year.

Table 13: Percentage of Former Foster Care Participants Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service and Region, CY 2019²¹

Region	Percentage with Diagnostic Service	Percentage with Preventive Service	Percentage with Restorative Service
Baltimore City	19.6%	13.7%	5.9%
Baltimore Suburban	21.8%	16.4%	6.3%
Eastern Shore	26.1%	19.6%	8.7%
Southern Maryland	14.6%	8.3%	8.3%
Washington Suburban	22.6%	17.5%	6.9%
Western Maryland	18.7%	10.6%	5.7%
Total	20.8%	15.0%	6.4%

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 DBA, all the HealthChoice MCOs provided a limited adult dental benefit. As of August 2020, all nine HealthChoice MCOs provide limited dental services to non-pregnant adults (see Table 14).

²¹ The number of former foster youth located outside of Maryland was less than 10 participants; due to privacy concerns, the out of state data has been removed from this table.

Table 14: HealthChoice Dental Benefits for Non-Pregnant Adults as of July 1, 2019

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

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 2019, 93,988, or 16.2 percent, of adult HealthChoice beneficiaries received at least one dental service through the MCOs' value-added benefits (see Table 15).

Table 15: Percentage of Non-Pregnant Adults Aged 21 through 64 Receiving Dental Services, Enrolled in HealthChoice for at Least 90 Days

Year	Total Number of Participants	Participants Receiving One or More Dental Service	Percent Receiving Service
CY 2015	533,689	72,556	13.6%
CY 2016	521,954	72,318	13.9%
CY 2017	569,948	85,323	15.0%
CY 2018	591,603	86,947	14.7%
CY 2019	579,853	93,988	16.2%

Emergency Department Utilization

In CY 2019, 17,342 children and adults with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison (see Table 16).

Table 16: Number and Percentage of Medicaid Participants Aged 0 through 64 Years with at least One ED Visit with a Dental Diagnosis or Dental Procedure Code, CY 2019

Age Group (Years)	Total Number of 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	153,896	671	0.4%	1,143
4 - 5	76,489	246	0.3%	442
6 - 9	147,199	447	0.3%	831
10 - 14	182,719	307	0.2%	561
15 - 18	120,250	359	0.3%	668
19 - 20	52,575	358	0.7%	745
21 - 39	394,942	9,743	2.5%	23,341
40 - 64	335,646	5,211	1.6%	11,575
Total	1,463,716	17,342	1.2%	39,306

In CY 2019, the percent of participants with an ED visit with a dental diagnosis or procedure decreased to 1.2 percent (see Table 17). In CY 2019, the total number of visits decreased to 39,306.

Table 17: Number and Percentage of Medicaid Participants Aged 0 through 64 Years with at least One ED Visit with a Dental Diagnosis or Dental Procedure Code

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 2015	1,437,496	21,227	1.5%	52,661
CY 2016	1,401,793	20,916	1.5%	51,168
CY 2017	1,462,875	20,255	1.4%	47,985
CY 2018	1,482,680	18,909	1.3%	44,237
CY 2019	1,463,716	17,342	1.2%	39,306

In CY 2019, 2,388 children with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison (see Table 18). The total number of ED visits with a dental diagnosis also decreased to 4,390 in CY 2019.

Table 18: Number of ED Visits with a Dental Diagnosis or Procedure by Children Aged 0 through 20 Years Enrolled in Medicaid for Any Period

Year	Total Number of Participants	Number of Participants who had an ED Visit with a Dental Diagnosis	Number of ED Visits with a Dental Diagnosis
CY 2015	709,669	2,642	5,547

CY 2016	702,105	2,741	5,090
CY 2017	723,709	2,655	4,845
CY 2018	733,594	2,548	4,741
CY 2019	733,128	2,388	4,390

The percent of former foster youth utilizing the ED was also low. In CY 2019, 3.5 percent of former foster youth visited the ED with a dental diagnosis (see Table 19).

Table 19: Percentage of Former Foster Care Participants Enrolled in Medicaid for Any Period with ED Visit with a Dental Diagnosis or Procedure Code, by Region, CY 2019

Region	Percent with at least One ED Visit
Baltimore City	4.5%
Baltimore Suburban	2.6%
Eastern Shore	4.3%
Southern Maryland	4.2%
Washington Suburban	1.8%
Western Maryland	4.9%
Total	3.5%

Recent Dental Legislation and Program Expansions

Adult Dental Pilot Program

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

The statewide pilot program serves individuals between the ages of 21 and 64 who are dually eligible for both Medicare and Medicaid. Dually eligible individuals do not currently receive dental benefits through Medicaid, and coverage for dental services through Medicare is extremely limited.²² The dental package includes coverage for diagnostic, preventive, and restorative services, in addition to extractions. Benefits are subject to an \$800 per person maximum benefit allowance per calendar year for the first year of the pilot, which may be subject to review for subsequent demonstration years. These benefits are carved out and overseen by the DBA.

Since June 1, 2019, 4,508 eligible participants had a dental visit in CY 2019, or 12.2 percent (see Table 20). A total of 4,354 participants had a diagnostic visit, 2,325 had a preventive visit, and 1,321 participants had a restorative visit.

²² 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.

Table 20: Number and Percentage of Adult Pilot Program Participants Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service, CY 2019²³

	Any Dental Visit		Diagnostic		Preventive		Restorative	
	Number of Enrollees with Visit	Percent with Visit	Number of Enrollees with Visit	Percent with Visit	Number of Enrollees with Visit	Percent with Visit	Number of Enrollees with Visit	Percent with Visit
At least One Visit	4,508	12.2%	4,354	11.8%	2,325	6.3%	1,321	3.6%
No Services	32,340	87.8%	32,494	88.2%	34,523	93.7%	35,527	96.4%
Total	36,848	100.0%	36,848	100.0%	36,848	100.0%	36,848	100.0%

COVID-19 Response

On March 5, 2020, Governor Larry J. Hogan, Jr., declared a state of emergency due to disease (COVID-19) caused by the novel coronavirus. In response to the COVID-19 pandemic, the Department has made updates to the billing codes for its Telehealth Program for certain providers, including dentists. Dentistry delivered via telehealth, also known as tele-dentistry, was expanded effective March 5, 2020.

The Department will conduct a review of codes that may be appropriate for tele-dentistry after the end of the state of emergency.

²³ Because the Adult Dental Pilot Program began June 1, 2019, the above data only represents 7 months of utilization and not 12 months. Individuals in the following coverage groups are partial duals and are not included in the denominator: S03, S06, S07,S08, S09, S10, S11, S12, S14, S15, S17, A01, A02, A03, A04, P10, X02.

III. Conclusion and Future Initiatives

In 2021, 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 impact of COVID-19 on the Department's oral health initiatives is still being determined at this time. During 2020, many OOH programs, particularly partner LHD clinics, experienced significant disruptions to their normal operations which prevented them from providing services to their constituencies. The extent of the disruption to operations varied between jurisdictions, dependent on a variety of environmental and administrative factors. OOH is working closely with the Department's leadership to ensure continued support for oral health programs throughout the year and will work to increase the provision of these services in the future.

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

Appendix A: Glossary of Key Abbreviations

CY	Calendar Year
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CRF	Cigarette Restitution Fund
DBA	Dental Benefit Administrator
The Department	Maryland Department of Health
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
HRSA	Health Resources and Services Administration
LHD	Local Health Department
MCO	Managed Care Organization
MDAC	Maryland Dental Action Coalition
MDC-LARP	Maryland Dent-Care Loan Assistance Repayment Program
Medicaid	Maryland Medical Assistance Program
HEDIS®	National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
OOH	Office of Oral Health
ODIP	Oral Disease and Injury Prevention
PCP	Primary Care Provider
PLWH	People Living with HIV
REM	Rare and Expensive Case Management
ROHC	Regional Oral Health Coordinators
SB	Senate Bill
SKYGEN	SKYGEN USA, the Department's DBA
SFY	State Fiscal Year
WIC	Supplemental Nutrition Program for Women, Infants and Children

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

Year	Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program	Amount Spent by MCOs for Dental±	Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)	Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)
SFY 1997	N/A	\$2.7 M*	19.9%	6.6%
CY 2000	\$12.3 M (est.)	\$17 M (est.)	28.7%	9.3%
CY 2001	\$27.1 M	\$23.6 M	33.6%	10.8%
CY 2002	\$40.3 M	\$28.9 M	34.5%	10.3%
CY 2003	\$33.0 M	\$32.5 M	43.2%	13.6%
CY 2004	\$28.0 M	\$36.7 M	43.7%	13.8%
CY 2005	\$33.0 M	\$42.0 M	45.8%	15.8%
CY 2006	\$35.1 M	\$46.6 M	46.2%	16.4%
CY 2007	\$42.5 M	\$53.8 M	51.5%	19.3%
CY 2008	\$55.4 M	\$71.4 M	54.6% †	20.8% †
CY 2009**	\$82.8 M	\$39.6 M	60.9%	23.2%
CY 2010***	\$137.6 M	\$6.5 M	64.1%	25.1%
CY 2011	\$152.7 M	\$11.4 M	66.6%	25.2%
CY 2012	\$150.5 M	\$11.1 M	67.8%	24.3%
CY 2013	\$157.2 M	\$5.3 M	68.3%	24.4%
CY 2014	\$159.0 M	\$16.5 M	67.7%	23.2%
CY 2015	\$165.2 M	\$14.4 M	69.0%	24.0%
CY 2016	\$174.6 M	\$15.3 M	68.5%	23.2%
CY 2017	\$186.8 M	\$17.0 M	68.1%	23.2%
CY 2018	\$192.1 M	\$18.3 M	69.1%	22.9%
CY 2019	\$199.7 M	\$19.3 M	69.4%	23.0%

* 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 was reimbursed FFS and paid an administrative fee. The \$6.5 M in CY 2010 and \$11.4 M in CY 2011 spent by MCOs accounts for adult dental services only and is not reimbursed by the State.

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

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)	Chase Brexton Health Services	None
Baltimore City	On Site (2 sites)	Total Health Care, Chase Brexton Health Services, Park West Medical Center, Healthcare for the Homeless (3 sites), Family Health Centers of Baltimore	University of Maryland School of Dentistry, University of Maryland Rehabilitation and Orthopaedic Institute, Baltimore City Community College (Dental Hygiene Program), University of Maryland Medical System
Baltimore	On Site (2 sites)	Chase Brexton Health Services	Community College of Baltimore County (Dental Hygiene Program), Baltimore County Department of Health Dental Access and Referral Program**
Calvert	None	Calvert Community Dental Care	None
Caroline	None	Choptank Community Health Systems (2 sites)	None
Carroll	On Site	None	Access Carroll, Carroll County Department of Citizen Services**
Cecil	None	West Cecil Health Center	West Cecil Health Center
Charles	On Site	Served by Calvert Community Dental Care	Health Partners
Dorchester	None	Choptank Community Health Systems	None
Frederick	On Site	None	Frederick Health Dental Clinic, Seton Center**
Garrett	On Site	None	None
Harford	On Site	None	None

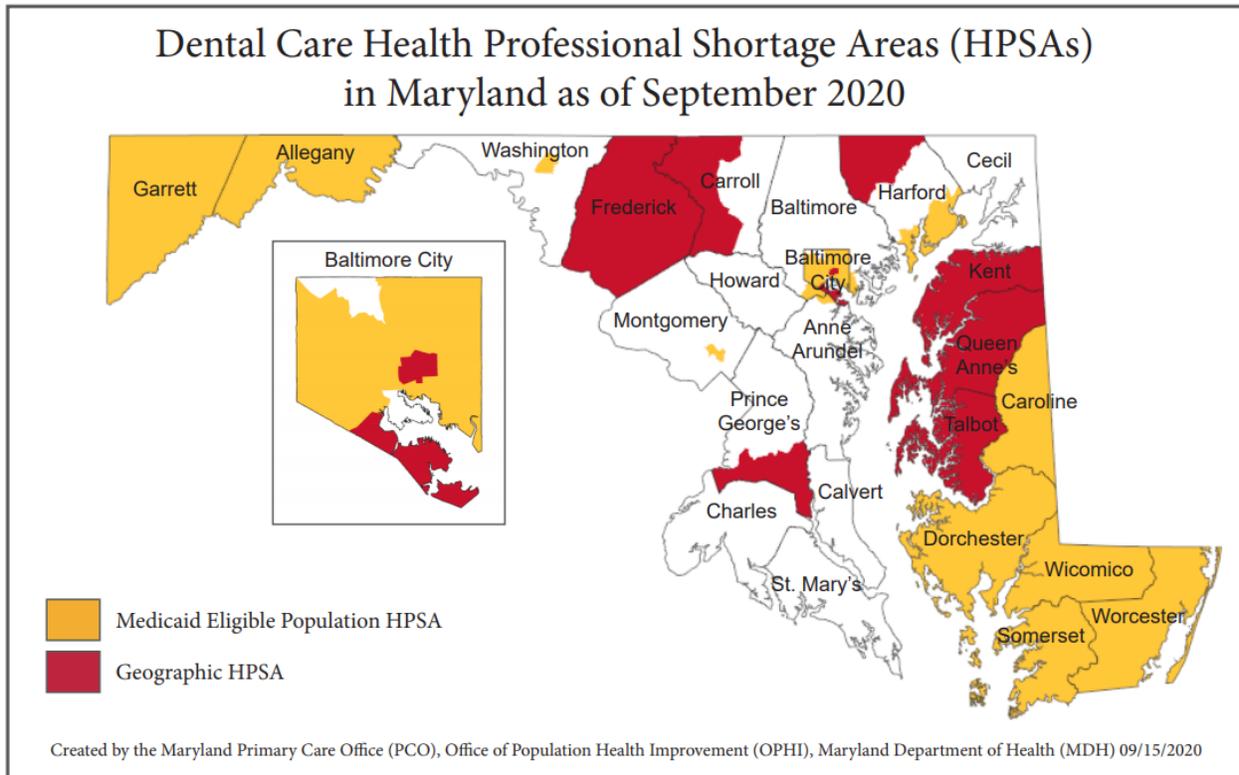
Howard	Does not directly provide services but provides both clinical and school-based/linked dental services through its contract with Chase Brexton Health Services	Chase Brexton Health Services	Howard County Community College (Dental Hygiene Program)
Kent	School-based program in partnership with Queen Anne's County Health Department	Served by Choptank Community Health Systems	None
Montgomery	On Site (5 sites)*	CCI Health and Wellness Services (4 sites)	None
Prince George's	On Site (2 sites)	Greater Baden Medical Services (2 sites), CCI Health and Wellness Services	Fortis College (Dental Hygiene Program)
Queen Anne's	School-based program in partnership with Kent County Health Department	Served by Choptank Community Health Systems	None
Somerset	None (served by Wicomico County Health Department)	Chesapeake Health Care	None
St. Mary's	Serves as an intermediary between Medicaid Program and private dental providers (limited emergency extraction)	Served by Calvert Community Dental Care	None
Talbot	None	Choptank Community Health Systems	None
Washington	None	Family Healthcare of Hagerstown	Hagerstown Community College (Dental Hygiene Program)

Wicomico	On Site	Chesapeake Health Care	None
Worcester	On Site	Served by Chesapeake Health Care	None

* Does not currently treat Medicaid enrollees.

** Discount Dental Program.

Appendix D: Map of Maryland Health Professional Shortage Areas as of September 2020



Appendix E: Medicaid Dental Utilization Rates, Enrollment in Medicaid > 320 Days*, Ages 4-20

Criteria	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
<i>Age</i>											
4-5	60.9%	67.8%	70.8%	72.3%	72.9%	73.1%	73.9%	73.2%	72.0%	72.4%	72.9%
6-9	65.6%	71.5%	73.8%	74.9%	75.7%	75.2%	76.5%	75.8%	75.0%	76.0%	76.4%
10-14	60.7%	66.4%	68.5%	69.8%	70.0%	69.3%	71.2%	71.2%	71.2%	72.2%	72.5%
15-18	51.2%	55.9%	58.5%	59.4%	59.7%	58.9%	60.3%	60.9%	61.3%	62.5%	62.9%
19-20	37.5%	38.6%	41.2%	43.0%	43.3%	42.7%	43.9%	42.8%	42.9%	44.7%	44.6%
All 4-20	59.0%	63.9%	66.4%	67.8%	68.3%	67.7%	69.0%	68.5%	68.1%	69.1%	69.4%
<i>Region</i>											
Baltimore City	56.6%	62.4%	64.4%	65.0%	66.2%	65.7%	65.5%	64.6%	64.3%	64.8%	64.2%
Baltimore Suburban	56.7%	61.7%	63.6%	66.0%	65.7%	65.6%	66.9%	66.7%	66.4%	67.8%	68.1%
Washington Suburban	62.1%	65.8%	70.4%	71.9%	73.3%	72.2%	74.0%	73.6%	73.2%	74.0%	74.3%
Western Maryland	64.1%	56.9%	69.6%	69.4%	68.2%	67.0%	68.7%	68.0%	67.3%	67.7%	68.2%
Southern Maryland	56.1%	66.6%	57.5%	58.7%	59.7%	59.7%	59.6%	59.8%	59.1%	59.8%	61.5%
Eastern Shore	59.4%	69.6%	67.9%	69.1%	68.6%	67.5%	69.6%	68.4%	67.7%	69.7%	70.5%
All Regions	59.0%	63.9%	66.4%	67.8%	68.3%	67.7%	69.0%	68.5%	68.1%	69.1%	69.4%

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

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

Appendix F: Impact Breakdown of ODIP at LHDs

Program	County	Detailed coverage					
		On-Site			Off-Site		
		Children	Adults	Pregnant Women	Children	Adult Oral Cancer Screenings	Adult Case Management
ODIP	Allegany	81	247	13	534	25	0
	Anne Arundel	2,555	387	0	0	0	495
	Baltimore City	70	964	3	251	0	0
	Baltimore ²⁴	0	0	0	0	0	0
	Caroline	0	0	0	0	18	0
	Carroll	700	0	12	0	0	0
	Charles	1,135	1,325	66	773	10	279
	Dorchester	0	178	0	0	0	0
	Frederick	2,369	0	0	703	0	0
	Garrett	1,214	1,593	45	769	1,593	0
	Harford	0	0	0	965	0	0
	Howard	0	2,775	0	0	0	0
	Kent	0	0	0	502	0	0
	Montgomery	173	0	0	69	0	0
	Prince George's	933	7	9	0	2	0
	Queen Anne's	0	0	0	1,248	371	0
	Somerset	7,775	6,520	589	3,481	0	0
	St. Mary's	0	27	0	0	0	21
Worcester	1,429	0	8	0	0	0	

²⁴ Data not available for SFY 2020.

Appendix G: Impact Breakdown of Dental Sealant Programs at LHDs

Program	County	Schools Visited	Children Seen	Children Receiving Sealants	Sealants Placed
Dental Sealants Program	Allegany	11	1,103	852	3,251
	Anne Arundel	3	85	48	229
	Baltimore	29	800	524	1,709
	Charles	9	777	388	1,641
	Harford	8	576	391	1,368
	Kent	6	1,101	45	250
	Prince George's	0	0	0	0
	Somerset	13	1,278	38	94
	Wicomico	24	1,270	230	652

Appendix H: EPSDT Fluoride Varnish Certified Providers and Applications by Month

Month	Active Providers	Applications
July 2019	418	3,122
August 2019	424	3,912
September 2019	438	2,950
October 2019	441	3,285
November 2019	437	4,177
December 2019	445	2,931
January 2020	454	3,309
February 2020	466	3,134
March 2020	494	2,997
April 2020	501	2,072
May 2020	510	2,260
June 2020	513	3,360