



# **Maryland HealthChoice Program Section 1115 Waiver Amendment Application**

**June 30, 2022**

## Introduction

The Maryland Department of Health intends to transition and phase-out two programs from the 2021 §1115 Waiver Renewal due to legislative changes at the state level, the Adult Dental Pilot and the Alternative Destination Pilot, aligned with the Emergency Treat, Triage, and Transport (ET3) Program. This document serves as the Department's notice to the Centers for Medicare and Medicaid Services that these programs are to be phased out effective January 1, 2023 and July 1, 2022, respectively, consistent with Special Terms and Conditions (STC) 9. Legislation passed by Maryland's General Assembly in 2022 requires expansion of these benefits, in terms of both the number of participants eligible for services as well as the benefits covered. The Department plans to cover both benefits through its State Plan going forward.

## History of the Waiver

Now in its twenty-fifth year, Maryland implemented the HealthChoice program and moved its fee-for-service (FFS) enrollees into a managed care payment system following federal approval in 1997. The Department enrolls individuals eligible through the demonstration into a managed care organization (MCO) for comprehensive primary and acute care or one of the demonstration's authorized health care programs.

The Department's goal in implementing and continuing the demonstration is to improve the health status of low-income Marylanders by:

- Improving access to health care for the Medicaid population;
- Improving the quality of health services delivered;
- Providing patient-focused, comprehensive, and coordinated care designed to meet healthcare needs by providing each member a single "medical home" through a primary care provider (PCP);
- Emphasizing health promotion and disease prevention by providing access to immunizations and other wellness services, such as regular prenatal care; and
- Expanding coverage to additional low-income Marylanders with resources generated through managed care efficiencies.

Effective January 1, 2019, CMS approved Maryland's request to implement an Adult Dental Pilot. This authority allows the Department to cover dental services for participants between the ages of 21 and 64, who receive full Medicaid and Medicare Benefits. Benefits are subject to an \$800 per year cap. The Department implemented coverage on June 1, 2019.

Effective January 1, 2022, in addition to reauthorizing the Adult Dental Pilot, the Centers for Medicare & Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a period of five years. The 2021 renewal made the following changes to the demonstration:

- Created the MOM Model pilot initiative to reduce the burden of neonatal abstinence syndrome (NAS) and its associated costs, and improve maternal health outcomes, by providing case management along with somatic and behavioral care to pregnant people diagnosed with an opioid use disorder (OUD);
- *Created a voluntary, five-year payment model in Annapolis, Baltimore City, and Montgomery Counties, that provides greater flexibility to ambulance care teams to address emergency health*

*care needs following a 911 call by allowing for payment for ground transports to alternative destinations such as urgent care providers in addition to the ED;*

- Created an expenditure authority to cover Medicaid adults aged 21 to 64 that have a Severe Mental Illness diagnosis who are residing in a private Institution of Mental Disease;
- Modified Maryland’s coverage of ASAM Level 4.0 to include not only providers located in Maryland, but also those based in contiguous states;
- Raised the participant spaces for the Assistance in Community Integration Services (ACIS) Pilot from 600 to 900; and
- Expanded the allowable time-frame of eligibility in the Healthy Families America (HFA) evidence-based Home Visiting Services (HVS) Pilot from age two to age three.

## **Legislative Updates**

The Maryland General Assembly convened its 2022 session on January 12, 2022 and adjourned on April 11, 2022. The two bills that have been passed by the Maryland General Assembly are as follows:

### **1. HB6/SB150 Maryland Medical Assistance Program – Dental Coverage for Adults**

HB6/SB150 requires the Department to provide dental services, including diagnostic, preventive, restorative, and periodontal services, for adults whose annual household income is at or below 133 percent of the federal poverty level. The effective date of this bill is January 1, 2023.

### **2. SB295 Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement**

The Maryland General Assembly also passed *SB 295: Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement* during the 2022 legislative session. The bill goes into effect July 1, 2022. In addition to other requirements, SB 295 requires Medicaid to reimburse EMS for mobile integrated health as well as “transportation provided by the emergency service transporter to a program recipient with a low-acuity health condition to a location in which urgent health care services are provided to individuals.”

## **Transition of Services from the §1115 Waiver to the State Plan**

In both cases, implementing the requirements of the legislation passed by the General Assembly will result in a larger number of Medicaid participants being able to access benefits previously authorized as pilots. The Department’s plans to transition coverage for dental benefits and transport to alternative destinations by EMS providers from the §1115 Waiver to the State Plan are discussed in more detail below.

### **1. Dental Coverage for Adults**

The Governor's state fiscal year 2023 (FY23) budget includes \$82.3M TF (\$32.9M GF, \$49.4M FF) to support implementation of coverage for adult dental services effective January 1, 2023. The Department is in the process of developing a workplan to implement the bill’s requirements, including modifications to regulations and the State Plan.

Notably, the State Plan benefit will be more expansive and available to more participants than the existing Adult Dental Pilot. The Adult Dental Pilot is limited to full dual eligibles between the ages of 21 and 64, and subject to an \$800 annual cap on services. Following the expansion of coverage on January 1, 2023, the benefit will be extended to *all* adult enrollees with full Medicaid coverage.<sup>1</sup> In addition, the benefit package is more generous than the one available to Adult Dental Pilot enrollees today. The benefit will include access to a wide range of expanded benefits such as enhanced restorative services including crowns, more comprehensive oral and maxillofacial surgery services, as well as endodontic and periodontic services. Finally, the benefit will not be subject to cost sharing or any type of annual cap, and the \$800 annual cap imposed by the Adult Dental Pilot will be eliminated. As a result, the transition and phase-out of the Adult Dental Pilot will not eliminate or reduce the services provided to adults who access dental benefits today.

The Department has begun working with stakeholders to engage dental providers and members of the community regarding these changes. Passage of the bill and initial announcements regarding the planned expansion were made to the Maryland Medicaid Advisory Committee (MMAC) during the April 28, 2022 meeting. The transition was also addressed as part of the annual post-award forum held during the MMAC meeting on May 26, 2022, and regular updates will be provided to the MMAC in advance of implementation of the benefit expansion. The Department is also working closely with the Maryland Dental Action Coalition (MDAC) and other stakeholders, to engage dental providers and members of the community regarding these changes. Meetings hosted by MDAC, regarding this process and the transition from the Adult Dental Pilot to expanded adult dental coverage, were held in May 2022. The Department also plans to make information regarding the expansion available to consumers through its website and will also inform providers by way of its standard provider transmittal process.

Stakeholders had the opportunity to comment during the 30-day public comment period indicated on the Department's website, beginning May 25, 2022 and ending June 25, 2022 for the 1115 waiver transition. Stakeholders will also have the opportunity to submit public comments when necessary regulatory changes are posted in the Maryland Register prior to promulgation, as well as part of the State Plan submission requirements.

The Department's dental benefits administrator, Skygen USA, will also be required to contact enrollees and inform them of this change in benefits prior to the January 1, 2023 start date. The Adult Dental Pilot enrollees will be informed that not only will they continue to be eligible for dental services, but also that the benefits package will be enhanced and that the \$800 annual cap on services imposed by the Adult Dental Pilot will be eliminated. Outreach to providers by Skygen USA is also underway to ensure adequacy of the network following the expansion. Additionally, the Governor's budget included approval of a \$20M over-the-target request to increase dental reimbursement rates of yet to-be-determined service codes (\$9,050,000 GF/\$19,642,857 TF). Enhancing rates for providers is anticipated to help support network capacity going forward.

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<sup>1</sup> Participants who are not eligible for full benefits, including partial dual eligibles (e.g., QMBs and SLMBs) and those enrolled in limited benefit programs such as the Family Planning Program, will not be eligible for dental services through this expansion. These populations are *not* eligible for dental services today, so this does not represent a reduction in services for any enrollees.

## **2. Transportation to Alternative Destinations**

Emergency Triage, Treat, and Transport (ET3) is a voluntary, five-year payment model that provides greater flexibility to ambulance care teams to address emergency health care needs of Medicare Fee-for-Service (FFS) participants following a 911 call. Under the ET3 model, the Centers for Medicare & Medicaid Services (CMS) pays participating ambulance providers to transport triaged individuals to an alternative destination partner, such as an urgent care clinic (UCC). Starting in 2020, CMS awarded funding through the ET3 Model to three jurisdictions in Maryland: Baltimore City, City of Annapolis, and Montgomery County.

In an effort to further align Medicare and Medicaid within the state, Maryland included the Alternative Destination Pilot in its most recent §1115 waiver renewal. Under the Pilot, the three jurisdictions participating in ET3 would be eligible to receive reimbursement for transporting Medicaid participants to UCCs in lieu of the emergency department (ED), when clinically appropriate. This reimbursement would be the same fee-for-service rate set for transports to an ED or hospital.

Based on the approval of the §1115 waiver in December 2021, the Department kicked off its planning process in January 2022 with the intent to implement the Alternative Destination Pilot program July 1, 2022. The Department has already been working with internal and external stakeholders and began engagements for implementation. Stakeholders include, MIEMSS, participating EMS agencies, MCOs and UCCs. The Department plans to continue to engage with these stakeholders to implement statewide expansion of the program. Communications will focus on raising awareness with all EMS agencies about the planned expansion, availability of new billing codes, and enhancement of reimbursement rates from \$100 to \$150 as required by SB 295, as well as the benefits of in-network participation by UCCs with the MCOs.

As the pilot program has not yet been implemented, transitioning of this benefit from the §1115 waiver to the State Plan will not impact participants in any way as the benefit has not yet been implemented. In addition, by expanding coverage on a statewide basis, rather than limiting it to the three participating ET3 sites will enable Medicaid participants to access this service statewide.

Passage of the bill and initial announcements regarding the planned expansion were made to the Maryland Medicaid Advisory Committee (MMAC) during the April 28, 2022, meeting. The transition was also addressed as part of the annual post-award forum scheduled as part of the MMAC meeting on May 26, 2022 and regular updates will be provided to the MMAC in advance of implementation of the benefit expansion.

In addition to the 30-day public comment period listed on the Department's website beginning May 25, 2022 and ending June 25, 2022 for the 1115 waiver transition, stakeholders will also have the opportunity to submit public comments when necessary regulatory changes are posted in the Maryland Register prior to promulgation, as well as part of the State Plan submission requirements.

### **Availability of the Demonstration Application and Submission of Comments**

The State's 30-day public comment period ran from May 25, 2022 through June 25, 2022. The Department's draft section 1115 demonstration amendment is still available on the following website: <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies were

also available by request via phone. Comments were accepted via email or by mail.

### **Native American Tribal Consultation**

The Department reached out to Ms. Jessica Dickerson, who serves on the Maryland Medicaid Advisory Committee (MMAC) as the Native American Tribal Consultant. On June 2, 2022, the Department met with her to discuss the waiver amendment. Overall, Ms. Dickerson supported the expansion of both programs.

Ms. Dickerson also brought up the importance of including race and ethnicity data, specifically allowing people to select Native American and to have that data included as a part of future evaluations. The Department explained that it does include Native American populations in many of its program evaluations and does not put it into an ‘other’ category. The Department highlighted several initiatives underway to improve race and ethnicity data that are outside of the 1115 waiver.

### **Summary of Public Comments**

In addition to the feedback provided by the Department’s Native American Tribal Consultation, the Department received two letters regarding the 1115 waiver amendment. Both letters supported the adult dental expansion.

The first letter encouraged the Department to adopt CDT Code D9410 (House or Extended Care Facility Call) as part of the expansion effort. During this initial implementation, the Department will adopt the package of services utilized by pregnant women. Making any changes to the dental package at this time would potentially jeopardize the January 1, 2023 start date for services. The Department looks forward to continuing to work with its stakeholder community to refine the dental benefits package in order to best serve the needs of the adult population.

The second letter encouraged the Department to move forward with its competitive procurement process for a Dental Benefits Administrator (DBA) to oversee the provision of dental services to the Maryland Medicaid population. The DBA is responsible for all functions related to the delivery of dental services for the entire population that receives dental services, 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. Several extensions have been made to the existing contract with the current DBA, including one emergency extension due to COVID-19. The Department is in the process of finalizing the scope of work and requirements in a new Request for Proposal (RFP) for eventual solicitation; more details will be provided to stakeholders when available.

**Maryland HealthChoice Program  
Section 1115 Waiver Amendment  
Application**

**Attachments**

Attachment 1: Tribal Consultation Email

Attachment 2: HealthDrive Corporation Email and Letter

Attachment 3: DentaQuest Letter





Meredith J. Lawler -MDH- <meredith.lawler@maryland.gov>

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## Attention: 1115 Waiver Amendment Tribal Consultation

7 messages

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**Nancy C. Brown -MDH-** <nancyc.brown@maryland.gov>

Wed, May 25, 2022 at 3:26 PM

To: jessicad@nativelifelines.org

Cc: Sharon Neely -MDH- <sharon.neely@maryland.gov>, Claire Gregory -MDH- <claire.gregory@maryland.gov>, "Alyssa L. Brown -MDH-" <alyssa.brown@maryland.gov>, Sania Rahman -MDH- <sania.rahman@maryland.gov>, "Hannah T. Markus -MDH-" <hannah.markus@maryland.gov>, "Meredith J. Lawler -MDH-" <meredith.lawler@maryland.gov>

Good afternoon Ms. Dickerson,

I am with the Maryland Medicaid Office of Innovation, Research, and Development and wanted to share that the Maryland Department of Health (the Department) is proposing an amendment application to its §1115 demonstration waiver known as HealthChoice.

This past legislative session expanded two programs that we offer, dental coverage for adults and transportation to alternative destinations, in our §1115 waiver. In order to expand these programs, we need to sunset them in the waiver and then expand them through a different authority.

The State's public comment period begins today, on May 25, 2022 and ends June 25, 2022. I've attached a copy of the proposal in case it's helpful, it can also be found on our [1115 Waiver Renewal Website](#).

We would love to hear your comments, if you have any, and possibly set up a phone call to discuss the amendment with you. You may send written comments concerning the waiver amendment to Alyssa Brown, Office of Innovation, Research, and Development, Office of the Medicaid Director, Maryland Department of Health, [201 West Preston Street, Room 224, Baltimore, Maryland 21201](#) or via email to [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov).

Thank you for your time and have a great day,  
Nancy

Nancy Brown  
Division Chief of Evaluation, Research and Data Analytics  
Office of Innovation, Research, and Development  
Maryland Department of Health  
[201 W. Preston Street, 2nd Floor](#)  
[Baltimore, MD 21201](#)  
[nancyc.brown@maryland.gov](mailto:nancyc.brown@maryland.gov)  
Work phone: 410-767-5208  
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Pronouns: she/her/hers

We encourage you to check our website and social media often for updates.

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 **1115 Pilot Unwinding Waiver Amendment May 2022.pdf**

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**Jessica Dickerson** <jessicad@nativelifelines.org>

Sat, May 28, 2022 at 11:20 AM

To: "Nancy C. Brown -MDH-" &lt;nancyc.brown@maryland.gov&gt;

Cc: Sharon Neely -MDH- &lt;sharon.neely@maryland.gov&gt;, Claire Gregory -MDH- &lt;claire.gregory@maryland.gov&gt;, "Alyssa L. Brown -MDH-" &lt;alyssa.brown@maryland.gov&gt;, Sania Rahman -MDH- &lt;sania.rahman@maryland.gov&gt;, "Hannah T. Markus -MDH-" &lt;hannah.markus@maryland.gov&gt;, "Meredith J. Lawler -MDH-" &lt;meredith.lawler@maryland.gov&gt;

Hi Nancy,

Thank you for reaching out. I have availability this upcoming Wednesday and Thursday in the afternoon. I would love to set up a time to talk this over, please let me know if you need additional available days. I appreciate you reaching out to me and look forward to speaking with you all.

Thanks,  
Jessica

## **Jessica Dickerson (she/her)**

Medical Case Manager

Native American LifeLines

410-837-2258 x 102

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**From:** Nancy C. Brown -MDH- <nancyc.brown@maryland.gov>

**Sent:** Wednesday, May 25, 2022 3:26 PM

**To:** Jessica Dickerson <jessicad@nativelifelines.org>

**Cc:** Sharon Neely -MDH- <sharon.neely@maryland.gov>; Claire Gregory -MDH- <claire.gregory@maryland.gov>; Alyssa L. Brown -MDH- <alyssa.brown@maryland.gov>; Sania Rahman -MDH- <sania.rahman@maryland.gov>; Hannah T. Markus -MDH- <hannah.markus@maryland.gov>; Meredith J. Lawler -MDH- <meredith.lawler@maryland.gov>

**Subject:** Attention: 1115 Waiver Amendment Tribal Consultation

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**Nancy C. Brown -MDH-** <nancyc.brown@maryland.gov>

Tue, May 31, 2022 at 8:30 AM

To: Jessica Dickerson &lt;jessicad@nativelifelines.org&gt;

Cc: Sharon Neely -MDH- &lt;sharon.neely@maryland.gov&gt;, Claire Gregory -MDH- &lt;claire.gregory@maryland.gov&gt;, "Alyssa L. Brown -MDH-" &lt;alyssa.brown@maryland.gov&gt;, Sania Rahman -MDH- &lt;sania.rahman@maryland.gov&gt;, "Hannah T. Markus -MDH-" &lt;hannah.markus@maryland.gov&gt;, "Meredith J. Lawler -MDH-" &lt;meredith.lawler@maryland.gov&gt;

Good morning Jessica,

Would any of the following times work for you?

6/1 from 12:30 - 1:00

6/2 from 2:00 - 2:30

6/2 from 3:30 - 4:00

Please let me know and I can send a calendar invite.

Take care,  
Nancy

**Nancy Brown**

Division Chief of Evaluation, Research and Data Analytics  
Office of Innovation, Research, and Development  
Maryland Department of Health  
[201 W. Preston Street, 2nd Floor](#)  
[Baltimore, MD 21201](#)  
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**Jessica Dickerson** <[jessicad@nativelifelines.org](mailto:jessicad@nativelifelines.org)>

Tue, May 31, 2022 at 9:08 AM

To: "Nancy C. Brown -MDH-" <[nancyc.brown@maryland.gov](mailto:nancyc.brown@maryland.gov)>

Cc: Sharon Neely -MDH- <[sharon.neely@maryland.gov](mailto:sharon.neely@maryland.gov)>, Claire Gregory -MDH- <[claire.gregory@maryland.gov](mailto:claire.gregory@maryland.gov)>, "Alyssa L. Brown -MDH-" <[alyssa.brown@maryland.gov](mailto:alyssa.brown@maryland.gov)>, Sania Rahman -MDH- <[sania.rahman@maryland.gov](mailto:sania.rahman@maryland.gov)>, "Hannah T. Markus -MDH-" <[hannah.markus@maryland.gov](mailto:hannah.markus@maryland.gov)>, "Meredith J. Lawler -MDH-" <[meredith.lawler@maryland.gov](mailto:meredith.lawler@maryland.gov)>

Thanks for send those dates. June 2<sup>nd</sup> from 2-2:30 would be great!

Thanks,  
Jessica

**Jessica Dickerson (she/her)**

Medical Case Manager  
Native American LifeLines  
410-837-2258 x 102

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**Sent:** Tuesday, May 31, 2022 8:30 AM

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**Subject:** Re: Attention: 1115 Waiver Amendment Tribal Consultation

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**Nancy C. Brown -MDH-** <nancyc.brown@maryland.gov>

Tue, May 31, 2022 at 9:13 AM

To: Jessica Dickerson <jessicad@nativelifelines.org>

Cc: Sharon Neely -MDH- <sharon.neely@maryland.gov>, Claire Gregory -MDH- <claire.gregory@maryland.gov>, "Alyssa L. Brown -MDH-" <alyssa.brown@maryland.gov>, Sania Rahman -MDH- <sania.rahman@maryland.gov>, "Hannah T. Markus -MDH-" <hannah.markus@maryland.gov>, "Meredith J. Lawler -MDH-" <meredith.lawler@maryland.gov>

Great! I just sent you a (now with the correct time) meeting invitation!

**Nancy Brown**

Division Chief of Evaluation, Research and Data Analytics

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**Nancy C. Brown -MDH-** <nancyc.brown@maryland.gov>

Thu, Jun 2, 2022 at 4:52 PM

To: Jessica Dickerson <jessicad@nativelifelines.org>

Cc: Sharon Neely -MDH- <sharon.neely@maryland.gov>, Claire Gregory -MDH- <claire.gregory@maryland.gov>, "Alyssa L. Brown -MDH-" <alyssa.brown@maryland.gov>, Sania Rahman -MDH- <sania.rahman@maryland.gov>, "Hannah T. Markus -MDH-" <hannah.markus@maryland.gov>, "Meredith J. Lawler -MDH-" <meredith.lawler@maryland.gov>

Good afternoon Jessica,

It was great catching up with you earlier today. We really appreciated telling you more about our adult dental and alternate destination expansions and enjoyed hearing from you on how these programs would impact the Native American community. We will continue to improve our race/ethnicity data collection, and work to ensure that data is captured accurately and incorporated into our 1115 evaluation activities.

Please let us know if you have any additional questions or concerns.

Have a great night,

**Nancy**

**Nancy Brown**

Division Chief of Evaluation, Research and Data Analytics

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**Jessica Dickerson** <[jessicad@nativelifelines.org](mailto:jessicad@nativelifelines.org)> Fri, Jun 3, 2022 at 8:29 AM  
To: "Nancy C. Brown -MDH-" <[nancyc.brown@maryland.gov](mailto:nancyc.brown@maryland.gov)>  
Cc: Sharon Neely -MDH- <[sharon.neely@maryland.gov](mailto:sharon.neely@maryland.gov)>, Claire Gregory -MDH- <[claire.gregory@maryland.gov](mailto:claire.gregory@maryland.gov)>, "Alyssa L. Brown -MDH-" <[alyssa.brown@maryland.gov](mailto:alyssa.brown@maryland.gov)>, Sania Rahman -MDH- <[sania.rahman@maryland.gov](mailto:sania.rahman@maryland.gov)>, "Hannah T. Markus -MDH-" <[hannah.markus@maryland.gov](mailto:hannah.markus@maryland.gov)>, "Meredith J. Lawler -MDH-" <[meredith.lawler@maryland.gov](mailto:meredith.lawler@maryland.gov)>

Thank you all for taking the time to meet with me. I look forward to future conversations.

Take care and stay well,  
Jessica

**Jessica Dickerson (she/her)**  
Medical Case Manager  
Native American LifeLines  
410-837-2258 x 102

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**Sent:** Thursday, June 2, 2022 4:52 PM  
**To:** Jessica Dickerson <[jessicad@nativelifelines.org](mailto:jessicad@nativelifelines.org)>  
**Cc:** Sharon Neely -MDH- <[sharon.neely@maryland.gov](mailto:sharon.neely@maryland.gov)>; Claire Gregory -MDH- <[claire.gregory@maryland.gov](mailto:claire.gregory@maryland.gov)>; Alyssa L. Brown -MDH- <[alyssa.brown@maryland.gov](mailto:alyssa.brown@maryland.gov)>; Sania Rahman -MDH- <[sania.rahman@maryland.gov](mailto:sania.rahman@maryland.gov)>; Hannah T. Markus -MDH- <[hannah.markus@maryland.gov](mailto:hannah.markus@maryland.gov)>; Meredith J. Lawler -MDH- <[meredith.lawler@maryland.gov](mailto:meredith.lawler@maryland.gov)>

[Quoted text hidden]

[Quoted text hidden]

----- Forwarded message -----

From: **Tricia Roddy -MDH-** <[tricia.roddey@maryland.gov](mailto:tricia.roddey@maryland.gov)>

Date: Thu, Jun 23, 2022 at 9:44 AM

Subject: Re: Comments on the 1115 Waiver Amendment - Adult Dental

To: Fred Stratmann <[FStratmann@healthdrive.com](mailto:FStratmann@healthdrive.com)>

Cc: Nancy C. Brown -DHMH- <[nancyc.brown@maryland.gov](mailto:nancyc.brown@maryland.gov)>, Alyssa L. Brown -MDH- <[alyssa.brown@maryland.gov](mailto:alyssa.brown@maryland.gov)>

Thank you Mr. Stratmann. We will review your comments and get back to you.

----

Tricia Roddy

Deputy Medicaid Director

Health Care Financing

[Tricia.Roddy@maryland.gov](mailto:Tricia.Roddy@maryland.gov)

410-767-5809

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On Thu, Jun 23, 2022 at 9:19 AM Fred Stratmann <[FStratmann@healthdrive.com](mailto:FStratmann@healthdrive.com)> wrote:

Ms. Roddy:

Good morning. Attached please find comments on the above-referenced dental benefit proposal. I apologize for e-mailing you directly, but my e-mails to the [healthchoicere renewal@maryland.gov](mailto:healthchoicere renewal@maryland.gov) address bounced back a few times and I want to be sure this gets to the Department on time. I'm also overnighting this to you.

Additionally, if the Department is looking for interested stakeholders, please let me know if we can participate. Our dental practice is the largest provider of dental services to long-term care residents, many of whom would benefit from this program expansion. We have tremendous insight to offer and have recommendations on how to maximize provider engagement. Most of that is spelled out in the comments, but we are happy to participate in any way we can.

Thank you in advance for your time and consideration.

Fred Stratmann

Fred Stratmann, JD, CHC

Vice President of Regulatory Affairs & General Counsel

**HealthDrive Corp. | 100 Crossing Blvd, Suite 300 | Framingham, MA 01702 | 617-964-8847 direct | 614-266-1083 cell**

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Frederick Stratmann, VP & General Counsel

HealthDrive

Phone: 617.964.8847

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June 22, 2022

Via e-mail: [healthchoicerenewal@maryland.gov](mailto:healthchoicerenewal@maryland.gov)

Tricia Roddy  
Deputy Director, Office of Health Care Financing  
Maryland Department of Health  
201 Preston Street, Room 224  
Baltimore, MD 21201-2399

RE: Comments on the Section 1115 HealthChoice Demonstration Waiver Amendment -  
Adult Dental Coverage

Dear Ms. Roddy:

Thank you for allowing us the opportunity to submit comments regarding the proposed State Plan Amendment that would allow Maryland Medicaid to begin offering dental coverage to adults over the age of sixty-five. As the state's largest provider of dental services to residents of long-term care facilities, Alec H. Jaret, DMD PC, dba HealthDrive Dental Group, is grateful for the efforts of Maryland Medicaid to address this critical health need.

However, for this benefit to have its greatest impact on this highly vulnerable population, we are asking the Department to include reimbursement for CDT Code D9410 (House or Extended Care Facility Call) as part of the expansion effort. Doing so would maximize the engagement of providers willing to treat the elderly population in nursing homes, thereby increasing the number of nursing home residents who receive services through the expanded benefit. Adding reasonable frequency limitations, ideally three times per patient per year, will prevent overutilization while still allowing appropriate ongoing and follow-up care.

As noted above, our practice is the largest provider of nursing home dental services in the state. In 2021 our Dentists and Dental Hygienists completed 12,000 encounters in 134 Maryland long-term care facilities with which we have contracts for services. Most of our patients have the means to purchase private dental insurance, while Medicaid residents do not. By our calculations, this expansion will allow an additional 1,645 residents in the 134 homes we serve to have immediate access to dental care.

Establishing proper reimbursement for facility-based dental services will ensure that providers serving nursing homes will be fully engaged in the program. Our practice is mobile and our physicians spend a fair amount of time in travel, so it is important for them to be able to maximize their treatment time and payment once they get on-site. Additionally, the current increase in gas prices is a disincentive for many providers to travel great distances to treat patients in a mobile setting. There are a few of the reasons why we believe allowing providers to bill D9410 is the best way to achieve that goal. If approved, our providers would bill a Usual and Customary Charge of \$79.00, identical to what we bill in Pennsylvania and Virginia.



Studies show that simply having health insurance does not guarantee access to health care. Research sponsored by the Agency for Healthcare Research and Quality (AHRQ) found that access disparities are widespread and are associated with the factors of race, ethnicity, and gender.<sup>1</sup>

Along with access disparities, quality-of-care disparities also exist that are associated with the same factors. For example, expensive diagnostic tests are performed with less frequency on individuals of minority racial or ethnic standing. The more expensive treatment is recommended less often for these groups. The net effect is a greater magnitude and seriousness of illnesses and more expense to the health care system. A 1987 study in *Inquiry* found that reductions in Medicaid reimbursements in California in the 1980s affected the number of services per admission, particularly in Medicaid-dependent hospitals, and services were reduced more significantly for Medicaid than privately insured patients.<sup>2</sup> That correlation was further examined in 2006, where it was determined that the Balanced Budget Amendment of 1997 had negative effects on the quality and availability of health care in hospitals in Pennsylvania.<sup>3</sup>

The long-term care population is at greater risk of additional health problems that stem from a lack of proper dental care. Studies have shown that oral health has a greater impact than just food consumption and diet quality. A 2015 study reported that poor diet has also been associated with impairment in cognition and function, which in this population adds to age-related cognitive decline. Additionally, poor oral hygiene, tooth loss and diseases from oral pathogens have been linked with other non-communicable diseases such as diabetes, pneumonia and circulatory diseases. The study also found that tooth brushing, denture cleaning and professional oral health care may have beneficial impact on reducing the incidence of aspirational pneumonia.<sup>4</sup>

Nursing home residents are more likely to have poor oral health than elderly people living at home. They are in long-term care for many reasons, including physical and cognitive decline, and related behavioral issues. Nursing home residents rely heavily on their caregivers for all aspects of their oral care, but this care is often not seen as a priority. Chronic understaffing in nursing homes, exacerbated by the COVID-19 Pandemic, has resulted in even less individual direct care time by nursing home staff. As a result, dental issues that are easily treated if diagnosed early are often ignored or undiagnosed until long after preventive care could have forestalled a major health event. At that point, the lack of dental care could be having significant effects on cognitive function and the resident's overall health. A Medicaid dental benefit will allow for more preventive treatment to be provided and allow for better oral and overall health of the residents.

But it will be much less effective without proper provider reimbursement, they key to which is this particular code for nursing home dental treatment. When Virginia established a dental benefit for adults aged 65 and older last year, D9410 was included as a reimbursable code, which may be billed for as many as three visits per patient per year.

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<sup>1</sup> Agency for Healthcare Research and Quality. (2016). *2015 National Healthcare Quality and Disparities Report and 5th anniversary update on the National Quality Strategy*. Retrieved from <http://www.ahrq.gov/research/findings/nhqdr/nhqdr15/>.

<sup>2</sup> Dranove D, White WD. *Agency and the organization of health care delivery*. *Inquiry*. 1987 Winter;24(4):405-15. PMID: 2961701.

<sup>3</sup> Seshamani M, Schwartz JS, Volpp KG. The effect of cuts in Medicare reimbursement on hospital mortality. *Health Serv Res*. 2006;41(3 Pt 1):683-700. doi:10.1111/j.1475-6773.2006.00507.x

<sup>4</sup> Porter et al. *Health and Quality of Life Outcomes* (2015) 13:102 DOI 10.1186/s12955-015-0300-y

As noted earlier, our Usual & Customary Charge for this code is \$79.00 per visit, which gives Providers added incentive to treat nursing home patients and has helped offset increased gas prices and other overhead expenses. HealthDrive dental professionals have treated more than 1,500 patients in 76 facilities who had previously gone without dental care as part of the new benefit in Virginia. The added reimbursement is a contributing factor for our providers, but it has also allowed them to provide regular preventive, diagnostic and (when needed) restorative dentistry to long-term care residents.

HealthDrive Dental Group welcomes the opportunity to provide additional input, as well as participate in the next steps of the amendment and rule-making process. We thank you for the opportunity to comment on this proposed amendment and appreciate your time and consideration in reviewing our comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'DBB' with a long horizontal flourish extending to the right.

Daniel Baker  
President & CEO



MDH HealthChoiceRenewal -MDH- &lt;mdh.healthchoicere renewal@maryland.gov&gt;

## Maryland's Section 1115 HealthChoice Demonstration Waiver Amendments

2 messages

Shifflett, Dean &lt;Dean.Shifflett@dentaquest.com&gt;

Fri, Jun 24, 2022 at 11:08 AM

To: "mdh.healthchoicere renewal@maryland.gov" &lt;mdh.healthchoicere renewal@maryland.gov&gt;

Tricia Roddy  
Deputy Medicaid Director, Office of Healthcare Financing  
Maryland Department of Health  
[201 West Preston Street, Room 224](#)  
Baltimore, Maryland 21201

RE: Maryland's Section 1115 HealthChoice Demonstration Waiver Amendments

Dear Deputy Director,

I am writing today on behalf of DentaQuest to voice our strong support for Maryland Department of Health's decision to implement a comprehensive Medicaid adult dental program, effective January 1, 2023. At DentaQuest, our mission is to improve the oral health of all and we are committed to being a part of programs that ensure families have access to comprehensive, affordable oral health coverage. DentaQuest applauds the Department as it takes this important transformative step that will positively impact thousands of adults across the state.

As the leading Medicaid dental benefits administrator (DBA) in the nation, and as the former DBA of the Maryland Healthy Smiles Dental Program (2009-2015), we know firsthand the tremendous impact the new benefit package will have. We also understand the importance of having the right DBA; one that can help Medicaid agencies evolve their programs, ensure continuous improvement, and drive quality. To that end, DentaQuest encourages the Department to move forward with a competitive procurement as part of its process to develop a workplan to implement the bill's requirements. The release of a Request for Proposal (RFP) will ensure that the Department has the right DBA to take the program to the next level of success.

The current contract is in its seventh year. Due to the Public Health Emergency, an emergency extension was granted, allowing the current DBA to remain in place without competition. While this is understandable, for the advancement of the Maryland Healthy Smiles Dental Program, the Department needs to move forward with a competitive RFP immediately following the adult expansion coverage effective date. Since the Maryland Healthy Smiles Dental Program's inception in 2009, there have been tremendous strides in the industry, inclusive of innovative program models and new ways to promote whole person care. A competitive procurement will allow the Department to assess the capabilities and offerings of other DBAs as well as encourage the current DBA to stretch its existing portfolio.

Once again, DentaQuest congratulates the Department as it advances the Maryland Healthy Smiles Dental Program through the addition of the adult dental benefit. Thank for you for your consideration of our comments.

**Dean Shifflett**

Managing Client Partner

202.697.2152

11100 W. Liberty Dr.

Milwaukee, WI 53224

dean.shifflett@dentaquest.com



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**MDH HealthChoiceRenewal -MDH-** <mdh.healthchoicerenewal@maryland.gov>  
To: "Nancy C. Brown -DHMH-" <nancyc.brown@maryland.gov>

Mon, Jun 27, 2022 at 12:38 PM

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