MARYLAND'S 2015 ANNUAL ORAL HEALTH LEGISLATIVE REPORT

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Health-General Article, §13-2504(b)

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Executive Summary

Maryland is recognized as a national leader in oral health. This recognition is a direct result of the State's progress in implementing the 2007 Dental Action Committee's (DAC) comprehensive recommendations for increasing access to oral health services through changes to the Maryland Medical Assistance Program (Medicaid) and expansion of the public health dental infrastructure. Since 2010 the Pew Center on the States (Pew Center), which issues annual oral health report cards for states, has given Maryland high grades for its efforts to improve dental care access for low-income Marylanders, especially those who are Medicaid-eligible or uninsured. As the only state to meet seven of the eight dental access policy benchmarks, the Pew Center ranked Maryland first in the nation for oral health in 2011.[1] When the Pew Center revised its report card parameters and performance measures in 2012 to emphasize prevention rather than access, Maryland's "B" grade made the state one of only thirteen to receive a grade higher than a "C."[2] Since 2012, the Pew Center has not issued a new oral health report card.

The Centers for Medicare and Medicaid Services (CMS) also recognized Maryland's improved oral health service delivery by inviting Maryland to share its story at the agency's 2011 national quality conference and to participate in the inaugural CMS Learning Lab: *Improving Oral Health through Access* webinar series. CMS included Maryland's story and achievements in its best practices guide for states and Governors through the Medicaid State Technical Assistance Team process. Additionally, Maryland's oral health achievements were highlighted on a U.S. Department of Health and Human Services (HHS) webinar, which for the first time recognized oral health as a Healthy People 2020 Leading Health Indicator. The webinar was led by Howard Koh, HHS Deputy Secretary, and Rear Admiral William Bailey, Assistant Surgeon General and Chief Dental Officer of the U.S. Public Health Service.[3]

In September 2015, the American Dental Association's Health Policy Institute released a research brief analyzing Medicaid and private dental utilization across 46 states and the District of Columbia.[4] The Health Policy Institute found that from 2005 to 2013, the dental utilization gap between privately ensured children and those enrolled in Medicaid narrowed, on average, by

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[1]The Pew Center on the States, The State of Children's Dental Health: Making Coverage Matter, May 2011, The Pew Charitable Trust, 1 October 2015 http://www.pewtrusts.org/~/media/legacy/uploadedfiles/wwwpewtrustsorg/reports/state_policy/childrensdental50statereport2011pdf.pdf.

[2] The Pew Center on the States, Falling Short: Most States Lag on Dental Sealants, 8 January 2013, The Pew Charitable Trust, 1 October 2015 http://www.pewtrusts.org/en/research-and-analysis/reports/2013/01/08/falling-short-most-states-lag-on-dental-sealants.

[3]Office of Disease Prevention and Health Promotion, Healthy People 2020: Who's Leading the Leading Health Indicators? Oral Health Webinar, 20 August 2012, Department of Health and Human Services, 1 October 2015 http://www.healthypeople.gov/sites/default/files/LHI_OH_082012_Transcript.pdf http://www.healthypeople.gov/sites/default/files/LHI_OH_082012_Slides.pdf https://www.youtube.com/playlist?list=PLCn6px4BnaoiTop6-t2qjSCNcqIovP5nf.

[4] American Dental Association Health Policy Institute, Gap in Dental Care Utilization Between Medicaid and Privately Insured Children Narrows, Remains Large for Adults. 29 September 2015. The American Dental Association, http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0915_1.ashx.

53 percent. In Maryland the children's dental utilization gap narrowed by over 80 percent; the seventh largest decrease reported.

In April 2010, CMS launched its national Oral Health Initiative and asked states to participate by increasing the use of preventive dental services by children enrolled in Medicaid by at least 10 percentage points in five years. The national goal is for at least 52% of Medicaid enrolled children aged 1-20 years to receive a preventive dental service by federal fiscal year (FFY) 2015. The interim goal for each state is to improve by two percentage points each year. Maryland was one of 15 states to meet the first-year CMS Oral Health Initiative goal.[5] For calendar year (CY) 2014, Maryland remained above the target federal goal at 52.9%.

Oral Health Safety Net Program

The Governor included $1.5 million in the state fiscal year (SFY) 2014 budget to the Department of Health and Mental Hygiene (the Department) Office of Oral Health (OOH), to continue to support community-based oral health grants. This program aims to expand the dental public health capacity for low-income, disabled, and Medicaid populations. Building on prior successes, this additional funding now provides Marylanders in every county access to a public health dental clinic that is either located within or serves their jurisdiction.

Through two cooperative agreements with the Centers for Disease Control and Prevention (CDC), the OOH developed an Oral Health Literacy Campaign, entitled "Healthy Teeth, Healthy Kids," and a 10 elementary school-based dental sealant demonstration project. In 2010 the OOH leveraged this demonstration project to create a statewide school-based/school-linked dental sealant program. The OOH also conducted focus group sessions with stakeholders throughout the state to develop an initial Dental Sealant Program Guidelines and Operations Manual for Maryland dental sealant programs. The manual, originally published in 2012, was updated in 2015 and is available online.[6] To promote program uniformity across the state, the OOH also developed a Maryland-specific training curriculum and an educational brochure, titled Mighty Tooth, about dental sealants.[7] The training curriculum is a requirement for all sealant program grantees. The program has grown from five counties operating dental sealant programs in SFY 2009 to 12 counties with programs in SFY 2016.

Additionally, in January 2015, five new dentists started the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP). These dentists will work with the program through December 2017. During CY 2014, MDC-LARP dentists treated 14,513 unduplicated Medicaid patients, and billed 36,283 dental visits for Medicaid patients.

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[5]Centers for Medicare and Medicaid Services, CMCS Informational Bulletin: Update on CMS Oral Health Initiative and Other Oral Health Related Items, 10 July 2014, Department of Health and Human Services, 1 October 2015 http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-07-10-2014.pdf.

[6] Office of Oral Health, Maryland Department of Health and Mental Hygiene, Maryland Mighty Tooth Dental Sealant Guidelines and Operations Manual, http://phpa.dhmh.maryland.gov/oralhealth/Documents/Dental-Sealant-Guidelines-Operations-Manual.doc.

[7] Office of Oral Health/National Maternal and Child Oral Health Resource Center, Maryland Mighty Tooth School-Based Dental Sealant Training Program, Maryland Department of Health and Mental Hygiene/Georgetown University, www.mightytoothcurriculum.com, 5 October 2015.

At the local level, the Kaiser Foundation awarded a $200,000 grant to the Maryland Dental Action Coalition (MDAC) in partnership with the OOH in 2011 to fund a pilot dental screening program linking to an established school-based dental clinic in Prince George's County.[8] The program began operations in October 2011. Also in Prince George's County, the Deamonte Driver Mobile Dental Van Project provided diagnostic and preventive services for 1,681 Prince George's County children, of which 601 received clinic referrals for immediate restorative care or urgent care.

In additional support of the dental public health infrastructure in Maryland, the Maryland Community Health Resources Commission (MCHRC) continues to expand its commitment to creating new and expanding existing capacity for dental care to serve low-income, underinsured, and uninsured populations. Since March 2008, the MCHRC has awarded 27 dental grants totaling $5.85 million which have collectively served more than 45,000 low-income children and adults, resulting in over 102,000 dental visits.

Oral Cancer Prevention Initiative

The Oral Cancer Prevention Initiative, mandated by Chapter 307 of the Acts of 2000 (SB 791), requires that the Department implement programs to train health care providers on oral cancer screening and referring patients with oral cancer and to provide education on oral cancer prevention for high-risk, underserved populations. As of June 30, 2015, SFY 2015 totals include: 6,719 individuals screened for oral cancer, 21,799 individuals provided oral cancer education, and 959 healthcare providers received oral cancer education through the Initiative.

In SFY 2015, two dental courses were offered to public health and private sector Medicaid general dental practitioners through a partnership between the MDAC, OOH, CDC, and University of Maryland School of Dentistry. The Prediabetes and Oral Health Seminar for dental professionals, co-sponsored with MDAC and CDC, was held on June 26, 2015 in Howard County had 134 attendees and the Ava Roberts Advanced Pediatric Dental Seminar for the State's dental public health workforce, which is annually sponsored by the OOH in collaboration with MDAC and the University of Maryland School of Dentistry, was held on July 24, 2015 in Howard County and had 111 attendees.

The OOH participates in awareness-building activities and in the last year, took part in several Maryland Oral Cancer Awareness Month activities, sponsored the seventh Annual Baltimore Oral Cancer Walk/Run for Awareness, and collaborated with the Maryland Tobacco Quitline to support the link between cessation programs and the reduction of oral cancer.

Medicaid Dental Care Access

Guided by the DAC's recommended strategies in 2007, the Medicaid program implemented major programmatic changes that have contributed to a significant increase in dental utilization among Medicaid enrollees. Maryland continues to improve its dental program by confronting complex and multi-faceted barriers to providing comprehensive oral health services to Medicaid enrollees, such as low provider participation. Low provider participation is

[8] The MDAC was created when the DAC reorganized.

the result of multiple factors including, but not limited to, low reimbursement rates, missed appointments, and a lack of awareness among participants about the benefits of basic oral health care.

The DAC recommended that the Department initiate a single statewide dental administrative services organization. In July 2009, DentaQuest (formerly named Doral Dental) began functioning as the Department's administrative services organization for all dental services for children, pregnant women, and adults in the Rare and Expensive Case Management Program. DentaQuest is, currently, responsible for all functions related to the delivery of dental services, including provider network development and maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. CY 2014 is the fifth full calendar year that DentaQuest has coordinated dental services for Medicaid.

A new administrative services organization, Scion Dental (Scion), will take over administrative responsibilities for the Maryland Healthy Smiles Dental Program beginning January 1, 2016. The Department issued a Request for Proposals for a Medicaid Dental Benefits Administrator (DBA) in February 2015. The Department received four total bids. Three bids were found to be reasonably acceptable for reward, of those; Scion received the highest technical ranking and the most advantageous financial ranking.

Scion provides DBA services to more than 9 million Medicaid participants nationwide. Scion's systems were built specifically for dental programs, and the company only services Medicaid programs. Scion will bring significant technical innovations to the administration of the Maryland Healthy Smiles Dental Program, which will streamline provider engagement and bolster the Department's data analytics capabilities. Since its launch in 2009, Scion has conducted more than 65 implementations founded in its benefits administration model. Participants and providers should expect a smooth transition. The Department looks forward to partnering with Scion as it continues efforts to improve the Maryland Healthy Smiles Dental Program.

The Department spent $159.0 million for dental expenditures in CY 2014, nearly $103.8 million more than in CY 2008 (see Appendix B). Utilization rates have increased and provider networks have expanded since the Department rebranded Medicaid dental services as the Maryland Healthy Smiles Dental Program. Specifically:

- As of August 2015, 1,385 dentists are enrolled with the Maryland Healthy Smiles Dental Program to provide care, up from 649 in August 2009.

- In 2014, 447,844 children and adults (ages 0-64) enrolled in Medicaid received dental care.

- In 2014, 67.7 percent of children (ages 4-20) enrolled in Medicaid for at least 320 days received dental care, which is considerably higher than the national mean for Annual

Dental Visits using the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS®).[9]

- Data published by CMS, offer a comparison between Maryland dental utilization and the national average. The Annual Early and Periodic Screening, Diagnosis, and Treatment Program Report for FFY 2013 and FFY 2014 demonstrates that Maryland dental utilization for children ages 0-20, is 53.2 and 54.5 percent respectively. This continues to outpace the national average, at 43 and 43.3 percent, over that same time.

- For each of the last six years, less than one percent of children enrolled in Medicaid sought treatment for a dental diagnosis in the emergency room.

- The percentage of pregnant women 14 years and over enrolled for any period receiving a dental service in 2014 was 26.8 percent.

As of December 2013, the Dental Home Program was implemented statewide in Maryland. Maryland Healthy Smiles Dental Program participants enrolled in the Dental Home Program are children under the age of 21 and Rare and Expensive Case Management Program recipients over the age of 21. In SFY 2015, the Department received almost $1.1 million in general funds to increase dental reimbursement rates beginning in January 2015.

As of September 2015, approximately 1,257 dentists had received training in pediatric dentistry through various state-sponsored courses since 2009. In July 2009, the Department began training and reimbursing Medicaid primary care providers for the application of fluoride varnish for children up to three years of age. By June 2015, 481 unique Early and Periodic Screening, Diagnosis, and Treatment Program certified providers had administered over 143,521 fluoride varnish treatments to Medicaid children.

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

I. Introduction

Pursuant to Health-General Article § 13-2504(b), Medicaid and the OOH within the Department are required to submit a comprehensive oral health report that addresses the following areas:

(1) The results of the Oral Health Safety Net Program administered by the OOH;

(2) Findings and recommendations for the Oral Health Safety Net Program and the OOH's Oral Cancer Initiative;

[9] Due to National Committee for Quality Assurance licensing restrictions, beginning with CY 2013, the National HEDIS® Mean can no longer be published in this report.

(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,[10] including:

(a) Loss ratios that the MCOs and dental MCOs experience for providing dental services; and

(b) Corrective action by MCOs and dental MCOs to achieve the utilization targets; and

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

Part 1 of this report details the Oral Health Safety Net Program administered by the Department's OOH, including collaboration between the Department and other stakeholders to strengthen access to comprehensive dental care for low-income, disabled, and Medicaid populations through clinical dental programs, school-based oral health services, and other initiatives throughout the State. This section also provides the results of the Department's most recent follow-up survey concerning the oral health status of school children in the State.

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

Part 3 addresses the availability of dentists participating in the Maryland Healthy Smiles Dental Program, Medicaid's dental services program; access to care for Medicaid populations under administrative services organization DentaQuest; and services offered by local health departments to low-income residents in dental Health Professional Shortage Areas. This section also details funding for dental services under the Medicaid Program.

II. Maryland's Oral Health Accomplishments

Part 1. Oral Health Safety Net Program

Background

Lack of access to oral health services is both serious and complex in scope, requiring multiple strategies. Chapters 527/528 of the Acts of 2007 (HB 30/SB 181) established the Oral

[10] 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 Plan concluded in 2003 and will not be included in this report.

Health Safety Net Program within the OOH. The purpose of the program is to support collaborative and innovative ways to expand oral health capacity for low-income, disabled, and Medicaid populations by awarding community-based oral health grants to local health departments, federally qualified health centers, and other non-profit entities providing dental services within state facilities; to contract with a licensed dentist to provide public health expertise for the State; and to provide continuing education courses to providers that offer oral health treatment to underserved populations.

The Department has employed a licensed public health dentist for the OOH since the creation of the Oral Health Safety Net Program. The public health dentist provides dental expertise on policy development, legislation, surveillance, protocol evaluation, provider recruitment, and continuing education courses for providers that offer oral health treatment to underserved populations. The OOH has also sought out new and creative strategies to enhance the oral health safety net and increase access to oral health services for low-income and uninsured individuals, and Medicaid recipients. These strategies include: providing new or expanded dental services in publicly funded federal, state, or local programs; developing public and private partnerships; expanding school-based/linked dental initiatives that include mobile dental vans, transportation innovations, case management, leasing and contractual agreements with private dental offices; as well as other strategies.

Oral Health Screening Surveys

The OOH conducts an oral health survey of Maryland schoolchildren every five years. Additionally in 2013, the OOH conducted a survey of the oral health status of older adults in Maryland. Both surveys serve to provide a picture of the oral health needs of two vulnerable populations in Maryland.

Oral Health Survey of Maryland School Children

The OOH, in partnership with the University of Maryland School of Dentistry, is in the beginning stages of planning the 2015 - 2016 Oral Health Survey of Maryland School Children. Sixty schools were selected across the State to participate in the survey. Letters have been sent out to the county superintendents to introduce the project. Data collection at the selected schools is set to begin in September 2015 and end in June 2016. Once the data collection process is completed, the data will be analyzed and a final report will be submitted by June 30, 2017.

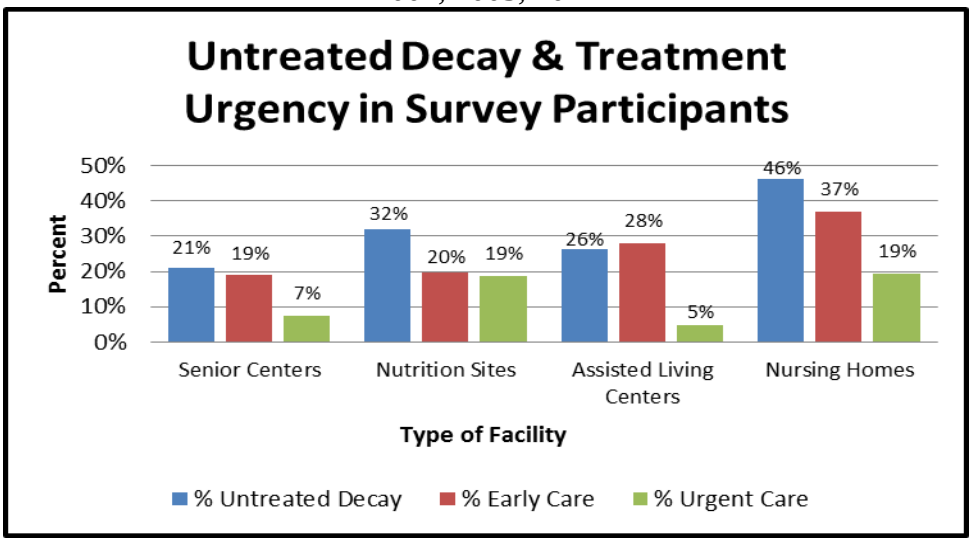
Basic Screening Survey of Maryland Older Adults

The OOH conducted its first oral health Basic Screening Survey of Maryland older adults, utilizing the Older Adults Basic Screening Survey, which was developed by the CDC in collaboration with the Association of State and Territorial Dental Directors. This project enables the OOH to expand its oral health surveillance system and assess the oral health needs of older adults in order to better address their specific oral health needs and develop related programmatic and policy priorities. Four dental hygienists were hired and trained in September 2013 and the data collection process began in October 2013. A representative sample of older adults 50 years and older were selected from approximately 160 long-term care facilities. There are four

different types of long-term care facilities: senior centers, nutrition sites, assisted living sites, and nursing homes. Approximately 80 percent of the senior centers, 50 percent of nursing homes and nutrition sites, and a third of assisted living sites from the sample participated in the survey. Everyone who participated in the survey received an oral health screening; however, only nutrition sites and senior centers completed the health questionnaires. The data from the health questionnaires will be evaluated later to determine associations with the oral health screening data.

When reviewing results from the oral health screenings (see Figure 1), older adults in nursing homes had the highest rate of untreated decay at 46 percent and were most likely to require follow-up (early care and/or urgent care) than any other type of long-term care facilities. Participants at senior centers had the lowest rate of untreated decay and required less follow-up than the other long-term care facilities.

Figure 1: Caries Experience, Untreated Decay, and Dental Sealants
2001, 2005, 2011



Major Oral Health Recommendations

The OOH collaborates with many partners to ensure the intent of the Oral Health Safety Net Program is carried out. One such partner is the MDAC, whose mission is to improve the oral health of all Marylanders.

Since its inception the DAC and its successor organization has recommended several changes to the Medicaid program to improve access to comprehensive dental services among eligible children. The DAC has also provided suggestions to enhance education, outreach, dental public health infrastructure, provider participation, and provider scope of practice.

Maintaining and Enhancing the Dental Public Health Infrastructure

The Governor's SFY 2015 budget for the OOH included $1.5 million to bolster clinical dental treatment and preventive services for low-income Maryland children, especially those who are Medicaid-eligible or uninsured, and to support many of the requirements listed in the 2007 Oral Health Safety Net legislation. While these Oral Health Safety Net grant funds are being used statewide, they have been specifically targeted to provide dental services in Calvert, Kent, Queen Anne's, and Worcester counties—jurisdictions previously identified as not being served by a clinical public health dental program.

- *Calvert County:* Since its inception in September 2009, Calvert Memorial Hospital's Calvert Community Dental Care program has provided direct services to Medicaid and other low-income children and adults in Calvert and St. Mary's counties. Serving both children and adults, it is one of very few dental programs that provide services to the adult Medicaid population. This program provides service to residents of Calvert and St. Mary's counties. The dental program has had over a 50 percent increase in the number of dental visit encounters for adults this past year. In SFY 2014 the dental program had a total of 1,108 encounters and in SFY 2015 the program had 1,714 encounters. This was primarily due to the increase in coverage for the uninsured and additional coverage for dental benefits covered by the MCO plans.

  In August 2014, a pilot program was implemented to have a direct referral system from the emergency room to the dental clinic. The program provides a limited exam within 24 to 48 hours of a visit to the Emergency Room (ER) for dental care except for weekends. The school-linked dental services program has now added preventive exams and sealant for children in grades three through five at Appeal Elementary as well as continuing its long standing partnership with Head Start and the Judy Center for annual exams, screenings, and sealants. As a result, more children are being seen at the schools. The program continues to partner with the Southern Maryland Mission of Mercy team and the Tri-County Veterans Council to host a Mission of Mercy event for veterans. In collaboration with the Calvert County Health Department, the program provides funding for emergency dental care for those who cannot afford it but require emergent intervention due to severe abscess or decay.

- *Kent/Northern Queen Anne's Counties:* The scope of the Kent County Health Department dental program aim is to provide comprehensive oral health services to 10 public schools, pre-K through 12th grade. All 10 schools are Title I schools in Kent and Northern Queen Anne's counties. The program targets students that are: covered by Medicaid; uninsured, or eligible for free and reduced-price meals; and those without a dental home. A registered dental hygienist and dental assistant provide comprehensive oral health services including risk assessment/screening, prophylaxis, fluoride varnish, fluoride mouthrinse, dental sealants, and oral health instructions in all 10 schools (seven in Kent County and three in Queen Anne's County).

  A fluoride mouthrinse program also has been established for all Kent County elementary schools, grades 1-5. In addition, case management transportation services link children in need of urgent and early dental services to a dental home such as the University of Maryland School of Dentistry clinic in Perryville (Cecil County), Choptank Community

Health System, Inc. (Caroline County), or a pediatric dentist who accepts Maryland Healthy Smiles in Stevensville (Queen Anne's County).[11] Screening and prevention services are also provided for all community-based programs such as summer migrant camps, family daycare, child care centers, pre-K registration, family support centers, Women, Infants and Children (WIC) programs, Head Start, and Judy Center programs.

- *Worcester County:* The Worcester County Health Department partners with Worcester County Schools and the Three Lower Counties federally qualified health center to expand school-based dental education and screening services, and to receive referrals for children needing a dental home. Dental care integration in a Behavioral Health setting via the Worcester County Health Department Behavioral Health summer camp, ages 5-18, allows for onsite screenings while clients are receiving behavioral health intervention. In SFY 2015, the health department implemented a school-linked program to identify middle school children in dental need and to provide dental sealants and any additional treatment. The OOH intends to maintain funding for the dental program until it is self-sustaining through the receipt of sufficient Medicaid and other insurance revenues.

As of the end of SFY 2014, OOH grants contributed to 27,043 children and 11,847 adults receiving care through local health department dental programs, and 41,006 child and 20,496 adult clinical visits. Further, 3,425 adults received emergency treatment in local health department programs because of these grants. High-need dental public health geographic areas on Maryland's Eastern Shore and in Southern Maryland have benefitted greatly from these grant programs (see Appendix C for a full listing of state public health dental programs).

Developing a Unified, Culturally and Linguistically Appropriate Oral Health Message

The "Healthy Teeth, Healthy Kids" (HTHK) oral health literacy campaign launched on March 23, 2012 and ran from late March through mid-July 2012, using traditional media, social media, and other effective communication platforms to reach its audience.

Pre- and post-campaign surveys were conducted to examine whether the target audience was aware of the campaign brand and messaging, and whether oral health habits, behaviors, and attitudes were influenced by the campaign. In October 2012, the social marketing firm, PRR, Inc. and Maryland Marketing Source reported that overall, participants were very concerned about oral health issues, ranking it the same as other health issues including heart health, diabetes, and cancer. Further, visits to the dentist increase by seven percent, and there was a 13 percent increase in awareness of key campaign messaging that "oral health is an important part of overall health."

Based on these encouraging results, a "Healthy Teeth, Healthy Kids" Spanish-language campaign was launched. The campaign targeted low-income Hispanic women ages 18-34. The campaign included a new Spanish-language website (DSNS), and a nine-week Spanish language radio campaign.[12] The DSNS campaign, which relies primarily on radio and transit advertising as

[11] See Part 3 for an explanation of the Maryland Healthy Smiles Program.
[12] Dientes Sanos, Niños Sanos, www.DientesSanosNinosSanos.org, Maryland Department of Health and Mental Hygiene, 6 October 2015.

well as community outreach, has run twice, once in 2014 and again in 2015. Both campaigns ran for a nine-week period and were targeted to Latinas with young children aged 0-6.

Both DSNS campaigns were successful in reaching their target audience. Based on comparisons of pre-and post-campaign surveys, more Latinas were aware of and understood the importance of oral health and took action to practice preventative oral health behaviors for themselves and their children. A comparison of pre-and post-campaign surveys demonstrated statistically significant improvements in all categories measured. Survey highlights include:

- Almost all mothers surveyed (92 percent) heard about the *Dientes Sanos, Niños Sanos* campaign.

- Ninety-one percent recalled at least one of the campaign's messages (unaided).

- Significantly more mothers (92 percent) believed children should go to the dentist by their first birthday and 93 percent more mothers believed that dental health is an important part of overall health—both key campaign messages.

- Nineteen percent more mothers had heard of fluoride.

- Seventy-one percent more mothers understood the purpose of fluoride.

- Twice as many mothers had heard of fluoride varnish.

- There was a 210 percent increase in the number of mothers who had their children receive fluoride varnish.

- Significantly more mothers (80 percent) drank tap water after the campaign (according to the CDC), 97 percent of Maryland residents on public water supplies (tap water) drink fluoridated water.

Since March of 2012, the purchased advertising components (TV, radio, transit, etc.) of both the English and Spanish language campaigns have captured more than 20 million viewer impressions. In addition, the campaigns have generated considerable earned media. Since the beginning of the campaign, more than 300 oral health stories have been placed in local and regional media (i.e., TV, radio, print and online). These news stories have generated 35 million viewer impressions and have generated an impact on public perception equal to 4.6 million dollars of paid advertising time. The campaigns have also created a network of more than 250 partners throughout the state who, through their commitment to spread the campaign messaging, have distributed more than 250,000 brochures, and almost 100,000 oral health kits.

In the three years that the HTHK and DSNS campaigns have been running they have significantly increased oral health awareness in mothers of at-risk children and have helped them take action to practice preventive oral health behaviors for themselves and their children. Through this innovative social marketing approach, the campaigns have improved public perception of the importance of oral health and made significant contributions to improving the

oral health of Maryland's children. OOH is also working with MDAC to make the HTHK and DSNS campaigns and materials available for use nationwide. The campaigns will be made available to traditional oral health organizations such as state oral health programs, oral health organizations, dental programs, oral health coalitions and advocacy organizations. MDAC also hopes to make the campaign materials available to nontraditional organizations such as public health, social service organizations and children's health and advocacy groups.

Dental Services for Public School Children

The MDAC, in partnership with the Prince George's County Health Department, developed and implemented a pilot project to determine the feasibility of conducting dental screenings in public schools. The project began in August 2011 and ended in December of 2012. During this pilot project, 3,091 students were screened and provided access to care. The students screened were in kindergarten, first, third, fifth, seventh, and ninth grades. The majority (65.6 percent) of the students who were screened required routine preventive care. About 6.3 percent required immediate care and 28.0 percent showed decay present or required some other treatment. All children were referred to the Wellness Center at Bladensburg High School if they did not have a dental home.

In March 2014, an MDAC Subcommittee met to discuss the findings of the demonstration project in Prince George's County and to develop a plan for a similar program statewide. The evaluation of the pilot school dental screening program and the subcommittee recommendations were presented at the MDAC membership meeting in June 2014.

The OOH is also supporting the following school-based oral health models:

- *Deamonte Driver Mobile Dental Van Project (DDDVP):* The dental van, named after Deamonte Driver, the 12-year old Prince George's County child who died from a dental infection, provides diagnostic, preventive, and simple restorative dental services to low-income students in twenty Prince George's County schools. During the 2014-2015 school year, the DDDVP provided cleanings and fluoride treatments to 1,681 children at 20 schools in Prince George's and Montgomery counties. For this cohort, 2,402 dental sealants were applied to 746 children. A total of 601 children were referred to the local health department or a private dentist for follow-up care. The DDDVP will continue to provide much needed dental services to elementary school children by visiting at least 20 schools in Prince George's County throughout the 2015-2016 school year.

- *Dental Sealant Services:* The OOH developed a dental sealant manual to assist local health departments in implementing dental sealant services and a website – Mighty Tooth– which has been revamped to become an interactive website with information for caregivers, medical professionals, and school administrators as well as educational games for children.[13] The statewide dental sealant program places a special emphasis on vulnerable populations, specifically children in Title I schools. In SFY 2015, 14 local health departments received OOH awards to operate school-based and school-linked

[13] Office of Oral Health, Mighty Tooth Seal Away Tooth Decay, http://mightytooth.com, Maryland Department of Health and Mental Hygiene, 5 October 2015.

dental sealant programs within their jurisdictions. The OOH funded dental sealant programs screened 9,037 school children in SFY 2015 and provided 12,162 dental sealants to 4,190 children. In SFY 2016, the OOH will distribute sealant-focused grant awards to 12 local health departments.

- *Fluoride Varnish Services:* Through a federal Health Resources and Services Administration grant (HRSA), the OOH provides funding to the Eastern Shore Area Health Education Center to support community oral health education and prevention activities. This initiative leverages the WIC program to deliver preventive oral health services to young children and their mothers. In addition, education is provided to pregnant women, mothers, and children at integral life stages when oral diseases can be prevented. The WIC oral health initiative is implemented in communities on Maryland's Eastern Shore and WIC Centers in Dorchester, Talbot, and Caroline counties. During SFY 2015, the dental hygienist screened 654 children and provided 574 fluoride varnish applications to children at WIC centers on the Eastern Shore. Of these children, 197 were referred to Choptank Community Health Services for follow up care or a dental home. The dental hygienist also provided health education seminars in schools and community settings to over 10,000 children and adults and distributed over 5,000 oral health kits.

- *Oral Health Access Programs:* The Kent County Health Department coordinates and operates a school-based Children's Dental Health Program in Kent and Northern Queen Anne's counties. There is a shortage of dentists in these counties, which impacts access to care. Kent County has a ratio of 2,849:1 population per dentist, and Queen Anne's County has a ratio of 2,695:1; this is in comparison to the Maryland ratio of 1,392:1.[14] A key component of the program is providing transportation to dental homes more than 45 minutes away. The program targets students who have Medicaid, are uninsured, eligible for free and reduced meals, and those without a dental home. A dental hygienist and dental assistant provide comprehensive oral health services including screening, prophylaxis, fluoride varnish, dental sealants, and oral health instructions in 10 schools.

Provide Training to Dental and Medical Providers

As of September 30, 2014, approximately 1,508 public health and private sector general dentists have received training in didactic and clinical pediatric dentistry so that they can competently treat young children. This total includes three separate pediatric dentistry courses that were offered to public health and private sector Medicaid general dental practitioners in SFY 2015 through a partnership between the MDAC, OOH, and University of Maryland School of Dentistry. The total also includes the annual Ava Roberts Advanced Pediatric Seminar for the dental public health workforce, held on July 24, 2015, which had 111 dental staff in attendance including dentists. The OOH, in collaboration with the Department's Center for Chronic Disease Prevention and Control, also held a training meeting for dental professionals entitled "Prediabetes and Oral Health" which had 134 attendees.

[14] County Health Rankings and Roadmaps, 2015, http://www.countyhealthrankings.org/app/maryland/2015/rankings/queen-annes/county/outcomes/overall/snapshot.

The Maryland State Dental Association conducted its eighth "Access to Care Day" on September 24, 2015 as part of its annual organizational meeting. Representatives from DentaQuest, the administrative services organization used by Medicaid, were present to enlist new dentists for the program. These events are part of the dental association's efforts to partner with the Department in recruiting new dentists into the Maryland Healthy Smiles Program. Dentists and dental hygienists who attend the session receive free continuing dental education credits and training. These annual programs have given dentists and their staff the opportunity to discuss the Maryland Healthy Smiles Program and other state oral health issues with DentaQuest representatives, Departmental staff, and members of the MDAC.

Expanding the Oral Health Infrastructure through Other Programs

Community Water Fluoridation

Leading public health agencies including the CDC and World Health Organization endorse community water fluoridation as the single most effective public health measure to improve oral health by preventing tooth decay. A Healthy People 2020 objective is to increase the percentage of persons on public water that receive fluoridated water to 79.6 percent.[15] In Maryland, 93.1 percent of the population with public water receives fluoridated water.

To address water fluoridation needs in Maryland, the OOH partners with the Maryland Department of the Environment to create fluoridation plans, share fluoridation data, monitor fluoride levels, and generate annual reports. The OOH used funding support from its CDC and HRSA grants in SFY 2015 to ensure that a high percentage of Marylanders continue to have access to optimally fluoridated water. The OOH continued its partnership with the Maryland Rural Water Association to survey community water systems with the goal of providing technical assistance while gathering information on equipment needs, operator training levels, and a variety of other data points that play a part in the water fluoridation process. A total of 18 fluoridation stations across 13 water systems were surveyed. The surveys highlighted the continued need for: fluoridation equipment maintenance, repair, and replacement; and fluoridation training for water operators. Through funding available through its CDC grant, the OOH continues to provide replacement fluoridation equipment to systems in need.

In addition to equipment maintenance, repair, and replacement, the surveys also identified a need for fluoridation-specific training for water operators. Working with the Maryland Rural Water Association, the OOH developed an eight-hour fluoridation training course for water operators. In December 2013, the course was approved by the Maryland Department of the Environment as providing continuing education credits to water operators who attend. Operators must continually obtain these credits in order to maintain their certification. The first class was held on May 20, 2014 in Frederick and was attended by 23 water operators. Two other classes were held on November 18, 2014 in Cambridge and August 11, 2015 in Havre de Grace with 18 and 24 water operators, respectively, attending these classes. Future classes will be held at various locations across the State.

[15] Department of Health and Human Services, HealthyPeople, 2020, Topics and Objectives, http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=32, 5 October 2015.

Maryland Community Health Resources Commission Dental Grant Awards

The MCHRC continues to partner with the OOH to fulfill its commitment to expanding existing and creating new capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents. Since March 2008, and with the assistance of the OOH Director, the MCHRC has awarded 27 dental services grants totaling $5.85 million. The MCHRC dental grant projects, which were awarded to local health departments, federally qualified health centers, and private, non-profit foundations and hospitals throughout the State, have collectively served more than 45,000 low-income children and adults, resulting in nearly 102,000 visits.

The MCHRC seeks to support programs that will be sustainable after its initial grant funds have been expended. MCHRC dental grantees leveraged their grant resources to secure more than $3.3 million in additional federal, local, private, and other resources to maintain programs in their underserved communities. The MCHRC continues to expand access to dental services for both adults and children. Following is a summary of recent grants awarded by the MCHRC:

- Allegany Health Right received a two-year grant ($90,000) to support a program that will provide community outreach, oral health education, and case management services for low-income adults in Allegany County, with a specific focus on Medicaid enrollees. The program involves a close partnership with Western Maryland Health System (WMHS), and the program is expected to help reduce dental-related ER visits to WMHS. Allegany Health Right utilized MCHRC grant funds to leverage a larger grant from WMHS ($90,000).

- Frederick Memorial Hospital received a three-year grant ($135,000) to open a new dental clinic to help reduce dental-related ER visits, which have increased over the last few years at the hospital. The program involves a partnership with the University of Maryland School of Dentistry, who will use the clinic as a rotational practicum site and provide faculty oversight of students.

- Total Health Care received a three-year grant ($180,000) to integrate the delivery of oral and prenatal care services for low-income women and families in Baltimore City. The program is a new partnership with Mercy Medical Center, to ensure that all pregnant patients of Total Health Care who are seen by Mercy Medical Center obstetric providers receive the benefits of integrated obstetric and dental care.

- Health Partners received a two-year grant ($250,000) to expand their current dental program that serves low-income residents of Charles County and achieve long-term financial sustainability by generating fee-for-service revenue for services provided.

Eastern Shore Oral Health Outreach Program/Lower Eastern Shore Dental Education Program

These programs are an outgrowth of the Oral Health Demonstration Project: Maryland State Children's Health Insurance Program conducted by the University of Maryland School of Dentistry from January 1999 through June 2001 on the Eastern Shore (Upper and Mid-Eastern

Shore and Lower Eastern Shore). The Eastern Shore Oral Health Outreach Program and the Lower Eastern Shore Dental Education Program expand the success of the earlier demonstration project to all Maryland Eastern Shore counties. One of the goals of these programs is to provide oral health case management services, education, screenings, and fluoride varnish and rinse programs for WIC and Head Start children and their families on the Eastern Shore.

Programs in the Upper and Mid-Eastern Shore, which includes Caroline, Cecil, Kent, Queen Anne's, and Talbot counties, include case management for agencies and individuals for urgent or routine dental services and support of local agencies by serving on health advisory boards to provide options for dental education, client services, and programs that promote the concept of the healthy child.

Programs on the Lower Eastern Shore (Wicomico, Worcester, and Somerset counties) provide Early Head Start and Head Start Centers with oral health screenings, fluoride varnish applications, oral health education, case management, and administration of a weekly fluoride mouth rinse program with 1,825 students.

Regional programs collaborate to address the use of home oral health adaptive equipment for children with special needs. These programs also work together on initiatives with Early Head Start programs. The goal of these initiatives, which focus on early oral health prevention and intervention, is to provide a continuum of care through Head Start into pre-Kindergarten and Kindergarten.

Maryland Dent-Care Loan Assistance Repayment Program

The purpose of the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) is to improve access to oral health care services by increasing the number of dentists that provide services for Medicaid recipients. In CY 2014, a total of 15 dentists participated in the program; five of those dentists completed their three-year service obligation in December 2014. The service obligation requires that the dentists participate in MDC-LARP for the full three years, and during that period 30 percent of their base patient population must be Medicaid patients. In January 2015, five new MDC-LARP dentists started the program; these providers will work with the program through December 2017. During CY 2014, MDC-LARP dentists treated 14,513 unduplicated Medicaid patients, and provided 36,283 dental visits for Medicaid recipients. MDC-LARP dentists have seen 128,252 unduplicated Medicaid patients through 320,630 patient visits since the inception of the program in 2001.

Part 2. Oral Cancer Initiative

Background

Chapters 307/308 of the Acts of 2000 (HBill 1184/SB 791) established the Department's Oral Cancer Initiative (Health-General Article, §18-801-802). This statute requires that the Department develop and implement programs to train health care providers to screen and refer patients with oral cancer and to provide education on oral cancer prevention for high-risk, underserved populations. It requires that the OOH develop activities and strategies to prevent and

detect oral cancer in the State with a specific emphasis on high-risk, underserved populations. The major components of this initiative are oral cancer education for the public, education and training for dental and non-dental health care providers, screening and referral if needed, and an evaluation of the program.

The Oral Cancer Initiative is used to fund the Oral Cancer Mortality Prevention Initiative. Directed by the OOH, the Oral Cancer Mortality Prevention Initiative enables counties to provide an education and awareness campaign to the public and to address oral cancer screening training needs among health care providers. Since funds were first made available for the Oral Cancer Mortality Prevention Initiative in 2000, 35,834 people have been screened for oral cancer, and 5,895 health care providers have received oral cancer prevention and early detection education through OOH grants to local health departments throughout Maryland.

During this same period, the Maryland General Assembly created the Cigarette Restitution Fund Program (CRF), which provides funds for cancer prevention, education, screening, and treatment for seven targeted cancers, including oral cancer. Some local jurisdictions have opted to provide oral cancer screening and/or education to residents. To date, CRF grants have funded training for oral cancer prevention and early detection to 19,518 health care providers, resulting in 12,009 oral screening exams. Two jurisdictions, Baltimore City and Garrett County, continue to use CRF Program funding for oral cancer screening activities. In cooperation with the OOH, CRF develops and maintains the Oral Cancer Minimal Clinical Elements for screening, diagnosis, treatment, follow-up, and care coordination to provide guidance for public health programs that screen for oral cancer. In addition, Johns Hopkins University and the University of Maryland use CRF cancer research funds to conduct oral cancer research. As a result of these cumulative efforts, thousands of Maryland residents have been screened for oral cancer.

Other Activities

The Department awards grants to local health departments to implement oral cancer prevention initiatives. County initiatives include providing oral cancer education and screenings for the public and education and training for health care providers on how to conduct an oral cancer exam. In SFY 2015, 6,719 individuals received oral cancer screenings. Of those screened, 14 were referred to a surgeon for biopsy. Nearly 22,000 individuals (21,799) received education on oral cancer, and 959 health care providers received education on oral cancer.

In April 2015, the Department observed Maryland Oral Cancer Awareness Month. The OOH provided updated information, available online, to county coordinators, including prevention materials, scripts for public service announcements, and articles for local newspapers.[16] Oral health information was on display in the lobby of the state office building at 201 West Preston Street, which houses the Department. Other methods of promotion used at 201 West Preston Street included the building-wide TV monitors and Department-wide e-mail lists; through these means, information on oral cancer was shared, featuring information on the importance of the human papillomavirus vaccine which in addition to preventing cervical cancer,

[16] Office of Oral Health, Oral Cancer Awareness Month 2015, Maryland Department of Health and Mental Hygiene, http://phpa.dhmh.maryland.gov/oralhealth/SitePages/Oral_Cancer_Awareness_Month_2015.aspx. 5 October 2015.

can prevent certain types of oral cancers. The OOH continues to partner with the Maryland Tobacco Quitline on all events related to oral cancer and tobacco use. The Maryland Tobacco Quitline brochure is included in the OOH's oral cancer brochure.

The OOH was a sponsor of the 7th annual Baltimore Oral Cancer Walk/Run for Awareness at Druid Hill Park in Baltimore on April 11, 2015. As a sponsor, the OOH had a display board at the event, and distributed oral cancer brochures, awareness ribbons, lip balm with sunscreen, and OOH pens to participants. Attendance at this event has grown every year.

The OOH will continue to provide local health department funding to implement the oral cancer prevention program. The OOH will work with local health departments to identify model programs and best practices. Moving forward, the Department's Managing-for-Results target is that by CY 2015, the mortality rate of oral and pharyngeal cancer in Maryland will be reduced to 2.1 per 100,000 persons or less.

Part 3. Medicaid Dental Care Access

Background

Medicaid dental funding for children and pregnant women has increased in recent years, from approximately $12 million in CY 2000, to $159 million for CY 2014 (see Appendix B). This growth in funding is partially attributable to increases in the Medicaid fee schedule for selected codes since 2000. In SFY 2009, the State budget included $7 million in general funds to increase targeted codes to the 50th percentile of the American Dental Association's South Atlantic region charges for dental services. It also reflects increased utilization due to improved outreach activities, and additional providers participating with the Medicaid program. The Department's Medicaid program delivered oral health services to 447,844 children and adults (ages 0-64) during CY 2014, compared to 396,391 in CY 2013.

Maryland has made major program changes and has seen a significant increase in dental utilization over the last few years, which contributed greatly to Maryland's recognition as an oral health leader by the Pew Center. Additionally, in April 2010, CMS launched its national Oral Health Initiative and asked states to participate by increasing the use of preventive dental services by children enrolled in Medicaid by at least 10 percentage points in five years. The national goal is for at least 52 percent of Medicaid enrolled children aged 1-20 years to receive a preventive dental service by FFY 2015. The interim goal for each state is to improve by two percentage points each year. Maryland was one of 15 states to meet the first-year CMS Oral Health Initiative goal. For CY 2014, Maryland remained above the target federal goal at 52.9 percent.

Maryland continues to improve its dental program by confronting barriers to providing comprehensive oral health services to Medicaid enrollees. The Department recognizes that even with the rate increase that occurred in SFY 2009, many codes have not increased since 2004. In an effort to continue making investments in overall improvement in access to preventive dental care, the Governor included roughly $2.2 million (total funds) in the SFY 2015 budget to increase Medicaid dental fees starting January 1, 2015. A workgroup was convened to gather

feedback from stakeholders and decide on the specific dental codes for this rates increase. A total of five codes were increased, including: fluoride varnish treatments (D1208), protective restorations (D2940), provision of oral hygiene instructions (D1330), fabrication of athletic mouth guards (D9941), and indirect pulp capping (D3120).

Availability and Accessibility of Dentists in Medicaid

Background: HealthChoice MCOs and Dentist Enrollment

HealthChoice is the current health service delivery system for most children and non-elderly adults enrolled in Medicaid and the Maryland Children's Health Program. Prior to the implementation of the Maryland Healthy Smiles dental administrative services organization on July 1, 2009, dental care was a covered benefit provided by HealthChoice MCOs. HealthChoice MCOs were required to offer comprehensive oral health services including preventive care to children through 20 years of age, and to pregnant women.[17] While adult dental services are not a required benefit and are not funded by the Department, seven of the eight HealthChoice MCOs currently offer basic oral health services to adults. HealthChoice adult dental benefits typically include cleanings, fillings, and extractions (see Table 11 for more information on HealthChoice adult dental benefits).

HealthChoice MCOs were also required to develop and maintain an adequate network of dentists who could deliver the full scope of oral health services for children and pregnant women. HealthChoice regulations specified the capacity and geographic standards for dental networks. They required that the dentist-to-enrollee ratio be no higher than 1:2,000 for each MCO. In addition, each MCO ensured that enrollees had access to a dentist within a 30-minute or 10-mile radius for urban areas and a 30-minute or 30-mile radius for rural areas. Through the toll-free HealthChoice Enrollee Action Line, the Department monitored access issues via enrollee complaints.

As of July 2008, there were approximately 743 dentists enrolled as providers in the HealthChoice program. The 2008 count was a point-in-time count of providers, and due to several provider outreach activities, that number increased by the end of 2008. In July 2008 the overall statewide ratio of dentists to HealthChoice enrollees under age 21 years was 1:679.[18] Shortly after the July 1, 2008 rate increases and the Secretary's challenge to dentists to participate with Medicaid, approximately 65 additional dentists joined the HealthChoice Program.

Current Dentist Enrollment: Maryland Healthy Smiles Dental Program

DentaQuest has been actively enrolling new dentists in the Maryland Healthy Smiles Dental Program since its implementation in 2009. Through DentaQuest, providers can now participate with Medicaid via a single point of contact, rather than contracting with each HealthChoice MCO. DentaQuest handles credentialing, billing, and dental provider issues, which streamlines the process for providers. As a result, DentaQuest and the Department have been

[17] Children are only covered up to age 19 under the Maryland Children's Health Program.
[18] Only dentists listed in HealthChoice provider directories were counted.

able to build the Medicaid dental provider network. The Department has received positive feedback from providers who have worked with DentaQuest. Because of the overall increase in the provider network since 2009, the Dental Home Program was implemented statewide in December 2013. As of August 2015, there were 1,385 individual providers enrolled, resulting in a dentist-to-child enrollee ratio of approximately 1:515 (see Table 1).

While the Department is pleased with the progress made in the increased access to care, there is still room for improvement. With the goal of increasing dental provider enrollment, the Department outlined pay-for-performance standards in the February 2015 Maryland Medicaid Dental Benefits Administrator Request for Proposals. The pay-for-performance standards incentivize provider outreach, and reward the DBA for increasing provider enrollment in target counties. The DBA will be able to demonstrate improvement across two ratios: the general dentist provider-to-participant ratio[19] and the dental specialists provider-to-patient ratio.[20] Performance payments will be tiered and allow for continued demonstrations of improvement over the life of the contract.

Scion has proposed a comprehensive provider outreach program to encourage non-participating dentists to work with Medicaid. In addition to outreach, Scion will offer online provider credentialing and contracting to ease the network enrollment process. Scion will offer the use of proprietary tools aimed at easing the provider engagement process, including; an advanced preauthorization model and the capability to check participant eligibility in real-time and up to a month in advance.

Table 1: Dentists Participating in the Maryland Healthy Smiles Dental Program[a]

Regions[b]	**Maryland Healthy Smiles Dental Program**					
	August 2009	**August 2011**	**August 2012**	**August 2013**	**August 2014**	**August 2015**
Baltimore Metro	242	410	384	408	437	459
Montgomery/ Prince George's Counties	208	365	358	374	435	504
Southern Maryland	29	51	49	51	55	59
Western Maryland	65	128	94	91	92	114
Eastern Shore	43	84	68	77	81	67
MD Bordering States	62	152	362	370	254	182
Unduplicated Total[c]	**649[d]**	**1,190**	**1,315**	**1,317**	**1,354**	**1,385**

[a] Some dentists may not be accepting new referrals and many dentists limit the number of new referrals that they accept. These numbers only reflect the availability of practitioners.
[b] Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard 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.
[c] This table indicates the total number of unduplicated dentists in each region and does not include fluoride varnish providers.
[d] The transition between the HealthChoice MCOs and DentaQuest resulted in the loss of several providers at the start of implementation in July 2009.

[19] The DBA will be tasked with demonstrating improvement in counties that are not meeting the 1:500 general dentist provider-to-participant ratio at the Go-Live Date.
[20] The DBA will be tasked with demonstrating improvement in counties that are not meeting the 1:10,000 dental specialists provider-to-patient ratio.

According to the Maryland State Board of Dental Examiners, there were 4,022 dentists actively practicing in Maryland in July 2015. Table 2 indicates the number of pediatric and general dentists practicing in Maryland and the number of dentists currently participating with the Maryland Healthy Smiles Dental Program as of August 2015. For the last two columns, because providers who practice in multiple locations may have different provider numbers for each practice affiliation; records were manually unduplicated by provider name. Dentists working for group practices or clinics were impossible to identify; therefore, the number of unique providers may significantly undercount the total number of dentists providing dental services to Medicaid enrollees.

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

REGION[a]	Total Active Dentists (August 2015)	Active Pediatric Dentists (August 2015)	Dentists Enrolled with Maryland Healthy Smiles Dental Program as of August 2015 (Percentage of Total Active Dentists)	Dentists Who Billed One or More Services in CY 2014 (Percentage of Total Active Dentists in Region)	Dentists Who Billed $10,000+ in CY 2014 (Percentage of Total Active Dentists in Region)
Baltimore Metro	1,757	157	459 (26.1%)	490 (23.8%)	392 (22.3%)
Montgomery/ Prince George's	1,646	159	504 (30.6%)	525 (31.8%)	417 (25.3%)
Southern Maryland	155	15	59 (38.1%)	55 (35.5%)	45 (29.0%)
Western Maryland	261	27	114 (43.7%)	117 (44.8%)	96 (36.8%)
Eastern Shore	203	14	67 (33.0%)	84 (41.4%)	71 (35.0%)
Out of State	--	--	182	179	70
TOTAL[b]	**4,022**	**372**	**1,385**	**1,361**	**1,047**

[a] Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Southern Maryland includes Calvert, Charles, and St. Mary's Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.

[b] Please note that the totals for 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 2014.

In 2008, less than 19 percent of Maryland licensed active dentists were participating with Medicaid. As of August 2015, 29.9 percent of Maryland dentists were enrolled with Medicaid. In CY 2014, 1,361 unduplicated dentists billed one or more Medicaid services, and 1,047 unduplicated dentists billed $10,000 or more to the Medicaid program. The number of dentists billing at least one Medicaid service has steadily increased over the last four years, from 1,155 dentists in 2011, to 1,220 dentists in 2012, to 1,258 dentists in 2013, and to 1,361 dentists in 2014. The number of dentists billing more than $10,000 to Medicaid also increased from 881 in 2011, to 908 in 2012, to 938 in 2013, to 1,047 in 2014. Pediatric dentists remain a minority in the State, accounting for approximately 9.2 percent of the total number of active dentists in Maryland in 2014.

Maryland Healthy Smiles Dental Program Dental Utilization Rates

Children and Dental Utilization

Under Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) requirements, dental care is a mandated health benefit for children under 21 years of age.[21] Utilization of dental services has historically been low, but has increased significantly in recent years. Prior to implementation of the HealthChoice managed care program in 1997, only 14 percent of all children enrolled in Medicaid for any period received at least one dental service. This number was below the national average of 21 percent.[22]

To assess the performance of HealthChoice and DentaQuest, the Department uses a measure closely modeled on the (HEDIS® measure for Medicaid children's dental services utilization. The counted number of individuals is based on two criteria: an age range from four through 21 years and enrollment of at least 320 days. The Department modified its age range to reflect four through 20 years because the Maryland Medicaid program only requires dental coverage through age 20 years. To facilitate comparability across calendar years, the Department is presenting a six-year look back for each measure that includes fee-for-service and MCO participants across the Medicaid program. Recipients with partial benefits were excluded from the analysis.

At the inception of the HealthChoice program in 1997, the percentage of children receiving dental services was 19.9 percent. In 1999, HealthChoice utilization increased dramatically to 25.9 percent; however, performance was still 10 percentage points below the HEDIS® national Medicaid average. After the DAC made its 2007 recommendations, access to care for children enrolled in HealthChoice increased from 51.5 percent (CY 2007) to 60.9 percent (CY 2009), Maryland's performance in 2009 was more than 15 percentage points above the 2009 HEDIS® national Medicaid average (see Table 3). In CY 2014, 67.7 percent of children received dental services.

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

Table 3: Number of Children Receiving Dental Services
Children Ages 4-20, Enrolled for at Least 320 Days in Medicaid[a]

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service	HEDIS® National Medicaid Average[b]
CY 2009	301,582	183,648	60.9%	45.7%
CY 2010	333,167	213,714	64.1%	47.8%
CY 2011	362,197	241,365	66.6%	45.4%
CY 2012	385,132	261,077	67.8%	49.2%
CY 2013[c]	405,873	277,272	68.3%	▲
CY 2014	423,625	286,713	67.7%	N/A

[a] The study population for CYs 2009-2014 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.
[b] Mean for the Annual Dental Visit measure, total age category (ages 2-21 years), as of HEDIS® 2006. The 2-3 year age cohort was added as of HEDIS® 2006.
[c] Due to NCQA licensing restrictions beginning with CY 2013, the National HEDIS® Mean can no longer be displayed in Table 3. An arrow has been added to indicate if Maryland's performance score is above, below, or equal to the National HEDIS® Mean. In CY 2013, Maryland's performance score was above the National HEDIS® Mean.

Maryland continues to perform higher than the national HEDIS® Mean for Annual Dental Visits. Also, by using the Annual Early and Periodic Screening, Diagnostic and Treatment Report published by CMS, it is possible to compare the trends in Maryland's children dental utilization rates against the national averages. The report demonstrates that the total Maryland dental utilization rates for children ages 0-20, at 53.2 and 54.5 percent respectively during FFY 2013 and FFY 2014, continue to outpace the national rates of utilization, calculated by CMS, at 43 and 43.3 percent, respectively. Maryland utilization rates compare favorably to the national utilization rates across most age ranges (see Table 4).

In recent years, the Department began reporting utilization rates of children with any period of enrollment. Utilization rates are lower when analyzed for any period of enrollment; one reason for this may be due to including children who were in a HealthChoice MCO or Medicaid for only a short period. Children may have had turnover in eligibility or enrollment, or may have been new to the HealthChoice MCO or Medicaid, and therefore there was insufficient time to link the child to care. MCOs and administrative services organizations have less opportunity to manage the care of these populations.

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

Age Group	FFY 2013		FFY 2014	
	Maryland Dental Utilization	National Dental Utilization	Maryland Dental Utilization	National Dental Utilization
< 1[b]	1.0%	2.7%	1.0%	2.5%
1-2[b]	30.1%	22.9%	31.1%	23.3%
3-5	61.8%	50.5%	62.4%	50.7%
6-9	68.2%	56.6%	69.5%	57.1%
10-14	63.1%	51.7%	64.0%	52.1%
15-18	53.7%	42.3%	55.5%	42.3%
19-20	35.9%	23.8%	38.5%	23.3%
Total	**53.2%**	**43.0%**	**54.5%**	**43.3%**

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

Of the 706,378 children enrolled in Medicaid for any period during CY 2014, 52.9 percent of these children received one or more dental service, as compared to 53.7 percent in CY 2013 (see Table 5). The utilization rates of children with any period of enrollment have significantly increased over the six-year period for all age groups. The steady and significant increase in utilization for children ages 0-3 years, which is reflected in Table 5, is likely due to the change that took effect in July 2009, which allowed EPSDT certified pediatric physicians to apply fluoride varnish.

Table 5: Percentage of Children who had at Least One Dental Encounter by Age Group, Enrolled for Any Period in Medicaid[a]

Age Group	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014
0-3[b]	18.1%	22.5%	25.1%	27.9%	29.8%	29.8%
4-5	55.1%	59.7%	63.1%	64.8%	65.8%	65.2%
6-9	59.5%	63.6%	66.3%	67.8%	68.9%	68.0%
10-14	55.0%	58.7%	61.2%	62.9%	63.4%	62.1%
15-18	44.9%	48.5%	51.3%	52.4%	53.2%	51.3%
19-20	29.0%	32.1%	34.2%	35.1%	35.8%	34.3%
Total	**42.8%**	**47.0%**	**50.1%**	**52.3%**	**53.7%**	**52.9%**

[a] The study population for CYs 2009-2014 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.
[b] Most newborns and infants are not expected to use dental services. As a result, the dental service rate for the 0-3 age group should be interpreted with caution.

In response to the concern that the level of restorative services or treatment may not be adequate, the Department has examined the type of dental services that children receive. As indicated in Table 3, access to any dental service has increased from 60.9 percent in CY 2009 to

68.3 in CY 2013, before dropping to 67.7 percent in CY 2014. In CY 2014, access to diagnostic services increased the most of all services from 66.0 percent in CY 2012 to 66.8 percent in CY 2013 and dropping to 66.2 percent in CY 2014. Access to restorative services increased from 20.8 percent of all children in CY 2008 to 24.4 percent in CY 2013 and decreased to 23.2 percent in CY 2014 (see Table 6). The overall increase in utilization since CY 2009 is due in part to: raising the fees for 12 additional dental restorative codes in 2004; raising the fees for twelve dental diagnostic and preventive procedure codes in 2008; and increasing outreach efforts to Medicaid participants and providers.

Table 6: Percentage of Children Receiving Dental Services by Type of Service, Children ages 4-20, Enrolled for at Least 320 Days in Medicaid[a]

Year	Diagnostic	Preventive	Restorative
CY 2009	58.8%	55.7%	23.2%
CY 2010	62.3%	58.5%	25.1%
CY 2011	64.8%	61.1%	25.2%
CY 2012	66.0%	62.5%	24.3%
CY 2013	66.8%	63.2%	24.4%
CY 2014	66.2%	62.6%	23.2%

[a] The study population for CYs 2009-2014 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.

As noted above, utilization rates are lower when analyzed for any period of enrollment versus a period of continuous enrollment because the MCO or administrative services organization has had less opportunity to manage the care of these populations. For those children enrolled in Medicaid for any period, 52.1 percent received a preventive or diagnostic visit in CY 2014. Of those receiving a preventive or diagnostic visit, 29.2 percent received a follow-up restorative visit.

Table 7: Preventive/Diagnostic Visits Followed by a Restorative Visit by Children Enrolled for Any Period in Medicaid[a] (Ages 0-20), CY 2009 – CY 2014

Year	Total Enrollees	Preventive / Diagnostic Visit	Preventive / Diagnostic Visit Followed by Restorative Visit
CY 2009	562,019	234,806 (41.8%)	77,330 (32.9%)
CY 2010	598,037	275,613 (46.1%)	92,642 (33.6%)
CY 2011	626,207	307,712 (49.1%)	100,402 (32.6%)
CY 2012	645,562	331,496 (51.3%)	102,028 (30.8%)
CY 2013	661,872	349,864 (52.9%)	106,862 (30.5%)
CY 2014	706,378	367,908(52.1%)	107,595 (29.2%)

[a] The study population for CYs 2009-2014 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.

Although there has been a modest utilization increase in restorative visits since the restorative fee increase in 2004, barriers to receiving restorative care remain. Children who do not receive timely restorative care may ultimately seek care in an ER. In CY 2014, 2,806

children with any period of enrollment in HealthChoice visited the ER with a dental diagnosis, not including accidents, injury, or poison. The percentage of children with ER visits relative to the total Medicaid population eligible for dental services remains at less than one percent and is steadily declining.

Table 8: Emergency Room Visits with a Dental Diagnosis[a] by Children Enrolled for Any Period in Medicaid[b] (Ages 0-20), CY 2009 – 2014

Year	Total Enrollees	Enrollees Who Had an ER Visit with a Dental Diagnosis	Number of Encounters for ER Visits with a Dental Diagnosis
CY 2009	562,019	2,836 (0.50%)	5,729
CY 2010	598,037	2,982 (0.50%)	5,969
CY 2011	626,207	2,860 (0.46%)	5,698
CY 2012	645,562	2,899 (0.45%)	5,699
CY 2013	661,872	2,815 (0.40%)	5,464
CY 2014	706,378	2,806 (0.40%)	5,337

[a] For this measure, a dental diagnosis is included regardless of whether the diagnosis appeared in the primary or secondary field. Dental services provided in the ER exclude accidents, injury and poison.
[b] The study population for CY 2009 – CY 2014 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.

Pregnant Women and Dental Utilization

Prior to the implementation of HealthChoice in 1997, Medicaid did not cover adult dental care. Chapter 113 of the Acts of 1998 (SB 590) required that HealthChoice cover dental services for all pregnant women. Recent legislative efforts to expand dental benefits to post partum women have been unsuccessful.[23] In July 2009, DentaQuest took over administration of dental services for pregnant women. DentaQuest identifies pregnant women by eligibility coverage groups and by using dental claims data to identify if a patient is pregnant at the time of treatment.

The percentage of pregnant women 21 years and over enrolled for at least 90 days receiving dental services was 27 percent in CY 2014 (see Table 9). The percentage of pregnant women 14 years and over enrolled for any period receiving a dental service in 2014 was 26.8 percent, as compared to 28.1 percent in CY 2013 (see Table 10).

The Department is concerned about the decrease in the number of pregnant women receiving dental services in CY 2013 and 2014. The Department is exploring whether there are changes in how prenatal care is being delivered or reimbursed that is causing a negative impact on access to dental care.

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

Table 9: Percentage of Pregnant Women[a] 21+ Receiving Dental Services Enrolled in Medicaid for at Least 90 Days

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 2009	17,402	4,931	28.3%
CY 2010	19,837	5,875	29.6%
CY 2011	20,572	6,689	32.5%
CY 2012	21,708	6,537	30.1%
CY 2013	22,286	6,113	27.4%
CY 2014	25,408	6,858	27.0%

Table 10: Percentage of Pregnant Women[a] 14+ Receiving Dental Services Enrolled in Medicaid for Any Period

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 2009	23,831	6,879	28.9%
CY 2010	26,175	7,997	30.6%
CY 2011	26,405	8,622	32.7%
CY 2012	27,092	8,330	30.7%
CY 2013	27,158	7,639	28.1%
CY 2014	30,743	8,228	26.8%

[a] In Tables 9 and 10, pregnant women were identified using the following methods: (1) enrollment in Medical Care Program coverage group P02 or P11 in the CY MMIS eligibility files; (2) kick payments for live births in the CY capitation rate dataset; (3) payment for an individual in a Sixth Omnibus Budget Reconciliation Act rate cell for pregnant women; and (4) delivery CPT codes. The study population for CYs 2009-2014 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.

HealthChoice Dental Utilization Rates

Non-Pregnant Adults and Dental Utilization

Apart from dental services covered for pregnant women and adults in the Rare and Expensive Case Management Program, adult dental services are not included in MCO or administrative services organization capitation rates, and therefore are not required to be covered under HealthChoice or The Maryland Healthy Smiles Dental Program. In the 2015 session of the Maryland General Assembly, there was an unsuccessful legislative effort to extend dental coverage to former foster care adolescents who, on their eighteenth birthday, were in foster care under the responsibility of another state or the District of Columbia.[24]

Prior to the dental carve out and implementation of the Dental administrative services organization, all seven of the HealthChoice MCOs provided a limited adult dental benefit. In CY 2008 MCOs spent approximately $8.9 M for these services. After the State transitioned to the

[24] Senate Bill 141 and House Bill 858 in the 2015 Session of the Maryland General Assembly.

Maryland Healthy Smiles Dental Program, the MCOs spent $12.3 M on adult dental services in CY 2009, $6.5 M in CY 2010, $11.4 M in CY 2011, $11.1 M in CY 2012, $5.3 million in CY 2013, and $16.5 M in CY 2014. By January 2013, two of the MCOs had discontinued offering adult dental services. When a new MCO entered the HealthChoice Program in February 2013, they joined five other HealthChoice MCOs in providing limited dental services to non-pregnant adults. Between CY 2012 and CY 2013, there was a large decline in dental services among adults enrolled in HealthChoice, which may be attributed to the large number of enrollees in the two MCOs that did not offer adult dental benefits during that period of time.

Beginning January 1, 2014, Medicaid eligibility in Maryland was expanded for low-income families and adults under age 65 under the Patient Protection and Affordable Care Act. HealthChoice adult dental expenditures rose in 2014 as a result of the subsequent increased enrollment. MCO adult dental expenditures totaled $16.5 million in CY 2014, up from $5.3 million in CY 2013. In CY 2013, there were 248,524 adults (ages 21-64) who were enrolled in HealthChoice for at least 90 days, of which 33,093 received at least one dental service. In CY 2014, enrollment nearly doubled; adult enrollees increased to 486,025, of which 65,671 received at least one dental service (see Table 12).

As of August 2015, seven of eight HealthChoice MCOs provide limited dental services to non-pregnant adults (see Table 11). In CY 2014, 13.5 percent of non-pregnant adults enrolled in a HealthChoice MCO for at least 90 days received at least one dental service, up from 13.3 percent in CY 2013 (see Table 12).

Table 11: HealthChoice Dental Benefits for Non-Pregnant Adults as of August 2015

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

Table 12: Percentage of Non-Pregnant Adults 21+ Receiving Dental Services, Enrolled in HealthChoice for at Least 90 Days

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 1999	111,753	16,139	14.4%
CY 2000	114,223	16,986	14.9%
CY 2001	111,694	16,795	15.0%
CY 2002	117,885	16,800	14.3%
CY 2003	116,880	21,288	18.2%
CY 2004	115,441	12,457	10.8%
CY 2005	116,266	11,093	9.5%
CY 2006	114,844	11,747	10.2%
CY 2007	138,212	18,290	13.2%
CY 2008	125,386	23,587	18.8%
CY 2009	177,474	26,063	14.7%
CY 2010	192,835	33,117	17.2%
CY 2011	222,580	50,652	22.8%
CY 2012	236,205	51,619	21.9%
CY 2013	248,524	33,093	13.3%
CY 2014	486,025	65,671	13.5%

Addressing Dental Health Professional Shortage Areas

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

As of April 2015, there were 16 Maryland jurisdictions served directly by on-site clinical (defined as the direct provision of dental care services by, at a minimum, a licensed dentist) or school-based or school-linked dental programs administered by local health departments. This includes Kent and Queen Anne's counties, which had been identified in the past as having no dental public health services, as well as the Worcester County Health Department, which began operating its onsite clinical dental program in April 2011. The St. Mary's County Health Department, which is not included in this count, does not directly administer a clinical dental program, but acts as a conduit to link low-income patients with private dental practitioners who are available to provide dental services to this population within the county. Similarly, the Howard County Health Department subcontracts with a federally qualified health center, Chase Brexton Health Services, for its clinical dental service program, and is not included in this count. In addition, four jurisdictions on the Eastern Shore without a local health department dental program have dental programs served by two federally qualified health centers – Choptank

Community Health Systems (Caroline, Talbot, and Dorchester) and Three Lower Counties (Somerset).

Strategies to Improve Access to Dental Care

Training

In July 2009, the Department began training and reimbursing primary care providers for the application of fluoride varnish for children up to three years of age. Consequently, utilization for children under the age of three has increased, and by June 2015, 481 unique EPSDT certified providers administered over 143,521 fluoride varnish treatments.

Dental Home Program

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

In December 2013, the Dental Home Program was implemented statewide in Maryland. The Maryland Healthy Smiles Dental Program members that are enrolled in the Dental Home Program are children under the age of 21 and Rare and Expensive Case Management Program recipients over the age of 21. Upon enrollment into the dental home, the Maryland Healthy Smiles Dental Program provides all new members with information about the Maryland Healthy Smiles Dental Program and an identification card that includes the information for that member's dental home. Members can change their dental home at any time by contacting DentaQuest, though the new dental home provider must be accepting new patients and able to provide the services the member needs. Maryland Healthy Smiles Dental Program members can use the DentaQuest website to find a list of participating dentists in their area. Starting January 1, 2016, participants will contact Scion in order to address any administrative issues.

Every Maryland Healthy Smiles enrollee is assigned a dental office to serve as their Dental Home. [25] The assigned dentist provides preventive care, referrals for specialty care, and assists enrollees in managing their oral health needs. In CY 2014, 718,270 members were enrolled in the Dental Home Program of which 393,560, or 54.8 percent, received at least one service (see Table 13). Of those with at least one dental visit in CY 2014, over 58 percent received services through their Dental Home, and within that, over 57 percent returned to their Dental Home for additional care.

[25] Except pregnant women over 21. Many of these recipients who are eligible as a result of pregnancy lose coverage postpartum, making the assignment to a dental home under the Maryland Healthy Smiles Program extraneous.

Table 13: **Dental Home Enrollment and Utilization in CY 2014**

Year	REM 21 and Over Unique Members	REM 0-20 Unique Members	Under 21 Medicaid	Total Unique Members	Total Unique Members Who Received a Service	Total Member Encounters
CY 2014	1,223	3,654	713,393	718,270	393,560	971,197

Funding

Medicaid dental funding for children and pregnant women has increased in recent years, from approximately $12 million in CY 2000, to $159 million for CY 2014 (see Appendix B). A detailed history of Medicaid dental funding is below:

- For CY 2004, the Department allowed sufficient funding for 40 percent utilization. Rates were based on actual MCO expenditures for dental services in 2001, with an allowance for assumed utilization growth and inflation. This is consistent with the methodology used for setting rates for other MCO services.

- For CY 2005 and CY 2006, the Department used a methodology similar to that used for CY 2004. Rates were based on actual expenditures trended forward and accounting for the increased fees for the 12 restorative procedure codes.

- In CY 2005, the MCOs received $33 million in dental capitation payments, but using a fee-for-service reimbursement rate estimate, the MCOs spent approximately $37 million for children and pregnant women, and an additional $2.3 million for adult dental services.

- In CY 2006, the MCOs received $35.1 million in dental capitation payments for children and pregnant women, but reported spending $46.6 million, including $4.28 million on adult dental services.

- In CY 2007, in response to increased utilization in CY 2006, MCOs received $42.5 million in dental capitation payments for children and pregnant women. The MCOs reported spending $53.8 million, including $5.36 million on adult dental services.

- In CY 2008, MCOs received $55.4 million in dental capitation payments for children and pregnant women due to increased utilization. The MCOs reported spending $71.4 million, including $8.86 million on adult dental services.

- In CY 2009, MCOs were responsible for providing dental services for children and pregnant women for the first half of the year. Capitation rates for dental services for the first half of CY 2009 totaled $39.6 million. Beginning July 1, 2009, the Maryland Healthy Smiles Dental Program began paying dental claims on a fee-for-service basis.

The total dental expenses for the second half of 2009 totaled $43.2 million, for a total of $82.8 million spent in CY 2009. An additional $12.3 million was spent by the MCOs for adult dental services in CY 2009.

- In CY 2010, the Maryland Healthy Smiles Dental Program dental expenses totaled $137.6 million for children and pregnant women. HealthChoice adult dental expenditures totaled $6.5 million, for which MCOs did not receive reimbursement.

- In CY 2011, the Maryland Healthy Smiles Dental Program dental expenses totaled $152.7 million for children and pregnant women. HealthChoice adult dental expenditures totaled $11.4 million, for which MCOs did not receive reimbursement.

- In CY 2012, the Maryland Healthy Smiles Dental Program dental expenses totaled $150.5 million for children and pregnant women. HealthChoice adult dental expenditures totaled $11.1 million, for which MCOs did not receive reimbursement.

- In CY 2013, the Maryland Healthy Smiles Dental Program dental expenses totaled $157.2 million for children and pregnant women. HealthChoice adult dental expenditures totaled $5.3 million, for which MCOs did not receive reimbursement.

- In CY 2014 the Maryland Healthy Smiles Dental Program dental expenses totaled $159 million. HealthChoice adult dental expenditures totaled $16.5 million, for which MCOs did not received reimbursement. Adult enrollment and, subsequently, adult dental expenditures increased due to Maryland expanding Medicaid eligibility under the Affordable Care Act.

III. Conclusion and Future Initiatives

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

The Department will continue to increase the number of dental service providers, expand education, prevention, and outreach initiatives, and promote oral health literacy for the public, as well as provide funding support for the Oral Cancer Initiative. It will also work to increase the provision of prevention, early intervention, and educational oral health services in high-risk, low-income venues such as Judy Centers, WIC and Head Start programs, and Title I schools, and to supplement current efforts to assure that Maryland residents receive optimally fluoridated water. The Department also envisions a further expansion and sophistication of its oral health surveillance system and aims to target additional populations, such as older adults, in order to

better quantify and highlight their oral health needs. The Department looks forward to partnering with Scion as the work to improve the Maryland Healthy Smiles Dental Program continues; their data analytic tools, streamlined provider engagement processes, and dedication to the administration and improvement of Medicaid programs will be a boon to the program.

Maryland has been recognized by CMS, the Pew Center, and others as a national leader in access to oral health services. The accomplishments and activities highlighted in this report demonstrate that Maryland's leadership in oral health will continue. The Department greatly appreciates the strong commitment demonstrated by the Governor and Maryland General Assembly to transforming Maryland's capacity to provide oral health services. With ongoing funding and support, the Department and its many dedicated partners will continue working together to address the oral health needs of all Marylanders, with a special emphasis on vulnerable populations.

IV. Appendices

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
DDDVP	Deamonte Driver Mobile Dental Van Project
DAC	Dental Action Committee
Department	Department of Health and Mental Hygiene
DSNS	Dientes Sanos, Niños Sanos
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
ER	Emergency room
FFY	Federal fiscal year
HRSA	Health Resources and Services Administration
HTHK	Healty Teeth, Healthy Kids
MCO	Managed care organization
MCHRC	Maryland Community Health Resources Commission
MDAC	Maryland Dental Action Coalition
MDC-LARP	Maryland Dent-Care Loan Assistance Repayment Program
Medicaid	Maryland Medical Assistance Program
HEDIS®	National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
OOH	Office of Oral Health
Pew Center	Pew Center on the States
SFY	State fiscal year
HHS	U.S. Department of Health and Human Services
WIC	Women, Infants and Children

Appendix B: Medicaid Dental Funding, Expenditures, and Utilization Rates SFY 1997 – CY 2014

MCO and Maryland Healthy Smiles Dental Program Funding and Expenditures for Dental Services, SFY 1997 – CY 2014
Utilization of Dental Services in HealthChoice and DentaQuest, SFY 1997 - CY 2014

Year	Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program	Amounts Spent by MCOs for Dental[±] (Includes Adult Dental)	Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)	Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)
SFY 1997	N/A	$2.7 M*	19.9%	6.6%
CY 2000	$12.3 M (est.)	$17 M (est.)	28.7%	9.3%
CY 2001	$27.1 M	$23.6 M	33.6%	10.8%
CY 2002	$40.3 M	$28.9 M	34.5%	10.3%
CY 2003	$33 M	$32.5 M	43.2%	13.6%
CY 2004	$28 M	$36.7 M	43.7%	13.8%
CY 2005	$33 M	$42.0 M	45.8%	15.8%
CY 2006	$35.1 M	$46.6 M	46.2%	16.4%
CY 2007	$42.5 M	$53.8 M	51.5%	19.3%
CY 2008	$55.4 M	$71.4 M	54.6%[†]	20.8%[†]
CY 2009**	$82.8 M	$39.3 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%

* In SFY 1997, the Department spent $2.7 M on dental services under its fee-for-service program.
****** In CY 2009, the total spent by the Department on dental services was $82.8 M. This included $39.6 M in MCO capitation rates for dental services from January 1, 2009 – June 30, 2009 and $43.2 M for dental services under the new Maryland Healthy Smiles Program for the period July 1, 2009 – December 31, 2009.
*** Beginning in SFY 2010, Maryland Healthy Smiles is reimbursed FFS and paid an administrative fee. The $6.5 M in CY 2010 and $11.4 M in CY 2011 spent by MCOs account for adult dental services only and is not reimbursed by the state.
[†] The study population for CYs 2008-2014 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.
[±] Source: HealthChoice Financial Monitoring Report.

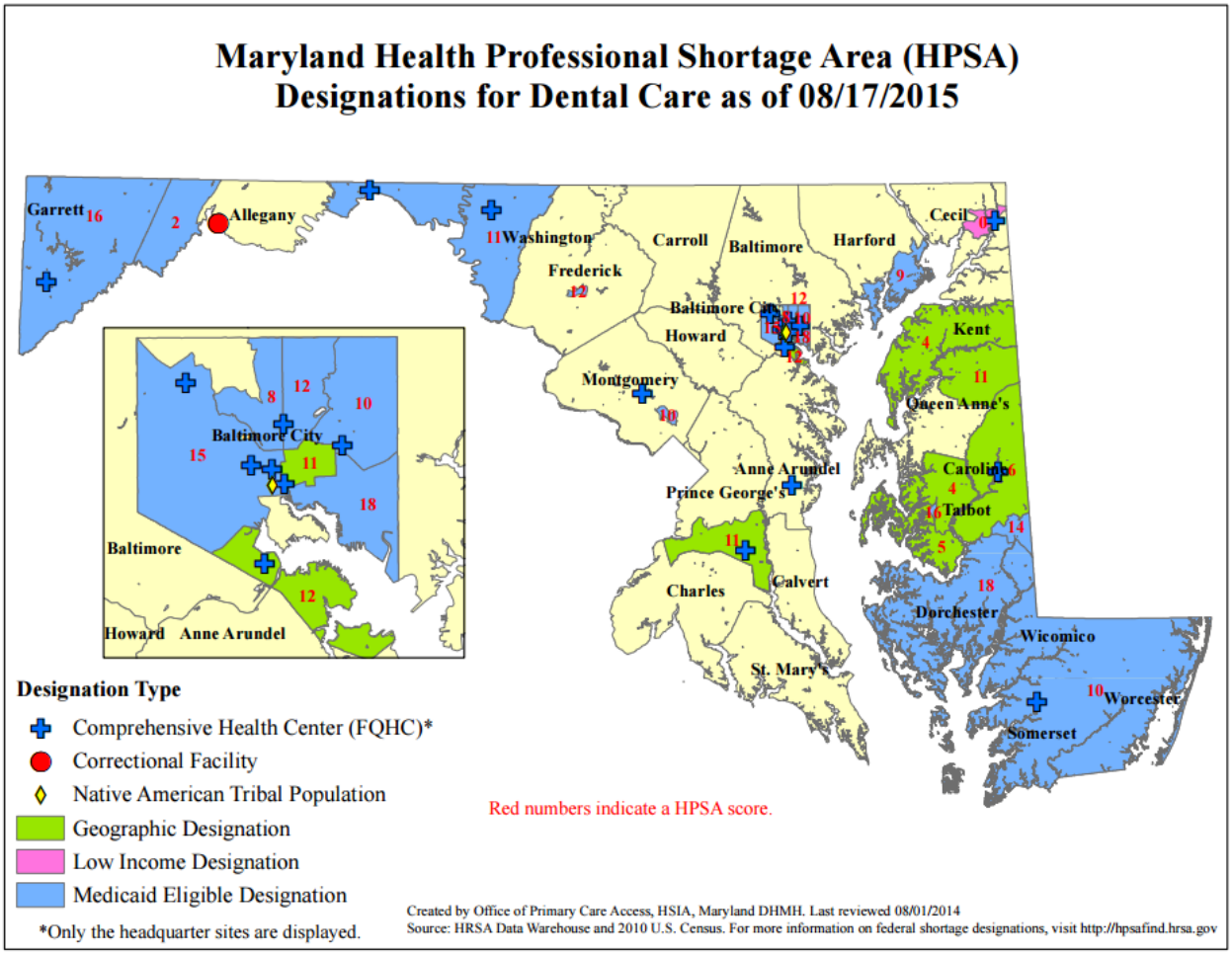
Appendix C: State Public Health Dental Programs

County	Local Health Department Clinic	Community Health Centers	Dental School/Other
Allegany	On Site	None	Allegany Health Right (contracts with private dental providers), Allegany County Community College (Dental Hygiene Program)
Anne Arundel	On Site (2 sites) [1,2]		
Baltimore City	On Site (2 sites)[1,2]	Total Health, Chase Brexton, Parkwest, Healthcare for the Homeless, Family Health Centers of Baltimore	University of Maryland School of Dentistry, University of Maryland Rehab & Ortho (formerly Kernan Hospital), Baltimore City Comm. College (Dental Hygiene Program), University Hospital
Baltimore	On Site (2 sites) [1]	Chase Brexton	Community College of Baltimore County (Dental Hygiene Program)
Calvert	None	Calvert Community Dental Care	
Caroline	None	Choptank (2 sites)	
Carroll	On Site	None	Access Carroll[4], Carroll County Department of Citizen Services[7]
Cecil	None	West Cecil Health Center	University of Maryland School of Dentistry
Charles	On Site	Served by Calvert Community Dental Care	Health Partners[4]
Dorchester	None	Choptank	
Frederick	On Site	None	
Garrett	On Site	None	
Harford	On Site	None	Served by University of Maryland School of Dentistry (Cecil County)
Howard	Subcontract - Chase Brexton Federally Qualified Health Center	Chase Brexton[5]	Does not directly provide services but through its contract with Chase Brexton Federally Qualified Health Center provides both clinical and school-based/linked dental services
Kent	School-based program in partnership with Queen Anne's County Health Department	Served by Choptank	Served by University of Maryland School of Dentistry (Cecil County)
Montgomery	On Site (5 sites) [1,6]	Community Clinic, Inc. (CCI)	
Prince George's	On Site (2 sites) [1]	Greater Baden, Community Clinic, Inc.	Fortis College (Dental Hygiene Program), University of Maryland School of Dentistry
Queen Anne's	School-based program in partnership with Kent County Health Department	Served by Choptank	Served by University of Maryland School of Dentistry
Somerset	None (Served by Wicomico County Health Department)	Three Lower Counties	
St. Mary's	Serves as an intermediary between Maryland Medicaid Program and private dental providers (Limited emergency extraction of fillings	Served by Calvert Community Dental Care	Does not directly provide services but is the main entry point for Medicaid patients and makes arrangements with private providers for care.

	only)		
Talbot	None	Served by Choptank	
Washington	On Site	Walnut Street	
Wicomico	On Site	Served by Three Lower Counties Federally Qualified Health Center	
Worcester	On Site	Served by Three Lower Counties Federally Qualified Health Center	

1 Multiple sites.
2 Began treating Medicaid enrollees in SFY 2013.
3 Closed in June 2014.
4 Maryland Community Health Resources Commission funding beginning in SFY 2010.
5 Partnership between Howard County Health Department and Chase Brexton.
6 Does not currently treat Medicaid enrollees.
7. Discount Dental Program.

Appendix D: Map of Maryland Health Professional Shortage Areas



Appendix E: Medicaid Dental Utilization Rates, CY 2003 – CY 2014 (Enrollment in Medicaid > 320 Days*, Ages 4-20)

Criteria	CY 2003	CY 2004	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014
Age												
4-5	42.8%	43.6%	45.9%	46.2%	52.5%	57.0%	60.9%	67.8%	70.8%	72.3%	72.9%	73.1%
6-9	48.0%	48.7%	51.1%	51.6%	57.6%	62.5%	65.6%	71.5%	73.8%	74.9%	75.7%	75.2%
10-14	44.0%	44.8%	46.9%	47.5%	53.2%	57.2%	60.7%	66.4%	68.5%	69.8%	70.0%	69.3%
15-18	38.0%	37.6%	39.7%	40.2%	44.3%	47.6%	51.2%	55.9%	58.5%	59.4%	59.7%	58.9%
19-20	26.8%	26.8%	27.7%	26.9%	28.4%	33.2%	37.5%	38.6%	41.2%	43.0%	43.3%	42.7%
All 4-20	**43.2%**	**43.7%**	**45.8%**	**46.2%**	**51.5%**	**55.7%**	**59.0%**	**63.9%**	**66.4%**	**67.8%**	**68.3%**	**67.7%**
Region**												
Baltimore City	35.6%	35.8%	38.1%	38.8%	45.9%	51.8%	56.6%	62.4%	64.4%	65.0%	66.2%	65.7%
Baltimore Suburbs	46.1%	46.1%	47.0%	47.1%	51.4%	54.8%	56.7%	61.7%	63.6%	66.0%	65.7%	65.6%
Washington Suburbs	47.8%	46.4%	50.2%	49.5%	54.8%	58.8%	62.1%	65.8%	70.4%	71.9%	73.3%	72.2%
Western Maryland	51.0%	56.1%	56.4%	55.7%	59.3%	61.9%	64.1%	56.9%	69.6%	69.4%	68.2%	67.0%
Southern Maryland	39.6%	39.5%	40.0%	43.3%	46.7%	52.2%	56.1%	66.6%	57.5%	58.7%	59.7%	59.7%
Eastern Shore	44.4%	48.2%	49.2%	51.8%	55.7%	55.7%	59.4%	69.6%	67.9%	69.1%	68.6%	67.5%
All Regions	**43.2%**	**43.7%**	**45.8%**	**46.2%**	**51.5%**	**55.7%**	**59.0%**	**63.9%**	**66.4%**	**67.8%**	**68.3%**	**67.7%**

* The study population for CY 2014 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

** Baltimore Suburbs includes Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburbs 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.