



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

August 27, 2024

The Honorable Wes Moore
Governor
100 State Circle
Annapolis, MD 21401-1925

The Honorable Bill Ferguson
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

RE: 2023 Annual Oral Health Legislative Report, Health-General Article, Section 13-2504(b) and HB 70 (Chapter 656 of the Acts of 2009) (MSAR #10381)

Dear Governor Moore, President Ferguson, and Speaker Jones:

Pursuant to Health-General Article §13-2504(b), the Maryland Medicaid Program and the Office of Oral Health within the Department of Health (the Department) submit this comprehensive oral health legislative report to the Governor and the General Assembly. In addition, the 2009 Joint Chairmen's Report (pg. 82) requested that without adding an official reporting requirement, the report should also be distributed to the budget committees.

This consolidated oral health report addresses the following initiatives: 1) dental care access under the Maryland Medical Assistance Program (as originally required by Chapter 113 of the Acts of 1998 – SB 590) as well as the Office of Oral Health's efforts to improve access; 2) the Oral Health Safety Net Program (as originally required by Chapters 527 and 528 of the Acts of 2007 – SB 181/HB 30); and 3) the Oral Cancer Initiative (as originally required by Chapters 307 and 308 of the Acts of 2000 – SB 791/HB 1184). More specifically, the report discusses:

- Maryland Medicaid availability and accessibility of dentists;
- Medicaid dental administrative services organization (ASO) utilization outcomes, and allocation and use of related dental funds;
- The results of the Oral Health Safety Net Program administered by the Office of Oral Health;
- The findings and recommendations of the Office of Oral Health's Oral Cancer Initiative; and
- Other related oral health issues.

The Department is pleased to share this report detailing the work that has been completed to improve dental care for Marylanders. If further information on this subject is needed, please contact Sarah Case-Herron, Director, Office of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Herrera Scott'.

Laura Herrera Scott, M.D., M.P.H.
Secretary

Enclosure

cc: The Honorable Guy Guzzone, Chair, Senate Budget and Taxation Committee
The Honorable Ben Barnes, Chair, House Appropriations Committee
Ryan Moran, Deputy Secretary, Health Care Financing and Medicaid
Nilesh Kalyanaraman, M.D., Deputy Secretary for Public Health Services
Tricia Roddy, Deputy Director, Office of Health Care Financing
Sarah Case-Herron, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies)

MARYLAND 2023 ANNUAL ORAL HEALTH LEGISLATIVE REPORT

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

Wes Moore

Governor

Aruna Miller

Lt. Governor

**Laura Herrera
Scott, M.P.H, M.D.**

Secretary,
Department of Health

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Executive Summary

Maryland has implemented programs to improve access to oral health services and oral health outcomes among Marylanders through expansions of the Maryland Medical Assistance Program (Medicaid) and the State's public health dental infrastructure. Maryland continues to receive high grades from the federal government for its oral health initiatives because of State efforts to improve dental care access for Marylanders, especially those who are Medicaid-eligible, underserved, or underinsured.

The Maryland Department of Health (MDH) focuses its oral health improvement efforts to address gaps in oral health literacy, improve disease prevention, and increase availability and access to quality dental care in Maryland. MDH's Office of Oral Health (OOH) continues to address key issues by improving access to dental providers and providing preventive and restorative dental care for children and adults across the State. Medicaid and OOH have worked together to target outreach to pregnant individuals with the message that dental care is safe, important, and available through Medicaid. Medicaid has seen increases in the number of providers and in utilization of dental care since the introduction of the Adult Dental Expansion.

This report assesses the State's oral health initiatives in CY 2022. During 2022, many MDH programs were still experiencing disruptions to their normal operations due to the COVID-19 pandemic. Particularly affected were clinics within partnering local health departments (LHDs). The extent of the disruption to operations varied among jurisdictions and was dependent on a variety of environmental and administrative factors. MDH is working to ensure continued support for oral health programs throughout the year and will work to increase the provision of these services in the future.

Oral Health Safety Net Program

The State fiscal year (SFY) budget for the MDH OOH included \$1.4 million to continue support for community-based oral health grants. These grants support collaborative and innovative ways to increase dental provider capacity for the underserved, including low-income, disabled, and Medicaid-eligible populations. This is achieved by providing funding for expansion of school-based dental sealant programs and by expanding access to clinical procedures for target populations. This funding provides Marylanders in every county access to a public health dental clinic. In furthering the mission of improving the oral health of Maryland residents, this program and its funding provides expanded access to public health dental clinics in every county in the State.

The OOH Director co-chaired the Task Force on Oral Health in Maryland, as required by HB 368/SB 100 of the 2021 legislative session. The goals of this task force were to study Marylanders' access to dental services, identify areas lacking dental services, identify barriers to receiving services, analyze the impact of barriers, assess options to eliminate barriers, and make recommendations on methods to increase access to dental services. A final report was generated and signed by the co-chairs and submitted to the Governor and certain committees of the General Assembly for the 2023 legislative session.

The Basic Screening Survey began at the close of SFY 2023 and will be completed by the second quarter of SFY 2024. This Centers for Disease Control and Prevention (CDC) funded survey is completed approximately every five years, utilizing dental clinicians to conduct oral health screenings of children in kindergarten and third grade. Data from this analysis helps inform the funding and program priorities designed to improve the oral health of Maryland's youth. One such OOH program is Maryland's Mouths Matter, which has completed 37,053 varnish applications administered by Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) providers for underprivileged children in SFY 2023, and the Dental Sealants Program which has completed 14,228 sealant applications in the same period.

Shortages in the dental workforce have been a continued barrier to care for underprivileged communities across the nation, with Maryland as no exception. Supported by HRSA funding, OOH has begun a "Pathways to Bright Futures" program to enhance the dental workforce in these communities, designated as dental health professional shortage areas. This will be achieved by encouraging youth within these communities to select a career path in dentistry and return to their community after graduation to provide care. As such, this program has the capability to bring both economic and health prosperity to impacted communities. The planning year for this program completed with the close of SFY 2023, and the program launched at the start of SFY 2024

Medicaid Dental Care Access

Maryland's Medicaid dental benefits, collectively called the Maryland Healthy Smiles Dental Program are administered by a single statewide dental benefits administrator (DBA). The DBA is responsible for coordinating all dental services for children, pregnant and postpartum individuals, adults in the Rare and Expensive Case Management (REM) Program, former foster care youth up to age 26, and as of January 1, 2023, adults 21 and older enrolled in full Medicaid.

Additionally, the DBA is responsible for all functions related to the delivery of dental services for these populations, including provider-network development and maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. SKYGEN USA (formerly known as Scion) has been serving as the DBA since calendar year (CY) 2016.

Utilization rates have increased, and provider networks have expanded since MDH improved and rebranded its dental benefit as the Maryland Healthy Smiles Dental Program. Maryland dental utilization continues to outpace national averages. During the legislative session, House Bill 6 Maryland Medical Assistance Program – Dental Coverage for Adults expanded the adult dental benefit to all adults. The pilot, which provided services to those eligible for both Medicaid and Medicare, concluded when the benefit for all adults became available on January 1, 2023. The expansion now provides comprehensive services, including preventive, restorative, diagnostic, endodontics, periodontics, oral surgery, prosthodontics, and emergency services to more than 860,000 adults. Covered services will match those offered to pregnant and postpartum women covered by Medicaid, including oral exams, cleanings, X-rays, fillings, root canals, crowns, extractions, and anesthesia. Dental services are not subject to

copayments or cost-sharing. Participants who were part of the Adult Dental Pilot Program transitioned into the new expanded adult benefit starting January 1, 2023. Additionally, participants who were in the Adult Dental Pilot Program will no longer have a yearly \$800 annual maximum on dental services.

I. Introduction

Pursuant to Health-General Article §13-2504(b), Annotated Code of Maryland, the Maryland Medical Assistance Program (Medicaid) and the Office of Oral Health (OOH) within the Maryland Department of Health (MDH) are required to submit a comprehensive oral health report that addresses the following areas:

1. The results of the Oral Health Safety Net Program administered by OOH;
2. Findings and recommendations for the Oral Health Safety Net Program and OOH's Oral Cancer Initiative;
3. The availability and accessibility of dentists throughout the State participating in Medicaid;
4. The outcomes that managed care organizations (MCOs) and dental MCOs under Medicaid achieve concerning the utilization of targets required by the Five-Year Oral Health Care Plan, including:
 - a. Loss ratios that the MCOs and dental MCOs experience for providing dental services; and
 - b. Corrective actions taken by MCOs and dental MCOs to achieve the utilization targets; and
5. The allocation and use of funds authorized for dental services under Medicaid.¹

¹ The Five-Year Oral Health Plan was established by Chapter 113 of the Acts of 1998 (Senate Bill 590) and at the time established five consecutive years of dental access targets starting in 1998 when dental access was expected to increase by 10 percent each year. This iteration of the Plan concluded in 2003 and information related to the targets set by the 1998 Plan will not be included in this report. Currently, the dental DBA is the primary provider of dental services; MCOs may provide a limited dental package to their members. There is no dental MCO.

II. Maryland's Oral Health Accomplishments

Part 1. Oral Health Safety Net Program

Chapters 527 and 528 of the Acts of 2007 (HB 30/SB 181) established the Oral Health Safety Net Program within OOH. The purpose of the program is to:

1. Support collaborative and innovative ways to expand oral health capacity for low-income and Medicaid populations, as well as for individuals with disabilities, by awarding community-based oral health grants to local health departments (LHDs), federally qualified health centers (FQHCs), and other non-profit entities providing oral health services within State facilities;
2. Contract with a licensed dentist to provide public health expertise for the State; and
3. Provide continuing education courses on oral health to healthcare providers.

OOH continues to explore new and creative strategies to enhance the oral health safety net, including:

- Providing new or expanded oral health services in publicly funded federal, State, or local programs;
- Developing public and private partnerships; and
- Expanding school-based and school-linked dental programs.

Community Programs Supported

OOH supports community programs in LHDs, FQHCs, hospitals, foundations, and non-profits across the State targeting underserved areas and individuals with unmet needs. By leveraging funding from OOH as well as additional sources, 21 out of the 24 counties in Maryland through a diverse set of initiatives (see Table 1). Further information on the impact of the Oral Disease and Injury Prevention (ODIP) and Dental Sealant Programs may be found in Appendices F and G.

Table 1: Oral Health Community Programs Funded via OOH, SFY 2023

Program	County(ies) Funded	Activities	Impact
<p>Oral Disease and Injury Prevention (ODIP) Program</p> <p><u>Funding</u>: \$731,946</p>	<p>Allegany, Anne Arundel, Baltimore City, Baltimore, Caroline, Carroll, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George’s, Queen Anne’s, St. Mary’s, Worcester</p>	<p>ODIP funds a variety of activities to support LHDs in improving oral health conditions through numerous strategies, including:</p> <ul style="list-style-type: none"> ● On-site clinical services for children ● On-site clinical services for adults ● On-site clinical services for pregnant patients ● School-based/linked community oral health services ● Off-site oral cancer screening programs, and ● Off-site adult case management. <p>ODIP partners collaborate with community organizations such as WIC, Head Start, Early Head Start, and senior centers.</p>	<p>Seen On-Site:</p> <ul style="list-style-type: none"> ● Children: 20,686 ● Adults: 16,344 ● Pregnant Patients: 405 <p>Off-Site Services:</p> <ul style="list-style-type: none"> ● Children Seen: 11,767 ● Adult Oral Cancer Screenings: 1,772 ● Adult Case Management: 630
<p>Dental Sealants Programs</p> <p><u>Funding</u>: \$338,636</p>	<p>Allegany, Anne Arundel, Baltimore, Charles, Harford, Kent, Montgomery, Prince George’s, Somerset, Wicomico</p>	<p>The Dental Sealants Program strives to improve oral health conditions for children, particularly those in Title I schools, through supporting school-based, school-linked, and mobile programs that:</p> <ul style="list-style-type: none"> ● Screen children ● Provide sealants, and ● Refer children for follow-up care 	<p>Sealant Program Outcomes:</p> <ul style="list-style-type: none"> ● Schools Visited: 74 ● Children Seen: 15,322 ● Children Receiving Sealants: 4,472 ● Sealants Placed: 14,228

Program	County(ies) Funded	Activities	Impact
Health Care for the Homeless <u>Funding:</u> \$44,057	Baltimore City	Health Care for the Homeless is a non-profit organization that runs dental clinics providing services to children and adults in West Baltimore and in the Downtown area.	Seen On-Site: <ul style="list-style-type: none"> ● Children: 45 Off-Site Services: <ul style="list-style-type: none"> ● Children: 5 ● Adult Oral Cancer Screenings: 414 ● Adult Case Management: 18
AHEC West <u>Funding:</u> \$50,000	Allegany, Washington, Frederick, Carroll	AHEC West designates a project lead/regional oral health coordinator (ROHC) in Western Maryland to fulfill designated grant activities as approved by the Health Resources and Services Administration (HRSA) for OOH, including enrolling youth residing in HPSAs into a dental career pipeline, providing pipeline focused presentations in area schools, connecting youth to experiential learning opportunities in dentistry, building partnership networks with community organizations, assessing regional oral health needs and gaps in the dental workforce, promoting dental provider enrollment in Medicaid, and developing regional oral health training networks and training resources.	Off-Site Services: <ul style="list-style-type: none"> ● 2,823 dental hygiene kits were distributed.
Calvert Health Medical Center <u>Funding:</u> \$25,957	Calvert, St. Mary's	Calvert Health Systems provides affordable and accessible oral health care to children and adults. The program provides funding for dental care to those who cannot afford it but require emergency intervention due to severe abscess or decay. Additionally, Calvert Health Systems continues to collaborate with the	Seen On-Site: <ul style="list-style-type: none"> ● Children: 2 ● Adults: 20 Off-Site Services: <ul style="list-style-type: none"> ● Children: 263

Program	County(ies) Funded	Activities	Impact
		Southern Maryland Mission of Mercy and Tri-County Veterans Council to host a Mission of Mercy event for veterans, including provision of follow-up care.	Dental Sealants Program: <ul style="list-style-type: none"> ● Schools Visited: 11 ● Children: 301 ● Children Receiving Sealants: 79 ● Sealants Placed: 481
Maryland Dental Action Coalition (MDAC) <u>Funding:</u> \$52,000	Statewide	<p>For more than a decade, OOH has supported MDAC’s work to improve the oral health of all Marylanders. This past year, OOH financially supported the Ava Roberts Advanced Pediatric Dentistry Seminar for dental public health professionals, students, and staff on early childhood caries care pathways, caries control and a review of the evidence; Maryland opioid overdose response training; and prevention of abuse and neglect through dental awareness. OOH also supported the development of a communications plan and materials to increase awareness of Medicaid dental benefits among pregnant and postpartum women and the medical and dental providers who serve them. In addition, MDAC worked with oral health stakeholders Statewide to address the goals and strategies outlined in the Maryland Oral Health Plan, a five-year roadmap to improved oral health for all Marylanders and share regional success stories and best practices that can be implemented in other regions of the State.</p> <p>*See “Annual Ava Roberts Advanced Pediatric Dentistry Seminar” below for more information.</p>	<ul style="list-style-type: none"> ● Stakeholder events: 36 ● Newsletter reach: 1,000 stakeholders/mo. ● Ava Roberts Attendees: 145

Program	County(ies) Funded	Activities	Impact
Maryland Foundation of Dentistry (MFD) <u>Funding:</u> \$64,000	Statewide	The Maryland Foundation of Dentistry is a 501(c)(3) non-profit organization that recruits volunteer dentists to treat and educate patients at no cost to the patient. Patients are provided with treatment, oral cancer screening, and case management services.	Off-Site Services <ul style="list-style-type: none"> ● Adults: 528
Maryland Rural Water Association (MRWA) <u>Funding:</u> \$22,000	Statewide	MRWA and their circuit riders survey community water systems and provide technical assistance. Circuit riders work alongside the rural system officials and operators to provide expertise in issues related to drinking water treatment and water distribution systems. *See “Community Water Fluoridation” below for more information.	<ul style="list-style-type: none"> ● Population served: 93.7% ● # of systems fluoridating: 135
Maryland State Dental Association Foundation (MSDAF) Mission of Mercy (MOM) <u>Funding:</u> \$45,350	Statewide	MSDAF MOM gathers volunteer dental professionals who, along with several hundred volunteer staff, hold free, two-day dental clinics at locations around the State. MSDAF provides training to all volunteer providers on how to treat patients with substantial decay and dental treatment needs, which is the population that the MOM serves. MSDAF also performs DAD clinics, where dentures are provided to those in need at no cost to them. MSDAF conducted mini-MOMs during SFY 2022 as a response to the pandemic.	Seen On-Site: <ul style="list-style-type: none"> ● Adults: 606 Off-Site Services: <ul style="list-style-type: none"> ● Children: 3,823 ● Adult Oral Cancer Screenings: 233 ● Adult Case Management: 165

Program	County(ies) Funded	Activities	Impact
University of Maryland (UMB) National Museum of Dentistry (NMD) <u>Funding:</u> \$10,000	Baltimore City	UMB will provide field trip opportunities for an estimated 375 youth primarily from Baltimore City and other underserved areas to visit its NMD. UMB will coordinate with selected schools and organizations to bring students to the Museum on field trips and will provide an educational program to the groups. The visits will increase awareness of important oral health issues, promote oral health literacy, and educate students from diverse backgrounds on viable pathways to joining the dental profession.	Dental Career Pipeline Reach: <ul style="list-style-type: none"> ● Children: 241
University of Maryland School of Dentistry (UMSOD) Oral Health for Limited Income Uninsured Children Program (OH-LIUC) <u>Funding:</u> \$25,000	Statewide	OH-LIUC, managed by UMSOD, provides oral health care to uninsured children from limited-income families. Comprehensive oral health care is provided by predoctoral dental students and pediatric dental residents.	Seen On-Site: <ul style="list-style-type: none"> ● Children: 255
University of Maryland Rehabilitation and Orthopaedic Institute <u>Funding:</u> \$35,000	Statewide	The University of Maryland Rehabilitation and Orthopaedic Institute provides direct clinical oral health care services to underserved children and children with special needs or behavioral issues.	Seen On-Site: <ul style="list-style-type: none"> ● Children: 4,328 ● Adults: 3,264 ● Pregnant Patients: 3
University of Maryland School of Dentistry (UMSOD) Prenatal Clinic <u>Funding:</u> \$44,636	Statewide	The Prenatal Clinic provides oral health screenings, education, and fluoride varnish services for pregnant women scheduled at the University of Maryland Women’s Health Center (UMWHC).	Adult Case Management: <ul style="list-style-type: none"> ● 111 (# of pregnant individuals who received treatment because of this funding)

Additional Information on Certain Programs from Table 1

Annual Ava Roberts Advanced Pediatric Dentistry Seminar

The Annual Ava Roberts Advanced Pediatric Dentistry Seminar (the Seminar) is OOH's primary method of providing training to dental providers in Maryland. OOH collaborated with MDAC to organize the thirteenth Seminar on December 2, 2022. The Seminar resumed in person at the Ten Oaks Ballroom after a few years of being virtual. The Seminar included three presentations that covered issues related to Maryland Tobacco Treatment Resources and Brief Interventions, Implicit Bias, and Infection Control. There were 120 attendees.

Community Water Fluoridation

Maryland is ranked ninth nationally for water fluoridation percentage, with 93.7% of the population served. Leading public health agencies, including the CDC and World Health Organization (WHO), endorse community water fluoridation as the single most effective public health measure to improve oral health by preventing tooth decay. With 93.7 percent of Marylanders with public water receiving fluoridated water, Maryland has surpassed the Healthy People 2030 (HP 2030) objective of 77.1 percent for this benchmark. To address water fluoridation needs in Maryland, OOH partners with the Maryland Department of Environment (MDE) and MRWA to share fluoridation data, collaborate on best practices to achieve optimally fluoridated water, and generate annual reports. OOH continues to partner with MRWA, and their circuit riders who monitor fluoride levels at water treatment facilities. OOH assists with fluoride equipment replacement, technical assistance for water treatment facilities operators, guidance relating to optimally fluoridated water, and equipment maintenance and viability. The COVID-19 pandemic interrupted MRWA circuit riders' ability to complete quarterly site visits of water treatment facilities; however, during SFY 2021, fluoride trainings for water systems were conducted virtually, and 11 onsite community water fluoridation surveys were completed, making up visits that were missed due to State directives for in-person activities. MRWA circuit riders are back to a regular site visit schedule and have completed required visits for the SFY 2022 CDC contract year.

Oral Health Programs Internal to MDH and State Partners

Maryland Community Health Resources Commission Dental Grant Awards

The Maryland Community Health Resources Commission (Commission) continues to collaborate with OOH to fulfill its commitment to expand and create new capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents. Since March 2008, the Commission has awarded 50 dental services grants totaling \$10.02 million. The Commission's dental grant projects, awarded to LHDs, FQHCs, and private, non-profit foundations and hospitals throughout the State, have collectively served more than 75,000 low-income children and adults, resulting in more than 171,000 dental service visits. In SFY 2023, grantees will provide dental services in Garrett and Prince George's Counties and Baltimore City. Grantee projects include expanding access to dental care services for adult Medicaid beneficiaries; recruiting private dentists to service Medicaid enrollees; providing dentures to low-income individuals; providing comprehensive dental services for low-income and ethnically diverse populations; and launching a medical, behavioral health, and dental services health center.

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

In July 2009, MDH began training and reimbursing the Medicaid Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) medical providers for the application of fluoride varnish for children enrolled in Medicaid aged nine months through five years. As part of the certification process, providers must complete an online training. After completing the training, the providers receive a starter kit which includes varnish applications, fluoride varnish educational brochures for the families and a referral form which provides a link to the Maryland Healthy Smiles website where the patient may find a dental provider. In SFY 2023, 37,053 fluoride varnish applications were administered, with over 425,000 applications since the start of the program. Further information can be found in Appendix H.

Maryland Dent-Care Loan Assistance Repayment Program

The purpose of the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) is to improve access to oral health care by increasing the number of dentists who provide services to Medicaid recipients in the highest need areas of the State. The participating dentists must see a minimum of 30 percent Medicaid patients and provide monthly reports on their activities. The dentists receive \$23,740 annually for each year that they successfully complete. In January 2023, five new MDC-LARP dentists started their three-year commitment to the program. There are a total of 15 participating providers who practice in Anne Arundel County, Baltimore City, Baltimore County, Charles County, Dorchester County, Frederick County, Harford County, Montgomery County, Prince George's County, Queen Anne's County, and Talbot County. During CY 2022, MDC-LARP dentists treated 22,267 unique Medicaid patients and provided 55,667 dental visits for Medicaid recipients. MDC-LARP dentists have provided 719,500 dental visits since the inception of the program in 2001.

Oral Cancer Initiative

Health-General Article, §§18-801 and 18-802, Annotated Code of Maryland (HB 1184/SB 791 (2000)) establish MDH's Oral Cancer Initiative. The major components of this initiative are oral cancer education for the public, education and training for dental and non-dental health care providers, screening and referral if needed, and evaluation of the program. Statute further requires OOH to develop activities and strategies to prevent and detect oral cancer, with an emphasis on high-risk, underserved populations. The Oral Cancer Initiative funds the Oral Cancer Mortality Prevention Initiative. This initiative, directed by OOH, provides funds through ODIP funding. The grantees implement oral cancer prevention initiatives, including oral cancer education and screenings for the public, as well as education and training for health care providers on how to conduct an oral cancer exam. In SFY 2023, 10,271 individuals received an oral cancer screening. Of those screened, eight were referred to a surgeon for a biopsy. Additionally, 647 health care providers received education on oral cancer.

In 2000, the Maryland General Assembly created the Cigarette Restitution Fund (CRF) Program, which provides funds for cancer prevention, education, screening, and treatment services for seven targeted cancers, including oral cancer. Some local jurisdictions provide oral cancer screening, education, and

outreach services to residents. To date, CRF grants have funded oral cancer prevention and early detection education, outreach, and training services for 527,941 health care providers, trainers, educators, and the public, resulting in 12,070 oral screening exams for patients. In cooperation with OOH, the CRF Program is responsible for maintaining up-to-date Oral Cancer Minimal Clinical Elements for screening, diagnosis, treatment, follow-up, and care coordination services to provide guidance for public health programs that screen for oral cancer. In addition, Johns Hopkins University, and the University of Maryland use CRF cancer research funds to conduct oral cancer research.

In April of 2023, during National Oral Cancer Awareness Month, the OOH partnered with the Center for Tobacco Prevention and Control to create a public awareness campaign designed to educate about the importance of tobacco cessation and oral cancer screening. Together, they created a six-week transit advertising campaign which ran from March 27 – May 7, in Baltimore City, Baltimore County, and Montgomery County. The ads encouraged people to talk to their dentist about oral cancer screening and tobacco cessation. The full side-panel advertising was placed on more than 70 buses, and poster advertising was placed at more than 20 transit stops. The 42-day campaign was highly successful, achieving more than 32 million impressions during this short time.

HIV Oral Health Care Referral Program

MDH's Center for HIV Prevention and Health Services has provided funding to OOH to create an oral health referral program. The HIV/AIDS Oral Health Referral Program will develop, implement, and evaluate a comprehensive referral to dental care pilot project and social marketing campaign to increase access to oral health care for people living with HIV/AIDS (PLWHA). This five-year initiative is designed to increase awareness of the importance of regular oral health care among PLWHA and increase the referral rate of PLWHA to private dental practices and FQHCs by medical professionals at HIV treatment centers.

The HIV/AIDS Oral Health Referral Program will include a continuing education kickoff seminar. The four-to-six-hour seminar will address the relationship between oral health and HIV/AIDS; identify the key roles of clinicians in promoting oral health in clinical settings; and discuss the importance of medical and dental collaborative care, medical-to-dental referrals, and trauma-informed care practices.

The core component of this program is the development and implementation of a PCP-to-oral health provider referral process for PLWHA. The project will connect PCPs to oral health care providers within Baltimore City, Montgomery County, and Prince George's County via a care coordinator. PLWHA that are referred for oral health services by their PCP will be able to schedule oral health services with the project's network of participating oral health providers through the care coordinator.

In preparation for the project, OOH developed, conducted, and analyzed qualitative research which identified barriers and facilitators to dental care for PLWHA. The findings from the study created an opportunity for OOH to manage potential threats to the project's success by addressing stigmas surrounding HIV/AIDS in the dental setting, educating dentists on best practices for treating PLWHA, educating PCPs about oral health for PLWHA, and facilitating communication between PCP and dental practices.

Lastly, OOH assembled an inter-professional Advisory Committee to provide guidance throughout the project. The Advisory Committee consists of physicians, oral health clinicians, community advocates; subject matter experts; representatives from public health and academia; PLWHA; and community members.

Oral Health Programs funded by Federal Grants

Centers for Disease Control and Prevention

With CDC grant funding, OOH developed successful interventions to decrease the prevalence of dental caries, improve oral health outcomes among Marylanders, and decrease the dental cost burden on the health system. Since the start of this five-year grant, in 2018, OOH maintained and expanded the delivery of evidence-based community and clinically linked oral disease preventive interventions, including school dental sealant programs and community water fluoridation. The dental sealant program successfully started with the participation of ten public health programs and with new partner schools joining the program each year. However, the lock down resulting from COVID-19 limited implementation of this program. As schools reopened, public health programs were able to resume operations and an expansion of the program was achieved. OOH also partners with the Maryland Department of the Environment (MDE) and Maryland Rural Water Association (MRWA) to share water fluoridation data and collaborate on best practices to achieve optimally fluoridated water. Additionally, OOH is currently conducting a survey about tap water consumption and other oral disease prevention behaviors to better understand the knowledge and attitudes of Marylanders toward this topic. Based on the results of this survey, OOH will conduct a communication campaign to help with the increase of the consumption of tap water to ensure Marylanders receive the benefits of the consumption of fluoridated water.

OOH also uses CDC funding to conduct a Basic Screening Survey (BSS) in designated areas with free and reduced meal programs. This survey allows OOH to survey the oral health status of Maryland's public elementary school children, especially in kindergarten and third grade. This oral health surveillance data will help to shape the types of dental public health programming that is implemented in the State. The Howard University College of Dentistry was contracted to conduct the BSS with the guidance of OOH and the Association of State and Territorial Dental Directors (ASTDD). Screenings for this survey started in spring of the 2022-2023 school year and will be finalized in fall of the 2023-2024 school year. A total of 36 schools and 3,937 students of kindergarten and third grade students were screened during the 2022-2023 school year.

Health Resources and Services Administration

The Health Resources and Services Administration (HRSA) awarded OOH the Building a Diverse and Dynamic Workforce grant for FFY 2022 - 2026. The purpose of this grant is to address the Dental Health Professional Shortage Areas (HPSAs) in Baltimore City, the Eastern Shore, and Appalachian regions of Maryland by enhancing the presence, data collection, and resilience of the dental workforce in these regions. The first program is Pathways to Bright Futures (PBF), which will connect 750 youth living in Dental HPSAs with pathways to dental professions. A Pathways to Bright Futures Advisory Committee (PBFAC) has been established to advise the development and implementation of PBF. PBF will consist of the communications plan, an annual event at the NMD, presentations to youth in Dental HPSAs from

dental professionals, experiential learning opportunities, scholarship awards for aspiring dental professionals from Dental HPSAs, and seminars and externships at the UMSOD to encourage dental students to practice in Dental HPSAs.

The second project will assess the impact COVID-19 has had on the dental workforce and will equip six LHDs in Dental HPSAs with emergency preparedness and response plans. With the support of an OOH-led Emergency Response and Preparedness Advisory Committee (EPRAC), LHDs will enhance their own resiliency by developing continuity of operations (COOP) plans to prepare for future public health emergencies.

The final component is in collaboration with the Maryland State Board of Dental Examiners (MSBDE) and Maryland Medical Assistance Program (Maryland Medicaid) to develop enhanced data collection protocols for dental workforce data. Strategies will include developing the capacity to collect demographic and geographic data about dentists and dental hygienists and establishing a process for MSBDE and Maryland Medicaid to share data with OOH on a regular basis.

These objectives will provide opportunities for residents in Dental HPSAs to join the dental workforce, increase provider availability, allow care to be provided and received within residents' own communities, and will address the organizational priorities of rural health, health equity, and COVID-19.

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

With funding from HRSA which concluded in FY 2022, OOH mobilized two Regional Oral Health Coordinators (ROHCs) for two key regions of Maryland: Western Maryland and Central/Southern Maryland. These ROHCs built upon the work of the existing two ROHCs in the Upper Eastern Shore and Lower Eastern Shore. The ROHCs supported LHDs in building referral networks with local dental providers and documented best practices for case management and care coordination to be used Statewide by LHDs, health care providers, and non-dental organizations. The ROHCs worked with community partners and local primary care providers (PCPs) to promote medical-dental collaboration. While COVID-19-related precautions limited the ability of ROHCs to work in-person locally, the program successfully transitioned to virtual networking and remote-based projects and continued to have an impact on Maryland's regional medical-dental integration work.

Obesity Screening in the Dental Setting Program

OOH developed an innovative approach to address the common risk factors of obesity and dental caries. The Obesity Screening in the Dental Setting Program offers body mass index (BMI) screenings within dental practices, and referrals to PCPs and nutritional counseling, for at-risk dental patients. The program also provides counseling on the elimination of sugary beverages from patients' diets as well as information on healthy eating, being active, and limiting screen time on social media and electronic devices. OOH has developed Healthy Mouth, Healthy Body - Making Healthy Choices for Life, a communications campaign that encourages dental professionals and patients to recognize obesity and respond appropriately.

The Obesity Screening in the Dental Setting Program was initially funded by HRSA and focused on

pediatric patients. This program was scheduled to begin implementation of a pilot project in five Maryland counties in spring 2020. The Governor's declaration of a state of emergency in March 2020 in response to the COVID-19 pandemic caused OOH to temporarily suspend the implementation of the program. As dental offices reestablished regular functions, partners fully implemented the project. All the activities associated with the project were conducted, including BMI screenings, health education, referral/follow-up of at-risk patients, and data collection and reporting.

In 2022, Departmental funding supported the expansion of the program to include the adult population. In addition to BMI screenings and referrals to PCPs and nutritional counseling, methods for weight control were incorporated into the adult project. These methods include referrals to healthy cooking classes and physical activity sessions. Since the commencement of this program, partners have screened 9,037 dental patients for obesity. Of those, 1,469 were identified as overweight and 1,633 as obese. A total of 2,176 patients, all patients who were obese as well as those overweight patients who were at higher risk of becoming obese, were referred to medical providers and nutritionists. A key component of this program was education on healthy behaviors, and 13,261 individuals were educated, including parents of pediatric patients.

Part 2. Medicaid Dental Care Access

The Maryland Medicaid program covers dental benefits through the Maryland Healthy Smiles Dental Program. Dental services are covered for children aged 20 and younger under EPSDT, pregnant and postpartum individuals, former foster care youth until they turn 26, and adults 21 and older. As of January 2023, MCOs no longer cover adult dental services for their members as a part of their benefit package due to the Adult Dental Medicaid Expansion which began covering Medicaid eligible adults January 1, 2023.

Medicaid dental reimbursement for services for children, pregnant individuals, and participants enrolled in the REM program was \$209 million for CY 2022 (see Appendix B). The Medicaid program delivered oral health services to 506,830 adults and children (ages 0-64) compared to 485,806 children and adults during CY 2021. Maryland continues to improve its dental program by confronting barriers to providing comprehensive oral health services to Medicaid participants.

COVID-19 Pandemic Impact

On March 5, 2020, Governor Larry Hogan declared a state of emergency due to COVID-19. As a result, MDH has seen a substantial decrease in utilization of services, including dental services. While the state of emergency ended on July 1, 2021, MDH anticipates that it will take time for utilization to normalize. MDH will continue to monitor utilization to assess the continued effects of the pandemic.

Availability and Accessibility of Dentists in Medicaid

Since 2009, a single Statewide DBA has overseen services for Maryland Healthy Smiles Dental Program participants. SKYGEN USA, formerly known as Scion, currently serves as the DBA. The DBA is responsible for claims payment and other dental provider issues, such as resolving provider issues and running a provider call center. This streamlines the process for providers and MDH has been able to increase the Medicaid dental provider network as a result.

With the goal of increasing dental provider enrollment, MDH outlined pay-for-performance standards in February 2015 in the Maryland Medicaid Dental Benefits Administrator Request for Proposals. The pay-for-performance standards incentivize provider outreach and reward the DBA for increasing provider enrollment in target counties.

The DBA must be able to demonstrate improvement across two ratios: 1) the general dentist provider-to-participant ratio and 2) the dental specialist provider-to-patient ratio.² Performance payments are tiered and allow for continued demonstrations of improvement over the life of the contract. SKYGEN USA will continue outreach to dental providers to increase participation in the program. In CY 2022, there were 1,445 total (1,420 unique) providers enrolled (see Table 2).

² The DBA is tasked with demonstrating improvement in counties that were not meeting the 1:500 general dentist provider-to-participant ratio and the 1:10,000 dental specialists' provider-to-patient ratio as of January 1, 2016

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

Region³	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Baltimore Metro	593	628	536	530	520
Washington Suburban	582	630	540	539	553
Southern Maryland	66	66	59	60	57
Western Maryland	152	164	133	119	115
Eastern Shore	100	98	76	75	74
Other	219	215	138	141	126
Total⁴	1,712	1,801	1,482	1,464	1,445
Unique Total⁵	1,596	1,694	1,465	1,455	1,420

According to the MSBDE, there were 4,105 dentists actively practicing in Maryland in August 2023, 193 of whom were pediatric dentists (see Table 3). As of August 2022, 1,891 dentists participated with the Maryland Healthy Smiles Dental Program, compared to 1,766 dentists last calendar year. In CY 2022, 1,420 unduplicated dentists billed one or more Medicaid services, and 1,134 unduplicated dentists billed \$10,000 or more to the Medicaid program.

³ Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburban includes Prince George’s and Montgomery Counties. Southern Maryland includes Calvert, Charles, and St. Mary’s Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester Counties.

⁴ Please note that the total is the sum of all regions.

⁵ Please note that the unique total does not equal the sum of all regions because an individual dentist may have offices in multiple regions. The unique total reflects the number of unique dentists unduplicated statewide. This unique total also includes out-of-state dentists who served Maryland Medicaid enrollees.

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

Region	Total Active Dentists⁶	Active Pediatric Dentists	Dentists Enrolled with Maryland Healthy Smiles Dental Program⁷	Dentists Who Billed One or More Services in CY 2022⁸	Dentists Who Billed \$10,000+ in CY 2022
Baltimore Metro	1,897	82	870	520	433
Washington Suburban	1,633	76	883	553	448
Southern Maryland	114	5	123	57	48
Western Maryland	266	18	255	115	91
Eastern Shore	195	12	176	74	68
Out of State	--	--	247	126	58
Total⁹	4,105	193	1,891	1,420	1,134

Maryland Healthy Smiles Dental Program Dental Utilization Rates

Children and Dental Utilization

Under EPSDT requirements, dental care is a mandated health benefit for children under age 21.¹⁰

⁶ Source: Maryland Board of Dental Examiners, as of August 2023.

⁷ Source: SKYGEN USA, as of June 2022.

⁸ Records were manually unduplicated by provider name because providers who practice in multiple locations may have different provider numbers for each practice affiliation. Dentists working for group practices or clinics were impossible to identify; therefore, the number of unique providers may significantly undercount the total number of dentists providing dental services to Medicaid participants.

⁹ Please note that the totals for Maryland Healthy Smiles Dental Program enrollment, dentists billing one or more services, and dentists billing more than \$10,000 in services do not equal the sum of all regions because an individual dentist may have offices in multiple regions. The totals listed reflect the number of unique dentists unduplicated statewide for CY 2022.

¹⁰ Children are only covered up to age 19 under the Maryland Children’s Health Program and up to age 20 under Medicaid.

To assess the performance of HealthChoice and the DBA, Medicaid uses a measure closely modeled after the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS®) measure for Medicaid children’s dental services utilization. In CY 2022, 60.6 percent of children received dental services, which is greater than the national HEDIS® mean (see Table 4).

Table 4: Number and Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid for at Least 320 Days Receiving Dental Services¹¹

Year	Total Number of Participants	Participants Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average^{12,13}
CY 2018	469,413	324,22	69.1%	↑
CY 2019	477,768	331,45	69.4%	↑
CY 2020	528,488	285,50	54.0%	↑
CY 2021	573,397	344,08	60.0%	↑
CY 2022	602,243	365,18	60.6%	↑

Of the 790,925 children enrolled in Medicaid for any period during CY 2022, 53.0 percent of these children received one or more dental services compared to 52.1 percent in CY 2021 (see Table 5). The utilization rates of children with any period of enrollment have increased in the last year for all age groups, likely due to the COVID-19 pandemic. During the Public Health Emergency (PHE), the Families First Coronavirus Response Act (FFCRA) provided additional federal funding to support state Medicaid programs and promote Medicaid coverage stability. Tied to this funding was the maintenance of effort (MOE) requirement to provide continuous coverage for current Medicaid enrollees. The MOE expired with the end of the PHE on April 1, 2023, which allowed state Medicaid programs to resume coverage terminations.

¹¹ The study population for CY 2018 through CY 2022 measured dental utilization for all qualifying individuals in Maryland’s Medical Assistance program, including FFS and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: X02, X03, W01, and P10.

¹² Mean for the Annual Dental Visit measure, total age category (ages 2-20 years), as of HEDIS® 2006. The 2–3-year age cohort was added as of HEDIS® 2006.

¹³ Due to National Committee for Quality Assurance licensing restrictions beginning with CY 2013, the National HEDIS® Mean can no longer be displayed in Table 4. An arrow has been added to indicate if Maryland’s performance score is above, below, or equal to the National HEDIS® Mean.

Table 5: Percentage of Children Aged 0 through 20 Years Enrolled in Medicaid¹⁴ for Any Period who had at least One Dental Visit by Age Group, CY 2018 – CY 2022

Age Group	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
0–3	30.8%	32.0%	24.3%	28.8%	29.5%
4–5	65.6%	66.6%	52.2%	60.3%	61.6%
6–9	69.6%	70.7%	56.7%	64.2%	66.2%
10–14	66.2%	67.0%	54.0%	61.0%	61.9%
15–18	56.5%	57.3%	48.0%	53.7%	53.9%
19–20	37.8%	38.9%	33.1%	37.8%	37.1%
Total	55.6%	56.7%	45.7%	52.1%	53.0%

Medicaid has examined the type of dental services that children receive. Utilization of diagnostic services increased from 58.3 percent in CY 2021 to 58.9 percent in CY 2022; utilization of restorative services has remained at approximately 19.0 percent of all children in CY 2022 (see Table 6).

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

Year	Total Number of Participants	Diagnostic	Preventive	Restorative
CY 2018	469,413	67.4%	63.6%	22.9%
CY 2019	477,768	67.7%	63.8%	23.0%
CY 2020	528,488	51.9%	48.2%	16.0%
CY 2021	573,397	58.3%	55.0%	19.0%
CY 2022	602,243	58.9%	55.5%	19.0%

¹⁴ The study population for CY 2018 through CY 2022 measured dental utilization for all qualifying individuals in Maryland’s Medical Assistance program, including FFS and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: X02, X03, W01, and P10.

Utilization rates are lower when analyzed for any period of enrollment versus a period of continuous enrollment, because the MCO or DBA has had less opportunity to manage the care of these populations. For those children enrolled in Medicaid for any period, 52.0 percent received a preventive or diagnostic visit in CY 2022. Of those receiving a preventive or diagnostic visit, 27.1 percent received a follow-up restorative visit (see Table 7).

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

Year	Total Number of Participants	Number with Preventive/Diagnostic Visit	Percent with Preventive/Diagnostic Visit	Number with Preventive/Diagnostic Visit Followed by a Restorative Visit	Percent with Preventive/Diagnostic Visit Followed by a Restorative Visit
CY 2018	733,594	401,370	54.7%	114,312	28.5%
CY 2019	733,128	408,862	55.8%	115,813	28.3%
CY 2020	728,830	323,764	44.4%	83,130	25.7%
CY 2021	759,415	388,045	51.1%	106,712	27.5%
CY 2022	790,925	411,065	52.0%	111,468	27.1%

Pregnant Individuals and Dental Utilization

Chapter 113 of the Acts of 1998 (SB 590) required that HealthChoice cover dental services for all pregnant individuals. The percentage of pregnant individuals aged 21 years and over enrolled for at least 90 days receiving dental services was approximately 20 percent in CY 2022 (see Table 8).

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

Year	Total Number of Participants	Number of Participants with at Least One Visit	Percent with Dental Visits
CY 2018	28,259	7,979	28.2%
CY 2019	28,939	8,346	28.8%

Year	Total Number of Participants	Number of Participants with at Least One Visit	Percent with Dental Visits
CY 2020	30,925	6,666	21.6%
CY 2021	35,263	7,255	20.6%
CY 2022	35,661	7,122	20.0%

In CY 2022, 7,122 pregnant individuals 21 years and older with at least 90 days in Medicaid had at least one visit for dental services. For pregnant individuals 14 years and older and enrolled for any period, 20.2 percent had at least one dental service in CY 2022 (see Table 9). This is a decrease from CY 2021, which had 20.8 percent of pregnant individuals receiving dental services.

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

Year	Total Number of Participants	Number of Participants with at Least One Visit	Percent with Dental Visit
CY 2018	32,718	9,146	28.0%
CY 2019	33,961	9,675	28.5%
CY 2020	35,348	7,606	21.5%
CY 2021	38,884	8,096	20.8%
CY 2022	38,999	7,896	20.2%

Rare and Expensive Case Management (REM) Participants

MDH began offering dental benefits to REM adults in July 2009, after acquiring a DBA to administer MDH's Healthy Smiles Dental Program. Overall, REM participants utilized dental services in CY 2022 (see Table 10). The highest percent utilization was in children six through nine years old, with 68.3 percent utilizing services.

Table 10: Number and Percentage of REM Participants Aged 4 through 64 Years with at Least 320 Days in Medicaid Who had Dental Services, by Age Group, CY 2022

Age Group (Years)	Total Number of Participants	Number with Any Service	Percentage with Any Service
4 - 5	309	206	67.7%
6 - 9	654	447	68.3%
10 - 14	920	598	65.0%
15 - 18	625	386	61.8%
19 - 20	310	140	45.2%
21 - 39	1,110	380	34.2%
40 - 64	300	76	25.3%
Total	4,228	2,233	52.8%

From CY 2018 to CY 2019, the percent of REM participants utilizing dental services increased from 56.2 percent to 56.6 percent (see Table 11). However, utilization decreased in CY 2020 to 42.1 percent. Children ages six through nine had the highest utilization of any age group. In CY 2022, utilization increased to 52.1 percent.

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

Age Group	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
4 - 5	66.2%	66.5%	51.1%	55.3%	65.9%
6 - 9	75.6%	72.2%	58.8%	66.4%	67.4%
10 - 14	71.6%	70.7%	51.1%	62.8%	64.5%

Age Group	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
15 - 18	61.0%	63.2%	48.7%	55.1%	61.5%
19 - 20	52.2%	57.1%	35.6%	45.5%	44.9%
21 - 39	35.4%	36.7%	25.8%	28.7%	33.5%
40 - 64	18.0%	20.5%	17.7%	20.4%	24.1%
Total	56.2%	56.6%	42.1%	48.5%	52.1%

Former Foster Care Youth

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

In CY 2022, 145 or 13.3 percent of all former foster youth received at least one dental visit (see Table 12). This is a decrease from CY 2021, during which 15.2 percent received at least one dental visit.

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

Region ¹⁵	CY 2021			CY 2022		
	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits
Baltimore City	421	61	14.5%	397	52	13.1%
Baltimore Suburban	343	51	14.9%	312	36	11.5%
Eastern Shore	*	*	7.2%	67	*	9.0%
Out of State	*	*	*	*	*	*
Southern Maryland	*	*	*	*	*	8.1%
Washington Suburban	188	39	20.7%	182	34	18.7%
Western Maryland	88	16	18.2%	93	14	15.1%
Total	1,148	174	15.2%	1,089	145	13.3%

¹⁵ Baltimore Suburban includes Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburban includes Prince George’s and Montgomery Counties. Southern Maryland includes Calvert, Charles, and St. Mary’s Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester Counties.

In 2022, 12.3 percent of former foster youth received diagnostic services (see Table 13); 8.4 percent received preventive services and 3.5 percent received restorative services during the same year.

Table 13: Percentage of Former Foster Care Participants Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service and Region, CY 2022¹⁸

Region	Percentage with Diagnostic Service	Percentage with Preventive Service	Percentage with Restorative Service
Baltimore City	12.4%	6.6%	2.9%
Baltimore Suburban	11.3%	9.5%	3.9%
Eastern Shore	6.7%	2.7%	1.3%
Southern Maryland	7.5%	2.5%	2.5%
Washington Suburban	17.1%	12.6%	5.5%
Western Maryland	12.6%	10.7%	2.9%
Total	12.3%	8.4%	3.5%

HealthChoice Dental Utilization Rates

Apart from dental services covered for pregnant individuals and adults in REM, adult dental services are not covered under HealthChoice or the Maryland Healthy Smiles Dental Program. Prior to the dental carve-out and implementation of the DBA, all the HealthChoice MCOs provided a limited adult dental benefit that covered up to 2 cleanings per year with a maximum benefit amount lower than the Adult Dental Pilot allowance. The need for this limited benefit was eliminated by the expansion of adult dental. Throughout the transition, MDH worked with the MCOs to ensure their dental providers would become enrolled providers in the Healthy Smiles Program and remain eligible to provide the expanded adult dental benefit to Medicaid adults.

Beginning January 1, 2014, Maryland expanded Medicaid eligibility to low-income families and adults under age 65 under the Patient Protection and Affordable Care Act. Since then, HealthChoice adult dental expenditures have risen because of the subsequent increased enrollment. In CY 2022, 77,509, or 10.2 percent, of adult HealthChoice beneficiaries received at least one dental service through the MCOs’ value-added benefits (see Table 15).

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

Year	Total Number of Participants	Participants Receiving One or More Dental Service	Percent Receiving Service
CY 2018	591,603	86,947	14.7%
CY 2019	579,853	93,988	16.2%
CY 2020	598,370	73,616	12.3%
CY 2021	679,416	77,552	11.4%
CY 2022	736,720	75,509	10.2%

Emergency Department Utilization

In CY 2022, 34,210 children and adults with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison (see Table 16).

Table 16: Number and Percentage of Medicaid Participants Aged 0 through 64 Years with at Least One ED Visit with a Dental Diagnosis or Dental Procedure Code, CY 2022

Age Group (Years)	Total Number of Participants	Number of Participants with ED Visit with Dental Diagnosis or Procedure	Percentage with ED Visit with Dental Diagnosis or Procedure	Total Number of Visits with Dental Diagnosis or Procedure
0 - 3	153,823	3,325	2.2%	5,156
4 - 5	78,425	1,375	1.8%	2,214
6 - 9	156,792	1,871	1.2%	3,058
10 - 14	194,411	1,200	0.6%	1,869
15 - 18	144,217	1,248	0.9%	1,987
19 - 20	63,257	731	1.2%	1,234
21 - 39	486,736	12,749	2.6%	24,638
40 - 64	394,837	11,711	3.0%	20,448
Total	1,672,498	34,210	2.0%	60,604

In CY 2022, the percent of participants with an ED visit with a dental diagnosis or procedure was 2.0 percent (see Table 17) with a total of 60,604 visits.

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

Year	Total Participants	Number of Participants with ED Visit with Dental Diagnosis or Procedure	Percentage with ED Visit with Dental Diagnosis or Procedure	Total Number of Visits with Dental Diagnosis or Procedure
CY 2018	1,482,680	18,909	1.3%	44,237
CY 2019	1,463,716	17,342	1.2%	39,306
CY 2020	1,486,342	12,538	0.8%	27,199
CY 2021	1,581,455	34,325	2.2%	61,111
CY 2022	1,672,498	34,210	2.0%	60,604

In CY 2022, 9,750 children with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison (see Table 18). The total number of ED visits with a dental diagnosis was 15,518 in CY 2022.

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

Year	Total Number of Participants	Number of Participants who had an ED Visit with a Dental Diagnosis	Number of ED Visits with a Dental Diagnosis
CY 2018	733,594	2,548	4,741
CY 2019	733,128	2,388	4,390
CY 2020	728,830	1,638	2,939
CY 2021	759,415	9,388	14,953
CY 2022	790,925	9,750	15,518

The percent of former foster youth utilizing the ED was also low. In CY 2022, 4.2 percent of

former foster youth visited the ED with a dental diagnosis (see Table 19).

Table 19: Percentage of Former Foster Care Participants Enrolled in Medicaid for Any Period with an ED Visit with a Dental Diagnosis or Procedure Code, by Region, CY 2022

Region	Percent with at least One ED Visit
Baltimore City	6.8%
Baltimore Suburban	3.0%
Eastern Shore	6.7%
Southern Maryland	0.0%
Washington Suburban	2.0%
Western Maryland	1.9%
Total	4.2%

Adult Dental Pilot Program

On May 15, 2018, Senate Bill 284 - *Maryland Medical Assistance Program - Dental Coverage for Adults - Pilot Program* (Chapter 621 of the Acts of 2018) was enacted. MDH submitted an amendment to its §1115 waiver to CMS on July 2, 2018. CMS approved the waiver amendment, and the Adult Dental Pilot Program went into effect on June 1, 2019. The Pilot Program concluded on January 1, 2023, with the beginning of the expanded adult dental benefit.

The Adult Dental Pilot Program served individuals between the ages of 21 and 64 who were dually eligible for both Medicare and Medicaid. Dually eligible individuals do not currently receive dental benefits through Medicaid, and coverage for dental services through Medicare is extremely limited.¹⁶ The dental package included coverage for diagnostic, preventive, and restorative services, in addition to extractions. Benefits were subject to an \$800 per person maximum benefit allowance per calendar year. These benefits were carved out and overseen by the DBA.

In CY 2022, 5,138 participants, or 10.4 percent, had a dental visit (see Table 20); this is an increase over CY 2021, which had 5,040 eligible participants with a dental visit.

¹⁶ Medicare does not cover most dental care, dental procedures, or supplies, such as cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices. Medicare Part A pays for certain dental services that are obtained when a Medicare participant is in a hospital.

Table 20: Number of Dually Eligible Participants with Any Medicaid Eligibility Aged 21 to 64 Years, CY 2020 - CY 2022¹⁷

CY 2020			CY 2021			CY 2022		
Total Participants	At Least One Dental Service		Total Participants	At Least One Dental Service		Total Participants	At Least One Dental Service	
	#	%		#	%		#	%
45,181	4,760	10.5%	46,073	5,040	10.9%	49,579	5,138	10.4%

Recent Dental Legislation and Program Expansions

Adult Dental Expansion

HB 6/SB 150 –*Maryland Medical Assistance Program – Dental Coverage for Adults* (Chapter 302 and 303 of the Acts of 2022) required MDH to expand its adult dental benefit to all adults 21 and older beginning on January 1, 2023. MDH started implementing the bill and the services began on the bill date. More than 860,000 additional adults are enrolled in the new benefit.

The new adult dental benefit is the same package of services pregnant women currently receive. This includes diagnostic, preventive, and restorative services. There is no maximum dollar amount placed on services received, unlike the Adult Dental Pilot Program. Participants who were enrolled in the Pilot Program transitioned into this new benefit, and the Pilot Program concluded on January 1, 2023.

Rate Increases

Effective August 1, 2023, the Maryland Medical Assistance Program provided an increase to dental reimbursement rates for all 66 preventative and restorative services.

During the 2023 legislative session, the Maryland FY 2024 Operating Budget directed \$19.6 million (\$9.1 million General Funds) to Medicaid to increase dental reimbursement rates. The Maryland Dental Action Coalition (MDAC) was selected to lead the process of convening stakeholders and facilitating discussion to recommend the codes that would receive increased dental rates. MDAC’s recommendation was to include 66 preventative and restorative codes that were broken down into two tiers based on utilization analysis, with Tier 1 receiving an increase

¹⁷ Individuals in the following coverage groups are partial duals and are not included in the denominator: S06, S07, S08, S09, S10, S11, S12, S14, S15, S17, A01, A02, A03, A04, P10, X02. Please note that the Medicaid coverage groups used to determine if a participant is a full or partial dual were updated in September 2020. Participants who were dually eligible and enrolled in S03 became full duals in September 2020. This increased the number of participants who were included in the eligible population this year.

of 20 percent and Tier 2 receiving an increase of 5.49 percent. The Tier 1 and Tier 2 code lists may be found in Appendix I.

Postpartum Dental

HB 1080–Healthy Babies Equity Act– (Ch. 28 of the Acts of 2022) required MDH to provide comprehensive medical care, including dental services, to noncitizen pregnant individuals who would qualify for Medicaid but for their immigration status and their children up to the age of one-year, effective July 1, 2023. This coverage is equivalent to the covered services in the State’s adult dental benefit.

Tele-Dentistry

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

III. Conclusion

Maryland's goals for 2023 were to increase the number of dental service providers; expand education, prevention, and outreach initiatives; promote oral health literacy for the public; and provide funding support for the Oral Cancer Initiative and the Adult Dental Medicaid Expansion. The recent increases to Medicaid dental rates for commonly used codes are intended to increase incentive for providers to extend additional care to Medicaid participants through more competitive reimbursement. MDH will work to increase the provision of prevention, early intervention, and educational oral health services provided in high-risk, low-income venues, such as WIC and Head Start/Early Head Start programs, as well as in Title I schools.

MDH's initiatives started to resume normal activities at levels seen prior to COVID-19 in 2022.

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

Appendix A: Glossary of Key Abbreviation

CY	Calendar Year
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CRF	Cigarette Restitution Fund
DBA	Dental Benefit Administrator
MDH	Maryland Department of Health
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
FFS	Fee-for-service
FQHC	Federally Qualified Health Center
HB	House Bill
Dental HPSA	Dental Health Professional Shortage Area
HRSA	Health Resources and Services Administration
LHD	Local Health Department
MCO	Managed Care Organization
MDAC	Maryland Dental Action Coalition
MDC-LARP	Maryland Dent-Care Loan Assistance Repayment Program
Medicaid	Maryland Medical Assistance Program
HEDIS®	National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
OOH	Office of Oral Health

ODIP	Oral Disease and Injury Prevention
P.A.N.D.A.	Prevent Abuse and Neglect through Dental Awareness
PCP	Primary Care Provider
PLWHA	People Living with HIV/AIDS
REM	Rare and Expensive Case Management
ROHC	Regional Oral Health Coordinators
SB	Senate Bill
SKYGEN	SKYGEN USA, MDH's DBA
SFY	State Fiscal Year
WIC	Supplemental Nutrition Program for Women, Infants and Children
ASTDD	Association of State and Territorial Dental Directors
NMD	National Museum of Dentistry
UMB	University of Maryland
UMSOD	University of Maryland School of Dentistry

Appendix B: Medicaid Dental Funding, Expenditures, and Utilization Rates, CY 2002 - CY 2022

Year	Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program	Amount Spent by MCOs for Dental	Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)	Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)
CY 2002	\$40.3 M	\$28.9 M	34.5%	10.3%
CY 2003	\$33.0 M	\$32.5 M	43.2%	13.6%
CY 2004	\$28.0 M	\$36.7 M	43.7%	13.8%
CY 2005	\$33.0 M	\$42.0 M	45.8%	15.8%
CY 2006	\$35.1 M	\$46.6 M	46.2%	16.4%
CY 2007	\$42.5 M	\$53.8 M	51.5%	19.3%
CY 2008 ¹⁸	\$55.4 M	\$71.4 M	54.6%	20.8%
CY 2009 ¹⁹	\$82.8 M	\$39.6 M	60.9%	23.2%
CY 2010 ²⁰	\$137.6 M	\$6.5 M	64.1%	25.1%

¹⁸ The study population for CYs 2008-2015 measured dental utilization for all qualifying individuals in Maryland’s Medicaid program, including FFS and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.

¹⁹In CY 2009, the total spent by MDH on dental services was \$82.8 M. This included \$39.6 M in MCO capitation rates for dental services from January 1, 2009 – June 30, 2009, and \$43.2 M for dental services under the new Maryland Healthy Smiles Dental Program for the period July 1, 2009 – December 31, 2009.

²⁰ Beginning in SFY 2010, Maryland Healthy Smiles Dental Program was reimbursed FFS and paid an administrative fee. The \$6.5 M in CY 2010 and \$11.4 M in CY 2011 spent by MCOs accounts for adult dental services only and is not reimbursed by the State.

Year	Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program	Amount Spent by MCOs for Dental	Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)	Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)
CY 2011	\$152.7 M	\$11.4 M	66.6%	25.2%
CY 2012	\$150.5 M	\$11.1 M	67.8%	24.3%
CY 2013	\$157.2 M	\$5.3 M	68.3%	24.4%
CY 2014	\$159.0 M	\$16.5 M	67.7%	23.2%
CY 2015	\$165.2 M	\$14.4 M	69.0%	24.0%
CY 2016	\$174.6 M	\$15.3 M	68.5%	23.2%
CY 2017	\$186.8 M	\$17.0 M	68.1%	23.2%
CY 2018	\$192.1 M	\$18.3 M	69.1%	22.9%
CY 2019	\$199.7 M	\$19.3 M	69.4%	23.0%
CY 2020	\$145.4 M	\$20.1 M	54.0%	16.0%
CY 2021	\$189.7 M	\$25.3 M	60.0%	19.0%
CY 2022	\$209.0 M	\$25.3 M	60.6%	19.0%

Appendix C: State Public Health Dental Programs

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

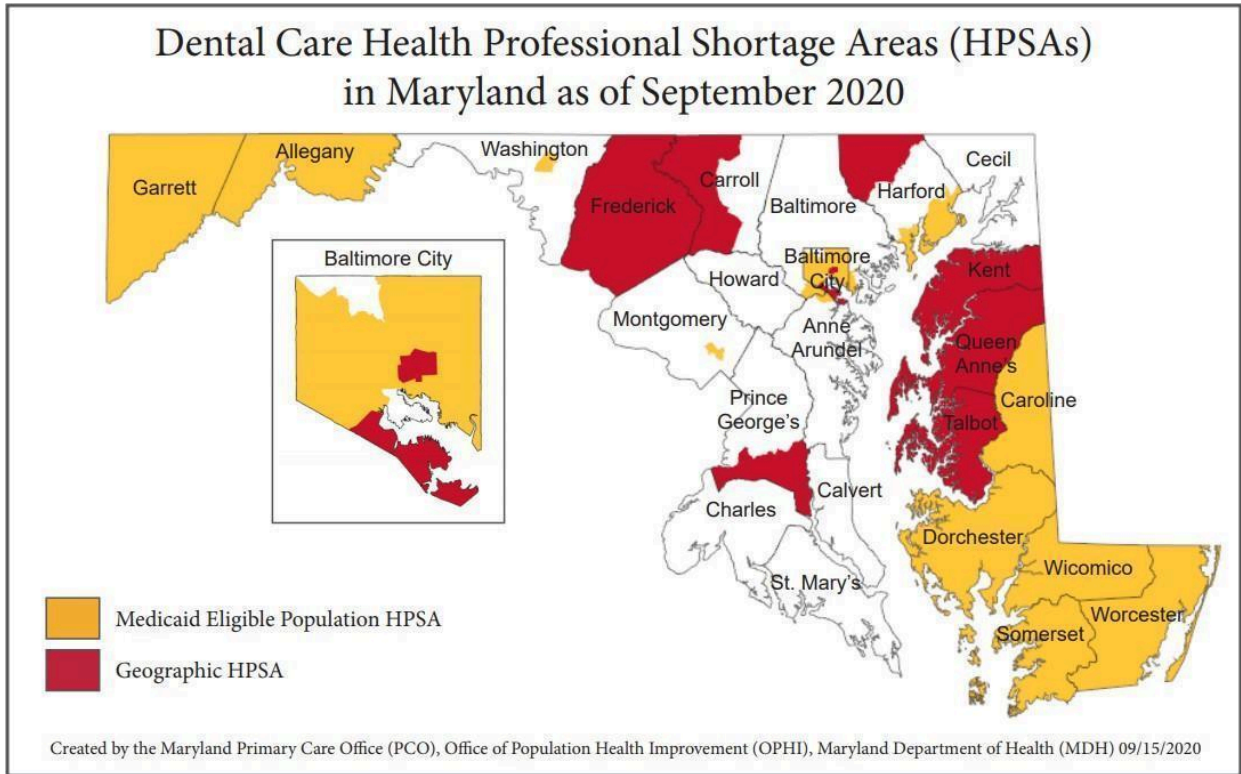
County	Local Health Department Clinic	Community Health Centers	Dental School/Other
Frederick	On Site	None	Frederick Health Dental Clinic, Seton Center**
Garrett	On Site	None	None
Harford	On Site (2 sites)	None	None
Howard	Does not directly provide services but provides both clinical and school-based/ linked dental services through its contract with Chase Brexton Health Services	Chase Brexton Health Services	Howard County Community College (Dental Hygiene Program)
Kent	School-based program	Served by Choptank Community Health Systems	None
Montgomery	On Site (4 sites)*	CCI Health and Wellness Services (2 sites)	Mary Center
Prince George's	On Site	Greater Baden Medical Services (2 sites), CCI Health and Wellness Services	Fortis College (Dental Hygiene Program)
Queen Anne's	School-based program through partnership with Kent County Health Department	Served by Choptank Community Health Systems	None
Somerset	None (served by Wicomico County Health Department)	Chesapeake Health Care	None

County	Local Health Department Clinic	Community Health Centers	Dental School/Other
St. Mary's	Serves as an intermediary between Medicaid Program and private dental providers (limited emergency extraction)	None	None
Talbot	None	Choptank Community Health Systems	None
Washington	None	Family Healthcare of Hagerstown	None
Wicomico	On Site	Chesapeake Health Care	None
Worcester	On Site	Served by Chesapeake Health Care	None

* Does not currently treat Medicaid enrollees.

** Discount Dental Program

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



Appendix E: Medicaid Dental Utilization Rates, Enrollment in Medicaid > 320 Days, Ages 4—20²¹

Criteria	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
<i>Age</i>											
4-5	72.3%	72.9%	73.1%	73.9%	73.2%	72.0%	72.4%	72.9%	55.0%	62.7%	63.9%
6-9	74.9%	75.7%	75.2%	76.5%	75.8%	75.0%	76.0%	76.4%	59.4%	66.5%	68.4%
10-14	69.8%	70.0%	69.3%	71.2%	71.2%	71.2%	72.2%	72.5%	56.6%	63.1%	64.0%
15-18	59.4%	59.7%	58.9%	60.3%	60.9%	61.3%	62.5%	62.9%	50.7%	55.6%	55.6%
19-20	43.0%	43.3%	42.7%	43.9%	42.8%	42.9%	44.7%	44.6%	36.1%	39.5%	38.5%
All 4-20	67.8%	68.3%	67.7%	69.0%	68.5%	68.1%	69.1%	69.4%	54.0%	60.0%	60.6%
<i>Region²²</i>											
Baltimore City	65.0%	66.2%	65.7%	65.5%	64.6%	64.3%	64.8%	64.2%	45.6%	53.0%	55.1%
Baltimore Suburban	66.0%	65.7%	65.6%	66.9%	66.7%	66.4%	67.8%	68.1%	53.1%	59.1%	59.6%

²¹ The study population measured dental utilization for all qualifying individuals in Medicaid, including FFS and HealthChoice MCO participants. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

²² Baltimore Suburban includes Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburban includes Prince George’s and Montgomery Counties. Southern Maryland includes Calvert, Charles, and St. Mary’s Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester Counties

Criteria	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Washington Suburban	71.9%	73.3%	72.2%	74.0%	73.6%	73.2%	74.0%	74.3%	55.2%	65.7%	66.5%
Western Maryland	69.4%	68.2%	67.0%	68.7%	68.0%	67.3%	67.7%	68.2%	26.3%	57.6%	59.3%
Southern Maryland	58.7%	59.7%	59.7%	59.6%	59.8%	59.1%	59.8%	61.5%	49.7%	55.4%	54.3%
Eastern Shore	69.1%	68.6%	67.5%	69.6%	68.4%	67.7%	69.7%	70.5%	59.2%	58.1%	56.1%
All Regions	67.8%	68.3%	67.7%	69.0%	68.5%	68.1%	69.1%	69.4%	54.2%	60.0%	60.6%

Appendix F: Impact Breakdown of ODIP at LHDs in SFY 2023

Program	County	Detailed coverage					
		On-Site			Off-Site		
		Children	Adults	Pregnant Women	Children	Adult Oral Cancer Screenings	Adult Case Management
ODIP	Allegany	273	580	80	2,437	0	0
	Anne Arundel	2,193	367	88	0	0	421
	Baltimore City	17	509	7	265	32	0
	Baltimore County	0	0	0	0	2,542 adults receiving education	0
	Caroline	0	0	0	0	22	0
	Carroll	543	0	1	0	0	0
	Charles	336	598	14	697	0	95
	Dorchester	9,177	10,159	0	5,225	0	0
	Frederick	2,855	0	0	274	0	0
	Garrett	868	1,718	39	2,174	1,718	0
	Harford	0	0	0	543	0	0
	Howard	487	2,221	0	0	0	0
	Kent	955	50	0	0	0	0
	Montgomery	653	142	171	0	0	0
	Prince George's	689	0	5	0	0	0
	Queen Anne's	0	0	0	152	0	0
	St. Mary's	0	0	0	0	0	114
Worcester	1,640	0	0	0	0	0	

Appendix G: Impact Breakdown of Dental Sealant Programs at LHDs in SFY 2023²³

Program	County	Schools Visited	Children Seen	Children Receiving Sealants	Sealants Placed
Dental Sealants Program	Allegany	12	1,652	790	2,972
	Anne Arundel	0	274	13	373
	Baltimore	21	678	499	1,686
	Charles	10	642	428	1,836
	Calvert	11	301	79	481
	Harford	10	388	268	980
	Kent	16	1,310	1,444	3,858
	Montgomery	0	0	0	0
	Prince George's	5	169	159	693
	Somerset	0	4,578	491	802
	Wicomico	0	5,631	380	1,028

²³ Please note that some counties engaged in different activities that are not included in the table above, such as oral health education.

Appendix H: EPSDT Fluoride Varnish Certified Providers and Applications by Month in SFY 2023

Month	Active Providers	Applications
July 2022	526	2,895
August 2022	520	2,855
September 2022	503	3,292
October 2022	493	2,929
November 2022	510	2,607
December 2022	511	3,026
January 2023	516	2,307
February 2023	520	3,144
March 2023	518	4,492

Appendix I: Dental Codes that Received a Rate Increase as of August 1, 2023

Tier 1: 20% Rate Increase

Dental Code	Description	New Rate
D0220	Intraoral – Periapical First Radiographic Image	\$11.82
D1330	Oral Hygiene Instructions	\$7.20
D1351	Sealant - Per Tooth	\$39.88
D2390	Resin-Based Composite Crown, Anterior	\$90.00
D2740	Crown - Porcelain/Ceramic Substrate	\$393.84
D2750	Crown – Porcelain Fused to High Noble Metal	\$492.30
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$78.77
D4341	Periodontal Scaling and Root Planing – Four or More Teeth per Quadrant	\$90.00
D4342	Periodontal Scaling and Root Planing – One to Three Teeth per Quadrant	\$64.80
D7140	Extraction, Erupted Tooth or Exposed Root	\$135.23

Tier 2: 5.49% Rate Increase

Dental Code	Description	New Rate
D1110	Prophylaxis – Adult	\$67.12
D1120	Prophylaxis – Child	\$48.90
D1206	Topical Application of Fluoride Varnish	\$26.29
D1208	Topical Application of Fluoride – Excluding Varnish	\$24.26
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient	\$35.06
D1354	Interim Caries Arresting Medicament Application- Per Tooth	\$10.55
D1510	Space Maintainer – Fixed, Unilateral	\$88.62

Dental Code	Description	New Rate
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	\$151.91
D1517	Space Maintainer – Fixed – Bilateral, Mandibular	\$151.91
D1520	Space Maintainer – Removable – Unilateral	\$67.52
D1526	Space Maintainer – Removable – Bilateral, Maxillary	\$101.28
D1527	Space Maintainer – Removable – Bilateral, Mandibular	\$101.28
D1553	Re-cement or re-bond unilateral space maintainer- per quadrant	\$25.32
D1556	Removal of fixed unilateral space maintainer- per quadrant	\$26.37
D2140	Amalgam – One Surface, Primary or Permanent	\$73.85
D2150	Amalgam – Two Surfaces, Primary or Permanent	\$92.84
D2160	Amalgam – Three Surfaces, Primary or Permanent	\$109.72
D2161	Amalgam – Four or More Surfaces, Primary or Permanent	\$109.72
D2330	Resin-Based Composite – One Surface, Anterior	\$96.95
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$117.72
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$144.26
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$174.27
D2391	Resin-Based Composite – One Surface, Posterior	\$107.33
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$138.49
D2393	Resin-Based Composite – Three Surfaces, Posterior	\$173.12
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	\$173.12
D2721	Crown – Resin with Predominantly Base Metal	\$263.74
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$395.61
D2752	Crown – Porcelain Fused to Noble Metal	\$395.61
D2780	Crown – ¾ Cast High Noble Metal	\$308.05

Dental Code	Description	New Rate
D2781	Crown – ¾ Cast Predominantly Base Metal	\$308.05
D2782	Crown – ¾ Cast Noble Metal	\$308.05
D2783	Crown – ¾ Porcelain/Ceramic	\$308.05
D2790	Crown – Full Cast High Noble Metal	\$308.05
D2791	Crown – Full Cast Predominantly Base Metal	\$308.05
D2792	Crown – Full Cast Noble Metal	\$308.05
D2794	Crown – Titanium	\$308.05
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$26.37
D2920	Re-cement or Re-bond Crown	\$26.37
D2928	Prefabricated porcelain/ceramic crown – Permanent Tooth	\$189.89
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	\$162.46
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$177.74
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$207.74
D2932	Prefabricated Resin Crown	\$79.12
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$85.45
D2934	Prefabricated Esthetic Coated Stainless Steel Crown – Primary Tooth	\$177.74
D2940	Protective Restoration	\$52.75
D2950	Core Buildup, Including Any Pins When Required	\$85.45
D2951	Pin Retention – Per Tooth, In Addition to Restoration	\$12.66
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$101.28
D2954	Prefabricated Post and Core in Addition to Crown	\$73.85
D2955	Post Removal	\$26.37

Dental Code	Description	New Rate
D2960	Labial Veneer (Resin Laminate) – Chairside	\$85.45
D2961	Labial Veneer (Resin Laminate) – Laboratory	\$85.45
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	\$113.93
D2980	Crown Repair Necessitated by Restorative Material Failure	\$98.11