



## DEPARTMENT OF HEALTH

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

October 23, 2024

The Honorable Wes Moore  
Governor  
100 State Circle  
Annapolis, MD 21410-1924

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: Report required by Health General Article § 13-2504(b): 2024 Annual Oral Health Legislative Report (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 (MDH) 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.

MDH 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](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

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

cc: The Honorable Guy Guzzone, Chair, Senate Budget and Taxation Committee  
The Honorable Ben Barnes, Chair, House Appropriations Committee  
Ryan Moran, DrPH, 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, JD, Director, Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services (5 copies)

# MARYLAND 2024 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 on improving oral health literacy, increasing access to oral disease treatment and prevention, and increasing the availability of quality dental care for underserved communities in Maryland. MDH's Office of Oral Health (OOH) continues to address these key areas through communication campaigns which lead to improved oral health literacy, leading a multitude of programs which increase utilization of preventive and restorative dental care, along with advancing medical/dental collaboration to address the connectedness of the mouth and body and promoting dental career pathways among members of underserved communities to address the workforce shortage. Medicaid and OOH have worked together to target outreach to pregnant women with the message that dental care is safe, important, and available through Medicaid. Medicaid has seen increases in the number of providers and in utilization of dental care.

### ***Oral Health Safety Net Program***

The Governor included \$1.4 million in the 2024 fiscal year (FY) budget for the OOH 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, uninsured, 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 in community clinics for target populations. This funding provides Marylanders in every county access to a public health dental clinic.

The OOH Director chaired a workgroup as required by HB 290 of the 2023 legislative session. The goal of this workgroup was to study the establishment of a grant or no-interest loan program for dental providers to open practices in underserved areas and report findings and recommendations. A final report will be generated and submitted to the Senate Finance Committee and the House Health and Government Operations Committee by December 1, 2024.

The Basic Screening Survey commenced at the end of FY 2023 and was completed by March 31, 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 determine the funding and program priorities designed to improve the oral health of Maryland's youth. Examples of FY 2024 outcomes of these OOH programs are: The Maryland's Mouths Matter, which has completed 34,622 fluoride varnish applications administered by Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) providers for children ages 0 to 5 years, which provides early prevention; and the Dental Sealants Program which has completed 16,742 sealant

applications, which provides a preventive measure to vulnerable children enrolled in Title I schools.

Shortages in the dental workforce have been a continued barrier to care for underserved communities across the nation, and Maryland is no exception. Supported by Health Services Resources Administration (HRSA) funding, OOH started the Pathways to Bright Futures (PBF) program to increase the number of dental providers in these communities, designated as dental health professional shortage areas. The program encourages youth within these communities to select a career as a dental assistant, dental hygienist, or dentist, and to return to their community after graduation to provide care. This program has the capability to bring both economic and health prosperity to impacted communities.

### ***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 is responsible for coordinating all dental services for children, pregnant and postpartum women, adults in the Rare and Expensive Case Management (REM) Program, former foster care youth up to age 26, and 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 in Maryland continues to outpace national averages. House Bill 6 – *Maryland Medical Assistance Program – Dental Coverage for Adults expanded the adult dental benefit to all adults* (Chapter 302 and 303 of the Acts of 2022). 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 780,000 adults. Covered services match those offered to pregnant and postpartum women covered by Medicaid (prior to expansion), including oral exams, cleanings, X-rays, fillings, root canals, crowns, extractions, and anesthesia. Dental services are not subject to copayments or cost-sharing.

## **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.<sup>1</sup>

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<sup>1</sup> 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

According to Maryland Code, Health - General, § 13-2502, the purpose of the program is summarized as follows:

#### **In general**

(a) The Office of Oral Health shall solicit proposals from local health departments, federally qualified health centers, and entities providing dental services within State facilities, for the purpose of issuing grants to support collaborative and innovative ways to increase dental provider capacity for the underserved.

#### **Duties of Office**

(b) Subject to the limitations of the State budget, the Office of Oral Health shall:

- (1) Award grants; and
- (2) Oversee the operation of the Program.

#### **Grant priorities**

(c) The Office of Oral Health shall place priority on awarding grants to proposals that:

- (1) Are targeted to regions of the State where oral health services are most scarce for low-income, disabled, and Medicaid populations; and
- (2) Outline how the potential grantee will maximize limited resources, including:
  - (i) Sharing of resources with other persons;
  - (ii) Case management to eliminate barriers to dental services;
  - (iii) Public-private purchasing agreements;
  - (iv) Obtaining matching funds to increase resources;
  - (v) Incentives to increase provider participation;
  - (vi) Quantifiable outcome measures of success;
  - (vii) School-based screenings; and
  - (viii) Plans to ensure sustainability of services after termination of grants awarded under this subtitle.

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.

### ***Oral Health Programs Administered and Funded by the State***

#### **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 52 dental services grants totaling \$11.5 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 74,000 low-income children and adults, resulting in more than 172,000 dental service visits. In FY 2024, grantees will provide dental services in Baltimore City and Maryland's Eastern Shore. Grantee projects include expanding access to dental care services for justice involved adults reentering society; expanding oral surgery services to uninsured and underinsured Marylanders; and providing financial assistance to cover the cost of prosthetics and other services not covered under the Medicaid Dental Benefit.

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

The Maryland's Mouths Matter program improves access to fluoride varnish, a preventive dental treatment, for Medicaid enrolled children. This program began in July 2009, when MDH started training medical providers for certification in Medicaid EPSDT. In the same year, MDH began reimbursing these providers for the application of fluoride varnish for Medicaid enrolled children, 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 fluoride varnish applicators, educational brochures for caregivers, and a referral form. The referral form provides a link to the Maryland Healthy Smiles website where the patient may find a Medicaid enrolled dental provider. In FY 2024, 34,622 fluoride varnish applications were administered, with over 460,000 applications since the start of the program. Additional information is available in Appendix H.

#### Maryland Dent-Care Loan Assistance Repayment Program

The Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) improves 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. This is achieved by awarding student loan repayment to Maryland licensed dentists and dental hygienists with a demonstrated financial need, who work full time, and treat a minimum of 30 percent Medicaid patients. Preference is given to providers who practice in underserved communities. This program underwent changes during this reporting period due to the requirements of HB 290 of the 2023 legislative session. As a result, dentists currently receive \$23,740 to \$50,000 annually, depending on the year in which they were enrolled in the program. In subsequent years, dentists will receive a minimum of \$50,000 per year for three years, and hygienists will receive a minimum of \$10,000 per year for two years. In January 2024, five new MDC-LARP dentists started their three-year commitment to the program. There are a total of 14 participating providers who practice in Allegany, Anne Arundel, Baltimore, Dorchester, Frederick, Harford, Montgomery, Prince George's, Queen Anne's, and Talbot counties. During CY 2023, MDC-LARP dentists treated 30,590 unique Medicaid patients and provided 76,474 dental visits for Medicaid recipients. MDC-LARP dentists have provided 795,974 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 support through ODIP funding as described in Table 1. 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 2000, the Maryland General Assembly created the Cigarette Restitution Fund (CRF), 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. CRF grants have funded cancer prevention, early detection education, outreach, and training services for 529,391 health care providers, trainers, educators, and the public, resulting in 12,070 oral screening exams for patients, in FY24.

### HIV Oral Health Care Referral Program

MDH's Center for HIV Prevention and Health Services provides funding to OOH for an oral health referral program. The HIV/AIDS Oral Health Referral Program developed a referral to dental care pilot project 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 included a continuing education kickoff seminar, held in May of 2024. The six-hour seminar addressed the relationship between oral health and HIV/AIDS; identified the key roles of clinicians in promoting oral health in clinical settings; and discussed 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 Primary Care Provider (PCP)-to-oral health provider referral process for PLWHA in Baltimore City. 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.

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.

## Obesity Screening in the Dental Setting Program for Adults

OOH developed an innovative approach to address the common risk factors of obesity and dental caries, while screening for pre-diabetes and diabetes. The Obesity Screening in the Dental Setting Program offers body mass index (BMI) screenings for adults, 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 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.

In 2023, Departmental funding supported the program for 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. In FY 2024, OOH continues implementing this program in adult populations. Program partners have screened 3,576 adult dental patients for obesity. A total of 2,103 patients, including those who were obese and overweight patients 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 4,913 adults were educated.

### ***Oral Health Programs Administered by MDH, Funded by the Federal Government***

#### Centers for Disease Control and Prevention

With CDC grant funding, OOH developed successful interventions to decrease the prevalence of dental caries and improve oral health outcomes among Marylanders. The term length of this grant was extended by CDC for all recipients from five years to six, due to the impact of COVID-19. Since the start of this grant in 2018, OOH expanded the delivery of evidence-based oral disease preventive interventions, including school dental sealant programs and community water fluoridation. The dental sealant program promotes the application of dental sealants for Title 1 elementary school children, helping to prevent development of tooth decay. This program started in partnership with ten public health programs and with new partner schools joining the program each year. However, the restrictions of outside parties from entering schools during the pandemic put the program at a near standstill. As schools reopened, the program resumed operations, and expansion of the program was achieved. The number of eligible schools that resumed dental sealant activities on-site increased from 66 to 84, and some counties performed these activities within dental offices. The impacts of the school sealant programs are detailed in Table 1 and Appendix G.

OOH also partners with the Maryland Department of the Environment (MDE) and Maryland Rural Water Association (MRWA) to report water fluoridation data and collaborate on best practices to achieve optimally fluoridated water. OOH assisted MRWA with fluoride equipment replacement, technical assistance for water treatment facilities operators, guidance relating to optimally fluoridated water, and equipment maintenance.

## Health Resources and Services Administration

HRSA awarded OOH the Building a Diverse and Dynamic Workforce grant for FY 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 project is Pathways to Bright Futures (PBF), which is intended to connect youth living in Dental HPSAs with pathways to dental professions. A Pathways to Bright Futures Advisory Committee (PBFAC) was established to advise the development and implementation of PBF. PBF consists of a communications plan, an annual event at the National Museum of Dentistry (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. In FY 2024, 23 presentations were conducted, and 752 youth living in Dental HPSAs attended them.

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

The third HRSA project 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 include developing the capacity to collect more accurate 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 projects will continue to 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.

## Obesity Screening in the Dental Setting Program for Children

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 the spring of 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 of 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 FY 2024, program partners screened 2,060 child dental patients for obesity. A total of 793 patients, including those who were obese and overweight patients at higher risk of becoming obese, were referred to medical providers and nutritionists. Additionally, 1,709 individuals were educated, including parents of pediatric patients.

***Oral Health Programs Administered by Community Partners, Funded by MDH and the Federal Government***

OOH supports community partner programs in LHDs, FQHCs, foundations, and nonprofits across the State which target areas and individuals with unmet oral health needs. By leveraging funding from OOH, federal grants, and inter-agency collaborations, these partners improve access to dental care statewide using a diverse set of initiatives. These initiatives are described in Table 1, and in Appendices F and G.

**Table 1: Oral Health Community Programs Funded via OOH, FY 2024**

Organization	County(ies) Funded	Activities	Impact
<p><b>Program:</b> Oral Disease and Injury Prevention Program (ODIP)  <b>Purpose:</b> To provide support for programs which build and sustain capacity to provide oral disease treatment and prevention services, including oral health education to underserved populations.  <b>Statutes Fulfilled:</b> Maryland Code, Health - General § 13-2501, § 13-2502, § 18-801, § 18-802  <b>Total Funding:</b> \$1,020,097</p>			
<p>Local Health Departments (LHDs)   <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"> <li>● On-site clinical services for children</li> <li>● On-site clinical services for adults</li> <li>● On-site clinical services for pregnant patients</li> <li>● School-based/linked community oral health services</li> <li>● Off-site oral cancer screening programs, and</li> <li>● Off-site adult case management.</li> </ul> <p>ODIP partners collaborate with community organizations such as WIC, Head Start, Early Head Start, and senior centers.</p>	<p><b>Seen On-Site:</b></p> <ul style="list-style-type: none"> <li>● Children: 12,678</li> <li>● Adults: 7,740</li> <li>● Pregnant Patients: 208</li> </ul> <p><b>Off-Site Services:</b></p> <ul style="list-style-type: none"> <li>● Children Seen: 7,683</li> <li>● Adult Oral Cancer Screenings: 3,097</li> <li>● Adult Case Management: 561</li> </ul>
<p>Chase Brexton Health Services   <u>Funding:</u> \$29,656</p>	<p>Howard</p>	<p>Chase Brexton and the Community Action Council of Howard County (CAC-HC) collaborate to effectively improve access to high-quality, patient-centered oral healthcare for children enrolled within the CAC-HC’s Early Childhood Education Program in Howard County.</p>	<p><b>Off-Site Services:</b></p> <ul style="list-style-type: none"> <li>● Children Seen: 191</li> </ul>

Organization	County(ies) Funded	Activities	Impact
Health Care for the Homeless  <u>Funding:</u> \$37,582	Baltimore City	Health Care for the Homeless is a non-profit organization that operates dental clinics in West Baltimore and Downtown, providing essential services to children and adults experiencing homelessness. Additionally, they refer more complex pediatric cases to the University of Maryland School of Dentistry for treatment.	<b>Seen On-Site:</b> <ul style="list-style-type: none"> <li>● Children: 113</li> </ul> <b>Off-Site Services:</b> <ul style="list-style-type: none"> <li>● Children seen: 1</li> <li>● Adult Oral Cancer Screenings: 583</li> <li>● Adult Case Management: 42</li> </ul>
Maryland Foundation of Dentistry (MFD)  <u>Funding:</u> \$70,000	Statewide	The MFD is a non-profit organization that recruits volunteer dentists to treat and educate disabled patients at no cost to the patient. Patients are provided with treatment, oral cancer screening, and case management services.	<b>Seen On-Site:</b> <ul style="list-style-type: none"> <li>● Adults: 939</li> </ul> <b>Off-Site Services:</b> <ul style="list-style-type: none"> <li>● Adult Oral Cancer Screenings: 939</li> <li>● Adult Case Management: 939</li> </ul>
Maryland State Dental Association Foundation (MSDAF)  <u>Funding:</u> \$43,350	Statewide	MSDAF conducts Mission of Mercy (MOM) and Give Kids a Smile events where dental treatment and education are provided to underserved Marylanders around the state at no cost.	<b>Seen On-Site:</b> <ul style="list-style-type: none"> <li>● Children: 398</li> <li>● Adults: 559</li> </ul> <b>Off-Site Services:</b> <ul style="list-style-type: none"> <li>● Children seen: 668</li> <li>● Adult Oral Cancer Screenings: 329</li> <li>● Adult Case Management: 72</li> </ul>
Primary Care Coalition of Montgomery County  <u>Funding:</u> \$30,000	Montgomery	The Primary Care Coalition of Montgomery County provides specialty dental care for low-income, uninsured, and immigrant children with complex needs.	<b>Seen On-Site:</b> <ul style="list-style-type: none"> <li>● Children: 32</li> </ul>



Organization	County(ies) Funded	Activities	Impact
University of Maryland Rehabilitation and Orthopaedic Institute  <u>Funding:</u> \$35,000	Statewide	The University of Maryland Rehabilitation and Orthopaedic Institute provides preventive and restorative dental services, also providing operating room treatment and provides a medical home for underserved, special needs, and uninsured children in Baltimore City and surrounding areas.	<b>Seen On-Site:</b> <ul style="list-style-type: none"> <li>● Children: 3,357</li> <li>● Adults: 2,398</li> </ul>
University of Maryland School of Dentistry (UMSOD) Prenatal Clinic  <u>Funding:</u> \$42,563	Statewide	The UMSOD, in partnership with the University of Maryland Women’s Health Center (UMWHC), provides comprehensive oral health, including case management, and oral health education for low-income and at -risk prenatal and postpartum individuals.	<b>Off-Site Services:</b> <ul style="list-style-type: none"> <li>● Adult Case Management: 120</li> </ul>
<p><b>Program:</b> School Dental Sealant Program  <b>Purpose:</b> The School Dental Sealant Program increases oral health disease prevention for children, particularly those in Title I schools, through school-based, school-linked, and mobile dental sealant programs  <b>Statutes Fulfilled:</b> Maryland Code, Health - General § 13-2501, § 13-2502, § 18-801, § 18-802  <b>Total Funding:</b> \$361,422</p>			
Dental Sealant Programs (LHDs and Calvert Health Medical Center)  <u>Funding:</u> \$361,422	Allegany, Anne Arundel, Baltimore, Charles, Calvert, Harford, Kent, Montgomery, Prince George’s, Somerset, St. Mary’s, Wicomico	The Dental Sealants Program funds a variety of activities to support LHDs and Calvert Health Medical Center in improving oral health conditions of children, including: <ul style="list-style-type: none"> <li>● Screen children</li> <li>● Provide sealants, and</li> <li>● Refer children for follow-up care</li> </ul>	<ul style="list-style-type: none"> <li>● Schools Visited: 101</li> <li>● Children Seen: 13,576</li> <li>● Children Receiving Sealants: 3,885</li> <li>● Sealants Placed: 16,742</li> </ul>

Organization	County(ies) Funded	Activities	Impact
<p><b>Program:</b> Building a Diverse and Dynamic Workforce/PBF</p> <p><b>Purpose:</b> Through the Building a Diverse and Dynamic Workforce grant, the Maryland Department of Health (MDH), OOH addresses the shortage of dental professionals 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.</p> <p><b>Project Period:</b> 9/1/2023 - 8/31/2026</p> <p><b>Total Funding to Partners:</b> \$220,639</p> <p><b>Total Funding:</b> \$1,600,000 from HRSA Grants to States to Support Oral Health Workforce Activities (\$400,000 per year), \$10,000 from State General Funds</p>			
<p>AHEC West <u>Funding:</u> \$50,000</p>	<p>Allegany, Carroll, Frederick, Washington</p>	<p>AHEC West designates a project lead/regional oral health coordinator (ROHC) in Western Maryland to fulfill designated grant activities as approved by HRSA for OOH, including enrolling youth residing in Dental 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.</p>	<p><b>Off-Site Services:</b></p> <ul style="list-style-type: none"> <li>● 10 Pathway Entry Point presentations reaching 447 students. (Mountain Ridge High School (2 separate visits), Allegany High School (2 separate visits), Fort Hill High School, Southern Garrett High School, Northern Garrett High School, Center for Career and Technical Education High School, Urbana High School, South Hagerstown High School</li> </ul> <p><i>Note: The same types of presentations are also funded by MDH. When including both, the total is 33 presentations with 1,199 students reached</i></p>

<b>Organization</b>	<b>County(ies) Funded</b>	<b>Activities</b>	<b>Impact</b>
EMILY Revolutionary Marketing Group  <u>Funding:</u> \$41,650	Statewide	EMILY Revolutionary Marketing Group involved in increasing the awareness of the PBF program among youth residing in Dental HPSAs and dental professionals participating in the program by developing, testing, and producing communication materials for the program.	<ul style="list-style-type: none"> <li>● Conducted Focus Group Discussions, shared findings and recommendations</li> <li>● Developed communications materials and tools</li> </ul>
Keisler Social and Behavioral Research  <u>Funding:</u> \$38,989	Statewide	Keisler Social and Behavioral Research will develop a pre/post survey, conduct the survey, and generate an evaluation report based on the pre-survey of the PBF Campaign.	<ul style="list-style-type: none"> <li>● Effectiveness of the campaign to determine the number of students interested in the dental field</li> </ul>
Maryland Dental Action Coalition (MDAC)  <u>Funding:</u> \$21,000	Statewide - Dental HPSA	MDAC participates in the HRSA PBFAC, administers the Dental Education Scholarship for high school or community college students from Dental HPSAs, coordinates an annual scholarship event at the National Museum of Dentistry, and conducts follow-up with recipients.	<ul style="list-style-type: none"> <li>● Awarded 6 Dental Education Scholarships supported planning and implementation of PBF kick-off-event</li> </ul>
Maryland State Dental Association Foundation (MSDAF)  <u>Funding:</u> \$9,000	Statewide – Dental HPSA	MSDAF participates in the HRSA PBFAC, identifies externship sites for youth in PBF, administers the Dental Admission Test Support Scholarship, and conducts follow-up with scholarship recipients.	<ul style="list-style-type: none"> <li>● Awarded 6 Dental Admission Test support scholarships</li> <li>● Identified 6 experiential learning opportunities</li> </ul>
UM School of Dentistry (UMSOD)  <u>Funding:</u> \$50,000	Statewide	UMSOD faculty serves on the PBFAC, provides a venue for a seminar to promote practicing in Dental HPSAs, and supports recruitment of dental students to attend the seminars.	<ul style="list-style-type: none"> <li>● Provided venue and students for annual Dental HPSA practice seminar</li> <li>● 25 students attended the Dental HPSA practice seminar</li> <li>● Served as academic advisor for the program</li> </ul>

Organization	County(ies) Funded	Activities	Impact
University of Maryland (UMB) National Museum of Dentistry (NMD)  <u>Funding:</u> \$10,000 (State General Funds)	Baltimore City	UMB provides field trip opportunities for youth primarily from Baltimore City and other underserved areas to visit its NMD. UMB coordinates with selected schools and organizations to bring students to the Museum on field trips and provides an educational program to the groups. The visits 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.	<b>Dental Career Pipeline Reach:</b> <ul style="list-style-type: none"> <li>● Children: 241</li> </ul>
<p><b>Program:</b> Maryland State Oral Disease Prevention Program  <b>Purpose:</b> To promote community water fluoridation, assess statewide oral health status of schoolchildren, and provide support to programs providing dental care to Maryland’s underserved population.  <b>Federal Grant:</b> CDC - State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes  <b>Project Period:</b> 9/1/2018 - 8/31/2024  <b>Total Funding to Partners:</b> \$393,407  <b>Total Funding:</b> \$2,220,000 (\$370,000 per year)</p>			
Maryland Rural Water Association (MRWA)  <u>Funding:</u> \$27,000	Statewide	MRWA and their circuit riders survey community water systems and provide technical assistance regarding fluoridation. They also conduct quarterly regional community fluoridation training.	<ul style="list-style-type: none"> <li>● Conducted 24 onsite technical assistance visits to Maryland water systems</li> <li>● Conducted four regional community water fluoridation trainings</li> </ul>

Organization	County(ies) Funded	Activities	Impact
Howard University College of Dentistry  <u>Funding:</u> \$146,448	Statewide	The Howard University College of Dentistry was contracted to conduct the 2023 Basic Screening Survey. A representative sample of Maryland public elementary schools is selected to participate in the survey, which assesses each school’s Kindergarten and 3rd grade students. All participating students receive an oral health screening, and referrals are made to local providers as needed.	<ul style="list-style-type: none"> <li>Conducted the Oral Health Survey of Maryland School Children, 2022-2023</li> </ul>
Probolsky Research  <u>Funding:</u> \$39,000	Statewide	Probolsky Research conducted a comprehensive statewide survey in Maryland to evaluate residents' tap water consumption behaviors and perceptions regarding its safety. The survey aimed to gather data on how frequently Marylanders consume tap water and how they view its safety and quality. The findings from this research were instrumental in shaping more effective public communication strategies, particularly focusing on tap water safety and the importance of community water fluoridation. The results helped to inform public health campaigns and educational efforts designed to improve trust in tap water and promote its use as a safe and beneficial resource for residents.	<ul style="list-style-type: none"> <li>Provided information on the attitudes of Marylanders regarding tap water consumption</li> </ul>
Continuity of Operations Planning (COOP)  <u>Funding:</u> \$6,500	Allegany, Baltimore City, Charles	Participating counties are working to assess COVID-19’s impact on the oral health workforce in underserved areas and to develop improved emergency response protocols to mitigate the impact of future emergencies on the oral health workforce in Dental HPSAs.	<ul style="list-style-type: none"> <li>Completion of the essential functions section of the COOP plan</li> </ul>
<p><b>Program:</b> Strategic Partnership with Maryland Dental Action Coalition  <b>Statutes fulfilled:</b> Maryland Code, Health - General § 13-2501, § 13-2502, § 18-801, § 18-802</p>			

Organization	County(ies) Funded	Activities	Impact
<b>Total Funding:</b> \$53,388 (State General Funds)			
Maryland Dental Action Coalition (MDAC)  <u>Funding:</u> \$53,388	Statewide	<p>MDAC leads the development of the 2024 - 2029 Maryland Oral Health Plan (in process). The MOHP sets goals and actions to provide strategies that help OOH programs expand access to oral health care. MDAC conducts stakeholder meetings to inform the plan’s development.</p> <p>MDAC organizes the annual Ava Roberts Oral Health Symposium, which is OOH’s primary method of providing training to dental providers in Maryland. OOH collaborated with MDAC to organize the fourteenth Annual Ava Roberts Oral Health Symposium on November 17, 2023. The event was held in person at the Ten Oaks Ballroom located in Clarksville, Maryland. The event included four presentations that covered issues related to Preventing Abuse and Neglect through Dental Awareness (PANDA), Oral Cancer, Dental Care for Infants and Toddlers, and Management of Patients with Cleft Lip and Cleft Palate.</p>	<ul style="list-style-type: none"> <li>● Stakeholder events: 36</li> <li>● Newsletter reach: 1,000 stakeholders/month</li> <li>● Ava Roberts Attendees: 155</li> <li>● Guidance for a collaborative means to achieve optimal oral health for all Marylanders</li> </ul>
<p><b>Program:</b> Adult and Child Obesity Screening in the Dental Setting  <b>Purpose:</b> To support LHD efforts to integrate adult and child obesity screenings and referrals into dental settings by working with dental practices in their jurisdictions to ensure strategies are in place to provide adult and child obesity screening to patients seen during routine dental visits to help mitigate the onset of diabetes  <b>Total Funding:</b> General Funds (\$65,000) and Federal Funds (Preventive Health and Health Services Block Grant, \$61,000)</p>			

<b>Organization</b>	<b>County(ies) Funded</b>	<b>Activities</b>	<b>Impact</b>
LHDs: <u>Funding</u> : \$61,000 (Preventive Health and Health Services Block Grant)	Allegany, Charles, Dorchester	Obesity screenings, referrals, and education are being integrated into dental visits for adults at LHDs.	<ul style="list-style-type: none"> <li>● Adults screened for obesity: 9,037</li> <li>● Adults referred to medical treatment and counseling: 2,176</li> <li>● Adults educated on healthy behaviors: 13,261</li> </ul>
LHDs: <u>Funding</u> : \$65,000 (Cancer and Chronic Disease Bureau, State General Funds)	Allegany, Charles, Dorchester, Wicomico	Obesity screenings, referrals and education are being integrated into dental visits for children at LHDs.	<ul style="list-style-type: none"> <li>● Children screened for obesity: 2,060</li> <li>● Children referred to medical treatment and counseling: 793</li> </ul>

## **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 women, former foster care youth until they turn 26, and adults 21 and older (including those in the Rare and Expensive Case Management (REM) Program). 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.

Medicaid dental reimbursement for services was \$352.3 million for CY 2023 (see Appendix B). The Medicaid program delivered oral health services to 613,561 adults and children (ages 0-64) compared to 506,830 children and adults during CY 2022. 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.<sup>2</sup> 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 2023, there were 1,526 total (1,508 unique) providers enrolled (see Table 2).

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<sup>2</sup> 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**

<b>Region<sup>3</sup></b>	<b>CY 2019</b>	<b>CY 2020</b>	<b>CY 2021</b>	<b>CY 2022</b>	<b>CY 2023</b>
Baltimore Metro	628	536	530	520	559
Washington Suburban	630	540	539	553	591
Southern Maryland	66	59	60	57	55
Western Maryland	164	133	119	115	119
Eastern Shore	98	76	75	74	76
Other	215	138	141	126	122
<b>Total<sup>4</sup></b>	<b>1,801</b>	<b>1,482</b>	<b>1,464</b>	<b>1,445</b>	<b>1,526</b>
<b>Unique Total<sup>5</sup></b>	<b>1,694</b>	<b>1,465</b>	<b>1,455</b>	<b>1,420</b>	<b>1,508</b>

According to the MSBDE, there were 3,917 dentists actively practicing in Maryland in August 2024, 203 of whom were pediatric dentists (see Table 3). As of June 2024, 1,912 dentists participated with the Maryland Healthy Smiles Dental Program, compared to 1,891 dentists last calendar year. In CY 2023, 1,508 unduplicated dentists billed one or more Medicaid services, and 1,270 unduplicated dentists billed \$10,000 or more to the Medicaid program.

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<sup>3</sup> 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.

<sup>4</sup> Please note that the total is the sum of all regions.

<sup>5</sup> 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**

<b>Region</b>	<b>Total Active Dentists<sup>6</sup></b>	<b>Active Pediatric Dentists</b>	<b>Dentists Enrolled with Maryland Healthy Smiles Dental Program<sup>7</sup></b>	<b>Dentists Who Billed One or More Services in CY 2023<sup>8</sup></b>	<b>Dentists Who Billed \$10,000+ in CY 2023</b>
Baltimore Metro	1,671	87	820	559	488
Washington Suburban	1,684	80	905	591	514
Southern Maryland	109	5	95	55	43
Western Maryland	264	19	184	119	96
Eastern Shore	189	12	145	76	66
Out of State	--	--	275	122	72
<b>Total<sup>9</sup></b>	<b>3,917</b>	<b>203</b>	<b>1,912</b>	<b>1,508</b>	<b>1,270</b>

***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.<sup>10</sup> 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 2023, 61.4 percent of children received dental services, which is greater than the national HEDIS® mean (see Table 4).

<sup>6</sup> Source: Maryland Board of Dental Examiners, as of August 2024.

<sup>7</sup> Source: SKYGEN USA, as of June 2024.

<sup>8</sup> 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.

<sup>9</sup> 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 2023.

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

**Table 4: Number and Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid for at Least 320 Days Receiving Dental Services<sup>11</sup>**

<b>Year</b>	<b>Total Number of Participants</b>	<b>Participants Receiving One or More Dental Services</b>	<b>Percent Receiving Service</b>	<b>HEDIS® National Medicaid Average<sup>12,13</sup></b>
CY 2019	477,768	331,485	69.4%	↑
CY 2020	528,488	285,590	54.0%	↑
CY 2021	573,397	344,018	60.0%	↑
CY 2022	602,243	365,168	60.6%	↑
CY 2023	595,009	365,625	61.4%	↑

Of the 820,392 children enrolled in Medicaid for any period during CY 2023, 53.1 percent of these children received one or more dental services compared to 53.0 percent in CY 2022 (see Table 5). The total number of children with any period of enrollment decreased in the last year for all age groups, likely due to the expiration of the Families First Coronavirus Response Act (FFCRA) maintenance of effort (MOE) requirement to provide continuous coverage for current Medicaid enrollees. The MOE expired with the end of the COVID-19 public health emergency on April 1, 2023, which allowed state Medicaid programs to resume coverage terminations.

<sup>11</sup> The study population for CY 2019 through CY 2023 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.

<sup>12</sup> 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.

<sup>13</sup> 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 Medicaid<sup>14</sup> for Any Period who had at least One Dental Visit by Age Group, CY 2019 – CY 2023**

Age Group	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
0–3	32.0%	24.3%	28.8%	29.5%	30.5%
4–5	66.6%	52.2%	60.3%	61.6%	60.4%
6–9	70.7%	56.7%	64.2%	66.2%	65.9%
10–14	67.0%	54.0%	61.0%	61.9%	62.2%
15–18	57.3%	48.0%	53.7%	53.9%	53.8%
19–20	38.9%	33.1%	37.8%	37.1%	36.8%
<b>Total</b>	<b>56.7%</b>	<b>45.7%</b>	<b>52.1%</b>	<b>53.0%</b>	<b>53.1%</b>

Medicaid has examined the type of dental services that children receive. Utilization of diagnostic services increased from 58.9 percent in CY 2022 to 59.8 percent in CY 2023; utilization of restorative services has slightly decreased from 19.0 percent of all children in CY 2022 to 18.9 percent in CY 2023 (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 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%
CY 2023	595,009	59.8%	56.5%	18.9%

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, 52.1 percent received a preventive or diagnostic visit in CY 2023. Of those receiving a preventive or diagnostic visit, 26.3 percent received a follow-up restorative visit (see Table 7).

<sup>14</sup> The study population for CY 2019 through CY 2023 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.

**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 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%
CY 2023	820,392	427,489	52.1%	112,360	26.3%

Pregnant Women and Dental Utilization

Chapter 113 of the Acts of 1998 (SB 590) required that HealthChoice cover dental services for all pregnant women. The percentage of pregnant women aged 21 years and over enrolled for at least 90 days receiving dental services was approximately 25.2 percent in CY 2023 (see Table 8).

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

Year	Total Number of Participants	Number of Participants with at Least One Visit	Percent with Dental Visits
CY 2019	28,939	8,346	28.8%
CY 2020	30,925	6,666	21.6%
CY 2021	35,263	7,255	20.6%
CY 2022	35,661	7,122	20.0%
CY 2023	45,098	11,387	25.2%

In CY 2023, 11,387 pregnant women 21 years and older with at least 90 days in Medicaid had at least one visit for dental services. For pregnant women 14 years and older and enrolled for any period, 24.5 percent had at least one dental service in CY 2023 (see Table 9). This is an increase from CY 2022, which had 20.2 percent of pregnant women receiving dental services.

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

<b>Year</b>	<b>Total Number of Participants</b>	<b>Number of Participants with at Least One Visit</b>	<b>Percent with Dental Visit</b>
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%
CY 2023	50,517	12,365	24.5%

Rare and Expensive Case Management (REM) Participants

MDH began offering dental benefits to REM adults in July 2009, after acquiring a DBA to administer the Healthy Smiles Dental Program. Overall, 4,208 REM participants utilized dental services in CY 2023 (see Table 10). The highest percent utilization was in children six through nine years old, with 69.6% percent utilizing services.

**Table 10: Number and Percentage of REM Participants Aged 4 through 64 Years with at Least 320 Days in Medicaid Who had Dental Services, by Age Group, CY 2023**

<b>Age Group (Years)</b>	<b>Total Number of Participants</b>	<b>Number with Any Service</b>	<b>Percentage with Any Service</b>
4 - 5	292	194	66.4%
6 - 9	667	464	69.6%
10 - 14	850	577	67.9%
15 - 18	676	414	61.2%
19 - 20	280	147	52.5%
21 - 39	1,137	419	36.9%
40 - 64	306	77	25.2%
<b>Total</b>	<b>4,208</b>	<b>2,292</b>	<b>54.5%</b>

From CY 2019 to CY 2020, the percent of REM participants utilizing dental services decreased from 56.6 percent to 42.1 percent (see Table 11). Children ages six through nine had the highest utilization of any age group. In CY 2023, utilization increased to 53.3 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**

<b>Age Group</b>	<b>CY 2019</b>	<b>CY 2020</b>	<b>CY 2021</b>	<b>CY 2022</b>	<b>CY 2023</b>
4 - 5	66.5%	51.1%	55.3%	65.9%	65.3%
6 - 9	72.2%	58.8%	66.4%	67.4%	68.3%
10 - 14	70.7%	51.1%	62.8%	64.5%	67.1%
15 - 18	63.2%	48.7%	55.1%	61.5%	60.2%
19 - 20	57.1%	35.6%	45.5%	44.9%	52.2%
21 - 39	36.7%	25.8%	28.7%	33.5%	35.8%
40 - 64	20.5%	17.7%	20.4%	24.1%	24.1%
<b>Total</b>	<b>56.6%</b>	<b>42.1%</b>	<b>48.5%</b>	<b>52.1%</b>	<b>53.3%</b>

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 2023, 221 or 20.7 percent of all former foster youth received at least one dental visit (see Table 12). This is an increase from CY 2022, during which 13.3 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 <sup>15</sup>	CY 2022			CY 2023		
	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	397	52	13.1%	358	81	22.6%
Baltimore Suburban	312	36	11.5%	320	71	22.2%
Eastern Shore	67	*	9.0%	75	12	16.0%
Out of State	*	*	*	*	*	33.3%
Southern Maryland	*	*	8.1%	46	*	15.2%
Washington Suburban	182	34	18.7%	176	34	19.3%
Western Maryland	93	14	15.1%	91	15	16.5%
<b>Total</b>	<b>1,089</b>	<b>145</b>	<b>13.3%</b>	<b>1,069</b>	<b>221</b>	<b>20.7%</b>

<sup>15</sup> 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 2023, 19.0 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 2023<sup>18</sup>**

<b>Region</b>	<b>Percentage with Diagnostic Service</b>	<b>Percentage with Preventive Service</b>	<b>Percentage with Restorative Service</b>
Baltimore City	20.5%	12.7%	7.1%
Baltimore Suburban	21.1%	15.6%	7.8%
Eastern Shore	13.4%	1.2%	1.2%
Southern Maryland	13.2%	7.5%	1.9%
Washington Suburban	18.5%	14.1%	6.8%
Western Maryland	18.5%	7.3%	7.3%
Out of State	33.3%	33.3%	0.0%
<b>Total</b>	<b>19.0%</b>	<b>12.4%</b>	<b>6.7%</b>

***HealthChoice Dental Utilization Rates***

Apart from dental services covered for pregnant women and adults in REM, adult dental services are not covered under HealthChoice or the Maryland Healthy Smiles Dental Program prior to 2023. However, some MCOs did offer adult dental services as a value-added benefit that was not reimbursed by MDH. Adults under age 65 enrolled in both Medicare and Medicaid were eligible for the Adult Dental Pilot Program.

Beginning January 1, 2023, adult dental was expanded statewide. In CY 2023, 155,167, or 19.9 percent, of adult HealthChoice beneficiaries received at least one dental service (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<sup>16</sup>**

Year	Total Number of Participants	Participants Receiving One or More Dental Service	Percent Receiving Service
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%
CY 2023	781,681	155,167	19.9%

***Emergency Department Utilization***

In CY 2023, 35,768 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 2023**

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	155,017	3,397	2.2%	5,236
4 - 5	81,088	1,563	1.9%	2,500
6 - 9	162,718	2,023	1.2%	3,245
10 - 14	198,413	1,405	0.7%	2,171
15 - 18	155,862	1,356	0.9%	2,094
19 - 20	67,294	831	1.2%	1,404
21 - 39	526,927	12,772	2.4%	24,697
40 - 64	417,182	12,421	3.0%	21,595
<b>Total</b>	<b>1,764,501</b>	<b>35,768</b>	<b>2.0%</b>	<b>62,942</b>

<sup>16</sup> The following coverage groups were excluded from the analysis: X02, X03, W01, and P10.

In CY 2023, 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 62,942 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 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
CY 2023	1,764,501	35,768	2.0%	62,942

In CY 2023, 10,575 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 16,650 in CY 2023.

**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 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
CY 2023	820,392	10,575	16,650

The percent of former foster youth utilizing the ED was also low. In CY 2023, 4.7 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 2023**

<b>Region</b>	<b>Percent with at least One ED Visit</b>
Baltimore City	7.3%
Baltimore Suburban	2.1%
Eastern Shore	8.5%
Southern Maryland	1.9%
Washington Suburban	5.4%
Western Maryland	0.9%
<b>Total</b>	<b>4.7%</b>

***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.

***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 780,000 additional adults were enrolled in the new benefit in CY 2023.

The adult dental benefit is the same package of services pregnant individuals 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.

Healthy Babies: Prenatal and 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 and postpartum

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. As of August 2024, at least 13,700 individuals have gained access to dental coverage since the Healthy Babies expansion became effective.

### 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**

In 2024, MDH intends to 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 represent an attempt by MDH to halt decreasing dental utilization rates by increasing 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 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**

ASTDD	Association of State and Territorial Dental Directors
BMI	Body Mass Index
BSS	Basic Screening Survey
CAC-HC	Community Action Council of Howard County
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
COOP	Continuity of Operations Planning
CRF	Cigarette Restitution Fund
CY	Calendar Year
DBA	Dental Benefit Administrator
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
EPRAC	Emergency Response and Preparedness Advisory Committee
FFS	Fee-for-service
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HB	House Bill
HEDIS®	National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
LHD	Local Health Department
MCO	Managed Care Organization
MDAC	Maryland Dental Action Coalition
MDC-LARP	Maryland Dent-Care Loan Assistance Repayment Program

MDE	Maryland Department of Environment
Medicaid	Maryland Medical Assistance Program
MFD	Maryland Foundation of Dentistry
MOM	Mission of Mercy
MRWA	Maryland Rural Water Association
MSBDE	Maryland State Board of Dental Examiners
MSDAF	Maryland State Dental Association Foundation
NMD	National Museum of Dentistry
ODIP	Oral Disease and Injury Prevention
OOH	Office of Oral Health
PANDA	Prevent Abuse and Neglect through Dental Awareness
PBF	Pathways to Bright Futures
PBFAC	Pathways to Bright Futures Advisory Committee
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
MDH	Maryland Department of Health
UMB	University of Maryland
UMSOD	University of Maryland School of Dentistry
UMWHC	University of Maryland Women's Health Center
WIC	Supplemental Nutrition Program for Women, Infants and Children

**Appendix B: Medicaid Dental Funding, Expenditures, and Utilization Rates, CY 2002 - CY 2023**

<b>Year</b>	<b>Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program</b>	<b>Amount Spent by MCOs for Dental</b>	<b>Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)</b>	<b>Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)</b>
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 <sup>17</sup>	\$55.4 M	\$71.4 M	54.6%	20.8%
CY 2009 <sup>18</sup>	\$82.8 M	\$39.6 M	60.9%	23.2%
CY 2010 <sup>19</sup>	\$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%

<sup>17</sup> 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.

<sup>18</sup>In 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.

<sup>19</sup> Beginning in FY 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.



<b>Year</b>	<b>Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program</b>	<b>Amount Spent by MCOs for Dental</b>	<b>Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)</b>	<b>Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)</b>
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%
CY 2023 <sup>20</sup>	\$352.3 M	*	61.4%	18.9%

<sup>20</sup> The amount spent by MCOs for dental is not available for CY 2023. 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.

**Appendix C: State Public Health Dental Programs**

<b>County</b>	<b>Local Health Department Clinic</b>	<b>Community Health Centers</b>	<b>Dental School/Other</b>
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
Frederick	On Site	None	Frederick Health Dental Clinic, Seton Center
Garrett	On Site	None	None

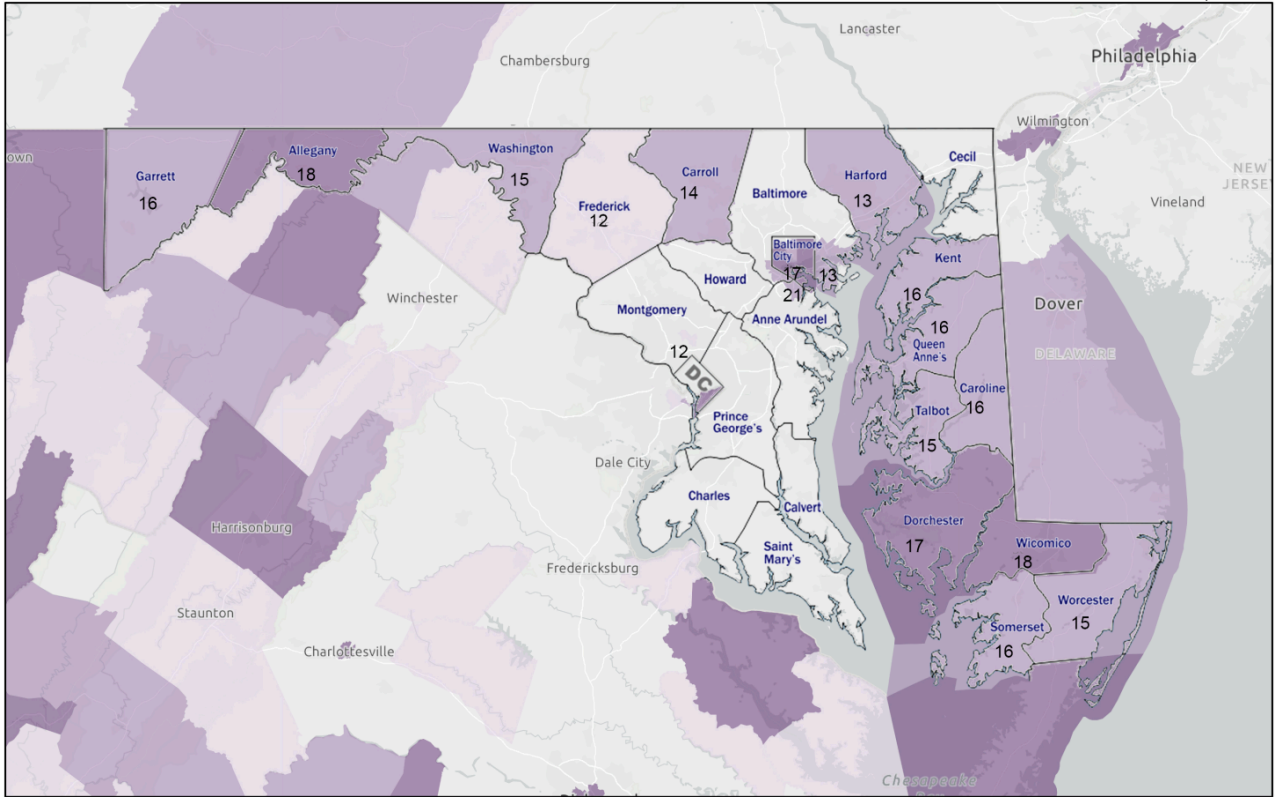
<b>County</b>	<b>Local Health Department Clinic</b>	<b>Community Health Centers</b>	<b>Dental School/Other</b>
Harford	On Site (2 sites)	None	None
Howard	Does not directly provide services but provides both clinical and school-based/ linked dental services through its contract with Chase Brexton Health 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's 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
St. Mary's	Serves as an intermediary between Medicaid Program and private dental providers (limited emergency extraction)	None	None

<b>County</b>	<b>Local Health Department Clinic</b>	<b>Community Health Centers</b>	<b>Dental School/Other</b>
Talbot	None	Choptank Community Health Systems	None
Washington	None	Family Healthcare of Hagerstown	None
Wicomico	On Site	Chesapeake Health Care	None
Worcester	On Site	Chesapeake Health Care	None

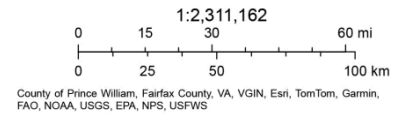
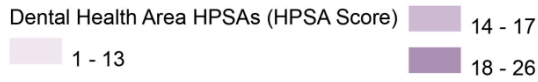
**Appendix D: Maryland Dental Health Professional Shortage Area Map, September 2024**

# Maryland Dental HPSA Map

Data source: HRSA Map Tool



8/5/2024



**Appendix E: Medicaid Dental Utilization Rates, Enrollment in Medicaid > 320 Days, Ages 4—20<sup>21</sup>**

<b>Criteria</b>	<b>CY 2013</b>	<b>CY 2014</b>	<b>CY 2015</b>	<b>CY 2016</b>	<b>CY 2017</b>	<b>CY 2018</b>	<b>CY 2019</b>	<b>CY 2020</b>	<b>CY 2021</b>	<b>CY 2022</b>	<b>CY 2023</b>
<i>Age</i>											
4-5	72.9%	73.1%	73.9%	73.2%	72.0%	72.4%	72.9%	55.0%	62.7%	63.9%	63.7%
6-9	75.7%	75.2%	76.5%	75.8%	75.0%	76.0%	76.4%	59.4%	66.5%	68.4%	69.0%
10-14	70.0%	69.3%	71.2%	71.2%	71.2%	72.2%	72.5%	56.6%	63.1%	64.0%	65.1%
15-18	59.7%	58.9%	60.3%	60.9%	61.3%	62.5%	62.9%	50.7%	55.6%	55.6%	56.5%
19-20	43.3%	42.7%	43.9%	42.8%	42.9%	44.7%	44.6%	36.1%	39.5%	38.5%	38.7%
<b>All 4-20</b>	<b>68.3%</b>	<b>67.7%</b>	<b>69.0%</b>	<b>68.5%</b>	<b>68.1%</b>	<b>69.1%</b>	<b>69.4%</b>	<b>54.0%</b>	<b>60.0%</b>	<b>60.6%</b>	<b>61.4%</b>
<i>Region<sup>22</sup></i>											
Baltimore City	66.2%	65.7%	65.5%	64.6%	64.3%	64.8%	64.2%	45.6%	53.0%	55.1%	54.6%
Baltimore Suburban	65.7%	65.6%	66.9%	66.7%	66.4%	67.8%	68.1%	53.1%	59.1%	59.6%	60.5%
Washington Suburban	73.3%	72.2%	74.0%	73.6%	73.2%	74.0%	74.3%	55.2%	65.7%	66.5%	67.6%

<sup>21</sup> 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.

<sup>22</sup> 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

<b>Criteria</b>	<b>CY 2013</b>	<b>CY 2014</b>	<b>CY 2015</b>	<b>CY 2016</b>	<b>CY 2017</b>	<b>CY 2018</b>	<b>CY 2019</b>	<b>CY 2020</b>	<b>CY 2021</b>	<b>CY 2022</b>	<b>CY 2023</b>
Western Maryland	68.2%	67.0%	68.7%	68.0%	67.3%	67.7%	68.2%	26.3%	57.6%	59.3%	60.1%
Southern Maryland	59.7%	59.7%	59.6%	59.8%	59.1%	59.8%	61.5%	49.7%	55.4%	54.3%	55.1%
Eastern Shore	68.6%	67.5%	69.6%	68.4%	67.7%	69.7%	70.5%	59.2%	58.1%	56.1%	58.0%
<b>All Regions</b>	<b>68.3%</b>	<b>67.7%</b>	<b>69.0%</b>	<b>68.5%</b>	<b>68.1%</b>	<b>69.1%</b>	<b>69.4%</b>	<b>54.2%</b>	<b>60.0%</b>	<b>60.6%</b>	<b>61.4%</b>

**Appendix F: Impact Breakdown of ODIP at LHDs in FY 2024**

Program	County	Detailed coverage					
		On-Site			Off-Site		
		Children	Adults	Pregnant Women	Children	Adult Oral Cancer Screenings	Adult Case Management
ODIP	Allegany	310	707	60	2,056	707	0
	Anne Arundel	2,005	284	62	0	0	69
	Baltimore City	20	483	3	328	0	0
	Baltimore County	0	0	0	0	0	0
	Caroline	0	0	0	0	16	0
	Carroll	518	0	11	0	25	0
	Charles	903	1,711	30	1,006	35	402
	Dorchester	1,429	0	0	0	0	0
	Frederick	3,502	0	0	220	0	0
	Garrett	1,013	1,748	28	1,428	1,748	0
	Harford	0	0	0	802	0	0
	Howard	368	2,322	0	0	0	0
	Kent	0	0	0	0	0	0
	Montgomery	705	485	6	356	562	0
	Prince George's	546	0	8	0	4	0
	Queen Anne's	0	0	0	1,487	0	0
	St. Mary's	0	0	0	0	0	90
	Worcester	1,359	0	0	0	0	0



**Appendix G: Impact Breakdown of Dental Sealant Programs at LHDs in FY 2024**

<b>Program</b>	<b>County</b>	<b>School Visited</b>	<b>Children Seen</b>	<b>Children Receiving Sealants</b>	<b>Sealants Placed</b>
Dental Sealants Program	Allegany	14	1,871	1,045	4,101
	Anne Arundel	8	418	163	526
	Baltimore County	13	454	305	1,016
	Charles	10	954	510	2,129
	Calvert	5	167	63	328
	Harford	10	326	188	668
	Kent	8	1,268	433	3,802
	Montgomery	11	356	330	1,206
	Prince George's	3	148	110	422
	Somerset	7	3,171	293	1,108
	Wicomico	12	4,443	445	1,436

**Appendix H: EPSDT Fluoride Varnish Certified Providers and Applications by Month in  
FY 2024**

<b>Month</b>	<b>Active Providers</b>	<b>Applications</b>
July 2023	495	2,783
August 2023	496	2,803
September 2023	502	3,417
October 2023	494	2,571
November 2023	500	2,634
December 2023	497	3,114
January 2024	504	1,695
February 2024	504	2,964
March 2024	507	3,145
April 2024	497	2,462
May 2024	503	4,053
June 2024	503	2,981