STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

January 20, 2017

The Honorable Larry Hogan
Governor
State of Maryland
Annapolis, MD 21401-1991

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

RE: 2016 Annual Oral Health Legislative Report, Health-General Article, Section 13-2504(b) and HB 70 (Chapter 656 of the Acts of 2009)

Dear Governor Hogan, President Miller, and Speaker Busch:

Pursuant to Health-General Article, §13-2504(b), the Maryland Medicaid Program and the Office of Oral Health within the Department of Health and Mental Hygiene (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 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.

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The Department is pleased to share this report, detailing the work that has been completed to improve dental care for Marylanders. If you have any questions regarding this report, please do not hesitate to contact Webster Ye, Director, Office of Governmental Affairs, at (410) 767-6480.

Sincerely,

Dennis R. Schrader
Secretary

Enclosure

cc: Senator Edward J. Kasemeyer, Chairman, Senate Budget and Taxation Committee
Delegate Maggie McIntosh, Chairman, House Appropriations Committee
Webster Ye, DHMH Director, Office of Governmental Affairs
Howard Haft, DHMH Deputy Secretary, Public Health Services
Shannon McMahon, DHMH Deputy Secretary, Health Care Financing
Sarah Albert, MSAR #10381

MARYLAND'S 2016 ANNUAL ORAL HEALTH LEGISLATIVE REPORT

Health-General Article, §13-2504(b)

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

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Executive Summary

Maryland is recognized as a national leader in oral health. This recognition is a direct result of the State's progress in implementing comprehensive recommendations from the Maryland Dental Action Coalition (MDAC), formerly known as the 2007 Dental Action Committee (DAC)[1], for improving access to oral health services through changes to the Maryland Medical Assistance Program (Medicaid) and expansion of the public health dental infrastructure. Since 2010, the Pew Center on the States (Pew Center) has given Maryland high grades in its annual oral health report card for states for its efforts to improve dental care access for low-income Marylanders, especially those who are Medicaid-eligible or uninsured. As the only state to meet seven of the eight dental access policy benchmarks, the Pew Center ranked Maryland first in the nation for children's oral health in 2011.[2] When the Pew Center revised its report card parameters and performance measures in 2012 to emphasize prevention, Maryland's "B" grade made the state one of only thirteen to receive a grade higher than a "C."[3] The Pew Center published its latest report card in April 2015.[4] In the report, Maryland retained a "B" grade for its continued efforts to ensure access to preventive dental care for 2014.[5]

In September 2015, the American Dental Association's Health Policy Institute released a research brief analyzing Medicaid and private dental utilization across 46 states and the District of Columbia.[6] The Health Policy Institute found that from 2005 to 2013, the dental utilization gap between privately insured children and those enrolled in Medicaid narrowed, on average, by 53 percent. In Maryland, the children's dental utilization gap narrowed by over 80 percent; the seventh largest decrease reported.

In April 2010, the Centers for Medicare and Medicaid Services (CMS) launched its national Oral Health Initiative and asked states to participate by increasing the use of preventive dental services by children enrolled in Medicaid by at least 10 percentage points in five years. The national goal is for at least 52 percent of Medicaid enrolled children aged 1-20 years to

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[1] The Dental Action Committee has since reorganized into an independent coalition and is now called the Maryland Dental Action Coalition.

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

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

[4] The Pew Center on the States, "States Stalled on Dental Sealants", 23 April 2015, The Pew Charitable Trust, 12 October 2016 <http://www.pewtrusts.org/~/media/assets/2015/04/pewdentalsealantsreportcards2015/pew_dental_sealants_maryland.pdf?la=en>.

[5] *Id* fn 4

[6] American Dental Association Health Policy Institute, "Gap in Dental Care Utilization Between Medicaid and Privately Insured Children Narrows, Remains Large for Adults," 29 September 2015, The American Dental Association, 12 October 2016 <http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0915_1.ashx>.

receive a preventive dental service by federal fiscal year (FFY) 2015. The interim goal for each state is to improve by two percentage points each year. Maryland was one of 15 states to meet the first-year CMS Oral Health Initiative goal.[7] For calendar year (CY) 2015, Maryland remained above the target federal goal at 52.8 percent (see Table 5).

To sustain and improve upon the State's delivery of care, the Department of Health and Mental Hygiene (the Department) recognizes that a more holistic approach is necessary to identify gaps and further reduce inequities in the availability and quality of dental care in Maryland. Provider access remains an issue in some areas of the State. Ensuring children across the State have access to preventive services, like fluoride varnishes, is an ongoing challenge. Additionally, adequate oral health care is important for older adults as well as other age groups. Oral Health America recently released a report highlighting that oral health problems are more frequently found in older adult populations for whom other health problems are often a priority. A large number of older adults lack dental insurance, and many have no plan in place to pay for dental care once they retire. In addition, older adults may be unaware that Medicare does not cover dental services.[8] Consequently, dental care is unreachable for many older individuals living on a fixed income.

Oral Health Safety Net Program

The Governor included $1.5 million in the state fiscal year (SFY) 2016 budget for the Department's Office of Oral Health (OOH), to continue to support community-based oral health grants. These grants aim to expand the dental public health capacity for low-income, disabled, and Medicaid-eligible populations. Building on prior successes, this additional funding provides Marylanders in every county access to a public health dental clinic that is either located within or serves their jurisdiction.

Through two cooperative agreements with the Centers for Disease Control and Prevention (CDC), OOH developed a statewide Oral Health Literacy Campaign, entitled "Healthy Teeth, Healthy Kids," and a school-based dental sealant demonstration project that was implemented in ten elementary schools. In 2010, OOH leveraged this demonstration project to create a statewide school-based and school-linked dental sealant program. The Maryland Mighty Tooth Dental Sealant Program funded school-based and school-linked sealant programs in 11 counties during the 2015-2016 school year. A statewide meeting of dental sealant program coordinators was held to examine the components of the funded programs, provide networking opportunities for program professionals, and discuss methods for overcoming systematic challenges through identification of best practices. The Mighty Tooth Dental Sealant Program has grown from five counties in SFY 2009 to 11 counties with programs in SFY 2016.

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[7] Centers for Medicare and Medicaid Services, "CMCS Informational Bulletin: Update on CMS Oral Health Initiative and Other Oral Health Related Items," 10 July 2014, Department of Health and Human Services, 1 October 2015
<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-07-10-2014.pdf>.
[8] Oral Health America, "A State of Decay Vol. III, 2016," Tooth Wisdom, 13 October 2016
<http://www.toothwisdom.org/pages/a-state-of-decay>.

Additionally, in January 2016, five new dentists began their 3-year commitment to the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP). These dentists will work with the program through December 2018. During CY 2015, MDC-LARP dentists treated 18,894 unduplicated Medicaid patients, and billed 47,234 dental visits for Medicaid patients.

At the local level, the Kaiser Foundation awarded a $200,000 grant to MDAC in partnership with OOH in 2011 to fund a pilot dental screening program linking to an established school-based dental clinic in Prince George's County. The program began operations in October 2011. During school year 2015-2016, in Prince George's County, the Deamonte Driver Mobile Dental Van Project (DDDVP) provided diagnostic and preventive services for 1,516 Prince George's County children, of which 739 received clinic referrals for immediate restorative or urgent care.

To provide additional support for the dental public health infrastructure in Maryland, the Maryland Community Health Resources Commission (MCHRC) continues its commitment to expanding and creating new capacity for dental care to serve low-income, underinsured, and uninsured populations. Since March 2008, the MCHRC has awarded 31 dental grants totaling $6.3 million, which have collectively served more than 48,000 low-income children and adults, resulting in over 106,000 dental visits.

Oral Cancer Prevention Initiative

The Oral Cancer Prevention Initiative (the Initiative), mandated by Chapter 307 of the Acts of 2000 (SB 791), requires that the Department implement programs to train health care providers on oral cancer screening and referral of patients with oral cancer to appropriate service providers, and to provide education on oral cancer prevention for high-risk, underserved populations. As of June 30, 2016 (SFY 2016), 8,268 individuals were screened for oral cancer, 29,897 individuals provided oral cancer education, and 320 health care providers received oral cancer education through the Initiative.

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

Medicaid Dental Care Access

Guided by the DAC's recommended strategies in 2007, the Medicaid program implemented major programmatic changes that have contributed to a significant increase in dental utilization among Medicaid enrollees. Maryland continues to improve its dental program by confronting barriers to providing comprehensive oral health services to Medicaid enrollees, such as low provider participation. Low provider participation is the result of multiple factors including, but not limited to, low reimbursement rates, missed appointments, and low enrollee utilization due to a lack of awareness about the benefits of basic oral health care.

The DAC recommended that Medicaid initiate a single statewide dental administrative services organization (ASO) for the Maryland Healthy Smiles Dental Program, Medicaid's dental benefit. Medicaid adopted this model and procured its first ASO in July 2009. The ASO is responsible for coordinating all dental services for children, pregnant women, and adults in the Rare and Expensive Case Management Program. Additionally, the ASO is responsible for all functions related to the delivery of dental services, including provider network development and maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. DentaQuest (formerly Doral Dental) served as Medicaid's ASO from July 2009 through 2015. As a result of Medicaid's procurement, Scion Dental (Scion) became the new ASO, effective January 1, 2016.

Scion provides dental benefit administration services to more than 9 million Medicaid participants nationwide. Scion's systems were built specifically for dental programs, and the company only services Medicaid programs. Scion brings significant technical innovations to the administration of the Maryland Healthy Smiles Dental Program, which will streamline provider engagement and bolster the Department's data analytics capabilities. Scion's transition has been successful, with minimal disruption for participants and providers.

Medicaid spent $165.2 million for dental expenditures in CY 2015, nearly $109.8 million more than in CY 2008 (see Appendix B). Utilization rates have increased and provider networks have expanded since Medicaid rebranded its dental benefit as the Maryland Healthy Smiles Dental Program. Specifically:

- More than 1,400 dentists (1,472) dentists are enrolled with the Maryland Healthy Smiles Dental Program as of August 2016, an increase from 649 in August 2009.

- In 2015, 457,143 children and adults (ages 0-64) enrolled in Medicaid received dental care.

- In 2015, 69 percent of children (ages 4-20) enrolled in Medicaid for at least 320 days received dental care, which is considerably higher than the national mean for Annual Dental Visits using the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS®).[9]

- CMS published data that offers a comparison between Maryland dental utilization and the national average. The Annual Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Report for FFY 2014 and FFY 2015 demonstrates that Maryland dental utilization for children ages 0-20 is 54.5 and 52.9 percent respectively. This continues to outpace the national average, at 43.3 and 44.8 percent, over that same time.

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

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

- In 2015, 27.3 percent of pregnant women (14 years and over) enrolled for any period received a dental service.

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

As of August 2016, approximately 1,381 dentists had received training in pediatric dentistry through various state-sponsored courses since 2009. In July 2009, the Department began training and reimbursing Medicaid primary care providers for the application of fluoride varnish for children up to three years of age. By June 2016, 461 unique EPSDT certified providers had administered over 172,037 fluoride varnish treatments to Medicaid children.

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

I. Introduction

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

(1) The results of the Oral Health Safety Net Program administered by 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,[10] including:

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

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

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

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

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

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[10] The Five Year Oral Health Plan was established by Chapter 113 of the Acts of 1998 (Senate Bill 590) and at the time established five consecutive years of dental access targets starting in 1998 when dental access was expected to increase by 10 percent each year. This 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.

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

II. Maryland's Oral Health Accomplishments

Part 1. Oral Health Safety Net Program

Background

Improving access to oral health services is both serious and complex in scope, requiring multiple strategies. 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, disabled, and Medicaid populations by awarding community-based oral health grants to local health departments, federally qualified health centers (FQHCs), and other non-profit entities providing dental services within state facilities; (2) contract with a licensed dentist to provide public health expertise for the State; and (3) provide continuing education courses to providers that offer oral health treatment to underserved populations.

OOH has employed a licensed public health dentist since the creation of the Oral Health Safety Net Program. The public health dentist is the expert voice of OOH, representing the Department with internal and external stakeholders including legislators, local health departments, professional societies, dental and public health schools, along with other federal Health and Human Services divisions. The public health dentist provides dental expertise on policy development, legislation, surveillance, protocol evaluation, provider recruitment, and continuing education courses for providers that offer oral health treatment to underserved populations. OOH continues to explore new and creative strategies to enhance the oral health safety net and improve access to oral health services for low-income and uninsured individuals, and Medicaid recipients. These strategies include: providing new or expanded dental services in publicly funded federal, state, or local programs; developing public and private partnerships; expanding school-based and school-linked dental initiatives that include mobile dental vans, transportation innovations, case management, leasing and contractual agreements with private dental offices; and other strategies.

Oral Health Screening Surveys

OOH conducts an oral health survey of Maryland school children every five years. The 2015-16 survey is currently underway. Additionally, in 2013, OOH conducted a survey of the oral health status of older adults in Maryland. Both surveys provide a picture of the oral health needs of two vulnerable populations in Maryland.

Oral Health Survey of Maryland School Children

OOH partnered with the University of Maryland School of Dentistry to conduct the 2015 - 2016 Oral Health Survey of Maryland School Children. Fifty-six elementary schools participated in the survey and 7,942 students were screened. Data collection began in September 2015 and ended in June 2016. The report will be released in the summer of 2017.

Major Oral Health Recommendations

OOH collaborates with many partners to carry out the Oral Health Safety Net Program. OOH's partners include the Maryland Dental Action Coalition (MDAC), whose mission is to improve the oral health of all Marylanders. Since its inception, MDAC has recommended several changes to the Medicaid program to improve access to comprehensive dental services among eligible children. MDAC has also provided suggestions to enhance education, outreach, dental public health infrastructure, provider participation, and provider scope of practice.

Maintaining and Enhancing the Dental Public Health Infrastructure

The Governor's state fiscal year (SFY) 2016 budget for OOH included $1.5 million to sustain clinical dental treatment and preventive services for low-income Maryland children, especially those who are Medicaid-eligible or uninsured, and to support many of the requirements listed in the 2007 Oral Health Safety Net legislation. While these Oral Health Safety Net grant funds are used statewide, the grants are targeted to Calvert, Kent, Queen Anne's, and Worcester counties—jurisdictions previously identified as not being served by a clinical public health dental program.

- *Calvert County:* Funding provided to Calvert County supports a variety of dental public health initiatives. Since its inception in September 2009, Calvert Memorial Hospital's Calvert Community Dental Care program has provided direct services to low-income children and adults, including Medicaid recipients, in Calvert and St. Mary's Counties. It is one of very few public dental programs in the State that provides services to the adult Medicaid population. The program had a total of 1,714 encounters in SFY 2015, and 1,227 encounters in SFY 2016. The decrease in utilization is primarily due to a cluster of factors related to disengagement from treatment and demographic variables.

  In August 2014, a pilot program was implemented to establish a direct referral system from the emergency room (ER) to the dental clinic. The pilot was renewed as a full program in January 2016. The program provides a limited exam within 24 to 48 hours of a visit to the ER for dental care, except on weekends.

  Calvert County's school-linked dental services program recently added preventive exams and sealants for children in grades three through five at Appeal Elementary. The County's long-standing partnership with Head Start and the Judy Center for annual exams, screenings, and sealants for younger children whose permanent molars have erupted continues. As a result, more children are being seen for dental care at the schools.

The program continues to partner with the Southern Maryland Mission of Mercy team and the Tri-County Veterans Council to host a Mission of Mercy event for veterans. In collaboration with the Calvert County Health Department, the program provides funding for emergency dental care for those who cannot afford it but require emergency intervention due to severe abscess or decay.

- *Kent/Northern Queen Anne's Counties:* The program serving these counties provides dental screening, fluoride varnish, tooth brushing with fluoridated toothpaste, case management and transportation for those with urgent and early dental needs, and education. The goal of the program is to increase the portion of low-income children who receive preventive dental services and reduce the proportion of children with untreated dental decay. Reaching children at a younger age promotes good oral hygiene skills, a positive dental experience, finding a dental home for regular check-ups, and earlier identification and treatment of urgent and early dental needs. The program targets seven elementary schools (six are Title 1 schools) and 41 community-based organizations in Kent and Northern Queen Anne's Counties.

  There is a shortage of dentists in both Kent and Queen Anne's Counties, which impacts access to care. According to newly-released 2015 County Health Rankings, Kent's population to dentist ratio is 2,849:1 and Queen Anne's ratio is 2,695:1. Statewide, Maryland's population to dentist ratio is 1,392:1. Only one dentist in Kent County provides preventive care to children enrolled in Medicaid, and no dentists provide restorative care. In addition, only two of the seven Kent County towns on municipal/county water systems, have fluoridated water; a contributing factor to the oral health challenges in this region. Twenty-five percent of homes in Kent County have well water with no fluoride. Community awareness and education is supported through family daycare, childcare centers, pre-kindergarten registration, migrant camps, participation in sports, and other child oriented events. Other partners include state agencies, public health organizations, local agencies, and health care providers.

- *Worcester County:* The Worcester County Health Department partners with Worcester County Schools and the Three Lower Counties FQHC to expand school-based dental education and screening services and to receive referrals for children needing a dental home. Dental care is integrated into the Worcester County Health Department Behavioral Health summer camp for children ages 5-18, which allows for onsite screenings while clients are receiving behavioral health intervention. In SFY 2016, the health department implemented a school-linked program to identify middle school children in need of dental care and to provide dental sealants and any other necessary treatment. OOH intends to maintain funding for this program until it is self-sustaining through the receipt of sufficient Medicaid and other insurance revenues.

In SFY 2016, OOH statewide grants contributed to 28,120 children and 13,401 adults receiving care through local health department dental programs, and 44,155 child and 23,806 adult clinical visits. Further, 3,818 adults received emergency treatment in local health department programs because of these grants. Geographic areas with high-need for dental public health services on Maryland's Eastern Shore and in Southern Maryland have benefitted greatly

from these grant programs (see Appendix C for a full listing of state public health dental programs).

Developing a Unified, Culturally and Linguistically Appropriate Oral Health Message

Mighty Tooth Social Marketing Campaign

In SFY 2016, OOH conducted a social marketing outreach campaign called the "Mighty Tooth" to increase awareness of the importance of dental sealants. The campaign reached out to Maryland parents, educating them about the importance of dental sealants and making them aware of resources available to help them prevent cavities in their children. The campaign specifically targeted women with school age children (primarily African American) over a six-month period from October 2015 – March 2016. The campaign raised awareness about the State's Mighty Tooth Dental Sealant Program and website (www.mightytooth.com). The Mighty Tooth Dental Sealant campaign utilized a variety of media strategies to communicate its message. In addition to brochure distribution and ongoing OOH educational activities, the campaign utilized two key media strategies to reach its audience: (1) media news coverage discussing the importance of dental sealants; and (2) a focused radio advertising campaign emphasizing the importance of dental sealants, and promoting the Mighty Tooth program, and directing listeners to the Mighty Tooth website.

OOH worked with Profiles, Inc. an established media relations vendor located in Baltimore – to generate TV, radio, print, and online news coverage over a six-month period. Within this timeframe, there were 33 media news stories on dental sealants in the Baltimore/Washington, D.C. metro area with an average of more than one news story per week. The stories generated more than four million viewer impressions and had an estimated advertising dollar value of $102,000.

In addition to the news coverage, OOH reinforced its dental sealant message with an eight–week radio advertising campaign. The campaign goals were to: (1) create awareness of the importance of dental sealants, (2) create awareness of the Mighty Tooth program, directing individuals to the website (www.mightytooth.com), and (3) encourage parents to talk with their dentist about dental sealants for their children. The campaign targeted African-American women in Baltimore City, Baltimore County, Prince George's County, and the suburban Washington, D.C. area. From February 1 to March 13, 2016, there were 364 thirty-second radio advertisements that ran on five stations (urban, R&B, gospel, and PBS), advertising on two stations' websites that linked to the Mighty Tooth website, and 2 half-hour educational interviews with Maryland oral health experts about the importance of dental sealants. The radio advertising campaign reached approximately 900,000 women. On average, each individual heard the radio advertisement 2.8 times during the length of the campaign, creating about 2.5 million media impressions.

Shared Decision Making Tool

OOH is developing, producing, and testing a shared decision making tool to educate mothers of at-risk children on the options for preventing and treating caries in the first permanent molar. The tool will be produced in two formats:

- A ***flip chart*** that outlines the different treatment options so dentists can use it to select the appropriate treatment and then educate mothers of at-risk children on the pros and cons of the treatment option.
- An online tool that dentists can use in the same way as the chart. Dentists can choose the format that they are most comfortable using in an interactive way with patients so that they can achieve an informed and mutually agreed upon treatment decision.

An advisory committee that includes oral health and social service experts has been formed to guide the project. Content for the decision-making tool has been developed. Once the tool has been designed, approved by the advisory committee, and piloted with patients and dentists, the final shared decision tool will be produced and distributed to dentists in Maryland.

Dental Services for Public School Children

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

In March 2014, an MDAC subcommittee met to discuss the findings of the demonstration project in Prince George's County and to develop a plan for a similar program statewide. The evaluation of the pilot program and the subcommittee recommendations were presented at the MDAC membership meeting in June 2014. The pilot was successful, but, because there is not a statewide pool of community health workers or any consensus on the definition of their work, there has not been any statewide implementation. Furthermore, the level of funding required for a statewide program prevents further movement of the project.

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

- *Deamonte Driver Mobile Dental Van Project (DDDVP)*: The project provides diagnostic, preventive, and simple restorative dental services to low-income students in twenty Prince George's County schools. The dental van was named after Deamonte Driver, a 12-year old from Prince George's County who died from an untreated dental infection. During the 2015-2016 school year, the DDDVP provided cleanings and fluoride treatments to 1,516 children at 20 schools in Prince George's and Montgomery Counties.

For this cohort, 2,021 dental sealants were applied to 520 children. A total of 720 children were referred to the local health department or a private dentist for follow-up care. The DDDVP will continue to provide much needed dental services to elementary school children by visiting at least 20 schools in Prince George's County throughout the 2016-2017 school year.

- *Dental Sealant Services:* OOH engaged in a number of educational activities to better inform partners and stakeholders in dental sealant services: (1) distributed a dental sealant manual to assist local health departments in implementing dental sealant services; (2) continued to use the Mighty Tooth interactive website to provide information to caregivers, medical professionals, and school administrators; and (3) provided educational games for children.[11] The statewide dental sealant program places special emphasis on vulnerable populations, specifically children in Title I schools. In SFY 2016, 11 local health departments received OOH awards to operate school-based and school-linked dental sealant programs within their jurisdictions. OOH-funded dental sealant programs, screened 9,163 school children in SFY 2016 and provided 11,511 dental sealants to 3,542 children. In SFY 2016, OOH distributed grant awards for sealant-focused programs to 10 local health departments and one FQHC.

- *WIC Fluoride Varnish Services:* Through a federal Health Resources and Services Administration (HRSA) grant, OOH provides funding to the Eastern Shore Area Health Education Center to support community oral health education and prevention activities. This initiative leverages the Supplemental Nutrition for Women, Infants, and Children (WIC) program to deliver preventive oral health services to young children and their mothers. In addition, education is provided to pregnant women, mothers, and children at integral life stages when oral diseases can be prevented. The WIC oral health initiative is implemented in communities on Maryland's Eastern Shore and at WIC Centers in Dorchester, Talbot, and Caroline Counties. During SFY 2016, a dental hygienist screened 505 children and provided 424 fluoride varnish applications to children at WIC centers on the Eastern Shore. Of these children, 6 were referred to Choptank Community Health Services for follow-up care or a dental home. The dental hygienist also provided health education seminars in schools and community settings to over 5,793 children and adults and distributed over 4,661 oral health kits.

- *Oral Health Access Programs:* The Kent County Health Department coordinates and operates a school-based Children's Dental Health Program in Kent and Northern Queen Anne's Counties. A key component of the program is providing transportation to dental homes located more than 45 minutes away due to the shortage of dentists in these counties. The program targets students who have Medicaid, are uninsured, are eligible for free and reduced meals, and those without a dental home. A dental hygienist and dental assistant provide comprehensive oral health services including screening, prophylaxis, fluoride varnish, dental sealants, and oral health instructions onsite at ten schools.

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[11] Office of Oral Health, "Mighty Tooth," Maryland Department of Health and Mental Hygiene, 5 October 2015 <http://mightytooth.com>.

Provide Training to Dental and Medical Providers

Between July 2009 and August 31, 2016, approximately 1,632 public health and private sector general dentists received training in didactic and clinical pediatric dentistry so that they can competently treat young children. This includes attendees of three separate pediatric dentistry courses offered to public health and private sector Medicaid general dental practitioners through a partnership between the MDAC, OOH, and University of Maryland School of Dentistry. The total also includes the 124 dental staff, including dentists, who attended the annual Ava Roberts Advanced Pediatric Seminar for the dental public health workforce, held in Howard County, MD on August 19, 2016. The seminar is annually sponsored by OOH in collaboration with MDAC and the University of Maryland School of Dentistry. The next Ava Roberts Advanced Pediatric Dental Seminar will be held in the summer of 2017.

The Maryland State Dental Association convened its eighth "Access to Care Day" on September 22, 2016 as part of its annual organizational meeting. Representatives from Scion were present to enlist new dentists for the program. These events are part of the association's efforts to partner with the Department to recruit new dentists into the Maryland Healthy Smiles Program. Dentists and dental hygienists who attend the session receive free continuing dental education credits and training. These annual programs give dentists and their staff the opportunity to discuss the Maryland Healthy Smiles Program and other state oral health issues with Scion representatives, Department staff, and members of the MDAC.

Expanding Oral Health Infrastructure

Community Water Fluoridation

Leading public health agencies, including the Centers for Disease Control and Prevention (CDC) and World Health Organization, endorse community water fluoridation as the single most effective public health measure to improve oral health by preventing tooth decay. One Healthy People 2020 objective is to increase the percentage of persons on public water that receive fluoridated water to 79.6 percent.[12] Currently in Maryland, 93.1 percent of the population with public water receives fluoridated water.[13]

To address water fluoridation needs in Maryland, OOH partners with the Maryland Department of the Environment (MDE) to create fluoridation plans, share fluoridation data, monitor fluoride levels, and generate annual reports. In SFY 2016, OOH used funding from its CDC and HRSA grants to ensure that a high percentage of Marylanders continue to have access to optimally fluoridated water. OOH continued its partnership with the Maryland Rural Water Association (MRWA) to survey community water systems to provide technical assistance while gathering information on equipment needs, operator training levels, and a variety of other data

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

[13] Maryland Department of the Environment, "Maryland's Capacity Development Program for Public Drinking Water Systems," September 2011, 13 October 2016 < http://www.mde.state.md.us/programs/Water/Water_Supply/Documents/2011%20Capacity%20Development%20Report%20to%20Governor_final.pdf>.

points relevant to the water fluoridation process. A total of 18 fluoridation stations across 15 water systems were surveyed. The surveys highlighted the continued need for fluoridation equipment maintenance, repair, and replacement as well as fluoridation training for water operators. Through CDC grant funding, OOH continues to provide replacement fluoridation equipment to systems in need.

In addition to equipment maintenance, repair, and replacement, the surveys also identified a need for fluoridation-specific training for water operators. Working with the MRWA, OOH developed an eight-hour fluoridation training course for water operators. In December 2013, the course was approved by MDE, and water operators who complete the course receive continuing education credits. Operators must regularly obtain continuing education credits in order to maintain their certification. Classes are now presented semi-annually at a variety of locations across the state. The most recent classes were held on February 10, 2016 in Millersville (Anne Arundel County) and on April 7, 2016 in Cumberland (Allegany County). Sixteen water operators attended the Millersville class and twelve attended the Cumberland class. Future classes will be held at various locations across the state.

Maryland Community Health Resources Commission Dental Grant Awards

The Maryland Community Health Resources Commission (MCHRC) continues to partner with OOH to fulfill its commitment to expanding and creating new capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents. Since March 2008, and with the assistance of the Director of the OOH, MCHRC has awarded 31 dental services grants totaling $6.3 million. The MCHRC dental grant projects, awarded to local health departments, FQHCs, and private, non-profit foundations and hospitals throughout the State, have collectively served more than 48,000 low-income children and adults, resulting in over 106,000 dental visits.

MCHRC seeks to support programs that will be sustainable after its initial grant funds have been expended. MCHRC dental grantees leveraged their initial grant resources to secure more than $3.4 million in additional federal, local, private, and other resources to maintain programs in their underserved communities. MCHRC continues to expand access to dental services for both adults and children. The following is a summary of the grants awarded by the MCHRC in 2016:

- Allegany Health Right received a two-year grant ($50,000) to expand their existing Dental Access Program and to serve low-income seniors and disabled adults. The expanded program continues Allegany Health Right's model of community outreach and engaging private dentists to provide dental services at a discounted rate of 50 - 80 percent. MCHRC grant funding is being used to support the salaries of a community health worker and dental case manager and to provide discounted dental services to program participants.

- Catholic Charities, Archdiocese of Washington, D.C. received a two-year grant ($200,000) to open a new comprehensive, four-chair dental clinic in Temple Hills, MD (Prince George's County), to provide dental services to low-income residents. Catholic

Charities currently operates two other dental clinics in the region, and the new (third) clinic focuses exclusively on serving low-income and uninsured or underinsured residents in Prince George's County. MCHRC grant funding is being used to support practitioners' salaries for the first two years of the program.

- Carroll County Health Department received a two-year grant ($70,000) for a program to expand access to pediatric dental services and improve the administrative efficiency of the existing Carroll County Health Department Pediatric Dental Program. The grant funds are being utilized to support non-personnel costs, including equipment, staff training, and software/Electronic Medical Record (EMR) costs, in order to modernize the outdated equipment of Carroll's existing dental program, support the administrative efficiency of the program, and enable the grantee to upgrade its practice management system.

- Mountain Laurel Medical Center (Garrett County) received a two-year grant ($125,000) to support a program that will provide dental screenings and referrals to discounted dental care services to patients of Mountain Laurel Medical Center with chronic diseases such as diabetes, hypertension, and cardiovascular disease. Grant funds are being utilized to support program staff salaries and the purchase of dental supplies. Garrett County is one of the most dentally underserved areas in the state, and this program expands access to dental services and promotes the integration of medical and dental care services in a primary care setting.

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

Programs in the Upper and Mid-Eastern Shore (Cecil, Kent, Queen Anne's, Talbot, Caroline, and Dorchester Counties) include case management for agencies and individuals for urgent or routine dental services. In addition, these programs support local agencies by providing preventive oral health education, client services, and options that promote the concept of a health home (inclusive of medical, mental, and dental services) for teens and adults. By using existing state and local agency resources, many new options for care are being explored to provide dental services to children, young adults, and seniors with special health care needs.

The Eastern Shore Oral Health Education and Outreach Program (Wicomico, Worcester, and Somerset Counties) facilitates coordinated programmatic activities including oral health assessments; fluoride varnish applications; and referrals for children participating in Early Head Start and Head Start Centers, Judy Centers, Family Support Centers, and WIC. In addition, facilitators of these services identify trends and community members who are most at risk, and provide education, intervention, and appropriate referrals across the continuum of care. The target populations for these initiatives are pregnant women and families with young children.

Maryland Dent-Care Loan Assistance Repayment Program

The purpose of the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) is to improve access to oral health care services by increasing the number of dentists that provide services for Medicaid recipients. In calendar year (CY) 2015, a total of 15 dentists

participated in the program; five of those dentists completed their three-year service obligation in December 2015. The service obligation requires that the dentists participate in MDC-LARP for the full three years, and, during that period, 30 percent of their base patient population must be Medicaid patients. In January 2016, five new MDC-LARP dentists started their 3-year commitment to the program; these providers will work with the program through December 2018. During CY 2015, MDC-LARP dentists treated 18,894 unduplicated Medicaid patients and provided 47,234 dental visits for Medicaid recipients. MDC-LARP dentists have seen 147,146 unduplicated Medicaid patients through 367,864 patient visits since the inception of the program in 2001.

Part 2. Oral Cancer Initiative

Background

Chapters 307 and 308 of the Acts of 2000 (HB 1184/SB 791) establish the Department's Oral Cancer Initiative (Health-General Article, §§18-801 and18-802, Annotated Code of Maryland). Statute requires the Department to develop and implement programs to train health care providers to screen and refer patients with oral cancer to appropriate treatment services and to provide education on oral cancer prevention for high-risk, underserved populations. It further requires OOH to develop activities and strategies to prevent and detect oral cancer in the State, with an emphasis on high-risk, underserved populations. The major components of this initiative are oral cancer education for the public, education and training for dental and non-dental health care providers, screening and referral if needed, and evaluation of the program.

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

In 2000, the Maryland General Assembly also created the Cigarette Restitution Fund Program (CRF), which provides funds for cancer prevention, education, screening, and treatment for seven targeted cancers, including oral cancer.[14] Some local jurisdictions provide oral cancer screening and/or education to residents. To date, CRF grants have funded oral cancer prevention and early detection training for 19,518 health care providers, resulting in 12,009 oral screening exams for patients. Garrett County continues to use CRF funding for oral cancer screening activities. In cooperation with OOH, CRF develops and maintains the Oral Cancer Minimal Clinical Elements for screening, diagnosis, treatment, follow-up, and care coordination to provide guidance for public health programs that screen for oral cancer. In addition, Johns Hopkins University and the University of Maryland use CRF cancer research funds to conduct oral cancer research. As a result of these cumulative efforts, thousands of Maryland residents have been screened for oral cancer.

Other Activities

The Department awards grants to local health departments to implement oral cancer prevention initiatives. Initiatives include providing oral cancer education and screenings for the public, and education and training for health care providers on how to conduct an oral cancer exam. In SFY 2016, 8,268 individuals received oral cancer screenings. Of those screened, eight

[14] Chapters 17 and 18 of the Acts of 2000 (SB 896/HB 1425), Md. Ann. Code Health-General Art., Title 13, Subtitles 10 and 11.

were referred to a surgeon for biopsy. Nearly 30,000 (29,897) individuals and 320 health care providers received education on oral cancer.

In April 2016, the Department observed Maryland Oral Cancer Awareness Month. OOH provided updated information, available online, to county coordinators, including prevention materials, scripts for public service announcements, and articles for local newspapers.[15] Oral health information was on display in the lobby of the State office building where the Department is located at 201 West Preston Street in Baltimore. Other methods of promotion used at 201 West Preston Street included building-wide TV monitors and Department-wide e-mail lists. The information shared at this time addressed not only oral cancer but also the importance of the human papillomavirus vaccine which, in addition to preventing cervical cancer, can prevent certain types of oral cancers. In addition, OOH continues to partner with the Maryland Tobacco Quitline on all events related to oral cancer and tobacco use. The Maryland Tobacco Quitline brochure is included in OOH’s oral cancer materials.

OOH was a sponsor of the eighth annual Baltimore Oral Cancer Walk/Run for Awareness at Druid Hill Park in Baltimore on April 16, 2016. OOH had a display board at the event and distributed oral cancer brochures, awareness ribbons, lip balm with sunscreen, and OOH pens to participants. Attendance at this event has increased approximately twenty percent every year.

OOH will continue to provide funding to local health departments to implement the oral cancer prevention program. OOH will work with local health departments to identify model programs and best practices.

[15] Office of Oral Health, “Oral Cancer Awareness Month 2016,” Maryland Department of Health and Mental Hygiene, 6 June 2016 <http://phpa.dhmh.maryland.gov/oralhealth/Pages/Oral_Cancer_Awareness_Month_2016.aspx>.

Part 3. Medicaid Dental Care Access

Background

Medicaid dental funding for children, pregnant women, and participants enrolled in Rare and Expensive Case Management has increased in recent years, from approximately $12 million in CY 2000 to $165.2 million for CY 2015 (see Appendix B). This growth in funding is partially attributable to increases in the Medicaid fee schedule for selected codes since 2000. In SFY 2009, the State budget included $7 million in general funds to increase targeted codes to the 50th percentile of the American Dental Association's South Atlantic region charges for dental services. It also reflects increased utilization due to improved outreach activities and additional providers participating with the Medicaid program. The Medicaid program delivered oral health services to 457,143 children and adults (ages 0-64) during CY 2015 compared to 447,844 in CY 2014.

Maryland has made major program changes and has seen a significant increase in dental utilization over the last few years, which contributed greatly to Maryland's recognition as an oral health leader by the Pew Center. Additionally, in April 2010, the Centers for Medicare and Medicaid Services (CMS) launched its national Oral Health Initiative and asked states to participate by increasing the use of preventive dental services by children enrolled in Medicaid nationally by at least 10 percentage points in five years. The national goal is for at least 52 percent of Medicaid enrolled children aged 1-20 years to receive a preventive dental service by federal fiscal year (FFY) 2015. The interim goal for each state was to improve by two percentage points each year. Maryland was one of 15 states to meet the first-year CMS Oral Health Initiative goal. For CY 2015, Maryland remained above the target national goal at 52.8 percent. However, Maryland did not achieve its five-year goal by reaching 60 percent.

Maryland continues to improve its dental program by confronting barriers to providing comprehensive oral health services to Medicaid enrollees. Medicaid recognizes that even with the rate increase that occurred in SFY 2009, rates for many procedure codes have not increased since 2004. In an effort to continue making investments in the overall improvement in access to preventive dental care, the Governor included roughly $2.2 million (total funds) in the SFY 2015 budget to increase Medicaid dental fees starting January 1, 2015. A workgroup was convened to gather feedback from stakeholders and to determine which dental codes would be subject to this rate increase. A total of five codes were identified. They include: fluoride varnish treatments (D1208), protective restorations (D2940), provision of oral hygiene instructions (D1330), fabrication of athletic mouth guards (D9941), and indirect pulp capping (D3120).

Availability and Accessibility of Dentists in Medicaid

Background: HealthChoice MCOs and Dentist Enrollment

HealthChoice, the Medicaid managed care program, is the current health service delivery system for most children and non-elderly adults enrolled in Medicaid and the Maryland Children's Health Program. Prior to the implementation of the Maryland Healthy Smiles Dental

Program ASO on July 1, 2009, dental care was a covered benefit provided by HealthChoice MCOs. HealthChoice MCOs were required to offer comprehensive oral health services including preventive care to children through 20 years of age and pregnant women.[16] While adult dental services are not a required benefit and are not funded by Medicaid, seven of the eight HealthChoice MCOs currently offer basic oral health services to adults. HealthChoice adult dental benefits typically include cleanings, fillings, and extractions (see Table 11 for more information on HealthChoice adult dental benefits).

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

As of July 2008, approximately 743 dentists enrolled as providers in the HealthChoice program. The 2008 count was a point-in-time count of providers, and, due to several provider outreach activities, the number of enrolled dentists increased by the end of 2008. In July 2008 the overall statewide ratio of dentists to HealthChoice enrollees under age 21 years was 1:679.[17] Shortly after the July 1, 2008 rate increases and the Secretary's challenge to dentists to participate with Medicaid, approximately 65 additional dentists joined the HealthChoice Program.

Current Dentist Enrollment: Maryland Healthy Smiles Dental Program

Through the ASO, providers can now participate with Medicaid via a single point of contact, rather than contracting with each HealthChoice MCO. The ASO handles credentialing, billing, and dental provider issues, which streamlines the process for providers. As a result, the Department has been able to build the Medicaid dental provider network. On January 1, 2016, Scion became the ASO for the Maryland Healthy Smiles Dental Program. The previous ASO, DentaQuest, actively enrolled new dentists in the Maryland Healthy Smiles Dental Program from 2009 to 2015. Because of the overall increase in the provider network since 2009, the Dental Home Program was implemented statewide in December 2013. As of August 2016, there were 1,472 individual providers enrolled (see Table 1).

While Medicaid is pleased with the progress made in the increased access to care, there is still room for improvement. With the goal of increasing dental provider enrollment, the Department outlined pay-for-performance standards in the February 2015 Maryland Medicaid Dental Benefits Administrator Request for Proposals. The pay-for-performance standards incentivize provider outreach and reward the ASO for increasing provider enrollment in target counties. The ASO will be able to demonstrate improvement across two ratios: (1) the general

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[16] Children are only covered up to age 19 under the Maryland Children's Health Program and up to age 20 under Medicaid.
[17] Only dentists listed in HealthChoice provider directories were counted.

dentist provider-to-participant ratio and (2) the dental specialists provider-to-patient ratio.[18] Performance payments are tiered and allow for continued demonstrations of improvement over the life of the contract. Scion's performance across these measures will be reviewed at the end of CY 2016 to assess its eligibility for these pay-for-performance bonuses.

Scion has proposed a comprehensive provider outreach program to encourage non-participating dentists to work with Medicaid. In addition to outreach, Scion offers online provider credentialing and contracting to improve the network enrollment process. Scion offers the use of proprietary tools aimed at easing the provider engagement process, including an advanced pre-authorization model and the capability to check participant eligibility in real-time and up to a month in advance. Since January 2016, Scion has enrolled 87 providers with the Maryland Healthy Smiles Dental Program. Scion will continue to outreach to dental providers to increase participation in the program.

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

Regions[b]	Maryland Healthy Smiles Dental Program					
	August 2011	**August 2012**	**August 2013**	**August 2014**	**August 2015**	**August 2016**
Baltimore Metro	410	384	408	437	459	487
Montgomery/Prince George's Counties	365	358	374	435	504	523
Southern Maryland	51	49	51	55	59	68
Western Maryland	128	94	91	92	114	125
Eastern Shore	84	68	77	81	67	71
MD Bordering States	152	362	370	254	182	198
Unduplicated Total[c]	**1,190**	**1,315**	**1,317**	**1,354**	**1,385**	**1,472**

[a] Some dentists may not be accepting new referrals and many dentists limit the number of new referrals that they accept. These numbers only reflect the availability of practitioners.
[b] Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Southern Maryland includes Calvert, Charles, and St. Mary's Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.
[c] This table indicates the total number of unduplicated dentists in each region and does not include fluoride varnish providers.
[d] The transition between the HealthChoice MCOs and DentaQuest resulted in the loss of several providers at the start of implementation in July 2009.

According to the Maryland State Board of Dental Examiners, there were 4,210 dentists actively practicing in Maryland in August 2016. Table 2 indicates the number of pediatric and general dentists practicing in Maryland and the number of dentists currently participating with the Maryland Healthy Smiles Dental Program as of August 2016. For the last two columns, 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 enrollees.

[18] The ASO 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: Active Dentists and Dentists Participating with the Maryland Healthy Smiles Dental Program

REGION[a]	Total Active Dentists (August 2016)	Active Pediatric Dentists (August 2016)	Dentists Enrolled with Maryland Healthy Smiles Dental Program as of August 2016	Dentists Who Billed One or More Services in CY 2015	Dentists Who Billed $10,000+ in CY 2015
Baltimore Metro	1870	201	487	536	422
Montgomery/ Prince George's Counties	1681	215	523	564	434
Southern Maryland	156	19	68	54	44
Western Maryland	279	36	125	128	101
Eastern Shore	224	16	71	89	73
Out of State	--	--	198	182	136
TOTAL[b]	**4,210**	**487**	**1,472**	**1,470**	**1,092**

[a] Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Southern Maryland includes Calvert, Charles, and St. Mary's Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.
[b] Please note that the totals for 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 2015.

In 2008, less than 19 percent of Maryland licensed active dentists were participating with Medicaid. As of August 2016, 1,472 dentists participate with the Maryland Healthy Smiles Dental Program compared to 4,210 active dentists in the State. In CY 2015, 1,470 unduplicated dentists billed one or more Medicaid services, and 1,092 unduplicated dentists billed $10,000 or more to the Medicaid program. This represents 33.8 percent and 26 percent respectively, of the total active, licensed dentists in the State. The number of dentists billing at least one Medicaid service has steadily increased over the last four years, from 1,220 in 2012, to 1,258 in 2013, to 1,361 in 2014, to 1,470 in 2015. The number of dentists billing more than $10,000 to Medicaid also increased from 881 in 2011, to 908 in 2012, to 938 in 2013, to 1,047 in 2014, to 1092 in 2015. Pediatric dentists remain a minority in the State, accounting for approximately 11.6 percent of the total number of active dentists in Maryland in 2016.

Maryland Healthy Smiles Dental Program Dental Utilization Rates

Children and Dental Utilization

Under Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) requirements, dental care is a mandated health benefit for children under 21 years of age.[19] Utilization of dental services has historically been low, but has increased significantly in recent years. Prior to implementation of the HealthChoice managed care program in 1997, only 14

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

percent of all children enrolled in Medicaid for any period received at least one dental service. This number was below the national average of 21 percent.[20]

To assess the performance of HealthChoice and the ASO, 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. The number of individuals included in the HEDIS® measure is based on two criteria: (1) an age range from four through 21 years and (2) enrollment of at least 320 days. Medicaid modified its age range to reflect four through 20 years because the Medicaid program only requires dental coverage through age 20 years. To facilitate comparability across calendar years, Medicaid is presenting a multi-year look back for each measure that includes fee-for-service and MCO participants across the Medicaid program. Recipients with partial benefits were excluded from the analysis.

During the first year of the HealthChoice program in 1997, the percentage of children receiving dental services was 19.9 percent. In 1999, HealthChoice utilization increased dramatically to 25.9 percent. However, performance was still 10 percentage points below the HEDIS® national Medicaid average. After Medicaid adopted the 2007 Dental Action Committee (DAC) recommendations, access to care for children enrolled in HealthChoice increased from 51.5 percent (CY 2007) to 60.9 percent (CY 2009). Maryland's performance in 2009 was more than 15 percentage points above the 2009 HEDIS® national Medicaid average. In CY 2015, 69 percent of children received dental services (see Table 3).

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

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service	HEDIS® National Medicaid Average[b]
CY 2009	301,582	183,648	60.9%	45.7%
CY 2010	333,167	213,714	64.1%	47.8%
CY 2011	362,197	241,365	66.6%	45.4%
CY 2012	385,132	261,077	67.8%	49.2%
CY 2013	405,873	277,272	68.3%	↑[c]
CY 2014	423,625	286,713	67.7%	↑[c]
CY 2015	404,118	278,796	69.0%	N/A

[a] The study population for CYs 2009-2015 measured dental utilization for all qualifying individuals in Medicaid, including FFS and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.
[b] Mean for the Annual Dental Visit measure, total age category (ages 2-21 years), as of HEDIS® 2006. The 2-3 year age cohort was added as of HEDIS® 2006.
[c] Due to National Committee for Quality Assurance licensing restrictions beginning with CY 2013, the National HEDIS® Mean can no longer be displayed in Table 3. An arrow has been added to indicate if Maryland's performance score is above, below, or equal to the National HEDIS® Mean. In CY 2013 and CY 2014, Maryland's performance score was above the National HEDIS® Mean.

[20] Academy of Pediatrics, "State Medicaid Report for Federal FY 1996 - Analysis of HCFA National Data for Medicaid Children's Dental Services Utilization."

Maryland continues to perform higher than the national HEDIS® Mean for Annual Dental Visits. Also, by using the Annual EPSDT Report published by CMS, it is possible to compare Maryland's children dental utilization rates against the national averages. The report demonstrates that the total Maryland dental utilization rates for children ages 0-20, at 54.5 and 52.9 percent respectively during FFY 2014 and FFY 2015, continue to outpace the national rates of utilization, at 43.3 and 44.8 percent respectively. Maryland utilization rates compare favorably to the national utilization rates across most age ranges (see Table 4).

In recent years, Medicaid began reporting utilization rates of children with any period of enrollment. Utilization rates are lower when analyzed for any period of enrollment. One reason for this may be the inclusion of children who were in a HealthChoice MCO or Medicaid for only a short period. Children may have had turnover in eligibility or enrollment or have been new to the HealthChoice MCO or Medicaid, thereby resulting in insufficient time to link the child to care. MCOs and the ASO have less opportunity to manage the care of these populations.

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

Age Group	FFY 2013		FFY 2014		FFY 2015	
	Maryland Dental Utilization	National Dental Utilization	Maryland Dental Utilization	National Dental Utilization	Maryland Dental Utilization	National Dental Utilization
< 1[b]	1.0%	2.7%	1.0%	2.5%	0.7%	2.6%
1-2[b]	30.1%	22.9%	31.1%	23.3%	30.3%	23.9%
3-5	61.8%	50.5%	62.4%	50.7%	61.6%	51.4%
6-9	68.2%	56.6%	69.5%	57.1%	67.9%	58.6%
10-14	63.1%	51.7%	64.0%	52.1%	62.9%	54.0%
15-18	53.7%	42.3%	55.5%	42.3%	52.0%	44.1%
19-20	35.9%	23.8%	38.5%	23.3%	34.3%	25.4%
Total	**53.2%**	**43.0%**	**54.5%**	**43.3%**	**52.9%**	**44.8%**

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

Of the 709,669 children enrolled in Medicaid for any period during CY 2015, 52.8 percent of these children received one or more dental service compared to 52.9 percent in CY 2014 (see Table 5). The utilization rates of children with any period of enrollment have increased over the seven-year period for all age groups. The utilization increase for children ages 0-3 years from 2009-2015 (See Table 5) is likely due to the change that took effect in July 2009, which allowed EPSDT certified pediatric physicians to apply fluoride varnish.

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

Age Group	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
0-3[b]	18.1%	22.5%	25.1%	27.9%	29.8%	29.8%	28.9%
4-5	55.1%	59.7%	63.1%	64.8%	65.8%	65.2%	64.7%
6-9	59.5%	63.6%	66.3%	67.8%	68.9%	68.0%	68.0%
10-14	55.0%	58.7%	61.2%	62.9%	63.4%	62.1%	62.8%
15-18	44.9%	48.5%	51.3%	52.4%	53.2%	51.3%	51.6%
19-20	29.0%	32.1%	34.2%	35.1%	35.8%	34.3%	34.0%
Total	**42.8%**	**47.0%**	**50.1%**	**52.3%**	**53.7%**	**52.9%**	**52.8%**

[a] The study population for CYs 2009-2015 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.
[b] Most newborns and infants are not expected to use dental services. As a result, the dental service rate for the 0-3 age group should be interpreted with caution.

In response to the concern that the level of restorative services or treatment may not be adequate, Medicaid has examined the type of dental services that children receive. As indicated in Table 3, access to any dental service has increased from 60.9 percent in CY 2009 to 69 percent in CY 2015. Access to diagnostic services increased from 66.2 percent in CY 2014 to 67.6 percent in CY 2015. Access to restorative services has increased from 23.2 percent of all children in CY 2009 to 24 percent in CY 2015 (See Table 6). The overall increase in utilization since CY 2009 is due in part to: raising the fees for 12 additional dental restorative codes in 2004; raising the fees for twelve dental diagnostic and preventive procedure codes in 2008; and increasing outreach efforts to Medicaid participants and providers.

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

Year	Diagnostic	Preventive	Restorative
CY 2009	58.8%	55.7%	23.2%
CY 2010	62.3%	58.5%	25.1%
CY 2011	64.8%	61.1%	25.2%
CY 2012	66.0%	62.5%	24.3%
CY 2013	66.8%	63.2%	24.4%
CY 2014	66.2%	62.6%	23.2%
CY 2015	67.6%	64.0%	24.0%

[a] The study population for CYs 2009-2015 measured dental utilization for all qualifying individuals in Medicaid, including FFS and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.

As noted above, utilization rates are lower when analyzed for any period of enrollment versus a period of continuous enrollment because the MCO or ASO 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 2015. Of those receiving a preventive or diagnostic visit, 29.7 percent received a follow-up restorative visit.

Table 7: Preventive/Diagnostic Visits Followed by a Restorative Visit by Children Enrolled for Any Period in Medicaid[a] (Ages 0-20), CY 2009 – CY 2015

Year	Total Number of Enrollees	Diagnostic Visit	Percentage with a Diagnostic Visit	Preventive/ Diagnostic Visit Followed by a Restorative Visit	Percentage with a Preventive/Diagnostic Visit Followed by a Restorative Visit
CY 2009	562,019	234,806	41.8%	77,330	32.9%
CY 2010	598,037	275,613	46.1%	92,642	33.6%
CY 2011	626,207	307,712	49.1%	100,402	32.6%
CY 2012	645,562	331,496	51.3%	102,028	30.8%
CY 2013	661,872	349,864	52.9%	106,862	30.5%
CY 2014	706,378	367,908	52.1%	107,595	29.2%
CY 2015	709,669	369,645	52.1%	109,614	29.7%

[a] The study population for CYs 2009-2015 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.

Although there has been a modest utilization increase in restorative visits since the restorative fee increase in 2004, barriers to receiving restorative care remain. Children who do not receive timely restorative care may ultimately seek care in an ER. In CY 2015, 2,642 children with any period of enrollment in HealthChoice visited the ER with a dental diagnosis, not including accidents, injury, or poison. The percentage of children with ER visits relative to the total Medicaid population eligible for dental services continued to decline across the seven-year period and has remained at less than one percent.

Table 8: Emergency Room Visits with a Dental Diagnosis[a] by Children Enrolled for Any Period in Medicaid[b] (Ages 0-20), CY 2009 – 2015

Year	Total Enrollees	Enrollees Who Had an ER Visit with a Dental Diagnosis	Number of Encounters for ER Visits with a Dental Diagnosis
CY 2009	562,019	2,836	5,729
CY 2010	598,037	2,982	5,969
CY 2011	626,207	2,860	5,698
CY 2012	645,562	2,899	5,699
CY 2013	661,872	2,815	5,464
CY 2014	706,378	2,806	5,337
CY 2015	709,669	2,642	5,547

[a] For this measure, a dental diagnosis is included regardless of whether the diagnosis appeared in the primary or secondary field. Dental services provided in the ER exclude accidents, injury, and poison.
[b] The study population for CY 2009 – CY 2015 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.

Pregnant Women and Dental Utilization

Prior to the implementation of HealthChoice in 1997, Medicaid did not cover adult dental care. Chapter 113 of the Acts of 1998 (SB 590) required that HealthChoice cover dental services for all pregnant women. Recent legislative efforts to expand dental benefits to postpartum women have been unsuccessful.[21] In July 2009, DentaQuest took over administration of dental services for pregnant women. DentaQuest identified pregnant women by eligibility coverage groups and by using dental claims data to identify if a patient is pregnant at the time of treatment. DentaQuest conducted postcard and flyer-based mailings to women enrolled in pregnancy-related coverage groups to engage them in care during the evaluation period. DentaQuest also participated in community-based events, such as Head Start Parent meetings and WIC meetings.

The percentage of pregnant women 21 years and over enrolled for at least 90 days receiving dental services was 27.3 percent in CY 2015 (see Table 9). The percentage of pregnant women 14 years and over enrolled for any period receiving a dental service in 2015 was 27.3 percent compared to 26.8 percent in CY 2014 (see Table 10).

Medicaid is monitoring the variances in the number of pregnant women receiving dental services. Medicaid is exploring whether there are changes in how prenatal care is being delivered or reimbursed that is causing a negative impact on access to dental care. Medicaid, along with Scion, is in the process of embarking on a comprehensive five-year plan designed to improve the engagement of pregnant women in dental care. At the heart of this program is (1) the assignment of pregnant women to a Dental Home, (2) enhanced individualized outreach by phone and through other mechanisms to ensure pregnant women are aware of their dental benefit and how to access services, and (3) the formation of partnerships with key oral health partners, such as OB/GYN providers.

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

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 2009	17,402	4,931	28.3%
CY 2010	19,837	5,875	29.6%
CY 2011	20,572	6,689	32.5%
CY 2012	21,708	6,537	30.1%
CY 2013	22,286	6,113	27.4%
CY 2014	25,408	6,858	27.0%
CY 2015	26,795	7,324	27.3%

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

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

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 2009	23,831	6,879	28.9%
CY 2010	26,175	7,997	30.6%
CY 2011	26,405	8,622	32.7%
CY 2012	27,092	8,330	30.7%
CY 2013	27,158	7,639	28.1%
CY 2014	30,743	8,228	26.8%
CY 2015	32,015	8,732	27.3%

[a] In Tables 9 and 10, pregnant women were identified using the following methods: (1) enrollment in Medical Care Program coverage group P02 or P11 in the CY MMIS eligibility files; (2) kick payments for live births in the CY capitation rate dataset; (3) payment for an individual in a Sixth Omnibus Budget Reconciliation Act rate cell for pregnant women; and (4) delivery CPT codes. The study population for CYs 2009-2015 measured dental utilization for all qualifying individuals in Medicaid, including fee-for-service and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.

HealthChoice Dental Utilization Rates

Non-Pregnant Adults and Dental Utilization

Apart from dental services covered for pregnant women and adults in the Rare and Expensive Case Management Program, adult dental services are not included in MCO or ASO capitation rates, and therefore are not required to be covered under HealthChoice or the Maryland Healthy Smiles Dental Program.

Prior to the dental carve out and implementation of the Dental ASO, all seven of the HealthChoice MCOs provided a limited adult dental benefit. In CY 2008 MCOs spent approximately $8.9 M for these services. After the State transitioned to the Maryland Healthy Smiles Dental Program, the MCOs spent $12.3 M on adult dental services in CY 2009, $6.5 M in CY 2010, $11.4 M in CY 2011, $11.1 M in CY 2012, $5.3 M in CY 2013, $16.5 M in CY 2014, and $14.4 M in CY 2015. By January 2013, two of the MCOs had discontinued offering adult dental services. When a new MCO entered the HealthChoice Program in February 2013, they joined five other HealthChoice MCOs in providing limited dental services to non-pregnant adults. Between CY 2012 and CY 2013, there was a large decline in dental services among adults enrolled in HealthChoice, which may be attributed to the large number of enrollees in the two MCOs that did not offer adult dental benefits during that period of time. As of August 2016, seven of eight HealthChoice MCOs provide limited dental services to non-pregnant adults (see Table 11).

Beginning January 1, 2014, Medicaid eligibility in Maryland was expanded for low-income families and adults under age 65 under the Patient Protection and Affordable Care Act. HealthChoice adult dental expenditures rose in 2014 to $16.5 M as a result of the subsequent increased enrollment, an $11.2 M increase from CY 2013 (see Table 12). In CY 2014, there were 486,025 adults (ages 21-64), who were enrolled in HealthChoice for at least 90 days, of which 65,671 received at least one dental service.

MCO adult dental expenditures decreased to $14.4 M in CY 2015. The decrease may be due to a reduction in pent up demand for restorative services after these services were rendered in the member's first year of enrollment. In CY 2015, adult enrollees increased to 533,689, of which 72,556 received at least one dental service (see Table 12). In CY 2015, 13.6 percent of non-pregnant adults enrolled in a HealthChoice MCO for at least 90 days received at least one dental service, up from 13.5 percent in CY 2014 (see Table 12).

Table 11: HealthChoice Dental Benefits for Non-Pregnant Adults as of August 2016

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

Table 12: Percentage of Non-Pregnant Adults 21-64 Receiving Dental Services, Enrolled in HealthChoice for at Least 90 Days

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 2000	114,223	16,986	14.9%
CY 2001	111,694	16,795	15.0%
CY 2002	117,885	16,800	14.3%
CY 2003	116,880	21,288	18.2%
CY 2004	115,441	12,457	10.8%
CY 2005	116,266	11,093	9.5%
CY 2006	114,844	11,747	10.2%
CY 2007	138,212	18,290	13.2%
CY 2008	125,386	23,587	18.8%
CY 2009	177,474	26,063	14.7%
CY 2010	192,835	33,117	17.2%
CY 2011	222,580	50,652	22.8%
CY 2012	236,205	51,619	21.9%
CY 2013	248,524	33,093	13.3%
CY 2014	486,025	65,671	13.5%
CY 2015	533,689	72,556	13.6%

Chapter 57 and 58 of the Acts of 2016 (SB 252/HB 511) authorizes Medicaid to cover dental care up to the age of 26 for former foster youth, and requires Medicaid to apply to CMS for the necessary waiver. Medicaid submitted its HealthChoice Waiver Renewal Application to CMS on June 30, 2016. Medicaid is seeking approval to offer dental services available as an EPSDT benefit to former foster youth up to the age of 26 with an effective coverage date of January 1, 2017. Medicaid is committed to covering dental benefits for these individuals if approved by CMS.

In April 2015, the respective chairmen of the Senate Finance and House Health and Government Operations committees requested that MDAC conduct a study on expanding access to oral health care and coverage for adults, including extending Medicaid coverage for specific adult populations, and establishing or expanding public health initiatives that support oral health care services for adults presently without dental coverage. MDAC contracted with the Hilltop Institute to conduct the study and presented a summary of its findings to the House Health and Government Operations Committee in February 2016. [22] In its report, Hilltop estimates that State costs for an adult dental benefit would range from $17.8 million to $40.5 million for a 'basic benefit' and from $29.1 million to $65.9 million for an 'extensive benefit' with no annual cap.

Addressing Dental Health Professional Shortage Areas

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

As of April 2016, 15 Maryland jurisdictions were served directly by on-site clinical (defined as the direct provision of dental care services by, at a minimum, a licensed dentist) or school-based or school-linked dental programs administered by local health departments. This includes Kent and Queen Anne's Counties, which had been identified in the past as having limited dental public health services, as well as the Worcester County Health Department, which began operating its onsite clinical dental program in April 2011. The St. Mary's County Health Department, which is not included in this count, does not directly administer a clinical dental program but acts as a conduit to link low-income patients with private dental practitioners who are available to provide dental services to this population within the county. Similarly, the Howard County Health Department subcontracts with a FQHC, Chase Brexton Health Services, for its clinical dental service program and is also not included in this count. In addition, four jurisdictions on the Eastern Shore without a local health department dental program have dental

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[22] Betley, C., Idala, D., James, P., Mueller, C., Smirnow, A., & Tan, B., "Adult dental coverage in Maryland Medicaid," 1 February 2016, The Hilltop Institute, UMBC, 12, October 2016 <http://www.hilltopinstitute.org/publications/AdultDentalCoverageInMarylandMedicaid-Feb2016.pdf.>

programs served by two FQHCs – Choptank Community Health Systems (Caroline, Talbot, and Dorchester) and Three Lower Counties (Somerset).

Strategies to Improve Access to Dental Care

Training

In July 2009, the Department began training and reimbursing primary care providers for the application of fluoride varnish for children up to three years of age (OOH and Medicaid respectively). Consequently, utilization for children under the age of three has increased, and by June 2016, 461 unique EPSDT certified providers administered over 172,037 fluoride varnish treatments.

Dental Home Program

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

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

Every Maryland Healthy Smiles enrollee is assigned a dental office to serve as their dental home.[23] In CY 2015, 519,881 members had a dental home assignment. Of those who had a dental home assignment, 231,393, or 44.5 percent, received at least one dental service.

Funding

Medicaid dental funding for children and pregnant women has increased in recent years from approximately $12 million in CY 2000 to $165.2 million in CY 2015 (see Appendix B). A detailed history of Medicaid dental funding is below:

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[23] Except pregnant women over 21. Many of these recipients who are eligible as a result of pregnancy lose coverage postpartum, making the assignment to a dental home under the Maryland Healthy Smiles Program extraneous; however, this is being reevaluated by the Department.

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

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

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

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

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

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

- In CY 2009, MCOs were responsible for providing dental services for children and pregnant women for the first half of the year. Capitation rates for dental services for the first half of CY 2009 totaled $39.6 million. Beginning July 1, 2009, the Maryland Healthy Smiles Dental Program began paying dental claims on a fee-for-service basis. Expenses for the second half of 2009 were $43.2 million, for a total of $82.8 million spent in CY 2009. An additional $12.3 million was spent by the MCOs for adult dental services in CY 2009.

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

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

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

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

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

- In CY 2015, the Maryland Healthy Smiles Dental Program dental expenses totaled $165.2 million. HealthChoice adult dental expenditures totaled $14.4 million for which MCOs did not receive reimbursement.

III. Conclusion and Future Initiatives

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

The Department will continue to increase the number of dental service providers; expand education, prevention, and outreach initiatives; promote oral health literacy for the public; and provide funding support for the Oral Cancer Initiative. It will work to increase the provision of prevention, early intervention, and educational oral health services in high-risk, low-income venues such as Judy Centers, WIC, and Head Start programs, as well as Title I schools. The Department is also dedicated to supplementing current efforts to assure that Maryland residents receive optimally fluoridated water. In addition, the Department envisions further expansion and sophistication of its oral health surveillance system and aims to target additional populations, such as older adults, in order to better quantify and highlight their oral health needs. The Department looks forward to working with Scion to continue to improve the Maryland Healthy Smiles Dental Program. Scion's data analytic tools, streamlined provider engagement processes, and dedication to the administration and improvement of Medicaid programs will be beneficial to the program.

Additionally, the Department is increasing its focus on providing dental care for older persons. Changes associated with aging can make care for this population complex. The most common oral health problems – caries and periodontal diseases – are cumulative. Older individuals often endure consequences of their oral health experience from earlier years, such as missing teeth, large fillings, and the loss of tooth support. These problems can be complicated by a decreased ability to care for their oral health. The elderly may also have multiple physical and psychological ailments that affect their dental treatment. OOH recognizes that unique knowledge, competencies, and skills are required to tackle issues specific to this population. The next OOH strategic plan will take into account current trends in the Maryland oral health care sector, and will incorporate an action plan for funding and delivery of care to improve oral health status among persons 65 years of age and older.

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

together to address the oral health needs of all Marylanders, with a special emphasis on vulnerable populations.

IV. Appendices

Appendix A: Glossary of Key Abbreviations

ASO	Administrative Services Organization
CY	Calendar year
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CRF	Cigarette Restitution Fund Program
DDDVP	Deamonte Driver Mobile Dental Van Project
DAC	Dental Action Committee
Department	Department of Health and Mental Hygiene
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
ER	Emergency room
FFS	Fee-for-service
FFY	Federal fiscal year
FQHC	Federally Qualified Health Center
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
MCO	Managed care organization
MCHRC	Maryland Community Health Resources Commission
MDAC	Maryland Dental Action Coalition
MDC-LARP	Maryland Dent-Care Loan Assistance Repayment Program
MDE	Maryland Department of the Environment
Medicaid	Maryland Medical Assistance Program
MMIS	Medicaid Management Information System
MRWA	Maryland Rural Water Association
HEDIS®	National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
OOH	Office of Oral Health
Pew Center	Pew Center on the States
SFY	State fiscal year
WIC	Supplemental Nutrition Program for Women, Infants and Children
HHS	U.S. Department of Health and Human Services

Appendix B: Medicaid Dental Funding, Expenditures, and Utilization Rates SFY 1997 – CY 2015

MCO and Maryland Healthy Smiles Dental Program Funding and Expenditures for Dental Services, SFY 1997 – CY 2015
Utilization of Dental Services in HealthChoice and DentaQuest, SFY 1997 - CY 2015

Year	Amount Paid in MCO Capitation Rates or Maryland Healthy Smiles Dental Program	Amount Spent by MCOs for Dental± (Includes Adult Dental)	Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)	Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)
SFY 1997	N/A	$2.7 M*	19.9%	6.6%
CY 2000	$12.3 M (est.)	$17 M (est.)	28.7%	9.3%
CY 2001	$27.1 M	$23.6 M	33.6%	10.8%
CY 2002	$40.3 M	$28.9 M	34.5%	10.3%
CY 2003	$33 M	$32.5 M	43.2%	13.6%
CY 2004	$28 M	$36.7 M	43.7%	13.8%
CY 2005	$33 M	$42.0 M	45.8%	15.8%
CY 2006	$35.1 M	$46.6 M	46.2%	16.4%
CY 2007	$42.5 M	$53.8 M	51.5%	19.3%
CY 2008	$55.4 M	$71.4 M	54.6%†	20.8%†
CY 2009**	$82.8 M	$39.3 M	60.9%	23.2%
CY 2010***	$137.6 M	$6.5 M	64.1%	25.1%
CY 2011	$152.7 M	$11.4 M	66.6%	25.2%
CY 2012	$150.5 M	$11.1 M	67.8%	24.3%
CY 2013	$157.2 M	$5.3 M	68.3%	24.4%
CY 2014	$159.0 M	$16.5 M	67.7%	23.2%
CY 2015	$165.2M	$14.4M	69.0%	24.0%

* In SFY 1997, the Department spent $2.7 M on dental services under its FFS program.

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

*** Beginning in SFY 2010, Maryland Healthy Smiles is reimbursed FFS and paid an administrative fee. The $6.5 M in CY 2010 and $11.4 M in CY 2011 spent by MCOs account for adult dental services only and is not reimbursed by the state.

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

± Source: HealthChoice Financial Monitoring Report.

Appendix C: State Public Health Dental Programs

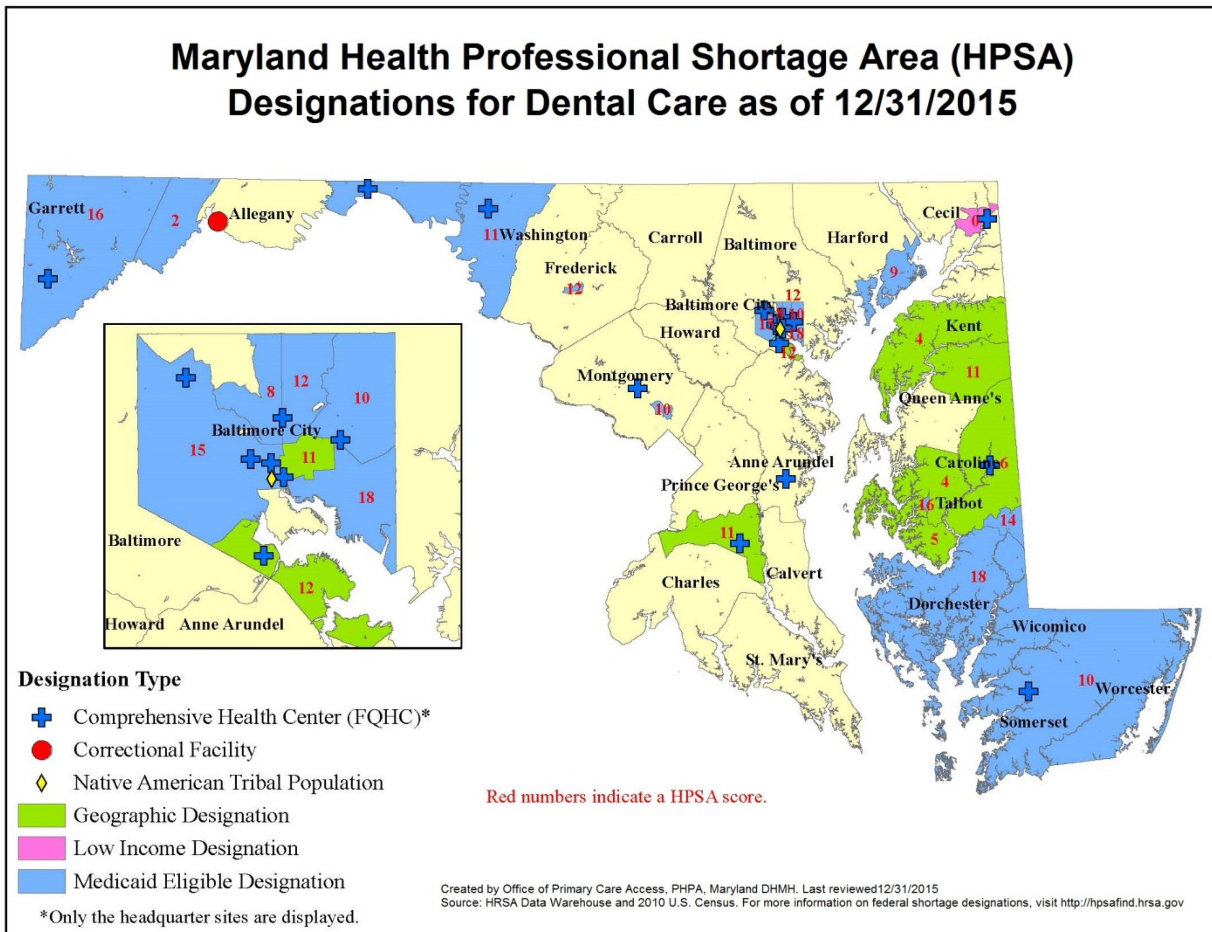
County	Local Health Department Clinic	Community Health Centers	Dental School/Other
Allegany	On Site	None	Allegany Health Right (contracts with private dental providers), Allegany College of Maryland (Dental Hygiene Program)
Anne Arundel	On Site (2 sites) [1,2]		
Baltimore City	On Site (2 sites)[1,2]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

	fillings only)		
Talbot	None	Served by Choptank	
Washington	None	Walnut Street	
Wicomico	On Site	Served by Three Lower Counties FQHC	
Worcester	On Site	Served by Three Lower Counties FQHC	

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

Appendix D: Map of Maryland Health Professional Shortage Areas

(Data accurate through 9/23/16)



Appendix E: Medicaid Dental Utilization Rates, CY 2004 – CY 2015 (Enrollment in Medicaid > 320 Days*, Ages 4-20)

Criteria	CY 2004	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
Age												
4-5	43.6%	45.9%	46.2%	52.5%	57.0%	60.9%	67.8%	70.8%	72.3%	72.9%	73.1%	73.9%
6-9	48.7%	51.1%	51.6%	57.6%	62.5%	65.6%	71.5%	73.8%	74.9%	75.7%	75.2%	76.5%
10-14	44.8%	46.9%	47.5%	53.2%	57.2%	60.7%	66.4%	68.5%	69.8%	70.0%	69.3%	71.2%
15-18	37.6%	39.7%	40.2%	44.3%	47.6%	51.2%	55.9%	58.5%	59.4%	59.7%	58.9%	60.3%
19-20	26.8%	27.7%	26.9%	28.4%	33.2%	37.5%	38.6%	41.2%	43.0%	43.3%	42.7%	43.9%
All 4-20	**43.7%**	**45.8%**	**46.2%**	**51.5%**	**55.7%**	**59.0%**	**63.9%**	**66.4%**	**67.8%**	**68.3%**	**67.7%**	**69.0%**
Region**												
Baltimore City	35.8%	38.1%	38.8%	45.9%	51.8%	56.6%	62.4%	64.4%	65.0%	66.2%	65.7%	65.5%
Baltimore Suburbs	46.1%	47.0%	47.1%	51.4%	54.8%	56.7%	61.7%	63.6%	66.0%	65.7%	65.6%	66.9%
Washington Suburbs	46.4%	50.2%	49.5%	54.8%	58.8%	62.1%	65.8%	70.4%	71.9%	73.3%	72.2%	74.0%
Western Maryland	56.1%	56.4%	55.7%	59.3%	61.9%	64.1%	56.9%	69.6%	69.4%	68.2%	67.0%	68.7%
Southern Maryland	39.5%	40.0%	43.3%	46.7%	52.2%	56.1%	66.6%	57.5%	58.7%	59.7%	59.7%	59.6%
Eastern Shore	48.2%	49.2%	51.8%	55.7%	55.7%	59.4%	69.6%	67.9%	69.1%	68.6%	67.5%	69.6%
All Regions	**43.7%**	**45.8%**	**46.2%**	**51.5%**	**55.7%**	**59.0%**	**63.9%**	**66.4%**	**67.8%**	**68.3%**	**67.7%**	**69.0%**

* The study population for CY 2014 measured dental utilization for all qualifying individuals in Medicaid, including FFS and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

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