STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

December 22, 2014

The Honorable Martin O'Malley
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: 2014 Annual Oral Health Legislative Report as Required by Health-General Article, Section 13-2504(b) and HB 70 (Ch. 656 of the Acts of 2009)

Dear Governor O'Malley, 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 (on 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 SB 590 (1998)) as well as the Office of Oral Health's efforts to improve access; 2) the Oral Health Safety Net Program (as originally required by SB 181/HB 30 (2007)); and 3) the Oral Cancer Initiative (as originally required by SB 791/HB 1184 (2000)). 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;

- The results of the Statewide follow-up survey concerning the oral health status of school children in Maryland; and

- Other related oral health issues.

The Department is pleased to share this report, detailing the work that has been completed to improve dental care for Marylanders. If you have any questions regarding this report, please do not hesitate to contact Ms. Allison Taylor, Director, Office of Governmental Affairs, at (410) 767-6481.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Senator Edward J. Kasemeyer, Chairman, Senate Budget and Taxation Committee
Delegate Norman H. Conway, Chairman, House Appropriations Committee
Allison Taylor, Director, Office of Governmental Affairs
Laura Herrera Scott, Deputy Secretary, Public Health Services
Charles Lehman, Acting Deputy Secretary, Health Care Financing
Sarah Albert, MSAR # 7890

MARYLAND'S 2014 ANNUAL ORAL HEALTH LEGISLATIVE REPORT

Health-General Article, §13-2504(b)

Martin O'Malley Governor	Anthony G. Brown Lt. Governor	Joshua M. Sharfstein, M.D. Secretary

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Executive Summary

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

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

In April 2010, CMS launched its national Oral Health Initiative and asked states to participate by increasing the use of preventive dental services by children enrolled in Medicaid by at least ten 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 is to improve by two percentage points each year. Maryland was one of fifteen states to meet the first-year CMS Oral Health Initiative goal.[4]

Oral Health Safety Net Program

The DAC in 2007 recommended enhancement of the dental public health infrastructure by ensuring that each local jurisdiction has a local health department or community dental clinic. The Governor included $1.5 M in the FY 2014 budget to the Department of Health and Mental

[1] http://www.pewstates.org/uploadedFiles/PCS_Assets/2011/The_State_of_Childrens_Dental_health.pdf
[2] http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/Pew_dental_sealants_report.pdf
[3] http://www.healthypeople.gov/2020/learn/LHI_OH_082012_Transcript.pdf
[4] http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-07-10-2014.pdf

Hygiene (the Department) Office of Oral Health (OOH), which continues support for community-based oral health grants. This program aims to expand the dental public health capacity for low-income, disabled, and Medicaid populations. Building on prior successes, this additional funding now provides Marylanders in every county access to a public health dental clinic that is either located within or serves their jurisdiction.

The OOH developed an Oral Health Literacy Campaign, entitled "Healthy Teeth, Healthy Kids" and a school-based dental sealant demonstration project in which third graders in 10 elementary schools received dental screenings and sealants. The OOH leveraged this demonstration project to create a statewide school-based/school-linked dental sealant program. The program has grown from five counties operating dental sealant programs in FY 2009 to 13 counties with programs in FY 2015. Additionally, in January 2014, five new dentists started the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP). These dentists will work with the program through December 2016. During CY 2013, MDC-LARP dentists treated 16,348 unduplicated Medicaid patients, and billed 40,870 dental visits for Medicaid patients.

At the local level, the Kaiser Foundation awarded a $200,000 grant to the Maryland Dental Action Coalition (MDAC) in partnership with the OOH 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 (see a full description of this pilot program on page 11). Also in Prince George's County, the Deamonte Driver Mobile Dental Van Project provided diagnostic and preventive services for 1,671 Prince George's County children, of which 613 received clinic referrals for immediate restorative care or urgent care.

The Maryland Community Health Resources Commission (MCHRC) continues to expand its commitment to creating new and expanding existing capacity for dental care to serve low-income, underinsured, and uninsured populations. Since March 2008, the MCHRC has awarded 23 dental grants totaling $5.2M. The MCHRC dental grant projects, which were awarded to local health departments, federally qualified health centers, and private non-profit foundations and hospitals throughout the State, have collectively served more than 42,000 low-income children and adults, resulting in over 93,000 dental visits.

Oral Cancer Initiative

The Oral Cancer Prevention Initiative, mandated by Chapter 307 of the Acts of 2000 (SB 791), requires that the Department implement programs to train health care providers on screening and referring patients with oral cancer and provide education on oral cancer prevention for high-risk, underserved populations. As of June 30, 2014, FY 2014 totals include: 7,735 individuals screened for oral cancer, 13,861 individuals provided oral cancer education, and 276 healthcare providers provided oral cancer through the Initiative.

In FY 2014, three separate pediatric dentistry courses were 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 Advanced Pediatric Dentistry Seminar for public health professionals held on August 23, 2013 had 131 attendees, the Pediatric Dentistry for the General Practitioner: Techniques and New Approaches Seminar held on

October 4, 2013 had 127 attendees, and the Maryland Oral Health Summit held on December 6, 2013 had 140 attendees. In addition, on May 20, 2014, the OOH and MDAC co-sponsored a course entitled "Oral Health for the Pediatrician" with the Maryland chapter of the American Academy of Pediatrics. Approximately 35 pediatricians attended. The Ava Roberts Advanced Pediatric Dental Seminar for the State's dental public health workforce, which is annually sponsored by the OOH in collaboration with MDAC and the University of Maryland School of Dentistry, was held on August 8, 2014 in Howard County and had 117 attendees.

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

Medicaid Dental Care Access

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

The DAC recommended that the Department initiate a single statewide dental administrative services organization. In July 2009, DentaQuest (formerly named Doral Dental) began functioning as the Department's administrative services organization for all dental services for children, pregnant women, and adults in the Rare and Expensive Case Management Program. DentaQuest is 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. Calendar year (CY) 2013 is the fourth full calendar year that DentaQuest has coordinated dental services for Medicaid. The Department spent $157.2 M for dental expenditures in CY 2013, nearly $102 M more than in CY 2008 (see Appendix B).

Utilization rates have increased and provider networks have expanded since DentaQuest rebranded Medicaid dental services as the Maryland Healthy Smiles Program. Specifically:

- As of August 2014, 1,354 dentists have enrolled with DentaQuest to provide care, up from 649 in August 2009.
- Approximately 394,000 children and adults in Medicaid received dental care in 2013.
- Maryland continues to perform significantly above the national Health Employer Data Information Set (HEDIS™) average for children's dental services utilization at 68.3 percent, more than 19 percentage points higher than the 2012 HEDIS™ average of 49.2 percent.

- Over an eight-year period, less than one percent of children enrolled in Medicaid sought treatment for a dental diagnosis in the emergency room.

- The percentage of pregnant women 14 years and over enrolled for any period receiving a dental service in 2013 was 28.1 percent.

As of December 2013, the Dental Home Program was implemented statewide in Maryland. Maryland Healthy Smiles Dental Program members 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 FY 2015, the Department received almost $2.2M in funds to increase dental reimbursement rates beginning in January 2015. A workgroup will be convening to gather feedback from stakeholders and decide on the specific dental codes for this rates increase.

As of September 2014, approximately 1,146 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 2014, 456 unique Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) certified providers had administered over 113,635 fluoride varnish treatments.

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), Maryland Medical Assistance (Medicaid) and the Office of Oral Health (OOH) within the Department of Health and Mental Hygiene (Department) are required to submit a comprehensive oral health report that addresses the following areas:

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

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

(3) The availability and accessibility of dentists throughout the State participating in the Maryland Medical Assistance Program;

(4) The outcomes that managed care organizations and dental managed care organizations under the Maryland Medical Assistance Program achieve concerning the utilization of targets required by the Five Year Oral Health Care Plan,[5] including:

(a) Loss ratios that the managed care organizations and dental managed care organizations experience for providing dental services; and

(b) Corrective action by managed care organizations and dental managed care organizations to achieve the utilization targets; and

(5) The allocation and use of funds authorized for dental services under the Maryland Medical Assistance Program.

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

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

[5] The Five Year Oral Health Plan was established by Senate Bill 590 (1998) and at the time established five consecutive years of dental access targets starting in 1998 when dental access was expected to increase by 10% each year. This Plan concluded in 2003 and will not be included in this report.

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

II. Maryland's Oral Health Accomplishments

Part 1. Oral Health Safety Net Program

Background

Lack of access to oral health services is both serious and complex in scope, requiring multiple strategies. Chapter 527/528 of the Acts of 2008 (HB 30/SB 181) established the Oral Health Safety Net Program within the OOH. The purpose of the program is to support collaborative and innovative ways to expand oral health capacity for low-income, disabled, and Medicaid populations by awarding community-based oral health grants to local health departments, federally qualified health centers, and other non-profit entities providing dental services within state facilities; to contract with a licensed dentist to provide public health expertise for the State; and to provide continuing education courses to providers that offer oral health treatment to underserved populations.

Basic Screening Survey

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

To that end, the OOH is in the process of conducting the first oral health Basic Screening Survey of Maryland older adults, utilizing the Older Adults Basic Screening Survey, which was developed by the Centers for Disease Control and Prevention (CDC) in collaboration with the Association of State and Territorial Dental Directors. This project enables the OOH to expand its oral health surveillance system and assess the oral health needs of older adults in order to better address their specific oral health needs and develop related programmatic and policy priorities. The Basic Screening Survey began its data collection process in October 2013. Four registered dental hygienists were hired to screen residents from a sample of senior centers, congregate meal sites, assisted living facilities, and nursing homes. The final report is expected to be complete in the fall of 2014.

Follow-up Survey

Health-General Article §13-2506 required the Department to conduct a statewide follow-up survey on or before June 1, 2011, concerning the oral health status of school children in the State. The OOH entered into a Memorandum of Understanding with the University of Maryland School of Dentistry to conduct the statewide needs assessment in late September 2011, coinciding with the beginning of the school year. The needs assessment was published in February 2014.

Sixty schools in 19 counties were randomly selected to create a representative sample of Maryland's statewide population. All public schools in the 23 participating jurisdictions were eligible for selection, except for Montgomery County, which opted not to participate. The assessment consisted of: 1) a health questionnaire that was sent to parents to assess the child's oral health, including access to dental services; 2) a screening to determine the current oral health status of the child; and 3) a report sent to the parents with the child's screening results.

More than 1,723 students in 52 schools participated in the survey, and 1,486 participated in the oral health screening examinations. Data was compiled by region: Central Baltimore, Central D.C. (except Montgomery County), Eastern Shore, Southern Maryland, and Western Maryland. Although one jurisdiction opted not to participate, the final sample size was representative of the State's population and met the requirements established by the CDC.

Overall, the population surveyed exceeded the national averages for percentage of dental visits, dental sealants, and untreated tooth decay over the past decade. The number of children with untreated tooth decay in Maryland decreased by approximately 41 percent between 2001 and 2011. In addition, Maryland has exceeded by 12 percent the target recommended by Healthy People 2020, an initiative of the U.S. Department of Health and Human Services, which provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 Oral Health 2.2 target is to reduce the proportion of children 6-9 years of age with untreated decay in their primary and permanent teeth to 25.9 percent; Maryland's rate is 12 percent.[6]

Other key findings from this survey include:

- Eighty-three percent (83 percent) of school children in the State reported seeing a dentist within the last year, compared with 77 percent at the national level;
- Seventy-five percent (75 percent) of school children in the State reported having a usual source of dental care;
- Forty percent (40 percent) of third graders in the State had at least one dental sealant on a permanent first molar, compared with 32 percent nationwide; and
- About 14 percent of school children in the State had untreated dental caries, compared with 23 percent in 2000-2001.

[6] http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=32

Major Oral Health Recommendations

The OOH collaborates with many partners to ensure the intent of the Oral Health Safety Net Program is carried out. One such partner is the Maryland Dental Action Coalition (MDAC), whose mission to improve the oral health of all Marylanders. The MDAC was created when the Dental Action Committee (DAC) reorganized.

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

Maintaining and Enhancing the Dental Public Health Infrastructure

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

- *Calvert County:* Since its inception in September 2009, Calvert Memorial Hospital's program has provided direct services to Medicaid and other low-income children and adults in Calvert, Charles, and St. Mary's Counties. This program includes a part-time dentist and dental hygienist, and local volunteer dentists, dental hygienists, and dental assistants who provide preventive and restorative oral health services as well as basic oral surgeries. Access has increased from dental care services provided to 154 patients in 2009 to 1,241 patients in FY 2014; this has also helped reduce dental-related emergency room visits. School-based dental services are now being provided in five Calvert County elementary schools and dental screening and related follow-up care is being provided to county Head Start and Judy Center (early childcare and family education centers) programs. The program also partners with the Southern Maryland Mission of Mercy team and the Tri-County Veterans Council to host a Mission of Mercy event for veterans. Finally, Calvert County continues to serve as a clinical rotation site for Community College of Baltimore County Hygiene School dental hygiene students to provide education and preventive services to program clients.

- *Kent/Queen Anne's Counties:* The Kent County Health Department program aims to increase access to comprehensive oral health services, and to enhance dental capacity for low-income pre-school and school children in Kent and Queen Anne's Counties. The program targets students that are: covered by Medicaid; uninsured, or eligible for free and reduced-price meals; and those without a dental home. A dental hygienist and dental assistant provide comprehensive oral health services including risk assessment/screening, prophylaxis, fluoride varnish, fluoride mouthrinse, dental

sealants, and oral health instructions in ten schools (seven in Kent County; three in Queen Anne's County). Case management services link children in need of urgent and early dental services to a dental home such as the University of Maryland School of Dentistry clinic in Perryville (Cecil County), Choptank Community Health System, Inc. (Caroline County), or a dentist who accepts Maryland Healthy Smiles.[7] Screening and prevention services are provided for summer migrant children, as well as children in Women, Infants and Children (WIC), Head Start, Judy Centers, and daycare programs.

- *Worcester County:* The Worcester County Health Department partners with Worcester County Schools and the Three Lower Counties federally qualified health center to expand school-based dental education and screening services, and to receive referrals for children needing a dental home. In FY 2015, the health department will pursue new partnerships with WIC and Worcester Youth and Family Services to expand the client base. A school-linked program to identify middle school children in dental need and to provide dental sealants and any additional treatment will also begin in FY 2015. The OOH intends to maintain funding for the dental program until it is self-sustaining through the receipt of sufficient Medicaid and other insurance revenues.

As of the end of FY 2014 (June 30, 2014), OOH grants contributed to 27,043 children and 11,847 adults being seen in local health departments dental programs, and 41,006 child and 20,496 adult clinical visits. Further, 3,425 adults received emergency treatment in local health departments programs because of these grants. High-need dental public health geographic areas on Maryland's Eastern Shore and in Southern Maryland have benefitted greatly from these grant programs (see Appendix A for a full listing of state public health dental programs).

Developing a Unified, Culturally and Linguistically Appropriate Oral Health Message

The "Healthy Teeth, Healthy Kids" oral health literacy campaign launched on March 23, 2012 and ran from late March through mid-July 2012, using traditional media, social media, and other effective communication platforms to reach its audience. The campaign included nine weeks of radio, television, and transit advertising; a direct mailing of 120,000 brochures to women with Medicaid with children ages 0-3; and the distribution of 80,000 oral health kits to at-risk mothers with children ages 0-6 through WIC clinics, Head Start centers, and local health departments. The campaign also included ongoing cooperation with more than 120 partner organizations that publicized the campaign's message.

Pre- and post-campaign surveys were conducted to examine whether the target audience was aware of the campaign brand and messaging, and whether oral health habits, behaviors, and attitudes were influenced by the campaign. In October 2012, the social marketing firm, PRR, Inc. and Maryland Marketing Source reported survey results:

- Overall, participants were very concerned about oral health issues, ranking it the same as other health issues including heart health, diabetes, and cancer.

[7] See Part 3 for an explanation of the Maryland Healthy Smiles Program.

- Two-thirds of respondents had heard of the "Healthy Teeth, Healthy Kids" campaign.
- There was a 13-percent increase in awareness of key campaign messaging that "oral health is an important part of overall health."
- Visits to the dentist increased by 7 percent.
- Twenty-five percent (25 percent) of respondents recalled receiving the campaign brochure.
- Fifty percent (50 percent) recalled receiving an oral health kit from their health center.
- One hundred percent (100 percent) of those receiving oral health kits said that they used the products in the kit.

Based on these encouraging results, a "Healthy Teeth, Healthy Kids" Spanish-language campaign launched in February 2013. The campaign targeted low-income Hispanic women ages 18-34. The campaign included a new Spanish-language website, www.DientesSanosNinosSanos.org, and a nine-week Spanish language radio campaign. The campaign reached more than 50 percent of Hispanic women between the ages of 18-34 in the radio station's target region, with each hearing the advertisement an average of ten times. This resulted in more than a million views. The campaign was so successful that a second, eight-week Spanish language "Healthy Teeth, Healthy Kids" radio and transit advertising campaign is planned for September and October 2014.

Dental Services for Public School Children

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

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

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

- *Deamonte Driver Mobile Dental Van Project (DDDVP):* The dental van, named after Deamonte Driver, the 12-year old Prince George's County child who died from a dental infection, provides diagnostic, preventive, and simple restorative dental services to low-income students in one Montgomery County school and in twenty Prince George's County schools. During the 2013-2014 school year, the DDDVP provided cleanings and fluoride treatments to 1,671 children at 21 schools in Prince George's and Montgomery counties. For this cohort, 1,410 dental sealants were applied to 888 children. A total of 613 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 throughout the 2014-2015 school year.

- *Dental Sealant Services:* The OOH developed a dental sealant manual to assist local health departments in implementation of dental sealant services and a website – Mighty Tooth (http://mightytooth.com/) – which is currently being revamped to include information for children, caregivers, and health professionals. The statewide dental sealant program places a special emphasis on vulnerable populations, specifically children in Title I schools. In FY 2014, 12 local health departments received OOH awards to implement school-based and school-linked dental sealant programs. These programs screened 8,550 school children in FY 2014 and provided 11,374 dental sealants. In FY 2015, the OOH will distribute sealant-focused grant awards to 13 local health departments. Additionally, funds have been awarded to the Eastern Shore Area Health Education Center's WIC Oral Health Initiative, which screened 597 children at WIC Centers in Caroline, Dorchester, and Talbot counties, and provided 565 fluoride varnish applications in FY 2014.

- *Oral Health Access Programs:* The Kent County Health Department coordinates and operates a school-based Children's Dental Health Program in Kent and Northern Queen Anne's Counties. There is a shortage of dentists in these counties, which impacts access to care. Kent County has ratio of 3,622:1 population per dentist, and Queen Anne's County has ratio of 2,841:1; this is in comparison to the Maryland ratio of 1,587:1.[8] A key component of the program is providing transportation to dental homes more than 45 minutes away. The program targets students who have Medicaid, are uninsured, eligible for free and reduced meals, and those without a dental home. A dental hygienist and dental assistant provide comprehensive oral health services including screening, prophylaxis, fluoride varnish, dental sealants, and oral health instructions in ten schools. In the 2013-2014 school year, 16 percent of the students served had active decay.

Provide Training to Dental and Medical Providers

As of September 30, 2014, approximately 1,146 public health and private sector general dentists have received training in didactic and clinical pediatric dentistry so that they can competently treat young children. This total includes three separate pediatric dentistry courses

[8] County Health Ranking, 2013

that were offered to public health and private sector Medicaid general dental practitioners in FY 2014 through a partnership between the MDAC, OOH, and University of Maryland School of Dentistry. The total also includes the annual Ava Roberts Advanced Pediatric Seminar for the dental public health workforce, held in August 2014, which had 100 dental staff in attendance, of which 27 were dentists.

On May 20, 2014 MDAC co-sponsored a course entitled "Oral Health for the Pediatrician" with the Maryland chapter of the American Academy of Pediatrics. Approximately 35 pediatricians attended.

Finally, the Maryland State Dental Association conducted its seventh "Access to Care Day" on September 18, 2014 as part of its annual organizational meeting. Representatives from DentaQuest, the administrative services organization used by Medicaid, were present to enlist new dentists for the program. In addition, OOH Director Dr. Harry Goodman gave two presentations on the progress of the reforms the State has instituted in response to the DAC's recommendations. These events were part of the dental association's efforts to partner with the Department in recruiting new dentists into the Maryland Healthy Smiles Program. Dentists and dental hygienists who attended the session received free continuing dental education credits and training. These annual programs have given dentists and their staff the opportunity to discuss the Maryland Healthy Smiles Program and other state oral health issues with DentaQuest representatives, Departmental staff, and members of the MDAC.

Expanding the Oral Health Infrastructure through Other Programs

Community Water Fluoridation

Leading public health agencies including the CDC and World Health Organization endorse community water fluoridation as the single most effective public health measure to improve oral health by preventing tooth decay. A Healthy People 2020 objective is to increase the percentage of persons on public water that receive fluoridated water to 79.6 percent.[9] In Maryland, 93.1 percent of the population with public water receives fluoridated water.

To address water fluoridation needs in Maryland, the OOH partners with the Maryland Department of the Environment to create fluoridation plans, share fluoridation data, monitor fluoride levels, and generate annual reports. The OOH used funding support from its CDC and HRSA grants in FY 2014 to ensure that a high percentage of Marylanders continue to have access to optimally fluoridated water. The OOH continued its partnership with the Maryland Rural Water Association (MRWA) to survey community water systems with the goal of providing technical assistance while gathering information on equipment needs, operator training levels, and a variety of other data points that play a part in the water fluoridation process. A total of 17 fluoridation stations across 15 water systems were surveyed. The surveys highlighted the continued need for: fluoridation equipment maintenance, repair, and replacement; and fluoridation training for water operators. Through funding available through its CDC grant, the OOH continues to provide replacement fluoridation equipment to systems in need.

[9] http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=32

In addition to equipment maintenance, repair, and replacement, the surveys also identified a need for fluoridation-specific training for water operators. Working with MRWA, OOH developed an 8-hour fluoridation training course for water operators. In December 2013, the course was approved by the Maryland Department of the Environment as providing continuing education credits to water operators who attend. Operators must continually obtain these credits in order to maintain their certification. The first class was held on May 20, 2014 in Frederick, Maryland and was attended by 23 water operators. A second class is scheduled for November 18, 2014 on the Eastern Shore in Cambridge. Future classes will be held at locations across the State.

Maryland Community Health Resources Commission Dental Grant Awards

The Maryland Community Health Resources Commission (MCHRC) continues to partner with the OOH to fulfill its commitment to expanding existing and creating new capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents. Since March 2008, and with the assistance of the OOH Director, the Commission has awarded 23 dental services grants totaling $5.2 M. The MCHRC dental grant projects, which were awarded to local health departments, federally qualified health centers, and private, non-profit foundations and hospitals throughout the State, have collectively served more than 42,000 low-income children and adults, resulting in nearly 93,000 visits.

The MCHRC seeks to support programs that will be sustainable after its initial grant funds have been expended. MCHRC dental grantees leveraged their grant resources to secure more than $2.9 M in additional federal, local, private, and other resources to maintain programs in their underserved communities. The MCHRC continues to expand access to dental services for both adults and children. Following is a summary of recent grants awarded by the MCHRC:

- Allegany Health Right received a two-year grant ($90,000) to support a program that will target low-income patients with low health literacy and provide access to dental care services and oral health education for underserved communities in Allegany County.

- The Charles County Health Department received a three-year grant ($260,000) to support a school-based dental program that will screen children in the Charles County public school system and provide access to fluoride varnish, dental sealants, and other dental care services in an area of southern Maryland that is lacking in oral health safety net infrastructure.

- The Frederick Community Action Agency received a three-year grant ($240,000) to expand access to oral health services in Frederick County and to reduce hospital emergency department visits for non-emergent dental needs.

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

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

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

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

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

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

Maryland Dent-Care Loan Assistance Repayment Program

The purpose of the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) is to improve access to oral health care services by increasing the number of dentists that provide services for Medicaid recipients. In CY 2013, a total of 14 dentists participated in the program; four of those dentists completed their three-year service obligation in December 2013. 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 2014, five new MDC-LARP dentists started the program; these providers will work with the program through December 2016. During CY 2013, MDC-LARP dentists treated 16,348 unduplicated Medicaid patients, and had 40,870 dental visits by Medicaid recipients. MDC-LARP dentists have seen 113,739 unduplicated Medicaid patients through 284,347 patient visits since the inception of the program in 2001.

Part 2. Oral Cancer Initiative

Background

Maryland House Bill 1184/Senate Bill 791 (2000) established the Department's Oral Cancer Initiative (Health-General Article, §18-801-802). This statute requires that the Department develop and implement programs to train health care providers to screen and refer patients with oral cancer and to provide education on oral cancer prevention for high-risk, underserved populations. This legislation requires that the OOH develop activities and strategies to prevent and detect oral cancer in the State with a specific emphasis on high-risk, underserved populations. The major components of this initiative are oral cancer education for the public, education and training for dental and non-dental health care providers, screening and referral if needed, and an evaluation of the program.

The Oral Cancer Initiative is used to fund the Oral Cancer Mortality Prevention Initiative (the Initiative). Directed by the OOH, the 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 Initiative in 2000, 29,115 people have been screened for oral cancer, and 4,936 health care providers have received oral cancer prevention and early detection education through OOH grants to local health departments throughout Maryland.

During this same period, the Maryland General Assembly created the Cigarette Restitution Fund Program, which provides funds for cancer prevention, education, screening, and treatment for seven targeted cancers, including oral cancer. Some local jurisdictions have opted to provide oral cancer screening and/or education to residents. To date Cigarette Restitution Fund Program grants have funded training for oral cancer prevention and early detection to 18,097 health care providers, resulting in 11,253 oral screening exams. Two jurisdictions, Baltimore City and Garrett County, continue to use Cigarette Restitution Fund Program funding for oral cancer screening activities. In cooperation with the OOH, the Cigarette Restitution Fund Program 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 Cigarette Restitution Fund Program 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.

Healthy People 2020 has a target to increase to 49 percent the proportion of children, adolescents, and adults (all ages) who use the oral care system in the past year.[10] In 2012, 72.7 percent of Maryland adults 18 years and older reported that they had a dental visit in the past year for any reason.[11]

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[10] U.S. Department of Health and Human Services. Healthy People 2020. Topics & Objectives. Oral Health. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=32. Last accessed October 22, 2013.
[11] 2012 Maryland BRFSS.

Other Activities

In July 2012, the Department awarded grants to local health departments to implement oral cancer prevention initiatives. County initiatives include providing oral cancer education and screenings for the public and education and training for health care providers on how to conduct an oral cancer exam. In FY 2014, 7,735 individuals received oral cancer screenings. Of those screened, ten were referred to a surgeon for biopsy. Nearly 14,000 individuals (13,861) received education on oral cancer, and 276 health care providers received education on oral cancer.

In April 2014, the Department observed Maryland Oral Cancer Awareness Month. The OOH provided updated information, available online, to county coordinators, including prevention materials, scripts for public service announcements, and articles for local newspapers.[12] Oral health information was on display in the lobby of the state office building at 201 West Preston Street, which houses the Department of Health and Mental Hygiene. Other methods of promotion used at 201 West Preston Street included the building-wide TV monitors and Department-wide e-mail lists; through these means, information on oral cancer was shared, featuring Michael Douglas and his story. The OOH continues to partner with the Tobacco Quitline on all events related to oral cancer and tobacco use. The Maryland Tobacco Quitline brochure is included in the OOH's oral cancer brochure.

The OOH was a sponsor of the 6th annual Baltimore Oral Cancer Walk/Run for Awareness at Druid Hill Park in Baltimore on May 3, 2014. As a sponsor, the OOH had a display board at the event, and distributed oral cancer brochures, awareness ribbons, and OOH pens to participants. Attendance at this event has grown every year.

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

[12] http://phpa.dhmh.maryland.gov/oralhealth/SitePages/OCAM%202013.aspx

Part 3. Medicaid Dental Care Access

Background

Medicaid dental funding for children and pregnant women has increased in recent years, from approximately $12M in CY 2000, to $157.2M for CY 2013 (see Appendix B). This growth in funding reflects increases in the Medicaid fee schedule for selected codes. At the time of the rate increases the targeted codes reflected the 50th percentile of the American Dental Association's (ADA) South Atlantic region charges for dental services. It also reflects increased utilization due to improved outreach activities, and additional providers participating with the Medicaid program. The Department's Medicaid program delivered oral health services to approximately 394,000 children and adult enrollees during 2013.

Maryland has made major program changes and has seen a significant increase in dental utilization over the last few years, which contributed greatly to Maryland's recognition as an oral health leader by the Pew Center on the States. Additionally, in April 2010, CMS launched its national Oral Health Initiative and asked states to participate by increasing the use of preventive dental services by children enrolled in Medicaid by at least ten percentage points in five years. The national goal is for at least 52.0 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 is to improve by two percentage points each year. Maryland was one of fifteen states to meet the first-year CMS Oral Health Initiative goal.

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

Availability and Accessibility of Dentists in Medicaid

Background: HealthChoice MCOs and Dentist Enrollment

HealthChoice is the current health service delivery system for most children and non-elderly adults enrolled in Medicaid and the Maryland Children's Health Program (MCHP). Prior to the implementation of the Maryland Healthy Smiles dental administrative services organization on July 1, 2009, dental care was a covered benefit provided by HealthChoice MCOs. HealthChoice MCOs were required to offer comprehensive oral health services including preventive care to children through 20 years of age, and to pregnant women.[13] While adult dental services are not a required benefit and are not funded by the Department, all HealthChoice MCOs currently offer basic oral health services to adults. HealthChoice adult dental benefits typically include cleanings, fillings, and extractions (see Table 10 for more information on HealthChoice adult dental benefits).

[13] Children are only covered up to age 19 under MCHP.

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

As of July 2008, there were approximately 743 dentists enrolled as providers in the HealthChoice program. The 2008 count was a point-in-time count of providers, and due to several provider outreach activities, that number increased by the end of 2008. In July 2008 the overall statewide ratio of dentists to HealthChoice enrollees under age 21 years was 1:679. [14] 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 Program

DentaQuest has been actively enrolling new dentists in the Maryland Healthy Smiles Program since its implementation in 2009. Through DentaQuest, providers can now participate with Medicaid via a single point of contact, rather than contracting with each HealthChoice MCO. DentaQuest handles credentialing, billing, and dental provider issues, which streamlines the process for providers. As a result, DentaQuest has been able to build the Medicaid dental provider network. The Department has received positive feedback from providers who have worked with DentaQuest. Because of the overall increase in the provider network since 2009, the Dental Home Program was implemented statewide in December 2013. As of August 2014, there were 1,354 individual providers enrolled, resulting in a dentist-to-child enrollee ratio of approximately 1:489. Based on the slight decline in provider enrollment between 2014 and 2013, the Department recommends focusing on creating incentives to improve the dental provider network. Because of the increase in the provider network since 2009, the Dental Home Program was implemented statewide in December 2013.

[14] Only dentists listed in HealthChoice provider directories were counted.

Table 1: Dentists Participating in DentaQuest[2]

Regions[1]	DentaQuest				
	August 2009	**August 2011**	**August 2012**	**August 2013**	**August 2014**
Baltimore Metro	242	410	384	408	437
Montgomery/Prince George's Counties	208	365	358	374	435
Southern Maryland	29	51	49	51	55
Western Maryland	65	128	94	91	92
Eastern Shore	43	84	68	77	81
MD Bordering States	62	152	362	370	254
Unduplicated Total[3]	**649[4]**	**1,190**	**1,315**	**1,371**	**1,354**

[1] 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.

[2] 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.

[3] This table indicates the total number of unduplicated dentists in each region and does not include fluoride varnish providers.

[4] The transition between the HealthChoice MCOs and DentaQuest resulted in the loss of several providers at the start of implementation in July 2009.

In July 2014, there were 4,123 dentists actively practicing in Maryland according to the Maryland State Board of Dental Examiners. Table 2 indicates the number of pediatric and general dentists practicing in Maryland and the number of dentists currently participating with DentaQuest as of June 2014. For the last two columns, because providers who practice in multiple locations may have different provider numbers for each practice affiliation, records were manually unduplicated by provider name. Dentists working for group practices or clinics were impossible to identify; therefore, the number of unique providers may significantly undercount the total number of dentists providing dental services to Medicaid enrollees.

Table 2: Active Dentists and Dentists Participating with DentaQuest

REGION[1]	Total Active Dentists (June 2014)	Active Pediatric Dentists (June 2014)	Dentists Enrolled with DentaQuest as of August 2014 (Percentage of Total Active Dentists)	Dentists Who Billed One or More Services in CY 2013 (Percentage of Total Active Dentists in Region)	Dentists Who Billed $10,000+ in CY 2013 (Percentage of Total Active Dentists in Region)
Baltimore Metro	1,796	48	**437 (24.3%)**	471 (26.2%)	354 (19.7%)
Montgomery/ Prince George's	1,690	41	**435 (25.7%)**	462 (27.3%)	343 (20.3%)
Southern Maryland	152	3	**55 (36.2%)**	48 (31.6%)	39 (25.7%)
Western Maryland	272	7	**92 (33.8%)**	124 (45.6%)	94 (34.6%)
Eastern Shore	213	4	**81 (38.0%)**	84 (39.4%)	70 (32.9%)
Out of State	--	--	**254**	161	57
TOTAL[2]	**4,123**	**103**	**1,354 (32.8%)**	**1,258 (30.5%)**	**938 (22.8%)**

[1] 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.
[2] Please note that the totals for DentaQuest 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 2013.

In 2008, less than 19 percent of Maryland licensed active dentists were participating with Medicaid. As of August 2014, 32.8 percent of Maryland dentists were enrolled with Medicaid (see Table 2). In CY 2013, 1,258 unduplicated dentists billed one or more Medicaid services, and 938 unduplicated dentists billed $10,000 or more to the Medicaid program. This represents 30.5 percent and 22.8 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 three years, from 1,155 dentists in 2011, to 1,220 dentists in 2012, to 1,258 dentists in 2013. 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. Pediatric dentists remain a minority in the State, accounting for approximately 2.5 percent of the total number of active dentists in Maryland.

Maryland Healthy Smiles Program Dental Utilization Rates

Children and Dental Utilization

Under EPSDT requirements, dental care is a mandated health benefit for children under 20 years of age.[15] 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 14.0 percent of all children enrolled in Medicaid for any period received at least one dental service. This number was below the national average of 21.0 percent.[16]

To assess the performance of HealthChoice and DentaQuest, the Department uses a measure closely modeled on the National Committee for Quality Assurance (NCQA) HEDIS™ measure for Medicaid children's dental services utilization. The counted number of individuals is based on two criteria: an age range from four through 21 years and enrollment of at least 320 days. The Department modified its age range to reflect four through 20 years because the Maryland Medicaid program only requires dental coverage through age 20 years. To facilitate comparability across calendar years, the Department is presenting a five-year look back for each measure that includes fee-for-service and MCO participants across the Medicaid program. Recipients ineligible for dental services include individuals enrolled in the Primary Adult Care program (S09), undocumented aliens (X02), individuals in the Women's Breast and Cervical Cancer Health Program (W01), and individuals enrolled in the family planning program (P10) coverage groups.

At the inception of the HealthChoice program in 1997, the percentage of children receiving dental services was 19.9 percent. In 1999, HealthChoice utilization increased dramatically to 25.9 percent; however, performance was still ten percentage points below the HEDIS™ national Medicaid average. After the DAC made its 2007 recommendations, access to care for children enrolled in HealthChoice increased from 51.5 percent (CY 2007) to 60.9 percent (CY 2009), performing more than 15 percentage points above the 2009 HEDIS™ national Medicaid average. In CY 2013, 68.3 percent of children received dental services, performing almost 19.0 percent above the 2012 HEDIS™ national Medicaid average (see Table 3).

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

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service	HEDIS™ National Medicaid Average*
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%	N/A

*Mean for the Annual Dental Visit (ADV) measure, total age category (ages 2-21 years), as of HEDIS™ 2006. The 2-3 year age cohort was added as of HEDIS™ 2006.

[15] Children are only covered up to age 19 under MCHP.
[16] Source: Academy of Pediatrics State Medicaid Report for Federal FY 1996 - Analysis of HCFA National Data for Medicaid Children's Dental Services Utilization.

** The study population for CYs 2008-2013 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

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

Of the 661,872 children enrolled in Medicaid for any period during CY 2013, 53.7 percent of these children received one or more dental service, as compared to 52.3 percent in CY 2012. The utilization rates of children with any period of enrollment have significantly increased over the five-year period for all age groups. The steady and significant increase in utilization for children ages 0-3 years, which is reflected in Table 4, is likely due to the change that took effect in July 2009, which allowed EPSDT certified pediatric physicians to apply fluoride varnish.

	Table 4: Percentage of Children who had at Least One Dental Encounter by Age Group, Enrolled for Any Period in Medicaid**				
Age Group	**CY 2009**	**CY 2010**	**CY 2011**	**CY 2012**	**CY 2013**
0-3*	18.1%	22.5%	25.1%	27.9%	29.8%
4-5	55.1%	59.7%	63.1%	64.8%	65.8%
6-9	59.5%	63.6%	66.3%	67.8%	68.9%
10-14	55.0%	58.7%	61.2%	62.9%	63.4%
15-18	44.9%	48.5%	51.3%	52.4%	53.2%
19-20	29.0%	32.1%	34.2%	35.1%	35.8%
Total	**42.8%**	**47.0%**	**50.1%**	**52.3%**	**53.7%**

* 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.
** The study population for CYs 2008-2013 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

In response to the concern that the level of restorative services or treatment may not be adequate, the Department has examined the type of dental services that children receive. As indicated above, access to any dental service has increased from 54.6 percent in CY 2008 to 68.3 percent in CY 2013. In CY 2013, access to diagnostic services increased the most of all services from 66.0 percent in CY 2012 to 66.8 percent in CY 2013. Access to restorative services increased from 20.8 percent of all children in CY 2008 to 24.4 percent in CY 2013 (see Table 5). This increase in utilization is due in part to: raising the fees for twelve 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 5: Percentage of Children Receiving Dental Services by Type of Service, Children ages 4-20, Enrolled for at Least 320 Days in Medicaid*			
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%

* The study population for CYs 2008-2013 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

As noted above, utilization rates are lower when analyzed for any period of enrollment versus a period of continuous enrollment because the MCO or administrative services organization has had less opportunity to manage the care of these populations. For those children enrolled in Medicaid for any period, 52.9 percent received a preventive or diagnostic visit in 2013 (see Table 6). Of those receiving a preventive or diagnostic visit, 30.5 percent received a follow-up restorative visit.

Table 6: Preventive/Diagnostic Visits Followed by a Restorative Visit by Children Enrolled for Any Period in Medicaid* (Ages 0-20), CY 2009 – CY 2013			
Year	**Total Enrollees**	**Preventive / Diagnostic Visit**	**Preventive / Diagnostic Visit Followed by Restorative Visit**
CY 2009	562,019	234,806 (41.8%)	77,330 (32.9%)
CY 2010	598,037	275,613 (46.1%)	92,642 (33.6%)
CY 2011	626,207	307,712 (49.1%)	100,402 (32.6%)
CY 2012	645,562	331,496 (51.3%)	102,028 (30.8%)
CY 2013	661,872	349,864 (52.9%)	106,862 (30.5%)

* The study population for CYs 2008-2013 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

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 emergency room. In CY 2013, 2,815 children with any period of enrollment in HealthChoice visited the emergency room with a dental diagnosis, not including accidents, injury or poison. The percentage of children with emergency room visits relative to the total Medicaid population eligible for dental services remains at less than 1 percent (see Table 7).

Table 7: Emergency Room Visits with a Dental Diagnosis* by Children Enrolled for Any Period in Medicaid** (Ages 0-20), CY 2009 - 2013			
Year	**Total Enrollees**	**Enrollees Who Had an ER Visit with a Dental Diagnosis**	**Number of Encounters for ER Visits with a Dental Diagnosis**
CY 2009	562,019	2,836 (0.50%)	5,729
CY 2010	598,037	2,982 (0.50%)	5,969
CY 2011	626,207	2,860 (0.46%)	5,698
CY 2012	645,562	2,899 (0.45%)	5,699
CY 2013	661,872	2,815 (0.40%)	5,464

* 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.
** The study population for CY 2008 – CY 2013 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO participants. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

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. In July 2009, DentaQuest took over administration of dental services for pregnant women. DentaQuest identifies pregnant women by eligibility coverage groups and by using dental claims data to identify if a patient is pregnant at the time of treatment.

The percentage of pregnant women 21 years and over enrolled for at least 90 days receiving dental services was 27.4 percent in CY 2013 (see Table 8). The percentage of pregnant women 14 years and over enrolled for any period receiving a dental service in 2013 was 28.1 percent, as compared to 30.7 percent in 2012 (see Table 9).

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

Table 8: Percentage of Pregnant Women* 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%

Table 9: Percentage of Pregnant Women* 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%

* In Tables 8 and 9, 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 (SOBRA) rate cell for pregnant women, and (4) delivery CPT codes. The study population for CYs 2009-2013 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service (FFS) and HealthChoice MCO participants. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

HealthChoice Dental Utilization Rates

Non-Pregnant Adults and Dental Utilization

Apart from dental services covered for pregnant women and adults in the Rare and Expensive Case Management Program, adult dental services are not included in MCO or administrative services organization capitation rates, and therefore are not required to be covered under HealthChoice or DentaQuest. Prior to the dental carve out and implementation of the Dental administrative services organization, all seven of the HealthChoice MCOs provided a limited adult dental benefit. In CY 2008 MCOs spent approximately $8.86 M for these services. After the State transitioned to DentaQuest, 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, and $5.3 in CY 2013. 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 2014, all HealthChoice MCOs provide limited dental services to non-pregnant adults (see Table 10). In CY 2013, 13.3 percent of non-pregnant adults enrolled in a HealthChoice MCO for at least 90 days received at least one dental service, down from 21.9 percent in CY 2012 (see Table 11).

Table 10: HealthChoice Dental Benefits for Non-Pregnant Adults as of August 2014	
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 and fillings.
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	Oral exam and cleaning twice a year; x-rays and extractions.

Table 11: Percentage of Non-Pregnant Adults 21+ Receiving Dental Services, Enrolled in HealthChoice for at Least 90 Days			
Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service
CY 1999	111,753	16,139	14.4%
CY 2000	114,223	16,986	14.9%
CY 2001	111,694	16,795	15.0%
CY 2002	117,885	16,800	14.3%
CY 2003	116,880	21,288	18.2%
CY 2004	115,441	12,457	10.8%
CY 2005	116,266	11,093	9.5%
CY 2006	114,844	11,747	10.2%
CY 2007	138,212	18,290	13.2%
CY 2008	125,386	23,587	18.8%
CY 2009	177,474	26,063	14.7%
CY 2010	195,577	29,106	14.9%
CY 2011	223,582	50,675	22.7%
CY 2012	236,205	51,619	21.9%
CY 2013	248,524	33,093	13.3%

Addressing Dental Health Professional Shortage Areas

Within Maryland, several areas have been designated as dental health professional shortage areas, or areas designated by the Health Resources Services Administration 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 C). Residents living in all jurisdictions of the State now have access to low-cost dental services available through community programs sponsored by federally qualified health centers, local health departments, academia, and other private, non-profit health organizations (e.g., community hospitals).

As of February 2014, there were 16 Maryland jurisdictions served directly by on-site clinical (defined as the direct provision of dental care services by, at a minimum, a licensed dentist) or school-based or school-linked dental programs administered by local health departments. This includes Kent and Queen Anne's counties, which had been identified in the past as having no dental public health services, as well as the Worcester County Health Department, which began operating its onsite clinical dental program in April 2011. The St. Mary's County Health Department, which is not included in this count, does not directly administer a clinical dental program, but acts as a conduit to link low-income patients with private dental practitioners who are available to provide dental services to this population within the county. Similarly, the Howard County Health Department subcontracts with a federally qualified health center, Chase Brexton Health Services, for its clinical dental service program, and is not included in this count. In addition, four jurisdictions on the Eastern Shore without a local health department dental program have dental programs served by two federally qualified health centers – Choptank Community Health Systems (Caroline, Talbot, and Dorchester) and Three Lower Counties (Somerset).

Strategies to Improve Access to Dental Care

Training

In July 2009, the Department began training and reimbursing primary care providers for the application of fluoride varnish for children up to three years of age. Consequently, utilization for children under the age of three has increased, and by June 2014, 456 unique EPSDT certified providers administered over 113,635 fluoride varnish treatments.

Dental Home Program

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

In December 2013, the Dental Home Program was implemented statewide in Maryland. The Maryland Healthy Smiles Dental Program members that are enrolled in the Dental Home Program are children under the age of 21 and Rare and Expensive Case Management Program recipients over the age of 21. Upon enrollment into the dental home, DentaQuest provides all new members with information about the Maryland Healthy Smiles Dental Program and an

identification card that includes the information for that member's dental home. Members can change their dental home at any time by contacting DentaQuest, though the new dental home provider must be accepting new patients and able to provide the services the member needs. Maryland Healthy Smiles Dental Program members can use the DentaQuest website to find a list of participating dentists in their area.

Funding

Medicaid dental funding for children and pregnant women has increased in recent years, from approximately $12M in CY 2000, to $157.2M for CY 2013 (see Appendix B). A detailed history of Medicaid dental funding is below:

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

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

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

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

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

- In CY 2008, MCOs received $55.4M in dental capitation payments for children and pregnant women due to increased utilization. The MCOs reported spending $71.4M, including $8.86M 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 $39.6M. Beginning July 1, 2009, DentaQuest began paying dental claims on a fee-for-service basis. The total dental expenses for the second half of 2009 totaled $43.2M, for a total of $82.8M spent in CY 2009. An additional $12.3M was spent by the MCOs for adult dental in CY 2009.

- In CY 2010, DentaQuest dental expenses totaled $137.6M for children and pregnant women. HealthChoice adult dental expenditures totaled $6.5M, for which MCOs did not receive reimbursement.

- In CY 2011, DentaQuest dental expenses totaled $152.7M for children and pregnant women. HealthChoice adult dental expenditures totaled $11.4M, for which MCOs did not receive reimbursement.

- In CY 2012, DentaQuest dental expenses totaled $150.5M for children and pregnant women. HealthChoice adult dental expenditures totaled $11.1M, for which MCOs did not receive reimbursement.

- In CY 2013, DentaQuest dental expenses totaled $157.2M for children and pregnant women. HealthChoice adult dental expenditures totaled $5.3M, 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 the OOH as they continue collaborative efforts to expand oral health access and address oral health disparities for Maryland's low-income and vulnerable populations. Medicaid and the OOH will continue to be guided by the recommendations from the original DAC, to work 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, both Departmental offices envision continued growth and support of the Maryland Healthy Smiles Program, the Oral Health Safety Net Program, and projects such as new school-based and school-linked oral health and other oral disease prevention initiatives.

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

Maryland has been recognized by the Centers for Medicare and Medicaid Services, the Pew Center on the States, 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 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: State Public Health Dental Programs

County	Local Health Department Clinic	Community Health Centers	Dental School/Other
Allegany	On Site	None	Allegany Health Right (contracts with private dental providers), Allegany County Community College (Dental Hygiene Program)
Anne Arundel	On Site (2 sites) [1,2]	Stanton Center	
Baltimore City	On Site (2 sites)[1,2]	South Baltimore, Total Health, Chase Brexton, Parkwest, People's Community[3], BMS, Healthcare for the Homeless	University of Maryland School of Dentistry, Kernan Hospital, Baltimore City Comm. College (Dental Hygiene Program)
Baltimore	On Site (2 sites) [1]	Chase Brexton	Community College of Baltimore County (Dental Hygiene Program)
Calvert	None	None	Calvert Memorial Hospital
Caroline	None	Choptank (2 sites)	
Carroll	On Site	None	Access Carroll[4]
Cecil	None	None	University of Maryland School of Dentistry
Charles	On Site	Nanjemoy	Health Partners[4]
Dorchester	None	Choptank	
Frederick	On Site	None	
Garrett	On Site	None	
Harford	On Site	None	
Howard	Subcontract - Chase Brexton Federally Qualified Health Center	Chase Brexton[5]	Does not directly provide services but through its contract with Chase Brexton Federally Qualified Health Center provides both clinical and school-based/linked dental services
Kent	School-based program in partnership with Queen Anne's County Health Department	Served by Choptank	Served by University of Maryland School of Dentistry (Cecil County)
Montgomery	On Site (5 sites) [1,6]	Community Clinics, Inc. (CCI)	
Prince George's	On Site (2 sites) [1]	Greater Baden	
Queen Anne's	School-based program in partnership with Kent County Health Department	Served by Choptank	
Somerset	None	Three Lower Counties	
St. Mary's	Serves as an intermediary between Maryland Medicaid Program and private dental providers	None	Does not directly provide services but is the main entry point for Medicaid patients and makes arrangements with private providers for care.
Talbot	None	Served by Choptank	
Washington	On Site	Walnut Street	
Wicomico	On Site	Served by Three Lower Counties Federally Qualified Health Center	
Worcester	On Site	Served by Three Lower Counties Federally Qualified Health Center	

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

Appendix B: Medicaid Dental Funding, Expenditures, and Utilization Rates FY 1997 – CY 2013

MCO and DentaQuest Funding and Expenditures for Dental Services, FY 1997 – CY 2013 Utilization of Dental Services in HealthChoice and DentaQuest, FY 1997 - CY 2013				
Year	**Amount Paid in MCO Capitation Rates or DentaQuest for Dental**	**Amounts Spent by MCOs for Dental[±] (Includes Adult Dental)**	**Utilization Rate for General Access (Children 4-20 Years with 320 Days of Enrollment)**	**Utilization Rate for Restorative (Children 4-20 Years with 320 Days of Enrollment)**
FY 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%

* In FY 1997, the Department spent $2.7 M on dental services under its fee-for-service program.

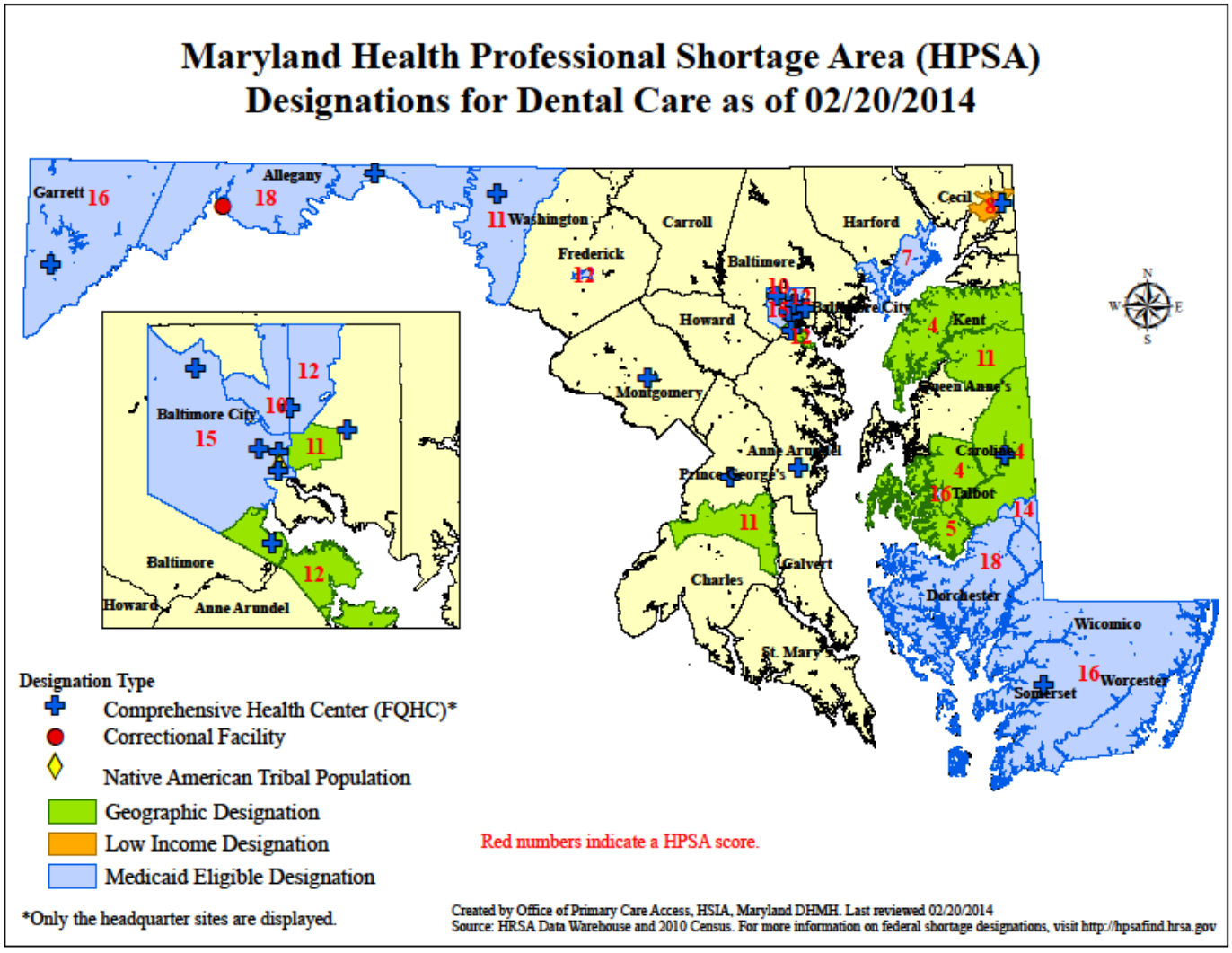
****** In CY 2009, the total spent by the Department on dental services was $82.8 M. This included $39.6 M in MCO capitation rates for dental services from January 1, 2009 – June 30, 2009 and $43.2 M for dental services under the new Maryland Healthy Smiles Program for the period July 1, 2009 – December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

*** Beginning in FY 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 2008-2013 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

[±] Source: HealthChoice Financial Monitoring Report.

Appendix C: Map of Maryland Health Professional Shortage Areas



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Appendix D: Medicaid Dental Utilization Rates, CY 2003 – CY 2013 (Enrollment in Medicaid > 320 Days*, Ages 4-20)

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

* The study population for CY 2013 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.
** Baltimore Suburbs includes Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburbs includes Prince George's and Montgomery Counties. Southern Maryland includes Calvert, Charles, and St. Mary's Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.