



# Maryland

DEPARTMENT OF HEALTH

**2023 Report on Dental Provider Participation in Maryland Healthy Smiles Dental Program**

Pursuant to House Bill 290/Ch. 377 of the Acts of 2023

**December 2024**

## **Introduction**

Pursuant to House Bill 290 (Ch. 377 of the Acts of 2023) the Maryland Medical Assistance Program within the Maryland Department of Health (the Department) is required to submit a report that studies dental provider participation in the Maryland Healthy Smiles Dental Program, including a review of:

1. Administrative issues relating to initial enrollment and renewal of the enrollment of providers in the Program; and
2. Possible incentives that may be used to encourage participation in the Program, including certificates of appreciation, rewards, continuing education credits, or tax incentives.

## **Medicaid Dental Care Access and Provider Participation**

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

In CY 2023, there were 1,526 total (1,508 unique) providers enrolled who provided and billed for at least one service to Medicaid (see Table 1). The Washington Suburban area and the Baltimore Metro area had the highest number of dentists, with 591 and 559 dentists respectively. The Eastern Shore and Southern Maryland had the fewest number of dentists, 76 and 55, respectively.

While the number of dentists participating in Healthy Smiles increased from CY 2022 to CY 2023, the Department did see decreases in the number of dentists in the preceding years. These decreases can largely be attributed to the COVID-19 Public Health Emergency, as dental practices faced unique challenges related to social distancing and the lockdown during this period. Compared to CY 2022, the total number of Medicaid-participating dentists in the Baltimore Metro and Washington Suburban regions increased significantly, as well as smaller increases in Western Maryland and the Eastern Shore.

**Table 1. Number of Dentists Participating in Medicaid Who Billed One or More Services, by Region**

<b>Region<sup>1</sup></b>	<b>CY 2019</b>	<b>CY 2020</b>	<b>CY 2021</b>	<b>CY 2022</b>	<b>CY 2023</b>
Baltimore Metro	628	536	530	520	559
Washington Suburban	630	540	539	553	591
Southern Maryland	66	59	60	57	55
Western Maryland	164	133	119	115	119
Eastern Shore	98	76	75	74	76
Other	215	138	141	126	122
<b>Total<sup>2</sup></b>	<b>1,801</b>	<b>1,482</b>	<b>1,464</b>	<b>1,445</b>	<b>1,526</b>
<b>Unique Total<sup>3</sup></b>	<b>1,694</b>	<b>1,465</b>	<b>1,455</b>	<b>1,420</b>	<b>1,508</b>

According to the Maryland State Board of Dental Examiners, there were 3,917 dentists actively practicing in Maryland in August 2024, 203 of whom were pediatric dentists (see Table 2). As of August 2024, 1,912 dentists participated in the Maryland Healthy Smiles Dental Program, compared to 1,891 dentists in CY 2023. In CY 2023, 1,270 unduplicated dentists billed \$10,000 or more to the Medicaid program. Again, Washington Suburban and Baltimore Metro had the highest number of dentists billing \$10,000 or more, and Eastern Shore and Southern Maryland had the fewest.

---

<sup>1</sup> Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburban includes Prince George’s and Montgomery Counties. Southern Maryland includes Calvert, Charles, and St. Mary’s Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester Counties.

<sup>2</sup> Please note that the total is the sum of all regions.

<sup>3</sup> Please note that the unique total does not equal the sum of all regions because an individual dentist may have offices in multiple regions. The unique total reflects the number of unique dentists unduplicated statewide. This unique total also includes out-of-state dentists who served Maryland Medicaid enrollees.

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

<b>Region</b>	<b>Total Active Dentists<sup>4</sup></b>	<b>Active Pediatric Dentists</b>	<b>Dentists Enrolled with Maryland Healthy Smiles Dental Program<sup>5</sup></b>	<b>Dentists Who Billed One or More Services in CY 2023<sup>6</sup></b>	<b>Dentists Who Billed \$10,000+ in CY 2023</b>
Baltimore Metro	1,671	87	820	559	488
Washington Suburban	1,684	80	905	591	514
Southern Maryland	109	5	95	55	43
Western Maryland	264	19	184	119	96
Eastern Shore	189	12	145	76	66
<b>Other</b>	–	–	275	122	72
<b>Total<sup>7</sup></b>	<b>3,917</b>	<b>203</b>	<b>1,912</b>	<b>1,508</b>	<b>1,270</b>

Since 2019, the number of active dentists across the state has decreased from 4,148 to 3,917. This statewide decrease is also linked to COVID-19, which impacted all providers, not just those who accept Medicaid. Meanwhile, the number of dentists enrolled in Healthy Smiles continued to increase, going from 1,567 in CY 2019 to 1,912 in CY 2023. This led to an increase in the proportion of active providers enrolled in Healthy Smiles through the period, increasing from approximately 38 percent in CY 2019 to almost 49 percent in CY 2023.

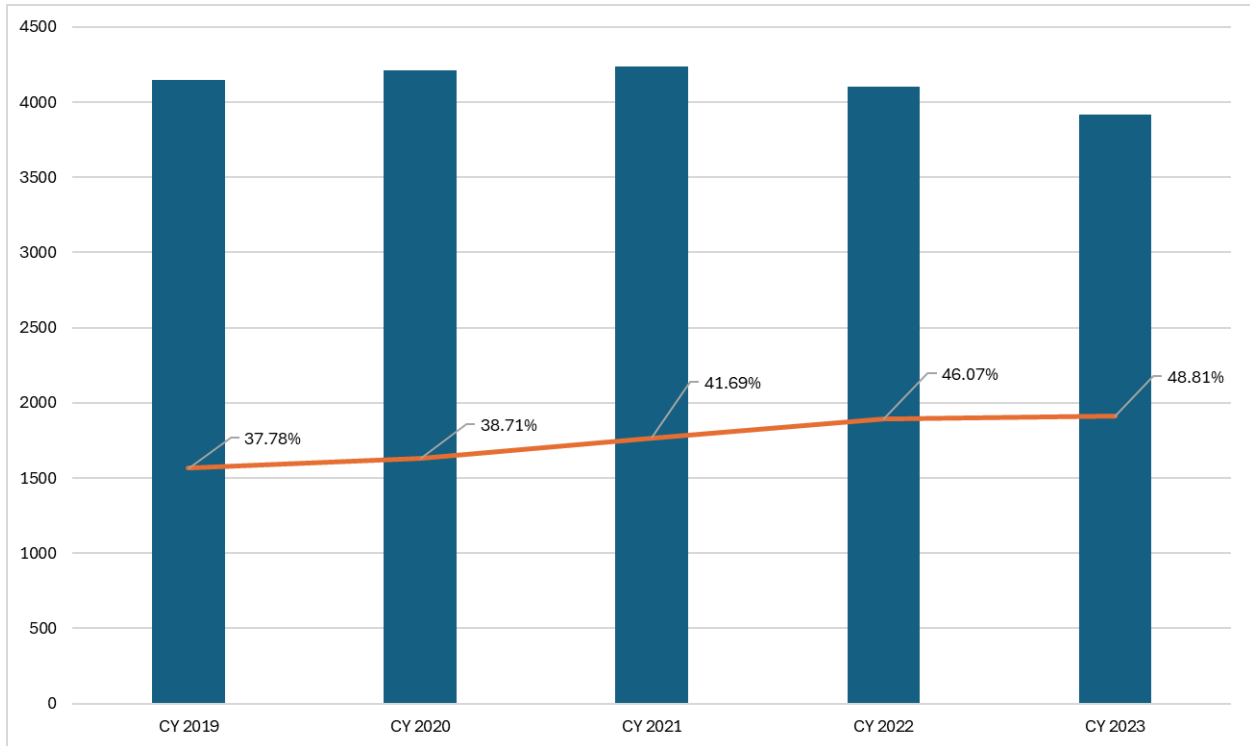
<sup>4</sup> Maryland Board of Dental Examiners, as of August 2024.

<sup>5</sup> SKYGEN USA, as of June 2022.

<sup>6</sup> Records were manually unduplicated by provider name because providers who practice in multiple locations may have different provider numbers for each practice affiliation. Dentists working for group practices or clinics were impossible to identify; therefore, the number of unique providers may significantly undercount the total number of dentists providing dental services to Medicaid participants.

<sup>7</sup> Please note that the totals for Maryland Healthy Smiles Dental Program enrollment, dentists billing one or more services, and dentists billing more than \$10,000 in services do not equal the sum of all regions because an individual dentist may have offices in multiple regions. The totals listed reflect the number of unique dentists unduplicated statewide for CY 2022.

**Figure 1. Active Dentists and Dentists Enrolled in Healthy Smiles, CY 2019 through CY 2023**



Blue Bars - Active Dentists in the State of Maryland  
 Orange Line - Number of Dentists enrolled in Healthy Smiles

**Administrative Processes Relating to Initial Enrollment and Renewal of Providers in Maryland Healthy Smiles**

The DASO is responsible for all functions related to the delivery of dental services for these populations, including provider network development and maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. Working with the DASO streamlines processes for providers and eliminates the need for dental providers to contract separately with each of the nine managed care organizations that participate in HealthChoice, reducing administrative burden.

The 21st Century Cures Act requires that providers must meet Medical Assistance’s licensure and certification requirements and enroll as a provider in order to be eligible to bill for services. This requirement is applicable to all providers irrespective of the services they render (fee-for-service or MCO) and whether the provider is delivering care on a one-time emergency basis or providing services on an ongoing basis. Licensed dentists and other dental services providers may participate with Maryland Healthy Smiles by following the standard provider enrollment process in Maryland Medicaid’s online Electronic Provider Revalidation and Enrollment Portal (ePREP).

The Department has developed a public webpage of resources dedicated to helping prospective dental providers to understand and complete the enrollment process with a goal of reducing

administrative barriers.<sup>8</sup> Resources specific to dental providers interested in seeing participants through the Maryland Healthy Smiles Program include tips for enrolling, videos demonstrating how to set up an account, enroll as an individual dental provider, as a group practice, and for rendering providers with and without group affiliations.<sup>9</sup> Like other Medical Assistance providers, dentists and other dental providers need to follow specific steps to correctly register in ePREP, such as acquiring the appropriate NPI to provide services in more than one location, and provide their tax identification verification from the Internal Revenue Service if applying as a group practice to enable providers to serve Maryland Healthy Smiles participants.<sup>10</sup>

In September 2022, the Department issued a request for proposals (RFP) for a new DASO. The new RFP includes several provisions intended to increase provider enrollment and reduce administrative burden.<sup>11</sup> The new DASO will be required to submit a strategic plan detailing plans to build network capacity within 30 days of go-live, along with annual updates. This analysis will also include geo-mapping provider locations to determine specific areas of the state with potential access to service issues. Additionally, the selected vendor will be required to have at least one full time staff person dedicated to supporting the provider enrollment process and ensuring data exchanges between the DASO and the Department are running smoothly to ensure alignment between provider networks and data files. The RFP is currently in the procurement process, and the expected go-live date is in the second half of CY 2025. The Department will provide further updates in future Annual Oral Health Reports.

## **Incentives to Encourage Provider Participation in Maryland Healthy Smiles**

This section of the report considers other opportunities for building the Healthy Smiles provider network through incentives. Notably, multiple initiatives are underway in the state today, both through Medicaid and the Department at large. Best practices from other states are also considered.

### ***Maryland Medicaid Initiatives: Rate Increases***

Increasing rates is one way to incentivize provider enrollment in Healthy Smiles. The Maryland General Assembly approved funds for dental rate increases in Medicaid in FY 2022 and FY 2023. The Department convened stakeholders to prioritize allocation of the available funding across the dental fee schedule. Effective July 1, 2022, the Department leveraged \$19.5 million in

---

<sup>8</sup> “ePREP Tips for Enrolling in Medicaid (Maryland Healthy Smiles),” Maryland Department of Health Maryland Medicaid Administration, October 4, 2024, <https://health.maryland.gov/mmcp/Documents/NEW%20ENROLLMENT%20TIPS.pdf>.

<sup>9</sup> “Maryland Healthy Smiles Dental Program for Providers,” Maryland Department of Health Maryland Medicaid Administration, October 4, 2024, <https://health.maryland.gov/mmcp/Pages/Maryland-Healthy-Smiles-Dental-Program-for-Providers.aspx>.

<sup>10</sup> “ePREP Tips for Enrolling in Medicaid (Maryland Healthy Smiles),” Maryland Department of Health Maryland Medicaid Administration, October 4, 2024, <https://health.maryland.gov/mmcp/Documents/NEW%20ENROLLMENT%20TIPS.pdf>.

<sup>11</sup> “STATE OF MARYLAND MARYLAND DEPARTMENT OF HEALTH (MDH) REQUEST FOR PROPOSALS (RFP) MARYLAND MEDICAID DENTAL BENEFITS ADMINISTRATOR RFP NUMBER MDH/OCMP 23-19707,” Maryland Medicaid Dental Benefits Administrator, August 31, 2022, [https://health.maryland.gov/procumnt/Documents/MDH%20Maryland%20Medicaid%20Dental%20Benefits%20Administrator-%20RFP%20\(2\).pdf](https://health.maryland.gov/procumnt/Documents/MDH%20Maryland%20Medicaid%20Dental%20Benefits%20Administrator-%20RFP%20(2).pdf).

funding to provide a one-time rate increase of 9.4 percent for 32 preventive, diagnostic, and restorative dental codes. Effective August 1, 2023, the Department leveraged \$19.6 million to provide an increase to dental reimbursement rates for all 66 preventative and restorative services. Increases were broken down into two tiers, with one set of codes subject to a 20 percent increase and a second tier receiving an increase of 5.49 percent.

The American Dental Association (ADA) Health Policy Institute recently issued its 2024 update on Medicaid reimbursement for child and adult dental care services by state for select procedures.<sup>12</sup> The ADA found that Maryland's Medicaid average reimbursement rates represented 47.2 percent of dentists' charges for children and 45.5 percent of charges for adults, compared to 39.2 percent of charges for children and 29.9 percent of charges for adults based on the national average across all Medicaid FFS Programs. As a percentage of the average private dental insurance payment rates, Maryland Medicaid's average reimbursement rates compared favorably at 91.7 percent for children and 87.3 percent for adults, compared to 66.6 percent for children and 49.8 percent for adults nationally. The Department notes that Medicaid participants are not responsible for copays or cost-sharing for dental services and cannot be balanced billed.

### ***Related Activities by Other Agencies Within the State of Maryland***

#### Office of Oral Health (OOH) Workgroup

Pursuant to Section 2 of House Bill (HB) 290 *Public Health Dental Services - Access* (Ch. 377 Acts of 2023), the Department's Office of Oral Health (OOH) convened a workgroup throughout CY 2024 to study the establishment of a grant or no-interest loan program for dental providers to open practices in underserved areas. The workgroup also discussed issues surrounding workforce shortages in designated areas of the state. The workgroup's report is due to the Maryland General Assembly on December 1, 2024.

#### Maryland Community Health Resources Commission Dental Grant Awards

In addition to the OOH workgroup, the Maryland Community Health Resources Commission (CHRC) collaborates with OOH to fulfill its commitment to expand access and create new capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents. Since March 2008, CHRC has awarded 50 dental services grants totaling \$10.02 million. The CHRC's dental grant projects, awarded to Local Health Departments, Federally Qualified Health Centers (FQHCs), private non-profit foundations, and hospitals throughout the state, have collectively served more than 75,000 low-income children and adults, resulting in more than 171,000 dental service visits. In FY 2024, grantees provided dental services in Garrett and Prince George's Counties and Baltimore City. Grantee projects include expanding access to dental care services for adult Medicaid beneficiaries; recruiting private dentists to serve Medicaid enrollees; providing dentures to low-income individuals; providing comprehensive dental services to

---

<sup>12</sup>

<https://www.ada.org/resources/research/health-policy-institute/coverage-access-outcomes/medicaid-reimbursement-2022>. The analysis for child dental care services is based on: D0120, D0150, D0210, D0220, D0230, D0272, D1120, D1206, D1351, D2391, D2392, D2393, D7210, D7240. The analysis for adult dental care services is based on: D0120, D0150, D0210, D0220, D0230, D0272, D0274, D1110, D2391, D2392, D2393, D7210, D7240.

low-income and ethnically diverse populations; and launching a medical, behavioral health, and dental services health center.

### Maryland Dent-Care Loan Assistance Repayment Program

The Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) aims to improve access to oral health care by increasing the number of providers who deliver services to Medicaid participants in the highest need areas of the state. Originally focused on incentives for dentists, MDC-LARP eligibility was extended to dental hygienists effective October 1, 2023.<sup>13</sup> MDC-LARP awards student loan repayment to Maryland licensed dentists and dental hygienists with a demonstrated financial need, who work full time, and treat a minimum of 30 percent Medicaid patients out of all their patients. Preference is given to providers who practice in underserved communities. As a result, dentists participating in the program on or before September 30, 2023 were eligible to receive up to \$23,740.. Effective July 1, 2023, dentists participating on or after October 1, 2023 may receive a minimum of \$50,000 per year for up to three years and dental hygienists may receive up to \$10,000 per year for up to two years.

In January 2024, five new MDC-LARP dentists started their three-year commitment to the program. There are a total of 14 participating providers who practice in Allegany County, Anne Arundel County, Baltimore County, Dorchester County, Frederick County, Harford County, Montgomery County, Prince George’s County, Queen Anne’s County, and Talbot County. During CY 2023, MDC-LARP dentists treated 30,590 unique Medicaid participants and provided 76,474 dental visits for Medicaid participants. MDC-LARP dentists have provided 795,974 dental visits for Medicaid and commercial patients since the inception of the program in 2001.

### ***Medicaid Dental Provider Incentives in Other States***

#### Rate Increases for Dental Codes

Other states, in addition to Maryland, have increased rates in order to incentivize provider network participation. Effective July 1, 2023, Vermont adjusted their reimbursement rates for Medicaid-covered dental services to 75 percent of the general regional commercial dental rates, an approximate 50 percent increase in reimbursement for those codes.<sup>14</sup> According to a 2023 study by the KFF, 29 states reported some dental rate increase in the last year and indicate that increasing rates remains one of the most common ways to incentivize additional providers to participate with Medicaid.<sup>15</sup>

---

<sup>13</sup>HB 290 - *Public Health - Dental Services - Access*, Ch. 377 of the Acts of 2023.

<sup>14</sup> “Summary of Improved Dental Benefits Effective July 1, 2023,” Department of Vermont Health Access Agency of Human Services, October 4, 2024, <http://dvha.vermont.gov/providers/dental/summary-improved-dental-benefits-effective-july-1-2023#:~:text=Effective%20July%201%2C%202023%2C%20the,provided%20to%20VT%20Medicaid%20members>.

<sup>15</sup> “States Reporting Provider Rate Increases,” Kaiser Family Foundation, October 4, 2024, <https://www.kff.org/medicaid/state-indicator/states-reporting-provider-rate-increases/?currentTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>.



## Provider Loan Repayment

Most states engage in some degree of loan repayment for dental providers who attest they will treat a certain amount of Medicaid patients as part of their overall caseload, as documented in an annual summary of state loan repayment activities maintained by the American Dental Education Association. In 2023, only two states did not offer loan repayment for providers.<sup>16</sup>

States vary in how their loan repayment programs operate, with some states incentivizing providers directly through their state Medicaid office, their Oral Health office, or their Public Health and Higher Education offices. Both dentists and dental hygienists may be eligible under the loan repayment plan in the District of Columbia if they commit to practicing full-time at certain certified sites in medically underserved areas.<sup>17</sup> Dentists in California may receive up to \$300,000 through the loan repayment program if awardees agree to ensure Medicaid beneficiaries comprise 30 percent of their patient caseload.<sup>18</sup> In July 2019, the California Medicaid agency announced \$10.5 million in loan repayment awards had been dispersed to 40 dentists.<sup>19</sup>

Other states distribute loan repayment funding from sources outside of their state Medicaid office. Dentists in Virginia may receive up to \$140,000 from the Office of Health Equity for a four-year commitment to practice in a health professional shortage area (HPSA).<sup>20</sup> Providers in Pennsylvania—including general dentists, registered dental hygienists, and public health dental hygiene practitioners—may receive up to \$80,000 from the Primary Care Office depending on their licensure and full- or part-time status in exchange for a two-year contract to practice in federally designated HPSAs.<sup>21</sup>

## Direct Awards, Payments, Value-Based Purchasing, and Other Initiatives

Some states provide direct financial incentives to dentists and dental practices to incentivize increased participation in Medicaid. One type of program that can result in direct financial incentives for providers or payers is value-based payment (VBP), a broad set of performance-based strategies that link financial incentives to performance based on a set of

---

<sup>16</sup> “State and Federal Loan Forgiveness Programs,” American Dental Education Association, October 4, 2024, <https://www.adea.org/advocacy/state/loan-forgiveness-programs.aspx>.

<sup>17</sup> “DC Health Professional Loan Repayment Program,” DC Health, October 23, 2024, <https://dchealth.dc.gov/service/dc-health-professional-loan-repayment-program-hplrp>.

<sup>18</sup> “California State Loan Repayment Program,” California Department of Health Care Access and Information, October 23, 2024, <https://hcai.ca.gov/workforce/financial-assistance/loan-repayment/slrp/>.

<sup>19</sup> “Medicaid Incentives, Performance Measures, and Workforce Innovations Foster Access to Pediatric Oral Health Care,” National Academy for State Health Policy, October 4, 2024 <https://nashp.org/medicaid-incentives-performance-measures-and-workforce-innovations-foster-access-to-pediatric-oral-health-care/>.

<sup>20</sup> “Virginia Loan Repayment Programs,” Virginia Department of Health, October 23, 2024, <https://www.vdh.virginia.gov/health-equity/virginia-loan-repayment-programs-2/>.

<sup>21</sup> “Pennsylvania Primary Care Loan Repayment Program (LRP),” Department of Health, October 25, 2024, <https://www.pa.gov/en/agencies/health/healthcare-and-public-health-professionals/primary-care/loan-repayment.html>.

defined quality measures.<sup>22</sup> VBP is designed to reimburse and reward providers for providing services that reflect high-quality, cost-effective care. In dental care, performance measures defined by the state can include payments for child or adult well visits, fluoride varnish applications, and other preventive visits and services that proactively address the dental needs of participants, including reduction of emergency department dental visits. VBP programs may be structured to award payments at a provider level, at the administrative services organization (ASO) level, or through a hybrid model combining the two. The following state examples—California, Massachusetts, and Oregon—represent VBP models at a provider, ASO, and hybrid level, respectively.

As part of their Dental Transformation Initiative, California offers payments to dentists who perform pre-identified treatment plans for children ages six and younger, as well as annual, tiered payments to dental offices that provide exams to Medicaid-enrolled children for continuous years up to age 20.<sup>23</sup> These payments are part of one domain of California Medicaid’s four domain initiative structure. The larger program seeks to (1) increase the proportion of children ages one through twenty enrolled in Medi-Cal who receive preventive dental service across the state by 10 percentage points over a five-year period, (2) diagnose early childhood caries by utilizing Caries Risk Assessments to treat this as a chronic disease and to proactively prevent and mitigate oral disease, (3) increase continuity of care for beneficiaries ages twenty and under for two through seven continuous periods, and (4) address one or more of the three prior domains through alternative programs such as focused strategies for rural areas like local case management and partnerships.

In April 2023, Massachusetts included fluoride varnish application as a Tier 1 requirement in their accountable care organization (ACO) value-based purchasing contracts.<sup>24</sup> ACOs bear no financial risk but may receive a share of savings and bonuses for reaching quality targets, making participation in Massachusetts Medicaid dental more appealing to payers and providers. Massachusetts has also sought to improve dental provider participation by removing training requirements for primary care providers (PCPs) to apply fluoride varnish, as the requirements were perceived to deter PCPs from offering fluoride varnish as a service. In place of these requirements, the state increased training resources and assistance, and also worked with the state licensing board to add fluoride varnish to the scope of practice for community health workers, effective January 2022.

Oregon included quality payments for incentive metrics related to oral health care utilization in its coordinated care organization contracts tied to their state-developed Topical Fluoride Varnish

---

<sup>22</sup> “Moving Toward Value-Based Payment in Oral Health Care,” Center for Health Care Strategies, Inc, February 2021, [https://www.chcs.org/media/Moving-Toward-VBP-in-Oral-Health-Care\\_021021.pdf](https://www.chcs.org/media/Moving-Toward-VBP-in-Oral-Health-Care_021021.pdf).

<sup>23</sup> “Dental Transformation Initiative,” HCS, October 30, 2024, <https://www.dhcs.ca.gov/provgovpart/Pages/dti.aspx>. See also, “Medi-Cal 2020 Waiver Evaluation - Evaluation Plan for the Dental Transformation Initiative,” Department of Health Care Services, October 23, 2024, <https://www.dhcs.ca.gov/provgovpart/Documents/DTIFinalEvalDesign.pdf>.

<sup>24</sup> “Highlights from Advancing Oral Health Prevention in Primary Care Affinity Group,” CMS Medicaid & CHIP Oral Health Quality Improvement, January 2024, <https://www.medicare.gov/medicaid/quality-of-care/downloads/oral-health-highlights-brief-jan2024.pdf>.

measure.<sup>25</sup> This measure is a part of the state’s larger VBP initiative and expands their existing program to include new metrics in five care delivery areas: (1) hospital care, (2) maternity care, (3) behavioral health care, (4) children’s health care, and (5) oral health care.<sup>26</sup> Oregon Medicaid has published their roadmap for expanding VBP in all of these care delivery areas, and seeks to expand oral health VBP to support policy goals such as decreasing the oral health disease burden on providers by focusing on prevention, increasing equitable access to oral health services, focusing on addressing oral-health-related barriers to social and economic success for participants, supporting community-based delivery models, and increasing culturally responsive oral health care.<sup>27</sup>

## Stakeholder Engagement

The Department held a meeting with stakeholders on September 18, 2024 to solicit feedback on potential provider incentives and to share information related to a separate reporting requirement related to potential service expansions for dentures and at-home and extended care facility dental visits.<sup>28</sup> The meeting was held virtually to accommodate providers seeing patients during regular business hours. Participants at the meeting included dentists, hygienists, and administrators at dental practices including FQHCs.

Stakeholders indicated that a focus on incentives to increase the oral health workforce across all regions of Maryland, particularly rural areas, would benefit all providers as this would increase their ability to refer participants to specialists and other providers. Limited appointment slots and dental specialist availability on Maryland’s Eastern Shore and rural western region were noted in particular. Stakeholders expressed interest in the wider application of mobile dental units, especially in underserved areas, to allow dentists and hygienists from outside of these regions to travel to provide services to patients who would not otherwise be able to see a dentist regularly.

Additionally, stakeholders suggested that the Department consider loan repayment options not only for full time practitioners, but also part time practitioners. Stakeholders emphasized that part time practitioners such as hygienists are often women and are frequently unable to pursue their desired career path due to prohibitive dental education costs. It was also suggested that provider reimbursement for “empty chair time” caused by missed or late cancellations by Medicaid patients might incentivize providers who otherwise would not participate with Medicaid to consider enrolling. It is a known factor that the Medicaid population experiences challenges with access to affordable and available transportation that may often lead to missed appointments.<sup>29</sup> Stakeholders suggested that an increase of transportation options for Medicaid

---

<sup>25</sup> “Members Receiving Preventive Dental or Oral Health Services,” Oregon Health Authority, December 23, 2023, <https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2024-Preventive-Dental-or-Oral-specifications-2023.12.29.pdf>.

<sup>26</sup> “Value-Based Payment Roadmap for Coordinated Care Organizations,” Oregon Health Authority, September 2019, <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/OHA-CCO-VBP-Roadmap.pdf>.

<sup>27</sup> “Oral health care CDA overview,” Oregon Health Authority, October 30, 2024, <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/VBP-CDA-Oral-Health-Care.aspx>.

<sup>28</sup> This discussion was pursuant to HB 103/SB 600 - *Md. Medical Assistance Program - Dental Services - Coverage and Rate Study*, Ch. 904 of the Acts of 2024.

<sup>29</sup> “Medicaid Coverage of Non-Emergency Medical Transportation,” MACPAC Issue Brief, May 2019, <https://www.macpac.gov/publication/medicaid-coverage-of-non-emergency-medical-transportation/>.

participants—or even an expansion of coverage and reimbursement for mobile dentistry—could help mitigate these costs to providers.

Stakeholders also raised concerns about the administrative burden associated with claims or prior authorization (PA) denials that may delay or result in service cancellations. The Department monitors claims and prior authorization data as a part of its annual Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires parity in the treatment limitations and financial requirements for mental health and substance use disorder benefits, as compared to medical/surgical benefits. For the purposes of the report, dental services are considered medical/surgical. Overall, 99.8 percent of dental claims are approved, with less than 0.2 percent denied. This is consistent with the nine managed care organizations (MCOs) as well as the behavioral health administrative services organization (BHASO). For prior authorizations, 62.3 percent were approved and 37.7 percent were denied. While this is lower than percent of prior authorizations approved by the BHASO (90.32 percent for mental health and 90.18 percent for substance use disorder), other MCOs performed similarly to the DASO.<sup>30</sup> The Department is continuing to monitor this data and will include updates in subsequent MHPAEA reports.

## **Conclusion and Next Steps**

Low dental provider participation in Medicaid programs is a national issue, and not unique to Maryland. The Department has taken steps to help address provider network adequacy challenges through rate increases targeted based on stakeholder feedback, provider education designed to reduce administrative burden, and initiation of new requirements for the incoming DASO. The MDC-LARP and CHRC grants also offer providers opportunities for loan forgiveness and additional financial support. Additional budgetary investments could help further fund opportunities to incentivize provider participation through expanded loan repayment and development of VBP payment models. Initiatives similar to those undertaken by Massachusetts to expand scope of practice for certain providers to deliver services like fluoride varnishes may also help address provider shortages and increase access to preventive care. While stakeholders made numerous suggestions around options to address the issue, there was no clear consensus and network adequacy remains a concern, particularly with the number of active dentists in the state decreasing overall, not just in the Medicaid network. The Department remains committed to working with stakeholders to find a path forward to improved dental participation across the state of Maryland.

---

<sup>30</sup> For more information, please see the [Maryland Medicaid MHPAEA website](#). Appendix I contains the In Operations Measures Reporting.

**Appendix A. Number of Dentists and Medicaid Participants by Dental Health Professional Shortage Area (DHPSA) and Zip Code, CY 2023**

<b>County/ZIP Within Region</b>	<b>Dentist Count</b>	<b>Participants</b>
<b>Baltimore City</b>		
21060	-	88
21201	17	8,015
21202	20	13,208
21205	1	10,821
21206	1	20,149
21207	8	7,224
21211	2	3,980
21212	3	7,448
21213	22	20,216
21214	5	7,517
21215	10	30,380
21216	1	18,480
21217	6	20,083
21218	4	19,875
21219	-	24
21220	-	238
21221	-	322
21222	-	3,107
21223	10	16,370
21224	4	15,662
21225	4	13,692
21226	-	1,867
21227	1	1,675
21229	13	19,439
21230	1	11,082
21231	5	4,885
21237	-	992
21239	-	9,418
<b>Region Total</b>	<b>138</b>	<b>286,257</b>
<b>Eastern Shore</b>		
Caroline	10	14,943
Dorchester	3	15,430
Kent	2	5,796
Queen Anne's	5	10,589

Somerset	9	10,786
Talbot	6	10,320
Wicomico	23	46,234
Worcester	3	16,646
<b>Region Total</b>	<b>61</b>	<b>130,744</b>
<b>Harford County</b>		
Harford	37	61,876
<b>Region Total</b>	<b>37</b>	<b>61,876</b>
<b>Western MD</b>		
Allegany	32	26,445
Carroll	23	31,675
Frederick	60	60,085
Garrett	9	10,223
Washington	40	58,648
<b>Region Total</b>	<b>164</b>	<b>187,076</b>
<b>OVERALL TOTAL</b>	<b>400</b>	<b>665,953</b>