



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

April 20, 2022

The Honorable Larry Hogan
Governor
100 State Circle
Annapolis, MD 21401-1925

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

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

**RE: 2021 Annual Oral Health Legislative Report, Health-General, §13-2504(b) and HB 70
(Chapter 656 of the Acts of 2009) (MSAR # 10381)**

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Pursuant to Health-General Article §13-2504(b), the Maryland Medicaid Program and the Office of Oral Health within the Department of Health submits this comprehensive oral health legislative report to the Governor and the General Assembly.

If you have any questions about this report, please contact Heather Shek, Director, Office of Governmental Affairs, at heather.shek@maryland.gov.

Sincerely,

A handwritten signature in black ink, reading "Dennis R. Schrader".

Dennis R. Schrader
Secretary

cc: Steve Schuh, Deputy Secretary, Health Care Financing and Medicaid
Heather Shek, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies) MSAR # 10381

MARYLAND'S 2021 ANNUAL ORAL HEALTH LEGISLATIVE REPORT

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

Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Dennis R. Schrader
Secretary
Department of Health

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Executive Summary

The Centers for Medicare and Medicaid Services (CMS) and other stakeholders recognize Maryland as a national leader in oral health.¹ Maryland has implemented programs to improve access to oral health services through changes to the Maryland Medical Assistance Program (Medicaid) and by expanding public health dental infrastructure. Maryland continues to receive high grades from the federal government for its oral health initiatives because of State efforts to improve dental care access for low-income residents, especially those who are Medicaid-eligible, underserved, or underinsured.

The Maryland Department of Health (MDH) focuses its oral health improvement efforts to address gaps in oral health literacy, improve disease prevention, and increase availability and access to quality dental care in Maryland. MDH's Office of Oral Health (OOH) also continues to address other key issues, including provider access and ensuring children and adults across the State have access to preventive services such as dental sealants and fluoride varnish. Medicaid and OOH have worked together to target outreach to pregnant women with the message that dental care is safe, important, and available through Medicaid. Medicaid continues to see increases in the number of providers and in utilization of dental care. On June 1, 2019, Medicaid implemented a new adult dental pilot that has provided services to adults ages 21 through 64 who are eligible for both Medicaid and Medicare.

During 2021, many MDH and OOH programs experienced disruptions to their normal operations due to the COVID-19 pandemic, particularly affected were clinics within partner local health departments (LHDs). The extent of the disruption to operations varied between jurisdictions and was dependent on a variety of environmental and administrative factors. OOH is working closely with MDH leadership to ensure continued support for oral health programs throughout the year and will work to increase the provision of these services in the future.

Oral Health Safety Net Program

The Governor included \$1.4 million in the budget for State fiscal year (SFY) 2021 for OOH to continue support for community-based oral health grants. These grants aim to expand dental public health capacity for low-income and Medicaid-eligible populations as well as individuals with disabilities by providing funding for expansion of school-based dental sealant programs and supporting the expansion of access to clinical procedures for target populations. Building on prior successes, this additional funding provides Marylanders in many jurisdictions access to a public health dental clinic that serves their area.

MDH is also required to provide education on oral cancer prevention for high-risk, underserved populations. The Oral Cancer Initiative, mandated by Chapters 307 and 308 of the Acts of 2000 (House Bill 1184/Senate Bill 791), requires that MDH implement programs to train health care

¹ Centers for Medicare and Medicaid Services, "CMCS Informational Bulletin: Update on CMS Oral Health Initiative and Other Oral Health Related Items," 10 July 2014, Department of Health and Human Services, 10 October 2017. <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-10-2014.pdf>

providers on oral cancer screening and referral of patients with oral cancer to appropriate service providers.

Medicaid Dental Care Access

Maryland's Medicaid dental benefits, collectively called the Maryland Healthy Smiles Dental Program, are administered by a single Statewide dental benefits administrator (DBA). The DBA is responsible for coordinating all dental services for children, pregnant women, adults in the Rare and Expensive Case Management (REM) Program, former foster care youth up to age 26, and now adults 21 through 64 years of age enrolled in both Medicaid and Medicare.

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

Utilization rates have increased and provider networks have expanded since MDH improved and rebranded its dental benefit as the Maryland Healthy Smiles Dental Program. Maryland dental utilization continues to outpace national averages. MDH also continues to expand to new populations. In 2019, MDH expanded dental benefits to adults with both Medicaid and Medicare who are 21 through 64 years of age. On January 1, 2021, MDH began covering dental services for postpartum women.

I. Introduction

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

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

² The Five Year Oral Health Plan was established by Chapter 113 of the Acts of 1998 (Senate Bill 590) and at the time established five consecutive years of dental access targets starting in 1998 when dental access was expected to increase by 10 percent each year. This iteration of the Plan concluded in 2003 and information related to the targets set by the 1998 Plan will not be included in this report. Currently, the dental DBA is the primary provider of dental services; MCOs may provide a limited dental package to their members. There is no dental MCO.

II. Maryland's Oral Health Accomplishments

Part 1. Oral Health Safety Net Program

Improving access to oral health services requires multiple strategies. Chapters 527 and 528 of the Acts of 2007 (House Bill (HB) 30/Senate Bill (SB) 181) established the Oral Health Safety Net Program within OOH. The purpose of the program is to:

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

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

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

Community Programs Supported

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

Table 1: Community Programs Supported, SFY 2021

Program	County(ies) Funded	Activities	Impact
ODIP Program <u>Funding:</u> \$744,133	Allegany, Anne Arundel, Baltimore City, Caroline, Carroll, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Worcester	ODIP funds a variety of activities to support LHDs in improving oral health conditions through numerous strategies, including: - On-site clinical services for children; - On-site clinical services for adults; - On-site clinical services for pregnant patients; - School-based/linked community oral health services; - Off-site oral cancer screening programs; and - Off-site adult case management.	Seen On-Site: • Children: 8,776 • Adults: 8,243 • Pregnant Patients: 112 Off-Site Services: • Children Seen: 3,621 • Adult Oral Cancer Screenings: 2,105 • Adult Case Management: 1,103
Dental Sealants Program <u>Funding:</u> \$390,593	Allegany, Anne Arundel, Baltimore, Charles, Harford, Kent, Montgomery, Prince George's, Somerset, Wicomico	The Dental Sealants Program strives to improve oral health conditions for children through supporting school-based, school-linked, and mobile programs which: - Screen children; - Provide sealants; and - Refer children for follow-up care.	Schools Visited: 14 Children Seen: 2,145 Children Receiving Sealants: 1,219 Sealants Placed: 5,291
Health Care for the Homeless <u>Funding:</u> \$50,000	Baltimore City	Health Care for the Homeless is a non-profit organization that runs dental clinics providing services to children in Downton and West Baltimore.	Seen On-Site: • Children: 16 Off-Site Services: • Children Seen: 2 • Adult Oral Cancer Screenings: 42 • Adult Case Management: 49

Calvert Health Systems <u>Funding:</u> \$77,560	Calvert, St. Mary's	Calvert Health Systems provides affordable and accessible oral health care to children and adults. The program provides funding for dental care to those who cannot afford it but require emergency intervention due to severe abscess or decay. Additionally, Calvert Health Systems continues to collaborate with the Southern Maryland Mission of Mercy and Tri-County Veterans Council to host a Mission of Mercy event for veterans and provide follow-up care.	Seen On-Site: ● Children: 41 ● Adults: 419 ● Pregnant Patients: 5 Off-Site Services: ● Children Seen: 19 ● Adult Oral Cancer Screenings: 200 ● Adult Case Management: 9 Dental Sealants Program: ● Schools Visited: 0 ● Children Seen: 10 ● Children Receiving Sealants: 4 ● Sealants Placed: 14
Maryland Dental Action Coalition (MDAC) <u>Funding:</u> \$48,588	Statewide	For more than a decade, OOH has supported MDAC's work to improve the oral health of all Marylanders. This past year, OOH financially supported the Ava Roberts Advanced Pediatric Dentistry Seminar for dental public health professionals, students, and staff on proper pharmacologic prescribing, infection control, and reopening of dental practices during the COVID-19 pandemic. OOH also supported the development of a communications plan and materials to increase awareness of Medicaid dental benefits among pregnant and postpartum women and the medical and dental providers who serve them. In addition, MDAC worked with oral health stakeholders Statewide to address the goals and strategies outlined in the Maryland Oral Health Plan and share regional success stories and best practices that can be implemented in other regions of the State.	

		*See “Annual Ava Roberts Advanced Pediatric Dentistry Seminar” below for more information.	
Maryland Foundation of Dentistry <u>Funding:</u> \$69,000	Statewide	The Maryland Foundation of Dentistry is a 501(c)3 non-profit organization, which recruits volunteer dentists and specialists to treat and educate patients and assist patients with necessary case management services.	Adult Case Management: 346
Maryland Rural Water Association (MRWA) <u>Funding:</u> \$20,500	Statewide	MRWA and their circuit riders survey community water systems and provide technical assistance. Circuit riders work alongside the rural system officials and operators to provide expertise in issues related to drinking water treatment and water distribution systems. *See “Community Water Fluoridation” below for more information.	
Maryland State Dental Association Foundation (MSDAF) Mission of Mercy (MOM) <u>Funding:</u> \$38,204	Statewide	MSDAF MOM gathers volunteer dental professionals who, along with several hundred volunteer staff, hold free, two-day dental clinics at locations around the State. MSDAF provides training to all volunteer providers on how to treat patients with substantial decay and dental treatment needs, which is the population that the MOM serves. MSDAF also performs Dental Access Day clinics where dentures are provided to those in need at no cost to them. MSDAF clinical events were canceled or adapted to smaller models during the pandemic. MSDAF received grant funds to purchase equipment to adapt to new Covid-19 infection control standards.	Dental Hygiene Kits Distributed: 5,000 Adults Seen: 105
University of Maryland School of	Statewide	OH-LIUC, managed by UMSOD, provides oral health care to uninsured children from limited-income families. Comprehensive oral health care is provided	Children Seen: 327

Dentistry (UMSOD) Oral Health for Limited Income Uninsured Children Program (OH-LIUC) <u>Funding:</u> \$25,000		by pre-doctoral dental students and pediatric dental residents.	
University of Maryland Rehabilitation and Orthopaedic Institute <u>Funding:</u> \$35,000	Statewide	The University of Maryland Rehabilitation and Orthopaedic Institute provides direct clinical oral health care services to underserved children and children with special needs or behavioral issues.	Children Seen: 1,834 Adults Seen: 1,611 Pregnant Patients Seen: 5
University of Maryland School of Dentistry (UMSOD) Prenatal Clinic <u>Funding:</u> \$30,000	Statewide	The Prenatal Clinic provides oral health screenings, education, and fluoride varnish services for pregnant patients scheduled at the University of Maryland Women's Health Center (UMWHC).	Adult Case Management: 216

Federally-Funded Grant Projects

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

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

The established OOH Lower Eastern Shore Oral Health Outreach Program covers Somerset, Wicomico, and Worcester Counties. The program provides seven Early Head Start and Head Start Centers in these counties with oral health screenings, fluoride varnish applications, oral health education, and case management. Students are typically screened between three and four times throughout the school year; however, staff were not able to schedule screenings due to the COVID-19 pandemic, resulting in a significantly reduced amount of screenings. During the 2020 – 2021 school year, OOH conducted screenings for 64 Head Start students and 29 Early Head Start students. For those students identified as presenting early evidence of caries, evidence of dental problems, or needing urgent care, staff managed cases by referring the students and their parents to dental clinics. Among the students, 91 percent received fluoride varnish and 18 percent were referred to dental services for further treatments.

Oral Health Care-Based Childhood Obesity Screening and Prevention Program

With HRSA grant funding, OOH developed an innovative approach to address the common risk factors of childhood obesity and dental caries. The Oral Health Care-Based Childhood Obesity Screening and Prevention Program offers body mass index (BMI) screenings and referrals to PCPs or nutritional counseling for at-risk children. The program also provides counseling on the elimination of sugary beverages from children's diets as well as information on healthy eating, being active, and limiting screen time on social media and electronic devices. OOH has developed Healthy Mouth, Healthy Body - Making Healthy Choices for Life, a communication campaign that encourages dental professionals, parents, and children to recognize childhood obesity and respond appropriately.

The Oral Health Care-Based Childhood Obesity Screening and Prevention Program was initially scheduled to begin implementation of a pilot project in five Maryland counties in spring 2020. The Governor's declaration of a state of emergency in March 2020 in response to the COVID-19 pandemic caused OOH to temporarily suspend the implementation of this portion of the program while still completing provider training on the pilot project's screening, health education, and

referral model. OOH was able to successfully complete the remaining provider training virtually in July 2020. In addition, OOH conducted a technical assistance virtual meeting on September 20, 2020. OOH maintained close communication with project partners to guide them on moving forward with the project virtually during the pandemic and later facilitated a smooth transition from virtual to in-person operations. Currently, the project is fully implemented. Project partners are conducting all the activities associated with the project including BMI screenings, health education, referral/follow-up of at-risk patients, and data collection/reporting.

In addition, OOH works in collaboration with an advisory panel, a group of subject matter experts including nutritionists, public health professionals, pediatric dentists, pediatricians, and other medical and dental providers, who provide strategic advice on planning and implementation of the Oral Health Care-Based Childhood Obesity Screening and Prevention Program.

Expanding Oral Health Infrastructure

Annual Ava Roberts Advanced Pediatric Dentistry Seminar

Through OOH's collaboration with MDAC, the Annual Ava Roberts Advanced Pediatric Dentistry Seminar (the Seminar) is the OOH's primary method of providing training to dental providers in Maryland. OOH organized the eleventh Annual Ava Roberts Advanced Pediatric Dentistry Seminar on November 20, 2020. The Seminar included three presentations that covered issues related to proper pharmacologic prescribing and disposal, reopening of dental practices during COVID, and infection control. There were 170 health professionals who attended the seminar, and the audience included dentists, dental hygienists, and dental assistants, among others.

Community Water Fluoridation

Leading public health agencies, including the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO), endorse community water fluoridation as the single most effective public health measure to improve oral health by preventing tooth decay. With 94.7 percent of Marylanders with public water receiving fluoridated water, Maryland has surpassed the Healthy People 2030 (HP 2030) objective of 77.1 percent for this benchmark.³ To address water fluoridation needs in Maryland, OOH partners with the Maryland Department of the Environment (MDE) to create fluoridation plans, share fluoridation data, monitor fluoride levels, and generate annual reports. OOH continues to collaborate with the Maryland Rural Water Association (MRWA) and their circuit riders to survey community water systems and provide technical assistance. Circuit riders work alongside the rural system officials and operators to provide expertise in issues related to drinking water treatment and water distribution systems.⁴ The COVID-19 pandemic interrupted MRWA circuit riders' ability to complete quarterly site visits of water treatment facilities, however, during SFY 2021, 11 onsite community water

³ Department of Health and Human Services, Healthy People 2020, Topics and Objectives, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>.

⁴ Maryland Rural Water Association, <https://www.md-rwa.org/mrwa-circuit-rider-programs.html>

fluoridation surveys were completed, making up visits that were missed due to State directives limiting in-person activities. These surveys continue to highlight both the need for fluoridation equipment maintenance, repair, and replacement, as well as the need for continued fluoridation training for community water fluoridation personnel. Two fluoridation training classes for water system personnel were conducted in SFY 2021. The classes were held virtually in December 2020 and August 2021. Through funding from the CDC State Actions to Improve Oral Health Outcomes grant, OOH continues to provide replacement fluoridation equipment and fluoridation training to water systems in need. Two water systems, the town of Boonsboro (service population of 3,667 people) and the town of Hancock (service population of 1,658 people), were provided with replacement fluoridation equipment in SFY 2021.

Maryland Community Health Resources Commission Dental Grant Awards

The Maryland Community Health Resources Commission (Commission) continues to collaborate with OOH to fulfill its commitment to expanding and creating new capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents. Since March 2008, the Commission has awarded 46 dental services grants totaling \$8.8 million. The Commission's dental grant projects, awarded to LHDs, FQHCs, and private, non-profit foundations and hospitals throughout the State, have collectively served more than 71,000 low-income children and adults, resulting in more than 161,000 visits. In SFY 2021, grantees provided services in Allegany, Baltimore, Carroll, Harford, Prince George's, and Washington Counties, and Baltimore City. Grantee projects included expansion of access to dental care through the opening of new clinical facilities; emergency department (ED) diversion and referrals to dental homes; and outreach services to patients with complex medical needs, such as diabetes, hypertension, and substance abuse. In addition, under its first ever emergency funding Call for Proposals, the Commission awarded grants to two dental providers to help navigate the impact of the COVID-19 pandemic and support services to vulnerable individuals statewide through the acquisition of infection control and teleworking equipment.

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

In July 2009, MDH began training and reimbursing the Medicaid Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) medical providers for the application of fluoride varnish for children through age five. Providers must complete an online training as part of the certification process. In March 2010, the training became available online.⁵ In SFY 2021, there were 552 active EPSDT Fluoride Varnish certified providers. These providers administered 39,607 fluoride varnish applications to Medicaid children in SFY 2021. Further information can be found in Appendix H.

Maryland Dent-Care Loan Assistance Repayment Program

The purpose of the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) is to improve access to oral health care by increasing the number of dentists that provide services to

⁵ <https://www.mchoralhealth.org/flvarnish/>

Medicaid recipients in the highest need areas of the State. The participating dentists must see a minimum of 30 percent Medicaid patients and provide monthly reports on their activities. In January 2021, five new MDC-LARP dentists started their three-year commitment to the program. There are a total of 13 participating providers who practice in Anne Arundel, Baltimore, Charles, Frederick, Garrett, Harford, Prince George's, Queen Anne's, and Talbot Counties, and Baltimore City. During CY 2020, MDC-LARP dentists treated 12,562 unique Medicaid patients and provided 31,404 dental visits for Medicaid recipients. MDC-LARP dentists have provided 628,001 dental visits since the inception of the program in 2001.

Oral Cancer Initiative

Chapters 307 and 308 of the Acts of 2000 (HB 1184/SB 791) established MDH's Oral Cancer Initiative (Health-General Article, §§18-801 and 18-802, Annotated Code of Maryland). The major components of this initiative are oral cancer education for the public, education and training for dental and non-dental health care providers, screening and referral if needed, and evaluation of the program. Statute further requires OOH to develop activities and strategies to prevent and detect oral cancer, with an emphasis on high-risk, underserved populations.⁶ The Oral Cancer Initiative funds the Oral Cancer Mortality Prevention Initiative. This initiative, directed by OOH, provides funds through ODIP funding. The grantees implement oral cancer prevention initiatives, including oral cancer education and screenings for the public, as well as education and training for health care providers on how to conduct an oral cancer exam. In SFY 2021, 5,026 individuals received an oral cancer screening. Of those screened, 3 were referred to a surgeon for a biopsy. Additionally, 41 health care providers received education on oral cancer.

In 2000, the Maryland General Assembly created the Cigarette Restitution Fund (CRF) Program, which provides funds for cancer prevention, education, screening, and treatment services for seven targeted cancers, including oral cancer.⁷ Some local jurisdictions provide oral cancer screening, education, and outreach services to residents. To date, CRF grants have funded oral cancer prevention and early detection education, outreach, and training services for 511,224 health care providers, trainers, educators, and the public, resulting in 12,065 oral screening exams for patients. In cooperation with OOH, the CRF Program is responsible for maintaining up-to-date Oral Cancer Minimal Clinical Elements for screening, diagnosis, treatment, follow-up, and care coordination services to provide guidance for public health programs that screen for oral cancer. In addition, Johns Hopkins University and the University of Maryland use CRF cancer research funds to conduct oral cancer research.

MDH observes Maryland Oral Cancer Awareness Month every April; however, due to the COVID-19 pandemic, there were no activities for Oral Cancer Awareness Month in April 2021.

HIV Oral Health Care Referral Program

⁶ Md. Health General Code Ann. §18-801.

⁷ Chapters 17 and 18 of the Acts of 2000 (SB 896/HB 1425), Md. Ann. Code Health-General Art., Title 13, Subtitles 10 and 11.

In 2019, OOH received \$2.5 million in funding from the MDH's Center for HIV Prevention and Health Services in order to develop, implement, and evaluate a five-year program to create a comprehensive referral to dental care pilot project and social marketing campaign to increase access to oral health care for people living with HIV (PLWH). The program was designed to increase awareness of the importance of regular oral health care among PLWH and increase the rate of referral of PLWH to oral health care services by PCPs and medical professionals at HIV treatment centers.

As the core component of this five-year initiative, the pilot project will implement an efficient referral process from PCPs to oral health care providers. It will include approximately 100 primary care and oral health care provider sites in Baltimore, Montgomery, and Prince George's Counties, and Baltimore City. A complementary social marketing campaign will extend throughout the entire project period.

OOH assembled an inter-professional advisory committee to provide guidance throughout the project. The Advisory Committee consists of medical and oral health professionals; subject matter experts; and representatives from public health, academia, PLWH, and the community.

Focus groups and in-depth interviews (IDIs) with dentists, PCPs, and PLWH were conducted virtually (on Zoom) during a six week period in November and December of 2020. Focus group results provided insights into how to best prepare for, structure, and implement the Referral to Dental Care Pilot Program for PLWH. Data from the groups and IDIs also helped to identify the communication preferences of PLWH which will prove critical in developing and implementing the planned, multi-year communications and social marketing campaign for the Referral to Dental Care Pilot Program.

Part 2. Medicaid Dental Care Access

The Maryland Medicaid program covers dental benefits through the Maryland Healthy Smiles Dental Program. Dental services are covered for children aged 20 and younger under EPSDT, pregnant women, certain adult populations, and former foster care youth until they turn 26. As of July 2021, all nine MCOs voluntarily cover limited adult dental services for their members as a part of their benefit package using their own profits. In addition, MDH has an adult dental pilot for adults aged 21 through 64 who are enrolled in both Medicaid and Medicare.

Medicaid dental reimbursement for services for children, pregnant women, and participants enrolled in the REM program was \$145.4 million for CY 2020 (see Appendix B). The Medicaid program delivered oral health services to 418,753 adults and children (ages 0-64) compared to 523,841 children and adults during CY 2019. Maryland continues to improve its dental program by confronting barriers to providing comprehensive oral health services to Medicaid participants.

COVID-19 Pandemic Impact

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

Availability and Accessibility of Dentists in Medicaid

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

With the goal of increasing dental provider enrollment, MDH outlined pay-for-performance standards in February 2015 in the Maryland Medicaid Dental Benefits Administrator Request for Proposals. The pay-for-performance standards incentivize provider outreach and reward the DBA for increasing provider enrollment in target counties. The DBA must be able to demonstrate improvement across two ratios: 1) the provider-to-participant ratio for general dentists and 2) the provider-to-patient ratio for dental specialists.⁸ Performance payments are tiered and allow for continued demonstrations of improvement over the life of the contract. SKYGEN USA will continue outreach to dental providers to increase participation in the program. In CY 2019, there were 1,482 total (1,465 unique) providers enrolled (see Table 2).

⁸ The DBA is tasked with demonstrating improvement in counties that were not meeting the 1:500 general dentist provider-to-participant ratio and the 1:10,000 dental specialists provider-to-patient ratio as of January 1, 2016.

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

Region⁹	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Baltimore Metro	538	560	593	628	536
Washington Suburban	567	563	582	630	540
Southern Maryland	60	63	66	66	59
Western Maryland	122	145	152	164	133
Eastern Shore	86	97	100	98	76
Out of State	167	197	219	215	138
Total¹⁰	1,540	1,625	1,712	1,801	1,482
Unique Total¹¹	1,467	1,600	1,596	1,694	1,465

According to the Maryland State Board of Dental Examiners, there were 4,211 dentists actively practicing in Maryland in August 2021, 181 of whom were pediatric dentists (see Table 3). As of June 2021, 1,630 dentists participated with the Maryland Healthy Smiles Dental Program. In CY 2020, 1,465 unduplicated dentists billed one or more Medicaid services, and 1,138 unduplicated dentists billed \$10,000 or more to the Medicaid program.

⁹ 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.

¹⁰ Please note that the total is the sum of all regions.

¹¹ 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 participants.

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

Region	Total Active Dentists¹²	Active Pediatric Dentists	Dentists Enrolled with Maryland Healthy Smiles Dental Program¹³	Dentists Who Billed One or More Services in CY 2020¹⁴	Dentists Who Billed \$10,000+ in CY 2020
Baltimore Metro	1,890	82	715	536	426
Washington Suburban	1,691	70	788	540	443
Southern Maryland	137	*	102	59	44
Western Maryland	286	14	198	133	111
Eastern Shore	207	*	146	76	65
Out of State	--	--	201	138	50
Total¹⁵	4,211	181	1,630	1,465	1,138

Maryland Healthy Smiles Dental Program Dental Utilization Rates

Children and Dental Utilization

Under EPSDT requirements, dental care is a mandated health benefit for children under age 21.¹⁶ To assess the performance of HealthChoice and the DBA, Medicaid uses a measure closely modeled after the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS®) measure for Medicaid children's dental services utilization. In CY 2020, 54.0 percent of children received dental services, which is greater than the national HEDIS® mean (see Table 4).

¹² Source: Maryland Board of Dental Examiners, as of August 2021.

¹³ Source: SKYGEN USA, as of June 2021.

¹⁴ 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.

¹⁵ 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 2019.

¹⁶ Children are only covered up to age 19 under the Maryland Children's Health Program and up to age 20 under Medicaid.

Table 4: Number and Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid for at least 320 Days Receiving Dental Services¹⁷

Year	Total Number of Participants	Participants Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average ^{18,19}
CY 2016	440,100	301,367	68.5%	↑
CY 2017	464,585	316,294	68.1%	↑
CY 2018	469,413	324,252	69.1%	↑
CY 2019	477,768	331,485	69.4%	↑
CY 2020	528,488	285,590	54.0%	↑

Of the 728,830 children enrolled in Medicaid for any period during CY 2020, 45.7 percent of these children received one or more dental services compared to 56.7 percent in CY 2019 (see Table 5). The utilization rates of children with any period of enrollment have decreased in the last year for all age groups, likely due to the COVID-19 pandemic.

Table 5: Percentage of Children Aged 0 through 20 Years Enrolled in Medicaid for Any Period who had at Least One Dental Visit by Age Group

Age Group	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
0–3	30.0%	30.3%	30.8%	32.0%	24.3%
4–5	66.3%	65.8%	65.6%	66.6%	52.2%
6–9	69.1%	69.2%	69.6%	70.7%	56.7%
10–14	64.7%	65.6%	66.2%	67.0%	54.0%
15–18	54.3%	55.6%	56.5%	57.3%	48.0%
19–20	36.7%	37.3%	37.8%	38.9%	33.1%
Total	54.5%	55.0%	55.6%	56.7%	45.7%

Medicaid has examined the type of dental services that children receive. Utilization of diagnostic services remained consistent through the period with a decrease from 67.7 percent in CY 2019 to 51.9 percent in CY 2020; utilization of restorative services has decreased from approximately 23.2 percent of all children in CY 2016 to 16.0 percent in CY 2020 (see Table 6).

¹⁷ The study population for CY 2015 through CY 2019 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including fee-for service (FFS) and HealthChoice MCO participants. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10. Recipients with partial benefits were also excluded from the analysis.

¹⁸ Mean for the Annual Dental Visit measure, total age category (ages 2-20 years), as of HEDIS® 2006. The 2-3 year age cohort was added as of HEDIS® 2006.

¹⁹ Due to National Committee for Quality Assurance licensing restrictions beginning with CY 2013, the National HEDIS® Mean can no longer be displayed in Table 4. An arrow has been added to indicate if Maryland's performance score is above, below, or equal to the National HEDIS® Mean.

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

Year	Total Number of Participants	Diagnostic	Preventive	Restorative
CY 2016	440,100	67.0%	63.4%	23.2%
CY 2017	464,585	66.5%	62.9%	23.2%
CY 2018	469,413	67.4%	63.6%	22.9%
CY 2019	477,768	67.7%	63.8%	23.0%
CY 2020	528,488	51.9%	48.2%	16.0%

Utilization rates are lower when analyzed for any period of enrollment versus a period of continuous enrollment, because the MCO or DBA has had less opportunity to manage the care of these populations. For those children enrolled in Medicaid for any period, 44.4 percent received a preventive or diagnostic visit in CY 2020. Of those receiving a preventive or diagnostic visit, 25.7 percent received a follow-up restorative visit (see Table 7).

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

Year	Total Number of Participants	Number with Preventive/Diagnostic Visit	Percent with Preventive/Diagnostic Visit	Number with Preventive/Diagnostic Visit Followed by a Restorative Visit	Percent with Preventive/Diagnostic Visit Followed by a Restorative Visit
CY 2016	702,105	377,058	53.7%	109,048	28.9%
CY 2017	723,709	391,897	54.2%	114,089	29.1%
CY 2018	733,594	401,370	54.7%	114,312	28.5%
CY 2019	733,128	408,862	55.8%	115,813	28.3%
CY 2020	728,830	323,764	44.4%	83,130	25.7%

Pregnant Women and Dental Utilization

Chapter 113 of the Acts of 1998 (SB 590) required that HealthChoice cover dental services for all pregnant women. The percentage of pregnant women aged 21 years and over enrolled for at least 90 days receiving dental services was approximately 21.6 percent in CY 2020 (see Table 8).

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

Year	Total Number of Participants	Number of Participants with at Least One Visit	Percent with Dental Visits
CY 2016	29,014	7,562	26.1%
CY 2017	29,111	7,981	27.4%
CY 2018	28,259	7,979	28.2%
CY 2019	28,939	8,346	28.8%
CY 2020	30,925	6,666	21.6%

For pregnant women 14 years and older and enrolled for any period, 21.5 percent had at least one dental service in CY 2020 (see Table 9). This is a decrease from CY 2019, which had 28.5 percent of pregnant women receiving dental services.

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

Year	Total Number of Participants	Number of Participants with at Least One Visit	Percent with Dental Visits
CY 2016	34,275	8,883	25.9%
CY 2017	33,707	9,136	27.1%
CY 2018	32,718	9,146	28.0%
CY 2019	33,961	9,675	28.5%
CY 2020	35,348	7,606	21.5%

Rare and Expensive Case Management (REM) Participants

MDH began offering dental benefits to REM adults in July 2009, after acquiring a DBA to administer MDH's Healthy Smiles Dental Program.

Overall, 1,741 REM participants utilized dental services in CY 2020 (see Table 10). The highest percent utilization was in children six through nine years old, with 59.4 percent utilizing services.

Table 10: Number and Percentage of REM Participants Aged 4 through 64 Years with at Least 320 Days in Medicaid Who had Dental Services, by Age Group, CY 2020

Age Group (Years)	Total Number of Participants	Number with Any Service	Percentage with Any Service
4 - 5	315	167	53.0%
6 - 9	675	401	59.4%
10 - 14	863	443	51.3%
15 - 18	603	298	49.4%
19 - 20	295	108	36.6%
21 - 39	1,036	274	26.4%
40 - 64	265	50	18.9%
Total	4,052	1,741	43.0%

From CY 2016 to CY 2019, the percent of REM participants utilizing dental services increased from 54.8 percent to 56.6 percent (see Table 11). However, utilization decreased in CY 2020 to 42.1 percent. Children ages six through nine had the highest utilization of any age group.

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

Age Group	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
4 - 5	73.5%	71.5%	66.2%	66.5%	51.1%
6 - 9	70.6%	76.1%	75.6%	72.2%	58.8%
10 - 14	67.7%	67.3%	71.6%	70.7%	51.1%
15 - 18	59.4%	59.8%	61.0%	63.2%	48.7%
19 - 20	49.5%	48.9%	52.2%	57.1%	35.6%
21 - 39	33.6%	34.5%	35.4%	36.7%	25.8%
40 - 64	20.2%	18.5%	18.0%	20.5%	17.7%
Total	54.8%	55.3%	56.2%	56.6%	42.1%

Former Foster Care Youth

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

In CY 2020, 176 or 16.7 percent of all former foster youth received at least one dental visit (see Table 12). This is a decrease from CY 2019, during which 25.9 percent received at least one dental visit.

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

Region²⁰	CY 2019			CY 2020		
	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits	Total Number of Participants	Number with at Least One Visit	Percentage with Dental Visits
Baltimore City	415	98	23.6%	392	66	16.8%
Baltimore Suburban	306	84	27.5%	302	44	14.6%
Eastern Shore	76	20	26.3%	69	12	17.4%
Out of State	*	*	*	*	*	*
Southern Maryland	*	*	*	*	*	*
Washington Suburban	154	49	31.8%	166	34	20.5%
Western Maryland	92	21	22.8%	86	13	15.1%
Total	1,077	279	25.9%	1,054	176	16.7%

In 2020, 13.1 percent of former foster youth received diagnostic services (see Table 13); 8.1 percent received preventive services and 3.0 percent received restorative services during the same year.

²⁰ Baltimore Suburban includes Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Washington Suburban includes Prince George's and Montgomery Counties. Southern Maryland includes Calvert, Charles, and St. Mary's Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.

Table 13: Percentage of Former Foster Care Participants Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service and Region, CY 2019²¹

Region	Percentage with Diagnostic Service	Percentage with Preventive Service	Percentage with Restorative Service
Baltimore City	15.5%	10.9%	4.9%
Baltimore Suburban	12.4%	8.4%	4.8%
Eastern Shore	17.7%	6.3%	1.3%
Southern Maryland	0.0%	0.0%	0.0%
Washington Suburban	19.5%	9.8%	2.4%
Western Maryland	17.9%	11.3%	4.1%
Total	13.1%	8.1%	3.0%

HealthChoice Dental Utilization Rates

Apart from dental services covered for pregnant women and adults in REM, adult dental services are not covered under HealthChoice or the Maryland Healthy Smiles Dental Program. Prior to the dental carve-out and implementation of the DBA, all the HealthChoice MCOs provided a limited adult dental benefit. As of August 2021, all nine HealthChoice MCOs provide limited dental services to non-pregnant adults (see Table 14).

²¹ The number of former foster youth located outside of Maryland was less than 10 participants; due to privacy concerns, the out of state data has been removed from this table.

Table 14: HealthChoice Dental Benefits for Non-Pregnant Adults as of July 1, 2019

MCO	Dental Benefits Offered Limitations Apply and Vary by MCO	Maximum Benefit Limit per CY
Aetna Better Health	Oral exam, fluoride treatment, and cleaning twice a year; x-rays; fillings; extractions; and emergency palliative treatment (limit four per year)	\$750 (not including basic care such as exams and cleanings)
Amerigroup Community Care	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$750
Carefirst Blue Cross Blue Shield	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$750
Jai Medical Systems	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$500
Kaiser Permanente	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$750
Maryland Physicians Care	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$750; 20% off non-covered dental services
MedStar Family Choice	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$1,000
Priority Partners	Oral exam and cleaning twice a year; x-rays and extractions	None
United Healthcare	Oral exam and cleaning twice a year; x-rays; fillings and extractions	\$750

Beginning January 1, 2014, Maryland expanded Medicaid eligibility to low-income families and adults under age 65 under the Patient Protection and Affordable Care Act. Since then, HealthChoice adult dental expenditures have risen because of the subsequent increased enrollment. In CY 2020, 73,616, or 12.3 percent, of adult HealthChoice beneficiaries received at least one dental service through the MCOs' value-added benefits (see Table 15).

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

Year	Total Number of Participants	Participants Receiving One or More Dental Service	Percent Receiving Service
CY 2016	521,954	72,318	13.9%
CY 2017	569,948	85,323	15.0%
CY 2018	591,603	86,947	14.7%
CY 2019	579,853	93,988	16.2%
CY 2020	598,370	73,616	12.3%

Emergency Department Utilization

In CY 2020, 12,538 children and adults with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison (see Table 16).

Table 16: Number and Percentage of Medicaid Participants Aged 0 through 64 Years with at least One ED Visit with a Dental Diagnosis or Dental Procedure Code, CY 2020

Age Group (Years)	Total Number of Participants	Number of Participants with ED Visit with Dental Diagnosis or Procedure	Percentage with ED Visit with Dental Diagnosis or Procedure	Total Number of Visits with Dental Diagnosis or Procedure
0 - 3	149,349	447	0.3%	760
4 - 5	75,160	180	0.2%	325
6 - 9	145,490	306	0.2%	544
10 - 14	183,471	221	0.1%	380
15 - 18	122,179	226	0.2%	420
19 - 20	53,181	258	0.5%	510
21 - 39	409,866	7,181	1.8%	16,313
40 - 64	347,646	3,719	1.1%	7,947
Total	1,486,342	12,538	0.8%	27,199

In CY 2020, the percent of participants with an ED visit with a dental diagnosis or procedure decreased to 0.8 percent (see Table 17). In CY 2020, the total number of visits decreased to 27,199.

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

Year	Total Participants	Number of Participants with ED Visit with Dental Diagnosis or Procedure	Percentage with ED Visit with Dental Diagnosis or Procedure	Total Number of Visits with Dental Diagnosis or Procedure
CY 2016	1,401,793	20,916	1.5%	51,168
CY 2017	1,462,875	20,255	1.4%	47,985
CY 2018	1,482,680	18,909	1.3%	44,237
CY 2019	1,463,716	17,342	1.2%	39,306
CY 2020	1,486,342	12,538	0.8%	27,199

In CY 2020, 1,638 children with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison (see Table 18). The total number of ED visits with a dental diagnosis also decreased to 2,939 in CY 2020.

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

Year	Total Number of Participants	Number of Participants who had an ED Visit with a Dental Diagnosis	Number of ED Visits with a Dental Diagnosis
CY 2016	702,105	2,741	5,090
CY 2017	723,709	2,655	4,845
CY 2018	733,594	2,548	4,741
CY 2019	733,128	2,388	4,390
CY 2020	728,830	1,638	2,939

The percent of former foster youth utilizing the ED was also low. In CY 2020, 4.0 percent of former foster youth visited the ED with a dental diagnosis (see Table 19).

Table 19: Percentage of Former Foster Care Participants Enrolled in Medicaid for Any Period with an ED Visit with a Dental Diagnosis or Procedure Code, by Region, CY 2020

Region	Percent with at least One ED Visit
Baltimore City	1.6%
Baltimore Suburban	3.4%
Eastern Shore	3.8%
Southern Maryland	0.0%
Washington Suburban	7.3%
Western Maryland	1.0%
Total	4.0%

Adult Dental Pilot Program

On May 15, 2018, Governor Hogan signed SB 284 - Maryland Medical Assistance Program - Dental Coverage for Adults - Pilot Program (Chapter 621 of the Acts of 2018) into law. MDH submitted an amendment to its §1115 waiver to CMS on July 2, 2018. CMS approved the waiver amendment, and the adult dental pilot program went into effect on June 1, 2019.

The Statewide pilot program serves individuals between the ages of 21 and 64 who are dually eligible for both Medicare and Medicaid. Dually eligible individuals do not currently receive dental benefits through Medicaid, and coverage for dental services through Medicare is extremely limited.²² The dental package includes coverage for diagnostic, preventive, and restorative services, in addition to extractions. Benefits are subject to an \$800 per person maximum benefit allowance per calendar year for the first year of the pilot, which may be subject to review for subsequent demonstration years. These benefits are carved out and overseen by the DBA.

In CY 2020, 4,439 participants, or 8.2 percent, had a dental visit (see Table 20); this is consistent with CY 2019, which had 4,508 eligible participants with a dental visit. A total of 4,146 participants had a diagnostic visit, 2,266 had a preventive visit, and 1,214 participants had a restorative visit.

²² Medicare does not cover most dental care, dental procedures, or supplies, such as cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices. Medicare Part A pays for certain dental services that are obtained when a Medicare participant is in a hospital.

Table 20: Number and Percentage of Adult Pilot Program Participants Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service, CY 2020²³

	Any Dental Visit		Diagnostic		Preventive		Restorative	
	Number of Enrollees with Visit	Percent with Visit	Number of Enrollees with Visit	Percent with Visit	Number of Enrollees with Visit	Percent with Visit	Number of Enrollees with Visit	Percent with Visit
At least One Visit	4,439	8.2%	4,146	7.6%	2,266	4.2%	1,214	2.2%
No Services	49,802	91.8%	50,095	92.4%	51,975	95.8%	53,027	97.8%
Total	54,241	100.0%	54,241	100.0%	54,241	100.0%	54,241	100.0%

*Recent Dental Legislation and Program Expansions*Tele-Dentistry

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

MDH is currently reviewing the codes that may be appropriate for tele-dentistry.

Postpartum Dental

On March 5, 2020, Governor Hogan introduced a supplemental budget that included \$1.0 million in funding for dental coverage for postpartum women enrolled in Medicaid. The proposed budget was approved by the Maryland General Assembly on March 18, 2020.

Pregnant women are eligible to receive Medicaid health and dental coverage throughout their pregnancy. Although health coverage extends 60 days postpartum, dental coverage ends right after the Medicaid participant's pregnancy ends. Under the new initiative, women will have dental coverage for 60 days postpartum, just as they have health coverage. Due to the COVID-19 pandemic, the start date of the program was pushed back from July 1, 2020 to an estimated start date of October 1, 2021. As of November 2021, postpartum dental was added as a benefit.

²³ Individuals in the following coverage groups are partial duals and are not included in the denominator: S06, S07, S08, S09, S10, S11, S12, S14, S15, S17, A01, A02, A03, A04, P10, X02. Please note that the Medicaid coverage groups used to determine if a participant is a full or partial dual were updated in September 2020. Participants who were dually eligible and enrolled in S03 became full duals in September 2020. This increased the number of participants who were included in the eligible population this year.

MDH is currently working on extending postpartum coverage to 12 months, rather than 60 days. This will include dental services. MDH anticipates that this change will take place in CY 2022.

Limit Changes for Cleanings

In Maryland's 2021 legislative session, House Bill 547/Senate Bill 485 was passed. Beginning January 1, 2022, MDH will be prohibited from including a frequency limitation on covered dental prophylaxis care (dental cleanings) or oral health exams. This bill requires those services to be provided at an interval greater than 120 days within a plan year. MDH may require that dental preventative care be limited to no more than once every four months. MDH anticipates that an additional 58,847 children ages 4 to 20 would receive dental services per year.

III. Conclusion and Future Initiatives

MDH intends to continue to increase the number of dental service providers, expand education, prevention, and outreach initiatives, promote oral health literacy for the public, and provide funding support for the Oral Cancer Initiative. It will work to increase the provision of prevention, early intervention, and educational oral health services in high-risk, low-income venues such as WIC and Head Start/Early Head Start programs, as well as in Title I schools.

The full impact of COVID-19 on MDH's oral health initiatives is still being determined at this time. During 2020 and 2021, many programs and providers experienced significant disruptions to their normal operations which prevented them from providing services. The extent of the disruption to operations varied between jurisdictions, dependent on a variety of environmental and administrative factors. OOH is working closely with MDH's leadership to ensure continued support for oral health programs throughout the year and will work to increase the provision of these services in the future.

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

Appendix A: Glossary of Key Abbreviations

CY	Calendar Year
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CRF	Cigarette Restitution Fund
DBA	Dental Benefit Administrator
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
FFS	Fee-for-service
FQHC	Federally Qualified Health Center
HB	House Bill
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
LHD	Local Health Department
MCO	Managed Care Organization
MDH	Maryland Department of Health
MDAC	Maryland Dental Action Coalition
MDC-LARP	Maryland Dent-Care Loan Assistance Repayment Program
Medicaid	Maryland Medical Assistance Program
HEDIS®	National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
OOH	Office of Oral Health
ODIP	Oral Disease and Injury Prevention
PCP	Primary Care Provider
PLWH	People Living with HIV
REM	Rare and Expensive Case Management
ROHC	Regional Oral Health Coordinators
SB	Senate Bill
SKYGEN	SKYGEN USA, the Department's DBA
SFY	State Fiscal Year
WIC	Supplemental Nutrition Program for Women, Infants and Children

Appendix B: Medicaid Dental Funding, Expenditures, and Utilization Rates; MCO and Maryland Healthy Smiles Dental Program Funding and Expenditures for Dental Services; and Utilization of Dental Services in HealthChoice and DentaQuest, SFY 1997 - CY 2019

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

† The study population for CYs 2011-2015 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including FFS and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.

Appendix C: State Public Health Dental Programs

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

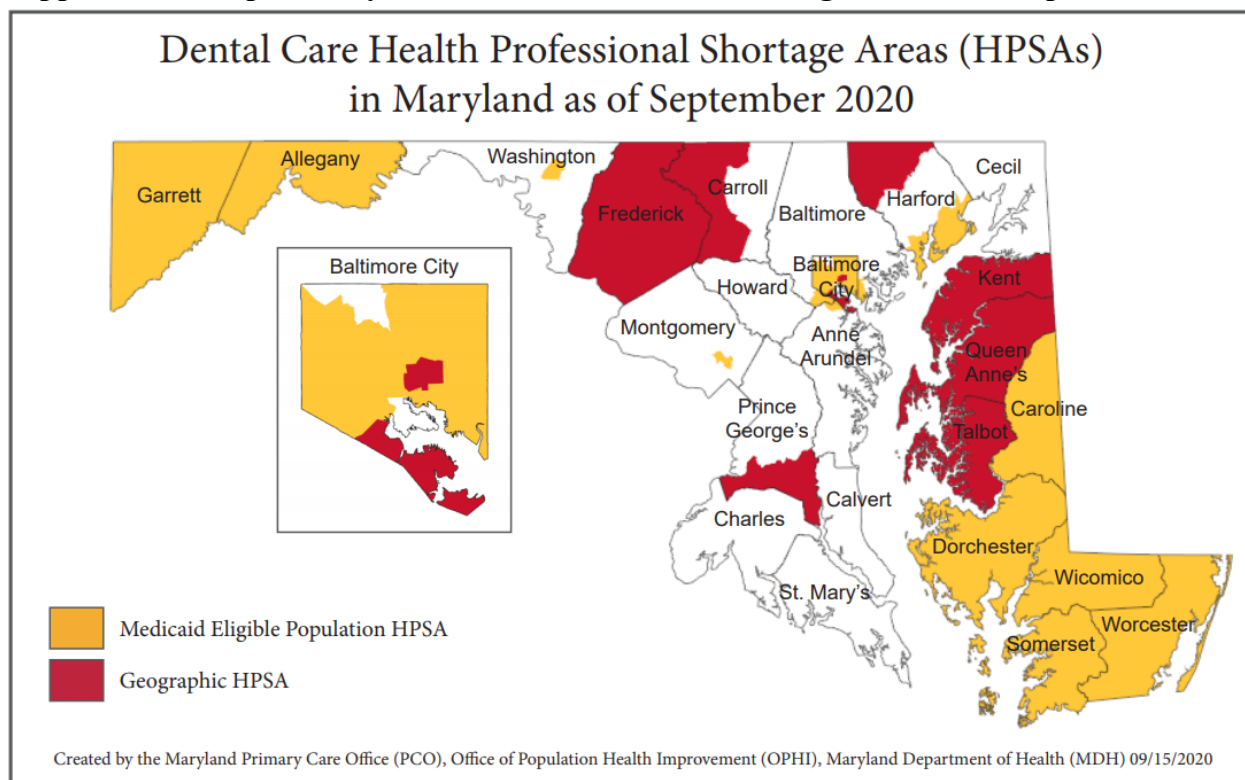
Howard	Does not directly provide services but provides both clinical and school-based/ linked dental services through its contract with Chase Brexton Health Services	Chase Brexton Health Services	Howard County Community College (Dental Hygiene Program)
Kent	School-based program in partnership with Queen Anne's County Health Department	Served by Choptank Community Health Systems	None
Montgomery	On Site (5 sites)*	CCI Health and Wellness Services (2 sites)	Mary Center
Prince George's	On Site	Greater Baden Medical Services (2 sites), CCI Health and Wellness Services	Fortis College (Dental Hygiene Program)
Queen Anne's	School-based program in partnership with Kent County Health Department	Served by Choptank Community Health Systems	None
Somerset	None (served by Wicomico County Health Department)	Chesapeake Health Care	None
St. Mary's	Serves as an intermediary between Medicaid Program and private dental providers (limited emergency extraction)	Served by Calvert Community Dental Care	None
Talbot	None	Choptank Community Health Systems	None

Washington	None	Family Healthcare of Hagerstown	Hagerstown Community College (Dental Hygiene Program)
Wicomico	On Site	Chesapeake Health Care	None
Worcester	On Site	Served by Chesapeake Health Care	None

* Does not currently treat Medicaid enrollees.

** Discount Dental Program.

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



Appendix E: Medicaid Dental Utilization Rates, Enrollment in Medicaid > 320 Days*, Ages 4-20

Criteria	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
<i>Age</i>										
4-5	70.8%	72.3%	72.9%	73.1%	73.9%	73.2%	72.0%	72.4%	72.9%	55.0%
6-9	73.8%	74.9%	75.7%	75.2%	76.5%	75.8%	75.0%	76.0%	76.4%	59.4%
10-14	68.5%	69.8%	70.0%	69.3%	71.2%	71.2%	71.2%	72.2%	72.5%	56.6%
15-18	58.5%	59.4%	59.7%	58.9%	60.3%	60.9%	61.3%	62.5%	62.9%	50.7%
19-20	41.2%	43.0%	43.3%	42.7%	43.9%	42.8%	42.9%	44.7%	44.6%	36.1%
All 4-20	66.4%	67.8%	68.3%	67.7%	69.0%	68.5%	68.1%	69.1%	69.4%	54.0%
<i>Region</i>										
Baltimore City	64.4%	65.0%	66.2%	65.7%	65.5%	64.6%	64.3%	64.8%	64.2%	45.6%
Baltimore Suburban	63.6%	66.0%	65.7%	65.6%	66.9%	66.7%	66.4%	67.8%	68.1%	53.1%
Washington Suburban	70.4%	71.9%	73.3%	72.2%	74.0%	73.6%	73.2%	74.0%	74.3%	55.2%
Western Maryland	69.6%	69.4%	68.2%	67.0%	68.7%	68.0%	67.3%	67.7%	68.2%	26.3%
Southern Maryland	57.5%	58.7%	59.7%	59.7%	59.6%	59.8%	59.1%	59.8%	61.5%	49.7%
Eastern Shore	67.9%	69.1%	68.6%	67.5%	69.6%	68.4%	67.7%	69.7%	70.5%	59.2%
All Regions	66.4%	67.8%	68.3%	67.7%	69.0%	68.5%	68.1%	69.1%	69.4%	54.2%

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

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

Appendix F: Impact Breakdown of ODIP at LHDs

Program	County	Detailed coverage					
		On-Site			Off-Site		
		Children	Adults	Pregnant Women	Children	Adult Oral Cancer Screenings	Adult Case Management
ODIP	Allegany	364	246	36	493	0	0
	Anne Arundel	998	150	24	0	0	875
	Baltimore City	13	497	2	19	0	0
	Caroline	0	0	0	0	0	0
	Carroll	306	0	2	0	0	0
	Charles	617	942	15	40	0	145
	Dorchester	0	1,677	0	0	0	0
	Frederick	2,369	0	0	156	0	0
	Garrett	1,255	1,820	26	1,819	0	0
	Harford	219	0	0	0	0	0
	Howard	455	2,911	0	0	0	0
	Kent	0	0	0	38	0	0
	Montgomery	263	0	0	0	0	0
	Prince George's	285	0	4	0	0	0
	Queen Anne's	0	0	0	1,056	285	0
	St. Mary's	0	0	0	0	0	83
	Worcester	1,672	0	3	0	0	0

Appendix G: Impact Breakdown of Dental Sealant Programs at LHDs

Program	County	Schools Visited	Children Seen	Children Receiving Sealants	Sealants Placed
Dental Sealants Program	Allegany	7	717	528	2,736
	Anne Arundel	0	68	68	210
	Baltimore	0	0	0	0
	Charles	0	0	0	0
	Harford	3	181	180	991
	Kent	0	0	0	0
	Montgomery	0	0	0	0
	Prince George's	0	0	0	0
	Somerset	0	427	220	689
	Wicomico	0	742	219	651

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

Month	Active Providers	Applications
July 2020	516	3,732
August 2020	518	3,041
September 2020	519	2,839
October 2020	520	3,905
November 2020	520	2,807
December 2020	520	2,944
January 2021	524	3,616
February 2021	526	2,999
March 2021	529	3,769
April 2021	529	3,581
May 2021	539	3,218
June 2021	552	3,156