MARYLAND'S 2022 ANNUAL ORAL HEALTH LEGISLATIVE REPORT

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

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Governor	Lt. Governor	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 through expansion of 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 has seen increases in the number of providers and in utilization of dental care.

During 2022, 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 (LHD). The extent of the disruption to operations varied among 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) 2022 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 and for individuals with disabilities. This will be achieved by providing funding for expansion of school-based dental sealant programs and by supporting the expansion of access to clinical procedures for target populations. Building on prior successes, this additional funding provides Marylanders 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 (HB) 1184/Senate Bill (SB) 791), requires that MDH implement programs to train health care providers in oral cancer screening and in referral of patients with oral cancer to appropriate service providers.

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[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.

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. On January 1, 2021, MDH began covering dental services for postpartum women, and on April 1, 2022, MDH expanded the postpartum period from up to 60 days to 12 months. During the legislative session, House Bill 6 *Maryland Medical Assistance Program – Dental Coverage for Adults* expanded the adult dental benefit to all adults. The pilot, which provides services to those eligible for both Medicaid and Medicare, will conclude when the benefit for all adults becomes available on January 1, 2023.

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 (the Department) are required to submit a comprehensive oral health report that addresses the following areas:

1. The results of the Oral Health Safety Net Program administered by OOH;
2. Findings and recommendations for the Oral Health Safety Net Program and OOH's Oral Cancer Initiative;
3. The availability and accessibility of dentists throughout the State participating in Medicaid;
4. The outcomes that managed care organizations (MCOs) and dental MCOs under Medicaid achieve concerning the utilization of targets required by the Five Year Oral Health Care Plan, 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]

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[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

Chapters 527 and 528 of the Acts of 2007 (HB 30/SB 181) established the Oral Health Safety Net Program within OOH. The purpose of the program is to:

1. Support collaborative and innovative ways to expand oral health capacity for low-income 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 2022

Program	County(ies) Funded	Activities	Impact
ODIP Program Funding: $731,946	Allegany, Anne Arundel, Baltimore City, Baltimore, Caroline, Carroll, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Worcester	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. ODIP partners collaborate with community organizations such as WIC, Head Start, Early Head Start, and senior centers.	Seen On-Site: ● Children: **10,750** ● Adults: **7,136** ● Pregnant Patients: **148** Off-Site Services: ● Children Seen: **6,700** ● Adult Oral Cancer Screenings: **1,480** ● Adult Case Management: **966**
Dental Sealants Program Funding: $338,636	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, particularly those in Title I schools, through supporting school-based, school-linked, and mobile programs that: - Screen children - Provide sealants, and - Refer children for follow-up care.	Schools Visited: **43** Children Seen: **8,684** Children Receiving Sealants: **2,338** Sealants Placed: **9,531**
Health Care for the Homeless Funding: $50,000	Baltimore City	Health Care for the Homeless is a non-profit organization that runs dental clinics providing services to children in West Baltimore and Downtown.	Seen On-Site: ● Children: **30** Off-Site Services: ● Children: **4** ● Adult Oral Cancer Screenings: **120** ● Adult Case Management: **25**

Program	County(ies) Funded	Activities	Impact
Calvert Health Systems Funding: $54,140	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: **26** ● Adults: **285** ● Pregnant Patients: **3** Off-Site Services: ● Children: **206** ● Adult Oral Cancer Screenings: **18** ● Adult Case Management: **4** Dental Sealants Program: ● Schools Visited: **6** ● Children: **155** ● Children Receiving Sealants: **20** ● Sealants Placed: **170**

Program	County(ies) Funded	Activities	Impact
Maryland Dental Action Coalition (MDAC) Funding: $50,000	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 early childhood caries care pathways, caries control and a review of the evidence; Maryland opioid overdose response training; and prevention of abuse and neglect through dental awareness. 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, a five-year roadmap to improved oral health for all Marylanders, 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 Funding: $64,000	Statewide	The Maryland Foundation of Dentistry is a 501(c)(3) non-profit organization that recruits volunteer dentists and specialists to treat and educate patients and assist patients with necessary case management services.	Adult Case Management: **156**

Program	County(ies) Funded	Activities	Impact
Maryland Rural Water Association (MRWA) Funding: $44,000	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) Funding: $48,204	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 DAD clinics, where dentures are provided to those in need at no cost to them. MSDAF conducted mini-MOMs during this past SFY as a response to the pandemic. MSDAF received grant funds to purchase equipment to adapt to new Covid-19 infection control standards.	Seen On-Site: ● Children: **198** Off-Site Services: ● Adult Oral Cancer Screenings: **194** ● Adult Case Management: **172**

Program	County(ies) Funded	Activities	Impact
University of Maryland School of Dentistry (UMSOD) Oral Health for Limited Income Uninsured Children Program (OH-LIUC) Funding: $25,000	Statewide	OH-LIUC, managed by UMSOD, provides oral health care to uninsured children from limited-income families. Comprehensive oral health care is provided by pre-doctoral dental students and pediatric dental residents.	Children Seen: **125**
University of Maryland Rehabilitation and Orthopaedic Institute Funding: $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: **4,209** Adults Seen: **2,176** Pregnant Patients Seen: **4**

Program	County(ies) Funded	Activities	Impact
University of Maryland School of Dentistry (UMSOD) Prenatal Clinic Funding: $30,000	Statewide	The Prenatal Clinic provides oral health screenings, education, and fluoride varnish services for pregnant women scheduled at the University of Maryland Women's Health Center (UMWHC).	Adult Case Management: **208**

Federally-Funded Grant Projects

<u>Community-Based Prevention Services through Regional Oral Health Coordinators (ROHCs)</u>

With funding from the Health Resources and Services Administration (HRSA) that concluded in FY 2022, OOH mobilized two Regional Oral Health Coordinators (ROHCs) to two key regions of Maryland: Western Maryland and Central/Southern Maryland. These ROHCs built upon the work of the existing two ROHCs in the Upper Eastern Shore and Lower Eastern Shore. The ROHCs supported LHDs in building referral networks with local dental providers and documented best practices for case management and care coordination to be used Statewide by LHDs, health care providers, and non-dental organizations. The ROHCs worked with community partners and local primary care providers (PCPs) to promote medical and dental collaboration. While COVID-19-related precautions limited the ability of ROHCs to work in-person locally, the program successfully transitioned to virtual networking and remote-based projects and continued to have an impact on Maryland's regional medical-dental integration work.

<u>Oral Health Care-Based Childhood Obesity Screening and Prevention Program</u>

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 within dental practices, 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. During this time, OOH completed provider training on the pilot project's screening, health education, and referral model. OOH successfully finished the remaining provider training virtually in July 2020. In addition, OOH conducted technical assistance virtual meetings on September 20, 2020 and October 8, 2021. OOH also worked 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 provided strategic advice on planning and implementation of the Oral Health Care-Based Childhood Obesity Screening and Prevention Program.

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 operation. As dental offices reestablished regular functions, partners fully implemented the project. All the activities associated with the project were conducted, including BMI screenings, health education, referral/follow-up of at-risk patients, and data

collection/reporting. Since the commencement of this program, partners have screened 7,051 children for obesity. Of those, 877 were identified as overweight and 1,105 as obese. A total of 1,477 patients were referred to medical providers and nutritionists, all patients who were obese as well as those overweight patients who were at higher risk to become obese. A key component of this program was education on healthy behaviors, and 11,597 pediatric patients and their family members were educated. Evaluation of this project is currently underway, with the aim to highlight best practices for use in future interventions of this type.

With Departmental funding, the project expanded to include the adult population. In addition to BMI screenings and referrals to PCPs and nutritional counseling, methods for weight control were incorporated into the adult project. These methods include referrals to healthy cooking classes and physical activity sessions.

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 twelfth Annual Ava Roberts Advanced Pediatric Dentistry Seminar (virtual) on December 3, 2021. The Seminar included three presentations that covered issues related to Early Childhood Caries Care Pathways, Caries Control, and a Review of the Evidence; The Maryland Opioid Overdose Response Training Program; and Mid-Atlantic Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.). There were 155 attendees.

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. To address water fluoridation needs in Maryland, OOH partners with the Maryland Department of the Environment (MDE) and Maryland Rural Water Association (MRWA) to share fluoridation data, collaborate on best practices to achieve optimally fluoridated water, and generate annual reports. OOH continues to partner with MRWA, and their circuit riders who monitor fluoride levels at water treatment facilities. OOH assists with fluoride equipment replacement, technical assistance for water treatment facilities operators, guidance relating to optimally fluoridated water, and equipment maintenance and viability. 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 fluoridation surveys were completed, making up visits that were missed due to State directives for in-person activities. MRWA circuit riders are back to a regular site visit schedule and have completed required visits for the SFY 2022 CDC contract year.

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 virtual fluoridation training classes for water system personnel were conducted in SFY 2022 in January and July. 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. The town of Oakland (service population of 2,099 people) received replacement fluoridation equipment in SFY 2022.

Maryland Community Health Resources Commission Dental Grant Awards

The Maryland Community Health Resources Commission (Commission) continues to collaborate with OOH to fulfill its commitment to expand and create new capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents. Since March 2008, the Commission has awarded 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 73,000 low-income children and adults, resulting in more than 166,000 visits. In SFY 2022, grantees provided services in Allegany, Baltimore, Carroll, Harford, and Prince George's Counties, and Baltimore City. Grantee projects included expansion of access to dental care through the opening of new clinical facilities; emergency department diversion and referrals to dental homes; and oral health services for patients with complex medical needs, such as diabetes, hypertension, and substance use disorder.

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 Medicaid children aged nine months through five years. As part of the certification process, providers must complete an online training. After completing the training, the providers receive a starter kit which includes varnish applications, fluoride varnish educational brochures for the families and referral pads that provide a link to the Maryland Healthy Smiles website to find a dental provider. In FY 2022, 36,143 fluoride varnish applications were administered, with over 388,000 applications since the start of the program. 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 who provide services to 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. The dentists receive $23,740 annually for each year that they successfully complete. In January 2022, five new MDC-LARP dentists started their three-year commitment to the program. There are a total of 14 participating providers who practice in Anne Arundel, Baltimore, Charles, Frederick, Garrett, Harford, Montgomery, Prince George's, Queen Anne's, and Talbot Counties, and Baltimore City. During CY 2021, MDC-LARP dentists treated 18,478 unique Medicaid patients

and provided 46,195 dental visits for Medicaid recipients. MDC-LARP dentists have provided 659,405 dental visits since the inception of the program in 2001.

Oral Cancer Initiative

Health-General Article, §§18-801 and 18-802, Annotated Code of Maryland (HB 1184/SB 791 (2000)) established MDH's Oral Cancer Initiative. The major components of this initiative are oral cancer education for the public, education and training for dental and non-dental health care providers, screening and referral if needed, and evaluation of the program. Statute further requires OOH to develop activities and strategies to prevent and detect oral cancer, with an emphasis on high-risk, underserved populations. The Oral Cancer Initiative funds the Oral Cancer Mortality Prevention Initiative. This initiative, directed by OOH, provides 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 2022, 5,461 individuals received an oral cancer screening. Of those screened, 2 were referred to a surgeon for a biopsy. Additionally, 216 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.[3] 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 519,936 health care providers, trainers, educators, and the public, resulting in 12,070 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.

Every April, MDH observes Oral Cancer Awareness Month by raising awareness of the risk factors for oral cancer and bringing attention to the importance of regular oral cancer screening in the dental setting. This year's observance included a social marketing campaign consisting of transit advertising, a press release, social media, and educational materials which were posted on MDH's website and made available to local health departments. The campaign focused its message on the importance of oral cancer screening for men who are at higher risk for the disease. Transit advertising, which focused on the greater Baltimore metropolitan area, ran on 32 buses and generated an estimated 6,720,000 viewer impressions over the length of the campaign.

HIV Oral Health Care Referral Program

MDH's Center for HIV Prevention and Health Services funds the OOH to create a HIV Oral Health Referral Program. The five-year HIV Oral Health Referral Program will develop, implement, and evaluate a comprehensive referral to dental care pilot project and social

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[3] 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.

marketing campaign to increase access to oral health care for people living with HIV/AIDS (PLWHA). The program was designed to increase awareness of the importance of regular oral health care among PLWHA and increase the rate of referral of PLWHA to oral health care services by 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 medical to oral health care providers. The program will connect primary care and oral health care providers within Montgomery and Prince George's Counties and Baltimore City areas. A social marketing campaign will be included.

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

In addition to the work of the Advisory Committee, OOH developed, conducted, and analyzed qualitative research that identifies barriers and facilitators to dental care for PLWHA and examines the challenges inherent in creating referrals from medical to dental providers. It informed the pilot's development by revealing several challenges that must be addressed to successfully implement the referral to dental care program, including:

- Educating medical providers about oral health for PLWHA;
- Educating dentists on best practices for treating PLWHA;
- Creating and facilitating a referral to dental care;
- Addressing the potential experience of stigma in the dental setting; and
- Facilitating communication between medical and dental practices.

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. Non-pregnant adults may receive dental benefits provided as an additional benefit of their MCO. As of July 2022, all nine MCOs voluntarily cover limited adult dental services for their members as a part of their benefit package using their own resources. In addition, MDH has an adult dental pilot for adults aged 21 through 64 who are enrolled in both full Medicaid and Medicare.

Medicaid dental reimbursement for services for children, pregnant women, and participants enrolled in the REM program was $189.7 million for CY 2021 (see Appendix B). The Medicaid program delivered oral health services to 485,806 adults and children (ages 0-64) compared to 418,753 children and adults during CY 2020. Maryland continues to improve its dental program by confronting barriers to providing comprehensive oral health services to Medicaid participants.

COVID-19 Pandemic Impact

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

Availability and Accessibility of Dentists in Medicaid

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

With the goal of increasing dental provider enrollment, MDH outlined pay-for-performance standards in February 2015 in the Maryland Medicaid Dental Benefits Administrator Request for Proposals. The pay-for-performance standards incentivize provider outreach and reward the DBA for increasing provider enrollment in target counties. The DBA must be able to demonstrate improvement across two ratios: 1) the general dentist provider-to-participant ratio and 2) the dental specialist provider-to-patient ratio.[4] 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 2021, there were 1,464 total (1,455 unique) providers enrolled (see Table 2).

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[4] 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

Region[5]	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Baltimore Metro	560	593	628	536	530
Washington Suburban	563	582	630	540	539
Southern Maryland	63	66	66	59	60
Western Maryland	145	152	164	133	119
Eastern Shore	97	100	98	76	75
Other	197	219	215	138	141
Total[6]	**1,625**	**1,712**	**1,801**	**1,482**	**1,464**
Unique Total[7]	**1,600**	**1,596**	**1,694**	**1,465**	**1,455**

According to the Maryland State Board of Dental Examiners, there were 4,236 dentists actively practicing in Maryland in August 2022, 193 of whom were pediatric dentists (see Table 3). As of August 2022, 1,766 dentists participated with the Maryland Healthy Smiles Dental Program, compared to 1,630 dentists last calendar year. In CY 2021, 1,465 unduplicated dentists billed one or more Medicaid services, and 1,138 unduplicated dentists billed $10,000 or more to the Medicaid program.

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[5] 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.

[6] Please note that the total is the sum of all regions.

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

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

Region	Total Active Dentists[8]	Active Pediatric Dentists	Dentists Enrolled with Maryland Healthy Smiles Dental Program[9]	Dentists Who Billed One or More Services in CY 2021[10]	Dentists Who Billed $10,000+ in CY 2021
Baltimore Metro	1,958	88	792	530	441
Washington Suburban	1,677	73	881	539	457
Southern Maryland	123	5	111	60	46
Western Maryland	279	17	198	119	100
Eastern Shore	199	10	158	75	71
Out of State	--	--	241	141	61
Total[11]	**4,236**	**193**	**1,766**	**1,455**	**1,176**

Maryland Healthy Smiles Dental Program Dental Utilization Rates

<u>Children and Dental Utilization</u>

Under EPSDT requirements, dental care is a mandated health benefit for children under age 21.[12] 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 2021, 60.0 percent of children received dental services, which is greater than the national HEDIS® mean (see Table 4).

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[8] Source: Maryland Board of Dental Examiners, as of August 2022.

[9] Source: SKYGEN USA, as of June 2022.

[10] 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.

[11] 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 2021.

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

Table 4: Number and Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid for at least 320 Days Receiving Dental Services[13]

Year	Total Number of Participants	Participants Receiving One or More Dental Services	Percent Receiving Service	HEDIS® National Medicaid Average[14,15]
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%	↑
CY 2021	573,397	344,018	60.0%	↑

Of the 759,415 children enrolled in Medicaid for any period during CY 2021, 52.1 percent of these children received one or more dental services compared to 45.7 percent in CY 2020 (see Table 5). The utilization rates of children with any period of enrollment have increased 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[16] for Any Period who had at Least One Dental Visit by Age Group, CY 2017 – CY 2021

Age Group	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
0–3	30.3%	30.8%	32.0%	24.3%	28.8%
4–5	65.8%	65.6%	66.6%	52.2%	60.3%
6–9	69.2%	69.6%	70.7%	56.7%	64.2%
10–14	65.6%	66.2%	67.0%	54.0%	61.0%
15–18	55.6%	56.5%	57.3%	48.0%	53.7%
19–20	37.3%	37.8%	38.9%	33.1%	37.8%
Total	**55.0%**	**55.6%**	**56.7%**	**45.7%**	**52.1%**

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[13] The study population for CY 2017 through CY 2021 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: X02, X03, W01, and P10.

[14] 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.

[15] 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.

[16] The study population for CY 2017 through CY 2021 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including FFS and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: X02, X03, W01, and P10.

Medicaid has examined the type of dental services that children receive. Utilization of diagnostic services increased from 51.9 percent in CY 2020 to 58.3 percent in CY 2021; utilization of restorative services has decreased from approximately 16.0 percent of all children in CY 2020 to 19.0 percent in CY 2021 (see Table 6).

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

Year	Total Number of Participants	Diagnostic	Preventive	Restorative
CY 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%
CY 2021	573,397	58.3%	55.0%	19.0%

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, 51.1 percent received a preventive or diagnostic visit in CY 2021. Of those receiving a preventive or diagnostic visit, 27.5 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 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%
CY 2021	759,415	388,045	51.1%	106,712	27.5%

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 20.6 percent in CY 2021 (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 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%
CY 2021	35,263	7,255	20.6%

In CY 2021, 7,255 pregnant women 21 years and older with at least 90 days in Medicaid had at least one visit for dental services. For pregnant women 14 years and older and enrolled for any period, 20.8 percent had at least one dental service in CY 2021 (see Table 9). This is a decrease from CY 2020, which had 21.5 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 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%
CY 2021	38,884	8,096	20.8%

Rare and Expensive Case Management (REM) Participants

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

Overall, 2,054 REM participants utilized dental services in CY 2021 (see Table 10). The highest percent utilization was in children six through nine years old, with 67.2 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 2021

Age Group (Years)	Total Number of Participants	Number with Any Service	Percentage with Any Service
4 - 5	314	177	56.4%
6 - 9	664	446	67.2%
10 - 14	914	580	63.5%
15 - 18	593	328	55.3%
19 - 20	319	146	45.8%
21 - 39	1,077	316	29.3%
40 - 64	290	61	21.0%
Total	**4,171**	**2,054**	**49.2%**

From CY 2017 to CY 2021, the percent of REM participants utilizing dental services increased from 55.3 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. In CY 2021, utilization increased to 48.5 percent.

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

Age Group	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
4 - 5	71.5%	66.2%	66.5%	51.1%	55.3%
6 - 9	76.1%	75.6%	72.2%	58.8%	66.4%
10 - 14	67.3%	71.6%	70.7%	51.1%	62.8%
15 - 18	59.8%	61.0%	63.2%	48.7%	55.1%
19 - 20	48.9%	52.2%	57.1%	35.6%	45.5%
21 - 39	34.5%	35.4%	36.7%	25.8%	28.7%
40 - 64	18.5%	18.0%	20.5%	17.7%	20.4%

Age Group	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Total	55.3%	56.2%	56.6%	42.1%	48.5%

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 2021, 174 or 15.2 percent of all former foster youth received at least one dental visit (see Table 12). This is a decrease from CY 2020, during which 16.7 percent received at least one dental visit.

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

Region[17]	CY 2020			CY 2021		
	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	392	66	16.8%	421	61	14.5%
Baltimore Suburban	302	44	14.6%	343	51	14.9%
Eastern Shore	69	12	17.4%	69	5	7.2%
Out of State	*	*	*	*	*	*
Southern Maryland	*	*	*	*	*	*
Washington Suburban	166	34	20.5%	188	39	20.7%
Western Maryland	86	13	15.1%	88	16	18.2%
Total	1,054	176	16.7%	1,148	174	15.2%

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

In 2021, 13.9 percent of former foster youth received diagnostic services (see Table 13); 10.0 percent received preventive services and 4.4 percent received restorative services during the same year.

Table 13: Percentage of Former Foster Care Participants Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service and Region, CY 2021[18]

Region	Percentage with Diagnostic Service	Percentage with Preventive Service	Percentage with Restorative Service
Baltimore City	12.9%	9.4%	4.0%
Baltimore Suburban	13.9%	10.1%	4.1%
Eastern Shore	6.8%	5.4%	1.4%
Southern Maryland	4.7%	4.7%	1.3%
Washington Suburban	19.3%	14.0%	8.2%
Western Maryland	16.2%	9.1%	3.0%
Total	**13.9%**	**10.0%**	**4.4%**

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 January 2022, all nine HealthChoice MCOs provide limited dental services to non-pregnant adults (see Table 14).

Table 14: HealthChoice Dental Benefits for Non-Pregnant Adults as of January 1, 2022

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

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[18] 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.

MCO	Dental Benefits Offered Limitations Apply and Vary by MCO	Maximum Benefit Limit per CY
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	$1,000

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 2021, 77,552, or 11.4 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%
CY 2021	679,416	77,552	11.4%

Emergency Department Utilization

In CY 2021, 21,803 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 2021

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	150,475	2,582	1.7%	4,133
4 - 5	76,781	1,114	1.5%	1,826
6 - 9	151,176	1,289	0.9%	2,155
10 - 14	189,592	760	0.4%	1,218
15 - 18	132,684	663	0.5%	1,051
19 - 20	58,707	540	0.9%	909
21 - 39	449,661	9,375	2.1%	18,465
40 - 64	372,379	5,480	1.5%	10,232
Total	1,581,455	21,803	1.4%	39,989

In CY 2021, the percent of participants with an ED visit with a dental diagnosis or procedure was 2.2 percent (see Table 17) with a total of 61,111 visits.

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

Year	Total Participants	Number of Participants with ED Visit with Dental Diagnosis or Procedure	Percentage with ED Visit with Dental Diagnosis or Procedure	Total Number of Visits with Dental Diagnosis or Procedure
CY 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

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 2020	1,486,342	12,538	0.8%	27,199
CY 2021	1,581,455	34,325	2.2%	61,111

In CY 2021, 9,388 children with any period of enrollment in HealthChoice visited the ED with a dental diagnosis, not including accidents, injury, or poison (see Table 18). The total number of ED visits with a dental diagnosis was 14,953 in CY 2021.

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
CY 2021	759,415	9,388	14,953

The percent of former foster youth utilizing the ED was also low. In CY 2021, 4.5 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 2021

Region	Percent with at least One ED Visit
Baltimore City	4.2%
Baltimore Suburban	4.3%
Eastern Shore	9.5%
Southern Maryland	2.3%

Region	Percent with at least One ED Visit
Washington Suburban	3.9%
Western Maryland	5.1%
Total	**4.5%**

Adult Dental Pilot Program

On May 15, 2018, Governor Larry 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 Pilot Program will sunset on January 1, 2023 with the beginning of the expanded adult dental benefit.

The Adult Dental 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.[19] 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 2021, 5,040 participants, or 10.9 percent, had a dental visit (see Table 20); this is an increase over CY 2020, which had 4,760 eligible participants with a dental visit.

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[19] 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 of Dually Eligible Participants with Any Medicaid Eligibility Aged 21 to 64 Years, CY 2019 - CY 2021 [20]

CY 2019			CY 2020			CY 2021		
Total Participants	At Least One Dental Service		Total Participants	At Least One Dental Service		Total Participants	At Least One Dental Service	
	#	%		#	%		#	%
50,238	5,308	10.6%	45,181	4,760	10.5%	46,073	5,040	10.9%

Recent Dental Legislation and Program Expansions

Adult Dental Expansion

House Bill 006/Senate Bill 150 *Maryland Medical Assistance Program – Dental Coverage for Adults* (Chapter 32 of the Acts of 2022) required MDH to expand its adult dental benefit to all adults 21 and older beginning on January 1, 2023. MDH is working on implementing the bill and intends for services to begin on the bill date. More than 600,000 additional adults will be eligible for the new benefit.

The new adult dental benefit will be the same package of services pregnant women currently receive. This includes diagnostic, preventive, and restorative services. There will be no maximum dollar amount placed on services received, unlike the Adult Dental Pilot Program. Participants who are currently enrolled in the Pilot Program will be transitioned into this new benefit, and the Pilot Program will sunset on January 1, 2023.

Rate Increases

Effective July 1, 2022, MDH provided a one-time rate increase of 9.4 percent for 32 specific dental codes. These codes include a selection of diagnostic, preventive, and restorative services.

During the 2022 legislative session, the Maryland FY 2023 Operating Budget directed $19.6 million ($9.1 million General Funds) to Medicaid to increase dental reimbursement rates, representing the largest increase since FY 2009. This 9.4 percent rate increase is a result of these efforts.

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

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[20] 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.

was approved by the Maryland General Assembly on March 18, 2020. The inclusion of dental coverage in the postpartum period began January 1, 2021.

On April 1, 2022, MDH extended the postpartum period from up to 60 days to up to 12 months. This will extend Medicaid coverage and dental benefits to approximately 11,000 participants in Maryland.

Tele-Dentistry

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

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

III. Conclusion and Future Initiatives

In 2022, MDH intends 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. MDH will work to increase the provision of prevention, early intervention, and educational oral health services provided in high-risk, low-income venues, such as WIC and Head Start/Early Head Start programs, as well as in Title I schools.

The full impact of COVID-19 on MDH's oral health initiatives is still being determined at this time. During 2021 and 2022, many programs and providers experienced significant disruptions to their normal operations that prevented them from providing services. The extent of the disruption to operations varied among jurisdictions, depending 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.

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
MDH	Maryland Department of Health
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
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
P.A.N.D.A.	Prevent Abuse and Neglect through Dental Awareness
PCP	Primary Care Provider
PLWHA	People Living with HIV/AIDS

REM	Rare and Expensive Case Management
ROHC	Regional Oral Health Coordinators
SB	Senate Bill
SKYGEN	SKYGEN USA, 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,
CY 2002 - CY 2021**

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 2002	$40.3 M	$28.9 M	34.5%	10.3%
CY 2003	$33.0 M	$32.5 M	43.2%	13.6%
CY 2004	$28.0 M	$36.7 M	43.7%	13.8%
CY 2005	$33.0 M	$42.0 M	45.8%	15.8%
CY 2006	$35.1 M	$46.6 M	46.2%	16.4%
CY 2007	$42.5 M	$53.8 M	51.5%	19.3%
CY 2008[21]	$55.4 M	$71.4 M	54.6%	20.8%
CY 2009[22]	$82.8 M	$39.6 M	60.9%	23.2%
CY 2010[23]	$137.6 M	$6.5 M	64.1%	25.1%
CY 2011	$152.7 M	$11.4 M	66.6%	25.2%
CY 2012	$150.5 M	$11.1 M	67.8%	24.3%
CY 2013	$157.2 M	$5.3 M	68.3%	24.4%
CY 2014	$159.0 M	$16.5 M	67.7%	23.2%
CY 2015	$165.2 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%

[21] The study population for CYs 2008-2015 measured dental utilization for all qualifying individuals in Maryland's Medicaid program, including FFS and HealthChoice MCO participants. Recipients with partial benefits were excluded from the analysis.

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

[23] Beginning in SFY 2010, Maryland Healthy Smiles Dental Program was reimbursed FFS and paid an administrative fee. The $6.5 M in CY 2010 and $11.4 M in CY 2011 spent by MCOs accounts for adult dental services only and is not reimbursed by the report State.

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 2019	$199.7 M	$19.3 M	69.4%	23.0%
CY 2020	$145.4 M	$20.1 M	54.0%	16.0%
CY 2021	$189.7 M	$25.3 M	60.0%	19.0%

Appendix C: State Public Health Dental Programs

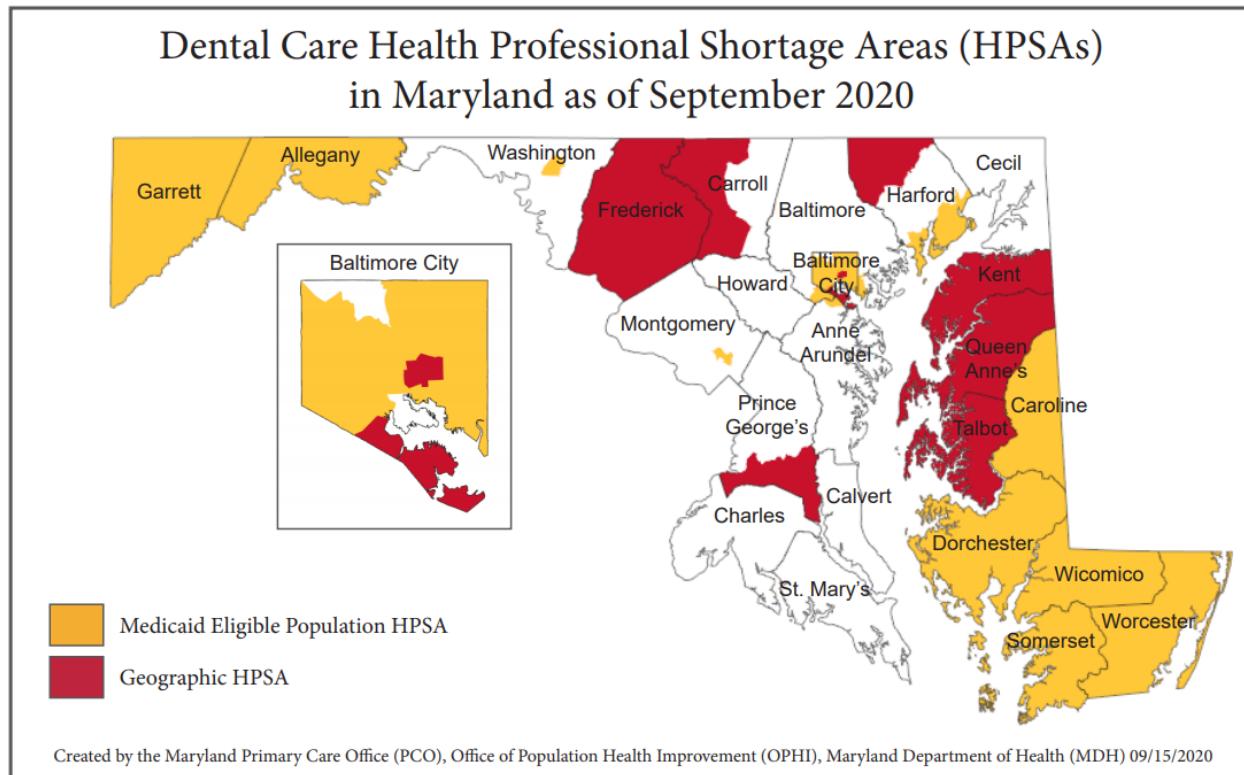| County	Local Health Department Clinic	Community Health Centers	Dental School/Other
Allegany	On Site	None	Allegany Health Right (contracts with private dental providers), Allegany College of Maryland (Dental Hygiene Program)
Anne Arundel	On Site (2 sites)	Chase Brexton Health Services	None
Baltimore City	On Site	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

County	Local Health Department Clinic	Community Health Centers	Dental School/Other
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 (2 sites)	None	None
Howard	Does not directly provide services but provides both clinical and school-based/ linked dental services through its contract with Chase Brexton Health Services	Chase Brexton Health Services	Howard County Community College (Dental Hygiene Program)
Kent	School-based program 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

County	Local Health Department Clinic	Community Health Centers	Dental School/Other
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

Dental Care Health Professional Shortage Areas (HPSAs) in Maryland as of September 2020

Created by the Maryland Primary Care Office (PCO), Office of Population Health Improvement (OPHI), Maryland Department of Health (MDH) 09/15/2020

Appendix E: Medicaid Dental Utilization Rates, Enrollment in Medicaid > 320 Days, Ages 4-20[24]

Criteria	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Age											
4-5	70.8%	72.3%	72.9%	73.1%	73.9%	73.2%	72.0%	72.4%	72.9%	55.0%	62.7%
6-9	73.8%	74.9%	75.7%	75.2%	76.5%	75.8%	75.0%	76.0%	76.4%	59.4%	66.5%
10-14	68.5%	69.8%	70.0%	69.3%	71.2%	71.2%	71.2%	72.2%	72.5%	56.6%	63.1%
15-18	58.5%	59.4%	59.7%	58.9%	60.3%	60.9%	61.3%	62.5%	62.9%	50.7%	55.6%
19-20	41.2%	43.0%	43.3%	42.7%	43.9%	42.8%	42.9%	44.7%	44.6%	36.1%	39.5%
All 4-20	**66.4%**	**67.8%**	**68.3%**	**67.7%**	**69.0%**	**68.5%**	**68.1%**	**69.1%**	**69.4%**	**54.0%**	**60.0%**
Region[25]											
Baltimore City	64.4%	65.0%	66.2%	65.7%	65.5%	64.6%	64.3%	64.8%	64.2%	45.6%	53.0%
Baltimore Suburban	63.6%	66.0%	65.7%	65.6%	66.9%	66.7%	66.4%	67.8%	68.1%	53.1%	59.1%
Washington Suburban	70.4%	71.9%	73.3%	72.2%	74.0%	73.6%	73.2%	74.0%	74.3%	55.2%	65.7%
Western Maryland	69.6%	69.4%	68.2%	67.0%	68.7%	68.0%	67.3%	67.7%	68.2%	26.3%	57.6%
Southern Maryland	57.5%	58.7%	59.7%	59.7%	59.6%	59.8%	59.1%	59.8%	61.5%	49.7%	55.4%

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[24] 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.

[25] 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.

Criteria	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Eastern Shore	67.9%	69.1%	68.6%	67.5%	69.6%	68.4%	67.7%	69.7%	70.5%	59.2%	58.1%
All Regions	**66.4%**	**67.8%**	**68.3%**	**67.7%**	**69.0%**	**68.5%**	**68.1%**	**69.1%**	**69.4%**	**54.2%**	**60.0%**

Appendix F: Impact Breakdown of ODIP at LHDs in SFY 2022

Program	County	Detailed coverage					
		On-Site			Off-Site		
		Children	**Adults**	**Pregnant Women**	**Children**	**Adult Oral Cancer Screenings**	**Adult Case Management**
ODIP	Allegany	56	149	32	1,050	0	0
	Anne Arundel	2,308	1,314	53	0	0	641
	Baltimore City	18	321	0	99	0	0
	Baltimore County	0	0	0	0	0	0
	Caroline	0	0	0	0	13	0
	Carroll	437	47	0	0	0	0
	Charles	764	944	32	870	0	288
	Dorchester	2,080	2,130	0	2,621	0	0
	Frederick	2,734	338	0	324	0	0
	Garrett	910	986	23	1,665	1,467	0
	Harford	170	14	0	0	0	0
	Howard	317	835	0	0	0	0
	Kent	0	0	0	71	0	0
	Montgomery	289	0	0	0	0	0
	Prince George's	304	58	7	0	0	0
	Queen Anne's	0	0	0	0	0	0
	St. Mary's	0	0	0	0	0	37
	Worcester	363	0	1	0	0	0

Appendix G: Impact Breakdown of Dental Sealant Programs at LHDs in SFY 2022[26]

Program	County	Schools Visited	Children Seen	Children Receiving Sealants	Sealants Placed
Dental Sealants Program	Allegany	13	1,569	888	3,610
	Anne Arundel	0	385	256	961
	Baltimore	2	70	47	155
	Charles	10	784	451	2,020
	Harford	5	142	110	425
	Kent	13	496	90	500
	Montgomery	0	0	0	0
	Prince George's	0	0	0	0
	Somerset	0	4,336	318	1,238
	Wicomico	0	902	178	622

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[26] Please note that some counties engaged in different activities that are not included in the table above, such as oral health education.

Appendix H: EPSDT Fluoride Varnish Certified Providers and Applications by Month in SFY 2022

Month	Active Providers	Applications
July 2021	556	3,694
August 2021	559	2,909
September 2021	564	2,878
October 2021	553	4,058
November 2021	531	2,573
December 2021	531	2,657
January 2022	527	2,349
February 2022	527	3,048
March 2022	524	2,727
April 2022	519	3,537
May 2022	506	2,894
June 2022	506	2,819