



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

DEC 14 2007

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

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

RE: House Bill 30 (Ch. 528) and Senate Bill 181 (Ch. 527) of the Acts of 2007
Legislative Report – Oral Health Needs Assessment

Dear President Miller and Speaker Busch:

Pursuant to House Bill 30 and Senate Bill 181 enacted during the 2007 legislative session, the Department of Health and Mental Hygiene (the Department) is required to conduct an oral health needs assessment and submit this one-time legislative report on its findings. As such, this report addresses the following: (1) certain costs associated with oral health services funded by the Maryland Medical Assistance Program; (2) the amount of State revenue spent on somatic health services related to the lack of comprehensive oral health care; and (3) the current provider capacity to serve the oral health needs of uninsured and under-insured Maryland residents and the potential for expansion.

Costs Associated with Providing Oral Health Services through the Maryland Medical Assistance Program

In CY 2006, the HealthChoice managed care organizations (MCOs) received \$35.1 million (total funds) in capitation payments to provide dental services to children and pregnant women. In CY 2007, they received \$42.5 million (total funds).

For FY 2009, projected capitation payments for dental services total \$49.9 million (total funds), which assumes no changes to current dental fees and no reimbursement for adult dental services. If dental rates are increased to the 50th percentile of charges for the American Dental Association (ADA) South Atlantic region, however, projected capitation payments total \$87.6 million (total funds).

Apart from those dental services covered for pregnant women, adult dental services are not a covered benefit and, consequently, are not included in the HealthChoice capitation



payments. All the MCOs, however, offer a limited dental benefit, which totaled approximately \$4.3 million (total funds) for CY 2006. If a full adult benefit is implemented for all adults in HealthChoice, the cost would total approximately \$17 million (total funds) for 2009, assuming no change in dental fees. If dental fees are increased to the 50th percentile of charges for the ADA South Atlantic region, coverage for a full adult benefit would total approximately \$29 million (total funds); this amount would reach almost \$67 million (total funds) to cover all adults – both under the fee-for-service and HealthChoice.

State Revenues Spent on Somatic Health Services

It is difficult to quantify the somatic expenses resulting from lack of dental care. Medical practitioners do not always have the dental expertise to recognize symptoms as being attributable to dental disease. Moreover, it can be very difficult to clearly identify a medical condition which stems from a dental problem. By the time a somatic illness is detected, it may not be possible to directly attribute the illness to a dental disease from which it may have started. The Department, however, was able to quantify the number of Medicaid children and pregnant women who were treated in the emergency department due to a dental diagnosis. In 2006, less than 1 percent (1,809 out of 491,646 children¹) were treated in the emergency room due to a dental diagnosis. Additionally, about 1 percent (484 of the 38,868 pregnant women ages 14 years and older) were treated in the emergency department due to a dental diagnosis.

Provider Capacity to Serve Uninsured and Under-insured Residents

The Dental Action Committee convened in June 2007 to study the problem of access to dental care for Maryland's children. The Committee was composed of a broad-based group of stakeholders dedicated to improving children's access to oral health services. On September 11, the Committee delivered its report to the Department with a number of recommendations centered on a goal of establishing a dental home for all Medicaid children in Maryland. A number of these recommendations would greatly increase the number of uninsured and under-insured residents with access to dental care. The Department is currently reviewing the Committee's report, while simultaneously considering the existing budgetary constraints.

In FY 2007, the Family Health Administration's Office of Oral Health (the Office) funded 19 local health department oral health programs that provided a variety of oral health services including clinical services, sealants, fluoride, case management, and oral health education. The Office also funded six jurisdictions (Carroll, Frederick, Garrett, Howard, and Wicomico Counties, and Baltimore City) to provide approximately 9,100 children and 1,600 adults with clinical dental care. Five of these six jurisdictions accommodated uninsured and under-insured residents through a sliding fee scale payment schedule. Please see the enclosed attachment for a further breakdown of provider capacity by jurisdiction. Currently, these State-funded dental providers are at full capacity and cannot accept additional clients. Hence, there is a need for more providers who will accept uninsured and under-insured patients.

¹ Children up to 20 years of age enrolled at any point in time

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Additionally, in FY2007, a telephone survey of community health clinics (CHCs) and federally qualified health centers (FQHCs) determined that of the 18 providers in 10 jurisdictions, 14 accepted a sliding fee scale payment to accommodate uninsured and under-insured Maryland residents for general dental needs. Those jurisdictions with sliding fee scales for general dental services include Baltimore City, which has six providers, and Baltimore, Caroline, Charles, Dorchester, Montgomery, Prince George's, Somerset, and Washington Counties, with one provider each.

If you should need anything further, please call me at (410) 767-6505 or your staff may contract Mr. Keith Roberts, Acting Chief, Office of Oral Health, at (410) 767-7899. Mr. Roberts can also be reached at kroberts@dhhm.state.md.us.

Sincerely,



John M. Colmers
Secretary

Enclosure

cc: Michelle A. Gourdine, M.D.
Russell W. Moy, M.D., M.P.H.
Lori A. Demeter, Ph.D.
Mr. Keith Roberts
Anne Hubbard, M.B.A.

**Attachment:
Provider Capacity by Maryland Jurisdiction**

Maryland Jurisdiction					LHD Clinic	Income sensitive	FY07
					Operational?	payment options	Production
	Allegany	YES	RFS	2,936			
	Anne Arundel	YES	SFS	*			
	Balt. City	YES	SFS	351			
	Balt. County	YES	SFS	708			
	Carroll	YES	SFS	2,272			
	Frederick	YES	SFS	452			
	Garrett	YES	SFS	45			
	Howard	YES	SFS	2,109			
	Montgomery	YES	SFS	*			
	Pr. George's	YES	SFS	1,537			
	Washington	YES	SFS, RFS	*			
	Wicomico	YES	NONE	4,329			
	Calvert	NO	*	*			
	Caroline	NO	*	*			
	Cecil	NO	*	*			
	Charles	NO	*	*			
	Dorchester	NO	*	*			
	Harford	NO	*	*			
	Kent	NO	*	*			
	Queen Anne's	NO	*	*			
	Somerset	NO	*	*			
	St. Mary's	NO	*	*			
	Talbot	NO	*	*			
	Worcester	NO	*	*			

Table Legend
Payment options: • RFS - Reduced Fee Scale • SFS - Sliding Fee Scale Payment options/Production figures: • * - figure is unknown or nonapplicable