



## Dental Public Health Activities & Practices

**Practice Number:** 23001  
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<b>SECTION I: PRACTICE OVERVIEW</b>		
<b>Name of the Practice:</b> Maryland Dent-Care Loan Assistance Repayment Program		
<b>Public Health Functions:</b> Policy Development – Oral Health Program Policies Policy Development – Oral Health Program Organizational Structure and Resources Assurance – Access to Care and Health System Interventions		
<b>HP 2010 Objectives:</b> 21-10 Increase utilization of oral health system. 21-12 Increase preventive dental services for low-income children and adolescents.		
<b>State:</b> Maryland	<b>Region:</b> Mid-Atlantic Region III	<b>Key Words:</b> Dental services, access to care, utilization, Medicaid, legislation, loan repayment program
<b>Abstract:</b> <p>During the 2000 Maryland legislative session, House Bill 543/Senate Bill 519 was passed providing State funding for a new loan repayment program for dentists, known as the <i>Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP)</i>. The purpose of MDC-LARP is to increase access to oral health care services for Maryland Medical Assistance Program (MMAP) recipients by increasing the number of dentists who treat this population through receipt of up to \$70,000 in non-taxable loan repayment assistance over a 3-year period (actual amount is \$100,000; recipients receive a separate check for approximately \$30,000 to cover federal taxes). The Maryland Department of Health and Mental Hygiene Office of Oral Health, in partnership with the Maryland Higher Education Commission, is charged with the responsibility of implementing and monitoring this program. Dentists who participate in this program agree to provide oral health care services to a minimum of 30% MMAP recipients as a proportion of their total patient population, document this information, and submit written reports. MDC-LARP recipients who are engaged in providing dental care services to MMAP recipients (at least 30% of their practice) must serve three years in a <i>full-time</i> eligible practice site. This program provides loan repayment for up to five <i>Maryland licensed</i> dentists a year for a three-year commitment (a maximum of 15 participants in the program for the 3-year period), depending on available funding. Currently there are 10 participants in the program with 5 more to be selected in September 2002. What makes this program unique is that dentist applicants do not have to practice in a designated Health Professional Shortage Area. Although they are encouraged to practice in rural, underserved areas, these dentists simply need to provide care to MMAP recipients in any area of Maryland and ensure that these patients make up 30% of their patient population.</p>		
<b>Contact Persons for Inquiries:</b> <p>Kelly Sage, MS, Deputy Director, Office of Oral Health, Maryland Department of Health and Mental Hygiene, 201 W. Preston Street, 3<sup>rd</sup> Floor, Baltimore, MD 21201, Phone: 410-767-7899, Fax: 410-333-7392, Email: <a href="mailto:ksage@dhmh.state.md.us">ksage@dhmh.state.md.us</a></p> <p>Harold S. Goodman, DMD, MPH, Professor, Department of Health Promotion &amp; Policy, University of Maryland Dental School, 666 W. Baltimore Street, Baltimore, MD 21201, Phone: 410-706-7970, Fax: 410-706-3028, Email: <a href="mailto:HGoodman@umaryland.edu">HGoodman@umaryland.edu</a></p>		

## SECTION II: PRACTICE DESCRIPTION

### **History of the Practice:**

Prior to 2000, Maryland did not have a loan repayment program for dentists in the state that would provide an incentive for dentists to practice in underserved areas or increase their services to underserved populations. Partnerships with the University of Maryland Dental School, Maryland Academy of Pediatric Dentistry, Maryland Academy of Pediatrics, Maryland State Dental Association, Maryland Dental Society, Maryland Department of Health and Mental Hygiene, Maryland Higher Education Commission and others were developed for legislative advocacy and promotion efforts for a loan repayment program for dentists. Senate Bill 519 and House Bill 543 passed in the Maryland General Assembly in 2000 that resulted in establishing a new loan repayment program for dentists. The program was initiated shortly thereafter in 2000.

### **Justification of the Practice:**

Access to oral health care is a critical health problem for poor children in Maryland. A 1995 Maryland survey of school-aged children found that 70% of poor children in Maryland have untreated decay versus 43% for those with private insurance. Additionally, Maryland is one of the worst States in the Nation for dental care access, with only 7% of poor Maryland children having one or more preventive dental visits in 1999 (EPSDT data). Many Maryland dentists, for a variety of reasons, but especially because of Medicaid's low reimbursement, do not participate in the Medicaid managed care dental program. The resulting level of inadequate dental services for Maryland's poor and rural children increases their frequency of chronic pain, oral dysfunction, poor self-image, missed school days, and reduced capacity to succeed academically. Consequently, the Department of Health and Mental Hygiene, Office of Oral Health along with the University of Maryland Dental School, the Maryland State Dental Association and others have been exploring innovative approaches to increase access to dental care for Maryland children. One approach was to combine dental access with loan repayment. Based on 1998 data, educational indebtedness of dental graduates averages nearly \$100,000. Therefore, young dentists may be very interested in approaches that would facilitate management of their educational loans, such as a program that would offer dentists an educational loan repayment as an incentive to treat underserved children for a specified period of time in a practice site of their choosing.

### **Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:**

A new loan repayment program for dentists known as the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) was initiated and funded as the result of passage of legislation in 2000 which required that the Department of Health and Mental Hygiene, Office of Oral Health implement and monitor this program. The purpose of MDC-LARP is to increase access to oral health care services for Maryland Medical Assistance Program (MMAP, the State Medicaid program) recipients by increasing the number of dentists who treat this population. Dentists in MDC-LARP will receive up to \$70,000 in non-taxable loan repayment assistance over a 3-year period.

State general funds comprised 100% of the resources for the MDC-LARP Program. Funds are guaranteed at least 3 years and consist of over \$500,000/year for programmatic operations depending upon the number of dentists in the program. The Office of Oral Health received approximately \$40,000 for a program administrator to conduct and monitor the program and added 1.0 FTE (MDC-LARP Program Administrator) to the office staff as a result of the program. The Maryland Higher Education Commission (MHEC), as policy with all State loan assistance repayment programs, received the actual loan assistance funds. (The funding for the MDC-LARP Program Administrator has been transferred to the Office of Oral Health salary and benefits budget line item and would not be affected should the MDC-LARP Program lose its state general funding in the future).

Although they are encouraged to practice in rural, underserved areas, the MDC-LARP dentists simply need to provide care to MMAP recipients in any area of Maryland and ensure that these patients make up 30% of their patient population. These sites could either be established Federal, State, County or City clinics; or private practice sites in which the practitioner would treat underserved populations. Each dentist will need to sign up either with the State Medical Assistance program, HealthChoice and one of their dental benefit providers, or both. She/he will receive a Medical Assistance number and the Office of Oral Health will then be able to track the Medical Assistance cases.

MHEC and the Department of Health and Mental Hygiene, Office of Oral Health collaboratively administer MDC-LARP. The Office of Oral Health MDC-LARP Program Administrator conducts all recruiting for the program. MHEC collects the applications, convenes the review panel with assistance from the Office of Oral Health to select recipients, and distributes the loan repayment checks. The Office of Oral Health monitors recipients to confirm they are meeting their obligations, promotes the program, gathers feedback from award recipients, and conducts initial orientation with the award recipients. The Program Administrator conducts site visits, randomly audit dental records, and reviews self-reported monthly reports that indicate the number of Medicaid patients seen by recipients. These numbers are cross-referenced with data provided by participating Medicaid managed care organizations to meeting the 30% limit. The Program Administrator also connects the dentists with practice management experts at the University of Maryland Dental School as needed.

As required by the statute initiating this program, the state Oral Health Advisory Committee, comprised of experts from all areas of dentistry and insurance, is responsible for oversight and monitoring of the program. MDC-LARP Guidelines, in lieu of state regulations, were constructed by the Office of Oral Health and eventually were approved by MHEC. In addition, a memorandum of understanding between the Office of Oral Health and MHEC was developed to provide deliverables for both offices for the operation of the MDC-LARP.

The MDC-LARP can accept a total of 15 dentists into the program over this first 3-year time period. As of January 2002, there are 10 participants in the program with 5 more to be selected in September 2002. It is expected that some of these dentists will continue to practice in these locations and continue to treat underserved children after their loan repayment period.

**Budget Estimates and Formulas of the Practice:**

Year 1 (FY 2001)

\$205,000/year (to MHEC) to support 5 loan assistance dentist recipients  
\$40,000 (to Office of Oral Health) for MDC-LARP Program Administrator

Year 2 (FY 2002)

\$371,100/year (to MHEC) to support 10 loan assistance dentist recipients  
\$40,000 (to Office of Oral Health) for MDC-LARP Program Administrator

Year 3 (FY 2003)

\$538,000/year (to MHEC) to support 15 loan assistance dentist recipients  
\$40,000 (to Office of Oral Health) for MDC-LARP Program Administrator

**Lessons Learned and/or Plans for Improvement:**

In the original set of program Guidelines, the recipients of the loan repayment receive their reimbursement checks within 60 days of beginning the program (January 1st). The Guidelines were then revised so that the recipients received their reimbursement checks within 60 days of completion of their first year of service in the program. This served to reduce the liability of the dentists if the 30% goal was not attained in the first year, and as a motivator to maintain the 30% goal.

The program could be improved by expanding the number of dentists who can participate in the program each year. Right now, the program is on a 3-cycle trial basis with a total of 15 dentists accepted into the program over a 3-year period. To have a significant effect on increasing the number of dental providers who treat the Medicaid population, more dentists need to be accepted into the program.

**Available Resources - Models, Tools and Guidelines Relevant to the Practice:**

Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) Guidelines

## SECTION III: PRACTICE EVALUATION INFORMATION

### **Impact/Effectiveness**

*Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?*

The practice does demonstrate an immediate impact to the high-risk community by providing direct care services that benefits their access to oral health care and their ultimate well-being. There is a shortage of dentists statewide, particularly in rural regions, to treat patients eligible for the Medicaid program. It has been estimated that less than 15% of full-time licensed practicing dentists in Maryland participate in any manner in the State Medicaid program. This practice ensures that each year 5 new dentists in any region of the State will be added to the Medicaid provider network (the program utilizes 15 dentists in any 3-year period) and that each of these dentists will be providing care to 30% Medicaid patients as a proportion of their patient base. Utilization of dental services (visits in the past year) in the Medicaid dental program has increased from 19% in 1999 to 24% in 2001 since the advent of the MDC-LARP although it is difficult to credit any particular program for this increase given the number of new programs designed to increase access to care.

### **Efficiency**

*Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?*

The program offers dentists an educational loan assistance grant of up to \$33,000/year for 3 years as an incentive to treat underserved children. This is a relatively inexpensive program given that the cost for the program is \$205,000 for the first year, \$371,000 for the second year, and \$538,000 for the third year. Administrative costs are approximately \$40,000/year. After 3 years, it is estimated that approximately 2,800 Medicaid children who would not receive a dental visit otherwise will receive complete dental care on a yearly basis. The program also increases participation of dentists and helps develop a new and critical mass of young dentists who otherwise would not treat Medicaid children. Again, it is assumed that these dentists will continue to treat Medicaid patients once they are out of the MDC-LARP. As a result, it has been estimated that the eventual savings to the State will be over \$2.5 million per year once the program maintains its cycle of 15 dentists in system (by FY 2003).

### **Demonstrated Sustainability**

*Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?*

The practice and its funding already is in statute and was the only loan assistance program passed by the State legislature during that session. There is a continued effort by the Department of Health and Mental Hygiene, State Legislature, University of Maryland Dental School, Maryland State Dental Association and others to look for creative efforts to improve access to care for Medicaid-eligible patients. The MDC-LARP fits this model and is continually mentioned in official reports on dental services access in Maryland. It is perhaps the most cost-effective and relatively inexpensive strategy compared to a number of other strategies that require considerable funding. It is anticipated that political and consumer support for the program will undoubtedly exist for some time.

### **Collaboration/Integration**

*Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?*

The practice could not have occurred both in legislative advocacy and programmatic scope without effective partnerships, of which there were many. Prominent partners in this practice include University of Maryland Dental School, Maryland Health Education Commission, local health departments, federally qualified health centers, Maryland State Dental Association, Maryland Dental Hygienists' Association, Maryland Dental Society and the Department of Health and Mental Hygiene.

**Objectives/Rationale**

*Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?*

The practice addresses 2 HP 2010 objectives (increasing utilization of oral health system and increasing preventive dental services for low-income children and adolescents) and the Surgeon General's Report on Oral Health to reduce disparities. It also addresses building infrastructure and capacity for the Office of Oral Health by adding a permanent staffing position.

**Extent of Use Among States**

*Is the practice or aspects of the practice used in other states?*

No other states have initiated a practice of this type. Most state and federal programs with dentist loan assistance repayment programs have focused upon placement in Dental Health Profession Shortage Areas (Dental HPSA). While a valid approach, this often is a lengthy process for the federal application with unpredictable results. In addition, there needs to be a dental facility and appropriate resources available in the Dental HPSA. Access to Medicaid populations has been deemed a statewide problem in Maryland and while an acute problem in rural areas, Baltimore City currently has the lowest access to dental services for Medicaid-eligible patients in the State. This practice can be employed immediately in any valid public or private sector dental practice so long as there is ample opportunity to treat Medicaid-eligible patients. To date, three (3) states have requested the legislative language of the statute for this practice. This practice most definitely can be employed in other states.