

# COMPREHENSIVE OVERVIEW:

## HUSKY Health Dental Benefits and Administration

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Kate Parker-Reilly, LMSW  
Executive Director  
Connecticut Dental Health Partnership



- HUSKY Dental Benefits
- The Role of the CT Dental Health Partnership
- Dental Provider Network
- Dental Utilization Outcomes
- Oral Health and Pregnancy: SFY 27 Planned Efforts

# HUSKY Health Dental Benefits

**Dental benefit design is grounded in the principles of functional dentistry** – providing medically necessary treatment to restore the form and function of the teeth, mouth, and jaw utilizing the least costly treatment modalities that produce the desired outcome.

## Children

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is a mandatory Medicaid benefit for individuals under age 21, providing comprehensive preventive, dental, mental health, and diagnostic services. It ensures access to any medically necessary, Medicaid-coverable service—even if not in the state plan—to correct or ameliorate health conditions.

## Adults

- Medicaid adult dental benefit is optional for states.
- Connecticut’s benefits are characterized as either “Extensive,” “Near Extensive,” or “Comprehensive” compared to other states.

## Covered CT

- Ages 19-64
- Follows applicable HUSKY adult or children benefits and reimbursement

Sources:

[Variation in Use of Dental Services by Children and Adults Enrolled in Medicaid or CHIP | KFF](#)

[Medicaid Adult Dental Coverage Checker - CareQuest Institute](#)

# HUSKY Health Dental Benefits (continued)

## Sample of Most Commonly Used Benefits

257 Billable Codes

- Oral Exams
- Prophylaxis (Cleanings)
- Dental Sealants
- Fluoride
- X-Rays
- Fillings
- Root Canals
- Crowns
- Partial and Full Dentures
- Oral Surgery
- Orthodontia (Under 21 - Qualifying Conditions)
- Periodontal Therapy (Over 21 - Qualifying Conditions)

# Reimbursement Construct

## Children

- 2007 - Rates benchmarked to private insurance rates in 2007 (Carr v. Wilson Coker settlement agreement)
- 2016 - 2% Rate reduction in all pediatric rates and selected reductions in pediatric crowns, orthodontics rates
- American Dental Association Health Policy Institute 2025 data:
  - Children's rates in CT are 79.9% of average private dental insurance payment rates

## Adults

- 2007 - Rates set to 52% of children's rate
- 2018 - Adult annual benefit maximum, “soft” cap - \$1,000 annually for adults (1 of 16 states)
- 2022 - 25% Increase resulting in roughly 66.25% of children’s rate (selected rates reached parity)
- American Dental Association Health Policy Institute 2025 data :
  - Adults’ rates in CT are 49.6% of average private dental insurance payment rates
- 2026 - Adult rates increased for three service codes

## Operations

- 2 Fee schedules - adult & pediatric
- 1 Set of payment rules
  - BeneCare’s CT dentist consultants perform benefit determinations (PA)
  - Gainwell processes claims and remittances
- 1 Network
- 1 Set of administrative rules

## Sources:

[Health Policy Institute - American Dental Association: Dental Care in Medicaid](https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=pb16_45.pdf&URI=Bulletins/pb16_45.pdf)

[https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=pb16\\_45.pdf&URI=Bulletins/pb16\\_45.pdf](https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=pb16_45.pdf&URI=Bulletins/pb16_45.pdf)

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Department of Social Services

Making a difference



# About Us

The **Connecticut Dental Health Partnership (CTDHP)** is the dental plan for HUSKY Health and Covered CT and is administered by BeneCare Dental Plans under an administration services organization contract with the Department of Social Services.

**Got HUSKY Health?**  
**YOU'VE GOT DENTAL BENEFITS**

Let us help you find a dentist, and get the oral healthcare you need.  
 Language Interpretation and Transportation Services Available

**855-CT-DENTAL**  
**855-283-3682**

Hearing impaired clients, please dial 711 for Relay Connecticut assistance.

**8am-5pm M-F**  
**WE CARE ABOUT YOUR DENTAL HEALTH**

[www.ctdhp.org](http://www.ctdhp.org)

**CONNECTICUT DENTAL HEALTH PARTNERSHIP**  
 the dental plan for HUSKY Health

**HUSKY HEALTH CONNECTICUT**

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**HUSKY HEALTH CONNECTICUT**

# BeneCare - CTDHP Organization

44 Employees,  
Located in Farmington, Connecticut

## **Humanity first.**

We recognize that every touchpoint influences how members and providers experience the Medicaid system, and we strive to be intentional about ensuring those interactions feel supportive, seamless, and human—not transactional, even when those conversations are hard.

## **Our Work Units**

*Member Services - Call Center*

*Oral Health Navigation*

*Community Engagement*

*Communications*

*Professional Network Development and Relations*

*Member Appeals*

*Provider Services*

# CTDHP for Members

## RESPONSIVE CALL CENTER

- Local, bilingual
- Connecting members to care

## RISK STRATIFIED ENGAGEMENT

- Higher risk members
- Right time contact
- “Nudge” philosophy

## ORAL HEALTH NAVIGATION

- Longitudinal care management
- Community health workers and social workers



# CTDHP for Community Partners

## Pop-Up Resources and Education

- Standard & adapted curriculums
- Trusted-person model
- Real-time support

## Free Oral Health Literacy Materials and Toolkits

- CLAS/ADA focused
- Children's Dental Health Month
- Community Registration

## Oral Health Training Academy of CT

- Non-Dental Professionals = Oral Health Champions
- Develop value and opportunity to integrate within work



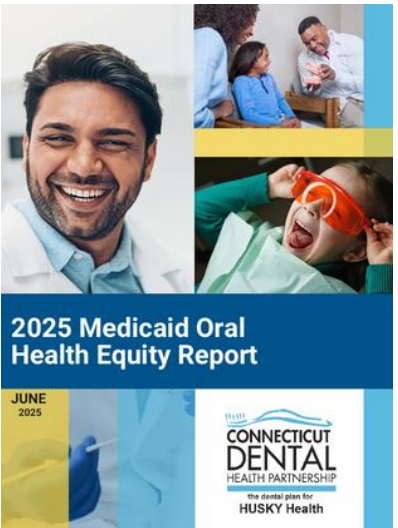
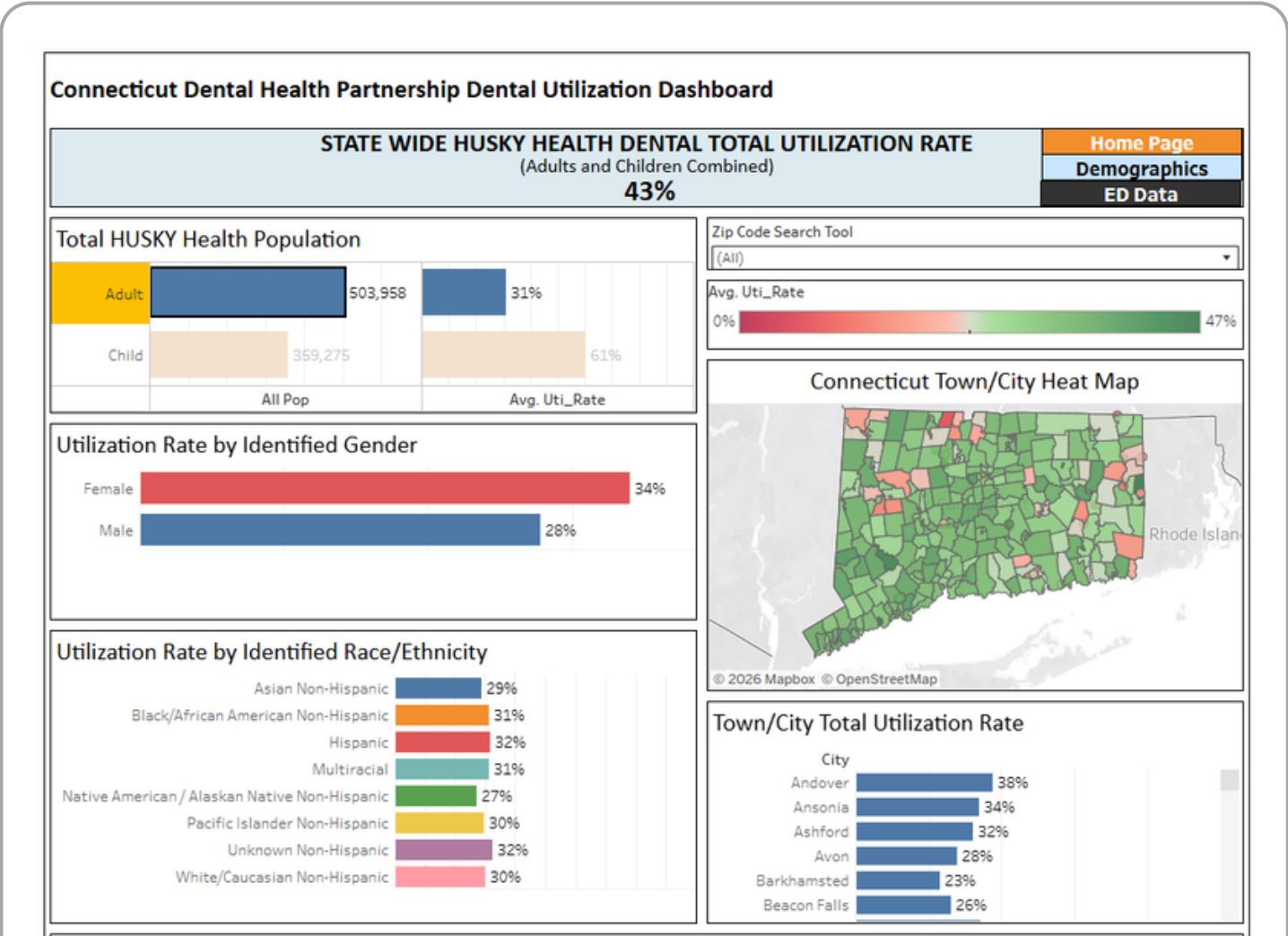
# CTDHP for Policy & Program Development

## Reports and Dashboards

- Annual reports
- Dental utilization dashboard
- Response to data needs within scope and capacity
- Grant and proposal writing support

## Dental Policy Advisory Committee (DPAC)

- Meeting since 2008
- Advise DSS on challenges, policy
- Quality Subcommittee - Population and Performance Improvement



# CTDHP for Medical Providers

## ACCESS TO BABY CARE (ABC)

- Certification to bill for services @ well-child visit
- Ongoing Performance Improvement & Technical Assistance – 60, 90, 180 days post training
- Model for Integration

## OB/GYN PROVIDERS

- Targeted Materials and Training
- Relaunch in SFY 2027

## HEALTH AND HOSPITALS

- Oncology Departments - Priority Oral Health Navigator Assignment
- Unite Us Referrals
- CHN CT Intensive Care Management Team

[Video](#) | [Transcript](#): State Story—Increasing Oral Health Services in Pediatric Primary Care Offices in Connecticut



This brief video gives an overview of Connecticut's utilization and revenue report, which identified primary care practices that were billing for oral health assessments and fluoride varnish, and those that were not. For practices that were not, the report calculated the "missed revenue" associated with not providing these services. By quantifying these missed opportunities, the report helped Connecticut address gaps in delivering oral health care to children in primary care settings.

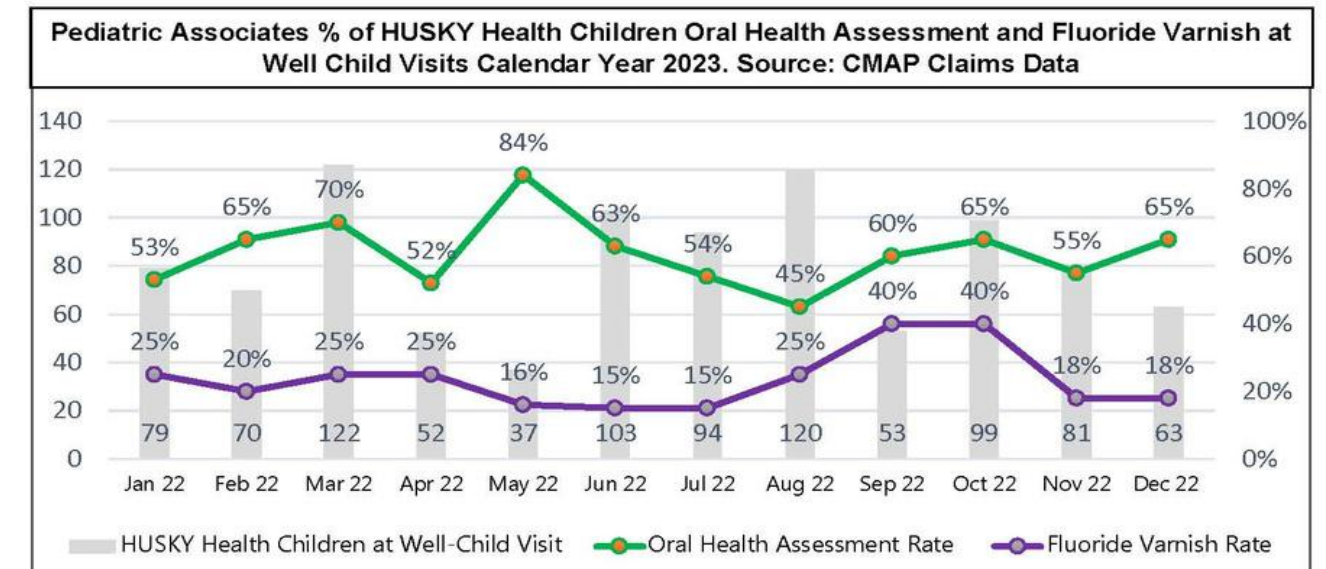


### Access to Baby Care (ABC) Program Utilization and Revenue Review: Pediatric Associates of Connecticut

**Provider List** Based on CT Dental Health Partnership records and claims analysis, the providers identified below have either been trained and certified to bill for ABC Services or have not and are likely resulting in denied reimbursement claims. If there are errors or omissions please contact Jessica McMullin, RDH, MPH, ABC Program Practice Specialist at (860) 507-2309 or email at [Jessica.McMullin@ctdhp.com](mailto:Jessica.McMullin@ctdhp.com) to rectify.

| Providers Trained/Certified                     | Providers Not Trained/Certified |
|---|---------------------------------|
| Paul Pediatric<br>Fran Fluoride<br>Henry Health | Connie Cavity                   |

**ABC Service Rate by Practice.** Based on claims analysis from January – December 2022 the practice has an average **24% fluoride varnish rate** and a **61% oral health assessment rate** for HUSKY Health children.



**Missed Revenue Opportunity.** The following analysis of missed revenue is based on the number of well-child visits without oral health assessment or fluoride varnish (or both) services for Calendar Year 2022. Analysis concludes that a missed revenue opportunity of \$35,705 existed during this time frame.

| Month                                    | Jan.            | Feb.    | Mar.    | Apr.    | May   | Jun.    | Jul.    | Aug.    | Sep.    | Oct.    | Nov.    | Dec.    |
|--|-----------------|---------|---------|---------|-------|---------|---------|---------|---------|---------|---------|---------|
| Oral Health Assessments (\$25 per Visit) | \$1,275         | \$1,225 | \$2,475 | \$1,000 | \$775 | \$2,600 | \$1,900 | \$2,475 | \$1,125 | \$2,050 | \$1,575 | \$1,250 |
| Fluoride Varnish (\$20 per Visit)        | \$1,040         | \$1,040 | \$2,040 | \$800   | \$640 | \$2,080 | \$1,520 | \$2,000 | \$900   | \$1,640 | \$1,280 | \$1,000 |
| <b>Total Missed Revenue Opportunity</b>  | <b>\$35,705</b> |         |         |         |       |         |         |         |         |         |         |         |

Utilization and Revenue Report developed by Kate Parker-Reilly, Executive Director Connecticut Dental Health Partnership – The Dental Plan for HUSKY Health, 2022.

# Access to Baby Care Program Outcomes – CY 2025

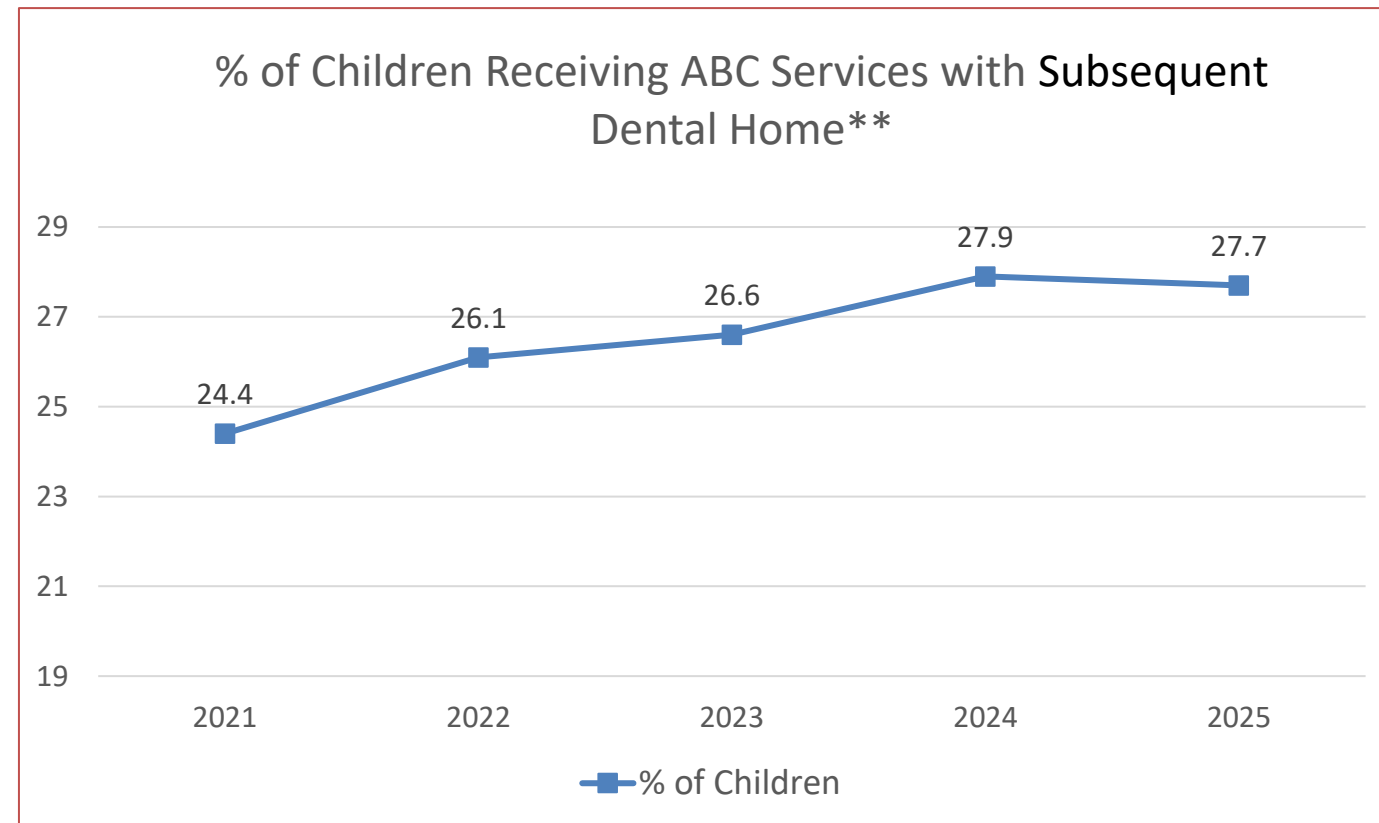
## Performance Measures: CY 2025 Outcomes

Total Trained Provider: 93

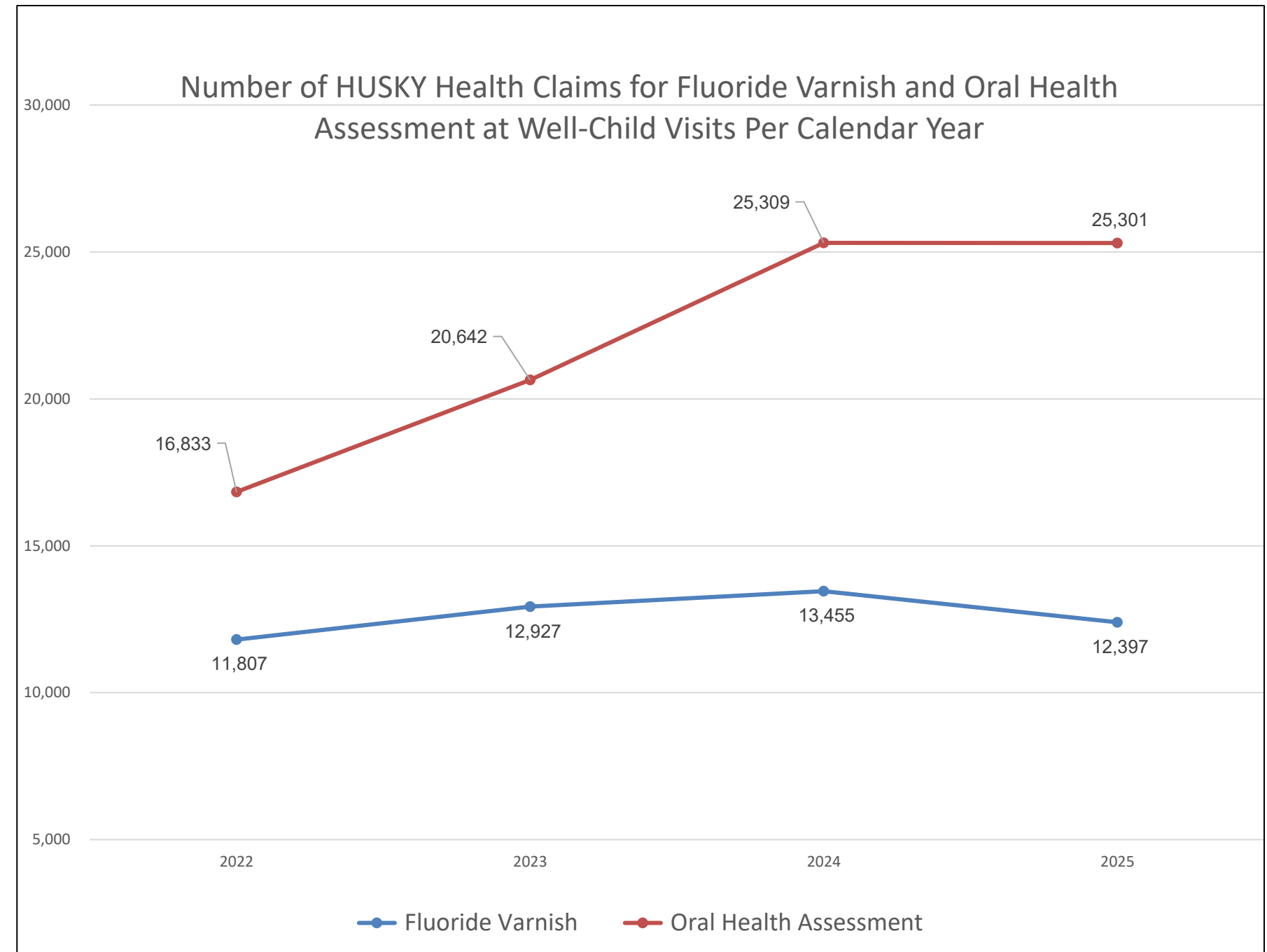
- Trained Medical Providers Total: 62
- Trained Ancillary (Non-Billable) Providers Total: 31

Total Historical Providers: 902

Providers Receiving Post Training Performance Improvement Support & Utilization and Revenue Reports: 45



\*\*Numerator includes D0150, D0120, D0145 only



# CTDHP Innovation 2023-2026

## Strategic Partnerships

- **Department of Children and Families** – Quarterly Data Sharing & Oral Health Navigation Support
- **Connecticut Head Start Collaboration Office; CT Head Start Association** – 20+ Head Start Funded Agencies
- **Substance Exposed Pregnancy Initiative of CT** – Baby Showers and Advisory
- **Read to Grow & YMCA Association of CT & RI** – Children’s Dental Health Month
- **Hartford Healthcare Neighborhood Health** – Pop-Up Resource Centers



# CTDHP Innovation 2023-2026 (continued)

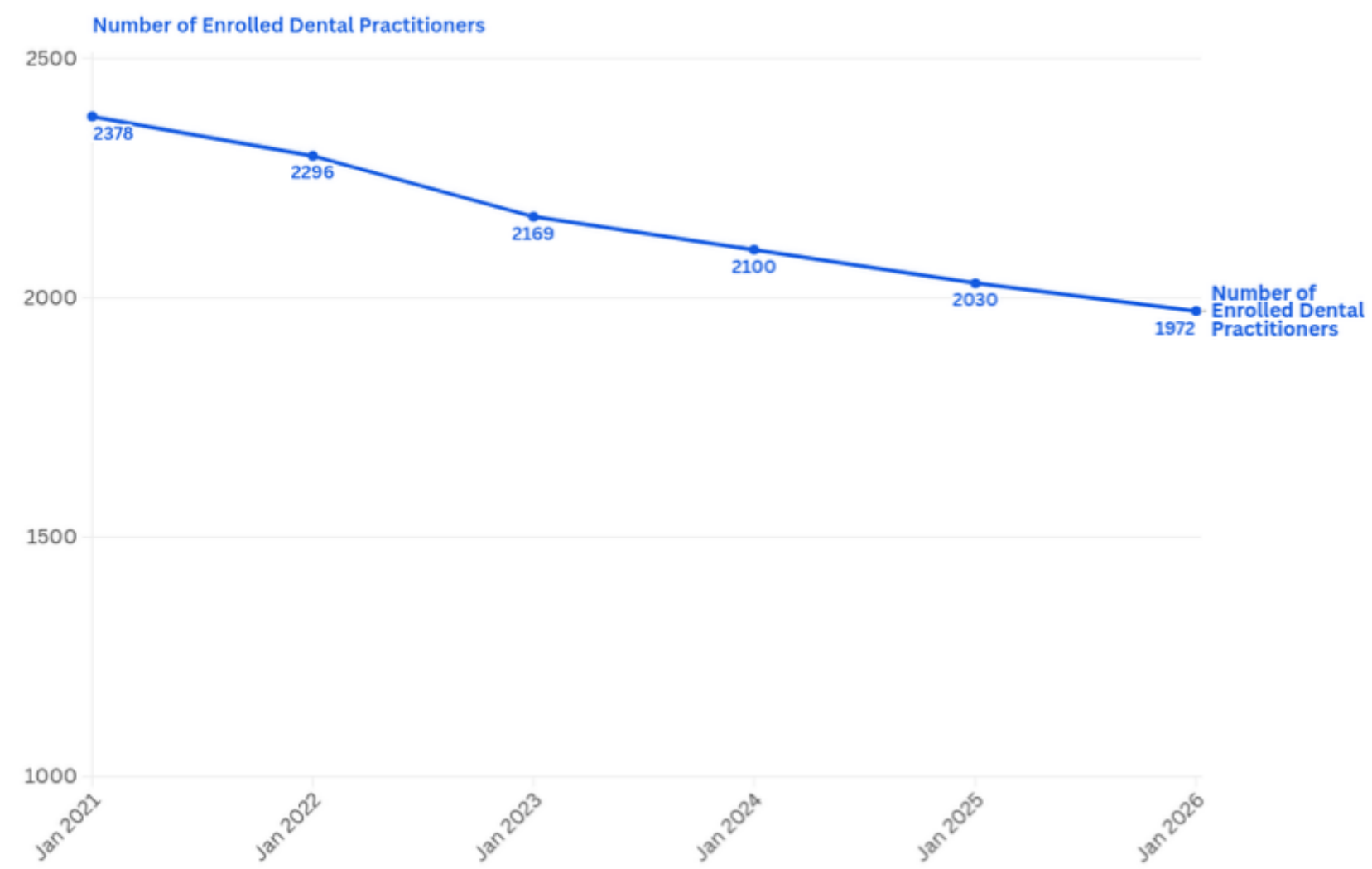
## Pilots, Testing, Data Collection

- **CMS Oral Health Affinity Group** – Increasing children’s dental prevention rate
- **DSS Refugee Assistance Program** – Co-Located Oral Health Navigation Pilot
- **CONNIE Alert Discharge Transfer Feed Connection** for Oral Health ED Visits
- **CT Association of School Based Health Centers** – Place of Service Codes & Data Improvement
- **DDS** – Patient Roster Sharing to Inform PA and Additional Medically Necessary Services & Co-management of Members



# Provider Network Trends

## Enrollment Trends

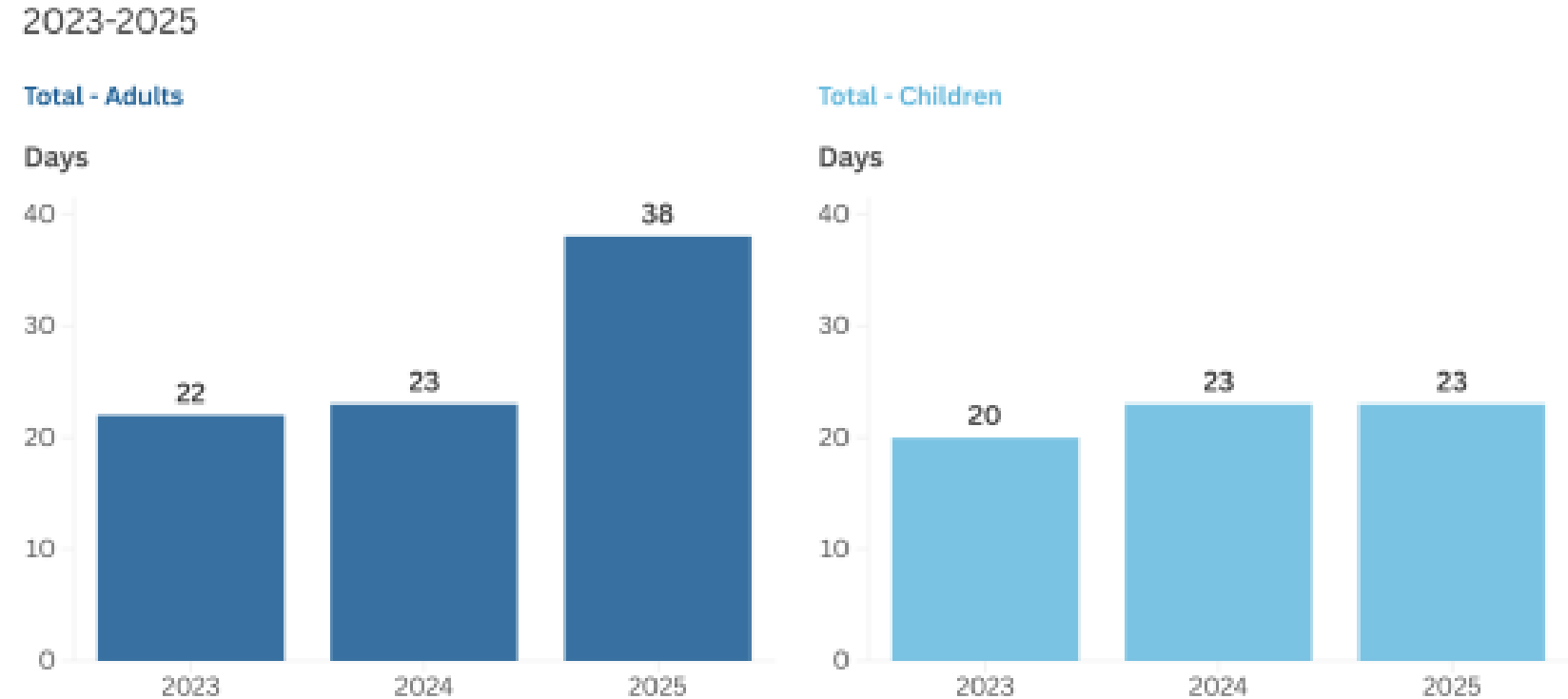


**Percentage of Dentists Participating in HUSKY - 43%**  
**National Average of Dentist Participation in Medicaid/CHIP - 41%**

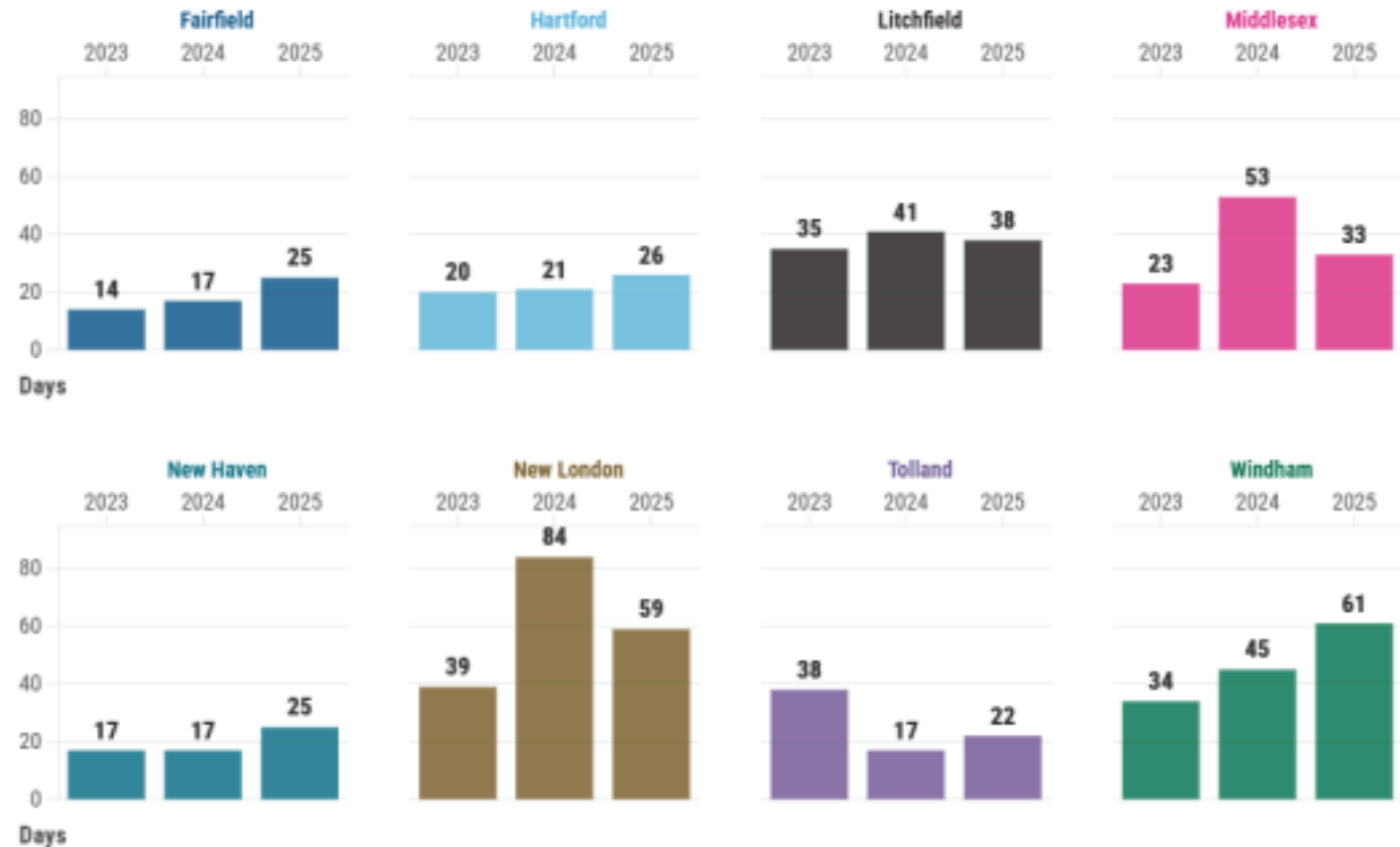
[Dental Care in Medicaid Programs | American Dental Association](#)

# Network Access and Availability

Total Average Wait Time in Days by Age



Average Wait Time in Days by County



# Member Utilization Outcomes

## CMS Child Core Measures

Connecticut Rates - Reporting Year 2024  
(Measurement Year CY 2023)

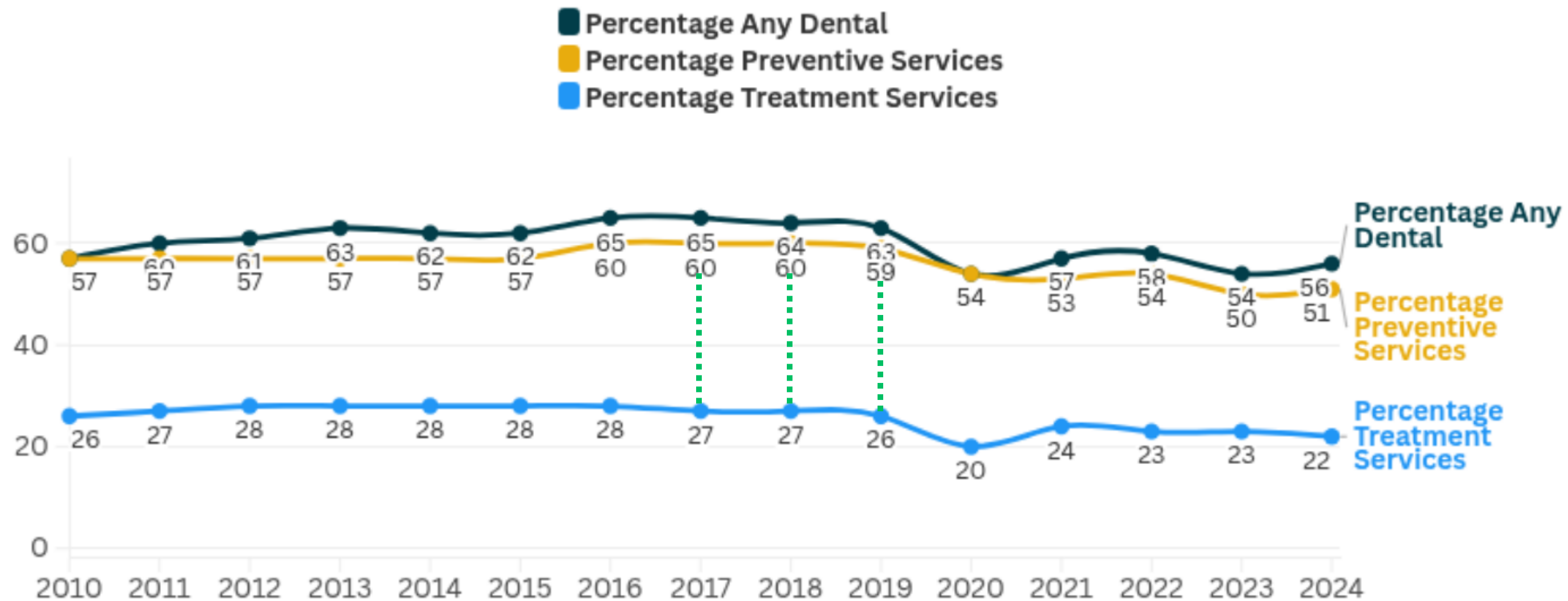
| Measure         | National Median | Connecticut % |
|-----------------|-----------------|---------------|
| Oral Evaluation | 44.8%           | 50.4%         |
| Fluoride        | 21.6%           | 24.9%         |
| 1 Sealant       | 50.3%           | 54.1%         |
| 4 Sealants      | 34.5%           | 37.2%         |

<https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/welcome>

# Member Utilization Outcomes

CMS-416 Report

## HUSKY Health Children Dental Utilization & Service Mix Trends



### National Ranking:

|       |      |
|-------|------|
| 2009: | 31st |
| 2020: | 2nd  |
| 2021: | 2nd  |
| 2022: | 2nd  |
| 2023: | 4th  |
| 2024: | 2nd  |

Vertical dashed green line: Largest delta between prevention and treatment rates. Non-COVID years.

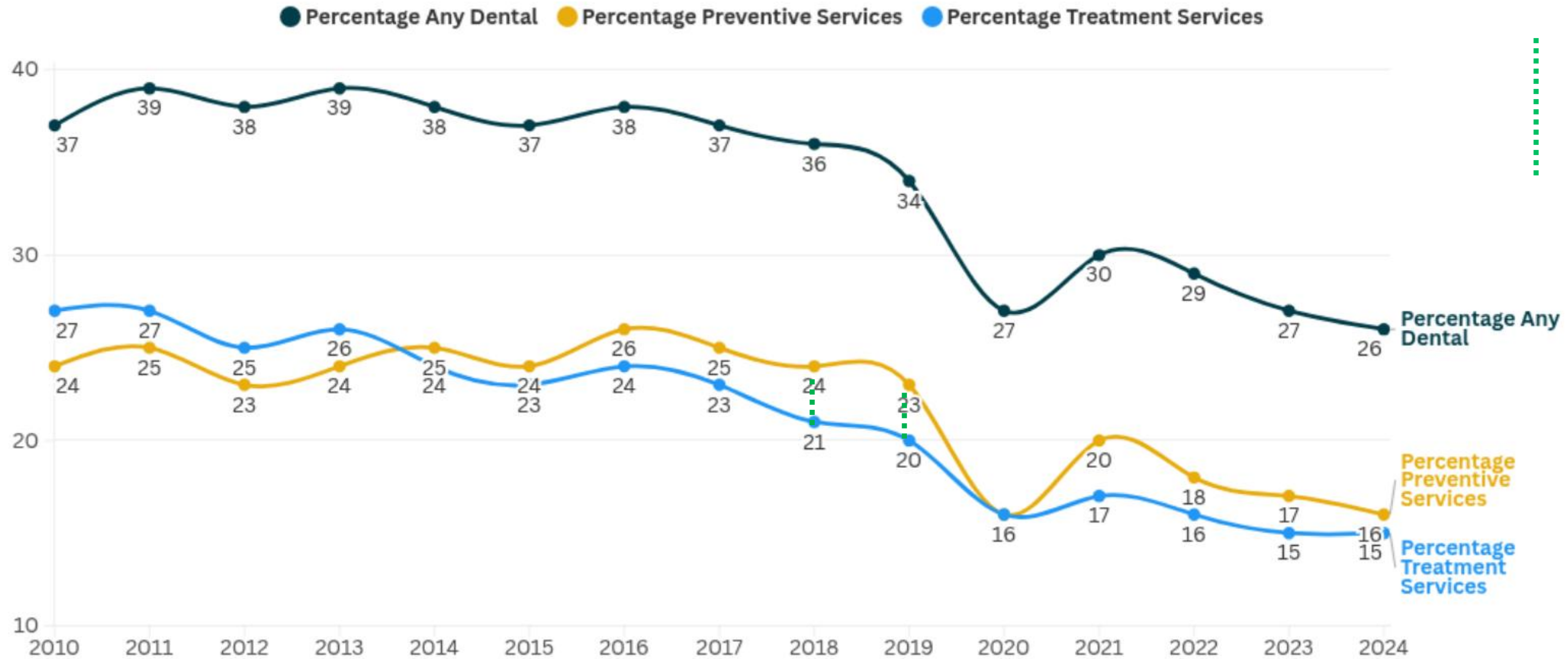
Data Definitions Defined by CMS-416 Reporting

Preventive Services are defined as a child under the age of 21 receiving at least one preventive dental service inclusive of CDT Codes D1000-D1999. Treatment Services are defined as a child under the age of 21 receiving at least one treatment service inclusive of CDT Codes D2000-D999.

# Member Utilization Outcomes

Adults

## HUSKY Health Adult Dental Utilization & Service Mix Trends



Largest delta between prevention and treatment rates. Non-COVID years.

Preventive Services are defined as an adult over age 21 receiving at least one preventive dental service inclusive of CDT Codes D1000-D1999. Treatment Services are defined as an adult over the age of 21 receiving at least one treatment service inclusive of CDT Codes D2000-D999.

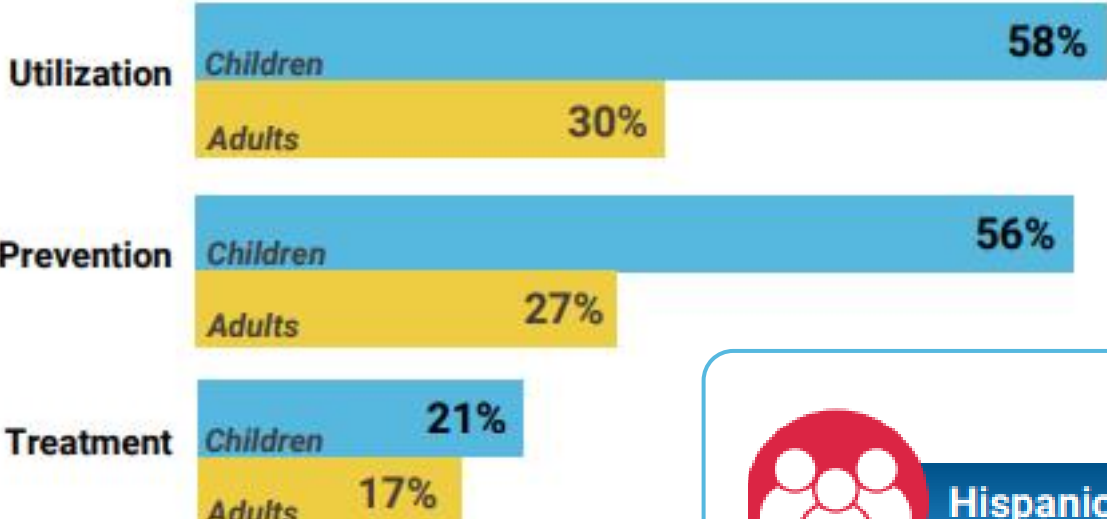
# Member Utilization Outcomes

## Oral Health Disparities Five-Year Analysis 2020-2024



### Children rates are higher than adults across utilization, prevention, and treatment

Data reflect combined 2020–2024 rates across age groups. Sample sizes (n) by group: **Adults** – Utilization (n = 810,771), Prevention (n = 740,011), Treatment (n = 454,671); **Children** – Utilization (n = 1,067,150), Prevention (n = 1,033,582), Treatment (n = 386,310).



### Hispanic and Asian members report the highest utilization over time

Data reflect combined average utilization rates from 2020-2024, based on summed counts of services and total enrolled members by racial and ethnic group. Total utilization across all groups: 1, 877, 921. **Note: Rates should be interpreted with consideration of each group's sample size relative to total enrollment.**

|                         |     |                     |
|-------------------------|-----|---------------------|
| Hispanic                | 45% | 428,280 / 945,255   |
| Asian                   | 42% | 60,936 / 144,882    |
| Black/African American  | 40% | 299,243 / 738,850   |
| Pacific Islander        | 39% | 2,312 / 5,920       |
| Native Alaskan/American | 37% | 7,590 / 20,547      |
| White/Caucasian         | 36% | 499,003 / 1,366,526 |

Utilization rates were highest among Hispanic and Asian members, while White and Native American/Native Alaskan members had the lowest rates.

# Member Utilization Outcomes

## Oral Health Disparities Five-Year Analysis 2020-2024

### Geography Influences Utilization



Data reflect combined average utilization, prevention, and treatment rates from 2020-2024 by county. Rates are based on summed counts of services and total enrolled members per county.



|            | Utilization | Prevention | Treatment |  |
|------------|-------------|------------|-----------|--|
| Fairfield  | 45%         | 43%        | 21%       |  |
| Hartford   | 41%         | 38%        | 17%       |  |
| Litchfield | 41%         | 39%        | 19%       |  |
| Middlesex  | 39%         | 36%        | 17%       |  |
| New Haven  | 41%         | 38%        | 19%       |  |
| New London | 36%         | 34%        | 15%       |  |
| Tolland    | 37%         | 34%        | 16%       |  |
| Windham    | 38%         | 35%        | 17%       |  |

**Fairfield County led in all services;** Treatment remained the lowest-used service statewide.

# Member Voices

## Member Survey Results

### Top Adult Barriers



Could not find a dentist accepting new patients



Afraid or do not like going to the dentist



Could not find a dentist with available appointments



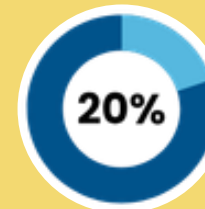
Preoccupied with other life responsibilities

(n=1,336)

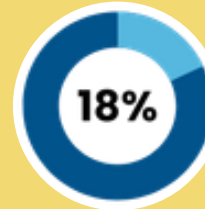
### Top Child Barriers



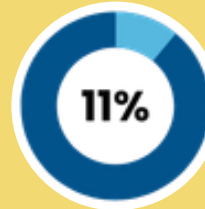
Could not find a dentist accepting new patients



Could not find a dentist with available appointments



Afraid or do not like going to the dentist



Parent could not take time off of work

(n=193)

A prevalent theme throughout all open-ended responses is the perception that children have better dental coverage and dental care compared to adults.

CTDHP participates in CHN CT's Member Advisory Workgroup, DSS Member Advisory Council/Beneficiary Advisory Council, Co-Chair Connecting to Care Cultural and Linguistically Appropriate Services Learning Communities.

### Member Perception and Experience with Providers



Respondents were asked to rate the quality of care they received from their HUSKY Health dental plan provider within the last 12 months. Responses for 2023 and 2024 are provided for comparison.

#### In the last 12 months...

How often did your regular dentist explain things in a way that was **easy to understand**?



How often did your regular dentist **listen carefully to you**?



How often did your regular dentist treat you with **courtesy and respect**?



How often did your regular dentist **spend enough time with you**?



Always Usually Sometimes Never

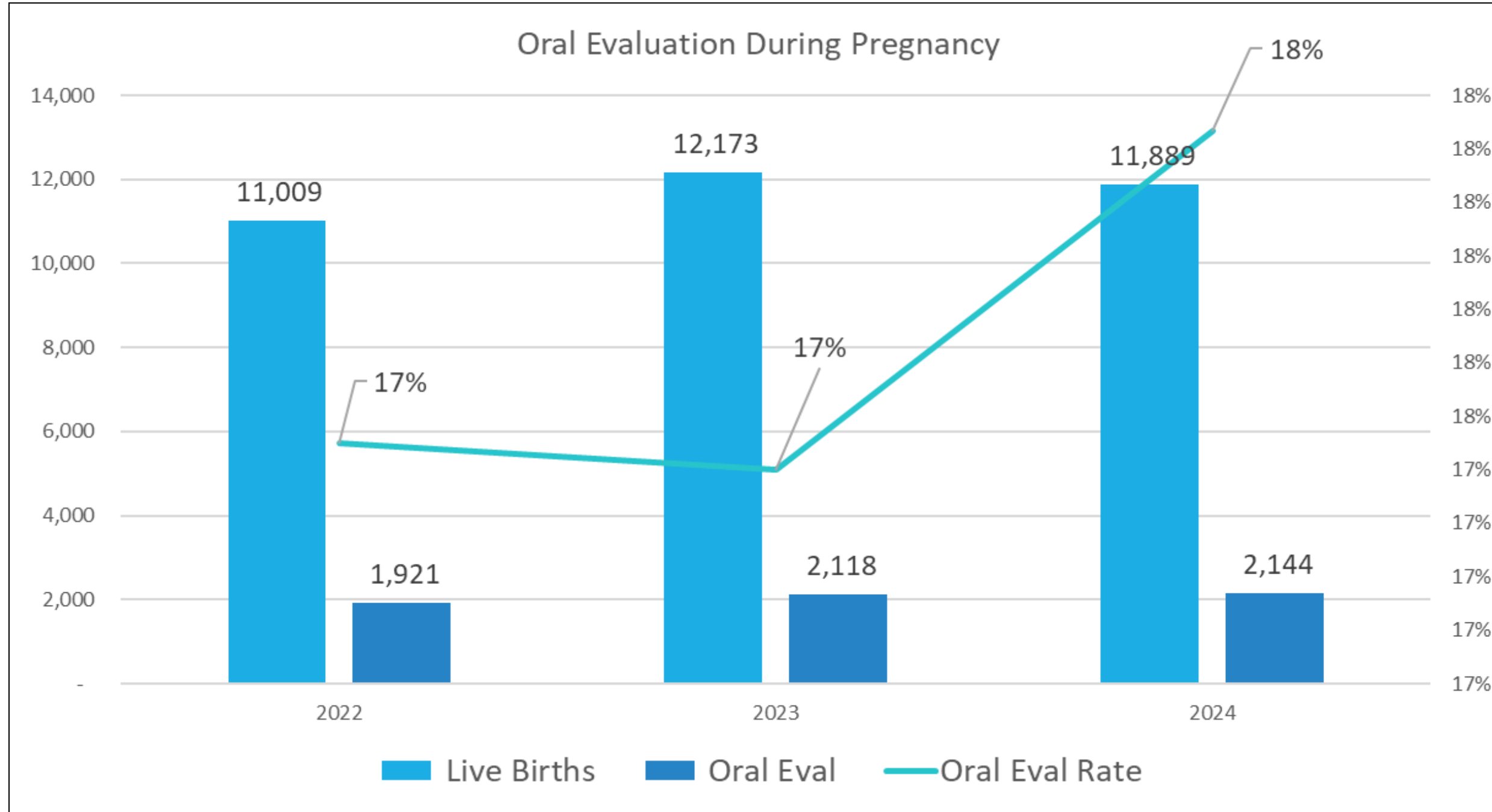
\*Indicates that the differences between 2023 and 2024 are statistically meaningful (p<.05)

# Dental Policy Advisory Committee

## Quality Assurance Committee Goals

- Goal:** By 2030, increase the rate of oral evaluation during pregnancy from 17% of the population to 25%.
- Goal:** By 2028, design and pilot an intervention that supports children with intellectual and developmental disabilities to successfully transition to adult providers.
- Goal:** By 2030, expand the number of Medicaid dental providers who report accepting adult patients with intellectual and developmental disabilities by x%\* from SFY26 established baseline.
- Goal:** By 2026, identify and systematize data to capture volume, service mix, location, and the workforce composition of dental services provided in public health facilities and community (non-dental locations).

\*TBD



**Data Definition:**

CMS Core Measure Set - Percentage of enrolled persons aged 15-44 with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation during pregnancy.

# CTDHP Planned Actions in SFY 2027

## OB/GYN Providers

- Targeted Outreach with Oral Health & Pregnancy Snapshot Report
- AAP & ACOG – Tiny Teeth Provider Integration Toolkit Training & Supplies

## Dental Providers

- Statewide Oral Health & Pregnancy Dental Snapshot Report
- Consistent Messaging via ENews, CE training, Welcome Kits
- Targeted Provider Training from Surveys
- Celebration Campaign – Thanking Providers/Practices

## Community Partnerships

- Read to Grow
- Headstart Program
- WIC

## Members








- Health Risk Assessment Data – Outbound Call and Email 2<sup>nd</sup> Campaign
- Pregnancy = Oral Health Navigation
- Media – Combating Unfavorable Beliefs

# AAP Tiny Teeth Campaign to OB/GYN Providers

[Oral Health Campaign Toolkit](#)

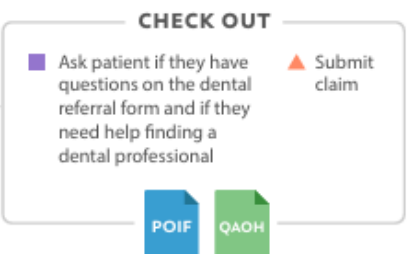
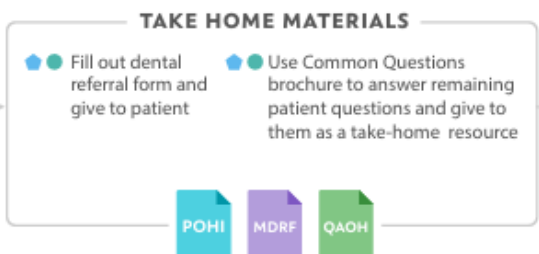
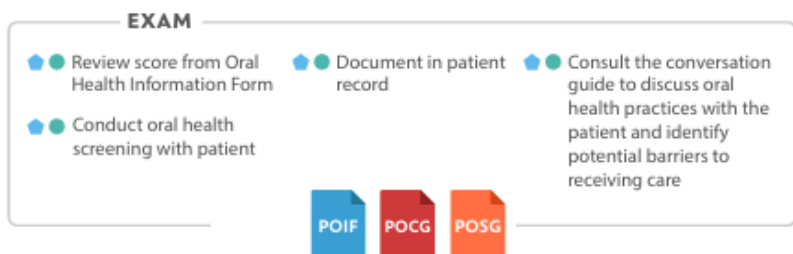
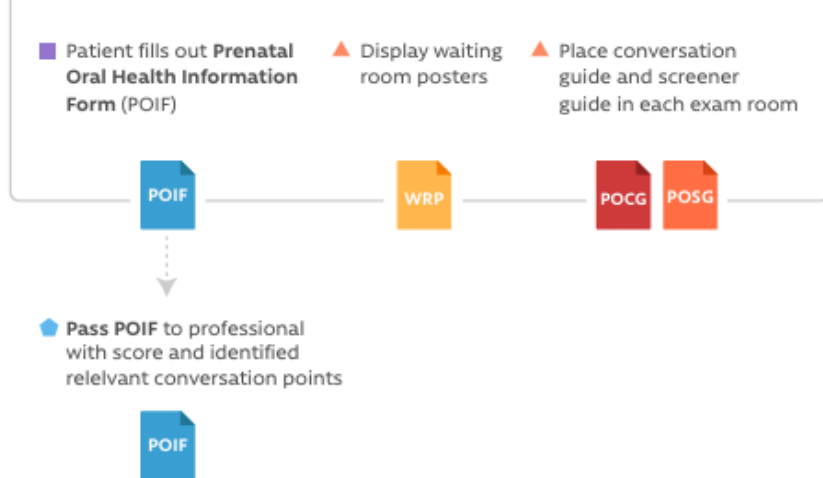
## How to integrate prenatal oral health preventive care into your practice workflow

All materials are available for download at [aap.org/tinyteeth](http://aap.org/tinyteeth)

-  Prenatal Oral Health Information Form
-  Prenatal Oral Health Conversation Guide
-  Now You're Brushing For Two Waiting Room Poster
-  Questions Moms Ask About Oral Health Brochure
-  Prenatal Oral Health Screening Guide
-  Prenatal medical-to-dental referral form
-  Prenatal Oral Health Infographic



### WAITING ROOM / FRONT DESK



## CTDHP Training and Support

- Screening Guide
- Displays and Materials
- Conversation Guides and Support
- Referral Support – Prescription Pads

**Champions needed!**

The recommendations in this publication do not indicate an exclusive course of treatment or serve as standard medical care. Variations, taking into account individual circumstances, may be appropriate. The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication. Products and Web sites are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics. Web site addresses are as current as possible but may change at any time. This poster is supported by the Grant or Cooperative Agreement Number [6 NU38OT000167-04-01], funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Department of Health and Human Services. The American Academy of Pediatric Dentistry, American College of Obstetricians and Gynecologists, American Dental Association, and the American Dental Hygienists' Association support the value of this clinical document as an educational tool, April 2019. © 2019 American Academy of Pediatrics.



# Oral Health and Pregnancy OB/GYN Practice Snapshot **DRAFT**



Practice Name: OB/GYN Sample Practice

**DRAFT!**  
**Feedback Needed –**

**HUSKY Health**  
Oral Health & Pregnancy  
Snapshot Tool

Oral health is an important component of general health and should be maintained during pregnancy and through a woman's lifespan. Maintaining good oral health may have a positive effect on cardiovascular disease, diabetes, and other disorders.

To amplify general health and well-being, women should routinely be counseled about the maintenance of good oral health habits throughout their lives as well as the safety and importance of oral health care during pregnancy.

Oral health care during pregnancy and through the lifespan. Committee Opinion No. 569. American College of Obstetricians and Gynecologists. Obstet Gynecol 2013;122:417–22.



## OB/GYN Sample Practice's Snapshot

### Statewide Data

**10,543** Members had live births in 2025.

**1,849**

Members had an oral evaluation during their pregnancy.

**8,694**

Members who did not have an oral evaluation during their pregnancy.

**17.5%**

Oral Evaluation Percentage

### Practice Name

**100** Members had live births at in 2025.

**4**

Members had an oral evaluation during their pregnancy.

**96**

Members who did not have an oral evaluation during their pregnancy.

**4%**

Oral Evaluation Percentage

**Oral Evaluation Utilization % Ranking: #st out of 240**

Data Definition: HUSKY Health members aged 21-44 years who had live birth deliveries in 2025 who did or did not receive a comprehensive or periodic oral evaluation during pregnancy (Dental Quality Alliance OEV-P-A Measure)