

COMPREHENSIVE OVERVIEW:

HUSKY Health Dental Benefits and Administration

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Connecticut Dental Health Partnership



Purpose

- Background and Context
- HUSKY Dental Benefits
- The Role of the CT Dental Health Partnership
- Dental Provider Network
- Dental Utilization Outcomes
- Opportunities

Foundational Dental Concepts

1. Dental disease is primarily dominated by two conditions that are largely preventable - dental caries and periodontal disease - the etiology of both stems from oral bacteria
2. 90/10 Rule
3. Oral healthcare reduces medical costs
4. Dental providers are highly trained clinicians and are part of the patient's care team.
5. Treatment planning and phased approach to care
6. Dental industry trends, challenges, and opportunities

The HUSKY Health Dental Journey



Children acculturated to early and routine preventive dental care while creating a shift from episodic treatment to preventive maintenance for adults will improve health outcomes across the lifespan and reduce costs.

1980-2000

- Medicaid Managed Care
- Regional Coalition Building Focused on Children's Access
- Carr v. Wilson-Coker Suit

2000-2008

- Carr v. Wilson-Coker Settlement Agreement - DPAC
- 2008 CT Dental Health Partnership Launched
- BeneCare contracted to administer CTDHP
- Network Expansion and Pediatric Utilization Increases

2009-2018

- Targeted Engagement & Navigation Launched
- Perinatal and Infant Oral Health Quality Improvement
- Prevention Exceeds Treatment - PMPM Costs Lowered

2019-2023

- COVID-19 Pandemic Impacts to Workforce, Utilization
- Oral Health Equity & Strategic Partnership Development
- CMS Advancing Oral Health Prevention in Primary Care
- Covered CT Launched

2024 - 2026

- Medical Dental Integration Report and Policy Framework
- Monitoring Network Post COVID
- Dental Utilization Dashboard & Data Transparency

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 program 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 HUSKY adult/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
- 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)
- 2015 - 2% Rate reduction in all pediatric rates and selected reductions in pediatric crowns, orthodontics rates
- American Dental Association Health Policy Institute Data 2025:
 - 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 Data 2025:
 - Adults’ rates in CT are 49.6% of Average Private Dental Insurance Payment Rates
- DSS will be raising adult rates this year

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)

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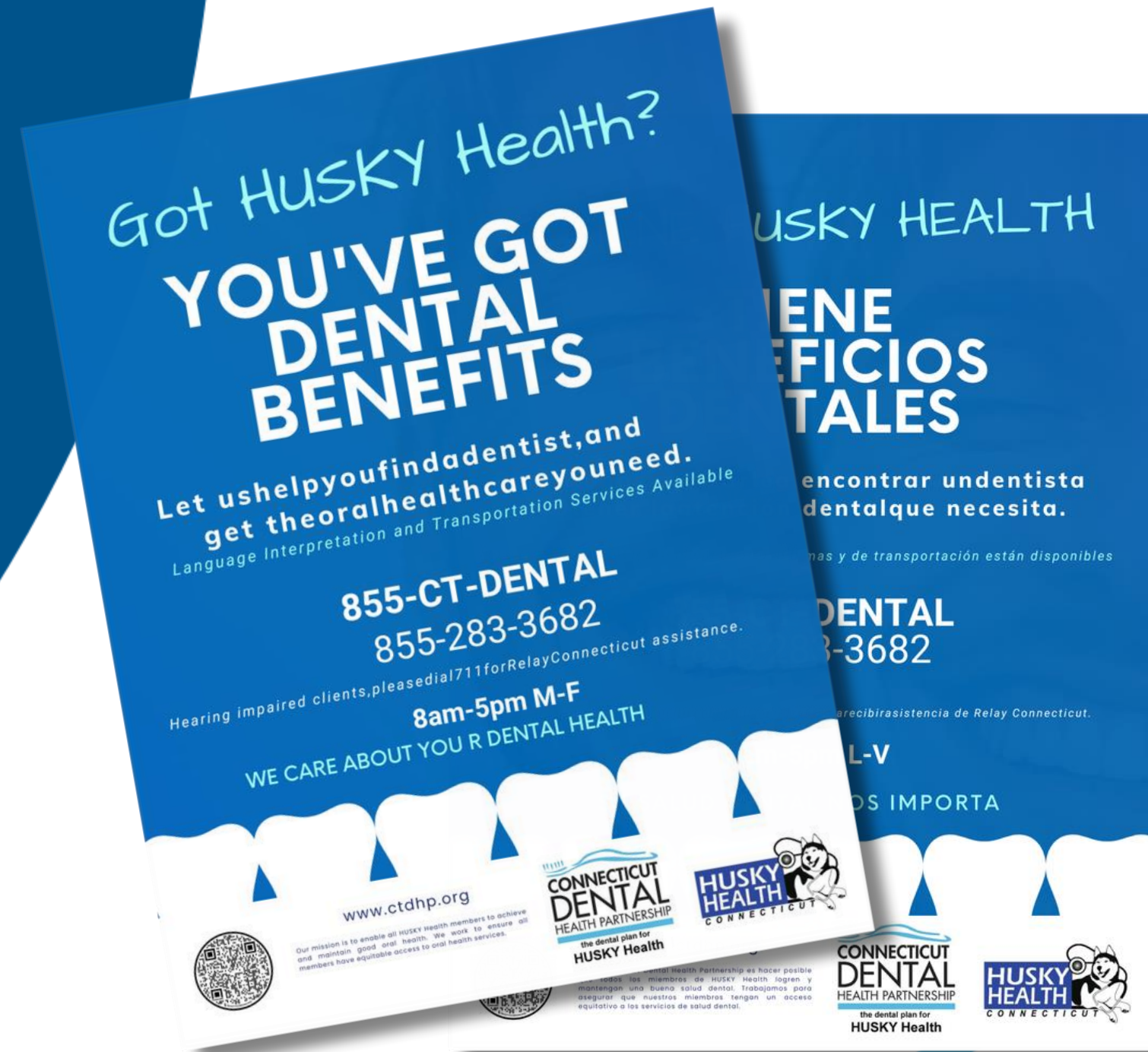
Department of Social Services

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 Connecticut Department of Social Services.



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



Oral Health Navigation

PRINCIPLES & PHILOSOPHY

- Barriers to care are structural, social, medical, behavioral
- Collaborative process between member, navigator, dental provider, supporters, and other service providers.
- Intervention goals to successfully finish dental treatment plan and path to preventive maintenance in a dental home.

”

I cannot overstate the significance of Tyra's continued support in keeping me engaged with dental care – and the truth is that she helped me in many other ways by keeping me engaged. She may not have known it, but we have worked together through some of the darkest periods of my life and there were times when her monthly check-in calls were the most consistent thing happening for me. Now that I am doing better, she still checks in and is still grounding and reassuring to me. Despite my inconsistent responses and my hesitant and wavering commitment to dental care, Tyra remained steadfast...At some point in our journey, Tyra's name was changed in my phone to "ANSWER THIS CALL" –and I always will.

Patient consent obtained and on file to share story, name, and image

Success Story - *Christina*



- 41-year-old woman with significant dental phobia/trauma resulting in no-shows and walk outs.
- Referred by dentist for non-compliance.
- Assessment identified depth of phobia, readiness to accept help, medical and behavioral health history, supporters, and strengths.

Interventions

- Match dentist with patient needs.
- Step wise approach to office visit.
- Pre-visit medication.
- Visit plan for reducing anxiety before, during, and after appointments. Grounding, breathing exercises and consistent accompaniment by partner.
- Frequent check-ins via texting, phone calls at minimum every 30 days.
- Positive reinforcements on small wins.
- Developing a shared humor/sarcasm about her experience.
- Patience.

Outcomes

- Multiple extractions, fillings, and partial denture completed. Patient now in routine preventive dental care.

CTDHP for Medical Providers

ACCESS TO BABY CARE (ABC)

- Certification to bill for services @ well-child visit
- Ongoing Performance Improvement and Technical Assistance
- 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

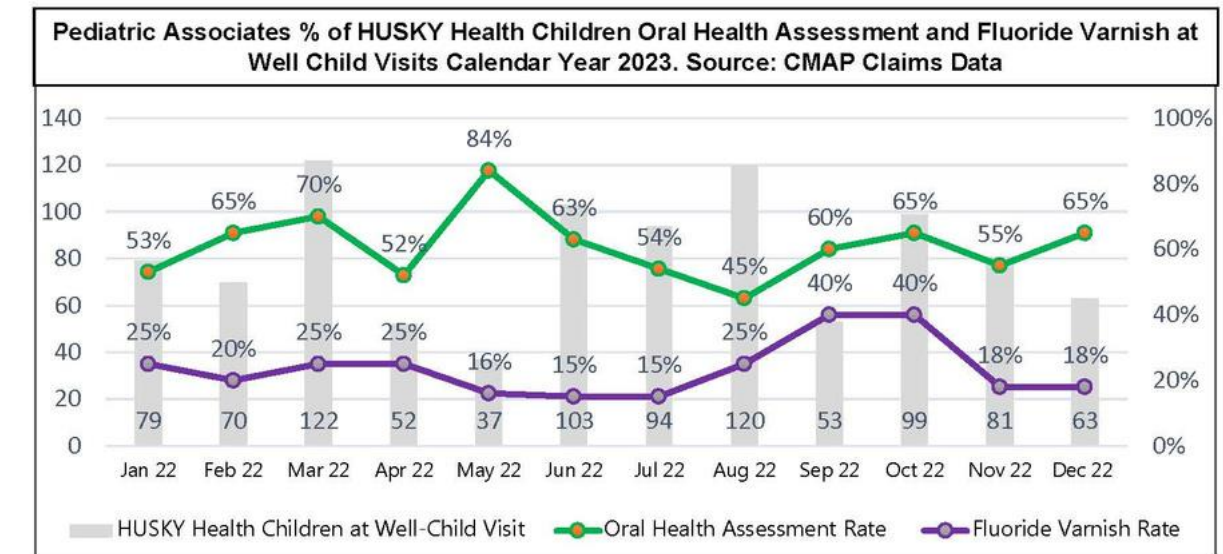


Access to Baby Care (ABC) Program Utilization and Revenue Review: Pediatric Associates of Connecticut

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 to rectify.

Providers Trained/Certified	Providers Not Trained/Certified
Paul Pediatric Fran Fluoride 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
Total Missed Revenue Opportunity	\$35,705											

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

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



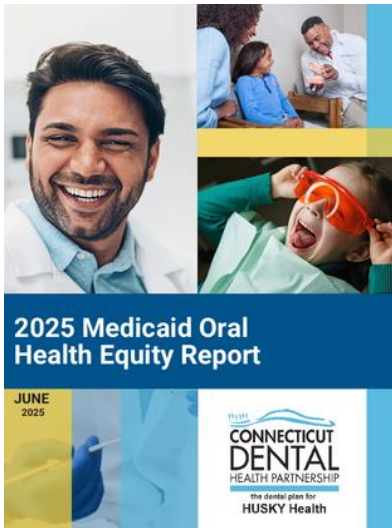
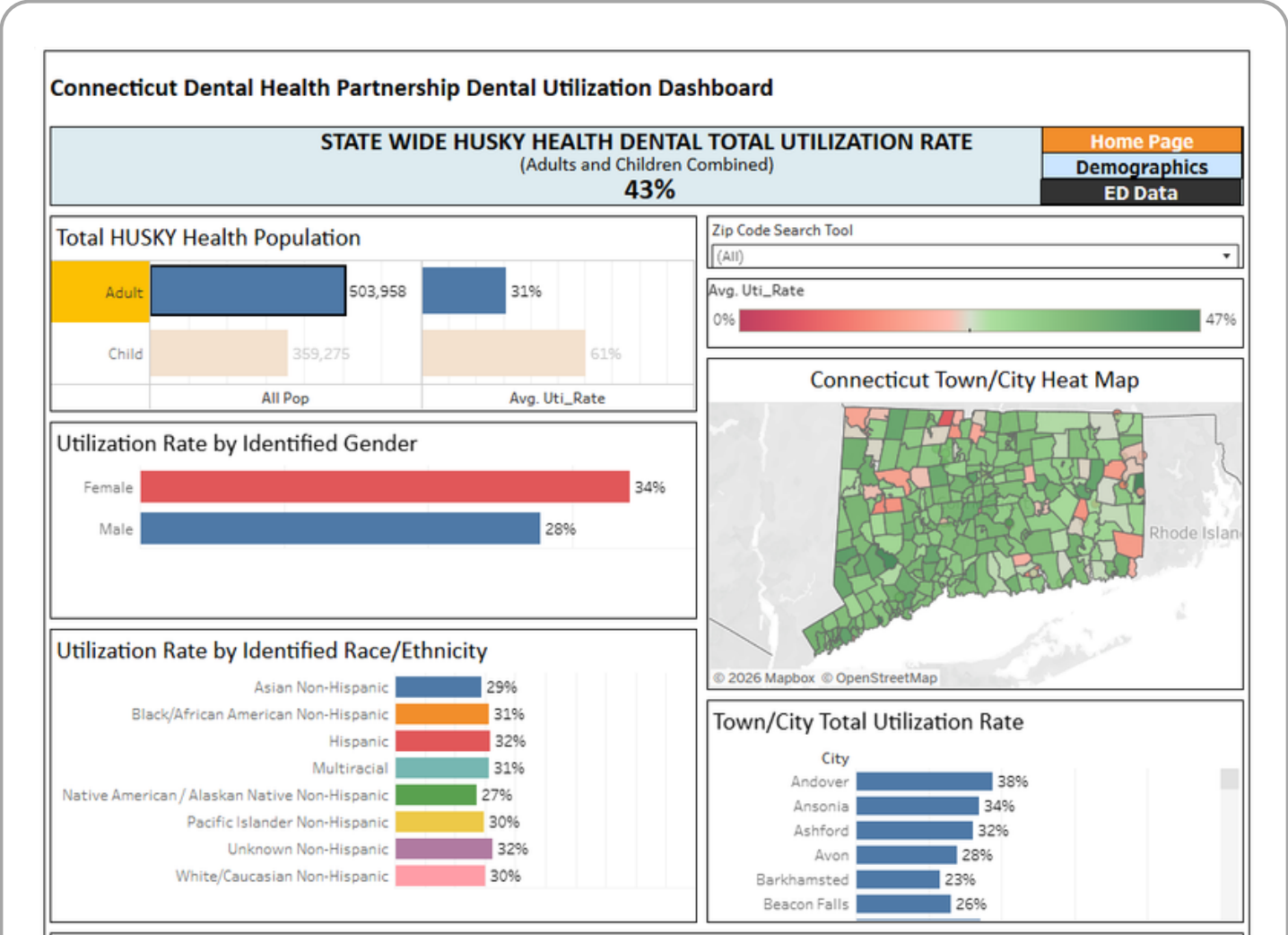
CTDHP for Policy & Program Development

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 Dental Providers

Liaison Credentialing, Claims, Rules

- In-person training, education
- Feedback loops with DSS

Recruitment and Retention

- Targeted recruitment
- Creative problem solving

Provider and Network Analysis

- Provider surveying - match member needs with providers
- Access and availability monitoring



CTDHP Innovation 2023-2026

Providers

- Dental and medical history look up tool within provider portal
- Automated PA approval for Adult Prophy for patients with specific chronic diseases (26 ICD-10 diagnoses)



Strategic Partnerships

- **Department of Children and Families** - Quarterly Data Sharing & Oral Health Navigation Support
- **Connecticut Head Start Collaboration Office, CT Head Start Association** - 18 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** - Advancing Oral Health in Primary Care with CT Children’s Care Network
- **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



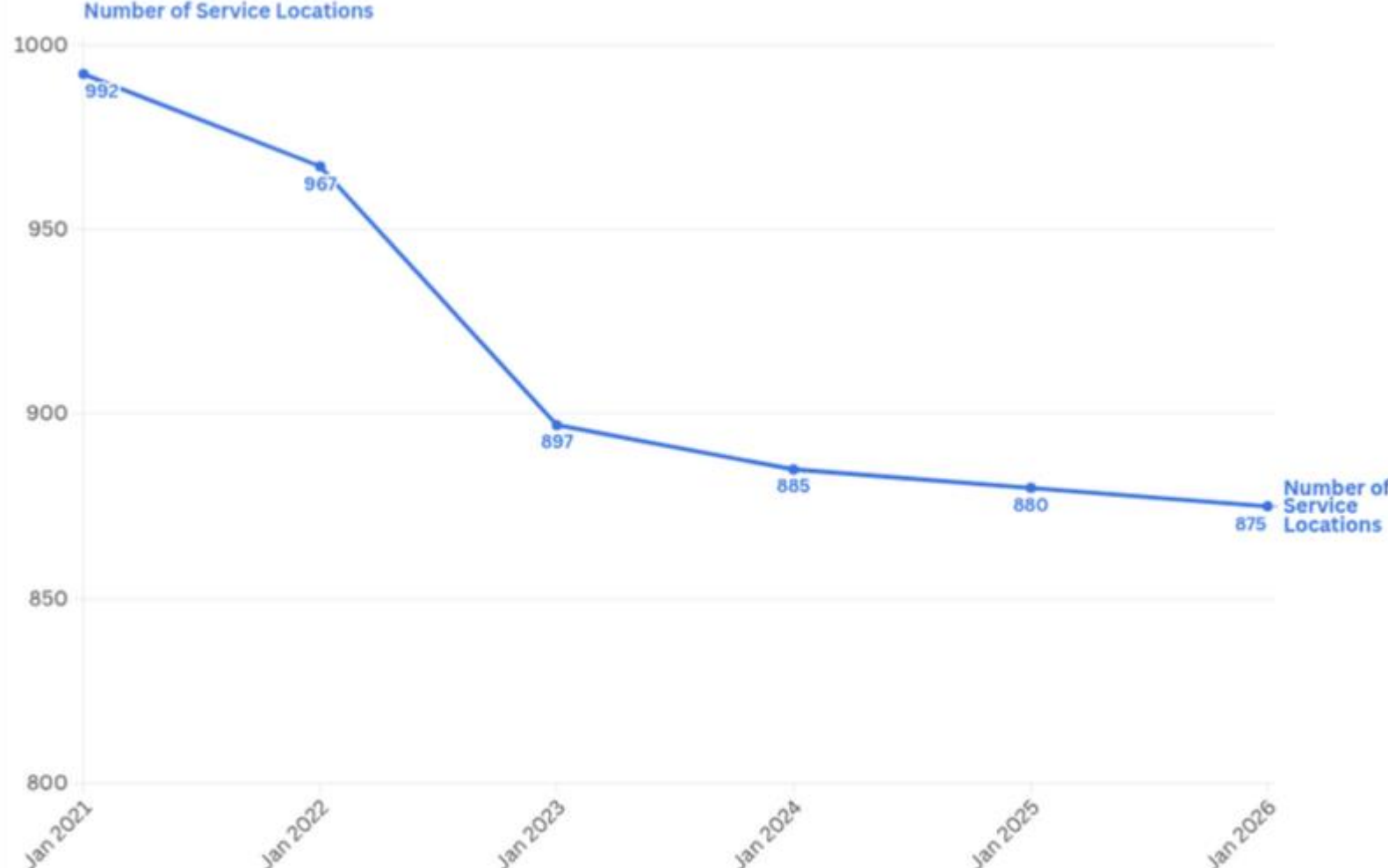
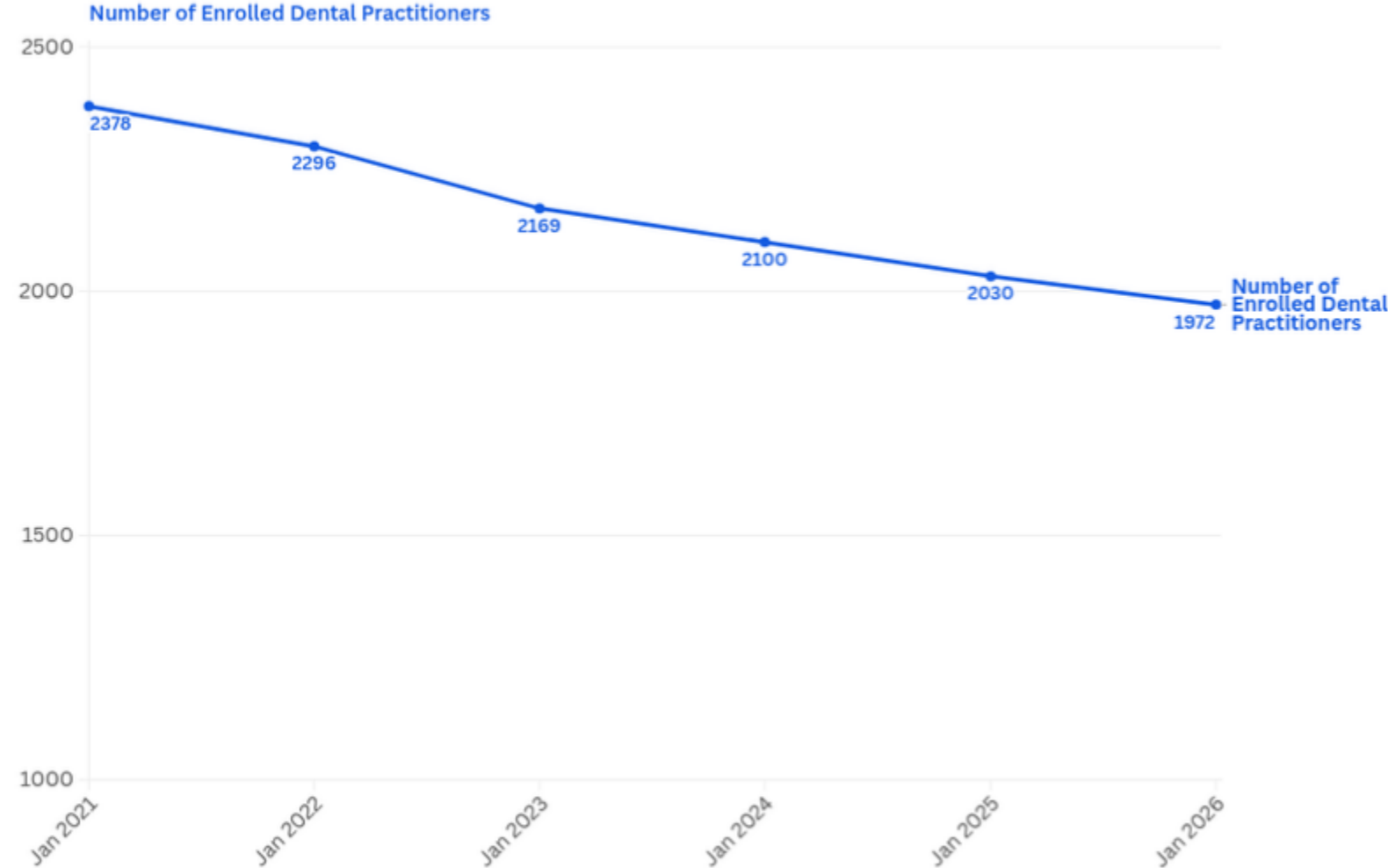
[Video](#) | [Transcript](#): State Story—Increasing Oral Health Services in Pediatric Primary Care Offices in Connecticut



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.

Provider Network Trends

Enrollment Trends

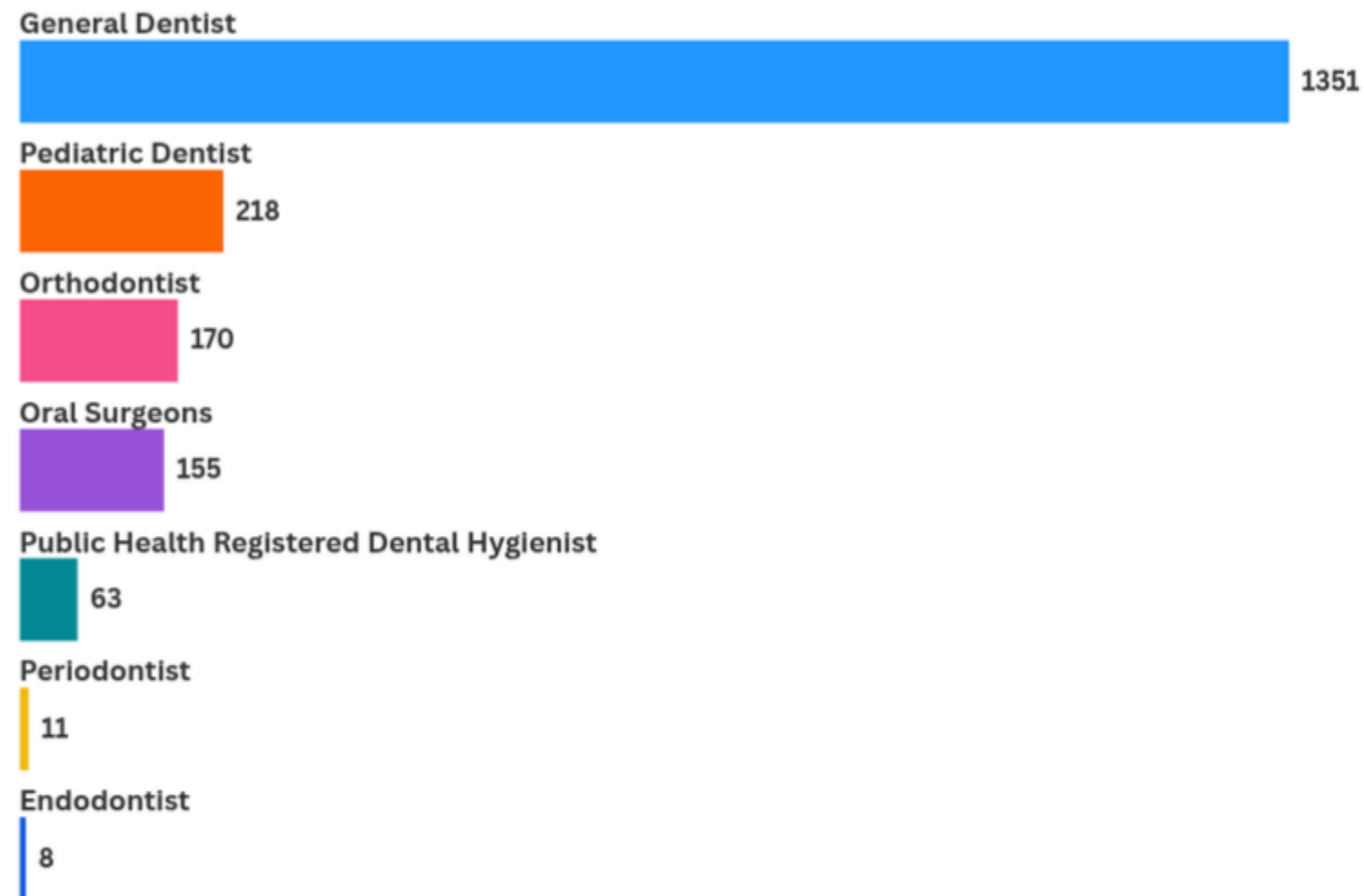


Percentage of Dentists Participating in HUSKY - 43%
National Average of Dentist Participation in Medicaid/CHIP - 41%

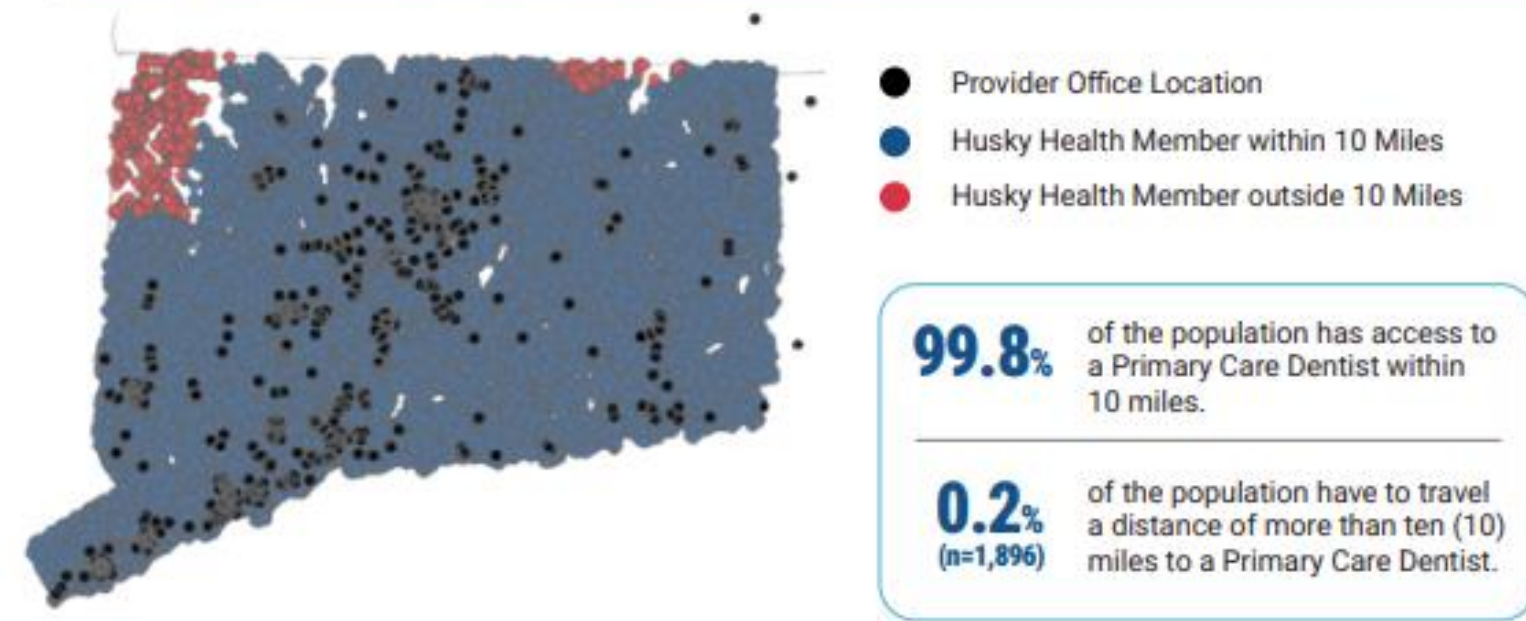
[Dental Care in Medicaid Programs | American Dental Association](#)

Network Access and Availability

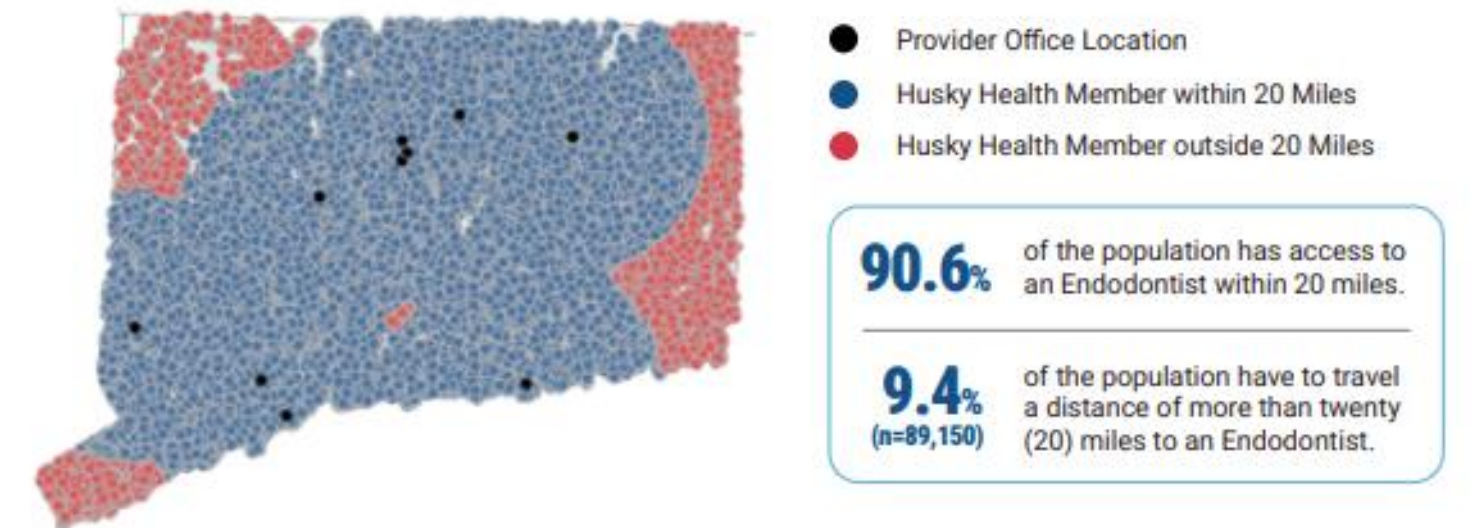
Participating Practitioners - February 2026 Snapshot



Primary Care Dentist within 10 Miles of Members

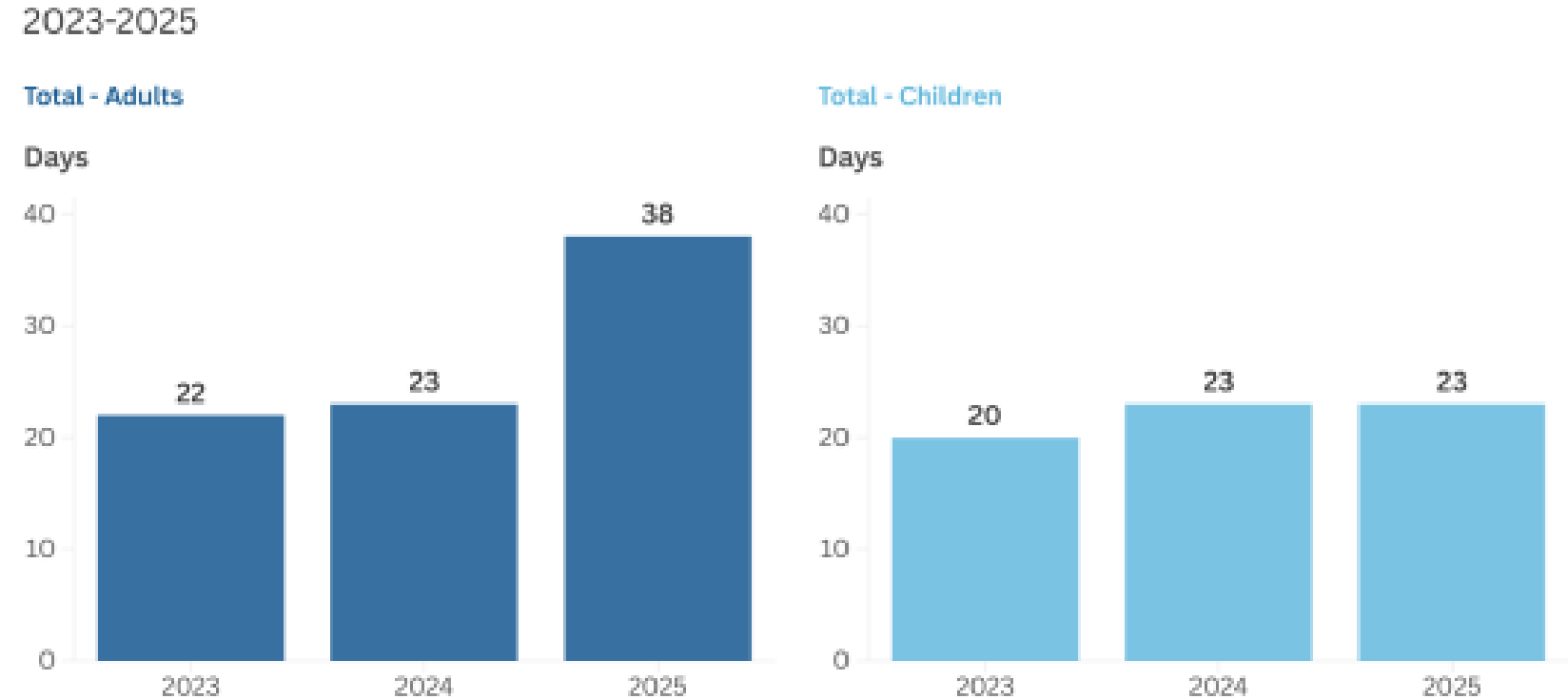


Endodontist within 20 Miles of Members

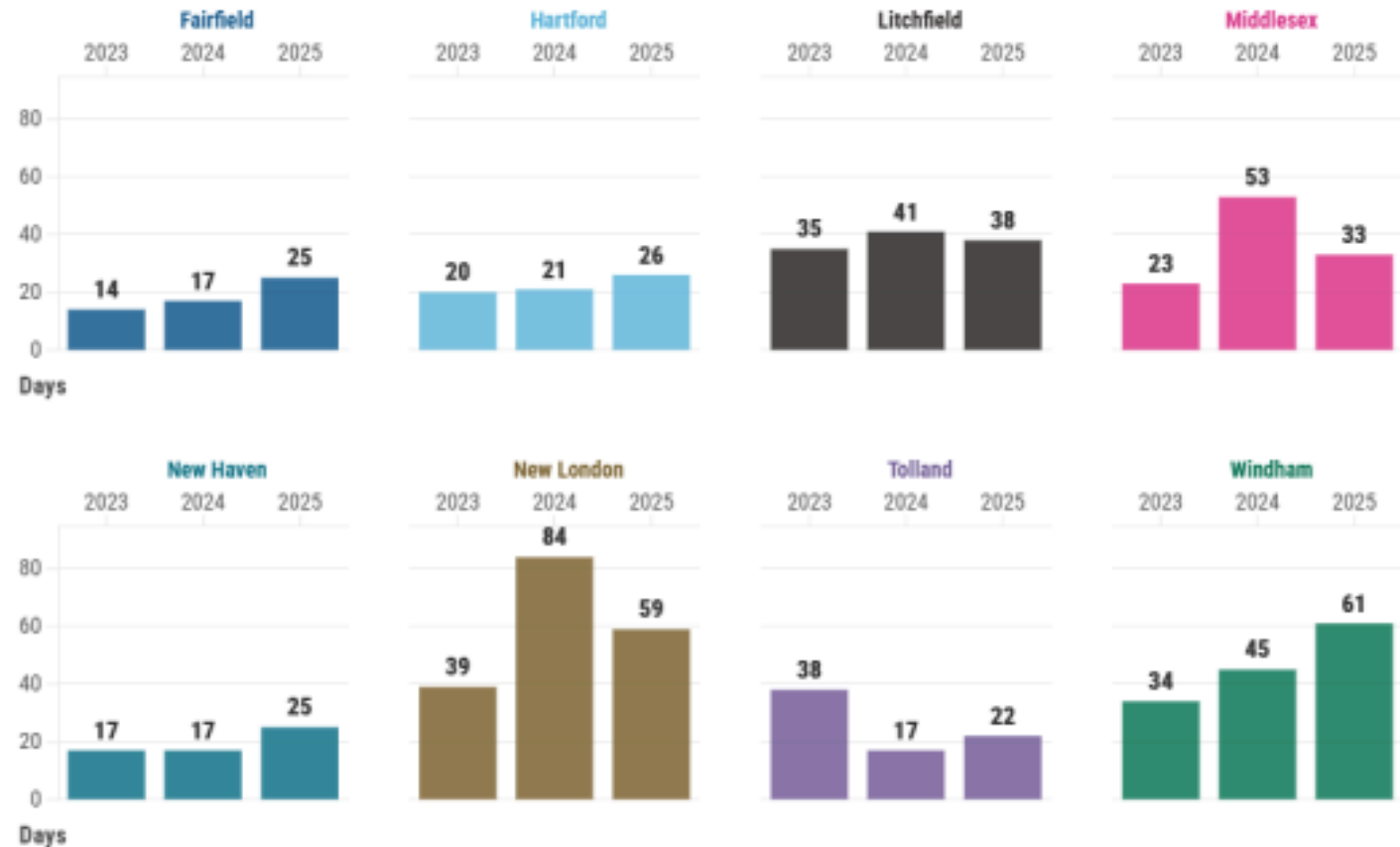


Network Access and Availability

Total Average Wait Time in Days by Age



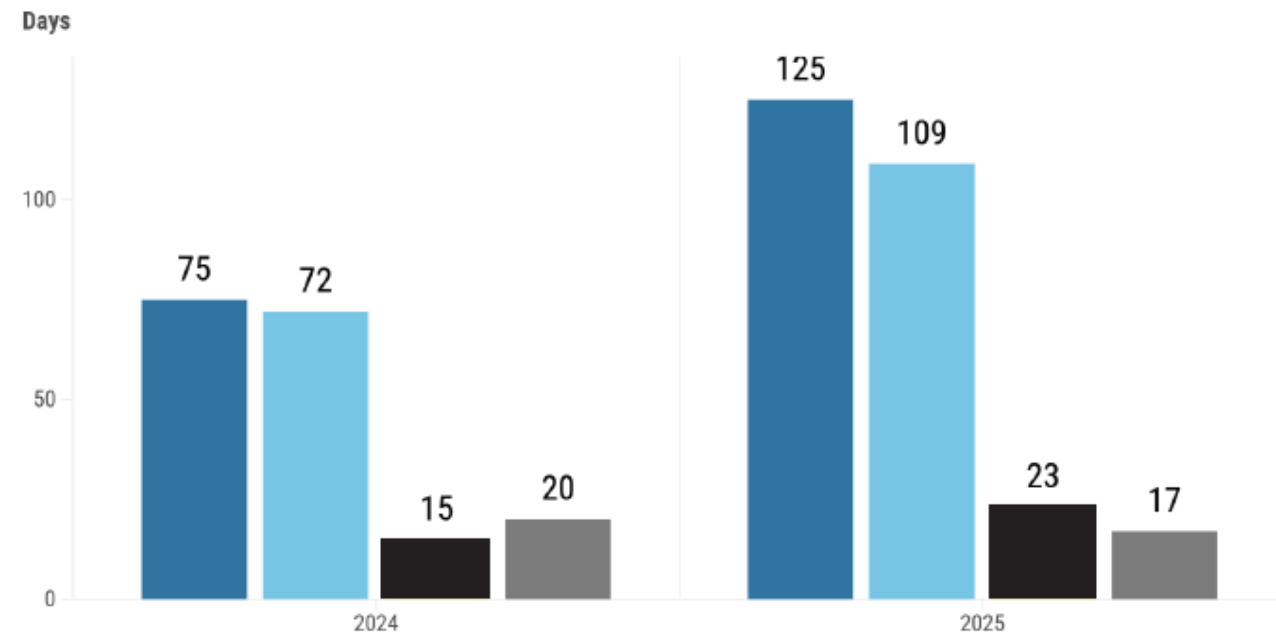
Average Wait Time in Days by County



Network Access and Availability

Total Average Wait Time in Days by Practice Type and Age

2024 - 2025



In 2024...

Adults spent:

75 days

waiting for an FQHC appointment

15 days

waiting for a Private Practice appointment

Children spent:

72 days

waiting for an FQHC appointment

20 days

waiting for a Private Practice appointment in

In 2025...

Adults spent:

125 days

waiting for an FQHC appointment

23 days

waiting for a Private Practice appointment

Children spent:

109 days

waiting for a FQHC appointment

17 days

waiting for a Private Practice appointment in

HUSKY Patient Visit Rate Percentage FQHC v. Private Dental Provider



14% FQHC
86% Private Dentist



14% FQHC
86% Private Dentist



9% FQHC
91% Private Dentist



12% FQHC
88% Private Dentist



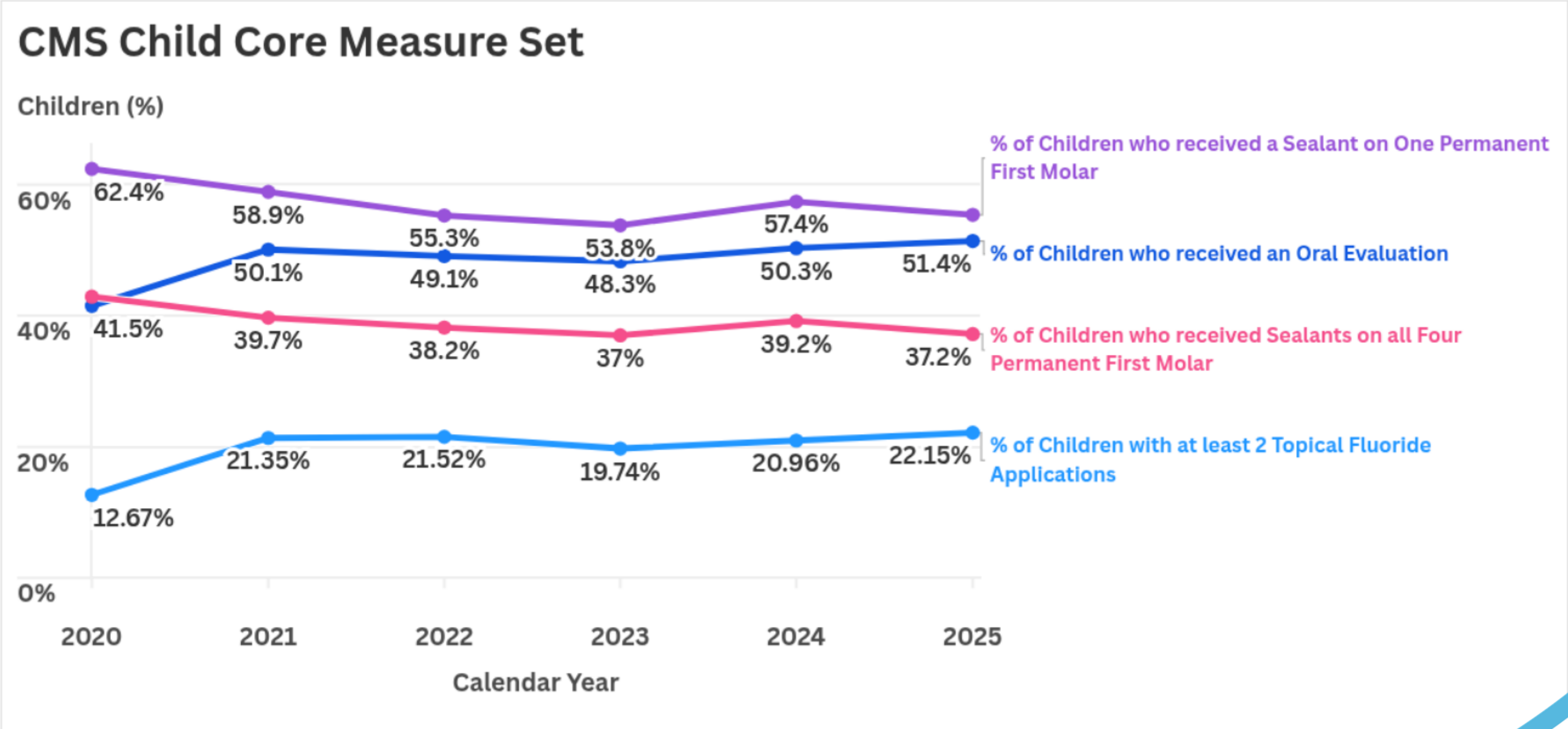
11% FQHC
89% Private Dentist



11% FQHC
89% Private Dentist

Member Utilization Outcomes

CMS Child Core Measures



Data run 3/26/26 internal CTDHP reporting - not reflective of annual CMS reporting due to claim adjudication and run out impacts to data.

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

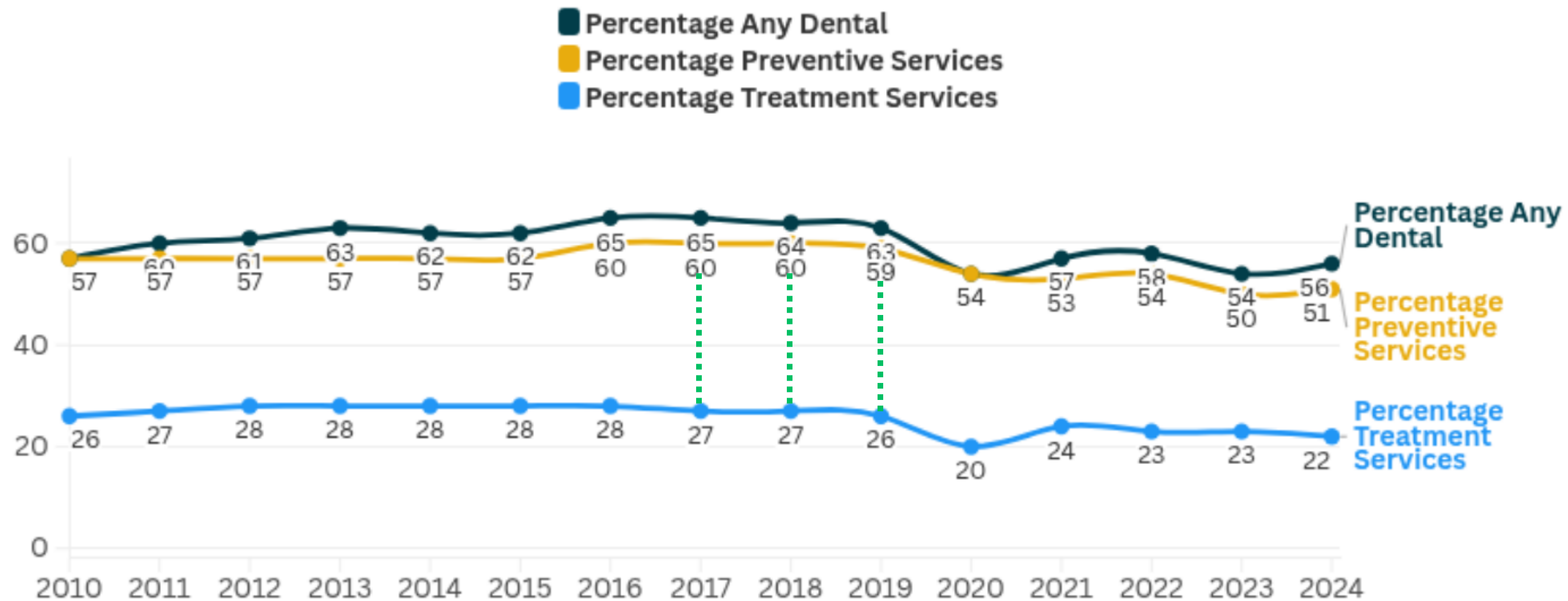
CMS Child Core Measures

Comparative Rankings 2024	Oral Evaluation 50 States and Territories Reporting	Fluoride 54 States and Territories Reporting	One Sealant 51 States and Territories Reporting	Four Sealants 51 States and Territories Reporting
Connecticut	7 th	14 th	18 th	17 th
Maine	50 th	46 th	38 th	35 th
Massachusetts	4 th	6 th	1 st	1 st
New Jersey	11 th	23 rd	48 th	47 th
New York	46 th	42 nd	33 rd	46 th
Oregon	39 th	31 st	5 th	4 th

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.

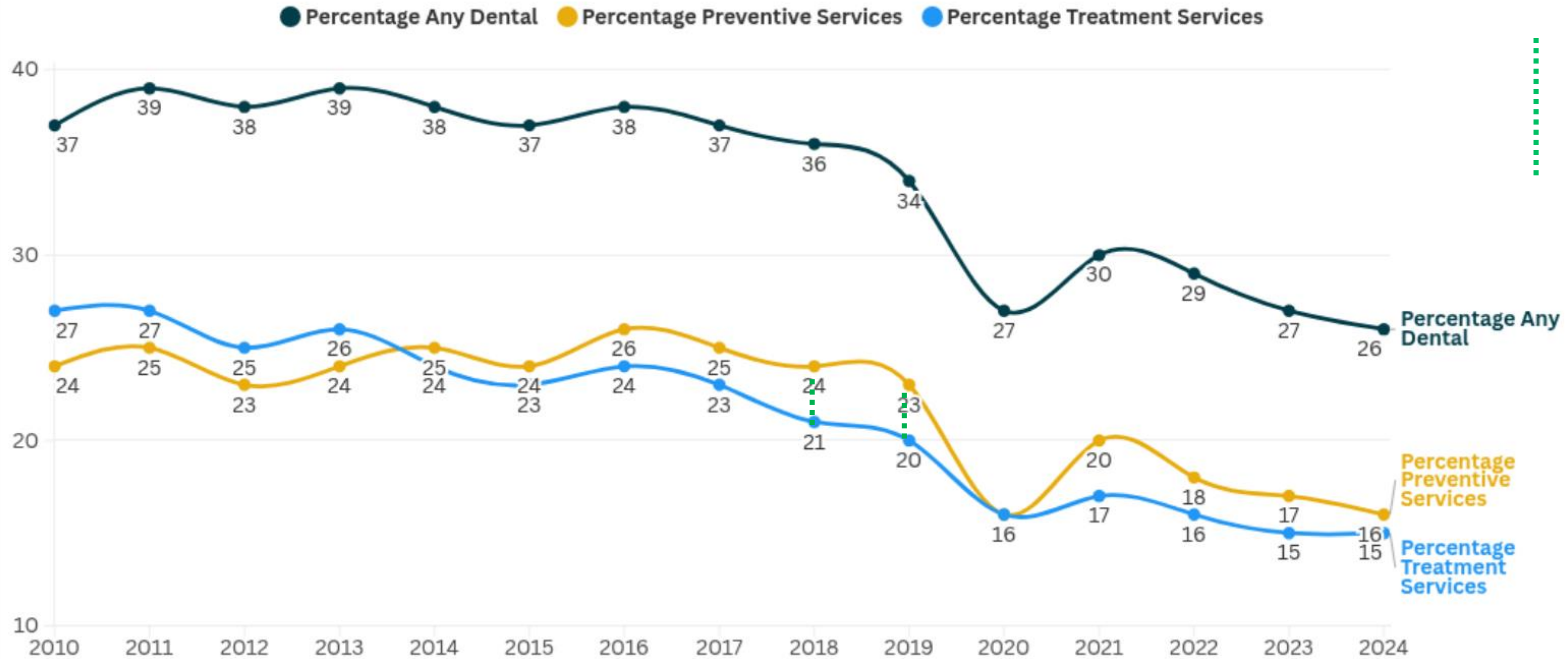
Data Definitions Defined by CMS-416 Reporting

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

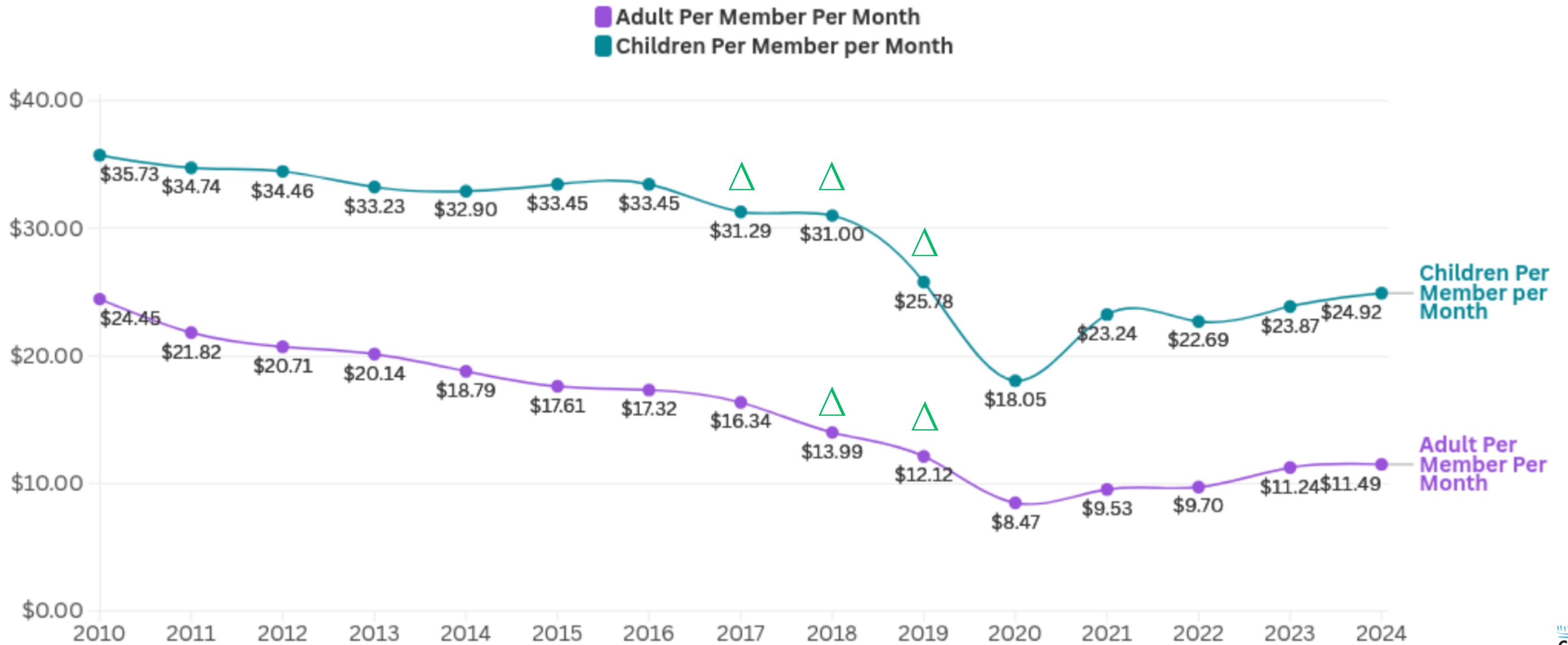


Largest delta between prevention and treatment rates. Non-COVID years.

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.

Historical Cost Trends - Per Member Per Month (PMPM)

Per Member Per Month Cost Trends 2010-2024



△ Largest Delta between Prevention and Treatment Rates

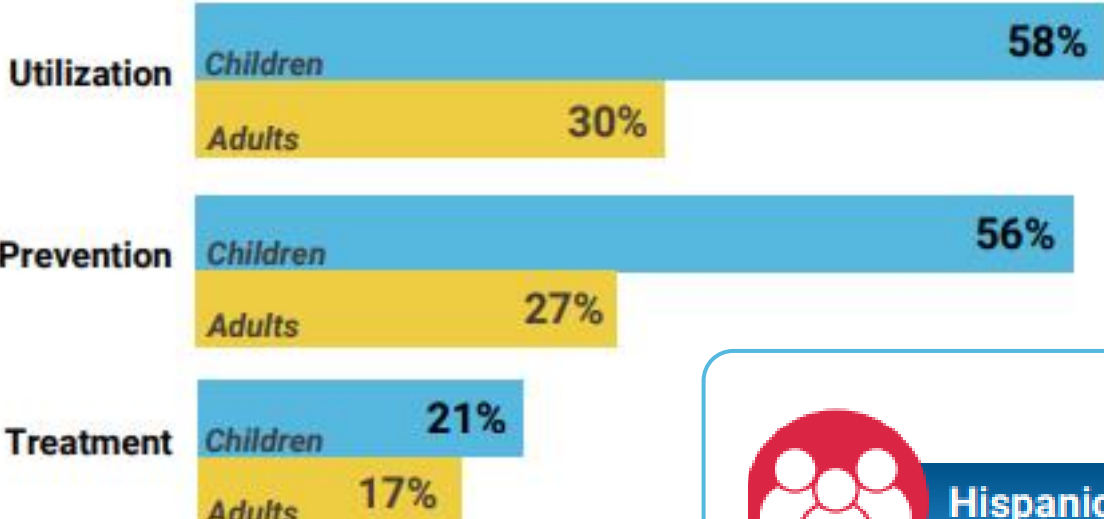
Member Utilization Outcomes

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

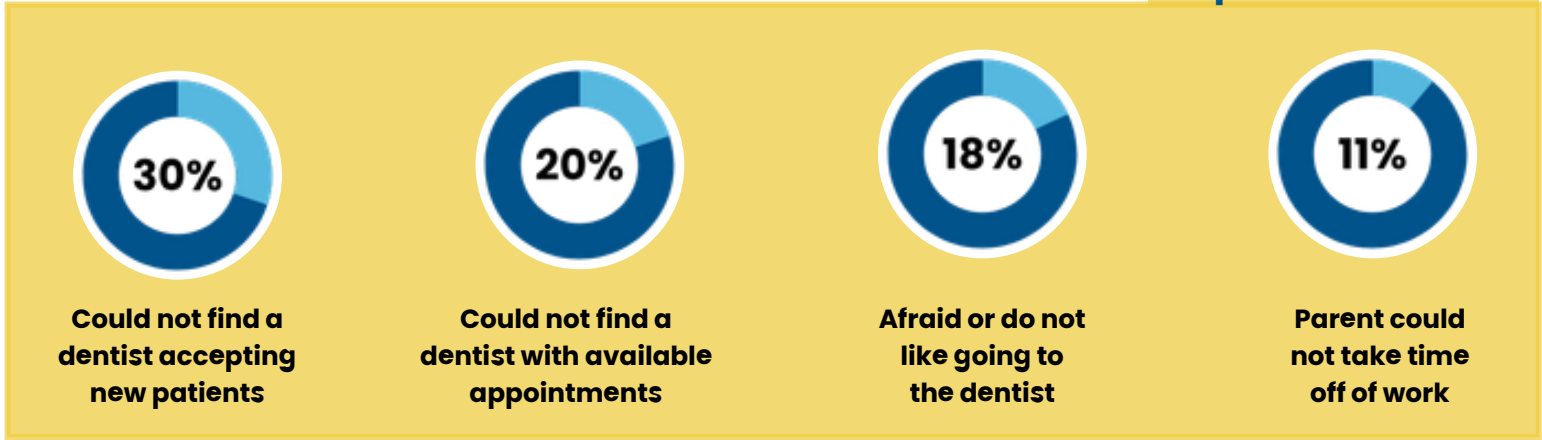
Member Survey Results

Top Adult Barriers



(n=1,336)

Top Child Barriers



(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)

Opportunities



Population-focused interventions leveraging medical infrastructure

Integrated care by default includes oral healthcare

**Stabilizing network
– Raising adult rates**

Sustainable community-based care



CTDHP Databook

HUSKY Health Authorization Volume & Procedures

SFY 2025

	Adults	Children	Total
# of Unique Authorization Requests/Services	247,594	50,411	298,005
Unique Members	77,668	23,048	100,716
Average Turn Around Time (Business Days)	13	12	13

Category of Service	Number of Requests
Prevention	4,934
Diagnostic	57,384
Restorative	120,727
Endodontics	50,236
Periodontics	2,787
Prosthodontics	37,440
Oral Surgery	19,708
Orthodontia	11,195
General Adjunctive	12,603

Covered CT Trends

Metric	SFY 2023	SFY 2024	SFY 2025
Enrolled Members	16,600	31,781	45,096
Inbound Calls from Covered CT Members	2,343	3,956	6,715
Claim Volume	9,137	15,487	25,392
Claim Dollars (Including FQHC Prospective Payment System)	\$1,454,135	\$2,556,665	\$4,211,614
Dental PMPM	\$8.89	\$8.85	\$9.09
Unique Members Served* *Member can have multiple claims	6,494 39% Utilization Rate	11,443 36% Utilization Rate	18,682 41% Utilization Rate



CTDHP Outcomes

BeneCare Outcomes - SFY 2025

Member Services Call Center

Service Level Agreement	Standard	SFY 2025 Outcomes
Total Calls Answered: 60,936		
Abandonment Rate	Not to exceed 5%	3.6%
Average Speed to Answer	30 Seconds or Less	22 Seconds
Calls Answered - 45 Seconds	90% Calls Answered	90%
Calls Answered - 120 Seconds	97% Calls Answered	96%

BeneCare Outcomes - SFY 2025

Member Communications

Service Level Agreement	Standard	CY 2025 Outcomes
<p>EPSDT Prevention Protocol</p>	<p>Send communications to heads of households for children who are due or overdue to appointments.</p>	<p>“No Dental Home” Campaign to Adults and Children</p> <ul style="list-style-type: none"> • 663,083 Target Members - 56% Reached (Human Answer, Voice Mail, Email) • 9.9% (37,469) Dental Utilization Post Campaign <p>“High Risk” Caries Screening Campaign to Head of Household</p> <ul style="list-style-type: none"> • 632 Target Members - 75% Reached (Human Answer, Voice Mail, Email) • 40.8% (194) Dental Utilization Post Campaign
<p>Prevention Strategy to reduce poor oral health habits & annual reminder of benefits</p>	<p>Digital, electronic, written communications.</p>	<p>“Emergency Department” Campaign - Oral Health Related ED Visit</p> <ul style="list-style-type: none"> • 10,989 Target Member - 83.8% Reached (Human Answer, Voice Mail, Email) • 34.2% (3,148) Dental Utilization Post Campaign <p>“New Enrollee Welcome Call” Campaign</p> <ul style="list-style-type: none"> • 100,780 Target Members - 68% Reached (Human Answer, Voice Mail) • 16.3% (11,338) Dental Utilization Post Campaign <p>“Prenatal” Campaign - Pregnant Members in CHN CT’s Healthy Beginnings Program</p> <ul style="list-style-type: none"> • 11,828 Target Members - 69.3% Reached (Human Answer, Voice Mail) • 18.6% (1,529) Dental Utilization Post Campaign <p>Website Outcomes:</p> <ul style="list-style-type: none"> • Views: 395,016 • Secure Member Portal Login: 66,325 Logins • “Find A Dentist” Views: 111,681
<p>Member information and education</p>	<p>Social Media Applications and Newsletters</p>	<p>5 Member Newsletters (English and Spanish) Sent - 35% Open Rate 17 YouTube Videos - “Dr. Tooth Fairy” and Dental Care Tips - 15 Subscribers Instagram - 258 Followers</p>

BeneCare Outcomes - SFY 2025

Oral Health Navigation

Service Level Agreement	SFY 2025 Outcomes
<p>Total Cases Closed in Oral Health Navigation: 732</p>	
<p>Report on progress toward meeting dental treatment plan</p>	<p>Case Outcomes:</p> <ul style="list-style-type: none"> • 19% Treatment Plan Met • 27% Lost to Follow Up • 23% Unable to Reach • 18% Refused Assistance • 7% Non-Compliance with Treatment Plan • 2% Lost Medicaid Eligibility • 3% Ineligible (Member has Dental Home)
<p>Report on referral sources</p>	<p>Top Referral Sources (Closed Cases):</p> <ul style="list-style-type: none"> • ED Diversion: 184 • CHN CT Intensive Care Management Nursing: 267 • Community Partner Referral Portal: 104 • Caries Risk Screening Codes (School Based Health Centers): 63 • Immigration and Refugee Resettlement Agencies: 22
<ul style="list-style-type: none"> • Co-Located Navigator Pilot (Funding from DSS Refugee Assistance Program) went live March 2025 • CTDHP and Unite Us evaluated platform-based referrals connection to dental care https://uniteus.com/case-study/dental-access-connecticut/ <ul style="list-style-type: none"> ◦ 25% of referred members through Unite Us access dental care within 120 days, 16% were preventive visits • Oral Health Navigation Impact Study with UConn School of Dental Medicine Students <ul style="list-style-type: none"> ◦ 55 Members completed pre- and post-test survey to evaluate the program’s impact on oral health literacy and care seeking behaviors ◦ 89% reported overcoming barriers to dental care ◦ 81% maintained preventive dental visits 120 days after program completion ◦ Statistically significant improvements in brushing habits found after program completion 	

BeneCare Outcomes - SFY 2025 Community Engagement

Service Level Agreement	Standard	CY 2025 Outcomes
Conduct Community Engagement Activities Statewide	Goal: 2,683 Activities (1% Increase from SFY 2024)	Total Outreach Activities: 2,806 Non-Traditional Outreach Activities: 571 (restaurants, retail centers, barbers/hair salons, libraries, faith-based centers) Member Reach: 4,869 Agency Staff Reach: 1,883
Provide Educational Materials	Digital, electronic, written communications.	Oral Health Literacy Materials Disseminated: 35,676
Outreach Strategy for Non-Dental Professionals	Develop, Implement, and Maintain Strategy	Oral Health Training Academy of CT Launched - 1 Course for Social Workers (54 Registrations), 2nd course for CHW launched with support from OHS and SW AHEC 82 New Community-Based Partners Registered with CTDHP enabling referrals, trainings, and materials

BeneCare Outcomes - SFY 2025

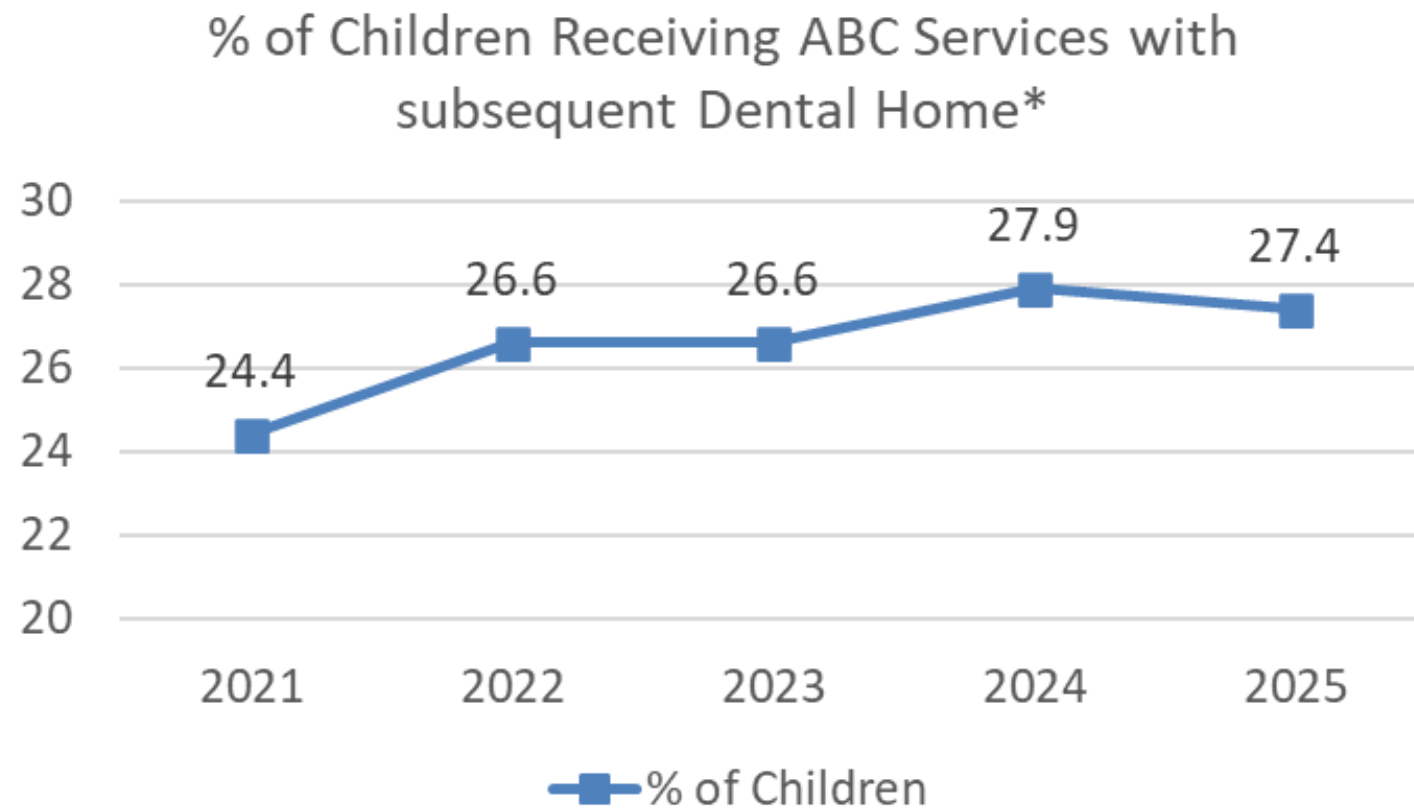
Professional Network Development and Relations

Service Level Agreement	Standard	SFY 2025 Outcomes
Member Dentist to Provider Ratio	Primary Care Dentist (PCD) Provider to Member Ratio: 1:2,500 Specialist Dentist to Member Ratio: 1:4,000	As Calculated June 2025 PCD to Member - 1: 663 Specialist to Member - 1:1,693
Appointment Standards	Urgent Appointment within 48 Hours Routine Appointments within 8 weeks (56 Days)	June 2024 Appointment Availability Survey Data Adult Avg. - 23 Days Child Avg. - 23 Days Urgent Avg. - 2 Days
Primary Care Dentist Access	Measure PCD within: 10 Mile Radius 15 Mile Radius 20 Mile Radius	10 Mile Radius - 99.7% 15 Mile Radius - 99.9% 20 Mile Radius - 99.9%
Assist existing dental providers	Provide enrollment information, education regarding provider service expectations, policy, regulations, and performance standards of CMAP	Professional Network Development and Relations Activities Phone Calls: 2,289 Visits: 628 Trainings: 97
Recruit qualified providers to the CMAP Network		Professional Network Development and Relations Activities Initial Phone Calls: 1,656 In Person Visit: 266 Follow Up Calls: 29 Recruitment Kits Provided: 9 Provider Ads to Network to Targeted Areas: Windham - 4 Providers New London - 1 Provider Litchfield - 2 Providers Oral Surgeons - 17 Providers

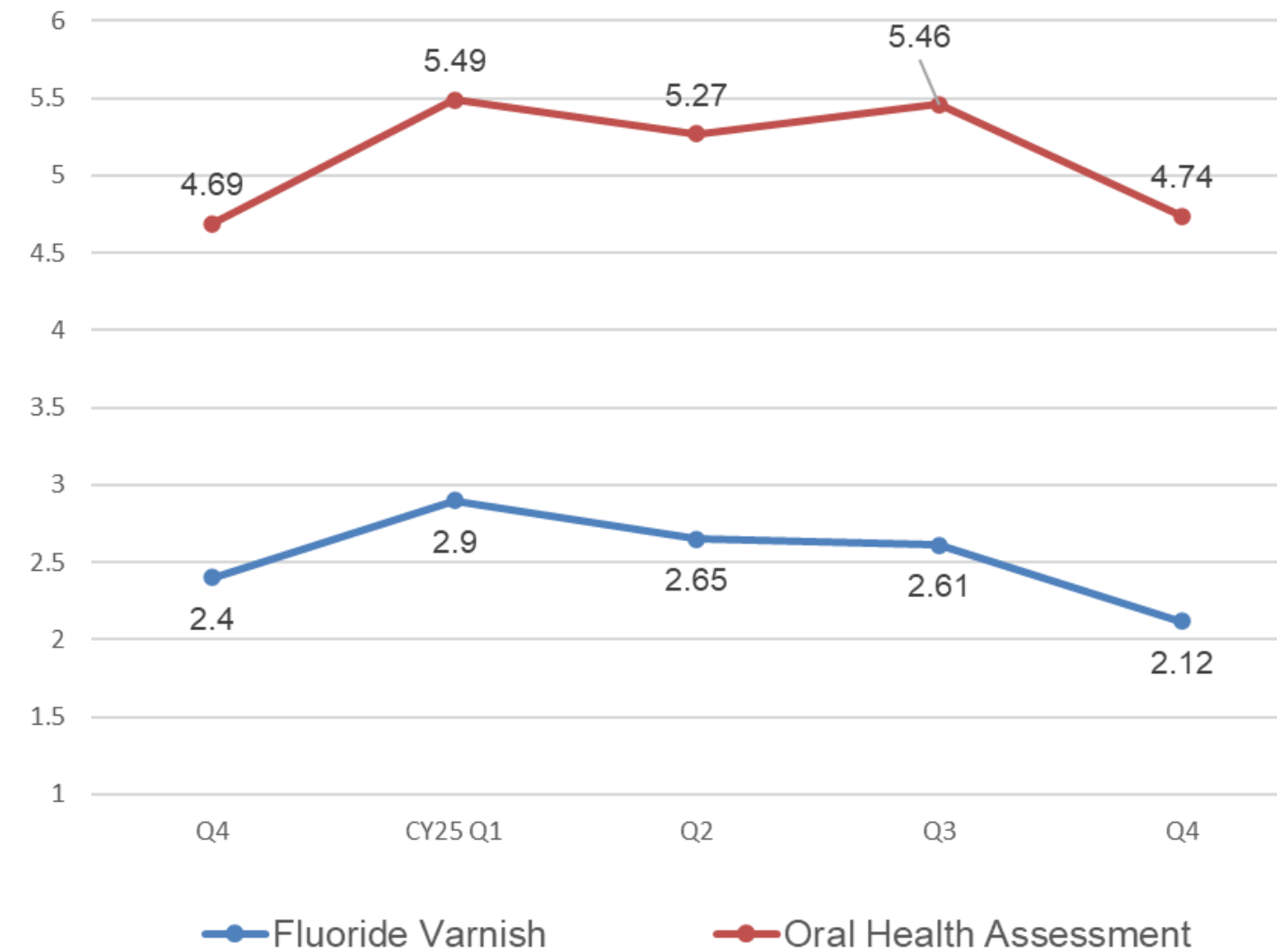
BeneCare Outcomes - SFY 2025

Access to Baby Care Program

Performance Measures	CY 2025 Outcomes
Total Trained Provider <ul style="list-style-type: none"> • Trained Medical Providers Total • Trained Ancillary (Non-Billable) Providers Total Total Historical Providers	Total Trained Provider: 92 <ul style="list-style-type: none"> • Trained Medical Providers Total: 61 • Trained Ancillary (Non-Billable) Providers Total: 31 Total Historical Providers: 901
Providers Receiving Performance Improvement Score Cards	45



Percentage of HUSKY Health Children Receiving Fluoride Varnish and Oral Health Assessment at Well-Child Visits, Per Quarter, CY 2024 - present



*Numerator includes D0150, D0120, D0145 only

BeneCare Outcomes - SFY 2025

Provider Services

Service Level Agreement	Standard	SFY 2025 Outcomes			
Prior Authorization Turn Around Time	15 Business Days or Less	Average Turn Time: 12 Business Days			
Provider Level Appeals	Implement Provider Appeals Process	<table border="0"> <tr> <td data-bbox="1682 831 2015 1014"> Level 1 <ul style="list-style-type: none"> • Total: 304 • Upheld: 89 • Overturned: 215 </td> <td data-bbox="2202 831 2485 1014"> Level 2 <ul style="list-style-type: none"> • Total: 6 • Upheld: 0 • Overturned: 6 </td> <td data-bbox="2715 831 2998 1014"> Level 3 <ul style="list-style-type: none"> • Total 2 • Upheld: 1 • Overturned: 1 </td> </tr> </table>	Level 1 <ul style="list-style-type: none"> • Total: 304 • Upheld: 89 • Overturned: 215 	Level 2 <ul style="list-style-type: none"> • Total: 6 • Upheld: 0 • Overturned: 6 	Level 3 <ul style="list-style-type: none"> • Total 2 • Upheld: 1 • Overturned: 1
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Dental Policy Advisory Committee - Quality Assurance Subcommittee Work

Dental Policy Advisory Committee

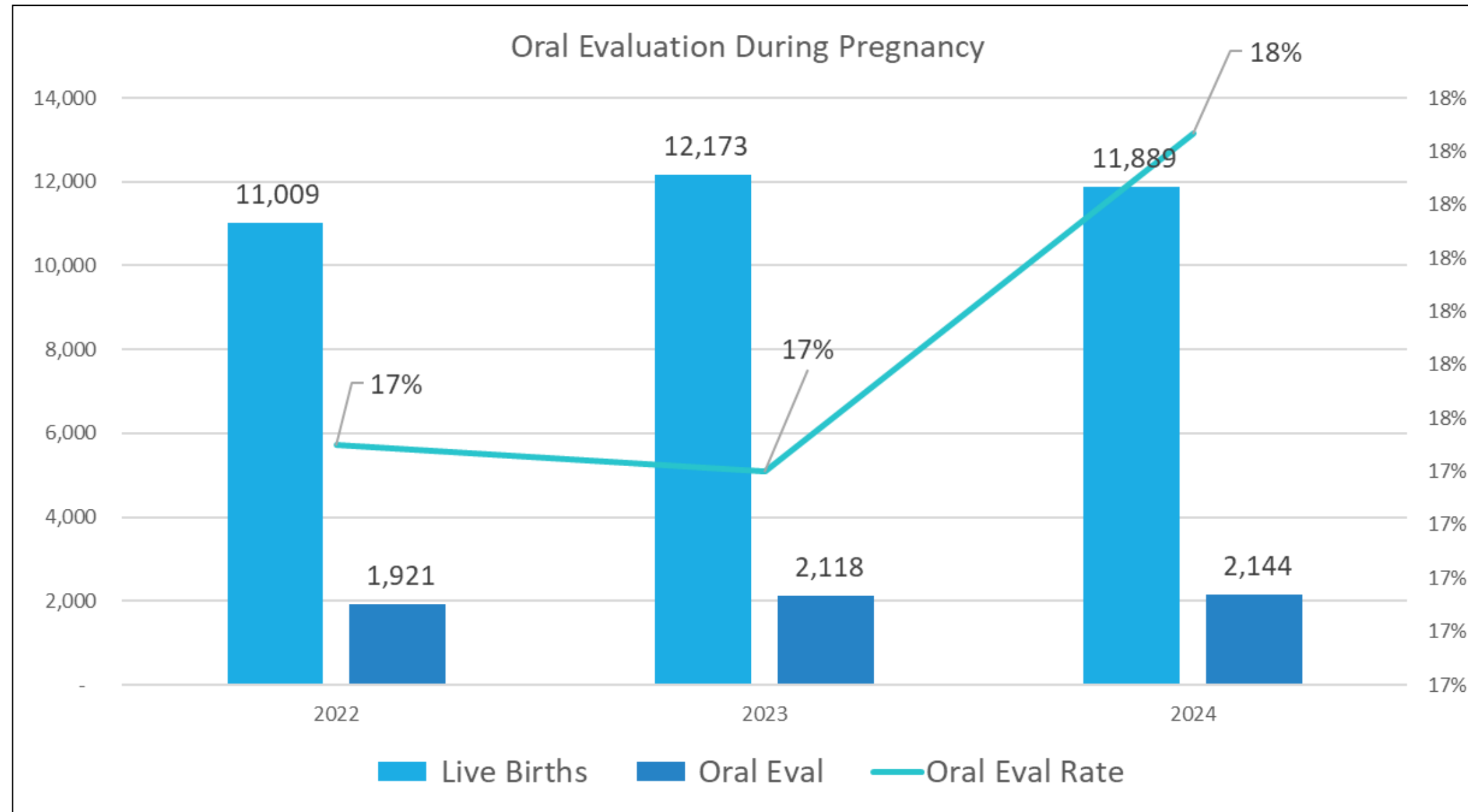
Quality Assurance Committee Goals

- 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

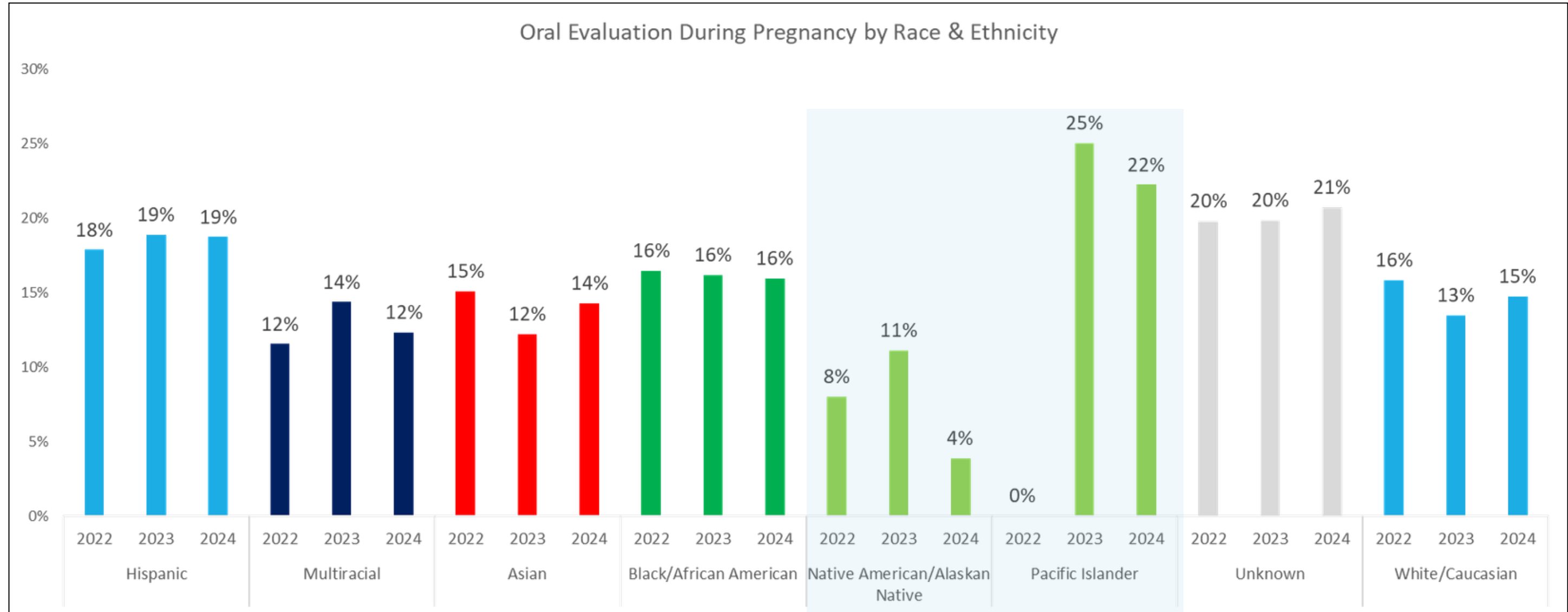
Dental Policy Advisory Committee - Data Discovery

Oral Health & Pregnancy



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.



Caution in interpretation due to population size.

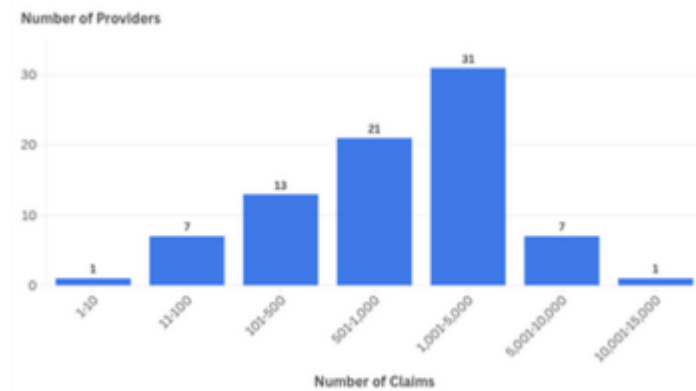
Questions to explore through data

- Can we Identify through claims data OB/GYN practice level data for targeting outreach?
- Will further analyzing the data inclusive of language, geography help us target interventions?
- Where does CT rank among other states in the measure? What states are better and what if anything can we learn from them?

Dental Policy Advisory Committee - Quality Assurance Projects & Data Discovery

Oral Health and HUSKY Health Members with Intellectual and Developmental Disabilities

Distribution of Providers by Claim Volume - Pediatric



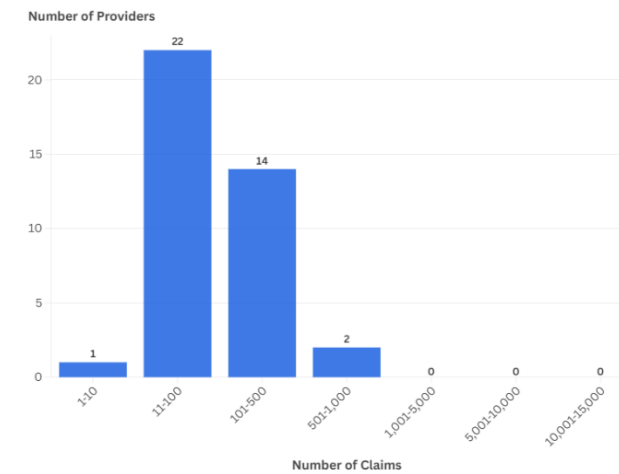
Pediatric Providers

- Total Number of Providers: 81
- Total Number of Claims: 139,452
- Minimum Claims per Practice: 10
- Maximum Claims per Practice: 13,355

Key Takeaways:

- Concentrated in mid-volume providers
- Long tail of low claim volume providers (21 providers with under 500 claims)
- 8 Providers generate more than 5,000 claims.

Distribution of Providers by Claim Volume - Oral & Maxillofacial Surgeons



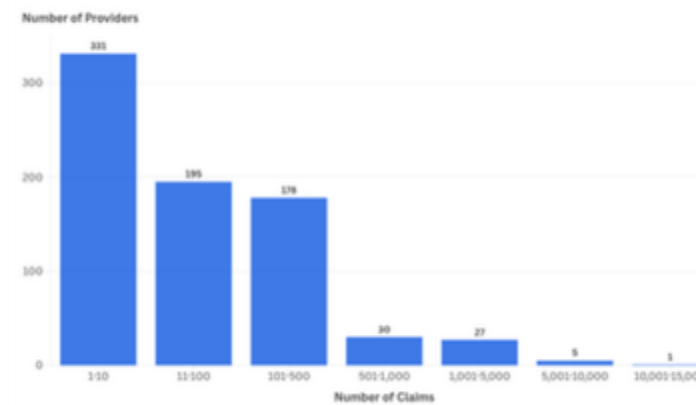
Oral & Maxillofacial Surgeons

- Total Number of Providers: 41
- Total Number of Claims: 4,311
- Minimum Claims per Practice: 1
- Maximum Claims per Practice: 1,040

Key Takeaways:

- Concentrated in mid-volume providers

Distribution of Providers by Claim Volume - General



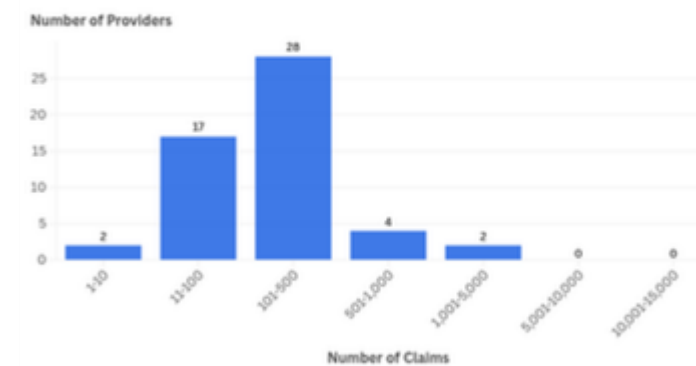
General Practice Providers

- Total Number of Providers: 583
- Total Number of Claims: 170,361
- Minimum Claims per Practice: 1
- Maximum Claims per Practice: 11,984

Key Takeaways:

- Concentrated in low-volume providers / highly right skewed
- Small number of dentists account for highest volume of claims
- 6 Providers generate more than 5,000 claims
- Of Note - FQHCs:
 - 9 of the 16 FQHCs had 1,000 or more claims
 - 2 of the 5 practices with 5,001-10,000 claims are FQHCs

Distribution of Providers by Claim Volume - Orthodontists



Orthodontists

- Total Number of Providers: 55
- Total Number of Claims: 4,852
- Minimum Claims per Practice: 1
- Maximum Claims per Practice: 8,883

Key Takeaways:

- Concentrated in mid-volume providers
- Observation - More orthodontists and claims than oral and maxillofacial surgeons

Dental Policy Advisory Committee - Quality Assurance Projects & Data Discovery

Oral Health and HUSKY Health Members with Intellectual and Developmental Disabilities

Effective November 14, 2025



Dental Quality Alliance

User Guide for Evaluating Quality of Care for Special Populations Using DQA Program and Plan Level Measures

Effective Date: November 14, 2025*

*This User Guide was approved by the DQA at its November 14, 2025, meeting and will remain effective through December 31, 2026.

Step 1: Identify the Population ICD-10 CM Codes - 6 Condition Groups, 140 Diagnosis Codes

- Autism Spectrum Disorder
 - Cerebral Palsy
 - Intellectual Disability and Related Conditions
 - Learning Disabilities
 - Other Developmental Delays
 - Spina Bifida & Other Congenital Anomalies of the Nervous System
- Enrolled in HUSKY Health 2023-2024
Stratified by Age Group 5-year intervals**

Step 2: Identify Dental Utilization Rates

- 2023-2024, per Calendar Year
- Any Utilization = Presence of Claim
- Prevention Rate = Presence of Claim for Preventive Service (D1110-D1999)
- Treatment Rate = Presence of Claim for Treatment Services (D2000-D9999)

Step 3: Identify Dental Providers of Utilizing Population

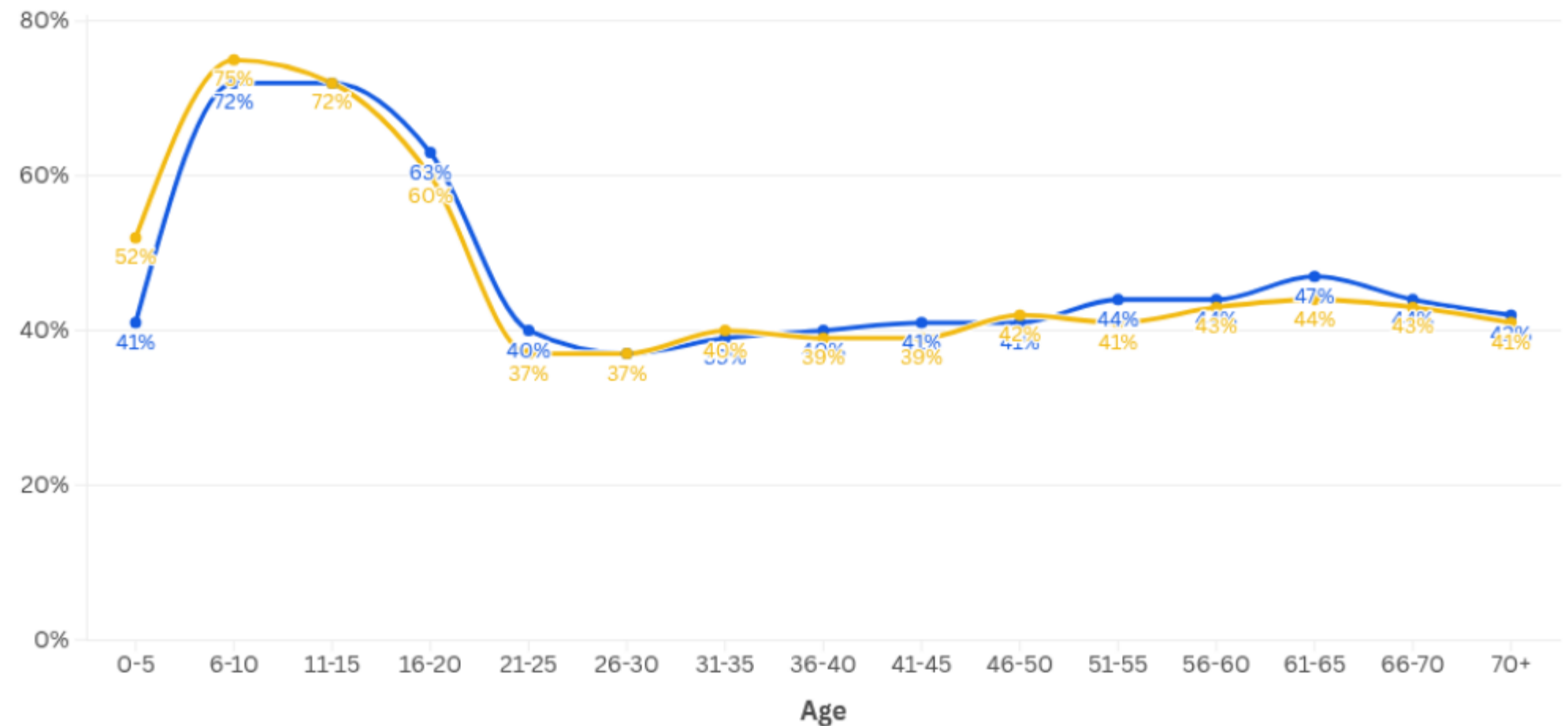
- Taking 2023-2024 Utilizing Population – back-end providers
- Segment by CMAP Provider Enrollee Type - General, Pediatric, Oral and Maxillofacial Surgeon, Orthodontist
- Identify Claim Volume by Provider and Provider Type

Members with IDD 2023-2024 Utilization Rate by Age

N=95,315

■ 2023 ■ 2024

Utilization %



Dental Policy Advisory Committee - Quality Assurance Projects & Data Discovery

Community- Based Oral Health Care

Health Disparities Clinical Summer Research Fellow

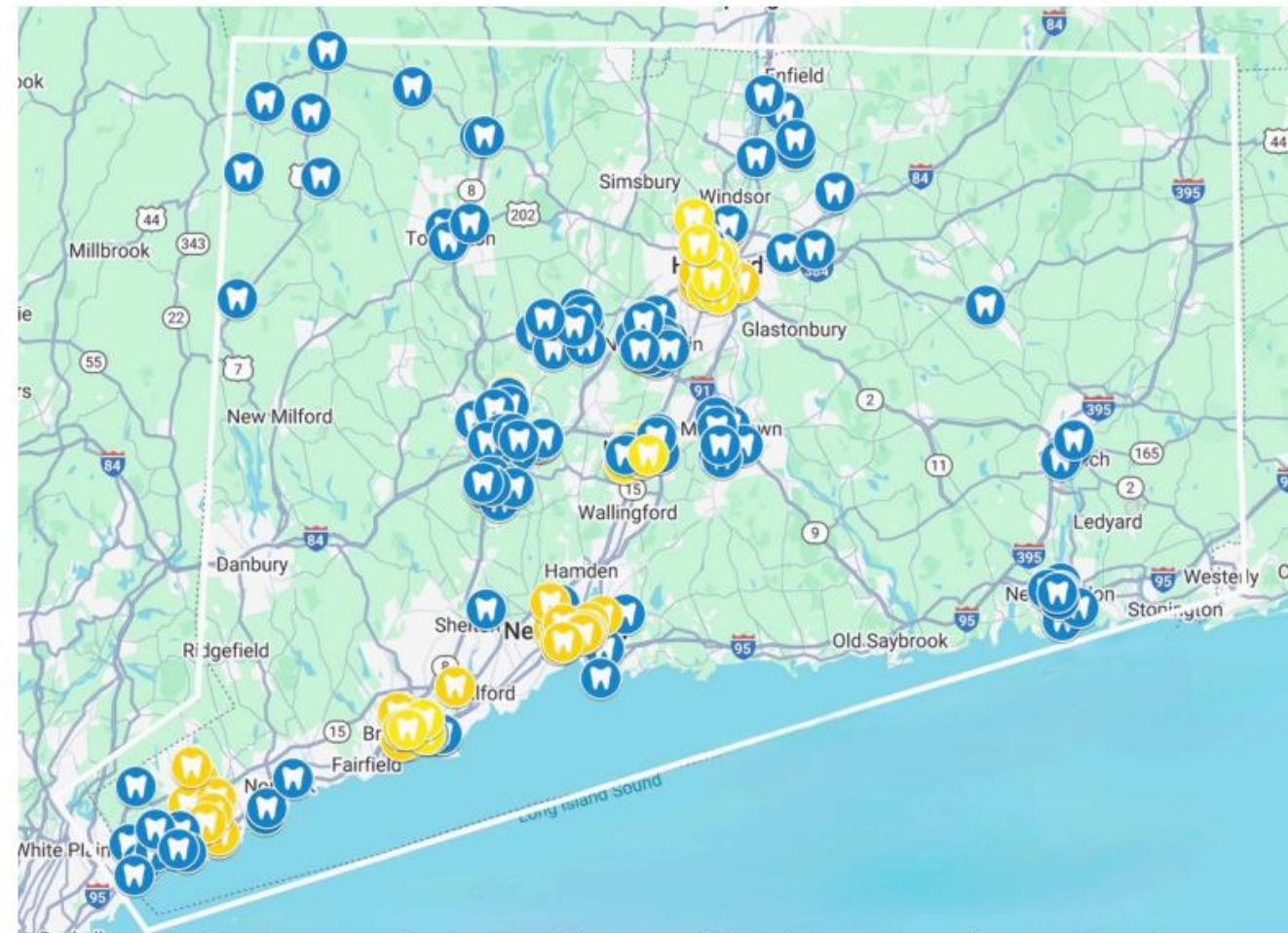
“Mapping Mobile and Fixed School-Based Dental Sites and Oral Health Disparities”

Angeline Nunez
Summer 2025

Of the 1,923 Public Schools in CT, 229 or 12% offer some form of dental services.

62% Mobile Sites
38% Fixed “Brick and Mortar” Sites

Overwhelmingly in urban/urban periphery locations following I-84 and I-95 corridors
216 in Urban
12 in Rural
1 in Suburban



Mobile sites are shown in blue and fixed sites are shown in yellow

