

May 13, 206 Care Management Committee Zoom Meeting

Meeting summary

Quick recap

The Care Management Committee meeting focused on two main presentations: Laura Demeyer's PCMH program status update and Kate Parker Reilly's comprehensive overview of the HUSKY Dental Benefit program. Laura reported that the PCMH program currently has 124 practices with 553 sites and 2,548 providers, while Kate presented detailed data on dental network access, utilization rates, and barriers to care, highlighting concerns about declining provider numbers and long wait times at FQHCs. The committee also discussed upcoming HR1 implementation plans, with Bill Halsey proposing to focus on medical frailty definitions, communication strategies, and data integration for the next several months, while members raised questions about tracking program impacts, cost-sharing implementation, and caregiver processes.

Next steps

Kate Parker-Reilly

- [Provide pre-COVID dental utilization data to Steve Colangelo](#)
- [Work with Kelly Phenix after the meeting regarding transition of care for Columbia Dental patients in Bristol](#)

Laura Demeyer

- [Contact Great Blue contractor to schedule presentation of 2025 satisfaction survey results at a future meeting when requested by the committee](#)

Bill Halsey

- [Present final draft of medical frailty definition at June meeting](#)
- [Present communication strategy update in July meeting](#)
- [Check on availability of PCMH + quality data for 2024 and circulate to committee if available](#)
- [Review working disabled program \(SO5\) technology/protocols for potential application to new work requirements](#)
- [Develop tracking/dashboard for monitoring HR1 impacts \(disenrollments, work requirements, demographics, etc.\)](#)
- [Develop process for receiving and responding to feedback/complaints during HR1 rollout](#)
- [Develop plan for cost-sharing implementation, including tracking and compliance with income limits](#)
- [Develop process for documenting and tracking relevant exemptions for each case](#)
- [Develop process for handling caregiver/volunteer documentation and attestation](#)
- [Develop process for tracking movement of eligible members from HUSKY D to A or C](#)

- [Develop/propose approach for employment and education support connections](#)

Summary

PCMH Program Status Update

Laura Demeyer provided a status update on the PCMH program, reporting 124 practices, 553 sites, and 2,548 providers. She explained that decreases in sites and providers were primarily due to practice consolidation and some practices leaving the program, while member attribution rates had declined due to factors like members becoming ineligible for HUSKY or obtaining other insurance. The program showed improvements in 37 different measures for 2025, with 103 engaged PCMH practices, an increase of 12 from the previous year.

PCMH and Behavioral Health Coordination

The meeting focused on clarifying definitions around practice identification and coordination between PCMH and behavioral health programs. David Krol confirmed with Laura that practices are defined by TINs while locations are defined by addresses and asked about Medicaid participation for large practices like Privia. Karen Dubois clarified that Privia/CMG previously did not process Medicaid claims in Connecticut, though she agreed to look into current Medicaid participation. The discussion also covered collaboration between PCMH providers and behavioral health homes, with Laura and Dr. Larry Magras explaining that while these are separate programs, there are informational sharing mechanisms in place through Carelon and other partnerships.

Husky Dental Benefit Program Overview

Kate Parker-Reilly provided an overview of the HUSKY Dental Benefit program, focusing on the dental system's structure and the importance of integrating dental care with medical and behavioral health. She explained key concepts like the 90/10 rule for dental care, the role of oral health in reducing medical costs, and the unique approach dentists take in treatment planning. The discussion highlighted the need to better integrate dental providers into the overall healthcare team and addressed the differences between medical and dental clinical decision-making processes.

Dental Industry Trends and Challenges

Kate presented an overview of trends and challenges in the dental industry, highlighting workforce changes, the rise of dental service organizations (DSOs), and significant gaps in interoperability compared to medical practices. She discussed current provider network data, showing a 17% decrease in enrolled dental practitioners since 2021, with particular concerns about access to specialists like endodontists. Kate also reviewed appointment availability data, noting that wait times continue to increase, especially for federally qualified health centers (FQHCs), where adult wait times reached 125 days compared to 23 days for private practices. Finally, she examined CMS core measures for children's dental services, reporting that while some metrics like fluoride varnish

applications are improving, dental sealant rates remain below pre-pandemic levels due to measurement flaws in the current CMS metrics.

Oral Health Data and Disparities

Kate presented data on oral health measures and utilization rates across different age groups and demographics. She highlighted that Connecticut ranks above the national median in four key measures and discussed trends in preventive and treatment services, noting a significant gap between the two in children's care but a smaller gap in adults' care. The discussion also covered health disparities, with Hispanic populations being the top utilizers of dental services and rural counties showing lower utilization rates. Member surveys revealed that access barriers include difficulty finding dentists, dental fear and anxiety, and scheduling conflicts. Kate concluded by mentioning Benecare CTDHP's focus on leveraging medical infrastructure to improve oral health outcomes, particularly during pregnancy.

Oral Health Care Integration Strategies

Kate discussed strategies to support medical providers in oral health assessment and fluoride varnish application, emphasizing the importance of integrating dental care into overall healthcare models from the start. She announced that three dental codes have reached pay parity with children's rates and highlighted a new memorandum of understanding with 20 Head Start programs to improve oral health literacy and care access. The discussion included questions about appointment timing requirements, with Parker Linscott noting that while there is a 56-day standard, FQHCs are currently averaging over 100 days, which she attributed to workforce constraints rather than intentional non-compliance.

Dental Care Access and Coverage

The meeting focused on dental care access and insurance coverage in Connecticut. Kate explained that members can contact DSS to schedule appointments with private practice dentists if they can't access federally qualified health center providers. Kelly raised concerns about Columbia Dental's withdrawal from the network, and Kate confirmed they have protocols to inform members and support care transitions. The discussion also covered mobile dental partnerships, with Kate noting that new data collection methods implemented in January will help track care provided in school-based settings, though complete data is still pending. When asked about patients switching between different insurance types, Kate confirmed they don't currently track this metric.

Dental Provider Access Challenges

The group discussed challenges in measuring dental provider availability and access, particularly in rural areas. Kate explained that while geographic proximity shows network accessibility, appointment availability metrics provide a better indicator of actual access, noting that 12% of enrolled dental providers were not accepting new patients at the time of survey. Steven raised concerns about the

accuracy of coverage data and its impact on dental rates, citing disparities in patient access across different demographic groups. The discussion highlighted the broader economic challenges of recruiting dentists to rural areas and the impact of low reimbursement rates on provider participation.

Medicaid Dental Services Policy Updates

The meeting focused on challenges with Medicaid dental services, particularly regarding FQHCs and preventive care billing. Kate explained that a 2022 policy bulletin addressed the issue of unbundling preventive dental services, with edits implemented in the GainWell system to prevent separate billing for components like cleanings and x-rays. The discussion also covered access barriers where providers claim to accept HUSKY patients but limit actual acceptance, requiring multiple calls from members to find available providers. The conversation ended with William Halsey outlining a proposed agenda for upcoming meetings, including a final draft of medical frailty definitions, communication strategy, and data integration work for automated eligibility verification ahead of the January implementation date.

HR-1 Planning and Guidance Updates

The committee discussed plans for upcoming meetings and guidance on HR-1. Bill Halsey confirmed that CMS guidance on HR-1 is expected in early June, and the group agreed to make this the agenda item for the June meeting. Karen Siegel raised the importance of tracking the impacts of HR-1, including disenrollments and demographics, and suggested creating a dashboard for monitoring. The committee also considered moving the PCMH update to June instead of July.

PCMH Implementation Planning Meeting

The committee discussed postponing the PCMH presentation to September and focusing on other priorities. Ellen Andrews raised concerns about feedback collection during the rollout and suggested implementing a process for complaints and challenges. She also highlighted the need to discuss cost-sharing policies, caregiver definitions, and communication strategies. William addressed data integration plans and co-pays, while Steven suggested leveraging existing technology from the working disabled program. The committee agreed to review PCMH+ quality data and plan for a June 10, 2026 meeting.

Karen Siegel (HES)

<https://www.shadac.org/hr1-monitoring-impacts-medicaid-enrollment-expenditures-eligibility>