

Connecticut Department of Social Services

Making a Difference

Connecticut's Dental Health Partnership: Entering A Decade of National Leadership

Dental Health Partnership:

- Consistent improvement based upon core values:
 - Mission focus
 - Good oral health for all
 - Focus on Prevention

Prioritizing:

- Comprehensive Medicaid dental coverage in a timely manner and with geographically proximate access to oral health care
- Integration of oral health into other health systems
- Adequate reimbursement for the provider network

DSS Mission Statement

Guided by shared belief in human potential, we aim to increase the security and wellbeing of Connecticut individuals, families and communities.



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- Medicaid eligibility expansion contributes to the overall economic security of the entire state by promoting individual's financial security and well-being. Connecting thousands and thousands of new people to Medicaid:
 - gives them access to a broader array of services and supports than any private health care plan;
 - provides financial security from the catastrophic costs of a serious health condition;
 - improved mental health by removing a significant stressor; and
 - keeps people well and working.











 Covering kids promotes both their security and the state's future. Health care coverage to children supports not just their health status, but also aids their growth and development, school readiness and their ability to become actively engaged citizens in the future. We cover one in five Connecticut children.



Preventative services and coordinated care promote wellbeing. Connecticut Medicaid not only covers a broad range of preventative services, but also invests in primary care practices through the Person-Centered Medical Home initiative, primary care rate bump and Electronic Health Record funding that have inspired many more primary care clinicians to join Medicaid. Intensive Care Management (ICM) interventions under our Administrative Services Organizations (ASOs) finds people with complex needs and helps meet those needs so members can better manage their own health.





HUSKY Health (Medicaid and CHIP) is a critical source of economic security and well- being to over 780,000 individuals (21% of the population of Connecticut).	 Serves adults, working families, their children, their parents and their loved ones with disabilities. Covers an extensive array of preventative services (primary care through Person-Centered Medical Homes, dental and behavioral health coverage) as well as care coordination. Successful in improving quality, satisfaction and independence through prevention and integration.
HUSKY Health is data driven.	 Maintains a fully integrated set of claims data for all covered individuals and all covered services. Uses data analytics to direct policy-making, program development and operations. Employs predictive modeling to identify both those in present need of care coordination, and those who will need it in the future.
HUSKY Health is already doing more with less.	 Administrative costs are 3.0%. Total staffing (148 individuals) has held relatively constant while the number of individuals served has dramatically increased. 59% of Connecticut Medicaid and 88% of CHIP (HUSKY B) expenditures are federally reimbursed. Health expenditures (74% of department budget) are increasing based on caseload growth, but trends in per person costs are stable and quality outcomes have improved.

The HUSKY Health reform agenda includes the following key objectives:

- Creation of a simplified administrative structure that effectively supports and empowers both members and providers
- Use of a nationally recognized, fully integrated claims data set to illuminate needs, influence policy direction, ensure accountability and support cost savings
- Development of a robust system of preventative care
- Integration of health (medical, behavioral, dental) and social services
- Achievement of a long-term services and supports system that enables true choice and integration



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But in the end, it is all about our members.

Two stories:



Mary's Story

- Mary lost her home and was in a long-term care facility when she lost her dentures. She began to have difficulty eating and lost weight. Soon her weight loss became significant and she dropped to only 89 pounds.
- A Dental Health Care Specialist from the Connecticut Dental Health Partnership worked with her, Catholic Charities and the Long-Term Care Ombudsman to find a caring dentist who reconstructed her dentures and helped her to regain her independence.
- Mary is now living in the community, has regained her weight and said of what happened:

"There are no words – powerful, happy or relieved - to express my gratitude ... The last thing I expected was some caring women would go to bat for me."



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Juanita's Story

- Juanita grew up without any dental care and enrolled in HUSKY D after high school. Because of her widespread dental decay and missing teeth she was embarrassed and did not smile. CTDHP helped her find a dentist nearby who could help her.
- Her new dentist developed an extensive treatment plan. He noticed that she was withdrawn and mumbled when she spoke. Her condition was so severe that he said that it was childhood neglect. He hoped to help restore her confidence.
- Staff worked with the dentist to approve the necessary services and to improve her oral hygiene.
- She reported that it was like we gave her a whole new outlook on life. "I am so happy" she said. Juanita now has a job and will be attending a local community college in the upcoming academic year.





Oral health services and strategies under the CT Dental Health Partnership (CTDHP) are an integral part of the HUSKY Health reform agenda:

- Timely and proximate access for members
- A focus on increasing overall utilization and use of preventive services
- Referral and intensive care management supports for members
- Integration of oral health in primary care settings
- Improved outcomes and controlled costs



Timeline of Select Events

- September 2007: CT ranked 29 nationally in children's utilization
- September 2008: CTDHP was launched!
- August 2009: 1,000 provider partners milestone
- August 2009: CTDHP outreach program to members begins
- September 2011: CT ranked 2nd nationally in children's utilization
- June 2012: 1,500 provider partners milestone
- September 2012: Awarded \$700K HRSA grant for PIOHQI Project
- September 2014: CT ranked 1st nationally in children's utilization
- December 2014: 2,000 provider partners milestone reached
- September 2016: 6th consecutive year ranked #1 or #2 nationally

Measuring What Matters - A New Way of Measuring Geographic Access to Dental Care Services¹

- 2017 Analysis by the American Dental Association (ADA), Health Policy Institute (HPI), every state measured
- Connecticut: "99% of Medicaid/CHIP children live within 15 minutes of a Medicaid/CHIP dentist"
- Quotes by Marko Vujicic, Chief Economist and Vice President, ADA HPI, from the webinar presenting the study results:

"This state [Connecticut] by far has one of the best geographic coverages and densities of Medicaid or CHIP dentists [in the country]". "There are 'a lot' of Medicaid and CHIP providers for each Medicaid

or CHIP enrollee [in Connecticut]"

¹ Measuring What Matters - A New Way of Measuring Geographic Access to Dental Care Services (May 2017 webinar); American Dental Association, Health Policy Institute, Marko Vujicic, Chief Economist and Vice President, <u>https://www.ada.org/en/science-research/health-policy-institute/publications/webinars/measuring-access-to-dental-care-in-every-state</u>, (30:30 time mark) accessed 2/12/2018.

Provider Access, Current Network

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County	Endo	General Dentists	Oral Surgeons	Ortho	Pediatric Dentists	Perio	Hygienists	Total
FAIRFIELD	6	471	41	48	63	3	19	651
HARTFORD	14	495	59	51	67	9	30	725
LITCHFIELD	-	47	6	3	5	-	6	67
MIDDLESEX	-	66	3	12	9	-	5	95
NEW HAVEN	5	412	87	43	60	1	24	632
NEW LONDON	1	75	9	9	12	-	3	109
TOLLAND	-	23	2	3	2	-	-	30
WINDHAM	-	41	1	4	-	-	3	49
Out of State	-	58	-	4	8	-	-	70
Total	26	1,688	208	177	226	13	90	2,428

The network above is spread over 1,040 different service locations throughout Connecticut.

Source: CTDHP Internal Reporting as of December 31, 2017. Individual practitioners may be counted more than once within a county if they work at multiple independent practices.

American Dental Association, Health Policy Institute Medicaid Provider Access Study

GEOGRAPHIC COVERAGE OF MEDICAID DENTISTS



Source: American Dental Association Health Policy Institute, <u>http://www.ada.org/en/science-research/health-policy-institute/geographic-access-to-dental-16</u> <u>care</u>

Mystery Shopper measures provider availability

- Since CY2010 we have used United Way 2-1-1 (UW211) to perform an independent mystery shopper
- UW211 calls every provider in the CTDHP network
- UW211 measures ability to get an appointment with a PCD and the wait time for that appointment
- In CY2017 we measured provider availability for adults for the first time

		2009	2010	2011	2012	2013	2014	2015	2016	2017
Children	PCD Appointment Success	93%	93%		91%		91%			87%
	Average Time for PCD Appt (days)	14.4	11.2		6.8		9.1			8.3
	Closed Panels (as of 12/31)	18.2%	16.8%	14.5%	13.7%	13.4%	11.9%	10.8%	9.6%	9.5%
Adults	PCD Appointment Success									81%
	Average Time for PCD Appt (days)									6.8
	Closed Panels (as of 12/31)	22.9%	22.5%	18.2%	16.8%	16.1%	14.4%	12.3%	11.4%	10.9%
	Net Network Growth year over year	32.3%	18.7%	13.2%	17.6%	12.7%	9.7%	10.0%	7.0%	3.0%





Connecticut Has Been in the Top Three States Nationally for Child Dental Utilization for the Past Seven Years

CMS 416	12a 90-Day	Eligible	Utilization Rate
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	2016	2015	2014	2013	2012	2011	2010
Connecticut	64.9%	<mark>62.3</mark> %	62.0%	61.8%	61.2%	59.9%	57.2%
Rank	2	2	1	2	2	2	3

	2009	2008	2007	2006	2005
Connecticut	38.8%	36.7%	37.5%	33.2%	30.1%

ADA Report Shows Connecticut Adult Medicaid Utilization as Fourth in Nation

Figure 6: Relative Gap in Dental Care Utilization between Medicaid-Enrolled Adults and Adults with Private Dental Benefits, 2013



Vujicic M, Nasseh, K. Gap in dental care utilization between Medicaid and privately insured children narrows, remains large for adults. Health Policy Institute Research Brief. American Dental Association. December 2015 (Revised). Available from: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief 0915 1.ash

Perinatal Dental Utilization

Percentage of Women Accessing Care



* Continuously enrolled, any dental care 12 months after the birth

** Continuously enrolled, any dental care in the calendar year

Source: 2005 & 2010 - Dental Care for New Mothers in HUSKY A, Baseline for Perinatal and Infant Oral Health Quality Improvement Project, October 1, 2014, Mary Alice Lee PhD, Senior Policy Fellow, Connecticut Voices for Children; 2014 & 2015 - CTDHP Internal Report

Dental Care for Very Young Children

Percentage of Continuously Enrolled Children Under Age 3 Accessing Dental Care by Type



Source: Analysis by CTDHP for PIOHQIP evaluation, September 2017.

Dental Services for All Medicaid Children

CMS 416 Measurements by FFY (Ever Enrolled Population)



ED Dental Visits by Children Ages 0-20 Years, Caries and Infection Diagnoses

ED Dental Costs by Children



Ages 0-20 Years, Caries and Infection Diagnoses

For all ED/Urgent Care Charts

Paid Claims for Outpatient General Emergency Room Visits and Urgent Care Visits only, For Children Ages 0 to 20 Years; For the Period 1/1/2016 – 12/31/2017; for the following diagnosis codes: K029 Dental caries unspecified, K0381 Cracked tooth, K040 Pulpitis, K044 Acute apical periodontitis of pulpal origin, K047 Periapical abscess without sinus, K0500 Acute gingivitis, plaque induced, K088 Other specified disorders of teeth and supporting structures, K122 Cellulitis and abscess of mouth, K131 Cheek and lip biting, K134 Granuloma and granuloma-like lesions of oral mucosa, K136 Irrigative hyperplasia of oral mucosa, K1370 Unspecified lesions of oral mucosa

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Urgent Care Dental Visits by Children Ages 0-20 Years, Caries and Infection Diagnoses

Urgent Care Dental Costs by Children Ages 0-20 Years, Caries and Infection Diagnoses



CY 2017

ED/Urgent Care Case Management

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Top Four Diagnoses for ED/Urgent Care Visits Among Children 0-20 Years in 2016



Top Five Diagnoses for ED/Urgent Care Visits Among Children 0-20 in 2017



Call Center KPI by Year

Grade of Service and First Call Resolution



Call Center KPI by Year

Average Call Length, Time to Answer and Abandonment Rate



Direct Outreach

- 2,000 welcome calls are made monthly to new enrollee households
- Over 350,000 outreach calls are made annually to non-utilizing clients
- Annually 100,000 calls are received by CTDHP call center
- Call center has bilingual capacity (English and Spanish) and supports other language needs through Language Service Associates, Inc.
- Approximately 9,000 visitors per month access <u>www.ctdhp.com</u>
- An e-newsletter is sent to over 100,000 client households, reaching about 200,000 members

Eight Dental Health Care Specialists are doing targeted and community outreach in partnership with trusted persons in many types of community- based organizations.

Six live and work in six regions of the state, close to their communities; one supports members with special needs statewide; one supports direct telephone outreach

Outreach is focused on specific groups:

- Perinatal women and infants
- Members who use ED for dental issues
- Children who are screened in the community as high risk
- Members referred from the community



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Member Supports continued



First Tooth Bib

Oral Health Kit





Spanish language materials

Access for Baby Care to Dental (ABCD)

- National movement to implement an evidence-based strategy
- Launched in Connecticut in 2008 by partners including the American Academy of Pediatrics, UCONN School of Dental Medicine, DPH Office of Oral Health, Child Health and Development Institute (CHDI) EPIC Program and the DSS/CTDHP
- Pediatric PCP offices provide oral health care during well-child visit including oral evaluation (D0145) and fluoride varnish application (D1206)

ABCD: Access to Baby Care Program

Total Number of Oral Assessments and Fluoride Varnish Applications



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Connecticut Excels in Providing Dental Sealants to Molar Teeth An Evidence Based Strategy

% of Medicaid Children Ages 6-14 Receiving Sealants FFY2016



Number of Sealants				
Connecticut	44,497			
United States	2.7 M			



HUSKY Health is **improving outcomes while controlling costs**.

Health outcomes and care experience are improving. We are enabling independence and choice for people who need long-term services and supports.

Coordinating the care with **sequencing** of the **appropriate** services at the **right time**.

Provider participation has increased.

Enrollment is up, but per member per month costs are stable.

The **federal share** of HUSKY Health costs **has increased**.

Costs are Trending Down; Utilization Remains High The Right Service, In the Right Place at the Right Time

\$35.00 \$30.00 \$28.25 \$24.35 \$25.00 \$20.00 \$15.00 \$10.00 \$5.00 \$-2011 2014 2017* 2009 2010 2012 2013 2015 2016

Total Dental Spend PMPM

* IBNR for CY2017 not included Source: Connecticut Dental Health Partnership Report, March 2018

- January 1, 2018 the State legislature mandated a \$1,000 annual maximum limit for adult dental services (section 49 of P.A. 17-2, the budget bill)
- Preservation of comprehensive adult dental benefit
- Projected to impact <5% of the adult population</p>
- Example services available in one year:

Example 1	Example 2	Example 3
Exam	Exam	Exam
Full mouth series	Bitewings	Bitewings
Cleaning	Cleaning	Cleaning
Root canal therapy	Six amalgam restorations	Two surgical extractions
Crown		Upper denture

 With prior authorization and medical necessity, services above \$1,000 can be provided

2/11/2006 date, ~2,300 clients have used s>\$500 in benefits

Contact

If you or your staff are contacted by a HUSKY Health member regarding dental benefits or any concerns, please have them contact us. **855-CT-DENTAL Monday-Friday, 8AM-5PM**

www.CTDHP.com

