



# Medical Assistance Program Oversight Council General Meeting

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December 2022

# Agenda

**1** Dental Health Quality Metrics

**2** Why is Oral Health Important?

**3** The CT Dental Health Partnership Overview

**4** HUSKY Health Dental Provider Network

**5** HUSKY Health Members' Oral Health Status

**6** BeneCare Member Engagement Model & Strategies

**7** Dental/Medical Integration - Promising Efforts

**8** CTDHP Projects & New Innovations

**9** CTDHP Vision for the Future

**10** Questions and Feedback

## Important Companion Documents:

- CTDHP Oral Health Equity Report 2021
- CTDHP Oral Health Equity Status Report 2022
- CTDHP Member Engagement and Communications Strategies

# Dental Health Quality Metrics: Overview

What are dental quality measures?

There are only three metrics currently used for dentistry in the CMS CORE Measure Set reporting. The aim is to track improvements in the oral health of Members. **These are reported for children only.**

- Any Dental Service in the last year
- Any Preventive Services in the last year
- Any Treatment Services

What data powers them?

Unlike medicine or behavioral health, oral health **does not have diagnosis coding**. Claims data is used to measure desired outcomes and measures are solely based on utilization.

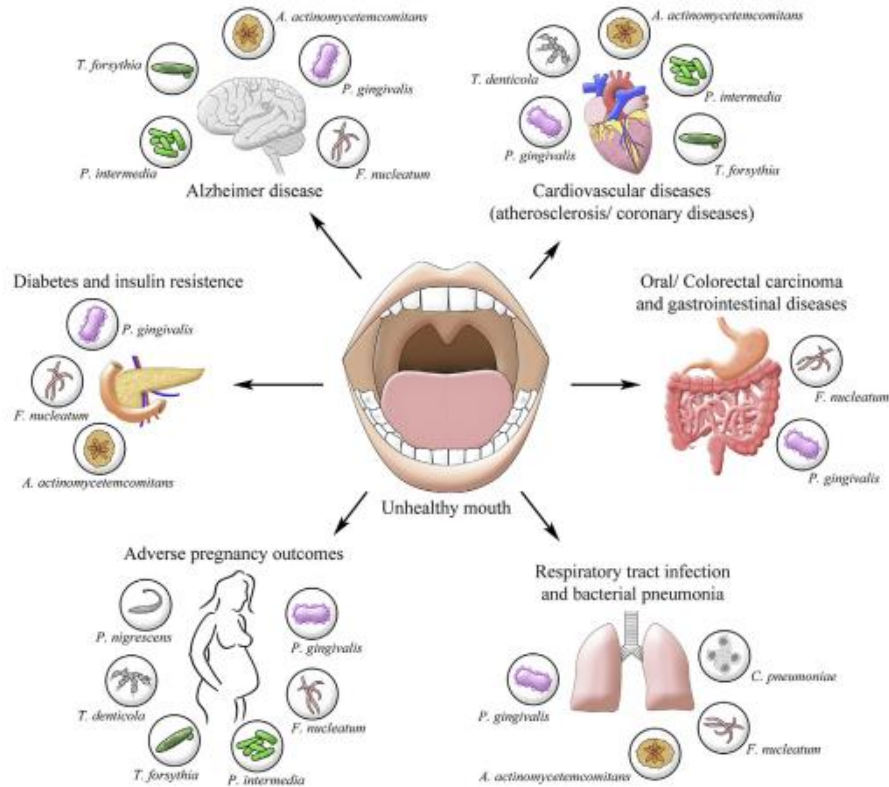
Who develops these measures?

HEDIS Quality Measures are being replaced by 2 measures that were developed by the American Dental Association Dental Quality Alliance. **The population being measured is stratified by age and tied to when it is appropriate to deliver specified services. The measures include fluoride applications and sealants for children.**

Quick overview of quality measures we'll review

**Many of the quality measures used by CTDHP are self-developed** and based on claims data such as the utilization of different types of services. As coding improves, we will collect that information on claims to better assess oral health status. Much of our evaluation evolves around population health metrics for our Members.

# Why is Oral Health Important?



## Oral Health is Part of Overall Health

- Linkages between oral health and systemic health.
- Systematize dental chronic disease management for members with certain medical conditions
- Supports Primary Care Physicians in delivering Bright Futures EPSDT periodicity schedule dental deliverables to their patients.
- Supports PCMH and PCMH+ patient oral health status, anticipatory guidance, screening and referrals.

# Overview of HUSKY Dental Benefits

- Comprehensive oral health benefits for children – includes preventive, restorative, root canals, crowns and dentures, oral surgery.
- In addition, children's services include periodontal services.
- Comprehensive dental services for adults – includes preventive, restorative, root canals, crowns and dentures and oral surgery procedures.
- ***The children's program is one of the top programs in the country.***

2007

**~330** CMAP Providers

**Ranked 29<sup>th</sup>** in Children's Utilization.

**Disparate** PA & UM Rules administered within multiple MCOs.

**No Care Navigation or Community Based Outreach** to engagement members and meet oral health needs.

**Little to no data integration** with medical or behavioral managed care services.

**Oral Health Equity not a consideration** in any program or policy planning.

2022

**2,000+** CMAP Providers

**Ranked 2<sup>nd</sup>** In Children's Utilization.

**One Set of Administrative Rules & Operations** Administered by One ASO.

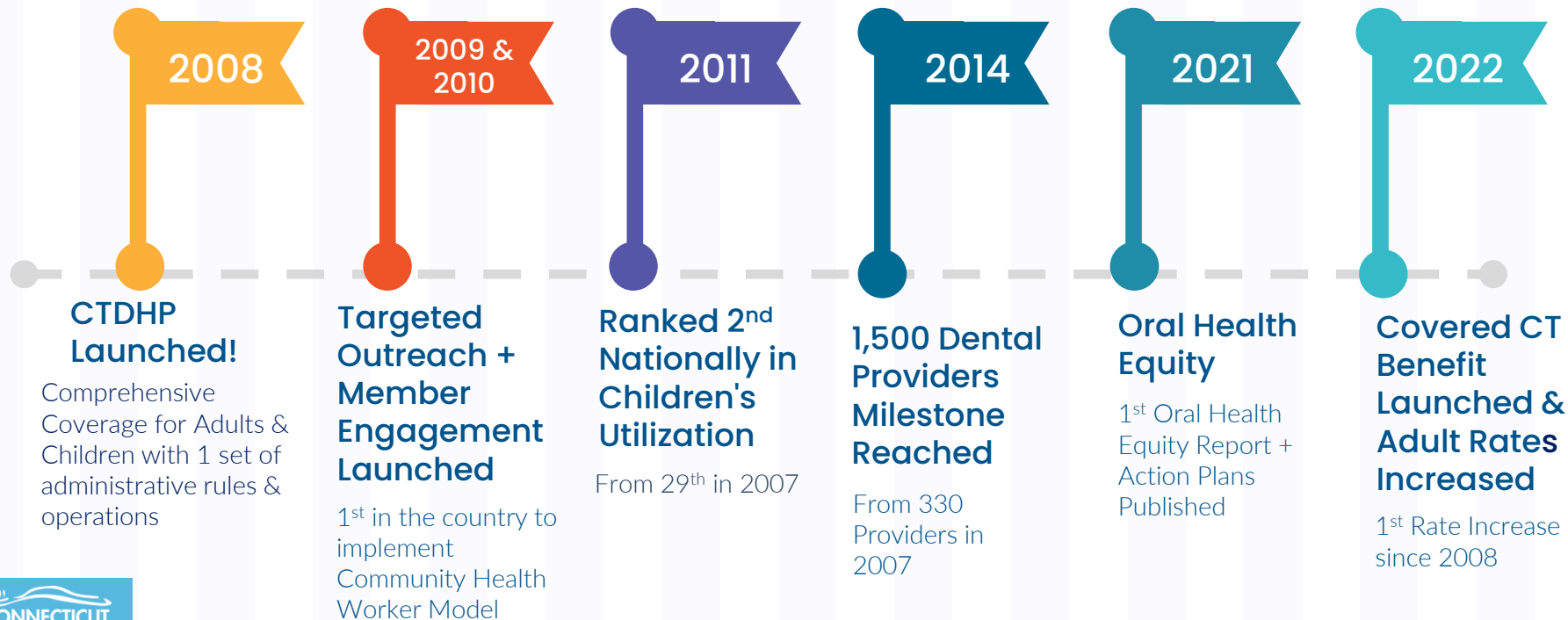
**Oral Health Navigation** and **Community Engagement Teams** deployed to support increasing oral health literacy, develop community partners, and meet member needs.

**Established data feeds** and programs to support risk stratification, case consults, and cross referrals.

**Health Equity, CLAS Standards, and ADA Compliance** is central to our learning and service delivery planning.

# The CT Dental Health Partnership's Milestones

CTDHP's mission is to enable all HUSKY Health members to achieve and maintain good oral health.  
We work to ensure all members have equitable access to oral health services.



# Dental Provider Network Statistics – Geographic Access

## HUSKY Health Population Access to Primary Care Dentist (as of August 2022)

**5  
Miles**

98% of Population with Access to a Primary Care Dentist within 5 Miles

**10  
Miles**

99% of Population with Access to a Primary Care Dentist within 10 Miles

**20  
Miles**

99.9% of Population with Access to a Primary Care Dentist within 20 Miles

## Commercial Plans Maximum Time & Distance Standards\*

**10  
Miles**

Metro Requirement  
(Population 50K+)

**20  
Miles**

Micro Requirement  
(Population 10k-50k)

**30  
Miles**

Rural Requirement  
(Population Under 10k)

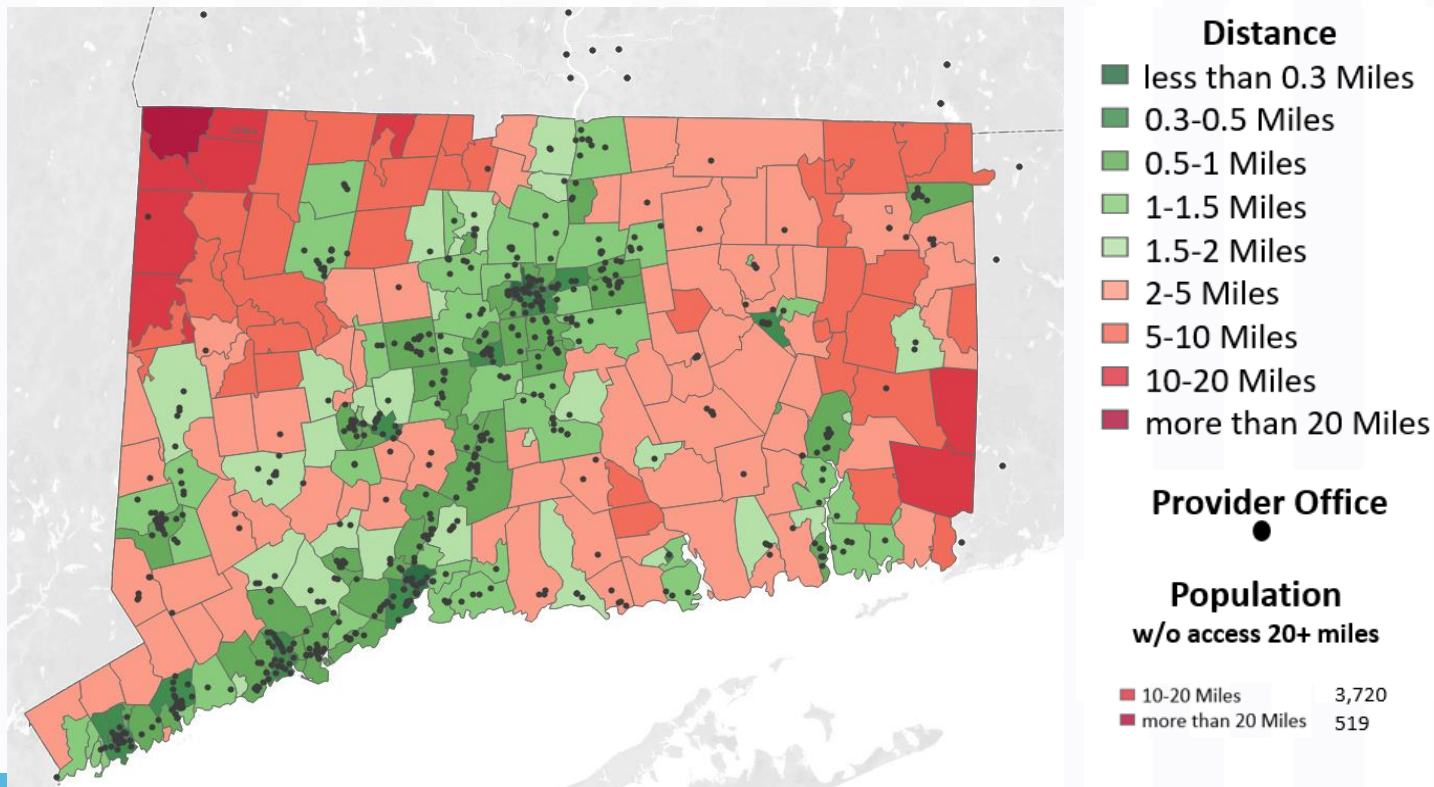
**Primary Care Dentist** = General Dentist or Pediatric Dentist

\*Connecticut Insurance Department Network Adequacy for Commercial Plans Report and Survey

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# Status of the Dental Provider Network– Geographic Accessibility (Distance for Members to Primary Care Dentist by Zip Code)



73.46% of CT Dentists that participate in a dental network are in the CMAP Network  
Nov 22

# Dental Provider Network Statistics – Capacity

## Patient Volume to Dentists

Standard Metric: 1 PCD : 2,500 Members and 1 Specialist : 4,000 Members

	Primary Care Dentists	Primary Care Dentist to Member	Specialists	Dental Specialist to Member
<b>Statewide</b>	<b>1,803</b>	<b>1: 568</b>	<b>575</b>	<b>1:1,781</b>
Fairfield	495	1:484	170	1:1,411
Hartford	542	1:523	179	1:1,583
Litchfield	49	1:910	13	1:3,433
Middlesex	70	1:465	19	1:1,714
New Haven	497	1:577	156	1:1,839
New London	76	1:981	26	1:2,869
Tolland	25	1:1,038	5	1:5,190
Windham	43	1:843	7	1:5,180

# Dental Provider Network Statistics – Adult Dental Rate Increase

## Connecticut approved a 25% Increase to Adult Rates Effective July 1, 2022

### Provider Appointment Availability

- CTDHP would like to see an increase in appointment availability compared to 2021 Secret Shopper Survey
- CTDHP will be commissioning a 2023 Secret Shopper Survey.

### Provider Participation in CMAP

- CTDHP working to enroll new providers in the CMAP network.
- CTDHP will continue to monitor enrollment trends.






### Workforce Challenges Persist

- There are staffing shortages in the dental workforce both nationally and within Connecticut.
- The shortages are likely causing constrained appointment availability.
- 1-Day Surgery at Hospitals currently have wait lists.



# Member's Oral Health– Outcome and Quality Measure Challenges

## Oral Health Measures that *Infer* Oral Health Status

Measure	Descriptor	Ideal Children Outcome		Ideal Adult Outcome
Preventive/Treatment Services	The ratio between preventive services to treatment services.		Higher Rates of Prevention than Treatment Services	
Non-Utilization	How many members are not going to the dentist.		Lower Rates of Non-Utilization	
Fluoride Varnish & Dental Sealant Rates	Specific preventive treatments for children to prevent tooth decay.		High Rates of Treatment	Not Currently Available
Caries Risk Assessment Scores	Assessment of the risk for tooth decay.		High Rates of Total Assessment Completed	Not Currently Available
			Low Rates of "High Risk" Scores	

# Members' Oral Health – Dental Services for Children



Higher Prevention Rates than Treatment Rates

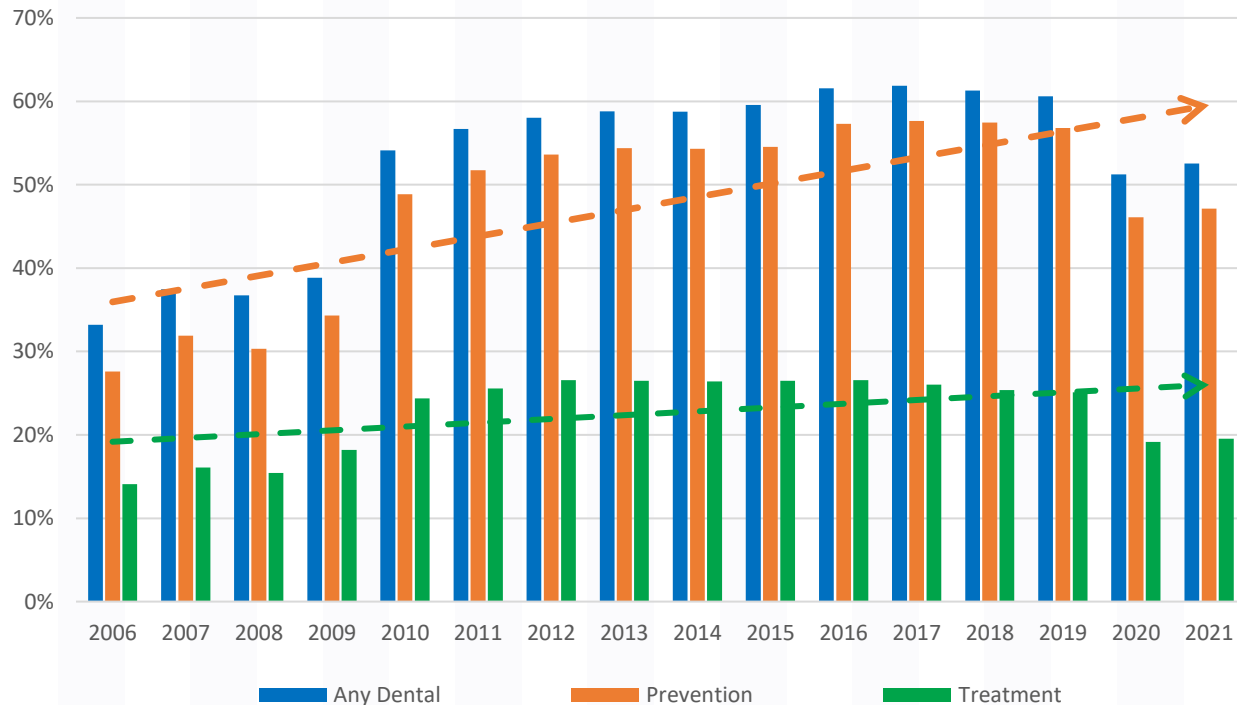
Ranked 2<sup>nd</sup> Nationally for overall utilization rate at 53% in 2020.

Ranked 3<sup>rd</sup> Nationally in prevention rate (49.8%) in 2020, dropping from 2<sup>nd</sup> in 2019.



180,467 out of 407,537 children did not utilize any dental services in 2021.

Dental Services for Children  
CMS-416 Measurements by FFY (ever-enrolled population, 12a/1a)



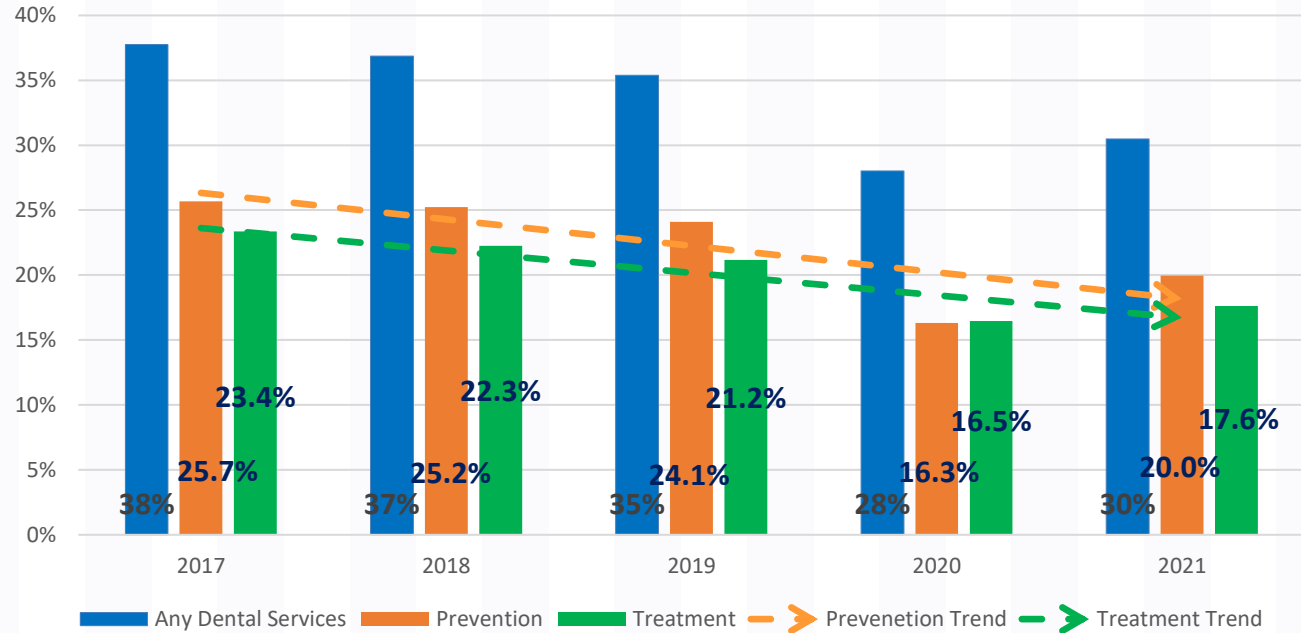
# Members' Oral Health – Dental Services for Adults

↑ Slightly higher prevention rate than treatment rate. The 2021 Adult Dental Prevention Rate is 20%

2021 Adult Treatment Rate is 17.6%

↓ 428,045 out of 615,853 adults did not utilize any dental services in 2021.

Dental Services For Adults Calendar Years 2017-2021  
CTDP data source



# Members' Oral Health – Adult/Child Prevention Rates Improve the longer they are enrolled in HUSKY.

**18  
months**

Continuously  
enrolled in  
Medicaid thru  
12/31/21

**Adults: 27%**  
**Children: 69%**

**24  
months**

Continuously  
enrolled in  
Medicaid thru  
12/31/21

**Adults: 30%**  
**Children: 74%**

**36  
months**

Continuously  
enrolled in  
Medicaid thru  
12/31/21

**Adults: 42%**  
**Children: 84%**

# Preventative Interventions for Children: Sealants

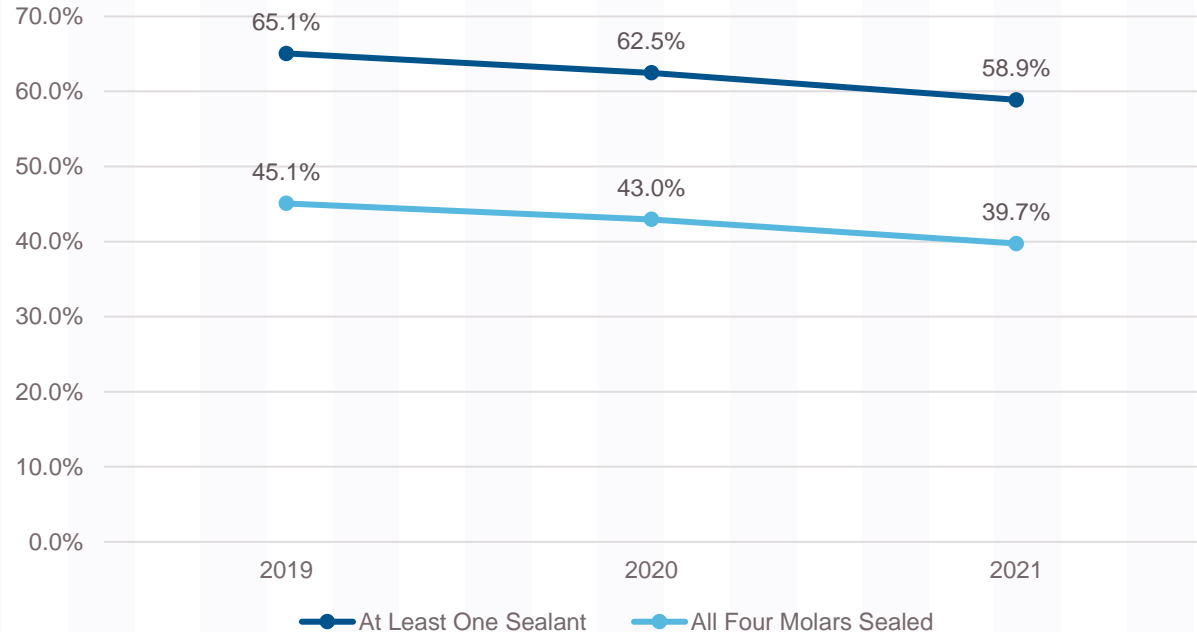


Reduction in dental sealant rates likely pandemic related.

- No national comparison with new core data set yet.
- In previous CMS 416 reporting comparison (sealant data at ages 6-9, 10-14) the national average in 2020 was 4.6%, CT slightly higher at 5.1% Kansas had the highest rate at 8.2%

## Sealants On Permanent Molars

[# of Continuously Eligible Children Turning Age 10 in Measurement Year]





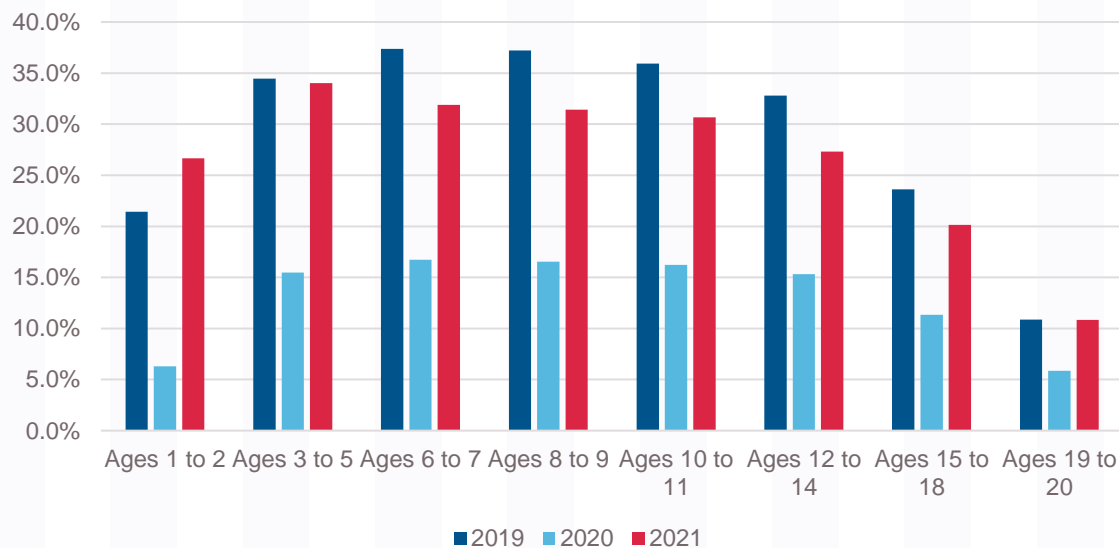
# Preventative Interventions for Children – Fluoride Applications



Rates almost back to pre-pandemic levels.



- According to the ADA Dental Quality Alliance Dashboard, in 2018 Connecticut ranked 3rd in Fluoride Varnish Application. National Average in 2018 was 20.39%, CT was 31%.
- 2021 saw a significant increase in FV applications occurring at well-child visits by medical providers (18,667 children).

Topical Fluoride Applications By Age Band  
Dentists & Non-Dentists  
2019 - 2021

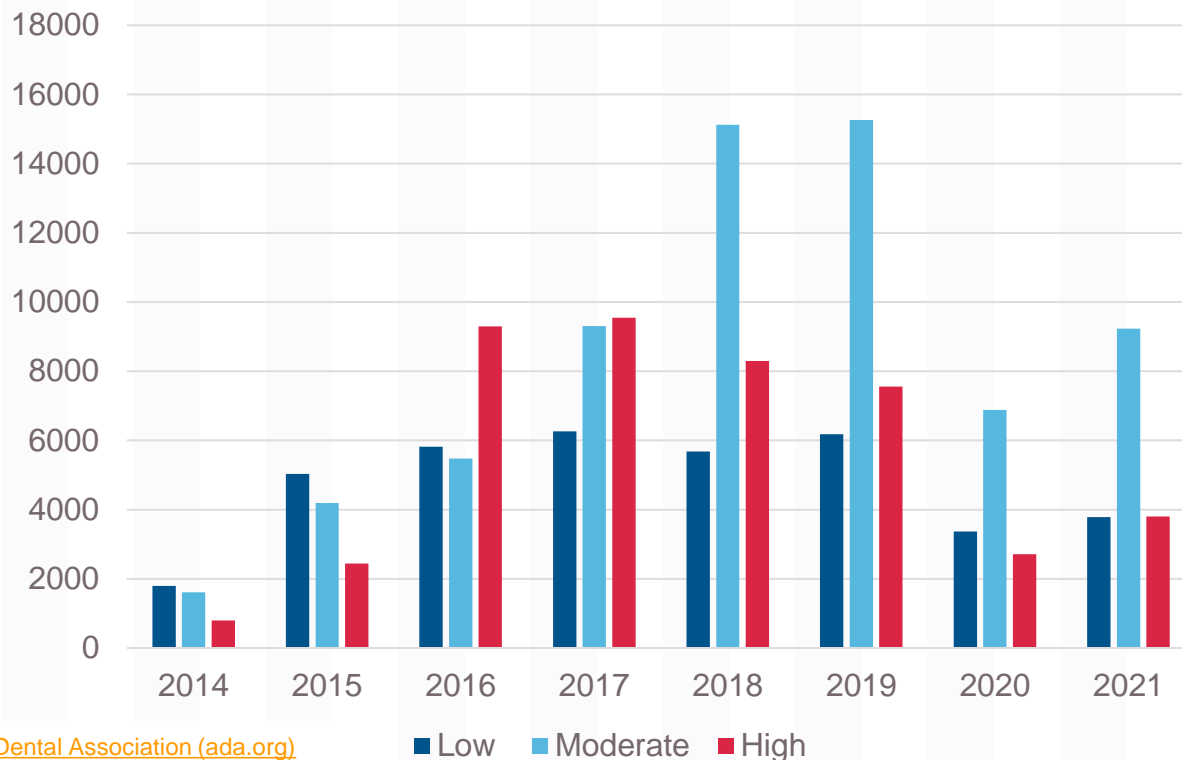


[DQA improvement initiatives](#) | [American Dental Association \(ada.org\)](https://www.ada.org)

# Members' Oral Health – Caries Risk Assessments

- Caries Risk Assessments are performed by RDH's in a non-dental office setting (SBHC, Mobile Clinic)
-  Drop in High Risk Caries but rise in Moderate Risk.
-  According to the ADA Dental Quality Alliance Dashboard, in 2018 Connecticut ranked 12<sup>th</sup> in Documentation Rate of Children Assessed. CT is at 7.50% National Average in 2018: 2.83%

Number of Children Screened Low, Moderate, High Risk Caries Per Calendar Year  
CTDHP Data Source



[DQA improvement initiatives](#) | [American Dental Association \(ada.org\)](#)

# Members' Oral Health – Oral Health Equity Snapshot 2021–2022

Pandemic Impacts	Adults	Male Gender	White Caucasian Adults	Asian & African American Children	Eastern & Rural CT
Asian, Pacific Islanders, & African Americans were most impacted with largest utilization rate changes during the pandemic.	Adults are 40% of the population, yet represent only 29% of the utilizing population.	Members who identify as male (both adults and children) underutilize compared to those who identify as female by 29 percentage points.	<p>Largest total population &amp; the second lowest utilization rate -6.7% from the statewide adult average.</p> <p>Adult Pacific Islanders have largest disparity, however total population is 228 people.</p> <p>Hispanics highest for adults and children.</p>	<p>Asian children had the lowest utilization rate and the highest disparity at -35% from the statewide child average.</p> <p>Followed by Black African American children with -20% disparity from the statewide average.</p>	<p>Eastern CT has lowest utilization rate against statewide combined adult/child average.</p> <p>Urban Core areas have higher utilization rates than rural/small cities.</p>

Study Period: CY2020–2021 Continuously Enrolled HUSKY Health Members

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# Members' Oral Health – Adult Benefit Limit

	2018			2019		
Aggregate \$ By Members	# Members	% of Members with Services	% of Total Spend	# Members	% of Member with Services	% of Total Spend
\$1-\$299	131,650	63%	24%	129,239	63%	23%
\$300-\$499	28,968	14%	15%	28,043	14%	15%
\$500-\$699	16,815	8%	14%	16,632	8%	13%
\$700-\$999	14,523	7%	17%	13,893	7%	16%
>=\$1000	15,487	7%	31%	16,130	8%	33%
	2020			2021		
Aggregate \$ By Members	# Members	% of Members with Services	% of Total Spend	# Members	% of Member with Services	% of Total Spend
\$1-\$299	107,482	63%	25%	127,217	66%	25%
\$300-\$499	21,028	13%	15%	26,359	14%	15%
\$500-\$699	12,139	8%	13%	13,962	7%	12%
\$700-\$999	9,283	6%	14%	11,221	6%	14%
>=\$1000	11,401	7%	32%	14,704	8%	34%

# Members' Oral Health – Covered CT Program



## Go-Live Date: July 1, 2022

- Initial member inquiries were focused on benefit education.
- Ongoing member inquiries are focused on dentist referrals and appointment assistance.

Enrollment	Member Calls	Views to CoveredCT.org	Authorizations	Claims
11,639	1,006	1,284 Users 1,962 Views	799 Authorizations for 513 Members	1,699 Claims for 918 Members

July – October 2022

# BeneCare Member Engagement Model<sup>©</sup>

Inform Members Of The Availability Of  
Dental Benefits

Educate Members On Importance  
Of Oral Health

Navigate Dental Care  
Delivery System

Address Accumulated Neglect and  
Pent-Up Demand

Obtain and Maintaing Good Oral Health

Lower Costs and Improved Population Health

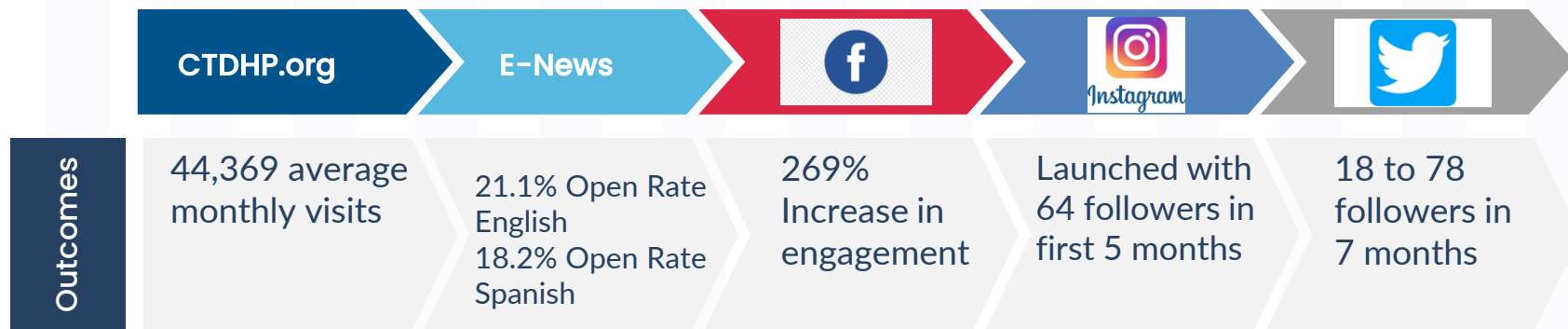
# Member Engagement Strategies – Member Campaigns

Dental Visits 60/120 Days from Engagement <i>as of October 2022</i>			
Population – With No Previous Dental Utilization in Prior 12 months	Members Contacted	Dental Visit 60 Days After Engagement	Dental Visit 120 Days After Engagement
Members with No Dental Home	470,925	4.8%	7.6%
Newly Enrolled Members	64,205	9.2%	13.5%
Prenatal Members in CHN Healthy Beginnings	12,373	7.3%	11.4%
Members with Type I Diabetes	3,565	8.7%	14.1%
Members with End Stage Renal Disease* <i>(*Campaign Kicked Off September 2022)</i>	1,459	1.2%	N/A*

## Other Member Engagement Campaigns

- ED Oral Health Visit (3,277 Members)
- Problem Focused Exams (5,386 Members)
- Benefit Max (14,706 Members)
- Child Caries Risk Assessments – Medium and High Risk (10,200 Members)

# Member Engagement Strategies – Social, Web, and eNews



State FY22

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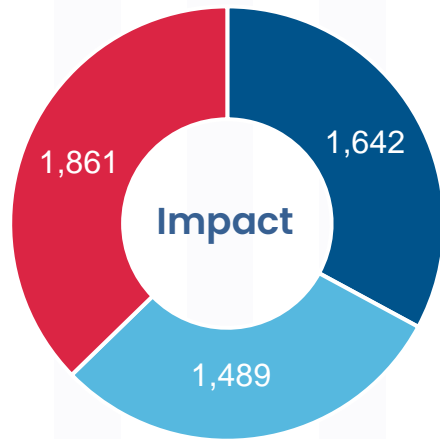


# Member Engagement Strategies—Targeting Low Utilization/Large Member Population Areas

Impressions	 Geofenced Ads	 Buses & Bus Shelters	 Billboards
Stamford/Norwalk	516,397	3,024,000	--
Waterbury/Naugatuck	--	--	4,650,028
Middletown/Meriden	503,706	2,016,000	--
Norwich	--	7,365,232	--
<i>Subtotal</i>	<b>1,020,103</b>	<b>9,683,632</b>	<b>4,650,028</b>
<b>Total Impressions</b>	<b>15,353,763</b>		

# Member Engagement Strategies

## Community Engagement



- HUSKY Members Reached
- Community Outreach Activities
- Community Org Staff Reached

**1st** Safety Net  
Community Services

**2nd** Pediatric and  
Family Practices

**3rd** Retail,  
Grocery/Bodega  
& Shops

**53,876** # of Materials



# Dental Medical Integration – Promising Efforts



Co-Management Pilot  
PCD + PCP Attribution

Proposed  
Dental Utilization Measures



Co-Management Pathway  
with Cancer Center

Targeted ABC Program  
Services

Score Cards and QI/PI  
Support



Web-Based Oral Health  
Training for WIC Staff

Pilot at Neighborhood  
Health Clinics



Neighborhood Health



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# CTDHP Projects – New Innovations and Efforts

- 1 Self-Service Tools for Community Orgs.
- 2 HUSKY Dental Pop-Up Resource Centers at Targeted Geographies & Organizations
- 3 Updated Caries Risk Assessment & Training
- 4 2023 Member Survey Report Release
- 5 2023 Oral Health Equity Report Release

- 6 Targeted Media Investments in Eastern CT
- 7 Foster new community partnerships with orgs. that serve API and African American communities
- 8 Work with Members Whose Oral Health Status Influences their Medical Conditions
- 9 CTDHP.org accessibility including CLAS/ADA and Compliance
- 10 Oral Health Supports for Immigration and Refugee Resettlement Organizations.

# CT Dental Health Partnership Vision for the Future

1

Oral Health is integrated in primary care and care management models.

2

Alternative Payment Model is available to HUSKY Health Dental Providers.

3

ABC Program is normalized to standard work in Medical Well-Child Visits.

4

HUSKY Members have access to both electronic and high-touch personal support.

5

HUSKY Members' voices and stories are central to policy and program development.

6

CTDHP meets all 15 CLAS Standards

**855-CT-DENTAL**

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

**CT Dental Health Partnership**