MAPOC Meeting

February 2024

CT Department of Social Services

Agenda

- Medicaid Dental 101 Overview
- Fraud, Waste, and Abuse Overview

Medicaid Dental 101

CONNECTICUT DENTAL HEALTH PARTNERSHIP

HUSKY Health
Administered by BeneCare

Connecticut Department of Social Services
Making a Difference

Medical Assistance Program Oversight Council General Meeting

Donna Balaski, DMD, DSS Program Manager
Lee Serota, President BeneCare Dental Plans
Kate Parker-Reilly, LMSW Executive Director Connecticut Dental Health Partnership

2024

Agenda

1. 15 Years of the Connecticut Dental Health Partnership
2. Status of the CMAP Dental Provider Network
3. Oral Health Quality Measures & Oral Health Equity
4. Covered CT Population
5. Adult Benefit Maximum Data
6. CTDHP Innovations in Member Care & Community Partnerships
7. The Future of Medicaid Oral Health Care

- 44 employees based in Farmington, CT
- Certified Mental Health First Aid Responders
- Important focus is on meeting national Culturally and Linguistically Appropriate Services (CLAS) standards and ADA compliance standards
- Leverage data to develop member, provider, and community engagement strategies and illuminate the Medicaid oral health delivery system for stakeholders

CTDHP @ 15 Years - Important Milestones

2008	CTDHP launched as a result of the *Carr v. Coker-Wilson* settlement agreement.
2010	Community Engagement & Oral Health Navigation supports implemented.
2011	Ranked 2nd highest utilization in nation by CMS for children's preventive services.
2013	Perinatal & Infant Oral Health Quality Improvement Project implemented.
2014	1,500 dental providers enrolled in CMAP.
2021	1st annual Medicaid Oral Health Equity Report and Member Survey released.
2022	Covered CT dental benefits added adult rates increased.
2024	Periodontal Coverage added for members with systemic health conditions.

Status of the CMAP Dental Provider Network

How Dental Access is Measured

Access Points

- Industry standard measure of network capacity
- How many dentists are enrolled in the CMAP network
- The geographic access points of office locations to HUSKY Health members in miles

Appointment Availability

- How many offices are accepting / offering appointments to HUSKY Health members (open v. closed panels)
- Length of time to next available appointment

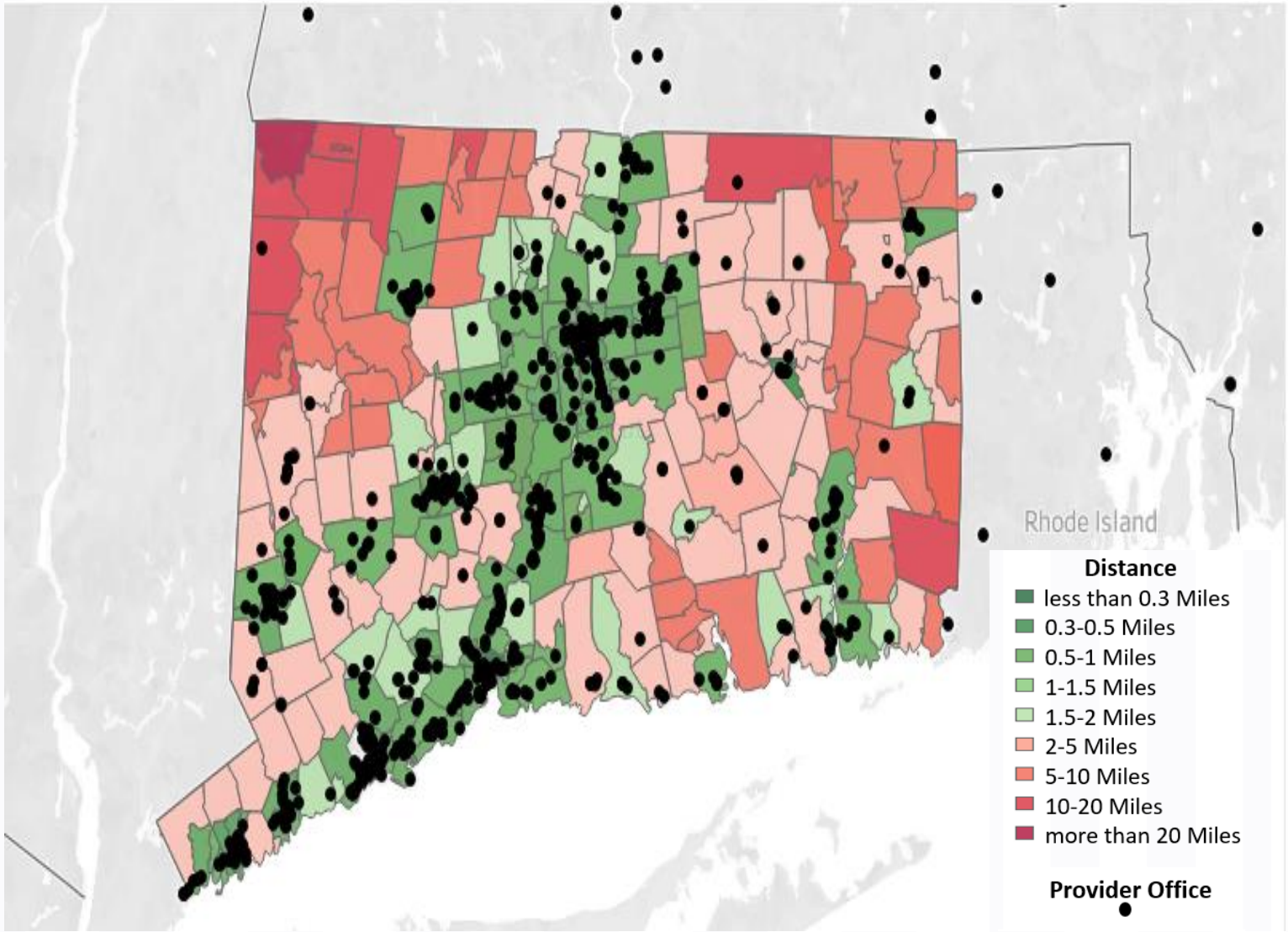
You need robust access points to members and realistic wait times to ensure adequate access to care.

Status of the CMAP Dental Provider Network

Geographic Access Points

(as of October 2023)

- 99% of the population has access to a primary care dentist within 10 miles.
- 0.02% of the population (222 members) have distance of 20 or more miles to access a primary care dentist.



Status of the CMAP Dental Provider Network

Participating Providers

- Challenges in recruitment and retention of specialists particularly adult **endodontic specialists (4) and oral surgeons (152)** especially "itinerant/ co-located" specialists**.**
- Challenges in provider recruitment in **rural counties** – Windham, Tolland, New London, and Litchfield.
- **Workforce shortages continue to be <u>widespread</u> across the dental industry** and it is particularly acute with dental hygienists and dentists.

	Total CMAP Enrolled Dental Providers	YOY Change	**Total CMAP Enrolled Primary Care Dentists**	YOY Change
2021	2,323		1,625	
2022	2,179	-144	1,500	-125
2023	2,079	-100	1,435	-65
Total Change from 2021		-244	**Total Change from 2021**	-190

Status of the CMAP Dental Provider Network

2023 Appointment Availability Survey*				
	Days to next appt. **New Patient**		Days to next appt. **Existing Patient**	
County	**Adult**	**Children**	**Adult**	**Children**
Fairfield	14	13	24	15
Hartford	22	18	32	26
Litchfield	28	38	18	33
Middlesex	25	22	48	22
New Haven	14	18	18	22
New London	40	38	37	46
Tolland	32	41	32	41
Windham	38	32	46	61
Average	**20**	**19**	**27**	**24**

*Source:
2023 Appointment Availability Report

New Patient Appointment for Specialty Care – Days to Next Appt.	
Specialty	**Days to Next Appt.**
Orthodontics	15
Endodontist-Child	24
Endodontist- Adult	34
Oral Surgeon- Child	28
Oral Surgeon- Adult	46

Status of the CMAP Dental Provider Network

Appointment Offering

- The number of dental office locations that report they are not currently accepting HUSKY Health members or new HUSKY Health members is **increasing for adults.**

% of Survey Respondents Offering/Not Offering Appointments (March-May 2023)				
	Adults		Children	
	Offered Appt.	Not Offered Appt.	Offered Appt.	Not Offered Appt.
2017	81%	19%	88%	12%
2021	80%	20%	77%	23%
2023	78%	22%	80%	20%

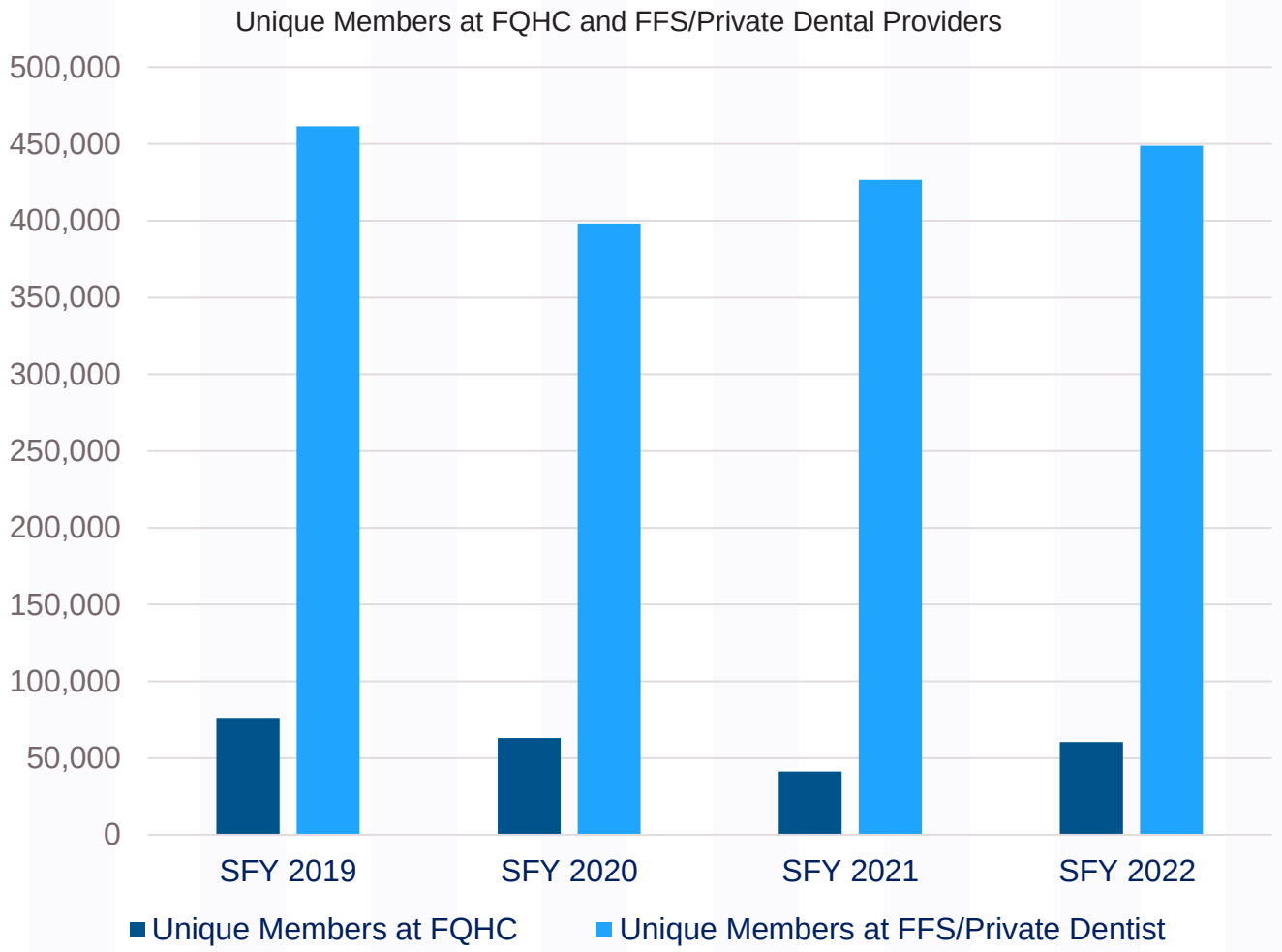
Source:
2023 Appointment Availability Report

Status of the CMAP Dental Provider Network

Where Members Went for Oral Health Care in SFY 2022

- **12% of Members went to an FQHC for Dental Care**.
- Total spend was $35.2 million in dental cost, representing 18% of total dental expenditures.

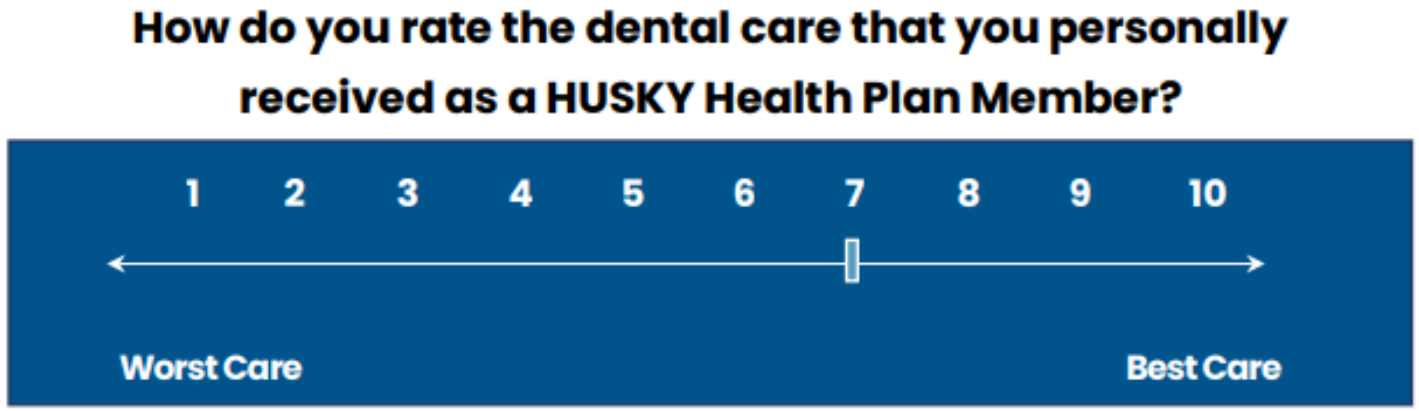
- **88% of Members went to a Fee-for-Service (FFS)/Private Provider for Dental Care**.
- Total spend was $157.6 million representing 82% of total dental expenditures.



What Members Say About Access & Quality of Care

"I apologize for the low rating as I am grateful for my insurance. But while I have been able to secure excellent care for my children, I have not been able to get an appointment with a provider (and I have tried), that will take HUSKY for me." Rating 1

"I received good care from the dental team but it is difficult to find a dentist who takes HUSKY. And, when I needed a root canal, there were zero local providers on the HUSKY plan. I would have had to travel hours away. And the fact that HUSKY only pays for one cleaning a year for adults is ridiculous. These two issues are simply not aligned with good healthcare." Rating 8



*2023 Member Survey Report

Efforts in Provider Network

2022

- Coverage expansion of Silver Diamine Fluoride to all members.
- Fee increase for adults and endodontic services for FFS/private providers.
- Prior authorization process fully digitized.

2023

- Increase in hospital facility fees and new reimbursement to freestanding ambulatory surgical centers for complex oral health care services.
- Provider survey fully automated to enable efficient data capture of provider preferences and capabilities.

2024

- Periodontal services for members with treatable periodontal disease and a diagnosis of a co-morbid medical condition.
- Developing a tool for dental providers to access certain medical utilization histories to inform them of patients who have co-morbid conditions that negatively impact oral health.

Oral Health Quality Measures

Measure Source	Measure Name	Population	2020	2021	2022	21 v 22	National Rank
CMS Core Measure Set	Oral Eval, Dental Services[1]	Children	43%	51%	48%	↓	4th
	Topical Fluoride[2]	Children	14%	24%	24%	=	6th
	Sealants on Permanent First Molar (all 4 molars)[3]	Children	63%	40%	39%	↓	10th
CMS-416 EPSDT Data	% Any Dental Service[5]	Children	51%	53%	57%	↑	N/A
	% Prevention Services	Children	46%	47%	53%	↑	2nd
	% Treatment Services	Children	19%	20%	23%	↑	N/A
CTDHP Measure	Oral Eval & Fluoride at Primary Care/Pediatric Well-Child Visits (ABC Program)[4]	Children	0.85%	1%	1%	=	N/A
	% Any Dental Services[6]	Adults	30%	33%	30%	↓	N/A
	% Prevention Services	Adults	18%	22%	20%	↓	N/A
	% Treatment Services	Adults	17%	18%	16%	↓	N/A

See Appendix for Data Definitions

Oral Health Disparities – 2023 Oral Health Equity Report

Measure Name	Pop.	Gender		Geography		Race Ethnicity							
		F	M	NR	R	Asian	Black African American	White	Hispanic	Multi-racial	Native American *	Pacific Islander *	Unknown
% Any Dental Service	Adults & Children	✓	●	✓	●	●	●	●	✓		●	●	
% Prevention Services	Children	✓	●	✓	●	●	●	●	✓		●	●	●
% Treatment Services	Children	✓	●	✓	●	●	●	●	✓		●	●	●
Topical Fluoride	Children	✓	●	✓	●		●		●	●	●	●	✓
Sealants on First Molar	Children	✓	●	✓	●	●	●	●			✓		●
% Prevention Services	Adults	✓	●	✓	●	●		●		✓		●	●
% Treatment Services	Adults	✓	●	✓	●	●		●	✓			●	●

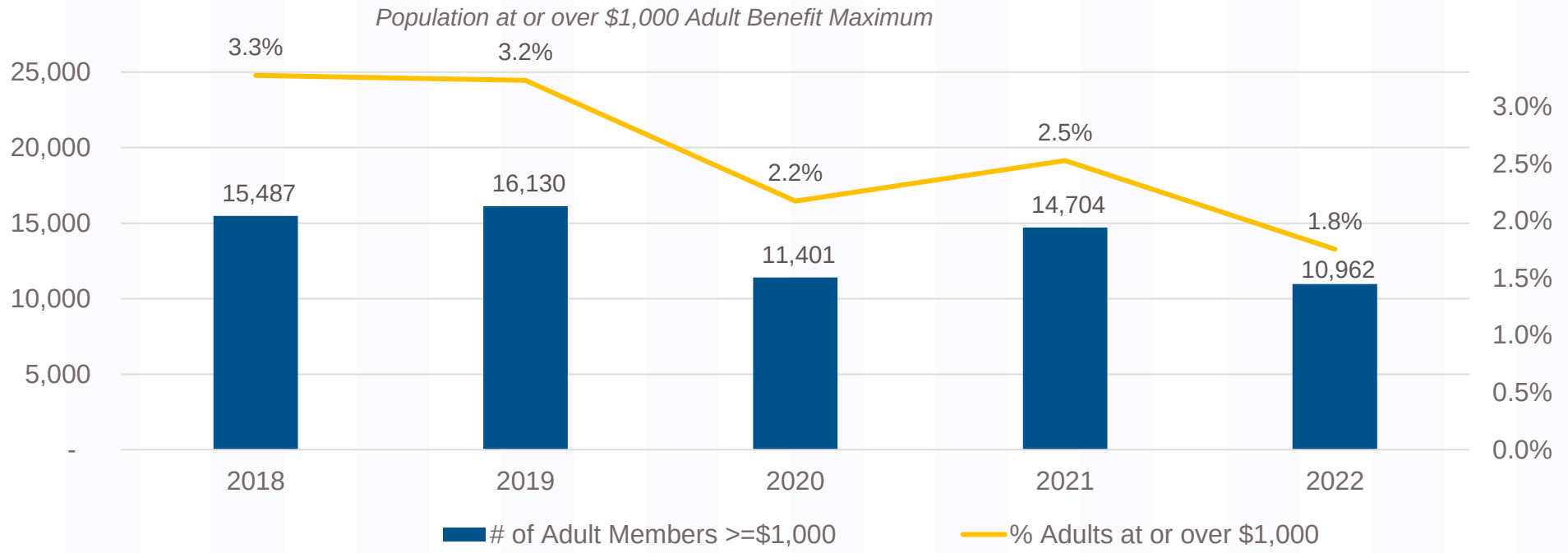
✓ Best Of Group ● Disparity Less than1% difference from Best Of Group **R** Rural Towns[2] **NR** Not Rural

*Small Population Size. Care should be taken when interpreting results
** See Appendix for Data Methodology, Visualization Attribution

Covered CT Population

Measure	Year 1 July 1, 2022-June 30, 2023
Enrolled Members*	16,505
Unique Members Utilizing Dental Services	3,515
Prevention v. Treatment Services	64% Prevention 36% Treatment
Claims Submitted	8,998
Prior Authorizations Submitted by CMAP Providers	4,982
Calls to CTDHP Member Services Center	2,757
Views to CoveredCT.org website	6,381
**Enrolled Members as of January 31, 2024: 27,651 Members*	

Adult Benefit Maximum



- Implemented in 2018, along with elimination of the second annual cleaning for adults, as a cost savings method and strategy to save the optional adult benefit from elimination.
- Applies to adults only and resets annually.
- With approved prior authorization for medical necessity, any services above the maximum are provided.
- Does not include endodontic, oral surgery for multiple extractions, full or partial dentures costs.
- CTDHP calls members when at $600 accumulated benefit, Gainwell Tech sends letter at $900 and $1,000.

CTDHP Member Services Center

CY 2022 Outcomes	
Measure	**Outcomes**
Calls Answered	60,763
Average Speed to Answer	21 Seconds
Abandoned Calls	2,163 (3.3%)
Average Length of time to Abandonment	46 Seconds
Average Call Length	5 Minutes, 1 Second
Outbound Personal Calls	24,447
Outbound Automated Calls, Texts, and Emails to At-Risk Populations	744,962

CTDHP Innovations in Member Care & Partnerships

2022

- No Dental/Medical Home and SDOH referrals with CHN-CT.
- CTDHP connected to CONNIE ADT feed for ED diversion.
- Piloted texting to Members without a Dental Home and with Diabetes.
- Medical/Dental Co-Management of Members with CHN-CT.

2023

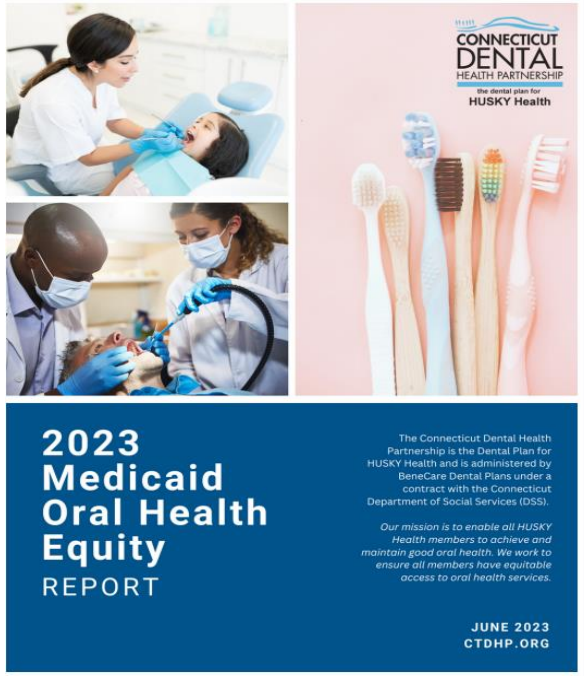
- HUSKY Dental Pop-Up Resource Centers launched statewide.
- Media campaigns developed with member feedback and in targeted zip codes.
- Launch of Dr. Tooth Fairy for Children's Dental Health in 5 languages.

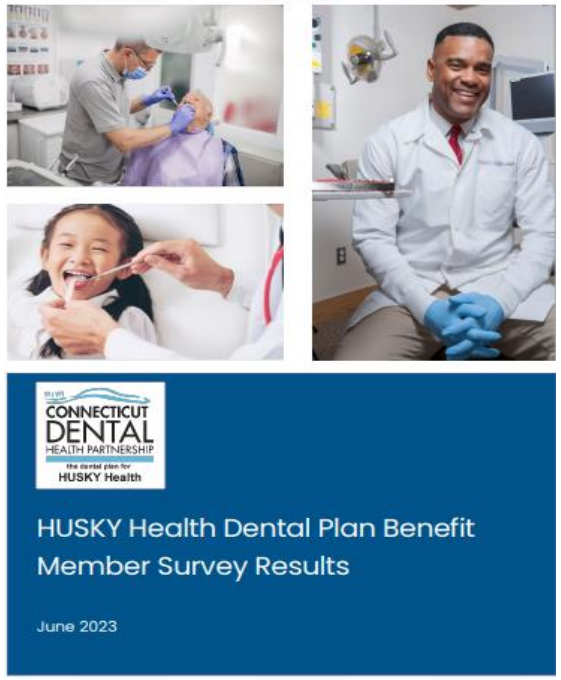
2024

- CE training program in development for Non-Dental Professionals.
- Developing partnerships within the Asian community to learn barriers to oral health.
- Expanding collaborations with local Head Start Programs and Office of Early Childhood – Family Visiting Programs

The Future of HUSKY Health Oral Health Care

- Medicaid Rate study
- Ability to both recruit and retain the provider network
- Integrated care – especially Members experiencing chronic medical conditions and prenatal Members
- Oral health equity centered in trauma informed care and CLAS standards
- Coverage for advances in minimally invasive care (less “drill & fill”)





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Reports - HUSKY Dental (ctdhp.org)

Appendix – Data Definitions

Slide 13 – Oral Health Quality Measures

1. Oral Evaluation CMS Core Measure: Unduplicated number of children under age 21 and continuously enrolled for 6 months during the measurement year. Number of enrolled children who received an oral evaluation as a dental service during the measurement year.

2. *Sealant CMS Core Measure:* Unduplicated number of children who turn age 10 in the reporting year and continuously enrolled for 12 months prior to the 10th birthday. Number of enrolled children who received sealants on permanent first molar tooth with at least 1 sealant and all four molars sealed in the 48 months prior to the 10th birthday. Excluding children (from numerator and denominator) who have received treatment on all four permanent first molars in the 48 months prior to the 10th birthdate.

3. *Topical Fluoride CMS Core Measure*: Unduplicated number of children ages 1 to 20 and continuously enrolled from 12 months during the measurement year. Number of unduplicated children who received at least two fluoride applications during the measurement year.

4. *Oral Eval and Fluoride Varnish at PCP Well-Child:* Children aged 0-7 who have been continuously enrolled for three months. Children with Oral Health Assessment DA Modifier to E/M Codes and Fluoride Varnish CPT codes services.

5. *Children Dental Services CMS 416:* Children eligible for EPSDT continuously enrolled for 90 days. Children eligible for EPSDT receiving dental services, preventive visits and treatment visits.

6. *Adult Dental Services CTDHP*: Adults continuously enrolled for 12 months. Adults receiving dental services, preventive visits, and treatment visits.

Slide 14 - Oral Health Equity

1. *Data from 2023 Oral Health Equity Report:* Continuously enrolled HUSKY Members from 2020-2021, 2021 Outcomes Data. Index of Disparity Method used from Harper, S. and J. Lynch. Methods for measuring cancer disparities: using data relevant to Healthy People 2010 Cancer Related Objectives. National Cancer Institute Cancer Surveillance Monography Series, No. 6 No. 05-5777 USA: 2005 NIH Publication, 2010.
Data Visualization informed by Carelon Behavioral Health, Bert Plant, Ph.D. “Behavioral Health Quality Indicators and Outcomes for HUSKY Health Members”, April 2023 MAPOC Presentation.

2. *Rural Definition:* CT Office of Rural Health “All towns with a population census of 10,000 or less and a population density of 500 or less people per square mile.”

Fraud, Waste, and Abuse

Fraud Waste and Abuse (FWA) and the DSS Office of Quality Assurance Overview

What is Fraud, Waste and Abuse (FWA) - Medicaid

- **Fraud**: someone intentionally lies or misrepresents the facts within the Medicaid program.
- **Waste**: someone overuses or overprovides health services carelessly.
- **Abuse**: medical providers do not follow standard practices, leading to expenses and treatments that are not needed or services that are not delivered.

Examples of FWA

Provider Level

- Billing for services not rendered.
- Providing services which are not medically necessary.
- Billing for a more costly service than what was performed.
- Altering / Falsifying records.

Client Level

- Not reporting employment wages or other recurring income.
- Not reporting the presence of household members / including household members not present.
- Applying for assistance in more than one state at a time.

Scope of the FWA Problem Nationally

- The National Health Care Anti-Fraud Association conservatively estimates that more than $100 billion a year is lost to Medicare and Medicaid fraud. *
- Medicare spends about $900 billion a year and Medicaid spends approximately $735 billion a year on its beneficiaries (2021). **
- Even these conservative numbers show that $1 out of every $16 spent in the Medicare and Medicaid programs is fraudulent.

*How Medicare and Medicaid fraud became a $100B problem for the U.S. (cnbc.com)

**NHE Fact Sheet | CMS

Scope of the FWA Problem - Connecticut

- Using round numbers, with Medicaid expenditures ~~are~~ of approximately $8 billion * on an annual basis, about $500 million is lost to fraudulent activities each year.
- With roughly 3.6 million ** residents in CT (2021), it could cost the average family of four $550 per year.
- This does not include items that are not fraudulent, such as legitimate billing errors. (QA provider audits during SFY 2023 uncovered $5.5m in overpayments out of a universe of approximately $227m. This equates to about 2.5%)

*Annual Medicaid & CHIP Expenditures | Medicaid

**U.S. Census Bureau QuickFacts: Connecticut

DSS Office of Quality Assurance

The Office of Quality Assurance (OQA) is responsible for ensuring the fiscal and programmatic integrity of programs administered by the Department of Social Services.

With the enormous spend on the Medicaid program, many of the OQA resources are utilized reviewing the Medicaid program.

Quality Assurance Units

We are made up of eight distinct units:

- Audit Division
- Special Investigations Division (Provider Fraud)
- Provider Enrollment Unit
- Client Investigations
- Resources and Recoveries
- Quality Control
- Claims / Overpayment Processing Unit
- Third Party Liability Team (TPL)

Audit Division

- Performs audits of medical and health care providers that are paid through the medical assistance programs administered by the Department.
- Identifies overpayments through focused integrity reviews.
- Provides support and assistance to the Department's Special Investigations Division.
- Coordinates the Department's responses to outside audit organizations' reviews performed on the Department, including but not limited to, the State Auditors of Public Accounts and federal audit organizations.

Special Investigations Division

- Coordinates and conducts investigative activities related to allegations of provider fraud in the Connecticut Medical Assistance Program.
- When appropriate, credible allegations of fraud are referred to the Department's law enforcement partners pursuant to a memorandum of understanding (MOU). Parties to the MOU are the Office of the Chief State's Attorney, the Office of the Attorney General and the U.S. Department of Health and Human Services' Office of Investigations. Each entity is responsible for independently investigating the Department's referral to determine if a criminal and/or civil action is appropriate.
- Substantiates whether complaints received from various sources are valid and determines the proper disposition of the complaint.

Provider Enrollment Unit

- The Provider Enrollment Unit is responsible for the review and approval of all provider enrollment and re-enrollment applications, on an ongoing basis. Coordination of efforts between the Provider Investigations Unit and Provider Enrollment Unit strengthens Connecticut's program integrity efforts.

Client Investigations and Resources/Recoveries

- The **Client Investigations Unit** investigates alleged client fraud in various programs administered by the Department. This unit performs investigations via pre-eligibility, post-eligibility and other fraud investigation measures that include, but are not limited to, data integrity matches with other state and federal agencies. This unit also oversees the toll-free Fraud Hotline 1-800-842-2155 that is available to the public to report situations where it is perceived that a public assistance recipient, or a medical provider may be defrauding the state.
- The **Resources and Recoveries Unit** is charged with ensuring that the Department is the payer of last resort for the cost of a client's care by detecting, verifying, and utilizing third-party resources; establishing monetary recoveries realized from property sales; and establishing recoveries for miscellaneous overpayments.

Quality Control Unit and Claims Overpayment Unit

- The **Quality Control Division** is responsible for the federally-mandated reviews of Medicaid and the Supplemental Nutrition Assistance Program (SNAP). A newly-established set of federally-required Medicaid reviews has been implemented under the Payment Error Rate Measurement program. Reviews of other CMAP programs and special projects may also be performed by this unit.
- The **Claims Overpayment Unit** is charged with processing overpayments resulting from changes in a client's eligibility, as well as the collection of already established claims. The claims are specific to SNAP, the Temporary Assistance for Needy Families program, and state-administered cash assistance programs.

Third Party Liability Team

- The **Third-Party Liability Division** is responsible for the Department's compliance with federal Third Party Liability requirements and recovering tax-payer funded health care from commercial health insurance companies, Medicare and other legally liable third parties. The Division manages programs that identify client third party coverage and recover client health care costs.

Provider / Client Abrasion

- Providers view audits negatively because of what is perceived as a high volume of medical record requests, administrative costs, and any fiscal penalties that are levied upon them from the results of audits or reviews.
- Providers feel that they are not always told what the auditors are looking for and feel that their overall experience is abrasive.
- For audits, providers view the extrapolation process as unfair. The extrapolation process, however, is defined in state statute and is a very common methodology when only testing a subset of a population.

Provider / Client Abrasion Continued

- For provider investigations, the process can be very long, and the Department can not release information because it may jeopardize law enforcement agency investigations. Provider relations can become more abrasive when the Department implements a payment suspension on the provider.
- For provider enrollment, the Department does-at times deny provider applications or disenrollment providers from the program on a case-by-case basis.

How to Alert the Department

- Toll-free Fraud Hotline **1-800-842-2155** that is available to the public to report situations where it is perceived that a public assistance recipient, a provider, or a medical provider may be defrauding the state.
- Link on the QA webpage to report suspected Fraud and Abuse of DSS programs. On the Department of Social Services webpage there is "Report Fraud" link as well. It brings you to a "Client Complaint Form" and a Provider/Vendor Complaint Form" along with descriptions of examples of fraudulent activities.