



Improving Oral Health in HUSKY Health

Medicaid Assistance Program Oversight Council
March 11, 2016

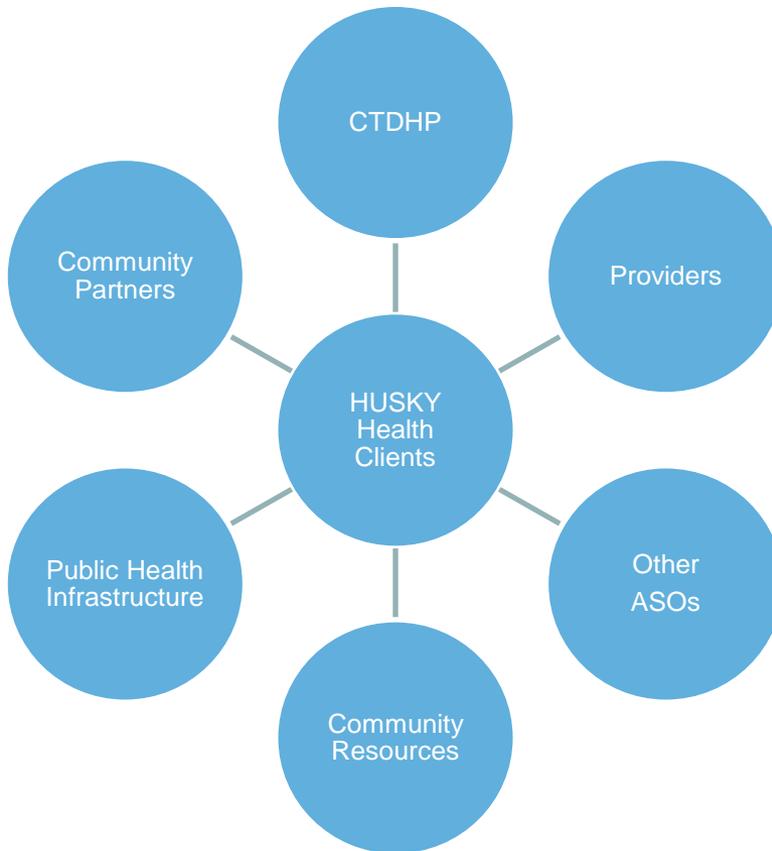
Marty Milkovic
Director of Care Coordination & Outreach

Chris Savold
Director of Operations & Compliance

Connecticut Dental Health Partnership (CTDHP)

- Dental Plan for 762,000 people on HUSKY Health: Medicaid/CHIP
- A single, statewide system managed by an Administrative Service Organization (ASO)
- Contract in 2008 with BeneCare Dental Plans to operate
- 38 FTE staff in state





Client Centered Design

- One provider network
- One fee schedule
- One set of benefits
- One set of administrative rules

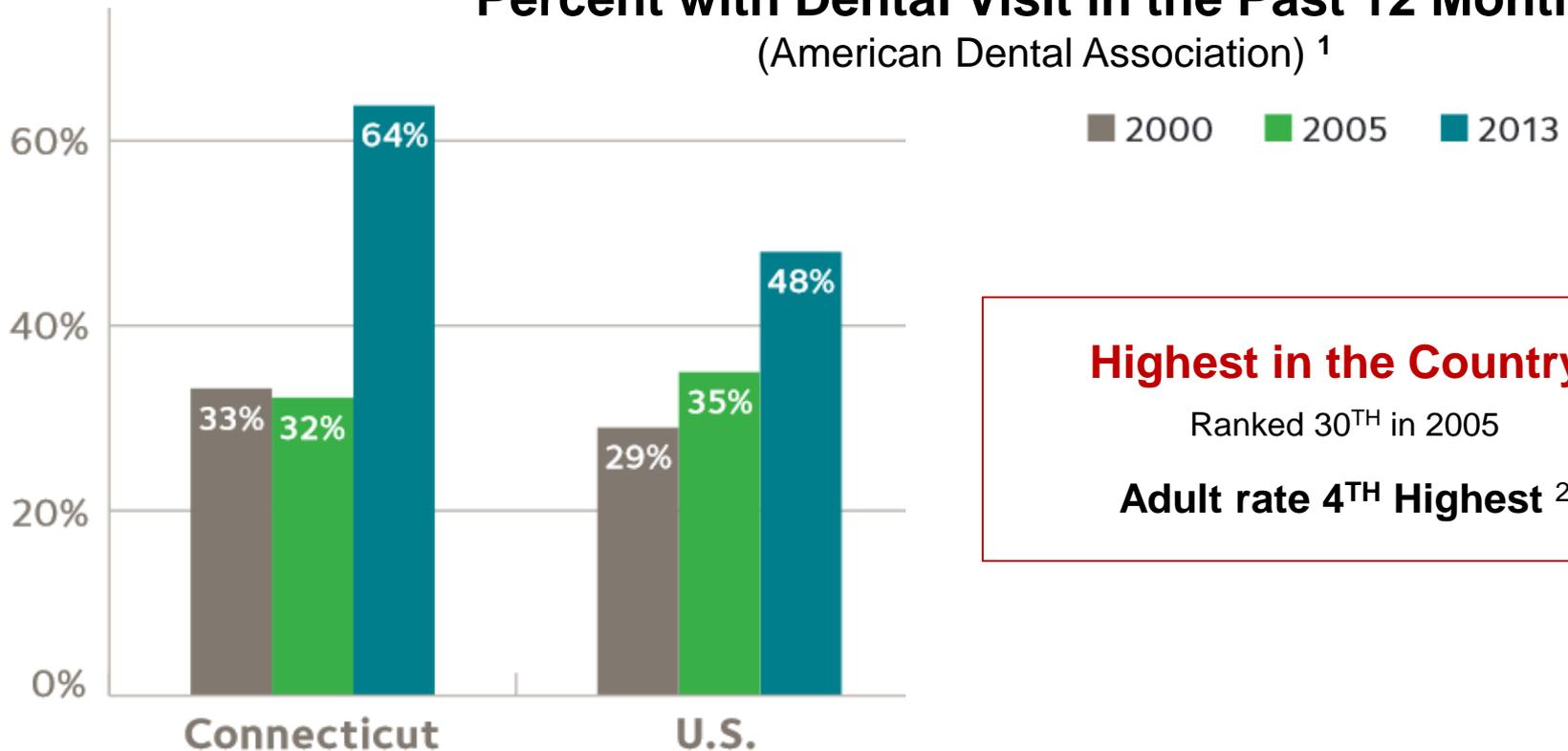
Attributes of Success

- Robust Call Center
- Extensive Community Outreach
- Responsive Provider Relations
- Focus on Data Analytics
- Culture of Innovation

Children with Medicaid Coverage,

Percent with Dental Visit in the Past 12 Months

 (American Dental Association) ¹



Highest in the Country!

 Ranked 30TH in 2005

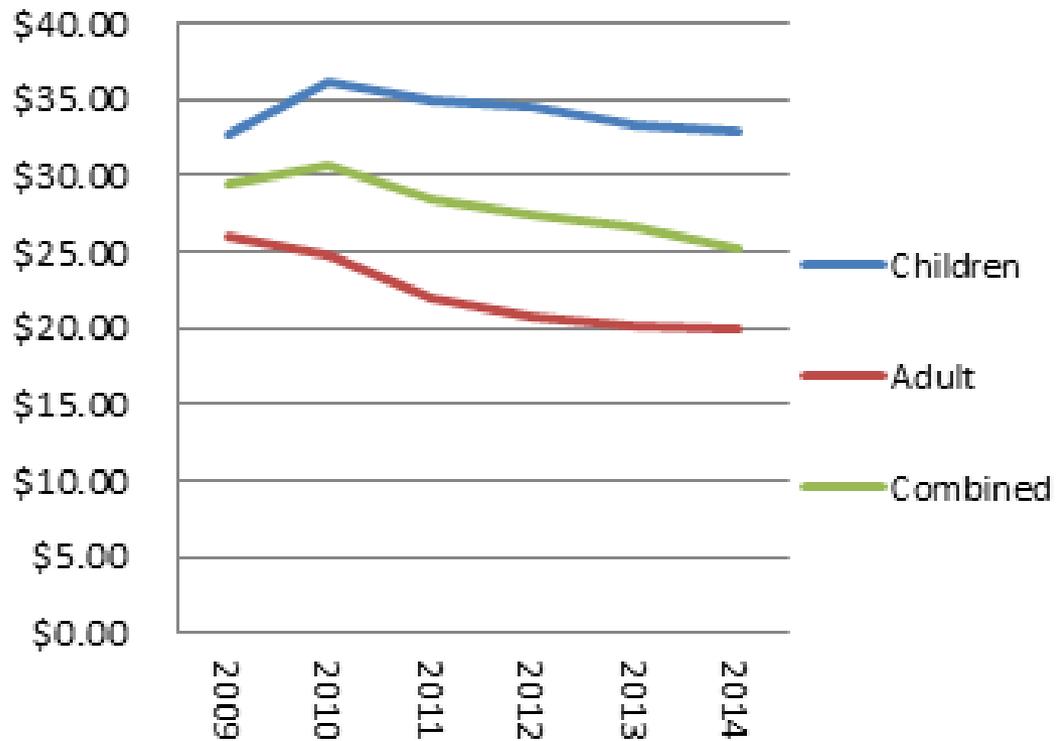
Adult rate 4TH Highest ²

1 American Dental Association Health Policy Institute, The Oral Health Care System: A State-by-State Analysis (2015), <http://www.ada.org/en/science-research/health-policy-institute/oral-health-care-system/Connecticut-facts>

2 Vujicic M, Nasseh, K. Gap in dental care utilization between Medicaid and privately insured children narrows, remains large for adults. Health Policy Institute Research, American Dental Association. December 2015, http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0915_1.ashx

Per Client Costs on a Downward Trend

CTDHP Cost per Client per Month Care Cost Trends





Excellent Access

- 2014 Mystery Shopper: **92%** got routine primary care appointment, 9.9 days average availability ¹
- **99.2%** of clients have at least two primary care dentists within 10 miles of their home ²
- Not just the fees: Our Child utilization rate is **19 points higher** than the average of the other top ten reimbursement states (43% vs 62%) ³

¹ 2014 Secret Shopper Survey by United Way of Connecticut

² CTDHP data analysis

³ Are Medicaid and Private Dental Insurance Payment Rates for Pediatric Dental Care Services Keeping up with Inflation?, American Dental Association Health Policy Institute Research Brief, Kamyar Nasseh, Ph.D.; Marko Vujicic, Ph.D., December 2014, http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1214_2.ashx, accessed 6/12/2015; and 2013 Centers for Medicare and Medicaid Early and Periodic Screening, Diagnostic, and Treatment CMS 416 Report, <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt2013state.zip>, accessed 6/12/2015

Not Just the Rates

Top Ten States by ADA Pediatric Medicaid Dental Rate *	2013	
	ADA Pediatric Dental Rate †	CMS 416 Utilization Rate ‡
Delaware	102.83	44%
Alaska	93.51	40%
Connecticut	85.27	62%
District of Columbia	82.31	47%
New Jersey	81.89	45%
Massachusetts	74.28	52%
North Dakota	63.76	27%
West Virginia	61.00	44%
Wyoming	59.89	39%
Texas	58.88	50%

Average Top 10 excluding Connecticut	43%
Average Top 5 excluding Connecticut	44%

* Are Medicaid and Private Dental Insurance Payment Rates for Pediatric Dental Care Services Keeping up with Inflation?, American Dental Association Health Policy Institute Research Brief, Kamyar Nasseh, Ph.D.; Marko Vujcic, Ph.D., December 2014,

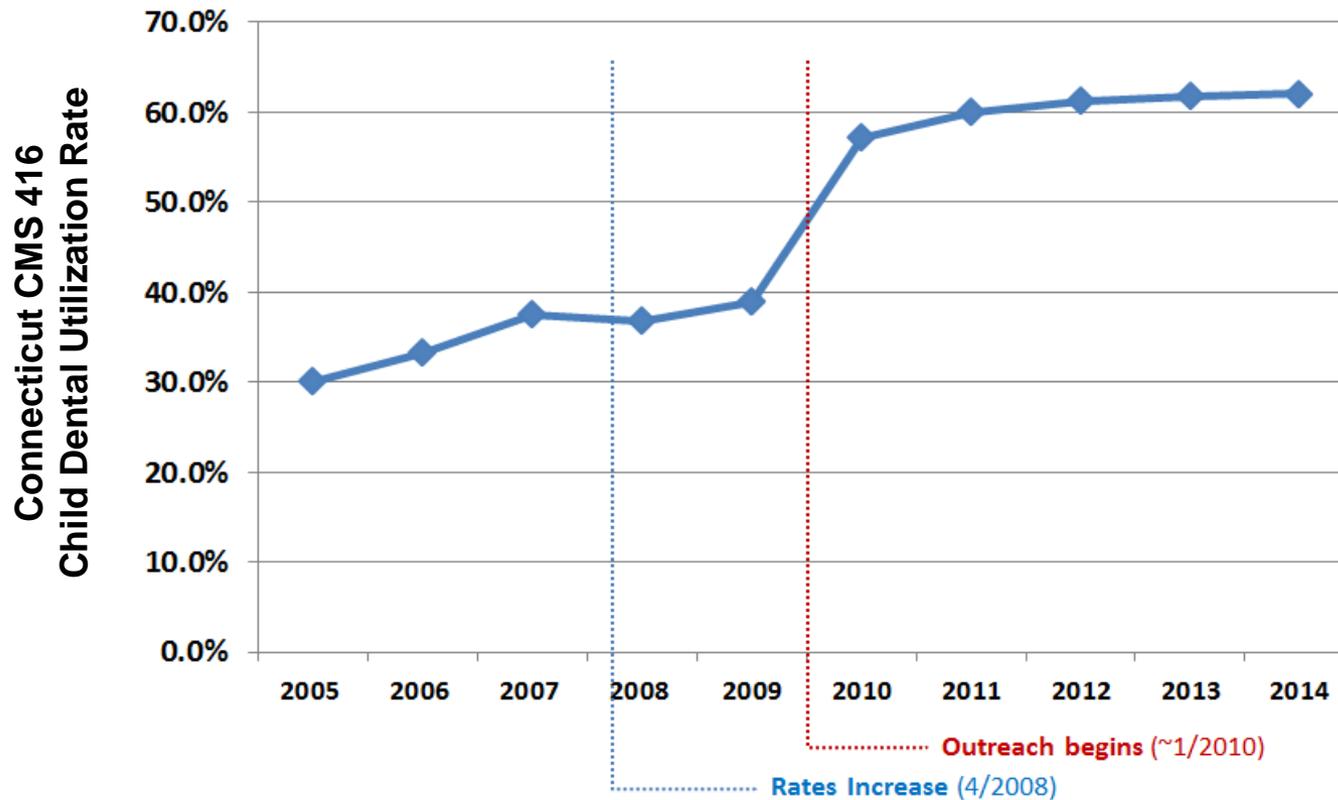
http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1214_2.ashx, accessed 6/12/2015

† Values represent a weighted average of reimbursement rates and charges for a basket of common dental care procedures.

‡ 2013 Centers for Medicare and Medicaid Early and Periodic Screening, Diagnostic, and Treatment CMS 416 Report,

<http://www.medicare.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt2013state.zip>, accessed 6/12/2015

Rates Jump after Outreach Begins



Direct Outreach

- Welcome Packet mailed to all new client households
- 368,000 telephone calls to non-utilizing clients in 2014
- Overall > 500,000 calls received by our call center
- About 9,000 visitors each month to www.ctdhp.com
- CTDHP included in CHNCT Welcome packet, website and other materials
- CHNCT uses list of our dental non-utilizers, if they call: a pop-up and CHNCT reminds them to contact us
- Several times a year we send e-newsletter to over 100,000 client households, reaching about 200,000 clients

Direct Outreach

- Eight Dental Health Care Specialists doing targeted and community outreach
 - Six live and work in six regions of the state, close to their communities; one supports clients with special needs statewide; one does direct telephone outreach in-office
 - Targeted direct outreach focused on specific groups:
 - Perinatal women and infants
 - ED users for dental issues
 - Children screened in the community as high risk
 - Clients referred from the community
 - 1,731 cases in 2014
-

Community Outreach

- Focus on ‘trusted persons’ in community agencies
 - Community Action Agency, Healthy Start, Social/Youth/Family Services agencies, WIC, Community Health Centers, School Based Health Centers, Schools, Behavioral Health Agencies, Family Medical offices, OB/GYN offices, Pediatricians, Health District, DCF Office and DDS office
 - 2,013 outreaches/visits in 2014 statewide
 - 125,777 pieces of materials distributed in 2014 statewide
 - Child & adult oral health kits (toothbrush, toothpaste, floss, flyer), CTDHP fact book, posters, perinatal brochures, infant bibs supporting age one dental visits and more
 - Used as a model for our successful PIOHQI grant from HRSA

Extensive Client Outreach



First Tooth Bib

Oral Health Kit

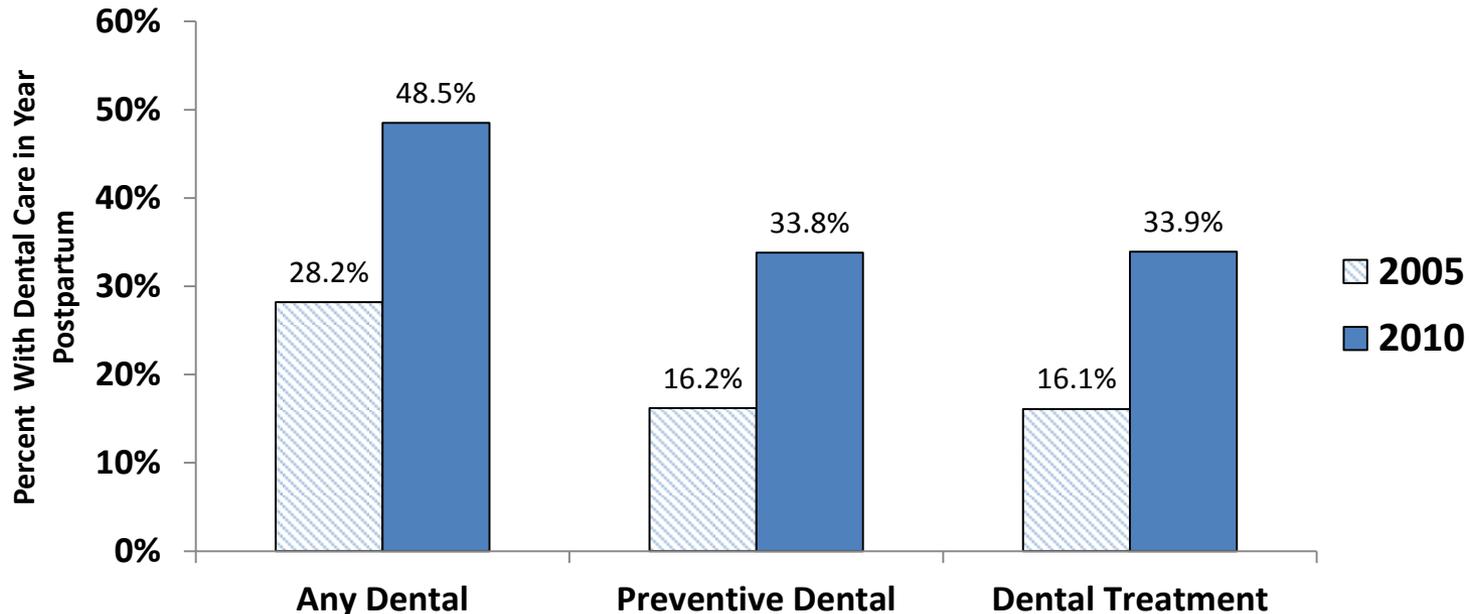


Poster in Spanish

- One of three states to be awarded pilot Perinatal & Infant Oral Health Quality Improvement (PIOHQI) grant (others: NY, WV), Round II added seven new states
- Expand successful pilot statewide over four years
- Provide ‘Intensive Community Outreach’ in 14 communities with 80% of HUSKY Health births
 - Work with ‘Trusted Persons’ to perinatal women & their children: WIC, PCP’s, OB/GYN’s, community partners, agencies etc.
- Evaluation of data by CT Voices
- Share what we learn in a National Learning Network, collaborate with other states



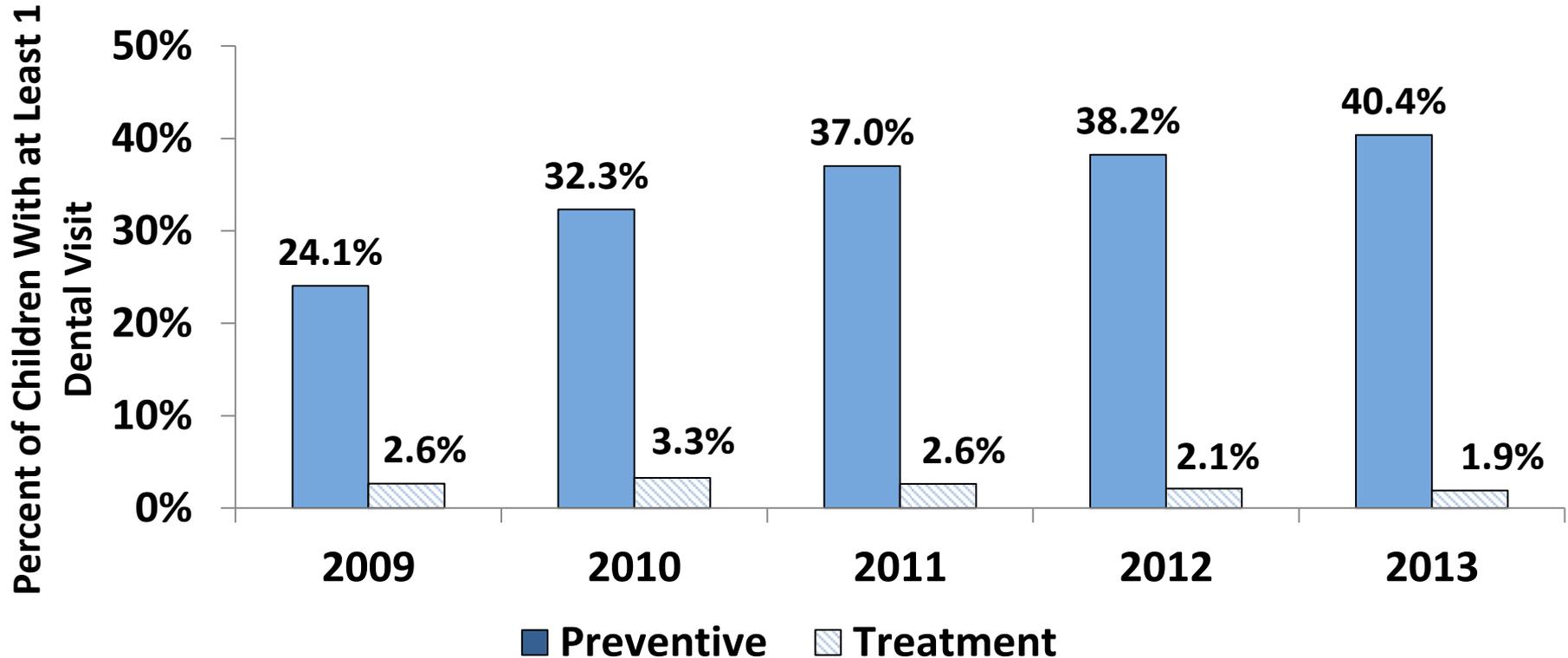
Dental Care for New Mothers Increasing Before the PIOHQI Project Began



New mothers who were continuously enrolled for 12 months after giving birth.

Source: Analysis of linked birth-HUSKY A (Medicaid) enrollment and claims data by Connecticut Voices for Children

Dental Utilization by Children Under Age 3



HUSKY Health children.

Source: Analysis of linked birth-HUSKY A (Medicaid) enrollment and claims data by Connecticut Voices for Children

Access for Baby Care to Dental (ABCD)

- National movement of an evidence-based strategy
- Started in Connecticut in 2008
- Pediatric PCP offices provide oral health care during well-child visit
- Oral evaluation (D0145) & fluoride varnish application (D1206)
- Several initial partners:
 - American Academy of Pediatrics, Connecticut: operating ‘From the First Tooth’
 - UCONN School of Dental Medicine: operating as ‘Smiles for Life’ (now not active)
 - DPH Office of Oral Health: operating as part of ‘Home by One’ (now not active)
 - Child Health and Development Institute (CHDI) EPIC Program: Training only
 - DSS/CTDHP: operating as ‘ABCD Program’



Access for Baby Care to Dental (ABCD)

- Good growth, but still small
- Barriers:
 - New concept to pediatric PCP's
 - Pediatric PCP time restraints
 - HUSKY Health only payer
 - Pediatric PCP's say dental access is good, ABCD not needed
 - Lack of coordination among partners
 - Lack of the understanding of the importance of oral health
 - Most common childhood disease, Caries (cavities) is an infectious disease ¹
 - Five times more common than asthma ¹
 - May be largest contributor to school absence ²
 - Nearly all tooth decay can be prevented. Early prevention is cost-effective. ^{1 2}

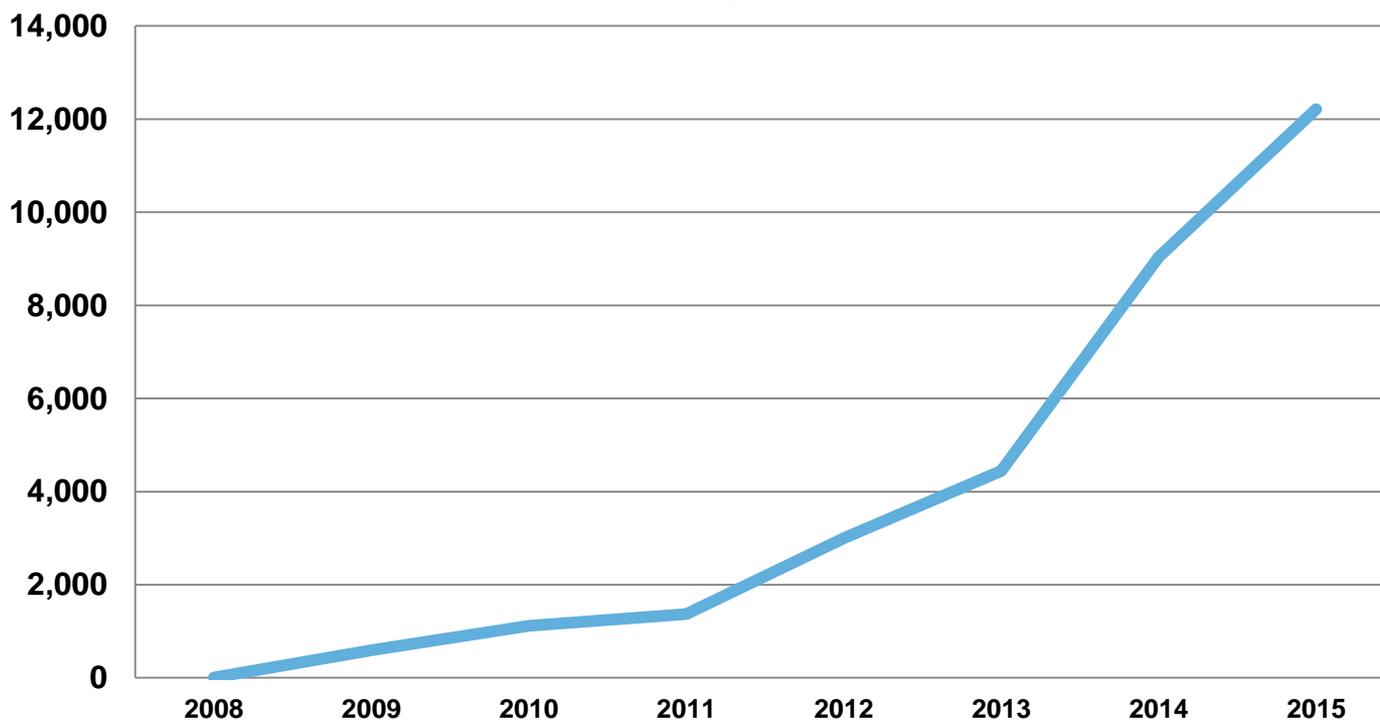


¹ Children's Dental Health Project , <https://www.cdhp.org/state-of-dental-health>;

² Oral Health in America, US Surgeon General, 2000

<http://nidcr.nih.gov/DataStatistics/SurgeonGeneral/Report/ExecutiveSummary.htm>

Topical Fluoride Varnish Applications by Pediatric Primary Care Physician Offices (D1206)



2014 & 2015 data from CTDHP, Other from Oral Health Care for Young Children in the HUSKY Program, SERVICES DELIVERED BY PRIMARY CARE PROVIDERS, 2008–2013; August 2015; Mary Alice Lee, Ph.D., Sarah Iverson; Connecticut Voices for Children; Prepared for DSS and CTDHP under grant H47MC26549 from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services

Access for Baby Care to Dental (ABCD)

- Recent Improvements:
 - Inclusion in PIOHQI Project
 - Coordination with American Academy of Pediatrics (AAP), Connecticut/ 'From the First Tooth': outreach to providers
 - AAP, CT champion
 - Learn from other states
 - Inclusion in the Department of Public Health State Health Improvement Plan
<http://www.ct.gov/dph/cwp/view.asp?a=3130&Q=515380>
 - Inclusion in EPSDT schedule (AAP Bright Futures)
<https://www.aap.org/en-us/professional-resources/practice-support/Pages/PeriodicitySchedule.aspx>
 - Inclusion in Affordable Care Act (Access Health CT): Now all payers must cover application of fluoride varnish for young children



- ✓ Continue current efforts to strengthen Oral Health system in HUSKY Health
- ✓ Continue to improve integration of oral health with the overall health care system
- ✓ Continue collaboration at the State and local levels
- ✓ Continue education and promotion of the importance of oral health to overall health



If you or your staff are contacted by a HUSKY Health client regarding dental services, please have them contact us.

855-CT-DENTAL
Mon-Fri, 8AM-5PM

www.CTDHP.com

