Progress on Oral Health

Covering Connecticut’s Kids and Families Coalition
October 9, 2014

Donna Balaski DMD                            Marty Milkovic MSW
Genesis of the Partnership

• 2008 Lawsuit Settlement Agreement
  – Carve-out of dental services from Medicaid Managed Care
  – Unified delivery of dental benefits, uniform rates, uniform coverage
  – Single program: Connecticut Dental Health Partnership, Single ASO vendor: BeneCare Dental Plans

• Pre-Carve Out:
  – Four Managed Care Organizations with three dental benefit management subcontractors
  – 349 participating dentists (October 2008)
Pre-Dental Carve Out

Four Managed Care Organizations plus Fee For Service/Title 19

- Different provider networks
- Different fee schedules
- Different benefits
- Different administrative rules

Provider and Client confusion!
Post-Dental Carve Out

The Connecticut Dental Health Partnership

- One provider network
- One fee schedule
- One set of benefits
- One set of administrative rules
- One number to call/one website
Carve-out Strategy

**Goals**
- Expand access
- Improve understanding of the importance of oral health
- Ensure appropriate dental service delivery
- Measure and improve performance over time

**Outcomes**
- Higher utilization
- Shift to preventive care
- Lower costs
- Improved overall health
Building Dental Access

- Dental provider focus on provider education, proper care, compliance and support for Dental Home
- Dental providers supported by:
  - Dedicated call center personnel
  - Dedicated network development manager
  - Dental Health Care Specialist team
- Partnering with providers
  - Assist with administrative responsibilities
  - Client referrals and appointment assistance
  - Provide constant feedback through call center interactions and claim review communications
Building Dental Access, Results

CTDHP Enrolled Dental Providers
(As of 12/31)

- Individual Dentists
- Service Locations

Pre-Carve Out: 349 Dentists
Results: all Clients have access to one Primary Care Dentist in < 15 miles at minimum

Contract Standard: one PCD in < 20 miles

Green = Two Providers in 10 Miles
Blue = Two Providers in 15 Miles
Yellow = One Provider in 10 Miles
## Building Dental Access, Results

### CTDHP Dentist Availability Measures

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Avg. Appointment</td>
<td>14.4</td>
<td>11.2</td>
<td></td>
<td>6.8</td>
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<tr>
<td>Availability (days)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Percentage Closed</td>
<td>18.7%</td>
<td>14.7%</td>
<td>13.3%</td>
<td>9.7%</td>
<td>12.7%</td>
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<tr>
<td>Panels (12/31)</td>
<td></td>
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<tr>
<td>Mystery Shopper</td>
<td>93.3%</td>
<td>84.0%</td>
<td></td>
<td></td>
<td>86.0%</td>
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<tr>
<td>Compliance</td>
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</table>

Source: Rows 1 and 3: Mystery Shoppers conducted in 2009, 2010 and 2012; Row 2: CTDHP
Result:

There is no physical access problem for HUSKY Health Dental
Moving Beyond Access and Availability

• Dental access and availability issues resolved
  – Many dentists near clients
  – Dental offices seeking new clients

• There are other barriers now
  – Oral health not seen as important in our society
  – Only 50-60% utilization by the general population
  – Other issues impacting our clients: life stress, dental anxiety, etc.
    Much anecdotal evidence in cases: lack of follow-up, refusal etc.

• The next focus: Increase Client Demand and Drive Utilization
  – More than just education
    • Social marketing to increase the importance of oral health
    • Use ‘trusted people’ to provide info and sway clients
How Do We Increase Client Demand?

• Non-traditional approaches to:
  – Informing, Awareness
  – Outreach

• Reminders
  – Targeted outreach for specific client groups
  – Automated phone calls and mail

• Stratification of outreach methodologies
  – Use appropriate tool
  – Escalate to direct personal interaction if appropriate

• Comprehensive Appointment Assistance
How Do We Increase Client Demand?

Oral Health Kit

First Tooth Bib
Increased Demand, Utilization Results

**CTDHP Client Population Growth**

- Total Average Client Population
- Average Ever Eligible Adults
- Average Ever Eligible Children

**CTDHP Client Unduplicated Utilization Rates**

- Children (< 21)
- Adults (21+)
- National Avg. CMS 416 12a
Program Cost Outcomes

Total Incurred Cost of Care

- Children's Services
- Adult's Services

<table>
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<tr>
<th>Year</th>
<th>Cost (in millions)</th>
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<tr>
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<td>2012</td>
<td>$50,000,000</td>
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<td>2013</td>
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Service Delivery Trends

CTDHP Dental Service Distribution
(Cost)

- Preventive
- Restorative
- Endodontics
- Oral Surgery
- Orthodontics
- Adjunctive Services
- Other Dental Encounters

Increase in Preventive Care and Reduction in Treatment
• Targeted automated reminder calls
• Targeted informational mailings
• Expanded outreach through community involvement
  – Eight Dental Health Care Specialists
  – Impact Trusted Persons: community agencies, WIC, Head Start, PCP’s, OB/GYN’s, etc.
  – New early childhood screening initiative
  – Expanded perinatal initiative
  – ED/ER Initiative
  – Oral health status data sharing with WIC, DCF, others
  – Tight integration with CHNCT
  – Other
HRSA PIOHQC Grant

• One of three states to be awarded Perinatal & Infant Oral Health Quality Improvement (PIOHQC) grant (others: NY, WV)
• Expand successful pilot statewide over four years
• Provide ‘Intensive Community Outreach’ in 14 communities
  – Build more partners and ‘Trusted Persons’ for perinatal women and their children
  – Community agencies, WIC, PCP’s, OB/GYN’s, etc.
• Evaluation by CT Voices
• Share what we learn in a CMS funded State-National Learning Network, mentor other states
Began in 2012

Identify dental users of ED/ER (modest number)

Automated phone calls, letters to all

Targeted outreach by DHCS to most serious

Visits to all ED directors, provide training, materials (pads, posters, etc.)
Early Childhood Screening Initiative

- New initiative which will help measure disease prevalence and severity in children
- Uses three new dental procedure codes (D0601, D0602, D0603)
- Codes indicate ‘Low’, ‘Moderate’ and ‘High’ risk
- Will be used by public health hygienists and complements dental home examinations
- Uses recognized assessment protocols
- Launching late 2014
Early Childhood Screening Initiative

- Find children slipping between the cracks
- Dental hygienists triage children by oral health status and needs
- Individual follow-up to the highest need children
- Target Early Childhood Education programs, schools, public health settings
- Piloted by BeneCare in the MCO years
Early Childhood Screening Initiative

Parental Permission Form

Dear Parent/Guardian,

The oral health of your child is important to us and we know it is important to you. We are the Connecticut Dental Health Partnership (CTDP). CTDP is the dental plan for people on HUSKY Health.

An oral health screening program is being offered to students in your child's school program/organization that will help identify any oral health conditions in your child that may need your attention. A screening is not a dental exam and does not replace the need for your child to see a dentist twice a year. Your child would have a dental exam at a time when you feel they need dental care, and before their next school year.

The screeners will be conducted by a dental hygienist who is trained to do so. We will work with you to make sure that your child is referred to a dentist in your area for any needed follow-up care.

Your child should brush and floss properly before the screening. Please complete the information below and sign the consent form. Return it to your school program. If you have any questions, contact your school program/organization or call 888-CT-DENTAL (638-3362). Please call 1-888-475-6543 for hearing impaired.

Thank you.

The Connecticut Dental Health Partnership

[Form with fields for child's name, date of birth, school program, etc., and options for consent and additional information]

Parent Report

Dear Parent/Guardian:

Your child had a free dental screening. It was done by the CT Dental Health Partnership (CTDP). CTDP is the dental program for children on the State of Connecticut’s HUSKY Health program.

The screening was done by a Dental Hygienist. The following is suggested:

- Please continue with routine care of your child’s dentures.
- Please make an appointment with your child’s dentist for an exam and needed care soon.
- Your child requires immediate attention. Please contact your child’s dentist as soon as possible. Tell them your child has a problem that needs urgent attention. If you need help in finding a dentist, call below.

Thank you.

The Connecticut Dental Health Partnership

[Form with fields for date, name of child, signature of parent, etc., and options for consent and additional information]

Finding a Dentist

If your child has a dental home, a dentist they see regularly, please go back to that dentist for all care.

If you need to find a new dentist, call below.

If your child is on the HUSKY Health plan, call CTDP at 888-CT-DENTAL (638-3362), Monday to Friday: 8:30 AM to 5:00 PM.

If your child has private dental insurance, call your insurance plan.

If your child does not have dental insurance call CTDP at 855-CT-DENTAL (638-3362).

10/1/2011
If you or your staff are contacted by a HUSKY Health client regarding dental services, please have them contact us.

**855-CT-DENTAL**

(M – F 8:00 AM – 5:00 PM)

[www.CTDHP.com](http://www.CTDHP.com)

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