



Presentation to the Medicaid Care
Management Oversight Council
September 17, 2010



Connecticut Dental Health Partnership (CT DHP)

Participating Dental Practitioners

as of August 31, 2010

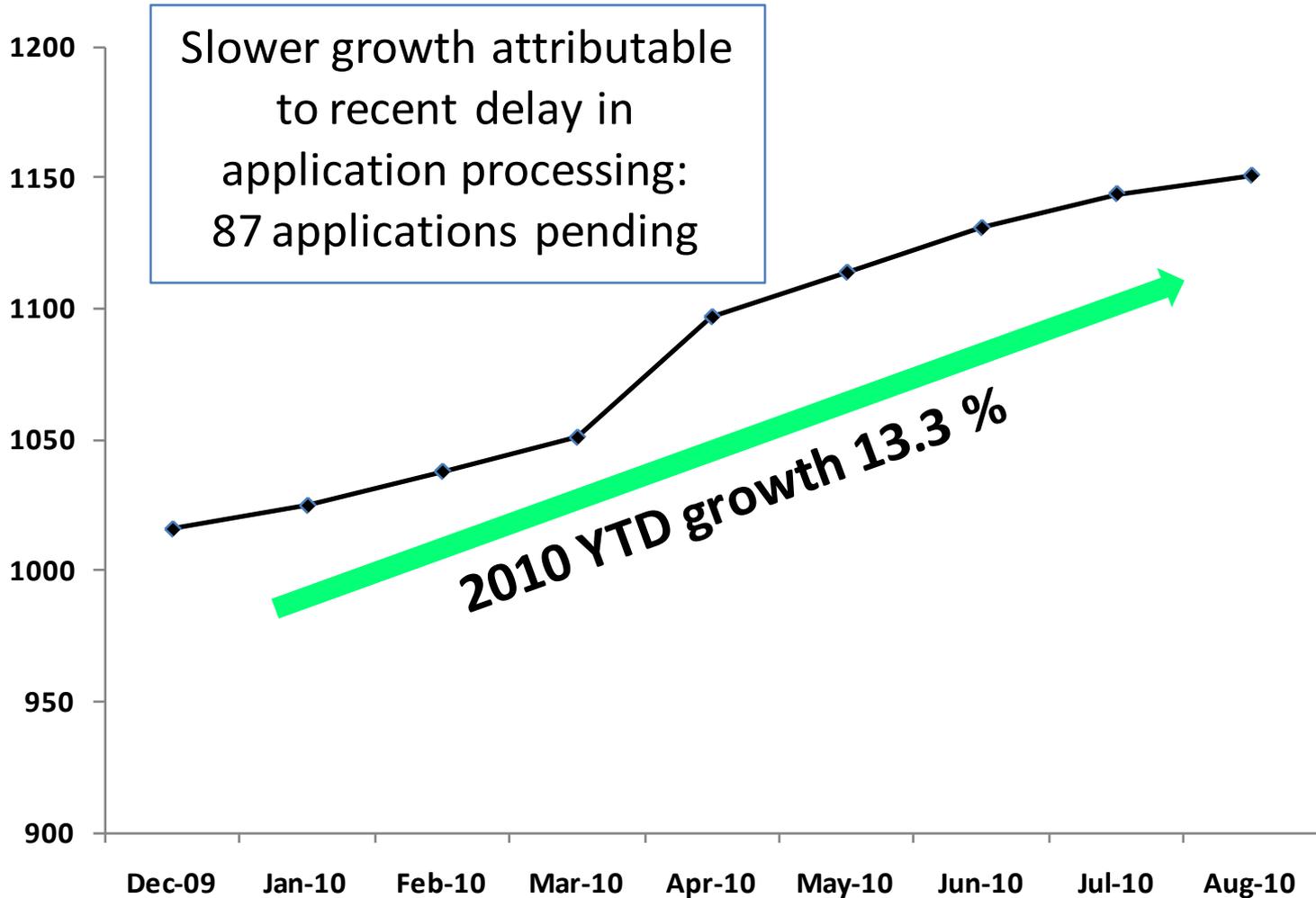
County	Endo	General Dentists	Oral Surgeons	Ortho	Pediatric Dentists	Perio	Hygienists	Totals
FAIRFIELD, CT	4	175	11	6	20	0	24	240
HARTFORD, CT	5	252	28	23	29	0	26	363
LITCHFIELD, CT	0	33	4	1	3	0	0	41
MIDDLESEX, CT	0	37	1	1	8	0	10	57
NEW HAVEN, CT	7	181	28	14	20	1	11	262
NEW LONDON, CT	2	39	3	2	6	0	6	58
TOLLAND, CT	0	25	1	3	2	0	0	31
WINDHAM, CT	0	33	0	1	0	0	4	38
Out of State		58			3			61
Totals	18	833	76	51	91	1	81	1,151

Participating Dental Service Locations

as of August 31, 2010

County	Endo	General Dentists	Oral Surgeons	Ortho	Pediatric Dentists	Perio	Totals
FAIRFIELD, CT	1	118	8	11	9	0	147
HARTFORD, CT	2	163	16	19	19	0	219
LITCHFIELD, CT	0	30	5	2	2	0	39
MIDDLESEX, CT	0	20	1	2	5	0	28
NEW HAVEN, CT	5	110	14	14	10	1	154
NEW LONDON, CT	2	21	2	3	4	0	32
TOLLAND, CT	0	16	3	2	2	0	23
WINDHAM, CT	0	17	2	2	0	0	21
Totals	10	495	51	55	51	1	663

Participating Dental Practitioners through August 2010



Prenatal Outreach Initiative

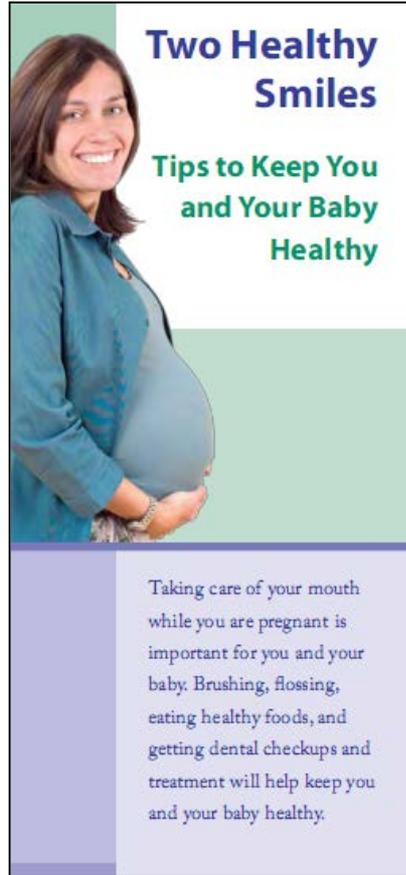
Telephone Outreach to 1,485 Prenatal Clients

- 45% Already in care or assisted into care
- 42% Unable to reach
- All clients received a follow-up letter and brochure

Mailed Targeted Outreach Brochures to 1,997 Prenatal Clients

- Test of response for mailing versus telephone outreach; still collecting results
- Sent an “unable to contact letter” and a brochure was included

- Intensive Community Outreach
 - Pilot program will begin in Norwich at five local facilities that serve pregnant women
 - Plan is...
 - reach clients through partnering with community agencies
 - leverage agencies' existing relationships with clients and staff
 - help mothers understand the importance of practicing good oral health habits especially during pregnancy and after delivery
 - Goal is to make a *Peer Support Network*
-



Two Healthy Smiles

Tips to Keep You and Your Baby Healthy

Taking care of your mouth while you are pregnant is important for you and your baby. Brushing, flossing, eating healthy foods, and getting dental checkups and treatment will help keep you and your baby healthy.



Dos sonrisas saludables

Consejos para mantenerte a ti y a tu bebé sanos

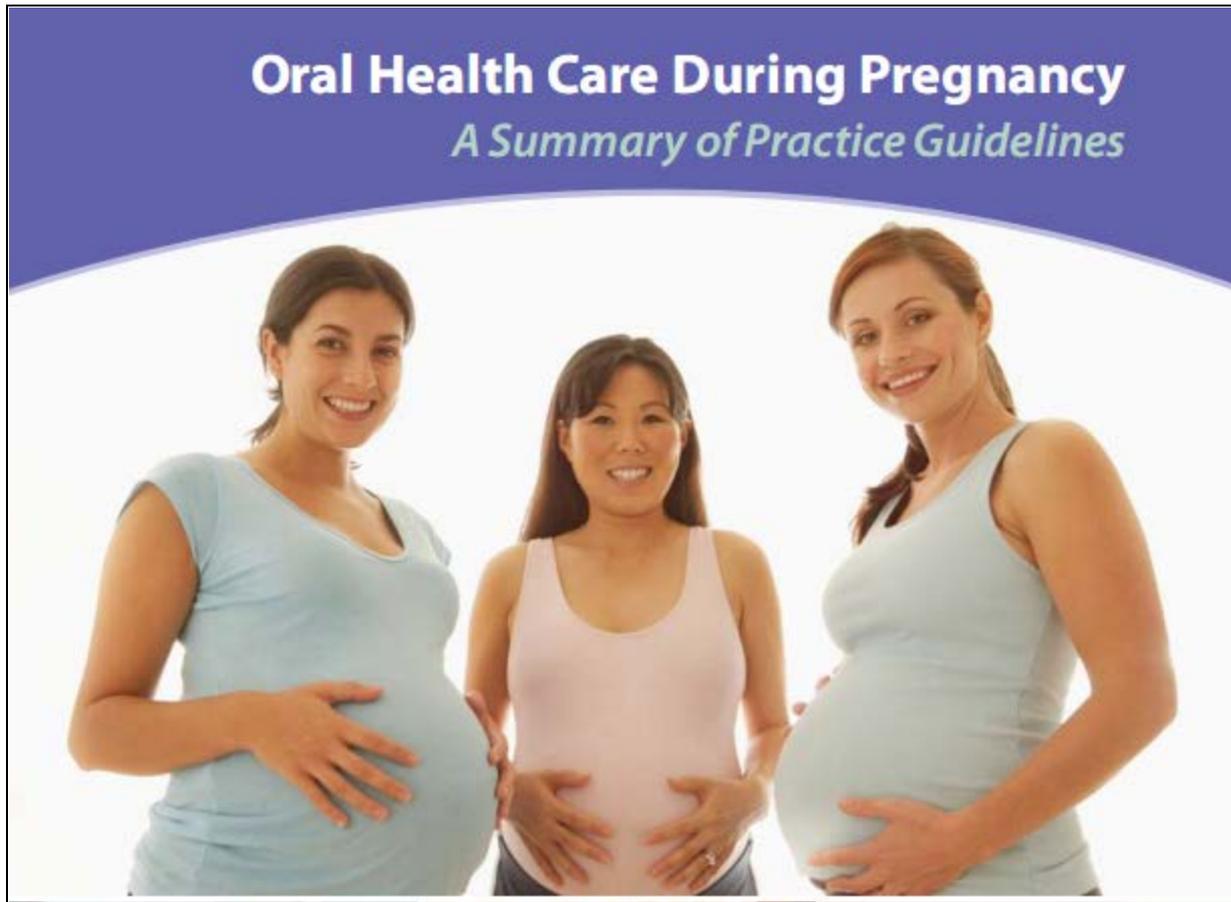
El cuidado de tu boca durante el embarazo es importante para ti y para tu bebé. Cepillar, usar hilo dental, comer saludable y visitar al dentista para recibir chequeos y tratamientos ayudará a mantener sanos a ti y a tu bebé.

Brochures mailed to all prenatal clients (English & Spanish versions)

Outreach to Dental Providers regarding treatment of prenatal clients

- Contacted a sample of dentists, found that most wanted additional information in writing or via electronic media
- Mailed all dentists a cover letter and copy of ***'Oral Health Care During Pregnancy – A Summary of Practice Guidelines'*** from the National Maternal & Child Oral Health Resource Center (based on NY practice guidelines)
- Provided them a link to additional materials on the CTDHP website, including NY & CA practice guidelines

Booklet mailed to all dental providers



Community Outreach

- Dental Health Care Specialists have visited 396 community agencies and dental offices in their assigned regions since the start of the year
- 1,587 additional oral health posters have been distributed
- Direct outreach to Hospital Emergency Departments
 - information about the program and support services
 - CTDHP posters and prescription pads to facilitate referrals to the CTDHP

- Currently working with HUSKY Primary Care to distribute CTDHP awareness information and prescription pads to facilitate referrals from primary care network of providers
 - Will also track clients who are enrolled in HUSKY Primary Care to see if there is an increase in the use of regular dental care
 - Continued new enrollee non-utilizer mailings
 - 12.9% of those clients who received mailing subsequently accessed services
-

Rx

Connecticut Dental Health Partnership

HUSKY • Medicaid • SAGA
P.O. Box 486
Farmington, CT 06032
866-420-2924
Donna L. Balaski, DMD

Client Name: _____

Client ID: _____

You were seen in the Emergency Department for Dental Pain. You should schedule a Dental Appointment Immediately by calling:
866 – 420 – 2924
 Monday to Friday 8 AM – 5 PM



Label
Refill: 1 2 3 4 5 PRN

Rx

Connecticut Dental Health Partnership

HUSKY • Medicaid • SAGA
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Donna L. Balaski, DMD

Name: _____

ID: _____

Patient should schedule a Dental Appointment immediately

Call 866-420-2924 for help in finding a dentist
 M - F 8AM - 5PM



Label
Refill: 1 2 3 4 5 PRN

Posters placed in all Emergency Room waiting areas:

Are You On

**HUSKY ?
SAGA ?
MEDICAID?**

Then you have a new, better Dental Plan:

**CONNECTICUT
DENTAL**
HEALTH PARTNERSHIP

With more dentists available than before

Call 866-420-2924

Monday to Friday 8:00 AM to 5:00 PM
To get an emergency OR regular dental appointment



Community Outreach

- Received 125 community ‘on demand’ referrals, provided one on one assistance to get 68% of these clients into preventive care
- Example:
 - Family from Burma, refugees from violent persecution, one preschool child with rampant cavities. Placed him in care, taught family how to brush and floss. Very grateful and willing to learn. Will continue to follow up with the family
- Completed 1,054 Children with Special Health Care Needs (CSHCN) Initiative cases, 64% were already in care or provided assistance into preventative care

- Various studies suggest that telephonic outreach is as effective or better than USPS mail
- Working with Voxeo, Inc. to build an IVR platform for automated outreach phone calls to CTDHP clients
- Initial pilot will include ~220,000 contacts split between USPS and Voxeo IVR to measure the response rate
- If adopted, a hosted IVR approach will reduce outreach expenses by 50% and allow for 500,000 calls annually
- IVR solution will allow for various media including email, text messaging and instant messaging
- Expect the pilot to be completed by October 2010

- PA implemented February 2010 for select services
- Ensures provider compliance with Medical Services Policies
- Only 6% of children's services require PA
- Majority of PAs are for adult service:
 - Root Canal Treatment
 - Dentures (initial placement and replacement)
 - Crowns for all teeth
 - Impacted teeth that require extractions

Child PA Services Processed by Status	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Total Services Processed	4,632	6,164	6,087	4,862	6,153	5,699	5,749
Approved	2,943	3,065	3,508	2,907	3,513	3,127	3,200
Denied	366	1,400	1,104	570	708	994	660
Pending Add'l Documentation	1,323	1,699	1,475	1,385	1,932	1,578	1,889

Adult PA Services Processed by Status	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Total Services Processed	14,850	11,426	18,157	13,134	16,420	12,899	9,258
Approved	10,608	5,511	9,020	7,604	9,027	6,407	4,567
Denied	3,647	5,336	7,998	3,241	2,559	3,193	1,468
Pending Add'l Documentation	595	579	1,139	2,289	4,834	3,299	3,223

Summary (since inception):

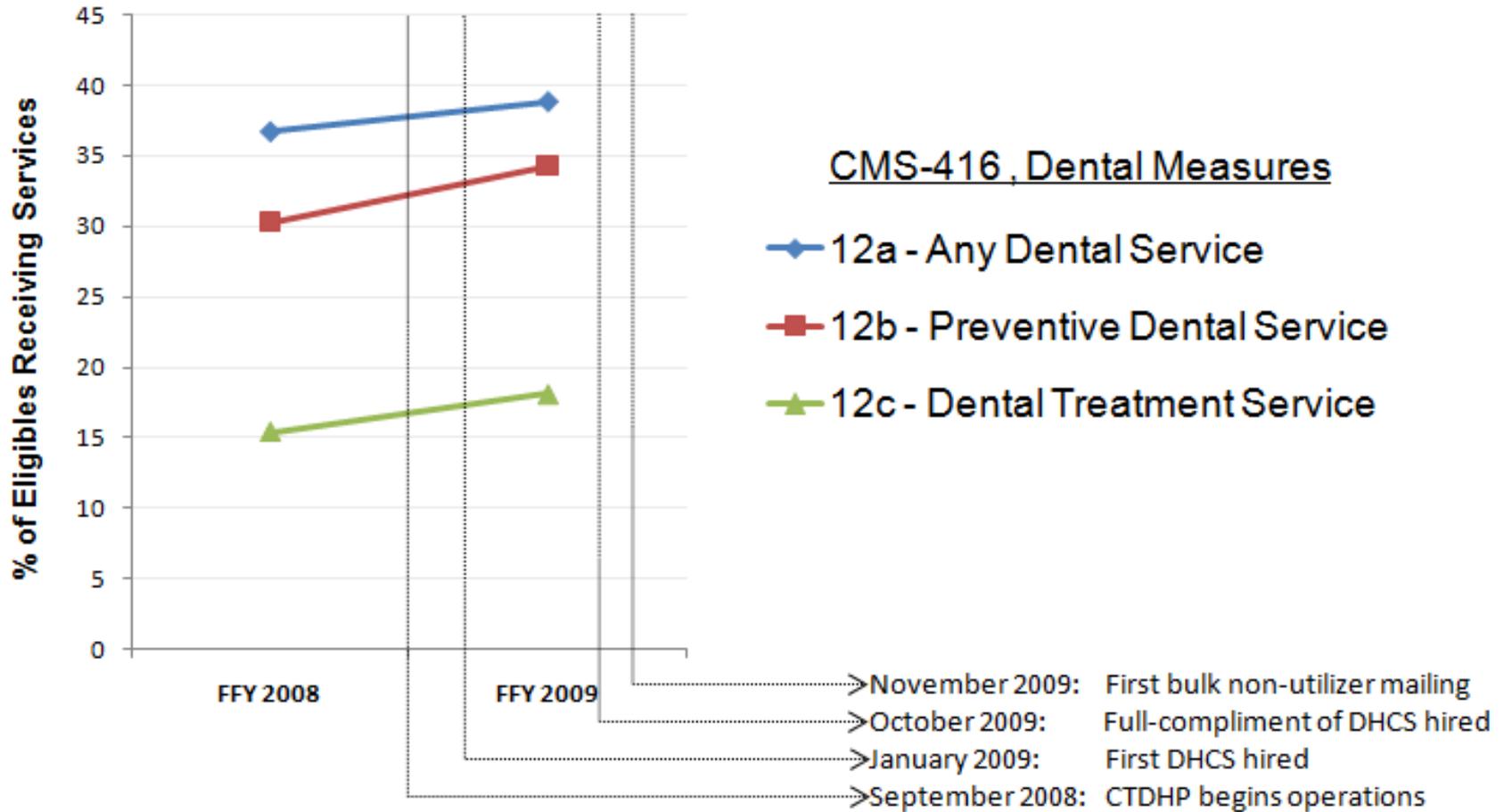
- Adult PAs denied = 28.5%, requiring additional documentation = 16.6%
- Child Pas denied = 14.7%, requiring additional documentation = 28.7%

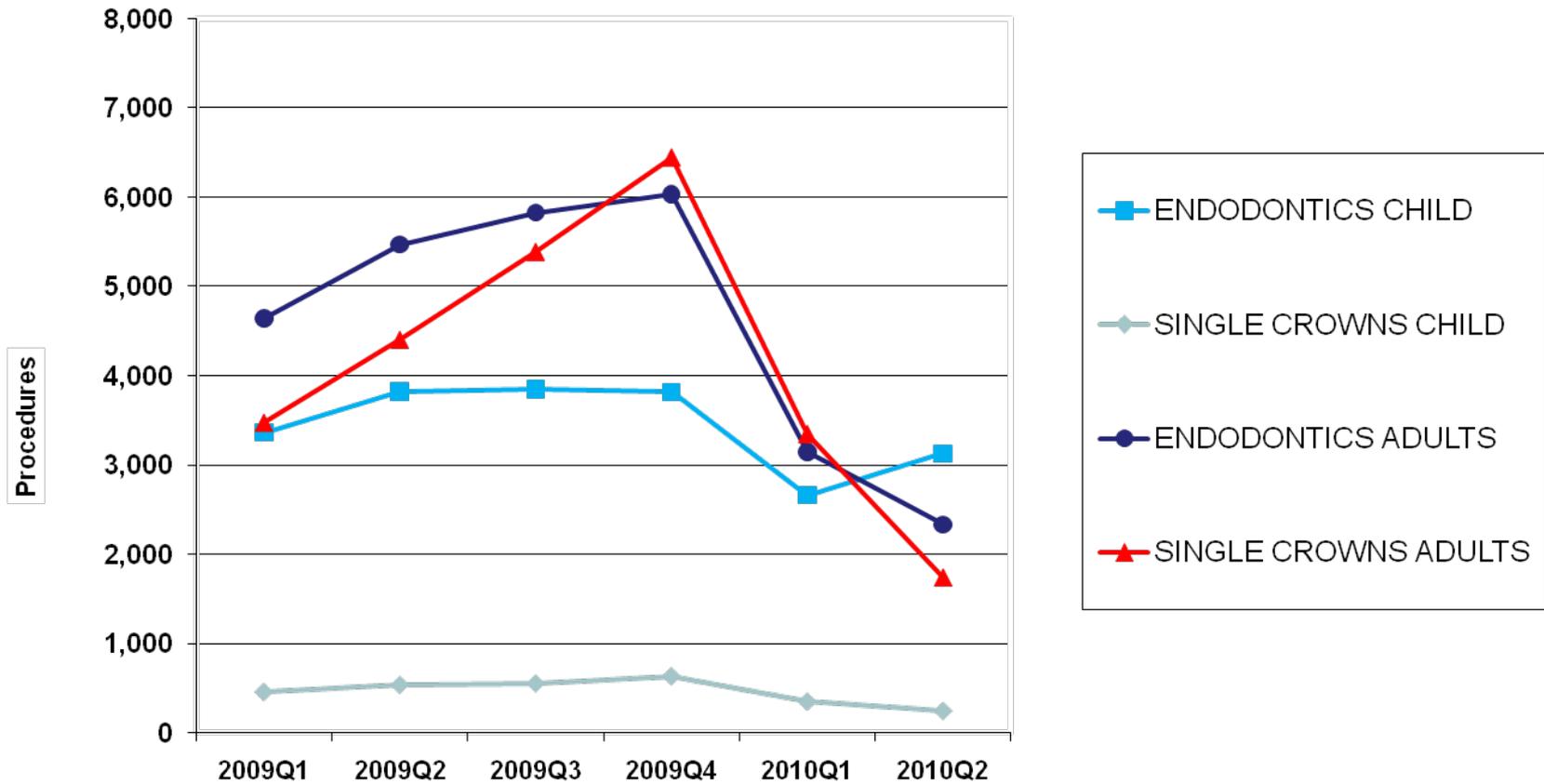
Large % of requests not compliant with Medical Service Policies

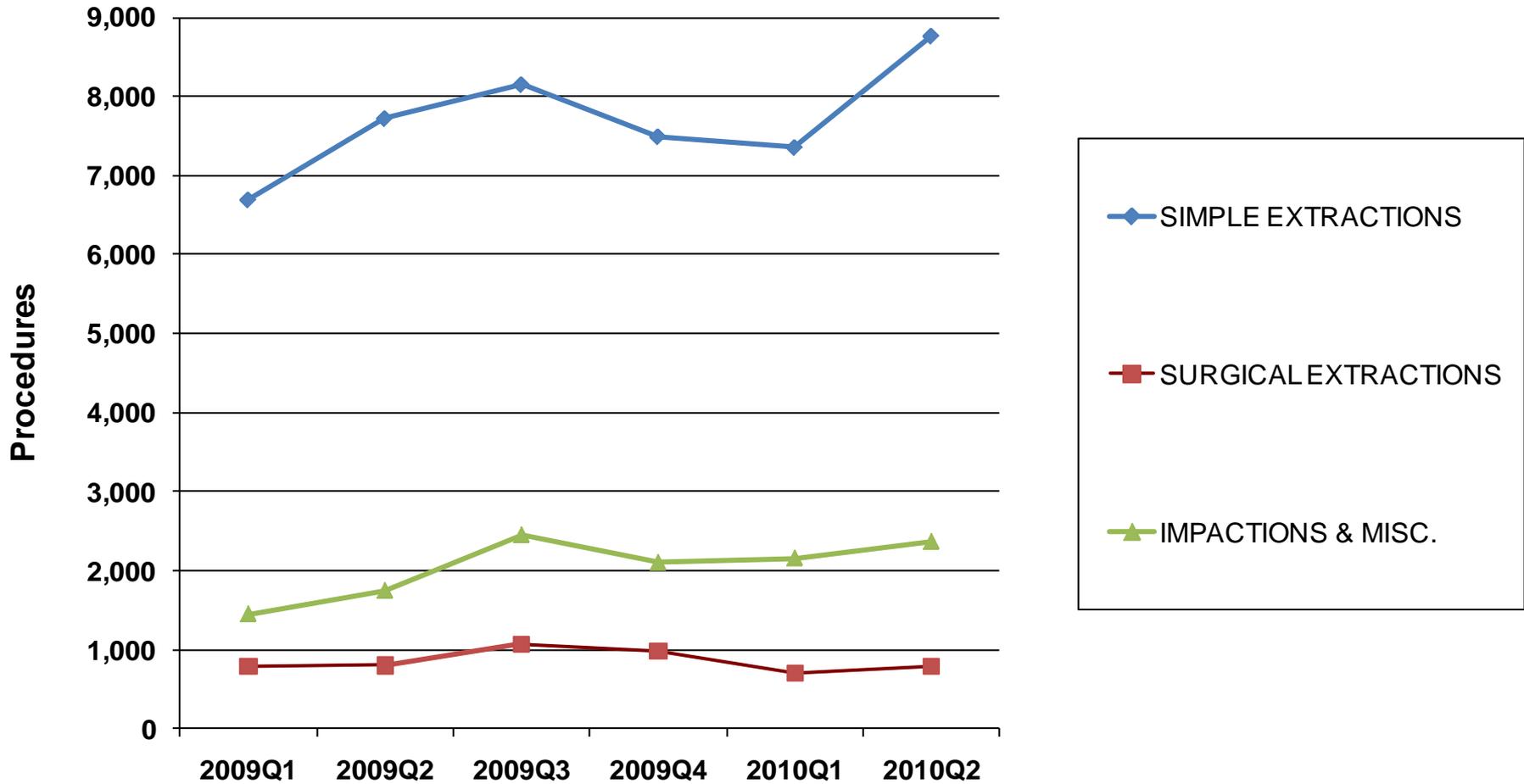
Prior authorization denials compared to total procedures paid:

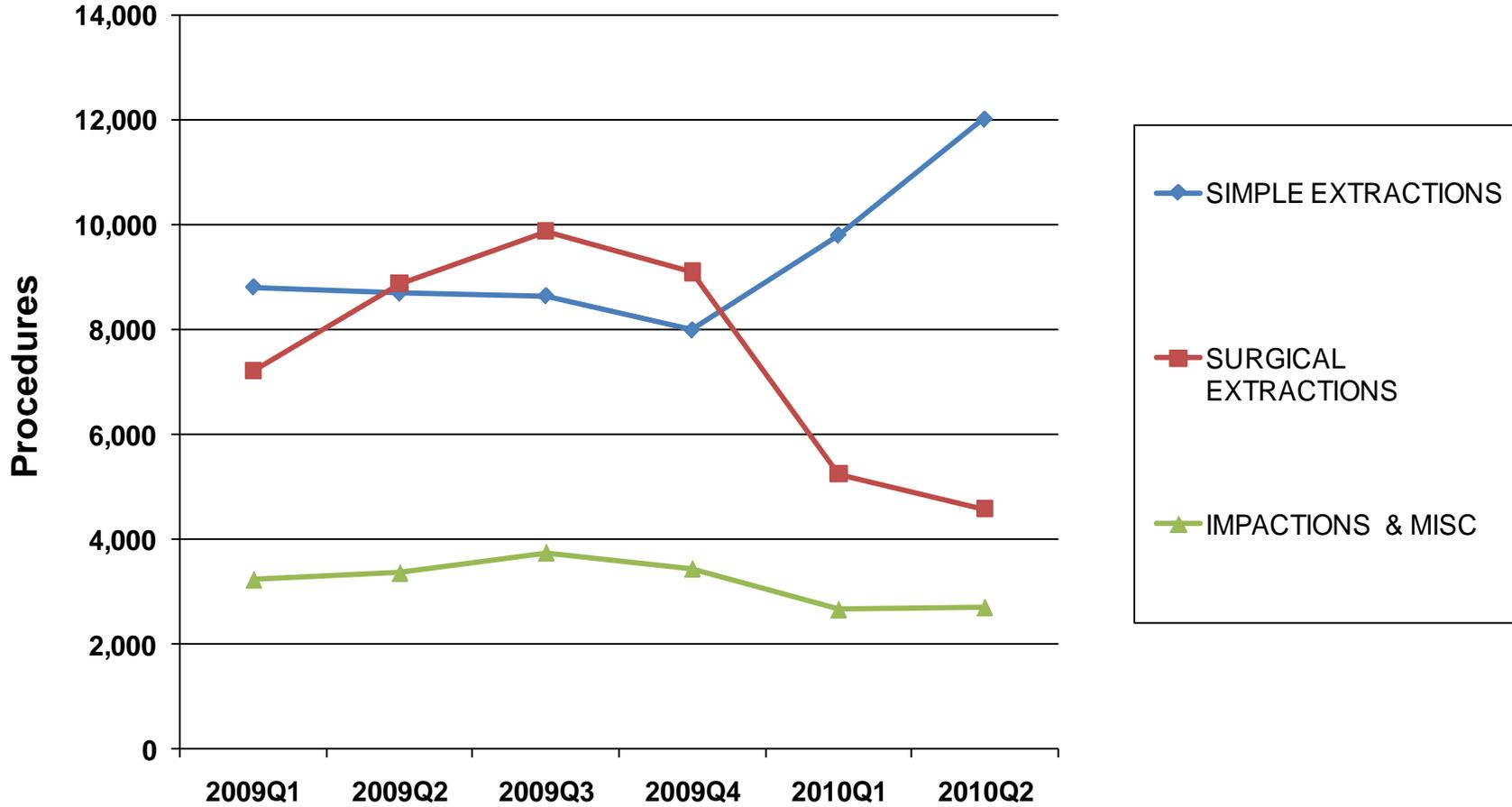
Child PA Denials as % of Procedures Paid	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Procedures Paid	106,042	131,067	127,995	115,341	120,302	123,062	57,072
PA Denials as % of Procedures Paid	0.3%	1.1%	0.9%	0.5%	0.6%	0.8%	1.1%

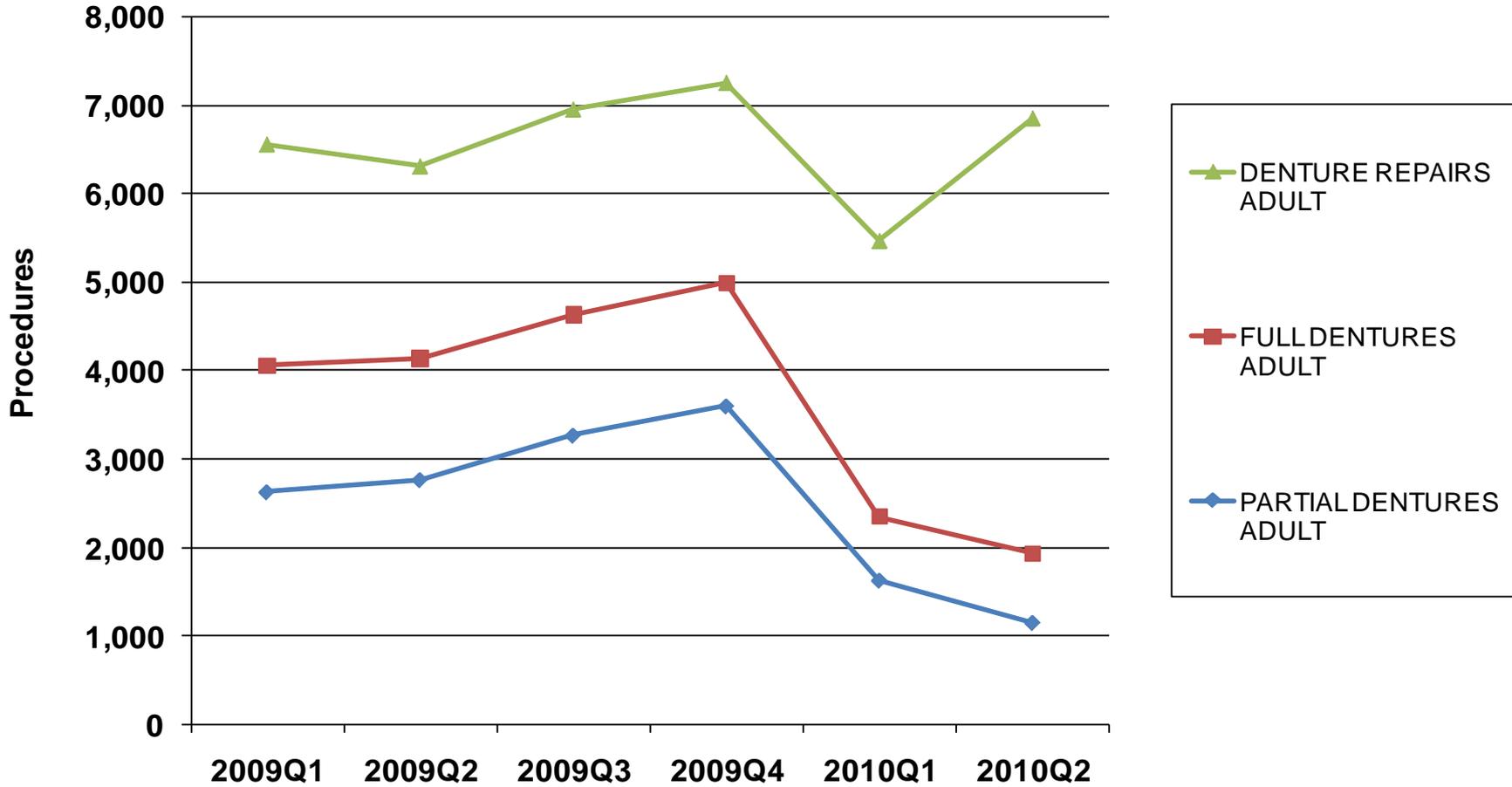
Adult PA Denials as % of Procedures Paid	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Procedures Paid	66,617	86,524	78,937	74,174	79,960	83,919	34,598
PA Denials as % of Procedures Paid	5.2%	5.8%	9.2%	4.2%	3.1%	3.7%	4.1%

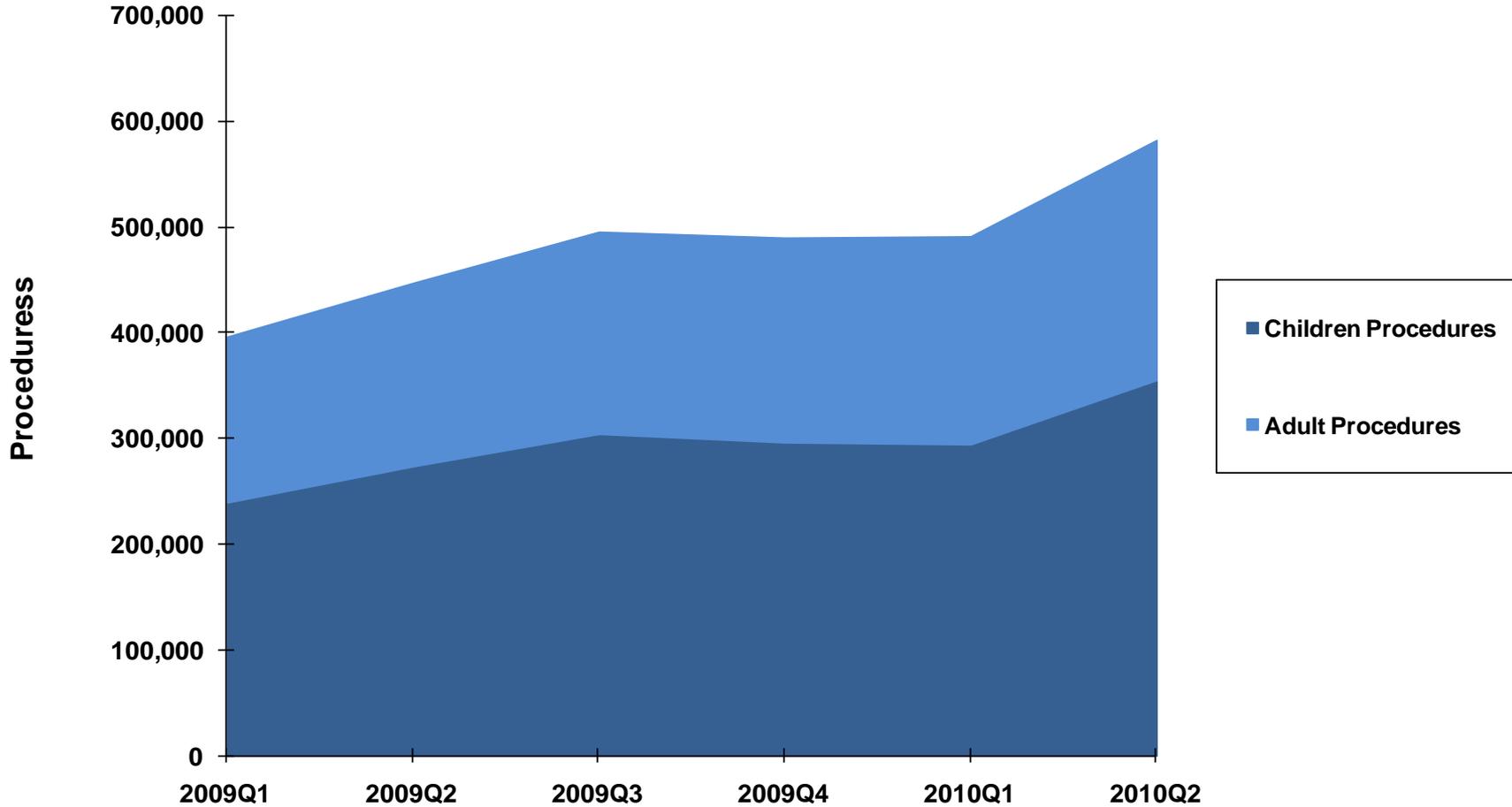












2010 Mission, Goals and Initiatives

<p>Mission</p>	<p>The Connecticut Dental Health Partnership will improve the oral health of our Clients by quality focused collaboration with our provider, community and government partners</p>		
<p>Goals</p>	<p>Increase awareness of the CTDHP across all partners</p>	<p>Increase the number of Clients receiving services</p>	<p>Increase the quality of all services provided</p>
<p>Measurements</p>	<p>Results of C/S Surveys, Market research showing positive trend in CTDHP recognition</p>	<p>Unduplicated utilization rate trend at > 5% year on year</p>	<p>Compliance assessment of CTDHP-DSS contract, Carr Settlement Agreement, legislation, regulations and DSS policies at 90% compliance rate</p>

If you or your staff are contacted by a HUSKY, MLIA or FFS Medicaid client regarding locating dental providers or questions about dental services, please have the client contact the CTDHP call center at:

866-420-2924

24 hours a day, 7 days a week



HUSKY
PRIMARY CARE

**CONNECTICUT'S PRIMARY CARE
CASE MANAGEMENT (PCCM) PROGRAM**

...A DIFFERENT APPROACH TO HEALTH CARE

HUSKY Primary Care update

- Provider forum held in Putnam in August
 - attended by hospital administrators, PCPs, and practice managers from pediatric, internal and family medicine practices
- Provider forum to be scheduled in the Torrington area
- Draft waiver amendment to permit expansion and to delay evaluation is being prepared for submission
- CMS requires evaluation April 1, 2011 as condition for 1915(b) waiver extension
- Department is working with Mercer on the scope of the evaluation

HUSKY Primary Care: Enrollment

	HUSKY Members	Primary Care Providers
Hartford Area	68	58
New Haven Area	109	139
Waterbury Area	253	41
Windham Area	31	13
Total	461	251

As of September 2010. Note: There were 250 members enrolled in January 2010

Connecticut Pre-existing Condition Insurance Plan (CT PCIP)

Connecticut Pre-existing Condition Insurance Plan (CT PCIP)

- Application available 8/1/10
 - New multiple program application was available on the CT PCIP, Charter Oak, HUSKY & DSS websites or by calling 1-800-656-6684
 - Any individual whose application for medical coverage was pending as of August 1st but received prior was considered for CT PCIP
 - ACS made outbound calls and sent follow-up letters to assess for a pre-existing condition to those who applied for medical coverage using an application where the question was not asked
- Interest in the CT PCIP to date
 - 293 calls received by ACS inquiring about the program
 - Approximately 2,116 hits to the website

CT PCIP Application Activity

August 2010

- 2,000+ HUSKY/COAK/LIA/PCIP applications reviewed by ACS in August
- 820 individuals qualified for HUSKY B Band 3, Charter Oak or CT PCIP
- All 820 screened for CT PCIP
- 63 (nearly 8%) eligible for CT PCIP
- 2 enrolled in CT PCIP (as of 10/1/10)
- Remaining 757 may enroll with Charter Oak or HUSKY B Band 3

CT PCIP Update

- Barriers to enrollment in CT PCIP and PCIPs nationally
 - Lack of exceptions to 6 month crowd-out period
 - Affordability of premiums
- Mental Health Parity Request

SAGA and Charter Oak to Medicaid LIA Conversion

SAGA to LIA Conversion

- Condition for approval of Medicaid expansion was that all claims be processed by MMIS
- Federal match for Medicaid LIA will be based on claims processed through MMIS
- Rather than ask providers to re-submit claims, CHNCT will submit claims to MMIS on providers' behalf
- HP is reaching out to out-of-network providers to encourage them to participate in CMAP
- HP is enrolling out-of-network providers in the Medicaid network to allow for re-submission of claims and payment under Medicaid

SAGA to LIA Conversion

- CHNCT contacted 139 non-participating providers to encourage to them to join CMAP – to date 25 providers indicated they would participate
- DSS mailed Provider Bulletins in June and September explaining the SAGA recoupment initiative
- CHNCT mailed provider bulletins in May and June explaining the SAGA recoupment initiative
- DSS sent notice to SAGA members in July with details of their transition to LIA
- CT Medical Society and FQHCs were informed in September

LIA Payment and SAGA Recoupment Update

- CHNCT sent first paid claims file (FQHCCs) to HP (formerly EDS), processed on 9/10 for dates of service 4/1/10 and forward
- Subsequent CHNCT submissions to HP will be bi-monthly based on provider type and volume
- Anticipate completion by 12/10

LIA Payment and SAGA Recoupment Update

	Cycle date	Payment date	Provider type	Estimated payment
1st submission	9/10	9/14	FQHC, Lab	\$2.95 million
2 nd submission	9/24	9/28	Hospital	\$538,000
3rd submission	10/8	10/13	MD & Independent radiology	\$875,000
4 th submission	10/22	10/26	MD	\$2.28 million
5 th submission	11/5	11/9	Other practitioner	\$123,000
6 th submission	11/19	11/23	MEDS, CDH	\$211,000
7 th submission	12/10	12/14	HHA, Emrg Amb	\$725,000
8 th submission	12/23	12/28	Clinics, Vision	*\$105,000

LIA Payment and GABHP Recoupment Process

- On August 13th DMHAS sent recoupment letters to providers and ABH made available claim-line detail reports of claims designated for recoupment
- Non-hospital providers of Substance Abuse Observation Bed services received adjustments to their recoupment to exclude these claims as they are not Medicaid covered services
- Providers will soon receive communication from the departments regarding the pending SPA on allowable Medicaid group size

Charter Oak to LIA Conversion

- DSS has identified nearly 1,500 Charter Oak Health Plan members in the lowest income range who may qualify for Medicaid for Low Income Adults (LIA) based on reported income
- ACS has completed review of 1,228 potential cases for LIA as of September 15th
- 1,228 were referred to DSS district offices for final eligibility determination for LIA
- These members will receive a notice from ACS explaining that their application is being referred for further review as they may be eligible for the LIA program

Charter Oak Update

- DSS will complete eligibility determination for LIA no later than October 15
- Will convert those enrollees who qualify for LIA retroactive to April 1, 2010 (or a later date in certain cases)
- Special notice will inform enrollees of their retroactive conversion to LIA

Charter Oak Update

- ACS will refund premiums to enrollees based on ACS billing cycle (bi-monthly)
- DSS will recoup medical capitation payments from the Charter Oak MCOs
- MCOs will recoup medical service payments from providers
- Providers will be instructed to refund deductibles, co-pays and co-insurance

Questions