USING MEDICAID AND BIRTH DATA FOR EVALUATION OF PERINATAL ORAL HEALTH INITIATIVE IN THE HUSKY PROGRAM

PRESENTATION TO
OVERSIGHT COUNCIL ON MEDICAL ASSISTANCE PROGRAM
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Perinatal and Infant Oral Health Quality Improvement Project

- Connecticut Dental Health Partnership, with four-year grant awarded by HRSA MCHB
- Goals:
  - Provide coordinated statewide approach to address oral health needs of pregnant women and infants at risk
  - Promote perinatal and infant/toddler oral health to eliminate barriers to care and disparities
  - Improve systems of oral health care through evaluation, including statewide data collection and analysis
  - Leverage fiscal and other resources to maintain Intensive Community Outreach approach and evaluate effectiveness
  - for funded perinatal and infant oral health quality improvement project

Intensive Community Outreach

Expands on “trusted person” model for a statewide effort to help pregnant women and young children get dental services

- Outreach to community partners and OB/GYN, CNM, pediatric primary care and WIC offices
- Direct outreach to mothers and infants who have not had dental care
- Referral, appointment assistance, translation, transportation and care coordination to facilitate access to dental care, including care for individuals with special needs

Evaluation: Year One

As the project rolls out statewide, we conducted baseline studies of utilization and administrative procedures:

- *Dental Care for Pregnant Women and New Mothers in HUSKY A*
- *Dental Care for Young Children in HUSKY A*
- *Using Claims Data to Identify Pregnant Women and New Mothers for Oral Health Outreach*

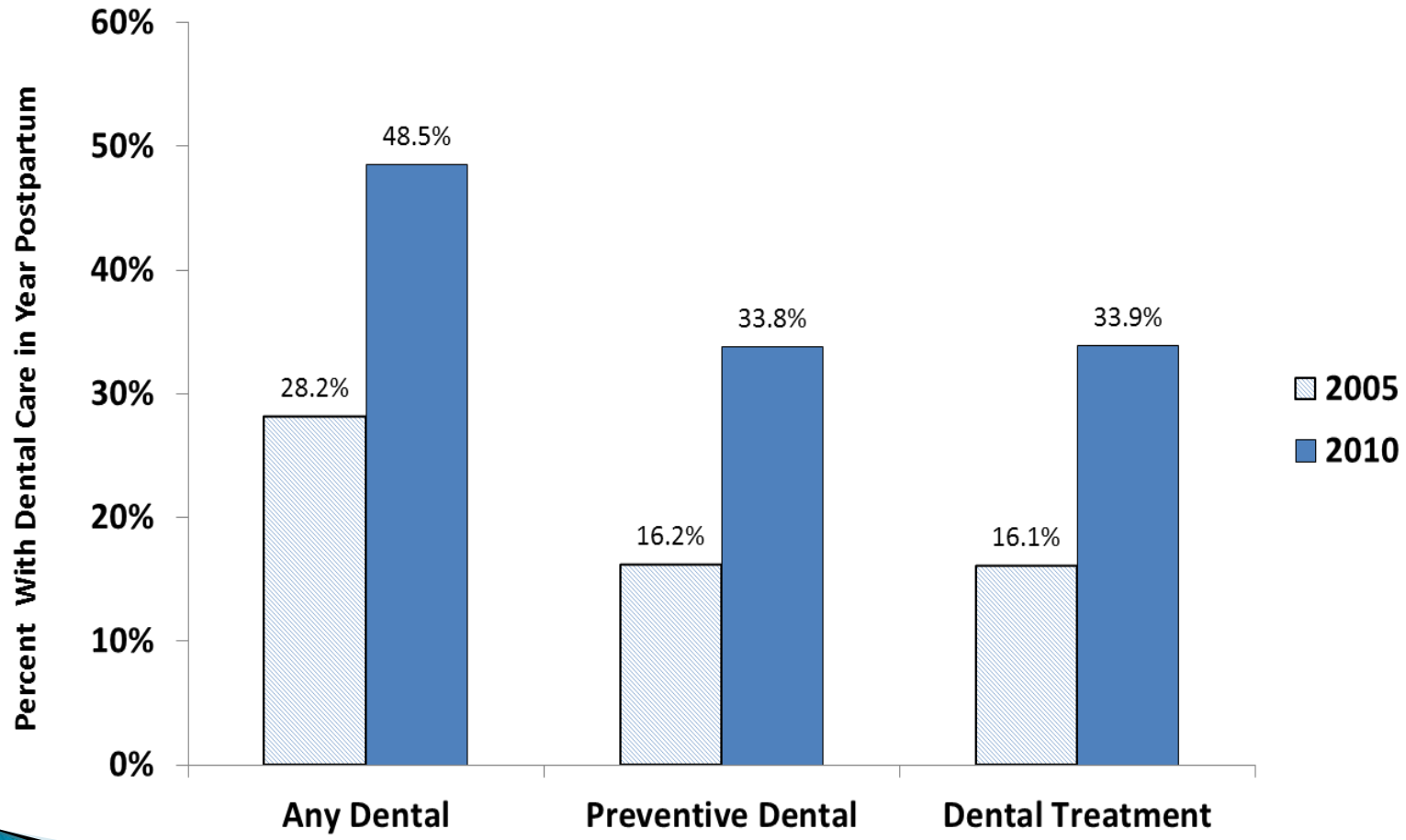
www.jsonline.com

Dental Care for Pregnant Women and New Mothers in HUSKY A

Methods

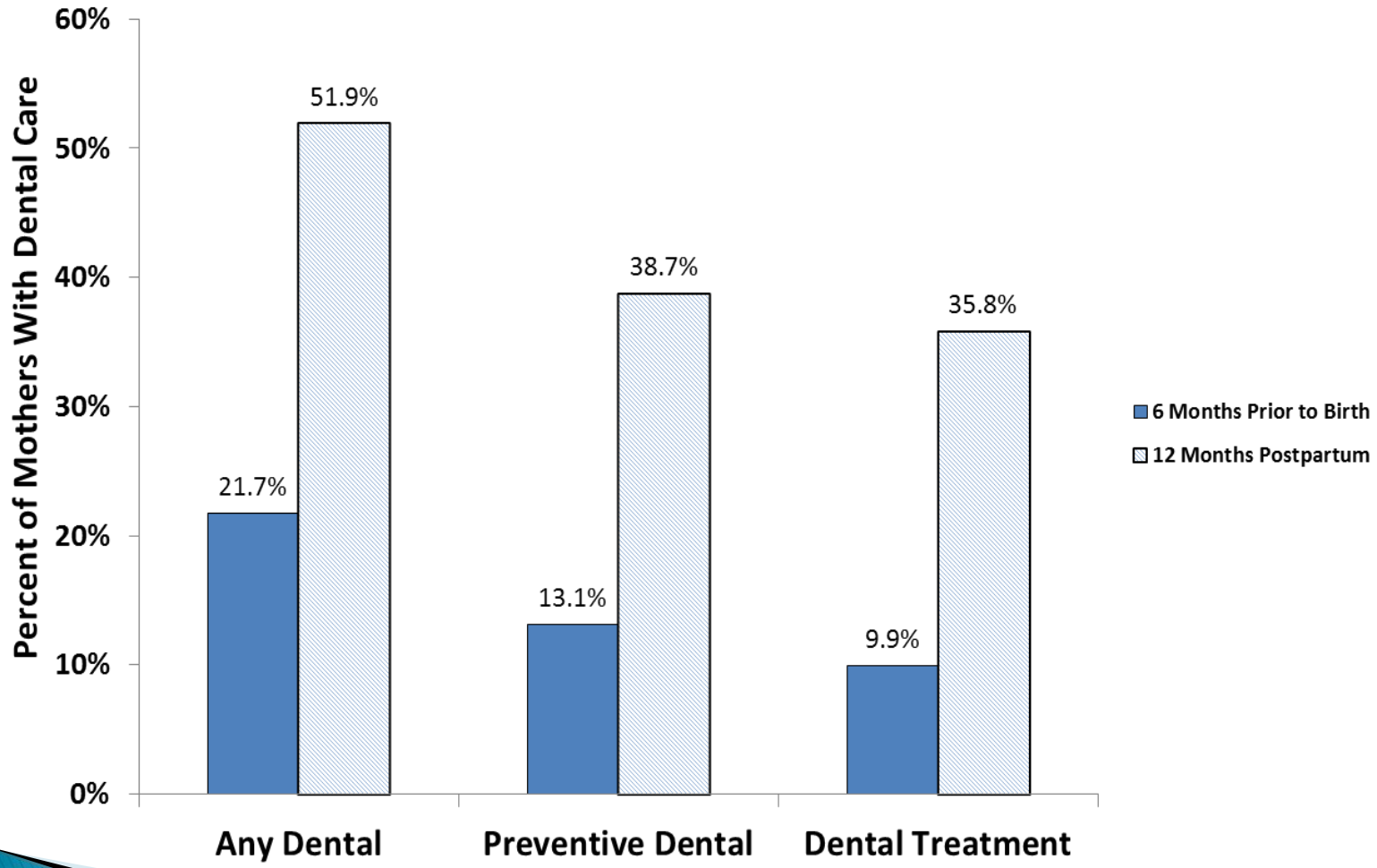
- Linked Connecticut birth data with HUSKY enrollment data to identify mothers who gave birth while enrolled in HUSKY Program
- Created three-way linkage of data by adding in dental and medical claims data
- Focused analyses on mothers who were continuously enrolled for 12 months postpartum and subset who were also continuously enrolled for 6 months prior to the birth
- Compared results for 2010 (administered fee-for-service) to 2005 (risk-based managed care)

Dental Care for New Mothers Increased Before the Project Began



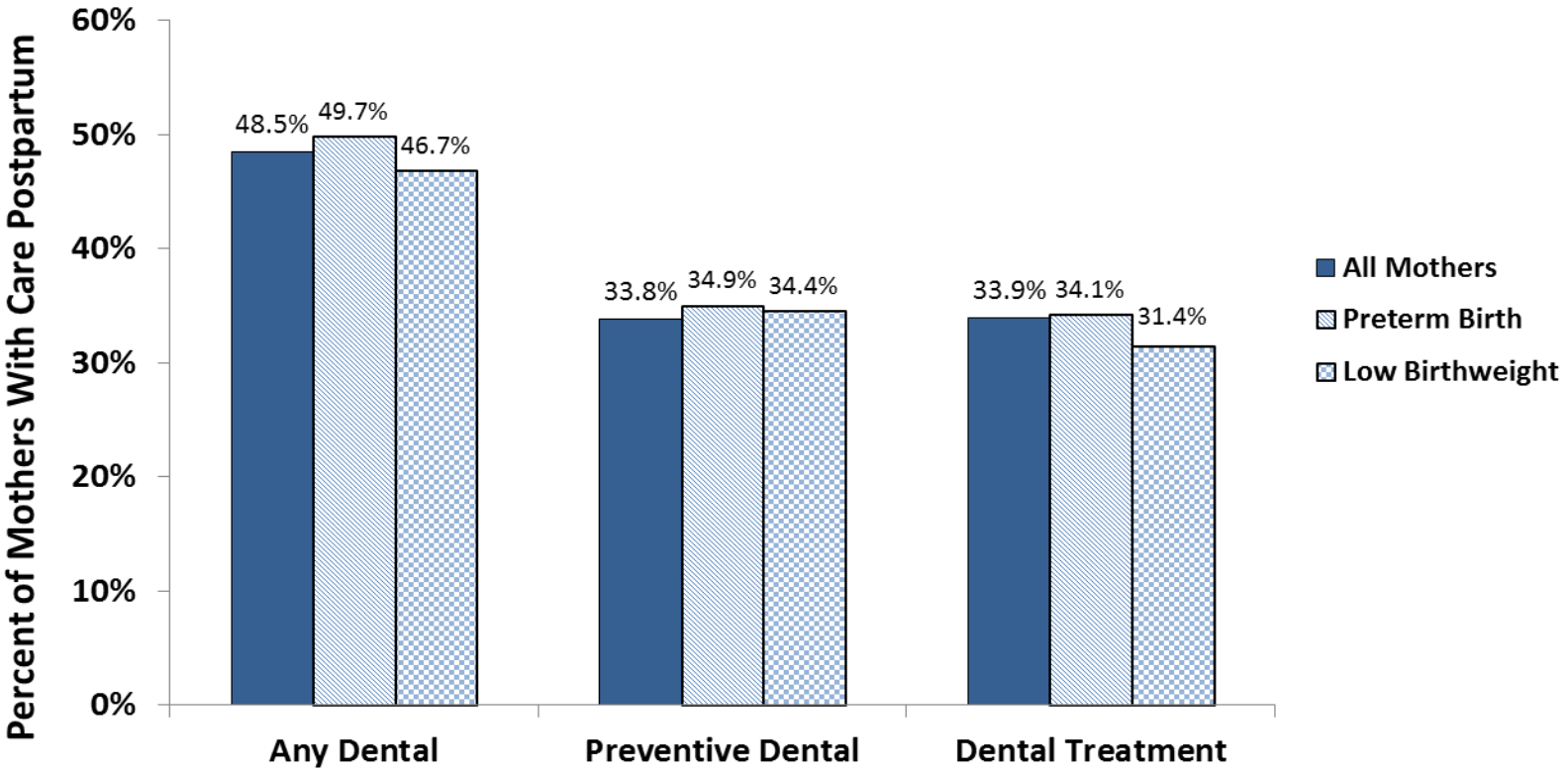
New mothers who were continuously enrolled for 12 months after giving birth.
Source: Analysis of linked birth-HUSKY A (Medicaid) enrollment and claims data by Connecticut Voices for Children

More New Mothers Receive Care Postpartum than During Pregnancy



New mothers who were continuously enrolled 6 months during pregnancy and 12 months postpartum. Source: Analysis of linked birth-HUSKY A (Medicaid) enrollment and claims data by Connecticut Voices for Children

Mothers with Adverse Birth Outcomes Were No More Likely to Receive Care To Improve Their Oral Health



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

smilecosmetic.wordpress.com

Dental Care for Young Children in HUSKY A

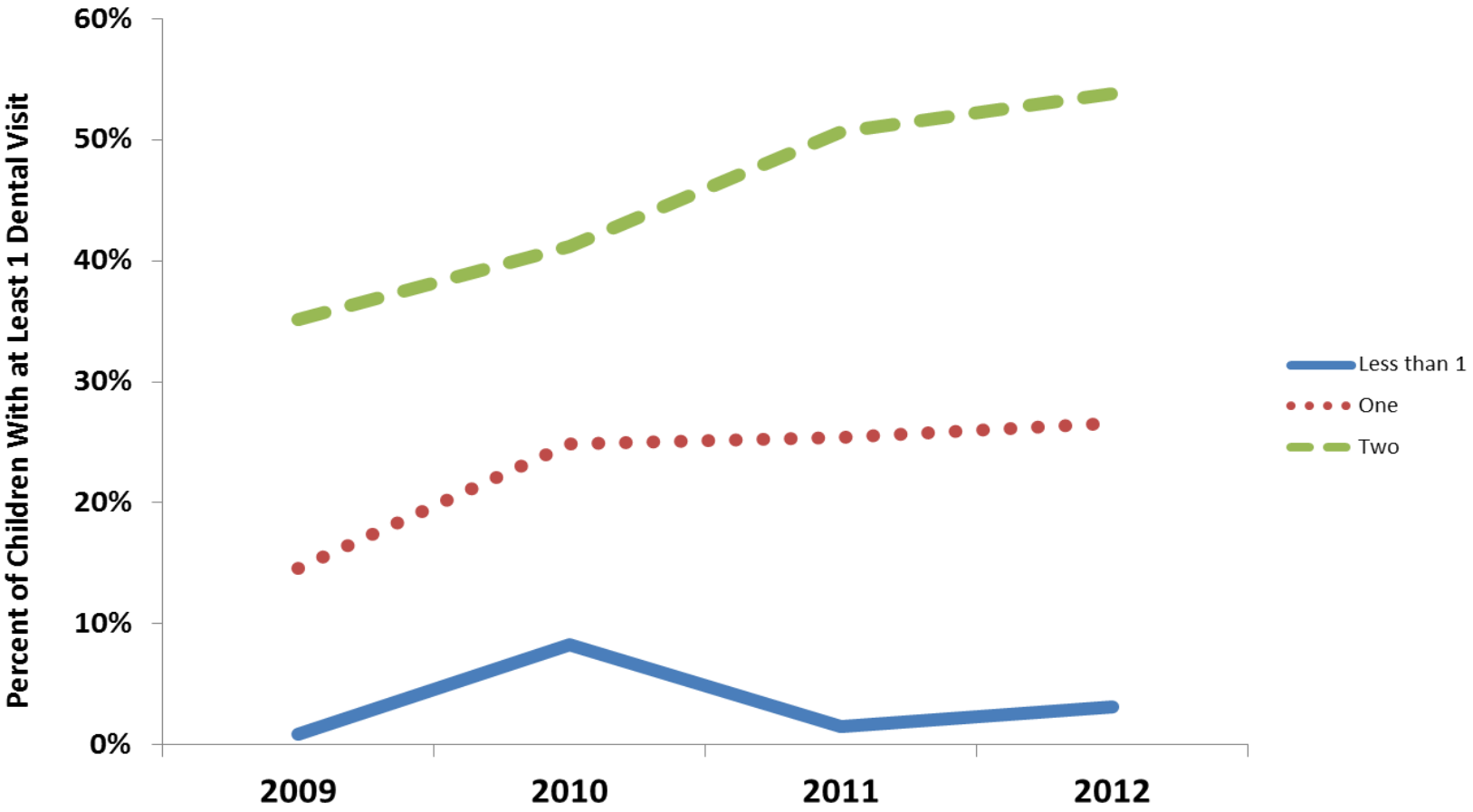
Methods

- Searched HUSKY enrollment data for children ages 3 and under (as of 12/31) who were continuously enrolled in HUSKY A
- Searched HUSKY claims data for records indicating that the child had any dental care, preventive dental care, and/or treatment
- Described utilization over time by age and by race/ethnicity

Utilization by Very Young Children Increased Before the Project Began

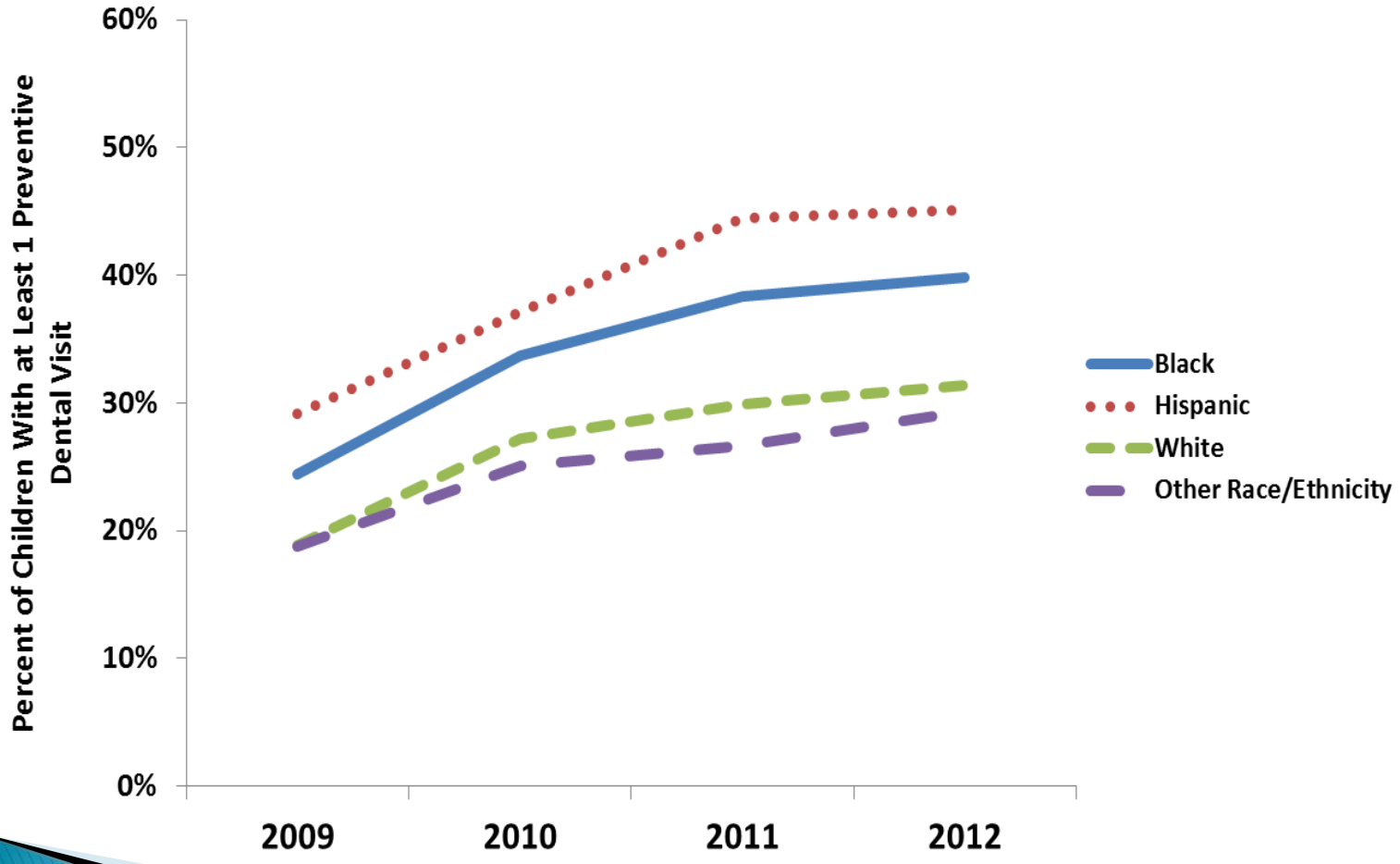
Children under 3 who were continuously enrolled for 12 months.
Source: Analysis of HUSKY A (Medicaid) enrollment and claims data by Connecticut Voices for Children

More Children Ages 2 and 3 Received Preventive Care



Children under 3 who were continuously enrolled for 12 months.
Source: Analysis of HUSKY A (Medicaid) enrollment and claims data by Connecticut Voices for Children

Utilization Increased for All Children But Racial/Ethnic Differences Persist



Children under 3 who were continuously enrolled for 12 months.
Source: Analysis of HUSKY A (Medicaid) enrollment and claims data by Connecticut Voices for Children

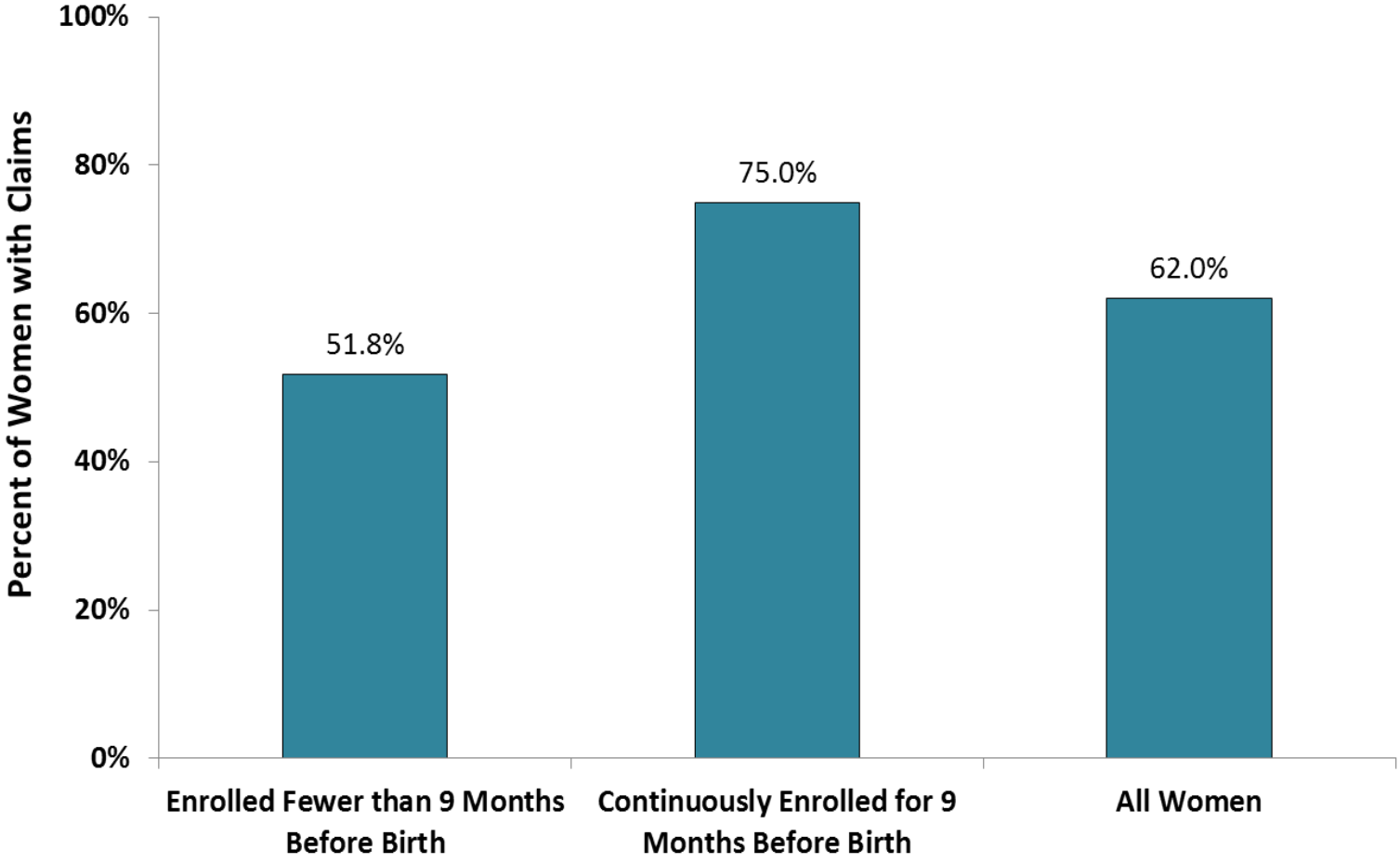
pregnancy.familyeducation.com

Using Claims Data to Identify Pregnant Women and New Mothers for Oral Health Outreach

Methods

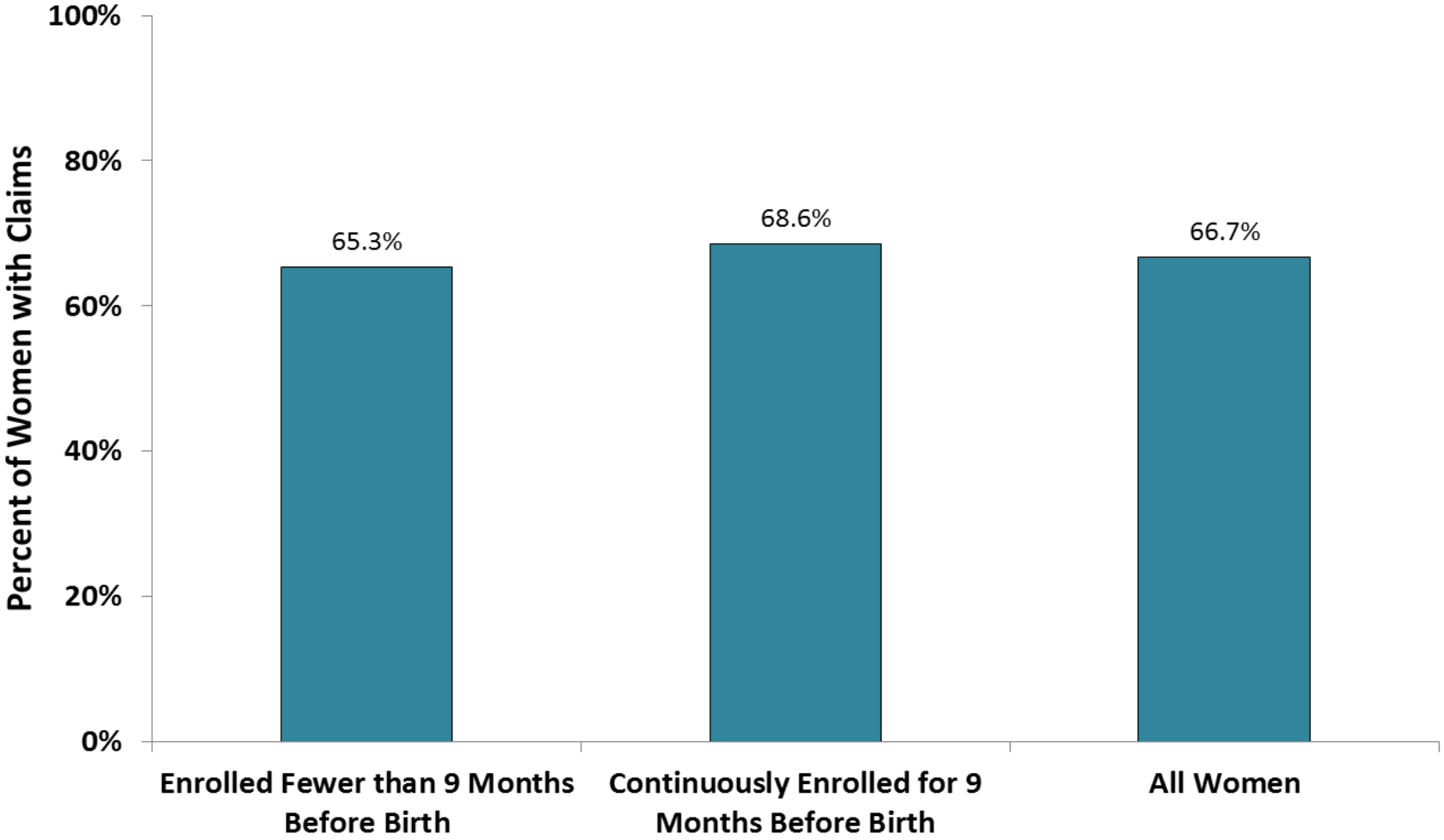
- Linked Connecticut birth data with HUSKY enrollment data to identify mothers who gave birth while enrolled in HUSKY Program
- Created three-way linkage of data by adding in medical and pharmacy claims
- Searched for claims by enrollment status for mothers who were continuously enrolled for nine months before the birth and those who were enrolled for less than 9 months

Not All Pregnant Women Had Claims for Prenatal Vitamins



Pregnant women who gave birth while in HUSKY A who had claims for prenatal vitamins.
Source: Analysis of linked birth-HUSKY A (Medicaid) enrollment and claims data by Connecticut Voices for Children

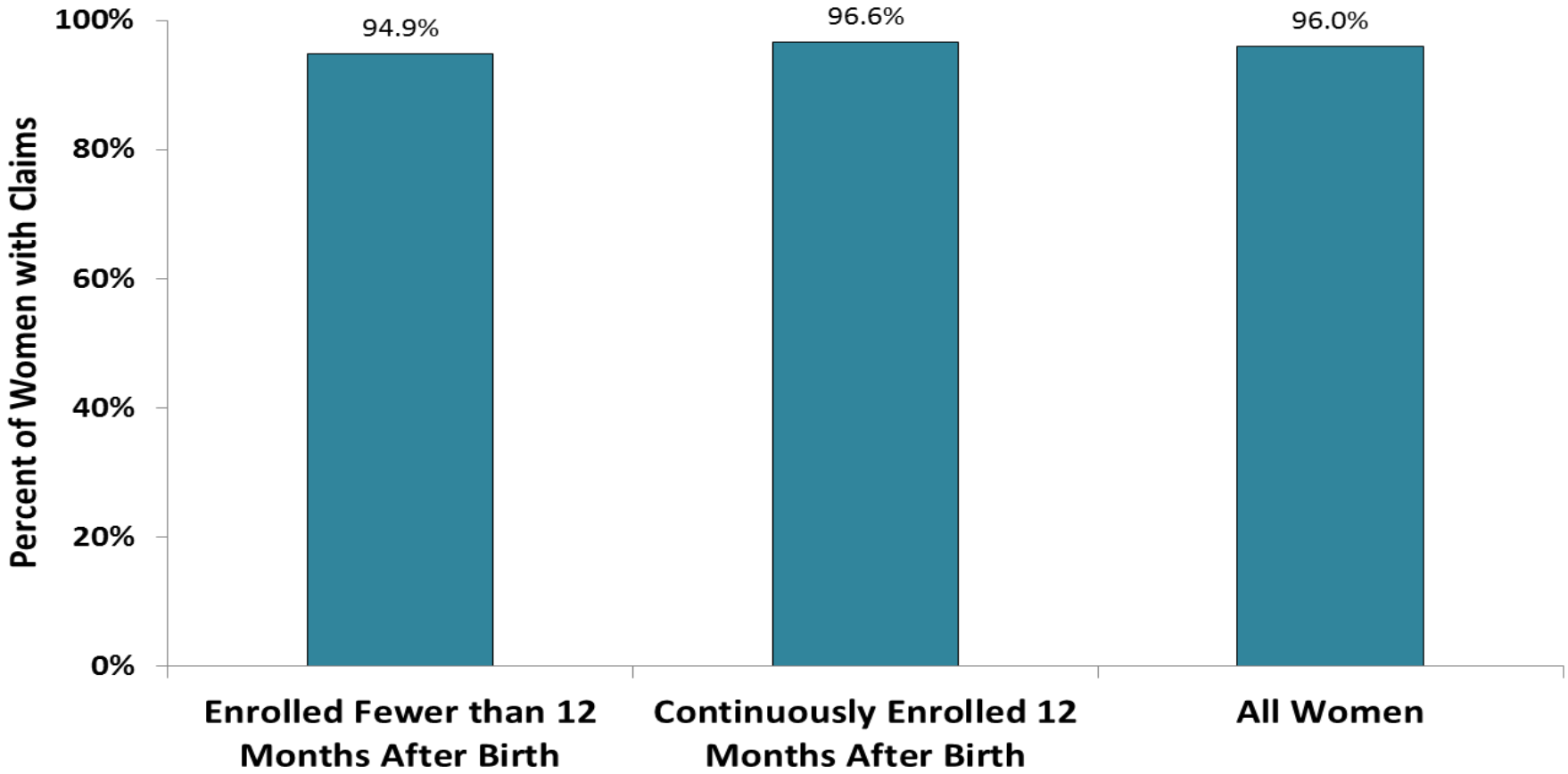
Not All Pregnant Women Had Claims for Maternity Care Before the Birth



Pregnant women who gave birth while enrolled in HUSKY A who had claims with diagnosis=pregnancy or procedure code=maternity care.

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

Almost All New Mothers Had Claims for Maternity Care After the Birth



New mothers who gave birth while enrolled in HUSKY A who had claims with diagnosis=pregnancy or procedure code=maternity care.
Source: Analysis of linked birth-HUSKY A (Medicaid) enrollment and claims data by Connecticut Voices for Children

Conclusions

- **Birth data linked with Medicaid data** (enrollment and claims) can be used for monitoring maternal health and birth outcomes, as well as oral health care for new mothers and young children
- **Medicaid data (enrollment and claims)** can be used to monitor access to oral health care and utilization, assess the impact of policy and program changes, evaluate interventions
- **Outreach depends on additional approaches** to identifying newly pregnant women and new families in real-time

Acknowledgements

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