The HUSKY Health Dental Program Update

Medicaid Assistance Program Oversight Council
February 8, 2019
Evaluating the Dental Network

We continuously evaluate the dental network based on a number of contractually defined factors:

- Anticipated enrollment
- Expected utilization of services and the number of practitioners required to furnish those contracted services
- The number of dental practitioners that are not accepting new HUSKY Health members
- The geographic location of dentists and members, considering distance and travel time
Evaluating the Dental Network

This evaluation leads to our annual network development plan in which we analyze the network by three measures and identify areas for improvement:

- **Access**: a member-dentist distance related measure
- **Capacity**: a member-dentist volume related measure
- **Availability**: a time based appointment scheduling measure
Our contract has a minimum access standard of one primary care dentist (PCD) in 20 miles to each Member.

That standard is met by 100% of the HUSKY Health Members.

One Primary Care Dentist within **10 Miles at 99.8%**
December 2018

Source: geographic access from clients to primary care dentists (general practice and pedodontists) as of 12/31/2018 generated by the Connecticut Dental Health Partnership, use the Quest Analytics suite
Dental Network: Access

Don’t take our word for it. Here is what the American Dental Association said in their national analysis of Medicaid dental access.

99% of publicly insured children live within 15 minutes of a Medicaid dentist.

99% of HUSKY Health children live in areas where there is at least one Medicaid dentist per 2,000 publicly insured children within a 15-minute travel time.

versus

94% of the total population lives in areas where there is at least one dentist per 5,000 population within a 15-minute travel time.

Dental Network: Actual Access Density

Source: geographic access from zipcode population centroid to primary care dentists (general practice and pedodontists) as of January 2019, Connecticut Dental Health Partnership
Dental Network: Closed Panels

To reduce inconvenience to dentists, we let them open/close their patient panel when they feel it is appropriate

- Closed panels are not = zero access
- Closed primary care dentist panels in 2018 = 12.4%
- Those providers saw 57,583 unique HUSKY Health members in CY2018 with an average panel size = 446 members.
Our contract requires the following network capacity:

- 2,000 Members to one Primary Care Dentist
- 2,400 Members to one Specialty Care Dentist

<table>
<thead>
<tr>
<th>Providers Required</th>
<th>Actual</th>
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<tbody>
<tr>
<td>Primary Care Dentists</td>
<td>410</td>
</tr>
<tr>
<td>Specialty Care Dentists</td>
<td>342</td>
</tr>
</tbody>
</table>

Source: CTDHP internal reporting. Generated 1/11/2019 using December 2018 provider network data. Providers may be counted more than once if they work for multiple dental practices and/or across county lines.
Since CY2010 we have used United Way 2-1-1 (UW211) to perform an independent mystery shopper

- UW211 calls every provider in the CTDHP network
- UW211 measures ability to get an appointment with a PCD and the wait time for that appointment

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</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCD Appointment Success</td>
<td>93%</td>
<td>93%</td>
<td>91%</td>
<td>91%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>87%</td>
</tr>
<tr>
<td>Average Time for PCD Appt (days)</td>
<td>14.4</td>
<td>11.2</td>
<td>6.8</td>
<td>9.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.3</td>
</tr>
</tbody>
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|                |       |       |       |       |       |       |       |       |       |
| **Adults**     |       |       |       |       |       |       |       |       |       |
| PCD Appointment Success |       |       |       |       |       |       |       |       | 81%   |
| Average Time for PCD Appt (days) |       |       |       |       |       |       |       |       | 6.8   |

**Net Network Growth (year-over-year)**: 32.3% 18.7% 13.2% 17.6% 12.7% 9.7% 10.0% 7.0% 3.0%

Source: 2009 mystery shopper performed and reported internally. 2010-2017 performed by United Way of Connecticut
January 1, 2018 the State instituted a $1,000 annual limit for adult dental services

- Delicate balance of budget versus benefits

- Retains comprehensive dental benefit for adults

- With prior authorization and medical necessity, services above $1,000 are always provided

- Pre-launch projections estimated <5% adults impacted
### Adult Benefit Maximum – CY2018

<table>
<thead>
<tr>
<th>Aggregate $ by Members*</th>
<th>Count of Unique Members</th>
<th>% of Total Unique Members</th>
<th>$</th>
<th>% of Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-499</td>
<td>164,049</td>
<td>81.6%</td>
<td>$28,032,850</td>
<td>46.9%</td>
</tr>
<tr>
<td>500-999</td>
<td>27,850</td>
<td>13.9%</td>
<td>$19,587,772</td>
<td>32.8%</td>
</tr>
<tr>
<td>1000</td>
<td>1,747</td>
<td>0.9%</td>
<td>$1,747,003</td>
<td>2.9%</td>
</tr>
<tr>
<td>1001-9675</td>
<td>7,390</td>
<td>3.7%</td>
<td>$10,379,438</td>
<td>17.4%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>201,036</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>$59,747,062</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

- **Services excluded** from Benefit Maximum: $17,697,632

- 81% of Members reaching the $1,000 maximum were able to get services beyond the $1,000 limit due to medical necessity

* Only includes services accruing to the Adult Benefit Maximum, source: CTDHP internal reporting. Generated 1/20/2019
Adult Benefit Maximum – CY2018 Impact

PMPM Cost for Members with >= $1,000 Annual Dental Spend

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost</th>
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<tbody>
<tr>
<td>2015</td>
<td>$5.60</td>
</tr>
<tr>
<td>2016</td>
<td>$5.24</td>
</tr>
<tr>
<td>2017</td>
<td>$4.74</td>
</tr>
<tr>
<td>2018</td>
<td>$3.02</td>
</tr>
</tbody>
</table>

36% reduction in PMPM year-over-year

Source: CTDHP internal reporting. CY2015-CY2017 actual expenses. * CY2018 = incurred expenses through 12/31/2018 plus incurred but not reported claims estimation
Dental Services for Medicaid Children
CMS-416 Measurements by FFY (Ever Enrolled Population)

Rate of prevention growth is 2.4x treatment services

Source: Connecticut DSS CMS-416 as submitted to CMS, ever enrolled population, 12a/1a, 12b/1a, 12c/1a
Annual PMPM Dental Costs

Source: CTDHP Internal Reporting
Connecticut Mission of Mercy Free Dental Clinics
Patient Data Provided at Registration

Source: CT-MOM Final Reports provided by the Connecticut Foundation for Dental Outreach on 12/20/2018
National Presence

Have been recognized for good outcomes and have promoted the success of the program at the national level:

- **HRSA Perinatal and Infant Oral Health Quality Improvement Grant** (9/2012 to 3/2018)
- **Association of Maternal & Child Health Programs (AMCHP)** in-person presentation (3/2017)
- **National Academy for State Health Policy (NASHP)** in-person presentation (10/2015)
- **American Dental Association (ADA) Health Policy Institute (HPI)** webinar panelist (6/2017, 9/2016)
- **Medicaid|Medicare|CHIP Services Dental Association (MSDA)** in-person presentation (6/2015)
- Invited by the **Association of State and Territorial Dental Directors (ASTDD)** to submit as best practice (12/2018)
A HUSKY Health Member Story

Video testimonial
Contact Us! Please!

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