OUTCOMES AND FUTURE STATE

Medical Assistance Program Oversight Council
January 10, 2020
CONNECTICUT MEDICAID
DENTAL TIMELINE

- 2019: CTDHP Future State
- 2015: Dental Opioid Interventions
- 2010: CTDHP leads nation in Pediatric Utilization (CMS 416)
- 2009: Data Driven Outreach Begins
- 2008: CTDHP Begins (9/2008)
- 2007: Managed Care Re-Contracting
- 2000: Carr vs. Wilson-Coker
- 1995: Medicaid Managed Care
- 1982: Traditional Medicaid (FFS)
• Support all of the 840,000 HUSKY Health Members
• Office in Farmington, Connecticut, ~36 employees
  o Client Services Center
  o Care Coordination & Outreach
  o Grievance & Appeals
  o Dental Professional/Network Relations
  o CT Dentist Consultants
  o Program Management
• Additional Services in Philadelphia
  • Prior Authorization
  • Finance
MEMBER & PROVIDER
360° SERVICE MODEL

• Single Point of Contact for Members, Providers and Community Partners
• 1 Supervisor and 1 Manager
• 10 Client Service Representatives
  ▪ 7 are bilingual in Spanish
• Most staff have dental office experience
• Focused training
  ▪ customer engagement
  ▪ dental referrals
  ▪ appointment assistance
CARE COORDINATION & OUTREACH

- Eight Dental Health Care Specialists (DHCSs)
  - All live and work in-state
  - Six assigned to regions
  - Carry a caseload of clients from their region and perform outreach in their communities
  - One DHCS for members with Special Health Care Needs
  - One DHCS to assist others & Connecticut Dental Health Partnership co-workers
  - Similar to Community Health Workers

- Outreach Coordinator
- Casework Coordinator
PROVIDER RELATIONS

- Senior Network Development Manager
  - Provider recruitment & in-office support
- Two Professional Relations Representatives
  - Coordinate practitioner enrollment and re-enrollment
  - Maintain network data integrity
  - Assist in dentist complaint resolution
  - Manage network communications
  - Administer authorizations for orthodontics with help of four Connecticut orthodontist consultants
• DHCSs worked **1,101 Care Coordination cases** in 2018.

• In 2018 we performed **844** in-person visits, presentations and events to Head Start, WIC, dental offices, OB/GYN’s, pediatricians, family service agencies and others.

• We distributed **182,114 pieces of material** in 2018 including oral health kits for infants, perinatal women, children and adolescents/adults; program booklets, posters, referral pads and more.

• In 2018 **16,480 members received dental services performed by medical providers** including oral assessments and fluoride varnish applications.
## INITIATIVES:

### CLIENT SERVICES OUTREACH

<table>
<thead>
<tr>
<th>Outreach Call Volume (Calendar Year)</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Automated Calls</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • Attempted                         | 361,547 | 500,137 | 513,995 | Types of Calls:  
- Not compliant with preventive dental schedule  
- Adults close to benefit limit max  
- Problem focused exam limit  
- Clients seen in ED for dental complaints |
| • Successful                        | 162,713 | 220,744 | 218,929 |       |
| **In-Person Calls: New Member**    | 2,551 | 8,620 | 7,389 | CHNCT provides CTDHP with data on new members who complete their risk survey. CTDHP correlates that data into new member outreach. |
| **In-Person Calls: Perinatal**     | -- | 3,238 | 11,145 | Educating perinatal women on the importance of regular dental visits during pregnancy. |

Note: New Member Outreach calls began November 2017; Perinatal Outreach calls began September 2018.
INITIATIVES:
CLIENT SERVICES OUTREACH

• Improvements in both the rate of service uptake and a shorter interval from initial enrollment to a dental appointment across both new member and perinatal cohorts.

• Increase in preventive utilization across all age groups and cohorts.

• Consistent with overall outreach, informing and awareness impacts on utilization and service uptake.
• Created a web-based orthodontic prior authorization process in 2019
  o Our web-based orthodontic prior authorization tool accepts 2 new digital model types.
  o Physical model process transformed to digital.
  o The average turnaround time for orthodontic prior authorizations has been reduced from 3 weeks to 1 week or less.

• Integrated and systematic capture of provider office capabilities and specialties during provider survey process including ~30 dental office attributes.
  o Allows us to use office attributes to make appropriate referrals across member needs during live appointment assistance.
DEFINING ACCESS

Geographic Access

Network Capacity

Appointment Availability

Network Capabilities
• CTDHP data analysis shows a high level of geographic access.
• Mapping of member address and dental office address as the crow flies.
• Dentists accepting new patients
• Contract standard is 1 dentist within 20 miles.
• Only about 1,500 CTDHP members do not have at least one dentist in 10 miles of their residence.
PROGRAM OUTCOMES:
GEOGRAPHIC ACCESS

Before CTDHP (2006) there were about 300 Dentist Access Points (DAP), in 2019 there are eight times as many.

DAPs are a dentist at a service location. This is the historical measure used in HUSKY Health.

As of 12/31/2019 there were 1,749 individual dentists at 1,041 office locations for 2,439 DAP.
Mystery Shopper Surveys are conducted about every other year by United Way of Connecticut.

In 2017 ‘Child mystery shoppers’ were able to get a routine appointment 87% of the time with an average wait time of 8.3 days.

In 2017 ‘Adult mystery shoppers’ were able to get a routine appointment 81% of the time with an average wait time of 6.8 days.
Dental Offices in HUSKY Health are Actively Seeing Patients

• 93% of CTDHP Dental Providers are billing claims.

• 80% billed more than $10,000 in 2018, a common measure for active providers.

• Only 7% did not bill in 2018

• Providers not accepting new patients: 10.9%
• Child dental utilization has increased significantly since 2006 (~35%) and for eight years CT has been in the top two states nationally
• In 2016 the national average for child dental utilization was 50.4%

Source: CMS-416 Reports; data provided by each state to the federal Centers for Medicare & Medicaid Services (CMS)
Adult Dental Utilization rose from about 27% in 2006 (before CTDHP) peaking in 2011.

Nationally it is in decline per the American Dental Association.

CT is one of only 19 states with comprehensive adult dental benefits.

Source: CTDHP internal measure constructed to conform with CMS-416 data selection criteria for adults.
FINANCIAL OUTCOMES: PREVENTION

Peer-reviewed Standards

Predictive Modeling

Accountability for Cost & Appropriateness

Strengthen Practitioner-Patient Relationship

Urgent/Emergent Treatment

Preventive Maintenance

1/10/2020
FINANCIAL OUTCOMES: BENDING THE COST CURVE

Child Dental Costs PMPM

Adult Dental Costs PMPM

Source: CTDHP Internal Report; PMPM (‘Per Member Per Month’ cost of care)
LOOKING FORWARD:
SOCIAL DETERMINANTS OF HEALTH

• HUSKY Health clients are impacted by the conditions in which they are born, grow, live, work and age.

• CTDHP has negotiated an agreement with United Way of Connecticut (UWC) to assist us in using their 211CT HealthyLives Navigator, an on-line tool to screen for social determinants of health and provide links to resources to meet those needs.

• UWC would train our staff and accept our referrals of clients with complex needs that require additional assistance.
LOOKING FORWARD:
MEDICAL-DENTAL INTEGRATION

• Understanding key linkages between oral health and overall health and working to systematize dental chronic disease management for members with certain medical conditions:
  o Diabetes
  o Hypertension
  o Certain Cancers
  o Pregnancy
  o Others Conditions

• Supports for Primary Care Physicians in delivering Bright Futures EPSDT periodicity schedule dental deliverables to their patients.

• Supports for PCMH and PCMH+ patient oral health status, anticipatory guidance, screening and referrals.
Association between periodontal pathogens and systemic disease, Biomedical Journal, Volume 42, Issue 1, 2019, Pages 27-35, ISSN 2319-4170

(http://www.sciencedirect.com/science/article/pii/S2319417018302634)
LOOKING FORWARD: ENHANCING UTILIZATION MANAGEMENT

- Dentally Prescribed Opioid Measures and Interventions
- Quality Assurance - Clinical Management & Practitioner Communications
- Member Engagement in Fraud, Waste and Abuse Detection
- Exploring Value-Based Payment models for dentistry to reward qualified, Enhanced Dental Homes
CHALLENGES: INTERNAL FACTORS

- HUSKY Health Dental Network Adequacy Trends
  - Impacting specialty care appointment availability
  - May impact future network capacity

- Oral Health Not Prioritized in Primary Care Medical Settings
  - Pediatric PCPs questioning participation in ABC dental service delivery
  - PCMH/PCMH+ dental metric trends raise concerns
Utilization measures are not necessarily indicative of oral health status or dental need.
COMMUNITY PARTNER EXPERIENCE

Meredith C. Ferraro
Executive Director (retired)
Southwest AHEC, Inc.
To enable all HUSKY Health members to achieve and maintain good oral health.

855 - CT - DENTAL
(855-283-3682)
(M - F, 8 AM - 5 PM)

www.ctdhp.com