1. Connecticut Dental Health Partnership Overview
2. COVID-19 Recovery
3. CTDHP Actions & Outcomes
4. Medical Dental Integration
Connecticut Dental Health Partnership
is the dental plan for HUSKY Health and is administered by BeneCare Dental Plans under a contract with the Connecticut Department of Social Services.
<table>
<thead>
<tr>
<th>Where We’ve Been (Circa 2007)</th>
<th>Where We Are Today (2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>~300 Providers in Network</td>
<td>2,300+ CMAP Providers</td>
</tr>
<tr>
<td>Ranked 29th in Children’s Utilization</td>
<td>Ranked 2nd in Children’s Utilization</td>
</tr>
<tr>
<td>Disparate PA &amp; UM Rules administered within multiple MCOs</td>
<td>1 Set of Administrative Rules &amp; Operations Administered by 1 ASO to support providers and members</td>
</tr>
<tr>
<td>No Care Navigation or support to special needs populations.</td>
<td>Team solely dedicated to Care Coordination/Navigation and Outreach focused on members with barriers to care and complex and special health care needs.</td>
</tr>
<tr>
<td>Little to no data integration with medical or behavioral managed care services.</td>
<td>Established data feeds to support member engagement, cross-referrals, case consult.</td>
</tr>
</tbody>
</table>
Children’s Oral Health Strategy: Generational impact on children acculturated to routine, preventative oral health services.

2nd Highest rate of preventative dental services for HUSKY Health members ages 1–20

#1 Highest rate of Oral Evaluation among ADA Dental Quality Alliance State Report (29 States from T-MSIS)

Above National Sample Average in Caries Risk Documentation and Topical Fluoride Application

CMS Source
State Infographics (ada.org)
Utilization Rates Among HUSKY Children
As Reported on CMS-416

- % Preventative Treatment
- % Any Dental Service

* Claim Run-Out

"We Care About Your Dental Health"
COVID–19 Recovery and Response
COVID-19 Timeline of Events and Activities

Q1 2020

- ADA and CDC Guidance Developed specifically for oral health services.

Q2 2020

- Dental Offices closed – except for Emergencies
- Lowest encounter volume for adults and children experienced
  April: 18 children per 1000 members per month, 13 adults per 1000 members per month

Q3 2020

- "You Don’t Have to Wait Until It Hurts" Omni Channel Campaign Launched
- Provider Offices begin to re-open
- Offices experience capacity challenges

Q4 2020

- Highest in-bound calls to CTDHP call center 54,800 calls.
  A continued theme in 2021
- 10,000 Oral Health Kits to CT Foodshare and 1,148 outreach activities conducted in 2020 99% virtual
COVID-19 Timeline of Events and Activities Continued

Encounter rates rebounding. March 21 see higher encounter volumes for adults and children.

Outbound Calls Vaccine Education to 1,664 High Risk Members.

Social Media Campaigns & Web go live-vaccine and oral health in COVID themed posts

Encounter rate slowly continuing to rebound. Utilization rates for adults lagging in relationship to adult membership increases.
COVID-19 Recovery

Emergency Department Visits for Oral Health related problems continue to be low even through the pandemic period.

CTDHP mitigation efforts:
- Automated calls to ED Patients
- Care Coordination efforts to 622 members in SFY2020, 548 members in SFY2021
COVID-19 Recovery: Month over Month Encounter View

- Encounters measure delivery intensity only
- *Claims Lag CY 2021
- Rebound occurring as dental providers reopen.
COVID-19 Recovery: Long Term Population Utilization View

- Utilization percentage rate across population.
- Increase in adult enrollment, steady decrease in adult utilization occurring pre-pandemic.
- Claims Lag CY 2021
SFY 2021 & 2022 CTDHP
Actions and Outcomes
## Member Engagement

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automated member engagement calls</td>
<td>• 33% Improvement in Success Rate from CY 20</td>
</tr>
<tr>
<td></td>
<td>• 526,075 Calls made (as of 9/30/21)</td>
</tr>
<tr>
<td>Implement New Enrollee Welcome Calls</td>
<td>• 44,346 Welcome Calls Made (as of 9/30/21)</td>
</tr>
<tr>
<td>Mail/Post Supplemental (select cohort) upon member engagement call failure</td>
<td>• 21,594 Letters Sent (as of 9/31/21)</td>
</tr>
<tr>
<td>E-Newsletters Members</td>
<td>• Move from Quarterly to Monthly</td>
</tr>
<tr>
<td></td>
<td>• Average Open Rate 19%</td>
</tr>
<tr>
<td>Social Media</td>
<td>• Facebook: Avg. Reach – 3 Months 2,357</td>
</tr>
<tr>
<td></td>
<td>• Twitter: Avg. Reach – 3 Months 1,468</td>
</tr>
<tr>
<td>Refresh Web CTDHP.Org</td>
<td>• Dr. Balaski is the Dr. Tooth Fairy!</td>
</tr>
<tr>
<td></td>
<td>• COVID-19 Blog</td>
</tr>
<tr>
<td></td>
<td>• Diabetes and Oral Health</td>
</tr>
</tbody>
</table>
## Care Coordination and Trusted Person Outreach

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| Receive referrals to Care Coordination             | • 2020: 690  
  • 2021: 587 (as of 9/30/21)  
  • Implemented **Online Care Coordination Referral Tool for Community Partners**                                                 |
| Decreased Case Closure Rate due to inability to engage members | • Resulted in the lowest rate experienced over 5 years  
  • 16% Reduction from CY2020                                                                                                           |
| Community Based Outreach                           | CY 2021 (As of 9/30/21)  
  • 1,467 Activities  
  • 1,339 Community Agency Staff/Providers  
  • 48,494 Collateral Materials Dispersed                                                                                             |
| Develop concentrated Outreach “Sprints”            | • 407 Pediatric/Family Practitioners– ABC Program  
  • 57 GED and Family Resource Centers  
  • 12 Libraries                                                                                                                        |
<table>
<thead>
<tr>
<th>Provider Engagement (Dental and Medical)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
</tr>
</tbody>
</table>
| Monitor general dentist prescribing rate of Opioids. | • 2020 General Dentists prescribed Opioids in 2% of encounters  
• Educated dentists about benefits of Exparel® vs. Opioids |
| Reinvigorate ABC Program                | • Dedicated Full-Time Staff/SME  
• Gainwell requirement – provider registration  
• 522 Trained Providers (as of 9/30/21)  
• Presented Nationally @ CMS on Efforts |
| OB/GYNs and CNMs Outreach               | • Mailed letter and “Rx Pad” to 2,000 providers from Dr. Richards and Dr. Balaski  
• 1,013 Prenatal Oral Health Kits Dispersed (as of 9/30/21)  
• 46 Outreach activities to OB/GYN Practices. |
<p>| Oral Health Heroes to honor allies and partners | • Meet Connecticut’s Oral Health Heroes |</p>
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| Maintain Provider **Access** Standards | • 99% of adults have access to one provider within 20 miles  
• 93% of adults have access to one provider within 5 miles  
• 96% of children have access to one provider within 5 miles  
• NW/NE & Rhode Island Borders are CT Focus Areas |

*Access* = Geographic accessibility is the proximity to dental providers for members as measured by distance or alternatively expressed as driving time.
### Dental Network

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Outcomes</th>
<th>2017</th>
<th>2021*</th>
<th>Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Repeated Secret Shopper Survey to Measure Provider Availability</strong>* <em>PLEASE NOTE: 2021 PRELIMINARY DATA ONLY</em></td>
<td><strong>Appointments Offered to HUSKY Members</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Availability</strong> = a function of the network’s dental providers to provide timely appointments and services to their existing patients of record or new patients referred to them.</td>
<td>Adults</td>
<td>Offered Appointments</td>
<td>81%</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Offered Appointments</td>
<td>19%</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>General/Pediatric</td>
<td>Offered Appointments</td>
<td>88%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Offered Appointments</td>
<td>12%</td>
<td>57%</td>
</tr>
</tbody>
</table>
Repeated Secret Shopper Survey to Measure Provider Availability

**Availability** = a function of the network’s dental providers to provide timely appointments and services to their existing patients of record or new patients referred to them.

*PLEASE NOTE: 2021 PRELIMINARY DATA ONLY*

<table>
<thead>
<tr>
<th>Year</th>
<th>General/Pediatric Average Wait Time</th>
<th>Adult Mean Wait Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>2021*</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>
CTDHP Public Dashboard

CTDHP in final stages of discussion with DSS data for the transparency board project.
Medical Dental Integration
Medical Dental Integration: Oral Health Imperative

- Diabetes
- Heart Disease
- Cancer Treatment
- Autoimmune Diseases
- Pregnancy Outcomes
### Medical Dental Integration

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Increase Preventative Utilization by 1.5% during SFY 22 among HUSKY Health Members with:  
  - Diabetes Type I & II  
  - Sickle Cell  
  - End Stage Renal Disease  
  - Head/Neck Cancers |  
  - MOU established with Middlesex Health Cancer Center – Care Coordination Pathway.  
  - **Integrated Case Conference** with Beacon and CHN ICM.  
  - **Complex Needs** Dental Health Care Specialist Hired - BH and Medical Focus  
  - Sickle Cell Co-Management Pilot with CHN’s ICM Program – PDSA Cycle to expand to Diabetes  
  - **Member Services & Care Coordination platform** updated to flag members with disease conditions to emphasize establishing dental home.  
  - Presentation to YNHH Social Work Leadership for partnership discussions.  
  - Early discussions with Hartford Healthcare Endocrinology Unit.  
  - Disease Specific **member campaigns** in the design phase. |

### HUSKY Health Member Dental Utilization Rates Snapshot*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Utilization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Type 1</td>
<td>27%</td>
</tr>
<tr>
<td>Diabetes Type 2</td>
<td>21%</td>
</tr>
<tr>
<td>ENT Cancers</td>
<td>21%</td>
</tr>
<tr>
<td>ESRD</td>
<td>15%</td>
</tr>
<tr>
<td>Sickle Cell Anemia</td>
<td>37%</td>
</tr>
</tbody>
</table>

*SFY 21 Continuously Enrolled HUSKY Health Members
<table>
<thead>
<tr>
<th>Medical Dental Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td>Partner with state, local agencies and providers that focus on pregnancy and early childhood to emphasize good oral health care.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Medical Dental Integration: Working Towards a Future State

- Streamlining processes for adults with specific diagnoses to obtain medically necessary preventative services. Go live Q1 2022.

- **Promoting Oral Health Assessment** within standardized assessment processes and operations (EMRs)

- Dental Providers identified as part of the patient’s care team and included within the broader health care landscape: HIE/CONNIE Representation

- Bi-Directional clinical information flow between medical and dental providers—ICD-10 Coding Now Accepted on Dental Claims

- Compliance with **EPSDT Oral Assessment and Fluoride Varnish** Application at Well-Child Visits
Oral Health Equity
Oral Health Equity

- **Governance Model**
  - Internal Workgroup
  - External Workgroup
  - Executive Workgroup

- **Activities:**
  - Utilization Data Analysis
  - Member “Barriers to Care” Survey
  - C.L.A.S Internal Assessment (Cultural Linguistic Appropriate Services)

- **Action Plans**
  - Member Engagement & Outreach
  - Voice of the Member
  - Provider Network Development
  - CLAS

Go to ctdhp.org for full report (scroll to bottom).
Non-Utilization Data Analysis

Findings

• **Adults had a disproportionally higher rate of dental non-utilization than children.** Adults represented 81% of the non-utilizing population.

• Zip Code analysis revealed “hot spots” where 60% of the non-utilizers live. This represents a geographical and socioeconomic disparity, regardless of race or ethnicity.

• The highest non-utilization rate for **adults** was among the White/Caucasian Non-Hispanic population. The highest non-utilization rate for **children** was among Unknown Non-Hispanic population.
**Age Disparity**

**HUSKY Health Dental Service Distribution Trends vs. Adult and Child Enrollment**

- **Routine Services** include diagnostic and preventive procedures, excluding problem focused examinations.
Age Disparity

Key Takeaways

• Transitioning from a child-based membership to a **predominantly adult-based membership**.

• While adult network is adequate, appointment availability speaks to an **emerging problem of accessibility and strain on adult dental providers**.

• Investments in children’s oral health care, particularly prevention, may be lost as children age into adulthood—**reducing return on investment** and increase accumulated neglect that can contribute to increased dental and medical treatment costs.
Adult Benefit Limit

• In 2018, DSS instituted a **$1,000 annual limit for adult dental services** due to budget constraints.

• With Prior Authorization and Medical Necessity, **services above $1,000 are always provided.**

• **Proactive outreach** to adults nearing the annual limit to inform and identify needs.
## Adult Benefit Limit

<table>
<thead>
<tr>
<th>Aggregate $ By Members</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021* To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Members</td>
<td>% of Members with Services</td>
<td>% of Total Spend</td>
<td># Members</td>
</tr>
<tr>
<td>$1-$299</td>
<td>131,650</td>
<td>63%</td>
<td>24%</td>
<td>129,239</td>
</tr>
<tr>
<td>$300-$499</td>
<td>28,968</td>
<td>14%</td>
<td>15%</td>
<td>28,043</td>
</tr>
<tr>
<td>$500-$699</td>
<td>16,815</td>
<td>8%</td>
<td>14%</td>
<td>16,632</td>
</tr>
<tr>
<td>$700-$999</td>
<td>14,523</td>
<td>7%</td>
<td>17%</td>
<td>13,893</td>
</tr>
<tr>
<td>&gt;=$1000</td>
<td>15,487</td>
<td>7%</td>
<td>31%</td>
<td>16,130</td>
</tr>
</tbody>
</table>

*To Date*
Geographical Disparity

25 Towns/Cities with Highest Impact Opportunity

• 25 Towns/Cities represent 60% of the total non-utilizing population of adults and children.

• Opportunity to impact 105,939 members

High Impact 25

Bloomfield
Bridgeport
Bristol
Danbury
East Hartford
East Haven
Enfield
Hamden
Hartford
Manchester
Meriden
Middletown
Milford

Naugatuck
New Britain
New Haven
New London
Norwalk
Norwich
Shelton
Stamford
Torrington
Wallingford
Waterbury
West Haven
Network within the High Impact 25

- Areas with some of the **highest concentration of providers.**
- Estimated at 1 Dentist for every 223 Members.
- **Variances within the HI 25** – highest members to dentist ratio Bloomfield, Milford, Naugatuck, West Haven, East Haven* Members often seek dental care outside their home town/city.
“Barriers to Care” Member Survey

Method

- Electronic Survey in English and Spanish to 263,149 members.
- 3,957 responses from over 166 Towns/Cities
- 14% Spanish Speaking
- 71% identified as Female
- 66% White/Caucasian, 34% Hispanic, 7% African American
- 13 Questions focused on barriers to care from SDOH perspective.
- “Other” free form responses, received 2,500+ free form qualitative assessed
- Members requested support or follow up from the survey – 150 reply emails, 239 outbound calls, and 45 members engaged in Care Coordination.
"Barriers to Care" Member Survey

I am deeply grateful for the help and services offered through HUSKY and CTDHP— I have a lot of dental issues over the past couple of years and I have received excellent help, with little or no issues at all— both from the dentist and Husky. Your services were the absolute best.

Knowing the costs is covered. This is the first dental insurance I’ve ever had. Always paid out of pocket before.

No problem, we love our dentist.

I have no issues getting to the dentist with the Husky options available to me.

No, it’s an excellent plan for me and I [am] very pleased with the all around service.
Most Prevalent Identified Barriers:

- **COVID-19** due to dental office closures and/or their own safety concerns.

- **Difficulty finding providers** who accept Adult HUSKY Health Insurance and quality providers.

- **Non-covered services members believe should be covered** e.g. adult cleaning twice annually, threshold changes for braces for children, denture replacement intervals changed, deep cleanings, and periodontal services.

- **Members lack of awareness** of dental benefit with HUSKY Health

“We most dentists were closed during pandemic, the list just opened up”

“I had to pay out of pocket. The kids have a place to go locally…but the adults can’t find a reputable, well run practice so I end up paying out of pocket.”

“I need periodontal work husky doesn’t provide or cover the expense. Without teeth who will hire you?..”

“I haven’t used the dental benefits; I don’t even know what they are”
Solutions Members Offered

- Increase number of dental provider practices that offer **alternative office hours** – weekends and evenings availability.
- Increase number of dental providers who speak **Spanish**.
- Share more **COVID-19 information** about the safety of dental offices.
- Increase the number of quality **dentists accepting adult HUSKY**.
Oral Health Equity Action Plans SFY 22–SFY 23
CTDHP Provider Network Action Plan SFY 22–23

• Prioritize provider outreach in Bloomfield, Naugatuck, East Haven, Milford, and West Haven areas.

• Continue to engage in provider outreach in the NW, NE, RI Border areas.

• Expand on 2020–2021 Pilot offering Cultural Competency Education to additional Dental Practices.

• Continue provider language assistance collateral material to existing and new providers.

• Promote ADA accommodations as a person – centered approach.
Member Engagement Action Plan

• Continue to grow **member engagement messaging** with steerage to Member Service Center.

• Create better navigation/access of web to promote **HUSKY Health Dental Benefits**.

• **Member Prior Authorization Approval Notice** to go to Members to inform of services approved and encourage timely completion of treatment.

• Overhaul **CTDHP website** including improved provider search tool.
Incorporating the Voice of the Member

- Institutionalize Yearly Member Survey
- Implement Community Partner Survey
- CHN Member Advisory Workgroup
  - CTDHP Overview
  - Referrals to Care Coordination
  - Focus Group for HI 25 Campaign Billboard, Bus Posters, Web Ads
- Beacon Led – HUSKY Member Benefit Forums
CTDHP High Impact 25 Action Plan

**Trusted Person Model**, Street Based Outreach Targeting:
- Homeless Shelters
- Job/Career Centers
- City/Town Human Services
- Health Departments
- Markets/Bodegas
- Grocery Stores w/Nutritionists
- Public Housing
- Aging Resource Centers
- WIC
- Food Pantries
- Thrift Stores
- Farmers Markets

**Media investment** at local level including:
- Street Level Billboards
- Posters/Collateral
- Public Transit Placards
- Public Services Ads Local Media

“We Care About Your Dental Health”
CTDHP High Impact 25 Action Plan

• **480 Total Outreach Activities August – October 2021**

Community – Entity Types

- Other and State Agency
- Schools/Daycare
- Medical Provider/Healthcare Systems
- Local Gov’t
- WIC
- Social/Youth/Family Services
- Shops/Retail/Grocery
- Basic Needs Services
- Nurturing Families
- LI/Affordable Housing
- Homeless Shelters
- Healthy Start
- Head Start
- Food Pantry
- Family Resource Centers
- Faith Based Organization
- Community Action Agency
- Aging Resource Org

0 10 20 30 40 50 60 70 80 90 100 □ Outreach Activities
CTDHP High Impact 25 Action Plan

OUTREACH ACTIVITY COUNTS WITHIN FOCUS AREAS

Outreach Activities 8/1/21-11/1/21

- Waterbury: 57
- Naugatuck: 17
- Hartford: 51
- New Britain: 67
- Bristol: 14
- New Haven: 63
- Bridgeport: 90
- Norwich: 28
- New London: 6

We Care About Your Dental Health
CTDHP Culturally and Linguistically Appropriate Services (CLAS) Action Plan—SFY 22–23

- **CTDHP Workforce development** required onboarding and ongoing training
- Employee and work unit **CLAS assessment completed annually**.
- Implement **ADA/CLAS Member Communications Compliance Check** Process.
- Promotion of **Community Health Worker (CHW) profession** via implementation of CHW Internship program at CTDHP and support of certification for DHCSs.
- Develop dashboard reporting measures to inform of CTDHP efforts and outcomes in oral health equity.

**SFY Q1 Activities**

- Health Equity Statement on all net new collateral material.
- CHW Internship with Gateway CC design phase – go live Jan.
- Preliminary Meetings with University for ongoing member survey capacity building.
• CTDHP Health Equity Officer Awilda Maldonado, CLAS Ambassador

• CLAS & Health Equity Plan Recognition
QUESTIONS?
THANK YOU

1-855-CT-DENTAL (855-283-3682)
Monday–Friday 8am–5pm

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