

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:

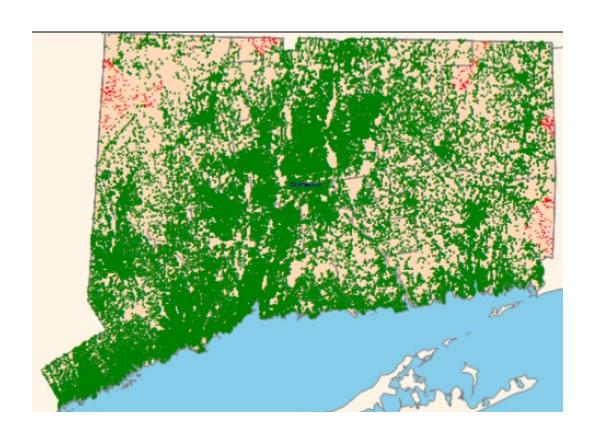
- Access: a member-dentist distance related measure
- Capacity: a member-dentist volume related measure
- Availability: a time based appointment scheduling measure



Dental Network: Minimum Access

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.

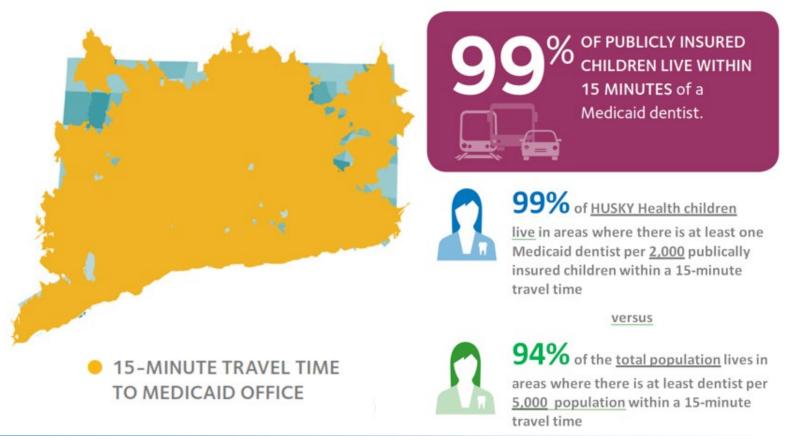


One Primary Care Dentist within **10 Miles at 99.8%**December 2018



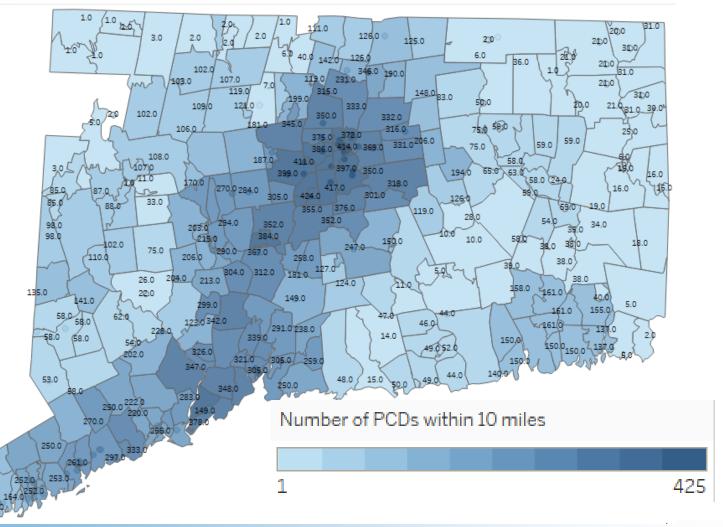
Dental Network: Access

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





Dental Network: Actual Access Density





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.



Dental Network: Capacity

Our contract requires the following network capacity: 2,000 Members to one Primary Care Dentist 2,400 Members to one Specialty Care Dentist

	Providers Required	Actual		
Primary Care Dentists	410	1,898		
Specialty Care Dentists	342	416		



Dental Network: Availability

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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		2009*	2010	2011	2012	2013	2014	2015	2016	2017
Children	PCD Appointment Success	93%	93%		91%		91%			87%
	Average Time for PCD Appt (days)	14.4	11.2		6.8		9.1			8.3
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%



Adult Benefit Maximum

- 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

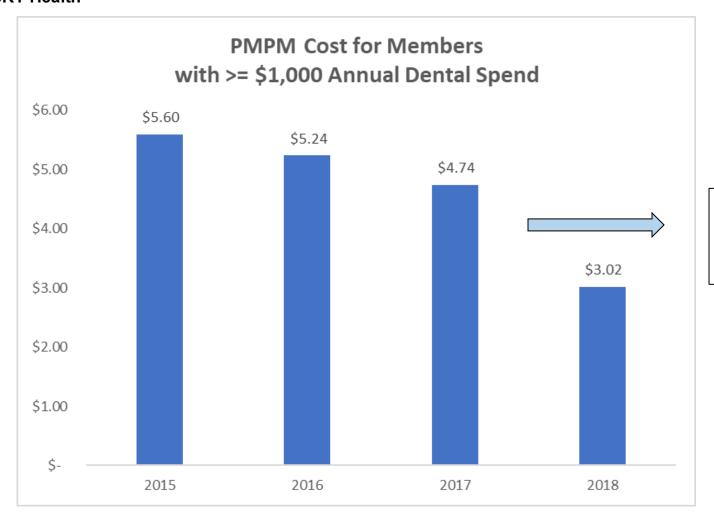
Aggregate \$ by Members*	Count of Unique Members	% of Total Unique Members	\$	% of Total \$
1-499	164,049	81.6%	\$ 28,032,850	46.9%
500-999	27,850	13.9%	\$ 19,587,772	32.8%
1000	1,747	0.9%	\$ 1,747,003	2.9%
1001-9675	7,390	3.7%	\$ 10,379,438	17.4%
Totals	201,036	100.0%	\$ 59,747,062	100.0%

- 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



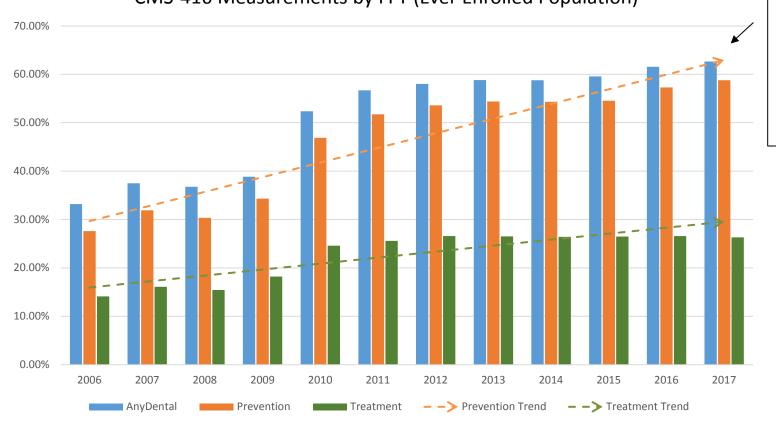
36% reduction in PMPM year-over-year



Children's Service Utilization

Dental Services for Medicaid Children

CMS-416 Measurements by FFY (Ever Enrolled Population)

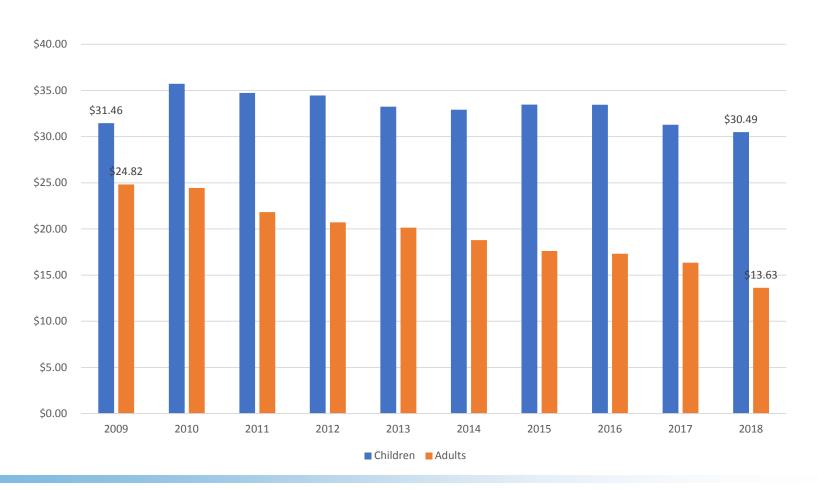


Rate of prevention growth is 2.4x treatment services



Annual Dental Costs

Annual PMPM Dental Costs

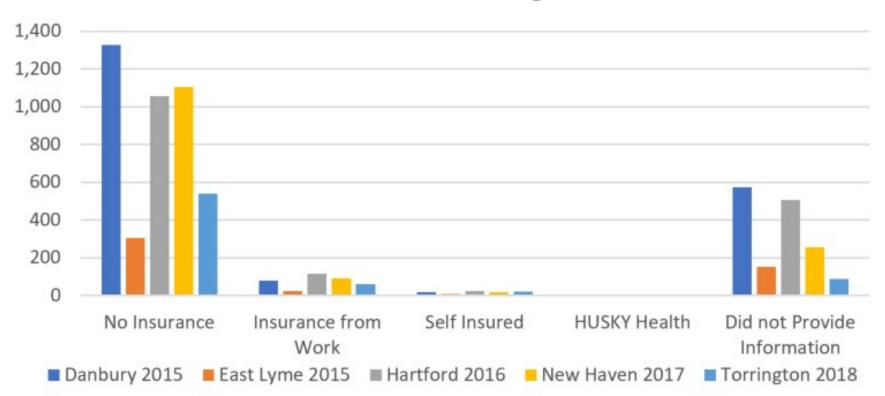




CT Mission of Mercy

Connecticut Mission of Mercy Free Dental Clinics

Patient Data Provided at Registration



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)
- New England Rural Health Roundtable (NERHRT) in-person presentations (1/2017, 11/2015, 9/2013)
- 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)
- National Oral Health Conference (NOHC) in-person presentations (4/2018, 4/2017)
- 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





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