

**State Stories on Advancing Oral Health Prevention in Primary Care  
Increasing Oral Health Services in Pediatric Primary Care Offices in Connecticut –  
The Utilization and Revenue Report**

[Slide 1 Narrator]

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Connecticut: Increasing Oral Health Services in Pediatric Primary Care Offices – The Utilization and Revenue Report.

[Slide 2 Narrator]

This video highlights a state example of successful strategies for advancing oral health prevention in primary care.

Medicaid and CHIP agencies may consider implementing these strategies into their programs.

[Slide 3 Kate Parker-Reilly] Hi, I'm Kate Parker-Reilly, the Executive Director of The Connecticut Dental Health Partnership, or CTDHP.

[Jessica McMullin] Hi, I'm Jessica McMullin, the Access to Baby Care Practice Specialist for CTDHP. Today Kate and I will talk about how CTDHP developed a utilization and revenue report to increase oral health services in pediatric primary care offices in Connecticut. Before we dive into the details, Kate will take us through CTDHP's role in Connecticut.

[Slide 4 Kate Parker-Reilly] The Connecticut Department of Social Services is the single state agency responsible for the administration of the Medicaid Assistance Program and the Children's Health Insurance Program, or CHIP. Medicaid and CHIP are *collectively* described in Connecticut as the HUSKY Health Program.

The Connecticut Dental Health Partnership is the dental plan for HUSKY Health and is administered by BeneCare Dental Plans under an administrative service contract with the Connecticut Department of Social Services.

CTDHP is a local dental plan administrator providing services and supports to HUSKY Health Members and enrolled dental providers including oral health navigation, community and member engagement, professional provider services, and medical – dental integration efforts. Our efforts are rooted in population health and data driven strategies to ensure all members have equitable access to oral health services.

[Slide 5 Jessica McMullin] One of HUSKY Health and CTDHP's key medical – dental integration strategies is known as the Access to Baby Care Program, or ABC. The goal of the ABC program is to train and certify non-dental primary care providers to offer oral health services to eligible HUSKY Health members. Because young children are more likely to see a primary care provider than a dental provider, primary care providers are uniquely positioned to assess, treat, educate, and refer families to dental homes. Recognizing their important role in supporting oral health,

non-dental primary care providers are reimbursed \$25 to conduct an oral health assessment and \$20 for the application of fluoride varnish for children aged 6 and under.

[Slide 6 Kate Parker-Reilly] Seeking ways to increase uptake of preventive oral health services in primary care, CTDHP partnered with local pediatricians and leaders of the Connecticut Children's Care Network and Pediatric Associates of Western Connecticut. By consulting directly with providers, we gained valuable insight about what information would be most useful for providers to drive performance improvement, and what additional practice supports CTDHP could offer beyond initial oral health services training and certification. Provider-identified needs focused on understanding the rates of oral health services at the practice and provider levels over a period of time, to identify gaps and areas of opportunity.

Acting on this provider feedback, CTDHP developed the Utilization and Revenue Report. The report is now a powerful tool used by practices to understand their rates of oral health service delivery as well as missed revenue opportunities when oral health services were not provided. By including a focus on clinical performance and revenue data, the ABC Program also transitioned beyond a training only model to providing ongoing performance improvement support to practices.

[Slide 7 Jessica McMullin] An example of the practice-level Utilization and Revenue Report is shown on this slide. It provides pediatric offices with a list of providers who have completed training, providers who still require training in order to bill for ABC services, practice- and provider-level rates of HUSKY patients receiving oral health assessment and fluoride varnish per month and per year, a table of missed revenue opportunities per month and per year, and tailored performance improvement suggestions from CTDHP. We'll show you each of these components in more detail.

[Slide 8 Kate Parker-Reilly] Our first graph shows practice-level data from one of our partner pediatric offices in 2022. The gray vertical bars indicate the number of HUSKY Health members aged 6 and under who were seen for well-child visits. For example, in March of 2022, 57 children 6 and under that were seen. The green line indicates the rate of oral health assessment, while the purple line indicates the rate of fluoride varnish application provided to children at the visit. Of the 57 children seen in March, 58% received an oral health assessment and 63% had fluoride varnish applied to their teeth. The white boxes annotate when and what interventions CTDHP deployed with the practice. As you can see, significant improvement occurred after the practices implemented team huddles and began receiving data from CTDHP. In December 2022 there was a slight decline in the rate of oral health assessments and fluoride varnish, which highlights the need for continued monitoring and action to maintain quality improvement.

[Slide 9 Jessica McMullin] Our next graph is very similar, but here we see *provider*-level rates at this practice. We can see that Provider 3 performed oral health assessments on 72% of their patients, while only 13% of their patients received fluoride varnish. Provider 1 performed oral health assessments on 16% of their patients and applied fluoride varnish on 14%. These service delivery rates are lower than their peers, despite seeing fewer patients.

This data allows the treatment team and office managers to examine differences in practice between providers to inform interventions or workflow changes to improve oral health service delivery rates across the team.

[Slide 10 Kate Parker-Reilly] Next, we provide practices with a table showing their Missed Revenue Opportunity for the previous 12-month period. Providers can visualize the financial impact oral health services would have had on the office. The monthly totals represent the additional oral health services revenue the practice *would* have received, if every eligible HUSKY Health patient received an oral health assessment and fluoride varnish. This visualization of missed revenue has been an indispensable tool in motivating practices to train their providers and improve the delivery of oral health services during primary care visits. In this example, the office had a missed revenue opportunity of over \$47,000 in 2023.

[Slide 11 Jessica McMullin] Finally, practices receive performance improvement suggestions from CTDHP informed by the data in the report. For example, we might suggest that an office schedule a refresher training for providers, revisit workflow and processes, or review billing procedures.

[Slide 12 Jessica continues] As the ABC Program Practice Specialist for CTDHP, I provide targeted performance improvement support at 30-, 90- and 180-days post-training along with updated Utilization and Revenue Reports. These supports encourage practices to continue their quality improvement journey to increase oral health services.

[Slide 13 Kate Parker-Reilly] As of July 2024, a total of 787 providers in Connecticut have been trained to provide oral health services in primary care settings since the beginning of ABC Program in 2016. Utilization and Revenue Reports have been provided to 32 pediatric practices since the report's development in 2022, and forty-six practices have received performance improvement support from the CTDHP. As shown in this graph, the number of children who received an oral health assessment rose from 5,405 to 20,560 in 2023. The number of children receiving a fluoride varnish also increased from 7,137 to 12,897. These figures demonstrate the continued success of our program to reach more HUSKY Health children. Thank you for letting us share our Connecticut state story as we continue to strive to improve the oral health of all our HUSKY Health children.

[Closing slides: Narrator]

[Slide 14 Narrator]

For more information and quality improvement support, contact CMS at [MedicaidCHIPQI@cms.hhs.gov](mailto:MedicaidCHIPQI@cms.hhs.gov).

[Slide 15 Narrator]

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