

**EXPANDING THE ORAL HEALTH PRIVATE PROVIDER  
HUSKY NETWORK: AN ASSESSMENT OF RESULTS OF  
INCREASED REIMBURSEMENT RATES AND PROVIDER  
PARTICIPATION IN CONNECTICUT**



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**CareQuest Institute for Oral Health**

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## About COHI

COHI is a 501c3 organization founded in 2001, focused on strengthening and safeguarding access to quality, affordable oral health services for all Connecticut residents. COHI does this work by advocating for statewide policy changes, communicating the impact of structural and social factors on oral health, and promoting the necessity of good oral health for overall health and well-being. COHI envisions a Connecticut where residents achieve equal opportunity, regardless of race, ethnicity, or socioeconomic status, to the services needed to maintain good oral health.

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Connecticut is one of the over 20 states that offer comprehensive Medicaid adult dental benefits. Adult (21+) dental benefits are options that states can offer according to current federal government policy.<sup>1</sup> Nevertheless, even in Connecticut, many adults face barriers to obtaining an appointment with an oral health provider that prevents them from accessing services.

To help increase or at least maintain the number of providers providing Medicaid reimbursed services to adults and the number of patients they served, in 2022, Connecticut State Government increased the Medicaid private provider fee-for-service reimbursement rate for adult dental services for the first time in fourteen years.<sup>2,3</sup>



To determine the effects of the Medicaid increase on the participation of private providers and their perception of being in the network, The Connecticut Oral Health Initiative conducted an online anonymous survey of private dentists licensed in Connecticut whose contact information was accessible, and received responses from 225 dentists. The survey included questions with structured yes-no responses and opportunities for open-ended responses. Analysis of both types of data resulted in important conclusions and policy recommendations.

### Major Findings from Survey Results:

- 57% of dentists who responded reported that they were aware of the Medicaid rate increases and 43% responded they were not aware.
- Less than 15% of dentists stated that the increase had a positive effect on their decision to stay in the Medicaid/HUSKY network, consider joining, or increase their patient load.
- Providers already accepting Medicaid, were more likely to be aware of rate increases, and more likely to report that the rate increases had a positive impact on their decision-making in their practice, in contrast to those not accepting Medicaid.

Dentists offered several reasons for non-participation in Medicaid. The most frequently mentioned barrier was low reimbursement rates (72.50%), followed by Medicaid-related administrative burdens such as the prior authorization process and restrictive guidelines (34.0%), and problems caused by “no-shows” (33.8%), which are patients who, for various reasons, do not arrive for their appointments.

Overall, the rate increase only had a limited impact on increasing provider participation due to the increase not being significant enough and the other deterrents to entering the network. Policy recommendations were offered by providers to improve participation.

In 2022, the Connecticut state budget included the first increase to the adult (21+) oral health Medicaid private provider fee-for-service reimbursement rates in over fourteen years.<sup>2</sup> It covered a 25% increase in all Medicaid-covered procedures and treatments, except for endodontics. Endodontics, a dental specialty that treats issues with soft tissues inside a tooth and includes root canal procedures, received an approximately 100% increase for approved procedures to reach pay parity between children and adult rates.<sup>3</sup> The rate change aimed to give adult oral health providers a much-needed fee-for-service increase, to help offset COVID-related costs, and address the scarcity of Medicaid-endorsed endodontic providers for adults in the state.

The Connecticut Oral Health Initiative (COHI) along with other advocacy organizations argued for the increases based on the fact that Connecticut's adult Medicaid reimbursement rates were among the lowest in the country as compared to private insurance rates.<sup>4</sup> In addition, COHI's Medicaid Gap Analysis found that a key obstacle for Connecticut's 500,000+ Medicaid adult enrollees in accessing quality care was the shortage of providers accepting new patients, resulting in limited appointment availability.<sup>5</sup>



COHI interviewed a small number of dental providers on their participation in the Medicaid network before the 2022 adult reimbursement rate increase went into effect.<sup>6</sup> Providers reported that the Medicaid fee-for-service reimbursement rates for adults were too low to act as an incentive to accept a large number of enrollees. They reported cases in which a practice can lose money if certain procedures are performed because of high uncovered overhead costs. They further noted that the quality of care for Medicaid patients versus private insurance patients might be reduced because of Medicaid's lower reimbursement rates, which is supported by other studies.<sup>7</sup>

To assess the effects of the increase in adult reimbursement rates on dental providers' attitudes toward and participation in the Medicaid/HUSKY network, COHI conducted a brief one-year post-increase online survey. The survey investigated whether the rate increases incentivized more providers to join the Medicaid network, maintained current providers' Medicaid network participation, and/or increased the capacity of the provider network to increase patient load. The survey also explored through open-ended responses, providers' views of the increases, and how the network could be improved to recruit or maintain providers.

During the summer of 2023, COHI developed a five-question anonymous survey with quantitative and qualitative response options and distributed it digitally to approximately 2,000+ currently licensed dentists accessible via provider email address on file with the State of Connecticut. Of this total, 225 dentists responded. The survey was generated through Google Forms and all responses were collected online.

## Study Questions

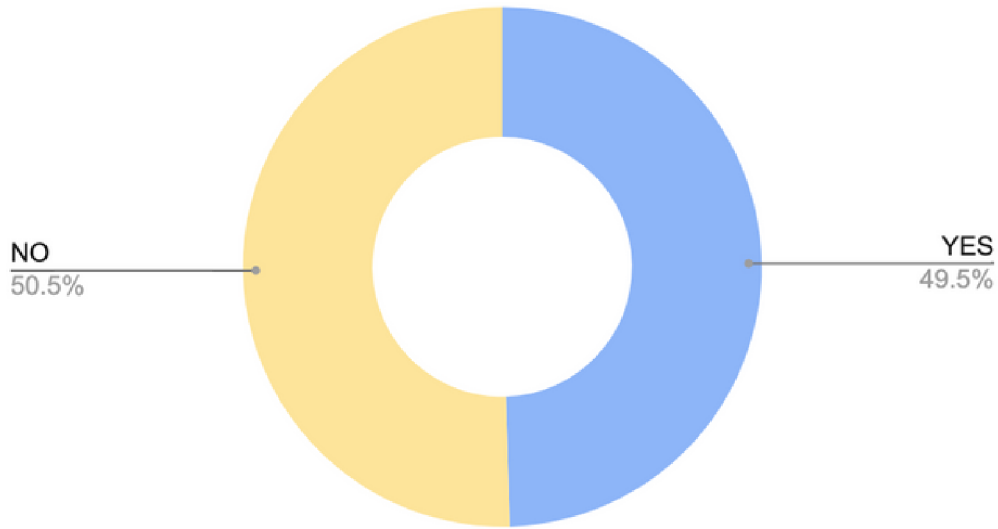
1. Does your practice currently accept Medicaid/HUSKY patients?
2. Are you aware that Connecticut increased adult Medicaid/HUSKY reimbursement rates in 2022 by 25% for all services and 100% for endodontic services?
3. Has the 2022 increase in reimbursement rates affected your decision to stay in the Medicaid/HUSKY network, consider joining the network, or increase your patient load?
4. Only 1/3 of private providers in Connecticut are currently in the Medicaid/HUSKY network. What are some reasons why you or other practices choose to participate or not in the Medicaid/HUSKY network?
5. Do you have other suggestions on how Connecticut can incentivize providers to expand the network and improve the Medicaid/HUSKY provider participation?

For questions #1 and #2, providers were instructed to provide binary responses of either "yes" or "no." Questions #3, #4, and #5 were documented qualitatively.



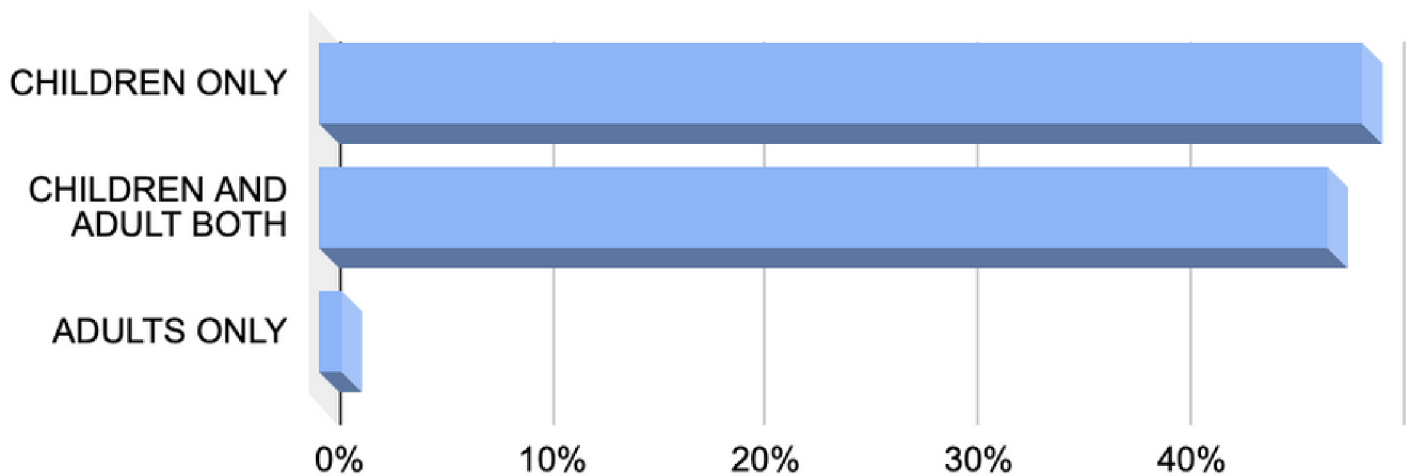
**Study Findings**

**Practice Accepts Medicaid Reimbursement (n=222)**



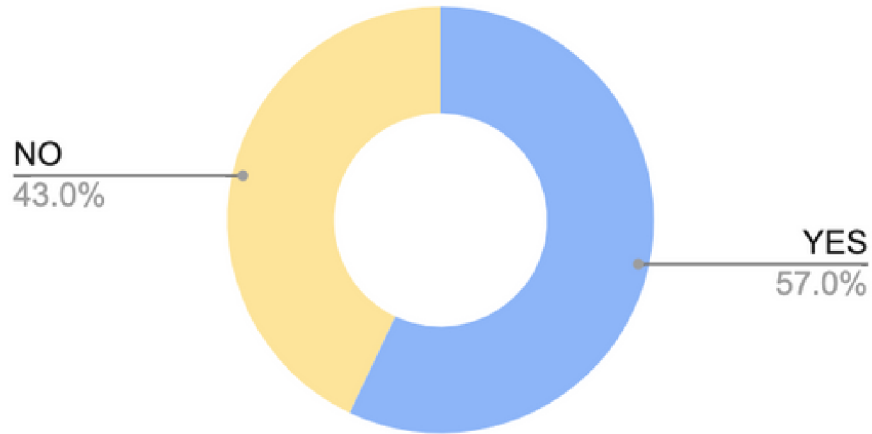
222 providers responded to the question about accepting Medicaid with responses almost equally divided, 110 reported accepting Medicaid reimbursement, and 112 reported nonacceptance. Of the practices that reported accepting Medicaid, 55 saw children only, and 53 reported seeing both children and adults. Only 2 practices reported seeing adults only.

**Percent of Practices Accepting Adult Medicaid Reimbursement by Patient Age Group (N = 110)**



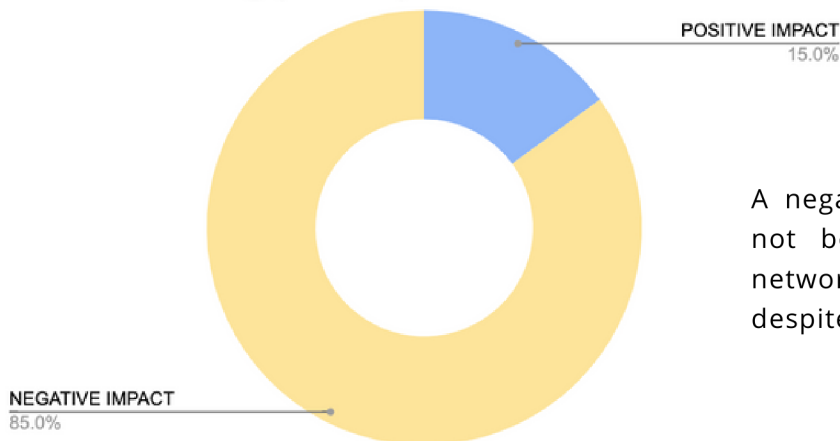
225 dentists responded to the question regarding awareness of the 2022 increases in adult Medicaid reimbursement rates for both general services and endodontic services. Of these, 57% reported that they were aware of the rate increases, although the responses did not distinguish whether they were aware of one or both rate increases. 43% responded that they were not aware of any rate increase.

**Provider Awareness Of Increase In Medicaid Reimbursement (n=225)**



Although a majority of providers reported that they were aware of the adult Medicaid/HUSKY reimbursement rate increase, fewer than 15% stated that the increase had a positive effect on their decisions to stay in the Medicaid/HUSKY network, join the network, or increase their patient load. The data also suggest that those providers accepting Medicaid, especially those who accepted Medicaid for adults or both children and adults, were more likely to be aware of rate increases, and more likely to report that the rate increases had a positive impact.

**Impact of Increases in Reimbursement on Practice Decision-Making (n = 203)**



A negative impact is defined as a provider not being influenced to join the HUSKY network or increase current patient load despite the increase in reimbursement rates.

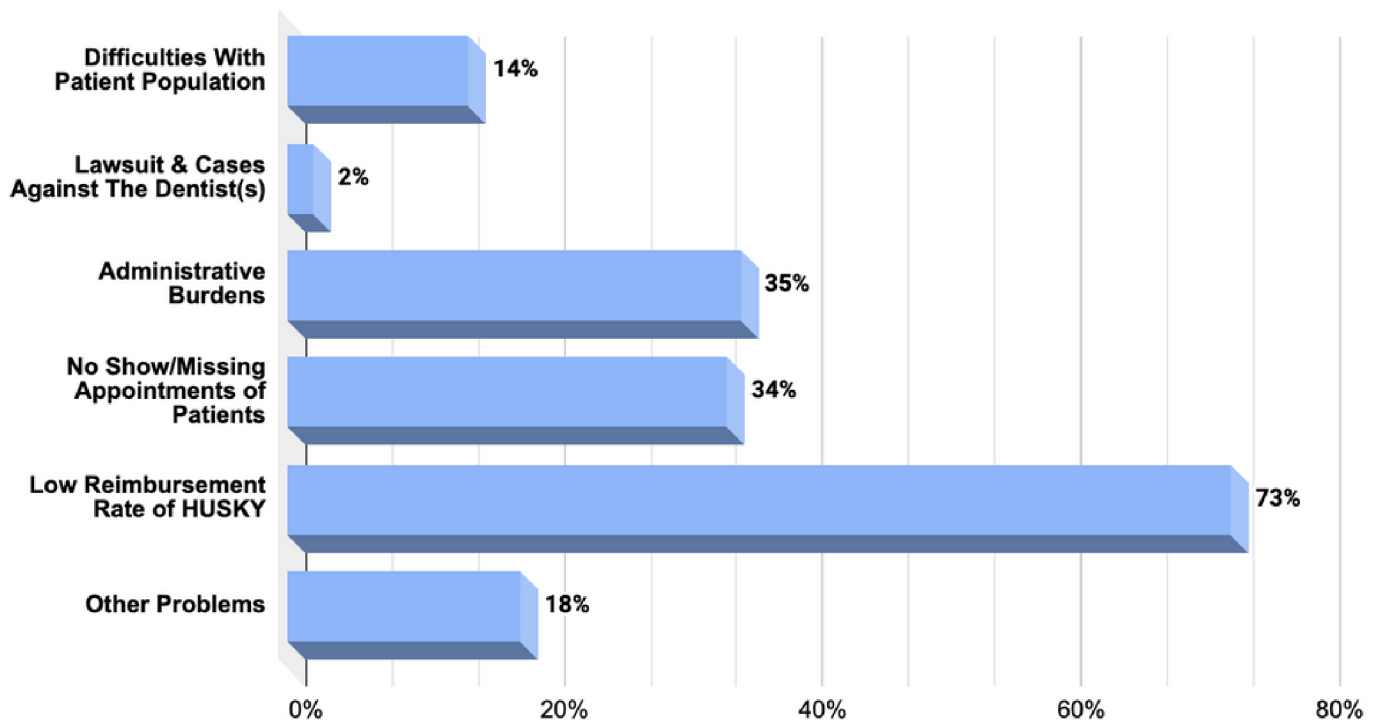


Dentists offered a number of reasons for non-participation in HUSKY/Medicaid in the form of qualitative statements. Since a number of responders offered more than one reason, the percentages add to more than 100%. Percentages for each response category are shown in the chart below. The most frequently mentioned barrier was low reimbursement rates (73%) followed by Medicaid-related administrative burdens such as pre-authorizations (35%), as well as problems caused by “no-shows” (34%), patients who for various reasons do not arrive for their appointments.

“ The increase in reimbursement is great, however, the paperwork required for reimbursement is excessive and requires too much personnel time in comparison to other insurance compensation. ”

“ We have not benefited from this reimbursement and we may have to stop all participation next year as we are now losing money on the existing patients we have. ”

**Perceived Barriers to Acceptance of Medicaid (n = 194)**



Providers described their perspectives on participation in the network. A sampling of quotes has been categorized. Quotes may have been shortened for the conciseness of the report.

## Reducing Financial Burdens

Above all, providers expressed the need for reimbursement rates to be closer to commercial rates or at least at a rate that covers their costs so they do not lose money when treating someone enrolled in Medicaid.

“Require a copay, it doesn't have to be large, so participants have some participation in their healthcare.”

“Increase reimbursement rates, eliminate no-shows and cover procedures for 2 cleanings a year.”

“For those practices that have consistently provided good, consistent, and quality care and patients have been satisfied with, reward them with a higher reimbursement rate that is comparable to private insurance.”

## Improving Incentives

Dental providers emphasize the need for support mechanisms other than increased reimbursement rates such as a business tax incentive. Some say that free continuing education and loan repayment programs can help alleviate the burden of student debt and incentivize providers to engage with Medicaid.

“Provide free continuing education and loan repayment to providers.”

“To boost provider participation implement value-based payment models, expand telehealth services, and offer training and support for providers.”

## Simplify Decision Making and Reduce Administrative Burden

Simplifying paperwork, and implementing fair evaluation processes are crucial steps toward alleviating these burdens, fostering a more supportive environment for providers, and ultimately improving healthcare access and outcomes for Medicaid beneficiaries.

“Needs to be much quicker to okay treatment plans. The ineptitude of the system is really keeping good providers from participating.”

“Don't make it so onerous to belong to the network. Just went through the "re-credentialing process" and it was not conducive to keeping people in the network. There is no reason to make providers go through so many hoops so often to stay in the network.”

Concerns about time and financial costs of audits examining mistakes in billing and the assumption of fraud leaves providers reluctant to join the Medicaid/HUSKY provider network. Other ways of addressing billing mistakes besides penalties and judgments such as continuing education on billing procedures should be implemented according to some providers.

“For audits, do not extrapolate a small sample to the entire patient pool that was seen. If there is an error in billing, only penalize for the error, not for the whole patient pool that was seen.”

“Any audit that finds fault with a dentist in billing or services provided needs to be reviewed by dentists. If there are reasonable mistakes or discrepancies, have a program to re-educate them and reasonable compromises. While I'm aware that any outright fraud needs to be prevented and deterred, there are too many stories of good dentists being unfairly judged and severely penalized. That is a headache that is not worth the additional patients.”

The results of the survey assessment provide extensive insight into the opinions and experiences of providers, who either accepted or did not accept Medicaid reimbursement when they answered the provided questions. Overall, it appears that the rate increase had only a limited impact on increasing private provider participation due perhaps to the increase not being significant enough and other factors that are deterrents to entering the network such as administrative burdens coupled with the increased costs of operating a practice.

Having knowledge of the rate increases is important because it does have some positive impact on maintaining the network participation of providers and maintaining current patient levels. Providers who currently accept Medicaid were more likely to be aware of the reimbursement rate increases than providers not accepting Medicaid. This is most likely due to two factors: 1.) network providers are receiving information about the increases directly from the Connecticut Dental Health Partnership or the Department of Social Services, and 2.) network provider office staff are in more regular communication with network representatives than non-participating providers who may rely on other communication channels.

The 43% of providers who responded they were not aware of the 2022 increase mainly consisted of non-participating network providers showing there is a need for additional outreach to non-network providers to educate them on the new fee schedule. As more providers become aware of the increase in rates, more participation may follow. However, the cost increases in running the practice may outpace the new rates, especially given that most practices felt they were not significant.



Furthermore, providers who accept Medicaid for adults only or for both adults and children were more aware of the rate increase than providers who accept children only. The rate increases are applied only to the treatment of adults. Of the 53 offices that treated both adults and children, 43 were aware of the rate increases, and 21, or 47% said that the rate increases made a positive difference. More targeted information to the offices treating adults might increase the percentage that report positive changes. With more educational outreach to providers of children only, the rate increases may encourage them to accept the parents as well.

On the other hand, the majority of providers reported that the rate increases had no impact or a negative impact on their decisions to expand their network participation. 73% reported that the reimbursement rates were still far too low and that serving adult Medicaid patients causes them to lose money, especially now because of the high cost of patient-needed services, equipment supplies, and laboratory fees, increased costs due to inflation, and the high hourly costs of dental staff such as hygienist.

Besides reimbursement rates which was the most salient barrier reported, there were other common perceived barriers to participation in the network. Research from the American Dental Association's Health Policy Institute (HPI) has shown that while increasing reimbursements does help increase private provider participation rates, it may be relatively weakly correlated.<sup>8</sup> These data sets were collected before the COVID-19 pandemic and its consequences in the form of increased workforce and supply costs which have caused a substantial added strain on practices. However, the HPI report points to the fact that reimbursement rates are not the only factors driving network participation and that there is likely a point of diminishing returns.

The other top barriers listed were the no-shows to appointments by patients (33.8%), a mix of administrative burdens (34.9%), and difficulties encountered with provider and patient interactions (14%), highlighting the need for improved dental administration provisions to address and ensure equitable access to oral healthcare for all Medicaid beneficiaries. 2% expressed their concerns about lawsuits and cases against dentists which addresses the broader issues of legal apprehension within the healthcare system. While this percentage may seem relatively small compared to the others in the report, it is important to note when providing adequate support to encourage provider's participation without the fear of litigation.



Patients who did not show up for their appointments were reported as a constant frustration and disruption to providers. Many providers stated that this problem is a large deterrent to accepting Medicaid patients and causes more loss of revenue. A number of providers suggested that a co-payment or cancellation fee be charged, as is common for non-Medicaid enrolled patients who miss appointments without canceling. Providers felt that patients needed to be disincentivized to not miss appointments.

Providers reported being over-penalized for mistakes made with billing, having to wait too long to receive authorization while the patient was in pain, burdensome audit and re-credentialing processes, payment delays, and other difficulties. As a result, some providers said they would not join the network and instead provide services pro-bono to a limited number of patients.

Other providers mentioned the need for changes in the coverage that would allow them to provide the care their patients deserve, including the expansion of coverage to include a second annual prophylactic cleaning and periodontal treatments. There were some accounts by providers where their patients expressed their disappointment for not being able to receive certain uncovered treatments.

There were a few examples given by providers who stated because of a past negative experience with a Medicaid member, they are no longer willing to treat them. Some examples that were given include patients not being appreciative of the services provided, conducting themselves inappropriately in the office, and not taking personal responsibility. There was a suggestion from a provider that there may be implicit biases that result in non-participation by some providers and that others are motivated to participate because of an altruistic attitude to help others regardless of reimbursement rates.

The results of this survey do not suggest what level of rate increase would be needed for practices to tolerate the stated administrative burdens and no-show appointments, or if the reimbursement rate would be more adequate if there were no additional stresses. Likely a combination of improvements is needed to provide enough of an overall incentive to grow the network. Providers offered numerous recommendations for improvements to increase participation.



Based on the quantitative and qualitative data from the survey and additional insight from conversations COHI conducted with providers, state agencies, and oral health associations, several improvements could be considered by the State of Connecticut to incentivize more network participation including:

- Increasing the adult Medicaid fee-for-service reimbursement rates to the same level as the children's rates, and conducting periodic reviews to adjust rates to keep in line with usual and customary charges and commercial insurance reimbursements.
- Creating a program to reduce the high no-show rates. The program could be educational to first help patients reduce missed appointments and the barriers that cause them. Also, the program can help patients understand the implications of missing an appointment and the importance of informing offices beforehand to cancel if possible.
- Reimbursing providers for their lost time from missed appointments that were not canceled.
- Expanding covered services to include universal periodontal services, second-annual prophylaxis visits, and reduced waiting times for the replacement of prosthodontics appliances to ensure providers can properly meet the needs and reduce frustration among patients.
- Reducing the waiting time, paperwork, and other administrative burdens required for the pre-authorization process.
- Improving and simplifying other parts of the administrative process to reduce regulatory burdens such as audits, payment, errors in billing, and (re)credentialing.
- Changing the state's approach when mistakes are made in billing to be more friendly and focused on education and compromises, rather than penalties.
- Implementing a version of a value-based care model payment system.
- Providing Medicaid members with better care coordination services, education on their covered benefits, and the importance of utilization of preventative services.
- Creating a tiered reimbursement system and allowing for higher reimbursement for practices that see a higher volume of patients and provide high-quality care.
- Allowing for permanent reimbursement from Medicaid for certain telehealth services.
- Providing in-network providers with free continuing education classes.
- Creating a student loan repayment program for in-network providers who provide care for a certain number of patients annually.
- Creating a business tax break program for practices in the Medicaid/HUSKY network.



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A Methodology Appendix can be found at:

<https://www.ctoralhealth.org/husky-network-provider-report>