

CONNECTICUT ORAL HEALTH INITIATIVE (COHI) REPORT



PROVIDERS

2025

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COHI
Connecticut Oral Health Initiative

**UConn
HEALTH**
HEALTH DISPARITIES
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CONNECTICUT ORAL HEALTH INITIATIVE (COHI) REPORT

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2025



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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.



About HDI

The UConn Health Disparities Institute (HDI), established in 2011 through a bioscience legislative mandate, is committed to advancing health equity across Connecticut. HDI addresses the root causes of health inequities by implementing sustainable, data-informed solutions through interdisciplinary research, workforce development, and community-based partnerships. Its work focuses on improving care delivery and outcomes for marginalized populations. As a statewide leader, HDI collaborates with policymakers, researchers, and communities to inform policy, share actionable insights, and drive systemic change to reduce and eliminate health disparities.



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EXECUTIVE SUMMARY

Overview

In 2023, COHI was contracted to assess HUSKY Dental providers' and Connecticut residents' understanding of and experiences with the HUSKY Dental program. A mixed-methods approach was employed, including community forums and a brief survey. Twenty-seven HUSKY Dental providers and staff participated in these activities. These results suggest the need for stronger coordination between HUSKY Dental and providers, increased reimbursement rates, expanded coverage, and reduced administrative barriers to provider participation. Participants also provided recommendations, which will be used by COHI to develop policy. This report offers insights to support COHI's efforts to strengthen oral health services for all Connecticut residents. Below we outline key findings, resident recommendations and relevant COHI legislative priorities which are detailed in the full report.

Key Findings

- A limited number of providers accept HUSKY Dental, creating significant barriers for patient access.
- Disincentives to joining the HUSKY Dental network, including low reimbursement rates, limited coverage of services (i.e., benefit limitations) and concerns about audits and payment clawbacks.
- There are intensive administrative barriers and complex credentialing and recredentialing processes.
- Challenges with coordinating transportation and language services for patients.
- Strong interest among providers in delivering more preventive care, hindered by overbooking, staffing shortages, and time constraints.

Provider Recommendations

- Improve coordination between Connecticut Dental Health Partnership (CTDHP) providers, specialists, and patients.
- Increase reimbursement rates and reduce administrative burdens to encourage provider participation.
- Expand HUSKY coverage to include additional services, such as a second annual cleaning and exam.
- Enhance language access and hold transportation services accountable and ensure better coordination with providers and patients.
- Promote oral health through social media and by engaging primary care providers in education efforts.

Relevant COHI Legislative Recommendations

- Expand adult Medicaid by exempting preventive services (e.g., cleanings, oral exams) from the annual \$1,000 benefit cap.
- Increase coverage to include periodontal treatment and a second annual cleaning, as well as two oral health examinations for adults.
- Raise reimbursement rates for all dental services for children and adults with an emphasis on preventative services to match average commercial rates.
- Extend preventive care access (e.g., fluoride varnish and oral health assessments) to older children through the Access for Baby Care Program and explore additional ways for better medical-dental integration for all ages
- Provide Medicaid dental benefits to all income-eligible residents under age 21, regardless of immigration status.
- Protect the Community Water Fluoridation Policy to prevent tooth decay.

INTRODUCTION

The mission of the Connecticut Oral Health Initiative (COHI) is to strengthen and safeguard access to quality, affordable oral health services for all Connecticut residents through advocacy, education, and coalition-building. In 2023, COHI was contracted by the Connecticut Department of Social Services (DSS) to examine the knowledge of and experience with the Connecticut Dental Health Partnership (CTDHP). COHI systematically collected data across the state from target residents and dental providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the goal of informing policy recommendations and programmatic efforts to improve service delivery and to address existing gaps in dental coverage of Medicaid (HUSKY Dental Health). The following section provides key terms that will orient readers to the CT Medicaid Program.

Medicaid, HUSKY, and HUSKY Dental

Jointly funded by state and federal governments, Medicaid is a public health insurance program that provides coverage for low-income individuals. Depending upon the state, Medicaid covers a wide range of services, including but not limited to doctor visits, hospital care, and dental care.

CT is an expansion state under the Affordable Care Act (ACA). In this state, DSS oversees the HUSKY Health Program, which is comprised of both the Connecticut Medical Assistance Program (CMAP) and the Children's Health Insurance Program (CHIP)^[1]. It also includes several programs that help children, caretakers, pregnant individuals, and adults receive health coverage.

HUSKY Dental is part of the HUSKY Health Program, which covers oral health care.

Contracted by the state, CTDHP serves as the dental benefits administrator for the HUSKY Health Program, provides dental coverage to approximately 1 million enrolled residents, and

supports a network of over 1,800 participating dental providers ^[2]. Responsibilities include:

- Operating a member services call center to assist beneficiaries with dental care access.
- Offering outreach and oral health navigation services to community-based organizations.
- Supporting and educating the provider network through resources and training.
- Managing the prior authorization process for certain dental procedures to ensure medical necessity and compliance.
- Overseeing the grievance and appeals process, including coordination with DSS for hearings when services are denied

Purpose of this Report

This serves as one of two reports developed specifically to inform and influence oral health policy in Connecticut through the voices of those directly impacted by HUSKY Dental. These reports will provide a set of recommendations to improve the state of oral health care in Connecticut. Data was collected from 27 current or former HUSKY providers and staff members from across the state. This report examines HUSKY provider experiences with CTDHP's administrative processes, including enrollment, prior authorization, system functionality, and payments. The companion report draws on data collected from 400 Connecticut residents who are current or former enrollees in HUSKY Dental. By centering these lived and professional experiences, the reports aim to inform actionable policy and program changes that advance oral health equity in Connecticut.

The provider report begins with a brief background on oral health disparities in Connecticut. The background is then followed by assessment methods and findings, which include a detailed set of recommendations. Supplementary materials and supporting documentation are included in the appendices.

BACKGROUND

Oral health is an essential aspect of overall health and wellbeing. It has been said that “the mouth is the gateway to the body” [3]. Yet, oral health care continues to be unattainable for many in the US due to persistent structural barriers [4, 5]. These barriers leave some communities more exposed to greater oral health risks, simultaneously limiting access to factors that play a role in strengthening oral health.

Individuals who are low-income and from minoritized populations are at a higher risk for poor oral health outcomes [6, 7]. Additionally, individuals in both rural and urban communities face inequities to accessing care [6, 7]. These inequities persist due to systemic issues that drive disparities such as insurance coverage gaps and a limited number providers who accept HUSKY Dental. In recent decades, there has been a call for policymakers to take into account the social determinants of health (SDOH), which are the “conditions in which people are born, grow, live, work and age, influencing [their] access to power, money and resources” [8]. In the case of oral health, SDOH are associated with access to care, dental care utilization, and oral health conditions across the lifespan [7].

While Connecticut has one of the highest average incomes by resident, stark income disparities exist. This can impede access to secure housing, quality health care, food security, reliable transportation, employment, and education. Similarly, Connecticut is one of the healthiest states according to national standards. However, state health data indicate significant disparities when stratified by race, ethnicity, income, age, gender, disability, and immigration status [9]. Health disparities in CT are further perpetuated by systemic racism, which creates inequitable living environments [9].

Oral Health Disparities in CT

Oral health is crucial for broader well-being such as impacts on chronic diseases, nutrition, employment, and quality of life. Access to affordable and quality dental health care plays a critical role in overall dental health. However, due to environmental, social, and economic factors, some communities are at greater risk of developing dental disease. Such disparities stem from broader systemic issues. For example, systemic racism compounds socioeconomic disadvantage and geographic isolation and has a significant influence access to dental care. Meanwhile, rural communities often face shortages of dental providers, and systemic bias limits access to affordable, culturally competent care for marginalized populations.

These patterns are evident in Connecticut, where persistent inequities continue despite overall state wealth. For further information, please see CTDHP 2025 Medicaid Oral Health Equity Report, which goes deeper into inequities in utilization and access to services for minoritized and marginalized populations in the state [2].

HUSKY Dental Coverage in Connecticut

States are required to cover dental services for people with Medicaid under the age of 21, under the Federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT). However, dental coverage for adults is optional under Medicaid. This creates a huge gap in access as it is entirely up to the state’s discretion to decide if and to what extent it will cover. At a minimum, most states provide at least emergency dental services, yet less than half of states provide comprehensive dental care [10]. Under Medicaid, there are no minimum requirements for adult dental coverage [10].

As of December 31, 2024, 11 states and the District of Columbia meet the criteria for providing extensive Medicaid adult benefits ^[10]. Under CareQuest's Institute for Oral Health, to be considered "extensive" a state "must have an annual benefit maximums (ABMs) of \$1,000 or greater and provide specific coverage within seven dental service categories: diagnostic (exams), preventive (cleanings and fluoride treatments), restorative (fillings and crowns), endodontic (root canal therapy), periodontal (scaling and root planning and periodontal maintenance), prosthodontic (dentures, relines, and rebases), and extraction services" ^[10]. As of October 2025, Connecticut doesn't meet these criteria.

In 2024, HUSKY Dental includes an annual benefit limit of \$1,000, but this cap can be exceeded if a dentist determines that additional care is medically or dentally necessary ^[11]. Adults age 21 and older are eligible for fluoride treatments once a year, and those living in facilities like nursing homes or group homes can receive them twice a year ^[11]. These treatments don't require prior approval unless more frequent care is needed. It's important to note that coverage may vary depending on the type of Medicaid beneficiary, and not all adults ages 21-64 receive the same dental benefits ^[11]. For

example, cleanings are not covered twice a year for adults, unless they have a diagnosed medical condition that allows them coverage for a second cleaning and exam.

The Medicaid budget has been increasingly under threat in the past several years. Optional benefits are often the first to go to save costs. Between 2000 and 2025, at least 21 states cut benefits to some or all adult Medicaid beneficiaries ^[10]. Despite these cuts, coverage continues to expand to meet the needs of the state's population. In CT, effective January 1, 2024, adults with treatable gum disease and at least one qualifying medical condition can receive periodontal services, with limits on how many procedures can be done per visit ^[10].

While HUSKY Dental has gone under some expansion and includes strengths, still notable gaps are present in comparison to peer states.

To identify gaps in access, provider challenges, and opportunities for policy improvement, COHI implemented a comprehensive statewide assessment using mixed data collection methods. A detailed description of the assessment methods can be found in the section that follows.

METHODS

COHI facilitated a series of discussion forums with oral health providers across CT to explore the barriers in delivering oral health care to patients enrolled in Medicaid. Provider forums (n=4) were held virtually. Data collection included a brief survey and qualitative group discussions.

Participant eligibility and recruitment

Oral health providers were eligible if they were practicing in Connecticut, currently accepting HUSKY Dental, or had previously accepted HUSKY Dental. To recruit providers, COHI staff distributed flyers electronically through the CTDHP, CT Department of Public Health, dental associations, Federally Qualified Community Health Centers, and partner organizations. In addition, calls were made directly to dental offices, social media postings were used, and flyers were posted on LinkedIn.

Procedures

At each provider discussion forum (n=4), the COHI director provided an overview of the purpose of the session as well as background information about COHI. The director then

outlined ground rules for participation, explaining the voluntary nature of participation. In addition, the limits of confidentiality as well as measures taken to maintain confidentiality were reviewed. Providers were then given an opportunity to ask questions about the purpose of the session. The length of each forum was approximately 90 minutes. Forums were conducted virtually in English and recorded.

During the first 10 minutes of the session, providers completed a brief electronic survey which captured basic information about the catchment area, length of time in the field, and experiences with HUSKY Dental. Following the electronic survey, COHI staff along with a COHI Board Member currently practicing as a dentist in the Medicaid network, facilitated the group discussion using a script with semi-structured prompts.

Data Management and Analysis

Survey data was collected anonymously using SurveyMonkey. Data was exported by COHI staff into a Microsoft Excel file and transferred to HDI. The HDI team cleaned the data and conducted

Table 1. **Provider Codes**

Code	Definition
Gaps in coverage	References to how insurance plans limit care options
Administrative Challenges	References to delay in payments; financial strain due to untimely reimbursements; administrative burden and workflow
Provider Challenges and Workforce Needs	References to barriers to serving HUSKY patients; workforce development or training gaps; role expansion and utilization
Recommendations for improving dental care	References to improving dental care from provider perspective

univariate analysis using Excel. Descriptive statistics are displayed using graphics and tables.

Group discussions were recorded, and transcripts were generated with the assistance of Otter.ai. COHI team members corrected and reviewed all the transcripts to ensure they reflected the content in the recording. Identifying information was removed from the transcripts prior to the analysis.

The deidentified data was analyzed by the UConn Health Disparities Institute. Forum transcripts were uploaded and managed using NVivo^[12]. The data was analyzed using Directed Content Analysis^[13]. Based on the script, codes included gaps in coverage, administrative challenges, provider challenges and workforce

needs and recommendations for improving dental care (see *Table 1*).

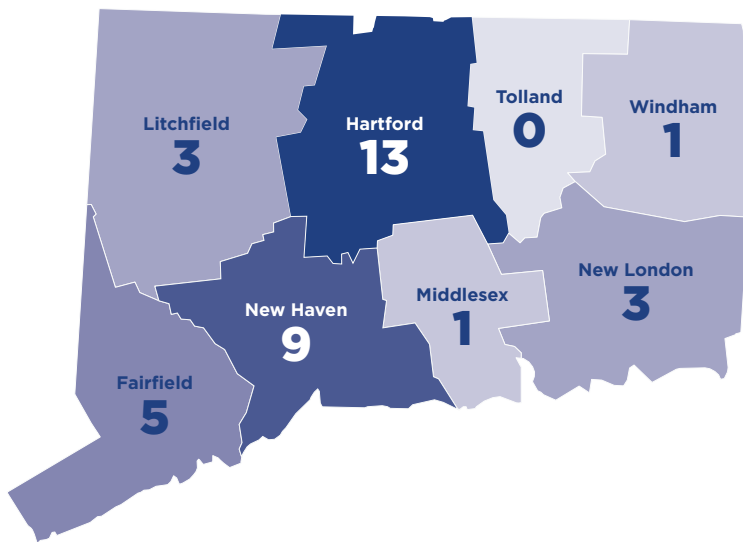
The transcripts were reviewed, and codes were applied to segments in the text. Personal observations and questions were recorded throughout the coding process in a separate file to facilitate data discussions and synthesis. After coding was completed, reports were then generated for each code. Coding reports were reviewed by the team, and the data was synthesized through discussions to identify emergent themes, which are described in the section that follows.

A total of 27 providers participated. COHI staff indicated far more providers initially registered; however, they declined due to time constraints.

FINDINGS

Participants (n=27) represented a diverse spectrum of providers, including pediatric dentists (33%), general dentists (26%), orthodontists (8%), hygienists (22%), public health nurses and administrative staff (11%). Forty-one percent of participants reported practicing for more than ten years. In some cases, participants described having over 50 years of experience in the field. Participant catchment areas covered seven Connecticut counties (see Figure 1).

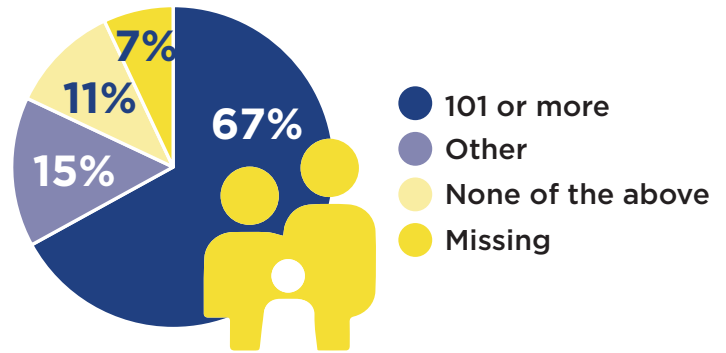
Figure 1. Participant Catchment Area by County



Most participants (89%) were current HUSKY Dental providers. Among those who were not currently participating (11%), all reported having previously accepted HUSKY Dental. A plurality of participants (67%) reported seeing 101 or more HUSKY Dental patients. Additionally, among those who selected “another amount,” 15% also reported seeing more than 101 patients.

Participants were asked to rank their motivations for becoming a HUSKY Dental provider. The most frequently cited number one reason (67%) was a desire to give back to the community. Meanwhile, the most frequently cited number two reason (52%) was the high disease burden

Figure 2. Number of HUSKY Dental Patients



experienced by HUSKY Dental enrollees. (see Table 2)

Participants were asked to rank challenges associated with HUSKY Dental. Reimbursement rates were the most cited number one challenge. Meanwhile, the most cited number two challenge was overhead rates. (see Table 3)

Participants were asked to rank the services they would like to offer to their HUSKY Dental patients that are not currently covered. Several participants also selected “Other” as their top choice. However, the specific service was not described. The most frequently cited service was universal second annual cleanings for adults. Two services were most commonly ranked second: (1) universal periodontal services for adults and (2) modification of the annual \$1,000 benefit soft cap for adults. (see Table 4)

More than a third of surveyed providers (37%) were not aware of the CTDHP Online Provider Locator Tool, which matches HUSKY Dental patients to providers within a specific radius. In addition, more than half (56%) had never contacted the CTDHP Member Services Center—either by calling 1-855-CTDental or through another method.

Of note, survey participants overwhelmingly ranked email as the preferred method for

Table 2. Key Motivators for Becoming and Remaining a Credentialed HUSKY Dental Provider

“What are the top factors that motivated you to become credentialed and stay as a HUSKY provider?”

Rank	Giving back to the community	High disease burden of enrollees of HUSKY	Reimbursement rates	Location of practice	High volume of patients	Job required it	Other
1st	18	3	1	2	1	0	2
2nd	3	14	0	3	2	2	3
3rd	2	2	4	6	9	0	4
4th	1	4	2	5	4	5	6
5th	2	3	2	8	4	6	2
6th	0	1	9	0	6	6	5
7th	0	0	9	3	1	8	5

Table 3. Challenges Faced as a HUSKY Dental Provider

“What are the challenges you have faced as a HUSKY Dental provider?”

Rank	Reimbursement rates	Patients missed appointments	Workforce issues	Administrative hurdles	Increased overhead	Not enough demand	Too many gaps in treatment coverage for patients	Other
1st	12	2	1	4	1	0	5	2
2nd	4	6	2	5	9	0	1	0
3rd	5	5	5	1	8	0	2	1
4th	3	2	4	7	0	1	8	2
5th	1	5	5	6	2	1	3	4
6th	1	3	4	2	4	2	5	6
7th	1	1	4	1	1	13	3	6

receiving updates and new information from CTDHP.

Finally, providers were asked about common reasons a HUSKY Dental patient might miss an appointment (see Table 5). Forgetting about the appointment (37%) and transportation issues (22%) were most frequently ranked first.

Qualitative Findings

Gaps in coverage

Providers noted poor coordination between providers, patients, and the HUSKY Dental network. It was explained that both providers and patients don't always have access to necessary information on covered services. Providers reported that they were not aware of available resources to share with their patients. This lack of information and awareness has led to poor interpersonal connections between providers and patients. Providers indicated the lack of trust that is cemented into this dynamic. Providers recognized the challenges that patients face when traveling to appointments, such as relying on transportation services and arranging childcare. Providers also were aware of the limited number of providers that accepted HUSKY Dental, which creates a barrier for patients accessing care. Similarly, providers expressed uncertainty about what resources are out there to pass along to their patients.

One thing I've noticed...[is] no one has come up with a solution to the inadequacy of specialists being available or willing to treat Medicaid patients. (Provider, Provider Forum #1, 2024)

It's really frustrating... I have patients that come in and their gums hurt, their gums bleed when they brush your teeth... I have to tell them I can't do a regular cleaning. I'm sorry. And, they're like, "why can't you even do a regular cleaning?" I'm like, we're not allowed to. And I have to explain the whole process. And it's really sad...(Provider, Provider Forum #4, 2025)

...six to eight weeks, and like we'll log in to see if there's any other narrative that they put in, or the patient will be frustrated with the office and say, "well, I called and they said they didn't receive it." But really, I think it's just sitting in limbo. ...it brings a lot of frustration from the patients as well as the provider... (Provider, Provider Forum #2, 2025)

...And once they get that treatment plan, I have had patients have to, ... identify what they could get done. Like, what do we prioritize based on, ... what's left in your \$1,000 cap. ... I have sat in during the exam with the dentist, and that has been the conversation...prioritize which treatment they're going to go with, and which teeth can kind of wait until you know that \$1,000 resets. (Provider, Provider Forum #2, 2025)

...I can't even hear anything back... four to six weeks and then this person is in dire need in that waiting period...the situation gets worse, and the tooth is no longer restorable, and they end up having to get it pulled... (Provider, Provider Forum #2, 2025)

Across the provider forums, providers discussed the disincentives associated with accepting HUSKY Dental. A notable disincentive was low reimbursement rates. A major concern was that many participants felt as though being a Medicaid provider was not financially sustainable. Providers reported that the reimbursement rates were not keeping up with the rising costs of overhead. To offset costs, providers felt pressured to take on a higher quantity of patients. However, this results in overbooking, which prohibits providers from spending enough time with each patient and delivering the quality of care that these patients deserve. Multiple providers stated that they have a desire to deliver more prevention and education, but this was a challenge due to overbooking.

...I'm just worried about, ...the demand and,... the need for dentistry for patients with HUSKY, and the decreasing number of providers...I'm over booking for hygiene ...I definitely get

Table 4. Provider-Identified Gaps in HUSKY Dental Coverage

“What services would you like to offer to your HUSKY dental patients that are not currently covered?”

Rank	Improved timeline for the replacement of prosthodontic appliances	Modification of the annual \$1,000 benefits soft-cap for adult	Universal periodontal services for adults	Universal second annual cleanings for adults	Dental implants	Other
1st	0	2	4	11	0	10
2nd	2	8	8	7	1	1
3rd	5	8	5	4	4	1
4th	7	6	5	1	4	4
5th	9	1	3	3	9	2
6th	4	2	2	1	9	9

Table 5. Common Reasons for Missed Appointments Among HUSKY Dental Patients

“When a HUSKY patient misses an appointment, what are the most common reasons?”

Rank	Transportation issues	Anxiety	Childcare	Work schedule	Forgot about it	Illness	School or after school obligations	Other
1st	6	1	2	2	10	1	2	3
2nd	8	2	2	6	1	6	2	0
3rd	4	4	4	4	3	2	4	1
4th	5	2	3	5	1	8	3	0
5th	3	7	3	4	2	2	5	1
6th	0	7	6	5	2	2	2	0
7th	1	3	5	0	8	8	7	0
8th	0	1	2	0	0	0	2	22

tired...but, I do love what I do with the population I chose to be... working with... because I like to educate and stuff. But I'm just concerned about that. **(Provider, Provider Forum #4, 2025)**

If you're trying to balance a private practice and maybe add on HUSKY, it's a very challenging effort to do because now you're going to be doing more work up front for very little because a high percentage of these patients don't get approved **(Provider, Provider Forum #3, 2025)**

... I wish that everyone just got two cleanings a year. I have so many patients who are actually proactive about their oral health who would love to have two cleanings a year. And I have say well, what medical conditions do you have? Oh, you're healthy. You can't come back. You have to pay for it yourself. So, it's kind of like you're not helping the people that actually want to be helped in a sense... And then, you know, you're like, you can pay out of pocket, though, if you want, for the second one. And unfortunately, we had to raise our prices to make sure that we balance out. So then before it was \$99 now it's \$142 people are like, oh, well. Am I going to prioritize that? Or am I going to prioritize my groceries? **(Provider, Provider Forum #2, 2025)**

...I feel like we're the ones that see most of these patients, but we get reimbursed the least amount...We can hire more providers if there was more funding...We can't have more providers because we don't have enough funding to pay salaries **(Provider, Provider Forum #2, 2025)**

...let's say a patient comes in, right? And today, I have availability for cleaning, but that patient has to come back for an exam with X rays because the doctor didn't have time that day. We will still only get reimbursed for the first visit. So, anything that they do after because exam and cleaning should be the same day... if they come in two separate days for an exam and then a cleaning, we still only get

reimbursed for one visit. **(Provider, Provider Forum #2, 2025)**

... for me, in 2025 ... salaries have increased, overhead, rent, everything has increased, supplies, everything is increased, but HUSKY reimbursement has not increased. So, for me to see a HUSKY patient, I actually know I'm taking a hit...the cost of your hygienist salary... your overhead and supplies, you lose money. It's not even break even, like you lose money... **(Provider, Provider Forum #2, 2025)**

....There's also, like, the certain coverages that HUSKY doesn't provide for adults, you know? And it's, it's kind of, to me, it's kind of sad too, you know, when I see my patients and I can't give them the best treatment that they need, either, and we have to go by the guidelines and stuff... **(Provider, Provider Forum #4, 2025)**

Administrative and Provider Challenges

Providers discussed how difficult it was to obtain prior authorizations for care and referenced the amount of time that it takes to obtain approval by CTDHP. While waiting for prior authorization, providers shared instances of dental disease progressing, which has led to more invasive dental treatment being completed. Over this time period, providers reported that treatment plans changed. For example, a patient may have initially needed a crown, but now the tooth is so fractured or decayed that it warrants extraction. This delay has also deterred some patients from returning to receive care. After spending significant time going through this lengthy prior authorization process, providers were discouraged to most often find denials rather than approvals. The paperwork burden in the HUSKY Dental system was mentioned multiple times as a significant challenge.

...you'll submit... authorization... Okay, root canal was approved. Go ahead and submit that. We want to go ahead and put the crown on, show them everything, and then nothing,

and then ...by the time the patient gets back to the office, because, again, they're only being seen once a year. ... now they're losing the tooth and all because we were waiting. Yeah, so it's, it's, it's extremely frustrating
(Provider, Provider Forum #2, 2025)

...I do usually hear a lot of complaints about our billing department having to submit so much more for prior authorizations for HUSKY compared to other insurances. And I think even as a hygienist, when I do experience it is for...just getting a period [periodontal] SRP [Scaling and Root Planning], just submitting the prioritization for that. It's just so much more than a regular insurance..
(Provider, Provider Forum #2, 2025)

...And we've submitted everything, and then I submitted everything under the sun that I could possibly send...I've had oral surgery notes. I have like...x rays. I have the narrative from our doctor and the narrative from the oral surgeon... And I haven't heard from anyone, so I call them back, and then I speak with the Oral Health Navigator...She's like, "well, you put the codes in. That's the wrong dental code, so you have to re do it." First of all, and then I was like...no one told me that... So I resubmitted it, and now again, I'm waiting to hear back, and I'm just it's been this is, like, the third time this has happened, and every time I submit it, it's not good enough, and that's just getting frustrating, because it's like, obviously this patient needs this treatment...
(Provider, Provider Forum #3, 2025)

Some providers described a fear of joining HUSKY Dental due to audits and claw-backs, while others cited the credentialing process as a major deterrent to participating in the Medicaid network. Providers highlighted specific application requirements that were sometimes unclear or convoluted. If the application paperwork was not submitted exactly as requested, then they would be forced to restart the entire application process from the beginning. Providers described administrative challenges with the credentialing process that

included a mix of electronic and manual steps. They mentioned printing and mailing physical documents with highly specific formatting and submission instructions. Providers shared that there was little room for error, resulting in an entire application needing to be resubmitted. Additionally, providers often faced long wait times to receive approval or notification of issues, further delaying their ability to participate in network and treat high risk patients.

Across the forums, providers also identified the inaccessibility of translation services as a barrier to delivering care. They reported relying on staff members or Google Translate for language interpretation. Some providers shared that they paid for translation services themselves and reiterated that this slowed workflow. In addition, providers reported that the amount of paperwork and coordination needed for patient transportation services was very challenging. The transportation services themselves have also been identified as unreliable and insufficient.

...I know a lot of providers that are very hesitant to join the network or have dropped out due to fear of audits and claw backs. I know, you know, quite a few providers that work had claw backs on their associate jobs... And I know a lot of people that have gone through the audit process, you know, been told they need to pay hundreds of thousands of dollars...having to spend, like, a lot of money on lawyers only to be proven that they don't need to repay this money, you know, but the stress and the amount that is being spent on legal expenses is still a cost that is going to be borne by providers...
(Provider, Provider Forum #4, 2025)

I was denied credit credentialing. So, I went through being a husky provider, and then when I opened my own practice, I had to get recredentialed. I was doing it all myself, and just as evidence that it really wasn't comparable to private insurance, I successfully credentialed myself with every private insurance. But unfortunately, with HUSKY, there was an issue... You have to

print everything. It's not electronic. You sign up electronically, and then you have to print everything. There's very specific instructions in which the way you have to mail it in, and the way you fill out the forms. And if one thing is not to their liking, correct, accurate, or it could be a mistake on their part, you have to redo the entire application... **(Provider, Provider Forum #2, 2025)**

...I will book a patient's VEYO and or have to help them because they can't make the appointment. Then they ... make the ride, then VEYO will cancel...I've had many arguments with VEYO, and they also will tell the patient that they're faxing me something. And I have never, once ever received a fax ... **(Provider, Provider Forum #3, 2025)**

...The only reason I stay in the program is for patients that I've been treating for maybe, oh, sometimes 40 years, and it's not fair to them to abandon them, but that's the only reason I stay in the program. It makes me so frustrated. **(Provider, Provider Forum #1, 2024)**

... it's not the most reliable service, especially out in the rural areas. It's oftentimes difficult for them to find someone to provide the ride. Or I've had that situation as well, where I've had patients abandoned at my office because the cab drops them off, and then the appointments done and there's no cab. ...I've actually had to pay for cabs for my patients to get back home ... **(Provider, Provider Forum #1, 2024)**

Yes, I have. I've had several families that are hearing impaired, and the service cost me more than what HUSKY pays me for the cleaning...I had one patient... I had to recommend the OR so then I had to take that page to the OR so, I had two visits with the translator, and then in the OR that I had to pay for. So, it's, it can be frustrating. I think in those cases, there should be some help from HUSKY... **(Provider, Provider Forum #1, 2024)**

Recommendations

Providers suggested several recommendations for improving the current system that can be found listed below:

- Strengthen communication and coordination between CTDHP providers, specialists, and patients.
- Provide patients with better care coordination services, education on their covered benefits, and the importance of utilization of preventative services.
- Ensure patients receive materials in their primary languages and increase accessibility to interpretation services during in-office visits.
- Monitor and hold transportation services accountable for coordinating with providers and patients.
- Use social media and patient identified strategies to promote oral health.
- Encourage primary care providers to emphasize the importance of comprehensive dental care in overall health.
- Increase reimbursement rates to encourage more providers to participate in HUSKY Dental.
- Decrease administrative barriers to provider participation.
- Promote collaborative approaches to monitoring and audits to increase provider participation. Providers expressed concerns about legal costs associated with facing an audit.
- Expand HUSKY Dental to cover more services that patients need, including a second annual cleaning.
- Incentivize joining the HUSKY Dental network by offering free continuing education courses for HUSKY providers and developing student loan assistance programs to encourage long-term participation in HUSKY Dental.

COHI LEGISLATIVE RECOMMENDATIONS

Based on the report findings, COHI offers the following legislative recommendations:

- Expand adult Medicaid by excluding preventive services, such as cleanings and oral exams, from the annual \$1K benefit cap to improve access and utilization of care.
- Increase coverage to include periodontal treatment and a second annual dental cleaning and two oral examinations for all adult enrollees.
- Raise Medicaid reimbursement fee-for-service rates for children and adult for preventive dental services to prevailing average commercial rates to incentivize provider participation and improve appointment availability.
- Create additional incentive programs for practices to see more Medicaid enrollees such as student loan reimbursement, business tax credits, or tiered reimbursement system and allowing for higher reimbursement for practices that see a higher volume of patients and provide high-quality care.
- Increase Medicaid reimbursement rates for preventive services such as dental sealants and fluoride varnish treatments, expanding the Access for Baby Care Program to older children.
- Provide Medicaid dental benefits to all Connecticut residents who are income eligible up to age 21, regardless of immigration status.
- Defend community water fluoridation to prevent tooth decay.

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