



# Connecticut Dental Health Partnership **PROVIDER PARTNER NEWSLETTER**

FALL 2023

## **We Need Your Input by December 31, 2023**

Dear HUSKY Health Dental Practitioner,

We have now launched our new and improved online survey for dentists and dental practices that serve the HUSKY Health (Medicaid) and Covered CT populations in Connecticut.

The Survey closes on Sunday, December 31, 2023 and is available on the Provider Login Page on [ctdhp.org](http://ctdhp.org). The survey should take about 10 minutes to complete. We know you are busy, but survey completion is needed to allow us to provide the most appropriate referrals to your office. So complete it as soon as you can.

Your input enables Connecticut Dental Health Partnership Member Service representatives to assist HUSKY Health members, by giving them dental referrals that best meet their needs. That in turn improves the quality of the referrals you will receive.

Please click this link and log in to get started.  
[https://www.ctdhp.com/providers\\_login.asp](https://www.ctdhp.com/providers_login.asp)



### **About Us**

The State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C and HUSKY D, and Covered CT now have been combined into one dental plan: the Connecticut Dental Health Partnership - the Dental Plan for HUSKY Health (CTDHP). CTDHP oversees the dental plan for the Department of Social Services (DSS) HUSKY Health program which covers over 1 Million residents in Connecticut.

### **CTDHP Website**

The Connecticut Dental Health Partnership, the Dental Plan for HUSKY Health has a useful and informative website. Please go to [www.ctdhp.org](http://www.ctdhp.org) to access provider resources, to upload prior authorizations, verify client history, download educational materials and much more!

## **New Guideline on Management of Acute Dental Pain In Children**

Related to periodic discussions about dental opioid prescribing, we wanted to make sure you were aware of the publication of a new evidence-based clinical practice guideline for the pharmacologic management of acute dental pain in children. The guideline, developed by the ADA Science and Research Institute, the University of Pittsburgh School of Dental Medicine and the Center for Integrative Global Oral Health at the University of Pennsylvania School of Dental Medicine recommends acetaminophen or nonsteroidal anti-inflammatory drugs like ibuprofen as first-line treatments for acute dental pain in children younger than 12.

The full guideline is available here: [https://jada.ada.org/article/S0002-8177\(23\)00390-2/fulltext](https://jada.ada.org/article/S0002-8177(23)00390-2/fulltext)

And an ADA News article about the guideline is available here:

<https://adanews.ada.org/ada-news/2023/august/new-ada-guideline-recommends-acetaminophen-nsaids-to-manage-pain-in-pediatric-patients/>

**The CMS Dental Team**

## Oral Health Navigators - Partnering with You and Your Patients

Did you know that the CT Dental Health Partnership has a statewide team of Oral Health Navigators who work with HUSKY Health members with special health care needs, significant barriers to accessing care, or complex medical and dental needs. Our Oral Health Navigators are bilingual (Spanish speaking), certified community health workers or social workers trained to work with patients enabling them to complete their dentist's treatment plan. Last year, our team helped 1,124 HUSKY Health members by coordinating referrals to specialists, arranging transportation and interpreter services, implementing interventions to reduce dental anxiety and phobia, and referring members with social

service and medical needs to community-based organizations.

### **Refer a Patient for Oral Health Navigation**

If you have a HUSKY Health patient who has complex or acute oral health needs or is experiencing significant barriers to accessing care, you can refer that patient to the CT Dental Health Partnership Oral Health Navigation Team online. It is easy. First, register to become a Community Partner here. And then refer your patient. CTDHP is also receives referrals from the Unite Us platform. Our Unite Us program is listed under "CTDHP" or "Dental." If you have any questions, contact: [communitypartners@cthdhp.com](mailto:communitypartners@cthdhp.com).

## On Oral Health Before and After Obesity Treatment

### Studies on clinical and patient-reported outcomes

#### ABSTRACT

The overall aim of this thesis was to study the oral health of individuals with obesity and how oral health may be affected by medical and surgical obesity treatment. The thesis comprises three study populations, with Paper I and IV studying female participants, while Paper II and III includes both genders. Paper I is a cross-sectional study of obese women (Body Mass Index, BMI 35 kg/m<sup>2</sup> or more, n = 118), with the aim to describe oral health with increasing degrees of obesity and associations between obesity and dental caries. Paper II is a case series designed to describe the oral health profile of bariatric individuals (n = 14). Paper III is a questionnaire study aimed to examine how individuals (n = 1182) treated with gastric bypass perceived their oral health and oral health related quality of life (OHRQoL). Paper IV is a longitudinal follow-up study of the Paper I population aimed to compare the effect of bariatric surgery with medical obesity treatment on dental caries estimates until two years after the intervention. The results demonstrated that obese women had poor oral health habits and that there

was an association between increasing degrees of obesity and dental caries frequency. The associations were robust, also after adjusting for confounders (Paper I). After bariatric surgery, both women and men may struggle with oral health problems with high frequencies of dental caries and hyposalivation (Paper II). In Paper III, a high proportion of women and men who underwent bariatric treatment reported poor self-perceived oral health and impacts on their OHRQoL. A longitudinal follow-up showed a higher frequency of caries lesions in women two years after surgical obesity treatment but not after medical surgical treatment. The positive associations between surgical obesity treatment and dental caries were robust also after adjustments for confounders (Paper IV). In conclusion, the findings in this thesis indicate poor oral health and higher caries frequency with increasing BMI (Body Mass Index) in obese women, and oral health problems were observed in both men and women following bariatric surgery with impacts on OHRQoL. The findings can serve as a basis for adapting preventive dental care for obese and bariatric patients.

#### Parts of work

- I. Taghat, N., Lingström, P., Mossberg, K., Fändriks, L., Eliasson, B., Östberg, AL. (2022). Oral health by obesity classification in young obese women - a cross-sectional study. *Acta Odontol Scand*, 80(8), 596-604. <https://doi.org/10.1080/00016357.2022.2063942>
- II. Taghat, N., Mossberg, K., Lingström, P., Björkman, S., Lehrkinder, A., Werling, M., Östberg, AL. (2021). Oral health profile of postbariatric surgery individuals: A case series. *Clin Exp Dent Res*, 7(5), 811-818. <https://doi.org/10.1002/cre2.411>
- III. Taghat, N., Werling, M., Östberg, AL. Oral Health-Related Quality of Life After Gastric Bypass Surgery. (2020). *Obes Surg*, 30, 224-232. <https://doi.org/10.1007/s11695-019-04172-0>
- IV. Taghat, N., Mossberg, K., Lingström, P., Petzold, M., Östberg, AL. (2023). Impact of medical and surgical obesity treatment on dental caries: A two-year prospective cohort study. *Caries Res*. Aug 16. Epub ahead of print. <https://doi.org/10.1159/000533609>

# From the ADA: Effect of being overweight and obese on periodontal treatment costs

## ABSTRACT

### Background

Obesity can increase a person’s risk of developing periodontal disease, and patients with obesity have greater health care costs. However, the effect of obesity on periodontal treatment costs has not been examined.

### Methods

This retrospective cohort study used data from the electronic dental records of adult patients examined from July 1, 2010, through July 31, 2019 at a US dental school. Primary exposure was body mass index, which was categorized as obese, overweight, or normal. Periodontal disease was categorized using clinical probing measures. Fee schedules and procedure codes were used to compute the primary outcome, which was total periodontal treatment costs. A generalized linear model with gamma distribution was used to examine the relationship between body mass index and periodontal costs after controlling for initial periodontal disease severity and other confounding variables. Parameter coefficients and mean ratios with 95% CIs were estimated.

### Results

The study sample included 3,443 adults, of whom 39% were normal weight, 37% were overweight, and 24% were obese. Mean (SD) total periodontal treatment costs for patients who were obese were considerably higher (\$420 [\$719]) than those for patients who were overweight (\$402 [\$761]) and patients who were normal weight (\$268 [\$601]). After controlling for covariates and disease severity, patients who were obese had 27% higher periodontal treatment costs than patients who were normal weight. The additional periodontal treatment costs attributable to obesity were greater than those attributable to either diabetes or smoking.

### Conclusions

The study results suggest that among patients at a dental school, those who were obese incurred substantially higher periodontal treatment costs than patients who were normal weight, independent of initial periodontal disease severity.

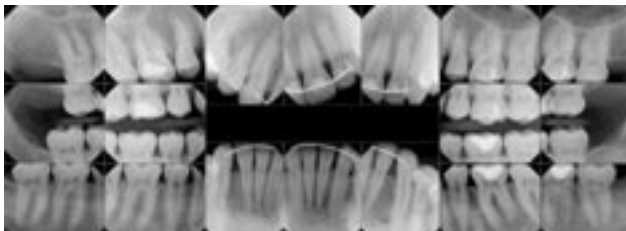
### Practical Implications

The study findings have important implications for clinical guidelines and dental benefit design and coverage policy

For more information, please click on the attached link:

[https://jada.ada.org/article/S0002-8177\(23\)00261-1/fulltext?dgcid=raven\\_jbs\\_etoc\\_email](https://jada.ada.org/article/S0002-8177(23)00261-1/fulltext?dgcid=raven_jbs_etoc_email)

## Reminder: Proper Labeling and Mounting of Radiographs



Please remember the CTDHP requires that all radiographs be labeled and dated prior to consultant review for Prior Authorization or Post Review.

Improper labelling and/or mounting of radiographs will result in a rejection of the PA request for review.

More than 5 single periapical films must be mounted for review. We will not accept unmounted full mouth series.

Please be sure the quality of the radiographs being submitted for review are of diagnostic clarity.

## Quick Reference Contact Sheet for Dental Services

### CT Dental Health Partnership Contact Information

Client Services (866) 420-2924 (855) 283-3682

Fax (860) 674-8174

Provider Services Prior Authorization (Philadelphia)  
(888) 445-6665

Michael Massarelli (Director of Network Development)  
(860) 507-2303

Sue Wydra (Network Development Assistant)  
(860) 507-2307

Norma Liistro (Network Development Assistant Ortho)  
(860) 507-2319

### Prior Authorizations and Post Procedure Authorizations:

CT Medicaid Prior-Authorizations  
C/O Dental Benefit Management/Benecare  
P.O. Box 40109, Philadelphia, PA 19106-0109  
(888) 445-6665  
J434 Standard ADA Claim Form Accepted

### Enrollment Documents:

Gainwell Technology  
P.O. Box 5007  
Hartford, CT 06104



If we can be of any please reach out to us at

1-855-CTDental  
[www.ctdhp.org](http://www.ctdhp.org)