



2025 Medicaid Oral Health Equity Report

JUNE
2025



**CONNECTICUT
DENTAL**
HEALTH PARTNERSHIP

the dental plan for
HUSKY Health

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Glossary of Important Terms

Terms below clarify how key concepts are defined, measured, and interpreted throughout this report.

Utilization: Dental services such as treatments, procedures, or visits to a dentist, used by HUSKY Health Dental Plan members. This is measured by Medicaid claims data that the dental provider submits for reimbursement for dental services provided.

Prevention: Actions and practices aimed at reducing the risk of oral diseases, such as cavities, gum disease, and tooth loss. This includes routine exams, cleanings, and oral hygiene instruction. Prevention is measured by Medicaid claims data that are coded for preventive dental services only.

Treatment: Procedures and interventions provided by a dentist to address and manage oral health diseases and issues. This can include restorative procedures (like fillings, crowns, or root canals). Treatment aims to alleviate pain, restore function, and prevent further oral health problems. Treatment is measured by Medicaid claims data that are coded for treatment dental services only.

Dental Sealants: A thin, protective coating applied to the chewing surfaces of back teeth to prevent cavities by acting as a barrier against food and bacteria, especially in the deep grooves of teeth.

Fluoride: A naturally occurring mineral that helps prevent tooth decay by building the tooth's resistance to acid produced by bacteria in the mouth. Oral health professionals apply topical forms of the mineral—such as silver diamine fluoride and sodium fluoride (toothpaste, varnish, foam, gel)—to treat and prevent dental caries (tooth decay).



Demographic Definitions

The Connecticut Department of Social Services (DSS) determines categories for Medicaid enrollment and reporting. These classifications, which are self-reported by members, guide how demographic patterns are interpreted in the report.

Race and Ethnicity: “Multi-racial” refers to a member identifying two or more races.

Gender: Currently, the two choices are male or female.

Age: Ages were grouped by children ages 0-20 and adults ages 21 and over.

Geography: Members' addresses were grouped into “Rural” and “Not Rural” categories using the Connecticut Office of Rural Health¹ Designated Rural Towns definition. All towns with a population census of 10,000 or less and a population density of 500 or fewer people per square mile are designated as “Rural.”

¹ Connecticut State Office of Rural Health. CT Rural Towns. www.ruralhealthct.org/towns/htm.

Connecticut Dental Health Partnership Mission

To enable all HUSKY Health members to achieve and maintain good oral health. We work to ensure all members have equitable access to oral health services.

The Connecticut Dental Health Partnership (CTDHP) is the Dental Plan for HUSKY Health under a contract with the Connecticut Department of Social Services (DSS). DSS is responsible for the administration of the Connecticut Medicaid Assistance Program and the Children's Health Insurance Program (CHIP). Medicaid and CHIP are collectively described as the HUSKY Health Program.

CTDHP administers the dental plan benefit to roughly 1 million Connecticut residents enrolled in HUSKY Health and 1,800 participating dental providers. CTDHP operates a member services call center, provides outreach and oral health navigation services to community-based organizations, provider network support and education, and manages the prior authorization and grievance and appeals processes.

This report expands beyond prior years to include a comprehensive Health Equity analysis, examining utilization patterns, disparities in access, and their impact on dental care. By combining member-reported data, this report provides a more comprehensive understanding of where gaps in dental access exist and how they affect certain populations.



Reporting Process

- **Comprehensive Approach**
Analysis combines survey data with utilization data to provide a more complete picture of care and access.
- **Member-Centered Insights**
Equity findings are paired with Member perspectives to provide a deeper understanding of gaps in access.
- **Focus on Disparities**
Data is provided by race, ethnicity, age, gender, county, pregnancy status, and intellectual and developmental disabilities (IDD) to assess systemic inequities.
- **Tracking Patterns Over Time**
This report builds on findings from previous years to monitor changes in outcomes.

This report serves two purposes:

- Evaluate member experiences with dental services under the HUSKY Health Dental Plan
- Highlight equity gaps that impact access to treatment and prevention

Findings from this analysis will help guide future improvements to HUSKY Health's dental benefits, inform policy decisions, and support CTDHP's ongoing efforts to promote equitable access to quality dental care.

Understanding the Data

By combining member-reported experiences with Medicaid utilization patterns, we provide a clearer picture of where disparities exist and how they impact different populations. The following sections outline our data sources and key areas of focus.

Data Sources

Member Survey & Medicaid Claims Data

This report draws on two primary sources of data: The annual HUSKY Health Dental Plan Survey and an in-depth health equity analysis using Medicaid dental claims data.

2024 Dental Member Survey

The [2024 HUSKY Health Dental Plan Survey](#) assessed dental care access and experiences among HUSKY Health Plan members. It explored key factors such as scheduling ease, service satisfaction, and access challenges. To ensure a standardized yet comprehensive approach, questions were adapted from the Agency for Healthcare Research and Quality's Consumer Assessment of Health Care Providers and Systems (CAHPS) Dental Plan Survey.² The Consultation Center, Inc. formatted the survey using Qualtrics in compliance with the Culturally and Linguistically Appropriate Service Standards and Americans with Disabilities Act guidelines. Findings highlight trends in service utilization, common barriers, and areas where member support can improve. An open-ended question was included to give members the opportunity to share insights and highlight challenges not captured by standardized survey measures. These data points help inform targeted improvements in dental benefits and service delivery, ensuring HUSKY Health continues to enhance access to quality care.

Survey Participation 4,752 Responses

The survey was emailed to 254,502 members on April 8, 2024, and accessed by 81,789 members. Incentives in the form of \$15 Amazon gift cards were provided by CTDHP to the first 100 members who completed the survey. 4,752 members returned a completed survey for analysis (6% response rate). Of those, 90% (4,286) completed the English version, and 10% (466) completed the Spanish version. 2,759 members (58% of respondents) provided final thoughts in the open-ended comment section.

Survey Analysis Quantitative & Qualitative

Numeric survey responses were analyzed using statistical software (SPSS), while open-ended responses were analyzed to identify common themes among members.

Medicaid Oral Health Equity

Evaluators also examined how Medicaid utilization patterns reflect oral health equity and disparities among HUSKY Health members. This analysis spans 2020 to 2024, highlighting differences in access, prevention, and treatment across income levels, geographic regions, and racial/ethnic groups.



Key Focus Areas

- 1 Age-Based Comparisons**
Differences in utilization, prevention, and treatment between children and adults
- 2 Community-Based Comparisons**
Dental service use by race, ethnicity, and county
- 3 Focused Care**
Dental care among individuals with intellectual and developmental disabilities (IDD) and members who are pregnant.
- 4 Preventative Care**
Fluoride and sealant rates among children

² CAHPS Dental Plan Survey | Agency for Healthcare Research and Quality <https://www.ahrq.gov/>.

Executive Summary: 2024 Member Survey

Member Perceptions & Survey Results

Open-ended responses on the survey from 2,759 respondents (58% of the sample), reveal concerns about their HUSKY Health Care Dental Plan coverage, provider access, provider treatment, and plan communication.



■ **68%** are satisfied with their plan coverage and **21%** express general or specific appreciation for the plan or provider, or reported no complaints.

■ **10%** of the entire sample expressed a desire for two cleanings per year.

■ **28%** of respondents report barriers to accessing dental services. The top barrier cited was access to a provider accepting new patients (**33%**)

■ **16%** share concerns about interactions with their provider (e.g., discriminatory behavior).

“ I am very thankful for HUSKY Health and am so fortunate to be provided with care. My doctors are amazing! Finding quality dental care though is challenging so it's been hit or miss.
- Tolland County ”

“ There's only two dentists who accept the [HUSKY] insurance within 20 miles [of where I live]. What is the point of having insurance when no doctors take it?
- New London County ”

Group Differences & Changes Over Time

County-level patterns stood out most clearly among group differences. Respondents in New London and Windham counties were less likely to have a regular dentist, less likely to have seen a dentist in the past year³, and reported the greatest difficulty finding a provider who accepts new patients. These geographic disparities were accompanied by meaningful shifts in several key indicators between 2023 and 2024.

- While respondents report the **same engagement** with CT Dental Health Partnership tools and resources both years (**38%**), perceptions of the usefulness of the information provided **increased** from **32%** in 2023 to **43%** in 2024.
- A **decrease** in perceptions of feeling heard by providers in 2024 (**43%**) compared to 2023 (**75%**)* is noted but feelings of being treated with courtesy and respect by providers **increased** from 2023 (**61%**) to 2024 (**73%**).³
- Perceptions of sufficient time with a provider during a regular dental visit **increased** from 2023 (**61%**) to 2024 (**75%**).³

³ Indicates that the differences between 2023 and 2024 are statistically meaningful ($p < .05$)

Executive Summary: Medicaid Data (2020 - 2024)

A five-year view of Medicaid dental claims reveals persistent differences in access and utilization across age groups, populations, and regions. Because yearly shifts were minor, five-year averages are used to reflect stable patterns over time. Complete year-by-year data is available in the appendix.

- Members with intellectual or developmental disabilities (IDD) showed **stronger utilization** than the general adult population
- Adult prevention and treatment rates remained notably **lower**, with little variation across the five years
- Among **pregnant** members, **fewer than 1 in 5** received an oral evaluation during pregnancy in 2024
- Children** accessed dental care at **higher rates than adults** for all service types—utilization, prevention, and treatment



Among all groups, **prevention rates were higher** than treatment rates.

Race, ethnicity & region continue to shape access



- Hispanic (45%)** and **Asian (42%)** members had the **highest** utilization rates
- White (36%)** and **Native American/Alaskan (37%)** members had the **lowest** utilization rates
- Fairfield County** **led** in utilization (**45%**), prevention (**43%**), and treatment (**21%**)
- New London County** had the **lowest** rates across all three service types (utilization **36%**, prevention **34%**, treatment **15%**)

Fluoride rates rise, but sealant use remains low across groups

- Sealant use **increased** from 5% to **8-9%** and **fluoride rose** from 39% to **55%**
- Hispanic children** and **Fairfield County** had the **highest** rates of both sealant and fluoride treatments
- Fluoride** use **consistently exceeded** sealant use across all racial, ethnic, and regional groups



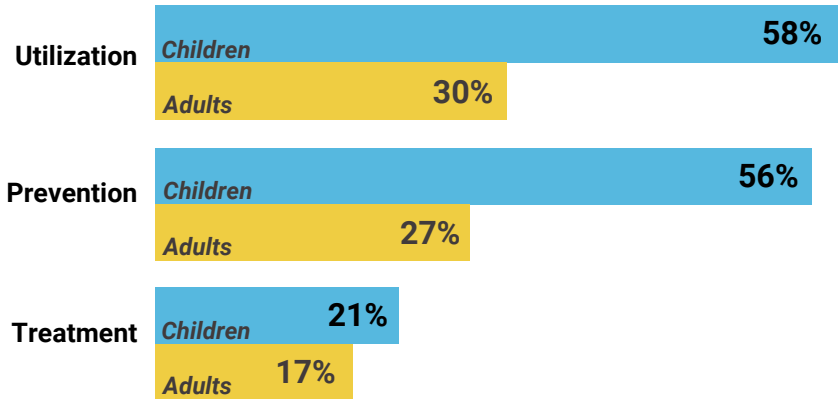
Oral Health Across Age Groups (2020 - 2024)

Over five years, children accessed dental care at higher rates than adults, especially for overall utilization and prevention. Survey results reveal added barriers—like limited appointments, office hours, transportation, and dental fear—highlighting the need to address barriers, sustain prevention gains in children, and strengthen adult utilization.



Children rates are higher than adults across utilization, prevention, and treatment

Data reflect combined 2020–2024 rates across age groups. Sample sizes (n) by group: **Adults** – Utilization (n = 810,771), Prevention (n = 740,011), Treatment (n = 454,671); **Children** – Utilization (n = 1,067,150), Prevention (n = 1,033,582), Treatment (n = 386,310).



Members’ top-reported barriers to dental care include the following:

Data are from the 2024 HUSKY Health Dental Plan Survey

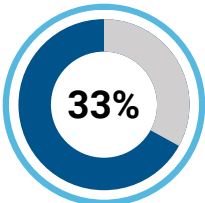


...[HUSKY] dentists were either closed down, didn’t accept HUSKY, weren’t accepting new patients, or only had appointments in the middle of the work day.

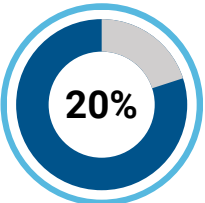
- Member (New Haven County)



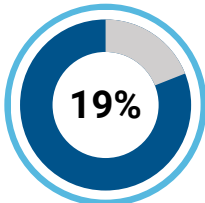
Top Adult Barriers (n=1,336)



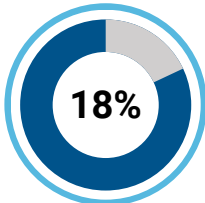
Could not find a dentist accepting new patients



Afraid or do not like going to the dentist

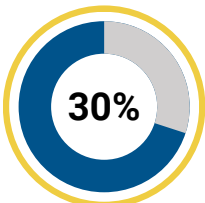


Could not find a dentist with available appointments

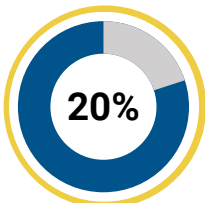


Preoccupied with other life responsibilities

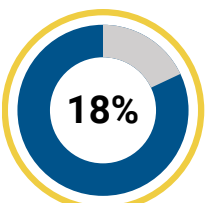
Top Child Barriers (n=193)



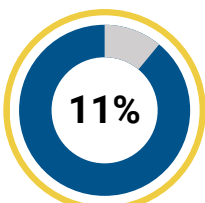
Could not find a dentist accepting new patients



Could not find a dentist with available appointments



Afraid or do not like going to the dentist



Parent could not take time off of work



Oral Health by Race, Ethnicity & Region (2020 - 2024)

Dental claims were tracked across five years by race, ethnicity, and geographic region for overall utilization, prevention, and treatment services. While year-to-year shifts were minor, consistent patterns emerged. Hispanic and Asian members reported the highest overall utilization, while White and Native American/Alaskan members had the lowest. Regionally, Fairfield County led in all service types, while New London County consistently reported the lowest.



Hispanic and Asian members report the highest utilization over time

Data reflect combined average utilization rates from 2020-2024, based on summed counts of services and total enrolled members by racial and ethnic group. Total utilization across all groups: 1, 877, 921. **Note: Rates should be interpreted with consideration of each group's sample size relative to total enrollment.**

Hispanic	45%	428,280 / 945,255
Asian	42%	60,936 / 144,882
Black/African American	40%	299,243 / 738,850
Pacific Islander	39%	2,312 / 5,920
Native Alaskan/American	37%	7,590 / 20,547
White/Caucasian	36%	499,003 / 1,366,526

Utilization rates were **highest among Hispanic and Asian members**, while White and Native American/Native Alaskan members had the lowest rates.

Fairfield County oral health patterns offer a model for supporting member engagement

Data reflect combined average utilization, prevention, and treatment rates from 2020-2024 by county. Rates are based on summed counts of services and total enrolled members per county.



Fairfield County led in all services; Treatment remained the lowest-used service statewide.

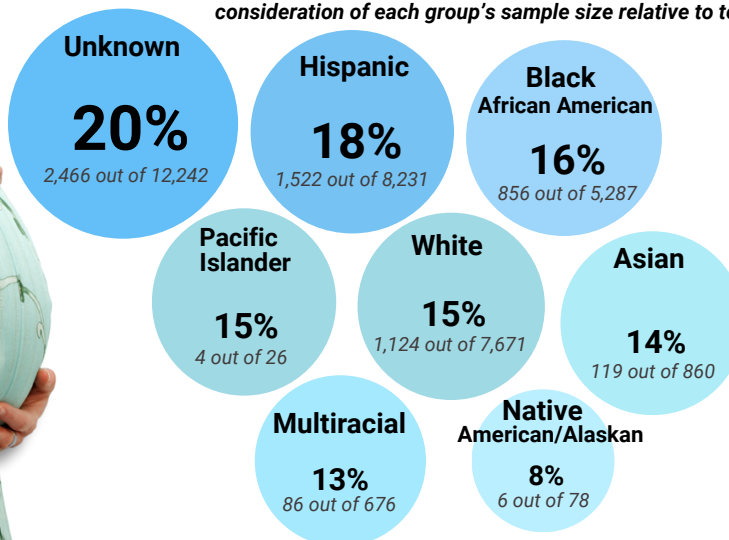
	Utilization	Prevention	Treatment	
Fairfield	45%	43%	21%	<div><div></div><div></div><div></div></div>
Hartford	41%	38%	17%	<div><div></div><div></div><div></div></div>
Litchfield	41%	39%	19%	<div><div></div><div></div><div></div></div>
Middlesex	39%	36%	17%	<div><div></div><div></div><div></div></div>
New Haven	41%	38%	19%	<div><div></div><div></div><div></div></div>
New London	36%	34%	15%	<div><div></div><div></div><div></div></div>
Tolland	37%	34%	16%	<div><div></div><div></div><div></div></div>
Windham	38%	35%	17%	<div><div></div><div></div><div></div></div>

Oral Health Among Focused Populations in 2024

In 2023, the Centers for Medicare & Medicaid Services (CMS) released a report titled *Recommendations for Improving Oral Health Care Access, Quality, and Outcomes and Advancing Equity in Medicaid and the Children's Health Insurance Program*⁴. The report outlines strategic priorities to enhance preventive, minimally invasive, and timely oral health care. Among these priorities are improving oral health services for pregnant and postpartum individuals and for adults with intellectual and developmental disabilities (IDD). Aligning with these national objectives, the Connecticut Dental Health Partnership (CTDHP) has designated these two populations as focal points for developing targeted interventions and understanding their specific oral health care needs.

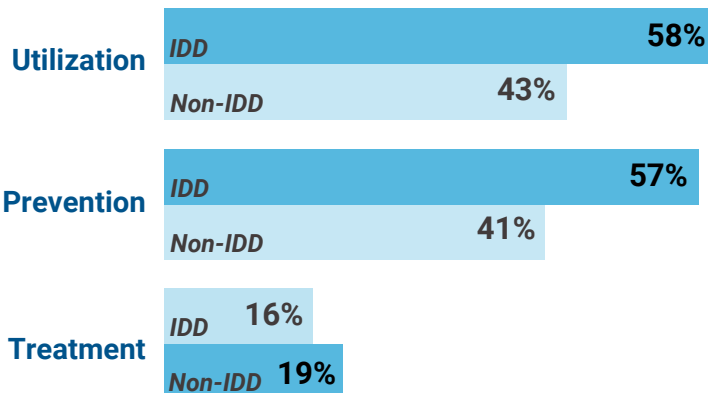
Oral evaluation rates remain low during pregnancy across groups

Data reflect combined average oral evaluation rates across 2022–2024. Total live births across all groups: 35,071; total oral evaluation claims: 6,183. **Note: Rates should be interpreted with consideration of each group's sample size relative to total live births.**



Strong utilization rates offer a foundation for strengthening IDD treatment access

IDD members: 93,792 enrolled; 54,779 utilized; 53,274 prevention; 15,032 treatment. **Non-IDD enrolled HUSKY members** (n = 873,417), with 376,801 utilized, 356,841 prevention, and 167,577 treatment.



Oral health patterns among members with intellectual and developmental disabilities show relatively high utilization and prevention rates. When compared to the broader continuously enrolled HUSKY population, **IDD members show stronger engagement overall.**

IDD members were defined using 2024 enrollment data (n = 93,792). This group includes individuals identified through medical diagnosis (ICD-10) claims data associated with IDD diagnosis. Survey findings reflect self-reported data from HUSKY members and may or may not directly overlap with this claims-identified IDD cohort.

⁴ Reyna, S., Anderson, S., Yang, S., & Rosenbach, M. (2024, April 30). Recommendations for improving oral health care access, quality, and outcomes and advancing equity in Medicaid and the Children's Health Insurance Program (Report submitted to the Division of Quality & Health Outcomes, Center for Medicaid & CHIP Services, CMS). Mathematica.

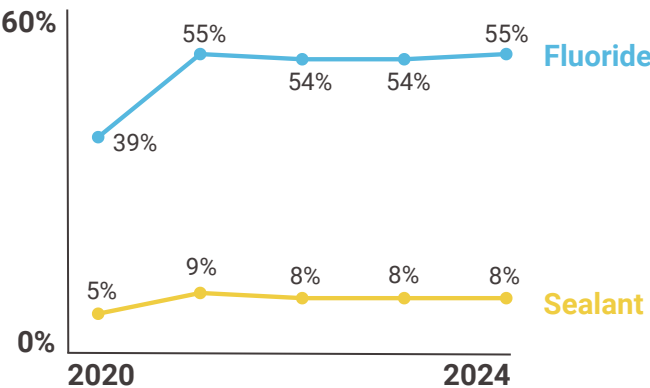
Sealant and Fluoride Use (2020 - 2024)



Fluoride use increased over time while Sealant use stayed consistently low

Sample sizes (n) by year: 2020 (n = 387,919), 2021 (n = 359,922), 2022 (n = 371,966), 2023 (n = 358,554), 2024 (n = 362,550).

Sealant and fluoride use among children has improved over the past five years but remains uneven across racial, ethnic, and regional lines. **Sealant use rose from 5% to 8-9%, while fluoride use climbed from 39% to 55%.**



Hispanic children and Fairfield County lead in sealant and fluoride preventative care



	Sealant	Fluoride		Sealant	Fluoride
Fairfield	8%	58%	Asian	8%	53%
Hartford	8%	50%	Black/African American	8%	48%
Litchfield	7%	54%	Hispanic	9%	54%
Middlesex	7%	49%	Native Alaskan/American	7%	47%
New Haven	8%	50%	Pacific Islander	8%	49%
New London	7%	46%	White/Caucasian	7%	51%
Tolland	6%	45%			
Windham	8%	47%			

A noticeable difference between fluoride and sealant use is visible across all racial, ethnic, and county groups. **Hispanic children and Fairfield County are highest in both measures**, yet the pattern of fluoride and sealant rates holds remarkably steady across groups and over time.

Rates shown above represent 5-year averages (2020–2024) for each service category. Sample sizes (n) by group: Asian (n = 53,557), Black/African American (n = 294,960), Hispanic (n = 437,805), Native/Alaskan Native American (n = 7,465), Pacific Islander (n = 2,301), White/Caucasian (n = 389,282). Total sample: n = 1,840,911. Sample sizes (n) by county: Fairfield (n = 448,100), Hartford (n = 489,942), Litchfield (n = 77,677), Middlesex (n = 49,653), New Haven (n = 511,168), New London (n = 126,368), Tolland (n = 45,191), Windham (n = 64,646). Total sample: n = 1,840,911.

Members Share What Works – And What Doesn't

In addition to dental care experiences, members were also asked about their interactions with providers and engagement with CTDHP tools and services. Responses to the open-ended question of the survey identify insights from 2,759 participants (58% of respondents). **Themes from comments range from service quality to insurance coverage and suggestions for improving the HUSKY Health Dental Plan.**

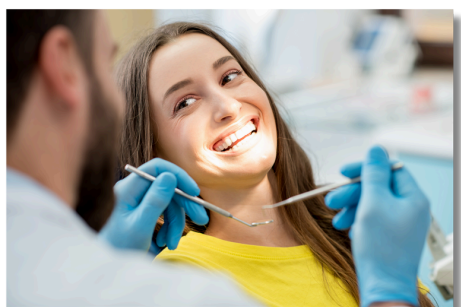
Tools and Services

Overall, 38% of members reported calling, visiting the website, or reading printed materials, and **32% said they always received the information they needed.**

Other key findings include comparisons between Spanish- and English-language responses, as well as between child and adult dental coverage. Spanish-language respondents highlighted needs like Spanish-speaking dentists and clearer explanations, though overall themes were consistent across groups. Respondents commonly called for improvements in coverage, access, and communication.

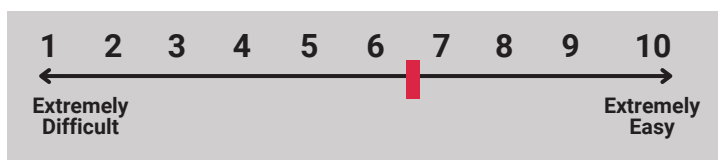
Provider Care

16% of members mentioned provider-specific experiences, including **discrimination due to HUSKY status, painful or unprofessional care, dental anxiety, disability access challenges, and positive care experiences, especially for children.**



Respondents were also asked to rate **how easy it was to find a dentist using tools and services** using a scale from 1 to 10 where '1' represents the most difficult and '10' represents the easiest.

How easy it was for you to find a dentist using HUSKY Dental Plan/Connecticut Dental Health Partnership tools and services?



A prevalent theme throughout open-ended responses is the perception that **children have better dental coverage and dental care compared to adults.**

Recommendations

The following policy recommendations were developed by the Connecticut Dental Health Partnership based on findings from this comprehensive report—including the 2024 Member Survey and a five-year analysis of Medicaid dental data. Together, these insights inform actionable strategies to advance access, equity, and quality in oral health care for HUSKY members.

1 Boost Provider Participation

Seek strategies to increase provider participation in the Medicaid network, addressing member-reported challenges in finding dentists who accept HUSKY or have available appointments.

2 Promote Dental Visits During Pregnancy

Increase awareness among both dental and medical providers about the importance of dental visits during pregnancy.

3 Identify Qualified IDD Provider Network

Identify providers who are both willing and specifically qualified to treat Medicaid patients with intellectual and developmental disabilities.

4 Match Payment with Provider Effort and Expertise

Align reimbursement models with the time and resource demands of providers who serve IDD patients.

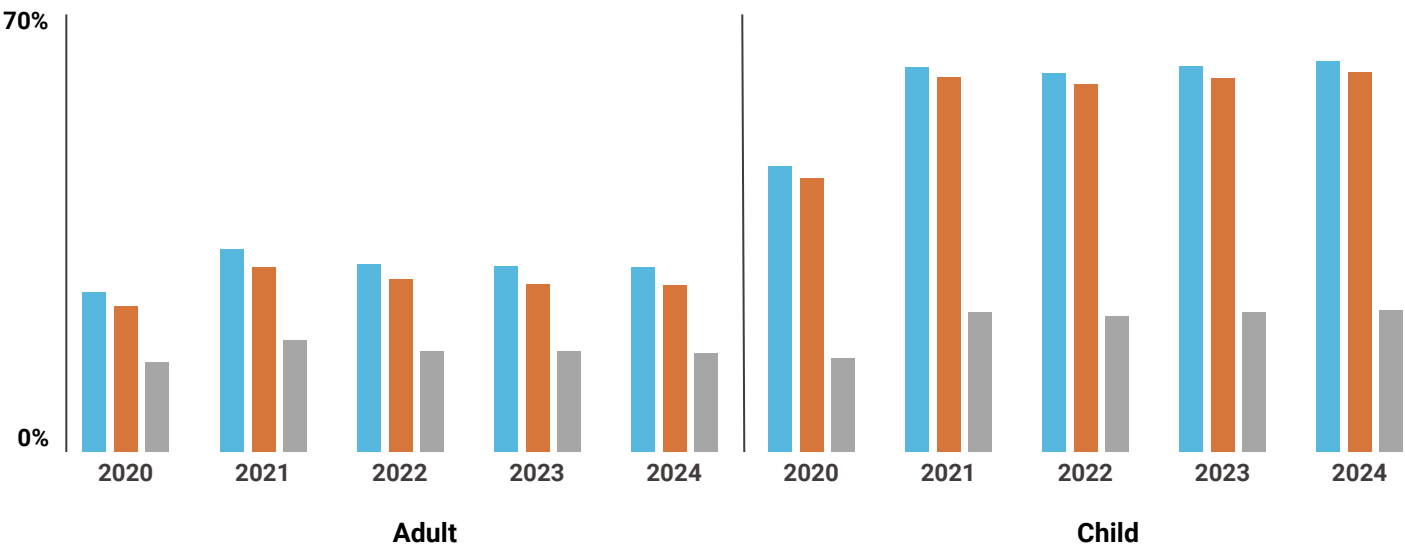
5 Evaluate Mobile and School-Based Dental Programs

Further explore school-based health centers and mobile dental programs to assess their contributions to dental sealant and fluoride varnish application rates to better understand their impact of care.



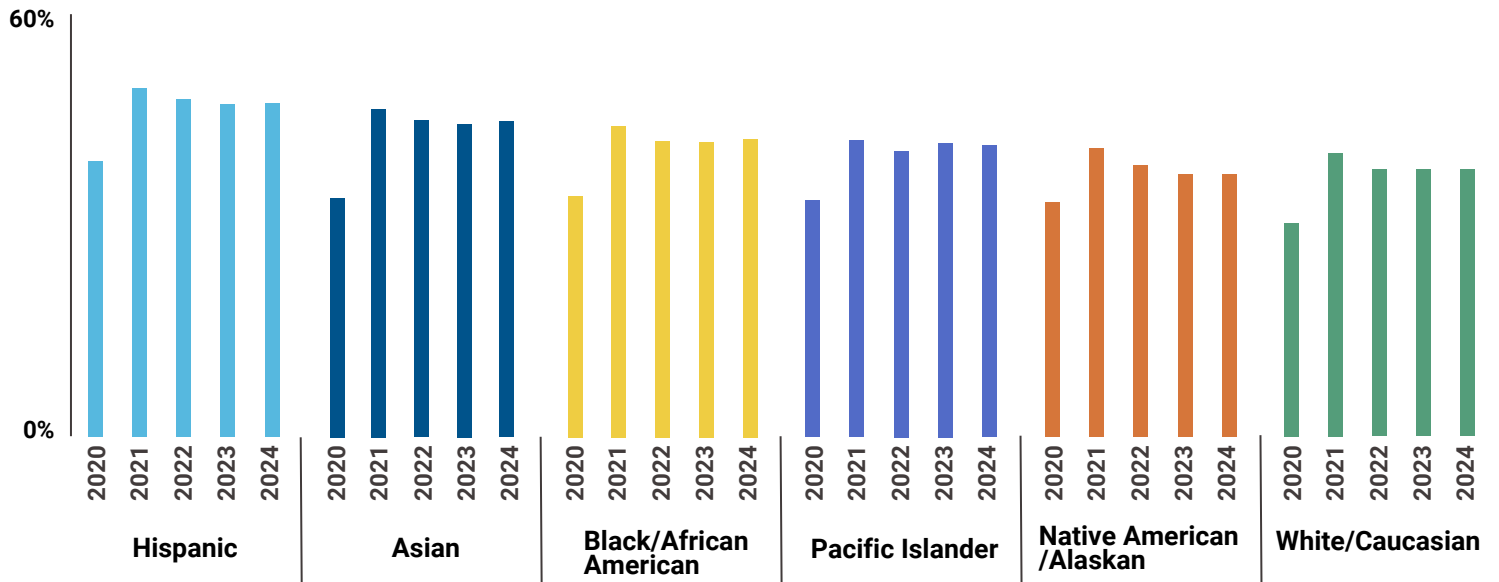
Appendices

Appendix I. Age-Based Rates



	Utilization	Prevention	Treatment
Adult	29%	27%	17%
2020	26%	23%	15%
2021	32%	30%	18%
2022	30%	28%	17%
2023	30%	27%	17%
2024	29%	27%	16%
Child	58%	56%	21%
2020	46%	44%	15%
2021	61%	59%	23%
2022	60%	59%	22%
2023	61%	60%	23%
2024	62%	60%	23%

Appendix II. Race and Ethnicity Utilization Rates



Hispanic 45%

2020	38%
2021	48%
2022	47%
2023	46%
2024	47%

Pacific Islander 39%

2020	33%
2021	41%
2022	40%
2023	41%
2024	41%

Asian 42%

2020	33%
2021	46%
2022	44%
2023	44%
2024	44%

Native American/Alaskan 37%

2020	33%
2021	40%
2022	38%
2023	37%
2024	37%

Black/African American 40%

2020	34%
2021	44%
2022	42%
2023	41%
2024	42%

White/Caucasian 36%

2020	31%
2021	40%
2022	37%
2023	37%
2024	37%

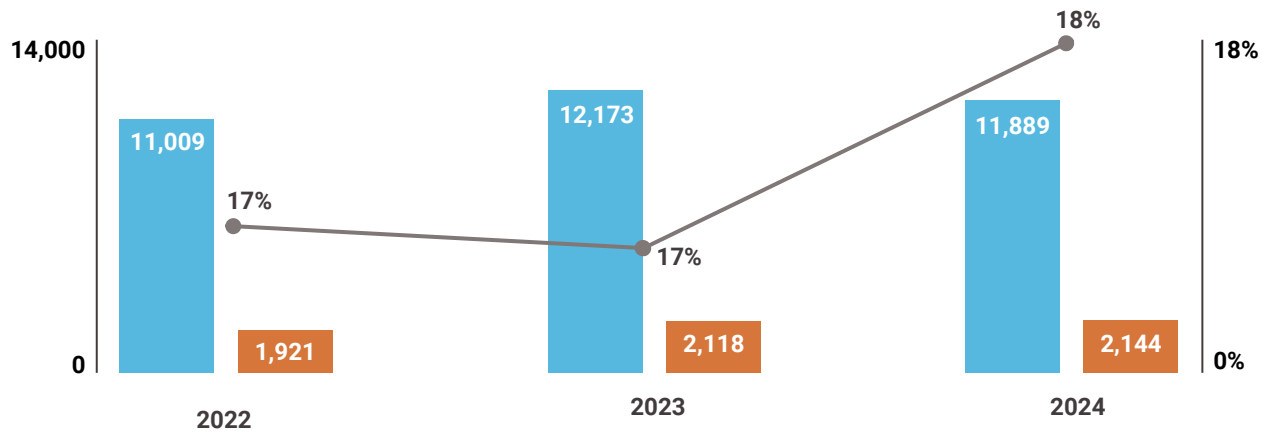
Appendix III. County Rates

	Utilization	Prevention	Treatment		Utilization	Prevention	Treatment
Fairfield	45%	43%	21%	New Haven	41%	38%	19%
2020	37%	35%	17%	2020	34%	32%	16%
2021	48%	46%	23%	2021	44%	41%	21%
2022	46%	44%	21%	2022	42%	39%	19%
2023	47%	44%	22%	2023	42%	40%	20%
2024	48%	46%	23%	2024	43%	40%	19%
	Utilization	Prevention	Treatment		Utilization	Prevention	Treatment
Hartford	41%	38%	17%	New London	36%	34%	15%
2020	34%	31%	14%	2020	30%	28%	12%
2021	44%	41%	19%	2021	39%	37%	16%
2022	42%	40%	18%	2022	37%	35%	15%
2023	42%	39%	18%	2023	37%	35%	15%
2024	42%	40%	18%	2024	37%	34%	15%
	Utilization	Prevention	Treatment		Utilization	Prevention	Treatment
Litchfield	41%	39%	19%	Tolland	37%	34%	16%
2020	34%	32%	15%	2020	29%	27%	13%
2021	44%	42%	21%	2021	39%	37%	17%
2022	42%	39%	19%	2022	37%	35%	16%
2023	42%	40%	19%	2023	38%	36%	16%
2024	43%	41%	19%	2024	39%	37%	15%
	Utilization	Prevention	Treatment		Utilization	Prevention	Treatment
Middlesex	38%	36%	17%	Windham	38%	35%	17%
2020	32%	29%	14%	2020	30%	28%	14%
2021	42%	39%	19%	2021	40%	37%	19%
2022	40%	37%	18%	2022	39%	36%	17%
2023	40%	37%	17%	2023	39%	36%	18%
2024	40%	38%	17%	2024	40%	38%	18%

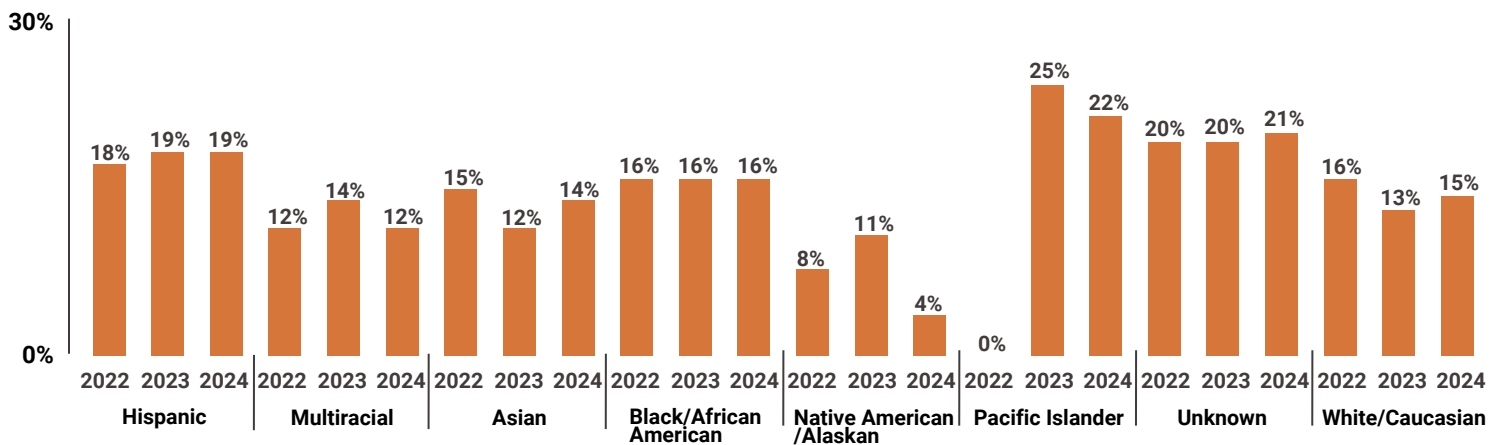
IV. Oral Evaluation During Pregnancy

Description: Percentage of enrolled persons aged 15 through 44 years with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation during pregnancy. **Numerator:** Unduplicated number of enrolled persons with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation during pregnancy. **Denominator:** Unduplicated number of enrolled persons aged 15 through 44 years with live-birth deliveries in the reporting year. Requirements included **1)** enrolled on the delivery date, **2)** continuously enrolled for 180 days (6 months for monthly basis programs) prior to delivery date.

■ Live Births ■ Oral Eval Count ● Oral Eval Rate

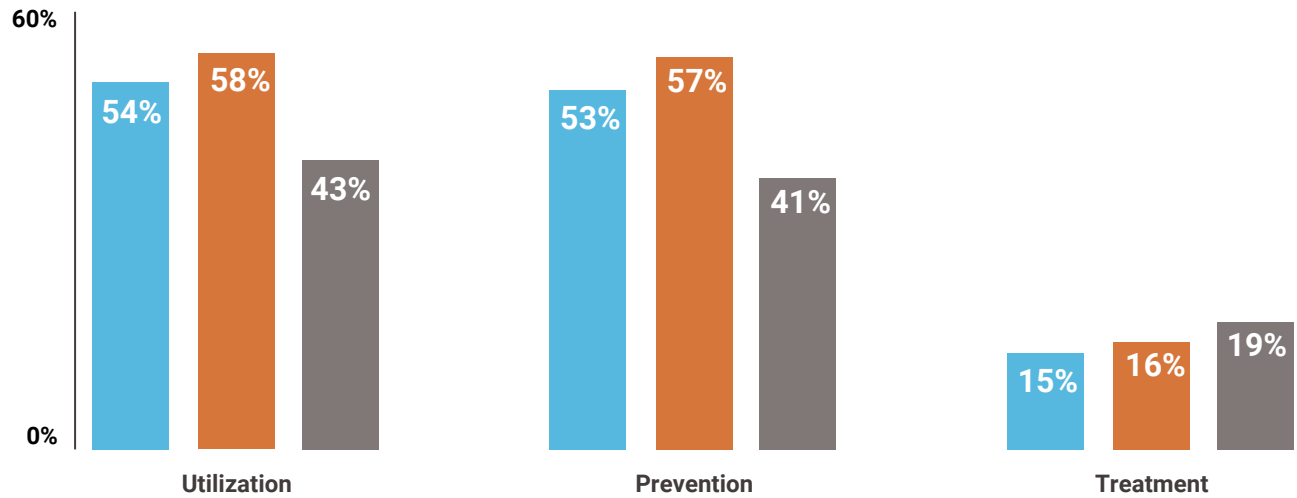


Oral Evaluation During Pregnancy by Race and Ethnicity



Appendix V. Intellectual and Developmental Disability Rates

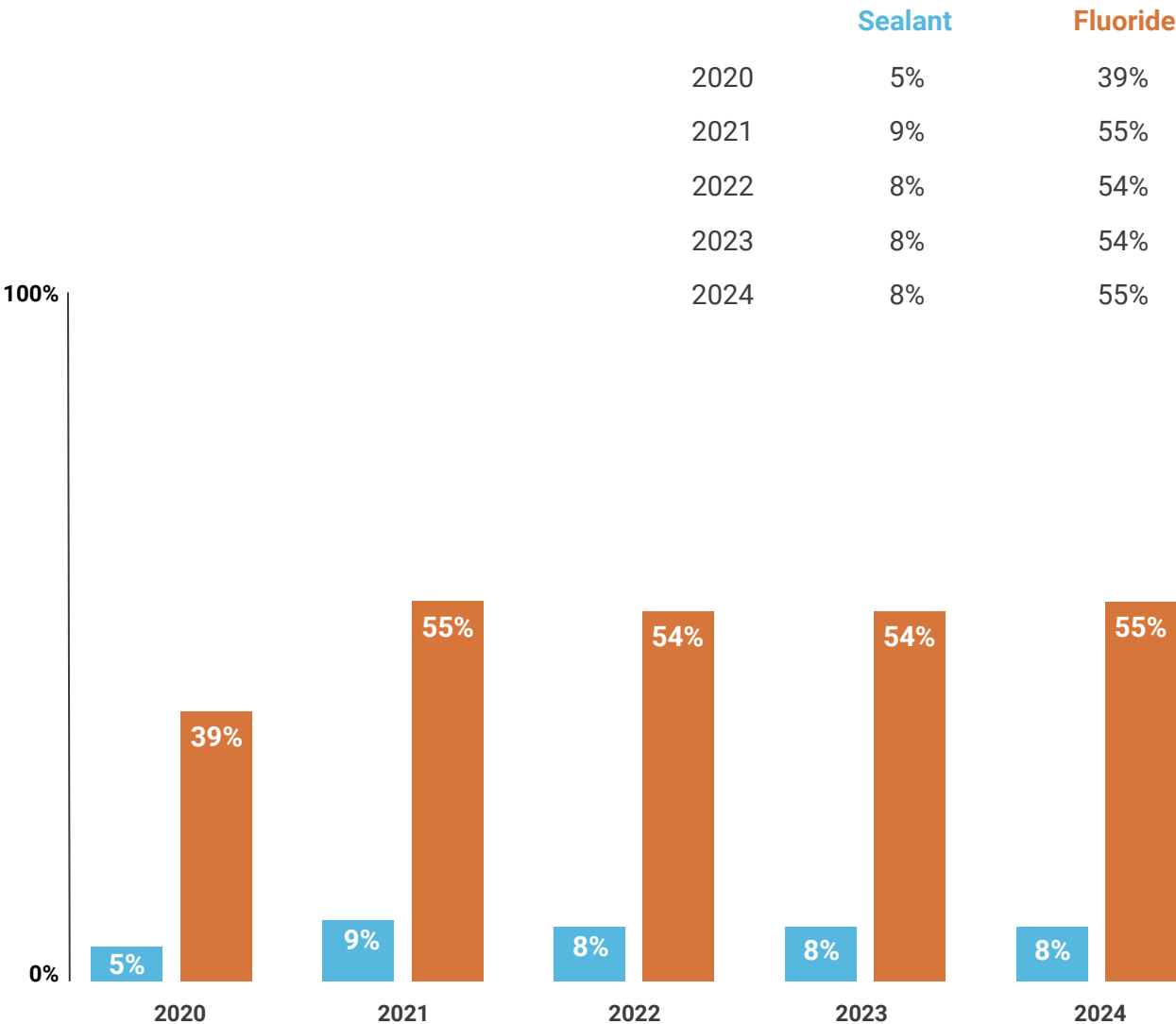
■ IDD 2023
 ■ IDD 2024
 ■ Non-IDD 2024



	Enrolled	Utilized	Utilization Rate	Prevention	Prevention Rate	Treatment	Treatment Rate
IDD HUSKY Members (2023)	90,961	49,534	54%	48,131	53%	13,620	15%
IDD HUSKY Members (2024)	93,792	54,779	58%	53,274	57%	15,032	16%
Non-IDD HUSKY Members (2024)	873,417	376,801	43%	356,841	41%	167,577	19%

Appendix VI. Sealant and Fluoride Rates by Year

For a full breakdown of sealant and fluoride rates by race, ethnicity, and county, contact the Connecticut Dental Health Partnership





The Connecticut Dental Health Partnership is the Dental Plan for HUSKY Health and is administered by BeneCare Dental Plans under a contract with the Department of Social Services (DSS).

Our mission is to enable all HUSKY Health members to achieve and maintain good oral health. We work to ensure all members have equitable access to oral health services.