SUMMER 2018

Connecticut Dental Health Partnership
PROVIDER PARTNER NEWSLETTER

Change in the Restoration REIMBURSEMENT POLICY:

The Department of Social Services (DSS) previously instituted a policy whereby providers are reimbursed for the total number of surfaces restored on a single tooth per one **(1) year** period **when performed by the same provider.** For example, a provider is paid for performing a restoration on surfaces Lingual and Mesial (LM) on tooth 19. The same provider submits a second claim for the same client within one year from the previous date of service for restoration on the surfaces Distal and Occlusal (DO) on the same tooth (#19). The second claim does not pay for a second two surface restoration; instead, the second claim pays the difference between the four-surface restoration and the previously paid two surface restoration and posts the Explanation of Benefit (EOB) code 9992 - Payment Amount Reflects Tooth Surface Pricing at the detail.

Effective July 24, 2018, DSS has made a change to this policy whereby the claims will employ the restoration pricing methodology even when the services **are performed by a different provider.** The second provider may submit the additional surface(s) to the Prior Authorization Department for review. If the services are authorized the claim will be paid as coded.

Providers are reminded that there are 2 different policies for restorations. A pricing policy as described above and a policy as described in Provider Bulletin PB 2016-45 where a restoration on the same tooth and surface is allowed once every (2) years. Providers should check the patient history at the **www.ctdhp.com** website before providing any services.

About Us

The State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C and HUSKY D 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 more than 800,000 residents in Connecticut.

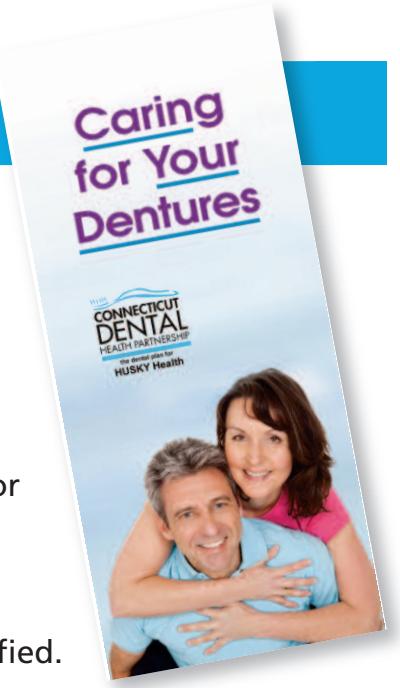
CTDHP Website

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

CONNECTICUT DENTAL HEALTH PARTNERSHIP
the dental plan for
HUSKY Health

Did You Know?

Denture Facts!



Did You know there is educational and useful information at **www.CTDHP.com** about dentures?

Anyone can access this information by clicking on the grey **Provider** button and then on the button that is labeled **Forms and Materials**.

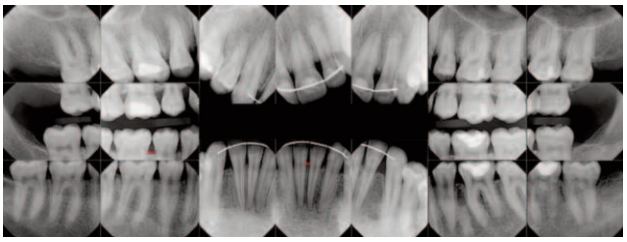
There is an educational piece titled Caring for your Dentures. This brochure is in English and Spanish. It educates the patients on caring for their dentures and CTDHP Policies on replacement.

There is another useful form titled Dentures Client Acknowledgement form. This should be used every time a denture is delivered to a client. This document confirms the client has received the denture and is satisfied.

After a denture or partial denture is placed the denture adjustments and relines are the responsibility of the treating provider for the first 6 months after the placement date.

Did you know, if a denture or partial denture is prior authorized and the client is going to exceed their annual maximum that the claim will be paid based on medical necessity? All other basic and restorative work the patient needs should be performed prior to placing the denture.

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.

Coffee and Concerns

Coffee makes everything better!

Come out and visit the CTDHP.

One Friday morning every month Michael Massarelli and the Provider Management Team will be available in person to share a cup of coffee and discuss your concerns.

We will be available between the hours of 8 am and 10 am. Come by and visit even if it is just to say hello!

We are located at 195 Scott Swamp Road in Farmington CT.

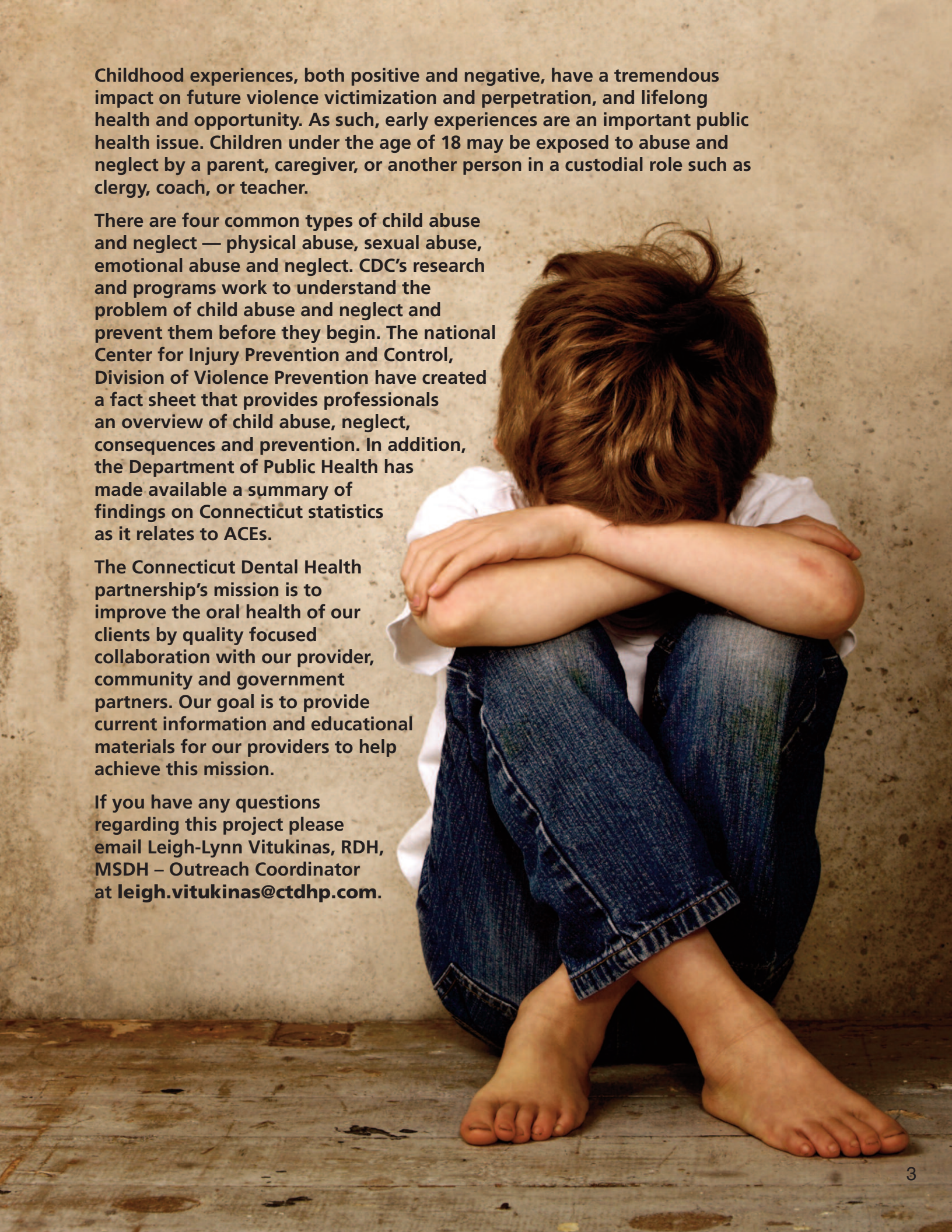
Please call Sue Wydra @ 860-507-2307 to reserve a spot as we are limited to 20 people per month.

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Children under the age of 18 may be exposed to abuse and neglect by a parent, caregiver, or another person in a custodial role such as clergy, coach, or teacher.

There are four common types of child abuse and neglect — physical abuse, sexual abuse, emotional abuse and neglect. CDC's research and programs work to understand the problem of child abuse and neglect and prevent them before they begin. The national Center for Injury Prevention and Control, Division of Violence Prevention have created a fact sheet that provides professionals an overview of child abuse, neglect, consequences and prevention. In addition, the Department of Public Health has made available a summary of findings on Connecticut statistics as it relates to ACEs.

The Connecticut Dental Health partnership's mission is to improve the oral health of our clients by quality focused collaboration with our provider, community and government partners. Our goal is to provide current information and educational materials for our providers to help achieve this mission.

If you have any questions regarding this project please email Leigh-Lynn Vitukinas, RDH, MSDH – Outreach Coordinator at leigh.vitukinas@ctdhp.com.



Preventing Child Abuse & Neglect

What is child abuse and neglect?

These important public health problems include all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (such as clergy, a coach, a teacher) that results in harm, potential for harm, or threat of harm to a child. There are four common types of abuse and neglect, collectively referred to as child maltreatment:[1]

- **Physical abuse** is the intentional use of physical force that can result in physical harm. Examples include hitting, kicking, shaking, burning, or other shows of force against a child.
- **Sexual abuse** involves pressuring or forcing a child to engage in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.
- **Emotional abuse** refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.
- **Neglect** is the failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care.

Child abuse and neglect result from the interaction of a number of individual, family, and environmental factors. Child abuse and neglect are not inevitable—safe, stable and nurturing relationships and environments are key for prevention.[1] Preventing child abuse and neglect can also prevent other forms of violence, as various types of violence are interrelated and share many risk and protective factors, consequences, and effective prevention tactics.[2] Using a public health approach, we can prevent child maltreatment before it starts.

How big is the problem?

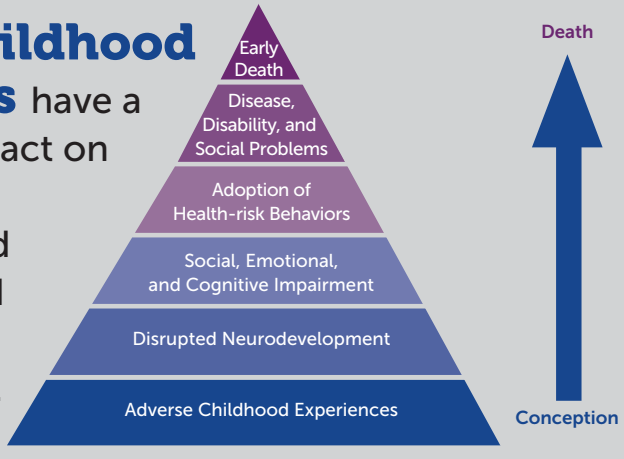
Child abuse and neglect are common. At least 1 in 7 children have experienced child abuse and/or neglect in the past year, and this is likely an underestimate.[1]

Children living in poverty experience more abuse and neglect. Rates of child abuse and neglect are 5 times higher for children in families with low socio-economic status compared to children in families with higher socio-economic status.[1]

Child maltreatment is costly. In the United States, the total lifetime economic burden associated with child abuse and neglect was approximately $124 billion in 2008.[1] This economic burden rivals the cost of other high profile public health problems, such as stroke and type 2 diabetes.

About **1 in 7** children experienced child abuse and neglect in the last year.

Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.



National Center for Injury Prevention and Control
Division of Violence Prevention

What are the consequences?

Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones, as well as emotional and psychological problems, such as impaired socio-emotional skills or anxiety.[1]

Child abuse and neglect and other adverse childhood experiences (ACEs) can also have a tremendous impact on broader lifelong health and wellbeing outcomes if left untreated. For example, exposure to violence in childhood increases the risks of injury, future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, reproductive health problems, involvement in sex trafficking, non-communicable diseases, lower educational attainment, and limited employment opportunities.[1]

Chronic abuse may result in toxic stress and make victims more vulnerable to problems such as post-traumatic stress disorder, conduct disorder, and learning, attention, and memory difficulties.[1]

How can we prevent child abuse and neglect?

Child abuse and neglect are serious public health issues with far-reaching consequences for the youngest and most vulnerable members of society. Every child is better when he/she and his/her peers have safe, stable, nurturing relationships and environments. CDC has developed a technical package to help communities take advantage of the best available evidence to prevent child abuse and neglect. The strategies and approaches in the technical package represent different levels of the social ecology with efforts intended to impact individual behaviors as well as the relationship, family, school, community, and societal factors that influence risk and protective factors for child abuse and neglect. They are intended to work together and to be used in combination in a multi-level, multi-sector effort to prevent violence.

Strengthen economic supports to families

- Strengthening household financial security
- Family-friendly work policies

Change social norms to support parents and positive parenting

- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment

Provide quality care and education early in life

- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation

Enhance parenting skills to promote healthy child development

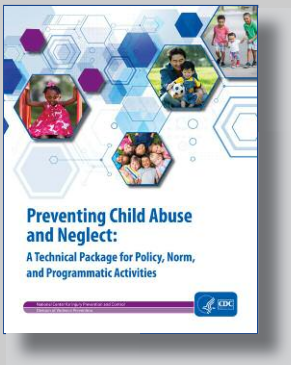
- Early childhood home visitation
- Parenting skill and family relationship approaches

Intervene to lessen harms and prevent future risk

- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities

A **technical package** is a collection of strategies based on the best available evidence to prevent or reduce public health problems. The **strategy** lays out the direction and actions to prevent child abuse and neglect. The **approach** includes the specific ways to advance the strategy through programs, policies and practices. The **evidence** for each of the approaches in preventing child abuse and neglect and associated risk factors.



References

1. Fortson B, Klevens J, Merrick M, Gilbert L, Alexander S. (2016). Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
2. Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots. (2016). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Connecticut

ACEs Initiatives and Actions

As knowledge about the science of adverse childhood experiences (ACEs) spreads, ACEs initiatives have launched in all 50 U.S. states and the District of Columbia. Hundreds of cross-sector collaboratives are educating and engaging organizations and policymakers about ACEs science. In turn, these organizations are implementing trauma–informed and resilience-building practices and policies based on ACEs science; many legislatures are passing resolutions and/or bills.

Highlights

Although no statewide initiative was identified, there are several programs operating in Connecticut that provide ACEs science information and support trauma-informed programs. Clifford Beers, a mental health clinic serving children and families in the Greater New Haven area, focuses on working with children who have experienced trauma--such as abuse, neglect, witnessing community violence, and loss of a loved one. It offers trauma-sensitive services and programs designed to help children and families who have suffered trauma. Through the New Haven Trauma Coalition, Clifford Beers provides services to children and their families and works with school staff and faculty to understand and address the impact of trauma on their students in New Haven Public Schools, the City of New Haven, United Way BOOST! and Clifford Beers Clinic.

The Traumatic Stress Institute (TSI) of Klingberg Family Centers promotes excellence in trauma- informed services and offers training in trauma-informed care to organizations around Connecticut. Child First, using a two-generation approach, helps families build strong, nurturing relationships that heal and protect young children from the devastating impact of trauma and chronic stress.

State Initiative

No state initiative was identified.

Local Initiatives

Many school districts throughout the state are creating trauma-informed school climates. Some of these efforts involve participation of the entire school community in creating a climate conducive to recognizing the impact of trauma, the need to provide treatment as needed and the inclusion of the whole school environment.

Legislation

HB 6742 — Establishes a task force to identify evidence-based solutions to reduce children's exposure to adverse childhood experiences.

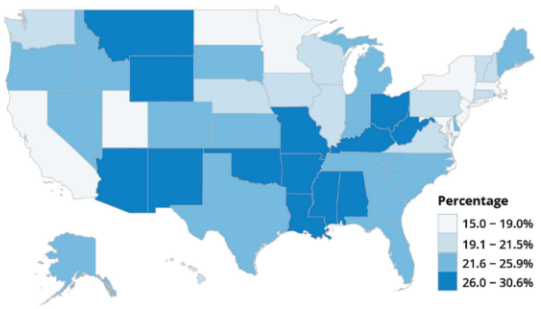
Find links and add your updates to all initiatives and legislation at www.bit.ly/ACEsInitiatives

19.4% CT*

21.7% USA

Percent of children with 2 or more ACEs

CT ranks 11th in the US for lowest percentage of children with ACEs scores of 2 or more.



CAHMI (Child & Adolescent Health Measurement Initiative) surveys parents or guardians about their children ages 0-17.

Percentage of children aged 0–17 yrs. who experienced two or more of the following:

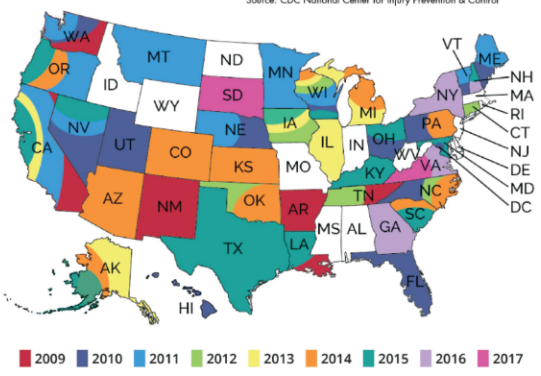
- Hard to get by on income (somewhat or very often)
- Saw or heard violence in the home
- Victim/witness of neighborhood violence
- Lived with anyone mentally ill, suicidal, or depressed
- Lived with anyone with alcohol or drug problem
- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Often treated or judged unfairly due to race/ethnicity

Citation: Bethell, CD, Citation: Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017. **www.cahmi.org/projects/Adverse-childhood-experiences-aces**

* State Range: 15.0% – 30.6%

States Collecting ACEs Data 2009 – 2017

Source: CDC National Center for Injury Prevention & Control



The ACEs module of Behavioral Risk Factor Surveillance Survey (BRFSS) data comes from interviews with adults about their experiences to age 18. BRFSS is sponsored by the CDC and other federal agencies.