



State of New Hampshire
Department of Health and Human Services

State Fiscal Year 2023 Dental Organization Progress Report

January 2024

Table of Contents

1. Introduction	1-1
CMS' Requirements for External Quality Review Organization (EQRO) Activities.....	1-1
2. SFY 2023 Dental Activities	2-1
Overview	2-1
Contractual Compliance	2-2
Performance Improvement Projects (PIPs)	2-4
Performance Measure Validation (PMV).....	2-5
Network Adequacy Validation (NAV).....	2-6
Encounter Data Validation (EDV)	2-7
Provider Satisfaction Survey	2-8
Secret Shopper Provider Survey.....	2-9
Quality Study.....	2-10
Appendix A. Abbreviations and Acronyms.....	A-1

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Health Services Advisory Group, Inc., confirms that no one conducting 2023 reviews of the dental organization activities had a conflict of interest with **Northeast Delta Dental (NEDD)** or its subcontractor, **DentaQuest (DQ)**.

1. Introduction

On July 1, 2022, New Hampshire’s Governor Sununu signed into law a Medicaid Adult Dental benefit. The legislation required the New Hampshire Department of Health and Human Services (DHHS) to implement a comprehensive adult dental benefit by April 1, 2023. DHHS implemented the New Hampshire Smiles Adult Dental Program, a Dental Medicaid Care Management (DMCM) program, on April 1, 2023. The benefit includes diagnostic, preventive, limited periodontics, restorative, and oral surgery services, as well as care management and transportation services. Individuals who participate in the 1915(c) waivers (such as Choices for Independence, Acquired Brain Disorder, and Developmental Disabilities waivers) and nursing facility residents have an additional removable partial and full denture benefit. The Children’s Dental Benefit remains in the Fee-for-Service Program and covers Medicaid members from birth to 21 years.

The New Hampshire Smiles Adult Dental Program added the new group of services to the existing New Hampshire Medicaid Care Management (MCM) program, with all dental services managed through a separate dental organization (DO), Delta Dental Plan of New Hampshire, Inc. (doing business as [DBA] **Northeast Delta Dental [NEDD]**), which subcontracts with **DentaQuest (DQ)** to administer benefits for the NH DMCM program.

CMS’ Requirements for External Quality Review Organization (EQRO) Activities

As the EQRO for the New Hampshire DMCM program, Health Services Advisory Group, Inc. (HSAG), must evaluate how the DO, a prepaid ambulatory health plan (PAHP), improves the **quality of care**, **timeliness of care**, and **access to care** and services for Medicaid beneficiaries. HSAG’s evaluations are based on the following definitions of quality, timeliness, and access:

- **Quality**—The Centers for Medicare & Medicaid Services (CMS) defines “quality” in the final rule at 42 Code of Federal Regulations (CFR) §438.320 as follows:
 - Quality, as it pertains to external quality reviews (EQR), means the degree to which a managed care organization (MCO), prepaid inpatient health plan (PIHP), PAHP, or a primary care case management (PCCM) entity (described in §438.310[c][2]) increases the likelihood of desired health outcomes of its enrollees through (1) its structural and operational characteristics; (2) the provision of services that are consistent with current professional, evidence-based-knowledge; and (3) interventions for performance improvement.¹⁻¹

¹⁻¹ U. S. Government Publishing Office. (2023). *Electronic Code of Federal Regulations*. Available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=fa076676cc95c899c010f8abe243e97e&mc=true&node=se42.4.438_1320&rgn=div8. Accessed on: Oct 16, 2023.

- **Timeliness**—The National Committee for Quality Assurance (NCQA) defines “timeliness” relative to utilization decisions in the Utilization Management Standard (e.g., UM 5) as follows:
 - “The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation.”¹⁻² NCQA further discusses the intent of this standard “to minimize any disruption in the provision of healthcare.”¹⁻³ HSAG extends this definition of timeliness to include other managed care provisions that impact services to members and that require a timely response from the MCO, PIHP, PAHP, or PCCM entity (e.g., processing expedited member appeals and providing timely follow-up care).
- **Access**—CMS defines “access” in the final rule at 42 CFR §438.320 as follows:
 - Access, as it pertains to EQR, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services).¹⁻⁴

Since the DMCM program in New Hampshire began in April 2023, this Progress Report will describe the activities HSAG completed by the end of state fiscal year (SFY) 2023 (e.g., April–June 2023). The SFY 2024 EQR Technical Report will provide details concerning the execution and completion of the activities. The technical report also will contain HSAG’s assessment of how the DO’s projects contributed to improve the *quality of care*, *timeliness of care*, and *access to care* for New Hampshire’s Medicaid beneficiaries.

¹⁻² NCQA. *2023 Standards and Guidelines for the Accreditation of Health Plans*. Washington, DC: The NCQA; 2023: UM5.

¹⁻³ Ibid.

¹⁻⁴ U. S. Government Publishing Office. (2017). *Electronic Code of Federal Regulations*. Available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=fa076676cc95c899c010f8abc243e97e&mc=true&node=se42.4.438_1320&rgn=div8. Accessed on: Oct 16, 2023.

2. SFY 2023 Dental Activities

Overview

The federal Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires state Medicaid agencies to “provide for an annual external independent review conducted by a qualified independent entity of the quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible under the contract.”²⁻¹ HSAG, an EQRO, currently provides EQR services in 19 states and has contracted with DHHS to perform EQR activities for New Hampshire since 2013. In April 2023, NEDD began providing services for adult Medicaid beneficiaries in New Hampshire. DHHS added the activities for that organization to HSAG’s EQRO contract with the State since CMS considers the New Hampshire DO a PAHP and requires an EQRO to perform EQR activities.²⁻²

The SFY 2023 New Hampshire Progress Report for the DMCM program provides information concerning the New Hampshire DO tasks HSAG conducted during SFY 2023. HSAG has been advised that NEDD’s subcontractor, DQ, will complete the EQR DMCM tasks. Those tasks include contractual compliance, performance improvement projects (PIPs), performance measure validation (PMV), network adequacy validation (NAV), encounter data validation (EDV), a secret shopper survey, a provider satisfaction survey, and a quality study.

²⁻¹ U. S. Government Publishing Office. (1997). *Public Law 105-33* (p. 249). Available at: <http://www.gpo.gov/fdsys/pkg/PLAW-105publ33/pdf/PLAW-105publ33.pdf>. Accessed on: Nov 6, 2023.

²⁻² U. S. Government Publishing Office. (2023). *Electronic Code of Federal Regulations*. Available at: [eCFR: 42 CFR 438.358 -- Activities related to external quality review](#). Accessed on: Nov 6, 2023.

Contractual Compliance

On May 31, 2023, HSAG presented an overview of the DO compliance review activities to DHHS. The presentation began with information concerning HSAG, CMS' requirements for EQROs, and the requirements for PAHP compliance reviews. HSAG modeled the New Hampshire DMCM program's compliance tool after the New Hampshire MCM program's compliance tool. The remaining information in the presentation included explanations of the CMS requirements for compliance reviews and the specific activities that will be included in the DO compliance reviews.

The purpose of the compliance reviews, one of the mandatory EQR activities defined in 42 CFR §438.358(b)(1)(iii),²⁻³ is to evaluate the **quality of care, timeliness of care, and access to care** and services the DO furnishes to members. The evaluation includes determining the DO's compliance with 42 CFR §438 Subpart D, §438.56, §438.100, §438.114, and §438.330; and the State contractual requirements included in the Delta Dental of New Hampshire's Medicaid Care Management Contract with the New Hampshire Department of Health and Human Services, Division of Medicaid Services.^{2-4, 2-5, 2-6} HSAG follows the guidelines set forth in CMS' *Protocol 3. Review of Compliance With Medicaid and CHIP [Children's Health Insurance Program] Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023²⁻⁷ to create the process, tools, and interview questions used for the compliance reviews. The results of the compliance reviews will assist in identifying, implementing, and monitoring interventions to drive performance improvement for the New Hampshire DMCM program.

The first DO compliance review, scheduled for 2024, will include all 16 standards. After that, the DO compliance reviews will follow the schedule of compliance reviews established for the New Hampshire MCOs. Those reviews evaluate approximately one-third of the standards each year. Figure 2-1 displays the standards HSAG proposes to include in the DO compliance review tools.

²⁻³ Ibid.

²⁻⁴ State of New Hampshire Department of Health and Human Services. (2022). *Delta Dental Plan of New Hampshire, Inc. Contract*. Available at: <https://www.sos.nh.gov/sites/g/files/ehbemt561/files/inline-documents/sonh/09a-gc-agenda-110222.pdf>. Accessed on: Oct 16, 2023.

²⁻⁵ Department of Health and Human Services. (2020). 42 CFR §438. Available at: <https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-part438.pdf>. Accessed on: Oct 16, 2023.

²⁻⁶ Centers for Medicare & Medicaid Services. (2018). Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care. Available at: <https://www.govinfo.gov/content/pkg/FR-2020-11-13/pdf/2020-24758.pdf>. Accessed on: Oct 16, 2023.

²⁻⁷ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Oct 16, 2023.

Figure 2-1—Standards Included in the New Hampshire DO Compliance Reviews

Delegation and Subcontracting §438.230	Emergency and Post-Stabilization §438.114	Care Coordination §438.208	Wellness
Enrollment/Disenrollment §438.56	Enrollee Rights/Member Services §438.100 §438.224	Cultural Considerations	Grievances, Appeals, and State Fair Hearings §438.228
Access §438.206	Provider Selection §438.214 §438.207	Utilization Management §438.210 §438.224	Quality Management/Confidentiality §438.236 §438.224 §438.330
Fraud, Waste, and Abuse	Financial	Third Party Liability	Health Information Systems §438.242

The next steps for the DO compliance review include DHHS approving the DO compliance tool, establishing the timeline for the activity, and orienting the DO to the HSAG compliance review process.

Performance Improvement Projects (PIPs)

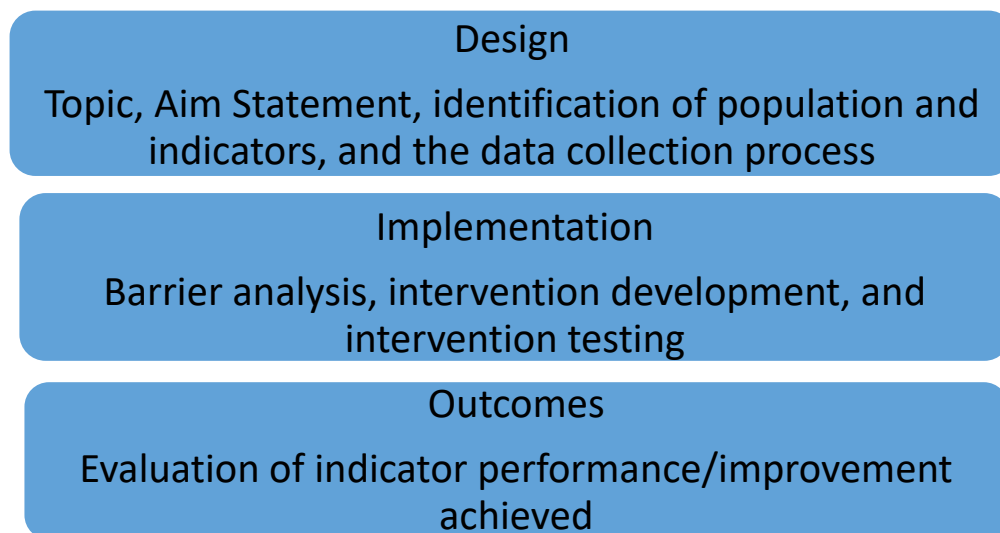
On June 9, 2023, HSAG presented an overview of the DO PIP process to DHHS. The presentation began with a discussion of the requirements found in CMS' *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023.²⁻⁸ The core activities include:

- Measuring performance using objective quality indicators.
- Implementing system interventions to achieve quality improvement.
- Evaluating the effectiveness of interventions.
- Planning and initiating activities for increasing and sustaining improvement.

The purpose of conducting PIPs, as required in 42 CFR §438.330(b)(1),²⁻⁹ is to achieve—through ongoing measurements and intervention—significant, sustained improvement in clinical and nonclinical areas. This structured method of assessing and improving health plan processes was designed to have favorable effects on health outcomes and member satisfaction.

The HSAG PIPs include three stages as shown in Figure 2-2.

Figure 2-2—Three Stages of PIP Development



²⁻⁸ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Oct 16, 2023.

²⁻⁹ U. S. Government Printing Office. (2023). *Activities related to external quality review*. Available at: [eCFR :: 42 CFR 438.330 -- Quality assessment and performance improvement program](#). Accessed on: Oct 16, 2023.

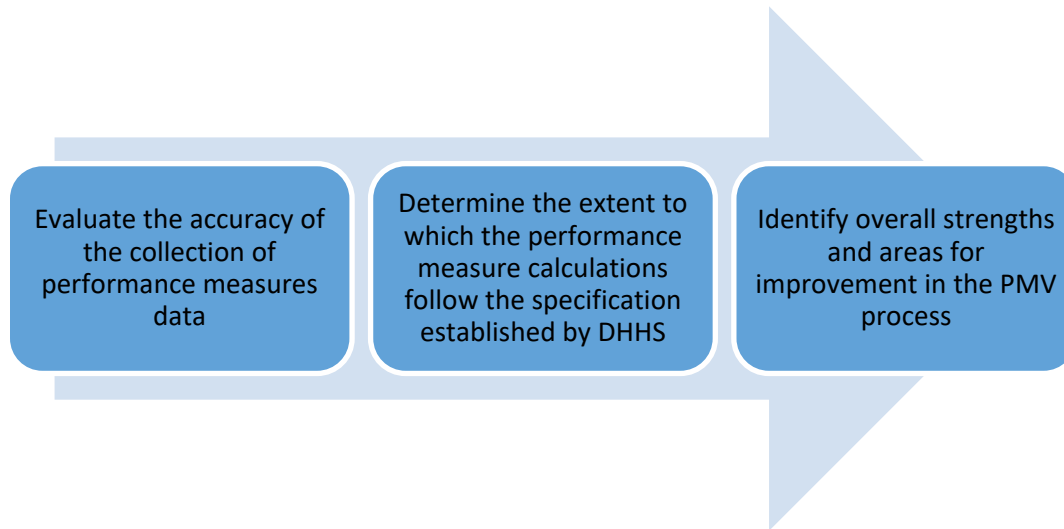
The next steps for the DO PIPs include DHHS defining the PIP topic, orienting the DO to the HSAG PIP process, and working with DHHS to establish the timeline to begin the SFY 2024 PIP activities.

Performance Measure Validation (PMV)

On June 15, 2023, HSAG presented an overview of the DO PMV activities to DHHS. The presentation began with an orientation to the PMV process that includes a pre-virtual review, virtual review, and post-virtual review. HSAG modeled the New Hampshire DMCM Program's PMV review process after the New Hampshire MCM Program's PMV activity review process. The remaining information in the presentation included explanations of the CMS requirements for PMV and the specific activities that HSAG will include in the DO PMV reviews.

The PMV reviews in New Hampshire focus on state-developed measures. The process for validation will follow CMS' *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023.²⁻¹⁰ The purpose of the New Hampshire PMV reviews is shown below:

Figure 2-3—Purpose of PMV Reviews



The next steps for the DO PMV process include DHHS identifying the measures for the PMV, establishing the timeline for the activity, and orienting the DO to the HSAG PMV process.

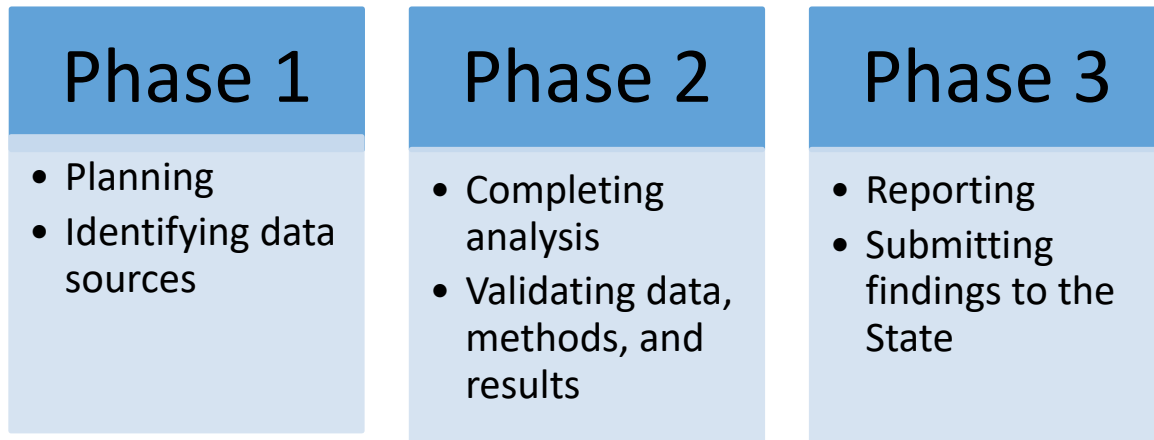
²⁻¹⁰ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Oct 16, 2023.

Network Adequacy Validation (NAV)

On June 27, 2023, HSAG conducted an orientation for DHHS concerning the required NAV activities established by CMS with the publication of CMS' *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023.²⁻¹¹ During the presentation, HSAG acknowledged that the Delta Dental Plan Contract with DHHS²⁻¹² contains geographic access standards (e.g., time/distance) and proposed activities to validate the DO's calculation of those measures.

The purpose of NAV will be to determine if the DO complies with the State's network adequacy standards. The protocol defines six activities and three phases to the NAV activities as shown in Figure 2-4.

Figure 2-4—Six Activities and Three Phases to NAV Activities



HSAG will continue discussions with DHHS to determine the scope of work for the DO's SFY 2024 NAV, orient the DO to the HSAG NAV process, and work with DHHS to establish the timeline for the activities.

²⁻¹¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Oct 16, 2023.

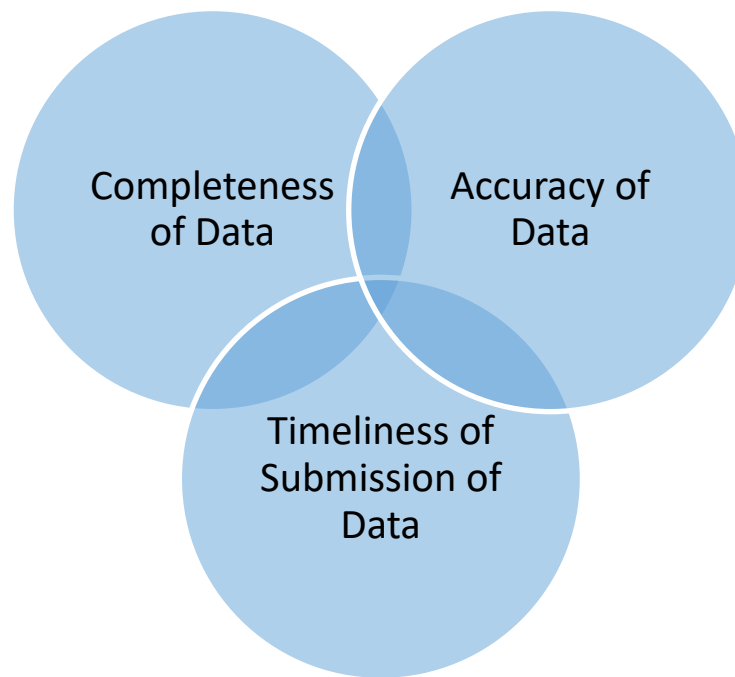
²⁻¹² State of New Hampshire Department of Health and Human Services. (2022). Delta Dental Plan of New Hampshire, Inc. Contract. Available at: <https://www.sos.nh.gov/sites/g/files/ehbemt561/files/inline-documents/sonh/09a-gc-agenda-110222.pdf>. Accessed on: Oct 16, 2023.

Encounter Data Validation (EDV)

On June 8, 2023, HSAG conducted an orientation for DHHS concerning an overview of the DO's SFY 2024 EDV activities. The HSAG EDV activities follow the requirements established by CMS in *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023.²⁻¹³

The proposed DO EDV activities included conducting an information systems review, producing monthly and quarterly reports, preparing an annual report of findings, and producing an Annual Certification Letter. The overall goal of the EDV activities is to evaluate three components in the DO data as shown in Figure 2-5.

Figure 2-5—Three Components Evaluated During EDV Activities



HSAG will orient the DO to the HSAG EDV process and work with DHHS to establish the timeline for the SFY 2024 EDV activities.

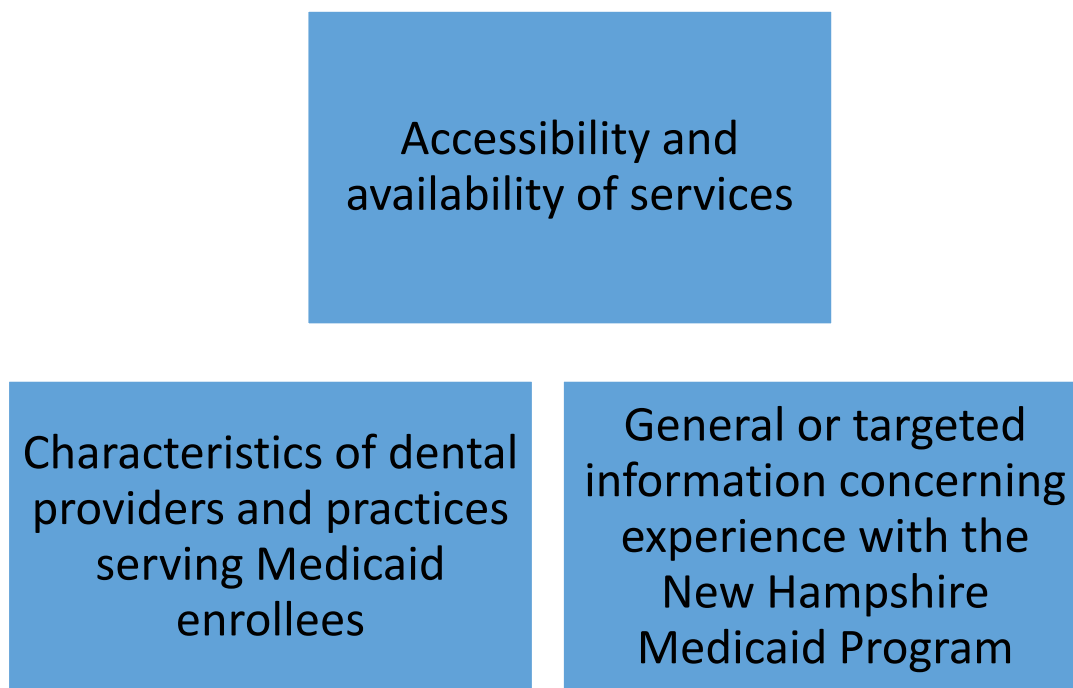
²⁻¹³ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Oct 16, 2023.

Provider Satisfaction Survey

On June 7, 2023, HSAG conducted an orientation for DHHS concerning the Dental Provider Satisfaction Survey and proposed that the study be administered in spring 2024. This will allow the DO network providers to have approximately one year of operation in the State of New Hampshire DMCM program prior to the survey. When administering the survey, HSAG will follow CMS' *Protocol 6. Administration or Validation of Quality of Care Surveys: An Optional EQR-Related Activity*, February 2023.²⁻¹⁴

HSAG proposed administering the survey to a sample of up to 300 dental providers and office managers by mailing two questionnaires and sending two email reminders. HSAG will work with DHHS to develop the survey instrument to ensure collection of information that can be used to assess the areas shown in Figure 2-6.

Figure 2-6—Areas Assessed During the Provider Satisfaction Survey



HSAG will orient the DO to the HSAG provider survey process and work with DHHS to establish the survey tool and timeline for the SFY 2024 survey activities.

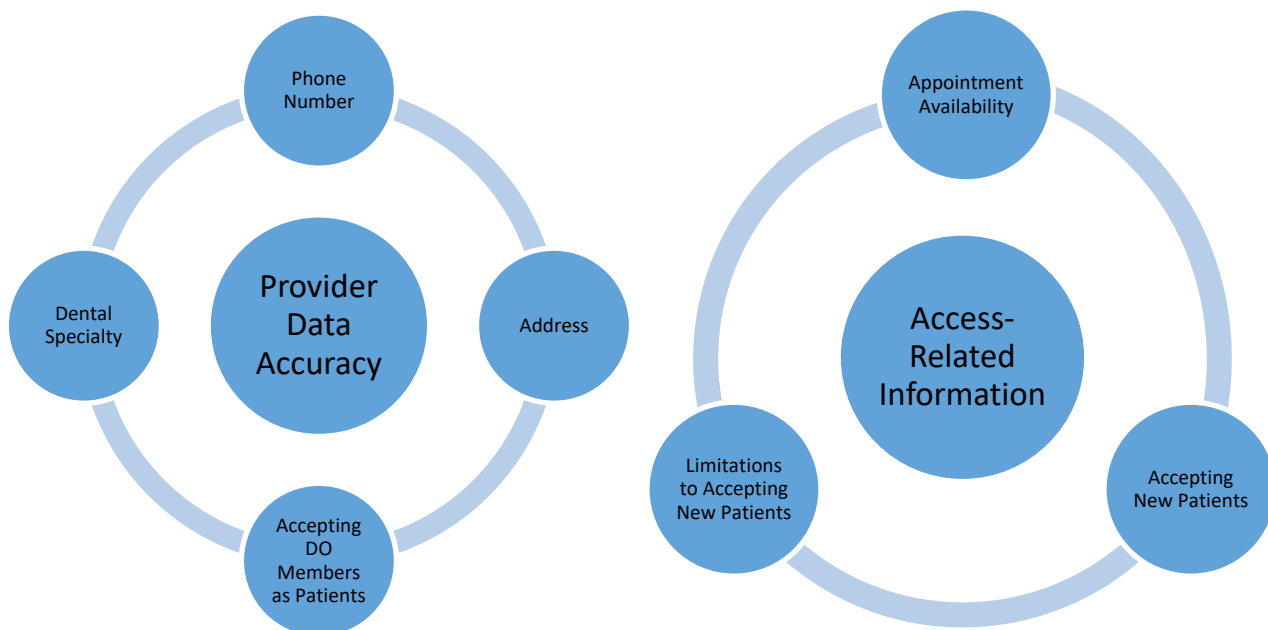
²⁻¹⁴ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 6. Administration or Validation of Quality of Care Surveys: An Optional EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Oct 16, 2023.

Secret Shopper Provider Survey

On June 7, 2023, HSAG conducted an orientation for DHHS concerning the Secret Shopper Survey and proposed that the study be administered in spring 2024. This will allow the DO network providers to have approximately one year of operation in the State of New Hampshire DCM program prior to the survey. When administering the survey, HSAG will follow CMS' *Protocol 6. Administration or Validation of Quality of Care Surveys: An Optional EQR-Related Activity*, February 2023.²⁻¹⁵

The purpose of the Secret Shopper Survey will be to assess the accuracy of the DO's provider data elements and collect access-related information as shown in Figure 2-7.

Figure 2-7—Areas Assessed During the Provider Satisfaction Survey



The secret shopper approach will allow HSAG to furnish information to DHHS and the DO concerning the validity of provider data and the members' experiences in seeking care from network dentists. HSAG will work with DHHS to establish the survey questions and timeline for the study. HSAG will orient the DO to the secret shopper provider survey process and work with DHHS to establish the survey tool and timeline for the SFY 2024 survey activities.

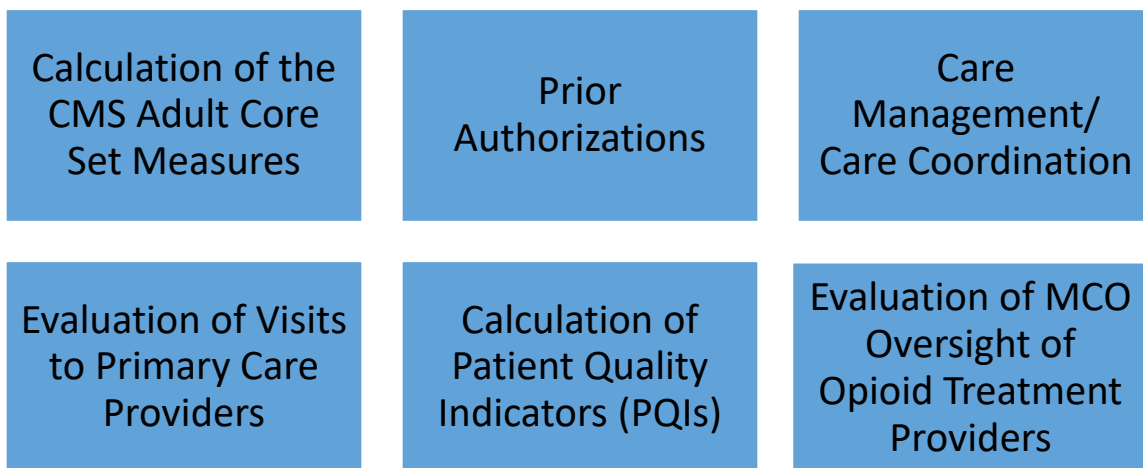
²⁻¹⁵ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 6. Administration or Validation of Quality of Care Surveys: An Optional EQR-Related Activity*, February 2023. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Oct 16, 2023.

Quality Study

On May 31, 2023, HSAG presented an overview of the DO quality study activity. When conducting the quality study, HSAG will follow CMS' *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023.²⁻¹⁶

HSAG presented the previous quality study topics that it has examined for the MCOs in New Hampshire as shown in Figure 2-8.

Figure 2-8—Previous New Hampshire MCOs' Quality Study Topics



For dental plans, states have investigated the topic of Utilization of Dental Services by Pregnant Women. Once DHHS determines the topic for the quality study, HSAG will orient the DO to the HSAG quality study review process and work with DHHS to establish the timeline for the SFY 2024 quality study.

²⁻¹⁶ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Oct 16, 2023.

Appendix A. Abbreviations and Acronyms

Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

BBA	Balanced Budget Act of 1997
CFR	Code of Federal Regulations
CHIP	Children’s Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
DBA	doing business as
DHHS	New Hampshire Department of Health and Human Services
DMCM	Dental Medicaid Care Management
DO	dental organization
DQ	DentaQuest
EDV	encounter data validation
EQR	external quality review
EQRO	external quality review organization
HSAG	Health Services Advisory Group, Inc.
MCM	Medicaid Care Management
MCO	managed care organization
NAV	network adequacy validation
NEDD	Northeast Delta Dental
NCQA	National Committee for Quality Assurance
PAHP	prepaid ambulatory health plan
PCCM	primary care case management
PIHP	prepaid inpatient health plan
PIP	performance improvement project
PMV	performance measure validation
PQI	patient quality indicator
SFY	state fiscal year
UM	utilization management