

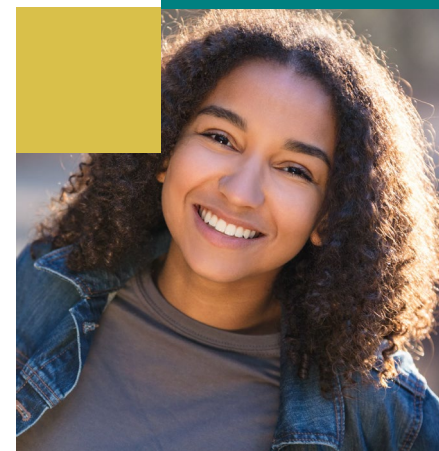
Dental Organization (DO) External Quality Review (EQR) Technical Report

New Hampshire State Fiscal Year (SFY) 2025

May 2026

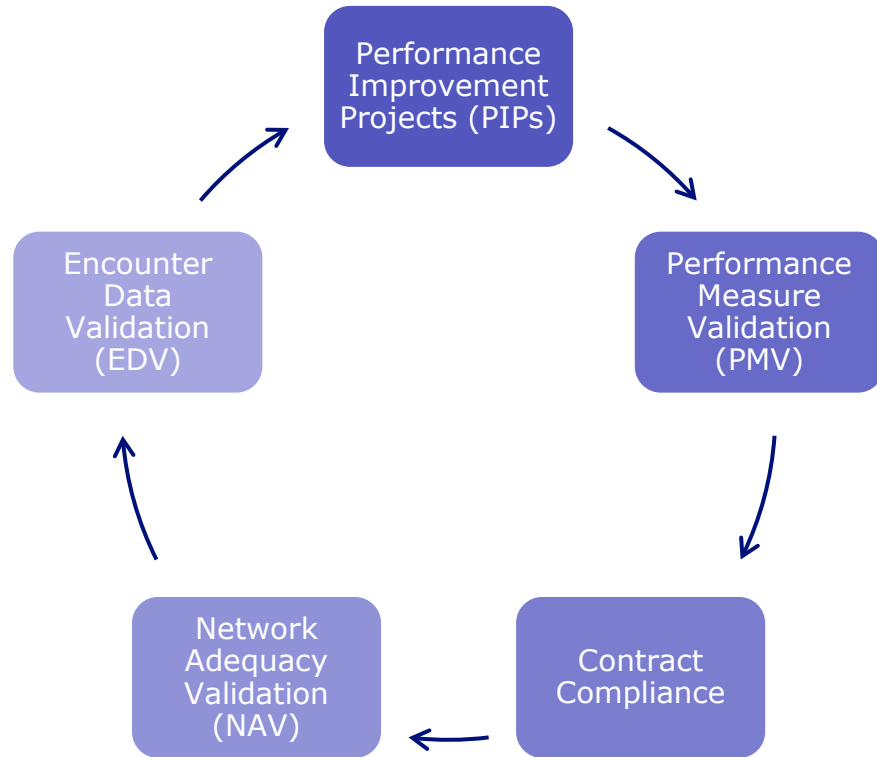


Department of
**HEALTH &
HUMAN SERVICES**



Two Types of Quality Evaluations

DO Evaluations



Dental Medicaid Care Management (DMCM) Program Evaluations

Secret Shopper
Provider Survey

Semi-Structured
Qualitative Interviews



DO Evaluations



DO Evaluations: Contract Compliance

Six Contract Compliance standards reviewed during SFY 2025

IV. Wellness and
Prevention

VIII. Cultural
Considerations

IX. Grievances and
Appeals Systems

X. Availability of
Services/Access to
Care

XV. Fraud, Waste, &
Abuse

XVII. Health IS

Limitations: The results shown in this presentation are limited to the findings from the Scope of Work defined for each activity.



Standards and Scores Achieved by the DO in the Compliance Reviews From SFY 2023–SFY 2025

	42 CFR	Standard Name	2024	2025	
		§438.358(b)(iii)			
I	§438.230	Subcontractual Relationships and Delegation	55.3%		
		Delegation and Subcontracting			
II	§438.114	Emergency and Post-Stabilization Care	NA		
III	§438.208	Coordination and Continuity of Care	85%		
		Care Management/Care Coordination			
IV	NA	Wellness and Prevention	100%		100%
V	NA	BH	NA		
VI	§438.56	Disenrollment: Requirements and Limitations	72.2%		
		Member Enrollment and Disenrollment			
VII	§438.100	Enrollee Rights	76.7%		
	§438.224	Member Services			
VIII	NA	Cultural Considerations	80%	95%	
IX	§438.228	Grievances and Appeals Systems	84.3%	62.6%	
X	§438.206	Availability of Services	82.1%	83.9%	

*HSAG added this standard to the review in 2022.

	42 CFR	Standard Name	2024	2025
		§438.358(b)(iii)		
XI	§438.214 §438.207	Provider Selection	90.8%	
		Assurance of Adequate Capacity and Services		
		Network Management		
XII	§438.210 §438.224	Coverage and Authorization of Services	94.3%	
		Utilization Management		
XIII	§438.236 §438.224 §438.330	Practice Guidelines	42.9%	
		Confidentiality		
		Quality Assessment and Performance Improvement Program		
		Quality Management		
XIV	NA	SUD	NA	
XV	NA	FWA	100%	94.4%
XVI	NA	Financial	100%	
XVII	NA	Third Party Liability	100%	
XVIII	§438.242	Health IS*	78.6%	85.7%
Overall Results			84.58%	69.5%



DO Evaluations: Performance Improvement Projects (PIPs)

PIPs Chosen by the DOs in Collaboration with DHHS

PIP	Description
Dental Risk Assessment Screening—SDOH	Increasing the percentage of eligible members who received a dental risk screening within 90 days of enrollment

Smart Aim Statement with Final Results

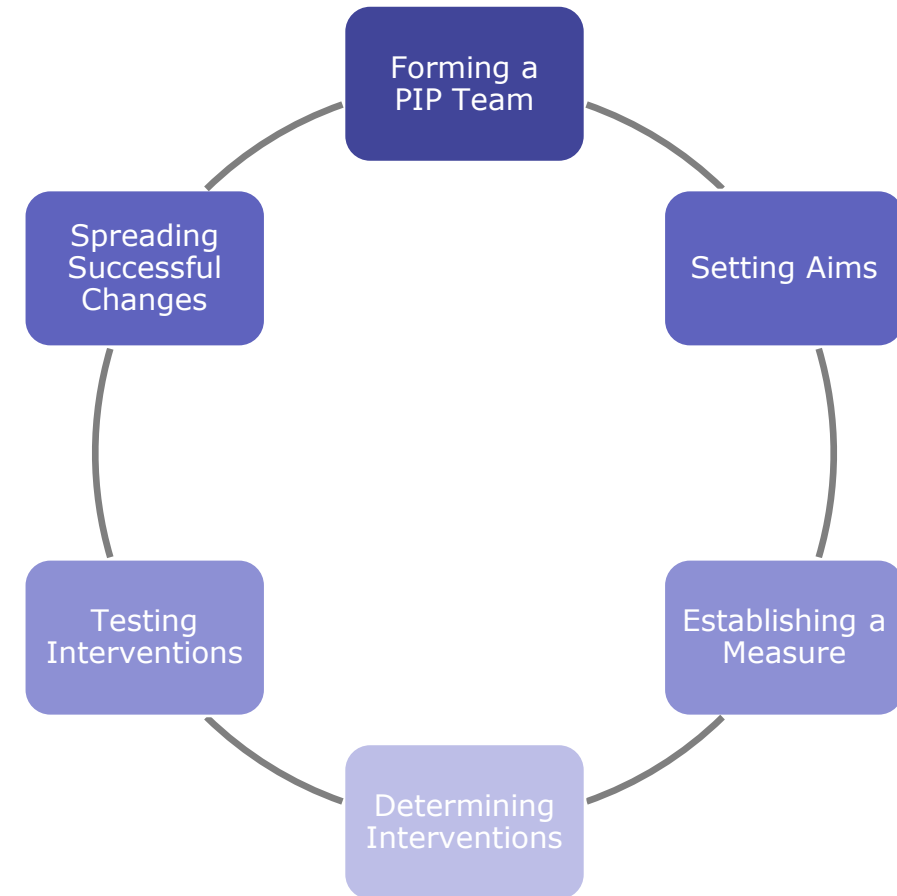
SMART Aim Measure	Baseline Rate	SMART Aim Goal	Remeasurement Rate	Statistically Significant Improvement Achieved	Confidence Ratings
Dental Risk Assessment Screening—SDOH					
By December 31, 2024, use key driver interventions to increase the percentage of eligible members who complete the dental risk screening within 90 days of enrollment from 4.1% to 6.0%.	4.1%	6.0%	7.6%	Yes	High Confidence



DO Evaluations: PIPs, continued

18-month Rapid-cycle PIP:
Small tests of change to bring
about real improvement

Key Concepts of Rapid-cycle PIPs



DO Evaluations: Performance Measure Validation (PMV)

18 Measures Audited in SFY 2025

DO	Score
NEDD/DQ	High Level of Confidence



DO Evaluations: Network Adequacy Validation (NAV)

Two tasks completed during the study:

Type	Provider Types Evaluated
Information systems capabilities assessment (ISCA)	All requirements met related to the data collection and management processes to inform network adequacy standard and indicator calculations.
GeoAccess analysis of the DO’s provider network compared to the members’ residences	1. HSAG evaluated five provider categories across urban, middle, and rural counties 2. The DO met all time or distance requirements.



DO Evaluations: Encounter Data Validation (EDV)

Three tasks completed in SFY 2025:

Task 1	Task 2	Task 3
Information System (IS) Review • All requirements met. • However, the DO reported no quality checks for its NEMT encounters or dental claims other than Electronic Data Interchange (EDI) compliance checks.	Annual Evaluation of Encounter Data Quality Reports • NEDD/DQ's 837P NEMT files did not contain the correct file names, which led to 0 percent of the 837P NEMT files confirmed by the reconciliation files for NEDD/DQ.	Comparison of DHHS' Encounter Data and Data Extracted from the DOs' Systems • Five rates need improving (see next slide)



DO Evaluations: EDV, continued

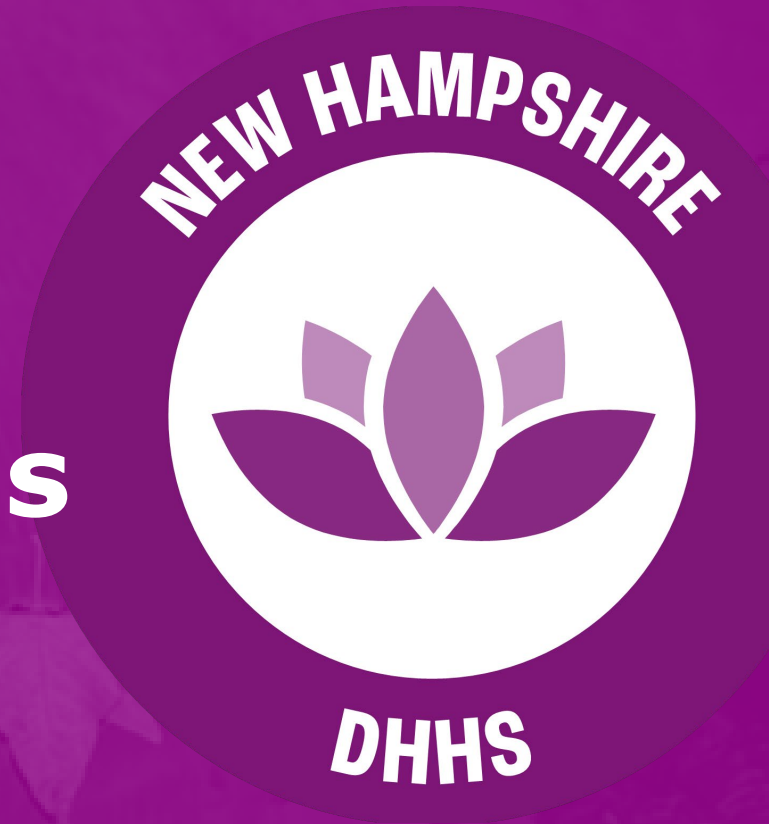
- Recommendations from the comparative analysis of 75 rates

Five DO Rates to Improve

- Validity for the member identification number (Standard 100%): DO 99.9% for institutional encounters
- Dental Encounters: 100% missing for referring provider NPI, 6.8% surplus for primary diagnosis code, 33.8% accuracy for primary diagnosis code, and 100% surplus for oral cavity codes



SFY 2025 EQR Activities: DMCM Program Evaluations



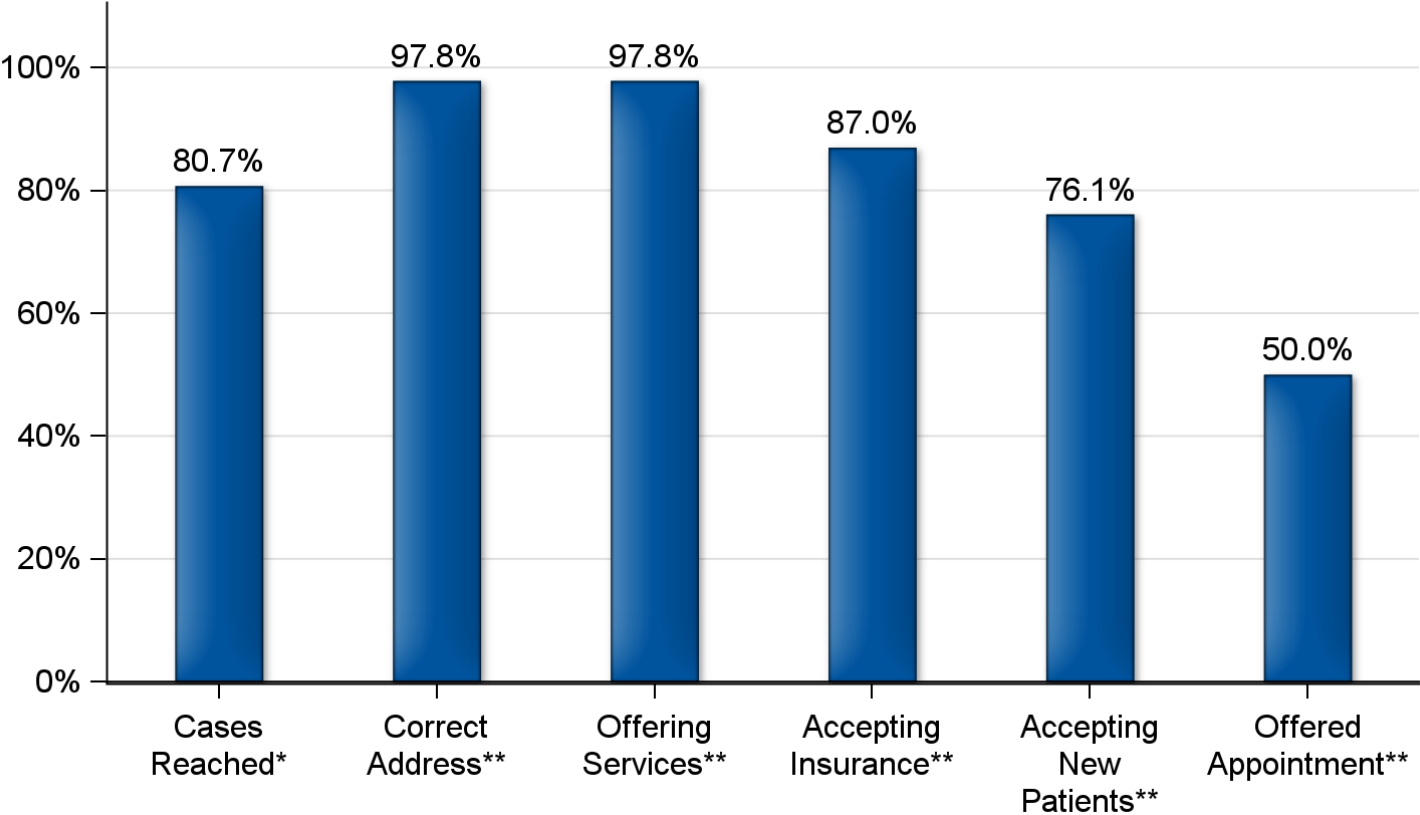
Secret Shopper Provider Survey

- The goal of the survey was to evaluate NEDD/DQ's network of dental locations related to the following:
 - Accuracy of contact information
 - Whether locations accept Medicaid members
 - Whether locations accept new patients
 - Appointment availability for routine dental care
 - Provider information alignment with DO data



Secret Shopper Provider Survey, continued

Survey Calls Outcomes



82.6% of providers offering an appointment met the wait time standard of 45 calendar days for new patient appointments.

* The denominator includes all sampled providers.
** The denominator includes cases reached, accepting the insurance, and accepting new patients.



Semi-Structured Qualitative Interviews

Spring 2025

- Study Participants: 30 adults in the DMCM Program were interviewed to understand their experience with the Adult Dental Benefit provided through the NH Smiles Program and NEDD/DQ.
 - Four Key Points Explored
 - Description of participants
 - Experience with Dental Coverage through NEDD/DQ
 - Experience with Dental Care
 - Experience with Dental Support Services



Semi-Structured Qualitative Interviews, continued

Findings:

- Most participants reported limited or no understanding of their dental insurance and very few said they had received information from NEDD/DQ about their benefits.
- Participants found out about the Smiles Program and NEDD/DQ initially through a variety of venues, including their child's dental insurance, dental providers, social media, text messages about the Mobile Dental Clinic, and word-of-mouth.
- Participants believed access to dental care insurance had improved their oral health, their mental and emotional health, and their physical health. Participants frequently mentioned that the insurance had made it possible for them to address dental issues they would not have been able to take care of in the past.
- The most frequently mentioned barrier to accessing dental care was the lack of providers.
- A quarter of participants reported transportation challenges, but most were unaware of the dental transportation assistance program.
- A third of participants had received medication related to their dental care. The bulk of participants said they received their medications with no issue and reported that their MCO had paid for the prescription.



Semi-Structured Qualitative Interviews

**The NH SFY 2025 EQR DO Technical Report is posted on the
New Hampshire DHHS Medicaid Quality website:**

medicaidquality.nh.gov/standard-reports

