



State Fiscal Year 2021 External Quality Review Technical Report for Dental Health Plans

April 2022



Table of Contents

1. Executive Summary	1-1
Purpose and Overview of Report	1-1
Scope of External Quality Review Activities.....	1-1
Healthy Kids Dental Program Findings and Conclusions	1-2
2. Overview of the Healthy Kids Dental Program	2-1
Managed Care in Michigan	2-1
Healthy Kids Dental Program	2-2
Overview of Dental Health Plans	2-2
Quality Strategy.....	2-3
Quality Initiatives and Interventions	2-7
3. Assessment of Dental Health Plan Performance	3-1
Objectives of External Quality Review Activities	3-1
Validation of Performance Improvement Projects	3-1
Performance Measure Validation.....	3-2
Compliance Review	3-3
External Quality Review Activity Results	3-5
Blue Cross Blue Shield of Michigan.....	3-5
Delta Dental of Michigan	3-12
4. Follow-Up on Prior External Quality Review Recommendations for Dental Health Plans	4-1
Blue Cross Blue Shield of Michigan	4-1
Delta Dental of Michigan	4-6
5. Dental Health Plan Comparative Information	5-1
Dental Health Plan External Quality Review Activity Results.....	5-1
Validation of Performance Improvement Projects	5-1
Performance Measure Validation.....	5-2
Compliance Review	5-4
Child Dental Survey Analysis	5-4
6. Program-Wide Conclusions and Recommendations	6-1
Program-Wide Conclusions and Recommendations	6-1
Strengths	6-1
Weaknesses	6-2
Quality Strategy Recommendations for the HKD Program.....	6-2
Appendix A. External Quality Review Activity Methodologies	A-1
Methods for Conducting EQR Activities	A-1
Validation of Performance Improvement Projects	A-1
Performance Measure Validation.....	A-4
Compliance Review	A-5
Dental Survey Analysis	A-8

1. Executive Summary

Purpose and Overview of Report

States with Medicaid managed care delivery systems are required to annually provide an assessment of managed care entities’ (MCEs’) performance related to the quality, timeliness, and accessibility of care and services they provide, as mandated by Title 42 of the Code of Federal Regulations (42 CFR) §438.364. To meet this requirement, the Michigan Department of Health and Human Services (MDHHS) has contracted with Health Services Advisory Group, Inc. (HSAG) to perform the assessment and produce this annual report.

The Medical Services Administration (MSA)¹⁻¹ within MDHHS administers and oversees the Healthy Kids Dental (HKD) program, which provides Medicaid and Children’s Health Insurance Program (CHIP) dental benefits to members 0 through 20 years of age. The HKD program’s MCEs include two prepaid ambulatory health plans (PAHPs), referred to as dental health plans (DHPs), contracted with MDHHS to administer the dental services. The DHPs contracted with MDHHS during state fiscal year (SFY) 2021 are displayed in Table 1-1.

Table 1-1—DHPs in Michigan

DHP Name	DHP Short Name
Blue Cross Blue Shield of Michigan	BCBSM
Delta Dental of Michigan	DDMI

Scope of External Quality Review Activities

To conduct the annual assessment, HSAG used the results of mandatory and optional external quality review (EQR) activities, as described in 42 CFR §438.358. The EQR activities included as part of this assessment performed by HSAG were conducted consistent with the associated EQR protocols developed by the Centers for Medicare & Medicaid Services (CMS) (referred to as the “CMS EQR Protocols”).¹⁻² The purpose of these activities, in general, is to improve the states’ ability to oversee and

¹⁻¹ The Health and Aging Services Administration (HASA) was created under Executive Order 2021-14, combining the Aging and Adult Services Agency and the Medical Services Administration (MSA) under one umbrella within MDHHS effective December 14, 2021. The Executive Order can be accessed at: https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-573368--,00.html. MDHHS also announced that HASA will become the Behavioral and Physical Health and Aging Services Administration (BPHASA) effective March 21, 2022. The Behavioral Health and Developmental Disabilities Administration (BHDDA) will become part of BPHASA to demonstrate equal prominence of behavioral and physical health.

¹⁻² Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, October 2019*. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Mar 23, 2022.

manage MCEs they contract with for services, and help MCEs improve their performance with respect to the quality, timeliness, and accessibility of care and services. Effective implementation of the EQR-related activities will facilitate state efforts to purchase cost-effective, high-value care and to achieve higher performing healthcare delivery systems for their Medicaid and CHIP members. For the SFY 2021 assessment, HSAG used findings from the mandatory and optional EQR activities displayed in Table 1-2 to derive conclusions and make recommendations about the quality, timeliness, and accessibility of care and services provided by each DHP. Detailed information about each activity’s methodology is provided in Appendix A of this report.

Table 1-2—EQR Activities

Activity	Description	CMS EQR Protocol
Validation of Performance Improvement Projects (PIPs)	This activity verifies whether a PIP conducted by a DHP used sound methodology in its design, implementation, analysis, and reporting.	Protocol 1. Validation of Performance Improvement Projects
Performance Measure Validation (PMV) ¹⁻³	This activity assesses the accuracy of performance measures reported by the DHPs and determine the extent to which performance measures reported by the DHPs follow federal specifications and reporting requirements.	Protocol 2. Validation of Performance Measures
Compliance Review ¹⁻⁴	This activity determines the extent to which a DHP is in compliance with federal standards and associated state-specific requirements, when applicable.	Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations
Child Dental Survey Analysis	This activity assesses member experience with a DHP and its providers, and the quality of care they receive.	Protocol 6. Administration or Validation of Quality of Care Surveys

Healthy Kids Dental Program Findings and Conclusions

HSAG used its analyses and evaluations of EQR activity findings from SFY 2021 to comprehensively assess the DHPs’ performance in providing quality, timely, and accessible dental services to MDHHS Medicaid and CHIP members under 21 years of age. For each DHP reviewed, HSAG provides a summary of its overall key findings, conclusions, and recommendations based on the DHPs’ performance, which can be found in Section 3 of this report. The overall findings and conclusions for both DHPs were also compared and analyzed to develop overarching conclusions and recommendations for the Medicaid

¹⁻³ The PMV activity was performed by MDHHS. MDHHS provided HSAG with the results of the PMV activity to include in the annual EQR.

¹⁻⁴ The compliance review activity was performed by MDHHS. MDHHS provided HSAG with the results of the compliance review activity to include in the annual EQR.

managed care program specific to the HKD program. Table 1-3 highlights substantive findings and actionable state-specific recommendations, when applicable, for MDHHS to target specific goals and objectives in its quality strategy to further promote improvement in the quality, timeliness, and accessibility of healthcare services furnished to its Medicaid managed care members. Refer to Section 6 for more details.

Table 1-3—HKD Substantive Findings

Program Strengths	
<ul style="list-style-type: none"> • Quality <ul style="list-style-type: none"> – During the prior year’s annual EQR, HSAG identified several opportunities for improvement and made specific recommendations to enhance MDHHS’ compliance review activity. HSAG’s review of the SFY 2021 compliance review tools and summaries identified that significant enhancements were implemented by MDHHS: <ul style="list-style-type: none"> ○ Incorporation of several additional requirements mandated under 42 CFR §438.358(iii) within the DHP compliance review tools. ○ Adjustment of its scoring methodology to a two-point rating scale of <i>Met</i> and <i>Not Met</i>. ○ Revision of the compliance review tools and summaries to a more user-friendly format. – As demonstrated through the results of the Child Dental Survey, all three measures within the Individual Items domain scored at or above 94 percent for the HKD program, indicating that many parents/caretakers had a positive experience with their child’s regular dentist and their child’s dental plan. Positive experiences with dental plans and providers should increase the likelihood of parents/caretakers seeking subsequent dental care visits for their children. – The HKD program achieved 100 percent compliance for three standards within the compliance review activity. These findings support that both DHPs have the necessary structure and operations to meet all obligations of their contract with MDHHS in the program areas of administration, quality, and management information system (MIS). • Quality, Timeliness, and Access <ul style="list-style-type: none"> – Through the PIP activity, the HKD program is focusing its efforts on improving access to dental services for children, which should improve overall oral health and aligns with the 2025 Michigan State Oral Health Plan’s (SOHP’s) goal of having Michiganders understand the value of daily oral health care and preventive dental care and have the tools to care for their mouths every day. The PIP validation activity confirmed both DHPs designed a methodologically sound PIP, which should support members’ timely access to high-quality dental providers and improve their oral health. 	
Program Weaknesses	
<ul style="list-style-type: none"> • Quality, Timeliness, and Access <ul style="list-style-type: none"> – Although the enrollment numbers and the CMS-416 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) performance measure rates between the two DHPs are vastly different, the combined rates demonstrated potentially low access to dental services at the HKD program level as demonstrated through the PMV activity. Additionally, both DHPs performed at or below 17.08 percent for the <i>12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth</i> performance measure, indicating opportunities for contracted providers to render services in alignment with nationally-recognized clinical practice guidelines (CPGs) for dental sealants. 	

Program Weaknesses

- Member experience with finding a dentist, as indicated through the Child Dental Survey, was below 52 percent at the program level, suggesting members experienced potential barriers in locating a dentist to provide necessary and/or timely services.

Program Recommendations

Quality Strategy Goals/Objectives to Target for Improvement

- **Goal 1:** Ensure high-quality and high levels of access to care.
 - **Objective 1.2:** Assess and reduce identified racial disparities.
 - **Objective 1.3:** Implement processes to monitor, track, and trend the quality, timeliness, and availability of care and services.
 - **Objective 1.4:** Ensure care is delivered in a way that maximizes members’ health and safety.
- **Goal 3:** Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external).
 - **Objective 3.1:** Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems.
- **Goal 4:** Reduce racial and ethnic disparities in healthcare and health outcomes.
 - **Objective 4.1:** Use a data-driven approach to identify root causes of racial and ethnic disparities and address health inequity at its source whenever possible.
 - **Objective 4.5:** Expand and share promising practices for reducing racial disparities.
- **Goal 5:** Improve quality outcomes and disparity reduction through value-based initiatives and payment reform.
 - **Objective 5.2:** Align value-based goals and objectives across programs.

To improve program-wide performance in support of the objectives under **Goal 1, Goal 3, Goal 4, and Goal 5**, and to enhance monitoring efforts, improve all members’ access to timely dental services, and align value-based goals and objectives across programs, HSAG recommends the following:

- **Dental PIP**—For SFY 2022, the DHPs will be implementing interventions to support their current state-mandated PIPs targeted at increasing dental utilization. As part of the PIP process, specifically when the DHPs are in the process of developing PIP interventions, MDHHS should consider the following:
 - To ensure interventions are actionable and will support performance improvement, MDHHS should review the DHPs’ planned interventions prior to DHP implementation and provide feedback and/or approval on any planned interventions. MDHHS could also consider whether a state-required intervention would be appropriate for the DHPs to implement. MDHHS could consider requiring an intervention that is targeted toward reducing potential racial and ethnic disparities in member access to dental services. MDHHS could consult with HSAG through these processes.
 - Once interventions have been developed and implemented, MDHHS could consider assessing the DHPs’ processes to continuously measure and analyze intervention effectiveness through required quarterly status updates in addition to MDHHS’ annual PIP monitoring process currently in place. These updates could include a summary of the DHPs’ intervention effectiveness, including any noted barriers, steps to mitigate those barriers, and any revisions that have been made to the interventions to support improvement. This is especially important through the coronavirus disease 2019 (COVID-19) pandemic as DHPs have reported the pandemic as a barrier to successfully improving performance.

Program Recommendations

MDHHS could leverage the HSAG-developed Intervention Progress Form to obtain feedback; however, this recommendation is specifically for MDHHS as it could provide valuable feedback to the DHPs through its knowledge of the environment in Michigan.

- MDHHS could also consider having the DHPs share promising practices (e.g., effective interventions) through a dedicated workgroup session to improve performance related to accessing dental services specifically through the PIP activity. This session could also be used to discuss how COVID-19 was considered when developing interventions that could be successful even through a pandemic.
- **Compliance Review Validation**—During HSAG’s review of the compliance review summaries for the DHPs, HSAG discovered a discrepancy between the performance score for the Program Integrity standard for **Delta Dental of Michigan** versus the performance score calculated by HSAG. MDHHS confirmed there was an error in MDHHS’ initial calculation, which resulted in a positive change in **Delta Dental of Michigan**’s performance score for the Program Integrity standard and **Delta Dental of Michigan**’s overall score across all standards. It also resulted in a change to the program-wide score for both the Program Integrity standard and the overall score across both DHPs. As such, HSAG recommends that MDHHS enhance procedures when calculating compliance review results. Specifically, MDHHS should consider implementing a validation process prior to finalizing the performance scores.
- **Compliance Review Methodology**—While MDHHS has made several significant improvements to its compliance review process, HSAG identified additional areas in which the compliance review process could be enhanced.
 - MDHHS is continuing to compare its current compliance review standards to federal standards to ensure it is reviewing all required components under the federal Medicaid managed care rule. MDHHS also hired a new position to support this activity. HSAG recommends that MDHHS proceed with this comparison and consider all requirements under Subpart D of Part 438, the disenrollment requirements and limitations described in §438.56, the member rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the quality assessment and performance improvement (QAPI) requirements described in §438.330.
 - HSAG recommends that MDHHS consider updating the naming convention of its standards to align with the standards under federal rule. This may assist MDHHS in ensuring all requirements are appropriately included in its review.
 - MDHHS should verify implementation of the DHPs’ policies and procedures through comprehensive targeted file reviews, including member grievances, member appeals, service authorizations, credentialing and recredentialing records, and delegation oversight documentation as applicable. HSAG also made this recommendation in the SFY 2020 EQR technical report, and MDHHS has included requests for additional evidence to support these areas; however, HSAG continues to recommend a robust and targeted file review, including a live demonstration of each DHP’s health information system (HIS) to enhance MDHHS’ review process and provide confirmation of how the DHPs are implementing specific requirements in all program areas, in addition to enrollment, encounter, and claims system reviews occurring through MDHHS’ ongoing monitoring of the DHPs.
- **Performance Measure Validation**—To improve upon the validity of the DHP performance measure rates, HSAG recommends for future DHP performance measure reporting that MDHHS conduct a live validation with each DHP to specifically assess the accuracy of the CMS-416 EPSDT performance measures reported by the DHPs. All final reconciled performance measure data should be validated prior to submission to HSAG to ensure it follows all guidance within the CMS-416 Instructions. Additionally, MDHHS should conduct a final rate review and comparison of the DHPs’ final reconciled rates to identify inconsistencies in

Program Recommendations

reporting between the two DHPs and to avoid administrative burden on MDHHS and the DHPs, which can result from additional follow-up requests upon HSAG's receipt of the final reconciled rates. During rate review, MDHHS should:

- Compare rates between DHPs for reasonability.
 - Evaluate each DHP's root cause of any significant rate changes year over year to determine if the DHPs identify realistic explanations for these changes.
 - Validate the accuracy of all final reconciled rates by quality checking the DHPs' reported data for correct calculations.
- **Minimum Performance Standards**—MDHHS has set target rates for process and quality withhold measures to promote an increase in the utilization of dental services. However, to further promote DHP accountability, MDHHS should consider setting minimum performance thresholds for all, or a subset of, the existing CMS-416 EPSDT performance monitoring standards identified in the HKD program contract and assessed through the PMV activity. Setting minimum performance thresholds and requiring remedial actions for failure to meet thresholds should motivate the DHPs to enhance efforts to increase member access to dental services.
 - **MDHHS Collaborative**—MDHHS is responsible for several separate Medicaid managed care programs. These programs are managed separately by multiple teams within MDHHS with minimal program alignment. To support the sharing of best practices and potentially reduce duplicative efforts, HSAG recommends the following:
 - MDHHS should establish a collaborative workgroup whose membership consists of representation from all Medicaid managed care programs. As part of this workgroup, MDHHS should implement a communication channel and protocol for ongoing collaboration between the managed care programs. Through the workgroup, MDHHS could:
 - Determine processes within the programs that could be streamlined to reduce efforts.
 - Have team members from each program area report regularly on program-level activities, including successes and challenges, and solicit feedback from other program team members, when necessary, to identify potential opportunities for improvement and program enhancements.

HSAG is making this recommendation for all Medicaid managed care programs in Michigan.

2. Overview of the Healthy Kids Dental Program

Managed Care in Michigan

In Michigan, management of the Medicaid program prior to an October 2021 executive reorganization under Executive Order No. 2021-14²⁻¹ was spread across two different administrations and four separate divisions within MDHHS. Physical health, children’s and adult dental services, and mild-to-moderate behavioral health services were managed by the Managed Care Plan Division in the MSA. Three different MDHHS program areas implemented long-term services and supports (LTSS), including the Long-Term Care Services Division (MI Choice Program), the Integrated Care Division (MI Health Link Medicaid/Medicare Dual Eligible Demonstration and the Program of All-Inclusive Care for the Elderly), and the Behavioral Health and Developmental Disabilities Administration (BHDDA). BHDDA also administers Medicaid waivers for people with intellectual/developmental disabilities, mental illness, and serious emotional disturbance, and it administers prevention and treatment services for substance use disorders (SUDs). Table 2-1 displays the Michigan managed care programs, the MCE(s) responsible for providing services to members, and the MDHHS division accountable for the administration of the benefits included under each applicable program in SFY 2021.

Table 2-1—SFY 2021 Michigan Managed Care Programs

Medicaid Managed Care Program	MCEs	MDHHS Division
Comprehensive Health Care Program (CHCP), including: <ul style="list-style-type: none"> Children’s Health Insurance Program (CHIP)—MICHild Children’s Special Health Care Services Program Healthy Michigan Plan (HMP) (Medicaid Expansion) Flint Medicaid Expansion Waiver 	Medicaid Health Plans (MHPs)	MSA
Managed LTSS, including: <ul style="list-style-type: none"> MI Health Link Demonstration 	Integrated Care Organizations (ICOs) PIHPs	MSA

²⁻¹ HASA was created under Executive Order 2021-14, combining the Aging and Adult Services Agency and MSA under one umbrella within MDHHS effective December 14, 2021. The Executive Order can be accessed at: https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-573368--,00.html. MDHHS also announced that HASA will become the BPHASA effective March 21, 2022. BHDDA will become part of BPHASA to demonstrate equal prominence of behavioral and physical health.

Medicaid Managed Care Program	MCEs	MDHHS Division
Dental Managed Care Programs, including: <ul style="list-style-type: none"> • Healthy Kids Dental • Pregnant Women Dental • HMP Dental 	PAHPs	MSA
Behavioral Health Managed Care	PIHPs	BHDDA

Healthy Kids Dental Program

Beginning in May 2000, MDHHS expanded access to oral health services for Medicaid members, focusing on rural areas, and creating a new Medicaid managed care dental service delivery model called HKD. MDHHS initiated HKD as a pilot program to help improve the dental health of Medicaid-enrolled children. During this pilot, HKD members received services through one contracted dental vendor. After years of continued investment and expansion into additional counties, on October 1, 2016, HKD became available statewide to all children enrolled in Medicaid who are under the age of 21 and to CHIP members under the age of 20. Effective October 1, 2018, MDHHS offered eligible members a choice of two DHPs for the HKD benefit. In addition to giving members a choice of DHPs, the HKD program established new objectives, including better oral health outcomes; physical and oral health coordination; increased utilization of preventive dental services; patient and caretaker oral health education; community partnership collaboration; and incorporation of population makeup, such as socio-economic status, race, education, etc., in consideration of outreach, education, and service delivery.

Overview of Dental Health Plans

During the SFY 2021 review period, MDHHS contracted with two DHPs. These DHPs are responsible for the provision of dental services to HKD members. Table 2-2 provides a profile for each DHP.

Table 2-2—HKD Profiles and Enrollment Data

DHP	Member Enrollment	Covered Services ²⁻²	
BCBSM	Across the state of Michigan, HKD benefits are available to children who	<ul style="list-style-type: none"> • Oral exams • Teeth cleanings • Fluoride treatments • X-rays 	<ul style="list-style-type: none"> • Re-cementing of crowns, bridges, and space maintainers • Root canals • Extractions

²⁻² Michigan Department of Health and Human Services. *Healthy Kids Dental. What is Covered*. Available at: https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4845_77918_77920---,00.html. Accessed on: Mar 23, 2022.

DHP	Member Enrollment	Covered Services ²⁻²	
DDMI	have Medicaid and are under the age of 21	<ul style="list-style-type: none"> • Screenings and assessments • Fillings • Sealants • Stainless steel or resin crowns • Crown buildup, including pins • Space maintainers 	<ul style="list-style-type: none"> • Complete, partial, and temporary partial dentures • Denture adjustments and repairs • Denture rebases and relines • Emergency treatment to reduce pain • Intravenous sedation (when needed)

Quality Strategy

The 2020–2023 MDHHS Comprehensive Quality Strategy (CQS)²⁻³ provides a summary of the initiatives in place in Michigan to assess and improve the quality of care and services provided and reimbursed by all MDHHS Medicaid managed care programs, including CHCP, LTSS, dental programs, and behavioral health managed care. The CQS document is intended to meet the required Medicaid Managed Care and CHIP Managed Care Final Rule, at 42 CFR §438.340. Through the development of the 2020–2023 CQS, MDHHS strives to incorporate each managed care program’s individual accountability, population characteristics, provider network, and prescribed authorities into a common strategy with the intent of guiding all Medicaid managed care programs toward aligned goals that address equitable, quality healthcare and services. The CQS also aligns with CMS’ Quality Strategy and the U.S. Department of Health and Human Services’ (HHS’) National Quality Strategy (NQS), wherever applicable, to improve the delivery of healthcare services, patient health outcomes, and population health. The MDHHS CQS is organized around the three aims of the NQS—better care, healthy people and communities, and affordable care—and the six associated priorities. The goals and objectives of the MDHHS CQS pursue an integrated framework for both overall population health improvement as well as commitment to eliminating unfair outcomes within subpopulations in Medicaid managed care. These goals and objectives are summarized in Table 2-3, and align with MDHHS’ vision to *deliver health and opportunity to all Michiganders, reducing intergenerational poverty and health inequity*, and were specifically designed to *give all kids a healthy start* (MDHHS pillar/strategic priority #1), and to *serve the whole person* (MDHHS pillar/strategic priority #3).

²⁻³ Michigan Department of Health and Human Services. *Comprehensive Quality Strategy, 2020–2023*. Available at: https://www.michigan.gov/documents/mdhhs/Quality_Strategy_2015_FINAL_for_CMS_112515_657260_7.pdf. Accessed on: Mar 23, 2022.

Table 2-3—MDHHS CQS Goals and Objectives

MDHHS CQS Medicaid Managed Care Program Goals	MDHHS Strategic Priorities	Objectives
Goal #1: Ensure high quality and high levels of access to care		
<p>NQS Aim #1: Better Care</p> <p>MDHHS Pillar #1: Give all kids a healthy start</p>	<p>Expand and simplify safety net access</p>	<p>Objective 1.1: Ensure outreach activities and materials meet the cultural and linguistic needs of the managed care populations.</p>
		<p>Objective 1.2: Assess and reduce identified racial disparities.</p>
		<p>Objective 1.3: Implement processes to monitor, track, and trend the quality, timeliness, and availability of care and services.</p>
		<p>Objective 1.4: Ensure care is delivered in a way that maximizes members’ health and safety.</p>
		<p>Objective 1.5: Implement evidence-based, promising, and best practices that support person-centered care or recovery-oriented systems of care.</p>
Goal #2: Strengthen person and family-centered approaches		
<p>NQS Aim #1: Better Care</p> <p>MDHHS Pillar #3: Serve the whole person</p>	<p>Address food and nutrition, housing, and other social determinants of health</p> <p>Integrate services, including physical and behavioral health, and medical care with long-term support services</p>	<p>Objective 2.1: Support self-determination, empowering individuals to participate in their communities and live in the least restrictive setting as possible.</p>
		<p>Objective 2.2: Facilitate an environment where individuals and their families are empowered to make healthcare decisions that suit their unique needs and life goals.</p>
		<p>Objective 2.3: Ensure that the social determinants of health needs and risk factors are assessed and addressed when developing person-centered care planning and approaches.</p>
		<p>Objective 2.4: Encourage community engagement and systematic referrals among healthcare providers and to other needed services.</p>
		<p>Objective 2.5: Promote and support health equity, cultural competency, and implicit bias training for providers to better ensure a networkwide, effective approach to healthcare within the community.</p>

MDHHS CQS Medicaid Managed Care Program Goals	MDHHS Strategic Priorities	Objectives
Goal #3: Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external)		
<p>NQS Aim #1: Better Care</p> <p>MDHHS Pillar #3: Serve the whole person</p>	<p>Address food and nutrition, housing, and other social determinants of health</p> <p>Integrate services, including physical and behavioral health, and medical care with long-term support services</p>	<p>Objective 3.1: Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems.</p>
		<p>Objective 3.2: Support the integration of services and improve transitions across the continuum of care among providers and systems serving the managed care populations.</p>
		<p>Objective 3.3: Promote the use of and adoption of health information technology and health information exchange to connect providers, payers, and programs to optimize patient outcomes.</p>
Goal #4: Reduce racial and ethnic disparities in healthcare and health outcomes		
<p>NQS Aim #1: Better Care</p> <p>MDHHS Pillar #1: Give all kids a healthy start</p> <p>MDHHS Pillar #3: Serve the whole person</p>	<p>Improve maternal-infant health and reduce outcome disparities</p> <p>Address food and nutrition, housing, and other social determinants of health</p> <p>Integrate services, including physical and behavioral health, and medical care with long-term support services</p>	<p>Objective 4.1: Use a data-driven approach to identify root causes of racial and ethnic disparities and address health inequity at its source whenever possible.</p>
		<p>Objective 4.2: Gather input from stakeholders at all levels (MDHHS, beneficiaries, communities, providers) to ensure people of color are engaged in the intervention design and implementation process.</p>
		<p>Objective 4.3: Promote and ensure access to and participation in health equity training.</p>
		<p>Objective 4.4: Create a valid/reliable system to quantify and monitor racial/ethnic disparities to identify gaps in care and reduce identified racial disparities among the managed care populations.</p>
		<p>Objective 4.5: Expand and share promising practices for reducing racial disparities.</p>
		<p>Objective 4.6: Collaborate and expand partnerships with community-based organizations and public health entities across the state to address racial inequities.</p>

MDHHS CQS Medicaid Managed Care Program Goals	MDHHS Strategic Priorities	Objectives
Goal #5: Improve quality outcomes and disparity reduction through value-based initiatives and payment reform		
<p>NQS Aim #3: Affordable Care</p> <p>MDHHS Pillar #4: Use data to drive outcomes</p>	<p>Drive value in Medicaid</p> <p>Ensure we are managing to outcomes and investing in evidence-based solutions</p>	<p>Objective 5.1: Promote the use of value-based payment models to improve quality of care.</p> <hr/> <p>Objective 5.2: Align value-based goals and objectives across programs.</p>

The CQS also includes a common set of performance measures to address the required Medicaid Managed Care and CHIP Managed Care Final Rule. The common domains include:

- Network Adequacy and Availability
- Access to Care
- Member Satisfaction
- Health Equity

These domains address the required state-defined network adequacy and availability of services standards and take into consideration the health status of all populations served by the MCEs in Michigan. Each program also has identified performance measures that are specific to the populations it serves.

MDHHS employs various methods to regularly monitor and assess the quality of care and services provided by the managed care programs. MDHHS also intends to conduct a formal comprehensive assessment of performance against the MDHHS CQS performance objectives annually. Findings will be summarized in the Michigan Medicaid Comprehensive Quality Strategy Annual Effectiveness Review, which drives program activities and priorities for the upcoming year and identifies modifications to the CQS.

Quality Initiatives and Interventions

To accomplish its objectives, MDHHS, through the HKD program, has implemented several initiatives and interventions that focus on quality improvement (QI). Examples of these initiatives and interventions include:

- **2025 Michigan State Oral Health Plan²⁻⁴**—MDHHS and the Michigan Oral Health Coalition (MOHC) have collaborated to develop a focused strategic action plan that outlines the specific steps planned to positively impact oral health in Michigan over the next four years. The overall vision is that all Michiganders have the knowledge, support, and care they need to achieve optimal oral health. The plan identifies measurable goals, strategies, and activities to raise awareness of the importance of oral health; improve the oral and overall health of Michiganders; fortify and sustain the oral health infrastructure; promote health equity; and reduce health disparities. The three goals of the 2025 Michigan SOHP include:
 - Michiganders understand the value of daily oral health care and preventive dental care and have the tools to care for their mouths every day.
 - Michigan citizens, dental professionals, and medical providers understand the connection between oral health and overall health.
 - Michiganders have access to preventive and restorative oral health care because the state has developed the necessary infrastructure to effectively serve everyone.

The DHPs are contractually required to promote among its network providers the overall goals, objectives, and activities of the 2025 Michigan SOHP.

- **Performance Monitoring Standards**—To monitor health plan performance in the areas of quality, access, customer service, and reporting, MDHHS has established performance monitoring standards categorized in the following three areas: Medicaid managed care measures; Healthcare Effectiveness Data and Information Set (HEDIS[®])²⁻⁵ and CMS-416 EPSDT performance measures; and Dental Quality Alliance measures. For each performance area, MDHHS established specific measures, goals, minimum performance standards, data sources, and monitoring intervals. Failure to meet the minimum performance standards may result in the implementation of remedial actions and/or improvement plans.
- **Performance Bonus (value-based payment)**—During each contract year, MDHHS withholds a percentage of the approved capitation payment from each DHP. These funds are used for the DHP performance awards. Criteria for awards include, but are not limited to, assessment of performance in quality of care, access to care, member satisfaction, and administrative functions. Each year, MDHHS establishes and communicates to the DHPs the criteria and standards to be used for the performance bonus awards.

²⁻⁴ Michigan Department of Health and Human Services. *2025 Michigan State Oral Health Plan*. Available at: https://www.michigan.gov/documents/mdhhs/Michigan_State_Oral_Health_Plan_2025_747223_7.pdf. Accessed on: Mar 23, 2022.

²⁻⁵ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

3. Assessment of Dental Health Plan Performance

HSAG used findings across mandatory and optional EQR activities conducted during the SFY 2021 review period to comprehensively evaluate the performance of the DHPs on providing quality, timely, and accessible healthcare services to HKD members. Quality, as it pertains to EQR, means the degree to which the DHPs increased the likelihood of desired outcomes of its members through its structural and operational characteristics; the provision of services that were consistent with current professional, evidenced-based knowledge; and interventions for performance improvement. Timeliness refers to the elements defined under §438.68 (adherence to MDHHS’ network adequacy standards) and §438.206 (adherence to MDHHS’ standards for timely access to care and services). Access relates to members’ timely use of services to achieve optimal oral health outcomes, as evidenced by how effective the DHPs were at successfully demonstrating and reporting on outcomes for the availability and timeliness of services.

HSAG follows a step-by-step process to aggregate and analyze data conducted from all EQR activities and draw conclusions about the quality, timeliness, and accessibility of care furnished by each DHP.

- **Step 1:** HSAG analyzes the quantitative results obtained from each EQR activity for each DHP to identify strengths and weaknesses that may pertain to the domains of quality, timeliness, and accessibility of services furnished by the DHP for the EQR activity.
- **Step 2:** From the information collected, HSAG identifies common themes and the salient patterns that emerge across EQR activities for each domain and draws conclusions about overall quality, timeliness, and accessibility of care and services furnished by the DHP.
- **Step 3:** From the information collected, HSAG identifies common themes and the salient patterns that emerge across all EQR activities as they relate to strengths and weakness in one or more of the domains of quality, timeliness, and accessibility of care and services furnished by the DHP.

Objectives of External Quality Review Activities

This section of the report provides the objectives and a brief overview of each EQR activity conducted in SFY 2021 to provide context for the resulting findings of each EQR activity. For more details about each EQR activity’s objectives and the comprehensive methodology, including the technical methods for data collection and analysis, a description of the data obtained, and the process for drawing conclusions from the data, refer to Appendix A.

Validation of Performance Improvement Projects

For the SFY 2021 validation, the DHPs continued their MDHHS-mandated PIP topics, reporting baseline data on the performance indicators. HSAG conducted validation of the PIP study Design and completed component(s) of the Implementation stages of the selected PIP topic for each DHP in

accordance with CMS EQR *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019 (CMS EQR Protocol 1).³⁻¹ Table 3-1 outlines the selected PIP topics and study indicators for the PIP for both DHPs.

Table 3-1—PIP Topics and Study Indicators

DHP	PIP Topic	Study Indicator
BCBSM	<i>Increasing the Number of Members Ages 0–5 Accessing Dental Services</i>	The percentage of BCBSM HKD member visits to a dental provider in the selected federal fiscal year based on data.
DDMI	<i>Increasing Dental Utilization in Ages One and Two</i>	<ol style="list-style-type: none"> 1. Providers Rendering Treatment 2. Increase Ages One and Two Dental Utilization Percentages

Performance Measure Validation

The PMV activity included a comprehensive review of the DHPs’ rates for seven EPSDT dental and oral health services performance measures that were reported to CMS using Form CMS-416 (i.e., CMS-416 EPSDT performance measures). These seven performance measures were calculated and reconciled by the DHPs in collaboration with MDHHS during the measurement period. Table 3-2 lists these performance measures.

Table 3-2—CMS-416 EPSDT Performance Measures for Validation

CMS-416	EPSDT Performance Measures
12a	<i>Total Eligibles Receiving Any Dental Services</i>
12b	<i>Total Eligibles Receiving Preventive Dental Services</i>
12c	<i>Total Eligibles Receiving Dental Treatment Services</i>
12d	<i>Total Eligibles Receiving a Sealant on a Permanent Molar Tooth</i>
12e	<i>Total Eligibles Receiving Dental Diagnostic Services</i>
12f	<i>Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider</i>
12g	<i>Total Eligibles Receiving Any Preventive Dental or Oral Health Services</i>

³⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity, October 2019*. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Mar 23, 2022.

Compliance Review

MDHHS evaluated each DHP’s compliance with federal Medicaid managed care regulations using an annual compliance review process. HSAG examined, compiled, and analyzed the results as presented in the DHP compliance review documentation provided by MDHHS. The SFY 2021 MDHHS compliance review included an evaluation of each DHP’s performance in six program areas, called standards, identified in Table 3-3. These standards are reviewed annually by MDHHS in accordance with an established timeline that spans the SFY.

Table 3-3—Compliance Review Standards¹

MDHHS Compliance Review Standard		Federal Standard and Citation
1	Administrative	
2	Providers	§438.10 Information requirements §438.206 Availability of services §438.207 Assurances of adequate capacity and services §438.214 Provider selection §438.230 Subcontractual relationships and delegation
3	Members	§438.10 Information requirements §438.100 Enrollee rights §438.208 Coordination and continuity of care §438.210 Coverage and authorization of services §438.224 Confidentiality §438.228 Grievance and appeal systems §438.230 Subcontractual relationships and delegation Subpart F Grievance and Appeal System
4	Quality	§438.236 Practice guidelines §438.330 Quality assessment and performance improvement program
5	MIS	§438.56 Disenrollment: Requirements and limitations §438.242 Health information systems
6	Program Integrity	§438.230 Subcontractual relationships and delegation Subpart H Additional Program Integrity Safeguards

¹ HSAG and MDHHS created a crosswalk to compare MDHHS’ compliance review standards to federal standards, but this crosswalk should not be interpreted to mean the State’s standards include all specific federal requirements under 42 CFR §438.358(b)(1)(iii).

Child Dental Survey Analysis

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)³⁻² Dental Plan Survey, currently available for the adult population only, was modified by HSAG for administration to a child population to create a Child Dental Survey. The Child Dental Survey asked parents/caretakers to report on and evaluate their experiences with their child’s dental care from the DHP, dentists, and staff. HSAG presents top-box scores, which indicate the percentage of members who responded to the survey with the most positive experiences in particular aspects of their healthcare. Table 3-4 lists the measures included in the survey.

Table 3-4—Child Dental Survey Measures

Measures
Global Ratings
<i>Rating of Regular Dentist</i>
<i>Rating of All Dental Care</i>
<i>Rating of Finding a Dentist</i>
<i>Rating of Dental Plan</i>
Composite Measures
<i>Care from Dentists and Staff</i>
<i>Access to Dental Care</i>
<i>Dental Plan Information and Services</i>
Individual Items
<i>Care from Regular Dentists</i>
<i>Would Recommend Regular Dentist</i>
<i>Would Recommend Dental Plan</i>

³⁻² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

External Quality Review Activity Results

Blue Cross Blue Shield of Michigan

Validation of Performance Improvement Projects

Performance Results

Table 3-5 displays the overall validation status and baseline results for the study indicator. The goal for the PIP is that **Blue Cross Blue Shield of Michigan** will demonstrate a statistically significant improvement over the baseline for the remeasurement periods or achieve significant improvement as a result of an intervention.

Table 3-5—Overall Validation Rating for BCBSM

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results		
			Baseline	R1	R2
<i>Increasing the Number of Members Ages 0–5 Accessing Dental Services</i>	<i>Met</i>	The percentage of BCBSM HKD member visits to a dental provider in the selected federal fiscal year based on data.	7.9%		

Table 3-6—Interventions for BCBSM

Intervention Descriptions
Blue Cross Blue Shield of Michigan has not progressed to implementing improvement strategies and interventions for the PIP. Interventions will be reported in the next annual EQR technical report.

Strengths, Weaknesses, and Recommendations

Strengths

Strength #1: Blue Cross Blue Shield of Michigan designed a methodologically sound PIP, which should support members’ timely access to high-quality dental providers and improve their oral health. [Quality, Timeliness, and Access]

Weaknesses and Recommendations

Weakness #1: There were no identified weaknesses.

Recommendation: Although there were no identified weaknesses, HSAG recommends **Blue Cross Blue Shield of Michigan** use appropriate causal/barrier analysis methods to identify barriers to care and implement interventions to address those barriers in a timely manner.

Performance Measure Validation

Performance Results

Table 3-7 demonstrates **Blue Cross Blue Shield of Michigan**’s final reconciled and reported rates for the CMS-416 EPSDT performance measures for the measurement period.

Table 3-7—BCBSM Final CMS-416 EPSDT Performance Measure Rates

Age Category (years)	Denominator	12a—Total Eligibles Receiving Any Dental Services	12b—Total Eligibles Receiving Preventive Dental Services	12c—Total Eligibles Receiving Dental Treatment Services	12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	12e—Total Eligibles Receiving Dental Diagnostic Services	12f—Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	12g—Total Eligibles Receiving Any Preventive Dental or Oral Health Services
Age < 1	22,645	1,304	839	58	NA	1,269	NA	839
Ages 1–2	70,322	5,197	4,589	328	NA	5,163	NA	4,589
Ages 3–5	37,095	9,939	8,917	3,075	NA	9,730	NA	8,917
Ages 6–9	44,169	13,444	12,025	5,907	3,555	13,099	NA	12,025
Ages 10–14	50,243	11,986	10,717	4,985	2,373	11,586	NA	10,717
Ages 15–18	37,301	7,581	6,052	3,884	NA	7,195	NA	6,052
Ages 19–20	15,706	810	565	414	NA	791	NA	565
Total	277,481 ¹	50,261	43,704	18,651	5,928	48,833	NA	43,704
	94,412 ²							
	Final Rate	18.11%	15.75%	6.72%	6.28%	17.60%	NA	15.75%

¹ Total denominator count shown is for 12a, 12b, 12c, 12e, 12f, and 12g, as these performance measures are inclusive of all age categories.

² Total denominator count shown is for 12d, as 12d is only inclusive of the 6–9 and 10–14 age categories.

NA indicates that the DHP followed the specifications, but the denominator and/or rate was too small to report a valid value and/or rate.

Strengths, Weaknesses, and Recommendations

Strengths

Strength #1: No strengths were identified through this activity.

Weaknesses and Recommendations

Weakness #1: During the process of reconciling and finalizing the performance measure rates for 12g, HSAG identified inconsistency in reporting between the DHPs, specifically regarding individuals included in reporting for 12g. [Quality]

Why the weakness exists: Upon MDHHS providing HSAG with the DHPs' final performance measure rates, HSAG noted that **Blue Cross Blue Shield of Michigan**'s reported rate for 12g was the same as 12a. However, 12g should only have included individuals who received preventive services as reported in 12b—*Total Eligibles Receiving Preventive Dental Services* and 12f—*Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider*. Since 12a—*Total Eligibles Receiving Any Dental Services* encompasses more services than 12g—*Total Eligibles Receiving Any Preventive Dental or Oral Health Services*, 12g should not reflect the exact same data count as 12a. As a result of this clarification, **Blue Cross Blue Shield of Michigan** confirmed its reported rate for 12g was inaccurate and determined that the root cause of this finding was that its reporting logic for 12g had not been updated to align with the federal fiscal year (FFY) 2020 definition within the CMS-416 Instructions and **Blue Cross Blue Shield of Michigan** was following the FFY 2019 definition.

Recommendation: Although **Blue Cross Blue Shield of Michigan** implemented an immediate fix as a result of HSAG's findings by updating its reporting logic and producing new results based on the FFY 2020 definition, HSAG recommends **Blue Cross Blue Shield of Michigan** confirm its reporting logic aligns with current guidance within the CMS-416 Instructions in future reporting. **Blue Cross Blue Shield of Michigan** should incorporate more stringent validation checks to quality audit its data in comparison to the applicable FFY specifications prior to final submission of reconciled rates. Additionally, MDHHS should confirm the DHPs are applying the same parameters, as required by the specifications, for reporting of the CMS-416 EPSDT performance measures prior to submitting the final reconciled rates to HSAG.

Weakness #2: **Blue Cross Blue Shield of Michigan** experienced challenges throughout the reporting process when calculating the pre- and post-reconciled rates for the CMS-416 EPSDT performance measures. MDHHS and HSAG identified multiple data discrepancies that suggest opportunities still exist to improve the performance measure data accuracy for **Blue Cross Blue Shield of Michigan**. [Quality]

Why the weakness exists: **Blue Cross Blue Shield of Michigan** experienced calculation and validation challenges when finalizing and reconciling the CMS-416 EPSDT performance measure rates. These challenges appeared to be related to various factors, including source code inaccuracies, the DHP's lack of understanding some of the CMS-416 EPSDT performance measure specifications, and possible data integration gaps within the DHP. Each of these factors is crucial to ensuring the accuracy of performance measure data through the validation process, which includes steps to provide assurance of data integration, data control, and documentation of performance measure calculations. Of note, MDHHS found that there were claims/encounters submitted by **Blue Cross Blue Shield of Michigan** using claim types "S-FQHC (Federally Qualified Health Center)," "O-IHC (Indian Health Center)," and "4-LHD (Local Health Department)," which exist due to administrative requirements for payment structure. The CMS-416 Instructions limit the counts for

12a through 12e to dental providers and 12f to non-dentist providers for specific procedure codes. The definition of “dental providers” uses claim type “K–Dental” from the claim/encounter. As part of its reconciliation process, MDHHS ran its own report to identify the DHPs’ claims using the Originator Plan Identifier, which includes the “S–FQHC,” “O–IHC,” “4–LHD,” and “K–Dental” claim types. Therefore, MDHHS asked the DHPs to include encounters with these claim types in their performance measure reporting in order to reconcile and calculate the final performance measure rates for each DHP.

Recommendation: HSAG recommends for future DHP performance measure reporting that **Blue Cross Blue Shield of Michigan** work with MDHHS to focus on improving the validity of the DHP performance measure rates by participating in MDHHS-required PMV initiatives.

Compliance Review

Performance Results

Table 3-8 presents the total number of elements that received a score of *Met* or *Not Met*. Table 3-8 also presents **Blue Cross Blue Shield of Michigan**’s overall compliance score for each standard, the totals across the six standards reviewed, and the total compliance score across all standards for the SFY 2021 compliance monitoring activity. MDHHS required **Blue Cross Blue Shield of Michigan** to submit additional information, or a corrective action plan (CAP), to remediate all *Not Met* findings.

Table 3-8—Compliance Review Results for BCBSM

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	BCBSM	HKD Program
1	Administrative	5	0	100%	100%
2	Providers	10	0	100%	85%
3	Members	17	0	100%	97%
4	Quality	8	0	100%	100%
5	MIS	12	0	100%	100%
6	Program Integrity	31	3	91%	93%
Overall		83	3	97%	95%

Indicates the standard had a score of 100 percent.

Strengths, Weaknesses, and Recommendations

Strengths

Strength #1: **Blue Cross Blue Shield of Michigan** achieved full compliance in the Administrative standard, demonstrating the DHP had an adequate administrative structure, including an

organizational chart, administrative position descriptions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. [Quality]

Strength #2: Blue Cross Blue Shield of Michigan achieved full compliance in the Providers standard, demonstrating that services were available and accessible to members in a timely manner through the maintenance of provider contracts and the provider directory, community health coordination and communication with providers, and provider accessibility and accommodations standards. Additionally, **Blue Cross Blue Shield of Michigan** maintained adequate provider credentialing and recredentialing policies. [Timeliness and Access]

Strength #3: Blue Cross Blue Shield of Michigan achieved full compliance in the Members standard, demonstrating it maintained sufficient procedures to ensure that members had adequate information via the member identification card, member handbook, newsletters, and member website. Additionally, **Blue Cross Blue Shield of Michigan** demonstrated adequate member grievance and appeal processes; procedures for service authorizations and adverse benefit determinations (ABDs); and community collaboration and care coordination processes for members, including but not limited to, second opinions, initial risk screenings and assessments, and the sharing of assessment results. Further, **Blue Cross Blue Shield of Michigan** demonstrated sufficient policies and procedures to protect the confidentiality of protected health information (PHI). [Quality, Timeliness, and Access]

Strength #4: Blue Cross Blue Shield of Michigan achieved full compliance in the Quality standard, demonstrating that the DHP had an adequate quality program, which included but was not limited to, CPGs; quality improvement program (QIP) description, evaluation, and work plan; PIPs; accreditation; performance measures; and UM program description and effectiveness review. A comprehensive QIP is necessary to increase and sustain the quality and accessibility of timely healthcare and services received by members. [Quality]

Strength #5: Blue Cross Blue Shield of Michigan achieved full compliance in the MIS standard, demonstrating the DHP maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions, including but not limited to, enrollments and disenrollments; financial statements and reports; third-party recovery and subrogation requests; consolidated annual reports; and provider data. An HIS that collects, analyzes, and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes. [Quality]

Weaknesses and Recommendations

Weakness #1: There were no substantial weaknesses identified as **Blue Cross Blue Shield of Michigan** received 90 percent or above in all standards. [Quality]

Recommendation: Although there were no identified weaknesses, HSAG recommends **Blue Cross Blue Shield of Michigan** ensure its required CAP is fully implemented to mitigate the deficiencies in the Program Integrity standard.

Child Dental Survey Analysis

Performance Results

Table 3-9 presents **Blue Cross Blue Shield of Michigan**'s SFY 2020 and SFY 2021 top-box scores. The results were assessed to determine if the SFY 2021 score was statistically significantly higher or lower than the SFY 2020 score for each measure.

Table 3-9—Summary of Top-Box Scores for BCBSM

	SFY 2020	SFY 2021
Global Ratings		
<i>Rating of Regular Dentist</i>	70.8%	69.3%
<i>Rating of All Dental Care</i>	71.5%	65.6%
<i>Rating of Finding a Dentist</i>	49.2%*	50.0%*
<i>Rating of Dental Plan</i>	71.8%	63.9% ▼
Composite Measures		
<i>Care from Dentists and Staff</i>	93.4%	94.5%
<i>Access to Dental Care</i>	71.9%	71.8%
<i>Dental Plan Information and Services</i>	86.0%	84.9%
Individual Items		
<i>Care from Regular Dentists</i>	95.0%	95.4%
<i>Would Recommend Regular Dentist</i>	95.4%	95.3%
<i>Would Recommend Dental Plan</i>	93.9%	95.2%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

▲ Indicates the SFY 2021 score is statistically significantly higher than the SFY 2020 score.

▼ Indicates the SFY 2021 score is statistically significantly lower than the SFY 2020 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength #1: None of the SFY 2021 top-box scores for **Blue Cross Blue Shield of Michigan** were statistically significantly higher than the SFY 2020 top-box scores for any measure; therefore, no substantial strengths were identified.

Weaknesses and Recommendations

Weakness #1: Parents/caretakers of child members enrolled in **Blue Cross Blue Shield of Michigan** had a less positive experience with the dental plan in SFY 2021 compared to the SFY 2020 top box scores for *Rating of Dental Plan*. [**Quality**]

Why the weakness exists: Parents/caretakers of child members were reporting lower overall experience scores with their dental plan, which could be due to a variety of factors related to quality, timeliness, and access.

Recommendation: HSAG recommends that **Blue Cross Blue Shield of Michigan** explore what may be lowering experience scores and focus on potential improvement opportunities within the dental plan.

Overall Conclusions for Quality, Timeliness, and Accessibility of Healthcare Services

To identify strengths and weaknesses and draw conclusions for **Blue Cross Blue Shield of Michigan** about the quality, timeliness, and accessibility of care for its members, HSAG analyzed and evaluated performance related to the provision of dental services by **Blue Cross Blue Shield of Michigan** across all EQR activities to identify common themes within **Blue Cross Blue Shield of Michigan** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show **Blue Cross Blue Shield of Michigan** designed a methodologically sound project for the *Increasing the Number of Members Ages 0–5 Accessing Dental Services* PIP [**Quality**]. However, the baseline rate for member visits to a dental provider was considerably low and the final rates for performance measure 12a—*Total Eligibles Receiving Any Dental Services* and performance measure 12b—*Total Eligibles Receiving Preventive Dental Services*, as reported through the PMV activity, were 18.11 percent and 15.75 percent, respectively, indicating opportunities overall to improve child and young adult members' access to dental services [**Access**]. The interventions implemented through the PIP should increase the number of members 5 years of age and under who are accessing dental services and, therefore, improve the oral health of its youngest members [**Quality and Access**]. **Blue Cross Blue Shield of Michigan** achieved full compliance in the Quality standard of the compliance review activity, demonstrating it has an appropriate QAPI program necessary to carry out quality initiatives focused on enhancing the quality, timeliness, and accessibility of needed oral health services [**Quality, Timeliness, and Access**]. Therefore, in addition to its initiatives to increase services for its youngest members, **Blue Cross Blue Shield of Michigan** should also consider implementing additional PIPs and/or interventions to support all age groups due to the lower number of members overall who were accessing dental services.

The results of the Child Dental Survey demonstrated that parents/caretakers of child members reported less positive experiences with **Blue Cross Blue Shield of Michigan** in SFY 2021 compared to the SFY 2020 results [**Quality**]. Dissatisfaction with **Blue Cross Blue Shield of Michigan** may present as a barrier to parents/caretakers accessing care for their children through the DHP's provider network, which may also contribute to the lower performing rates as demonstrated through the PMV activity. **Blue Cross Blue Shield of Michigan** should explore what may be lowering experience scores and focus on potential improvement opportunities within the dental plan.

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine dental care, which may have also impacted performance outcomes in SFY 2021.

Delta Dental of Michigan

Validation of Performance Improvement Projects

Performance Results

Table 3-10 displays the overall validation status and baseline results for the study indicator. The goal for the PIP is that **Delta Dental of Michigan** will demonstrate a statistically significant improvement over the baseline for the remeasurement periods or achieve significant improvement as a result of an intervention.

Table 3-10—Overall Validation Rating for DDMI

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results		
			Baseline	R1	R2
<i>Increasing Dental Utilization in Ages One and Two</i>	<i>Met</i>	Providers Rendering Treatment	17.4%		
		Increase Ages One and Two Dental Utilization Percentages	16.7%		

Table 3-11—Interventions for DDMI

Intervention Descriptions
Delta Dental of Michigan has not progressed to implementing improvement strategies and interventions for the PIP. Interventions will be reported in the next annual EQR technical report.

Strengths, Weaknesses, and Recommendations

Strengths

Strength #1: Delta Dental of Michigan designed a methodologically sound PIP, which should support members’ timely access to high-quality dental providers and improve their oral health. [Quality, Timeliness, and Access]

Weaknesses and Recommendations

Weakness #1: There were no identified weaknesses.

Recommendation: Although there were no identified weaknesses, HSAG recommends **Delta Dental of Michigan** use appropriate causal/barrier analysis methods to identify barriers to care and implement interventions to address those barriers in a timely manner.

Performance Measure Validation

Performance Results

Table 3-12 demonstrates **Delta Dental of Michigan**’s final reconciled and reported rates for the CMS-416 EPSDT performance measures for the measurement period.

Table 3-12—DDMI Final CMS-416 EPSDT Performance Measure Rates

Age Category (years)	Denominator	12a—Total Eligibles Receiving Any Dental Services	12b—Total Eligibles Receiving Preventive Dental Services	12c—Total Eligibles Receiving Dental Treatment Services	12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	12e—Total Eligibles Receiving Dental Diagnostic Services	12f—Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	12g—Total Eligibles Receiving Any Preventive Dental or Oral Health Services
Age < 1	9,231	71	36	NA	NA	64	NA	36
Ages 1–2	60,576	11,752	10,346	864	NA	11,300	NA	10,346
Ages 3–5	138,284	61,084	56,825	16,800	NA	58,821	NA	56,825
Ages 6–9	184,250	107,933	100,455	45,974	21,457	102,764	NA	100,455
Ages 10–14	224,585	117,587	109,380	45,488	17,665	111,527	NA	109,380
Ages 15–18	158,854	70,748	61,704	31,908	NA	65,823	NA	61,704
Ages 19–20	42,788	12,866	10,107	6,059	NA	11,744	NA	10,107
Total	818,568 ¹	382,041	348,853	147,103	39,122	362,043	NA	348,853
	408,835 ²							
	Final Rate	46.67%	42.62%	17.97%	9.57%	44.23%	NA	42.62%

¹ Total denominator count shown is for 12a, 12b, 12c, 12e, 12f, and 12g, as these performance measures are inclusive of all age categories.

² Total denominator count shown is for 12d, as 12d is only inclusive of the 6–9 and 10–14 age categories.

NA indicates that the DHP followed the specifications, but the denominator and/or rate was too small to report a valid value and/or rate.

Strengths, Weaknesses, and Recommendations

Strengths

Strength #1: No strengths were identified through this activity.

Weaknesses and Recommendations

Weakness #1: Delta Dental of Michigan's rate for three of the CMS-416 EPSDT performance measures (12a, 12b, and 12e) decreased by over 5 percentage points from SFY 2019 to SFY 2020. [Quality and Access]

Why the weakness exists: Delta Dental of Michigan's rate for three of the CMS-416 EPSDT performance measures (12a, 12b, and 12e) decreased by over 5 percentage points from SFY 2019 to SFY 2020, suggesting barriers exist for members to access and receive preventive and diagnostic dental services. A potential root cause for the decrease in rates may be due to coronavirus disease 2019 (COVID-19) pandemic-related dental clinic closures for approximately three months during the measurement period. However, this significant decrease in performance was not noted equally across performance measures for both DHPs, so Delta Dental of Michigan should still consider the root cause for the significant decrease in rates for the three CMS-416 EPSDT performance measures.

Recommendation: HSAG recommends that Delta Dental of Michigan conduct a root cause analysis or focused study to determine why some members are not accessing preventive and diagnostic dental services. Upon identification of a root cause, Delta Dental of Michigan should implement appropriate interventions to improve performance related to the 12a, 12b, and 12e CMS-416 EPSDT performance measures. Delta Dental of Michigan should consider the scope of the issue (e.g., are the issues related to accessing preventive and diagnostic dental services, patient and provider education, or a lack of dental service providers). Additionally, Delta Dental of Michigan should identify and mitigate factors related to the COVID-19 pandemic and the impact on dental services, including both preventive and diagnostic services.

Weakness #2: Delta Dental of Michigan experienced challenges throughout the reporting process when calculating the pre- and post-reconciled rates for the CMS-416 EPSDT performance measures. MDHHS and HSAG identified multiple data discrepancies that suggest opportunities still exist to improve the performance measure data accuracy for Delta Dental of Michigan. [Quality]

Why the weakness exists: Delta Dental of Michigan experienced calculation and validation challenges when finalizing and reconciling the CMS-416 EPSDT performance measure rates. These challenges appeared to be related to various factors, including the DHP's lack of understanding some of the CMS-416 EPSDT performance measure specifications and possible data integration gaps within the DHP. Each of these factors is crucial to ensuring the accuracy of performance measure data through the validation process, which includes steps to provide assurance of data integration, data control, and documentation of performance measure calculations. Of note, MDHHS found that there were claims/encounters submitted by Delta Dental of Michigan using claim types "S-FQHC (Federally Qualified Health Center)," "O-IHC (Indian Health Center)," and "4-LHD (Local Health Department)," which exist due to administrative requirements for payment structure. The CMS-416 Instructions limit the counts for 12a through 12e to dental providers and 12f to non-dentist providers

for specific procedure codes. The definition of “dental providers” uses claim type “K–Dental” from the claim/encounter. As part of its reconciliation process, MDHHS ran its own report to identify the DHPs’ claims using the Originator Plan Identifier, which includes the “S–FQHC,” “O–IHC,” “4–LHD,” and “K–Dental” claim types. Therefore, MDHHS asked the DHPs to include encounters with these claim types in their performance measure reporting in order to reconcile and calculate the final performance measure rates for each DHP.

Recommendation: HSAG recommends for future DHP performance measure reporting that **Delta Dental of Michigan** work with MDHHS to focus on improving the validity of the DHP performance measure rates by participating in MDHHS-required PMV initiatives.

Weakness #3: During the process of reconciling and finalizing the performance measure rates for 12d, HSAG identified that the 6–9 and 10–14 age category denominators reported by **Delta Dental of Michigan** did not sum to the total reported denominator count for 12d (i.e., they added up to more than the total denominator count that was reported for 12d). **[Quality]**

Why the weakness exists: Upon MDHHS providing HSAG with **Delta Dental of Michigan**’s final performance measure rates, HSAG noted that the 6–9 and 10–14 age category denominators reported by **Delta Dental of Michigan** did not sum to the total reported denominator count for 12d. As a result of this finding, **Delta Dental of Michigan** submitted corrected denominator counts for the 6–9 and 10–14 age categories.

Recommendation: Although **Delta Dental of Michigan** submitted corrected denominator counts as a result of HSAG’s findings, HSAG recommends **Delta Dental of Michigan** incorporate more stringent validation checks to confirm the accuracy of data counts and rates prior to the final submission of reconciled rates to MDHHS and HSAG. The validation checks should include checking that the denominator counts by age group sum up to the total reported denominator count for each applicable performance measure.

Compliance Review

Performance Results

Table 3-13 presents the total number of elements that received a score of *Met* or *Not Met*. Table 3-13 also presents **Delta Dental of Michigan**’s overall compliance score for each standard, the totals across the six standards reviewed, and the total compliance score across all standards for the SFY 2021 compliance monitoring activity. MDHHS required **Delta Dental of Michigan** to submit additional information, or a CAP, to remediate all *Not Met* findings.

Table 3-13—Compliance Review Results for DDMI

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	DDMI	HKD Program
1	Administrative	5	0	100%	100%
2	Providers	7	3	70%	85%

Standard		Number of Scores		Compliance Scores	
		Met	Not Met	DDMI	HKD Program
3	Members	16	1	94%	97%
4	Quality	8	0	100%	100%
5	MIS	12	0	100%	100%
6	Program Integrity	32	2	94%	93%
Overall		80	6	93%	95%
		Indicates the standard had a score of 100 percent.			

Strengths, Weaknesses, and Recommendations

Strengths

Strength #1: Delta Dental of Michigan achieved full compliance in the Administrative standard, demonstrating the DHP had an adequate administrative structure, including an organizational chart, administrative position descriptions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. **[Quality]**

Strength #2: Delta Dental of Michigan achieved full compliance in the Quality standard, demonstrating that the DHP had an adequate quality program, which included but was not limited to, CPGs; QIP description, evaluation, and work plan; PIPs; accreditation; performance measures; and UM program description and effectiveness review. A comprehensive QIP is necessary to increase and sustain the quality and accessibility of timely healthcare and services received by members. **[Quality, Timeliness, and Access]**

Strength #3: Delta Dental of Michigan achieved full compliance in the MIS standard, demonstrating the DHP maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions, including but not limited to, enrollments and disenrollments; financial statements and reports; third-party recovery and subrogation requests; consolidated annual reports; and provider data. An HIS that collects, analyzes, and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes. **[Quality]**

Weaknesses and Recommendations

Weakness #1: Delta Dental of Michigan received three *Not Met* scores in the Providers standard. Adequate and effective processes for maintaining and monitoring a provider network are necessary to ensure members have access to complete and accurate provider information and that all members are assigned to an appropriate provider. **[Quality and Access]**

Why the weakness exists: Deficiencies were identified throughout the year regarding **Delta Dental of Michigan**'s processes related to provider contract provisions; oral, medical, and community health coordination; and available and accessible services from the DHP's provider network.

Recommendation: As **Delta Dental of Michigan** previously submitted a CAP to address these findings, HSAG recommends **Delta Dental of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies.

Child Dental Survey Analysis

Performance Results

Table 3-14 presents **Delta Dental of Michigan**'s SFY 2020 and SFY 2021 top-box scores. The results were assessed to determine if the SFY 2021 score was statistically significantly higher or lower than the SFY 2020 score for each measure.

Table 3-14—Summary of Top-Box Scores for DDMI

	SFY 2020	SFY 2021
Global Ratings		
<i>Rating of Regular Dentist</i>	71.6%	77.6%
<i>Rating of All Dental Care</i>	75.7%	79.2%
<i>Rating of Finding a Dentist</i>	59.4%*	52.9%*
<i>Rating of Dental Plan</i>	70.2%	71.1%
Composite Measures		
<i>Care from Dentists and Staff</i>	95.2%	96.3%
<i>Access to Dental Care</i>	74.9%	77.2%
<i>Dental Plan Information and Services</i>	86.3%	85.4%
Individual Items		
<i>Care from Regular Dentists</i>	94.0%	96.7%
<i>Would Recommend Regular Dentist</i>	93.7%	97.7%▲
<i>Would Recommend Dental Plan</i>	96.8%	95.5%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

▲ Indicates the SFY 2021 score is statistically significantly higher than the SFY 2020 score.

▼ Indicates the SFY 2021 score is statistically significantly lower than the SFY 2020 score.

Strengths, Weaknesses, and Recommendations

Strengths

Strength #1: Parents/caretakers of child members enrolled in **Delta Dental of Michigan** had a more positive experience with their child's regular dentist, since the SFY 2021 top-box score for the *Would Recommend Regular Dentist* measure was statistically significantly higher than the SFY 2020 score.

Weaknesses and Recommendations

Weakness #1: **Delta Dental of Michigan**'s SFY 2021 top-box scores were not statistically significantly lower than the SFY 2020 top-box scores for any measure; therefore, no substantial weaknesses were identified.

Why the weakness exists: Not Applicable (NA)

Recommendation: Although no weaknesses were identified based on the comparison of **Delta Dental of Michigan**'s child member experiences to the prior year's survey results, HSAG recommends **Delta Dental of Michigan** prioritize improvement efforts in those areas that would impact parents/caretakers of child members' access to and timeliness of dental services, including the ability to get timely appointments, and parents'/caretakers' perceived negative experiences with their child's dental providers.

Overall Conclusions for Quality, Timeliness, and Accessibility of Healthcare Services

To identify strengths and weaknesses and draw conclusions for **Delta Dental of Michigan** about the quality, timeliness, and accessibility of care for its members, HSAG analyzed and evaluated performance related to the provision of dental services by **Delta Dental of Michigan** across all EQR activities to identify common themes within **Delta Dental of Michigan** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show **Delta Dental of Michigan** designed a methodologically sound project for the *Increasing Dental Utilization in Ages One and Two* PIP [**Quality**]; however, the baseline rate for providers rendering treatment and the utilization for members ages 1 and 2 were low. Additionally, only 19.4 percent of members between the ages of 1 and 2 received any dental services as indicated through the PMV activity and performance measure 12a—*Total Eligibles Receiving Any Dental Services*. The interventions implemented through the PIP should increase the number of members, ages 1 and 2 years, who are accessing dental services and improve the oral health of its youngest members [**Quality** and **Access**]. Additionally, **Delta Dental of Michigan** achieved full compliance in the Quality standard of the compliance review activity, demonstrating it has an appropriate QAPI program necessary to carry out quality initiatives focused on enhancing the quality, timeliness, and accessibility of needed oral health services [**Quality**, **Timeliness**, and **Access**]. As such, **Delta Dental of Michigan** should also implement additional PIPs and/or interventions to positively impact the percentage of members between the ages of 6 and 14 years old who are receiving a sealant on a permanent molar tooth as the total rate for this related performance measure was low (9.57 percent).

The results of the Child Dental Survey demonstrated that parents/caretakers of child members reported more positive experiences with their child's regular dentist in SFY 2021 compared to the SFY 2020 results [**Quality**]. Parents/caretakers are more likely to access services for their children when they are satisfied with the care and services provided by their dentist [**Quality** and **Access**].

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine dental care, which may have also impacted performance outcomes in SFY 2021.

4. Follow-Up on Prior External Quality Review Recommendations for Dental Health Plans

From the findings of each DHP’s performance for the SFY 2020 EQR activities, HSAG made recommendations for improving the quality of healthcare services furnished to members enrolled in the HKD program. The recommendations provided to each DHP for the EQR activities in the *State Fiscal Year 2020 External Quality Review Technical Report for Dental Health Plans* are summarized in Table 4-1 and Table 4-2. Each DHP’s summary of the activities that were either completed, or were implemented and still underway, to improve the finding that resulted in the recommendation, and as applicable, identified performance improvement, and/or barriers identified are also provided in Table 4-1 and Table 4-2.

Blue Cross Blue Shield of Michigan

Table 4-1—Prior Year Recommendations and Responses for BCBSM

1. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> Blue Cross Blue Shield of Michigan should use the approved methodology and data collection methods as it progresses to reporting baseline measurement results for the next annual submission.
<p><i>MCE’s Response: (Note—the narrative within the DHP’s Response section was provided by the DHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> Data source is administrative programmed data pull from claims. Estimated percentage of reported administrative data completeness at the time the data are generated: 99% complete. Blue Cross Blue Shield of Michigan is confident that all known claims encounter records were submitted by contracted providers and recorded in its enterprise databases at the time this measurement data was extracted and has included all required encounter data reporting. Administrative data completeness is determined through the evaluation of the encounter data submissions to MDHHS and claim audits. Weekly random audits of claims submissions are conducted and validated against dental records to ensure accuracy. Audits and record reviews were conducted to ensure all claims data was being transmitted accordingly. Claims lag did not have an impact on data reported since timeframe for claims submission was exceeded at time indicator was calculated (FFY 2019). Blue Cross Blue Shield of Michigan (BCBSM) provides weekly random audits of claims submission and validates against dental records to ensure all claims data is being transmitted to BCBSM accordingly. Provider reimbursement for BCBSM network providers is based on a fee-for-service Global Budget reimbursement methodology, which requires an actual claim record of services to be submitted to BCBSM for payment. BCBSM is confident that all known claim encounter records are

1. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Improvement Projects	
	<p>submitted by its contracted providers and recorded in its enterprise databases at the time measurement data is extracted and is included in all required encounter data reporting.</p> <ul style="list-style-type: none"> Using the statistical software suite SAS [Statistical Analysis System], the list of eligible members and the list of members with an encounter will be merged together on the member’s ID [identification] for the preventive measure. Numerators and denominators will be calculated from these merged lists, from the total members and those receiving the qualifying services. A second business analytics analyst will review the SAS code and results. The time periods used for measurement end September 30th of the measurement year. To allow ample time for providers to submit claims and for claims processing, a run-out period will be used allowing for claims paid out for dates of service that occurred prior to end of the measurement year. Final numerators and denominators will be calculated 90 days after the end of the measurement year to capture all claims for dates of service during the measurement.
b.	<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> Not applicable.
c.	<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> Not applicable (as indicated above, no initiatives were implemented).
<p>HSAG’s Assessment: HSAG has determined that Blue Cross Blue Shield of Michigan has addressed the prior year’s recommendations.</p>	
2. Prior Year Recommendation from the EQR Technical Report for Performance Measure Validation	
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> Blue Cross Blue Shield of Michigan should focus on improving upon the accuracy and validity of performance measure rates by participating in a revised PMV that fully aligns with CMS EQR <i>Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity</i>. By participating in a structured PMV that includes an assessment of the integrity of Blue Cross Blue Shield of Michigan’s information systems and data extraction process, a review of source code for the performance measures, evaluation of Blue Cross Blue Shield of Michigan’s data mapping, performance measure workflow review, a review of data at each stage in the performance measure reporting process, and a member-specific record-level review of both numerator and denominator data, Blue Cross Blue Shield of Michigan will provide further assurances of its performance measure rates’ reliability and accuracy. 	
<p>MCE’s Response: <i>(Note—the narrative within the DHP’s Response section was provided by the DHP and has not been altered by HSAG except for minor formatting)</i></p>	
a.	<p>Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p> <ul style="list-style-type: none"> Programming logic modifications have been made to capture all eligibility spans, calculate continuous enrollment from members’ initial start date and calculate the number of days unenrolled (gap) based upon member effective start and end dates.

2. Prior Year Recommendation from the EQR Technical Report for Performance Measure Validation

- b. Identify any barriers to implementing initiatives:
 - Eligible member counts have increased overall in comparison to prior year.
- c. Identify any noted performance improvement as a result of initiatives implemented (if applicable):
 - We did not encounter any barriers when implementing programming logic modifications.

HSAG’s Assessment: HSAG has determined that **Blue Cross Blue Shield of Michigan** has addressed the prior year’s recommendations. Both DHPs participated in PMV and provided a completed Information Systems Capabilities Assessment (ISCA) tool along with supporting documentation and source code to MDHHS for review. Additionally, while **Blue Cross Blue Shield of Michigan**’s programming logic modifications appear to have improved upon the accuracy and validity of its performance measure rates from the prior year, as fewer issues were identified for the SFY 2020 reporting period overall, HSAG identified that **Blue Cross Blue Shield of Michigan** inaccurately reported its rate for 12g due to its reporting logic aligning with the FFY 2019 definition within the CMS-416 Instructions rather than the FFY 2020 definition. Although **Blue Cross Blue Shield of Michigan** implemented an immediate fix as a result of HSAG’s findings by updating its reporting logic and producing new results based on the FFY 2020 definition, HSAG recommends **Blue Cross Blue Shield of Michigan** confirm its reporting logic aligns with current guidance within the CMS-416 Instructions in future reporting. **Blue Cross Blue Shield of Michigan** should incorporate more stringent validation checks to quality audit its data in comparison to the applicable FFY specifications prior to final submission of reconciled rates.

3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

- HSAG recommended the following:
- While **Blue Cross Blue Shield of Michigan** received one deficiency related to errors in the Tips and Grievances program integrity report, no trends of weakness in any standard were identified. However, HSAG recommends that **Blue Cross Blue Shield of Michigan** continue to validate all program integrity data submitted to MDHHS to ensure MDHHS has accurate and complete information available to effectively monitor and combat Medicaid fraud, waste, and abuse.

MCE’s Response: (Note—the narrative within the DHP’s Response section was provided by the DHP and has not been altered by HSAG except for minor formatting)

- a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):
 - We misinterpreted guidelines for reporting overpayments/recoveries and only reported those related to fraud activities. After the MDHHS OIG [Office of Inspector General] lead agent brought this reporting error to our attention, we immediately implemented a corrective action plan to update data to include all adjustments/overpayments identified within the indicated time-period for future MDHHS OIG program integrity reporting.
 - Specifically, the claims manager updated the internal reporting workflow process to include any improper overpayments/recoveries that occurred in the indicated time-period. Additionally, a validation process was implemented to ensure all data fields are accurately completed on the required template for the program integrity activities.
- b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):
 - As a result of the updated workflow and validation process allows us to now capture all overpayments made during the requested time period, regardless of the reason.

3. Prior Year Recommendation from the EQR Technical Report for Compliance Review	
c.	<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> We did not encounter any barriers when implementing these initiatives.
<p>HSAG’s Assessment: While Blue Cross Blue Shield of Michigan’s response did not address the Tips and Grievances program integrity report, HSAG has determined that Blue Cross Blue Shield of Michigan addressed the prior year’s recommendations based on the SFY 2021 compliance review activity results.</p>	
4. Prior Year Recommendation from the EQR Technical Report for Child Dental Survey Analysis	
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> Although no weaknesses were identified based on the comparison of Blue Cross Blue Shield of Michigan’s member experiences to the overall HKD program’s survey results, HSAG recommends Blue Cross Blue Shield of Michigan prioritize improvement efforts in those areas that would impact members’ access to and timeliness of dental services, including members’ ability to get timely appointments and members’ perceived negative experiences with their dental providers. 	
<p>MCE’s Response: <i>(Note—the narrative within the DHP’s Response section was provided by the DHP and has not been altered by HSAG except for minor formatting)</i></p>	
a.	<p>Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p> <ul style="list-style-type: none"> We have a provider recruitment plan designed to ensure a sufficient statewide network of dental providers is available to meet required ratios and geographic access standards. Part of our recruitment strategy included an increased fee schedule for providers. The current membership for BCBSM ages 0-6 represents 54.97% of total membership. Due to the young age of the population and the specialty care offered by pediatric dentists, we evaluate the network to ensure adequate access to pediatric specialists. We set a goal to add five additional pediatric specialists to our network in FY21. To date, we have added three of these specialists to our network. Our dental home program successfully launched on 10/1/20. The dental home program aims to build a strong relationship between primary care dental offices and the patient. This relationship plays an important role in delivering necessary preventive and restorative care in an accessible, patient-centered way and improving oral health and member experience with their provider. The BCBSM Healthy Kids Value-Based Care [VBC] program successfully launched on 4/1/21. Our VBC program focuses on proactively preventing dental disease. The VBC program rewards providers for improving access which should lead to improved health outcomes.
b.	<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> As a result of the contracting and recruiting efforts, we increased the network of general dentists by 27% and pediatric dentists increased by 25% since the inception of the contract. Presently, there are 89 pediatric dentists to accommodate the needs of our members and provide adequate access to care. All BCBSM Healthy Kids Dental members have been assigned dental homes. Members have received postcards with their assigned dentist information. Providers now have access to numerous new patients and can identify members by accessing their rosters of assigned members on the BCBSM Provider web portal. Providers have been trained on the dental home program and how to access their patient roster. They will receive quarterly training on an ongoing basis and a scorecard related to their VBC performance.

4. Prior Year Recommendation from the EQR Technical Report for Child Dental Survey Analysis

c. Identify any barriers to implementing initiatives:

- We did not encounter any barriers when implementing these initiatives.

HSAG's Assessment: HSAG has determined that **Blue Cross Blue Shield of Michigan** has addressed the prior year's recommendations.

Delta Dental of Michigan

Table 4-2—Prior Year Recommendations and Responses for DDMI

1. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> • Delta Dental of Michigan should use the approved methodology and data collection methods as it progresses to reporting baseline measurement results for the next annual submission.
<p>MCE’s Response: (Note—the narrative within the DHP’s Response section was provided by the DHP and has not been altered by HSAG except for minor formatting)</p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> • Delta Dental of Michigan (Delta Dental) reported baseline measurements on its Performance Improvement Project (PIP) in SFY2021 using approved methodology and data collection methods as described within the PIP.
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> • Delta Dental did not identify any performance improvements while reporting these baseline measures.
<p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> • Delta Dental did not identify any barriers while reporting these baseline measures.
<p>HSAG’s Assessment: HSAG has determined that Delta Dental of Michigan has addressed the prior year’s recommendations.</p>
2. Prior Year Recommendation from the EQR Technical Report for Performance Measure Validation
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> • In future reporting, Delta Dental of Michigan should review any codes that are used to identify the performance measure numerator counts to ensure they are appropriately applied for each reported performance measure in accordance with required reporting specifications. • For future performance measure reporting activities, Delta Dental of Michigan should focus on improving upon the accuracy and validity of performance measure rates by participating in a revised PMV that fully aligns with CMS EQR <i>Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity</i>. By participating in a structured PMV that includes an assessment of the integrity of Delta Dental of Michigan’s information systems and data extraction process, a review of source code for the performance measures, evaluation of Delta Dental of Michigan’s data mapping, performance measure workflow review, a review of data at each stage in the performance measure reporting process, and a member-specific record-level review of both numerator and denominator data, Delta Dental of Michigan will provide further assurances of its performance measure rates’ reliability and accuracy.
<p>MCE’s Response: (Note—the narrative within the DHP’s Response section was provided by the DHP and has not been altered by HSAG except for minor formatting)</p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p>

2. Prior Year Recommendation from the EQR Technical Report for Performance Measure Validation	
	<ul style="list-style-type: none"> For the FY 2020 data submission, Delta Dental researched the updated guidance for the CMS 416 measures and used the approved methodology, including the proper codes to ensure the codes were appropriately applied for each reported performance measure. Delta Dental is currently participating in a Performance Measure Validation (PMV) exercise with the Michigan Department of Health and Human Services (MDHHS) and HSAG. Additionally, on an annual basis Delta Dental has an outside firm perform an annual audit of the effectiveness of the controls over its operations.
b.	<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> Delta Dental noted that the FY2020 data collection process resulted in improved accuracy of baseline measurement results, including codes appropriately applied.
c.	<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> Delta Dental has not identified any barriers at this time.
<p>HSAG’s Assessment: HSAG has determined that Delta Dental of Michigan has addressed the prior year’s recommendations. As indicated by Delta Dental of Michigan, both DHPs participated in PMV and provided a completed ISCA tool along with supporting documentation and source code to MDHHS for review. Additionally, Delta Dental of Michigan’s review of codes and updated guidance for the CMS-416 EPSDT performance measures appear to have improved upon the accuracy and validity of its performance measure rates, as no issues were identified with the codes utilized for the SFY 2020 reporting period.</p>	
3. Prior Year Recommendation from the EQR Technical Report for Compliance Review	
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> Delta Dental of Michigan should review its coverage and authorization of services policies and, specifically, determine if appropriate prior authorization requirements are needed given the dental coverage and services covered under the HKD program (for example, prosthodontics and oral surgery services). 	
<p>MCE’s Response: <i>(Note—the narrative within the DHP’s Response section was provided by the DHP and has not been altered by HSAG except for minor formatting)</i></p>	
a.	<p>Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> Delta Dental has convened a workgroup to investigate the necessity of a formal prior authorization process, as well as the operational requirements and system changes essential for implementation. The workgroup is still in the early stages of evaluation at this time. The current pre-treatment estimate (PTE) process, which is similar in many ways, will continue to be utilized.
b.	<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> Not applicable at this time.
c.	<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> Implementing a prior authorization process will require extensive revisions to the claims processing system, which is a complex and lengthy project. The system will need to be recoded to appropriately identify and adjudicate prior authorizations for applicable services, as well as adjudicate and pay any claims submitted that are tied to the prior authorization decision.

3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

HSAG’s Assessment: HSAG has determined that **Delta Dental of Michigan** partially addressed the prior year’s recommendations. While HSAG understands that system changes may take a considerable amount of time to complete, **Delta Dental of Michigan** should continue to work toward implementing a formal prior authorization process and, once implemented, monitor timeliness and quality of prior authorization requests to ensure requirements are consistently met.

4. Prior Year Recommendation from the EQR Technical Report for Child Dental Survey Analysis

HSAG recommended the following:

- **Delta Dental of Michigan** should prioritize improvement efforts in those areas that would impact members’ access to and timeliness of dental services, including members’ ability to get timely appointments and members’ perceived negative experiences with their dental providers.

MCE’s Response: *(Note—the narrative within the DHP’s Response section was provided by the DHP and has not been altered by HSAG except for minor formatting)*

a. Describe initiatives implemented based on recommendations *(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):*

- Delta Dental continues to prioritize efforts that impact members’ access and timeliness of dental services, including timely appointments and their experience with their dental provider.
- Delta Dental hired an additional Care Coordinator in 2021 for the Healthy Kids Dental population. Care Coordinators continue to facilitate provider recruitment and assist enrollee families in finding services in a timely manner, including phone outreach to assist enrollee families with program awareness and location of participating providers when needed.
- Delta Dental developed and piloted a text based new enrollee screening and risk assessment that not only seeks to address the patient’s dental, medical and social risks, but also those with special needs and/or barriers to care.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- While the new enrollee screening and risk assessment is still in the pilot phase the response rate to the text-based screening in the pilot county has increased by almost 300%. In addition, 30 caregivers reached out to the Delta Dental Care Coordinators for additional assistance.
- As a result of the success of this pilot program, Delta Dental plans to extend the text-based screening and risk assessment efforts into additional counties.

c. Identify any barriers to implementing initiatives:

- As dental services are continuing to normalize, due to the lingering effects of the COVID-19 pandemic, Delta Dental has not been able to analyze the utilization rates in the pilot county to determine the impact to utilization the text-based screening may have.
- In addition, due to the COVID-19 pandemic during FY20, and as noted by HSAG, members’ perceptions of and experiences with the health care system have been impacted overall. Many members were hesitant to return to dental offices once they did re-open as COVID-19 was and is still prevalent. Additionally, providers had to shut down their practices for a period of time. Once offices were able to re-open, providers faced difficulties with staffing, waiting room, and office restrictions.

HSAG’s Assessment: HSAG has determined that **Delta Dental of Michigan** has addressed the prior year’s recommendations.

5. Dental Health Plan Comparative Information

In addition to performing a comprehensive assessment of the performance of each DHP, HSAG uses a step-by-step process methodology to compare the findings and conclusions established for each DHP to assess the HKD program. Specifically, HSAG identifies any patterns and commonalities that exist across the DHPs and the HKD program, draws conclusions about the overall strengths and weaknesses of the HKD program, and identifies areas in which MDHHS could leverage or modify MDHHS’ CQS to promote improvement.

Dental Health Plan External Quality Review Activity Results

This section provides the summarized results for the mandatory and optional EQR activities across the DHPs.

Validation of Performance Improvement Projects

For the SFY 2021 validation, the DHPs submitted baseline data for their ongoing PIP topics. Table 5-1 below provides a comparison of the validation scores by DHP for steps 1 through 6 in the Design stage and Step 7 in the Implementation stage. An overall PIP validation status of *Met* indicates HSAG determined a high confidence/confidence in the DHP’s reported PIP results.

Table 5-1—Comparison of PIP Validation Scores by DHP

Overall PIP Validation Status, by DHP		Design and Implementation Scores		
		Met	Partially Met	Not Met
BCBSM	<i>Met</i>	100%	0%	0%
DDMI	<i>Met</i>	100%	0%	0%

Performance Measure Validation

As there are no State or national benchmarks established for the CMS-416 EPSDT performance measures, Table 5-2 displays the comparison of performance between the two DHPs for the SFY 2021 performance measure activity, which includes data from the SFY 2020 measurement period (October 1, 2019–September 30, 2020).

Table 5-2—CMS-416 EPSDT Performance Measure Rate Comparisons

Performance Measures		
CMS-416 EPSDT Performance Measure	BCBSM	DDMI
12a—Total Eligibles Receiving Any Dental Services	18.11%	46.67%
12b—Total Eligibles Receiving Preventive Dental Services	15.75%	42.62%
12c—Total Eligibles Receiving Dental Treatment Services	6.72%	17.97%
12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	6.28%	9.57%
12e—Total Eligibles Receiving Dental Diagnostic Services	17.60%	44.23%
12f—Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	0.00%	0.00%
12g—Total Eligibles Receiving Any Preventive Dental or Oral Health Services	15.75%	42.62%

Delta Dental of Michigan had higher rates than **Blue Cross Blue Shield of Michigan** for each reported measure for SFY 2020 services. **Delta Dental of Michigan** also had higher numerators and denominators than **Blue Cross Blue Shield of Michigan** for all performance measure rates due to **Delta Dental of Michigan** having a greater number of enrolled members during the reporting period.


While there are no state or national benchmarks established for these CMS-416 EPSDT performance measures, the results are indicative that **Delta Dental of Michigan** members are accessing dental services at a greater rate than **Blue Cross Blue Shield of Michigan** members.

Table 5-3 displays the performance measure rate comparisons for the two DHPs from the SFY 2019 to SFY 2020 reporting period. Negative values in the *SFY 2019–SFY 2020 Comparison* column indicate a rate decrease from the SFY 2019 to SFY 2020 reporting. Positive values in the *SFY 2019–SFY 2020 Comparison* column indicate a rate increase from the SFY 2019 to SFY 2020 reporting period. Rate decreases of 5 percentage points or more are denoted by shading within the applicable field.

Table 5-3—CMS-416 EPSDT SFY 2019 and SFY 2020 Performance Measure Rate Comparisons

Performance Measures			
BCBSM			
CMS-416 EPSDT Performance Measure	SFY 2019	SFY 2020	SFY 2019–SFY 2020 Comparison
12a—Total Eligibles Receiving Any Dental Services	17.63%	18.11%	+0.48%
12b—Total Eligibles Receiving Preventive Dental Services	15.80%	15.75%	-0.05%
12c—Total Eligibles Receiving Dental Treatment Services	6.53%	6.72%	+0.19%
12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	6.72%	6.28%	-0.44%
12e—Total Eligibles Receiving Dental Diagnostic Services	17.31%	17.60%	+0.29%
12f—Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	0.00%	0.00%	0.00%
12g—Total Eligibles Receiving Any Preventive Dental or Oral Health Services	NA	15.75%	NA
DDMI			
CMS-416 EPSDT Performance Measure	SFY 2019	SFY 2020	SFY 2019–SFY 2020 Comparison
12a—Total Eligibles Receiving Any Dental Services	52.13%	46.67%	-5.46%
12b—Total Eligibles Receiving Preventive Dental Services	48.24%	42.62%	-5.62%
12c—Total Eligibles Receiving Dental Treatment Services	21.07%	17.97%	-3.10%
12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	13.91%	9.57%	-4.34%
12e—Total Eligibles Receiving Dental Diagnostic Services	50.18%	44.23%	-5.95%
12f—Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	0.00%	0.00%	0.00%
12g—Total Eligibles Receiving Any Preventive Dental or Oral Health Services	NA	42.62%	NA

NA indicates that the rate could not be displayed as data are not available.

 Indicates a rate decrease of 5 percentage points or more.

Compliance Review

Table 5-4 compares the statewide compliance scores for the HKD program in each of the six performance areas with the compliance scores achieved by each DHP.

Table 5-4—DHP and Statewide Comparisons

Standard		Compliance Scores		
		BCBSM	DDMI	HKD Program
1	Administrative	100%	100%	100%
2	Providers	100%	70%	85%
3	Members	100%	94%	97%
4	Quality	100%	100%	100%
5	MIS	100%	100%	100%
6	Program Integrity	91%	94%	93%
Overall		97%	93%	95%

Indicates the statewide performance achieved 100 percent compliance.

Child Dental Survey Analysis

A comparative analysis was performed to identify if one DHP performed statistically significantly higher or lower on each measure compared to the HKD program (i.e., BCBSM and DDMI combined). Table 5-5 presents the SFY 2021 top-box scores for **Blue Cross Blue Shield of Michigan** and **Delta Dental of Michigan** compared to the top-box scores of the HKD program. Table 5-5 also compares the SFY 2020 and SFY 2021 scores for the HKD program.

Table 5-5—SFY 2021 Plan and Program-Wide Comparisons

	SFY 2021 DHP Results		HKD Program Results	
	BCBSM	DDMI	SFY 2020	SFY 2021
Global Ratings				
<i>Rating of Regular Dentist</i>	69.3% ↓	77.6% ↑	71.3%	74.4%
<i>Rating of All Dental Care</i>	65.6% ↓	79.2% ↑	73.9%	73.9%
<i>Rating of Finding a Dentist</i>	50.0%*	52.9%*	52.6%*	51.4%*
<i>Rating of Dental Plan</i>	63.9%	71.1%	70.9%	68.3%

	SFY 2021 DHP Results		HKD Program Results	
	BCBSM	DDMI	SFY 2020	SFY 2021
Composite Measures				
<i>Care from Dentists and Staff</i>	94.5%	96.3%	94.5%	95.6%
<i>Access to Dental Care</i>	71.8% ↓	77.2% ↑	73.5%	75.0%
<i>Dental Plan Information and Services</i>	84.9%	85.4%	86.0%	85.0%
Individual Items				
<i>Care from Regular Dentists</i>	95.4%	96.7%	94.4%	96.2%
<i>Would Recommend Regular Dentist</i>	95.3%	97.7%	94.4%	96.8%
<i>Would Recommend Dental Plan</i>	95.2%	95.5%	95.6%	95.4%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

↑ Indicates the DHP SFY 2021 score is statistically significantly higher than the SFY 2021 HKD program score.

↓ Indicates the DHP SFY 2021 score is statistically significantly lower than the SFY 2021 HKD program score.

6. Program-Wide Conclusions and Recommendations

Program-Wide Conclusions and Recommendations

HSAG performed a comprehensive assessment of the performance of each DHP and of the overall strengths and weaknesses of the HKD program related to the provision of healthcare services. All components of each EQR activity and the resulting findings were thoroughly analyzed and reviewed across the continuum of program areas and activities that comprise the HKD program.

Strengths

Through this all-inclusive assessment of aggregated performance, HSAG identified areas of strength in the program related to the quality, timeliness, and accessibility of care and services.

- **Quality**

- During the prior year’s annual EQR, HSAG identified several opportunities for improvement and made specific recommendations to enhance MDHHS’ compliance review activity. HSAG’s review of the SFY 2021 compliance review tools and summaries identified that significant enhancements were implemented by MDHHS:
 - Incorporation of several additional requirements mandated under 42 CFR §438.358(iii) within the DHP compliance review tools.
 - Adjustment of its scoring methodology to a two-point rating scale of *Met* and *Not Met*.
 - Revision of the compliance review tools and summaries to a more user-friendly format.
- As demonstrated through the results of the Child Dental Survey, all three measures within the Individual Items domain scored at or above 94 percent for the HKD program, indicating that many parents/caretakers had a positive experience with their child’s regular dentist and their child’s dental plan. Positive experiences with dental plans and providers should increase the likelihood of parents/caretakers seeking subsequent dental care visits for their children.
- The HKD program achieved 100 percent compliance for three standards within the compliance review activity. These findings support that both DHPs have the necessary structure and operations to meet all obligations of their contract with MDHHS in the program areas of administration, quality, and MIS.

- **Quality, Timeliness, and Access**

- Through the PIP activity, the HKD program is focusing its efforts on improving access to dental services for children, which should improve overall oral health and aligns with the 2025 Michigan SOHP’s goal of having Michiganders understand the value of daily oral health care and preventive dental care and have the tools to care for their mouths every day. The PIP validation activity confirmed both DHPs designed a methodologically sound PIP, which should support members’ timely access to high-quality dental providers and improve their oral health.

Weaknesses

HSAG's comprehensive assessment of the DHPs and the HKD program also identified areas of focus that represent significant opportunities for improvement within the program related to the quality, timeliness, and accessibility of care and services.

- **Quality, Timeliness, and Access**

- Although the enrollment numbers and the CMS-416 EPSDT performance measure rates between the two DHPs are vastly different, the combined rates demonstrated potentially low access to dental services at the HKD program level as demonstrated through the PMV activity. Additionally, both DHPs performed at or below 9.57 percent for the 12d—*Total Eligibles Receiving a Sealant on a Permanent Molar Tooth* performance measure indicating opportunities for contracted providers to render services in alignment with nationally-recognized CPGs for dental sealants.
- Member experience with finding a dentist, as indicated through the Child Dental Survey, was below 52 percent at the program level, suggesting members experienced potential barriers in locating a dentist to provide necessary and/or timely services.

Quality Strategy Recommendations for the HKD Program

The MDHHS CQS is designed to improve the health and welfare of the people of the State of Michigan and address the challenges facing the State. Through its CQS, MDHHS is focusing on population health improvement on behalf of all of the Medicaid members it serves, while accomplishing its overarching goal of designing and implementing a coordinated and comprehensive system to proactively drive quality across all Michigan Medicaid managed care programs. MDHHS uses three foundational principles to guide implementation of the CQS to improve the quality of care and services. The principles include:

- A focus on health equity and decreasing racial and ethnic disparities.
- Addressing social determinants of health.
- Using an integrated data-driven approach to identify opportunities and improve outcomes.

In consideration of the goals of the CQS and the comparative review of findings for all activities related to quality, timely, and accessible care and services, HSAG recommends the following QI initiatives, which target the identified specific goals within the MDHHS CQS.

- **Goal 1:** Ensure high-quality and high levels of access to care.
 - **Objective 1.2:** Assess and reduce identified racial disparities.
 - **Objective 1.3:** Implement processes to monitor, track, and trend the quality, timeliness, and availability of care and services.
 - **Objective 1.4:** Ensure care is delivered in a way that maximizes members' health and safety.

- **Goal 3:** Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external).
 - **Objective 3.1:** Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems.
- **Goal 4:** Reduce racial and ethnic disparities in healthcare and health outcomes.
 - **Objective 4.1:** Use a data-driven approach to identify root causes of racial and ethnic disparities and address health inequity at its source whenever possible.
 - **Objective 4.5:** Expand and share promising practices for reducing racial disparities.
- **Goal 5:** Improve quality outcomes and disparity reduction through value-based initiatives and payment reform.
 - **Objective 5.2:** Align value-based goals and objectives across programs.

To improve program-wide performance in support of the objectives under **Goal 1**, **Goal 3**, **Goal 4**, and **Goal 5**, and to enhance monitoring efforts, improve all members' access to timely dental services, and align value-based goals and objectives across programs, HSAG recommends the following:

- **Dental PIP**—For SFY 2022, the DHPs will be implementing interventions to support their current state-mandated PIPs targeted at increasing dental utilization. As part of the PIP process, specifically when the DHPs are in the process of developing PIP interventions, MDHHS should consider the following:
 - To ensure interventions are actionable and will support performance improvement, MDHHS should review the DHPs' planned interventions prior to DHP implementation and provide feedback and/or approval on any planned interventions. MDHHS could also consider whether a state-required intervention would be appropriate for the DHPs to implement. MDHHS could consider requiring an intervention that is targeted toward reducing potential racial and ethnic disparities in member access to dental services. MDHHS could consult with HSAG through these processes.
 - Once interventions have been developed and implemented, MDHHS could consider assessing the DHPs' processes to continuously measure and analyze intervention effectiveness through required quarterly status updates in addition to MDHHS' annual PIP monitoring process currently in place. These updates could include a summary of the DHPs' intervention effectiveness, including any noted barriers, steps to mitigate those barriers, and any revisions that have been made to the interventions to support improvement. This is especially important through the COVID-19 pandemic as DHPs have reported the pandemic as a barrier to successfully improving performance. MDHHS could leverage the HSAG-developed Intervention Progress Form to obtain feedback; however, this recommendation is specifically for MDHHS as it could provide valuable feedback to the DHPs through its knowledge of the environment in Michigan.
 - MDHHS could also consider having the DHPs share promising practices (e.g., effective interventions) through a dedicated workgroup session to improve performance related to accessing dental services specifically through the PIP activity. This session could also be used to

discuss how COVID-19 was considered when developing interventions that could be successful even through a pandemic.

- **Compliance Review Validation**—During HSAG’s review of the compliance review summaries for the DHPs, HSAG discovered a discrepancy between the performance score for the Program Integrity standard for **Delta Dental of Michigan** versus the performance score calculated by HSAG. MDHHS confirmed there was an error in MDHHS’ initial calculation, which resulted in a positive change in **Delta Dental of Michigan**’s performance score for the Program Integrity standard and **Delta Dental of Michigan**’s overall score across all standards. It also resulted in a change to the program-wide score for both the Program Integrity standard and the overall score across both DHPs. As such, HSAG recommends that MDHHS enhance procedures when calculating compliance review results. Specifically, MDHHS should consider implementing a validation process prior to finalizing the performance scores.
- **Compliance Review Methodology**—While MDHHS has made several significant improvements to its compliance review process, HSAG identified additional areas in which the compliance review process could be enhanced.
 - MDHHS is continuing to compare its current compliance review standards to federal standards to ensure it is reviewing all required components under the federal Medicaid managed care rule. MDHHS also hired a new position to support this activity. HSAG recommends that MDHHS proceed with this comparison and consider all requirements under Subpart D of Part 438, the disenrollment requirements and limitations described in §438.56, the member rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the QAPI requirements described in §438.330.
 - HSAG recommends that MDHHS consider updating the naming convention of its standards to align with the standards under federal rule. This may assist MDHHS in ensuring all requirements are appropriately included in its review.
 - MDHHS should verify implementation of the DHPs’ policies and procedures through comprehensive targeted file reviews, including member grievances, member appeals, service authorizations, credentialing and recredentialing records, and delegation oversight documentation as applicable. HSAG also made this recommendation in the SFY 2020 EQR technical report, and MDHHS has included requests for additional evidence to support these areas; however, HSAG continues to recommend a robust and targeted file review, including a live demonstration of each DHP’s HIS to enhance MDHHS’ review process and provide confirmation of how the DHPs are implementing specific requirements in all program areas, in addition to enrollment, encounter, and claims system reviews occurring through MDHHS’ ongoing monitoring of the DHPs.
- **Performance Measure Validation**—To improve upon the validity of the DHP performance measure rates, HSAG recommends for future DHP performance measure reporting that MDHHS conduct a live validation with each DHP to specifically assess the accuracy of the CMS-416 EPSDT performance measures reported by the DHPs. All final reconciled performance measure data should be validated prior to submission to HSAG to ensure it follows all guidance within the CMS-416 Instructions. Additionally, MDHHS should conduct a final rate review and comparison of the DHPs’

final reconciled rates to identify inconsistencies in reporting between the two DHPs and to avoid administrative burden on MDHHS and the DHPs, which can result from additional follow-up requests upon HSAG's receipt of the final reconciled rates. During rate review, MDHHS should:

- Compare rates between DHPs for reasonability.
 - Evaluate each DHP's root cause of any significant rate changes year over year to determine if the DHPs identify realistic explanations for these changes.
 - Validate the accuracy of all final reconciled rates by quality checking the DHPs' reported data for correct calculations.
- **Minimum Performance Standards**—MDHHS has set target rates for process and quality withhold measures to promote an increase in the utilization of dental services. However, to further promote DHP accountability, MDHHS should consider setting minimum performance thresholds for all, or a subset of, the existing CMS-416 EPSDT performance monitoring standards identified in the HKD program contract and assessed through the PMV activity. Setting minimum performance thresholds and requiring remedial actions for failure to meet thresholds should motivate the DHPs to enhance efforts to increase member access to dental services.
 - **MDHHS Collaborative**—MDHHS is responsible for several separate Medicaid managed care programs. These programs are managed separately by multiple teams within MDHHS with minimal program alignment. To support the sharing of best practices and potentially reduce duplicative efforts, HSAG recommends the following:
 - MDHHS should establish a collaborative workgroup whose membership consists of representation from all Medicaid managed care programs. As part of this workgroup, MDHHS should implement a communication channel and protocol for ongoing collaboration between the managed care programs. Through the workgroup, MDHHS could:
 - Determine processes within the programs that could be streamlined to reduce efforts.
 - Have team members from each program area report regularly on program-level activities, including successes and challenges, and solicit feedback from other program team members, when necessary, to identify potential opportunities for improvement and program enhancements.

HSAG is making this recommendation for all Medicaid managed care programs in Michigan.

Appendix A. External Quality Review Activity Methodologies

Methods for Conducting EQR Activities

Validation of Performance Improvement Projects

Activity Objectives

For SFY 2020, MDHHS required the DHPs to conduct PIPs in accordance with 42 CFR §438.330(b)(1) and §438.330(d)(2)(i–iv). In accordance with §438.330(d)(2)(i–iv), each PIP must include:

- Measurement of performance using objective quality indicators.
- Implementation of interventions to achieve improvement in the access to and quality of care.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

As one of the mandatory EQR activities required by 42 CFR §438.358(b)(1)(i), HSAG, as the State’s EQRO, validated the PIPs through an independent review process. In its PIP evaluation and validation, HSAG used CMS EQR Protocol 1.

1. HSAG evaluates the technical structure of the PIP to ensure that the DHP designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG’s review determines whether the PIP design (e.g., aim statement, population, sampling methods, performance indicator[s], and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluates the implementation of the PIP. Once designed, a PIP’s effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the DHP improves its rates through implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results).

The goal of HSAG’s PIP validation is to ensure that MDHHS and key stakeholders can have confidence that any reported improvement is related to and can be reasonably linked to the QI strategies and activities conducted by the DHP during the PIP.

Technical Methods of Data Collection and Analysis

HSAG, in collaboration with MDHHS, developed the PIP Submission Form, which each DHP completed and submitted to HSAG for review and validation. The PIP Submission Form standardizes the process for submitting information regarding PIPs and ensures alignment with CMS EQR Protocol 1 requirements.

HSAG, with MDHHS' input and approval, developed a PIP Validation Tool to ensure a uniform validation of the PIPs. Using this tool, HSAG evaluated each of the PIPs according to CMS EQR Protocol 1. The HSAG PIP Review Team consisted of, at a minimum, an analyst with expertise in statistics and study design and a clinician with expertise in performance improvement processes. The CMS EQR Protocol 1 identifies nine steps that should be validated for each PIP. For the SFY 2021 submissions, the DHPs reported the Design and Implementation stages and were validated for Steps I through VII in the PIP Validation Tool.

The nine steps included in the PIP Validation Tool are listed below:

- Step 1. Appropriate PIP Topic
- Step 2. Clearly Defined PIP Aim Statement(s)
- Step 3. Correctly Defined PIP Population
- Step 4. Sound Sampling Methods (if sampling was used)
- Step 5. Clearly Defined Performance Indicator(s)
- Step 6. Valid and Reliable Data Collection
- Step 7. Sufficient Data Analysis and Interpretation
- Step 8. Appropriate Improvement Strategies
- Step 9. Real and Sustained Improvement Achieved

HSAG used the following methodology to evaluate PIPs conducted by the DHPs to determine PIP validity and to rate the percentage of compliance with CMS' protocol for conducting PIPs.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall validation rating for the PIP of *Not Met*. The DHP would be given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provides a General Comment with a *Met* validation score when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*) HSAG gives the PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculates the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

HSAG assessed the implications of the PIP findings on the likely validity and reliability of the results as follows:

- *Met*: High confidence/confidence in reported PIP results. All critical elements were *Met*, and 80 to 100 percent of all evaluation elements were *Met* across all activities.
- *Partially Met*: Low confidence in reported PIP results. All critical elements were *Met*, and 60 to 79 percent of all evaluation elements were *Met* across all activities; or, one or more critical elements were *Partially Met*.
- *Not Met*: All critical elements were *Met*, and less than 60 percent of all evaluation elements were *Met* across all activities; or, one or more critical elements were *Not Met*.

The DHPs had the opportunity to receive initial PIP validation scores, request additional technical assistance from HSAG, make any necessary corrections, and resubmit the PIP for final validation. HSAG forwarded the completed validation tools to MDHHS for distribution to the DHPs.

Description of Data Obtained and Related Time Period

For SFY 2021, the DHPs submitted baseline data for their respective PIP topics. BCBSM used the CMS-416 EPSDT performance measure for the *Increasing the Number of Members Ages 0–5 Accessing Dental Services* study indicator. DDMI used a modified CMS-416 EPSDT performance measure specification for the *Increasing Dental Utilization in Ages One and Two* study indicator and a plan-developed measure specification for the *Providers Rendering Treatment* performance indicator. HSAG obtained the data needed to conduct the PIP validation from each DHP’s PIP Submission Form. These forms provided data and detailed information about each of the PIPs and the activities completed. The DHPs submitted each PIP Submission Form according to the approved timeline. After initial validation, the DHPs received HSAG’s feedback and technical assistance and resubmitted the PIP Submission Forms for final validation. The performance indicator measurement period dates for the PIPs are listed below.

Table A-1—Measurement Period Dates

Data Obtained	Reporting Year (Measurement Period)
Baseline	October 1, 2018–September 30, 2019
Remeasurement 1	October 1, 2020–September 30, 2021
Remeasurement 2	October 1, 2021–September 30, 2022

Process for Drawing Conclusions

To draw conclusions about the quality, timeliness, and accessibility of care and services that each DHP provided to members, HSAG validated each PIP to ensure it used a sound methodology in its design, implementation, analysis, and reporting of the study's findings and outcomes. The process assesses the validation findings on the likely validity and reliability of the results by assigning a validation score of *Met*, *Partially Met*, and *Not Met*. HSAG analyzed the qualitative results (e.g., technical design of the PIP, data analysis, and implementation of improvement strategies) to identify strengths and weaknesses and determine whether each strength and weakness impacted one or more of the domains of quality, timeliness, or access. Additionally, for each weakness, HSAG made recommendations to support improvement in the quality, timeliness, and accessibility of care and services furnished to the DHP's Medicaid members. As the DHPs progress to the Outcomes stage of the PIP, HSAG will further analyze the quantitative results (e.g., study indicator results compared to baseline, prior remeasurement period results, and study goal) in future years' annual EQR technical reports.

Performance Measure Validation

Activity Objectives

The purpose of PMV is to assess the accuracy of performance measures reported by the DHPs and determine the extent to which performance measures reported by the DHPs follow federal specifications and reporting requirements.

MDHHS identified seven EPSDT dental and oral services performance measures that the DHPs were required to calculate and report to CMS using Form CMS-416 (i.e., CMS-416 EPSDT performance measures). MDHHS followed its internal process to reconcile independently calculated rates for these performance measures with data verified by the DHPs and MDHHS, requiring the DHPs to correct discrepant information on an ongoing basis throughout the validation.

Technical Methods of Data Collection and Analysis

The DHPs used the administrative method, which requires that the DHPs identify the eligible population (i.e., the denominator) using administrative data derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative data collected during the measurement period. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed.

Description of Data Obtained and Related Time Period

The DHPs supplied MDHHS with files that were inclusive of the DHPs' claims and encounters as well as member-level detail file data for reconciliation purposes. MDHHS used these files to calculate performance measure data rates. MDHHS then supplied the DHPs with data files that included the performance measure data that was calculated by MDHHS in order for the DHPs to compare the data to

encounter data the DHPs had submitted to MDHHS. This allowed for reconciliation and calculation of the final performance measure rates.

The DHPs contracted with MDHHS during SFY 2020 and SFY 2021 and reported data for performance measures selected by MDHHS for the SFY 2020 (October 1, 2019–September 30, 2020) measurement period.

Process for Drawing Conclusions

To draw conclusions about the quality, timeliness, and accessibility of care and services that each DHP provided to members, HSAG performed a trend analysis of the results where the SFY 2020 performance measure rates were compared to their corresponding SFY 2019 performance measure rates to determine whether there were significant differences. Significant differences between the SFY 2020 performance measure rates and the SFY 2019 performance measure rates are denoted with shading. Performance measure rates that decreased by more than 5 percentage points are noted with red shading. Performance measure rates that increased by more than 5 percentage points are noted with green shading.

Compliance Review

Activity Objectives

According to 42 CFR §438.358, a state or its EQRO must conduct a review within a three-year period to determine the DHPs' compliance with the standards set forth in 42 CFR §438—Managed Care Subpart D, the disenrollment requirements and limitations described in §438.56, the member rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the QAPI requirements described in 42 CFR §438.330. To meet this requirement, MDHHS performed annual compliance monitoring activities of its two contracted DHPs.

The objectives of conducting compliance reviews are to ensure performance and adherence to contractual provisions as well as compliance with federal Medicaid managed care regulations. The reviews also aid in identifying areas of noncompliance and assist DHPs in developing corrective actions to achieve compliance with State and federal requirements.

Technical Methods of Data Collection and Analysis

MDHHS is responsible for conducting compliance activities that assess DHPs' conformity with State requirements and federal Medicaid managed care regulations. To meet this requirement, MDHHS identifies the requirements necessary for review during the SFY and divides the requirements into a 12-month compliance monitoring schedule. The DHPs were provided with a *FY21 HKD Compliance Review Timeline* outlining the areas of focus for each month's review and the documents required to be submitted to MDHHS to demonstrate compliance.

This technical report presents the results of the compliance reviews performed during the SFY 2021 contract year. MDHHS conducted a compliance review of six standards as listed in Table A-2.

Table A-2 also crosswalks MDHHS’ compliance review standards to the associated federal standards and citations.

Table A-2—Compliance Review Standards Crosswalk¹

MDHHS Compliance Review Standards		Federal Standard and Citation
1	Administrative	
2	Providers	§438.10 Information requirements §438.206 Availability of services §438.207 Assurances of adequate capacity and services §438.214 Provider selection §438.230 Subcontractual relationships and delegation
3	Members	§438.10 Information requirements §438.100 Enrollee rights §438.208 Coordination and continuity of care §438.210 Coverage and authorization of services §438.224 Confidentiality §438.228 Grievance and appeal systems §438.230 Subcontractual relationships and delegation Subpart F Grievance and Appeal System
4	Quality	§438.236 Practice guidelines §438.330 Quality assessment and performance improvement program
5	MIS	§438.56 Disenrollment: Requirements and limitations §438.242 Health information systems
6	Program Integrity	§438.230 Subcontractual relationships and delegation Subpart H Additional Program Integrity Safeguards

¹ HSAG and MDHHS created a crosswalk to compare MDHHS compliance review standards to federal standards, but this crosswalk should not be interpreted to mean the State’s standards include all specific federal requirements under 42 CFR §438.358(b)(1)(iii).

MDHHS reviewers used the compliance review tool for each DHP to document its findings and to identify, when applicable, specific action(s) required of the DHP to address any areas of noncompliance with contractual requirements.

Attestation—For certain elements, if a DHP met requirements in the last compliance review, the DHP was allowed to attest that the previously submitted documentation was still applicable and had not changed. These attestations are allowed every other year (e.g., if a DHP attested to an item in SFY 2020, it may not attest to the item again in SFY 2021).

For each criterion reviewed, MDHHS assigned one of the following scores:

- *Met*—The DHP’s submission met contract and compliance review requirements.
- *Not Met*—The DHP’s submission did not meet contract or compliance review requirements.

For each DHP, MDHHS calculated a total percentage-of-compliance score for each of the standards and an overall percentage-of-compliance score across the standards. MDHHS calculated the total score for each standard by totaling the number of *Met* (i.e., 1 point) elements and the number of *Not Met* (i.e., 0 points) elements, then dividing the summed score by the total number of elements for that standard. MDHHS determined the overall percentage-of-compliance score across the areas of review by following the same method used to calculate the scores for each standard (i.e., by summing the total values of the scores and dividing the result by the total number of applicable elements). A summary of DHP-specific and program-wide results were provided to HSAG via the *HKD FY 21 Year Summary* report.

Upon receiving a *Not Met* finding, the DHPs were required to submit a CAP, which was reviewed by MDHHS to determine acceptability. The only reason a CAP may not be required is if a DHP demonstrated compliance with the element prior to the CAP being issued; however, the *Not Met* finding would still stand.

Description of Data Obtained and Related Time Period

To assess the DHPs’ compliance with federal and State requirements, MDHHS obtained information from a wide range of written documents produced by the DHPs for SFY 2021, including but not limited to the following:

- Policies and procedures
- Program integrity forms and reports
- Provider contract templates
- Subcontractor/delegation agreements
- Health coordination documentation
- DHP websites, including member and provider information
- Service availability and accessibility documentation, including a network access plan
- Provider appeal log
- Claims monitoring logs
- CPGs
- Organizational charts and key personnel descriptions
- Provider directory
- Consolidated annual report
- Copies of member materials, including new member packets, member handbooks, member newsletters, and provider directories

- Compliance program and program integrity plan
- Grievance and appeal processes and logs
- Community collaboration documentation
- Third party liability recovery documentation
- QIP evaluation and work plan, and UM program and effectiveness review
- ABDs
- Privacy and confidentiality processes
- Enrollment and disenrollment procedures
- Governing board documentation, including member list, meeting dates and minutes, and member appointment policy
- Annual audit findings of data privacy and information security program
- Performance measures

Process for Drawing Conclusions

To draw conclusions and provide an understanding of the strengths and weaknesses of each DHP individually, HSAG used the quantitative results and percentage-of-compliance score calculated by MDHHS for each standard. HSAG determined each DHP's substantial strengths and weaknesses as follows:

- Strength—Any standard that achieved a 100 percent compliance score.
- Weakness—Any standard that scored below a 90 percent compliance score.

HSAG further analyzed the qualitative results of each strength and weakness (i.e., findings that resulted in the strength or weakness) to draw conclusions about the quality, timeliness, and accessibility of care and services that each DHP provided to members by determining whether each strength and weakness impacted one or more of the domains of quality, timeliness, and access. Additionally, for each weakness, HSAG made recommendations to support improvement in the quality, timeliness, and accessibility of care and services furnished to each DHP's Medicaid members.

Dental Survey Analysis

Activity Objectives

The Child Dental Survey asks parents/caretakers to report on and evaluate their experiences with their child's dental care from the dental plan, dentists, and staff members. The primary objective of the Child Dental Survey was to evaluate the quality of dental care and services provided to child members enrolled in the HKD program.

Technical Methods of Data Collection and Analysis

The technical method of data collection was through administration of a Child Dental Survey, which was modified from the CAHPS Dental Plan Survey (currently available for the adult population only) for a child population. A mixed-mode (i.e., mailed surveys followed by telephone interviews of non-respondents) methodology was used for the survey. Child members included as eligible for the survey were 20 years of age or younger as of October 31, 2020.

The survey questions were categorized into various measures of member experience. These measures included four global ratings, three composite measures, and three individual item measures. The global ratings reflected parents'/caretakers' overall experience with their child's regular dentist, dental care, ease of finding a dentist, and the dental plan. The composite measures were derived from sets of questions to address different aspects of care (e.g., *Care from Dentists and Staff* and *Access to Dental Care*). The individual item measures were individual questions that looked at a specific area of care (e.g., *Care from Regular Dentist*).

For each of the four global ratings, the percentage of respondents who chose the top experience ratings (a response value of 9 or 10 on a scale of 0 to 10) was calculated. This percentage is referred to as a top-box response score. For each of the three composite and individual item measures, the percentage of respondents who chose a positive response was calculated. Composite and individual item question response choices were: 1. "Never," "Sometimes," "Usually," and "Always," 2. "Definitely Yes," "Somewhat Yes," "Somewhat No," and "Definitely No," or 3. "Definitely Yes," "Probably Yes," "Probably No," and "Definitely No." Positive or top-box responses for the composites and individual items were defined as responses of "Always/Usually," "Somewhat Yes/Definitely Yes," or "Probably Yes/Definitely Yes."^{A-1} The percentage of top-box responses is referred to as a top-box score for the composite and individual item measures. DHP scores with fewer than 100 respondents are denoted in the tables with an asterisk (*). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

Description of Data Obtained and Related Time Period

HSAG administered the Child Dental Survey to parents/caretakers of child members enrolled in the HKD program from January 2021 to May 2021.

Process for Drawing Conclusions

To draw conclusions about the quality, timeliness, and accessibility of care and services that each DHP provided to members, HSAG performed a trend analysis of the results where the SFY 2021 scores were compared to their corresponding SFY 2020 scores to determine whether there were statistically significant differences. Statistically significant differences between the SFY 2021 top-box scores and the SFY 2020 top-box scores are noted with directional triangles. Scores that were statistically significantly

^{A-1} The exception to this was Question 18 in the *Access to Dental Care* composite measure, where the response option scale was reversed so responses of "Sometimes/Never" were considered top-box responses.

higher in SFY 2021 than SFY 2020 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in SFY 2021 than SFY 2020 are noted with black downward (▼) triangles. Scores that were not statistically significantly different between years are not noted with triangles.

Also, HSAG compared each DHP's results to the HKD program (i.e., BCBSM and DDMI combined) to determine if the results were statistically significantly different. Arrows in the table note statistically significant differences. A green upward arrow (↑) indicates a top-box score for one DHP that was statistically significantly higher than the other DHP. Conversely, a red downward arrow (↓) indicates a top-box score for one DHP that was statistically significantly lower than the other DHP.