



State Fiscal Year 2022 External Quality Review Technical Report for Dental Health Plans

April 2023



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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 Behavioral and Physical Health and Aging Services Administration (BPHASA)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) 2022 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 that were 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 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

¹⁻¹ MDHHS announced the creation of BPHASA effective March 21, 2022. BPHASA combined Michigan's Medicaid office, services for aging adults and community-based services for adults with intellectual and developmental disabilities, serious mental illness, and substance use disorders under one umbrella within MDHHS. For more information refer to: <https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/behavioral-and-physical-health-and-aging-services>.

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 28, 2023.

higher performing healthcare delivery systems for their Medicaid and CHIP members. For the SFY 2022 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
Network Adequacy Validation (NAV)	This activity assesses the extent to which a DHP has adequate provider networks in coverage areas to deliver healthcare services to its managed care members.	Protocol 4. Validation of Network Adequacy*
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
Quality Rating	This activity assigns a quality rating (using indicators of clinical quality management; member satisfaction; and/or plan efficiency, affordability, and management) to each DHP serving Medicaid managed care members that enables members and potential members to consider quality when choosing a DHP.	Protocol 10. Assist With Quality Rating of Medicaid and CHIP Managed Care Organizations, Prepaid Inpatient Health Plans, and Prepaid Ambulatory Health Plans**

* This activity will be mandatory effective no later than one year from the issuance of the associated EQR protocol.

** CMS has not yet issued the associated EQR protocol.

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.

Healthy Kids Dental Program Conclusions and Recommendations

HSAG used its analyses and evaluations of EQR activity findings from the SFY 2022 activities 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 HKD program. Table 1-3 highlights substantive conclusions and actionable state-specific recommendations, when applicable, for MDHHS to drive progress toward achieving the goals of Michigan's Comprehensive Quality Strategy (CQS) and support improvement in the quality, timeliness, and accessibility of dental services furnished to Medicaid members.

Table 1-3—HKD Conclusions and Recommendations

Quality Strategy Goal	Overall Performance Impact	Performance Domain
Goal #1 —Ensure high quality and high levels of access to care	<p>Conclusions: The results of the NAV activity confirmed that HKD members generally have access to accurate provider information via the provider directory, as 93 percent of providers included in the provider data files were in the DHPs' provider directories. Further, the provider-specific details (e.g., provider's name, address, telephone number, gender, specialty) in the provider directories had a programwide match rate of 95 percent or above. Most dental provider locations able to be contracted also offered the requested services, were affiliated with the sampled provider, and accepted the DHPs; for those providers, callers were offered an appointment over 95 percent of the time. However, considering all sampled provider locations (including providers who were unable to be contacted, who did not offer the requested services, who were not affiliated with the location, who did not accept the DHPs, or who did not accept the HKD program), the rate of offered appointments was only 67.1 percent, suggesting that HKD members may experience barriers in obtaining timely appointments. This is also supported by the wait times for appointments. While the average number of days to wait for an appointment was only 20 days, the maximum wait time was excessive at 207 days. MDHHS' standard for initial appointment wait times for the HKD program is within eight weeks of the request and within 21 business days for routine care.</p> <p>Additionally, the results of the child dental survey confirmed that parents/caretakers of HKD members reported some negative experiences with dental care and services, which also may be a barrier to members accessing services. The HKD program scores for <i>Rating of Regular Dentist, Rating of All Dental Care, Rating of</i></p>	<input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Timeliness <input checked="" type="checkbox"/> Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	<p><i>Finding a Dentist, Rating of Dental Plan, and Access to Dental Care</i> were less than 75 percent.</p> <p>Further, through the PMV activity and reporting of the CMS-416 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) performance measures, overall, the rates of members receiving dental services were relatively low with the top performing DHP demonstrating fewer than half of its members receiving dental care.</p> <p>Recommendations: The current secret shopper survey activity reports on the minimum, maximum, average, and median appointment wait times. However, MDHHS' contract with the DHPs has defined appointment wait time standards according to the type of requested services or care (e.g., urgent, routine, specialty). In future secret shopper activities, MDHHS could consider including in the methodology an evaluation of each DHP's compliance in adherence to the corresponding appointment time standard. Additionally, MDHHS should continue to require the DHPs to conduct internal secret shopper surveys on a scheduled interval and report to MDHHS on the MDHHS-established appointment wait times.</p> <p>Further, HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #1. These objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS' DHPs. MDHHS could consider aligning each minimum performance standard outlined in contract with a CQS objective for the HKD program.</p>	
Goal #2 —Strengthen person and family-centered approaches	<p>Conclusions: In alignment with the Michigan State Oral Health Plan (SOHP), and as identified in MDHHS' contract with the DHPs, a goal of the HKD program is to promote a patient-centered approach that recognizes the importance of dental care in overall healthcare and promoting professional integration and coordination of care across provider types. Additionally, through the compliance review activity, and specifically the Members standard, MDHHS monitors member grievances reported by the DHPs, including complaints related to patient-centeredness. Both DHPs received a <i>Met</i> score for this element.</p> <p>Recommendations: HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #2. These</p>	<input checked="" type="checkbox"/> Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS' DHPs.	
Goal #3 —Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external)	<p>Conclusions: MDHHS' contract with the DHPs requires the DHPs to utilize enrollment files, claims, encounter data, and eligibility status (such as children in foster care, persons receiving Medicaid for the blind or disabled and Children's Special Health Care Services [CSHCS]) to address oral health disparities, improve community collaboration, and enhance care coordination between the DHPs' provider network and member physicians and/or specialists. The DHPs must also support MDHHS' initiatives to increase the use of Health Information Exchange/Health Information Technology to improve care coordination and communication between systems of care. Through the compliance review activity, and specifically the Providers and Members standards, MDHHS monitors the DHPs' compliance with various care coordination provisions including, but not limited to, oral, medical, and community health coordination between the Medicaid health plans (MHPs), primary care providers (PCPs), community-based organizations, community health workers, and school programs. The DHPs are also required to maintain policies and procedures related to collaboration with their provider network and member physicians and/or specialists for quality assurance coordination and care planning for members transitioning into adulthood. Both DHPs received a <i>Met</i> score for these elements.</p> <p>Recommendations: HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #3. These objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS' DHPs.</p>	<input checked="" type="checkbox"/> Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Access
Goal #4 —Reduce racial and ethnic disparities in healthcare and health outcomes	<p>Conclusions: MDHHS it is continuously looking to improve oral health outcomes by leveraging its previous program knowledge, engaging community partners, and collaborating with stakeholders to find solutions. The DHPs are required to recognize that Population Health Management is built on a detailed understanding of the distribution of social, economic, familial, cultural, and physical environment factors which impact health outcomes among different geographic locations and groups (such as socioeconomic, racial/ethnic, or age), and the distribution of health conditions, health-related behaviors and outcomes including, but not limited to: physical, dental, behavioral, and social needs among different geographic locations and groups (such as socioeconomic,</p>	<input checked="" type="checkbox"/> Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	<p>racial/ethnic, or age). MDHHS requires the DHPs' quality assessment and performance improvement (QAPI) programs to describe how the DHP will ensure equitable distribution of dental services to the DHP's entire population including members of racial/ethnic minorities, those whose primary language is not English, those in rural areas, and those with disabilities. Through the compliance review activity, MDHHS evaluates each DHP's QAPI program through the compliance review activity, specifically the Quality standard. Both DHPs received a <i>Met</i> score for this element.</p> <p>Recommendations: While MDHHS monitors the DHPs' QAPI programs through the compliance review activity, including the program description, work plan, and evaluation, the compliance review methodology for the QAPI program assessment (e.g., compliance review timeline) did not indicate whether MDHHS specifically evaluates the DHPs' processes for equitable distribution of dental services to the DHP's entire population or the initiatives aimed at reducing/eliminating racial and ethnic disparities. MDHHS could consider adding a review criterion to element 4.3 <i>QIP Evaluation and Work Plan; UM Program and Effectiveness</i> to ensure the DHPs' QAPI program meets MDHHS' expectations related to reducing racial and ethnic disparities in healthcare and health outcomes. Additionally, MDHHS could consider activities in which the DHPs could report the results stratified by race/ethnicity. For example, MDHHS' contract with the DHPs has defined time and distance access standards. Stratifying the results of these access standards may identify whether members with different races/ethnicities have equal access to Medicaid providers.</p> <p>Further, for future PIP activities, MDHHS could require the DHPs to target disparate populations, as applicable, and focus interventions on reducing any identified racial and/or ethnic disparities.</p> <p>Lastly, HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #4. These objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS' DHPs.</p>	

Quality Strategy Goal	Overall Performance Impact	Performance Domain
Goal #5 —Improve quality outcomes and disparity reduction through value-based initiatives and payment reform	<p>Conclusions: MDHHS has implemented a performance bonus initiative in which a percentage of the capitation payment from the DHPs is withheld for performance of quality activities. These funds are used for the DHP performance bonus awards, which are made according to criteria established by MDHHS including, but 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.</p> <p>However, the aggregated findings from each of the EQR activities did not produce relevant data for HSAG to comprehensively assess the impact the performance bonus had on improving quality outcomes.</p> <p>Recommendations: HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #5. These objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS’ DHPs. While MDHHS stipulates its expectations related to the performance bonus within its contract with the DHPs, HSAG did not evaluate the results of these activities as part of this EQR since they are not included as part of the annual EQR activities or tied to a performance measure that aligns to an objective under the CQS. Therefore, no additional recommendations can be provided in support of Goal #5.</p>	<input checked="" type="checkbox"/> Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Access

2. Overview of the Healthy Kids Dental Program

Managed Care in Michigan

BPHASA within MDHHS administers and oversees the Michigan Medicaid managed care programs. Effective in March 2021, BPHASA combined Michigan's Medicaid office, services for aging adults and community-based services for adults with intellectual and developmental disabilities, serious mental illness, and substance use disorders under one umbrella within MDHHS. BPHASA is also the designated State Unit on Aging. Prior to March 2021, the Michigan Medicaid managed care programs were administered by separate divisions within MDHHS. The creation of BPHASA integrates MDHHS teams that focus on aging and long-term care issues and allows BPHASA to develop innovative policies that benefit Michigan and its residents. The restructure also builds upon the administration's existing efforts to deliver services to adults with mild to moderate mental illness. Table 2-1 displays the Michigan managed care programs and the MCE(s) responsible for providing services to members.

Table 2-1—SFY 2022 Michigan Managed Care Programs

Medicaid Managed Care Program	MCEs
Comprehensive Health Care Program (CHCP), including: <ul style="list-style-type: none"> CHIP—MICHild CSHCS Program Healthy Michigan Plan (HMP) (Medicaid Expansion) Flint Medicaid Expansion Waiver 	MHPs
Managed Long-Term Services and Supports (MLTSS), including: <ul style="list-style-type: none"> MI Health Link Demonstration MI Choice Waiver Program Program of All-Inclusive Care for the Elderly (PACE) 	Integrated Care Organizations (ICOs) PAHPs (also referred to as waiver agencies) PACE organizations
Dental Managed Care Programs, including: <ul style="list-style-type: none"> HKD Pregnant Women Dental HMP Dental 	Dental PAHPs
Behavioral Health Managed Care	Prepaid Inpatient Health Plans (PIHPs)

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 2022 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 ²⁻¹	
BCBSM	Across the state of Michigan, HKD benefits are available to children who have Medicaid and are under the age of 21	<ul style="list-style-type: none"> Oral exams Teeth cleanings Fluoride treatments X-rays Screenings and assessments 	<ul style="list-style-type: none"> Re-cementing of crowns, bridges, and space maintainers Root canals Extractions Complete, partial, and temporary partial dentures
DDMI		<ul style="list-style-type: none"> Fillings Sealants Stainless steel or resin crowns Crown buildup, including pins Space maintainers 	<ul style="list-style-type: none"> Denture adjustments and repairs Denture rebases and relines Emergency treatment to reduce pain Intravenous sedation (when needed)

²⁻¹ 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 29, 2023.

Quality Strategy

The 2020–2023 MDHHS CQS²⁻² provides a summary of the initiatives in place in Michigan to assess and improve the quality of care and services provided and reimbursed by 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).

²⁻² 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 29, 2023.

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		
NQS Aim #1: Better Care MDHHS Pillar #1: Give all kids a healthy start	Expand and simplify safety net access	Objective 1.1: Ensure outreach activities and materials meet the cultural and linguistic needs of the managed care populations.
		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.
		Objective 1.5: Implement evidence-based, promising, and best practices that support person-centered care or recovery-oriented systems of care.
Goal #2: Strengthen person and family-centered approaches		
NQS Aim #1: Better Care MDHHS Pillar #3: Serve the whole person	Address food and nutrition, housing, and other social determinants of health Integrate services, including physical and behavioral health, and medical care with long-term support services	Objective 2.1: Support self-determination, empowering individuals to participate in their communities and live in the least restrictive setting as possible.
		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.
		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.
		Objective 2.4: Encourage community engagement and systematic referrals among healthcare providers and to other needed services.
		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.

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)		
NQS Aim #1: Better Care MDHHS Pillar #3: Serve the whole person	Address food and nutrition, housing, and other social determinants of health	Objective 3.1: Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems.
	Integrate services, including physical and behavioral health, and medical care with long-term support services	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.
		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.
Goal #4: Reduce racial and ethnic disparities in healthcare and health outcomes		
NQS Aim #1: Better Care MDHHS Pillar #1: Give all kids a healthy start MDHHS Pillar #3: Serve the whole person	Improve maternal-infant health and reduce outcome disparities	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.
	Address food and nutrition, housing, and other social determinants of health Integrate services, including physical and behavioral health, and medical care with long-term support services	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.
		Objective 4.3: Promote and ensure access to and participation in health equity training.
		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.
		Objective 4.5: Expand and share promising practices for reducing racial disparities.
		Objective 4.6: Collaborate and expand partnerships with community-based organizations and public health entities across the state to address racial inequities.

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		
NQS Aim #3: Affordable Care MDHHS Pillar #4: Use data to drive outcomes	Drive value in Medicaid Ensure we are managing to outcomes and investing in evidence-based solutions	Objective 5.1: Promote the use of value-based payment models to improve quality of care.
		Objective 5.2: Align value-based goals and objectives across programs.

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 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 Plan (SOHP)²⁻³**—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[®])²⁻⁴ and CMS-416 Annual 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.

²⁻³ 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 29, 2023.

²⁻⁴ 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 2022 review period to evaluate the performance of the DHPs on providing quality, timely, and accessible dental 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 2022 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 2022 PIP activity, the DHPs continued their MDHHS-mandated PIP topics, reporting Remeasurement 1 data on the performance indicators. HSAG conducted validation on the Design, Implementation, and Outcomes 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 performance indicators for the PIP for both DHPs.

Table 3-1—PIP Topics and Performance Indicators

DHP	PIP Topic	Performance 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. The SFY 2022 PMV activity includes data from the SFY 2021 measurement period (October 1, 2020–September 30, 2021). 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 29, 2023.

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 2022 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 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 [Management Information System]/Financial	§438.56 Disenrollment: Requirements and limitations §438.242 Health information systems
6	OIG [Office of Inspector General]/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).

Network Adequacy Validation

During May and June 2022, HSAG completed a network validation survey (NVS) among general and pediatric dental providers contracted with one or more DHP to ensure members have appropriate access to provider information. The NVS included a provider directory validation (PDV) in which HSAG compared key indicators published in each online provider directory with the data in the DHP's provider file to confirm whether each DHP's website met the federal requirements in 42 CFR §438.10(h) and the Medicaid Care Management (MCM) Services Contract, Amendment #6 requirements in §4.4.1.5. HSAG then validated the accuracy of the online provider directories by completing a secret shopper telephone survey to evaluate the accuracy of the provider information located in the directories. The secret shopper survey also provided information on appointment availability and wait times with the sampled providers for routine dental care visits. HSAG used an MDHHS-approved methodology and script to conduct the secret shopper telephone surveys of provider offices. The secret shopper approach allows for objective data collection from healthcare providers without potential bias introduced by revealing the surveyors' identities. Specific survey objectives included the following:

- Determine whether service locations accept patients enrolled with the requested DHP for the HKD program and the degree to which DHP and HKD acceptance aligns with the DHPs' provider data.
- Determine whether service locations accepting HKD for the requested DHP accept new patients and the degree to which new patient acceptance aligns with the DHPs' provider data.
- Determine appointment availability with the sampled provider service locations for routine dental visits.

Several limitations and analytic considerations must be noted when reviewing the results of the NVS. These limitations are located in Appendix A—External Quality Review Activity Methodologies.

Child Dental Survey

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.

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

Table 3-4—Child Dental Survey Measures

Survey 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 Item Measures
<i>Care from Regular Dentist</i>
<i>Would Recommend Regular Dentist</i>
<i>Would Recommend Dental Plan</i>

Consumer Guide

The Michigan HKD Consumer Guide was designed to compare DHP-to-DHP performance using SFY 2021 (i.e., October 2020–September 2021) CMS-416 EPSDT performance measure results and measurement year (MY) 2021 CAHPS Dental Plan Survey results. As such, DHP-specific results are not included in this section. Refer to the Consumer Guide activity in Section 5—Dental Health Plan Comparative Information to review the Michigan HKD Consumer Guide.

External Quality Review Activity Results

Blue Cross Blue Shield of Michigan

Validation of Performance Improvement Projects

Performance Results

HSAG’s validation evaluated the technical methods of **Blue Cross Blue Shield of Michigan**’s PIP (i.e., the PIP Design, Implementation, and Outcomes stages). Based on its technical review, HSAG determined the overall methodological validity of the PIP and assigned an overall validation status (i.e., *Met*, *Partially Met*, *Not Met*). Table 3-5 displays the overall validation status, and the baseline and Remeasurement 1 results for the performance indicator.

Table 3-5—Overall Validation Rating for BCBSM

PIP Topic	Validation Rating	Performance Indicator	Performance 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%	21.3%↑	

R1 = Remeasurement 1

R2 = Remeasurement 2

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)

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 clinically or programmatically significant improvement as a result of an initiated intervention(s). Table 3-6 displays the interventions, as available, initiated by the DHP to support achievement of the PIP goal and address the barriers identified through QI and causal/barrier analysis processes.

Table 3-6—Remeasurement 1 Interventions for BCBSM

Intervention Descriptions	
Healthy Beginnings Program: age specific education, anticipatory guidance and call to action mailer educated parent/guardian of member on importance of dental visit no later than age 1.	Live outreach calls to members educating on importance of routine dental visits to prevent dental problems and assistance with scheduling preventive visit.

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Blue Cross Blue Shield of Michigan met 100 percent of the requirements for data analysis and implementation of improvement strategies. The DHP conducted accurate statistical testing between measurement periods and provided a narrative interpretation of the Remeasurement 1 results. Appropriate QI tools were used to conduct the causal/barrier analysis and to prioritize the identified barriers. Interventions were implemented in a timely manner, were reasonably linked to the identified barriers, and have the potential to impact the performance indicator outcomes. [Quality, Timeliness, and Access]

Strength #2: For the Remeasurement 1 measurement period, **Blue Cross Blue Shield of Michigan** reported that 21.3 percent of members 0 to 5 years of age had a visit with a dental provider. The reported rate for the performance indicator achieved the overall goal for the PIP and statistically significant improvement over the baseline measurement performance. [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** revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. **Blue Cross Blue Shield of Michigan** should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.

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 SFY 2022 PMV activity measurement period (October 1, 2020–September 30, 2021). Table 3-8 provides a comparison of the SFY 2020 (October 1, 2019–September 30, 2020) and SFY 2021 (October 1, 2020–September 30, 2021) performance measure data and subsequent rates. Green shading represents an increase of 5 percentage points or more from the prior year.

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	29,130	1,171	758	90	0	1,102	0	758
Ages 1–2	94,039	14,144	12,685	1,181	0	14,065	0	12,685
Ages 3–5	44,284	14,757	13,667	4,879	0	14,476	0	13,667
Ages 6–9	52,876	19,378	17,907	9,465	5,184	18,991	0	17,907
Ages 10–14	58,479	18,124	16,688	8,068	3,581	17,675	0	16,688
Ages 15–18	43,700	11,120	9,290	5,736	0	10,673	0	9,290
Ages 19–20	16,934	1,725	1,293	890	0	1,685	0	1,293
Total	339,442 ¹	80,419	72,288	30,309	8,765	78,667	0	72,288
	111,355 ²							
	Final Rate	23.69%	21.30%	8.93%	7.87%	23.18%	0.00%	21.30%

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.

Table 3-8—CMS-416 EPSDT SFY 2020 and SFY 2021 Performance Measure Rate Comparisons

Performance Measures							
CMS-416 EPSDT Performance Measure	Numerator	Denominator	SFY 2020	Numerator	Denominator	SFY 2021	SFY 2020–SFY 2021 Comparison
12a—Total Eligibles Receiving Any Dental Services	50,261	277,481	18.11%	80,419	339,442	23.69%	+5.58%
12b—Total Eligibles Receiving Preventive Dental Services	43,704	277,481	15.75%	72,288	339,442	21.30%	+5.55%
12c—Total Eligibles Receiving Dental Treatment Services	18,651	277,481	6.72%	30,309	339,442	8.93%	+2.21%
12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	5,928	94,412	6.28%	8,765	111,355	7.87%	+1.59%
12e—Total Eligibles Receiving Dental Diagnostic Services	48,833	277,481	17.60%	78,667	339,442	23.18%	+5.58%
12f—Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	0	277,481	0.00%	0	339,442	0.00%	0.00%
12g—Total Eligibles Receiving Any Preventive Dental or Oral Health Services	43,704	277,481	15.75%	72,288	339,442	21.30%	+5.55%

Indicates a rate increase of 5 percentage points or more.

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Blue Cross Blue Shield of Michigan's rate for four of the CMS-416 EPSDT performance measures (12a, 12b, 12e, and 12g) increased by over 5 percentage points from SFY 2020 (October 1, 2019–September 30, 2020 data) to SFY 2021 (October 1, 2020–September 30, 2021 data). [Quality, Timeliness, and Access]

Weaknesses and Recommendations

Weakness #1: During the process of reviewing **Blue Cross Blue Shield of Michigan's** performance measure rates, HSAG identified that **Blue Cross Blue Shield of Michigan's** reported rate for 12g was not accurate. [Quality]

Why the weakness exists: Upon MDHHS providing HSAG with **Blue Cross Blue Shield of Michigan**'s 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 from 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.

Recommendation: 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 state fiscal year specifications prior to final submission of reconciled rates.

Weakness #2: During the process of reviewing **Blue Cross Blue Shield of Michigan**'s performance measure rates, HSAG identified that **Blue Cross Blue Shield of Michigan**'s reported rate for 12d was not accurate. [Quality]

Why the weakness exists: Upon MDHHS providing HSAG with **Blue Cross Blue Shield of Michigan**'s final performance measure rates, HSAG noted that the 6–9 and 10–14 age category denominators reported by **Blue Cross Blue Shield of Michigan** did not sum to the total reported denominator count for 12d.

Recommendation: Although **Blue Cross Blue Shield of Michigan** confirmed and submitted the appropriate 12d denominator count as a result of HSAG's findings, HSAG recommends **Blue Cross Blue Shield 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 steps 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 3-9 presents the total number of elements that received a score of *Met* or *Not Met*. Table 3-9 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 2022 compliance monitoring activity. For elements scored as *Not Met*, **Blue Cross Blue Shield of Michigan** was subject to a corrective action review process outlined in Appendix A.

Table 3-9—Compliance Review Results for BCBSM

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	BCBSM	Statewide
1	Administrative	5	0	100%	100%
2	Providers	13	1	93%	96%
3	Members	19	0	100%	100%
4	Quality	8	0	100%	100%
5	MIS/Financial	25	1	96%	98%
6	OIG/Program Integrity	32	1	97%	98%
Overall		102	3	97%	99%
		Indicates the standard scored below the statewide rate.			
		Indicates the standard had a score of 100 percent.			

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Blue Cross Blue Shield of Michigan achieved full compliance in the Administrative program area, demonstrating that the DHP had an adequate organizational chart, key personnel descriptions, governing body, participation in administrative meetings, and data privacy and information security. [Quality]

Strength #2: Blue Cross Blue Shield of Michigan achieved full compliance in the Members program area, demonstrating the DHP maintained sufficient policies and procedures to support its

membership, which included but was not limited to, access to service authorization processes; care coordination; a fair grievance and appeal system; member information materials such as the member handbook, newsletters, and website; and choice of PCPs. [Quality, Timeliness, and Access]

Strength #3: Blue Cross Blue Shield of Michigan achieved full compliance in the Quality program area, demonstrating the DHP had an adequate quality program, which included but was not limited to, clinical practice guidelines (CPGs), quality improvement plan (QIP) description, work plan, and evaluation; utilization management (UM) program; program policies and procedures; performance measure activities; and PIPs. [Quality, Timeliness, and Access]

Weaknesses and Recommendations

Weakness #1: Blue Cross Blue Shield of Michigan scored below the statewide average in the Providers standard. The DHP received a *Not Met* score for element 2.7 *Provider Network—DHP Demonstrates that Covered Services are Available and Accessible*. [Quality, Timeliness, and Access]

Why the weakness exists: Blue Cross Blue Shield of Michigan did not meet all requirements under element 2.7. Specifically, several counties did not meet the required ratio for the number of affiliated dentists and dental care specialists; several counties did not meet the required time and distance standards, and no exception requests were submitted; and the network access plan did not address continuity of care related to all potential events (e.g., new population enrollment; changes in service area; changes in covered benefits; contract termination between the DHP and any of its participating providers, including major healthcare groups; DHP insolvency; or other inability to continue operations).

Recommendation: As Blue Cross Blue Shield of Michigan previously submitted a corrective action plan (CAP) to address these findings, which was approved by MDHHS, HSAG recommends Blue Cross Blue Shield of Michigan ensure its CAP is fully implemented to mitigate the deficiencies.

Weakness #2: Blue Cross Blue Shield of Michigan scored below the statewide average in the MIS/Financial standard. The DHP received a *Not Met* score for element 5.13 *Monthly Dental Encounter Timeliness*. [Quality]

Why the weakness exists: Blue Cross Blue Shield of Michigan did not meet all requirements under element 5.13. Specifically, Blue Cross Blue Shield of Michigan consistently missed timeliness of submission for monthly dental encounters for two of the three months under review each quarter.

Recommendation: Although no CAP was required as MDHHS planned to conduct additional review of this area, Blue Cross Blue Shield of Michigan should implement processes to ensure timely submission of dental encounters.

Weakness #3: Blue Cross Blue Shield of Michigan scored below the statewide average in the OIG/Program Integrity standard. The MHP received a *Not Met* score for element 6.8 *Quarterly OIG Program Integrity Forms—Encounter Adjustments*. [Quality]

Why the weakness exists: **Blue Cross Blue Shield of Michigan** did not meet all requirements under element 6.8. Specifically, **Blue Cross Blue Shield of Michigan** had a 16 percent match rate for its encounter adjustment submission, while the MDHHS-established threshold is 85 percent. **Blue Cross Blue Shield of Michigan** explained that the cause of the low match rate was due to a lack of understanding of the OIG’s expectations for reporting encounters for the encounter validation activity, and specifically where to report adjustments.

Recommendation: As **Blue Cross Blue Shield of Michigan** previously submitted a CAP to address these findings which was approved by MDHHS, HSAG recommends **Blue Cross Blue Shield of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies.

Network Adequacy Validation

Performance Results

HSAG’s reviewers evaluated a sample of 321 cases by comparing provider data that **Blue Cross Blue Shield of Michigan** submitted to HSAG against **Blue Cross Blue Shield of Michigan**’s online provider directory. The provider’s name and location listed in the submitted provider data were found in the online provider directory for 88.2 percent (n=283) of the reviews. The sampled providers were not found in the online provider directory in 11.8 percent (n=38) of the reviewed cases (Table 3-10).

Table 3-10—Summary of Providers Present in the Directory by Provider Category

Provider Category	Number of Sampled Providers	Providers Found in the Directory		Providers Not Found in Directory	
		Count	%	Count	%
General	303	268	88.4%	35	11.6%
Pediatric	18	15	83.3%	3	16.7%
BCBSM Total	321	283	88.2%	38	11.8%

Table 3-11 displays the total number of cases and the percentage of cases with matched data values, overall and by provider category, for indicators that were reviewed for matching between **Blue Cross Blue Shield of Michigan**’s provider data submission to HSAG and **Blue Cross Blue Shield of Michigan**’s online provider directory.

Table 3-11—Provider Demographic Indicators Matching Online Provider Directory

Indicator	General		Pediatric		All Provider Categories	
	Count	% Match*	Count	% Match*	Count	% Match*
Provider’s Name	267	99.6%	15	100%	282	99.6%

Indicator	General		Pediatric		All Provider Categories	
	Count	% Match*	Count	% Match*	Count	% Match*
Provider Address	260	97.0%	12	80.0%	272	96.1%
Provider City	255	95.1%	12	80.0%	267	94.3%
Provider State	264	98.5%	12	80.0%	276	97.5%
Provider Zip Code	259	96.6%	12	80.0%	271	95.8%
Provider Telephone Number	257	95.9%	11	73.3%	268	94.7%
Provider Type/Specialty	263	98.1%	11	73.3%	274	96.8%
Provider Gender	263	98.1%	12	80.0%	275	97.2%
Provider Accepting New Patients	264	98.5%	12	80.0%	276	97.5%
Non-English Language Speaking Provider (including American Sign Language)	244	91.0%	11	73.3%	255	90.1%
Provider Primary Language	262	97.8%	12	80.0%	274	96.8%

* The denominator for each study indicator includes the number of cases in which the provider location was found in the directory and was relevant to the provider category.

HSAG included cases in the telephone survey only if those cases matched on eight provider indicators in the PDV: name, address, city, state, ZIP Code, telephone number, type/specialty, and new patient acceptance. HSAG attempted to contact 263 sampled provider locations (i.e., “cases”) for **Blue Cross Blue Shield of Michigan**, with an overall response rate of 82.1 percent (n=216). Table 3-12 summarizes the secret shopper survey results for **Blue Cross Blue Shield of Michigan**.

Table 3-12—Summary of BCBSM Secret Shopper Survey Results

Provider Category	Total Cases	Response Rate		Offering Specialty		Confirmed Provider		Accepting DHP		Accepting HKD	
		Cases Reached	Response Rate (%)	Offering Specialty	Rate (%) ¹	Confirmed Provider	Rate (%) ²	Accepting DHP	Rate (%) ³	Accepting HKD	Rate (%) ⁴
General	252	205	81.3%	202	98.5%	196	97.0%	195	99.5%	178	91.3%
Pediatric	11	11	100%	11	100%	11	100%	11	100%	8	72.7%
BCBSM Total	263	216	82.1%	213	98.6%	207	97.2%	206	99.5%	186	90.3%

¹ The denominator includes cases responding to the survey.

² The denominator includes cases responding to the survey and offering the requested services.

³ The denominator includes cases responding to the survey, offering the requested services, and affiliated with the correct provider.

⁴ The denominator includes cases responding to the survey, offering the requested services, affiliated with the correct provider, and accepting the DHP.

Table 3-13 displays the number of cases in which the survey respondent offered appointments to new patients for routine dental services, as well as summary wait time statistics, by provider category. Note that potential appointment dates may have been offered with any practitioner at the sampled location.

Table 3-13—Appointment Availability Results

Provider Category				Cases Offered an Appointment			Appointment Wait Time (Days)			
	Total Survey Cases	Cases Contacted and Accepting New Patients	Rate of Cases Accepting New Patients (%) ¹	Number	Rate Among All Surveyed Cases ² (%)	Rate Among Cases Accepting New Patients ³ (%)	Min	Max	Average	Median
General	252	175	98.3%	175	69.4%	100%	0	74	11	7
Pediatric	11	8	100%	8	72.7%	100%	2	54	17	12
BCBSM Total	263	183	98.4%	183	69.6%	100%	0	74	11	7

¹ The denominator includes cases responding to the survey that accept the DHP and accept HKD.

² The denominator includes all cases included in the sample.

³ The denominator includes cases responding to the survey that accept the DHP, accept HKD, and accept new patients.

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the NAV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the NAV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Over 99.0 percent of the locations contacted, offering the requested services and affiliated with the sampled provider, accepted **Blue Cross Blue Shield of Michigan**. [Quality and Access]

Strength #2: The average wait time to an appointment for a member with **Blue Cross Blue Shield of Michigan** was 11 days. [Timeliness and Access]

Weaknesses and Recommendations

Weakness #1: Overall, 11.8 percent of the sampled providers listed in **Blue Cross Blue Shield of Michigan**'s provider data could not be located in **Blue Cross Blue Shield of Michigan**'s online provider directory. Among the provider categories, 16.7 percent of pediatric providers and 11.6 percent of general providers could not be located in the online directory. [Quality and Access]

Why the weakness exists: **Blue Cross Blue Shield of Michigan**'s provider data included invalid provider information.

Recommendation: HSAG recommends that **Blue Cross Blue Shield of Michigan** use the case-level analytic data files containing provider deficiencies identified during the PDV reviews (e.g., provider records with incorrect contact information) to address the provider data deficiencies.

Weakness #2: Among all surveyed cases, 69.6 percent were offered an appointment date. Pediatric provider locations had an appointment availability rate of 72.7 percent. General provider locations had an appointment availability rate of 69.4 percent. [Access]

Why the weakness exists: For new members attempting to identify available providers and schedule appointments, procedural barriers to reviewing appointment dates and times represent limitations to accessing care. HSAG noted several common appointment considerations that impacted the number of callers offered an appointment. Considerations included pre-registration as well as requiring additional personal information, or a Medicaid identification (ID). While callers did not specifically ask about limitations to appointment availability, these considerations may represent common processes among providers' offices to facilitate practice operations.

Recommendation: HSAG recommends that **Blue Cross Blue Shield of Michigan** work with its contracted providers to ensure sufficient appointment availability for its members. HSAG further recommends that **Blue Cross Blue Shield of Michigan** consider working with its contracted providers to balance procedural efficiencies with providing clear and direct information to members about appointment availability.

Child Dental Survey

Performance Results

Table 3-14 presents **Blue Cross Blue Shield of Michigan**'s SFY 2021 and SFY 2022 top-box scores. The results were assessed to determine if the SFY 2022 score was statistically significantly higher or lower than the SFY 2021 score for each measure.

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

	SFY 2021	SFY 2022
Global Ratings		
<i>Rating of Regular Dentist</i>	69.3%	72.2%
<i>Rating of All Dental Care</i>	65.6%	68.0%
<i>Rating of Finding a Dentist</i>	50.0% ⁺	48.0% ⁺
<i>Rating of Dental Plan</i>	63.9%	66.5%
Composite Measures		
<i>Care from Dentists and Staff</i>	94.5%	94.6%
<i>Access to Dental Care</i>	71.8%	72.2%
<i>Dental Plan Information and Services</i>	84.9%	88.3% ⁺
Individual Items		
<i>Care from Regular Dentists</i>	95.4%	95.6%
<i>Would Recommend Regular Dentist</i>	95.3%	94.9%
<i>Would Recommend Dental Plan</i>	95.2%	97.0%

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

▲ Indicates the SFY 2022 score is statistically significantly higher than the SFY 2021 score.

▼ Indicates the SFY 2022 score is statistically significantly lower than the SFY 2021 score.

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the child dental survey against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the dental survey have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the finding did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: None of the SFY 2022 top-box scores for **Blue Cross Blue Shield of Michigan** were statistically significantly higher than the SFY 2021 top-box scores for any measure; therefore, no substantial strengths were identified.

Weaknesses and Recommendations

Weakness #1: None of the SFY 2022 top-box scores for **Blue Cross Blue Shield of Michigan** were statistically significantly lower than the SFY 2021 top-box scores for any measure; therefore, no substantial weaknesses were identified.

Why the weakness exists: NA

Recommendation: Although no weaknesses were identified based on the comparison of **Blue Cross Blue Shield of Michigan**'s child member experiences to the prior year's survey results, HSAG recommends **Blue Cross Blue Shield 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 ease of finding a dentist since the score for the *Rating of Finding a Dentist* global rating was very low.

Consumer Guide

The Michigan HKD Consumer Guide compares DHP performance on SFY 2021 (i.e., October 2020–September 2021) CMS-416 EPSDT performance measure results and MY 2021 CAHPS Dental Plan Survey results. As such, DHP-specific results are not included in this section. Refer to the Consumer Guide activity in Section 5—Dental Health Plan Comparative Information to review the Michigan HKD Consumer Guide, which is inclusive of **Blue Cross Blue Shield of Michigan**'s performance.

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

HSAG performed a comprehensive assessment of **Blue Cross Blue Shield of Michigan**'s aggregated performance and its overall strengths and weaknesses related to the provision of dental services to identify common themes within **Blue Cross Blue Shield of Michigan** that impacted, or will have the likelihood to impact, member health outcomes. HSAG also considered how **Blue Cross Blue Shield of Michigan**'s overall performance contributed to the HKD program's progress in achieving the CQS goals and objectives. Table 3-15 displays each applicable performance area and the overall performance impact as it relates to the quality, timeliness, and accessibility of healthcare services provided to **Blue Cross Blue Shield of Michigan**'s Medicaid members.

Table 3-15—Overall Performance Impact Related to Quality, Timeliness, and Access

Performance Area	Overall Performance Impact
Quality	<p>Blue Cross Blue Shield of Michigan maintained an adequate QAPI program, including a program description, work plan, and evaluation; mechanisms to detect underutilization and overutilization; and mechanisms to assess the quality and appropriateness of care provided to members with special healthcare needs. Further, MDHHS assigned a score of <i>Met</i> for all elements within the Quality standard; therefore, Blue Cross Blue Shield of Michigan achieved a 100 percent compliance score. Strong QAPI programs drive QI throughout the HKD program, including positive member outcomes and member satisfaction.</p> <p>However, the PMV and child dental survey activities demonstrated mixed results. The results of the PMV activity demonstrated some improvement in the number of members who received dental treatment. The rates for the <i>Total Eligibles Receiving Dental Treatment Services</i> and <i>Total Eligibles Receiving a Sealant on a Permanent Molar Tooth</i> performance measures increased by more than 2 percentage points and 1 percentage point, respectively. However, while improvement was noted for these performance measures, rates were very low at 8.93 percent and 7.43 percent, respectively, suggesting that many of Blue Cross Blue Shield of Michigan's members were not receiving recommended dental treatment. Receiving medically necessary dental treatment services is important as oral health affects our ability to speak, smile, and eat. It also affects self-esteem, school performance, and attendance at work or school. Untreated cavities can also lead to problems with eating, speaking, and learning. Further, dental sealants provide protection against cavities. Children 6 to 11 years without sealants have almost three times more first molar cavities than children with sealants.³⁻³</p> <p>Additionally, as it relates to the child dental survey, which evaluates the quality of dental care and services, four measures scored 94 percent or above, indicating higher satisfaction in the care received from dentists and staff, and the likelihood a parent/caretaker would recommend their regular dental and health plan. However, while some measures demonstrated a slight improvement in performance, Blue Cross Blue Shield of Michigan's scores for several measures were relatively low: <i>Rating of Regular Dentist</i> (72.2 percent); <i>Access to Dental Care</i> (72.2 percent); <i>Rating of All Dental Care</i> (68.0 percent); <i>Rating of Dental Plan</i> (66.5 percent); and <i>Rating of Finding a Dentist</i> (48.0 percent).</p>

³⁻³ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Division of Oral Health At A Glance. Available at: <https://www.cdc.gov/chronicdisease/resources/publications/aag/oral-health.htm#:~:text=Why%20We%20Do%20It,people%20living%20in%20the%20US>. Accessed on: Mar 30, 2023.

Performance Area	Overall Performance Impact
Access	<p>Blue Cross Blue Shield of Michigan continued its PIP to increase the number of members between the ages of 0 to 5 who access dental services. Blue Cross Blue Shield of Michigan initiated a Healthy Beginnings Program, which provided age-specific education and guidance to the parents/guardians of members on the importance of a dental visit by age 1. Educational calls on the importance of routine dental visits were also made. Through this PIP and the implemented interventions, the rate of the targeted group of members who had a visit with a dental provider increased by 13.4 percentage points.</p> <p>However, the results of the PMV and NAV activities demonstrated mixed results. Blue Cross Blue Shield of Michigan increased the percentage of HKD members who accessed dental services, such as preventive and diagnostic services, as indicated through the PMV activity. The rates for the <i>Total Eligibles Receiving Any Dental Services</i>, <i>Total Eligibles Receiving Preventive Dental Services</i>, <i>Total Eligibles Receiving Dental Diagnostic Services</i>, and <i>Total Eligibles Receiving Any Preventive Dental or Oral Health Services</i> performance measures increased by more than 5 percentage points. While demonstrated improvement was noted for these performance measures, rates were very low (i.e., 23.69 percent, 21.30 percent, 23.18 percent, and 23.69 percent, respectively), indicating that many of Blue Cross Blue Shield of Michigan's members were not accessing dental services. Regular check-ups can find tooth decay, gum disease and other problems before they lead to more serious issues.³⁻⁴</p> <p>As demonstrated through the NAV activity, nearly all locations able to be contacted through the secret shopper survey offered the requested services, were affiliated with the sampled providers, and accepted Blue Cross Blue Shield of Michigan. However, 11.8 percent of the sampled providers listed in Blue Cross Blue Shield of Michigan's provider data could not be located in the DHP's online provider directory, confirming that the DHP's provider data included inaccurate information.</p>
Timeliness	<p>The NAV activity identified that all providers responding to the secret shopper survey who accepted Blue Cross Blue Shield of Michigan, accepted the HKD program, and accepted new patients offered the caller an appointment. Further, the average wait time for an appointment was only 11 days, which adhered to MDHHS' appointment standards for initial appointments (within eight weeks of the request) and routine care (within 21 business days of the request).</p>

³⁻⁴ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Oral Health is Important for Overall Health. Available at: <https://www.cdc.gov/chronicdisease/resources/infographic/oralhealth.htm>. Accessed on: Mar 30, 2023.

Performance Area	Overall Performance Impact
	However, considering all sampled provider locations (including providers who were unable to be contacted, who did not offer the requested services, who were not affiliated with the location, who did not accept Blue Cross Blue Shield of Michigan , or who did not accept the HKD program), the rate of offered appointments was only 69.6 percent, suggesting that members may experience barriers to obtaining timely appointments, such as inaccurate provider information and procedural barriers to reviewing appointment dates and times.

Delta Dental of Michigan

Validation of Performance Improvement Projects

Performance Results

HSAG’s validation evaluated the technical methods of **Delta Dental of Michigan**’s PIP (i.e., the PIP Design, Implementation, and Outcomes stages). Based on its technical review, HSAG determined the overall methodological validity of the PIP and assigned an overall validation status (i.e., *Met*, *Partially Met*, *Not Met*). Table 3-16 displays the overall validation status, and the baseline and Remeasurement 1 results for the performance indicators.

Table 3-16—Overall Validation Rating for DDMI

PIP Topic	Validation Rating	Performance Indicator	Performance Indicator Results		
			Baseline	R1	R2
<i>Increasing Dental Utilization in Ages One and Two</i>	<i>Met</i>	Providers Rendering Treatment	17.4%	13.8% ⇄	
		Increase Ages One and Two Dental Utilization Percentages	14.3%	20.5% ↑	

R1 = Remeasurement 1

R2 = Remeasurement 2

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05)

⇄ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)

Within this year’s submission, the baseline results were revised from the data reported in the prior annual submission for the second performance indicator. The DHP documented that an error was identified within the denominator resulting in the regeneration of the performance indicator data.

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 clinically or programmatically significant improvement as a result of an initiated intervention(s). Table 3-17 displays the interventions, as available, initiated by the DHP to support achievement of the PIP goal and address the barriers identified through QI and causal/barrier analysis processes.

Table 3-17—Remeasurement 1 Interventions for DDMI

Intervention Descriptions	
Offered members access to a special clinic, outside of normal scheduling, supported by grant funds.	Offered an incentive to providers to see members 1–2 years of age.
Offered a year-end bonus to top performing providers who see the most members 1–2 years of age by provider type or clinic type: large group, small group, solo practitioner, and pediatric dentist.	Developed a text messaging campaign to dispel fears of visiting the dentist and contracting COVID-19 (coronavirus disease 2019) by detailing safety measures in place at dental offices.

Intervention Descriptions	
Increased awareness of project and availability of increased incentive payments through biannual email blasts, mailed flyers, and provider relations representative contact.	Developed a free Continuing Education (CE) course to educate providers on the needs of this population and how to effectively incorporate into current practice.
Text messaging campaign to members educating them on the need for dental services at age 1.	Implemented a \$1,000 credit for providers with Henry Schein to order dental supplies.

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Delta Dental of Michigan met 100 percent of the requirements for data analysis and implementation of improvement strategies. **Delta Dental of Michigan** conducted accurate statistical testing between measurement periods and provided a narrative interpretation of the Remeasurement 1 results. Appropriate QI tools were used to conduct the causal/barrier analysis and to prioritize the identified barriers. Interventions were implemented in a timely manner, were reasonably linked to the identified barriers, and have the potential to impact the performance indicator outcomes. [Quality, Timeliness, and Access]

Strength #2: For **Delta Dental of Michigan**'s second performance indicator, *Increase Ages One and Two Dental Utilization Percentages*, the DHP reported that 20.5 percent of members of the same age group received a dental service during the measurement period, a statistically significant increase over the baseline performance of 14.3 percent. [Quality, Timeliness, and Access]

Weaknesses and Recommendations

Weakness #1: Delta Dental of Michigan's first performance indicator, *Providers Rendering Treatment*, demonstrated a non-significant decline in performance as compared to the baseline.

Why the weakness exists: While it is unclear what led to the decrease in performance, **Delta Dental of Michigan** indicated issues during the coronavirus disease 2019 (COVID-19) public health emergency (PHE) (i.e., closure of dental offices followed by limited patient capacity, provider hesitancy to book returning patients with a history of truancy, and low reimbursement rates) impacted oral health utilization across its program as well as socioeconomic and education barriers, including difficulties with transportation and a lack of perceived need and/or importance relevant to other more pressing issues given the difficulties associated with poverty. **Delta Dental of Michigan** also reported that when **Blue Cross Blue Shield of Michigan** became a new carrier in the HKD

program, MDHHS allocated proportionally more new members than they did to **Delta Dental of Michigan** to accelerate the even distribution of member enrollment, which had the effect of drastically decreasing the number of new members ages 1 to 2 years assigned to **Delta Dental of Michigan** between the baseline and first remeasurement periods of the PIP. The total enrollment of children ages 1 to 2 years in Macomb County was less than a quarter the size at baseline. This drop most severely impacted the provider performance measure; the number of eligible providers remained flat, but there were drastically fewer members for them to serve. **Delta Dental of Michigan** further explained that it becomes difficult to improve rates of provider participation at the same time there are fewer children participating.

Recommendation: HSAG recommends that **Delta Dental of Michigan** revisit its causal/barrier analysis process to capture barriers associated with the PHE and develop specific and targeted interventions to address those barriers.

Performance Measure Validation

Performance Results

Table 3-18 demonstrates **Delta Dental of Michigan**'s final reconciled and reported rates for the CMS-416 EPSDT performance measures for the SFY 2022 PMV activity measurement period (October 1, 2020–September 30, 2021). Table 3-19 provides a comparison of the SFY 2020 (October 1, 2019–September 30, 2020) and SFY 2021 (October 1, 2020–September 30, 2021) performance measure data and subsequent rates. Green shading represents an increase of 5 percentage points or more from the prior year.

Table 3-18—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	12,146	108	45	23	0	97	0	45
Ages 1–2	30,302	6,300	5,458	516	0	6,106	0	5,458
Ages 3–5	135,919	65,619	62,204	20,016	0	63,968	0	62,204
Ages 6–9	183,621	109,068	103,494	52,384	24,111	105,981	0	103,494
Ages 10–14	226,433	123,061	116,798	52,167	18,682	119,081	0	116,798
Ages 15–18	165,001	78,745	70,827	38,124	0	75,025	0	70,827
Ages 19–20	48,936	16,248	13,108	8,493	0	15,271	0	13,108
Total	802,358 ¹	399,149	371,934	171,723	42,793	385,529	0	371,934
	410,054 ²							
	Final Rate	49.75%	46.36%	21.40%	10.44%	48.05%	0.00%	46.36%

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.

Table 3-19—CMS-416 EPSDT SFY 2020 and SFY 2021 Performance Measure Rate Comparisons

Performance Measures							
CMS-416 EPSDT Performance Measure	Numerator	Denominator	SFY 2020	Numerator	Denominator	SFY 2021	SFY 2020–SFY 2021 Comparison
12a—Total Eligibles Receiving Any Dental Services	382,041	818,568	46.67%	399,149	802,358	49.75%	+3.08%
12b—Total Eligibles Receiving Preventive Dental Services	348,853	818,568	42.62%	371,934	802,358	46.36%	+3.74%
12c—Total Eligibles Receiving Dental Treatment Services	147,103	818,568	17.97%	171,723	802,358	21.40%	+3.43%
12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	39,122	408,835	9.57%	42,793	410,054	10.44%	+0.87%
12e—Total Eligibles Receiving Dental Diagnostic Services	362,043	818,568	44.23%	385,529	802,358	48.05%	+3.82%
12f—Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	0	818,568	0.00%	0	802,358	0.00%	0.00%
12g—Total Eligibles Receiving Any Preventive Dental or Oral Health Services	348,853	818,568	42.62%	371,934	802,358	46.36%	+3.74%

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Delta Dental of Michigan demonstrated improvement in the performance measure rate calculation process from SFY 2020 to SFY 2021, as HSAG did not identify any discrepancies related to the accuracy of the DHP’s data counts and rates during the current year PMV activity.

Weaknesses and Recommendations

Weakness #1: No substantial weaknesses were identified as no performance measure rates declined by 5 percentage points or more from the prior year.

Why the weakness exists: NA

Recommendations: Although no weaknesses were identified through the PMV activity, HSAG recommends **Delta Dental of Michigan** focus on further improving its CMS-416 EPSDT

performance measure rates, as the rates were noted to have less than a 5 percentage point increase from SFY 2020 (October 1, 2019–September 30, 2020 data) to SFY 2021 (October 1, 2020–September 30, 2021 data).

Compliance Review

Performance Results

Table 3-20 presents the total number of elements that received a score of *Met* or *Not Met*. Table 3-20 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 2022 compliance monitoring activity. For elements scored as *Not Met*, **Delta Dental of Michigan** was subject to a corrective action review process outlined in Appendix A.

Table 3-20—Compliance Review Results for DDMI

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	DDMI	Statewide
1	Administrative	5	0	100%	100%
2	Providers	14	0	100%	96%
3	Members	19	0	100%	100%
4	Quality	8	0	100%	100%
5	MIS/Financial	26	0	100%	98%
6	OIG/Program Integrity	33	0	100%	98%
Overall		105	0	100%	99%
	Indicates the standard scored below the statewide rate.				
	Indicates the standard had a score of 100 percent.				

Strengths, Weaknesses, and Recommendation

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Delta Dental of Michigan achieved full compliance in the Administrative standard, demonstrating the DHP had an adequate organizational chart, key personnel descriptions, governing body, participation in administrative meetings, and data privacy and information security. [Quality]

Strength #2: Delta Dental of Michigan achieved full compliance in the Providers standard, demonstrating the DHP maintained sufficient policies and procedures to ensure an adequate provider network, including, but not limited to, provider contracts and subcontracts, accessibility of services, availability of services, credentialing and recredentialing, and provider directory. [Quality, Timeliness, and Access]

Strength #3: Delta Dental of Michigan achieved full compliance in the Members standard, demonstrating the DHP maintained sufficient policies and procedures to support its membership which included, but was not limited to, access to covered services; care coordination; a fair grievance and appeal system; and member information materials such as the member handbook, newsletters, and website. [Quality, Timeliness, and Access]

Strength #4: Delta Dental of Michigan achieved full compliance in the Quality standard, demonstrating the DHP had an adequate quality program, which included, but was not limited to, CPGs, QIP description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; and PIPs. [Quality, Timeliness, and Access]

Strength #5: Delta Dental of Michigan achieved full compliance in the MIS/Financial standard, demonstrating the DHP maintained a health information system 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. [Quality]

Strength #6: Delta Dental of Michigan achieved full compliance in the OIG/Program Integrity standard, demonstrating the DHP implemented appropriate program integrity processes related to grievances, data mining, audits, provider disenrollments, overpayments, explanation of benefits (EOB) reporting requirements, provider prepayment review, encounter adjustments, and compliance program. [Quality]

Weaknesses and Recommendations

Weakness #1: HSAG did not identify any substantial weaknesses for **Delta Dental of Michigan** through the compliance review activity as the DHP achieved full compliance in all program areas reviewed by MDHHS.

Why the weakness exists: NA

Recommendation: NA

Network Adequacy Validation

Performance Results

HSAG’s reviewers evaluated a sample of 393 cases by comparing provider data that **Delta Dental of Michigan** submitted to HSAG against **Delta Dental of Michigan**’s online provider directory. The provider’s name and location listed in the submitted provider data were found in the online provider directory for 96.9 percent (n=381) of the reviews. The sampled providers were not found in the online provider directory in 3.1 percent (n=12) of the reviewed cases (Table 3-21).

Table 3-21—Summary of Providers Present in the Directory by Provider Category

Provider Category	Number of Sampled Providers	Providers Found in the Directory		Providers Not Found in Directory	
		Count	%	Count	%
General	380	371	97.6%	9	2.4%
Pediatric	13	10	76.9%	3	23.1%
DDMI Total	393	381	96.9%	12	3.1%

Table 3-22 displays the total number of cases and the percentage of cases with matched data values, overall and by provider category, for indicators that were reviewed for matching between **Delta Dental of Michigan**’s provider data submission to HSAG and **Delta Dental of Michigan**’s online provider directory.

Table 3-22—Provider Demographic Indicators Matching Online Provider Directory

Indicator	General		Pediatric		All Provider Categories	
	Count	% Match*	Count	% Match*	Count	% Match*
Provider’s Name	371	100%	10	100%	381	100%
Provider Address	368	99.2%	10	100%	378	99.2%
Provider City	369	99.5%	10	100%	379	99.5%
Provider State	369	99.5%	10	100%	379	99.5%
Provider Zip Code	369	99.5%	10	100%	379	99.5%
Provider Telephone Number	369	99.5%	10	100%	379	99.5%
Provider Type/Specialty	368	99.2%	10	100%	378	99.2%
Provider Gender	369	99.5%	10	100%	379	99.5%

Indicator	General		Pediatric		All Provider Categories	
	Count	% Match*	Count	% Match*	Count	% Match*
Provider Accepting New Patients	367	98.9%	10	100%	377	99.0%
Non-English Language Speaking Provider (including American Sign Language)	368	99.2%	10	100%	378	99.2%
Provider Primary Language	369	99.5%	10	100%	379	99.5%

* The denominator for each study indicator includes the number of cases in which the provider location was found in the directory and was relevant to the provider category.

HSAG included cases in the telephone survey only if those cases matched on eight provider indicators in the PDV: name, address, city, state, ZIP Code, telephone number, type/specialty, and new patient acceptance. HSAG attempted to contact 376 sampled provider locations (i.e., “cases”) for **Delta Dental of Michigan**, with an overall response rate of 89.9 percent (n=338). Table 3-23 summarizes the secret shopper survey results for **Delta Dental of Michigan**.

Table 3-23—Summary of DDMI Secret Shopper Survey Results

Provider Category	Total Cases	Response Rate		Offering Specialty		Confirmed Provider		Accepting DHP		Accepting HKD	
		Cases Reached	Response Rate (%)	Offering Specialty	Rate (%) ¹	Confirmed Provider	Rate (%) ²	Accepting DHP	Rate (%) ³	Accepting HKD	Rate (%) ⁴
General	366	329	89.9%	321	97.6%	298	92.8%	293	98.3%	283	96.6%
Pediatric	10	9	90.0%	8	88.9%	8	100%	8	100%	7	87.5%
DDMI Total	376	338	89.9%	329	97.3%	306	93.0%	301	98.4%	290	96.3%

¹ The denominator includes cases responding to the survey.

² The denominator includes cases responding to the survey and offering the requested services.

³ The denominator includes cases responding to the survey, offering the requested services, and affiliated with the correct provider.

⁴ The denominator includes cases responding to the survey, offering the requested services, affiliated with the correct provider, and accepting the DHP.

Table 3-24 displays the number of cases in which the survey respondent offered appointments to new patients for routine dental services, as well as summary wait time statistics, by provider category. Note that potential appointment dates may have been offered with any practitioner at the sampled location.

Table 3-24—Appointment Availability Results

Provider Category				Cases Offered an Appointment			Appointment Wait Time (Days)			
	Total Survey Cases	Cases Contacted and Accepting New Patients	Rate of Cases Accepting New Patients ¹ (%)	Number	Rate Among All Surveyed Cases ² (%)	Rate Among Cases Accepting New Patients ³ (%)	Min	Max	Average	Median
General	366	260	91.9%	241	65.8%	92.7%	0	201	26	12
Pediatric	10	5	71.4%	5	50.0%	100%	6	207	63	11
DDMI Total	376	265	91.4%	246	65.4%	92.8%	0	207	27	12

¹ The denominator includes cases responding to the survey that accept the DHP and accept HKD.

² The denominator includes all cases included in the sample.

³ The denominator includes cases responding to the survey that accept the DHP, accept HKD, and accept new patients.

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the NAV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the NAV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Reviewers located 96.9 percent of the sampled providers in **Delta Dental of Michigan**'s online provider directory, with a match rate over 99.0 percent for all indicators across all provider categories. [**Quality and Access**]

Strength #2: Over 98.0 percent of the locations contacted, offering the requested services and affiliated with the sampled provider, accepted **Delta Dental of Michigan**. [**Quality and Access**]

Weaknesses and Recommendations

Weakness #1: Among all surveyed cases, 65.4 percent were offered an appointment date. General provider locations had an appointment availability rate of 65.8 percent. Pediatric provider locations had an appointment availability rate of 50.0 percent. [**Access**]

Why the weakness exists: For new members attempting to identify available providers and schedule appointments, procedural barriers to reviewing appointment dates and times represent limitations to accessing care. HSAG noted several common appointment considerations that

impacted the number of callers offered an appointment. Considerations included pre-registration as well as requiring additional personal information, or a Medicaid ID. While callers did not specifically ask about limitations to appointment availability, these considerations may represent common processes among providers' offices to facilitate practice operations.

Recommendation: HSAG recommends that **Delta Dental of Michigan** work with its contracted providers to ensure sufficient appointment availability for its members. HSAG further recommends that **Delta Dental of Michigan** consider working with its contracted providers to balance procedural efficiencies with providing clear and direct information to members about appointment availability.

Child Dental Survey

Performance Results

Table 3-25 presents **Delta Dental of Michigan**'s SFY 2021 and SFY 2022 top-box scores. The results were assessed to determine if the SFY 2022 score was statistically significantly higher or lower than the SFY 2021 score for each measure.

Table 3-25—Summary of Top-Box Scores for DDMI

	SFY 2021	SFY 2022
Global Ratings		
<i>Rating of Regular Dentist</i>	77.6%	75.0%
<i>Rating of All Dental Care</i>	79.2%	76.3%
<i>Rating of Finding a Dentist</i>	52.9% ⁺	85.7% ⁺ ▲
<i>Rating of Dental Plan</i>	71.1%	68.6%
Composite Measures		
<i>Care from Dentists and Staff</i>	96.3%	95.5%
<i>Access to Dental Care</i>	77.2%	75.7%
<i>Dental Plan Information and Services</i>	85.4%	86.7%
Individual Items		
<i>Care from Regular Dentists</i>	96.7%	94.5%
<i>Would Recommend Regular Dentist</i>	97.7%	94.9%
<i>Would Recommend Dental Plan</i>	95.5%	96.3%

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

▲ Indicates the SFY 2022 score is statistically significantly higher than the SFY 2021 score.

▼ Indicates the SFY 2022 score is statistically significantly lower than the SFY 2021 score.

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the child dental survey against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the dental survey have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the finding did not determine significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Parents/caretakers of child members enrolled in **Delta Dental of Michigan** had a more positive experience finding their child a dentist, since the SFY 2022 top-box score for the *Rating of Finding a Dentist* measure was statistically significantly higher than the SFY 2021 score. **Delta Dental of Michigan** reported implementing several initiatives selected and designed for success around the current public health guidance and with consideration to existing challenges for both providers and members, which appeared to have a positive effect on this measure.

Weaknesses and Recommendations

Weakness #1: **Delta Dental of Michigan**'s SFY 2022 top-box scores were not statistically significantly lower than the SFY 2021 top-box scores for any measure; therefore, no substantial weaknesses were identified.

Why the weakness exists: 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.

Consumer Guide

The Michigan HKD Consumer Guide compares DHP performance on SFY 2021 (i.e., October 2020–September 2021) CMS-416 EPSDT performance measure results and MY 2021 CAHPS Dental Plan Survey results. As such, DHP-specific results are not included in this section. Refer to the Consumer Guide activity in Section 5—Dental Health Plan Comparative Information to review the Michigan HKD Consumer Guide, which is inclusive of **Delta Dental of Michigan**’s performance.

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

HSAG performed a comprehensive assessment of **Delta Dental of Michigan**’s aggregated performance and its overall strengths and weaknesses related to the provision of dental services to identify common themes within **Delta Dental of Michigan** that impacted, or will have the likelihood to impact, member health outcomes. HSAG also considered how **Delta Dental of Michigan**’s overall performance contributed to the HKD program’s progress in achieving the CQS goals and objectives. Table 3-26 displays each applicable performance area and the overall performance impact as it relates to the quality, timeliness, and accessibility of healthcare services provided to **Delta Dental of Michigan**’s Medicaid members.

Table 3-26—Overall Performance Impact Related to Quality, Timeliness, and Access

Performance Area	Overall Performance Impact
Quality	<p>Delta Dental of Michigan maintained an adequate QAPI program, including a program description, work plan, and evaluation; mechanisms to detect underutilization and overutilization; and mechanisms to assess the quality and appropriateness of care provided to members with special healthcare needs. Further, MDHHS assigned a score of <i>Met</i> for all elements within the Quality standard; therefore, Delta Dental of Michigan achieved a 100 percent compliance score. Strong QAPI programs drive QI throughout the HKD program, including positive member outcomes and member satisfaction.</p> <p>However, the PMV and child dental survey activities demonstrated mixed results. The results of the PMV activity demonstrated some improvement in the number of members who received dental treatment. The rates for the <i>Total Eligibles Receiving Dental Treatment Services</i> and <i>Total Eligibles Receiving a Sealant on a Permanent Molar Tooth</i> performance measures increased by 3.43 percentage points and 0.87 percentage point, respectively. However, while some improvement was noted, rates were relatively low at 21.40 percent and 10.44 percent, respectively, suggesting that some of Delta Dental of Michigan’s HKD members were not receiving recommended dental treatment. Receiving medically necessary dental treatment services is important as oral health affects our ability to speak, smile, and eat. It also affects self-esteem, school performance, and attendance at work or school. Additionally, untreated cavities can lead to problems with eating, speaking, and learning. Further, dental sealants provide protection against cavities.</p>

Performance Area	Overall Performance Impact
	<p>Children 6 to 11 years without sealants have almost three times more first molar cavities than children with sealants.³⁻⁵</p> <p>Additionally, as it relates to the child dental survey, which evaluates the quality of dental care and services, four measures scored 94 percent or above, indicating higher satisfaction in the care received from dentists and staff, and the likelihood a parent/caretaker would recommend their regular dental and health plan. The <i>Rating of Finding a Dentist</i> measure also demonstrated a statistically significant improvement from the prior year. However, several measures demonstrated a slight decline in performance from the previous year. Additionally, Delta Dental of Michigan's scores for several measures were relatively low: <i>Rating of All Dental Care</i> (76.3 percent); <i>Access to Dental Care</i> (75.7 percent); <i>Rating of Regular Dentist</i> (75.0 percent); and <i>Rating of Dental Plan</i> (68.6 percent).</p>
Access	<p>Delta Dental of Michigan's continued its PIP to increase dental utilization for members ages 1 to 2. Delta Dental of Michigan initiated several interventions including, but not limited to, offering members access to a special clinic; offering provider incentives; and a text message campaign. Through this PIP and the implemented interventions, the rate of HKD dental utilization for members ages 1 to 2 increased by 6.2 percentage points.</p> <p>Additionally, as demonstrated through the NAV activity, nearly all locations able to be contacted through the secret shopper survey offered the requested services, were affiliated with the sampled providers, and accepted Delta Dental of Michigan. Further, of the sampled providers in Delta Dental of Michigan's online provider directory, over 99 percent of the aggregated general and pediatric provider indicators (e.g., provider's name, address, telephone number) located in the directory matched the provider data file.</p> <p>However, the results of the PMV activity demonstrated mixed results. Delta Dental of Michigan increased the percentage of HKD members who accessed dental services, such as preventive and diagnostic services, from the prior year's results. The rates for the <i>Total Eligibles Receiving Any Dental Services</i>, <i>Total Eligibles Receiving Preventive Dental Services</i>, <i>Total Eligibles Receiving Dental Diagnostic Services</i>, and <i>Total Eligibles Receiving Any Preventive Dental or Oral Health Services</i> performance measures increased by more than 3 percentage points. However, while demonstrated improvement was noted for these performance measures, rates were relatively low (i.e., 49.75 percent, 46.36 percent, 48.05 percent, and 46.36 percent, respectively), indicating that more than half of Delta Dental of Michigan's HKD members</p>

³⁻⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Division of Oral Health At A Glance. Available at: <https://www.cdc.gov/chronicdisease/resources/publications/aag/oral-health.htm#:~:text=Why%20We%20Do%20It,people%20living%20in%20the%20US>. Accessed on: Mar 30, 2023.

Performance Area	Overall Performance Impact
	were not always accessing recommended dental services. Regular check-ups can find tooth decay, gum disease and other problems before they lead to more serious issues. ³⁻⁶
Timeliness	<p>The NAV activity identified that nearly 93 percent of providers responding to the secret shopper survey who accepted Delta Dental of Michigan, accepted the HKD program, and accepted new patients offered the caller an appointment. However, considering all sampled provider locations (including providers who were unable to be contacted, who did not offer the requested services, who were not affiliated with the location, who did not accept Delta Dental of Michigan, and who did not accept the HKD program), the rate of offered appointments was only 65.4 percent, suggesting that members may experience barriers to obtaining timely appointments, such as inaccurate provider information and procedural barriers to reviewing appointment dates and times.</p> <p>Additionally, the average wait time for an appointment was 27 days. While this adhered to MDHHS' appointment standards for initial appointments (within eight weeks of the request), the maximum wait times for appointments were excessive with a maximum wait time being 201 days for a general dentist and 207 days for a pediatric dentist. This suggests that some of Delta Dental of Michigan's members may have challenges accessing timely dental services.</p>

³⁻⁶ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Oral Health is Important for Overall Health. Available at: <https://www.cdc.gov/chronicdisease/resources/infographic/oralhealth.htm>. Accessed on: Mar 30, 2023.

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

From the findings of each DHP's performance for the SFY 2021 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 2021 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 Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> Although there were no identified weaknesses, Blue Cross Blue Shield of Michigan should use appropriate causal/barrier analysis methods to identify barriers to care and implement interventions to address those barriers in a timely manner.
<p><i>DHP's Response: (Note—the narrative within the MCE's Response section was provided by the MCE and has not been altered by HSAG except for minor formatting)</i></p>
<p>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):</p> <ul style="list-style-type: none"> A key driver diagram was developed to define the primary drivers which are the most significant high-level influencers to increasing dental visits for members ages 0-5. The secondary drivers were determined as the elements that influence the primary driver. Solid lines were drawn to indicate strong relationships and dotted lines for weaker relationships. Based on these drivers, interventions that could impact the secondary driver were listed. The key driver diagram illustrates the factors that contribute to and result in an increase in dental visits for BCBSM HKD members ages 0-5. With this understanding the barriers to these key drivers were identified for prioritization. The barriers were prioritized according to Agency for Healthcare Research and Quality (AHRQ) Barrier Identification and Mitigation Tool. This tool provides a numerical value for likelihood and severity and multiplies the two numerical values assigned resulting in the barrier priority score. The barriers are then prioritized with the most significant having the highest score and

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects

the lowest score is representing a barrier that is less impactful on the aim to increase dental visits for members ages 0-5.

- The following interventions were implemented in response to the causal barrier analysis

Barrier Priority Ranking	Barrier Description	Intervention Initiation Date (MM/YY)	Intervention Description
1	Low oral health literacy: do not know when child should start seeing dentist	10/20	Healthy Beginnings Program: Age specific education, anticipatory guidance and call to action mailer educating parent/guardian of member on importance of dental visit no later than age 1. Parent guardian receives mailer upon birth of member, member's first birthday and members second birthday.
2	Perception of need: treatment mentality vs prevention mentality	10/20	Live Outreach calls to educate on importance of routine dental visit to prevent dental problems and assistance with scheduling preventive visit

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

Intervention Description	Evaluation Results
Healthy Beginnings Program	During FY21, 98,910 parents/guardians of members ages 1-2 received education including call to action to schedule an appointment. The outreach target was for all members and did not include enrollment criteria. Of this group, 8.4% or 8,282 members had a dental visit within 90 days after outreach.
Live Outreach Call to: Educate on preventive care and assist with scheduling an appointment.	During FY21, 9,904 successful outreach calls were placed to parents/guardians of members ages 0-5 to coordinate dental visit. Of this group, 11.4% or 1,129 members had a dental visit following the call.

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects

c. Identify any barriers to implementing initiatives:

- While there were no barriers that prevented implementing the intervention, there are barriers that exist in terms of the impact and effectiveness of the intervention. The barriers include inaccurate contact information for members. In addition, high no show rates for dental appointments and members not responding to outreach calls. These factors are considerations and remains a focus for the quality improvement team as new interventions are explored and opportunities to overcome these limitations are considered.

HSAG Assessment: HSAG has determined that **Blue Cross Blue Shield of Michigan** addressed the prior year's recommendations. The DHP used appropriate causal/barrier analysis methods to identify barriers and developed targeted interventions to address those barriers.

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

HSAG recommended the following:

- 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 [federal fiscal year] 2020 definition, **Blue Cross Blue Shield of Michigan** should 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.
- For future DHP performance measure reporting, **Blue Cross Blue Shield of Michigan** should work with MDHHS to focus on improving the validity of the DHP performance measure rates by participating in MDHHS-required PMV initiatives.

DHP's Response: (Note—the narrative within the MCE's Response section was provided by the MCE 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):

- Reporting logic has been added to our Compliance 360 tool requiring annual code review and approval.
- Acquisition of annual CMS-416 technical specifications documentation is managed by Business Intelligence team
- Data validation is monitored throughout the year

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

- No performance improvement opportunities have been identified in the last reporting period.

c. Identify any barriers to implementing initiatives:

- No barriers identified.

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

Although **Blue Cross Blue Shield of Michigan** demonstrated efforts to improve upon the accuracy of its reported performance measure rates, during the process of reviewing **Blue Cross Blue Shield of Michigan's** performance measure rates, HSAG noted that its reported rate for 12g was the same as 12a. However, 12g

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

should only have included individuals who received preventive services from 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 such, HSAG continues to recommend that **Blue Cross Blue Shield of Michigan** work toward addressing this recommendation for future reporting.

HSAG has determined that **Blue Cross Blue Shield of Michigan** has addressed the prior year's recommendation for **Blue Cross Blue Shield of Michigan** to participate in MDHHS-required PMV initiatives. **Blue Cross Blue Shield of Michigan** participated in PMV and provided all requested materials, including a completed Information Systems Capabilities Assessment (ISCA) tool along with supporting documentation and source code to MDHHS for review.

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

HSAG recommended the following:

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

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

- 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):
 - During FY21, BCBSM received a CAP on section 6.10 of the compliance review. BCBSM incorrectly reported the overpayment recovery amount rather than the overpayments identified. Regarding the lack of details in the narrative, BCBSM did not provide the required details outlined in the OIG guidance tool based on a misunderstanding of the expectation.
 - On August 30, 2021, DHP management spoke with the DHP fraud prevention and recovery unit investigator who populates the report. The discussion was focused on the importance of reviewing and fully understanding the guidance document when completing the annual program integrity report. Moving forward, management will perform an additional layer of quality assurance on the Annual Managed Care Program Integrity Report prior to submission.
 - Quality assurance checks have been implemented for all narratives in each section submitted by subject matter experts to ensure an overview of the data reported in the grid is included.
 - OIG accepted BCBSM's response to the CAP. The CAP is now closed.
 - BCBSM received a CAP on section 6.9 for six subcategories (2.a.iii, 3.b.i, 3.b.ii, 3.b.iii, 4d, 9). Four subcategories were disputed by the DHP. The OIG rescinded the CAP for section 2.a.iii, however, sustained the CAP for sections 3.b.i, 3.b.ii, 3.b.iii, 4d, and 9.
 - A narrative and additional supporting documentation was submitted by BCBSM to close the CAP.
 - OIG accepted BCBSM's response to the CAP. The CAP is now closed.
 - BCBSM received an additional CAP on section 6.5 of the compliance review. The DHP only reported overpayments/recoveries based on Fraud, Waste & Abuse activities, per initial interpretation of guidelines.

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

- BCBSM updated Section 6.5 Overpayment/Recovery reporting criteria to include all overpayment/recoveries which was completed on 1/25/2021. BCBSM provided the Claim Retention Recoupment flow which outlined the additional steps that are now incorporated into our overpayment reporting process to MDHHS OIG. BCBSM then resubmitted FY2020 Q4 Program Integrity Report and narrative to reflect updates made to section 6.5 (reporting period 7/1/2020-9/30/2020). BCBSM submitted FY2021 Q1 Program Integrity Report (reporting period 10/1/2020 – 12/31/2020) with changes implemented – completed 2/15/2021.
- OIG accepted BCBSM’s response to the CAP. The CAP is now closed.

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

- BCBSM has not received a CAP for any of the compliance review sections mentioned above since the initiatives were implemented.

c. Identify any barriers to implementing initiatives:

- No barriers identified.

HSAG Assessment: HSAG has determined that **Blue Cross Blue Shield of Michigan** addressed the prior year’s recommendations. The DHP reported that all CAPs have been closed and the SFY 2022 compliance review activity confirmed that elements 6.5, 6.9, and 6.10 received a *Met* score.

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

HSAG recommended the following:

- **Blue Cross Blue Shield of Michigan** should explore what may be lowering experience scores and focus on potential improvement opportunities within the dental plan.

DHP’s Response: (Note—the narrative within the MCE’s Response section was provided by the MCE 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):

- Due to the less than positive experience parents/caretakers experienced with BCBSM dental plan, in SFY 2021 compared to the SFY 2020 top box scores for Rating of Dental Plan, BCBSM evaluated some of the reasons why there may be this perception. The following initiatives were implemented to improve the parent/caretaker experience with BCBSM dental plan.
- Welcome calls for new members were implemented to provide education and information to parents that BCBSM is their child’s dental provider. This also included contact information should the member have additional questions about their dental benefits. This information is designed to minimize the confusion that parents/caregivers can often experience when enrolling their child. In addition, a welcome call sets a positive tone about BCBSM as their provider. Having the contact information ensures members have support should there be questions.
- Another component of the welcome call is a brief risk assessment. This assessment identifies whether a member is currently experiencing medical, dental or social risk factors. If these factors are present, the member will receive a call from the Outreach Coordinator. The follow up call by the Outreach Coordinator is a means to gather more information and assist or support in addressing and overcoming any existing barriers. This outreach is in place to provide the support and guidance that

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

parents/caregivers may need assistance with to improve overall health and in some cases improve quality of life.

- Appointment scheduling assistance was implemented to help parents/caregivers schedule an appointment. With so many competing priorities, assistance in scheduling an appointment removes some of the burden of that responsibility while ensuring the members are getting the care they need.
- To help with accessing care and finding a dental provider, a dental home model was implemented. This takes the guesswork and the frustration of looking for a provider away from the member. The member is assigned a provider to establish their care. The dental home provider may be changed to member preference when applicable.
- Understanding members are facing many challenges and dental care may not be the highest priority, a \$50 Walmart gift card was provided to members who received a preventive dental visit. This incentive rewards members for engaging in preventive behaviors. The Walmart card allows them to purchase items such as healthy foods to help alleviate some of the burdens they encounter.

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

- The most significant improvement noted was the increase in number of preventive visits. While it is unknown whether this will have an impact on the perception of less than positive experience with BCBSM, the \$50 incentive has motivated members to engage in preventive dental care. The percentage of members who have had a preventive service has increased 35.5 percentage points from the baseline. This staggering improvement occurred after the incentive was introduced. It is expected this will also impact the parent/caregiver experience.

c. Identify any barriers to implementing initiatives:

- While there were no barriers that prevented implementing the initiatives, there are inherent barriers that exist in which prevent the full impact of these initiatives. The barriers include inaccurate contact information for members. In addition, members who do have accurate information do not always respond to outreach calls. BCBSM considers these factors more as limitations rather than barriers; however, they are significant enough that they are given consideration when discussing ongoing opportunities for improvement.

HSAG Assessment: HSAG has determined that **Blue Cross Blue Shield of Michigan** addressed the prior year's recommendations. While the SFY 2022 score for *Rating of Dental Plan* did not demonstrate a statistically significant improvement from the SFY 2021 score, **Blue Cross Blue Shield of Michigan** implemented several initiatives and the score for this measure increased by 2.6 percentage points.

Delta Dental of Michigan

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

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> Although there were no identified weaknesses, Delta Dental of Michigan should use appropriate causal/barrier analysis methods to identify barriers to care and implement interventions to address those barriers in a timely manner.
<p><i>DHP's Response: (Note—the narrative within the MCE's Response section was provided by the MCE and has not been altered by HSAG except for minor formatting)</i></p>
<p>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):</p> <ul style="list-style-type: none"> Delta Dental of Michigan (Delta Dental) constructed a cause-and-effect diagram, a “fishbone” diagram, to identify potential causes of barriers to care. As a result of this visualization, interventions were developed to address the root cause of each particular issue. For example, the diagram indicated provider availability and office capacity were two main issues for lack of member utilization. In response, Delta Dental launched a provider incentive program, year-end bonus program, and dental screening events to reach more members outside of normal office hours. Other interventions addressed barriers related to the rising cost of supplies due to the pandemic and subsequent inflationary pressures, and in tandem, the prioritization of other needs by providers. To offset rising costs, Delta Dental offered a \$1,000 credit through a major dental supplier and implemented a fee schedule increase, designed to reduce cost barriers in coordination with the provider incentives previously noted. In addition, the diagram indicated a lack of education on behalf of both members and providers around the need to see members in this age group. Text messaging campaigns were launched to reach member's parents/guardians and educate on the need for a dental visit early in life, as well as ease fears of returning to the dental office during the pandemic, which was of particular importance considering this member age group was not vaccine eligible until early 2022. In regard to providers, a continuing education course was offered to discuss the needs of this member population and how to incorporate these exams into the practice flow. <p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> Delta Dental has noted improvement in utilization among members aged 1-2 years. In Fiscal Year 21 (FY21), utilization rose 6.23% from baseline in Macomb County which is a statistically significant increase. Outside of Macomb County, the utilization rate dropped 1.78 percentage points from baseline to the first remeasurement period. To test whether the increase in utilization was due to the Performance Improvement Project (PIP) intervention or whether it followed statewide trends, a difference-in-difference test was conducted. The difference-in-difference test resulted in a p value that was significant at the 95% confidence level, indicating the PIP intervention was effective. <p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> No particular barriers to implementing initiatives were noted; however, interventions were carefully selected and designed for success in light of provider limitations, member concerns and public health guidance at the time of implementation. The impact of the ongoing COVID-19 pandemic has continued to evolve beyond the initial dental office closures that triggered capacity issues, to now include long-term workforce challenges and inflationary pressures that are not unique to dental and exist nationwide.

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects

HSAG Assessment: HSAG has determined that **Delta Dental of Michigan** addressed the prior year's recommendations. The DHP used appropriate causal/barrier analysis methods to identify barriers and developed targeted interventions to address those barriers.

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

HSAG recommended the following:

- **Delta Dental of Michigan** should 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.
- For future DHP performance measure reporting, **Delta Dental of Michigan** should work with MDHHS to focus on improving the validity of the DHP performance measure rates by participating in MDHHS-required PMV initiatives.
- Although **Delta Dental of Michigan** submitted corrected denominator counts as a result of HSAG's findings, **Delta Dental of Michigan** should 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.

DHP's Response: (Note—the narrative within the MCE's Response section was provided by the MCE 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):
 - In early FY21, Delta Dental completed an in-depth analysis on the impact of COVID-19 pandemic and presented the findings to Michigan Department of Health and Human Services (MDHHS). This analysis included 64 slides containing data on impacts to members, enrollment trends, provider volume by type of practice, i.e., small group, large group, Federally Qualified Health Centers (FQHC), and dental visit trends. The analysis included data through September 2020, and a root cause analysis was performed to determine intervention strategies.
 - Internally, Delta Dental continued to update this analysis throughout FY21, including the completion of another root cause analysis on why members are no longer accessing preventive and diagnostic services, and how the COVID-19 pandemic was continuing to contribute to the decrease in utilization. The analysis identified a number of factors influencing providers, including lack of staff, leading to office closures and limited capacity, staff burnout, and low reimbursement rates leading to reallocation of office resources or termination of network participation. To address provider concerns, Delta Dental implemented three key initiatives: \$1,000 supply credit (noted above), a value-based payment (VBP) project, and a fee schedule increase for all Healthy Kids Dental (HKD) participating providers. The VBP is in the pilot phase currently but will launch statewide next fiscal year to provide additional opportunities for reimbursement to offset rising costs of staff and supplies. Delta Dental continues to

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

analyze ongoing concerns around staffing shortages and how expansion of the workforce could be addressed through community outreach, particularly within dental and dental hygiene schools.

- In addition to the root cause analysis for providers, Delta Dental performed the same analysis for members. The survey identified several issues related to eligibility, benefit awareness, lack of provider availability and transportation. To support members, a text messaging campaign was launched to increase awareness of dental benefits and deliver a link that allows the member to locate a nearby provider. Text messaging efforts also included education on safety of the dental office related to the COVID-19 pandemic and importance of dental care. The care coordination team continues to outreach via phone and/or email to those members requesting additional assistance or with unique needs related to social determinants of health barriers and special health conditions. A small percentage of members were unable to be reached due to lost eligibility or assignment to a different dental health plan.
- Delta Dental currently participates in all MDHHS required Performance Measure Validation (PMV) initiatives and will continue to do so.
- Discrepancy existed between MDHHS rates and Delta Dental rates; however, the rates were adjusted and accepted on resubmission. To avoid reconciliation issues in the future, Delta Dental has implemented a data staging process that will be used to test the data prior to submission to MDHHS.

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

- Current utilization data indicates an overall increase in utilization for any dental service across all age groups. Analysis will be conducted to determine statistical significance per CMS-416 measure for each increase and reported to MDHHS as required. Recent CMS-416 data pulled for FY21 indicates that members are returning to the dentist and capacity is increasing. For example, preliminary CMS-416 measure analysis indicates that 12a. Total Eligibles Receiving Any Dental Services has increased 2-3% in FY21. Other measures demonstrate a similar increase in utilization.

c. Identify any barriers to implementing initiatives:

- As noted above, no particular barriers exist to implementing initiatives as selected interventions were designed for success in light of provider limitations, member concerns, and public health guidance at the time of implementation. In regard to community support for expansion of workforce and addressing staff shortages, partnerships with dental and dental hygiene schools, as well as dental assisting schools, take considerable time to develop and strategize for optimal long-term results.

HSAG Assessment: HSAG has determined that **Delta Dental of Michigan** addressed the prior year's recommendations. **Delta Dental of Michigan**'s reported rates for the 12a, 12b, and 12e CMS-416 EPSDT performance measures increased between SFY 2020 and SFY 2021. Additionally, discrepancies related to the accuracy of **Delta Dental of Michigan**'s data counts and rates were not identified during the PMV activity. Lastly, **Delta Dental of Michigan** participated in PMV and provided all requested materials, including a completed ISCA tool along with supporting documentation and source code to MDHHS for review.

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

HSAG recommended the following:

- As **Delta Dental of Michigan** previously submitted a CAP to address these findings [deficiencies were identified throughout the year regarding the processes related to provider contract provisions; oral, medical, and community health coordination; and available and accessible services from the DHP's provider network], **Delta Dental of Michigan** should ensure its CAP is fully implemented to mitigate the deficiencies.

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

DHP's Response: (Note—the narrative within the MCE's Response section was provided by the MCE 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):
 - All corrective action plans (CAPs) that were previously submitted by Delta Dental have been fully implemented to mitigate any deficiencies. There are currently no activities still underway related to these findings.
 - Delta Dental added the appropriate provider contract provisions.
 - Delta Dental provided an updated oral, medical and community health coordination narrative which included the coordination conducted with all required entities. Delta Dental continues to coordinate dental services with a wide variety of entities, including Medicaid Health Plans, Primary Care Providers, Community Based Organizations, Community Health Workers, and School programs.
 - Delta Dental monitors the adequacy of its provider network by running geo-access reports monthly (or as needed) to ensure members have access to care and confirm its network is adequate. In addition, Delta Dental continually monitors opportunities for recruiting providers into the Delta Dental Healthy Kids dental network.
 - Furthermore, any CAPs or non-compliance that Delta Dental receives follows its internal corporate incident management process which requires investigation, root cause analysis, remedial action, and validation of completion (when necessary) from the applicable business owner. The corporate incident management process requires incidents of non-compliance to be reviewed by the compliance department to ensure appropriate corrective measures are put into place. Delta Dental's Compliance Committee monitors all incidents and is responsible for overseeing completion.
- b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):
 - Delta Dental did not identify any noted performance improvements as no new initiatives were implemented as a result of the identified CAPs.
- c. Identify any barriers to implementing initiatives:
 - Delta Dental did not encounter any barriers.

HSAG Assessment: HSAG has determined that **Delta Dental of Michigan** addressed the prior year's recommendations. The DHP reported that all CAPs have been fully implemented and the SFY 2022 compliance review activity confirmed that elements 2.1, 2.4, and 2.7 received a *Met* score.

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

HSAG recommended the following:

- 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, **Delta Dental of Michigan** should 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.

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

DHP's Response: (Note—the narrative within the MCE's Response section was provided by the MCE 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):
 - As described above, Delta Dental implemented several initiatives designed to bring members back to the dental office, assist providers with ongoing challenges related to the COVID-19 pandemic that impact capacity, and address inflationary pressures to increase access. These initiatives include text messaging campaigns and phone outreach for care coordination and assistance in finding a provider for members, and support for providers to increase capacity and eliminate concerns around timely appointments.
 - To support providers, Delta Dental implemented performance incentives through our value-based payment project and performance improvement project, both targeted at increasing utilization in a low utilization, high member density area. In addition, Delta Dental increased the fee schedule for all HKD participating providers as well as offering a \$1,000 supply credit to all providers statewide, regardless of network participation. Both initiatives were designed to offer dentists increased opportunity for reimbursement and financial support to assist providers in returning to normal capacity levels that would increase access and reduce barriers.
 - For members, a text messaging campaign was launched to address many of the common issues cited by members. Texts were sent containing links to locate a provider near them, find benefit information and to address safety concerns around visiting the dentist during the pandemic. Other texts included general oral hygiene information, including that of the importance of oral health for young children and the need to visit the dentist regularly.
- b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):
 - Utilization data has indicated improvement in all age groups for any dental service in FY21, indicating that access has improved, and members are returning to the dental office. As noted previously, preliminary dental analysis for CMS-416 measures in FY21 indicate that 12a. Total Eligibles Receiving Any Dental Services has increased anywhere from 2-3%, with other measures showing a similar increase. Delta Dental continues to outreach to members regarding benefit awareness, locating a provider and other needs through our care coordination team.
- c. Identify any barriers to implementing initiatives:
 - No specific barriers prevented the implementation of the initiatives listed above. As previously noted, initiatives were selected and designed for success around current public health guidance and with consideration to existing challenges for both providers and members.

HSAG Assessment: HSAG has determined that **Delta Dental of Michigan** addressed the prior year's recommendations. However, while the SFY 2022 scores for the following measures did not demonstrate a statistically significant decline from the SFY 2021 scores, these measures demonstrated some decline in performance: *Rating of Regular Dentist* (–2.6 percentage points), *Rating of All Dental Care* (–2.9 percentage points), *Rating of Dental Plan* (–2.5 percentage points), and *Access to Dental Care* (–1.5 percentage points). Therefore, **Delta Dental of Michigan** should continue to focus on initiatives aimed at increasing members' access to dental services and improving parents'/caretakers' perceived negative experiences with their child's dental providers.

5. Dental Health Plan Comparative Information

In addition to performing a comprehensive assessment of each DHP's performance, 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 2022 validation, the DHPs submitted Remeasurement 1 data for their ongoing PIP topics. HSAG's validation evaluated the technical methods the DHPs' PIPs (i.e., the PIP Design, Implementation, and Outcomes stages). Based on its technical review, HSAG determined the overall methodological validity of each DHP's PIP and assigned an overall validation status (i.e., *Met*, *Partially Met*, *Not Met*). Table 5-1 provides a comparison of the overall PIP validation statuses and the scores for the PIP Design (Steps 1 through 6), Implementation (Steps 7 and 8), and Outcomes (Step 9) stages, by DHP.

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

Overall PIP Validation Status, by DHP			Design, Implementation, and Outcomes Scores		
			Met	Partially Met	Not Met
BCBSM	<i>Increasing the Number of Members Ages 0–5 Accessing Dental Services</i>	<i>Met</i>	100%	0%	0%
DDMI	<i>Increasing Dental Utilization in Ages One and Two</i>	<i>Met</i>	95%	5%	0%

Performance Measure Validation

As there were no State or national benchmarks established for the CMS-416 EPSDT performance measures during the measurement period (October 1, 2020–September 30, 2021), Table 5-2 displays the comparison of performance between the two DHPs for the SFY 2022 performance measure activity, which includes data from the SFY 2021 measurement period (October 1, 2020–September 30, 2021).

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	23.69%	49.75%
12b—Total Eligibles Receiving Preventive Dental Services	21.30%	46.36%
12c—Total Eligibles Receiving Dental Treatment Services	8.93%	21.40%
12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	7.87%	10.44%
12e—Total Eligibles Receiving Dental Diagnostic Services	23.18%	48.05%
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	21.30%	46.36%

Delta Dental of Michigan had higher rates than **Blue Cross Blue Shield of Michigan** for each reported measure for SFY 2021 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. **Blue Cross Blue Shield of Michigan**'s first year contracting with MDHHS to provide services was during the SFY 2019 reporting period (i.e., BCBSM did not receive members for SFY 2018); therefore, **Blue Cross Blue Shield of Michigan**'s lower membership count resulted in its lower numerator and denominator counts for the CMS-416 EPSDT performance measures for the SFY 2019 reporting period. This has also impacted the SFY 2020 and SFY 2021 reporting periods. Additionally, MDHHS indicated that **Delta Dental of Michigan** has provided dental services to members for over two decades and, therefore, has more stability in its membership.

MDHHS communicated performance measurement targets to the DHPs in October 2021. Since there were no state targets or national benchmarks established for these performance measures during the measurement period (i.e., October 1, 2020–September 30, 2021), the DHP performance measure rate comparisons focus on comparing results between the DHPs. In general, 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 SFY 2020 to SFY 2021 measurement periods. Negative values in the *SFY 2020–SFY 2021 Comparison* column indicate a rate decrease from SFY 2020 (October 1, 2019–September 30, 2020) to SFY 2021 (October 1, 2020–September 30, 2021). Positive values in the *SFY 2020–SFY 2021 Comparison* column indicate a rate increase from SFY 2020 to SFY 2021. Rate increases of 5 percentage points or more are denoted by shading within the applicable field.

Table 5-3—CMS-416 EPSDT SFY 2020 and SFY 2021 Performance Measure Rate Comparisons

Performance Measures			
BCBSM			
CMS-416 EPSDT Performance Measure	SFY 2020	SFY 2021	SFY 2020–SFY 2021 Comparison
12a—Total Eligibles Receiving Any Dental Services	18.11%	23.69%	+5.58%
12b—Total Eligibles Receiving Preventive Dental Services	15.75%	21.30%	+5.55%
12c—Total Eligibles Receiving Dental Treatment Services	6.72%	8.93%	+2.21%
12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	6.28%	7.87%	+1.59%
12e—Total Eligibles Receiving Dental Diagnostic Services	17.60%	23.18%	+5.58%
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	15.75%	21.30%	+5.55%
DDMI			
CMS-416 EPSDT Performance Measure	SFY 2020	SFY 2021	SFY 2020–SFY 2021 Comparison
12a—Total Eligibles Receiving Any Dental Services	46.67%	49.75%	+3.08%
12b—Total Eligibles Receiving Preventive Dental Services	42.62%	46.36%	+3.74%
12c—Total Eligibles Receiving Dental Treatment Services	17.97%	21.40%	+3.43%
12d—Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	9.57%	10.44%	+0.87%
12e—Total Eligibles Receiving Dental Diagnostic Services	44.23%	48.05%	+3.82%
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	42.62%	46.36%	+3.74%

■ Indicates a rate increase of 5 percentage points or more.

Compliance Review

MDHHS calculated the HKD program’s overall performance in each of the six performance areas. Table 5-4 compares the HKD average compliance score in each of the six performance areas with the compliance score achieved by each DHP. The percentages of requirements met for each of the six standards reviewed during the SFY 2022 compliance review are provided.

Table 5-4—Compliance Monitoring Comparative Results

Standard		Compliance Scores		
		BCBSM	DDMI	HKD Program
1	Administrative	100%	100%	100%
2	Providers	93%	100%	96%
3	Members	100%	100%	100%
4	Quality	100%	100%	100%
5	MIS/Financial	96%	100%	98%
6	OIG/Program Integrity	97%	100%	98%
Overall		97%	100%	99%
		Indicates statewide performance achieved 100 percent compliance.		

Network Adequacy Validation

During May and June 2022, HSAG completed an NVS among general and pediatric dental providers contracted with one or both DHPs to ensure members have appropriate access to provider information. The NVS included a PDV in which HSAG compared key indicators published in each online provider directory with the data in the DHP’s provider file. HSAG then validated the accuracy of the online provider directories by completing a secret shopper telephone survey to evaluate the accuracy of the provider information located in the directories.

Table 5-5 summarizes findings by DHP regarding the number of sampled providers and provider locations (i.e., “cases”) that HSAG’s reviewers were able to locate in the DHPs’ online directories.

Table 5-5—Summary of Sampled Providers Located in Online Directories

DHP	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory	
		Count	%	Count	%
BCBSM	321	283	88.2%	38	11.8%
DDMI	393	381	96.9%	12	3.1%
DHP Total*	714	664	93.0%	50	7.0%

* DHP Total is the aggregate count and match rate between the provider data files and the online provider directory across both DHPs.

Table 5-6 displays, by DHP and study indicator, the percentage of sampled provider locations identified in the online directories with exact matches between the DHPs' provider data files and the online provider directory. Cases with unmatched results may include spelling discrepancies, incomplete information, or information not listed in the directory (e.g., the DHP's provider data included a data value for a study indicator, but the online provider directory did not include a data value for the study indicator).⁵⁻¹

Table 5-6—Study Indicator Matches

Indicator	BCBSM		DDMI		DHP Total	
	Count	%	Count	%	Count	%
Provider's Name	282	99.6%	381	100%	663	99.8%
Provider Address	272	96.1%	378	99.2%	650	97.9%
Provider City	267	94.3%	379	99.5%	646	97.3%
Provider State	276	97.5%	379	99.5%	655	98.6%
Provider Zip Code	271	95.8%	379	99.5%	650	97.9%
Provider Telephone Number	268	94.7%	379	99.5%	647	97.4%
Provider Type/Specialty	274	96.8%	378	99.2%	652	98.2%
Provider Gender	275	97.2%	379	99.5%	654	98.5%
Provider Accepting New Patients	276	97.5%	377	99.0%	653	98.3%
Non-English Language Speaking Provider (including American Sign Language)	255	90.1%	378	99.2%	633	95.3%
Provider Primary Language	274	96.8%	379	99.5%	653	98.3%

⁵⁻¹ The denominator for each study indicator includes the number of cases in which the provider was found in the directory (i.e., as shown in Table 5-5).

HSAG included cases in the telephone survey only if those cases matched on eight provider indicators in the PDV: name, address, city, state, ZIP Code, telephone number, type/specialty, and new patient acceptance. HSAG attempted to contact 639 sampled provider locations (i.e., “cases”), with an overall response rate of 86.7 percent (n=554). Table 5-7 summarizes the DHPs’ secret shopper survey results.

Table 5-7—Summary of Secret Shopper Survey Results

DHP	Total Cases	Response Rate		Offering Specialty		Confirmed Provider		Accepting DHP		Accepting HKD	
		Cases Reached	Response Rate (%)	Offering Specialty	Rate (%)	Confirmed Provider	Rate (%)	Accepting DHP	Rate (%)	Accepting HKD	Rate (%)
BCBSM	263	216	82.1%	213	98.6%	207	97.2%	206	99.5%	186	90.3%
DDMI	376	338	89.9%	329	97.3%	306	93.0%	301	98.4%	290	96.3%
DHP Total	639	554	86.7%	542	97.8%	513	94.6%	507	98.8%	476	93.9%

Table 5-8 displays the number of cases in which the survey respondent offered appointments to new patients for routine dental services, as well as summary wait time statistics. Note that potential appointment dates may have been offered with any practitioner at the sampled location.

Table 5-8—Appointment Availability Results

Provider Category			Cases Offered an Appointment			Appointment Wait Time (Days)			
	Total Survey Cases	Cases Contacted and Accepting New Patients	Number	Rate Among All Surveyed Cases ¹ (%)	Rate Among Cases Accepting New Patients ² (%)	Min	Max	Average	Median
BCBSM	263	183	183	69.6%	100%	0	74	11	7
DDMI	376	265	246	65.4%	92.8%	0	207	27	12
DHP Total	639	448	429	67.1%	95.8%	0	207	20	10

¹ The denominator includes all cases included in the sample.

² The denominator includes cases responding to the survey that accept the DHP, accept HKD, and accept new patients.

Child Dental Survey

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., both DHPs combined). Table 5-9 presents the SFY 2022 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 5-9 also compares the SFY 2021 and SFY 2022 scores for the HKD program.

Table 5-9—DHP and Programwide Comparisons

	SFY 2022 DHP Results		HKD Program Results	
	BCBSM	DDMI	SFY 2021	SFY 2022
Global Ratings				
<i>Rating of Regular Dentist</i>	72.2%	75.0%	74.4%	73.9%
<i>Rating of All Dental Care</i>	68.0%	76.3%	73.9%	72.9%
<i>Rating of Finding a Dentist</i>	48.0% ⁺ ↓	85.7% ⁺ ↑	51.4% ⁺	65.2% ⁺
<i>Rating of Dental Plan</i>	66.5%	68.6%	68.3%	67.7%
Composite Measures				
<i>Care from Dentists and Staff</i>	94.6%	95.5%	95.6%	95.1%
<i>Access to Dental Care</i>	72.2%	75.7%	75.0%	74.1%
<i>Dental Plan Information and Services</i>	88.3% ⁺	86.7%	85.0%	87.9%
Individual Items				
<i>Care from Regular Dentists</i>	95.6%	94.5%	96.2%	94.9%
<i>Would Recommend Regular Dentist</i>	94.9%	94.9%	96.8%	94.9%
<i>Would Recommend Dental Plan</i>	97.0%	96.3%	95.4%	96.6%

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

↑ Indicates the DHP SFY 2022 score is statistically significantly higher than the SFY 2022 HKD program score.

↓ Indicates the DHP SFY 2022 score is statistically significantly lower than the SFY 2022 HKD program score.

Consumer Guide

HSAG analyzed SFY 2021 CMS-416 EPSDT performance measure and MY 2021 CAHPS data for two DHPs for presentation in the 2023 Michigan HKD Consumer Guide. The 2023 Michigan HKD Consumer Guide analysis helps support MDHHS’ public reporting of DHP performance information. The 2023 Michigan HKD Consumer Guide used a three-level rating scale to provide potential and enrolled DHP members with an easy-to-read “picture” of quality performance across the two DHPs and presented data in a manner that emphasizes meaningful differences between DHPs. The 2023 Michigan HKD Consumer Guide used apples to display results for each DHP as defined in Table 5-10.

Table 5-10—Apple Ratings for the 2023 Michigan HKD Consumer Guide













Rating	Plan Performance Compared to Statewide Average	
	Significantly Higher	The plan’s performance was significantly higher than the other plan’s rate.
	Comparable	The plan’s performance was comparable than the other plan’s rate.
	Significantly Lower	The plan’s performance was significantly lower than the other plan’s rate.

Table 5-11 and Table 5-12 show the 2023 Michigan HKD Consumer Guide results.

Table 5-11—2023 Michigan HKD Consumer Guide—CAHPS Measures

Measure	DHP	
	BCBSM	Delta Dental
Overall Dental Plan		
Child—Rating of Dental Plan		
Child—Dental Plan Information and Services	—	
Child—Would Recommend Dental Plan		
Child—Rating of All Dental Care		
Access to Dental Care		
Child—Access to Dental Care		

—indicates the plan did not have enough data to receive a rating.

Table 5-12—2023 Michigan HKD Consumer Guide—CMS-416 EPSDT Measures

Measure	DHP	
	BCBSM	Delta Dental
Use of Dental Care		
Kids Received Dental Tests		
<1 Year	★★★★	★★
1–2 Years	★★	★★★★
3–5 Years	★★	★★★★
6–9 Years	★★	★★★★
10–14 Years	★★	★★★★
15–18 Years	★★	★★★★
19–20 Years	★★	★★★★
Total	★★	★★★★
Kids Received Dental Preventive Care		
<1 Year	★★★★	★★
1–2 Years	★★	★★★★
3–5 Years	★★	★★★★
6–9 Years	★★	★★★★
10–14 Years	★★	★★★★
15–18 Years	★★	★★★★
19–20 Years	★★	★★★★
Total	★★	★★★★
Kids Get Needed Care to Prevent Cavities		
6–9 Years	★★	★★★★
10–14 Years	★★	★★★★
Total	★★	★★★★
Kids Received Any Dental Care		
<1 Year	★★★★	★★
1–2 Years	★★	★★★★
3–5 Years	★★	★★★★
6–9 Years	★★	★★★★
10–14 Years	★★	★★★★
15–18 Years	★★	★★★★
19–20 Years	★★	★★★★
Total	★★	★★★★

6. Programwide Conclusions and Recommendations

Programwide 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 dental 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 to identify programwide conclusions. HSAG presents these programwide conclusions and corresponding recommendations to MDHHS to drive progress toward achieving the goals of the MDHHS CQS and support improvement in the quality, timeliness, and accessibility of healthcare services furnished to Medicaid members.

Table 6-1—Programwide Conclusions and Recommendations

Quality Strategy Goal	Overall Performance Impact	Performance Domain
Goal #1 —Ensure high quality and high levels of access to care	<p>Conclusions: The results of the NAV activity confirmed that HKD members generally have access to accurate provider information via the provider directory, as 93 percent of providers included in the provider data files were in the DHPs’ provider directories. Further, the provider-specific details (e.g., provider’s name, address, telephone number, gender, specialty) in the provider directories had a programwide match rate of 95 percent or above. Most dental provider locations able to be contracted also offered the requested services, were affiliated with the sampled provider, and accepted the DHPs; for those providers, callers were offered an appointment over 95 percent of the time. However, considering all sampled provider locations (including providers who were unable to be contacted, who did not offer the requested services, who were not affiliated with the location, who did not accept the DHPs, or who did not accept the HKD program), the rate of offered appointments was only 67.1 percent, suggesting that HKD members may experience barriers in obtaining timely appointments. This is also supported by the wait times for appointments. While the average number of days to wait for an appointment was only 20 days, the maximum wait time was excessive at 207 days. MDHHS’ standard for initial appointment wait times for the HKD program is within eight weeks of the request and within 21 business days for routine care.</p> <p>Additionally, the results of the child dental survey confirmed that parents/caretakers of HKD members reported some negative experiences with dental care and services, which also may be a barrier to members accessing services. The HKD program scores for <i>Rating of Regular Dentist, Rating of All Dental Care, Rating of</i></p>	<input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Timeliness <input checked="" type="checkbox"/> Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	<p><i>Finding a Dentist, Rating of Dental Plan, and Access to Dental Care</i> were less than 75 percent.</p> <p>Further, through the PMV activity and reporting of the CMS-416 EPSDT performance measures, overall, the rates of members receiving dental services were relatively low with the top performing DHP demonstrating fewer than half of its members receiving dental care.</p> <p>Recommendations: The current secret shopper survey activity reports on the minimum, maximum, average, and median appointment wait times. However, MDHHS' contract with the DHPs has defined appointment wait time standards according to the type of requested services or care (e.g., urgent, routine, specialty). In future secret shopper activities, MDHHS could consider including in the methodology an evaluation of each DHP's compliance in adherence to the corresponding appointment time standard. Additionally, or alternatively, MDHHS could consider requiring the DHPs to conduct internal secret shopper surveys on a scheduled interval and report to MDHHS on the MDHHS-established appointment wait times.</p> <p>Further, HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #1. These objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS' DHPs. MDHHS could consider aligning each minimum performance standard outlined in contract with a CQS objective for the HKD program.</p>	
Goal #2 —Strengthen person and family-centered approaches	<p>Conclusions: In alignment with the Michigan SOHP, and as identified in MDHHS' contract with the DHPs, a goal of the HKD program is to promote a patient-centered approach that recognizes the importance of dental care in overall healthcare and promoting professional integration and coordination of care across provider types. Additionally, through the compliance review activity, and specifically the Members standard, MDHHS monitors member grievances reported by the DHPs, including complaints related to patient-centeredness. Both DHPs received a <i>Met</i> score for this element.</p> <p>Recommendations: HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #2. These</p>	<input checked="" type="checkbox"/> Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS' DHPs.	
Goal #3 —Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external)	<p>Conclusions: MDHHS' contract with the DHPs requires the DHPs to utilize enrollment files, claims, encounter data, and eligibility status (such as children in foster care, persons receiving Medicaid for the blind or disabled and CSHCS) to address oral health disparities, improve community collaboration, and enhance care coordination between the DHPs' provider network and member physicians and/or specialists. The DHPs must also support MDHHS' initiatives to increase the use of Health Information Exchange/Health Information Technology to improve care coordination and communication between systems of care. Through the compliance review activity, and specifically the Providers and Members standards, MDHHS monitors the DHPs' compliance with various care coordination provisions including, but not limited to, oral, medical, and community health coordination between the MHPs, PCPs, community-based organizations, community health workers, and school programs. The DHPs are also required to maintain policies and procedures related to collaboration with their provider network and member physicians and/or specialists for quality assurance coordination and care planning for members transitioning into adulthood. Both DHPs received a <i>Met</i> score for these elements.</p> <p>Recommendations: HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #3. These objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS' DHPs.</p>	<input checked="" type="checkbox"/> Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Access
Goal #4 —Reduce racial and ethnic disparities in healthcare and health outcomes	<p>Conclusions: MDHHS it is continuously looking to improve oral health outcomes by leveraging its previous program knowledge, engaging community partners, and collaborating with stakeholders to find solutions. The DHPs are required to recognize that Population Health Management is built on a detailed understanding of the distribution of social, economic, familial, cultural, and physical environment factors which impact health outcomes among different geographic locations and groups (such as socioeconomic, racial/ethnic, or age), and the distribution of health conditions, health-related behaviors and outcomes including, but not limited to: physical, dental, behavioral, and social needs among different geographic locations and groups (such as socioeconomic, racial/ethnic, or age). MDHHS requires the DHPs' QAPI programs</p>	<input checked="" type="checkbox"/> Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	<p>to describe how the DHP will ensure equitable distribution of dental services to the DHP's entire population including members of racial/ethnic minorities, those whose primary language is not English, those in rural areas, and those with disabilities. Through the compliance review activity, MDHHS evaluates each DHP's QAPI program through the compliance review activity, specifically the Quality standard. Both DHPs received a <i>Met</i> score for this element.</p> <p>Recommendations: While MDHHS monitors the DHPs' QAPI programs through the compliance review activity, including the program description, work plan, and evaluation, the compliance review methodology for the QAPI program assessment (e.g., compliance review timeline) did not indicate whether MDHHS specifically evaluates the DHPs' processes for equitable distribution of dental services to the DHP's entire population or the initiatives aimed at reducing/eliminating racial and ethnic disparities. MDHHS could consider adding a review criterion to element 4.3 <i>QIP Evaluation and Work Plan; UM Program and Effectiveness</i> to ensure the DHPs' QAPI program meets MDHHS' expectations related to reducing racial and ethnic disparities in healthcare and health outcomes. Additionally, MDHHS could consider activities in which the DHPs could report the results stratified by race/ethnicity. For example, MDHHS' contract with the DHPs has defined time and distance access standards. Stratifying the results of these access standards may identify whether members with different races/ethnicities have equal access to Medicaid providers.</p> <p>Further, for future PIP activities, MDHHS could require the DHPs to target disparate populations, as applicable, and focus interventions on reducing any identified racial and/or ethnic disparities.</p> <p>Lastly, HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #4. These objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS' DHPs.</p>	

Quality Strategy Goal	Overall Performance Impact	Performance Domain
Goal #5 —Improve quality outcomes and disparity reduction through value-based initiatives and payment reform	<p>Conclusions: MDHHS has implemented a performance bonus initiative in which a percentage of the capitation payment from the DHPs is withheld for performance of quality activities. These funds are used for the DHP performance bonus awards, which are made according to criteria established by MDHHS including, but 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.</p> <p>However, the aggregated findings from each of the EQR activities did not produce relevant data for HSAG to comprehensively assess the impact the performance bonus had on improving quality outcomes.</p> <p>Recommendations: HSAG recommends that the CQS be revised to include the specific performance metrics (i.e., objectives) MDHHS will use to evaluate progress toward achieving Goal #5. These objectives should be specific, measurable, attainable, relevant, and time-bound and take into consideration the health status of all populations served by MDHHS’ DHPs. While MDHHS stipulates its expectations related to the performance bonus within its contract with the DHPs, HSAG did not evaluate the results of these activities as part of this EQR since they are not included as part of the annual EQR activities or tied to a performance measure that aligns to an objective under the CQS. Therefore, no additional recommendations can be provided in support of Goal #5.</p>	<input checked="" type="checkbox"/> Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Access

Appendix A. External Quality Review Activity Methodologies

Methods for Conducting EQR Activities

Validation of Performance Improvement Projects

Activity Objectives

For SFY 2022, 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 DHP'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 the DHP executed a methodologically sound improvement project, and 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 PIP 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 2022 submissions, the DHPs reported the Design, Implementation, and Outcomes stages and were validated for Steps 1 through 9 in the PIP Validation Tool.

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

- Step 1. Review the Selected PIP Topic
- Step 2. Review the PIP Aim Statement
- Step 3. Review the Identified PIP Population
- Step 4. Review the Sampling Method
- Step 5. Review the Selected Performance Indicator(s)
- Step 6. Review the Data Collection Procedures
- Step 7. Review the Data Analysis and Interpretation of PIP Results
- Step 8. Assess the Improvement Strategies
- Step 9. Assess the Likelihood that Significant and Sustained Improvement Occurred

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 Feedback 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 2022, the DHPs submitted Remeasurement 1 data for their respective PIP topics. **Blue Cross Blue Shield of Michigan** used the CMS-416 EPSDT performance measure for the *Increasing the Number of Members Ages 0–5 Accessing Dental Services* performance indicator. **Delta Dental of Michigan** 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	Measurement Period	Reporting Year (Measurement Period)
Administrative	Baseline	October 1, 2018–September 30, 2019
Administrative	Remeasurement 1	October 1, 2020–September 30, 2021
Administrative	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 the DHP provided to members, HSAG validated the PIPs to ensure the DHP used a sound methodology in its design and PIP implementation. The process assesses the validation findings on the likely validity and reliability of the results by assigning a validation score of *Met*, *Partially Met*, or *Not Met*. HSAG further analyzed the quantitative results (e.g., performance indicator results compared to baseline and PIP goal) and qualitative results (e.g., technical design of the PIP) 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.

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 2022 and reported data for performance measures selected by MDHHS for the SFY 2021 (October 1, 2020–September 30, 2021) measurement period and the SFY 2022 validation.

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 performance measure rates were compared to their corresponding SFY 2020 performance measure rates to determine whether there were significant differences. Significant differences between the SFY 2021 performance measure rates and the SFY 2020 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 the *FY22 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 2022 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/Financial	§438.56 Disenrollment: Requirements and limitations §438.242 Health information systems
6	OIG/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 2021, it may not attest to the item again in SFY 2022).

For each element 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 programwide results were provided to HSAG via the *HKD FY 22 Year Summary* report.

Upon receiving a *Not Met* finding, the DHPs were required to submit a CAP,^{A-1} which was reviewed by MDHHS to determine acceptability. If an acceptable CAP was received by the due date, MDHHS provided documentation in the compliance review tools and the *Not Met* score remained. If a CAP was not received by the due date or if the CAP received by MDHHS did not meet requirements, the MHP was subject to financial penalties or paying liquidation damages outlined in the contract. MDHHS’ CAP review process included the eight steps identified in Table A-3.

Table A-3—MDHHS CAP Review Process

Step	Entity Responsible for Completing Step	
	MDHHS	DHP
Step 1: Identify the Issue	✓	
Step 2: DHP Dispute of the CAP (optional)		✓
Step 3: DHP Corrective Action		✓
Step 4: Acceptance of Corrective Action	✓	
Step 5: DHP Revised Corrective Action (if needed)		✓
Step 6: Acceptance of Revised Corrective Action (if needed)	✓	
Step 7: Effectiveness of the CAP		✓
Step 8: Closure	✓	

^{A-1} Under limited circumstances, MDHHS did not require a CAP for a *Not Met* element. Examples for not requiring a CAP included, but were not limited to: when there is an existing CAP related to the findings; an MDHHS reviewer determined the findings were not egregious due to a lack of clarity of the state-specific requirement; submission was compliant but was not submitted timely.

Focus Study—MDHHS also conducts an annual focus study with each DHP that consists of staff interviews and system demonstrations. Each year MDHHS staff determine the scope of the study based on current initiatives and improvement opportunities. The scope of the SFY 2022 virtual focus study included a review in two areas: Operations and Quality.

Each DHP's focus study was scheduled over the course of two to three days during October 2022. The DHPs had pre-submission requirements for portions of the focus study in addition to the case review. MDHHS also requested that each DHP submit copies of slide decks and all presentation materials used during the study. MDHHS compiled these materials along with any follow-up documentation, attendance reports, and customized agendas. Specific MDHHS staff members were responsible for taking notes during each component of the review (i.e., Operations and Quality) to document the findings of the focus study. The findings of the focus study were used to supplement the compliance review activity.

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 materials produced by the DHPs throughout SFY 2022, 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 the statewide 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.

Network Adequacy Validation

Activity Objectives

The primary purpose of the SFY 2022 NAV was to assess the accuracy of the managed care network information supplied to Michigan HKD members using the DHPs' provider data files and online provider directories, and telephone survey calls to randomly sampled provider locations. As a secondary survey objective, HSAG collected appointment availability information for routine dental visits among new patients enrolled with a DHP under the HKD program. Specific survey objectives included the following:

- Determine whether service locations accept patients enrolled with the requested DHP for the HKD program and the degree to which DHP and HKD acceptance aligns with the DHPs' provider data.
- Determine whether service locations accepting HKD for the requested DHP accept new patients and the degree to which new patient acceptance aligns with the DHPs' provider data.

- Determine appointment availability with the sampled provider service locations for routine dental visits.

Technical Methods of Data Collection and Analysis

Each DHP submitted provider data to HSAG, reflecting dental providers actively enrolled with one or more Michigan DHP that serve members in the HKD program as of February 15, 2022. Out-of-state providers located in Indiana, Ohio, or Wisconsin within a reasonable distance of the DHPs' applicable regions were included in the study. HSAG used these data to conduct the NVS.

The NAV included a PDV in which HSAG compared key indicators published in each online provider directory with the data in the DHP's provider file. HSAG then validated the accuracy of the online provider directories by completing a secret shopper telephone survey to evaluate the accuracy of the provider information located in the directories. HSAG used an MDHHS-approved methodology and script to conduct the secret shopper telephone surveys. The secret shopper approach allows for objective data collection from healthcare providers without potential bias introduced by revealing the surveyors' identities. Using the provider data each DHP supplied to HSAG, secret shopper callers contacted sampled provider locations between May and June 2022 to inquire about appointment availability.

Several limitations and analytic considerations must be noted when reviewing NAV results:

- The provider data submitted by the DHPs in March 2022 may have changed and subsequently been updated in the DHPs' data systems and/or online provider directories prior to HSAG's PDV reviews and secret shopper survey calls in May and June 2022.
- Reviewers conducted the directory reviews using desktop computers with high-speed Internet connections. Reviewers did not attempt to access or navigate the DHPs' online provider directories from mobile devices or using accessibility tools (e.g., software that reads the website content for users with limited eyesight). The current study cannot speak to whether the results are maintained across different types of devices that members may use to access provider directories.
- HSAG included cases in the telephone survey only if those cases matched on eight provider indicators in the PDV: name, address, city, state, ZIP Code, telephone number, type/specialty, and new patient acceptance. PDV cases that did not match on these indicators were not included in the secret shopper survey. It is unknown if the telephone survey results would have been better, similar, or worse among the PDV cases that did not match on the eight key indicators described.
- To maintain the secret nature of the survey and to ensure consistent data collection across cases, callers used a standardized survey script and posed as parents/caretakers of child members who were not existing patients at the sampled provider locations. As such, survey results may not represent appointment timeliness among the DHPs' members who are existing patients or who may accept scenarios outside the survey script (e.g., leaving voicemails for an office, supplying personally identifying information, or obtaining an appointment through an Internet-based scheduling portal).
- HSAG based survey results for the time to the first available appointment at the sampled location. As such, survey results may underrepresent timely appointments for situations in which members are willing to travel to an alternate location.

- Survey findings were compiled from self-reported responses supplied to callers by providers' office personnel. As such, survey responses may vary from information obtained at other times or using other methods of communication (e.g., MDHHS' encounter data files, online portals, speaking to a different representative at the provider's office).
 - The survey script did not address specific clinical conditions that may have resulted in more timely appointments or greater availability of services (e.g., a patient with a time-sensitive health condition or a referral from another provider).
 - Appointments may take longer to schedule during the COVID-19 PHE due to a variety of reasons, including staffing shortages, backlog of appointments, and enhanced cleaning procedures.
- The DHPs are responsible for ensuring that HKD members have access to a provider location within MDHHS' contract standards, rather than requiring that each individual provider or location offer appointments within specified time frames. As such, extended appointment wait times from individual provider locations should be considered in the context of the DHP's processes for assisting HKD members who require timely appointments.

Description of Data Obtained and Related Time Period

HSAG completed PDV reviews and secret shopper calls during May and June 2022. Prior to analyzing the results, HSAG reviewed the responses to ensure complete and accurate data entry.

Process for Drawing Conclusions

To draw conclusions about the quality, timeliness, and accessibility of care and services that each DHP provided to members, HSAG analyzed the results of the activity to determine each DHP's substantial strengths and weaknesses by assessing (1) the degree to which the DHPs' online provider directory information is accurate, up-to-date, and easy to locate and navigate; (2) which service locations accepted patients enrolled with the requested DHP for the HKD program and the degree to which DHP and HKD acceptance aligned with the DHPs' provider data; (3) whether service locations accepting HKD for the requested DHP accepted new patients and the degree to which new patient acceptance aligned with the DHPs' provider data; and (4) appointment availability with the sampled service locations for routine dental visits.

Child Dental Survey

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, 2021.

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-2} 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 a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

^{A-2} 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.

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 December 2021 to March 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 performed a trend analysis of the results where the SFY 2022 scores were compared to their corresponding SFY 2021 scores to determine whether there were statistically significant differences. Statistically significant differences between the SFY 2022 top-box scores and the SFY 2021 top-box scores are noted with directional triangles. Scores that were statistically significantly higher in SFY 2022 than SFY 2021 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in SFY 2022 than SFY 2021 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.

Consumer Guide

Activity Objectives

MDHHS contracted with HSAG to analyze SFY 2021 CMS-416 data and MY 2021 CAHPS data from two DHPs for presentation in the 2023 Michigan HKD Consumer Guide. The 2023 Michigan HKD Consumer Guide analysis helps support MDHHS' public reporting of DHP performance information.

Technical Methods of Data Collection and Analysis

MDHHS, in collaboration with HSAG, chose measures for the 2023 Michigan HKD Consumer Guide based on data availability, which included the CMS-416 EPSDT measures and the child dental survey results. Table A-4 lists the nine measures, five child dental survey and four CMS-416 EPSDT, included in the 2023 Michigan HKD Consumer Guide analysis.

Table A-4—2023 Michigan HKD Consumer Guide Reporting Categories and Measures

Measure	Measure Source
Overall Dental Plan	
Child Medicaid— <i>Rating of Dental Plan</i>	Survey Global Rating
Child Medicaid— <i>Dental Plan Information and Services</i>	Survey Composite

Measure	Measure Source
Child Medicaid— <i>Would Recommend Dental Plan</i>	Survey Individual Item
Child Medicaid— <i>Rating of All Dental Care</i>	Survey Global Rating
Access to Dental Care	
Child Medicaid— <i>Access to Dental Care</i>	Survey Composite
Dental Utilization	
<i>Enrolled Children Receiving Dental Diagnostic Services</i>	CMS-416 EPSDT
<i>Enrolled Children Receiving Dental Preventive Services</i>	CMS-416 EPSDT
<i>Enrolled Children Receiving Sealant Services</i>	CMS-416 EPSDT
<i>Enrolled Children Receiving Any Dental Services</i>	CMS-416 EPSDT

Given that only two HKD DHPs are available in Michigan, the 2023 Michigan HKD Consumer Guide displays a side-by-side comparison of the measure rates listed in Table 1 for each DHP. If a DHP did not have a sufficient amount of data (i.e., less than 30 members in the denominator for the CMS-416 EPSDT measures and less than 100 respondents to the child dental survey), HSAG displayed an em dash (—) for the measure rate.

Additionally, HSAG compared the DHPs’ results to each other to determine if the results were statistically significantly different. For the CAHPS measure results, a *t* test was performed to determine whether **Blue Cross Blue Shield of Michigan**’s results were significantly different from **Delta Dental of Michigan**’s results. A difference was considered statistically significant if the two-sided *p*-value of the *t* test was less than 0.05. For the CMS-416 EPSDT measures, a chi-square test was performed to determine whether **Blue Cross Blue Shield of Michigan**’s results were significantly different from **Delta Dental of Michigan**’s results. A difference was considered statistically significant if the *p*-value of the chi-square statistic was less than 0.05.

A three-level rating scale was used, which provides consumers with an easy-to-read “picture” of quality performance across the DHPs and presents data in a manner that emphasizes meaningful differences between the DHPs. The 2023 Michigan HKD Consumer Guide uses apples to display results for each DHP.

Description of Data Obtained and Related Time Period

HSAG received the CMS-416 EPSDT data from MDHHS. Additionally, HSAG used the DHPs’ member-level child dental survey data files that were produced as part of HSAG’s contract with MDHHS to administer a modified dental survey to HKD members.