Michigan Department of Health & Human Services

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State Fiscal Year 2023 External Quality Review Technical Report for Dental Health Plans

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HSAG HEALTH SERVICES ADVISORY GROUP

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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) 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) 2023 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").[1-1,1-2] 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

[1-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, February 2023*. Available at: https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf. Accessed on: Mar 14, 2024.

[1-2] HSAG updated the EQR methodologies to align with the 2023 CMS EQR Protocols published in February 2023. However, for the SFY 2023 activities initiated with the DHPs prior to the release of the 2023 CMS EQR Protocols, HSAG adhered to the guidance published in the 2019 CMS EQR Protocols (https://www.medicaid.gov/sites/default/files/2023-03/2019-eqr-protocols-updated.pdf) and initiated discussions with MDHHS, as appropriate, to align the methodologies to the 2023 CMS EQR protocols.

EQR-related activities will facilitate state efforts to purchase cost-effective, high-value care and to achieve higher performing healthcare delivery systems for their Medicaid and CHIP members. For the SFY 2023 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 (CMS EQR Protocol 1)
Performance Measure Validation (PMV)	This activity assesses whether the performance measures calculated by a DHP are accurate based on the measure specifications and reporting requirements.	Protocol 2. Validation of Performance Measures (CMS EQR Protocol 2)
Compliance Review[1-3]	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 (CMS EQR Protocol 3)
Network Adequacy Validation (NAV)	This activity assesses components of network adequacy for each DHP in alignment with the priorities of the State.	Protocol 4. Validation of Network Adequacy[1-4] (CMS EQR Protocol 4)
Encounter Data Validation (EDV)	This activity validates the accuracy and completeness of encounter data submitted by the DHP.	Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan (CMS EQR Protocol 5)
Child Dental Survey	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 (CMS EQR Protocol 6)

[1-3] 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 technical report.

[1-4] This activity was mandatory effective February 2024 with the creation of CMS' EQR Protocol 4. HSAG's approach to conducting NAV activities in SFY 2023 were tailored to address the specific needs of MDHHS by focusing on areas selected by MDHHS to assess network adequacy. Future NAV activities will be conducted in full alignment with Protocol 4 and will be included in the EQR technical report in SFY 2025 as required by CMS.

Activity	Description	CMS EQR Protocol
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. The quality rating deliverable submitted to MDHHS is known as a Consumer Guide.	Protocol 10. Assist With Quality Rating of Medicaid and CHIP Managed Care Organizations, Prepaid Inpatient Health Plans, and Prepaid Ambulatory Health Plans[1-5] (CMS EQR Protocol 10)

Healthy Kids Dental Program Conclusions and Recommendations

HSAG used its analyses and evaluations of EQR activity findings from the SFY 2023 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 the 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)[1-6] and support improvement in the quality, timeliness, and accessibility of dental services furnished to Medicaid managed care 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.	**Conclusions:** The results of the NAV activity indicated that of the 626 total general and pediatric dental providers called as part of the HKD program survey sample (i.e., dental providers who were included in the DHPs' provider directories and listed as accepting new patients), only 528 (84.3 percent) of the total providers were	☒ Quality ☒ Timeliness ☒ Access

[1-5] CMS has not yet issued the associated EQR protocol.

[1-6] The 2020–2023 MDHHS CQS was submitted to CMS and published on the MDHHS website in January 2021. Due to the timing of the EQR activities, and at the direction of MDHHS, HSAG used the 2020–2023 MDHHS CQS for the 2022–2023 EQR assessment. However, the 2023–2026 MDHHS CQS was submitted to CMS in October 2023 and has replaced the 2020–2023 version on MDHHS' website. The 2023–2026 MDHHS CQS is now available at: https://www.michigan.gov/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/Other-Prov-Specific-PageDocs/Quality_Strategy_2015_FINAL_for_CMS_112515.pdf?rev=c062404614184b219a8e4b1d6ddd520a.

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	able to be reached by the surveyors. Nearly 16 percent of the providers listed in the directory as dental providers accepting new patients had a disconnected or invalid telephone number; the telephone number was not for a dental provider, practice, or facility; or office personnel did not answer after two separate call attempts. Additionally, of the 528 offices that were reached, while 471 offices (89.2 percent) confirmed that the dental provider was at the location listed in the provider directory, only 454 dental provider offices (86 percent) confirmed that the address in the directory was accurate, and even fewer dental providers (445 or 84.3 percent of the total providers responding to the survey) offered teeth cleaning services. Further, only 409 providers, or 77.5 percent of the total dental providers contacted, accepted **Blue Cross Blue Shield of Michigan** and/or **Delta Dental of Michigan** DHPs under the HKD program. Of those dental offices confirming that they accepted the DHP under the HKD program, only 375 dental providers (71 percent of providers responding to the survey) accepted new patients. These survey findings suggest that members seeking a new dental provider for services under the HKD program are only able to obtain teeth cleaning services from approximately 60 percent of the providers listed in the provider directory, as indicated by a total of 375 providers accepting new patients from the 626 total offices attempted to be contacted by surveyors. The findings from the EDV activity confirmed that 74 percent of **Blue Cross Blue Shield of Michigan**'s enrolled members and approximately 50 percent of **Delta Dental of Michigan**'s enrolled members were not accessing dental care. Additionally, through the PMV activity, both DHPs had lower rates under *12a—Total Eligibles Receiving Any Dental Services* (28.67 percent [BCBSM] and 51.05 percent [DDMI]) and 12b—*Total Eligibles Receiving Preventive Dental Services* (28.34 percent [BCBSM] and 47.38 percent [DDMI])). Based on the NAV results, and as confirmed through the lower performance noted through the EDV and PMV activities, many members under the HKD program may not be accessing dental care due to challenges finding a dental provider that accepts Medicaid under the HKD program and accepts new patients. This indication is further corroborated through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[1-7] activity, as only 51.79 percent of members responding to the survey reported a positive experience for the *Rating of Finding a Dentist* measure.	

[1-7] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	Additionally, related to the timeliness for obtaining a new patient appointment as indicated through the NAV activity, 93.3 percent of dental provider offices that accepted new patients also offered an appointment. However, of those offering an appointment, only 85.4 percent offered an appointment within the MDHHS-established standard of 56 days for the initial dental appointment. Although the average wait time for a new patient to obtain an appointment was 31 days, there remains opportunities for the HKD program to work with contracted dental providers to ensure they are providing initial appointments timely. **Recommendations:** Through the PIP activity, the DHPs demonstrated that their member-focused interventions have resulted in more members between the ages of 0 and 5 years (ages 0 to 5 years for BCBSM and ages 1 and 2 years for DDIA) accessing dental services. Additionally, interventions established by the DHPs to increase the rates for the CMS-416 Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) performance measures were successful as indicated by the DHPs increasing all but one EPSDT performance measure (*12f—Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider* remained at 0 percent for both DHPs) from SFY 2021 measurement year to SFY 2022 measurement year. MDHHS should continue to mandate that the DHPs implement clinical PIPs that focus on increasing member utilization and access to dental services, and the DHPs should continue implementing initiatives to support performance measure improvement and increasing members' access to dental services. Additionally, as federal Medicaid managed care regulations require that managed care entities conduct PIPs that focus on both clinical and nonclinical areas, HSAG recommends that MDHHS consider requiring a nonclinical focused PIP that addresses lack of contracted providers or other provider-related issues (e.g., low rate of contracted providers accepting new patients) that may be contributing to a low rate of members accessing dental care. The PIP could align to MDHHS' strategies under the 2025 Michigan State Oral Health Plan. MDHHS has updated the 2023–2026 CQS to include measurable quality measures that support achievement of the goals and objectives of Goal #1. The establishment of measurable quality measures will allow MDHHS to complete an evaluation of the effectiveness of its CQS using quantitative data. As such, HSAG recommends that MDHHS include all performance measures included as quality measures under each Goal and objective within	

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	the CQS as focus measures for each annual EQR (e.g., the focus of the PMV activity could be updated to include validation of the state-specific *Access to Dental Care—HKD beneficiaries* measure), or the CQS quality measure could be updated to more prescriptively describe the measure source for all dental-related quality measures that are specific to the HKD program (e.g., if the *Access to Dental Care—HKD beneficiaries* measure is based on a CMS-416 Annual EPDST measure, the CQS should be updated to note this). Additionally, MDHHS could consider adding all quality measures to the CQS that are currently validated through the PMV activity (i.e., CMS-416 Annual EPSDT and two Dental Quality Alliance [DQA] measures), and including those that align with CQS objective 1.1 as the addition of these measures will help MDHHS monitor, track, and trend the timeliness and availability of dental services for the HKD program specifically, and the HKD program's progress toward achieving Goal #1 to *ensure high quality and high levels of access to care*. For all quality measures added, MDHHS should also ensure that Statewide Baseline Performance rates are added and that Statewide Performance Target rates are established to support appropriate monitoring of progress. Of note, although two CMS-416 Annual EPSDT measures are included under Goal #4, the CQS objective under Goal #4 is to close disparities. Further, to keep the DHPs accountable to the goals and objectives of the CQS, MDHHS could contractually require the DHPs to include a specific section dedicated to the CQS within each DHP's annual quality assessment and performance improvement (QAPI) program evaluation. MDHHS should require this section to include an analysis of the impact, positive or negative, the DHP had on meeting the goals and objectives of the CQS using the DHP's performance results for the CQS quality measures established by MDHHS for the HKD program. For any CQS quality measure in which the DHP had a negative impact, the DHP should include an initiative in the QAPI program to improve performance. This recommendation applies to all goals of the CQS and is not specific to Goal #1.	
Goal #2—Strengthen person and family-centered approaches.	**Conclusions:** In alignment with the 2025 Michigan State Oral Health Plan, 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 promotes professional integration and coordination of care across provider types. Additionally, through the compliance review activity, specifically the Members standard, MDHHS monitors member grievances reported by the DHPs, including	☒ Quality ☐ Timeliness ☐ Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	quality of care complaints related to patient-centeredness. Both DHPs received a *Met* score for this element. **Recommendations:** MDHHS should continue to work with the DHPs on addressing the strategies within the 2025 Michigan State Oral Health Plan that address the integration of medical and dental care, which include expanding scopes of practice, embedding dental professionals in medical and community settings, tracking related medical conditions and emergency room use data, and promoting data sharing and care coordination between dental and medical providers. Additionally, MDHHS has updated the 2023–2026 CQS quality measures under Goal #2 to include two CAHPS measures related to recommending the DHP and access to dental care; however, these CAHPS measures are for the adult population and would not include members receiving services under the HKD program. As such, MDHHS could consider adding a CQS quality measure for the HKD program specifically to address lower performing areas as indicated through the Child Dental Survey activity, such as the *Access to Dental Care* measure, which declined in performance from SFY 2022 and for which only 72.23 percent of members reported positive experiences, and/or the *Rating of All Dental Care* measure, which also declined from SFY 2022 and for which only 71.72 percent of members responding to the survey reported positive experiences. The establishment of measurable CQS quality measures for the HKD program specifically will allow MDHHS to complete an evaluation of the effectiveness of its CQS using quantitative data.	
Goal #3—Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external.	**Conclusions:** Although the EQR activities produced limited data for HSAG to comprehensively assess the impact the HKD program had on progressing toward achieving Goal #3 to *promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external)*, both DHPs met MDHHS' expectations for the 2.4 *Oral, Medical, and Community Health Coordination*, 3.17 *Care Coordination*, 3.23 *Coordination of Care*, and 3.27 *Transition of Care Policy* requirements under the compliance review activity. Additionally, MDHHS' contract with the DHPs requires the DHPs to use 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	☒ Quality ☐ Timeliness ☐ Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	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. **Recommendations:** MDHHS has updated the 2023–2026 CQS quality measures under Goal #3 to include *Follow-Up After Emergency Dental Visits in Adults*; however, this quality measure would not support assessment of the HKD program. Therefore, HSAG recommends that MDHHS consider adding a similar quality measure for child members receiving benefits through the HKD program. Goal #3 within the CQS also includes a quality measure, *Implementation of dental visit outreach in Nonutilizers using enrollment files and CC360*; however, it is not clear whether the HKD program population is included under this quality measure. As such, MDHHS should consider updating the CQS to clearly define the dental program populations (i.e., HKD versus Adult Dental) included under each quality measure within the CQS.	
Goal 4—Reduce racial and ethnic disparities in healthcare and health outcomes.	**Conclusions:** Although the EQR activities produced limited data for HSAG to comprehensively assess the impact the HKD program had on progressing toward achieving Goal #4 to *reduce racial and ethnic disparities in healthcare and health outcomes*, MDHHS requires the DHPs' written plans for their QAPI programs to include 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, specifically the Quality standard. Both DHPs received 100 percent compliance in the Quality standard. Additionally, through MDHHS' review of the Member standard, both DHPs received a *Met* score for the 3.26 *Diversity, Equity, and Inclusion (DEI) Assessment and Training* requirement. **Recommendations:** Through contract requirements, MDHHS mandates that the DHPs have the ability to electronically receive member data, including race/ethnicity, in order to stratify and subsequently analyze member data. For the initiation of new PIPs, MDHHS should consider requiring the DHPs to target disparate populations, as applicable, and focus interventions on reducing any identified racial and/or ethnic disparities. Additionally, MDHHS has updated the 2023–2026 CQS quality measures under Goal #4 to include CMS-416 Annual EPSDT	☒ Quality ☐ Timeliness ☒ Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	measures; however, Statewide Baseline Performance rates for these measures have not been established. Therefore, HSAG recommends that MDHHS proceed with collecting performance measure rates for the DHPs' disparate population(s) (e.g., Black/African American) as compared to the White/Caucasian population for the applicable two CMS-416 Annual EPSDT measures under Goal #4 and establishing baseline rates for the disparate population(s) for the HKD program. MDHHS should also clarify the CQS objective to *close any disparity in relation to race and ethnicity* so that the DHPs understand MDHHS' expectations for how this CQS objective will be measured. For example, MDHHS could determine that the CQS objective is achieved when the rate of the disparate population(s) is equal to or lower than the White population's rate for each measure without the White population's baseline rate for each measure decreasing.	
Goal #5—Improve quality outcomes through value-based initiatives and payment reform.	**Conclusions:** Although the findings of the EQR activities do not allow for a comprehensive evaluation of the HKD program's progress toward achieving Goal #5 to *improve quality outcomes through value-based initiatives and payment reform*, MDHHS requires the DHPs to consider efforts to increase oral healthcare services reimbursed under value-based contracts that include as one of its provider goals an increase in preventive dental utilization of services. Additionally, 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. For SFY 2023, the DHPs were required to submit to MDHHS the evaluation of their value-based payment (VBP) performance from SFY 2022. Additionally, the DHPs were required to provide MDHHS with an updated VBP proposal, as applicable, and they must also submit provider recruiting and reporting for VBPs monthly. 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 initiatives had on improving quality outcomes. **Recommendations:** MDHHS has updated the 2023–2026 CQS quality measures under Goal #5 to include *Average percentage of plan payments to providers who are in VBP arrangements* and	☒ Quality ☐ Timeliness ☐ Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	Average percentage of plan payments to providers that are tied to quality. These CQS quality measures are related to dental and have established Statewide Baseline Performance rates and CQS objective rates. As such, HSAG recommends that MDHHS closely monitor the performance of these CQS quality measure rates and the HKD program's progress toward achieving the goal to *improve quality outcomes through value-based initiatives and payment reform*. Of note, if the CQS quality measures noted for dental do not apply to the HKD program, HSAG recommends that the CQS quality measures be updated to include the HKD program.	

2. Overview of the Healthy Kids Dental Program

Managed Care in Michigan

BPHASA within MDHHS administers and oversees the Michigan Medicaid managed care programs. Table 2-1 displays the Michigan managed care programs, the MCE(s) responsible for providing services to members, and the populations served.

Table 2-1—Medicaid Managed Care Programs in Michigan

Medicaid Managed Care Program	MCE Type	Managed Care Authority	Date Initiated	Populations Served
Comprehensive Health Care Program (CHCP)				
Medicaid Health Plans (MHPs)	Managed Care Organization (MCO)	1915(b)	July 1997	MHPs provide comprehensive healthcare services to low-income adults and children.
• MIChild (CHIP)		1915(b)	January 2016	MIChild is a Medicaid program for low-income uninsured children under the age of 19.
• Children's Special Health Care Services (CSHCS)		Michigan Medicaid State Plan	October 2012	CSHCS is a program within MDHHS for children and some adults with special health care needs and their families.
Healthy Michigan Plan (HMP) [Medicaid Expansion]	MCO	1115 Demonstration	April 2014	HMP establishes eligibility for Michigan citizens up to 133% of the federal poverty level who are otherwise not eligible for Medicaid at the time of enrollment.
Flint Medicaid Expansion (FME) Waiver	MCO	1115 Demonstration	March 2016	The waiver provides Medicaid coverage and benefits to individuals affected by the Flint Water Crisis.
MI Health Link Demonstration (Integrated Care Organizations [ICOs])	ICO	1915(b) & 1915(c)	March 2015	Persons fully eligible and enrolled in both Medicare and Medicaid who are over the age of 21 and reside in one of the four regions where the program is available.
MI Choice Waiver Program (PAHPs)	PAHP	1915(c) since 1992 1915(b) since 2012	1992	The elderly or disabled adults (aged 18+) who meet the nursing facility level of care.

Medicaid Managed Care Program	MCE Type	Managed Care Authority	Date Initiated	Populations Served
Dental Health Programs				
HKD (PAHP)	PAHP	1915(b)	October 2016	The HKD program provides dental services to beneficiaries under age 21.
Adult Dental (MHPs)	MCO	1915(b)	April 2023	Medicaid beneficiaries aged 21 years and older, including HMP beneficiaries and pregnant individuals who are enrolled in an MHP, ICO, or Program of All-Inclusive Care for the Elderly (PACE) receive dental benefits through their MHP.
Behavioral Health Managed Care **Children's Behavioral Health—Bureau of Children's Coordinated Health Policy & Supports (BCCHPS)** **Adult Behavioral Health—Bureau of Specialty Behavioral Health Services (SBHS)**				
Pre-Paid Inpatient Health Plans (PIHPs)/Community Mental Health Services Programs (CMHSPs)	PIHP	Behavioral Health 1115 Demonstration Waiver	October 2019	Individuals with intellectual and developmental disability (I/DD), serious mental illness (SMI), serious emotional disturbance (SED), and SUD.
		1915(i) SPA [State Plan Amendment]	October 2022	
		1115 HMP	April 2014	
		Flint 1115 Waiver or Community Block Grant	May 2016	
		1915(c) Habilitation Supports Waiver (HSW), Children's Waiver Program (CWP), and Children's Serious Emotional Disturbance Waiver (SEDW)	October 2019	

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 2023 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]		Total Enrollment[2-2]
BCBSM	Across the state of Michigan, HKD benefits are available to children who have Medicaid and are under the age of 21	• Oral exams • Teeth cleanings • Fluoride treatments • X-rays • Screenings and assessments • Fillings • Sealants • Stainless steel or resin crowns • Crown buildup, including pins • Space maintainers	• Re-cementing of crowns, bridges, and space maintainers • Root canals • Extractions • Complete, partial, and temporary partial dentures • Denture adjustments and repairs • Denture rebases and relines	366,290
DDMI				790,577

2-1 Michigan Department of Health and Human Services. *Healthy Kids Dental Program. What is Covered?* Available at: https://www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental/what. Accessed on: March 15, 2024.

2-2 Enrollment data provided by MDHHS and effective as of October 31, 2023.

DHP	Member Enrollment	Covered Services[2-1]		Total Enrollment[2-2]
			• Emergency treatment to reduce pain • Intravenous sedation (when needed)	

Quality Strategy

The 2020–2023 MDHHS CQS[2-2] 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 The 2020–2023 MDHHS CQS was submitted to CMS and published on the MDHHS website in January 2021. Due to the timing of the EQR activities, and at the direction of MDHHS, HSAG used the 2020–2023 MDHHS CQS for the 2022–2023 EQR assessment. However, the 2023–2026 MDHHS CQS was submitted to CMS in October 2023 and has replaced the 2020–2023 version on MDHHS' website. The 2023–2026 MDHHS CQS is now available at: https://www.michigan.gov/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/Other-Prov-Specific-Page-Docs/Quality_Strategy_2015_FINAL_for_CMS_112515.pdf?rev=c062404614184b219a8e4b1d6ddd520a.

Table 2-3—2020–2023 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 Integrate services, including physical and behavioral health, and medical care with long-term support services	**Objective 3.1:** Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems.
		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 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 4.1:** Use a data-driven approach to identify root causes of racial and ethnic disparities and address health inequity at its source whenever possible.
		Objective 4.2: 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. Examples of these initiatives and interventions include:

- **2025 Michigan State Oral Health Plan**[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 State Oral Health Plan 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 State Oral Health Plan.
- **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 (VBP)**—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 15, 2024.

[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 2023 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 weaknesses 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 2023 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 related time period, and the process for drawing conclusions from the data, refer to Appendix A.

Validation of Performance Improvement Projects

For the SFY 2023 PIP validation activity, the DHPs continued their MDHHS-mandated PIP topics, reporting Remeasurement 2 data on the performance indicators. HSAG conducted validation on the Design (Steps 1 through 6), Implementation (Steps 7 and 8), and Outcomes (Step 9) stages of the selected PIP topic for each DHP in accordance with CMS' EQR protocol for the validation of PIPs

(CMS EQR Protocol 1). Although all steps may not be included in the validation activities for SFY 2023 for every DHP, the validation rating for each DHP incorporates all steps in the validation process. Table 3-1 outlines the selected PIP topics and performance indicator(s) as defined by each DHP.

Table 3-1—PIP Topic and Performance Indicator(s)

DHP	PIP Topic	Performance Indicator(s)
BCBSM	*Increasing the Number of Members Ages 0–5 Accessing Dental Services*	The percentage of BCBSM HKD member visits to a dental provider in the selected federal fiscal year based on data.
DDMI	*Increasing Dental Utilization in Ages One and Two*	1. Providers Rendering Treatment 2. Increase Ages One and Two Dental Utilization Percentages

Performance Measure Validation

For the SFY 2023 PMV activity, HSAG validated the DHPs' data collection and reporting processes used to calculate performance measure rates. MDHHS selected a set of performance measures that the DHPs were required to calculate and report. Specifically, the PMV activity included a comprehensive review of the DHPs' rates for seven EPSDT dental and oral health services performance measures for the SFY 2022 measurement period (October 1, 2021–September 30, 2022) that were reported to CMS using Form CMS-416 (i.e., CMS-416 Annual EPSDT performance measures). HSAG also validated DQA dental quality measures for the time period of January 1, 2021–December 31, 2022. Table 3-2 lists these performance measures.

Table 3-2—CMS-416 Annual EPSDT and DQA Dental Quality Performance Measures for Validation

CMS-416	EPSDT Performance Measures
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*
DQA	**Dental Quality Performance Measures**
CCN-CH-A	*Care Continuity*
USS-CH-A	*Usual Source of Services*

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 2023 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 state fiscal year. Based on the findings of the compliance review, the DHPs were subject to a corrective action plan (CAP) process as outlined in Appendix A.

Table 3-3—Compliance Review Standards[1]

MDHHS Compliance Review Standard		Federal Standard and Citation	
		Medicaid	CHIP
1	Administrative	§438.224	§457.1233(e)
2	Providers	§438.10 §438.206 §438.207 §438.210 §438.214 §438.230	§457.1207 §457.1230(a) §457.1230(b) §457.1230(d) §457.1233(a) §457.1233(b)
3	Members	§438.10 §438.100 §438.114 §438.206 §438.208 §438.210 §438.228 §438.230 Part 438, Subpart F	§457.1207 §457.1220 §457.1228 §457.1230(a) §457.1230(c) §457.1230(d) §457.1260 §457.1233(b)
4	Quality	§438.208 §438.210 §438.236 §438.330	§457.1230(c) §457.1230(d) §457.1233(c) §457.1240(b)
5	MIS [Management Information System]/Financial	§438.56 §438.242	§457.1212 §457.1233(d)
6	OIG [Office of Inspector General]/Program Integrity	§438.230 Part 438, Subpart H	§457.1233(b) §457.1285

[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 April and May 2023, 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 state-specific requirements outlined within the DHPs' contract with MDHHS. 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.

Encounter Data Validation

In SFY 2023, HSAG conducted and completed EDV activities for the two DHPs in accordance with CMS EQR Protocol 5. The EDV activities included:

- Information Systems (IS) review—assessment of MDHHS' and the DHPs' IS and processes. The goal of this activity was to examine the extent to which MDHHS' and the DHPs' IS infrastructures are likely to collect and process complete and accurate encounter data.
- Administrative profile—analysis of MDHHS' electronic encounter data completeness, accuracy, and timeliness. The goal of this activity was to evaluate the extent to which the encounter data in MDHHS' data warehouse are complete, accurate, and submitted by the DHPs in a timely manner for encounters with dates of service from October 1, 2021, through September 30, 2022.

Child Dental Survey

The CAHPS 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 parents/caretakers who responded to the survey with the most positive experiences in particular aspects of their child's healthcare. Table 3-4 lists the measures included in the survey.

Table 3-4—Child Dental Survey Measures

Survey Measures
Global Ratings
Rating of Regular Dentist
Rating of All Dental Care
Rating of Finding a Dentist
Rating of Dental Plan
Composite Measures
Care from Dentists and Staff
Access to Dental Care
Dental Plan Information and Services
Individual Item Measures
Care from Regular Dentist
Would Recommend Regular Dentist
Would Recommend Dental Plan

Quality Rating

The Michigan HKD Consumer Guide was designed to compare DHP-to-DHP performance using SFY 2022 (i.e., October 2021–September 2022) CMS-416 Annual EPSDT Participation Report performance measure data, measurement year (MY) 2022 DQA performance measure data, and MY 2022 CAHPS Dental Plan Survey data. As such, DHP-specific results are not included in this section. Refer to the Quality Rating 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 for SFY 2023 evaluated the technical methods of **Blue Cross Blue Shield of Michigan**'s PIP, including an evaluation of statistically, clinically, or programmatically significant improvement based on reported results and statistical testing (i.e., Step 9—Outcomes stage). Based on its technical review, HSAG determined the overall methodological validity of the PIP for all three stages (i.e., Design, Implementation, and Outcomes) and assigned an overall validation rating (i.e., *Met*, *Partially Met*, *Not Met*). Table 3-5 displays the overall validation rating, the baseline rate, and Remeasurement 1 and Remeasurement 2 results for the performance indicators.

Table 3-5—Overall Validation Rating for BCBSM

PIP Topic	Validation Rating*	Performance Indicator	Performance Indicator Results		
			Baseline	R1	R2
Increasing the Number of Members Ages 0–5 Accessing Dental Services	*Met*	The percentage of BCBSM HKD member visits to a dental provider in the selected federal fiscal year based on data.	7.2%	21.3%↑	24.3%↑

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).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).
* The PIP activities for SFY 2023 were initiated prior to release of the 2023 CMS EQR Protocols; therefore, HSAG adhered to the guidance published in the 2019 CMS EQR Protocols. With the release of the new protocols, HSAG updated its PIP worksheets for SFY 2024 to include the two validation ratings (i.e., overall confidence that the PIP adhered to an acceptable methodology for all phases of design and data collection, and the DHP conducted accurate data analysis and interpretation of PIP results; overall confidence that PIP produced significant evidence of improvement.)

In its SFY 2023 annual submission, the DHP had revised the baseline data that were originally reported in the SFY 2021 annual submission (i.e., the baseline rate was revised from 7.9 percent to 7.2 percent). The DHP did not provide the rationale for revising the baseline data and as a result received an adverse score (i.e., *Partially Met*) for *Step 7. Review the Data Analysis and Interpretation of PIP Results* within the PIP Submission Form submitted to HSAG for validation.

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 barriers identified through quality improvement and causal/barrier analysis processes and the interventions initiated by the DHP to support achievement of the PIP goals and address the barriers.

Table 3-6—Remeasurement 2 Barriers and Interventions for BCBSM

Barriers	Interventions
Low oral health literacy: members do not know when their child should start seeing dentist.	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.
Member perception of need: treatment mentality versus prevention mentality.	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 conducted accurate statistical testing between measurement periods and provided a narrative interpretation of the Remeasurement 2 results. **Blue Cross Blue Shield of Michigan** also used appropriate quality improvement tools to conduct a causal/barrier analysis and prioritize the identified barriers, and interventions were implemented in a timely manner. [**Quality** and **Timeliness**]

Strength #2: For the Remeasurement 2 measurement period, **Blue Cross Blue Shield of Michigan** reported that 24.3 percent of members 0 to 5 years of age had a visit with a dental provider. The reported rate for the performance indicator sustained statistically significant improvement over the baseline measurement performance. [**Quality**, **Access**, and **Timeliness**]

Weaknesses and Recommendations

Weakness #1: There were no identified substantial weaknesses.

Recommendation: Although there were no identified substantial 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 also continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next

steps. Further, for future PIP validation activities, **Blue Cross Blue Shield of Michigan** must provide HSAG with a detailed explanation for any revisions that are made to the initial baseline rate(s) over the time period of the PIP for the identified indicator(s).

Performance Measure Validation

Performance Results

Table 3-7 demonstrates **Blue Cross Blue Shield of Michigan**'s final reported rates for the CMS-416 Annual EPSDT performance measures for the SFY 2023 PMV activity measurement period (October 1, 2021–September 30, 2022), and Table 3-8 demonstrates **Blue Cross Blue Shield of Michigan**'s final reported rates for the DQA dental quality performance measures for the SFY 2023 PMV activity measurement period (January 1, 2021–December 31, 2022). Table 3-9 provides a comparison of the SFY 2021 (October 1, 2020–September 30, 2021) and SFY 2022 (October 1, 2021–September 30, 2022) performance measure data and subsequent rates for the CMS-416 Annual EPSDT measures and only displays the SFY 2022 (January 1, 2021–December 31, 2022) rates for the DQA dental quality measures, as the SFY 2021 rates for the DQA dental quality measures were not available.

Table 3-7—BCBSM Final CMS-416 Annual 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	21,046	964	683	73	0	192	0	683
Ages 1–2	84,206	20,573	18,626	1,716	0	13,749	0	18,626
Ages 3–5	75,448	22,455	20,903	6,262	0	24,504	0	20,903
Ages 6–9	57,366	24,616	22,978	10,808	7,241	24,329	0	22,978
Ages 10–14	62,662	21,725	20,177	9,059	4,494	21,944	0	20,177
Ages 15–18	46,640	12,642	10,693	6,280	0	12,464	0	10,693
Ages 19–20	19,034	2,065	1,574	1,146	0	3,346	0	1,574

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*
Total	366,402[1]	105,040	95,364	35,344	11,735	100,528	0	95,634
	120,028[2]							
	Final Rate	**28.67%**	**26.10%**	**9.65%**	**9.78%**	**27.44%**	**0.00%**	**26.10%**

[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—BCBSM Final DQA Dental Quality Performance Measure Rates

	CCN-CH-A—*Total Care Continuity*	USS-CH-A—*Total Usual Source of Services*
Numerator	304	223
Denominator	1,676	1,676
Final Rate	**18.14%**	**13.31%**

Table 3-9—SFY 2021 and SFY 2022 Performance Measure Rate Comparisons

Performance Measures							
CMS-416 Annual EPSDT Performance Measure	Numerator	Denominator	SFY 2021	Numerator	Denominator	SFY 2022	SFY 2021–SFY 2022 Comparison
12a—*Total Eligibles Receiving Any Dental Services*	80,419	339,442	23.69%	105,040	366,402	28.67%	+4.98%
12b—*Total Eligibles Receiving Preventive Dental Services*	72,288	339,442	21.30%	95,364	336,402	26.10%	+4.80%
12c—*Total Eligibles Receiving Dental Treatment Services*	30,309	339,442	8.93%	35,344	336,402	9.65%	+0.72%

Performance Measures							
CMS-416 Annual EPSDT Performance Measure	**Numerator**	**Denominator**	**SFY 2021**	**Numerator**	**Denominator**	**SFY 2022**	**SFY 2021–SFY 2022 Comparison**
12d—*Total Eligibles Receiving a Sealant on a Permanent Molar Tooth*	8,765	111,355	7.87%	11,735	120,028	9.78%	+1.91%
12e—*Total Eligibles Receiving Dental Diagnostic Services*	78,667	339,442	23.18%	100,528	366,402	27.44%	+4.26%
12f—*Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider*	0	339,442	0.00%	0	366,402	0.00%	+/-0.00%
12g—*Total Eligibles Receiving Any Preventive Dental or Oral Health Services*	72,288	339,442	21.30%	95,634	366,402	26.10%	+4.80%
DQA Dental Quality Measure	**Numerator**	**Denominator**	**SFY 2021**	**Numerator**	**Denominator**	**SFY 2022**	**SFY 2021–SFY 2022 Comparison**
CCN-CH-A—*Care Continuity*	NA	NA	NA	304	1,676	18.14%	NA
USS-CH-A—*Usual Source of Services*	NA	NA	NA	223	1,676	13.31%	NA

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

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 demonstrated improvement in the performance measure rate calculation process from SFY 2021 to SFY 2022, as HSAG did not identify any discrepancies related to the accuracy of **Blue Cross Blue Shield of Michigan**'s data counts and rates during the current year PMV activity. [**Quality**]

Strength #2: **Blue Cross Blue Shield of Michigan** had quality improvement interventions established to increase performance measure rates and utilization. **Blue Cross Blue Shield of Michigan** had both performance improvement plans, to improve upon member visits to a dental provider and health disparities, and member-based interventions designed to support outreach efforts, facilitate scheduling of dental appointments, close gaps in care, and educate members on the importance of dental care. [**Quality**, **Timeliness**, and **Access**]

Weaknesses and Recommendations

Weakness #1: Upon HSAG's review of **Blue Cross Blue Shield of Michigan**'s member-level detail file, it was noted for one member reported in 12a, 12b, 12e, and 12g that the dental service date listed was earlier than the member's date of birth. [**Quality**]

Why the weakness exists: It was confirmed that this was due to an incorrect date of birth that was reported to DentaQuest, **Blue Cross Blue Shield of Michigan**'s delegated entity.

Recommendation: Although the finding had no impact to the performance measure rates, HSAG recommends **Blue Cross Blue Shield of Michigan** incorporate more stringent validation checks to confirm the accuracy of member-level data prior to submission to HSAG. The validation steps should include checking for any dental service dates that occur prior to a member's date of birth.

Compliance Review

Performance Results

Table 3-10 presents the total number of criteria for each standard that received a score of *Met*, *Satisfied*, or *Not Met*. Table 3-10 also presents **Blue Cross Blue Shield of Michigan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages. 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 3-10—Compliance Review Results for BCBSM

Standard		Number of Scores			Compliance Scores	
		Met	*Satisfied*[1]	*Not Met*	BCBSM[2]	Statewide
1	Administrative	5	0	0	100%	100%
2	Providers	13	0	1	93%	96%
3	Members	20	0	1	95%	98%
4	Quality	8	0	0	100%	100%
5	MIS/Financial	28	1	0	97%	97%
6	OIG/Program Integrity	31	0	3	91%	96%
Overall		**105**	**1**	**5**	**95%**	**97%**

Indicates the standard scored below the statewide rate.

Indicates the standard had a score of 100 percent.

[1] A score of *Satisfied* was only allowable for select criteria under the MIS/Financial standard.

[2] MDHHS calculated the total compliance score for each standard by totaling the number of *Met* (i.e., 1 point) criteria and the number of *Not Met* and *Satisfied* (i.e., 0 points) criteria, then dividing the summed score by the total number of criteria for that standard.

Additionally, to supplement the compliance review activity, MDHHS conducted staff interviews, referred to as focus studies, in MDHHS-specified topics of discussion. While the results of the focus study were not incorporated into the scoring of the standards within the compliance review activity, **Blue Cross Blue Shield of Michigan** received *Met* scores for all topics of discussion requirements within the SFY 2023 focus study, with suggestions for improvement provided by MDHHS in several areas.

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 standard, demonstrating that the DHP had an adequate administrative structure, including an organizational chart, key personnel positions, 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 Quality standard, demonstrating that the DHP had an adequate quality program, which included, but was not limited to, clinical practice guidelines (CPGs); utilization management (UM) activities; quality improvement project (QIP) description, work plan, and evaluation; program policies and procedures; PIPs; accreditation; and performance measure rate review. [**Quality**, **Access**, and **Timeliness**]

Weaknesses and Recommendations

Weakness #1: While **Blue Cross Blue Shield of Michigan** demonstrated high performance overall (i.e., 90 percent or greater but less than 100 percent) in the Providers standard, the DHP scored below the statewide average. The DHP received a *Not Met* score for element 2.21 *Secret Shopper Calls*. [**Quality** and **Access**]

Why the weakness exists: Blue Cross Blue Shield of Michigan did not meet the MDHHS-required 75 percent threshold for all indicators pertaining to provider availability accuracy and contact/address information accuracy for general dentists included in the online provider directory.

Recommendation: At the time MDHHS provided HSAG with the compliance review findings, MDHHS had not yet determined if a CAP will be required to address element 2.21. As such, HSAG recommends that **Blue Cross Blue Shield of Michigan** continue to implement action plans and monitoring processes to ensure it meets MDHHS performance thresholds for provider contact/address information accuracy and to ensure all contracted providers are aware of their contract obligations to notify **Blue Cross Blue Shield of Michigan** when they are no longer accepting new patients. Additionally, HSAG recommends that the DHP continually review the Medicaid managed care standards and requirements outlined under 42 CFR §438.358 (b)(1)(iii) to ensure that all federally required compliance review requirements are addressed.

Weakness #2: While **Blue Cross Blue Shield of Michigan** demonstrated high performance overall (i.e., 90 percent or greater but less than 100 percent) in the Members standard, the DHP scored below the statewide average. The DHP received a *Not Met* score for element 3.6A *Member Appeals*. [**Quality** and **Timeliness**]

Why the weakness exists: Blue Cross Blue Shield of Michigan did not process one appeal within the 30-day required time frame, and the DHP did not document an explanation for the untimely appeal resolution.

Recommendation: **Blue Cross Blue Shield of Michigan** was required to submit a CAP to address element 3.6A, which was approved by MDHHS. As such, HSAG recommends that **Blue Cross Blue Shield of Michigan** continue to implement action plans and monitoring processes to ensure that all appeals are resolved within the required 30-day time frame.

Weakness #3: While **Blue Cross Blue Shield of Michigan** demonstrated high performance overall (i.e., 90 percent or greater but less than 100 percent) in the OIG/Program Integrity standard, the DHP scored below the statewide average. The DHP received *Not Met* scores for element 6.2 *Quarterly Program Integrity Forms—Data Mining for FY 22 Q2* and element 6.8 *Quarterly Program Integrity Forms—Encounter Adjustments for FY21 Q4 and FY22 Q1*. [**Quality**]

Why the weakness exists: MDHHS identified multiple errors within **Blue Cross Blue Shield of Michigan**'s quarterly managed care program integrity report. **Blue Cross Blue Shield of Michigan** reported several causes for the errors, including but not limited to, human error, misinterpretation of the OIG Guidance Tool, and a quality review process that did not identify all deficiencies prior to report submission. Additionally, there was a gap in the DHP's understanding of what should be included in the quarterly encounter adjustments report by **Blue Cross Blue Shield of Michigan**, as the DHP reported all encounter adjustments regardless of the initial encounter acceptance status to MDHHS, and the report also included incorrect transaction control number formatting.

Recommendation: **Blue Cross Blue Shield of Michigan** was required to submit CAPs to address elements 6.2 and 6.8, which were approved by MDHHS. HSAG recommends that **Blue Cross Blue Shield of Michigan** continue to implement action plans and monitoring processes for noncompliant elements under the OIG/Program Integrity standard to ensure all data reported for program integrity purposes are accurate (i.e., data mining and encounter adjustments data).

Network Adequacy Validation

Performance Results

HSAG's reviewers evaluated a sample of 346 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 87.9 percent (n=304) of the reviews. The sampled providers were not found in the online provider directory in 12.1 percent (n=42) of the reviewed cases (Table 3-11).

Table 3-11—Summary of Providers Present in the Directory by Provider Category

Dental Provider Category	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory	
		Count	%	Count	%
General	319	281	88.1%	38	11.9%
Pediatric	27	23	85.2%	4	14.8%
BCBSM Total	**346**	**304**	**87.9%**	**42**	**12.1%**

Table 3-12 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 3-12—Provider Demographic Indicators Matching Online Provider Directory

Indicator	General Providers		Pediatric Providers		All Provider Categories	
	Count	%	Count	%	Count	%
Provider's Name	281	100%	23	100%	304	100%
Provider Street Address	260	92.5%	18	78.3%	278	91.4%
Provider Suite Number	279	99.3%	21	91.3%	300	98.7%
Provider City	259	92.2%	19	82.6%	278	91.4%
Provider State	280	99.6%	23	100%	303	99.7%
Provider ZIP Code	263	93.6%	19	82.6%	282	92.8%
Provider Telephone Number	258	91.8%	18	78.3%	276	90.8%
Provider Type/Specialty	281	100%	23	100%	304	100%
Provider Accepting New Patients	281	100%	23	100%	304	100%
Provider Gender	281	100%	23	100%	304	100%
Provider Primary Language*	281	100%	23	100%	304	100%
Non-English Language Speaking Provider (including American Sign Language)*	238	84.7%	15	65.2%	253	83.2%

The denominator for each study indicator includes the number of cases in which the provider location was found in the provider directory.
* PDV review evaluated whether the indicator was present in the provider directory, but specific values were not validated.

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 269 sampled provider locations (i.e., "cases") for **Blue Cross Blue Shield of Michigan**, with an overall response rate of 79.6 percent (n=214). Table 3-13 summarizes the secret shopper survey results for **Blue Cross Blue Shield of Michigan**.

Table 3-13—Summary of BCBSM Secret Shopper Survey Results

		Response Rate		Confirmed Provider		Correct Location		Offering Specialty		Accepting Insurance		Accepting New Patients	
Provider Category	Total Cases	Count	Rate (%)	Count	Rate (%)[1]	Count	Rate (%)[1]	Count	Rate (%)[1]	Count	Rate (%)[1]	Count	Rate (%)[1]
General	252	199	79.0%	148	74.4%	137	68.8%	128	64.3%	124	62.3%	115	57.8%
Pediatric	17	15	88.2%	10	66.7%	10	66.7%	10	66.7%	10	66.7%	9	60.0%
BCBSM Total	**269**	**214**	**79.6%**	**158**	**73.8%**	**147**	**68.7%**	**138**	**64.5%**	**134**	**62.6%**	**124**	**57.9%**

[1] [1]The denominator includes cases responding to the survey.

Table 3-14 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 dental provider at the sampled location.

Table 3-14—Appointment Availability Results

			Cases Offered an Appointment			Appointment Wait Time (Days)				
Provider Category	Total Survey Cases	Cases Accepting New Patients	Count	Rate Among All Surveyed Cases[1] (%)	Rate Among Cases Accepting New Patients[2] (%)	Min	Max	Average	Median	Percentage of Cases Within Standard[3]
General	252	115	102	40.5%	88.7%	0	253	30	13	88.2%
Pediatric	17	9	6	35.3%	66.7%	0	31	10	7	100%
BCBSM Total	**269**	**124**	**108**	**40.1%**	**87.1%**	**0**	**253**	**28**	**12**	**88.9%**

[1] The denominator includes all surveyed cases included in the sample.

[2] The denominator includes cases responding to the survey that accept the insurance and new patients.

[3] The denominator includes cases offered an appointment within the MDHHS standard of eight weeks (i.e., 56 calendar days).

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: Of the providers located in the online provider directory, 11 of the 12 indicators had a match rate above 90 percent. [**Quality**]

Strength #2: Overall, 88.9 percent of cases offered an appointment had a wait time within the compliance standard (i.e., within eight weeks of request), with 100 percent of pediatric appointments meeting the compliance standard. [**Timeliness and Access**]

Weaknesses and Recommendations

Weakness #1: Overall, 12.1 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, 14.8 percent of pediatric providers and 11.9 percent of general providers could not be located in the online provider 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: **Blue Cross Blue Shield of Michigan**'s overall response rate was 79.6 percent. Of the total responsive cases, 73.8 percent confirmed the sampled provider was affiliated with the location, 68.7 percent confirmed the address, 64.5 percent confirmed the location offered the requested services, 62.6 percent of locations were accepting the insurance, and 57.9 percent accepted new patients. [**Quality** and **Access**]

Why the weakness exists: In addition to limitations related to the secret shopper approach, the accuracy of **Blue Cross Blue Shield of Michigan**'s provider data may have contributed to the low response rate and accuracy results.

Recommendation: HSAG recommends that **Blue Cross Blue Shield of Michigan** use the case-level analytic data files to address the data deficiencies identified during the survey calls (e.g., incorrect or disconnected telephone numbers; incorrect addresses; and provider specialty information that does not correspond to the sampled location, plan name, and program information).

Weakness #3: Among all surveyed cases, 40.1 percent were offered an appointment date. General provider locations had an appointment availability rate of 40.5 percent. Pediatric provider locations had an appointment availability rate of 35.3 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.

Encounter Data Validation

Performance Results

Representatives from **Blue Cross Blue Shield of Michigan** completed an MDHHS-approved questionnaire supplied by HSAG. HSAG identified follow-up questions based on **Blue Cross Blue Shield of Michigan**'s original questionnaire responses, and **Blue Cross Blue Shield of Michigan** responded to these specific questions. To support its questionnaire responses, **Blue Cross Blue Shield of Michigan** submitted a wide range of documents with varying formats and levels of detail. The IS review gathered input and self-reported qualitative insights from **Blue Cross Blue Shield of Michigan** regarding its encounter data processes.

The administrative profile analyzes MDHHS' encounter data for completeness, timeliness, and accuracy by evaluating the data across multiple metrics and using supplemental data (e.g., member enrollment and demographic data, and provider data). Results of these analyses can help indicate the reliability of MDHHS' data to be used in subsequent analyses, such as rate setting and performance measure calculations.

Table 3-15 provides a list of the multifaceted analysis conducted for each of the EDV study components (i.e., IS review and administrative profile). The table contains key findings based on the overall understanding of the encounter data processes, as well as findings that contributed to the overall completeness, timeliness, and accuracy of MDHHS' encounter data.

Table 3-15—EDV Results for BCBSM

Analysis	Key Findings
IS Review	
Encounter Data Sources and Systems	• **Blue Cross Blue Shield of Michigan** utilized Winward and Informatica as its primary software for claim adjudication and encounter preparation. • While **Blue Cross Blue Shield of Michigan** had processes in place to detect and identify duplicate claims, it did not provide checks to account for claims that could be considered as duplicates, such as cases in which duplicate services were generated. **Blue Cross Blue Shield of Michigan** only checked if a claim had

Analysis	Key Findings
	been sent before and accepted, and if so, the claim was sent as an adjustment, so it did not result in a rejection for duplicate claims. Additionally, **Blue Cross Blue Shield of Michigan** indicated that it did not submit encounters with claim statuses "R" (paid $0), "V" (void), "F" (denied service lines), or service line denials for duplicates. In situations necessitating adjustments, it utilized the claim frequency code "7" to denote an adjusted encounter. • **Blue Cross Blue Shield of Michigan** relied on its subcontractor, DentaQuest, to handle provider information. Additionally, **Blue Cross Blue Shield of Michigan** noted that its subcontractor, DentaQuest, manages the enrollment data received from MDHHS through 834 files and files containing daily Medicaid enrollment updates to the DHPs, which they could integrate into their systems for claim processing. DentaQuest compared enrollment data received from MDHHS with its enrollment system to check for errors and communicated with **Blue Cross Blue Shield of Michigan** for resolution.
Payment Structures	• **Blue Cross Blue Shield of Michigan** utilized the line-by-line method for its claim payment strategies. • **Blue Cross Blue Shield of Michigan** processed claims with third party liability (TPL) based on the collected insurance coverage information. When a claim suggested the existence of additional primary insurance for a member, DentaQuest's (i.e., **Blue Cross Blue Shield of Michigan**'s subcontractor) system cross-checked this information. If details of the primary insurance were found, the system coordinated it with the payment data to calculate the owed amount. If claims were sent again after the first review, DentaQuest's system recognized previous claims and considered their processing.
Encounter Data Quality Monitoring	• **Blue Cross Blue Shield of Michigan** noted that it does not store its subcontractor data. • **Blue Cross Blue Shield of Michigan** indicated that it does not conduct any reviews of the encounters before submission to MDHHS. **Blue Cross Blue Shield of Michigan** relied entirely on its subcontractor for managing its encounter data and acknowledged the absence of oversight regarding how its subcontractor manages these encounters.

Analysis	Key Findings
Administrative Profile	
Encounter Data Completeness	• **Blue Cross Blue Shield of Michigan** displayed consistent encounter volume for dental encounters throughout the measurement year. • **Blue Cross Blue Shield of Michigan** had a low volume of duplicate encounters, with 0.2 percent of dental encounters identified as duplicative.
Encounter Data Timeliness	• **Blue Cross Blue Shield of Michigan** demonstrated timely submission of dental encounters. Within 60 days, **Blue Cross Blue Shield of Michigan** submitted 99.2 percent of dental encounters to MDHHS after the payment date, and within 90 days of payment, **Blue Cross Blue Shield of Michigan** submitted greater than 99.9 percent of dental encounters to MDHHS.
Field-Level Completeness and Accuracy	• All key data elements in **Blue Cross Blue Shield of Michigan**'s submitted data had high rates of population and validity.
Encounter Referential Integrity	• Of all identified member IDs in **Blue Cross Blue Shield of Michigan**'s submitted encounter data, greater than 99.9 percent were identified in the enrollment data. However, 26.0 percent of all identified member IDs in the enrollment data were identified in the encounter data. • Of all identified provider National Provider Identifiers (NPIs) in **Blue Cross Blue Shield of Michigan**'s submitted data, 99.9 percent were identified in the provider data.
Encounter Data Logic	• No major concerns were noted for **Blue Cross Blue Shield of Michigan**.

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the EDV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings 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 any significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Blue Cross Blue Shield of Michigan demonstrated its subcontractor's capability to collect, process, and transmit encounter data to MDHHS. The DHP had also established data correction processes that efficiently address quality concerns identified by MDHHS. [**Quality**]

Strength #2: Blue Cross Complete of Michigan submitted dental encounters in a timely manner from the payment date, with greater than 99 percent of all encounters submitted within 60 days of the payment date. [**Quality** and **Timeliness**]

Strength #3: All key data elements expected to be populated for **Blue Cross Complete of Michigan** were consistently populated at high rates, with validity equal to or exceeding 99.9 percent. [**Quality**]

Weaknesses and Recommendations

Weakness #1: Blue Cross Blue Shield of Michigan lacked a robust process to detect duplicated encounters before submitting data to MDHHS. [**Quality**]

Why the weakness exists: Not having a robust process can lead to the inclusion of redundant or erroneous data in the encounter files sent to MDHHS. Duplicate encounters can skew analytical results and impact the accuracy of payment calculations.

Recommendation: Blue Cross Blue Shield of Michigan should develop a process to detect all potential duplicates before submitting data to MDHHS. Having a reliable mechanism to proactively identify and prevent duplicate encounters is crucial for maintaining data quality and efficiency in the encounter data submission process.

Weakness #2: Blue Cross Blue Shield of Michigan did not provide specific details regarding data quality checks performed by its subcontractor, DentaQuest. [**Quality**]

Why the weakness exists: There are potential risks associated with inadequate data quality checks. It is essential for **Blue Cross Blue Shield of Michigan** to provide clear documentation of its data quality assurance processes to ensure the completeness, timeliness, and accuracy of the data it submits.

Recommendation: Blue Cross Blue Shield of Michigan should establish or refine either its subcontractor's or the DHP's data monitoring reports aimed at assessing the completeness, timeliness, and accuracy of encounter data. By implementing such measures, **Blue Cross Blue Shield of Michigan** can enhance the overall quality and reliability of the encounter data it submits, aligning with industry standards and improving data usability for all stakeholders. Regularly reviewing and updating these quality checks will help maintain data integrity over time.

Weakness #3: Blue Cross Blue Shield of Michigan indicated it did not store data from its subcontractor, DentaQuest. [**Quality**]

Why the weakness exists: Storing subcontractor encounter data within **Blue Cross Blue Shield of Michigan**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Blue Cross Blue Shield of Michigan**'s overall capabilities, it should consider storing its subcontractor encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #4: Blue Cross Blue Shield of Michigan relied entirely on its subcontractor for managing its encounter data and acknowledged the absence of oversight regarding how its subcontractor manages these encounters. [**Quality**]

Why the weakness exists: It is important that **Blue Cross Blue Shield of Michigan** takes accountability for its encounter data submitted to MDHHS.

Recommendation: Blue Cross Blue Shield of Michigan should establish robust oversight mechanisms. This proactive approach will help ensure the completeness and accuracy of the data submitted to MDHHS or processed on its behalf.

Weakness #5: While more than 99.9 percent of unique member IDs identified in the dental encounters were identified in the enrollment data, only 26.0 percent of member IDs identified from the enrollment data were identified in the encounter data. [**Quality**]

Why the weakness exists: A low rate of unique member IDs in the enrollment data identified in the encounter data suggests that members may not frequently utilize dental services. This might be attributed to access to care issues, such as a lack of providers in appropriate locations or providers not offering a wide range of appointment times.

Recommendation: Blue Cross Complete of Michigan should continue to participate in network adequacy validation activities and secret shopper surveys to help determine reasons behind members' underutilization of dental services and take appropriate actions to mitigate any barriers noted through these activities. Additionally, direct engagement with members could help **Blue Cross Complete of Michigan** ensure enhanced utilization.

Child Dental Survey

Performance Results

Table 3-16 presents **Blue Cross Blue Shield of Michigan**'s SFY 2022 and SFY 2023 top-box scores. The results were assessed to determine if the SFY 2023 score was statistically significantly higher or lower than the SFY 2022 score for each measure. Triangles (▲ or ▼) indicate SFY 2023 scores were statistically significantly higher or lower than the SFY 2022 scores.

Table 3-16—Summary of Top-Box Scores for BCBSM

	SFY 2022	SFY 2023
Global Ratings		
Rating of Regular Dentist	72.15%	70.37%
Rating of All Dental Care	68.02%	68.99%
Rating of Finding a Dentist	48.00%+	59.38%+
Rating of Dental Plan	66.47%	71.20%
Composite Measures		
Care from Dentists and Staff	94.62%	95.23%
Access to Dental Care	72.17%	72.11%
Dental Plan Information and Services	88.27%+	85.13%
Individual Items		
Care from Regular Dentists	95.57%	96.73%
Would Recommend Regular Dentist	94.90%	95.87%
Would Recommend Dental Plan	97.04%	91.94%▼

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating the results.
▲ Indicates the SFY 2023 score is statistically significantly higher than the SFY 2022 score.
▼ Indicates the SFY 2023 score is statistically significantly lower than the SFY 2022 score.
No triangles (▲ or ▼) indicate the SFY 2023 score was not statistically significantly higher or lower than the SFY 2022 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 2023 top-box scores for **Blue Cross Blue Shield of Michigan** were statistically significantly higher than the SFY 2022 top-box scores for any measure; therefore, no substantial strengths were identified.

Weaknesses and Recommendations

Weakness #1: Blue Cross Blue Shield of Michigan's SFY 2023 top-box score was statistically significantly lower than the SFY 2022 top-box score for one measure, *Would Recommend Dental Plan*. [**Quality**]

Why the weakness exists: The results indicate that parents/caretakers of child members enrolled in **Blue Cross Blue Shield of Michigan** had a less positive experience with their child's DHP. The DHP reported conducting welcome calls to provide education, information, and health risk assessments, as well as weekly follow-up outreach by the DHP. However, HSAG is unable to identify the DHP-specific barriers or other factors impacting drivers for these measures based on the information provided through this EQR.

Recommendation: HSAG recommends that **Blue Cross Blue Shield of Michigan** continue to explore what may be driving the parents/caretakers to not recommend their child's DHP to others, develop initiatives designed to improve quality of care, and focus on improving parents/caretakers of child members' overall experiences with their child's DHP.

Quality Rating

The Michigan HKD Consumer Guide was designed to compare DHP-to-DHP performance using SFY 2022 (i.e., October 2021–September 2022) CMS-416 Annual EPSDT Participation Report performance measure data, MY 2022 DQA performance measure data, and MY 2022 CAHPS Dental Plan Survey data. As such, DHP-specific results are not included in this section. Refer to the Quality Rating 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 3-17 displays each MDHHS CQS goal and EQR activity results that indicate whether the DHP positively (✓) or negatively (✗) impacted the HKD program's progress toward achieving the applicable goals and the overall performance impact as it relates to the quality, timeliness, and accessibility of care and services provided to **Blue Cross Blue Shield of Michigan**'s Medicaid members.

Table 3-17—Overall Performance Impact Related to Quality, Timeliness, and Access

Performance Area	Overall Performance Impact	Performance Domain
Goal #1—Ensure high quality and high levels of access to care.	✓ The DHP met its PIP goal, *Increasing the Number of Members Ages 0–5 Accessing Dental Services*, for the Remeasurement 2 measurement period, which demonstrated sustained statistically significant improvement over the baseline measurement rate. ✓ Six CMS-416 Annual EPSDT dental performance measure rates demonstrated an increase in performance from the prior year. ✓ Most provider demographic indicators in the DHP's provider data file had a match rate of over 90 percent to the DHP's online provider directory for those providers located in the directory. ✓ During secret shopper calls, of those dental providers offering an appointment, 88.9 percent offered an appointment with a wait time that met the compliance standard of eight weeks (i.e., 56 calendar days), with 100 percent of pediatric dental appointments meeting the standard. ✓ The DHP received a score of 95.23 percent for the *Care from Dentists and Staff* measure, a score of 96.73 percent for the *Care from Regular Dentists* measure, and a score of 95.87 percent for the *Would Recommend Regular Dentist* measure included in the Child Dental Survey. ✗ Although the CMS-416 Annual EPSDT dental performance measure rates improved from the prior year, these rates remained low overall as all applicable rates were below 29 percent. ✗ Only 79.6 percent of dental provider locations could be contacted during secret shopper calls, and of those responding, only 73.8 percent confirmed the sampled provider was affiliated with the location, only 68.7 percent confirmed the dental provider's address, only 64.5 percent confirmed the location offered the requested services, only 62.6 percent of locations were accepting the insurance, and only 57.9 percent accepted new patients. ✗ The maximum wait time for a dental appointment was 253 calendar days, which exceeded MDHHS' initial dental appointment standard of eight weeks (i.e., 56 calendar days). ✗ The DHP received a score of 72.11 percent for the *Access to Dental Care* measure and a score of 59.38 percent for the	☒ Quality ☒ Timeliness ☒ Access

Performance Area	Overall Performance Impact	Performance Domain
	Rating of Finding a Dentist measure included in the Child Dental Survey. ✗ The DHP received a *Not Met* score for element 2.21 *Secret Shopper Calls* of the compliance review activity.	
Goal #2—Strengthen person and family-centered approaches.	The DHP's findings for the EQR activities did not produce sufficient data for HSAG to comprehensively assess the impact on strengthening person- and family-centered approaches for the DHP's members.	☒ Quality ☐ Timeliness ☐ Access
Goal #3—Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external).	✓ The DHP met MDHHS' expectations for the 2.4 *Oral, Medical, and Community Health Coordination*, 3.17 *Care Coordination*, 3.23 *Coordination of Care*, and 3.27 *Transition of Care Policy* requirements under the compliance review activity.	☒ Quality ☐ Timeliness ☒ Access
Goal 4—Reduce racial and ethnic disparities in healthcare and health outcomes.	✓ The DHP received a *Met* score for the 3.26 *Diversity, Equity, and Inclusion (DEI) Assessment and Training* requirement under the compliance review activity.	☒ Quality ☐ Timeliness ☐ Access
Goal #5—Improve quality outcomes through value-based initiatives and payment reform.	The DHP's findings for the EQR activities did not produce sufficient data for HSAG to comprehensively assess the impact value-based initiatives and payment reform had on improving quality outcomes for the DHP's members.	☒ Quality ☐ Timeliness ☐ Access

Delta Dental of Michigan

Validation of Performance Improvement Projects

Performance Results

HSAG's validation for SFY 2023 evaluated the technical methods of **Delta Dental of Michigan**'s PIP, including an evaluation of statistically, clinically, or programmatically significant improvement based on reported results and statistical testing (i.e., Step 9—Outcomes stage). Based on its technical review, HSAG determined the overall methodological validity of the PIP for all three stages (i.e., Design, Implementation, and Outcomes) and assigned an overall validation rating (i.e., *Met*, *Partially Met*, *Not Met*). Table 3-18 displays the overall validation rating, the baseline rate, and Remeasurement 1 and Remeasurement 2 results for the performance indicators.

Table 3-18—Overall Validation Rating for DDMI

PIP Topic	Validation Rating*	Performance Indicator	Performance Indicator Results		
			Baseline	R1	R2
Increasing Dental Utilization in Ages One and Two	*Met*	Providers Rendering Treatment	17.4%	13.8% ⇔	14.7% ⇔
		Increase Ages One and Two Dental Utilization Percentages	14.3%	20.5% ↑	17.9% ↑

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).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).
* The PIP activities for SFY 2023 were initiated prior to release of the 2023 CMS EQR Protocols; therefore, HSAG adhered to the guidance published in the 2019 CMS EQR Protocols. With the release of the new protocols, HSAG updated its PIP worksheets for SFY 2024 to include the two validation ratings (i.e., overall confidence that the PIP adhered to an acceptable methodology for all phases of design and data collection, and the DHP conducted accurate data analysis and interpretation of PIP results; overall confidence that PIP produced significant evidence of improvement.)

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 3-19 displays the barriers identified through quality improvement and causal/barrier analysis processes and the interventions initiated by the DHP to support achievement of the PIP goals and address the barriers.

Table 3-19—Remeasurement 2 Barriers and Interventions for DDMI

Barriers	Interventions
Provider availability and office capacity.	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.
Perceived belief by members that children 1–2 years of age do not need a dental visit.	Text messaging campaign to members educating them on the need for dental services at age 1.
	Developed a free Continuing Education (CE) course to educate providers on the needs of this population and how to effectively incorporate into current practice.
Prioritization of other needs and member groups by providers.	Increased awareness of project and availability of increased incentive payments through biannual email blasts, mailed flyers, and provider relations representative contact.
Fear of visiting the dentist during pandemic due to lack of vaccine availability for this age group.	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.
Provider concerns with supply shortages and increased cost for supplies.	Implemented a $1,000 credit for providers with [*name of medical and dental supplies distributor] to order dental supplies.

* Provider name was redacted for privacy purposes.

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 2 results. Appropriate quality improvement 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 17.9 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. [**Quality** and **Access**]

Why the weakness exists: Delta Dental of Michigan 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 identify barriers to care for children ages 1 to 2 years in Macomb County and develop specific and targeted interventions to address those barriers.

Performance Measure Validation

Performance Results

Table 3-20 demonstrates **Delta Dental of Michigan**'s final reported rates for the CMS-416 Annual EPSDT performance measures for the SFY 2023 PMV activity measurement period (October 1, 2021–September 30, 2022), and Table 3-21 demonstrates **Delta Dental of Michigan**'s final reported rates for the DQA dental quality performance measures for the SFY 2023 PMV activity measurement period (January 1, 2021–December 31, 2022). Table 3-22 provides a comparison of the SFY 2021 (October 1, 2020–September 30, 2021) and SFY 2022 (October 1, 2021–September 30, 2022) performance measure data and subsequent rates for the CMS-416 Annual EPSDT measures and only displays the SFY 2022 (October 1, 2021–September 30, 2022) rates for the DQA dental quality measures, as the SFY 2021 rates for the DQA dental quality measures were not available.

Table 3-20—DDMI Final CMS-416 Annual 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	20,584	197	95	50	0	159	0	95
Ages 1–2	37,768	6,959	6,037	510	0	6,511	0	6,037
Ages 3–5	111,417	58,760	55,647	18,289	0	56,971	0	55,647
Ages 6–9	187,498	119,433	113,215	53,290	27,789	115,711	0	113,215
Ages 10–14	230,130	130,973	123,986	53,989	22,106	126,346	0	123,986
Ages 15–18	174,351	83,384	74,607	39,673	0	79,141	0	74,607
Ages 19–20	60,644	20,134	16,045	10,311	0	18,798	0	16,045
Total	822,392[1] 417,628[2]	419,840	389,632	176,112	49,895	403,637	0	389,632
	Final Rate	**51.05%**	**47.38%**	**21.41%**	**11.95%**	**49.08%**	**0.00%**	**47.38%**

[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 3-21—DDMI Final DQA Dental Quality Performance Measure Rates

	CCN-CH-A—*Total Care Continuity*	USS-CH-A—*Total Usual Source of Services*
Numerator	292,455	253,591
Denominator	737,248	737,248
Final Rate	**39.67%**	**34.40%**

Table 3-22—SFY 2021 and SFY 2022 Performance Measure Rate Comparisons

Performance Measures							
CMS-416 Annual EPSDT Performance Measure	**Numerator**	**Denominator**	**SFY 2021**	**Numerator**	**Denominator**	**SFY 2022**	**SFY 2021–SFY 2022 Comparison**
12a—*Total Eligibles Receiving Any Dental Services*	399,149	802,358	49.75%	419,840	822,392	51.05%	+1.30%
12b—*Total Eligibles Receiving Preventive Dental Services*	371,934	802,358	46.36%	389,632	822,392	47.38%	+1.02%
12c—*Total Eligibles Receiving Dental Treatment Services*	171,723	802,358	21.40%	176,112	822,392	21.41%	+0.01%
12d—*Total Eligibles Receiving a Sealant on a Permanent Molar Tooth*	42,793	410,054	10.44%	49,895	417,628	11.95%	+1.51%
12e—*Total Eligibles Receiving Dental Diagnostic Services*	385,529	802,358	48.05%	403,637	822,392	49.08%	+1.03%
12f—*Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider*	0	802,358	0.00%	0	822,392	0.00%	+/-0.00%
12g—*Total Eligibles Receiving Any Preventive Dental or Oral Health Services*	371,934	802,358	46.36%	389,632	822,392	47.38%	+1.02%

Performance Measures							
DQA Dental Quality Measure	Numerator	Denominator	SFY 2021	Numerator	Denominator	SFY 2022	SFY 2021–SFY 2022 Comparison
CCN-CH-A—*Care Continuity*	NA	NA	NA	292,455	737,248	39.67%	NA
USS-CH-A—*Usual Source of Services*	NA	NA	NA	253,591	737,248	34.40%	NA

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

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 had quality improvement interventions established to increase performance measure rates. To increase benefit awareness and provide care coordination for its members, **Delta Dental of Michigan** conducted outreach via text messaging campaigns and direct phone calls to members. In addition, PIPs were implemented to increase utilization rates, including provider incentives to see more members, member incentives to receive dental services, and dental screening days to increase access and availability of appointments. VBP projects were also implemented to increase utilization through provider incentive programs for all participating providers if a specific utilization goal was met. [**Quality**, **Timeliness**, and **Access**]

Weaknesses and Recommendations

Weakness #1: Upon HSAG's review of **Delta Dental of Michigan**'s member-level detail file, it was noted for 11 members reported in 12a, 12b, 12c, and 12g that the members turned age 21 years on the last day of the reporting period. In addition, 35 members were identified in 12d that turned age 5 years as of the last day of the reporting period, and two members reported in 12a, 12b, 12c, 12e, and 12g had birth dates after the reporting period. [**Quality**]

Why the weakness exists: Delta Dental of Michigan determined that the dates of birth reflected in the enrollment system were not correct and began a process of correcting the dates. **Delta Dental of Michigan** also submitted revised programming logic as a result of the finding.

Recommendation: HSAG recommends **Delta Dental of Michigan** incorporate stringent validation checks to confirm the accuracy of reported data counts and member-level data prior to submission. The validation steps should include checking to ensure the appropriate age groups are included in

reporting, that member information is accurately reflected in the system, and that member-level data and programming logic is in alignment with the measure specifications.

Compliance Review

Performance Results

Table 3-23 presents the total number of criteria for each standard that received a score of *Met*, *Satisfied*, or *Not Met*. Table 3-23 also presents **Delta Dental of Michigan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages. For elements scored as *Not Met*, **Delta Dental of Michigan** was subject to a corrective action review process outlined in Appendix A.

Table 3-23—Compliance Review Results for DDMI

Standard		Number of Scores			Compliance Scores	
		Met	*Satisfied*[1]	*Not Met*	DDMI[2]	Statewide
1	Administrative	5	0	0	100%	100%
2	Providers	14	0	0	100%	96%
3	Members	21	0	0	100%	98%
4	Quality	8	0	0	100%	100%
5	MIS/Financial	28	1	0	97%	97%
6	OIG/Program Integrity	34	0	0	100%	96%
Overall		**110**	**1**	**0**	**99%**	**97%**

Indicates the standard scored below the statewide rate.

Indicates the standard had a score of 100 percent.

[1] A score of *Satisfied* was only allowable for select criteria under the MIS/Financial standard.

[2] MDHHS calculated the total compliance score for each standard by totaling the number of *Met* (i.e., 1 point) criteria and the number of *Not Met* and *Satisfied* (i.e., 0 points) criteria, then dividing the summed score by the total number of criteria for that standard.

Additionally, to supplement the compliance review activity, MDHHS conducted staff interviews, referred to as focus studies, in MDHHS-specified topics of discussion. While the results of the focus study were not incorporated into the scoring of the standards within the compliance review activity, **Delta Dental of Michigan** received *Met* scores for all topics of discussion requirements within the SFY 2023 focus study, with suggestions for improvement provided by MDHHS in several areas.

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: Delta Dental of Michigan achieved full compliance in the Administrative standard, demonstrating that the DHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight. [**Quality**]

Strength #2: Delta Dental of Michigan achieved full compliance in the Providers standard, demonstrating that the DHP maintained adequate provider contract formats, provider wait times, DHP claims monitoring processes, provider oversight and monitoring, credentialing and recredentialing policies, network adequacy standards, availability and accessibility to covered services, communication to all providers, and a provider appeal process. [**Quality**, **Access**, and **Timeliness**]

Strength #3: Delta Dental of Michigan achieved full compliance in the Members standard, demonstrating that 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 procedures; fair grievance and appeal systems; and member information materials, such as a member handbook, newsletters, and website. [**Quality**, **Access**, and **Timeliness**]

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

Strength #5: Delta Dental of Michigan achieved full compliance in the OIG/Program Integrity standard, demonstrating that the DHP had a sufficient compliance program, which included, but was not limited to, quarterly program integrity forms for tips and grievances, data mining activities, audits, provider disenrollment processes, overpayment processes, explanation of benefits (EOB) reporting requirements, provider prepayment review, encounter adjustments, and the submission of an annual program integrity report. [**Quality** and **Timeliness**]

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 scored 97 percent and above on all compliance review standards.

Why the weakness exists: NA

Recommendation: Although no substantial weaknesses were identified for **Delta Dental of Michigan**, HSAG recommends that the DHP continually review the Medicaid managed care standards and requirements outlined under 42 CFR §438.358 (b)(1)(iii) to ensure that all federally required compliance review requirements are addressed.

Network Adequacy Validation

Performance Results

HSAG's reviewers evaluated a sample of 411 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 88.1 percent (n=362) of the reviews. The sampled providers were not found in the online provider directory in 11.9 percent (n=49) of the reviewed cases (Table 3-24).

Table 3-24—Summary of Providers Present in the Directory by Provider Category

Dental Provider Category	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory	
		Count	%	Count	%
General	391	361	92.3%	30	7.7%
Pediatric	20	1	5.0%	19	95.0%
DDMI Total	**411**	**362**	**88.1%**	**49**	**11.9%**

Table 3-25 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 3-25—Provider Demographic Indicators Matching Online Provider Directory

Indicator	General Providers		Pediatric Providers		All Provider Categories	
	Count	%	Count	%	Count	%
Provider's Name	359	99.4%	1	100%	360	99.4%
Provider Street Address	360	99.7%	1	100%	361	99.7%

Indicator	General Providers		Pediatric Providers		All Provider Categories	
	Count	%	Count	%	Count	%
Provider Suite Number	361	100%	1	100%	362	100%
Provider City	361	100%	1	100%	362	100%
Provider State	361	100%	1	100%	362	100%
Provider ZIP Code	361	100%	1	100%	362	100%
Provider Telephone Number	359	99.4%	1	100%	360	99.4%
Provider Type/Specialty	361	100%	1	100%	362	100%
Provider Accepting New Patients	361	100%	1	100%	362	100%
Provider Gender	360	99.7%	1	100%	361	99.7%
Provider Primary Language*	360	99.7%	1	100%	361	99.7%
Non-English Language Speaking Provider (including American Sign Language)*	139	38.5%	1	100%	140	38.7%

The denominator for each study indicator includes the number of cases in which the provider location was found in the directory and relevant to the provider category.
* PDV review evaluated whether the indicator was present in the provider directory, but specific values were not validated.

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 357 sampled provider locations (i.e., "cases") for **Delta Dental of Michigan**, with an overall response rate of 88.0 percent (n=314). Table 3-26 summarizes the secret shopper survey results for **Delta Dental of Michigan**.

Table 3-26—Summary of DDMI Secret Shopper Survey Results

		Response Rate		Confirmed Provider		Correct Location		Offering Specialty		Accepting Insurance		Accepting New Patients	
Provider Category	Total Cases	Count	Rate (%)	Count	Rate (%)[1]	Count	Rate (%)[1]	Count	Rate (%)[1]	Count	Rate (%)[1]	Count	Rate (%)[1]
General	356	313	87.9%	312	99.7%	306	97.8%	306	97.8%	274	87.5%	250	79.9%
Pediatric	1	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
DDMI Total	**357**	**314**	**88.0%**	**313**	**99.7%**	**307**	**97.8%**	**307**	**97.8%**	**275**	**87.6%**	**251**	**79.9%**

[1]The denominator includes cases responding to the survey.

Table 3-27 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 dental provider at the sampled location.

Table 3-27—Appointment Availability Results

			Cases Offered an Appointment			Appointment Wait Time (Days)				
Provider Category	Total Survey Cases	Cases Accepting New Patients	Count	Rate Among All Surveyed Cases[1] (%)	Rate Among Cases Accepting New Patients[2] (%)	Min	Max	Average	Median	Percentage of Cases Within Standard[3]
General	356	250	241	67.7%	96.4%	0	275	32	9	84.2%
Pediatric	1	1	1	100%	100%	61	61	61	61	0.0%
DDMI Total	**357**	**251**	**242**	**67.8%**	**96.4%**	**0**	**275**	**32**	**10**	**83.9%**

[1] The denominator includes all surveyed cases included in the sample.

[2] The denominator includes cases responding to the survey that accept the insurance and new patients.

[3] The denominator includes cases offered an appointment within the MDHHS standard of eight weeks (i.e., 56 calendar days).

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: Of the providers located in the online provider directory, 11 of the 12 indicators had a match rate above 90 percent. [**Quality**]

Strength #2: Overall, 99.7 percent of locations confirmed affiliation with the sampled provider, 97.8 percent confirmed the address information, and 97.8 percent offered the requested services. [**Quality** and **Access**]

Weaknesses and Recommendations

Weakness #1: Overall, 11.9 percent of the sampled providers listed in **Delta Dental of Michigan**'s provider data could not be located in **Delta Dental of Michigan**'s online provider directory. Among the provider categories, 95.0 percent of pediatric providers and 7.7 percent of general providers could not be located in the online provider directory. [**Quality** and **Access**]

Why the weakness exists: **Delta Dental of Michigan**'s provider data included invalid provider information.

Recommendation: HSAG recommends that **Delta Dental 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, 67.8 percent were offered an appointment date. General provider locations had an appointment availability rate of 67.7 percent. Pediatric provider locations had an appointment availability rate of 100 percent; however, only one pediatric location was located in the directory and accepted new patients. [**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. Additionally, invalid provider information within the pediatric provider data contributed to the low number of cases offering a pediatric appointment.

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. Additionally, **Delta Dental of Michigan** should 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 for pediatric providers.

Encounter Data Validation

Performance Results

Representatives from **Delta Dental of Michigan** completed an MDHHS-approved questionnaire supplied by HSAG. HSAG identified follow-up questions based on **Delta Dental of Michigan**'s original questionnaire responses, and **Delta Dental of Michigan** responded to these specific questions. To support its questionnaire responses, **Delta Dental of Michigan** submitted a wide range of documents with varying formats and levels of detail. The IS review gathered input and self-reported qualitative insights from **Delta Dental of Michigan** regarding its encounter data processes.

The administrative profile analyzes MDHHS' encounter data for completeness, timeliness, and accuracy by evaluating the data across multiple metrics and using supplemental data (e.g., member enrollment and demographic data, and provider data). Results of these analyses can help indicate the reliability of MDHHS' data to be used in subsequent analyses, such as rate setting and performance measure calculations.

Table 3-28 provides a list of the multifaceted analysis conducted for each of the EDV study components (i.e., IS review and administrative profile). The table contains key findings based on the overall understanding of the encounter data processes, as well as findings that contributed to the overall completeness, timeliness, and accuracy of MDHHS' encounter data.

Table 3-28—EDV Results for DDMI

Analysis	Key Findings
IS Review	
Encounter Data Sources and Systems	• **Delta Dental of Michigan** utilized Sterling Integrator as its primary software for claim adjudication and encounter preparation. Captiva was also used to receive paper claims. • **Delta Dental of Michigan** had processes in place to detect and identify duplicate claims. **Delta Dental of Michigan** noted that it had built-in checks within its claim adjudication system to identify duplicate services based on the following information: member, provider, date of service, procedure code, oral cavity area or tooth codes, and tooth surfaces. **Delta Dental of Michigan** submitted all services to MDHHS, except for those considered invalid, duplicate, or denied due to eligibility verification, or information requests sent back to providers. In situations necessitating adjustments, it utilized the claim frequency code "7" to denote an adjusted encounter. • **Delta Dental of Michigan** managed both provider data collection and processing, along with enrollment data

Analysis	Key Findings
	handling. MDHHS supplied the 834 files and files containing daily Medicaid enrollment updates to the DHPs, which they could integrate into their systems for claim processing.
Payment Structures	• **Delta Dental of Michigan** utilized the line-by-line method for its claim payment strategies. • **Delta Dental of Michigan** processed claims with TPL based on the collected insurance coverage information. When a claim suggested the existence of additional primary insurance for a member, **Delta Dental of Michigan**'s system cross-checked this information. If the other plan's payment was not included in the first claim, **Delta Dental of Michigan** asked the provider to send it again with the other insurance details.
Encounter Data Quality Monitoring	• **Delta Dental of Michigan** indicated that it managed its own encounter data collection and processing and conducted the following data quality checks: electronic data interchange (EDI) compliance edits, field-level completeness and accuracy, and evaluating whether the payment fields in the claims align with the financial reports.
Administrative Profile	
Encounter Data Completeness	• **Delta Dental of Michigan** displayed consistent encounter volume for dental encounters throughout the measurement year. • **Delta Dental of Michigan** had a low volume of duplicate encounters, with 0.2 percent of dental encounters identified as duplicative.
Encounter Data Timeliness	• **Delta Dental of Michigan** demonstrated timely submission of dental encounters. Within 30 days, **Delta Dental of Michigan** submitted 99.4 percent of dental encounters to MDHHS after the payment date, and within 60 days of payment, **Delta Dental of Michigan** submitted 99.9 percent of dental encounters to MDHHS.
Field-Level Completeness and Accuracy	• All key data elements in **Delta Dental of Michigan**'s submitted data had high rates of population and validity.

Analysis	Key Findings
Encounter Referential Integrity	• Of all identified member IDs in **Delta Dental of Michigan**'s submitted encounter data, greater than 99.9 percent were identified in the enrollment data. However, 49.8 percent of all identified member IDs in the enrollment data were identified in the encounter data. • Of all identified provider NPIs in **Delta Dental of Michigan**'s submitted data, greater than 99.9 percent were identified in the provider data.
Encounter Data Logic	• No major concerns were noted for **Delta Dental of Michigan**.

Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the EDV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings 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 any significant impact to the quality, timeliness, and/or accessibility of care.

Strengths

Strength #1: Delta Dental of Michigan demonstrated its capability to collect, process, and transmit encounter data to MDHHS. **Delta Dental of Michigan** had also established data review and correction processes that efficiently address quality concerns identified by MDHHS. [**Quality**]

Strength #2: Delta Dental of Michigan submitted dental encounters in a timely manner from the payment date, with greater than 99 percent of all encounters submitted within 60 days of the payment date. [**Quality** and **Timeliness**]

Strength #3: All key data elements expected to be populated for **Delta Dental of Michigan** were consistently populated at high rates, with validity exceeding 99.9 percent valid for those elements where validity is expected to be at or near 100 percent. [**Quality**]

Weaknesses and Recommendations

Weakness #1: Delta Dental of Michigan reported conducting quality checks that did not include claim-level completeness and timeliness measures. [**Quality**]

Why the weakness exists: There are potential gaps in data quality and compliance associated with the absence of completeness and timeliness measures in the quality checks. To ensure the reliability and usability of healthcare encounter data, it is essential to address these aspects in the quality assurance process.

Recommendation: Delta Dental of Michigan should consider enhancing its data quality checks to include measures for completeness and timeliness for data received from its providers. By

incorporating these measures, **Delta Dental of Michigan** can enhance the overall quality and reliability of the encounter data it submits, aligning with industry standards and improving data usability for all stakeholders. Regularly reviewing and updating these quality checks will help maintain data integrity over time.

Weakness #2: While more than 99.9 percent of unique member IDs identified in the dental encounters were identified in the enrollment data, nearly 50 percent of member IDs identified from the enrollment data were identified in the encounter data. [**Quality**]

Why the weakness exists: A low rate of unique member IDs in the enrollment data identified in the encounter data suggests that members may not frequently utilize dental services. This might be attributed to access to care issues, such as a lack of providers in appropriate locations or providers not offering a wide range of appointment times.

Recommendation: Delta Dental of Michigan should continue to participate in network adequacy validation activities and secret shopper surveys to help determine reasons behind members' underutilization of dental services and take appropriate actions to mitigate any barriers noted through these activities. Additionally, direct engagement with members could help **Delta Dental of Michigan** ensure enhanced utilization.

Child Dental Survey

Performance Results

Table 3-29 presents **Delta Dental of Michigan**'s SFY 2022 and SFY 2023 top-box scores. The results were assessed to determine if the SFY 2023 score was statistically significantly higher or lower than the SFY 2022 score for each measure. Triangles (▲ or ▼) indicate SFY 2023 scores were statistically significantly higher or lower than the SFY 2022 scores.

Table 3-29—Summary of Top-Box Scores for DDMI

	SFY 2022	SFY 2023
Global Ratings		
Rating of Regular Dentist	75.00%	76.56%
Rating of All Dental Care	76.33%	74.20%
Rating of Finding a Dentist	85.71%+	41.67%+▼
Rating of Dental Plan	68.57%	70.36%
Composite Measures		
Care from Dentists and Staff	95.49%	95.01%
Access to Dental Care	75.69%	72.29%
Dental Plan Information and Services	86.71%	82.22%
Individual Items		
Care from Regular Dentists	94.54%	93.77%
Would Recommend Regular Dentist	94.94%	94.46%
Would Recommend Dental Plan	96.31%	97.47%

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating the results.
▲ Indicates the SFY 2023 score is statistically significantly higher than the SFY 2022 score.
▼ Indicates the SFY 2023 score is statistically significantly lower than the SFY 2022 score.
No triangles (▲ or ▼) indicate the SFY 2023 score was not statistically significantly higher or lower than the SFY 2022 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 2023 top-box scores for **Delta Dental of Michigan** were statistically significantly higher than the SFY 2022 top-box scores for any measure; therefore, no substantial strengths were identified.

Weaknesses and Recommendations

Weakness #1: Delta Dental of Michigan's SFY 2023 top-box score was statistically significantly lower than the SFY 2022 top-box score for one measure, *Rating of Finding a Dentist*. [**Quality** and **Access**]

Why the weakness exists: The results indicate that members enrolled in **Delta Dental of Michigan** had a less positive experience finding a dental provider. **Delta Dental of Michigan** reported increased communication with members through regular text messaging campaigns, an improved new member survey, and direct phone outreach to connect non-utilizers with a provider in their area. However, HSAG is unable to identify the DHP-specific barriers or other factors impacting drivers for these measures based on the information provided through this EQR.

Recommendation: HSAG recommends that **Delta Dental of Michigan** continue to prioritize improvement efforts in those areas that would impact 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.

Quality Rating

The Michigan HKD Consumer Guide was designed to compare DHP-to-DHP performance using SFY 2022 (i.e., October 2021–September 2022) CMS-416 Annual EPSDT Participation Report performance measure data, MY 2022 DQA performance measure data, and MY 2022 CAHPS Dental Plan Survey data. As such, DHP-specific results are not included in this section. Refer to the Quality Rating 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 3-30 displays each MDHHS CQS goal and EQR activity results that indicate whether the DHP positively (✓) or negatively (✗) impacted the HKD program's progress toward achieving the applicable goals and the overall performance impact as it relates to the quality, timeliness, and accessibility of care and services provided to **Delta Dental of Michigan**'s Medicaid members.

Table 3-30—Overall Performance Impact Related to Quality, Timeliness, and Access

Performance Area	Overall Performance Impact	Performance Domain
Goal #1—Ensure high quality and high levels of access to care.	✓ The DHP's PIP performance indicator, *Increasing Dental Utilization in Ages One and Two*, demonstrated a statistically significant increase over the baseline performance rate for the Remeasurement 2 measurement period. ✓ Six CMS-416 Annual EPSDT dental performance measure rates demonstrated an increase in performance from the prior year. ✓ Most provider demographic indicators in the DHP's provider data file had a match rate of over 90 percent to the DHP's online provider directory for those providers located in the directory. ✓ Of the dental providers responding to secret shopper calls, 99.7 percent of locations confirmed affiliation with the sampled provider, 97.8 percent confirmed the address information, and 97.8 percent offered the requested services. ✓ The DHP received a score of 95.01 percent for the *Care from Dentists and Staff* measure, a score of 93.77 percent for the *Care from Regular Dentists* measure, and a score of 94.46 percent for the *Would Recommend Regular Dentist* measure included in the Child Dental Survey. ✗ The PIP performance indicator *Providers Rendering Treatment* demonstrated a decline of 2.7 percentage points from the baseline measurement rate. While this decline was not statistically significant, the performance indicator rate remained low at 14.7 percent. ✗ Although the CMS-416 Annual EPSDT dental performance measure rates improved from the prior year, all applicable rates were at or below 51.05 percent. ✗ Only 67.8 percent of the responding dental providers for the secret shopper calls offered an appointment date, and for the general provider locations, the appointment availability rate was only 67.7 percent. Although the pediatric provider locations had an appointment availability rate of 100 percent, only one pediatric location was located in the directory and accepted new patients. ✗ The maximum wait time for a general dentist appointment was 275 calendar days, which exceeded MDHHS' initial dental appointment standard of eight weeks (i.e., 56 calendar days).	☒ Quality ☒ Timeliness ☒ Access

Performance Area	Overall Performance Impact	Performance Domain
	✗ For the Child Dental Survey, the DHP received a score of 72.29 percent for the *Access to Dental Care* measure. Additionally, the DHP received a score of 41.67 percent for the *Rating of Finding a Dentist* measure, which was a statistically significant decline.	
Goal #2—Strengthen person and family-centered approaches.	The DHP's findings for the EQR activities did not produce sufficient data for HSAG to comprehensively assess the impact on strengthening person- and family-centered approaches for the DHP's members.	☒ Quality ☐ Timeliness ☐ Access
Goal #3—Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external.	✓ The DHP met MDHHS' expectations for the 2.4 *Oral, Medical, and Community Health Coordination*, 3.17 *Care Coordination*, 3.23 *Coordination of Care*, and 3.27 *Transition of Care Policy* requirements under the compliance review activity.	☒ Quality ☐ Timeliness ☒ Access
Goal 4—Reduce racial and ethnic disparities in healthcare and health outcomes.	✓ The DHP received a *Met* score for the 3.26 *Diversity, Equity, and Inclusion (DEI) Assessment and Training* requirement under the compliance review activity.	☒ Quality ☐ Timeliness ☐ Access
Goal #5—Improve quality outcomes through value-based initiatives and payment reform.	The DHP's findings for the EQR activities did not produce sufficient data for HSAG to comprehensively assess the impact value-based initiatives and payment reform had on improving quality outcomes for the DHP's members.	☒ Quality ☐ Timeliness ☐ Access

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

From the findings of each DHP's performance for the SFY 2022 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 2022 External Quality Review Technical Report for Dental Health Plans* are summarized in Table 4-1 and Table 4-2. Each DHP's summary of the activities that were either completed, or were implemented and still underway, to improve the finding that resulted in the recommendation, and as applicable, identified performance improvement, and/or barriers identified are also provided in Table 4-1 and Table 4-2.

Blue Cross Blue Shield of Michigan

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

1. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Improvement Projects
HSAG recommended the following: • 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.
MCE'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)***: • The causal/barrier analysis was reviewed at the beginning of the measurement year for the PIP. Upon review of the casual/barrier analysis, it was determined that while there have been improvements, the barriers previously identified still exist. Since the barrier analysis was unchanged and the interventions previously implemented were successful, it was not necessary to implement new interventions. Blue Cross Blue Shield of Michigan (BCBSM) achieved a statistically significant improvement from prior measurement period. To improve these outcomes, we will continue with the interventions and conduct plan-do-study-act (PDSA) cycles using outcomes to determine whether to adapt, adopt, or abandon interventions to address the barriers to care. If at any point new barriers are identified, BCBSM will modify the barrier analysis accordingly and design interventions to address the newly identified barrier.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Using the CMS-416 specifications, including the 90-day continuous eligibility requirement, BCBSM calculated the improvements between the baseline measurement period and remeasurement period 2.

1. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Improvement Projects
There was an increase of 17.1 percentage points between the baseline and remeasurement period 2. The increase was statistically significant with a p-value < 0.00001.
c. Identify any barriers to implementing initiatives: • There were no barriers to implementing the initiatives and achieving statistically significant improvements. We will continue to evaluate each intervention and other variables that may have an impact to making improvements. Any new barriers that are identified will be addressed to ensure maximum improvement during measurement period 2023.
HSAG Assessment: HSAG has determined that **Blue Cross Blue Shield of Michigan** addressed the prior year's recommendations. **Blue Cross Blue Shield of Michigan** revisited its causal/barrier analysis and determined that the barriers remained the same as in the prior year. **Blue Cross Blue Shield of Michigan** continued to evaluate the effectiveness of each intervention and used the results to guide the intervention's next steps.

2. Prior Year Recommendation from the EQR Technical Report for Performance Measure Validation
HSAG recommended the following: • 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. Upon MDHHS providing HSAG with **Blue Cross Blue Shield of Michigan** 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. 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. • 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. 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. 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.
MCE'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)***:

2. Prior Year Recommendation from the EQR Technical Report for Performance Measure Validation
• CMS-416 measure programming logic was immediately updated to align the CMS-416 technical specifications, validated, and measures were resubmitted to MDHHS/HSAG and approved. The updated logic is now stored in the DentaQuest source control application (MS TFS). [Screen shots redacted] • Additional internal validation review and approval steps have been implemented cross functionally to ensure accurate transference of data into the client template required for PMV submission.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • No performance improvement data has been captured at this time as the new reporting cycle has not begun.
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. **Blue Cross Blue Shield of Michigan** revised its programming logic to align with the CMS-416 technical specifications and implemented additional internal validation review and approval steps to ensure accurate member-level data were provided to HSAG. Additionally, **Blue Cross Blue Shield of Michigan** demonstrated improvement in the performance measure rate calculation process from SFY 2021 to SFY 2022, as HSAG did not identify any discrepancies related to the accuracy of **Blue Cross Blue Shield of Michigan**'s data counts and rates during the current year PMV activity.

3. Prior Year Recommendation from the EQR Technical Report for Compliance Review
HSAG recommended the following: • **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*. 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. • **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*. 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. • **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*. 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.
MCE'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)***: • *2.7 Provider Network—DHP Demonstrates that Covered Services are Available and Accessible*

3. Prior Year Recommendation from the EQR Technical Report for Compliance Review
Item 1 and Item 2: BCBSM implemented the network development plan to resolve the ratio and mileage deficiencies and is still underway. Progress is monitored as efforts continue to resolve network deficiencies identified in the CAP. Network exceptions and network access plan changes are kept current and submitted to MDHHS timely. Item 3: Language was added to the Network Access Plan (NAP) to address all instances for continuity of care and was submitted to MDHHS. Item 4: A revised NAP was submitted addressing the percentage of providers accepting new patients, and our plan to increase the number of providers accepting new patients. Our plan included two parts: 1) Recruitment to enroll new contracted providers who accept new patients, and 2) Outreach activities to follow-up with providers who have changed their status to existing patients only. Both parts of our plan were implemented and are still underway. • *5.13 Monthly Dental Encounter Timeliness* Encounters are generated on the eighth of the month to ensure failures can be addressed by the fifteenth of the month, allowing an appropriate time frame for the cross-functional quality checks to take place prior to submission to the State. Please note that for the last 9 months (Nov 2022-July 2023), the Monthly Dental Encounter Timeliness minimum has been satisfied. • *6.8 Quarterly OIG Program Integrity Forms—Encounter Adjustments* New investigator was assigned to the plan resulting in human errors on reports. The deficiencies identified were corrected and resulted in a process improvement plan to generate a quality review checklist.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • *2.7 Provider Network—DHP Demonstrates that Covered Services are Available and Accessible*. Item 1 and 2: Network development initiatives are ongoing. There are no noted improvements due to limitations described in our assessment. Item 3: Improved clarity in this sub-section of the network access plan. Item 4: Results are mixed with a 2 percent decrease of providers accepting new patients and 5 percent increase in providers accepting without limitation. We will continue with our planned interventions and monitor improvement. • *6.8 Quarterly OIG – Encounter Adjustments* Seasoned investigator was assigned to this plan and has adapted to the reporting and case studies according to contractual requirements. Checklist has been utilized for all reports since the CAP, awaiting results of the latest review.
c. Identify any barriers to implementing initiatives: • Awaiting results of the latest Program Integrity (PI) report from the State. Once that has been received, barriers can be identified and addressed accordingly.
HSAG Assessment: HSAG has determined that **Blue Cross Blue Shield of Michigan** addressed the prior year's recommendation. The SFY 2023 compliance review activity confirmed that **Blue Cross Blue Shield of Michigan** received a *Met* or *Satisfied* score for elements 2.7 and 5.13. However, while **Blue Cross Blue Shield of Michigan** implemented initiatives to address the deficiencies for element 6.8, this initiative did not appear to have been fully successful as the DHP continued to receive a *Not Met* score for element 6.8 during the SFY 2023 compliance review activity. As such, HSAG recommends that **Blue Cross Blue Shield of Michigan** continue to explore opportunities to enhance the accuracy of its data reported to MDHHS via the program integrity forms.

4. Prior Year Recommendation from the EQR Technical Report for Network Adequacy Validation
HSAG recommended the following: • 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. 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. • 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. 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. 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.
MCE'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)***: • Case level analytic data files were reviewed, and all data deficiencies were addressed. Additionally, several interventions are in place to ensure directory accuracy and sufficient appointment availability for our members, including: Provider phone outreach validation, quarterly access and availability surveys, quarterly distribution of the provider directory validation form, quarterly provider training on requirements and process for notifying us of any changes to locations, providers, participation changes, status changes and appointment availability.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Additional provider education and validation are proving successful in increasing appointment availability compliancy. Data is showing an upward trend from 4th quarter 2022 to 3rd quarter 2023, with a 5 percent overall (90 percent 2022, 95 percent 2023).
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. **Blue Cross Blue Shield of Michigan** addressed the data deficiencies noted in the case-level analytic data files, implemented interventions to ensure data directory accuracy, and conducted provider outreach to validate contact information and training. **Blue Cross Blue Shield of Michigan**'s initiatives have resulted in increased appointment availability compliancy, with a continued upward trend, based on its internal evaluation of its provider education and appointment availability.

5. 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 **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.
MCE'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)***: • Improvement efforts mentioned in the prior year's survey results have continued in full effect: o Welcome calls are performed for new members to provide education and information to parents/caretakers of child members. o Health risk assessments during welcome calls have led to follow up outreach which is reported on a weekly basis to the plan. o As part of the Healthy Behaviors program, a $50 Walmart gift card was provided to members who received a preventive dental visit. This incentive rewards members for engaging in preventive behaviors.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • No performance improvement data has been captured at this time.
c. Identify any barriers to implementing initiatives: • There were no barriers to implementing the initiatives. We will continue to evaluate each intervention and other variables that may have an impact to making improvements.
HSAG Assessment: HSAG has determined that **Blue Cross Blue Shield of Michigan** addressed the prior year's recommendations. While the SFY 2023 score for *Would Recommend Dental Plan* was statistically significantly lower than the SFY 2022 score, **Blue Cross Blue Shield of Michigan** implemented several initiatives, and the score for *Rating of Finding a Dentist* increased by 11.38 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 Validation of Performance Improvement Projects
HSAG recommended the following: • **Delta Dental of Michigan**'s first performance indicator, *Providers Rendering Treatment*, demonstrated a non-significant decline in performance as compared to the baseline. HSAG recommends that **Delta Dental of Michigan** revisit its causal/barrier analysis process to capture barriers associated with the PHE [Public Health Emergency] and develop specific and targeted interventions to address those barriers.
MCE'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)***: • Delta Dental of Michigan (Delta Dental) updated the cause-and-effect diagram, a fishbone reflecting barriers to providing care for dental offices, for the SFY22 technical report to include additional barriers to care that were identified in the remeasurement #2 time period, as well as removing barriers to care that were no longer applicable. New additions to the fishbone included the following: backlog of patients resulting in increased wait time for appointments, workforce issues with all three areas of dental staff, i.e., dentists, dental hygienists, and dental assistants, along with noting the lack of stability within the HKD member population due to MDHHS' allocation methodology. Barriers to care that were removed from the fishbone diagram include: shortage of personal protective equipment (PPE) due to increased needs from dental offices, increased time needed for cleaning in between patients and reduction in office hours due to capacity restrictions and lack of personnel due to COVID testing and/or illness. • Delta Dental revised several initiatives from remeasurement period #1 to address ongoing and additional barriers to care for providers treating this population, including an increased incentive amount for treating patients in the targeted population, an additional bonus for top providers at the end of the fiscal year, and increased notifications to providers in regard to the project for increased awareness. The incentive increased from $500 to $1000 for seeing a minimum of 2 patients, the top performer bonus was carried forth into remeasurement period #2 due to the positive response from providers, and a concerted effort was made to increase provider awareness of the project.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Delta Dental noted performance improvement as the number of providers receiving the incentive bonus increased from 70 to 76 total providers during remeasurement period #2. Although the overall performance for indicator #1, *Providers Rendering Treatment*, was not a statistically significant increase, Delta Dental was pleased to see the increased number of providers receiving the bonus as it indicates increased awareness of the program and a successful initiative of raising the incentive amount.
c. Identify any barriers to implementing initiatives: • Delta Dental did not identify any barriers to implementing and/or revising the initiatives noted above.

1. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Improvement Projects
HSAG Assessment: HSAG has determined that **Delta Dental of Michigan** addressed the prior year's recommendation. **Delta Dental of Michigan** revisited its causal/barrier analysis and updated the identified barriers to care and developed or revised interventions. While **Delta Dental of Michigan** demonstrated a statistically significant decline in performance for Remeasurement 2 as compared to the baseline for the first performance indicator, the DHP showed improvement over Remeasurement 1.

2. Prior Year Recommendation from the EQR Technical Report for Performance Measure Validation
HSAG recommended the following: • 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).
MCE'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)***: • Delta Dental's CMS-416 EPSDT performance measure rate increases for SFY21 were +3.08% for measure 12a, +3.74% for measure 12b., +3.43% for measure 12c, and +3.82% for measure 12e. The increases noted are statistically significant when evaluated through Pearson's Chi Square test to determine statistically significant change from FY20 to FY21, where P-Value < 0.0001. The increase in performance across all measures is reflective of a successful, mature dental program that had high utilization rates prior to the start of the measurement year. • Initiatives implemented include increased outreach events to engage members in the community, increased text messaging campaigns to non-utilizers including direct phone outreach as follow-up, and additional community partnership agreements with non-profit dental clinics, PA-161 providers and other safety net providers, such as Federally Qualified Health Centers (FQHCs).
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • CMS-416 EPSDT reporting has not been officially confirmed for SFY22 at this time; however, Delta Dental reported performance improvement in all CMS-416 EDPST measures for SFY22, including an increase of +1.30% for *12a—Total Eligibles Receiving Any Dental Services*.
c. Identify any barriers to implementing initiatives: • Delta Dental did not identify any barriers to implementing and/or revising the initiatives noted above.
HSAG Assessment: HSAG has determined that **Delta Dental of Michigan** addressed the prior year's recommendation. **Delta Dental of Michigan** implemented initiatives, such as increased outreach events, to engage members and increased its community partnerships. Additionally, **Delta Dental of Michigan** demonstrated improvement, as all CMS-416 Annual EPSDT performance measures increased from SFY 2021 to SFY 2022.

3. Prior Year Recommendation from the EQR Technical Report for Compliance Review
HSAG recommended the following: • 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; therefore, no recommendations were made.
MCE'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)***: • Not Applicable
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Not Applicable
c. Identify any barriers to implementing initiatives: • Not Applicable
HSAG Assessment: This section is not applicable as HSAG did not identify any substantial weaknesses for **Delta Dental of Michigan** through the SFY 2022 compliance review activity; therefore, no recommendations were made.

4. Prior Year Recommendation from the EQR Technical Report for Network Adequacy Validation
HSAG recommended the following: • 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. 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. 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.
MCE'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)***: • Delta Dental reviewed the cited procedural barriers to scheduling an appointment in the technical report and notes that these represent common operational processes in certain dental offices, potentially including the surveyed practices. For example, certain dental practice management software packages require the input of certain patient registration information before the staff member can schedule the appointment. Delta Dental regularly reminds dental offices of procedures and requirements regarding appointment timeliness and availability through newsletters, Dental Office Toolkit reminders, and email notifications.

4. Prior Year Recommendation from the EQR Technical Report for Network Adequacy Validation
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Delta Dental does not have applicable and updated appointment availability survey results to use for data comparison at this time.
c. Identify any barriers to implementing initiatives: • [None noted by DHP]
HSAG Assessment: HSAG has determined that **Delta Dental of Michigan** partially addressed the prior year's recommendations. While **Delta Dental of Michigan** reviewed the survey findings and noted it regularly works with dental offices regarding office procedures and timeliness requirements, **Delta Dental of Michigan** has not conducted additional outreach to evaluate the effectiveness of its outreach procedures. Therefore, HSAG continues to recommend that **Delta Dental of Michigan** outreach to its contracted providers to ensure sufficient appointment availability for its members, including reducing procedural barriers when appropriate, and to evaluate the effectiveness of those outreach efforts with its contracted providers to determine whether improved access has occurred.

5. 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, 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.
MCE'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)***: • Delta Dental continues to prioritize member access to dental services through strategic collaboration with dental providers and community partners, including non-profit dental practices, FQHCs, PA-161 mobile dental hygiene organizations, and private practitioners. Collaboration includes a focus on non-utilizing members with direct phone outreach to schedule appointments, referrals to additional services as determined by barriers to care related to social determinants of health, and dental screening days for specific populations to increase access. Delta Dental also has an established care coordination process with Customer Service and Health Liaison Officers (HLO) to fast track members with special circumstances, including those with chronic medical conditions, disabilities, homeless members, or those in foster care. Delta Dental regularly attends health fairs, community events, oral health conferences, oral health coalition meetings and other events where members may be present. In addition, Delta Dental has increased communication with members through regular text messaging campaigns, an improved new member survey, and direct phone outreach to connect non-utilizers with a provider in their area.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Overall utilization has increased to 51.05% in SFY22 and is currently at 52.4% in SFY23 for *12a—Total Eligibles Receiving Any Dental Services*. Although both data points are unconfirmed by

5. Prior Year Recommendation from the EQR Technical Report for Child Dental Survey
MDHHS, Delta Dental is trending positively with regard to utilization and expects that will continue into SFY24.
c. Identify any barriers to implementing initiatives: • Delta Dental did not identify any barriers to implementing and/or revising the initiatives noted above.
HSAG Assessment: HSAG has determined that **Delta Dental of Michigan** has partially addressed the prior year's recommendations. The DHP reported increased communication with members through regular text messaging campaigns, an improved new member survey, and direct phone outreach to connect non-utilizers with a provider in their area. However, the SFY 2023 score for *Rating of Finding a Dentist* was statistically significantly lower than the SFY 2022 score. Therefore, **Delta Dental of Michigan** should continue to focus on initiatives aimed at increasing members' access and timeliness of dental services.

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 two 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 2023 validation, the DHPs submitted Remeasurement 2 data for their ongoing PIP topics. Table 5-1 displays each PIP and provides a comparison of the PIP validation rating and outcomes scores, by DHP.

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

PIP Topic and Overall PIP Validation Rating, by DHP			Outcomes Scores		
			Met	*Partially Met*	*Not Met*
BCBSM	*Increasing the Number of Members Ages 0–5 Accessing Dental Services*	*Met*	95%	5%	0%
DDMI	*Increasing Dental Utilization in Ages One and Two*	*Met*	95%	5%	0%

Table 5-2 provides a comparison of the DHPs' PIPs by target population and results, including a summary of each DHP's progress on meeting the goals of the PIP.

Table 5-2—Comparison of the PIP Target Population and Results by MHP

DHP	Target Population	Performance Indicator Results			Progress on Meeting Goals
		Baseline	R1	R2	
BCBSM	Ages 0 through 5	7.2%	21.3%↑	24.3%↑	✓ statistically significant improvement in results for member visits to a dental provider achieved

DHP	Target Population	Performance Indicator Results			Progress on Meeting Goals
		Baseline	R1	R2	
DDMI	Ages 1 and 2	17.4%	13.8% ⇔	14.7% ⇔	✓ statistically significant improvement in results for increasing dental utilization achieved
		14.3%	20.5% ↑	17.9% ↑	× rate for providers rendering treatment indicator declined in performance from baseline

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).
✓ = Positive progress made toward achieving goals of the PIP.
× = Minimal to no progress made toward achieving goals of the PIP.

Performance Measure Validation

As there were no State or national benchmarks established for the CMS-416 Annual EPSDT performance measures during the measurement period (October 1, 2021–September 30, 2022) or for the DQA dental quality measures during the January 1, 2021–December 31, 2022 measurement period, Table 5-3 displays the comparison of performance between the two DHPs for the SFY 2023 performance measure activity, which includes data from the SFY 2022 measurement period (October 1, 2021–September 30, 2022) and January 1, 2021–December 31, 2022 measurement period, for the CMS-416 Annual EPSDT performance measures and DQA dental performance measures, respectively.

Table 5-3—CMS-416 Annual EPSDT and DQA Performance Measure Rate Comparisons

Performance Measures		
CMS-416 Annual EPSDT Performance Measure	**BCBSM**	**DDMI**
12a—*Total Eligibles Receiving Any Dental Services*	28.67%	51.05%
12b—*Total Eligibles Receiving Preventive Dental Services*	28.35%	47.38%
12c—*Total Eligibles Receiving Dental Treatment Services*	10.51%	21.41%
12d—*Total Eligibles Receiving a Sealant on a Permanent Molar Tooth*	9.78%	11.95%
12e—*Total Eligibles Receiving Dental Diagnostic Services*	27.44%	49.08%
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*	26.10%	47.38%

Performance Measures		
DQA Dental Performance Measure	**BCBSM**	**DDMI**
CCN-CH-A—Care Continuity	18.14%	39.67%
USS-CH-A—Usual Source of Services	13.31%	34.40%

Delta Dental of Michigan had higher rates than **Blue Cross Blue Shield of Michigan** for each reported measure for SFY 2022 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., **Blue Cross Blue Shield of Michigan** 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 Annual EPSDT performance measures for the SFY 2019 reporting period. This has also impacted the SFY 2020, SFY 2021, and SFY 2022 reporting periods. Additionally, MDHHS indicated that **Delta Dental of Michigan** has provided dental services to members for over two decades and, therefore, had more stability in its membership.

Since there were no State targets or national benchmarks established for these performance measures during the applicable measurement periods, the DHP performance measure rate comparisons focus on comparing results between the DHPs. In general, the results are indicative that **Delta Dental of Michigan**'s members are accessing dental services at a greater rate than **Blue Cross Blue Shield of Michigan**'s members.

Table 5-4 displays the performance measure rate comparisons for the two DHPs from the SFY 2021 to SFY 2022 measurement periods. Negative values in the *SFY 2021–SFY 2022 Comparison* column indicate a rate decrease from SFY 2021 (October 1, 2020–September 30, 2021) to SFY 2022 (October 1, 2021–September 30, 2022). Positive values in the *SFY 2021–SFY 2022 Comparison* column indicate a rate increase from SFY 2021 to SFY 2022.

Table 5-4—SFY 2021 and SFY 2022 Performance Measure Rate Comparisons

Performance Measures			
BCBSM			
CMS-416 Annual EPSDT Performance Measure	**SFY 2021**	**SFY 2022**	**SFY 2021–SFY 2022 Comparison**
12a—*Total Eligibles Receiving Any Dental Services*	23.69%	28.67%	+4.98%
12b—*Total Eligibles Receiving Preventive Dental Services*	21.30%	26.10%	+4.80%
12c—*Total Eligibles Receiving Dental Treatment Services*	8.93%	9.65%	+0.72%

Performance Measures			
12d—*Total Eligibles Receiving a Sealant on a Permanent Molar Tooth*	7.87%	9.78%	+1.91%
12e—*Total Eligibles Receiving Dental Diagnostic Services*	23.18%	27.44%	+4.26%
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*	21.30%	26.10%	+4.80%
DQA Dental Quality Measure	**SFY 2021**	**SFY 2022**	**SFY 2021–SFY 2022 Comparison**
CCN-CH-A—*Care Continuity*	NA	18.14%	NA
USS-CH-A—*Usual Source of Services*	NA	13.31%	NA
DDMI			
CMS-416 Annual EPSDT Performance Measure	**SFY 2021**	**SFY 2022**	**SFY 2021–SFY 2022 Comparison**
12a—*Total Eligibles Receiving Any Dental Services*	49.75%	51.05%	+1.30%
12b—*Total Eligibles Receiving Preventive Dental Services*	46.36%	47.38%	+1.02%
12c—*Total Eligibles Receiving Dental Treatment Services*	21.40%	21.41%	+0.01%
12d—*Total Eligibles Receiving a Sealant on a Permanent Molar Tooth*	10.44%	11.95%	+1.51%
12e—*Total Eligibles Receiving Dental Diagnostic Services*	48.05%	49.08%	+1.03%
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*	46.36%	47.38%	+1.02%
DQA Dental Quality Measures	**SFY 2021**	**SFY 2022**	**SFY 2021–SFY 2022 Comparison**
CCN-CH-A—*Care Continuity*	NA	39.67%	NA
USS-CH-A—*Usual Source of Services*	NA	34.40%	NA

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

Compliance Review

MDHHS calculated the HKD program's overall performance in each of the six performance areas. Table 5-5 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 2023 compliance review are provided.

Table 5-5—Compliance Monitoring Comparative Results

Standard		Compliance Scores		
		BCBSM	DDMI	HKD Program
1	Administrative	100%	100%	100%
2	Providers	93%	100%	96%
3	Members	95%	100%	98%
4	Quality	100%	100%	100%
5	MIS/Financial	97%	97%	97%
6	OIG/Program Integrity	91%	100%	96%
Overall		**95%**	**99%**	**97%**

Indicates statewide performance achieved 100 percent compliance.

Network Adequacy Validation

During April and May 2023, 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 5-6 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 5-6—Summary of Sampled Providers Located in Online Directories

		Providers Found in Directory		Providers Not Found in Directory	
DHP	Number of Sampled Providers	Count	%	Count	%
BCBSM	346	304	87.9%	42	12.1%
DDMI	411	362	88.1%	49	11.9%
DHP Total	**757**	**666**	**88.0%**	**91**	**12.0%**

Table 5-7 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 5-7—Study Indicator Matches

	BCBSM		DDMI		DHP Total	
Indicator	Count	%	Count	%	Count	%
Provider's Name	304	100%	360	99.4%	664	99.7%
Provider Street Address	278	91.4%	361	99.7%	639	95.9%
Provider Suite Number	300	98.7%	362	100%	662	99.4%
Provider City	278	91.4%	362	100%	640	96.1%
Provider State	303	99.7%	362	100%	665	99.8%
Provider ZIP Code	282	92.8%	362	100%	644	96.7%
Provider Telephone Number	276	90.8%	360	99.4%	636	95.5%
Provider Type/Specialty	304	100%	362	100%	666	100%
Provider Accepting New Patients	304	100%	362	100%	666	100%
Provider Gender	304	100%	361	99.7%	665	99.8%
Provider Primary Language*	304	100%	361	99.7%	665	99.8%

[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 5-6).

Indicator	BCBSM		DDMI		DHP Total	
	Count	%	Count	%	Count	%
Non-English Language Speaking Provider (including American Sign Language)*	253	83.2%	140	38.7%	393	59.0%

The denominator for each study indicator includes the number of cases in which the provider location was found in the provider directory.
* PDV review evaluated whether the indicator was present in the provider directory, but specific values were not validated.

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 626 sampled provider locations (i.e., "cases"), with an overall response rate of 84.3 percent (n=528). Table 5-8 summarizes the DHPs' secret shopper survey results.

Table 5-8—Summary of Secret Shopper Survey Results

Provider Category	Total Cases	Response Rate		Confirmed Provider		Correct Location		Offering Specialty		Accepting Insurance		Accepting New Patients	
		Count	Rate (%)	Count	Rate (%)[1]	Count	Rate (%)[1]	Count	Rate (%)[1]	Count	Rate (%)[1]	Count	Rate (%)[1]
BCBSM	269	214	79.6%	158	73.8%	147	68.7%	138	64.5%	134	62.6%	124	57.9%
DDMI	357	314	88.0%	313	99.7%	307	97.8%	307	97.8%	275	87.6%	251	79.9%
DHP Total	**626**	**528**	**84.3%**	**471**	**89.2%**	**454**	**86.0%**	**445**	**84.3%**	**409**	**77.5%**	**375**	**71.0%**

[1]The denominator includes cases responding to the survey.

Table 5-9 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 5-9—Appointment Availability Results

Provider Category	Total Survey Cases	Denom[1]	Rate (%)	Average Wait Time (Days)	Median Wait Time (Days)	Percentage of Cases Within Standard[1]
BCBSM	269	124	87.1%	28	12	88.9%
DDMI	357	251	96.4%	32	10	83.9%
DHP Total	**626**	**375**	**93.3%**	**31**	**11**	**85.4%**

[1] Rates were calculated using the total number of respondents to the survey who offered an appointment as the denominator and respondents to the survey who offered an appointment date that is compliant with the 56-day standard for initial dental appointments as the numerator.

Encounter Data Validation

Table 5-10 presents the EDV results for both DHPs. Results for the administrative profile are stratified by category of service. For both analyses, cells with a "✓" indicate no or minor concerns noted, cells with a "–" indicate moderate concerns noted, and cells with an "x" indicate major concerns noted. For DHP-specific results, refer to Section 3.

Table 5-10—EDV DHP Comparison

Analysis		BCBSM	DDMI
IS Review			
Encounter Data Sources and Systems		✓	✓
Payment Structures		✓	✓
Encounter Data Quality Monitoring		x	✓
Administrative Profile			
Encounter Data Completeness	Dental	✓	✓
Encounter Data Timeliness	Dental	✓	✓
Field-Level Completeness and Accuracy	Dental	✓	✓
Encounter Referential Integrity	Dental	–	–
Encounter Data Logic	Dental	✓	✓

✓	No or minor concerns noted.
–	Moderate concerns noted.
x	Major concerns noted.

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). HSAG also performed a comparative analysis to see if the 2023 HKD program scores were statistically significantly higher or lower than the 2022 HKD program scores. Table 5-11 presents the SFY 2023 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 and also presents the SFY 2023 HKD program top-box scores compared to the SFY 2022 HKD program top-box scores. SFY 2022 **Blue Cross Blue Shield of Michigan** and **Delta Dental of Michigan** scores are presented for comparative purposes. Arrows (↑ or ↓) indicate DHP SFY 2023 scores were statistically significantly higher or lower than the SFY 2023 HKD program scores. Triangles (▲ or ▼) indicate SFY 2023 HKD program scores were statistically significantly higher or lower than the SFY 2022 HKD program scores.

Table 5-11—DHP and HKD Program Comparisons

	SFY 2022 DHP Results		SFY 2023 DHP Results		HKD Program Results	
	BCBSM	DDMI	BCBSM	DDMI	SFY 2022	SFY 2023
Global Ratings						
Rating of Regular Dentist	72.15%	75.00%	70.37%	76.56%	73.86%	73.64%
Rating of All Dental Care	68.02%	76.33%	68.99%	74.20%	72.90%	71.72%
Rating of Finding a Dentist	48.00%+	85.71%+	59.38%+	41.67%+	65.22%+	51.79%+
Rating of Dental Plan	66.47%	68.57%	71.20%	70.36%	67.71%	70.75%
Composite Measures						
Care from Dentists and Staff	94.62%	95.49%	95.23%	95.01%	95.14%	95.11%
Access to Dental Care	72.17%	75.69%	72.11%	72.29%	74.14%	72.23%
Dental Plan Information and Services	88.27%+	86.71%	85.13%	82.22%	87.92%	83.86%
Individual Items						
Care from Regular Dentists	95.57%	94.54%	96.73%	93.77%	94.95%	95.17%
Would Recommend Regular Dentist	94.90%	94.94%	95.87%	94.46%	94.92%	95.13%
Would Recommend Dental Plan	97.04%	96.31%	91.94% ↓	97.47% ↑	96.61%	94.86%

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating the results.
▲ Indicates the SFY 2023 HKD program score is statistically significantly higher than the SFY 2022 HKD program score.
▼ Indicates the SFY 2023 HKD program score is statistically significantly lower than the SFY 2022 HKD program score.
No triangles (▲ or ▼) indicate the SFY 2023 HKD program score was not statistically significantly higher or lower than the SFY 2022 HKD program score.
↑ Indicates the DHP SFY 2023 score is statistically significantly higher than the SFY 2023 HKD program score.
↓ Indicates the DHP SFY 2023 score is statistically significantly lower than the SFY 2023 HKD program score.
No arrows (↑ or ↓) indicate the 2023 scores were not statistically significantly higher or lower than the SFY 2023 HKD program score.

Quality Rating

For the SFY 2023 Quality Rating activity, HSAG analyzed SFY 2022 CMS-416 Annual EPSDT performance measure data, MY 2022 DQA performance measure data, and MY 2022 CAHPS data for two DHPs for presentation in the 2024 Michigan HKD Consumer Guide. The 2024 Michigan HKD Consumer Guide analysis helps support MDHHS' public reporting of DHP performance information. The 2024 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 2024 Michigan HKD Consumer Guide used apples to display results for each DHP as defined in Table 5-12.

Table 5-12—Apple Ratings for the 2024 Michigan HKD Consumer Guide

Rating	DHP Performance Compared to Statewide Average	
🍎🍎🍎🍎🍎	Significantly Higher	The DHP's performance was significantly higher than the other DHP's rate.
🍎🍎🍎	Comparable	The DHP's performance was comparable to the other DHP's rate.
🍎🍎	Significantly Lower	The DHP's performance was significantly lower than the other DHP's rate.

Table 5-13, Table 5-14, and Table 5-15 show the 2024 Michigan HKD Consumer Guide results.

Table 5-13—2024 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	🍎🍎🍎	🍎🍎🍎

Table 5-14—2024 Michigan HKD Consumer Guide—CMS-416 Annual EPSDT Measures

Measure	DHP	
	BCBSM	Delta Dental
Dental Utilization		
Enrolled Children Receiving Dental Diagnostic Services		
<1 Year		
1–2 Years		
3–5 Years		
6–9 Years		
10–14 Years		
15–18 Years		
19–20 Years		
Total		
Enrolled Children Receiving Dental Preventive Services		
<1 Year		
1–2 Years		
3–5 Years		
6–9 Years		
10–14 Years		
15–18 Years		
19–20 Years		
Total		
Enrolled Children Receiving Sealant Services		
6–9 Years		
10–14 Years		
Total		
Enrolled Children Receiving Any Dental Service		
<1 Year		
1–2 Years		
3–5 Years		
6–9 Years		
10–14 Years		
15–18 Years		
19–20 Years		
Total		

Table 5-15—2024 Michigan HKD Consumer Guide—DQA Measures

Measure	DHP	
	BCBSM	Delta Dental
Access to Dental Care		
Usual Source of Services	🍎🍎	🍎🍎🍎🍎
Dental Utilization		
Care Continuity	🍎🍎	🍎🍎🍎🍎

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.	**Conclusions:** The results of the NAV activity indicated that of the 626 total general and pediatric dental providers called as part of the HKD program survey sample (i.e., dental providers who were included in the DHPs' provider directories and listed as accepting new patients), only 528 (84.3 percent) of the total providers were able to be reached by the surveyors. Nearly 16 percent of the providers listed in the directory as dental providers accepting new patients had a disconnected or invalid telephone number; the telephone number was not for a dental provider, practice, or facility; or office personnel did not answer after two separate call attempts. Additionally, of the 528 offices that were reached, while 471 offices (89.2 percent) confirmed that the dental provider was at the location listed in the provider directory, only 454 dental provider offices (86 percent) confirmed that the address in the directory was accurate, and even fewer dental providers (445 or 84.3 percent of the total providers responding to the survey) offered teeth cleaning services. Further, only 409 providers, or 77.5 percent of the total dental providers contacted, accepted **Blue Cross Blue Shield of Michigan** and/or **Delta Dental of Michigan** DHPs under the HKD program. Of those dental offices confirming that they accepted the DHP under the HKD program, only 375 dental providers (71 percent of providers responding to the survey) accepted new patients. These survey findings suggest that members seeking a new dental provider for services under the HKD program are only able to obtain teeth cleaning services from approximately 60 percent of the providers listed in the provider directory, as indicated by a total of 375 providers accepting new patients from the 626 total offices attempted to be contacted by surveyors. The findings from the EDV	☒ Quality ☒ Timeliness ☒ Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	activity confirmed that 74 percent of **Blue Cross Blue Shield of Michigan**'s enrolled members and approximately 50 percent of **Delta Dental of Michigan**'s enrolled members were not accessing dental care. Additionally, through the PMV activity, both DHPs had lower rates under *12a—Total Eligibles Receiving Any Dental Services* (28.67 percent [BCBSM] and 51.05 percent [DDMI]) and 12b—*Total Eligibles Receiving Preventive Dental Services* (28.34 percent [BCBSM] and 47.38 percent [DDMI]). Based on the NAV results, and as confirmed through the lower performance noted through the EDV and PMV activities, many members under the HKD program may not be accessing dental care due to challenges finding a dental provider that accepts Medicaid under the HKD program and accepts new patients. This indication is further corroborated through the CAHPS activity, as only 51.79 percent of members responding to the survey reported a positive experience for the *Rating of Finding a Dentist* measure. Additionally, related to the timeliness for obtaining a new patient appointment as indicated through the NAV activity, 93.3 percent of dental provider offices that accepted new patients also offered an appointment. However, of those offering an appointment, only 85.4 percent offered an appointment within the MDHHS-established standard of 56 days for the initial dental appointment. Although the average wait time for a new patient to obtain an appointment was 31 days, there remains opportunities for the HKD program to work with contracted dental providers to ensure they are providing initial appointments timely. **Recommendations:** Through the PIP activity, the DHPs demonstrated that their member-focused interventions have resulted in more members between the ages of 0 and 5 years (ages 0 to 5 years for BCBSM and ages 1 and 2 years for DDIA) accessing dental services. Additionally, interventions established by the DHPs to increase the rates for the CMS-416 Annual EPSDT performance measures were successful as indicated by the DHPs increasing all but one EPSDT performance measure (*12f—Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider* remained at 0 percent for both DHPs) from SFY 2021 measurement year to SFY 2022 measurement year. MDHHS should continue to mandate that the DHPs implement clinical PIPs that focus on increasing member utilization and access to dental services, and the DHPs should continue implementing initiatives to support performance measure improvement and increasing members' access to dental services. Additionally, as federal Medicaid managed care	

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	regulations require that managed care entities conduct PIPs that focus on both clinical and nonclinical areas, HSAG recommends that MDHHS consider requiring a nonclinical focused PIP that addresses lack of contracted providers or other provider-related issues (e.g., low rate of contracted providers accepting new patients) that may be contributing to a low rate of members accessing dental care. The PIP could align to MDHHS' strategies under the 2025 Michigan State Oral Health Plan. MDHHS has updated the 2023–2026 CQS to include measurable quality measures that support achievement of the goals and objectives of Goal #1. The establishment of measurable quality measures will allow MDHHS to complete an evaluation of the effectiveness of its CQS using quantitative data. As such, HSAG recommends that MDHHS include all performance measures included as quality measures under each Goal and objective within the CQS as focus measures for each annual EQR (e.g., the focus of the PMV activity could be updated to include validation of the state-specific *Access to Dental Care—HKD beneficiaries* measure), or the CQS quality measure could be updated to more prescriptively describe the measure source for all dental-related quality measures that are specific to the HKD program (e.g., if the *Access to Dental Care—HKD beneficiaries* measure is based on a CMS-416 Annual EPDST measure, the CQS should be updated to note this). Additionally, MDHHS could consider adding all quality measures to the CQS that are currently validated through the PMV activity (i.e., CMS-416 Annual EPSDT and DQA measures), and including those that align with CQS objective 1.1 as the addition of these measures will help MDHHS monitor, track, and trend the timeliness and availability of dental services for the HKD program specifically, and the HKD program's progress toward achieving Goal #1 to *ensure high quality and high levels of access to care*. For all quality measures added, MDHHS should also ensure that Statewide Baseline Performance rates are added and that Statewide Performance Target rates are established to support appropriate monitoring of progress. Of note, although two CMS-416 Annual EPSDT measures are included under Goal #4, the CQS objective under Goal #4 is to close disparities. Further, to keep the DHPs accountable to the goals and objectives of the CQS, MDHHS could contractually require the DHPs to include a specific section dedicated to the CQS within each DHP's annual QAPI program evaluation. MDHHS should require this section to include an analysis of the impact, positive or negative, the DHP had	

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	on meeting the goals and objectives of the CQS using the DHP's performance results for the CQS quality measures established by MDHHS for the HKD program. For any CQS quality measure in which the DHP had a negative impact, the DHP should include an initiative in the QAPI program to improve performance. This recommendation applies to all goals of the CQS and is not specific to Goal #1.	
Goal #2—Strengthen person and family-centered approaches.	**Conclusions:** In alignment with the 2025 Michigan State Oral Health Plan, 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 promotes professional integration and coordination of care across provider types. Additionally, through the compliance review activity, specifically the Members standard, MDHHS monitors member grievances reported by the DHPs, including quality of care complaints related to patient-centeredness. Both DHPs received a *Met* score for this element. **Recommendations:** MDHHS should continue to work with the DHPs on addressing the strategies within the 2025 Michigan State Oral Health Plan that address the integration of medical and dental care, which include expanding scopes of practice, embedding dental professionals in medical and community settings, tracking related medical conditions and emergency room use data, and promoting data sharing and care coordination between dental and medical providers. Additionally, MDHHS has updated the 2023–2026 CQS quality measures under Goal #2 to include two CAHPS measures related to recommending the DHP and access to dental care; however, these CAHPS measures are for the adult population and would not include members receiving services under the HKD program. As such, MDHHS could consider adding a CQS quality measure for the HKD program specifically to address lower performing areas as indicated through the Child Dental Survey activity, such as the *Access to Dental Care* measure, which declined in performance from SFY 2022 and only 72.23 percent of members reported positive experiences, and/or the *Rating of All Dental Care* measure, which also declined from SFY 2022 and only 71.72 percent of members responding to the survey reported positive experiences. The establishment of measurable CQS quality measures for the HKD program specifically will allow MDHHS to complete an evaluation of the effectiveness of its CQS using quantitative data.	☒ Quality ☐ Timeliness ☐ Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
Goal #3—Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external.	**Conclusions:** Although the EQR activities produced limited data for HSAG to comprehensively assess the impact the HKD program had on progressing toward achieving Goal #3 to *promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external)*, both DHPs met MDHHS' expectations for the 2.4 *Oral, Medical, and Community Health Coordination*, 3.17 *Care Coordination*, 3.23 *Coordination of Care*, and 3.27 *Transition of Care Policy* requirements under the compliance review activity. Additionally, MDHHS' contract with the DHPs requires the DHPs to use 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. **Recommendations:** MDHHS has updated the 2023–2026 CQS quality measures under Goal #3 to include *Follow-Up After Emergency Dental Visits in Adults*; however, this quality measure would not support assessment of the HKD program. Therefore, HSAG recommends that MDHHS consider adding a similar quality measure for child members receiving benefits through the HKD program. Goal #3 within the CQS also includes a quality measure, *Implementation of dental visit outreach in Nonutilizers using enrollment files and CC360*; however, it is not clear whether the HKD program population is included under this quality measure. As such, MDHHS should consider updating the CQS to clearly define the dental program populations (i.e., HKD versus Adult Dental) included under each quality measure within the CQS.	☒ Quality ☐ Timeliness ☐ Access
Goal 4—Reduce racial and ethnic disparities in healthcare and health outcomes.	**Conclusions:** Although the EQR activities produced limited data for HSAG to comprehensively assess the impact the HKD program had on progressing toward achieving Goal #4 to *reduce racial and ethnic disparities in healthcare and health outcomes*, MDHHS requires the DHPs' written plans for their QAPI programs to include 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, specifically the Quality standard. Both DHPs received 100 percent	☒ Quality ☐ Timeliness ☒ Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	compliance in the Quality standard. Additionally, through MDHHS' review of the Member standard, both DHPs received a *Met* score for the 3.26 *Diversity, Equity, and Inclusion (DEI) Assessment and Training* requirement. **Recommendations:** Through contract requirements, MDHHS mandates that the DHPs have the ability to electronically receive member data, including race/ethnicity, in order to stratify and subsequently analyze member data. For the initiation of new PIPs, MDHHS should consider requiring the DHPs to target disparate populations, as applicable, and focus interventions on reducing any identified racial and/or ethnic disparities. Additionally, MDHHS has updated the 2023–2026 CQS quality measures under Goal #4 to include CMS-416 Annual EPSDT measures; however, Statewide Baseline Performance rates for these measures have not been established. Therefore, HSAG recommends that MDHHS proceed with collecting performance measure rates for the DHPs' disparate population(s) (e.g., Black/African American) as compared to the White/Caucasian population for the applicable two CMS-416 Annual EPSDT measures under Goal #4 and establishing baseline rates for the disparate population(s) for the HKD program. MDHHS should also clarify the CQS objective to *close any disparity in relation to race and ethnicity* so that the DHPs understand MDHHS' expectations for how this CQS objective will be measured. For example, MDHHS could determine that the CQS objective is achieved when the rate of the disparate population(s) is equal to or lower than the White population's rate for each measure without the White population's baseline rate for each measure decreasing.	
Goal #5—Improve quality outcomes through value-based initiatives and payment reform.	**Conclusions:** Although the findings of the EQR activities do not allow for a comprehensive evaluation of the HKD program's progress toward achieving Goal #5 to *improve quality outcomes through value-based initiatives and payment reform*, MDHHS requires the DHPs to consider efforts to increase oral healthcare services reimbursed under value-based contracts that include as one of its provider goals an increase in preventive dental utilization of services. Additionally, 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,	☒ Quality ☐ Timeliness ☐ Access

Quality Strategy Goal	Overall Performance Impact	Performance Domain
	MDHHS establishes and communicates to the DHPs the criteria and standards to be used for the performance bonus awards. For SFY 2023, the DHPs were required to submit to MDHHS the evaluation of their VBP performance from SFY 2022. Additionally, the DHPs were required to provide MDHHS with an updated VBP proposal, as applicable, and they must also submit provider recruiting and reporting for VPBs monthly. 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 initiatives had on improving quality outcomes. **Recommendations:** MDHHS has updated the 2023–2026 CQS quality measures under Goal #5 to include *Average percentage of plan payments to providers who are in VBP arrangements* and *Average percentage of plan payments to providers that are tied to quality*. These CQS quality measures are related to dental and have established Statewide Baseline Performance rates and CQS objective rates. As such, HSAG recommends that MDHHS closely monitor the performance of these CQS quality measure rates and the HKD program's progress toward achieving the goal to *improve quality outcomes through value-based initiatives and payment reform*. Of note, if the CQS quality measures noted for dental do not apply to the HKD program, HSAG recommends that the CQS quality measures be updated to include the HKD program.	

Appendix A. External Quality Review Activity Methodologies

Methods for Conducting EQR Activities

Validation of Performance Improvement Projects

Activity Objectives

For SFY 2023, 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:

- Measuring performance using objective quality indicators.
- Implementing system interventions to achieve quality improvement.
- Evaluating effectiveness of the interventions.
- Planning and initiating 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 quality improvement 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 2023 submissions, the DHPs reported Remeasurement 2 data and 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 (CMS EQR Protocol 1).

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 rating (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 2023, the DHPs submitted Remeasurement 2 data for their respective PIP topics. **Blue Cross Blue Shield of Michigan** used the CMS-416 Annual 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 Annual 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 could resubmit 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 specifications and reporting requirements.

MDHHS identified nine measures to be included in the SFY 2023 PMV activity: 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 Annual EPSDT performance measures) and two DQA dental quality performance measures.

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

Each DHP provided HSAG with measure-level detail files, which included the data the DHPs had reported to MDHHS. HSAG selected a random sample from the submitted data, then requested that the DHPs provide proof-of-service documents or system screen shots that allowed for validation against the source data in the system. During the virtual review, these data were also reviewed live in the DHPs' systems, which provided the DHPs an opportunity to explain processes regarding any unique, case-specific nuances that may not impact final measure reporting. HSAG selected cases across measures to verify that the DHPs have system documentation which supports that the measures appropriately include records for measure reporting.

The DHPs contracted with MDHHS during SFY 2023 and reported data for performance measures selected by MDHHS for the SFY 2022 (October 1, 2021–September 30, 2022) measurement period for the CMS-416 Annual EPSDT measures and January 1, 2021–December 31, 2022 measurement period for the DQA dental quality measures.

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 performance measure rates were compared to their corresponding SFY 2021 performance measure rates to determine whether there were significant differences. Significant differences between the SFY 2022 performance measure rates and the SFY 2021 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 state fiscal year and divides the requirements into a 12-month compliance monitoring schedule. The DHPs were provided with the *FY2023 HKD Contract Compliance Review Timeline* that outlined 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 2023 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 Crosswalk[1]

MDHHS Compliance Review Standard		Federal Standard and Citation	
		Medicaid	CHIP
1	Administrative	§438.224	§457.1233(e)
2	Providers	§438.10 §438.206 §438.207 §438.210 §438.214 §438.230	§457.1207 §457.1230(a) §457.1230(b) §457.1230(d) §457.1233(a) §457.1233(b)
3	Members	§438.10 §438.100 §438.114 §438.206 §438.208 §438.210 §438.228 §438.230 Part 438, Subpart F	§457.1207 §457.1220 §457.1228 §457.1230(a) §457.1230(c) §457.1230(d) §457.1260 §457.1233(b)
4	Quality	§438.208 §438.210 §438.236 §438.330	§457.1230(c) §457.1230(d) §457.1233(c) §457.1240(b)
5	MIS/Financial	§438.56 §438.242	§457.1212 §457.1233(d)
6	OIG/Program Integrity	§438.230 Part 438, Subpart H	§457.1233(b) §457.1285

[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 2022, it may not attest to the item again in SFY 2023).

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.
- *Satisfied*—A compliance item was unable to be scored as *Met* for all portions of an item, but a narrative explanation satisfactorily justified the reason for not meeting the standard (only allowable for elements for items 5.13, 5.15, or 5.16 within the MIS/Financial standard).

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* and *Satisfied*[A-1] (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 *All Plans FY2023 DHP CR Results* report.

Upon receiving a *Not Met* finding, the DHPs were required to submit a CAP,[A-2] 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 DHP was subject to financial penalties or paying liquidation damages outlined in the contact. 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)	✓	

A-1 A *Satisfied* score was considered "neutral" by MDHHS (i.e., was not counted as being a *Met* score, but does not have the same penalty as a *Not Met* score in relation to the auto-assignment algorithm).

A-2 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.

Step	Entity Responsible for Completing Step	
	MDHHS	DHP
Step 7: Effectiveness of the CAP		✓
Step 8: Closure	✓	

Focus Studies—MDHHS also conducts annual focus studies with each DHP that consists of staff interviews and select system demonstrations, when applicable. Each year MDHHS determines the scope of the study based on current initiatives and improvement opportunities.

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 2023, 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 report
- 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
- Grievance and appeal processes and logs
- TPL recovery documentation
- QIP evaluation and work plan, and UM program and effectiveness review
- ABDs
- Privacy and confidentiality processes

- Enrollment and disenrollment procedures
- Governing body 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 2023 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 general and pediatric dental providers actively contracted with the DHP at the time the data file was created who serve individuals enrolled in the HKD program. Out-of-state providers located in Indiana, Ohio, or Wisconsin 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 April and May 2023 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 2023 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 April and May 2023.
- 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 reviewers were able to locate one out of 20 sampled pediatric providers in **Delta Dental of Michigan**'s online provider directory. As a result, only one case was included in the secret shopper survey. Caution should be exercised when interpreting **Delta Dental of Michigan**'s pediatric results given that only one provider was included in the secret shopper survey.
- 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 wait time survey results on 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., 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).
- 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 April and May 2023. 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.

Encounter Data Validation

Activity Objectives

Accurate and complete encounter data are critical to the success of a managed care program. State Medicaid agencies rely on the quality of encounter data submissions from contracted DHPs to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During SFY 2023, MDHHS contracted with HSAG to conduct an EDV study. HSAG conducted the following two core evaluation activities for the two DHPs:

- IS review—assessment of MDHHS' and the DHPs' IS and processes. The goal of this activity is to examine the extent to which MDHHS' and the DHPs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's Capability in CMS EQR Protocol 5.
- Administrative profile—analysis of MDHHS' electronic encounter data completeness, accuracy, and timeliness. The goal of this activity is to evaluate the extent to which the encounter data in MDHHS' data warehouse are complete, accurate, and submitted by the DHPs in a timely manner for encounters with dates of service from October 1, 2021, through September 30, 2022. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in CMS EQR Protocol 5.

Technical Methods of Data Collection and Analysis

Information Systems Review

To ensure the collection of critical information, HSAG employed a three-stage process that included a document review, development and fielding of a customized encounter data assessment, and follow-up with key staff members.

- In Stage 1: HSAG conducted a document review, examining various documents related to MDHHS' encounter data initiatives. This review included data dictionaries, process flow charts, system diagrams, and other relevant materials. The information from this review was used to create a questionnaire for MDHHS.
- In Stage 2: HSAG worked with MDHHS to develop a customized questionnaire that delved into specific data processing procedures, staff responsibilities, and data acquisition capabilities. This assessment also considered additional data systems and key topics important to MDHHS.
- In Stage 3: HSAG followed up with key staff members to clarify questionnaire responses. These follow ups allowed HSAG to document current processes and create a process map highlighting crucial factors affecting the quality of encounter data submissions.

Administrative Profile

HSAG submitted a data submission requirements document to notify MDHHS of the required data needed. The data submission requirements document was developed based on the study objectives and data elements to be evaluated in the study. It included a brief description of the study, the review period, required data elements, and information regarding the submission of the requested files.

To assist MDHHS in preparing the requested data files, HSAG took two actions. First, since it was the first-time requesting data from MDHHS' warehouse, HSAG asked for test files before the complete data extraction. These smaller test files, covering a month's encounters, served two purposes. They helped detect extraction issues early and allowed HSAG to begin analysis preparations while waiting for complete data. Details were provided in the data requirements document.

Secondly, after submitting the draft data submission requirements to MDHHS, HSAG scheduled a meeting to address questions about data preparation and extraction. Depending on the complexity, an updated/final document was submitted for MDHHS review and approval.

Once the data arrived from MDHHS, HSAG conducted a preliminary file review. This ensured that the data were reasonable for evaluation, checking data extraction, field presence, and value validity. If necessary, HSAG requested data resubmission based on these results.

Once the final data had been received and processed, HSAG conducted a series of analyses for metrics listed in the sections below. In general, HSAG calculated rates for each metric by encounter type (i.e., 837 Dental [837D]) and DHP. However, when the results indicated a data quality issue(s), HSAG conducted an additional investigation to determine whether the issue was for a specific category of service or subpopulation. HSAG documented all noteworthy findings in this aggregate report.

Encounter Data Completeness

HSAG evaluated encounter data completeness through the following metrics:

- Monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur, or the last date of service): If the number of members remains stable and there are no major changes to members' medical/dental needs, the monthly visit/service counts should have minimal variation. A low count for any month indicates incomplete data. Of note, instead of the claim number, HSAG evaluated the encounter volume based on a unique visit key. For example, for an office visit, the visit key is based on the member ID, rendering provider NPI, and date of service.
- Monthly encounter volume (i.e., visits) per 1,000 member months by service month: Compared to the metric above, this metric normalized the visit/service counts by the member counts. Of note, HSAG calculated the member counts by month for each DHP based on the member enrollment data extracted by MDHHS.
- Paid amount per member per month by service month: This metric helps MDHHS determine whether the encounter data were complete from a payment perspective. Of note, HSAG used the header paid amount or detail paid amount to calculate this metric.

- Percentage of duplicate encounters: HSAG determined the detailed methodology (e.g., data elements and criteria) for defining duplicates after reviewing the encounter data extracted for the study and documented the method in the final report. This metric will allow MDHHS to assess the number of potential duplicate encounters in MDHHS' database.

Encounter Data Timeliness

HSAG evaluated encounter data timeliness through the following metrics:

- Percentage of encounters received by MDHHS within 360 days from the DHP payment date, in 30-day increments. This metric allows MDHHS to evaluate the extent to which the DHPs were in compliance with MDHHS' encounter data timeliness requirements.
- Claims lag triangle to illustrate the percentage of encounters received by MDHHS within two calendar months, three months, etc., from the service month. This metric allows MDHHS to evaluate how soon it may use the encounter data in the data warehouse for activities such as performance measure calculation and utilization statistics.

Field-Level Completeness and Accuracy

HSAG evaluated whether the data elements in the final paid encounters were complete and accurate through the two study indicators described in Table A-4 for the key data elements listed in Table A-5. In addition, Table A-4 shows the criteria HSAG used to evaluate the validity of each data element. These criteria are based on standard reference code sets or referential integrity checks against member or provider data.

Table A-4—Study Indicators for Percent Present and Percent Valid

Study Indicator	Denominator	Numerator
Percent Present: Percentage of records with values present for a specific key data element.	Total number of final paid encounter records based on the level of evaluation noted in Table A-5 (i.e., at either the header or detail line level) with dates of service in the study period.	Number of records with values present for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table A-5.
Percent Valid: Percentage of records with values valid for a specific key data element.	Number of records with values present for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table A-5.	Number of records with values valid for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table A-5. The criteria for validity are listed in Table A-5.

Study Indicator	Denominator	Numerator
Percent Valid: Percentage of records with values valid for a specific key data element.	Number of records with values present for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table A-5.	Number of records with values valid for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table A-5. The criteria for validity are listed in Table A-5.

Table A-5—Key Data Elements for Percent Present and Percent Valid

Key Data Element	837D Encounters	Criteria for Validity
Member ID[H]	√	• In member file • Enrolled in a specific DHP on the date of service • Member date of birth is on or before date of service
Header Service From Date[H]	√	• Header Service From Date ≤ Header Service To Date • Header Service From Date ≤ Paid Date
Header Service To Date[H]	√	• Header Service To Date ≥ Header Service From Date • Header Service To Date ≤ Paid Date
Detail Service From Date[D]	√	• Detail Service From Date ≤ Detail Service To Date • Detail Service From Date ≤ Paid Date
Detail Service To Date[D]	√	• Detail Service To Date ≥ Detail Service From Date • Detail Service To Date ≤ Paid Date
Billing Provider NPI[H]	√	• In provider data when service occurred • Meets Luhn formula requirements
Rendering Provider NPI[H]	√	• In provider data when service occurred • Meets Luhn formula requirements
Referring Provider NPI[H]	√	• In provider data when service occurred • Meets Luhn formula requirements
Rendering Provider Taxonomy Code[H]	√	• In standard taxonomy code set • Matches the value in provider data

Key Data Element	837D Encounters	Criteria for Validity
Primary Diagnosis Codes[H]	√	• In national ICD-10-Clinical Modification (CM) diagnosis code sets for the correct code year (e.g., in 2022, code set for services that occurred between October 1, 2021, and September 30, 2022)
Current Dental Terminology (CDT) Codes[D]	√	• In national CDT code sets for the correct code year (e.g., in 2022, code set for services that occurred in 2022)
Tooth Number	√	Primary • A–J: Maxillary • K–T: Mandibular Permanent • 1–16: Maxillary • 17–32: Mandibular
Tooth Surface 1–5	√	• M—Mesial • O—Occlusal • D—Distal • I—Incisal • L—Lingual • B—Buccal • F—Facial (or Labial)
Oral Cavity Code	√	• 00—Entire oral cavity • 01—Maxillary arch • 02—Mandibular arch • 03—Upper right sextant • 04—Upper anterior sextant • 05—Upper left sextant • 06—Lower left sextant • 07—Lower anterior sextant • 08—Lower right sextant • 09—Other area of oral cavity • 10—Upper right quadrant • 20—Upper left quadrant • 30—Lower left quadrant • 40—Lower right quadrant

Key Data Element	837D Encounters	Criteria for Validity
Submit Date[D]	√	• DHP Submission Date (i.e., the date when DHP submits encounters to MDHHS) ≥ DHP Paid Date
DHP Paid Date[D]	√	• DHP Paid Date ≥ Detail Service To Date
Header Paid Amount[H]	√	• Header Paid Amount equal to sum of the Detail Paid Amount
Detail Paid Amount[D]	√	• Zero or positive
Header TPL Paid Amount[H]	√	• Header TPL Paid Amount equal to sum of the Detail TPL Paid Amount
Detail TPL Paid Amount[H]	√	• Zero or positive

[H] Conduct evaluation at the header level
[D] Conduct evaluation at the detail level

Encounter Data Referential Integrity

HSAG evaluated whether data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are in both the encounter and member enrollment files). If an encounter contained more than one NPI (e.g., rendering provider NPI and billing provider NPI on a professional encounter), HSAG included both unique NPIs in the analysis. Table A-6 lists the study indicators that HSAG calculated.

Table A-6—Key Indicators of Referential Integrity

Data Source	Indicator
Dental Encounters vs. Member Enrollment	• Direction 1: Percentage of Members With a Dental Encounter Who Were Also in the Enrollment File • Direction 2: Percentage of Members in the Enrollment File With a Dental Encounter
Dental Encounters vs. Provider File	• Direction 1: Percentage of Providers in the Dental Encounter File Who Were Also in the Provider File • Direction 2: Percentage of Providers in the Provider File Who Were Also in the Dental Encounter File

Encounter Data Logic

Based on the likely use of the encounter data in future analytic activities (e.g., performance measure development/calculation), HSAG developed logic-based checks to ensure the encounter data could appropriately support additional activities.

- Continuous member enrollment to identify the length of time members were continuously enrolled during the measurement year. This assessment provides insight into how well encounter data may be used to support future analyses, such as HEDIS performance measure calculations. For instance, many measures require members be enrolled for the full measurement year, allowing only one gap of up to 45 days.

Description of Data Obtained and Related Time Period

Information Systems Review

Representatives from each DHP completed the MDHHS-approved questionnaire and then submitted their responses and relevant documents to HSAG for review. Of note, the questionnaire included an attestation statement for each DHP's chief executive officer or responsible individual to certify that the information provided was complete and accurate.

Administrative Profile

Data obtained from MDHHS included:

- Claims and encounter data with dates of service from October 1, 2021, through September 30, 2022.
- Member demographic and enrollment data.
- Provider data.

Process for Drawing Conclusions

Information Systems Review

HSAG compiled findings from the review of the received questionnaire responses, identifying critical points that affected the submission of quality encounter data. HSAG made conclusions based on CMS EQR Protocol 5, the DHP contract with MDHHS, MDHHS' data submission requirements (e.g., companion guides), and HSAG's experience working with other states regarding the IS review.

Administrative Profile

To draw conclusions about the quality of each DHP's encounter data submissions to MDHHS, HSAG evaluated the results based the predefined study and/or key metrics described above. To identify strengths and weaknesses, HSAG assessed the results based on its experience working with other states in assessing the completeness, accuracy, and timeliness of the DHP's encounter data submissions to

MDHHS. Additionally, for each weakness, HSAG made recommendations to support improvement in the quality of encounter data submitted to MDHHS.

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 DHP, 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, 2022.

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 DHP. 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-3] 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

[A-3] 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.

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

Description of Data Obtained and Related Time Period

HSAG administered the child dental survey to parents/caretakers of child members enrolled in the HKD program from December 2022 to April 2023.

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 2023 scores were compared to their corresponding SFY 2022 scores to determine whether there were statistically significant differences. Statistically significant differences between the SFY 2023 top-box scores and the SFY 2022 top-box scores are noted with directional triangles. Scores that were statistically significantly higher in SFY 2023 than SFY 2022 are noted with green upward (▲) triangles. Scores that were statistically significantly lower in SFY 2023 than SFY 2022 are noted with red 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. HSAG also assigned each of the measures to one or more of these three domains. This assignment to domains is depicted in Table A-7.

Table A-7—Assignment of Survey Measures to the Quality, Timeliness, and Access Domains

Dental Survey Topic	Quality	Timeliness	Access
Rating of Regular Dentist	✓		
Rating of All Dental Care	✓		
Rating of Finding a Dentist	✓		✓
Rating of Dental Plan	✓		
Care from Dentists and Staff	✓		
Access to Dental Care	✓	✓	✓
Dental Plan Information and Services	✓		
Care from Regular Dentist	✓		
Would Recommend Regular Dentist	✓		
Would Recommend Dental Plan	✓		

Quality Rating

Activity Objectives

MDHHS contracted with HSAG to analyze SFY 2022 CMS-416 data, MY 2022 DQA data, and MY 2022 CAHPS data from two DHPs for presentation in the 2024 Michigan HKD Consumer Guide. The 2024 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 2024 Michigan HKD Consumer Guide based on data availability, which included the CMS-416 Annual EPSDT measures, the DQA measures, and the child dental survey results. Table A-8 lists the 11 measures (five child dental survey, two DQA, and four CMS-416 Annual EPSDT) included in the 2024 Michigan HKD Consumer Guide analysis.

Table A-8—2024 Michigan HKD Consumer Guide Reporting Categories and Measures

Measure	Measure Source
Overall Dental Plan	
Child Medicaid—*Rating of Dental Plan*	Survey Global Rating
Child Medicaid—*Dental Plan Information and Services*	Survey Composite
Child Medicaid—*Would Recommend Dental Plan*	Survey Individual Item
Child Medicaid—*Rating of All Dental Care*	Survey Global Rating
Access to Dental Care	
Child Medicaid—*Access to Dental Care*	Survey Composite
Usual Source of Services	DQA
Dental Utilization	
Enrolled Children Receiving Dental Diagnostic Services	CMS-416 EPSDT
Enrolled Children Receiving Dental Preventive Services	CMS-416 EPSDT
Enrolled Children Receiving Sealant Services	CMS-416 EPSDT
Enrolled Children Receiving Any Dental Services	CMS-416 EPSDT
Care Continuity	DQA

Given that only two HKD DHPs are available in Michigan, the 2024 Michigan HKD Consumer Guide displays a side-by-side comparison of the measure rates listed in Table A-8 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 Annual EPSDT measures or DQA measures, and less than 100 respondents for 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 Annual EPSDT measures and DQA 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 2024 Michigan HKD Consumer Guide uses apples to display results for each DHP.

Description of Data Obtained and Related Time Period

HSAG used the CMS-416 Annual EPSDT data and the DQA data validated as part of HSAG's PMV activity. 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.