### Eligibility and Enrollment

1. All adults in all eligibility groups  
2. Phased rollout by eligibility groups  
3. Does budget determine need to phase in the benefit  
4. Phase in allows for growth in utilization and provider network  
5. Approximately 180,000 children and adults  
6. Communication with members and providers to understand available dental benefit

### Covered Dental Benefits – Scope of Services

1. Limited benefit <100 procedure codes covered  
2. Moderate benefit >100 procedure codes covered  
3. Extensive benefit – Covers broad range of services with or without a yearly cap  
4. Administrative models and their pros/cons: Carve-in, carve-out, or ASO  
5. Risk – None, shared, or full  
6. Move pediatric benefit to managed care  
7. Teledentistry  
8. Integration with medical and behavioral health  
9. Care management support  
10. Transportation

### Quality Metrics – Outcome Measures

1. No risk to providers  
2. Examples:  
   - VBP Scorecard (Performance Metrics)  
   - Follow up emergency visit with regular recall  
   - Percentage of patients receiving recall at appropriate intervals per year  
   - Risk assessment with exam code improving over time
2. Expenditures relate to scope of benefit  
3. Current adult ED spend  
4. Inpatient dental sepsis costs  
5. Anticipated savings from reduced ED use over time  
6. Return on Investment (ROI) from psychosocial well-being and employment  
7. Consider moving the pediatric benefit into managed care  
8. Consider pros/cons of moving oral surgery benefit to medical benefit  
9. Predictability of cost  
10. APD – Mascoma Community Health Center Care Coordination Diversion from ED Partnership: pilot results |
| --- | --- |
| Prior Authorization | 1. Simplify process and align it with current standards  
2. Peer review of prior authorization requests |
| Care Management | 1. Reinforce importance of oral health in overall health  
2. Wide scope of support services and incentives to encourage members to keep appointments  
3. Integration with medical care management  
4. Care coordinators geographically stationed across the state  
5. ED diversion and follow up  
6. Navigation to and linkage with oral health care |
| Network Adequacy – Recruitment Strategies | 1. Providers, including all specialties, located geographically across the state  
2. Include adequate number of providers to treat special populations  
3. Include private practice providers, FQHCs, CHCs, hospital settings, and ambulatory surgery centers  
4. Include new provider type (CPHDH)  
5. Include unique oral health care delivery sites, including mobile services and the use of tele-dentistry  
6. Layered education of the public, dental providers, and all healthcare professionals about the dental benefit and how it works  
7. Communication of oral health messaging requires funding  
8. OR access limitation  
9. High need for general anesthesia  
10. Statewide dental assistant shortage  
11. Training |
| Network Adequacy – Provider Retention | 1. Peer to peer discussions and mentorship to develop expansion of the network  
2. Support for adequate workforce of dental team members  
3. Recruitment strategies for increasing network adequacy  
4. Partner with DPHS Oral Health Program and NH Oral Health Coalition  
5. Specialized training |
| Finance: Reimbursement Rates Payment | 1. Reimbursement rates must be reasonable  
2. Administrative burden reduced through improved claims adjudication, enrollment process  
3. Audits performed by like-specialists |
|-------------------------------|------------------------------------------------------------------------------------------------|
| Utilization Management        | 1. Medical necessity  
2. Criteria for treatment  
3. Prior authorization provided with consistent use of review criteria |
| Credentialing and training    | 1. Streamlined process, particularly if multiple insurers are contracted  
2. Documentation of recognized specialty training for care delivery for special needs populations  
3. Support for specialized training and continuing education for providers  
4. Support for continuous provider development |
| Transportation                | 1. Contract with a reliable vendor |
| Other supportive services     | 1. Dental provider advisory board(s) (Dental Medicaid Advisory Committee (DMAC) – joint effort of NH Dental Society and NH Medicaid)  
2. DMAC inclusion of CPHDH |

### Grievance and Appeals

### Office of Ombudsman

### Patient Safety

### Pharmacy

### Transition Planning

Contract Quality Review - Evaluation of case management to determine which methods increase utilization and access

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