



**State of New Hampshire
Department of Health and Human Services**

REQUEST FOR INFORMATION #
RFI-2023-DMS-01- MEDIC

FOR

Medicaid Care Management Dental Benefit

July 11, 2022



REQUEST FOR INFORMATION

1. Overview and Purpose

1.1. Overview

This Request for Information (RFI) is published by the Department in accordance with [New Hampshire Senate Bill 422](#) to solicit information regarding dental services for approximately 88,000 Medicaid-eligible adults, age 21 years and older, across New Hampshire.

The Department is seeking information that addresses the following areas:

- Improving access to dental care for Medicaid populations.
- Improving health outcomes for Medicaid members.
- Expanding the dental provider network.
- Increasing individual provider capacity to treat Medicaid members.
- Utilizing innovative approaches to support member responsibility in achieving improved oral health.
- Utilizing innovative programs that improve access and care through a value-based care model.

The Department is seeking respondents that have experience in the following Medicaid dental managed care delivery:

- Value-based dental managed care delivery, including quality metrics and outcome measures.
- Provider recruitment, retention, and support to develop a provider network that includes all specialty types (e.g. periodontic, oral surgery), in particular the care for intellectually and developmentally disabled individuals, older adults, and medically compromised individuals.
- Providing care management services and arranging non-emergency transportation for members.
- Working under a negotiated contract with state-set rates, as opposed to competitive bid.

Respondents may include managed care organizations, dental managed care organizations, dental service organizations, provider sponsored plans, or health insurers.

1.2. Purpose

The Department is interested in receiving information related to the following topics:

- Implementation of a comprehensive adult dental benefit that addresses expanding the provider network, increasing the capacity of providers to treat members, integrating a value-based care model, supporting member behaviors that promote oral health, and improving health outcomes.



- Delivery models for dental benefits in order to ensure that dental services are provided under the most efficient and cost effective delivery model available to the State.

The Department is actively seeking creative service delivery approaches that continuously improve the quality of care for its Medicaid beneficiaries while reasonably controlling current and future costs of the NH Medicaid dental program through a capitated payment arrangement with the dental vendor. Approaches may include:

- At-risk managed care organization(s) (MCO) deliver member and provider services, record keeping, payment processes, reporting, and other administrative processes. These services could be “carved-in” to existing MCO contracts with the Department.
- One or more at-risk dental program administrators deliver member and provider services, record keeping, payment processes, reporting, and other administrative processes. These services could be “carved-out” from existing MCO contracts.
- Other innovative solutions for achieving delivery of a value-based adult dental benefit.

The Department is particularly interested in solutions that include a degree of downside or upside financial participation between the at-risk service entity (outlined above) and service providers not found in traditional fee-for-service reimbursement, while incentivizing member accountability.

2. Background Information

2.1. Department of Health and Human Services, NH Medicaid Program, Dental Benefit

The New Hampshire Medicaid program is a joint state and federal public health care program authorized under Title XIX of the Social Security Act, 42 U.S.C. Sections 1396a, *et seq.* A state may participate in the Title XIX programs at its option. Medicaid provides a combination of federally mandated minimum health care benefits and certain state-determined optional health care benefits to Medicaid eligible groups.

New Hampshire Medicaid provides dental services to children and youth up to age 21, in compliance with federal requirements to provide Early Periodic Screening Diagnosis and Treatment (EPSDT).

New Hampshire Medicaid currently provides emergency dental services for adults age 21 and over that includes limited exams, x-rays, and extractions of teeth only.

The adult dental benefit as signed into [law on July 1, 2022](#) and addressed in this RFI, which has an implementation date of April 1, 2023, will include the following:

- Diagnostic, preventive, restorative, limited periodontic, and oral surgery services



- \$1500 yearly limit on dental services, with the exception of preventive services
- Cost sharing of 10% of the fees for the services for each visit, with the exception of diagnostic and preventive services, for individuals above 100% Federal Poverty Level (FPL)
- Removable prosthodontic coverage for the following individuals who qualify for services under the following criteria:
 - Developmental Disability (DD) Waiver
 - Acquired Brain Disorder (ABD) Waiver
 - Choices for Independence (CFI) Waiver
 - Nursing facility residents

To become familiar with the current rules governing the NH Medicaid Dental Benefit and better understand the program's structure, please refer to the NH Administrative Rules regarding Dental Services (He-W 566). These rules can be found at:

http://gencourt.state.nh.us/rules/state_agencies/he-w500.html

2.2. Medicaid Enrollment of and Reimbursement to Dental Providers

The Department administers the current Medicaid dental benefit through a fiscal agent for the financial reimbursement of services to Medicaid eligible children and adults. This means that the State is responsible for covering the cost of the claims, while the State's fiscal agent is responsible for processing payments for the claims. The Department has contracted with [Conduent](#) to perform the function of claim-payment administrator, processing and adjudicating claims for Medicaid services, as well as supporting related encounters, vendor capitation payments, and other state/federal regulatory functions. Conduent shares the responsibility of enrollment and credentialing of dental providers with the Department.

Conduent uses a data management and claims payment system certified by the Centers for Medicare and Medicaid Services (CMS), known as the Medicaid Management Information System (MMIS), to gather and disseminate information used in the management of the dental benefit under the Medicaid program. This includes tracking services reimbursed to providers according to the Division of Medicaid Services (DMS) Medicaid policies, tracking prior authorizations for services, and tracking payments made to all fee-for-service providers based on reimbursement schedules covered services.

The Medicaid Dental Director's office within DMS manages the dental benefit and recruits providers, performs prior authorization review, manual pricing of claims, and performs other functions for the provider network and member population.

3. Objectives

3.1. RFI Objectives



- Identify an adult dental benefit delivery model that includes value, quality, efficiency, and innovations while being cost effective.
- Identify innovative and viable program and delivery models for ensuring improved health outcomes, expanded provider network and retention, increased provider capacity, incentivized member responsibility, and integration of a value-based care model for adults.
- Identify potential interest and capacity of at risk program administrator(s) in contracting with the Department for a Medicaid dental service delivery model.
- Explore sustainable strategies to improve the administrative operational components of the current Fee For Service Medicaid dental program.
- Collect suggestions and recommendations that could be used in developing a Request for Proposals (RFP).

4. RFI Questions

The State is seeking a better understanding in the areas listed below, and requests interested respondents provide a response to some of the following questions, as applicable.

4.1.1 Vendor Introduction

- Q1.** Provide a brief and succinct description of your company's/organization's years of experience, scope of services or products, and other relevant information to help DMS understand your organizational structure, resources, and nature of your business. Please keep generalized marketing material to a maximum of 10 pages.

4.1.2 Vendor Experience and Capabilities

- Q2.** If you have experience with Medicaid dental managed care, provide a recommendation on Medicaid dental managed care service models. Include state(s)/location(s), total number of members served and any special or unique programs you undertook.
- Q3.** Provide recommendations on an existing service model that is innovative in achieving service delivery, capturing cost efficiency, and incorporating member accountability.
- Q4.** Provide recommendations on effective provider network recruitment and retention, including recruitment and retention of dentists that can appropriately care for disabled and medically compromised individuals, and specialty dentists.
- Q5.** Provide recommendations on available care management capabilities, including education of members on appropriate and timely use of dental



services and the provision of transportation services.

- Q6. Provide recommendations on providing meaningful data and analytics that support the providers enrolled in your network.
- Q7. Please provide recommendations on managing the following:
 - A. government programs environment (e.g., Medicaid, Medicare)
 - B. corrective actions/sanctions
 - C. staffing for these types of projects
- Q8. Please provide recommendations on managing the following:
 - A. utilization review, including preventive services
 - B. the prior authorization process
 - C. system(s) of quality improvement
- Q9. Describe a strategy to develop a strong working relationship between the vendor, providers, member advocates and other stakeholders, and the Department.

4.1.3 Vendor Proposal for NH Adult Medicaid Program

This section seeks a description of how vendor experience would translate into a proposed approach for New Hampshire.

Provider Recruitment/Retention/Support

- Q10. Describe recommendations on how to best create an adequate provider network. An adequate provider network includes an expansion of the current numbers of providers enrolled in the network, as well as an increased capacity at provider locations to increase utilization of dental services by Medicaid members.
- Q11. Provide recommendations of effective provider recruitment, with emphasis on successful recruitment and retention of specialty dentists, including providers that are capable of treating disabled and medically compromised adult members.
- Q12. Specifically provide recommendations how to best coordinate and collaborate with:
 - Federally Qualified Health Centers (FQHCs)
 - Rural Health Clinics (RHCs)
 - School-based Health Clinics
 - School-Based Sealant Programs
 - Nurse-Managed Health Clinics



Co-location with Primary Care or Community-Based Behavioral Health settings

State Health and Human Services Agencies that provide Direct Services

Certified Public Health Dental Hygienists

- Q13.** Describe retention strategies for providers to ensure they are valued. Would this strategy include training for providers and their staff to support continued participation in the network?
- Q14.** Provide recommendation on how to streamline credentialing of dental providers to ease administrative burden.

Delivery of Value-based Dental Care

- Q15.** Briefly describe the solution or approach that you would recommend for the NH Medicaid dental program on:
- A. Incentives for network participation for dental providers that support efficiency, value, quality, innovation, appropriate utilization, and improved outcomes.
 - B. Incentives for member utilization that support efficiency, value, quality, innovation, appropriate utilization of dental services, beneficiary accountability, and improved outcomes for NH Medicaid members.
- Q16.** Describe strategies to increase routine examinations, evidence based and effective preventive treatment and reduce restorative and surgical utilization.
- Q17.** Describe measures to manage utilization of specialty services to provide medically necessary treatment and reduce elective use.
- Q18.** Provide recommendations on the following initiatives:
- A. incorporate the use of non-opioid pain control in oral surgery procedures to reduce the use of opioid prescriptions
 - B. support appropriate hospital Emergency Department (ED) and Operating Room (OR) use, and use of general anesthesia for dental treatment
 - C. promote the use of tele-dentistry that supports prevention, patient education, and post-procedure follow-up
- Q19.** Provide recommendations to ensure NH providers are using Electronic Health Records (EHRs) for e-prescribing, electronic exchange of information, and/or submitting clinical quality measures.
- Q20.** Provide recommendations to ensure access is available demographically and geographically. What recommendations do you have to reduce disparities in these measurements?



Transportation/Care Coordination/Outreach

- Q21.** Provide recommendations on strategies for providing ancillary support services, such as transportation, care management, and language services, to Medicaid members.
- Q22.** Provide recommendations on strategies for reducing cultural and geographic barriers to dental care in remote rural and urban areas that exhibit disparities in oral health and access to dental care.
- Q23.** What are methods for increasing value for oral health and demand among Medicaid members for preventive and routine dental treatment?

Quality Assurance/Utilization Management

- Q24.** Provide recommendations on quality measures and systems used to analyze and track impact on adults oral health and how you utilize the data to revise operations, delivery methods and propose new solutions for the following areas:
 - A. appropriateness of treatment with an emphasis on prevention
 - B. timely completion of treatment plans
- Q25.** Describe information collection and usage methods to assure that appropriate dental services are provided for dental patients and how is it used to test/prove both cost effectiveness and cost efficiency for:
 - A. specialty dental services (e.g. periodontics and oral surgery)
 - B. emergency dental services
 - C. all other dental services
- Q26.** Provide recommendations on:
 - A. utilization review
 - B. prior authorization process
 - C. system of quality improvement
- Q27.** Provide recommendations on requirements for prior authorization and expected turnaround time for processing. What methods are recommended for managing large volumes of prior authorizations?
- Q28.** What proportion of claims are expected to process electronically and what processes do you have in place to handle paper claims?
- Q29.** Describe the detailed service/claims level data reporting that NH Medicaid should expect to receive. What can be done to supply patient and provider level clinical quality information?
- Q30.** Provide recommendations on proposed performance evaluation plan including the metrics used and explain how it can demonstrate value, compliance, and improvements in oral health in the adult Medicaid dental



program you would propose.

4.1.4 Keys to Successful Program Delivery

- Q31.** Provide a high level work plan that describes how your company/organization would set up operations in New Hampshire with a benefit implementation date of April 1, 2023.
- Q32.** Describe the functional capabilities that must be in place to ensure credentialing, providing ancillary support to members, and supporting increased utilization of services by members, is timely and effective.
- Q33.** Describe an overview of the available technology and service offerings. What makes the technology recommended different than the current state described in Section 2.2? What makes it more efficient?

4.1.5 Support

- Q34.** Describe the levels and frequency of support that should be provided, including an outline of the staffing ratios and types of staffing needed by both the vendor and the Department.
- Q35.** Explain the levels and frequency of the support that should be provided by the Department.

4.1.6 Areas of Concern

- Q36.** Every project has certain inherent risks. Describe the significant risk factors associated with your recommended approach and how they should be mitigated.
- Q37.** What other suggestions or recommendations do you have:
 - A. to ensure the services provided to members are successful?
 - B. to ensure successful contracting with the Department?
- Q38.** Are there additional questions or concerns that are important for the Department to consider with regard to developing and implementing your recommended approach?

4.1.7 Future Considerations

The future consolidation of the pediatric and adult dental benefits into one contract could provide cost efficiency and program improvement for the Department.

- Q39.** Provide recommendations for:
 - A. redesign options that improve the quality and cost effectiveness of dental care for children enrolled in the NH Medicaid programs



B. innovative program and delivery models for assuring dental services for children as described as EPSDT requirements of Title XIX

Q40. Describe the quality measures and systems used to analyze and track impact on children's oral health and how you utilize the data to revise operations, delivery methods, and/or propose new solutions.

Q41. Provide recommendations on the program performance evaluation plan that can demonstrate value, compliance, and improvements in oral health in the children's Medicaid dental program you would propose.

5. Notices

5.1 Sole Point of Contact

The sole point of contact for this RFI relative to the submission of requested information is:

State of New Hampshire
Department of Health and Human Services
Brooke Provost
Contracts & Procurement
Email: Brooke.Provost@dhhs.nh.gov
Phone: (603) 271-9673

Other state personnel are NOT authorized to discuss this RFI before the submission deadline. The State will not be held responsible for oral responses to respondents regardless of source.

5.2 RFI Timetable

| Request for Information Timetable | | |
|-----------------------------------|---|---------------------------|
| Item | Action | Date |
| 1. | Release RFI | July 11, 2022 |
| 2. | Vendor questions due | July 18, 2022 @ 12:00PM |
| 3. | Department's answers to Vendor questions posted | July 25, 2022 |
| 4. | RFI Responses due | August 8, 2022 @ 12:00 PM |

The State reserves the right to modify these dates at its sole discretion.

5.3 Vendor Questions and Answers

5.3.1 Vendor Questions



5.3.1.1 All questions about this RFI, including but not limited to requests for clarification, additional information or any changes to the RFI may be made in writing, citing the RFI page number and part or subpart, and submitted to the Procurement Coordinator identified in Subsection 5.1.

5.3.1.2 The Department may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered. Statements that are not questions will not receive a response.

5.3.1.3 The Department will not acknowledge receipt of questions.

5.3.1.4 The questions may be submitted by e-mail; however, the Department assumes no liability for assuring accurate and complete e-mail transmissions.

5.3.1.5 Questions should be received by the deadline given in Subsection 5.2, RFI Timetable.

5.3.2 Department Answers

The Department intends to issue responses to properly submitted questions by the deadline specified in Subsection 5.2, RFI Timetable. Oral answers given are non-binding. Written answers to questions submitted will be posted online at (<https://www.dhhs.nh.gov/doing-business-dhhs/contracts-procurement-opportunities>). This date may be subject to change at the Department's discretion.

5.4 RFI is not an RFP

5.4.1 This RFI is for informational purposes only, and is not intended to result in a contract or vendor agreement with any respondent. This RFI is not a Request for Proposals, Bids, or Applications. The State is seeking vendor community insight and information prior to finalizing business, functional, operational, and technical requirements before considering the publishing of a Request for Proposal (RFP).

5.4.2 This RFI does not commit the State to publish a RFP or award a contract. The issuance of an RFP, as a result of information gathered from these responses, is solely at the discretion of the State. If a RFP is issued, it will be open to all qualified respondents, whether those respondents choose to submit a response to this RFI. This RFI is not a pre-qualification process.

5.4.3 Once information from this RFI is fully evaluated, and depending on funding and other factors, a Request for Proposals (RFP) may be published by the Department to select a vendor for specific work to be performed which could potentially result in a contract after the completion of the RFP scoring process. Nevertheless, the issuance of any RFP in the future does not commit the Department to award a contract.

5.5 Oral Presentations and Discussions



The Department may request respondents to make oral presentations based upon their submission. Any and all costs associated with an oral presentation shall be borne entirely by the Vendor. Respondents may be requested to provide demonstrations to expound upon their responses and proposed solutions

5.6 RFI Amendment

The Department reserves the right to amend this RFI, as it deems appropriate prior to the submission deadline on their own initiative or in response to issues raised through vendor questions. In the event of an amendment to the RFI, the Department, at its sole discretion, may extend the submission deadline. The amended language will be posted on the Department Internet site.

5.7 Information Submissions

5.7.1 Information submitted in response to this RFI may be received no later than the time and date specified in Subsection 5.2. RFI responses may be addressed for delivery to the Sole Point of Contact listed in Subsection 5.1.

Responses must be marked with RFI # RFI-2023-DMS-01-MEDIC.

5.7.2 Responses to this RFI must be limited to 25 pages of text. The page limit excludes the cover page, table of contents, and appendix. Respondents may include an appendix containing exhibits and diagrams. There is a 10 page limit to the appendix.

5.8 Presentation and Identification

5.8.1 Overview

5.8.1.1 Respondents are asked to examine all documentation and other requirements.

5.8.1.2 The Department requests that submissions conform to all instructions, conditions and requirements included in the RFI.

5.8.1.3 Submissions must be received by the date and time specified in the RFI Timetable, Subsection 5.2. Submissions may be emailed to the Procurement Coordinator at the following email addresses:

To: contracts@dhhs.nh.gov

Cc'd: Brooke.Provost@dhhs.nh.gov

5.8.1.4 The subject line must include the following information: RFI-2023-DMS-01- MEDIC (email xx of xx).

5.8.1.5 The maximum size of file attachments per email is 10 MB. Proposals with file attachments exceeding 10 MB must be submitted via multiple emails.

5.9 Outline and Detail

5.9.1 The Transmittal Cover Letter – The Respondent shall submit a Transmittal Cover Letter in the following manner:



5.9.1.1 On the Respondent's organization's letterhead;

5.9.1.2 Identify the name, title, telephone number, and e-mail address of the person who will serve as the Respondent's representative for all matters relating to the RFI;

5.9.2 Table of Contents - The required elements of the Submission may be numbered sequentially and represented in the Table of Contents.

5.10 Non-Collusion

The Vendor's required signature on the Transmittal Cover Letter for a submission in response to this RFI, guarantees they have been established without collusion with other respondents and without effort to preclude the Department from obtaining the best possible competitive proposal, if the Department publishes a Request for Proposals.

5.11 Prohibition on Collaborative Submissions

Submissions may only be submitted by one organization.

5.12 Property of Department

All material property submitted and received in response to this RFI will become the property of DHHS and will not be returned to the vendor. The Department reserves the right to use any information presented in any submission provided that its use does not violate any copyrights or other provisions of law.

5.13 RFI Response Withdrawal

Prior to the Closing Date for receipt of submissions, a submission may be withdrawn by submitting a written request for its withdrawal to Sole Point of Contact identified in Section 6.1.

5.14 Public Disclosure

5.14.1 Any information submitted as part of a response to this RFI may be subject to public disclosure under RSA 91-A. In addition, in accordance with RSA 9-F:1, may an RFP be published by the Department, and a contract awarded, that information will be made accessible to the public online via the website Transparent New Hampshire (www.nh.gov/transparentnh/). Accordingly, business financial information and proprietary information such as trade secrets, business and financials models and forecasts, and proprietary formulas are exempt from public disclosure under RSA 91-A:5, IV.

5.14.2 Insofar as a Vendor seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Vendor may clearly identify in writing the information it claims to be confidential and explain the reasons such information may be considered confidential. This may be done by separate letter identifying by page number and RFI section number the specific information the Vendor claims to be exempt from public disclosure pursuant to RSA 91-A:5.



5.14.3 Each Vendor acknowledges that the Department is subject to the Right-to-Know Law New Hampshire RSA Chapter 91-A. The Department shall maintain the confidentiality of the identified confidential information insofar as it is consistent with applicable laws or regulations, including but not limited to New Hampshire RSA Chapter 91-A. In the event the Department receives a request for the information identified by a Vendor as confidential, the Department shall notify the Vendor and specify the date the Department intends to release the requested information. Any effort to prohibit or enjoin the release of the information shall be the Vendor's responsibility and at the Vendor's sole expense. If the Vendor fails to obtain a court order from a court of competent jurisdiction enjoining the disclosure, the Department may release the information on the date the Department specifies in their notice to the Vendor without incurring any liability to the Vendor. The Vendor is strongly encouraged to provide a redacted copy of their Responses.

5.15 Liability

Respondents agree that in no event shall the State be either responsible for or held liable for any costs incurred by a Vendor in the preparation or submittal of or otherwise in connection with their submission.