HB 4 (formerly HB 692) Working Group on the Plan Preparation of an Adult Dental Benefit Into a Value-Based Care Platform In New Hampshire Medicaid

August 28, 2020

Update Summary

Work Progress:
In accordance with elements specified within HB4, sections 224 to 226, the following table represents the work accomplished by the Working Group through the course of their meetings to date. The far right column lists the remaining tasks for the Work Group.

Benefit	Factors Considered	Remaining Tasks
1. Eligibility and Enrollment for approximately 88,228 adults	a. All adults in all categories are included in the plan b. Phased rollout by eligibility groups – Budget influence and potential continuing growth of provider network through the phases c. Communication plan with members and providers to understand the available dental benefit	a. Review updated enrollment numbers including age group and eligibility category breakdowns for adults b. Work with actuaries to develop cost estimate for a full rollout of all groups
2. Covered Dental Benefit – Scope of Services	a. Moderate benefit >100 procedure codes covered b. Extensive benefit – Covers broad range of services with or without a yearly cap c. Administrative models, pros/cons: Carve-in, carve-out, or ASO d. Risk – None, shared, or full e. Move pediatric benefit to value-based dental plan f. Teledentistry g. Integration with medical and behavioral health h. Care management support i. Transportation	a. Presentation of ASO dental benefit plan description and discussion b. Defining the minimum covered procedures needed to meet members most critical need c. Discussion of new transportation contract and how it would/would not dovetail with the dental benefit
3. Cost Benefit Analysis: - Projected - Expenditures - Anticipated Cost Savings	a. Maximize FMAP b. Expenditures relate to scope of benefit c. Current adult ED spend d. Inpatient dental sepsis costs e. Anticipated savings from reduced ED use over time f. Return on investment (ROI) from psychosocial well-being and employment g. Predictability of cost h. APD – Mascoma Community Health Center Care Coordination Diversion from ED Partnership: pilot results	a. Update adult Emergency Department (ED) non-traumatic dental condition (NTDC) and adult state plan services (extraction) cost estimates b. Review current literature regarding ROI from psycho-social wellbeing and overall health improvement related to adult dental benefits

4. Transition Planning	Develop a timeline	a. Dependent on contract awarded b. Carve-in, carve-out, or ASO
5. Prior Authorization/Utilization Management	a. Simplify process and align it with current standards b. Criteria for Treatment c. Peer review of prior authorization requests with consistent use of review criteria d. Medical necessity	Define problem areas (e.g. third molar extraction) and evaluate criteria used in other states
6. Transportation	a. Contract with a reliable vendor	Review of new contract, feasibility to include dental transportation depending on contract awarded
7. Pharmacy	a. Prescriptions filled under MCO or FFS plans	Complete
8. Care management (Case is the word used in HB4)	a. Reinforce importance of oral health in overall health b. Wide scope of support services and incentives to encourage members to keep appointments c. Integration with medical care management d. Care coordinators geographically stationed across the state e. ED diversion and follow up f. Navigation to and linkage with oral health care	Complete
9. Network Adequacy – Recruitment Strategies	a. Providers, including all specialties, located geographically across the state b. Include adequate number of providers to treat special populations c. Include private practice providers, FQHCs, CHCs, hospital settings, and ambulatory surgery centers d. Include certified public health dental hygienist provider category (CPHDH) e. Include unique oral health care delivery sites, including mobile services and the use of teledentistry f. Layered education of the public, dental providers, and all healthcare professionals about the dental benefit and how it works g. Communication of oral health messaging requires funding h. OR access limitation i. High need for general anesthesia	Complete

	j. Statewide dental assistant shortage k. Training	
10. Network Adequacy – Provider Retention	a. Peer to peer discussions and mentorship to develop expansion of the network b. Support for adequate workforce of dental team members c. Recruitment strategies for increasing network adequacy d. Partner with DPHS Oral Health Program and NH Oral Health Coalition e. Specialized training	Complete
11. Credentialing and training	a. Streamlined process, particularly if multiple insurers are contracted b. Documentation of recognized specialty training for care delivery for special needs populations c. Support for specialized training and continuing education for providers d. Support for continuous provider development	Complete
12. Quality Metrics – Outcome Measures	a. No risk to providers b. 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	Collect examples of metrics from dental vendors for carve-in, carve-out, ASO contract (MSDA can provide this)
13. Patient Safety	Discussion of the definitions of standard of care and standard of practice	Determine the standard of care and/or practice
14. Finance: - Reimbursement Rates - Payment	a. Reimbursement rates necessary network adequacy b. Administrative burden reduced through improved claims adjudication, enrollment process c. Audits performed by like-specialists	Complete
15. Grievance and Appeals	Currently as a State Plan benefit, providers are eligible to grieve and appeal under specified processes – will that change	Grievance and appeals processes, dependent on the contract awarded, will be specified in said contract
16. Office of Ombudsman	Process currently in place for the State Plan adult dental benefit	Specific function will depend on the contract awarded

17. Contract Quality Review	Evaluation of case management to determine which value-based methods increase utilization and access	Dependent on final contract
18. Other supportive services	a. Dental provider advisory board(s) {Dental Medicaid Advisory Committee (DMAC) – joint effort of NH Dental Society and NH Medicaid} b. DMAC inclusion of CPHDH	Complete
19. Address how the incorporation of these services into a value-based care platform shall achieve the legislative intent of providing value, quality, efficiency, innovation, and savings	How would we define value, quality, efficiency, innovation, and savings in a value-based dental benefit?	Use the final benefit plan design to define how each item listed will be achieved

HB 4 Adult Dental Benefit Work Plan V08032020
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Discussion and Findings:
Key discussions included the pros and cons of either adding the value-based adult dental benefit into the existing medical MCO contracts (carve-in) or procuring a single contract to provide the dental benefit for all adults (carve-out) and the impact of including/excluding certain categories of treatment on the cost. Consensus was reached regarding the categories of services most important to include in a benefit to assure that the plan met the needs of the adults covered. Two key areas were of note: preventive and restorative services are needed for adults who have had a lack of care but have not lost a significant number of teeth while denture services are needed for adults that have lost a significant number of teeth. The Working Group is very aware of and sensitive to budget considerations in the implementation of the adult dental benefit.

The Working Group also discussed potential key program success factors. While helpful in maintaining an adequate provider network, provider reimbursement rates are not the key to success. The benefit cost estimates that were presented included rates that were equal to the national dental Medicaid average reimbursement rates. Streamlining administrative processes, providing education and outreach to beneficiaries to increase oral health literacy, transportation support, and care/case management are also just as important as reimbursement rates.

HB 4 provides minimal funds to implement the adult dental benefit in the final quarter of SFY 21. The attached Appendix A “Dental Action Plan - Range” is a timeline representation of the necessary steps to finalize Working Group tasks, to secure funding through the Department’s budget process for SFY 22 - 23, and to fully implement the adult dental benefit. An important observation regarding the timeline is that the bulk of the work occurs after securing funds in the budget for the adult dental benefit. It will take approximately eight months to implement the benefit from that point in time.

Additional Information:
In February, 2020, SB 754 titled "Establishing a dental benefit under the state Medicaid program" was introduced into the legislature. This bill expanded on HB4 to include specific deadline dates for a Request for Information posting and the State Plan Amendment submission to CMS, along with specific treatment categories to be included in the dental benefit. After passage in both the Senate and the House, the bill was vetoed by Governor Sununu.

Reporting Requirement:
Per HB 4**,** Chapter 346:226 Laws of 2019, Acting Commissioner Kerrin Rounds submitted a report of all proposed changes to state law that the Commissioner believed necessary to implement the plan, to the Governor, the President of the Senate, and the Speaker of the House by January 1, 2020.

Future Topics and Presentations:
- ASO dental vendor adult dental benefit concept
- Refinement of Cost Estimates and Benefit Plan Design

Working Group Meeting Schedule:
Working Group meetings will continue to be held virtually on ZOOM as needed as we proceed through the remaining tasks presented earlier in this document. As meetings are scheduled, the *HB 4 (formerly HB 692) Medicaid Adult Dental Benefit Planning Working Group* webpage is updated accordingly and a group email update is sent to the Working Group and other interested stakeholders who have submitted their email addresses.

Appendix A: See following page "Dental Action Plan – Range"

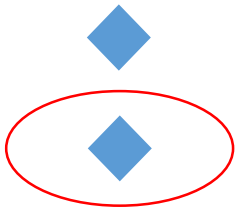
Medicaid Dental Benefits Timeline – Time Range

Id	Activities	Month																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	Reach consensus on dental benefit plan (Note 1)	◆																	
2	Post RFI (21 days)	◆																	
3	Reach consensus on value-based dental care model	◆																	
4	Funding procurement and authorization (6-12 mos.)										◆								
5	Prep and post RFP (30 days RFP posting) (Note 2)											◆							
6	Score RFP; contract award, prep, negotiations											◆							
7	G&C approval (Note 3) (2-4 weeks)				Consider meeting dates and 2-week advance DAS submission								◆						
8	Rules development and approval (He-W 566)			Consider Fiscal impact/JLCAR timeframes									◆				◆		
9	Implementation and coverage effective date (Note 4) (3-6 months)												Coverage effective date					◆	
10	State/CMS SPA development and approval								SPA filed within quarter of program effective date									◆	

Notes, consider:

1 Periodic status reports to HHS Oversight Committee, MCAC
2 Public comment period, if any
3 Rate development and synchronicity with MCO contracts, as needed (typically, 7/1, 1/1)
4 Administrative build (e.g., systems set-up, provider contracting/enrollment, DHHS contract oversight)

*Dates and activities are subject to change



Milestone

Critical Milestone