



State of New Hampshire
Department of Health and Human Services

State Fiscal Year 2024 DO Quality Study

January 2025

Table of Contents

| | |
|---|------------|
| 1. Executive Summary..... | 1-1 |
| Methodology | 1-1 |
| Findings | 1-1 |
| Conclusions, Limitations, and Recommendations | 1-2 |
| Limitations..... | 1-2 |
| Recommendations | 1-2 |
| 2. Overview and Methodology..... | 2-1 |
| Introduction | 2-1 |
| Goal of the Study..... | 2-1 |
| 3. Findings | 3-1 |
| Questionnaire Number 1 | 3-1 |
| Questionnaire Number 2 | 3-2 |
| Summary of Utilization of Extra Cleaning Benefit..... | 3-5 |
| 4. Conclusions, Limitations, and Recommendations..... | 4-1 |
| Conclusions | 4-1 |
| Limitations..... | 4-1 |
| Recommendations | 4-2 |
| Appendix A. Process to Conduct the DO Quality Study..... | A-1 |
| Appendix B. Quality Study Review Team | B-1 |
| Appendix C. Recommendations for the EQRO.01 Report | C-1 |

Acknowledgements and Conflict of Interest Statement

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Health Services Advisory Group, Inc. (HSAG) confirms that no one conducting the State Fiscal Year 2024 Quality Study activities had a conflict of interest with **Northeast Delta Dental (NEDD)** or **DentaQuest (DQ)** dental plans.

1. Executive Summary

The New Hampshire Department of Health and Human Services (DHHS) asked Health Services Advisory Group, Inc. (HSAG), New Hampshire’s external quality review organization (EQRO), to conduct a quality study to determine the effectiveness of the dental organization’s (DO’s) education to members and providers regarding the extra cleaning benefit for pregnant members during their perinatal period.

HSAG collected information for the study by sending questionnaires to the DO in New Hampshire: Delta Dental Plan of New Hampshire, Inc. (doing business as [DBA] **Northeast Delta Dental [NEDD]**), which subcontracts with **DentaQuest (DQ)** to administer benefits for the New Hampshire DMCM program.

Methodology

To begin the study, HSAG prepared a list of questions for the DO to answer regarding the education it provides to members and providers about the extra cleaning benefit for pregnant members. Once received, HSAG prepared follow-up questions for the DO to answer. Additionally, HSAG requested that the DO provide the number of pregnant members who received the first cleaning, the second cleaning, and the third (extra) cleaning during each month of the study period (i.e., April 2023 to May 2024). Using the information provided, HSAG investigated the effectiveness of the DO’s member and provider education based on the number and percentage of members who received the extra cleaning benefit.

Findings

Table 1-1 demonstrates that there was an average of 430 pregnant members per month during the 14 months of the study. Only 17 pregnant members received one dental cleaning, one member received two dental cleanings, and no members received the additional benefit of a third cleaning. HSAG was unable to determine the total number of unique members who were pregnant during the study, so a percentage of unique members receiving the cleanings could not be calculated.

Table 1-1—Pregnant Members Who Received Dental Cleanings

| Average Number of Pregnant Members per Month | Number of Members Who Received One Cleaning | Number of Members Who Received Two Cleanings | Number of Members Who received Three Cleanings |
|--|---|--|--|
| 430 | 17 | 1 | 0 |

Conclusions, Limitations, and Recommendations

During the study, HSAG found that only 17 pregnant members received their first dental cleaning, one member received a second dental cleaning, and no members received the third cleaning. During any given month, fewer than 1 percent of members eligible for dental cleanings received them. While the DO educates members and providers about the third dental cleaning available for pregnant members, it appears that most pregnant members are not receiving the first and second cleanings available to all members. Therefore, it is unlikely that they will receive the additional cleaning available to them during their pregnancy.

Limitations

HSAG requested the number of pregnant women during each month of the study from the DO. Because pregnancy typically last nine months, many members are included in the denominator multiple times. Therefore, it is difficult to know how many unique members were pregnant during the study period, when each member became eligible, and when their eligibility ended.

HSAG does not have information regarding the number and percentage of members in the DO's entire population who received the first and second cleanings. Therefore, it is unclear if the low number and percentage of pregnant members receiving those services is reflective of the entire population.

Recommendations

HSAG provides the following recommendations from the information obtained during this study for DHHS and the DO to consider:

- The DO should focus on improving the rate of members who receive their regular two cleanings during the calendar year to ensure adequate oral health.
- DHHS could require the DO to develop a performance improvement project concentrating on successful first and second cleaning completion rates.
- The DO and/or DHHS should review network adequacy and appointment availability for members to determine if access could be a barrier for members to obtain preventive dental services.
- The DO should conduct a barrier analysis to determine the reasons that members, specifically pregnant members, are not receiving the recommended dental care. The DO could use a survey or member focus group to identify potential barriers to care.
- The DO should use information obtained through the surveys, member focus groups, and barrier analysis to develop targeted interventions to reduce the barriers to obtaining dental care.
- The DO should partner with the MCOs and their case managers to ensure that pregnant women are aware of the enhanced dental services available to them.
- The DO could revise the introduction to the interactive voice response (IVR) script to entice members to listen to the entire message. After identifying who is calling by saying, "Hello, this is

DentaQuest,” the script could immediately inform members about an exciting, no-cost benefit available to them for the next 12 months. The members could then be connected to a live caller or be instructed to call DentaQuest to learn more about the benefit.

- The DO also could consider using a live caller rather than IVR to assist members in scheduling an appointment.
- The DO could consider contacting members more than one time during their pregnancy to inform them of the benefit and importance of obtaining three recommended dental cleanings.
- The DO could consider developing an incentive (e.g., gift card) for pregnant members who receive all three dental cleanings.

2. Overview and Methodology

Introduction

Since December 1, 2013, DHHS has operated the Medicaid Care Management (MCM) Program, which is a statewide, comprehensive, risk-based, capitated managed care program. On July 1, 2022, New Hampshire's Governor, Chris Sununu, signed into law a Medicaid adult dental benefit. The legislation required DHHS to implement a comprehensive adult dental benefit by April 1, 2023. DHHS implemented the New Hampshire Smiles Adult Dental Program, a Dental Medicaid Care Management (DMCM) program, on April 1, 2023. The benefit includes diagnostic, preventive, limited periodontal, restorative, and oral surgery services, as well as care management (CM) and transportation services. Individuals who participate in the 1915(c) waivers (such as the Choices for Independence, Acquired Brain Disorder, and Developmental Disabilities waivers) and nursing facility residents have an additional removable partial and full denture benefit. The children's dental benefit remains in the fee-for-service (FFS) program and covers Medicaid members from birth to 20 years of age.

The New Hampshire Smiles Adult Dental Program added the new group of services to the existing MCM program, with all dental services managed through a separate DO, Delta Dental Plan of New Hampshire, Inc. (DBA **NEDD**), which subcontracts with **DQ** to administer benefits for the New Hampshire DMCM program. One of those benefits is an additional dental cleaning for pregnant members.

DHHS met with HSAG to initiate a quality study to better understand utilization of the additional dental cleaning benefit offered to pregnant members. In addition, HSAG researched the scope and frequency of education offered to providers and members by the DO regarding this additional benefit. HSAG reviewed utilization of the additional benefit from April 1, 2023, to May 31, 2024, specifically focusing on pre- and post-education utilization.

Goal of the Study

The goal of the study was to understand the scope and frequency of education offered to providers and members. In addition, HSAG incorporated a review of a report of the benefit utilization pre- and post-education obtained from the DO. The time frame for the benefit utilization report was from April 1, 2023, to May 31, 2024. HSAG followed the guidelines set forth in the Centers for Medicare & Medicaid Services' (CMS') *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023,¹ to create the process, tools, and interview questions used for the

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 9: Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023. Available at: <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html>. Accessed on: Jul 24, 2024.

quality study. The review period covered state fiscal year (SFY) 2022 and SFY 2023. The goals of the study included the following:

- Determine the process the DO used to be notified of a member's pregnancy.
- Determine the timing and process of education the DO offered to providers regarding the benefit.
- Determine the process and timing of education the DO offered to members regarding the benefit.
- Determine the criteria and timeline of pregnant member eligibility the DO uses to process the benefit.
- Report the findings of utilization of the additional pregnancy benefit pre- and post-education.

HSAG used an 11-step process to conduct the DO Quality Study that included the technical methods of data collection and analysis as shown in Appendix A. HSAG conducted the study from June–October of 2024, and the process included two questionnaires and a report of the utilization pre- and post-member and provider education.

3. Findings

On July 11, 2024, HSAG sent a questionnaire to the DO to obtain information concerning member and provider education.

Questionnaire Number 1

The purpose of the first questionnaire was to obtain information concerning how the DO determined eligibility for the extra cleaning benefit and how the DO educated members and providers regarding the additional benefit. The initial questionnaire included the following questions:

1. Provide a detailed description of how the DO is notified that a member is pregnant.
2. Describe the criteria the DO uses (i.e., time period) that the member is eligible for the extra cleaning. For example, is the member eligible for one year after the DO receives the pregnancy flag or is the member eligible for one year from the time of pregnancy even if the DO is not notified of the pregnancy until birth, etc.
3. Provide a detailed description of the education the DO has provided to members regarding the additional dental cleaning benefit (when/how/frequency of repetition).
4. When did the DO start the member education process? Has it been repeated?
5. What methods of communication (print, electronic, handbook, etc.) has the DO used to reach members regarding the additional benefit?
6. What population(s) has the DO educated regarding the additional benefit (e.g., pregnant women, members of childbearing age, other populations, etc.)?
7. Provide a detailed description of the education the DO provided to dental providers regarding the additional dental cleaning benefit.
8. When did the DO start the outreach program to dental providers?
9. Does the DO follow up with the dental providers to reinforce education? At what frequency?

With the DO's responses to the first questionnaire, HSAG learned that the DO identified pregnant women using the 834 eligibility file. The date reported on the file determined the date members were eligible for the additional cleaning. The DO confirmed that member eligibility ended one year from that date. The DO educated members once upon notification of the member's pregnancy through the Smiling Stork program, which used an IVR message and a letter to educate women regarding their eligibility to receive a third dental cleaning. The DO educated providers about the additional cleaning benefit for pregnant women upon their entry into the DO's network. The DO informed providers that they would need to submit an appeal for the third dental cleaning, as it would be systematically denied. However, beginning September 1, 2024, the DO planned to improve its process so providers would no longer need to submit the appeal, and the third cleaning would be systematically paid. The DO's responses to the first questionnaire prompted additional questions, which HSAG sent using a second questionnaire.

Questionnaire Number 2

The purpose of the second questionnaire was to obtain additional information concerning how the DO determined eligibility for the extra cleaning benefit and how the DO educates members and providers regarding the additional benefit. The second questionnaire sent for the study included the initial questions, the DO's initial responses, and HSAG's follow-up questions. The information below also includes the DO's responses to the follow-up questions:

Provide a detailed description of how the DO is notified that a member is pregnant.

DO Response: The 834 Eligibility File has an indicator for pregnancy which is used to identify pregnant members. Additionally, the current process for claim payment of the extra cleaning requires the provider to submit documentation that the member is pregnant.

Beginning 9/1/2024 we will be loading pregnant members into separate subgroups to be able to systematically process the additional cleaning without the provider needing to submit additional paperwork.

Follow-Up Question: What is the process if the provider is made aware of a pregnancy prior to the DO informing the provider of the member's pregnancy? Is the provider required to notify the DO?

DO Response: No – the provider is not required to notify the DO. DentaQuest relies on the information from the DHHS 834 to validate member information.

Describe the criteria the DO uses (i.e., time period) that the member is eligible for the extra cleaning. For example, is the member eligible for one year after the DO receives the pregnancy flag or is the member eligible for one year from the time of pregnancy even if the DO isn't notified of the pregnancy until birth, etc.

DO Response: The member is eligible for the extra cleaning for 1 year following the start of their pregnancy. If the member data is sent on the 834 with the pregnancy flag, we would use the associated date to mark the start of that year. If we are notified retroactively, we would use the first known date of pregnancy as the start of the year.

Provide a detailed description of the education the DO has provided to members regarding the additional dental cleaning benefit (when/how/frequency of repetition).

DO Response: Our current outreach method for the Smiling Stork program is through IVR call that has English or Spanish capabilities. This message reminds the member to make a dental appointment if they have not already because of the importance of good oral health, especially during pregnancy. We also notify them that their covered benefits provide for three dental cleanings a year. This program outreaches newly identified pregnant members on a monthly basis.

Follow-Up Question: Provide additional details regarding the Smiling Stork program, including a copy of all communication sent to members, such as member newsletters and other member communication (e.g., IVR script, letters, pamphlets, member newsletters, etc.).

Provide a detailed description of the education the DO has provided to members regarding the additional dental cleaning benefit (when/how/frequency of repetition).

DO Response: Please see attachments: DQ2759 NH Smiling Stork_Child Trifold (4.23), DQ2760 NH Smiling Stork_Pregnancy Trifold (4.23), DQ3157 NH DHHS Smiling Stork IVR Call Script_3.24, DQ2764 NH DHHS Smiling Stork Member Intro Letter_wDH (4.23)

When did the DO start the member education process? Has it been repeated?

DO Response: The Smiling Stork program that focuses on outreach and education to pregnant members was started in July 2023. This program reaches out to newly pregnant members on a monthly basis.

Follow-Up Question: How is the duration of the Smiling Stork program determined for each member?

DO Response: The Smiling Stork Program is continuous and contacts members once during each of their pregnancies.

Follow-Up Question: How does the DO determine when the outreach ends for the Smiling Stork program?

DO Response: The Smiling Stork Program is continuous and contacts members once during each of their pregnancies.

What methods of communication (print, electronic, handbook, etc.) has the DO used to reach members regarding the additional benefit?

DO Response: Printed letters and IVR call.

Follow-Up Question: Please provide a copy of the printed letter and the IVR script.

DO Response: Please see attachments: DQ2764 NH DHHS Smiling Stork Member Intro Letter_wDH (4.23) and DQ3157 NH DHHS Smiling Stork IVR Call Script_3.24

What population(s) has the DO educated regarding the additional benefit (e.g., pregnant women, members of childbearing age, other populations, etc.)?

DO Response: Pregnant women

Follow-Up Question: Are all female members, including those not currently pregnant, informed about the Smiling Stork program?

DO Response: Information about the Smiling Stork program is included in the Member Handbook, direct outreach is only to those identified as pregnant.

Provide a detailed description of the education the DO provided to dental providers regarding the additional dental cleaning benefit.

DO Response: The onboard training has a slide that covers the extra benefits allowed for pregnant women. It also explains that the provider needs to submit the claim and appeal it for coverage. Beginning 9/1/2024 we will be loading pregnant members into separate subgroups to be able to systematically process the additional cleaning without the provider needing to submit additional paperwork. Providers are being notified of this change and training materials will be updated.

Follow-Up Question: How was the training presented (i.e., website, individual provider meetings, group presentations, etc.)?

DO Response: Group presentations, individual provider meetings

Follow-Up Question: Did all providers in the dental network on 4/1/23 receive the onboard training? Did the DO monitor who attended the training?

DO Response: Yes, all providers who were in-network on or before 04/01/2023 have been onboarded.

Follow-Up Question: What percentage of providers in the network on 4/1/23 attended the training?

DO Response: All providers completed the training.

Follow-Up Question: How frequently has the DO repeated the onboard training for new providers since the initial training in April 2023?

DO Response: We hold quarterly onboard trainings. New providers receive onboard training individually within 30 days of effective date.

Follow-Up Question: How frequently has the onboarding training information been updated since 4/1/23? Furnish all copies of the provider onboarding presentations that have been developed and used since 4/1/23.

DO Response: Training material has not changed since 4/1/23 – see attached: New Hampshire Adult Medicaid Dental Program_Provider Training.pptx (pg 14 for relevant info)

When did the DO start the outreach program to dental providers?

DO Response: April 2023 at program start.

Does the DO follow up with the dental providers to reinforce education? At what frequency?

DO Response: This is a talking point during some office visits from our Provider Partner, but there is no routine reinforcement.

Due to the upcoming system change we will be reaching out to all providers prior to 9/1 to update the education.

Follow-Up Question: Provide a copy of the training materials and training process planned for the updates that will be implemented 9/1/24.

DO Response: See attachment: NH SMILES ADULT MEDICAID NEW SUBGROUPS eff 9.1.24.docx

Follow-Up Question: Will providers be required to attend the 9/1/24 training? How will the training be presented (i.e., website, individual provider meetings, group presentations, etc.)?

Does the DO follow up with the dental providers to reinforce education? At what frequency?

DO Response: The update in question is a notice to all providers. There was no organized training for providers to attend.

Follow-Up Question: How will the DO monitor the completion of training by the providers? Will the DO send reminders to reinforce the training after 9/1/24?

DO Response: The update in question is a notice to all providers – no completion monitoring occurred. DQ does not have plans to send reminders for this notice. DQ will continue to educate providers during routine interactions and during future training activities.

Using the DO's responses to the second questionnaire, HSAG learned that providers are not required to notify the DO if the provider learns of a member's pregnancy prior to the DO receiving the 834 eligibility file with an indication of the member's pregnancy. The DO notifies all members about the Smiling Stork program through the member handbook, but direct outreach (i.e., the IVR and letter) only occurs once the DO is notified of the member's pregnancy. The DO trained all providers during their onboarding, including all providers who were already part of the network as of April 1, 2023. However, the training consisted of only one bullet point related to the additional cleaning for pregnant women and the correct way for providers to submit the request for payment for the third cleaning. Additionally, the DO notified providers of the new process for submitting claims for the additional cleaning through a one-page notification letter, which also included other unrelated information.

Summary of Utilization of Extra Cleaning Benefit

HSAG requested information from the DO regarding the number of pregnant members eligible for the additional cleaning benefit and the number of pregnant members who received the first cleaning, second cleaning, and third (additional benefit) cleaning from April 2023 through May 2024. Table 3-1 displays the numbers as received from the DO and the percentages calculated by HSAG.

Table 3-1—Number and Percentage of Pregnant Members Who Received the Additional Cleaning Benefit

| CY | Month | Number of Pregnant Members Eligible for the Additional Cleaning | Number of Pregnant Members Who Received First Cleaning | Percentage of Eligible Pregnant Members Who Received First Cleaning | Number of Pregnant Members Who Received Second Cleaning | Percentage of Pregnant Members Who Received Second Cleaning | Number of Pregnant Members Who Received Third (Additional) Cleaning | Percentage of Pregnant Members Who Received Third (Additional) Cleaning |
|------|-------|---|--|---|---|---|---|---|
| 2023 | April | 548 | 4 | 0.7% | 0 | 0.0% | 0 | 0.0% |
| | May | 552 | 2 | 0.4% | 0 | 0.0% | 0 | 0.0% |
| | June | 551 | 1 | 0.2% | 0 | 0.0% | 0 | 0.0% |
| | July | 513 | 1 | 0.2% | 0 | 0.0% | 0 | 0.0% |

| CY | Month | Number of Pregnant Members Eligible for the Additional Cleaning | Number of Pregnant Members Who Received First Cleaning | Percentage of Eligible Pregnant Members Who Received First Cleaning | Number of Pregnant Members Who Received Second Cleaning | Percentage of Pregnant Members Who Received Second Cleaning | Number of Pregnant Members Who Received Third (Additional) Cleaning | Percentage of Pregnant Members Who Received Third (Additional) Cleaning |
|------|-----------|---|--|---|---|---|---|---|
| | August | 483 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | September | 442 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | October | 414 | 2 | 0.5% | 0 | 0.0% | 0 | 0.0% |
| | November | 389 | 1 | 0.3% | 0 | 0.0% | 0 | 0.0% |
| | December | 380 | 1 | 0.3% | 0 | 0.0% | 0 | 0.0% |
| 2024 | January | 364 | 2 | 0.6% | 0 | 0.0% | 0 | 0.0% |
| | February | 352 | 1 | 0.3% | 0 | 0.0% | 0 | 0.0% |
| | March | 344 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | April | 340 | 1 | 0.3% | 1 | 0.3% | 0 | 0.0% |
| | May | 348 | 1 | 0.3% | 0 | 0.0% | 0 | 0.0% |

The number of pregnant members eligible for the additional cleaning from April through July of 2023 was between 513 and 552. In August 2023, the number of pregnant members eligible for the additional cleaning began declining and remained around 350 through May 2024. A total of 17 members received one dental cleaning during their pregnancy. Only one member received a second dental cleaning, and no members received the additional third cleaning during their pregnancy (limited by the time period of this study [i.e., April 2023 through May 2024]). During any given month, fewer than 1 percent of members eligible for dental cleanings received them.

4. Conclusions, Limitations, and Recommendations

DHHS asked HSAG to conduct a quality study to determine how the DO educated members and providers about the additional cleaning benefit for pregnant members and how many members utilized the benefit. After receiving the DO's responses to questionnaires and the information regarding the number of pregnant women who received the services, HSAG noted the following conclusions, limitations, and recommendations.

Conclusions

The DO educated members who were identified as being pregnant once upon notification of the member's pregnancy through the Smiling Stork program. Education to members consisted of an IVR call reminding members to make a dental appointment, especially during pregnancy, and educated pregnant members about their benefit of three cleanings per year. Members also received a letter and brochures regarding dental care for pregnant members and children.

The DO educated all providers at the time of their onboarding regarding the extra cleaning benefit for pregnant members using the onboarding training. However, the information consisted of only one bullet point on a 59-slide presentation, and the DO reported that it does not conduct any reinforcement training. The one bullet point related to the additional cleaning benefit may not provide enough information to ensure that providers retain the information concerning the cleaning benefit for pregnant women. Additionally, the DO planned to improve its process for providers to submit claims for the additional cleaning benefit for pregnant members and notified all providers of that change in July 2024. The DO will need to determine if the change in the submission of claims for the additional cleaning improves the number of pregnant women who receive the benefit.

Less than 1 percent of pregnant members received one dental cleaning during their pregnancy during the time period of this study. Additionally, only one member who was pregnant during that time received a second cleaning, and no members received the third cleaning.

Limitations

HSAG requested the number of pregnant women during each month of the study from the DO. Because pregnancy typically last nine months, many members were included in the denominator multiple times (e.g., if a member is pregnant for nine months, they would be included in the denominator each of those nine months; however, if a member became eligible in January 2024, they would only be eligible for five months of the study since the study ended in May 2024). Therefore, it is unknown how many unique members were pregnant during the study period, when each member became eligible, and when their eligibility ended.

HSAG does not have information regarding the number and percentage of members in the DO's entire population who received the first and second cleanings. Therefore, it is unclear if the low number and percentage of pregnant members receiving those services is reflective of the entire population.

Recommendations

DHHS plans to implement a performance improvement project (PIP) during SFY 2025 focused on ensuring all members receive the first and second dental cleanings. The DO will address the recommendations in the first three paragraphs below as part of the PIP; therefore, these recommendations are not included in Appendix C.

Since only 17 total members received the first dental cleaning and one member received the second dental cleaning during the 14 months of this study, it appears that most pregnant members are not receiving the first and second cleanings that they should receive as part of their regular benefits. While it is important for members to be aware of and receive the third cleaning during pregnancy, HSAG recommends that the DO focus on improving the rate of members who receive their regular two cleanings during the calendar year to ensure adequate oral health. DHHS could require the DO to develop a performance improvement project concentrating on successful first and second cleaning completion rates.

Because of the low number and percentage of pregnant members accessing dental care, HSAG recommends that the DO and/or DHHS review network adequacy and appointment availability for members to determine if access could be a barrier for members to obtain preventive dental services.

HSAG also recommends that the DO conduct a barrier analysis to determine the reasons that members, specifically pregnant members, are not receiving the recommended dental care. The DO could accomplish this using a survey method or member focus group to identify potential barriers to care. The DO should use this information to develop targeted interventions to reduce barriers to obtaining dental care.

HSAG recommends that the DO partner with the MCOs and their case managers to ensure that pregnant women are aware of the enhanced dental services available to them. If the member is working with a MCO case manager, the case manager would be a good resource to encourage the member to obtain appropriate dental care.

The DO could consider revising the introduction to the IVR script. After identifying who is calling by saying, "Hello, this is DentaQuest," the script could immediately inform members about an exciting, no-cost benefit available to them for the next 12 months. Then the members could be connected to a live caller or be instructed to call DentaQuest to learn more about the benefit. Additionally, the DO could consider contacting members more than one time during their pregnancy to inform them of the benefit and importance of obtaining three recommended dental cleanings. The DO also could consider using a live caller rather than IVR to help the member schedule an appointment.

The DO should consider developing a program to incentivize pregnant members to obtain all three dental cleanings. Having a new baby can be expensive, and pregnant mothers may be more inclined to obtain all the recommended dental cleanings if there is an extra incentive, such as a gift card to purchase items for the baby, such as diapers.

Appendix A. Process to Conduct the DO Quality Study

Appendix A lists the 11 steps HSAG used to conduct the DO Quality Study.

Table A-1—Process to Conduct the Service Authorization Study

| | |
|-----------------|--|
| Step 1: | Meet with DHHS |
| | HSAG will meet with DHHS to define the study parameters. |
| Step 2: | Send a questionnaire to the DO |
| | HSAG will work with DHHS to develop a questionnaire for the DO to respond to the study parameters and goals. |
| Step 3: | Receive and review questionnaire responses from the DO |
| | Once the DO returns the questionnaire, HSAG will review the document to ensure that the DO answered all the questions on the form. |
| Step 4: | Compile the DO responses |
| | HSAG will evaluate the responses and determine if the DO's submitted answers adequately address the scope and frequency of education offered to providers and members. |
| Step 5: | Meet with DHHS to review responses from the questionnaire |
| | HSAG will meet with DHHS to review the information submitted by the DO on the questionnaire and determine if additional clarification will be needed concerning the responses. |
| Step 6: | Determine if a second questionnaire or meeting is needed |
| | If additional information is needed from the DO, HSAG and DHHS will determine if the DO should send written responses or if a meeting with the DO to obtain the necessary information for the study is sufficient. |
| Step 7: | Continue gathering information until complete information is obtained from the DO |
| | HSAG will continue to work with DHHS and the DO until complete information is obtained from the DO concerning the scope and frequency of education offered to providers and members. |
| Step 8: | Compile information received from the DO concerning the number of members who used the extra benefit |
| | HSAG will request the additional benefit information from the DO and compile the information. |
| Step 9: | Prepare a final document with all responses by the DO |
| | After receiving the final responses from the DO, HSAG will prepare a document showing all responses received from the DO. The summary will clarify the scope and frequency of education offered to providers and members. |
| Step 10: | Write the report |
| | HSAG will prepare a report providing details of the information obtained during the study. The report will include an evaluation of the effectiveness of the education offered to providers and members as well as conclusions and recommendations for improving utilization of the extra cleaning benefit for pregnant women. |

| Step 11: | Receive DHHS approval of the draft report |
|----------|--|
| | HSAG will send a draft report to DHHS for approval. After approval of the information contained in the draft report, HSAG will send a finalized version of the report to DHHS. |

Appendix B. Quality Study Review Team

HSAG assembled a Quality Study Review Team based on the full complement of skills required for the Quality Study activity. Table B-1 lists the Quality Study Review Team members, their roles, and relevant skills and expertise.

Table B-1—Quality Study Review Team

| Name/Role | Skills and Expertise |
|---|--|
| Debra Chotkevys, DHA, MBA <i>Executive Director, State & Corporate Services (S&CS)</i> | Dr. Chotkevys has more than 40 years of healthcare experience in compliance activities, hospital administration, physician services, marketing, credentialing, office site reviews, Healthcare Effectiveness Data and Information Set (HEDIS®) ² audits, medical record abstraction, and accreditation standards. Dr. Chotkevys has been employed by HSAG for 21 years and has been the director of EQR services in New Hampshire since 2013. |
| Sara Landes, MHA, CPHQ <i>Director, State & Corporate Services</i> | Ms. Landes has over 13 years of experience as a project leader in healthcare quality improvement, and she is proficient in federal, National Committee for Quality Assurance (NCQA), and other regulatory compliance guidelines as well as in data analysis, evaluation, and research/resolution capabilities. Ms. Landes joined HSAG in 2021. |
| Christina Cebriak, MSN-CCM, RN <i>Project Manager II</i> | Ms. Cebriak has over 30 years of healthcare industry experience, including clinical nursing, regulatory compliance, performance improvement, case management, and utilization review. Ms. Cebriak joined HSAG in early 2024. |

² HEDIS® is a registered trademark of the NCQA.

Appendix C. Recommendations for the EQRO.01 Report

Appendix C contains specific recommendations generated by the study for the DO to include in the EQRO.01 Dental Report.

Table C-1—Recommendations for DQ

| Number | Recommendation |
|---|--|
| DQ_2024-Dental_EQRO.01-QS-PregCI-01 | The DO should partner with the MCOs and their case managers to ensure that pregnant women are aware of the enhanced dental services available to them. |
| DQ_2024-Dental_EQRO.01-QS-PregCI-02regCI-02 | The DO could revise the introduction to the interactive voice response (IVR) script to entice members to listen to the entire message. After identifying who is calling by saying, “Hello, this is DentaQuest,” the script could immediately inform members about an exciting, no-cost benefit available to them for the next 12 months. The members could then be connected to a live caller or be instructed to call DentaQuest to learn more about the benefit. |
| DQ_2024-Dental_EQRO.01-QS-PregCI-02regCI-03 | The DO could consider using a live caller rather than IVR to assist members in scheduling an appointment. |
| DQ_2024-Dental_EQRO.01-QS-PregCI-02regCI-04 | The DO could consider contacting members more than one time during their pregnancy to inform them of the benefit and importance of obtaining three recommended dental cleanings. |
| DQ_2024-Dental_EQRO.01-QS-PregCI-02regCI-05 | The DO could consider developing an incentive (e.g., gift card) for pregnant members who receive all three dental cleanings. |