IOWA MEDICAID

PRE-PAID AMBULATORY HEALTH PLAN (PAHP)

DENTAL QUALITY STRATEGY PLAN

Iowa Department of Health & Human Services

Iowa Medicaid

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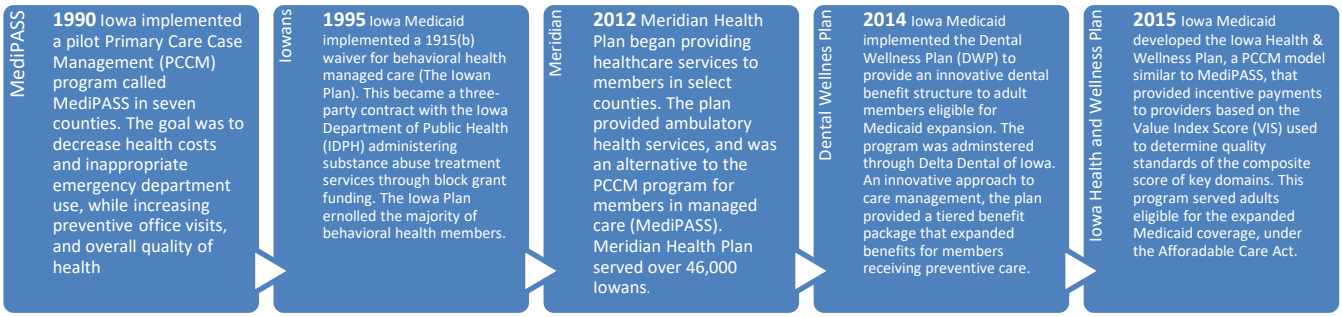
Contents

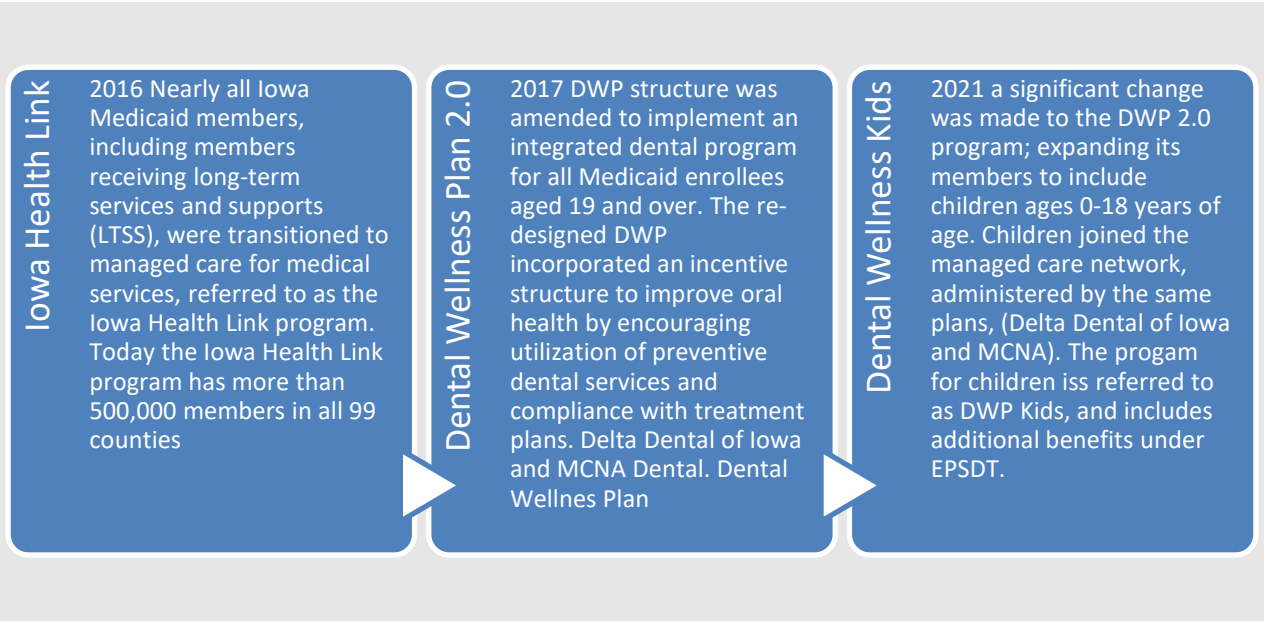
INTRODUCTION

Iowa Medicaid Dental Quality Strategy

Iowa Medicaid is a division of Iowa Health and Human Services that administers the Medicaid and Children's Health Insurance programs. The history of Iowa Medicaid using managed care plans (MCPs) and managed care programs is provided below.

Iowa Medicaid Managed Care History





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Continuous Quality Improvement Significant Change to Dental Wellness Plan 2.0

Iowa Medicaid updates to the 2019 Dental Quality Strategy Plan (DQSP), submitted on July 30, 2021, to CMS for review. In State Fiscal Year 2021 (SFY22), Iowa added children to the Dental Wellness Plan, previously administered by Iowa Medicaid under Fee-For-Service, prompting a significant change to the Dental Wellness Plan 2.0. Iowa worked diligently during SFY22 to provide significant updates to the original DQSP submission to include:

- Alignment with the Medicaid and CHIP Managed Care Quality Strategy Toolkit from CMS
- Addition of Iowa children into the DQSP
- Inclusion of 2022 Dental Quality Alliance strategic measures
- Increased focus on improvement of down-stream health outcomes

Iowa Medicaid works with a variety of stakeholders to evaluate the dental program and assist in setting performance measures and policy development. Iowa dental contract managers oversee Iowa's dental plan administrators, referred to Pre-Paid Ambulatory Management Plans (PAHPs), managing their contract requirements and performance measures. Dental Managers work within the Iowa Medicaid team to improve quality and compliance within the program through collaboration on policy development.

- Represent the dental program as part of the Iowa Medicaid Quality Committee
- Monthly one-on-one meetings with each PAHP on contract compliance and program improvement
- Attend weekly updates from our External Quality Review team, Health Services Advisory Group, Inc (HSAG)
- Attend monthly meetings regarding I-Smile[1] and the Maternal Child Health Program administered through Iowa Health and Human Services
- Meetings with all Iowa Medicaid managed care and contracting staff
- Monthly and Quarterly Program Integrity Meetings
- Quarterly Review PAHP reporting intake and DQA data measures to identify trends through a Dental Dashboard

Dental Managers work to gather information from external stakeholders as well, particularly for distributing information and seeking local guidance and feedback on policies that impact quality health outcomes.

- University of Iowa Public Policy Center
- Lifelong Smiles Coalition
- Oral Health Iowa
- Cavity Free Iowa
- Hawki Board
- Mental Health Advisory Council
- Medicaid State Dental Association (MSDA) Acting President
- Medicaid Clinical Advisory Committee

[1] I-Smile Dental Home Initiative

- Iowa Dental Association
- National Academy for State Health Policy (NASHP)
- Oral Health Technical Advisory Group (OTAG) Council Member

Documents and resources referenced when updating the DQSP

- Medicaid and CHIP Child and Adult Core Set Measures
- PAHP current and past External Quality Reporting measures and analysis
- American Dental Association Dental Quality Alliance Measures
- Iowa Medicaid Strategic Plan SFY 2021
- Iowa Quality Committee
- Medicaid Clinical Advisory Committee
- Public comment feedback
- Dental Stakeholders Work Group SFY 2022
- Iowa Health and Humans Services dental epidemiologist
- Iowa Public Policy reporting on the Iowa Health and Dental Wellness Program
- Iowa Medicaid Social Determinants of Health Reporting
- PAHP Quarterly Reporting
- Value-based Care Drivers National Association for Healthcare Quality (NAHQ)
- Framework for Oral Health Quality Performance Measurement and Improvement

DENTAL QUALITY STRATEGY GOALS AND OBJECTIVES

Iowa Medicaid is committed to ensuring at all members have equitable access to high quality services that promote dignity, removing barriers to increase member health engagement, and improving whole person health across populations. When creating the Dental Quality Strategy goals, targets, and action plans, Iowa Medicaid focused on following our agency mission to

1. Promote dignity for members,
2. Remove barriers to obtaining and accessing health, and
3. Integrate dental health within medical health for a whole personal approach.

Dental program strategies and monitoring of performance will focus on these key focus areas when considering policy development and oversight of the PAHPs.

Over the next three years, Iowa and each dental PAHP will promote policy and action to effectively move the Medicaid dental program from volume to value and increase cross-sector engagement in population health improvement. Activities will be directed toward outcomes that creates healthier members, building systems, and practices that promote quality and sustainability. Through policy and support of the dental PAHPs, Iowa Medicaid aims to accomplish the following key goals, identified as drivers for improved dental health equity, access, and outcomes:

1. Improve Network Adequacy and Availability of Services
2. Increase Recall and Prevention Services
3. Improve Oral health Equity among Medicaid Members
4. Improve Coordination and Continuity of Care between MCPs (managed care plans) – enhance medical/dental integration

Through contracts with Delta Dental of Iowa (DDIA) and Managed Care of North America (MCNA), Iowa Medicaid will focus on the above goals when working with the PAHPs. Medicaid will use these measures when determining contract requirements specific to: performance measures, reporting,

payment to providers, and value-based incentive proposals, as well as in building key relationships and infrastructure to assure successful, sustainable outcomes.

The actions steps set forth for each of the quality measures are meant to build the infrastructure and policy for changes implemented through the PAHPs. This list in not all-inclusive and will be reviewed annually to incorporate contract amendments and stakeholder feedback as it relates to quality improvement initiatives within the dental program.

DENTAL PLAN AND PROGRAM TYPE BY POPULATION

Program Name	MCP Type	Manage Care Authority	Populations Served
Dental Wellness Plan Adults	PAHP- DDIA & MCNA	1115	Medicaid adults including those with disabilities, ages 19-64. Adults ages 19 and 20 have expanded benefits to assure EPSDT benefits.
Dental Wellness Plan Kids	PAHP-DDIA & MCNA	1115	Medicaid children and Medicaid expansion (MCHIP) including those with disabilities ages 0-18
Hawki	PAHP- DDIA	1115	Medicaid expansion (SCHIP) coverage for children ages 0-19
Fee For Service	N/A	N/A	• Persons enrolled in the Program of All-Inclusive Care for the Elderly (PACE) • Persons enrolled in the Health Insurance Premium Payment Program (HIPP) • Presumptively eligible individuals • Nonqualified immigrants receiving time-limited coverage • Persons eligible only for the Medicare Savings Program • Medically needy

1.0 Improve Network Adequacy and Availability of Services

1.1 Increase the number of general dentists who actively see patients in the dental program

- Iowa Medicaid will work with the PAHPs to assure contract language allows flexibility for dental plans to negotiate with providers in rural and uncovered services areas,
- Iowa Medicaid will work with the PAHPs and Fee For Service Provider Services to improve provider education training, offering training that is provider specific and includes nuances for smaller dental offices
- Iowa Medicaid will work with the Medicaid Modernization Effort (MEME) to incorporate best practices for improving electronic communication processes (i.e. credentialling, informational letters, provider communication.
- Iowa Medicaid will work with local partners to encourage providers to participate in "Town Hall" meetings held by the Medicaid Director to address provider concerns, ideas, and innovations.
- Iowa Medicaid will utilize the CMS Network Adequacy Toolkit to assure an adequate network analysis and including dentist to member proportion and timeliness of appointments.

1.2 Increase the number of members who access any dental care in the year

- Iowa Medicaid will research alternative science-based prevention methods, including expanded models of care
    - Use of medical providers including certified registered nurse anesthetists (CRNAs) to provide anesthesia in dental settings to improve access to oral surgery sedation services,
    - expanded dental hygiene prevention and locations of service,
    - dental therapy services and findings from other states on successes and challenges with this model,
    - ART (Atraumatic Restorative Therapy), increased utilization of Silver Diamine Fluoride when applicable, and other national best practices to improve quality and access to dental care.
- Iowa Medicaid will monitor utilization and MCO Social Determinants of Health Dashboard data to determine barriers members experience when trying to access the dentist and work with partners to develop policy that makes it easier for members to access dental care.
- Iowa Medicaid will work with partners to research other provider types and dental, nursing, and medical practice acts to determine additional providers who can assist in providing access to dental prevention, behavior change, and treatment referral for dental needs.
- Iowa Medicaid will engage MCOs in Cavity Free Iowa[2] and Early Periodic Screening Diagnostic Testing (EPSDT) periodicity to encourage increased access to dental prevention at medical appointments.
- Iowa Medicaid will meet regularly with the University of Iowa College of Dentistry to discuss alternative payment methods that increase access to care through support of Iowa dentists and residents who serve the Medicaid program statewide through the College of Dentistry.

2.0 Improve Prevention and Recall Dental Services to Improve Overall Health

High utilization of preventive services is critical to Dental Wellness Plan members, as increased prevention reduces risk of dental disease, overall program costs, and negative health outcomes that result in medical treatment and/or hospitalization. Tooth decay and periodontal disease are the most common, chronic childhood and adult illnesses in the nation (CDC, 2022). Topical fluoride varnish and dental sealants have both been recognized by the Center for Disease Control (CDC) as evidence-based practices to reduce dental caries in children. Periodontal disease and chronic gum inflammation continue to demonstrate their impact on tooth retention, in addition to poorer health outcomes for medical conditions including but not limited to: diabetes, stroke, heart disease, lung and respiratory diseases, auto-immune disorders, cancer treatment, and Alzheimer's disease. Monitoring the placement of topical fluoride and dental sealants in children, and periodontal treatment utilization and ongoing treatment percentages amongst members, assures Iowa is using evidence-based clinical guidelines and pro-active measures to assure members can receive the services that will benefit them long term.

2.1 Members Who Received Preventive Dental Care

- Iowa Medicaid will work continue to support the I-Smile program in providing preventive services to families and children in public health settings (Women Infant Children clinics, schools, Head Start, ect.)
- Iowa Medicaid will work with the PAHPs to implement value-based care strategies that incentivize providers and members to utilize preventive services.

2.2 Continued Preventive Utilization

[2] Cavity Free Iowa

- Iowa Medicaid will look at policy and dental plan design that reimburses members based on risk for preventive services to assure that those who need prevention can access it (e.g. additional cleanings and fluoride treatments for members with special health care considerations)
- Iowa Medicaid will consider policy to increase opportunities for members to access care outside of dental office hours and the dental office location in rural or low dental access areas.
- Iowa Medicaid will review PAHP prevention utilization and share successes and opportunities during monthly meetings between the plans and Iowa Medicaid, Dental Hot Topics Meetings.

2.3 Members Who Received Two Topical Fluoride Applications

- Iowa Medicaid will work with the PAHPs to change frequency of topical fluoride applications to twice a year vs. 180 days to avoid discouraging providers to apply when close to 6 month intervals of application.

2.4 Members Who Received a Dental Sealant

2.5 Members Who Received a Dental Sealant on all Four Molars by Age 10

- Iowa Medicaid will collaborate with the I-Smile program and Oral Health and Delivery Systems Bureau and Delta Dental of Iowa Foundation to discuss enhanced I-Smile @ School Services.
- Iowa Medicaid will collaborate with other practice models within the state that offer dental sealants in school systems to enhance their programs as possible.
- Iowa Medicaid will collaborate with the Delta Dental of Iowa Foundation and Primary Care Association to determine any duplication or policy needs to improve this measure as it relates to stakeholder activities and Medicaid payment.

2.6 Increase the percentage of enrolled adults aged 30 years and older with a history of periodontitis who receive maintenance care

- Iowa Medicaid will monitor use of periodontal treatment codes known to reduce inflammation to better monitor periodontal disease for future measures including the use and fee schedule for D4346 (scaling in presence of generalized inflammation).
- Iowa Medicaid will discuss opportunities with the dental plans to develop ways to assure members have access to the tools they need for homecare, including providing a value-add services for members (sending oral health aides) for those with high periodontal disease risks.

3.0 Improve Oral Health Equity among Medicaid Members

3.1 Monitor dental access by Race, Ethnicity, Age, and Gender

Iowa Medicaid's mission is to ensure all members have equitable access to high quality services. Making dental access and services more equitable is a key goal for the DQSP.

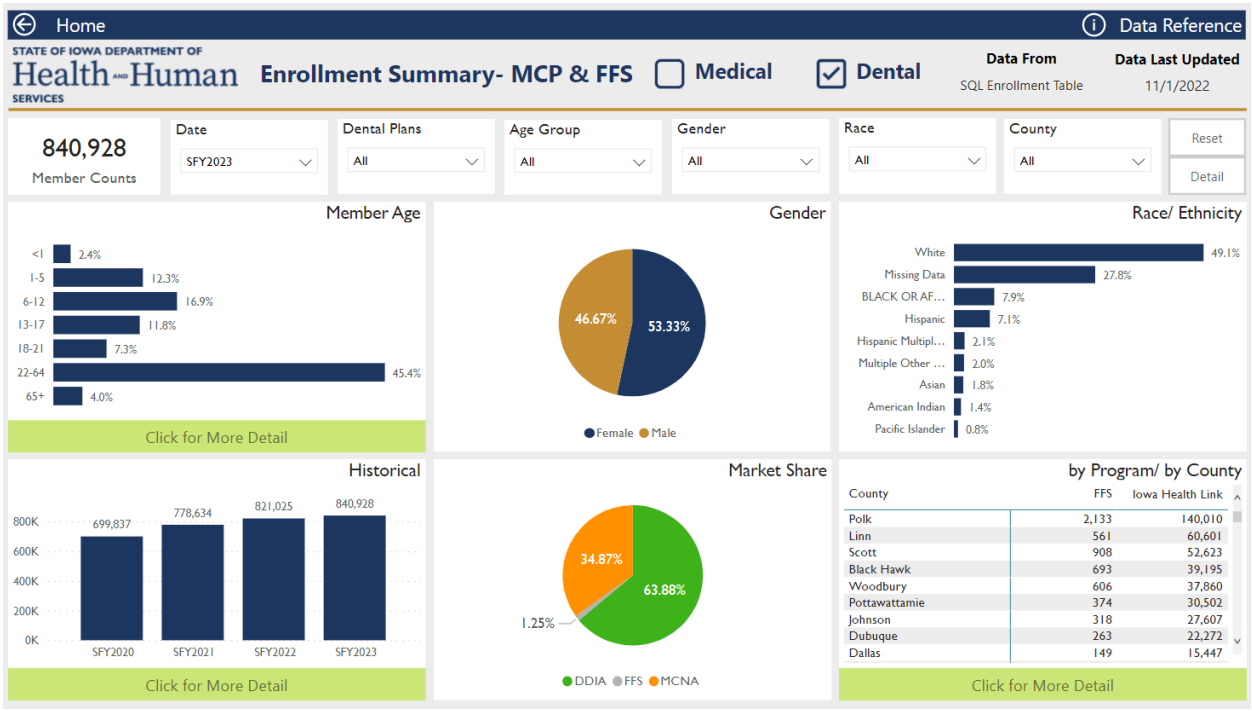
Currently the Agency collects race, age, and ethnicity data as self-reported by the applicant, as part of the information captured during Medicaid program eligibility. This information is self-reported on a voluntary basis and indicated in the Medicaid Management Information System (MMIS) data system. The dental PAHPs also assure race and ethnicity, as well as aid category, age, and gender are submitted on the member claim form and entered through encounter data to assist in gathering race and ethnicity data.

In 2021, Iowa began monitoring special populations using DQA Measure OEV-CH, Members who received an Oral Evaluation. This measure demonstrates enrolled members who received

"any dental service", and those who received a comprehensive or periodic oral evaluation within the reporting year, categorized by age, race, ethnicity and gender. In review of the data, the lowest access rates are in the DWP Adult population ages 21-64 years, with lower rates among males of color.

In 2022, Iowa Medicaid began working on a project to improve claims data transparency and to create a to provide Iowa Medicaid, managed care plans and community stakeholders a dashboard of data that will be filterable by medical or dental plan as well as age, race, gender and county of residence (see Table 1 below). This project is still in production and has a date for publishing online set for July 2023. Once finalized, this dashboard tool will greatly assist in driving dental policy decisions and monitoring quality and equity of the dental program by plan, race, county, age, and gender. A section in the dashboard titled "Health Outcomes" will display dental quality measures outlined in this report.

TABLE 1



3.2 Increase race and ethnicity and social determinants of health reporting among the DWP population.

While Iowa Medicaid continues to collect race and ethnicity information upon Medicaid eligibility, these two fields are not required to become Medicaid eligible, and thus has an "Unknown" race determination for roughly one quarter of children and one third of adults.

To provide additional data that can complement the MMIS system, Iowa Medicaid collaborated with the dental PAHPs and the Medicaid Medicare State Dental Association (MSDA), to develop a self-risk assessment tool, called the Oral Health Equity Self-Assessment (OHEA). This standardized risk assessment tool is unique to dental plans, in that it captures information on members' social determinants of health, assisting the PAHPs in identifying member referral needs and barriers to obtaining dental access. In addition, the tool collects race and ethnicity

information, identifying racial disparities in dental access and social needs. In SFY23 the OHEA tool was completed and is currently being implemented by the dental plans. Iowa Medicaid will receive aggregate data from both plans to monitor member and plan usage and assist in strategic planning. In addition to reporting and data collection for program monitoring and development, the OHEA will serve as a referral tool for the plans to address social determinants of health and promote integration with the MCO's for interventions benefiting the members overall health. This tool will be a focus of growth for the DQSP in years to come.

3.3 Increase benefit utilization for special populations

Iowa Medicaid will be leading an initiative in Fall SFY23 of local stakeholders to discuss increased access to all Medicaid members with a focus on health equity and creating a referral system for members with lowest access to dental treatment services. Iowa Medicaid will continue to pull additional metrics including access rates for members receiving long term support services (LTSS) and social determinants of health needs through the Oral health Equity assessment for future monitoring and equity quality enhancement. Iowa Medicaid will work to assure contract measurements and Program Improvement Activities address utilizations for special populations.

3.4 Increase access for special populations

Iowa Medicaid will work with the dental plans to assure that outreach services are provided to all members, with additional outreach and marketing attempts to reach members with low dental utilization rates, according to their age, gender, race and aide type. In SFY25, Iowa Medicaid will begin collecting data specific to pregnant women to monitor women receiving oral care during their pregnancy, which can improve health outcomes for the mother and her unborn child. Collaboration between the medical and dental plans will be essential to increase access to dental services for pregnant women.

4.0 Improve coordination and continuity of care between medical MCOs and dental PAHPs

Dental care *is* health care, and thus a goal for improving the assessment, prevention, and urgent needs of members oral health is necessary to improve dental quality outcomes. At large, little coordination of services is offered to members who receive services throughout the state of Iowa within the private and public sector. Lack of dental prevention and early treatment inevitably results in more invasive and costly dental treatment, as well as increasing the potential for decreased health outcomes. Future integration of the DQSP with the Medical Quality Strategy Plan will assist in identifying MCO and PAHP performance measures that address gaps in care and incentivize participation through payment such as the following:

a. Increased costs and need for outpatient operating rooms to sedate members with rampant oral disease

b. Increased costs and decreased health outcomes for members receiving medical and surgical care for chronic diseases when oral disease is not addressed (diabetes, heart disease, stroke, immunosuppressed individuals)[3]
c. Reduced quality of care and increased cost to the medical system for Emergency Department and inpatient hospital visits when members with dental needs become medically emergent

Iowa Medicaid will focus on the below measures as a starting point to engage medical providers and payors in discussing oral health integration and exploring ways to collaborate on the identified gaps above.

4.1 Decrease adult members who accessed the Emergency Department for non-traumatic, preventable dental conditions
4.2 Increase adult members who receive follow-up dental services after Emergency Department visits for non—traumatic, preventive dental conditions within 7 days and 30 days
4.3 Decrease child members who accessed the Emergency Department for caries-related emergency reasons
4.4 Increase the number of child members who receive follow-up dental services after Emergency Department Visits for caries-related reasons within 7 days and 30 days

Moving toward a patient-centered approach to health, Iowa Medicaid recognizes the importance of linking members with dental services when they access the emergency room for dental care. While several measures in the DQSP are intended to positively impact this measure, additional system infrastructure building within Iowa Medicaid, can assist the MCPs in coordinating care between medical and dental plans.

Iowa Medicaid will work toward integration between the medical and dental programs through the following action steps for the

1. Restructure the Iowa Medicaid Table of Organization to include medical and dental account managers in the same Contract Bureau as well as joint managed care staff meetings to better align activities and contract requirements.
2. Modernize information sharing between the plans with Iowa Medicaid MMIS system to include both the medical and dental plan information available for upload into the MCPs system, through the 834 eligibility file.
3. Work with the Medicaid Modernization Effort (MEME) project to modernize referrals between medical and dental providers, facilities, and community agencies, to increase access to preventive and restorative dental services.
4. Engage the medical director, Iowa Hospital Association, MCOs, Iowa Public Policy Center and other medical stakeholders to consider integration opportunities that can lower costs and improve health outcomes, including dental anesthesia coverage for medical providers in additional settings and improved access operating rooms for dental surgeries.

[3] United HealthCare Services, Inc; 2013

5. Continue support and recommend expansion of the I-Smile Silver Pilot Project[4], to pilot medical-dental integration within the Medicaid population and discover best practices and lessons learned when integrating oral care services into the medical system.
6. Developing policy to incorporate the use of ICD-10 coding on dental claims to provide diagnosis for needed treatment, to aid in data analysis and streamline referrals.

4.5 Members who Receive a Topical Fluoride Application During a Well-Child Visit

Iowa Medicaid participates in multiple stakeholder groups that support the integration of medical and dental care, including Cavity Free Iowa, an I-Smile initiative, to increase fluoride varnish provided by medical professionals during a well-child visit. As part of this strategy, the Agency has been reimbursing code D9188, and most recently (SFY22) implemented payment of this code through age 5, to align with EPSDT guidelines. Iowa Medicaid will continue to support dental preventive services as part of well-child and adult visits as recommended and a best practice through state and national partnerships as highlighted below.

1. Engaging oral health support from the Medical Advisory Committee and Council by educating on oral disease impacts overall health and assist in creating policy that improves medical/dental integration within the Medicaid program and amongst the MCPs.
2. Strengthening MCP contract language and performance measures to incentivize increased coordination of medical, dental and community services.

QUALITY OF CARE

Quality Metrics and Performance Targets

See Dental Quality Strategy Metrics Document SFY2022 Final Draft

PUBLIC POSTING OF QUALITY MEASURES

Quarterly reporting data is shared quarterly at Hawki Board meetings and Medical Assistance Advisory Council (MAAC) by Iowa Medicaid for stakeholder questions and feedback. The MAAC is a council established to advise the Medicaid Director about the health and medical care services under the Medical Assistance Program. The Council is mandated by federal law and further established in Iowa Code. The Council meets quarterly and makes recommendations to the Medicaid Director regarding the budget, policy, and administration of the Medical Assistance Program.

For SFY23 contract year, Iowa Medicaid is aligning external quarterly reporting to match the MCO's formatting and structure to improve MCP performance knowledge among stakeholders, community members and decision-makers. In addition, Iowa Medicaid is actively working on a Quality Measures Dashboard that will be public facing and allow for the user to select specific measures, view trending of that measure, and when applicable, compare Iowa's quality measures to that of other states. This data will be updated quarterly and is expected to be live July 2023. DQSP Measures including number of Emergency Department visits for dental-related health conditions, oral evaluation and preventive service utilization will be included in the Quality Measures Dashboard.

[4] I-Smile Silver Project

Iowa Medicaid is committed to providing monthly and quarterly reports that accurately demonstrate PAHP performance. Reports focus on contractual performance guarantees that include management of specific populations, consumer supports, and program operations. Monthly and quarterly performance reports will soon be posted to the Iowa Department of Human Services website at: Microsoft Power BI (powerbigov.us).

LONG TERM SUPPORT SERVICES (LTSS)

Dental-only PAHPs are not required by contract to provide LTSS services directly, these services are managed and required by the medical MCOs. However, Iowa Medicaid assures through contract and network adequacy standards that dental services are accessible to the LTSS population. Iowa Medicaid is working to assure PAHPs are communicating with medical MCOs and case managers for members who receive LTSS services.

PERFORMANCE IMPROVEMENT PROJECTS (PIP)

Iowa Medicaid evaluates its PAHP programs through an external quality review and evaluation of national performance measures. Plans receive financial incentives for high performance, which is referred to as "pay for performance". Pay for performance is met when plans meet performance standards in key areas described in contract Section 3.1. Below is the template used by HSAG to monitor the dental plans performance and PIP measures.

		Base Rate	2021 Rate	2022 Results		
				Denominator	Numerator	Rate
1	*Members With at Least Six Months of Coverage*					
2	*Members Who Accessed Dental Care*					
3	*Members Who Received Preventive Dental Care*					
4	*Members Who Received an Oral Evaluation During the Measurement Year and Were Continuously Enrolled for the 12 Months Prior to the Oral Evaluation*					
5	*Members Who Received an Oral Evaluation During the Measurement Year, Were Continuously Enrolled for the 12 Months Prior to the Oral Evaluation, and Received an Oral Evaluation 6–12 Months Prior to the Oral Evaluation*					
6	*Members Who Received a Preventive Examination and a Follow-Up Examination*					

PAHPs represent a critical lever in improving the health of low-income and vulnerable populations. Delta Dental and MCNA continuously work to improve the health outcomes of Medicaid members. Improvements should focus on restoring basic functionality for enrollees; improving the oral health of enrollees over time; habilitating enrollees through education, care facilitation and community support; ensuring adequate, quality access to dental providers across the state; and establishing a meaningful and sustainable adult and child dental program for Iowa. Performance and Dental Quality Strategy metrics, as well as quarterly review of federal and state managed care requirements will demonstrate the effectiveness of the PAHPs.

As part of continuous quality improvement, the PAHPs contract includes specific language related to health outcomes of the population. Together with External Quality Reporting vendor HSAG and the PAHP, Medicaid will identify several improvement interventions to be implemented by the PAHPs as part of a Performance Improvement Project (PIP). The PAHPs are allowed to designate which metrics they would like to focus on, with Medicaid contract manager and HSAG review prior to implementation.

Performance improvement projects must be sustainable over time and have favorable effects on health outcomes and enrollee satisfaction. PAHPs will accomplish this by creating work plans that clearly explain what they are improving, why it matters, the processes they will use in each phase of the project, and how they will measure success. The work plans will be shared with Iowa Medicaid, to provide guidance for modifications that are necessary to improve member outcomes, efficient delivery of services, and increase quality of services that are delivered.

By collecting this data on an ongoing basis and with a standardized approach, IME, along with the PAHPs, will be able to identify patterns of care, potential drivers of service utilization, and costs by detecting high needs/high cost cases, working to improve prevention of dental disease through recall care.

This document, in accordance with 42 CFR §438.340, sets forth Iowa's quality strategy for assessing and improving the quality of dental care and services furnished by the PAHPs.

Delta Dental of Iowa Performance Improvement Plan (PIP)

PIP Topic	Study Indicator	Outcome	Barriers*	Interventions*
Annual Dental Visits	The percentage of Medicaid members 19 years of age and older who had at least one dental visit during the measurement year	This measure has not improved during the measurement year or in comparison to baseline.	Members are not aware of dental coverage COVID-19 affected member utilization at dental offices	Increased outreach through phone and text Creation and outreach with a diabetes flyer for members Outreach to dental offices to encourage member scheduling routine care based on COVID-19 safety standards.
	The percentage of Hawki members 1 to 18 years of age who had at least one preventive dental visit during the measurement year.	This measure has not improved during the measurement year or in the comparison in baseline calendar Year 2018.	Outreach to members with no dental claim on file in the prior year Outreach to	Outreach to Hawki members with no dental claim on file in the prior year Hawki members during Children's Dental Health month

MCNA PIP

Increase the Percentage of Dental Services	Study Indicator	Outcome	Barriers*	Interventions*

	The percentage of Medicaid members 19 years of age and older who had at least one dental visit during the measurement year	This measure has not improved during the measurement year or in comparison to baseline calendar year 2018.	Members are not aware of dental coverage Provider's inability to assess their performance against their peers and obtain best practices	Develop a care gap alert that is triggered when Member Services receives a call from an over due member to assist them in making a dental appointment. Ten outreach events provided in high volume areas Outreach via mail and text to members who have not had a dental check up Quarterly profiling report the educates provider offices on their performance and assists clinicians and staff to eliminate administrative burden and showcase their utilization in comparison with their peers.
	Increase the percentage of members 18 years of age and younger who had at least one preventive dental visit during the measurement year.	Baseline measure for SFY22		

*see CY2022 aggregate report from HSAG for more details on data, barriers and interventions (Attachment B)

The Agency continues to support, monitor and review the PIP activities and progress towards their performance goals. New PIP measures for the addition of the children population to Medicaid are currently be created and will focus on access to care and prevention aligning with the adult PIPs. While the PIPs have made efforts to improve overall access to care and prevention, COVID-19 and changes with the DWP plan, including the addition of children, have caused strain on the dental network. Medicaid dental fee schedules rates were not increased in the SFY22 legislature, which Iowa Medicaid worried could negatively impact the program. As part of contract language, Iowa Medicaid was able to offer plans an increased capitation payment to include 110% of the fee schedule in aggregate. The PAHPs

have been encouraged to develop innovative strategies to sustain and attract providers into their network.

TRANSITION OF CARE POLICY

The Agency has a transition of care policy to ensure continued access to services during a transition from FFS to a PAHP entity or transition from one MCO entity to another when a member, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization. The State makes its transition of care policy publicly available and provide instructions to members in the member handbook and can be accessed on our website. The member handbook describes how the member can access continued services upon transition. PAHPs must implement mechanisms to ensure continuity of care of members transitioning in and out of enrollment. This includes the following transitions:

- The member has access to services consistent with the services received prior to transitioning and is permitted to retain their current provider for 90 days if their provider is not in the PAHP network.
- The member is referred to appropriate providers of services that are in the network.
- The Agency, in the case of FFS, or the PAHP that was previously serving the member, fully and timely complies with requests for historical utilization data from the new member.
- The member's new provider(s) are able to obtain copies of the member's medical records, as appropriate.
- Any other necessary procedures to ensure continued access to services to prevent serious detriment to the member's health or reduce the risk of hospitalization or institutionalization.
- A process for the electronic exchange of, at a minimum, the data classes and elements included in the content standard adopted at 45 CFR 170.213. Such information received by the PAHP must be incorporated into the member's record. With approval and at the direction of the member or the member's personal representative, the PAHP must:
    - Receive all such data for a current member from any other payer that has provided coverage to the member within the preceding five years;
    - At any time the member is currently enrolled in the PAHP and up to 5 years after disenrollment, send all such data to any other payer that currently covers the member or a payer the member or the member's personal representative specifically requests receive the data; and
    - Send data received from another MCO under this paragraph in the electronic form and format it was received
- A member is able to change PAHPs under the following circumstances:
    - ✓ Initial enrollment with the PAHP
    - ✓ Transitions between PAHPs during the first 90 days of enrollment
    - ✓ Transition for good cause

PAHP transition of care includes the following requirements:

- Transfer prior authorization and clinical data to the receiving MCO.
- The initial contract year provisions for access to out of network providers

Both plans are required through contract to assure transition of care requirements as federally required for managed care organizations. The PAHPs submit annual transition of care plans for review during the contract year. Once a member is deemed eligible for Medicaid, the member is passively assigned to an MCO and a PAHP for services and receives a Welcome Packet to Iowa Medicaid and their new MCO and PAHP assignment. During transition of care, members are allowed 90 days from their passive PAHP assignment to contact Iowa Medicaid Member Services, the Enrollment Broker for Iowa Medicaid, to assure members can switch plans at their discretion. Members may receive services and assistance transferring their records with their established provider during the first 90 days of enrollment, regardless of whether the provider is in-network with the PAHP. Iowa Medicaid assures PAHP electronic exchange of beneficiary data and PAHP assignment changes through the 834 file, which updates eligibility daily.

ADDRESSING HEALTH DISPARITIES

Health Equity Goals and Objectives

Iowa Medicaid collects member race and ethnicity, as well as aid type category, age, and gender. This information is passed to PAHPs through enrollment files. These data fields support PAHP quality assurance activities and contractual requirements that PAHPs are culturally competent and deliver culturally appropriate services. Iowa Medicaid Quality Committee is currently working on a Health Equity plan for Iowa Medicaid that will evaluate service delivery and member engagement through a lens of equity, as outlined in Iowa Medicaid's strategic plan. The future Health Equity Plan will incorporate dental and medical services, and consider the following elements for each disparity factor (age, race, ethnicity, sex, primary language and disability status) within our disparity plan:

- Inclusion of a description of the state's plan to reduce disparities by target population and populations (such as Children's Health Insurance Program (CHIP) and enrollees with behavioral health needs).
- Use of a streamlined oral health equity risk assessment tool (OHEA) and social determinants of health risk assessment currently being gathered by the MCOs, to capture data on social determinants of health and chronic conditions, as well as engage member referrals.
- Partnership with other government entities such as the Department of Public Health, the Department on Aging, and Child Health Specialty Clinics to align potential gaps in care for these populations and develop multi-pronged strategies that support improved access to care and prevention.

Data Metrics Being Implemented and Considered for PAHP Health Equity Plan

Metrics Evaluated	Collection Method	Analysis Process
Age, Race/Ethnicity, Sex	Encounter Data Included in OHEA once implemented	Reviewed quarterly by the contract managers, providing feedback to the PAHPs regarding impacts to access of care as it

		applies to the most vulnerable populations
Oral Evaluation during Pregnancy	Encounter Data	Reviewed quarterly by dental contract managers to assure access to dental exam and oral evaluations during pregnancy- to gather baseline for calendar year 2023.
Primary Language	Included in MMIS Data System completed upon member eligibility	Future Consideration
Disability Status	Rate cell comparisons	Future Consideration

The SFY24 contract with the dental PAHPs will require the plans to provide a plan on how they will address health equity issues in 2024, aligning with goals and objectives set out by Iowa Medicaid. The criteria for the PAHP Health Equity plan will be determined and reviewed by Iowa Medicaid's Quality Committee, working to align with MCO health equity strategies. At a minimum, the plan will require the PAHPs to submit how they will evaluate, analyze and improve access and quality of care for patients in unique populations, using claims and Oral Health Equity Risk assessment data. Disability status and Primary Language will be two of the areas that Iowa Medicaid Quality Committee considers as requirements for the PAHPs Health Equity plans, to further health equity work within the Dental Wellness Plan.

IDENTIFICATION OF PERSON WHO NEED LTSS OR SPECIAL HEALTH CARE NEEDS

Long-term support services are a benefit provided by the medical MCOs. Iowa Medicaid provides the MCOs with an electronic file transfer that contains eligibility information for those who receive LTSS and waiver services to provide outreach and assure coordination of services. PAHPs are encouraged to work with MCOs to assure members with LTSS services are provided an appropriate dental referral and have knowledge of their dental coverage through Iowa Medicaid.

MONITORING AND COMPLIANCE

Network Adequacy

Member/Provider Ratios

Iowa Medicaid monitors member/provider ratios by county to assure the PAHPs maintain an appropriate mix of general dentist and specialty provider availability by practice type, member demographic geography within the county. Currently Iowa has 63 of 100 counties recognized as Dental Health Professional Shortage Areas, for both geographic and population needs criteria. Iowa Medicaid requires the plans submit monthly Provider Network Files, which provide insight into the provider network, including providers accepting new members, those who are fully credentialled, those who are

providing services actively, and the location of each provider. While an ideal member/provider ratio has not yet been determined, Iowa Medicaid continues to monitor access to members and is considering ways to work with EQRO and other vendors to complete an analysis of adequate member/provider ratios for pediatric and adult members.

Assurance of Adequate Capacity and Services

Current network capacity standards set forth in the contract area represented in the table below.

In general, the PAHPs will provide available, accessible, and adequate numbers of providers for the provision of covered services, including any emergency services, on a 24 hours a day, 7 day a week basis. Geo Access maps posted to the IME website can be found here: Medicaid Performance and Reports | Health & Human Services (iowa.gov)

NETWORK CAPACITY AND ACCESS STANDARDS	
PROVIDER TYPE	STANDARD
GENERAL DENTIST (DWP Adults and Kids)	DISTANCE: 60 miles or 60 minutes in rural areas; 30 miles or 30 minutes in urban areas
PEDIATRIC DENTIST (Hawki program)	DISTANCE: 60 miles or 60 minutes in rural areas; 30 miles or 30 minutes in urban areas

* If a county does not have enough providers licensed, certified, or available, the access standard will be based on the community standard and will be justified and documented to the state.

Availability of Services

Iowa Medicaid will be adding additional language to the SFY25 contract to include access standards relating to timeliness of appointment, including the below availability of service standards. Iowa Medicaid plans to monitor this requirement using our EQRO vendor, to perform secret shopper calls to offices to assure the plans meet the below access standards.

Primary Care Dentist & Specialist Access Standards

a. *Appointment Times*: Not to exceed four (4) to six (6) weeks from the date of a patient's request for a routine appointment, within forty-eight (48) hours for persistent symptoms and urgent within one (1) day.

In addition, Iowa Medicaid is internally reviewing network adequacy through an evaluation of providers who are actively accepting new members, as this has shown to be a potential concern for the network, when providers are active and credentialled, however not accessible to new members of the PAHP's network, due to a closed panel. Workforce shortages are also a growing concern for dental practices in the state and dental providers and their auxillary staff (dental hygienists and dental assistants).

Evidence-Based Clinical Practices

- Quality and utilization management programs are based on valid and reliable clinical evidence or a consensus of providers in the particular field. Evidence-based programming supports member access to care and availability of services by ensuring that inappropriate procedural barriers to care are not in place. The Agency ensures through the PAHP contracts, that the PAHPs evidence based clinical guidelines are based on valid and reliable clinical evidence or a consensus of providers in the particular field, consider the needs of the members, are adopted in consultation with network providers, and are reviewed and updated periodically as appropriate

through the Medicaid CAC. PAHPs disseminates guidelines to providers, members, and potential members as appropriate.

- Guidelines are applied to utilization management, enrollee education, and coverage of services. Examples of evidence-based approaches include scheduled reviews of national utilization management policies, reviews of appeals metrics to identify trends, and evaluating quality and utilization management activities that have been implemented.
- Iowa has a robust number of services on the fee schedule to allow Iowa dentists the ability to treat the member as they determine appropriate and not limit services that might improve the overall health of the member. However, major restorative services (orthodontia, crown work) must be prior authorized prior to delivery.
- Both dental plans submit clinical practice guidelines and standards used in approving and denying claims, which follow American Dental Association guidelines and American Academy of Pediatric Dentists. Iowa Medicaid follows these guidelines in their Fee for Service program to assure that services are medically necessary and provided as clinically appropriate.

Intermediate Sanctions

Iowa Medicaid has not applied any sanctions to the dental PAHPs regarding contract compliance. However, Iowa Medicaid has implemented remedy letters to address concerns with contractor performance related to call center compliance, reporting timeliness, and approval of Iowa Medicaid communications. The following remedy letters were given to the PAHPs for SY22 and included as reported in the MCPAR Reporting to CMS.

Domain	Intervention type	Intervention topic	Plan name	Reason for intervention	Instances (#) of noncompliance	Amount	Date assessed	Remediation date non-compliance was corrected	Has plan had CAP or had an intervention for similar reasons within the previous two years
Set values (select one) or use free text for "other" response	Set values (select one) or use free text for "other" response	Set values (select multiple) or use free text for "other" response	Set values (select one) *Note: list will autopopulate with plan names listed on the cover*	Free text	Count	Dollar	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Set values (select one)
Topic VIII. Sanctions and Corrective Action Plans									
Remedy Letter	Compliance letter	Reporting; Member/Provider Help Line	MCNA	Timely reporting metrics not met.	4	NA	11/30/2021	1/1/2022	No
Remedy Letter	Compliance letter	Reporting	MCNA	Timely reporting metrics not met ro encounter submission and timely reporting of required monthly metrics	2	NA- however if 98% of encounter data is not entered timely the plan does not receive all of their 2% withold of funds	3/31/2022		Yes

Contract Performance Measures

Performance Measure (PM)	Required SFY23 Contractual Standard	Performance Level	2 Percent Withhold Payable
DWP Adults			
Access to Any Dental Services	Within each Contract year, at least 34% of enrollees who have had continuous enrollment with the Contractor for at least six months shall have received at least one dental service.	34%	35%
Access to Preventative Dental Services	Of the enrollees who have had continuous enrollment with the Contractor for at least six months and have received at least one dental service, at least 70% of those enrollees have a preventive exam within each Contract year.	70%	25% (only if PM #1 is met)
Continued Preventive Utilization	60% of enrollees who are eligible to receive a follow up preventive exam will return within six to twelve months of their initial exam within each Contract year.	60%	15% (only if PM #1 & #2 are met)
Encounter	Within ninety days (90) of the end of each quarter the Contractor's accepted encounter data shall match the Contractor's submitted financial information within 98% using reporting criteria set forth in the financial reporting template.	98%	25%
DWP Adults Total 2% Withhold			100%
DWP Children			
Access to Preventive Dental Services	50% of children enrolled with the Contractor for at least six months will have had a preventive dental visit in the past 12 months.	50%	50%
Providers Seeing Patients	At least 74% of credentialed network providers (excluding providers within a teaching facility – identified by location within monthly reporting) render any dental service to at least 5 distinct patients within the fiscal year.	74%	50%
DWP Kids Total 2% Withhold			100%
Hawki **(DDIA Only)**			
Preventive Dental Visits	Increase in total number of children 1-18 years of age who had at least one preventive dental visit during the measurement year.	48%	75%
Encounter Data	Within ninety days (90) of the end of each quarter the Contractor's accepted encounter data shall match the Contractor's submitted financial information within ninety-eight percent (98%) using reporting criteria set forth in the financial reporting template.	98%	25%

EXTERNAL QUALITY REVIEW ARRANGEMENTS

An EQR of the PAHPs is conducted annually relating to quality outcomes, timeliness, and access to the services covered under each contract. The contracted EQRO, Health Services Advisory Group (HSAG), reviews measures that include but are not limited to:

- Availability of services
- Credentialing and re-credentialing of providers
- Confidentiality and security
- Medical records content/retention
- Member education/prevention programs
- Coverage and authorization of services
- Cultural competency
- Enrollment/disenrollment timeliness
- Grievances and appeals
- Coordination and continuation of care
- Contract evaluation
- Encounter data
- Quality assurance plan

With a focus on the above measures, HSAG is responsible for the following required EQR activities:

1. Validation of Performance Improvement Projects (PIPs)
2. Validation of Performance Measures
3. Review of Compliance with Medicaid and CHIP Managed Care Regulations
4. Validation of Network Adequacy
5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan
6. Production of the annual Technical Report

Performance Improvement Projects are initiated as part of the EQR to monitor and improve PAHP performance.

GLOSSARY

CAC. Clinical Advisory Committee
EQR. External Quality Review
EQRO. External Quality Review Organization
HIT. Health Information Technology
HSAG. Health Services Advisory Group
MAAC. Medical Assistance Advisory Council
MCO. Managed Care Organization
PAHP. Prepaid Ambulatory Health Plan
SME. Subject Matter Expert
TCOC. Total Cost of Care
VBP. Value Based Purchasing