



STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

IOWA DENTAL WELLNESS PLAN AND HAWKI
DENTAL PRE-PAID AMBULATORY HEALTH PLAN (PAHP)

Healthy and Happy Smiles for All Iowans



Technical Proposal - Public Copy
Response Deadline: July 14, 2023 12:00 P.M. CT
RFP# MED-24-004



Tab 1 - Transmittal Letter

Tab 1: Transmittal Letter

July 14, 2023

Zachary Gillen
Iowa Department of Health and Human Services
1305 East Walnut
Des Moines, IA 50319-0114
Phone: 515-393-8408
Email: RFP_MED_24_004@dhs.state.ia.us

RE: State of Iowa Department of Health and Human Services Request for Proposal, RFP# MED-24-004

Dear Mr. Gillen,

On behalf of Delta Dental of Iowa (Delta Dental), I am pleased to submit our response for Iowa Dental Wellness Plan (DWP) and Hawki Dental Pre-Paid Ambulatory Health Plan (PAHP). Following this page, we have included our Executive Summary which details our strengths, experience, and our strategies to address our shared key goals to deliver high quality dental services for the Agency's Members.

As a local Iowa not-for-profit company, we have the experience, commitment to service, and a shared mission to improve the health and smiles of all Iowans. For more than 53 years, Delta Dental has been the number one dental carrier in Iowa and across the United States. With over 1.6 million Members covered by Delta Dental, we have built this success through the relationships with our Providers and partners to provide our Members with better oral and overall health. Delta Dental has 18 years of experience in partnering with the Agency to provide managed care services for more than 518,000 DWP, DWP Kids, and Hawki Members.

Additionally, per RFP Section 3.2.1 Information to Include Behind Tab 1: Transmittal Letter, as the Bidder, ***Delta Dental acknowledges and accepts all preliminary capitation rates as calculated and rate methodology (as a basis for subsequent contract year capitation rates) as a condition of submitting a responsive Bid Proposal.***

We would like to thank you again for this opportunity to respond to your request. We look forward to continuing our collaborative partnership with the Agency to provide quality dental services that improve the health and smiles of all Iowans.

Sincerely,



Gretchen Hageman
CEO of DWP, DWP Kids, and Hawki Programs
Delta Dental of Iowa

[Enclosed]

Delta Dental of Iowa Executive Summary





Focusing on Healthy Iowans for 53 years

For over 53 years, Delta Dental has been the number one dental carrier in Iowa and across the U.S. through our national partnership with Delta Dental Plans Association. We are driven to improve the health and wellness of our Members and the communities we serve. Through our relationships with our Providers and partners, we have been successful in providing better dental care for our Members. Delta Dental is proud to serve over 1.6 million Members with dental coverage, which shows our determination and success in providing exceptional quality service.

No other carrier has the Iowa based dental Provider Network, dedicated local team, or systems tailored specifically to support the Agency and Medicaid dental to create a best-in-class experience for our Enrolled Members. Delta Dental has, and will continue, to provide best-in-class service and care for Members to meet the health and wellness goals of the DWP, DWP Kids, and Hawki. We share the Agency’s commitment to health and have tailored our solutions, described in detail in Tab 3: Bidder’s Approach to Meeting Deliverables, to address your key goals and ensure the best care for Enrolled Members.

Throughout this section and in our proposal overall we indicate where our solution and approach addresses these key Agency goals using the following symbols shown in Exhibit Tab 1-1:

Exhibit Tab 1-1. Agency Key Goals.

Agency Key Goals – Symbol and Description	
 <p>Improve Network Adequacy and availability of services.</p>	 <p>Increase recall and prevention services.</p>
 <p>Improve oral health equity among Medicaid Members.</p>	 <p>Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>

As your partner, Enrolled Members will have access to quality dental benefits from a local Iowa company that shares your vision for a healthier Iowa. As a not-for-profit insurance company, Delta Dental invests in organizations that share our vision to improve the oral and overall health of Iowans. **Since 2002, Delta Dental of Iowa has committed more than \$62 million to improving the health and smiles of Iowans.**

We believe everyone deserves to be healthy, but not everyone has access to the resources they need. That’s why, through our company and Foundation giving, we partner with organizations that share our goal to create healthier communities. In 2022, Delta Dental and our Foundation committed \$3.9 million to support healthy smiles, healthy vision, and healthy lives. This included more than \$3.2 million in committed grants across Iowa from our Foundation to strengthen and transform the health and smiles of all Iowans.

Delta Dental is your trusted partner to deliver dental benefit solutions through evidence-based standards with a focus on prevention, leading to healthier Members.

Our Shared History and Vision

We welcome the opportunity to continue our collaboration and build upon our 18-year relationship with the Agency to provide dental benefits for DWP, DWP Kids, and Hawki Enrolled Members. It is important to note that we also have a very strong and successful working partnership since 1985 with the State of Iowa to provide dental benefits to State employees. **Together, we have a common goal of improving the health and wellness of our Members in Iowa.**

In 2005, Delta Dental joined the Hawki program as a dental benefit provider. In 2013, the Iowa Legislature created Iowa's Health and Wellness Plan to support individuals eligible for Medicaid expansion under the Affordable Care Act (ACA) by providing access to dental and medical insurance. Delta Dental played a key role in advocating and educating legislators about the importance of dental coverage for adults in achieving positive overall health outcomes. Because of this work, we worked collaboratively with Iowa Medicaid Enterprise and other key stakeholders to design DWP for Iowa's adult Medicaid expansion population. This innovative program focused on an earned-benefits model that rewarded positive health behaviors by encouraging Members to obtain preventive dental care and establishing a dental home. DWP launched in May 2014 and was successfully administered by Delta Dental through June 2017. In July 2017, Department of Health and Human Services (DHHS) combined the DWP and fee-for-service (FFS) Medicaid adults into a revised DWP 2.0. In 2021, the Agency transitioned the administration of children's Medicaid dental benefits from FFS to the Pre-Paid Ambulatory Health Plan (PAHP) dental administrators. Throughout these years of growth and transitions, Delta Dental has been a committed dental benefits carrier and trusted partner to ensure the best quality service and oral health care for Members, Network Providers, and the Agency.

Delta Dental of Iowa Team & DWP Leaders

Delta Dental of Iowa is headquartered (only one location) in Johnston, Iowa. We currently employ 178 passionate and dedicated individuals who focus on improving the health and smiles of the people we serve. Our Senior Leadership team has more than 45 years of insurance and public health experience cumulatively.

Gretchen Hageman is the CEO for DWP, DWP Kids, and Hawki programs for Delta Dental and Point of Contact for Iowa. She has been an instrumental leader at Delta Dental for DWP since its launch in 2014. As the CEO of the DWP, DWP Kids, and Hawki program, Gretchen is responsible to direct and oversee strategy and operations for optimal plan performance. This includes ensuring compliance with policies and procedures, operational excellence, fostering a robust Provider Network, and oversight of financial performance. Prior to her leadership role with Delta Dental, Ms. Hageman served in various public health leadership roles with the Iowa Department of Public Health for over 15 years, including serving as the Bureau Chief for the Bureau of Family Health. Throughout her career, Ms. Hageman has had a reputation for bringing together individuals with diverse perspectives and thoughts, with a goal of collaboration and innovation to create actionable plans that make a difference in the health of Iowans. As a result of Ms. Hageman's broad professional experience, she understands the complexities of policy, payment, and health care systems.

Dr. Jeffrey Chaffin is our Dental Director. Dr. Chaffin is an experienced senior level dental benefits executive with more than 30 years of clinical experience managing the clinical aspects of policy related to the administration of dental benefits. He is currently the Chief Dental Officer for Delta Dental of Iowa. In this capacity, his responsibilities include all aspects of development and management of the dental Network with a focus on Network innovation and Provider quality. He is the primary liaison with dental

Providers in Iowa and manages the scientific and clinical aspects of policy related to the administration of dental benefits for Delta Dental’s employer customers as well as our Government Programs work. Prior to joining Delta Dental, Dr. Chaffin completed a 21-year Army career with his last assignment serving as the Dental Chief for the TRICARE Management Activity.

Nicole Miller is our Project Manager and Grievance & Appeals Manager for Government Programs where she has made significant contributions to DWP, DWP Kids, and Hawki for over eight years. Her role encompasses responsibilities such as overseeing the Member Outreach and Care Coordination and Case Management team, ensuring accurate performance data reporting, managing encounter submissions, leading the Grievance and Appeal team, and conducting internal and external audits for Government Programs. With experience working closely with health care Providers and Medicaid Members, Ms. Miller brings a deep understanding of challenges faced within the health care system. Ms. Miller excels in project management and has a proven history of forging enduring partnerships with stakeholders. Her dedication to data-driven decision-making ensures that interventions and strategies are evidence-based and yield tangible results in advancing oral and overall health equity for Iowans.

All other key personnel identified in Tab 3: Bidder’s Approach to Meeting Deliverables, Section A.07, are currently supporting the Agency to ensure both the ease of transition and continued operations with no disruptions.

Established and Proven Largest Iowa Based Network



Delta Dental has an established and proven Iowa based Provider Network in place today that we will use for this Contract. We cover more than 1.6 million Iowans through our government programs and commercial business. Our relationships with our Provider Networks are important to us and we have a vested interest in maintaining those relationships. Working together, we create comprehensive benefits, coordinate care, and ultimately provide better health outcomes for Enrolled Members. Delta Dental has 913 DWP and DWP Kids Network Providers and 1,145 Hawki Network Providers. Both Networks include Providers in the State of Iowa and neighboring states. **We ensure 99.9 percent of DWP and DWP Kids Enrolled Members and 99.9 percent of Hawki Enrolled Members have at least one Provider within 30 miles and 30 minutes.** Our extensive knowledge and relationships with Providers and business partners gives us the unique opportunity to serve a variety of Enrolled Members from diverse backgrounds and locations. Our dedicated Professional Relations team builds and fosters trusted working relationships with our Network Providers.

Though we meet the Agency’s adequacy formula for both rural and urban communities, that is not good enough for Delta Dental. **Daily, we collaborate with Iowa dentists, Federally Qualified Health Centers (FQHCs), I-Smile™ program coordinators, local Title V Screening Centers, and others to address unique barriers to care for Enrolled Members and improve the overall access to a dental home.** These health care strategies include case management, funding of additional operatories at FQHCs throughout the State, mobile dentistry, teledentistry, Iowa Mission of Mercy (IMOM) funding, and the Fulfilling Iowa’s Need for Dentists (FIND) Program.



2022 Iowa Mission of Mercy (IMOM) free dental clinic at the Iowa State Fairgrounds in Des Moines.

“I have participated in every IMOM event since the first one. It has been life changing for both me as a Provider and the patients served. Without financial support by and leadership on fundraising and the planning committee from Delta Dental, events like IMOM would not be possible.”

- Christopher Bogue, DDS, Carroll Family Dentistry

Community Partnerships

Delta Dental is the premier leader in dental health care networking and expert in oral health issues in Iowa. Given the range of oral and overall health issues facing Iowans, we believe it is imperative that we serve as a leader, collaborator, and at times investor in the field. We believe it is our responsibility to step up, always. **Our mission is to improve the health and smiles of the people we serve.** This mission cannot be done without working in partnership with others. Achieving real change within and across systems requires the coordinated action of multiple stakeholders. The health and vitality of our Enrolled Members is a fundamental goal that we share with our partners: Providers, the Agency, non-profit organizations, and the State of Iowa. To this end we have multiple community relationships in place and ready to continue to support all Enrolled Members. These include:

- PAHP Collaboration with Managed Care of North America, Inc. (MCNA)
- Managed Care Organizations (MCOs): Amerigroup, Iowa Total Care, and Molina
- Wellness and Preventive Services Bureau
- I-Smile™
- Title V Maternal and Child Health and WIC
- Division of Tobacco Prevention and Control
- Maternal, Infant, Early Childhood Home Visiting (MIECHV)
- Iowa Department of Education
- Ombudsman’s Office
- Community Based Organization
- Local Public Health Agencies
- Community Providers
- School Districts
- Iowa Department of Inspection and Appeals (DIA)
- Iowa Department of Aging

Preventive, Integrated Care



Healthy smiles and healthy lives are closely connected. Overall health and wellness begin with preventive care. Access to quality dental care improves overall health, which lowers medical costs and increases quality of life. In fact, a routine dental exam can identify the signs and symptoms of more than 120 diseases early on, before they become more difficult and costly to treat.

Delta Dental intends to close current gaps in preventive care by improving care coordination and continuity of care with the MCOs. It is important to find a dental home early in life to develop oral health habits. Prevention motivates parents to take their children to the dentist. There is a higher propensity that a parent will see a dentist if their child is also seeing a dentist. For the aging population, poor oral health can exacerbate additional systemic and chronic conditions causing malnutrition, inflammation, and if not treated, possibly aspirated pneumonia or other critical health conditions. For

pregnant women, ensuring good dental care during pregnancy can reduce the risk of gum disease and help ensure a healthy birth outcome. In addition, a child’s caregiver who has significant bacteria present in their mouth can pass that on to the baby in the child’s first year of life.

As the leading contributor for oral health projects in Iowa, Delta Dental and our Foundation have invested, lead or served as a collaborative partner for the following successful, ongoing campaigns that address medical-dental integration and increase prevention that benefits all Members:



- The **Lifelong Smiles Coalition** was formed and launched solutions to assure optimal oral health for older Iowans with our Foundation funding including:
 - **Iowa Caregivers Mouth Care Matters:** a competency-based oral health specialty training curriculum for Direct Care Professionals serving persons in long-term care and community-based, as well as health care settings.
 - **University of Iowa College of Dentistry and Dental Clinics Office of Education and Training:** coordinates, develops, and promotes training opportunities for oral health professionals, the direct care workforce and those providing care for older adults in Iowa.
 - **Iowa Department of Health and Human Services I-Smile™ Silver project:** creates local systems to help older Iowans prevent dental disease, access oral health care through care coordination, and maintain good overall health.
- Support of healthy oral health habits at **Head Start and Early Head Start** programs across the State by providing a free toothbrush every 3 months to all students. This program helps students create and maintain healthy oral health preventive habits.
- **Rethink Your Drink** was created in 2017

by our Foundation to provide water bottle filling station in schools and communities to provide access to drinking water throughout the day. Investment in this program positively impacts drinking fluoridated water and encourages good brain health throughout the day, choosing healthy

COMMUNITY IMPACT		
Rethink Your Drink		
	393 Filling Stations Provided	\$1.9M Invested since 2017
		193,000 Students and Staff Impacted

activities and food, and collaboration with other organizations such as Healthiest State Initiative, the Iowa Department of Health and Human Services, and Iowa Department of Education to elevate the awareness and engagement of this program statewide.

- **Dentist by 1™** campaign was launch in 2011 to educate and encourage Iowa parents to take their children to the dentist by the recommended age of one. The campaign included multi-media messaging along with grassroots stakeholder involvement in the designated counties. This included additional educational tools for organizations and Provider groups to promote statewide. This campaign led to **Cavity Free Iowa**, a medical-dental initiative, focused on early oral health care and prevention of early childhood cavities. Recognizing that young children often see their primary care Provider on a routine basis for well child visits, the goal of Cavity Free Iowa is to increase the number of children 0-3 years receiving preventive oral health services and dental referrals.

Innovative Service Delivery Models

Delta Dental is committed to creating and implementing innovative service models that align with the Agency’s Dental Quality Strategies. Delta Dental’s value-based incentive and Member value-added services are outlined in Tab 3: Bidder’s Approach to Meeting Deliverables.

Commitment to Quality Service, Every Day

Exceptional Quality Service is a passion at Delta Dental and our teams are committed to delivering on this promise every day. Our Member and Provider Service team focuses on dental benefits whether it is for our Government Programs or commercial business Members. Many of our team members have extensive experience in dental and health insurance, dental offices, and in public health. We have dedicated Service teams for our DWP, DWP Kids, and Hawki Members and Network Providers. Our commercial Member and Provider Services team is also able to remain flexible and assist our DWP, DWP Kids, and Hawki Member and Provider Services team if there is an influx of calls.

This commitment to Exceptional Quality Service includes a commitment to equity. **We recognize every Enrolled Member is unique with a diverse background and experience.** Delta Dental’s focus is to ensure Enrolled Members with special health care needs are addressed equitably with dignity to optimize the best experience and outcome. Delta Dental provides free services for individuals with disabilities such as auxiliary aids, written communication in other formats (e.g., large print and Braille), and audio. In addition, our website follows Section 508 Standards. These services can be accessed by contacting our Member Services Helpline. Delta Dental also maintains a phone number for Enrolled Members who need accessibility assistance due to being deaf, hard-of-hearing, blind, or having difficulty speaking.

Exceptional Quality Service

- ✓ Auxiliary aids
- ✓ Written communication alternatives
- ✓ Accessibility assistance phone line

In addition, our team is trained yearly on cultural sensitivity and provided cultural learning sessions on populations that are seeing the most significant systemic health barriers in Iowa. In 2022, we hosted a session for team members and board members on the U.S./Iowa refugee program, the history of refugee resettlement in Iowa, an overview of agencies actively resettling in Iowa, and the role of the Refugee Alliance of Central Iowa. In addition, we also engaged with the U.S. Committee for Refugees and Immigrants Des Moines – a local resettlement non-profit organization who shared their work in resettlement, challenges facing new arrivals (especially access to health and dental services), employment challenges and opportunities, updates on Afghan arrivals, and the time period of the resettlement support.



Delta Dental employees collected supplies for refugee organizations as part of our annual Give Back project.

Technology Systems, Portals, and Analytics

Another component of our service is our technology systems for Members, Providers, and our internal teams. Over the last 10 years, Delta Dental has made significant investments in our proprietary Dental Benefit Administration System. **By owning our technology, we can accommodate plans based on the needs of the Agency and Members. Delta Dental takes a secure, customer-centric approach to**

technology that emphasizes the evolving technological, access, and accessibility needs of our Members, while helping Providers offer the best and most efficient care possible. With a dedication to reducing barriers and increasing engagement, our significant investments in technology help to drive holistic solutions to complex problems. Delta Dental’s fully integrated Dental Benefit Administration System provides for unique, next-generation configurability, allowing us to meet the ever-changing landscape of benefit programs while maintaining security, quality, transparency, and interoperability with Enrolled Members and Providers.

Through the secure Member Connection website, all eligible Enrolled Members have 24/7 access to search for Providers, view their detailed benefit and claim history, print an ID card, and view Adverse Benefit Determinations in a secure, responsive, and user-friendly interface. All data is accessed via real-time integration with our Dental Benefit Administration System.

All Network Providers have 24/7 access to our highly regarded secure Dentist Connection website. With our secure Dentist Connection website, Providers can lookup Enrolled Member benefits and eligibility, process benefit estimates, submit claims, enter or review claim inquiries, and view remittance advice documents.

Our wealth of eligibility, benefit, and claim data allows for robust reporting and analytical capabilities. Utilizing Business Objects for reporting and Power BI for analytics, we can provide both internal and external stakeholders with real or near real-time information regarding program integrity, performance, trends, and forecasts. We leverage the power of our analytics to inform decision makers, including those with the Agency, and help drive solutions based on the rapidly changing dynamics of Enrolled Member utilization and Provider access.

Equity is our Core



As a company who values diversity, Delta Dental believes it is **imperative to understand the dynamics of cultural differences while consistently acquiring knowledge to better adapt to diverse, cultural norms of our workplace and the communities we serve.** Yearly, Delta Dental provides all employees

opportunities to build a better understanding of populations in Iowa that have the most significant systemic health barriers in achieving their full health potential. For example, **Delta Dental and our Foundation brought volunteer leaders from SALUD Multicultural Health Coalition of Storm Lake (SALUD), located in Buena Vista County, to engage with our team and board members to learn more about barriers to care, community issues, and how to engage and address the socioeconomic issues facing the Storm Lake community.** SALUD envisions a Storm Lake community that values diverse leadership as essential to achieving equitable opportunities for the health and well-being of all. Delta Dental also provides company-wide training and events in partnership with a local organization, CultureALL. These events are designed to increase cultural competency and awareness among our staff through engaging activities. Events have included engaging movement activities to self-recognize privileges, as well as classes about Indian spices and the importance in their culture.

Equity is Core to Our Values

We Embrace Change with a spirit of curiosity and adaptability to identify opportunities.

– Be curious, seek to understand.

We are willing to take appropriate risks.

– We want to create a safe space, to have conversations around diversity, equity, and inclusion.

We learn from our experiences, find solutions, and achieve results.

– When we learn, we can share our knowledge, and collectively better our community.

Our commitment to listening, learning, and addressing challenges and barriers collectively to improve access to care for the most marginalized populations in Iowa helped us for one of our key partnerships. Delta Dental collaborated with Healthy Birth Day, Inc. (HBD) around their Count the Kicks Campaign and how we could promote the importance of good dental health habits during pregnancy. Collectively, we moved forward with an innovative campaign focused on connecting the dots between the importance of practicing good oral hygiene while pregnant and counting your baby's movements. As we continued to learn more from HBD on the disparities in stillbirths, such as, one in 169 pregnancies ends in stillbirth, while one in 96 pregnancies among African American women end in stillbirth, we knew we needed to do more. Additional funding was provided to continue to work closely with I-Smile™ Coordinators and expand the work to reach at least seven FQHCs and connect with 15 rural dental clinics. Along with this funding, it included hiring a Health Equity Coordinator to specifically conduct research to better understand barriers women of color are facing when it comes to oral health care. Reducing barriers and access to dental care among women of color is important and needed. Good oral hygiene is extremely important during pregnancy because the increase of hormone levels can leave the mouths of pregnant women more vulnerable to serious dental problems from bacteria and plaque.



Count the Kicks campaign with Healthy Birth Day, Inc.

“Last year alone, we reached thousands of expectant parents and oral health professionals in our State with life-saving stillbirth prevention education through their support of our Health Equity Coordinator position and educational programming on oral health and healthy nutrition during and after pregnancy. We worked alongside Delta Dental to serve marginalized populations within the Iowa Medicaid and Hawki program for healthy birth outcomes and ultimately healthy Iowans.”

- Emily Price, Chief Executive Officer, Healthy Birth Day, Inc.

Empowering a Healthy Rural Iowa

Rural communities account for at least 40 percent of Iowa's population. Today, 38 of 99 counties in Iowa have less than 5,000 people living in the largest town in that county. The importance of strengthening health systems for rural Iowans is critical for not only the health of the residents but the overall vitality and prosperity of the community. Delta Dental and our Foundation have been an active supporter and partner of many rural health and economic initiatives throughout the years. A few key highlights are below:

- **Building Blocks** – Leveraging a grant from our Foundation of almost \$250,000 to the Southeastern Iowa Community Health Center's (SEIA) Keokuk Dental Clinic for operatory equipment required care coordination commitment from the Lee County Health Department. By having access to equipment and services, the Lee County Health Department and dental clinic solidified an agreement to participate in a research project with the University of Iowa College

of Dentistry and Dental Clinics targeting underserved 60+ age populations in the Keokuk service area. This project expanded local nursing home residents’ access to dental assessment and treatment utilizing dental hygienist(s) on site at the nursing home with teledentistry communication to the dentists at SEIA's Keokuk Dental Clinic.

- Local Connections Matters** – Eagle Grove in Wright County was going to lose their only Medicaid Provider seeing new patients. The Community Health Center of Fort Dodge (CHCFD) was working with the dentist and knew the extent of the aging dental office and its limitations to recruit any new Provider for private practice in a rural area of the State. Our Foundation provided funding of nearly \$50,000 to the CHCFD to support the one-time purchase and installation of critical equipment needed to expand access to oral health services and update the aging dental office to create a satellite clinic and not lose access to Wright and surrounding county Medicaid Members.
- Addressing Complex Medical Issues Locally** – Our Foundation funded \$45,000 for one-time purchase of needed dental equipment to Knoxville Hospital and Clinics to perform treatment in an operating room. This included guaranteed hospital operating room time for a minimum of 24 pediatric dental cases each month and the commitment of two dentists with hospital privileges with a third expected in 2023. Knoxville is centrally located to be able to provide this critical service need for not only children in Marion County but also the surrounding communities, specifically Des Moines, Altoona, Indianola, and Ottumwa.

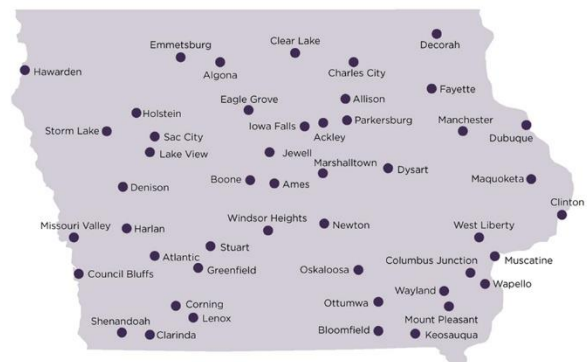
“Delta Dental of Iowa and its Foundation have a strong history of supporting initiatives that are focused on strengthening the health of rural Iowans.”

- Audrey E. Tran Lam, MPH, Iowa Rural Health Association Board President, 2023

Iowa’s Workforce and Economic Vitality

As the aging population of dentists in Iowa retire and communities are unable to find new dentists to take over their practices, more small Iowa communities will lack access to oral health care close to home. Now more than ever, it is imperative that rural Iowa communities actively recruit new dentists to serve our present and future populations, especially those enrolled in Medicaid. In addition to addressing the important health care needs of Iowa communities, having a local dental practice in our rural and smaller urban communities in Iowa helps to prevent retail leakage. When a resident leaves their hometown for a dental appointment, they have a higher propensity to also do their shopping outside of the community. Having a dental practice stimulates community growth and helps to attract and retain businesses in that community.

The Fulfilling Iowa’s Need for Dentists (FIND) Project has been assisting dentists and dental students with establishing practice locations in Iowa since 2008. This project is an expansion of Delta Dental of Iowa’s Dental Education Loan Repayment Program, which began in 2002. FIND continues to offer loan repayment to new graduates or practicing dentists through a partnership with the State of Iowa, Delta Dental, and local communities. Since the 2002 inception of the loan repayment program, 56 dentists have received awards – with over \$3.5 million in funding awarded. These dentists



FIND Dentist locations as of December 2022.

have provided 326,000 Member visits and more than 878,000 dental services to underserved Iowans. This has had a significant impact on improving the oral health and overall health in their communities.

“FIND is a great example of a public-private partnership at work in Iowa. This program helps dentists and communities be successful, and ultimately brings dental care closer to home for Iowans.”

- Bruce Hansen, Vice President, Business Development, Iowa Area Development Group

Moving Forward Together

By building on past successes and moving forward together, we will work collaboratively with the Agency and our trusted Providers and other agencies to provide dental benefits for DWP, DWP Kids, and Hawki Enrolled Members that ultimately provides a healthier Iowa. **The Agency has and can continue to trust Delta Dental to deliver best-in-class service, an unmatched Provider Network, and create better Enrolled Member health outcomes than no other carrier can provide.**

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Tab 3 - Bidder's Approach to Meeting Deliverables

General

A



The Delta Dental of Iowa Foundation donated \$1.5 million to the University of Iowa College of Dentistry for the expansion of its Geriatrics and Special Needs Clinic, which was the first clinic of its kind in the U.S.



Hawki
Iowa HHS

A. General.

Attachment J. Please explain how you propose to execute Section A in its entirety and describe all relevant experience.

As a local Iowa company, Delta Dental of Iowa has the experience, commitment to service, and a shared mission of improving the health and smiles of all Iowans. **For more than 53 years, Delta Dental has been the number one dental carrier in Iowa and across the United States.** With more than 1.6 million Members covered by Delta Dental, we have built this success through relationships with our dentists and partners to provide our Members with better health. We have 18 years of experience in partnering with the Agency to provide dental benefits for Dental Wellness Plan (DWP), DWP Kids, and Hawki Members. We are driven to improve the health and wellness of all our Members and the communities we serve daily. Having a home base in Iowa gives us a unique perspective on Iowa, allowing us to relate to and fully understand our Members' needs.

Delta Dental has focused on **building relationships and partnerships** with the Agency, Network Providers, community-based organizations, and Enrolled Members to implement a successful dental benefit across the State. Delta Dental employees serve on many coalitions, boards, and committees to promote the importance of oral and overall health. As a not-for-profit company, Delta Dental and the Delta Dental of Iowa Foundation have **invested more than \$62 million to improve the oral and overall health of Iowans.**



COMMUNITY IMPACT

Invested more than \$62 million since 2002.

Through our organizational structure and dedicated oral health focus, we work daily to build authentic external partnerships that work collaboratively with us to provide services to the communities we serve and to reinvest back into Iowa communities. In 2022, Delta Dental and our Foundation committed \$3.9 million to support

healthy smiles, healthy vision, and healthy lives. This included more than \$3.2 million in committed grants across Iowa from our Foundation to strengthen and transform the health and smiles of all Iowans.

Healthy smiles and healthy lives are closely connected. Overall health and wellness begin with preventive care like dental exams and cleanings. Access to quality dental care improves overall health, which lowers medical costs and increases quality of life. Over the last several years, we have been working closely with medical Managed Care Organizations (MCOs) and community partners to coordinate the care of identified Enrolled Members. Working with the MCOs and community partners is key in providing better health and more efficient health care for Enrolled Members.

We have a long-standing partnership with the Agency to provide and advocate for quality, accessible dental health care for Medicaid Members in Iowa. In response to HF641 Iowa Cares Act of 2005, the Iowa Department of Human Services partnered with the Iowa Department of Public Health (IDPH), the Iowa Dental Association, the Iowa Dental Hygienists' Association, Delta Dental of Iowa, and the University of Iowa College of Dentistry and Dental Clinics to develop a proposal that would fulfill the dental home mandate. The result was the I-Smile™ dental home project, today known as I-Smile™. This is a conceptual dental home, enabling a multi-disciplinary team approach to manage oral disease. This approach accommodates the existing health care usage and referral patterns of Medicaid children.

Primary prevention and care coordination are the focus points of the I-Smile™ project and are integrated with Iowa’s existing public health infrastructure. Through referrals, dentists serve as the Providers of treatment and definitive evaluation. Additional health professionals such as dental hygienists, physicians, nurse practitioners, registered nurses, physician assistants, and dietitians are part of a network providing oral screenings, education, anticipatory guidance, and/or preventive services as needed. Each State contracted public health agency manages the access and care of Medicaid eligible children in their approved respective area. This has resulted in an integrated dental home system that assures children, particularly Medicaid-enrolled children, receive early and appropriate oral health care services.

In 2005, Delta Dental joined the Hawki network as a dental benefit administrator. As the Hawki program continued to grow in Members, we increased our focus to improve the support systems for families and access to a dental home for marginalized populations in Iowa. This included our Foundation investing over \$5.9 million in establishing or increasing capacity for dental clinics at Federally Qualified Health Centers (FQHCs) and supporting safety net clinics and programs. Through our statewide partnerships with local agencies, it became apparent that there was a significant population of Iowa children that were underinsured. In collaboration with other key stakeholders, Delta Dental supported the passage of legislation that allowed Hawki dental only coverage for children who meet the Medicaid eligibility requirements, have no dental insurance coverage but have some form of private medical insurance. Iowa was one of the leading states to legislate this Federal coverage opportunity which has increased access for thousands of underinsured Iowans since 2010.

Bringing Smiles

\$5.9M

Delta Dental invested in dental clinics at FQHCs & safety net programs

Since 2007

In 2013, with funding leveraged from our Foundation, the Iowa Department of Public Health (IDPH) was successfully awarded a Centers for Disease Control and Prevention grant to expand their school-based sealant program. The I-Smile™ @ School built upon the foundation of I-Smile™ by providing 2nd and 3rd grade students in all Iowa elementary schools with 40 percent or more of their student population receiving free/reduced lunch r one or more of the following: dental screening, risk assessment, dental sealants, fluoride varnish, silver diamine fluoride, and oral health education from public health dental hygienists using portable dental equipment.

Bringing Smiles

\$1.84M

Delta Dental has invested in I-Smile™ Silver

Since 2014

The following year, I-Smile™ Sliver was launched as a pilot project, modeled after the I-Smile™ program for children, aiming to achieve optimal oral health for adults and older Iowans. I-Smile™ Silver connects at-risk adults and aging Iowans with dental, medical, and community resources.

The following year, I-Smile™ Sliver was launched as a pilot project, modeled after the I-Smile™ program for children, aiming to achieve optimal oral health for adults and older Iowans. I-Smile™ Silver connects at-risk adults and aging Iowans with dental, medical, and community resources. Today, I-Smile™ Sliver is available for adults in three local Title V agencies that work with Agency adults to provide informing, outreach, care coordination, and direct service. Continuation of I-Smile™ Sliver has resulted in building additional safety net systems that allow Iowa adults to be healthy and serving as a model for potential

statewide expansion. Today, Delta Dental continues to advocate for additional State funding to support the expansion of I-Smile™ Sliver statewide.

Iowa's Health and Wellness Plan was passed by the Iowa legislature in 2013 to support individuals eligible for Medicaid expansion under the Affordable Care Act (ACA) by providing access to dental and medical insurance. Again, Delta Dental played a key role in advocating and educating legislators about the importance of dental coverage for adults to achieve positive overall health outcomes. Because of this work, legislators and stakeholders were very supportive of providing a comprehensive dental benefit and improving access to dental care for Iowa adults by adding "and dental services" language to the bill. This legislative directive led to the partnership between the Iowa Department of Human Service (DHS), Iowa Medicaid Enterprise, legislators, and dentists, along with Delta Dental to design the DWP for Iowa's adult Medicaid expansion population. This innovative program focused on an earned-benefits model that rewarded positive health behaviors by encouraging Members to get preventive dental care and establish a dental home. DWP launched in May 2014 and Delta Dental successfully administered DWP through June 2017. In July 2017, DHS combined the DWP and fee for service (FFS) Medicaid adults into a revised DWP 2.0.

When the COVID-19 pandemic shut down all Iowa dental offices for six weeks in late spring of 2020, Delta Dental worked very closely with the Governor's office and Iowa Medicaid Enterprise to ensure we supported our Enrolled Members and Network Providers during the uncertain times. We actively engaged in addressing the dental emergencies of our Enrolled Members. In addition, we advocated for implementation of a Dental Provider Relief Payment Program once the dental offices reopened. This program recognized that most dental offices book out at a minimum of five months and when dental offices reopened there would be significant strain on offices to address the scheduling. The program gave one-time payments to Network Providers to encourage them to provide dental services to new and existing Members. Not only did the COVID-19 pandemic bring challenges to our State and community health partners, but many also experienced significant loss during the derecho storm that passed through Iowa in August of 2020. In response, Delta Dental provided \$66,000 in disaster assistance grants to dentists who had a significant or total loss to their practices.

In 2021, the Agency transitioned from administration of children's Medicaid dental benefits from FFS to the Prepaid Ambulatory Health Plan (PAHP) dental administrators. The Agency placed an importance on all Enrolled Members receiving high quality dental coverage and care. Over the years, Delta Dental advocated the need for this transition of children to dental managed care to provide a more effective care management system and efficient administration of services, benefiting both families and dental Providers. This combination of services allowed children and their family members to have the same dental benefit administrator. This change helped eliminate confusion for Members and streamline administrative processes for Providers.

The majority of Medicaid Members throughout the years have chosen Delta Dental to be their trusted dental benefit administrator to ensure accessible and quality oral health care.





We have aligned our priorities for dental services in Iowa with the Agency's key goals, as depicted in Exhibit A-1.

Exhibit A-1. Alignment of the Agency’s key goals to Delta Dental’s priorities.

Delta Dental Priorities	Iowa Medicaid Dental Quality Strategy			
	Improve Network Adequacy and availability of services.	Increase recall and prevention services.	Improve oral health equity among Medicaid Members.	Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.
Increasing access and Provider Network.	✓	✓	✓	
Improving medical/dental integration and MCO partnerships.				✓
Focusing on innovation.	✓	✓	✓	✓
Providing best-in-class Member Services.	✓	✓	✓	✓

Throughout this section and in our proposal overall we indicate where our solutions and approaches address these key Agency goals using the following symbols shown in Exhibit A-2:

Exhibit A-2. Agency Key Goals.

Agency Key Goals – Symbol and Description	
 <p>Improve Network Adequacy and availability of services.</p>	 <p>Increase recall and prevention services.</p>
 <p>Improve oral health equity among Medicaid Members.</p>	 <p>Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>

Delta Dental’s solution for dental services priorities in Iowa include the following that support all of the Agency’s key goals:

- Increasing Access and Provider Network
- Improving Medical/Dental Integration and MCO Partnership
- Focusing on Innovation
- Providing Best in Class Customer Service and Iowa-Based Company



Network Adequacy & Availability



Increase Recall & Prevention



Improve Oral Health Equity



Medical/ Dental Integration

Increasing Access and Provider Network

Delta Dental is an Iowa-based company and has built strong partnerships with Providers for the past 18 years. We have a robust Provider Network of general practice dentists and specialists. The DWP network offers statewide coverage with **913 Network Providers**. The Hawki network offers statewide coverage with **1,145 Network Providers**. We are ready for Contract to start in July 2024. We offer the Agency a very low risk network implementation since we have already implemented contractual relationships with Network Providers. In lieu of creating a network from scratch, we can focus on strengthening and sustaining our current partnerships as well as developing new alternative availability of services. We have established the following

partnerships to complement our multi-service approach to ensure access for Enrolled Members to Provider Network:

- **I-Smile™** – work to expand outreach, care coordination and direct service for all Agency Enrolled Members.
 [Redacted]
- **TeleDentistry.com** – use for emergency assessments and referrals for Enrolled Members to alleviate the need for emergency room care.
- **Dental schools and dental clinics** – work with the University of Iowa College of Dentistry and Dental Clinics, Creighton Dental School, and University of Nebraska Medical Center to provide dental services to Enrolled Members across the State.
- **Iowa Dental Hygiene schools** – can provide an access point for Enrolled Members who need preventive services. The hygiene schools work with Delta Dental to help with referrals for Enrolled Members who need definitive treatment services.

Improving Medical/Dental Integration and MCOs Partnership



Medical/ Dental Integration

Delta Dental focuses on improving dental health along with overall health for Iowans. Whole person care continues to be a hallmark of Delta Dental’s mission and focus. Optimal overall health requires good oral health. Medical/dental integration has been a strong focus for the Agency. We believe to have a Member-centric, coordinated referral system between medical and dental, and we need to share data with the MCOs. We are working to establish data sharing agreements with the three MCOs in SFY24. The data sharing agreements will allow us to work together to provide comprehensive, integrated care coordination and allow us to work with specific populations to improve health outcomes. This will also allow us to continue to focus on a Member-centered approach to health and identify Members who had a dental related emergency room visit and link the Member to dental services.

Focusing on Innovation



Network Adequacy & Availability



Increase Recall & Prevention



Improve Oral Health Equity



Medical/ Dental Integration

Delta Dental has focused on innovations for Enrolled Members for 18 years. Outlined below are a few of Delta Dental’s strategies to innovation:

- **Implementation of risk-based care.** We provide an evidence-based risk assessment at no cost to Network Providers to use for assessing the risk of Enrolled Members. We provide an incentive to Network Providers to complete the risk assessment which they are then able to use for treatment planning. We use the data to identify population indicators that are used to focus areas of improvement.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

- █ [Redacted]
- █ [Redacted]
- █ [Redacted]

- **Quality Health Metrics.** We provide Enrolled Members proactive messaging through our secure Member Connection website. These messages are created using evidence-based dentistry and science to encourage and remind Enrolled Members of preventive care services that have not been used. The Quality Health Metrics are modeled after the American Dental Association’s quality measures and are the accepted quality metrics in dentistry. These messages also appear in the secure Dentist Connection website so the Network Provider can view the recommended treatments.

Providing Best in Class Customer Service and Iowa-Based Company



Network Adequacy & Availability



Increase Recall & Prevention



Improve Oral Health Equity



Medical/ Dental Integration

Delta Dental is the **only Iowa-based dental insurance company.** We are known for our exceptional customer service provided by our 100 percent Iowa-based Member Service representatives. Because our staff live and work in Iowa, they have an understanding for and know the nuances of the area and therefore can provide knowledgeable, customized service to Enrolled Members, including finding care and answering inquiries about the program and dental services.

We offer a variety of service platforms for both Providers and Enrolled Members, including Member Services where Enrolled Members and Providers can speak with live agents in seconds, digital opportunities via our website and mobile app for access to claims and eligibility, and local presence at events to promote health and wellness for all Iowans.

To provide even more accessible member service options for our Enrolled Members and increase our reach, we will be enhancing our Member Services Program by including a live chat function and more outbound communications including calls, text messages, and emails to ensure Enrolled Members receive communication through their preferred method. We pride ourselves in continually improving the customer experience for Members and Providers.

We also provide a comprehensive outreach and care coordination infrastructure. We complete a variety of Member outreach mechanisms with Enrolled Members. A few examples include informing calls, preventive service recall appointment calls and postcards, and assisting in setting up an appointment after emergency services.

A.01 Effects of the Federal Waiver.

This Contract, that will be in follow up to this RFP# MED-24-004, is dependent on the Federal approval of the States 1915(b) waiver authority. Delta Dental understands if Centers for Medicare & Medicaid Services (CMS) removes the waiver authority, the Agency can terminate the relationship with Delta Dental in writing without penalty.

A.02 Licensure.

Attachment J. A.02 Licensure

a) Indicate if you are currently licensed as an HMO in the State of Iowa. If you are not currently licensed, describe your plan to achieve licensure.

b) Indicate whether you are currently accredited by the NCQA for line of business in the State of Iowa. If you are not currently accredited, describe your plan to achieve accreditation.

Delta Dental has started the licensure process to become a licensed Health Maintenance Organization (HMO) in the State of Iowa in accordance with Iowa Administrative Code 191-40. By the Notice of Intent to award date, Delta Dental expects to have an HMO license with the State of Iowa.

Delta Dental has started our phased approach to National Committee for Quality Assurance (NCQA) accreditation. Our phased approach includes the following:

- **Phase 1** is accreditation of our Provider Network Credentialing and Recredentialing process. We have contracted with a NCQA Credentials Verification Organization (CVO), Dentistat, which is fully owned by Fluent – a current Delta Dental Subcontractor. Dentistat is fully accredited by NCQA and will perform a portion of the Credentialing process around primary source verification.
- **Phase 2** of the process will commence once the new CVO, Dentistat, works with Delta Dental for six months, as the NCQA certification process requires a six-month retrospective period. The final NCQA visit will be scheduled in the Spring of 2024.

A.03 Organizational Structures.

Attachment J. A.03 Organizational Structures

a) Describe your proposed organizational structure and indicate which operational functions will be conducted in Iowa and which functions will be conducted out-of-state.

b) Describe how your administrative structure and practices will support the integrated delivery of dental services.

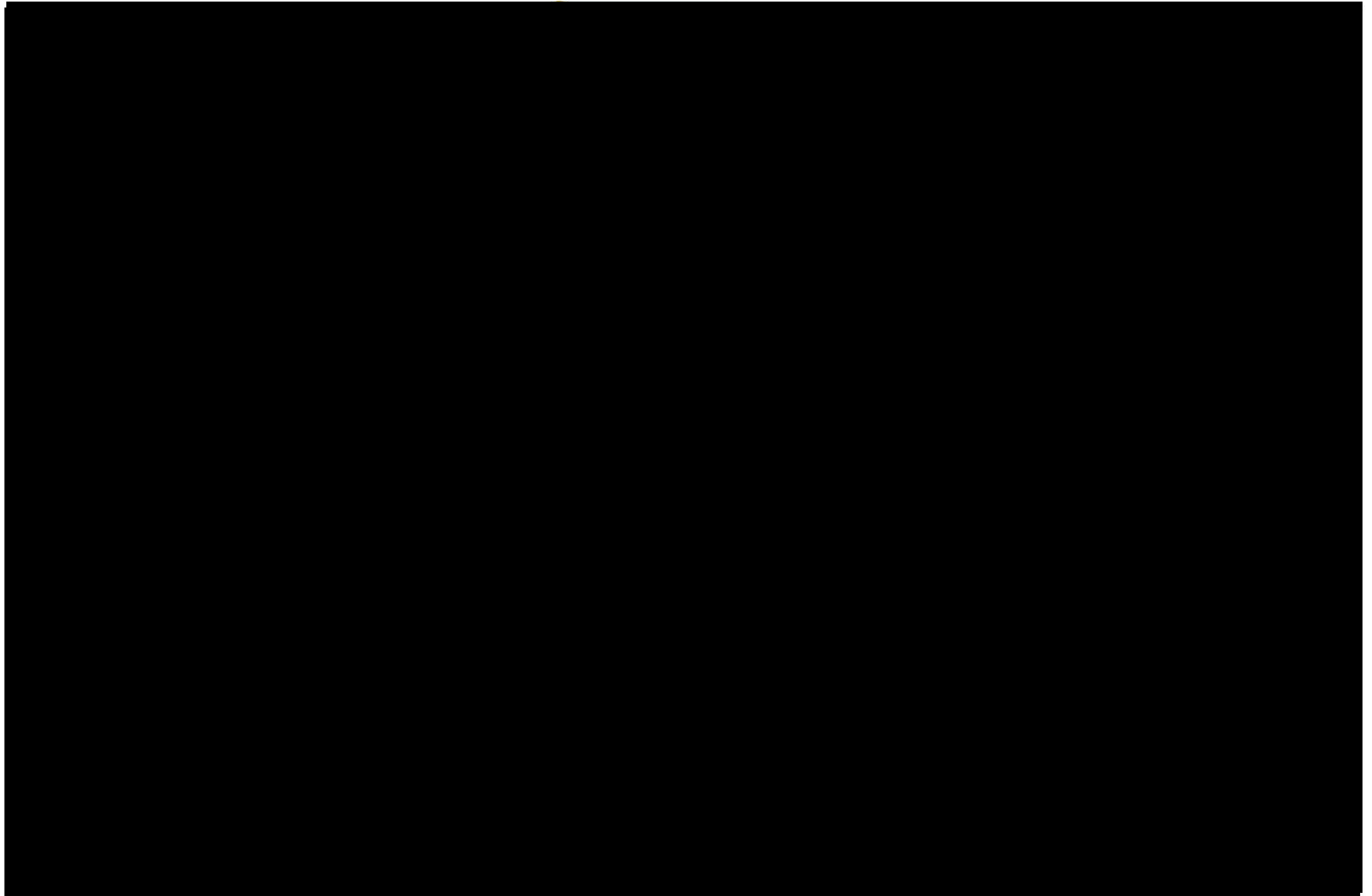
A.03a Organizational Structures and Operational Functions.

As an incumbent PAHP, Delta Dental has implemented Agency programs for 18 years, and we have a well-established organization that can fulfill all Contract requirements. In 2005, Delta Dental started as a Hawki dental benefit administrator and became the sole dental carrier in 2010. In 2014, Delta Dental became a PAHP for DWP. We added traditional Medicaid adults in 2017 and traditional Medicaid children in 2021. We are an Iowa-based company, 100 percent of our employees working on the current Contract are based in Iowa. Many of Delta Dental's Government Programs team members have been with Delta Dental from the beginning of the implementation phase of the Agency. Our team has

extensive knowledge of the Agency, Federal and State law, and the Iowa landscape, ensuring there will be no disruption to current operations.

Delta Dental has an integrated team model that has dedicated Medicaid staff for all operational areas, shown in Exhibit A-01.3. Delta Dental reviews operational staffing daily for the customer service and outreach sections, and adjusts staffing based on patterning data and performance.

Exhibit A-01.3. *Government Programs organization chart.*



A.03b Administrative Structures and Practices that Support Integrated Dental Services Delivery.

As an incumbent PAHP, Delta Dental has built an administrative structure that supports an integrated delivery of dental services model. We have an internal outreach and care coordination infrastructure that focuses on Enrolled Member's needs. We have set up a comprehensive outreach structure that allows dental and health Providers, and community stakeholders to make referrals for Enrolled Members. The Delta Dental team works with the MCOs' care coordination teams to address the overall health needs of the Enrolled Member.

Delta Dental has an established partnership with I-Smile™ to provide information, outreach, care coordination, and direct service for DWP Kids and Hawki Members across the State. I-Smile™ is a statewide program coordinated by dental hygienists located in regional Title V agencies. These coordinators connect Iowa children and adolescents with dental, medical, and community resources to ensure a lifetime of health and wellness. The I-Smile™ Programs provide direct services to Agency Members, build community partners with stakeholders, dental and medical Providers, and are active in community coalitions and stakeholder events. We have worked in partnership with State and local I-Smile™ representatives to develop a coordinated approach for local Provider collaboration and referrals.

A.04 Staffing Requirements.

Attachment J. A.04 Staffing Requirements – A.14 Staff Training and Qualifications

- a) Describe in detail your staffing plan and the staffing levels you commit to maintaining.**
- b) Confirm that a final staffing plan, including a resume for each Key Personnel member, will be delivered on or before the tenth day following execution of the Contract**
- c) Describe your back up personnel plan, including a discussion of the staffing contingency plan for:
 - i. The process for replacement of personnel in the event of a loss of Key Personnel or others.**
 - ii. Allocation of additional resources in the event of an inability to meet a performance standard.**
 - iii. The method of bringing replacement or additions up to date regarding the Contract.****
- d) Describe which staff will be located in Iowa, and where other staff will be located.
 - i. Describe how out-of-state staff will be supervised to ensure compliance with Contract requirements and maintain a full understanding of Iowa operations and requirements.**
 - ii. Indicate the proposed location of the Iowa office from which key staff members will perform their duties and responsibilities.****
- e) Describe how you will ensure that all staff are knowledgeable in Iowa-specific policies and operations.**
- f) Describe your staff training plans (including Subcontractors' staff) and ongoing policies and procedures for training all staff.**

Delta Dental is locally based in Johnston, Iowa and has an established comprehensive Government Programs organizational structure. All employees working on the DWP, DWP Kids, and Hawki plans live in Iowa, which has allowed us to provide excellent quality service to those we serve. The Key Personnel that have been an integral part of maintaining this program are identified below, and resumes are included in Tab 5 Attachments. Our overall company turnover trend for the first six months of 2023 is slightly over one percent. Delta Dental's current **Government Program organizational structure exceeds required positions** as outlined in the Statement of Work (SOW).

Delta Dental of Iowa

<p>178 Employees</p>	<p>100% Iowa-based employees of the Contract</p>	<p>1% 2023 6 mo. turnover</p>
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We continue to manage staffing patterns based on Enrolled Members and have maintained an organizational structure that meets the needs of contractual requirements and factors in the needs of the Enrolled Members, Network Providers, and stakeholders. Through the years of managing DWP, we have increased Enrolled Members by adding all adults and children. Our agile Government Programs team allowed us to adapt to changing needs by adding clinical staff and dental consultants, Member services and outreach representatives, along with data management and Program Integrity staff. We work in partnership with the Agency to assess organizational staff needs with the increase in Members. Our Government Programs’ team continues to monitor staffing patterns and data to determine if there are additional organizational staffing needs.

Delta Dental takes pride in being **best-in-class for Enrolled Members and Provider Services**. As an incumbent PAHP, we have maintained sufficient staffing to fully perform the functions and meet or exceed requirements, roles, and duties for our current Contract. Delta Dental will continue to comply with the performance metrics of this Contract.

[Redacted text block]



[Redacted text block]

[Redacted text block]

A.05 Staffing Plan.

As an incumbent PAHP, Delta Dental’s staff plan has been operationalized for over nine years. Outlined in Exhibit A-01.3 above are the staff and positions that support Delta Dental’s DWP, DWP Kids, and Hawki programs.

A.06 Purpose and General Framework of the Staffing Plan.

Delta Dental has built strong, consistent, and highly qualified teams to operationalize Contract requirements. Many of the staff have been with Delta Dental throughout the development of DWP, DWP Kids, and Hawki. The team is led by Gretchen Hageman, as CEO of DWP, DWP Kids, and Hawki. In

her role at Delta Dental, she has nine years of experience in management and oversight of DWP, DWP Kids, and Hawki programs. She also oversees strategy and operational priorities for optimal plan performance. This includes ensuring compliance with policies and procedures, operational excellence, fostering a robust Provider Network and oversight of financial performance. Ms. Hageman is also joined by Ms. Miller on the oversight team.

Nicole Miller serves as the Government Programs Project Manager and Grievances and Appeals Manager, where she has made significant contributions to DWP, DWP Kids, and Hawki for over eight years. Her role encompasses responsibilities such as oversight for DWP, DWP Kids, and Hawki Contracts, ensuring accurate performance data reporting, leading the Grievances and Appeals team, and conducting internal and external audits for Government Programs.

Outlined in A.07 is the team of professionals that run the day-to-day operations for Members and Providers. Also outlined in Tab 4 are Delta Dental staff that work on the day-to-day infrastructure activities needed as a dental carrier.

A.07 Inclusion in Staffing Plan.

As an incumbent PAHP, Delta Dental has an experienced and highly qualified operational team in place that will continue to focus on improving outcomes for Enrolled Members and partnering with Network Providers and stakeholders to improve access to quality services.

A.07a Iowa Presence of Staff.

Delta Dental has a strong presence in Iowa as we are a **locally based, Iowa company** where we employ staff who live and work in Iowa. Delta Dental continues to provide a high-quality staff infrastructure that is adequate, consistent, and dependable regardless of the situation. All our staff delivering in-person services, such as care coordination, are based in Iowa and travel to Member events and meetings with Enrolled Members and community partners.



During the last nine years of providing the DWP program, we increased Enrolled Members four-fold and met contract performance metrics as the dental carrier of choice amongst Enrolled Members and Network Providers.



Delta Dental is a leader in preparedness in technology and operational expertise. Our thought leadership allowed Delta Dental to be 100 percent remote on day one of the national COVID-19 pandemic with zero business disruptions. **Throughout the pandemic, our company experienced high productivity, project completion results and rapid response rates at all levels of business operations.** We established a hybrid model in April 2022 as our employees demonstrated that we could continue to meet company goals and serve the needs of our customers in a hybrid work environment. We were one of the first large organizations in the area to bring our employees back to the office in this new, flexible way. Our goal in this new framework was and continues to be that employees can work from a location that allows them to best meet the needs of our customers and our business. Delta Dental has organized this structure to have Mondays and Wednesdays as core days, and while they are not mandatory, employees are encouraged to be in the office other days as needed to build connections with their team and others across the company.



Leaders at Delta Dental are expected to lead with intention – not just asking people to be in the office because it is a certain day of the week, but to foster collaboration and connection. In addition to a hybrid work model, we also implemented One Team days. Our culture is built on collaboration, connectedness and being inclusive and we truly believe our One Team days enhance this philosophy. These are days when all team members are required to be in the office and center around collaborative projects. Leaders manage this process and days in the office for their teams and adapt as needed. Our employees have highly valued this flexibility; it has been successful for our company, and we intend to maintain our hybrid work model. Delta Dental has successfully adapted during times of change and uncertainty and has made it a priority to remain dependable regardless of the change or obstacle we face.

A.07b Staffing.

Delta Dental’s inclusion of suggested staffing for Table 1 is outlined below in Exhibit A.07b-1. We have a mix of staff who have been with Delta Dental for numerous years and some staff that we have added over the last two years. This mix of personnel helps create a well-rounded group of experienced staff and new staff that bring new ideas and other experience to our teams.

Our Clinical team of Iowa Registered Dental Hygienists have an average of 13 years of direct service in a dental office. Our Dental Consultants have an average of 23 years of experience as a licensed dentist.

Exhibit A.07b-1 Suggested staffing for Table 1.

Name	Position	Years of Service with Delta Dental	Job Description
Clinical Team			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
Dental Consultants			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	
Member and Provider Services			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	



Name	Position	Years of Service with Delta Dental	Job Description
[REDACTED]	[REDACTED]	[REDACTED]	
Member and Provider Services and Member Outreach			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Provider/Professional Relations Team			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Reporting and Analytics Staff			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Reporting and Analytics Staff and Quality Management Staff			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Marketing and Outreach Staff			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Name	Position	Years of Service with Delta Dental	Job Description
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Compliance Staff			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
SIU Staffing			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

A.07c Local Presence of Member and Provider Services.

All of Delta Dental’s Member and Provider Services staff are based in Iowa. Our **Professional Relations staff spend 50 percent of their time in the local areas visiting Provider offices.** Our care coordination staff not only work with the local communities daily through the coordination of care, but also through community outreach events where local community members and other community-based organizations are present. These events allow our Enrolled Members to have face-to-face interactions with Delta Dental, creating a pathway to educate and build relationships.

A.07d Back Up Personnel and Contingency Staffing Plan.

Delta Dental knows the importance of having high quality staff that work with the Agency programs is essential to the success of Enrolled Member outcomes. We have worked over the last nine years to identify, hire, train and maintain knowledgeable and qualified staff. We have fully vetted and ready to execute back-up and contingency staffing plans for all staff positions. Our approach includes:

- **Replacement Staff:** Delta Dental has a process in place for replacing personnel if a key personnel staff member leaves. Each department has a succession plan in place for key personnel and outlines interim replacement personnel.
- **Allocation of Resources:** For critical performance metric-based positions, we have cross-trained staff in both Member services and the Clinical team. This gives us the ability to move staff to DWP, DWP Kids, and Hawki for Member services and clinical review based on the volume of calls, service authorization, and claims. Supervisors track performance-based metrics and re-allocate staff as needed.
- **Replacement staff with similar qualifications and experience:** Delta Dental continually maintains a list of applicants that have been screened and/or interviewed and individuals

referred by internal or external partners that have the requisite qualifications and experience we seek out for potential candidates.

- **Timeframe:** As soon as we have a staff member give notice, we notify our Human Resources department to post the job opening, review our list of potential candidates, and begin the process for filling the position.
- **Training:** Onboarding and continuous training are very important to Delta Dental as we focus on retaining high quality staff. We complete new staff training within 60 days of employment and require continuous training that includes annual requirements, refresher courses, and program changes.

A.07e Key Personnel.

Administrative and Fiscal Management

Delta Dental’s administrative, clinical, and key personnel are responsible for all aspects of Contract requirements, performance metrics, and standards. **Our focus, and one of Delta Dental’s values is One Team.** One Team collaboration promotes inclusion and transparency across all teams within the organization. A list of our leadership staff and their roles and responsibilities for all aspects of this Contract is outlined below in Exhibit A.07e-1. Program Integrity and Special Investigations Unit Staffing are included in Exhibit A.07b-1.

Exhibit A.07e-1. Leadership staff.

Name	Position	Years of Service with Delta Dental	Job Description
Gretchen Hageman	Chief Executive Officer of the Plan and Point of Contact	9 years	Responsible for overseeing the entire Medicaid Dental Services Contract requirements and has full oversight and responsibility for Contract compliance. Serves as the Primary point of contact for the Agency to include for delivery system reform activities, and project planning and reporting. Serves as liaison to all stakeholders.
<p>Ms. Hageman has been an instrumental leader for the Delta Dental DWP since its launch in 2014. She is the Vice President of Government Programs for Delta Dental and the Plan CEO of DWP, DWP Kids, and Hawki. Ms. Hageman directs and oversees strategy and operations for optimal plan performance. This includes ensuring compliance with policies and procedures, operational excellence, fostering a robust Provider Network, and oversight of financial performance. Prior to her leadership role with Delta Dental, Ms. Hageman served in various public health leadership roles with the Iowa Department of Public Health for over 15 years, including serving as the Bureau Chief for the Bureau of Family Health. Throughout her career, Ms. Hageman has had a reputation for bringing together individuals with diverse perspectives and thoughts, with a goal of collaboration and innovation to create actionable plans that make a difference in the health of Iowans. As a result of Ms. Hageman’s broad professional experience, she understands the complexities of policy, payment, and health care systems.</p>			
Todd Herren	Chief Operating Officer and SVP Technology and Co-CEO for DDIA	8 years	Responsible for oversight of all day-to-day operations of the health care plan operations. Provides oversight of call functional operational areas within the health care plan. Also responsible for oversight of information technology team.

Name	Position	Years of Service with Delta Dental	Job Description
<p>Todd Herren is Interim Co-CEO and Senior Vice President of Technology and Operations for Delta Dental and serves as the Chief Operating Officer for Government Programs. Mr. Herren has oversight for all operations and technology solutions across Delta Dental. His responsibilities include leadership of all technology staff; strategic direction related to technology architecture and infrastructure; application development and data management; information security; and subcontractor relationships. In this role he ensures alignment and overall integration of technology into the business. Prior to joining Delta Dental, Mr. Herren was the Chief Technology Officer at The Members Group for more than 12 years. In this role, he led more than 50 technology professionals with responsibility for application development, business intelligence, technology infrastructure, and the technical help desk. They supported more than 4 million cardholders from 200+ community financial institutions across the United States. In addition, he guided the strategic planning and product management functions related to all technology-based new product development and services.</p>			
<p>Dr. Jeffrey Chaffin</p>	<p>Dental Director</p>	<p>9 years</p>	<p>Licensed Iowa dentist in good standing who ensures oversight of all clinical functions of this Contract. Directs the internal Utilization Management (UM) committee. Ensures coordination and implementation of the Quality Management and Improvement Plan. Attends Agency scheduled quality meetings.</p>
<p>Dr. Chaffin is an experienced senior level dental benefits executive and is currently the Chief Dental Officer for Delta Dental. In our Government Programs work, Dr. Chaffin serves as the Dental Director and his responsibilities include all aspects of development and management of the dental network with a focus on network innovation and Provider quality. He is the primary liaison with dental providers in Iowa and manages the scientific and Program aspects related to the administration of dental benefits for Delta Dental’s employer customers as well as our Government Programs work. Prior to joining Delta Dental, Dr. Chaffin completed a 21-year Army career with his last assignment serving as the Dental Chief for the TRICARE Management Activity. In that role he was responsible for administering the Department of Defense’s dental insurance programs. He served as the Consultant for Dentistry to the Assistant Secretary of Defense for Health Affairs and as the Consultant to the Army Surgeon General for Dental Public Health.</p>			
<p>Sherry Perkins</p>	<p>Chief Financial Officer</p>	<p>21 years</p>	<p>Oversees budget accounting system and financial reporting for the Contract.</p>
<p>Ms. Perkins is the Vice President, Finance and Controller for Delta Dental and serves as the Chief Financial Officer for our Government Programs. She joined Delta Dental in October 2002 and is responsible for providing leadership with accounting, underwriting, and finance initiatives. In addition, Ms. Perkins is the Secretary/Treasurer for the Delta Dental of Iowa Foundation and a board member for Veratrus Benefit Solutions, Inc., a wholly owned, for-profit subsidiary of Delta Dental of Iowa. Ms. Perkins also serves as Treasurer for Polk County Health Services and Connexus Behavioral and Disability Advocates. In addition, Ms. Perkins is a board member for Polk County Health Services Foundation and is a member of the Investment Committee for the United Way Women United Leadership Council. Ms. Perkins was last employed by SecureCare of Iowa, a health insurance company in Des Moines. Her experience includes financial leadership positions in insurance and the automotive industry.</p>			
<p>Mary Gilde</p>	<p>Compliance Officer</p>	<p>10 years</p>	<p>Responsible for implementing the Corporate Compliance Program and the day-to-day operations of the Compliance & Quality Assurance Department (Compliance Department) including Government Programs Compliance and Program Integrity.</p>

Name	Position	Years of Service with Delta Dental	Job Description
<p>Ms. Gilde is the Compliance Manager for Delta Dental and serves as the Compliance Officer for Government Programs. Ms. Gilde has been at Delta Dental for 10 years. During her tenure, her business focus has been on compliance, governance, program integrity management, and quality assurance. Ms. Gilde oversees the Compliance and Program Integrity teams. Her prior roles at Delta Dental include Compliance Specialist and Program Integrity Manager.</p>			
<p>Nicole Miller</p>	<p>Project Manager and Grievance and Appeals Manager</p>	<p>8 years</p>	<p>Project Manager – oversees and ensures subcontractor compliance for all Government Programs Contracts. Grievance and Appeals Manager - Manages the Government Programs team that includes the management of Grievance and Appeals process and ensures compliance with processing timelines and policy adherence.</p>
<p>Nicole Miller is the Government Programs Manager at Delta Dental and serves as the Project Manager for Government Programs where she has made significant contributions to DWP, DWP Kids, and Hawki for over eight years. Ms. Miller also serves as the Grievance and Appeals Manager. Her role encompasses responsibilities such as ensuring accurate performance data reporting, managing encounter submissions, and conducting internal and external audits for Government Programs. With experience working closely with health care Providers and Medicaid Members, Ms. Miller brings a deep understanding of challenges faced within the health care system. Ms. Miller excels in project management and has a proven history of forging enduring partnerships with stakeholders. Her dedication to data-driven decision-making ensures that interventions and strategies are evidence-based and yield tangible results in advancing oral and overall health equity for Iowans.</p>			
<p>Mariah Colvard</p>	<p>Quality Management Manager</p>	<p>6 months</p>	<p>Oversees Delta Dental’s Quality Management and Improvement Plan.</p>
<p>Mariah Colvard is the Government Programs Audit Coordinator at Delta Dental and serves as the Quality Management Manager. She has been with Delta Dental for six months and brings a wealth of project management experience to the Government Programs team. Ms. Colvard has experience in quality improvement and evaluation projects.</p>			
<p>Holly Childs</p>	<p>Utilization Management Manager and Claims Administrator</p>	<p>6 years</p>	<p>UM Manager - Leads all elements of Delta Dental’s Utilization Management (UM) program and staff under the supervision of the Dental Director. Oversees all functions related to Prior Authorizations, medical necessity, concurrent and retrospective reviews, and other programs as described in the Contract. Claims Administrator – Ensures prompt and accurate Provider Claims processing in accordance with the terms of the Contract.</p>
<p>Holly Childs is Supervisor for Member and Provider Services at Delta Dental and serves as the Utilization Management Manager and Claims Administrator for our Government Programs. Ms. Childs has six years of experience at Delta Dental in overseeing claims processing in accordance with the benefit outlined in this Contract. She also manages all Prior Authorizations, medical necessity determinations, emergency services, and post-stabilization processing. She also works with the Dental Director to manage and oversee the UM program.</p>			

Name	Position	Years of Service with Delta Dental	Job Description
Brittany Schmidt	Member Services Manager	9 years	Provides oversight of the Member Services functions including Member and Provider Service Center and website, Member outreach, and development and distribution of Member materials.
<p>Brittany Schmidt is the Member and Provider Services Manager at Delta Dental and serves as the Member Services Manager. Ms. Schmidt oversees all day-to-day activities and staff for our Member and Provider Helplines. Ms. Schmidt has worked at Delta Dental for nine years and has experience in customer services and claims management. She also serves on the UM/UI workgroup.</p>			
Kate Cunningham	Provider Services Manager	1 year	Provides oversight for all Provider recruitment, retention, contract, and credentialing. Facilitates Provider claim disputes and the development and distribution of the Provider Office Manual and other Provider educational materials.
<p>Kate Cunningham is the Professional Relations Manager and has been with Delta Dental for one year. Ms. Cunningham serves as the Provider Service Manager for Government Programs where she works closely with our Network Providers and their office staff to deliver care to Enrolled Members. She is also responsible for the recruitment, retention, contract, and credentialing of the Provider Network. Prior to Delta Dental, Ms. Cunningham worked in employer health benefits.</p>			
Micheal Wynn-Garland	Information Systems Manager	8 years	Serves as key contact for the Agency regarding Enrolled Member Encounter Data submission, capitation payment, Member eligibility, enrollment and other data transmission interface and management issues. Serves as the lead to ensure all information-system requirements are in compliance with this Contract and all data submissions meet Federal requirements. Serves as the lead for all system testing including during readiness review.
<p>Micheal Wynn-Garland is the Senior Population Health Data Analyst at Delta Dental and serves as the Information Systems Manager for Government Programs. Mr. Wynn-Garland has been in this role for eight years at Delta Dental. Through this role he works closely with the Delta Dental Information Technology team and the Agency. He has previous experience in working in the health care industry on data analytics.</p>			
Taryn Jonet	Care Coordination Manager	1 year	Oversees the Member Outreach and Care Coordination and Case Management team.
<p>Taryn Jonet is the Government Programs Outreach Care Coordination Consultant at Delta Dental and serves as the Care Coordination Manager for Government Programs. She has a comprehensive understanding of research-backed ethical and innovative care coordination practices. Ms. Jonet has her BSW from a Council of Social Work Education Accredited University and MA in Sociology. She has previous experience in providing care coordination and case management services and collaborating with community partners to coordinate care for clients and community outreach. Ms. Jonet has also been actively involved in peer-reviewed research examining inequalities within family structures. While at Delta Dental, her role has encompassed managing the Care Coordination Program and outreach efforts for DWP, DWP Kids, and Hawki. Ms. Jonet has also been involved in managing our QM/QI programming and has helped implement changes emphasizing data-driven approaches to improving access and quality of care for Members.</p>			

Name	Position	Years of Service with Delta Dental	Job Description
<p>Patti Williamson</p>	<p>Program Integrity Manager and Special Investigations Unit (SIU) Staffing</p>	<p>25 years</p>	<p>Oversees all SIU activity. Serves as liaison with law enforcement and State and Federal agencies. Informed of current trends and detection mechanisms in FWA. Has access to all Claims, Claims processing data, and all information sufficient to meet the requirements of the Agency. Duties include: oversight of Program Integrity function, liaison with the Agency for Program Integrity, development and operations of a Fraud control program within Dental Benefit Administration System, liaison with MFCU and Office of the Attorney General, and assures coordination of efforts with the Agency and others for Program Integrity issues.</p>
<p>Patti Williamson is the Programs Integrity Manager for Delta Dental and serves as the Program Integrity Manager and Special Investigations Unit Staffing for our Government Programs. Ms. Williamson has been responsible for executing and managing the Program Integrity Compliance Plan and the Annual Work Plan since 2016. Ms. Williamson oversees all Special Investigators work to take action and guard against FWA. She also conducts detailed investigations with the assistance of our Dental Consultant. Prior to her work in our Government Programs, Ms. Williamson worked in various Professional Relations and Operations roles, giving her key insights and knowledge of our claims, compliance, and network operations.</p>			

A.07f Key Personnel Resumes.

Key personnel resumes are in Tab 5 Attachments.

A.07g Functions Outside of Iowa.

Delta Dental will provide all Contract services in Iowa.

A.08 Final Operational Staffing Plan Staffing Plan Submission/Agency Review.

Delta Dental will provide a final staffing plan on or before the 10th day following the execution of this Contract. As an incumbent PAHP, key personnel have already been working at Delta Dental in the DWP, DWP Kids, and Hawki programs and are listed in A.07b and e. Key Personnel resumes are included in Tab 5 Attachments.

A.09 Subsequent Staffing Plans.

We will provide subsequent staffing plans within 10 business days following any change, after the final operational staffing plan has been submitted.

A.10 Agency Right to Approve Deny Key Personnel.

We understand the Agency reserves the right to approve or deny Delta Dental’s Key Personnel based on performance or quality of care concerns. The Agency also has the right to approve other executive positions, key managers or supervisors working under Key Personnel.

A.11 Initial Staff Onboarding Obligations.

As an incumbent PAHP, all our Government Programs staff are trained and currently fulfilling job duties in each functional area. If we must hire new employees, Delta Dental requires functional training to be completed within 60 days. This includes classroom and hands-on training components.

A.12 Staffing Changes.

Delta Dental will notify the Agency when there are changes to Key Personnel at least five business days prior to the last date the employee is employed to the extent possible. Delta Dental has all Key Personnel filled. We will notify the Agency at least 30 days in advance of any plans to change, hire, or re-assign designated Key Personnel. We will present an interim plan to cover the responsibilities created by the Key Personnel vacancy and will submit the name and resume of the candidate filling a Key Personnel vacancy within 10 days after a candidate’s acceptance to fill a Key Personnel position or 10 days prior to the candidate’s start date, whichever occurs first. We will also confirm that knowledge is transferred from an employee leaving a position to a new employee to the extent possible.

We understand that all Key Personnel positions will be approved by the Agency and will be filled within 60 days of staff departure unless a different time frame is provided and approved by the Agency.

A.13 Staff Training and Qualifications.

Delta Dental provides comprehensive training and education to all Delta Dental staff. Staff receive comprehensive on-boarding and ongoing training that covers all components of this Contract. We also provide comprehensive on-boarding and ongoing training for Subcontractors. Exhibit A.13-1 outlines all training for Contract staff and Subcontractors.

Exhibit A.13-1. Staff training.

Training	Training Description	Training Timeframe	Training Provided
Contract Requirements	Overview of contract requirements, including benefits	On-boarding and annually	Contract Staff Subcontractors
State and Federal Law Requirements	Overview of applicable managed care Federal regulation and Iowa Administrative Code regulation	On-boarding and annually	Contract Staff Subcontractors
Quality Care Concerns, including access to care	Overview of working with Enrolled Members in identifying and handling quality care issues and access to dental care	On-boarding and annually	Contract Staff
Cultural Sensitivity Training	Provides staff with knowledge, skills, and awareness to best deliver oral health services to all patients, regardless of cultural or linguistic background.	On-boarding and annually	Contract Staff

Training	Training Description	Training Timeframe	Training Provided
Fraud, Waste and Abuse and False Claim Act	Overview of the Government Programs FWA criteria, requirements and reporting	On-boarding and annually	Contract Staff Subcontractors
HIPAA Privacy and Security	Overview of HIPAA regulation	On-boarding and Annually	Contract Staff Subcontractors
HIPAA Incident Reporting and Response Procedures	Overview of internal and external reporting and response requirements	On-boarding and Annually	Contract Staff Subcontractors
Clinical Protocol Training	Provides clinical criteria and Clinical Practice Guidelines for DWP, DWP Kids, and Hawki benefit	On-boarding, twice a year (January and July)	Contract Staff
Utilization Management Guidelines	Overview of DWP and Hawki UM Guidelines.	On-boarding and twice a year (January and July)	Contract Staff
Mandatory Reporting	Provides detailed actions on how to identify the signs of child abuse and the steps needed to report incidents	On-boarding and annually	Contract staff- care coordinator
Provider Network	Overview of Delta Dental's Provider Network and Provider groups	On-boarding and annually	Contract Staff
Non-Agency Resources	Outlines other resources Enrolled Members may want more information on	On-boarding and annually	Contract Staff
Code of Conduct and Ethics	Overview of Delta Dental's Code of Conduct and Ethics including our philosophy, code violations, compliance with laws, rules and regulations and conflicts of interested and outside business relationships	On-boarding	Contract Staff
Employee Reporting	Provides an overview of actions and working relationships of Delta Dental's employees, officers and directors as they are carried out for Delta Dental	On-boarding	Contract Staff
Anti -Harassment	Provides an overview of Delta Dental's anti-harassment policy and reporting of harassment	On-boarding	Contract Staff
Business Continuity Plan (BCP) / Crisis Communication Plan (CCP)	Overview of Delta Dental's Business continuity plan and crisis communication plan	On-boarding and annually	Contract Staff
Government Programs Grievances and Appeals	Overview of the Government Programs Grievance and Appeal policies and procedures	On-boarding and annually	Contract Staff Subcontractors
Community Action Poverty Simulation Training	Provides an interactive immersion experience that sensitizes the realities of poverty	Annually	Contract Staff
Delta Dental Claims Administration Training	Provides overview and hands on training for claim system	Annually and system change releases	Contract Staff

Training	Training Description	Training Timeframe	Training Provided
Confidential Information	Provides standards of conduct required of such individuals who have access to Delta Dental’s Confidential Information	On-boarding and annually	Contract Staff

Our Compliance and Operations Departments will continue to maintain a training database detailing staff training, curriculum and resources, dates of training, and staff and Subcontractor attendance.

Delta Dental understands that the Agency reserves the right to request further training and/or training for staff in the event a performance problem is identified. We are committed to delivering the best services possible, including providing additional training to ensure our employees are reliable sources for Enrolled Members and Network Providers.

A.14 Business Location.

Delta Dental has a turn-key and fully integrated system and building located in Johnston, Iowa that houses all employees that currently support the Agency and will continue to for the upcoming Contract. We understand that we are responsible for all costs related to maintaining this facility and all operational systems. Delta Dental has established this home base for our employees since our building was completed in 2010. We have been able to maintain this business location and have been able to expand and accommodate company growth. This indicates our ability to remain flexible to the needs of the Iowa communities we serve, as the number of those we serve grows, so do we. This growth allows us to collaborate internally during our One Team days but also with external groups as well. With this in mind, we are more than willing to provide meeting space for the Agency as well as other community and business groups, upon request for an on-site visit. Having our business location in Iowa with our staff living in Iowa ensures we have a better understanding of our Enrolled Members and allows us to relate better with them.

A.15 Out of State Operations.

As discussed above, Delta Dental is an Iowa-based company and does not have any operational structure outside the State of Iowa, nor do we plan to have operations outside the State in accordance with this Contract. Delta Dental does not make payment for claims outside of the U.S., this is in reference to 42 C.F.R. § 438.602(i).

A.16 Agency Meeting Requirements.

Delta Dental has been partnering with the Agency for the last 18 years on Hawki and nine years for the DWP contract. We look forward to a continued partnership, as we have witnessed the benefits of this collaboration with the services we provide. We will comply with all meeting requirements established by the Agency, including but not limited to preparation, attendance, participation, and documentation and will provide in-person presence at meetings as appropriate. We also understand meeting requests may, at times, include our Subcontractors’ presence.

A.17 Coordination with Other State Agencies and Program Contractors.

Attachment J. A.17 Coordination with Other State Agencies and Program Contractors

a) Outline how you propose to coordinate with:

- Other Program Contractors
- State agencies, including but not limited to, the Wellness and Preventive Services Bureau and their Title V contractors, I-Smile™
- Other relevant third parties.

Describe how you will collaborate with the Iowa Health Link Managed Care Organizations (MCOs) to support the Enrolled Member's overall health.

Delta Dental's culture is to **build strong partnerships and work collaboratively with State agencies and community partners**. We offer innovation strategies with transparency and focus on improved Enrolled Member outcomes.

SHARING SMILES

As an incumbent PAHP, Delta Dental has collaboratively worked with numerous Departments and Bureaus in the Department of Health and Human Services (DHHS). We worked very closely with the Oral Health Bureau and Title V Bureau to **implement the I-Smile™ program into the DWP Kids managed care plan**. This included updating the data system and data sharing agreements, system of care for referrals and comprehensive processes. Through our Foundation, we have **provided funds for implementation of I-Smile™ @ School screenings and sealants and the three pilot I-Smile™ Silver Agencies**.

This has allowed local I-Smile™ programs to expand screening and preventive services to local school districts. Another example is our work with Early Childhood Iowa and Maternal Infant Early Childhood Home Visiting (MIECHV) to add oral health education training for home visitors. Our Foundation supported the Oral Health Module that is used nationally for home visiting certification.



Below we provide a few examples of our dedication to fostering strong partnerships to develop and create improvements for the betterment of our Enrolled Members and Network Providers:

A. Program Contractors.

Strong collaboration and teamwork with the other Dental PAHP are essential to providing Agency Enrolled Members the best opportunity to improve their health and smiles. We have worked collaboratively with Managed Care of North America, Inc. (MCNA) to coordinate policies and projects. An example of joint change was presenting data to the Agency to remove the requirement for Prior Authorizations for denture services. Delta Dental and MCNA also partnered to implement I-Smile™ into DWP Kids contracts. We developed a joint I-Smile™ referral process and worked together to provide training to I-Smile™ staff. We also worked jointly with MCNA, the Agency, and other partners to develop an Oral Health Survey that is used for initial assessments of DWP Members.

B. Iowa Health and Human Services.

Delta Dental and our Foundation have a long-standing partnership with the Wellness and Preventive Services Bureau including the following programs.

- **I-Smile™:** I-Smile™ is a nationally recognized program with outstanding outcomes that shows improved access for Agency children. We have worked in partnership with State and local I-Smile™ representatives to develop a coordinated approach for local Provider collaboration and referrals.
- **Title V Maternal and Child Health and WIC:** Delta Dental works collaboratively with Title V Maternal and Child Health and WIC at the State and local level. We have focused partnerships around increasing access for children and pregnant women through referrals and preventive services at local Public Health and WIC clinics.
- **Division of Tobacco Prevention and Control:** Through our partnership with the Division of Tobacco Use Prevention and Control we have provided smoking cessation resources to Enrolled Members. We have also provided joint resources to Network Providers to educate Enrolled Members on smoking cessation.
- **Maternal, Infant, Early Childhood Home Visiting (MIECHV):** Delta Dental has a strong partnership with MIECHV at the State level. Our Foundation provided funding to develop an online oral health education module that resides on the Institute for the Advancement of Family Support Professionals (Institute) platform administered by the University of Kansas. The Institute is a collaborative project between the Iowa Department of Public Health and the Virginia Department of Health and our academic partners of James Madison University and the University of Kansas. The oral health education module is available to all Iowa home visitors and all 50 states, two tribes and two territories.

C. Iowa Department of Education.

Delta Dental assists the Department of Education to educate school nurses on the Agency oral health benefits and oral health referrals process. Delta Dental attends the annual School Nurse Conference to serve as an oral health resource for school nurses. We also work with Head Start to share data related to the oral health needs of students. Through Government Programs quality initiatives, we provide all Iowa Head Start students with toothbrushes throughout the year to ensure good oral health education is established and important hygiene efforts are monitored and encouraged.

Our Foundation's Rethink Your Drink program retrofits water fountains with a water bottle filling station in Iowa schools. This program originated due to our responsive interaction with a school nurse in Albia, Iowa who needed assistance to create healthier, free water options for students. With technical assistance from the Iowa Department of Education, our Foundation has invested \$1.9 million to expand the program statewide to install Rethink Your Drink water bottle filling stations.

Delta Dental in Action | Strengthening the Connection Between Oral and Overall, Health

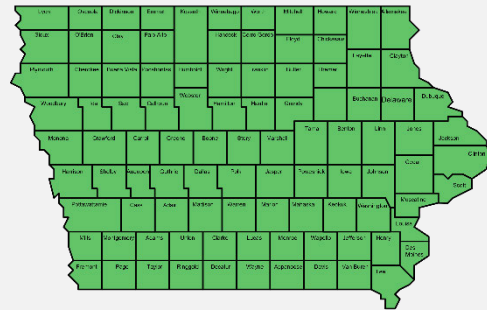
**RETHINK
YOUR DRINK**

Title: Rethink Your Drink

Amount Awarded: \$1,972,606 since 2017

Project Dates: 2017 - current

Geographic Area Served (Counties): Statewide



Project Description: Our Foundation created the Rethink Your Drink program in 2017 to advance oral and overall health. Through Rethink Your Drink, our Foundation has provided 393 filling stations in Iowa schools and 26 outdoor water stations in communities. The program provides a water filling station in schools and communities to provide access to drinking water throughout the day. This investment encourages drinking fluoridated water, choosing healthy activities and food, and is a collaboration with other organizations (like Healthiest State Initiative, DHHS and Human Services, and Iowa Department of Education).

Results: More than 193,000 students and staff impacted.



D. Ombudsman’s Office.

Delta Dental has collaborated with the Ombudsman’s Office to successfully resolve conflicts and Grievances from Enrolled Members and will continue to do so.

E. Community Based Agencies.

Delta Dental partners with a multitude of local community-based organizations. A few of our priority areas are listed below.

- **Local Title V and local Public Health Agencies:** We have a nine-year history of collaborating with Title V agencies and local Public Health Agencies. We have worked to strengthen partnerships to increase access for children, pregnant women, and adults. We also work with the home visiting programs within Title V and Public Health Agencies to promote oral health education and screening.
- **Community Providers:** We have been working with the Iowa Association of Community Providers to develop innovative strategies to increase access to quality services for Members with disabilities in residential and community-based centers. We work directly with a few residential facilities to provide care coordination for Members.
- **School Districts:** Through the I-Smile™@ School program outreach, education, care coordination and preventive services are available for most school districts. We facilitate care coordination if school nurses and I-Smile™@ School coordinators need assistance in finding a dentist. Through our Foundation, we have provided water bottle filling stations to 393 Iowa schools to establish

and encourage the healthy habit of drinking water throughout the day for overall mind and body health.

- **Rural Health:** Through our work with many community-based rural organizations across Iowa, we have focused on improving oral health access and overall health issues. Delta Dental's investment in the Fulfilling Iowa's Need for Dentists (FIND) Project helps to recruit and retain private practice dentists in underserved, mostly rural areas of the State to meet the oral health needs of all in the community, including Medicaid Members. To date, 56 dentists have received education loan repayment awards through FIND. In addition, we work with DHHS, local dentists, businesses, and other key stakeholders to address and advocate the importance of fluoridation in Iowa community water systems and maintaining this key public health initiative.

F. Iowa Department of Inspection and Appeals (DIA).

Delta Dental has worked closely with the DIA during the State Fair Hearing Process. We have had over 25 State Fair Hearings and the majority of them have been affirmed. Delta Dental's Program Integrity Manager works closely with the DIA, acting as a liaison with the Agency and DIA personnel for Program Integrity-related activities which includes reporting tips twice a month to the DIA, referring instances of suspected fraud to the DIA through the Agency, attending meetings regularly with the DIA, and fulfilling DIA requests for information for suspected fraud waste and abuse cases.

G. Iowa Department of Aging.

Iowa ranks high among states with an ever-growing aging population. Poor oral health can affect the ability to chew, swallow, and speak. This contributes to malnutrition, inflammation, and self-esteem. People are keeping their teeth longer due to an increased understanding of oral health and investments in restorative treatment along with advances in dentistry and community water fluoridation. Older Iowans residing in nursing facilities and homebound settings may also have immunocompromised systems and challenges accessing care. There is a strong correlation between poor oral health and systemic conditions. Delta Dental and our Foundation actively engaged both nationally and locally to improve the oral health of older Iowans through National and State advocacy,

In 2012, our Foundation launched a long-term goal to increase access to oral health care for older frail Iowans. Unfortunately, at the time, Iowa lacked a coordinated system of oral health care for older adults. Through the work of collective impact, our Foundation reached out to a group of diverse stakeholders across the State, including the Iowa Department of Aging, to learn more about the existing oral health care infrastructure and the barriers limiting access to oral health care. In 2014, the Lifelong Smiles Coalition was formed and launched solutions to assure optional oral health for older Iowans with our Foundation funding including:

- **Iowa Caregivers Mouth Care Matters:** a competency-based oral health specialty training curriculum for Direct Care Professionals serving persons in long term care and community-based, as well as health care settings.
- **University of Iowa College of Dentistry and Dental Clinics Office of Education and Training:** coordinates, develops, and promotes training opportunities for oral health professionals, the direct care workforce and those providing care for older adults in Iowa.
- **Iowa Department of Health and Human Services I-Smile™ Silver project:** creates local systems to help older Iowans prevent dental disease, access oral health care through care coordination, and maintain good overall health.

Delta Dental in Action | Medical/Dental Integration – Direct Care Workforce

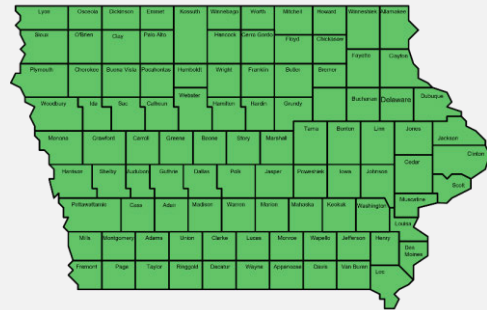
Organization: Iowa CareGivers, West Des Moines (Polk)

Title: Mouth Care Matters - Oral Health Education for Direct Caregivers

Amount Awarded: \$354,913 since 2014

Project Dates: 6/1/2014 - current

Geographic Area Served (Counties): Statewide



Project Description: Mouth Care Matters (MCM) is a one-day specialty training in oral care. MCM was originally supported by our Foundation in 2014 and designed for home care, hospice, and nurse aides; personal assistants; patient care technicians; and direct support professionals. The program is also suitable for other health and long-term service and support (LTSS) staff including licensed nurses. Family caregivers also benefit from the training.

Results: Certified dental hygienists teach practical hands-on skills on how to provide the best oral care possible for Iowans of all ages and abilities. One of the greatest take-aways by participants is a greater understanding about the link between a healthy mouth and one’s overall health and well-being.



In 2016, our Foundation had the opportunity to support oral health programming education with the National Association of States United for Aging and Disabilities as they hosted their annual conference in Iowa. There was a break-out session as well as a luncheon plenary on the innovative work of the Lifelong Smiles Coalition and oral health initiatives in Iowa. In 2017, working with the Aging Resources of Central Iowa, a Healthy Eating Guide for Older Adults was produced and distributed. Since 2020, Delta Dental and our Foundation has engaged with the Iowa Area Agencies on Aging organizations to address COVID-19 related relief projects focused on unmet health and supply needs, food insecurity, elderly nutrition, and home delivered senior meals.

Our Foundation Executive Director and Vice President of Public Affairs, Ms. Suzanne Heckenlaible, was selected by the US Department of Health and Human Services’ Office on Women’s Health, the Administration for Community Living to work on a task force to identify and promote vetted, low-cost, community-based oral health programs for older adults across the country and help communities start or enhance their own oral health program for this population. Through this work, Ms. Heckenlaible was asked to co-present at the luncheon plenary for the Alliance for Information and Referral Systems (AIRS) conference in 2017. That following year, Ms. Heckenlaible was approved as a commissioner for the Iowa Department on Aging and currently serves as the Vice-Chair.

H. Estate Recovery.

Delta Dental will coordinate activities and cooperate with the Department of Estate Recovery Contractor. We will work to inform and send annual Enrolled Member notifications.

I. Iowa Health Link Managed Care Organizations



[Redacted text block containing multiple lines of blacked-out information]

J. Other Community Partners

- Healthiest State Initiative:** Delta Dental works closely with Iowa’s Healthiest State Initiative (HSI) and two members of the executive team, have served on the board and committees. Ms. Heckenlaible, our Vice President of Public Affairs and Foundation Executive Director, served as the Dental Health Chair and the Iowa Healthiest State Foundation Sub-Committee member. Ms. Schmaltz, our Interim Co-CEO/ Senior Vice President of Sales and Marketing, has served on the Healthiest State Walk Committee. We have supported and at times led key program initiatives including “Get Your Bib On,” a program to encourage Iowans to use their dental benefits, go to the dentist, as well as oral health education to improve and maintain good oral health habits. Through our Foundation’s Rethink Your Drink Program, we provide water bottle filling stations to schools and outdoor community spaces. In addition, we have partnered with HSI on 5-2-1-0 Healthy Choices Count!, a nationally recognized and evidence-based prevention framework, to promote healthy habits including choosing water over sugar sweetened beverages. In addition, Delta Dental has been an active supporter of the Make it Ok campaign, focused on reducing the stigma associated with seeking help and talking about mental health.



The Get Your Bib On project was a joint project with Delta Dental and the Healthiest State Initiative.

- United Way:** Delta Dental has a strong partnership with United Way of Central Iowa. Each year, we support the United Way Campaign to raise funds and awareness of the local service programs supporting Iowans to thrive. In 2022, Delta Dental had 94 percent of employees

participate in the personal fundraising campaign with a total of more than \$105,000 raised. Delta Dental has been recognized by United Way for the GIVE Award (2016, 2017) and the Volunteer Award (2016), as well as the Game Changer Award (2019, 2021). Delta Dental's Executive Director of our Foundation and Vice President of Public Affairs serves as the Health and Wellbeing Cabinet Chair, an Executive Board Committee member and Board member for the United Way of Central Iowa. We also have several employees serving as active members for the Oral Health Iowa Coalition. This statewide coalition merged three coalitions, collective coalition of Cavity Free Iowa, Community Water Fluoridation, Lifelong Smiles and Oral Health Iowa was formed in 2020. This new coalition shall be recognized for our engagement of diverse partners in new, innovative collaborations to support the variety of initiatives addressing oral health care needs of all Iowans. Oral Health Iowa is coordinated through United Way and receives funding from our Foundation.



Delta Dental was recognized by the United Way of Central Iowa in 2021 with the Game Changer Award.

A.18 Media Contacts.

All media requests are filtered through our Corporate Communications Director. No statements are made to the media about our clients without their approval. Delta Dental's Employee Handbook outlines media response as stated in our Code of Conduct and Ethics. In addition, Delta Dental has Business Continuity Plan and Crisis Communication Plan which explain how to respond to the media. The Delta Dental website has a media contact page for media inquiries. If a media request comes in through the Member and Provider Services helpline, the call is transferred to the manager and contact information of the caller is sent to the Corporate Communications Director.

A.19 Written Policies and Procedures.

As an incumbent PAHP, Delta Dental has written policies and procedures for all functional areas. Each area has a Policies and Procedure Manual (PPM). Through audits and external reviews, the Agency has approved all policies and procedures in our PPM. We will submit our PPM 45-days after the execution of this Contract.

Delta Dental's Leadership team and staff are responsible for reviewing and updating all policies and procedures in their functional area. We will continue to review and update the PPM twice a year, in July and January, to account for any Contract changes and Current Dental Terminology (CDT) code updates. The team will review the PPM to ensure all areas of this Contract and Federal regulations are addressed.

A.20 Contractor Developed Materials.

Delta Dental has developed a process for internal and external review of development materials. We will continue to use the Agency's Approval process worksheet to request review and feedback for all Enrolled Members and Network Provider materials. We will also continue to store all Agency approved Enrolled Member and Network Provider facing documents on our website. We will save internal policies and procedures in a shared file for easy access between Delta Dental teams. All policies will be updated based on the date of approval.

A.21 Participation in Readiness Reviews.

Attachment J. A.21 Participation in Readiness Reviews

a) Submit a draft implementation plan which identifies the elements for implementing the proposed services, including but not limited to:

i. Tasks;

ii. Staff responsibilities;

iii. Timelines; and

iv. Processes that will be used to ensure contracted services begin upon this Contract effective date

b) Confirm that you will revise the implementation plan and keep it updated throughout the readiness review process.

Delta Dental understands the Agency's expectations for the Readiness Review and for seamless implementation of this Contract. Our draft implementation plan, as required by RFP Section 3.2.3.1 and RFP Section A.21, is located at Attachment A.1 and will ensure contracted services begin upon this Contract effective date. The plan includes tasks, staff responsibilities, timelines, and processes and will be revised/updated throughout the Readiness Review process. We will create a Delta Dental resource library for the readiness review and implementation phase.

Delta Dental will respond to all requests for information from the Agency within the designated timeframes. During the readiness review process Delta Dental will demonstrate our Dental Benefit Administration System and our current DWP and Hawki policies and procedures. Our Dental Benefit Administration System is our core administration system and will be utilized for all processing of eligibility, benefits setup, claim adjudication, and internal user administration.

Delta Dental has made significant investments in our Dental Benefit Administration System, security, and technology support (see Section K). This allows us to have the infrastructure and expertise to make changes quickly and integrate platforms for enhanced Enrolled Member and Network Provider experiences.

Delta Dental has completed two readiness reviews for the Agency in the past. The first one was for the DWP implementation. **The Delta Dental team successfully passed a Readiness Review on April 25, 2014 with 100 percent requirements completed.** The planning for DWP started in January 2014, and despite a condensed implementation period, we completed all tasks and were ready to go live May 1, 2014.

The second readiness review was for DWP Kids. **We had a successful Readiness Review on May 11, 2021, for the DWP Kids implementation on July 1, 2021.** Both Readiness Reviews included a comprehensive review of Delta Dental's Dental Benefit Administration System and policies and procedures for all Contract requirements and State and Federal law. The review also included an in-depth, end-to-end testing of the project plan, which included testing for service authorization and claims, Provider Network search, and our secure Dentist and Member Connection websites.

As an incumbent PAHP, our Readiness Review will include current Delta Dental staff performing live demonstrations and testing as well as outlining policies and procedures for Contract requirements.

As outlined, Delta Dental will update systems, policies, and procedures and Enrolled Member and Network Provider facing documents based on Agency requirements and will pass a Readiness Review at

least 30 days prior to scheduled Member enrollment to ensure dental services will be provided by Contract effective date of July 1, 2024.

Delta Dental will also use National experience and expertise of Delta Dental Plans Association member companies that have implemented Agency programs. We will continue to work with the other Delta Dental member companies to share best practices for engaging Enrolled Members, Providers and community stakeholders as well as creating efficiencies and reducing administrative burdens for Providers.

Delta Dental will ensure all staff that are responsible for the implementation and operationalizing of this Contract will participate in the Agency onboarding sessions. We will have training sessions with all staff at Delta Dental to cover components of the Agency onboarding sessions.

A.22 Response to State Inquiries & Requests for Information.

Delta Dental will comply fully with all Agency requests for financial information and any other information. We understand we can designate information as confidential, but it may not be withheld from the Agency as proprietary. We also understand our confidential information may not be disclosed by the Agency without the prior written consent of Delta Dental unless required by law. If we believe the information requested is confidential, we will provide a detailed legal memo to the Agency that outlines specific reasons for why the information is confidential and the specific harm or injury that would result from the disclosure of information.

As an incumbent PAHP, Delta Dental has provided the Agency with responses and resolution of issues related to inquiries from external entities, Network Providers, Enrolled Members, Legislators, and other constituents. We will continue to provide responses and resolutions to the Agency in a timely manner.

A.23 Stakeholder Education.

Based on experience from other Agency program implementations, Delta Dental has developed a formal process for ongoing education for stakeholders, advocates, Enrolled Members, Member's families, and Network Providers prior to, during and after implementation of this Contract. The final Provider, Enrolled Member and Stakeholder Education Plans will be submitted to the Agency for review and approved by the timeframe established by the Agency.

Delta Dental will continue to maintain a strong focus on educating Network Providers. We will gather input related to training needs from Network Providers through our annual Provider Survey, the Dental Advisory Group, the Office Manager Advisory Group, Iowa Dental Association Medicaid Workgroup, and feedback during in-person office visits. We will provide training through various venues and times of the day and locations across the State. Annually, we will provide one in-person and one virtual comprehensive training that discusses program changes and offers Providers and office managers continuing education credits. We will also publish a newsletter every other month that serves as a training tool for Providers and office managers. We will be creating short videos for Network Providers that focus on specific topics and walks through how-to processes. Exhibit A.23-1 outlines our Provider Education.

Exhibit A.23-1. Delta Dental Network Providers education.

Training	Overview	Training Venue	Timeframe
Contract Requirements	Contract requirements and Federal and State law requirements	In-person Seminar and newsletter	June and ongoing
Enrolled Member Benefits and Basic Eligibility	<ul style="list-style-type: none"> Overview of benefit and clinical criteria and discussion of unique Member needs Overview of Member eligibility requirements and presumptive eligibility Outlines Annual Benefit Maximum requirements and excludes services Overview of Member pay Overview of continuity of care and Enrolled Member transportation benefits in coordination with Member's MCO 	Webinar, Online training, and newsletter	Ongoing
Emergency and Post Stabilization Services	Overview of emergency and post stabilization services and how to submit claims	Webinar, Online training, and newsletter	Ongoing
Provider Enrollment with Medicaid and Provider Credentialing/ Recredentialing with Delta Dental	Overview of Medicaid enrollment and Delta Dental Credentialing and Recredentialing processes	Webinar and newsletter	Ongoing
CDT changes	Overview of the annual CDT changes and updates	Webinar and newsletter	December
Cultural Competency	Overview of how to deliver effective, quality care to Enrolled Members who have diverse beliefs, attitudes, values, and behaviors	Online training	Ongoing
HIPAA Compliance	Overview of HIPAA compliance and regulations	Online Training	Ongoing
Fraud, Waste and Abuse training	Overview of FWA and discuss best practices for Enrolled Member clinical documentation standards	Online training	Fall
Community Action Poverty Simulation Training	Interactive immersion experience that sensitizes the realities of poverty	In Person Seminar	Spring
Submitting a claim	Instructions on how to submit a claim, including emergency, post stabilization and medical necessity processing	Online training	Ongoing
Submitting an Appeal and exception to policy	Instructions on how to submit an Appeal on behalf of an Enrolled Member and exception to policy.	Online training	Ongoing

Training	Overview	Training Venue	Timeframe
Using the Provider PreViser Risk Assessment	Overview of the assessment tool and how it can be used by Providers for determining risk level of the Enrolled Member	Handout	Ongoing
Ad hoc topics	Education on new and emerging topics, trending issues/problems, or trending Provider inquiries	Webinar, Online training, and newsletter	Ongoing

Stakeholders and Advocates: Delta Dental understands the importance of having strong partnerships with Iowa stakeholders and advocacy groups and we have a strong commitment to providing training and resources to stakeholders and advocates across the State. Through staff involvement with Oral Health Iowa, we have identified a list of training sessions (Exhibit A.23-2) that we have hosted or will host for DWP, DWP Kids, and Hawki implementation that we will use for this Contract. Our formal education plan will include training through a variety of mechanisms, such as in-person meetings, webinars, community outreach events and coalition meetings and events.

Exhibit A.23-2. Stakeholders and advocates training.

Training	Overview	Training Venue	Timeframe
Dental Benefits	Overview of an Enrolled Members benefits, how to find a Provider, and how to file a Grievance and/or Appeal.	Webinar and community events	July
Care Coordination	Overview of Delta Dental’s outreach activities and care coordination contacts.	Webinar and community events	July
I-Smile™	Overview of the I-Smile™ program and local contacts.	Webinar and community events	September

Members and their families/personal representatives: Delta Dental will continue to provide Enrolled Members and families with a comprehensive education program. We will gather input from Enrolled Members and families through Delta Dental’s Member Advisory Committee and our annual Member survey. Based on feedback from Enrolled Members, we will also be creating short, concise videos for Enrolled Members to learn about their benefits, Oral Health Survey, secure Member Connection website, how to find a Network Provider, and what to expect when visiting the dentist. Exhibit A.23-3 below outlines our Member Education. We will gather input from Members and families through Delta Dental’s Member Advisory Committee and our annual Member survey. Based on feedback from Members, we will also be creating short, concise videos for Members to learn about their benefits, Oral Health Survey, secure Member Connection website, how to find a Network Provider, and what to expect when visiting the dentist. Exhibit A.23-3 below outlines our Member Education.

Exhibit A.23-3. Members and their families/representative training.

Training	Overview	Education Mode	Timeframe
Enrolled Member Benefit	Overview of benefits	Webinar	June
Enrolled Member Portal	Detailed instruction on creating an account and overview of resources	Online training and hard copy handout	Ongoing
Understanding Adverse Benefit Determination (ABD)	Overview of how to understand Enrolled Member's ABD	Online training and hard copy handout	Ongoing
What to expect when visiting the dentist	Overview of scheduling an appointment and getting services at a dental office	Online training, hard copy handout and in person	Ongoing
Fraud, Waste and Abuse (FWA)	Overview of FWA and how you report a possible incident	Online training and hard copy handout	Ongoing
PreViser Oral Health Survey	Overview on how to complete the Oral Health Survey	Online training and hard copy handout	Ongoing
Member Handbook	Overview of the Member Handbook components including understanding their benefits, how to find a Providers, how to file a Grievance and/or Appeal, etc.	Online training, hard copy handout and in person	Ongoing
Our <i>Healthy You</i> newsletter	Educational content about oral and overall health and Members' communities, with the goal of promoting preventive care	Hard copy handout and Email	Ongoing
Preventive Exams and Recall Exams	Information on the importance of getting an exam every six months	Hard copy handout and electronic communications	Ongoing

A.24 Dissemination of Information.

At the request of the Agency, Delta Dental will distribute information prepared by the Agency or the Federal government to our Network Providers (e.g., Medicaid Provider Informational Letters). Once the Agency publishes an Informational Letter, Delta Dental will send the letter to our Network Providers via email.

We will also send out Agency developed Enrolled Member documents (e.g., educational materials for the Public Health Emergency Unwind).

A.25 Future Program Guidance.

We will comply with current and future program manuals, guidance and policies and procedures at no additional cost to the Agency. Through our Compliance team we will continue to monitor State and Federal regulation changes. We also understand future modifications that have significant impact on this Contract's responsibilities will be made through the Contract Amendment process.

A.26 Material Change to Operations.

Attachment J. A.26 Material Change to Operations
a) Describe how you will inform the Agency in advance of any material changes, and how far in advance the Agency will be informed.

Delta Dental currently works in strong partnership with the Agency, and we will continue to be transparent with open program management communication and program visibility. Delta Dental will notify the Agency of material changes outlined in A.26 as soon as possible but at least 60 days prior to implementation. Our notification to the Agency will include:

1. Information regarding the nature of the change.
2. Rational for the change.
3. Proposed effective date.
4. Sample of the Enrolled Member and Network Provider notification materials.

Delta Dental will communicate material changes to Enrolled Members and Network Providers at least 30 days prior to the change.

A.27 Call Center Performance Metrics.

As one of our core values, Delta Dental provides Exceptional Quality Service for Enrolled Members and Network Providers by continually focusing on high quality service. Delta Dental’s Call Center will continue to comply with and meet or exceed call center performance metrics in RFP Section A.27. In SFY23, **we maintained an average service level of 87.71 percent and abandonment rate of 0.71 percent for Member Services and 83.94 percent service level and 1.27 percent abandonment rate for Provider Services.** Throughout this contract year, we have exceeded call center performance metrics and will continue to provide exceptional quality service for Enrolled Members and Network Providers, as shown in Exhibit A.27-1 below. The metrics below reflect RFP Section A.27 (a) and (b).

Exhibit A.27-1. Delta Dental call center performance metrics (average July SFY23-December SFY23).

Member Call Center Metrics	July SFY23	Aug SFY23	Sep SFY23	Oct SFY23	Nov SFY23	Dec SFY23	Average
Member Service Level –calls answered before 30 seconds 80% Standard	91.51%	86.38%	84.56%	86.75%	87.71%	89.33%	87.71%
Member Abandonment Rate - Must be 5% or less	0.66%	0.89%	0.77%	0.59%	0.50%	0.83%	0.71%
Provider Service Level - 80% Standard	87.95%	82.65%	82.63%	81.66%	84.28%	84.47%	83.94%
Provider Abandonment Rate - Must be 5% or less	0.86%	1.14%	1.30%	0.96%	1.08%	2.26%	1.27%

In the SFY24 contract, Delta Dental has started to monitor Provider Services performance metrics that are outlined in RFP Section A.27(c)-(i). We will be in full compliance of monitoring the additional performance metrics for this Contract.

A.28 Quality of Responses and Deliverables to the Agency.

Delta Dental understands the importance of producing quality documents for dissemination and deliverables sent to the Agency. We will review documents submitted to the Agency multiple times for grammar and content alignment with Medicaid programs rules and regulations.

A.29 Coverage Area.

Delta Dental agrees to provide dental services through this Contract to the entire State of Iowa.

A.30 Periodic Reviews of Eligibility.

Delta Dental understands that the Agency may periodically review each Enrolled Member's circumstances to establish an Enrolled Member's continued eligibility status in the DWP and Hawki dental programs. This will assist us in accurately meeting the needs of the Enrolled Member and providing the most optimal care that aligns with where they are at in life.

A.31 Enrolled Member Engagement.

Delta Dental has a comprehensive Enrolled Member education, outreach, and care coordination plan that provides information on services, outreach, and care coordination services. All our outreach and Care Coordinators are in Iowa and work with Enrolled Members, community organizations, stakeholder groups, and dental and medical Providers to address dental needs. Our Care Coordination Manager has established partnerships with the medical MCOs to provide seamless care coordination services to Enrolled Members.

As discussed in A.17, Delta Dental has an established partnership with I-Smile™ to provide information, outreach, care coordination, and direct service for DWP Kids and Hawki Enrolled Members across the State. I-Smile™ is a statewide program coordinated by dental hygienists located in regional Title V agencies. These coordinators connect Iowa children and adolescents with dental, medical, and community resources to ensure a lifetime of health and wellness. I-Smile™ @ School also serves DWP Kids and Hawki Members in school settings, providing sealant and fluoride applications. I-Smile™ Silver is available for adults in three Title V agencies covering 10 Iowa counties. I-Smile™ Silver staff work with Agency adults to provide information, outreach, care coordination and direct service. Local I-Smile™, I-Smile™ @ School, and I-Smile™ Silver programs hire staff who live and work within the community they are serving. The staffing model for the I-Smile™ programs includes hygienists, dental assistants, social workers, nurses, and community health workers. The I-Smile™ programs provide direct services to Agency Members, build community partners with stakeholders and dental and medical Providers, and are active in community coalitions and stakeholder events.

Also discussed in Section A.17, Delta Dental has long been an active participant in community events across the State of Iowa. As a completely Iowa-based company, we value the unique and involved interactions we have with our Enrolled Members. To ensure comprehensive Member engagement, we will continue to leverage our relationships with key community partners, especially local I-Smile™ coordinators, and prioritize in-person involvement at local and statewide events targeting Enrolled Members, caregivers, potential enrollees, and the community professionals who work with them.

A.32 Enrolled Member Education and Outreach.



In addition to providing Dental benefits for our Enrolled Members, we **prioritize providing oral and overall health education to our Enrolled Members, including the promotion of oral health behaviors at home.** Our oral health education content will continue to be created specifically with our Enrolled Members in mind, and topics are chosen to best resonate with and improve the lives of Iowans. Exhibit A.32-1 provides our education and outreach initiatives and the methods of communication available.

Exhibit A.32-1. Education and outreach initiatives.

	Method of Communication				
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]



A. Increasing Use of Preventive and Recall Services.

Delta Dental has a comprehensive, data-driven, communications plan in place to **promote preventive service utilization among our Enrolled Members.** Our communications plan takes into consideration both Enrolled Members who have underutilized preventive services, as well as promoting the continued use of preventive services among our Enrolled Members who have an established dental home with a Network Provider.

Currently, our preventive and recall communications utilize postcard mailings, which we have historically identified success with. However, we understand mail is not accessible for all Enrolled Members, and we will utilize email, and automated outbound calls for these communications. We plan to also explore implementing chat and text messaging for general outreach to increase preventive and recall services. Outlined below are the initiatives we have implemented to promote these services:

- [Redacted]
- [Redacted]
- [Redacted]

█ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

B. Educating Enrolled Members.

Many of our educational pieces will continue to be available and easily accessible by both our Enrolled Members and the general public. Our *Healthy You* newsletter sent via Email and the blog on our website provides Enrolled Members with educational content about oral and overall health and their communities. Many of our articles have the goal of promoting preventive utilization and at-home care, and thus reducing the cost and administrative burden to the Agency and State of Iowa. The blog links directly to our DWP, DWP Kids, and Hawki websites and is actively promoted through our monthly *Healthy You* newsletter and social media channels Educational topics currently available include Silver Diamine fluoride and gum disease prevention. We also focus on educating Iowans about preventive care to avoid emergent services and offer resources to deter Iowans from utilizing the emergency room for dental care, such as information about what TeleDentistry.com is and how to access it. We routinely update our blog in to address identified Iowa-specific oral health needs in accordance with clinical health guidelines.

Additional special populations may also receive targeted outreach education. The content is sent directly to these Members and includes tailored oral health education. **When we send educational materials to Enrolled Members, we often provide oral hygiene materials, including toothbrushes, toothpaste, and dental floss.**

C. Utilizing Community Resources.

As an Iowa-based company with strong statewide ties, we have established connections to our community, including involvement in outreach events across the State. Our Government Programs team will continue to attend Member-facing and professional events throughout the year.

We value the opportunity to engage face-to-face with Enrolled Members and potential enrollees to provide them with on-site care coordination services and oral health and benefit education. At every event, Delta Dental provides attendees with printed communications about accessing crucial Member information, including, the Provider directory and Member Handbook. Delta Dental staff are also present to provide Members with instructions about navigating and accessing a Providers and resources. Additionally, we provide all attendees with oral health hygiene products and healthy habit education at every event to promote oral health hygiene at home. When attending professional events, we provide similar materials, but instead they are aimed toward professionals so they can help to educate and direct our Enrolled Members that they work with. Within the State of Iowa, we are often present and tabling at The Public Health Conference of Iowa, School Nurse Conferences, the Iowa Community Health Conference, and more.

We will be present at statewide and community-level events to reach as many Enrolled Members and Member-facing professionals as possible. To target Enrolled Members and potential enrollees, we will continue to sponsor a day every year at the Iowa State Fair and to promote DWP, DWP Kids, and Hawki and to interact with Enrolled Members. We will also attend more localized community events and engage in partnerships to secure Subcontractor opportunities. For example, we have recently made it a priority to be present at every Green to Go Event hosted by Iowa Total Care in partnership with Hy-Vee. These events take place throughout the year, in four different regions across Iowa, and allow us to interact with Enrolled Members and potential enrollees in those communities. At Delta Dental, we have identified a lack of health fairs and Member-facing events with a strong focus on oral health. By SFY25, we will implement our own Member-oriented event with a focus on oral health and the promotion of medical/dental integration, which we will host in the State of Iowa. We will invite key oral health stakeholders and other Contractors, as well as other community partners.



Delta Dental staff interacting with Members at the Iowa State Fair.

D. Educating and Promoting Completion of the Initial Oral Health Risk Screening.

Delta Dental strongly advocates the completion of the Initial Oral Health Risk Screening. Since 2017, we have implemented an Enrolled Member-based risk assessment and used the data to guide our Enrolled Members' education, outreach, and care coordination plan. For SFY25, we will implement a plan which will incorporate at least three documented outreach attempts to ensure 70 percent of newly Enrolled Members over 21 years or older are completing their Initial Oral Health Screening within 90-days of enrollment.

Delta Dental educates and promotes Oral Health Survey in a variety of ways. The new Enrolled Member packet includes a one-page overview of the screening and how to complete it. All Enrolled Member documents include a QR code for ease of access. We also include QR codes linked directly to the Screening on the New Member Postcard mailed to all newly Enrolled Members within 45-days of being enrolled. We also plan to utilize Email and text messaging to promote the Oral Health Survey. A finalized communication plan, outlining all outreach attempts, will be sent to the Agency for approval prior to implementation for this contract.

In addition to automated outbound calls, Member Service representatives also conduct outbound calls, as needed, to Enrolled Members to educate them on the importance of preventive oral health services and the Initial Oral Health Screening. Many of the calls yield completion of the screening. When an Enrolled Member calls into the Member Services helpline, the representatives will offer to complete the Initial Oral Health Screening with the Enrolled Member. Member Services staff are also available during business hours to complete the Screening with the Enrolled Member over the phone upon request.

E. Data Analytics for Oral Health Survey.



Delta Dental will make at least three attempts to communicate with all new Enrolled Members about the completion of their PreViser Oral Health and will ensure a variety of communication strategies are utilized. We also utilize community supports and partners to promote the completion of the survey and assist Enrolled Members with completion, especially Enrolled Member populations identified as hard to reach.

Delta Dental uses multiple tools to analyze PreViser Oral Health Survey responses on a micro- and macro-level. Individual-level data is pulled and analyzed weekly to identify Enrolled Members who need additional outreach or care coordination services. Alongside this, Delta Dental has created an internal Oral Health Survey dashboard to inform our Care Coordination team and their outreach efforts. This automated dashboard provides up-to-date data on completion of initial risk screening, demographic trends and potential needs among our Enrolled Members, and monitoring of trends to help alleviate non-compliance.

Our Data team in conjunction with our Care Coordination Program has the capability to monitor data to determine which Enrolled Members need further outreach and to identify ways to improve processes. Alongside tracking our performance of completion, our internal monitoring system has the capability to monitor specific trends in our population. Exhibit G.2.20-1, G.2.20-2, and G.2.20-3 showcases our capability to monitor PreViser Oral Health Survey response trends. This data is regularly utilized to inform our Care Coordination team to tailor outreach.

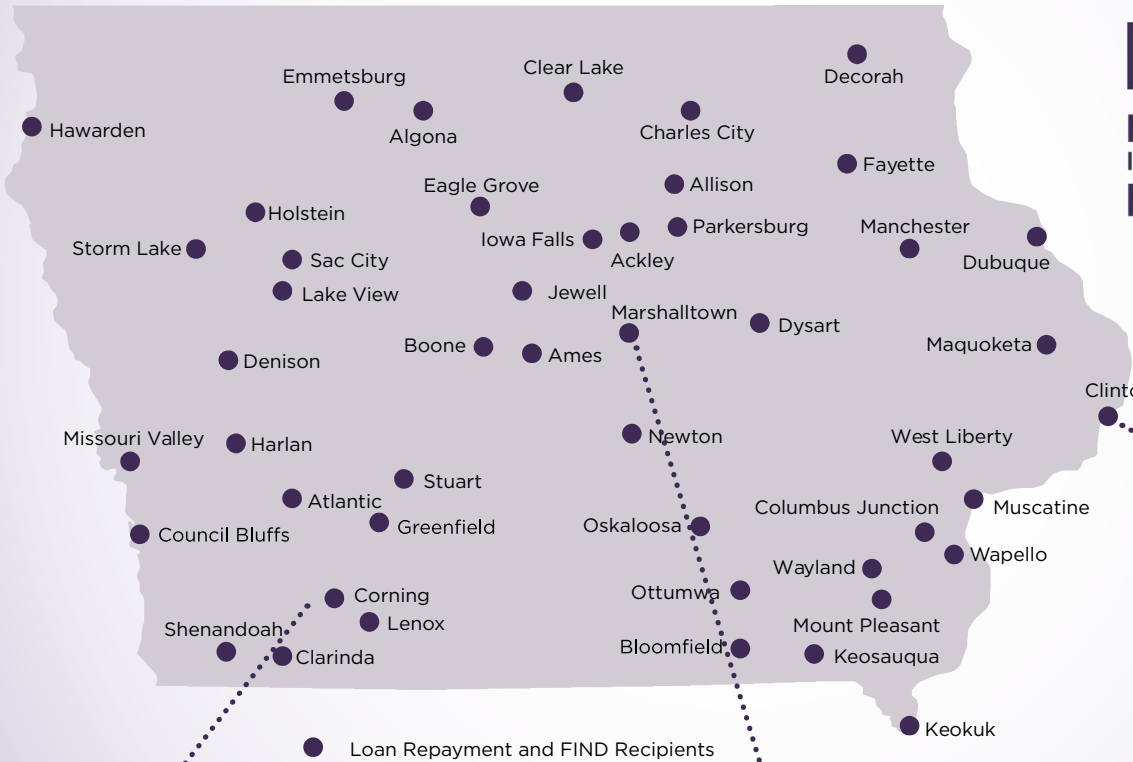
Outreach is currently conducted with all Enrolled Members who respond on their PreViser Oral Health Survey that they have dental pain, Enrolled Members who request help with making an appointment, and Enrolled Members who request to be contacted. We offer care Coordination services to all Enrolled Members who need assistance with coordinating care during this outreach. Since the newest version of the survey was established in January 2023, Delta Dental has monitored data to identify other common risk factors among our Enrolled Member population. We monitor this data in conjunction with our dental claims data. This data will be utilized to expand our follow-up PreViser outreach and overall Care Coordination Program. We also plan to leverage the data sharing agreements we will have place in SFY24 with the contracted MCOs to promote medical/dental integration into our PreViser monitoring and outreach.

Delta Dental also utilizes this data to inform macro-level outreach and care coordination methods and content. We are monitoring the medical conditions, disabilities, and other risk factors identified by our Enrolled Member population to identify future macro-level outreach projects and initiatives. For example, Delta Dental has previously conducted outreach campaigns with targeted Member education to Enrolled Members who identified having diabetes. This data is also used to inform the actual communication methods and materials being used. We specifically monitor for new prevalent languages among our Enrolled Members so communications and materials can be readily available and disseminated in newly identified languages.

Section A Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § A, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

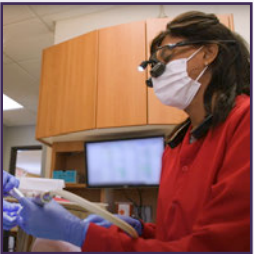
Enrollment and Disenrollment



FIND
 FULFILLING
 IOWA'S NEED FOR
DENTISTS



Dr. Kadavy, 2022 Recipient



Dr. Fuller, 2007 Recipient



Dr. Downing, 2021 Recipient

The Fulfilling Iowa's Need for Dentists (FIND) program connects dentists and underserved communities. Since 2002, **56 private-practice dentists have participated in the FIND program to provide 326,000 patient visits and 878,000 dental services.**



B. Enrollment and Disenrollment.

Attachment J. Please explain how you propose to execute Section B in its entirety and describe all relevant experience.





Delta Dental has been processing enrollment data for the Hawki program since 2005 and the DWP since 2014. Delta Dental currently complies with timely load and integration of the Benefit Enrollment and Maintenance information received from the Agency on a daily and monthly basis to accurately reflect Enrolled Members within our system. We have successfully processed over 2,500 Benefit Enrollment and Maintenance files for DWP, DWP Kids, and Hawki in the last five years alone. Our Dental Benefit Administration system reflects accurate eligibility, contact, and all additional identifying information for Enrolled Members passed in the Benefit Enrollment and Maintenance files and are updated in real time after receipt and processing of files received from the Agency. Our Dental Benefit Administration system can identify a Member who has gone through reenrollment which allows us to ensure prior claims have processed correctly. After an Enrolled Member joins Delta Dental, we are dedicated to helping Enrolled Members establish a dental home in or near their community in both rural and urban areas of the State in addition to those Enrolled Members seeking care from an Iowa Indian Health Care Provider. In the event an Enrolled Member disenrolls with Delta Dental, we will comply with all Agency requirements of data transmission and file sharing to ensure seamless transition for the Member to another PAHP.

Exhibit B-1. Features and benefits of our approach to Enrollment and Disenrollment and how they support the Agency's Key Goals.

Features	Benefits	01	02	03	04
Proven Enrollment and Disenrollment Process (Section B)	<ul style="list-style-type: none"> High Enrolled Member satisfaction due to accurate reflection of Enrolled Members in Dental Benefit Administration System and supported applications Low risk approach due to established enrollment and disenrollment process that currently successfully supports Iowa dental Medicaid 			✓	
Focus on Rural Coverage (Section B.2)	<ul style="list-style-type: none"> High Enrolled Member and Agency satisfaction due to coverage in rural and underserved areas Enrolled Members satisfaction due to large amount of Network Providers enrolled in the Delta Dental networks 	✓	✓	✓	✓
Medical/Dental integration (Section B.2)	<ul style="list-style-type: none"> Established focus on medical/dental integration with proven results. In place communication and standards shared between medical and dental managed care plans 	✓	✓	✓	✓
<p>Agency Key Goals 01- Improve Network Adequacy and availability of services. 02 - Increase recall and prevention services. 03 - Improve oral health equity among Medicaid Members. 04 - Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>					

Throughout this section and in our proposal overall we indicate where our solutions and approaches address these key Agency goals using the following symbols shown in Exhibit B-2:

Exhibit B-2. Agency Key Goals.

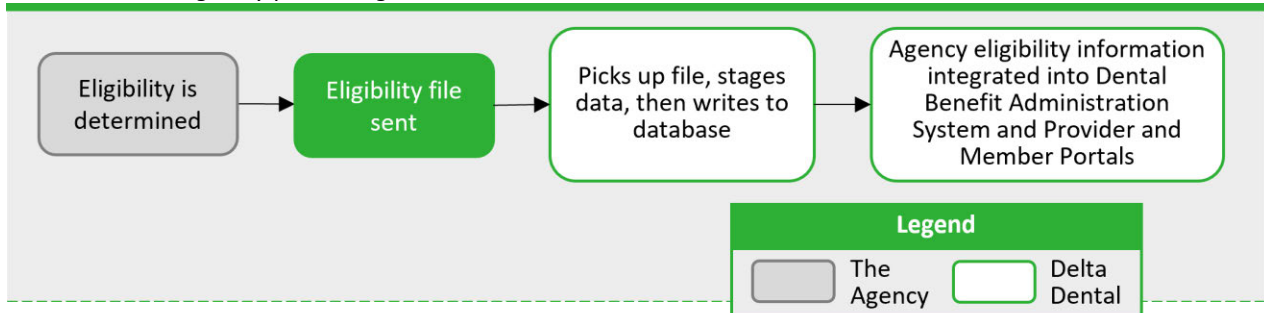
Agency Key Goals – Symbol and Description	
 <p>Improve Network Adequacy and availability of services.</p>	 <p>Increase recall and prevention services.</p>
 <p>Improve oral health equity among Medicaid Members.</p>	 <p>Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>

B.01 Eligible for Enrollment.

Delta Dental will comply with Special Contract Exhibit D concerning persons eligible for Enrollment. We understand the State has the exclusive right to determine an individual’s eligibility for Medicaid programs. The Agency serves as the source of truth for all Medicaid enrollment, and we will comply with reflecting correct and accurate data in our Dental Benefit Administration System daily. Delta Dental accepts and reflects eligibility information set forth by the Agency as outlined below in Exhibit B.01-1.

Successful Collaboration
<p>Through our thorough file validation process, we have identified instances of Benefit Enrollment and Maintenance file errors. For example, in the transition of a 19-year-old Member moving from DWP Kids to a DWP Adult group, the updated HD segment on the file showed the Enrolled Member with retroactive coverage in DWP Adults prior to the age of 19. When Delta Dental discovered this issue, we worked collaboratively with the Agency to provide a detailed description of the problem, provide examples, and ensured timely processing upon receiving correct Benefit Enrollment and Maintenance files so eligibility was accurately showing in our system and on our website.</p>

Exhibit B.01-1. Eligibility processing.



B.02 PAHP Selection and Assignment.

An Enrolled Member’s assignment may either be elected by the Enrolled Member or assigned by the Agency. Delta Dental understands that during the first 90 days of enrollment an Enrolled Member may decide to elect a different PAHP.

B.03 Effective Date of Contractor Enrollment.

Delta Dental understands and acknowledges that retroactive enrollments (up to three months prior to the Medicaid determination month) will occur for Enrolled Members during reinstatements. In the event an Enrolled Member is retroactively enrolled, Delta Dental has an automated reporting system that will identify claims and a Clinical team member will reprocess with updated eligibility as necessary.

Delta Dental understands we will not be responsible for covering newly retroactive Agency eligibility periods, with the following exceptions:

- Babies born to Medicaid enrolled women who are retroactively eligible to the month of birth
- Hawki Enrolled Members starting the month after the date of application

B.04 Estate Recovery Notification.

Delta Dental will send Comm. 123 to Enrolled Members over 55 years and those who are under 55 years and live in a medical facility and will probably not return home once a year. We will work with the Agency on an approved plan for dissemination and timing and will utilize State approved forms. We will produce documentation providing details of the information which may include mailing date, address, and recipient details sent to the Enrolled Member.

B.1 No Discrimination.

Delta Dental follows a detailed process for coordinating the enrollment, reenrollment, and disenrollment processes with the Agency.

B.1.01 Acceptance of New Enrolled Members.

Delta Dental accepts the Benefit Enrollment and Maintenance files as is and in the order in which an individual applies without restriction, unless authorized by CMS, up to the limits set under this Contract. We will also apply benefits to a newly Enrolled Member based on this Contract and their respective benefit plans.

B.1.02 Health Status & Need for Services.

Delta Dental does not and will not discriminate against individuals eligible to enroll based on health status or the need for Health Care Services.

B.1.03 Other Discrimination Prohibited.

Delta Dental does not and will not discriminate or use discriminatory policies or practices against individuals eligible to enroll based on race, color, national origin, sex, sexual orientation, gender identity, or disability. We will continue to make this information very clear in all written communications to Enrolled Members, on our website, and through our education and training with staff. Enrolled Members are informed of all their rights, in detail, in the Member Handbook. All new employees at Delta Dental complete non-discrimination training within seven days of hire and then on an annual basis thereafter. Members are educated in their Member Handbook on how to file a Grievance against Delta Dental if they feel an employee or any of our communications have discriminated against them.

We also include education to Enrolled Members on how to file a Grievance with us if they feel they have been discriminated against in a dental office or by a Provider. We take action when Enrolled Members call with concerns on potential discrimination and ensure Grievances are handled with proper investigation into each discrimination claim.

B.1.04 Non-Discriminatory Policies.

Delta Dental does not use any policy or practice that has the effect of discriminating against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability.

B.2 Choice of Doctor.

B.2.01 Rural Residential Exceptions.



Delta Dental has a strong Provider Network that also successfully covers Iowa’s rural areas, and we recognize there are no rural residential exceptions. This means that most Enrolled Members find their current dentist is already part of our Provider Network upon enrollment. Currently 19.2 percent of our DWP and DWP Kids Network Providers and 20.4 percent of our Hawki Network Providers practice in a rural area of Iowa. Delta Dental acknowledges the Agency does not operate a Rural residential exception.

Empowering Healthy Rural Iowa	
19.2% DWP & DWP Kids	20.4% Hawki
Network Providers practice in a rural area	

It is important for Iowans to have access to a Provider in their community in both urban and rural areas. By ensuring adequate access to a Network Provider, Delta Dental can improve the oral health equity amongst Medicaid Members across the state as a whole and not just in one region. Our Professional Relations team makes visits to Providers in all regions of Iowa to maintain relationships with In-Network Providers and have in-person discussions with non-Network Providers to encourage them to join our network. Since January 2023, our Professional Relations team has visited 133 Providers located in rural Iowa counties. To show our continued efforts to provide oral health equity, our Foundation has contributed significantly to rural areas in Iowa, as described in the following pages.

Delta Dental in Action | Empowering Healthy Rural Iowa – Coalition Building

Organization: FAMILY, Inc.
Title: Children’s Oral Health Coalition & Mobile Wellness Unit
Amount Awarded: \$160,585 2015-2017, and \$125,000 total (\$25,000 in 2018, 2019, 2020, 2021, 2022)
Project Dates: 5/1/2015-9/30/2023
Geographic Area Served (Counties): Cass, Harrison, Mills, Monona, Shelby, Pottawattamie



Project Description: In 2014, Pottawattamie had one of the lowest percentages of Agency-enrolled children, 0-5 years, with any dental or oral health service (2014 EPSDT- 36 percent) and significantly below statewide average. I-Smile™ Coordinators supported care coordination and screenings in this area, however, no oral health coalition existed and there was no professional communication or standards shared between medical and dental providers in the six-county area. Our Foundation initially invested in a Dentist By 1 campaign to encourage families to take their child to the dentist by age one and to strengthen relationships between medical and dental Providers. Our Foundation provided backbone support for the SW Iowa Oral Health Coalition. This group continues to meet today and continues to be an active contributor to the project goals and mission.

Results: During the three-year campaign, Pottawattamie County saw a 12 percent increase in Agency-enrolled children, and a three percent increase in Hawki enrolled children, 0-5 years, who had a dental service/visit by a dentist. This was in line with the statewide average in 2017 and remains five percent higher than statewide average today (47 percent in 2022).

Delta Dental in Action | Empowering Healthy Rural Iowa

Organization: Crescent Community Health Center
Title: Expansion of dental access and workforce, residency program and in-house dental laboratory
Amount Awarded: \$1,350,000
Project Dates: 12/01/2022-12/31/2023
Geographic Area Served (Counties): Allamakee, Clayton, Delaware, Dubuque, Jackson



Project Description: In 2022, our Foundation provided \$1.3 million to Crescent Community Health Center (CHC) in Dubuque to renovate their existing oral health services area and expand services to include oral surgery center, pediatric dental suites, and a state-of-the-art onsite dental lab. This support also includes the establishment of an Advanced Education in General Dentistry Residency Program (AEGD) for a one-year certificate, post-doctoral training program, in partnership with New York University Langone Dental Medicine (NYU Langone) and a two-year clinical training program for hygiene students in partnership with Northeast Iowa Community College (NICC).

Results: With the funding, Crescent CHC expects to serve more than 11,500 patients in the Dubuque area and surrounding counties within their first year of operations.

Delta Dental in Action | Empowering Health Rural Iowa

Organization: Community Health Centers of Fort Dodge, Inc.
Title: Wright County Access to Dental Care for Underserved Residents/Eagle Grove Satellite
Amount Awarded: \$49,996
Project Dates: 06/01/2023-5/31/2024
Geographic Area Served (Counties): Wright



Project description: Eagle Grove in Wright County was going to lose their only Medicaid Provider seeing new patients. The Community Health Center of Fort Dodge (CHCFD) was working with the dentist and knew the extent of the “aging dental office” and its limitations to recruit a new provider for private practice in a rural area of the State. A school nurse at the Eagle Grove Community School District had worked with Delta Dental and our Foundation, and reached out to see how we could help. Our Foundation provided funding of \$49,996 to the CHCFD to support the one-time purchase and installation of critical equipment needed to expand access to oral health services and update the aging dental office to create a satellite clinic and to maintain dental care access in Wright and surrounding Counties for Medicaid Members.

Results: This project continues through May of 2024.

Delta Dental in Action | Empowering Healthy Rural Iowa

Organization: Infinity Health
Title: Dental expansion in Clarke, Decatur, Ringgold Counties
Amount Awarded: \$49,999 (2020) and \$49,999 (2022)
Project Dates: 07/01/2022-12/30/2022
Geographic Area Served (Counties): Clarke, Decatur, Ringgold



Project Description: Infinity Health is committed to meeting the whole health needs of the communities they serve providing medical, behavioral, dental, and pharmacy care in south-central Iowa. This area of the State has a higher percentage of residents living in poverty and a higher percentage of Hispanic/Latino individuals. Delta Dental has provided nearly \$100,000 for dental equipment to expand services in two of Infinity Health’s clinics. Infinity Health purchased new dental equipment for their Osceola clinic and then transferred their existing equipment to a new office in Mount Ayr to expand dental access in Ringgold County.

Results: With the first expansion in 2020, more than 1,900 patients received dental exams in the first two years of operations, making care more accessible and closer to home.

Delta Dental in Action | Empowering Healthy Rural Iowa – Pediatric Dental Services

Organization: Knoxville Hospital and Clinics
Title: Pediatric Dental Surgery Services
Amount Awarded: \$45,000
Project Dates: 11/01/2022-01/02/2023
Geographic Area Served (Counties): Clarke, Jasper, Lucas, Mahaska, Marion, Monroe, Polk, Wapello, Warren



Project Description: Knoxville Hospital was made aware of a community need for additional hospitals to offer pediatric dental surgery services. Knoxville Hospital and Clinics is centrally located to be able to provide this critical service for not only children in Marion County but also the surrounding communities, specifically Des Moines, Altoona, Indianola and Ottumwa. Our Foundation provided funding of \$45,000 to support the one-time purchase of needed dental equipment to Knoxville to perform dental treatments in an operating room.

Results: The I-Smile™ coordinator working with the hospital was able to receive guaranteed hospital operating room time for a minimum of 24 pediatric dental cases each month and the commitment of two dentists with hospital privileges with a third expected in 2023. We have had conversations with others across the state on how this model can be replicated in other areas.

Delta Dental in Action | Empowering Healthy Rural Iowa

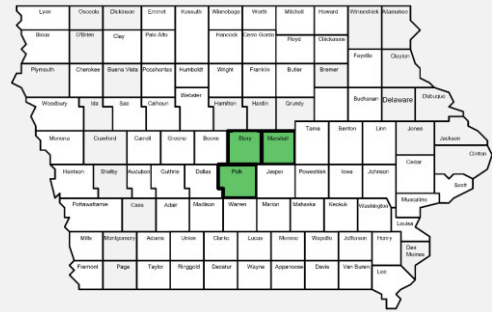
Organization: Primary Health Care (PHC) – Ames

Title: Expansion of preventive and restorative dental care

Amount Awarded: \$250,000

Project Dates: 10/01/2020-01/31/2022

Geographic Area Served (Counties): Story



Project Description: Primary Health Care worked closely with Mid-Iowa Community Action to transition as the safety net dental Provider in Story County after the previous dental clinic closed in 2020. Funding supported co-location of the medical and dental clinics, with shared front office staff and common spaces, supporting an important first step in building a model of integrated care.

Our Foundation support for this expansion creates greater access to preventive and restorative dental care for patients in Story County and includes those who may be uninsured or covered by Agency.

Results: During the FY2022, more than 1,600 individuals were served with more than 3,650 dental visits.

REFERRAL PATIENT IMPACT STORY

[Redacted patient impact story text]

B.2.02 Free Choice of Provider.

Delta Dental supports and encourages Enrolled Members to create a dental home with a Network Provider of their choice. Our Care Coordination team helps Enrolled Members with transportation barriers to their preferred Provider of choice by connecting them with their medical MCO.

B.2.03 Member Choice.

Delta Dental has successfully used Single Case Agreements when an Enrolled Member has established care with a Provider in their community that is not in our Network, and they wish to continue seeing that Provider. Delta Dental will continue to work with our Network Providers to strengthen our relationships and have discussions with non-Network Providers to encourage their participation.

B.3 Opt Out.

B.3.01 Mandatory Enrollment.

Delta Dental acknowledges enrollment in Iowa Medicaid managed care is mandatory pursuant to Iowa Medicaid's approved waiver.

B.4 Reenrollment.

B.4.01 Auto-Reenrollment.

We acknowledge and understand the Agency automatically reenrolls an Enrolled Member with Delta Dental who is disenrolled for a period of two months or less. Delta Dental ensures the care coordination during this time is seamless for Enrolled Members and we support the provision of education and any necessary materials that may be needed. Delta Dental has a current automated monthly process in place to check for Enrolled Members who have been reenrolled and we will reprocess any claims during the time where the Member was not showing eligibility.

B.4.02 Auto Assignment.

Delta Dental acknowledges the auto-assignment algorithm is designed by the Agency and will comply with the provisions at 42 C.F.R. § 438.54 and 42 C.F.R. § 438.702(a)(4) to preserve existing relationships between Enrolled Members and Providers that they have established care with. We understand the Agency has the right to change the algorithm at any time to ensure the distribution of membership will maintain a high level of quality of service.

B.5 Disenrollment.

Delta Dental makes every effort to maintain our assigned membership, but we understand there are some circumstances where an Enrolled Member is better served by another PAHP. Delta Dental is committed to assuring Enrolled Members are aware of their rights to disenroll with Delta Dental and provide all required information to the other PAHP during the transition should the Agency approve disenrollment.

B.5.01 Contractor-Requested Disenrollment.

Delta Dental will comply with requesting Disenrollment for an Enrolled Member for only the reasons approved by the Agency and set forth in this Contract. To date, we have not requested Disenrollment for any Enrolled Members in the DWP or DWP Kids programs.

B.5.02 Prohibited Disenrollment Requests.

Delta Dental assures that a Disenrollment will only be requested for the reasons outlined under this Contract and will not be for the following reasons:

- An adverse change in the Enrolled Member's health status
- The Enrolled Member's utilization of medical/dental services
- The Enrolled Member's diminished mental capacity
- The Enrolled Member's uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued Enrollment seriously impairs the Contractor's ability to furnish services to the Enrolled Member or other Enrolled Members)

B.5.03 Reasonable Steps Requirement.

If Delta Dental requests a Disenrollment, we will provide evidence to the Agency that we have not violated the prohibitions set forth in Section B of this Contract. Our request will include, at minimum, the following:

- Documentation of reasonable steps taken to educate the Enrolled Member regarding proper behavior and the Enrolled Member refused to comply.
- Documentation to assure the State that Disenrollment is not being requested for another reason.
- Documentation to assure the State that Disenrollment is not being requested for a reason listed in Section B.5.02 of this Contract.

B.5.04 Contractor Assurances.

Delta Dental will not request Disenrollment for reasons other than those permitted under this Contract.

B.5.05 Enrolled Member Rights - Timing.

Delta Dental acknowledges Enrolled Members have the right to disenroll for cause at any time, without cause 90 Days after initial Enrollment or during the 90 Days following notification of Enrollment (whichever is later), without cause at least once every 12 months, or without cause upon reenrollment if a temporary loss of Enrollment has caused the Enrolled Member to miss the annual Disenrollment period. Our Member Service team is trained on these rights for Enrolled Members and provide education to Enrolled Members during calls if they identify an Enrolled Member who is wishing to disenroll and may fall under any of the previously mentioned reasons. Member Services will facilitate a warm hand-off to the Agency when identified as appropriate. We understand the Agency will make all determinations regarding Enrollment and Disenrollment.

B.5.06 Reserved. N/A.**B.5.07 Other Disenrollment Rights.**

Delta Dental understands Enrolled Members may request Disenrollment if the Enrolled Member moves out of the service area or if the plan does not cover a Service. An Enrolled Member may also request disenrollment if the request is due to moral or religious exemptions. Delta Dental does not and has no plans to not cover any services due to moral or religious exemptions.

B.5.08 Enrolled Member Disenrollment – Related Services.

Delta Dental acknowledges and understands Enrolled Members may request Disenrollment if the Enrolled Member needs related services to be performed at the same time and not all related services are available within the Provider Network. We understand the Enrolled Member's Provider must determine that receiving the services separately would subject the Enrolled Member to unnecessary risk.

B.5.09 Reserved. N/A.**B.5.10 Enrolled Member Disenrollment – Other Reasons.**

Delta Dental understands Enrolled Members may request Disenrollment for poor quality of care, lack of Access to services covered under this Contract, or lack of Access to Providers experienced in dealing with an Enrolled Member's care needs. Delta Dental reviews Enrolled Member's reasonings for Disenrollment and minimizes occurrences by providing education and training to staff and Network Providers and focusing Provider recruitment efforts based on identified service areas.

B.5.11 Agency Initiated Disenrollment.

Delta Dental acknowledges that Agency-initiated Disenrollment for Enrolled Members may occur based on changes in circumstances including:

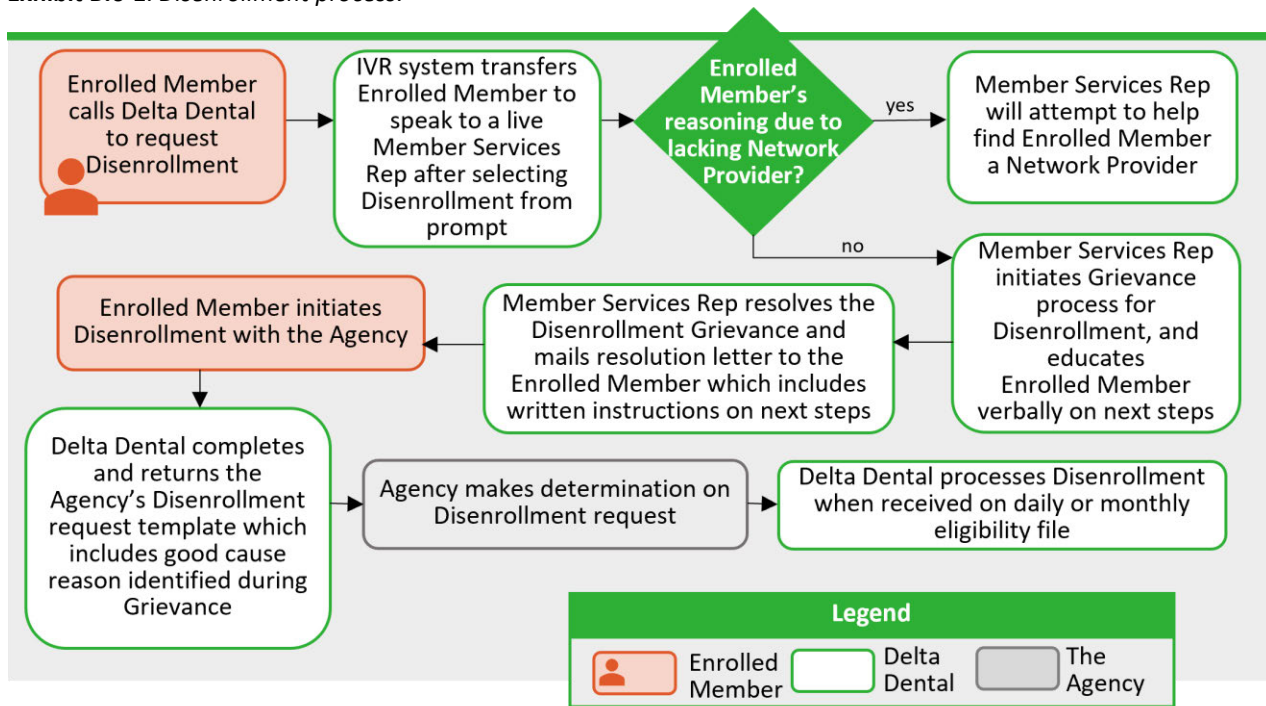
- Member becomes ineligible for Medicaid
- Member shifts to an eligibility category not covered by this Contract
- Member has change of place of residence to another state
- The Agency determines that participation in HIPP is more cost-effective than Enrollment in this Contract
- Member dies

B.6 Disenrollment Request Process.

Delta Dental understands Enrolled Members' rights to disenroll for reasons outlined within this Contract and educates Enrolled Members on the process and what to expect from next steps. Delta Dental follows an extensive process to document evidence regarding Disenrollment to ensure no violations occur as set forth in this Contract. Our Member Services team is highly trained to recognize when a Disenrollment may qualify under the good cause examples provided by the Agency. We provide resources and assistance to best service our Enrolled Members and exhaust all possibilities to find a solution. We provide clear education in both written and verbal formats regarding the steps in which Enrolled Members must take to move forward with their Disenrollment request and verbal conversations are documented in our Dental Benefit Administration System. The Member Services team will facilitate the warm hand-off to the Agency to help the Enrolled Member progress through the Disenrollment process in a timely manner. We are committed to our collaboration with the Agency to ensure the Disenrollment process for Enrolled Members is seamless and easy as possible.

Exhibit B.6-1 below demonstrates the Member requested Disenrollment process followed by Delta Dental.

Exhibit B.6-1. Disenrollment process.



B.6.01 Oral or Written Requests.

Delta Dental accepts Enrolled Members’ request for Disenrollment on the phone with a Member Service representative or from a written request we have received through the mail by either the Enrolled Member or their authorized representative. We understand an Enrolled Member must seek redress through our Grievance process before a determination will be made on a Disenrollment request with the Agency. If an Enrolled Member remains dissatisfied with the result of the Grievance process, Delta Dental will direct Enrolled Members to contact the Agency and request Disenrollment from us. We acknowledge the Agency makes the final Disenrollment determination.

B.6.02 Agency Disenrollment Decisions.

Delta Dental acknowledges and understands the Agency will process and make a determination regarding all Enrolled Member Disenrollment requests following the completion of our Grievance process.

B.6.03 Effective Date.

Delta Dental acknowledges the effective date of an approved Disenrollment will be no later than the first day of the second month following the month in which the Enrolled Member requests Disenrollment or Delta Dental refers the request to the Agency.

B.6.04 Deemed Approval.

If the Agency does not make a determination within the outlined timeframes, Delta Dental understands that the Disenrollment is considered approved for the effective date that would have been established within the outlined timeframe. We understand and will continue to adhere to this requirement as stated in this Contract.

B.7 Special Rules for American Indians.



Delta Dental has worked with the Iowa Indian Health Care Provider (IHCP) Tribal Dental Health Clinic, Meskwaki and has provided payment for Enrolled Members at the identified encounter rate for the past nine years. Additionally, we work with the Winnebago Dental Clinic in Nebraska and Enrolled Members can access services there and we reimburse the clinic at the applicable encounter rate published annually in the Federal Register by the Indian Health Service. Both Meskwaki and Winnebago dental clinics are set up as Network Providers in our system allowing for a seamless and easy claims submission and payment for the Providers. In SFY22, 405 Enrolled Members were seen between these clinics.

B.7.01 Restricting Enrollment of Indians.

Delta Dental is not an Indian Managed Care Entity, and we understand this Contract does not allow us to restrict enrollment of Indians in the same manner as Indian Health Programs may restrict the delivery of services to Indians.

B.7.02 IHCP PCPs.

Delta Dental ensures Enrolled Members who wish to receive services from an IHCP will be able to do so and will be able to use them as their dental home and primary care Provider if that Provider has capacity to provide the services needed by the Enrolled Member.

Section B Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § B, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Beneficiary Notification



The Delta Dental of Iowa Foundation has **donated more than 3.3 million toothbrushes** in all Iowa counties since 2010 to support oral health education efforts..



Hawki
Iowa HHS
72

C. Beneficiary Notification.

Attachment J. Please explain how you propose to execute Section C in its entirety and describe all relevant experience.

With over 53 years of experience in dental benefits and 18 years of experience with Agency specific plans, Delta Dental has the tools and processes in place to ensure all Enrolled Members get the information they need, when, and how they need it. Exhibit C-1 provides an overview of the features and benefits of approach to Beneficiary Notification and how they support the Agency’s key goals.





Exhibit C-1. Features and benefits of our approach to Beneficiary Notification and how they support the Agency’s Key Goals.

Features	Benefits	01	02	03	04
A Healthy Life Blog and Monthly Healthy You newsletter (Section C.1)	<ul style="list-style-type: none"> Provides Enrolled Members resources on self-care by providing them with relevant educational resources about their health and communities Promotes preventive care to Members (preventive utilization and preventive at-home care) Ease of access for Enrolled Members through readily available social media Supports reducing cost and administrative burden to the Agency and State of Iowa 		✓	✓	✓
DWP, DWP Kids, and Hawki websites (Section C.1)	<ul style="list-style-type: none"> Promotes Enrolled Member satisfaction through containing comprehensive dental information in one place that is required for them to successfully utilize their benefits 	✓	✓	✓	
Comprehensive support of the entire I-Smile™ Program (Section C.1, C.11)	<ul style="list-style-type: none"> Provides Enrolled Members of all ages and all levels with dental care Reaches at-risk adults and aging Iowans with dental, medical and community resources Provides outreach to underserved Iowa adults Promotes integration of care coordination, education/training, oral health promotion, and policy development 	✓	✓	✓	✓
Support of Multiple Healthiest State Initiatives (Section C.1, C.11)	<ul style="list-style-type: none"> Promotes wellness and preventive care to Enrolled Members 		✓	✓	✓
Extensive Language capabilities (Section C.1)	<ul style="list-style-type: none"> Grants Enrolled Member access to all Member materials, despite their English Language Proficiency and literacy skills Offers document availability in English and Spanish Delivers the ability to serve broad range of Enrolled Member through capability to translate any document into 170+ different languages Offers Language Line Services readily available at no cost to the Agency 			✓	

Features	Benefits	01	02	03	04
Support to Members with Disabilities (Section C.1)	<ul style="list-style-type: none"> • Easy Enrolled Member access to auxiliary aids, written communication in other formats such as large print, audio, or other formats • Provides a TTY telephone number for Delta Dental's customer service center (1-888-287-7312) • Website follows Section 508 Standards 			✓	
Benefit estimator tool (Section C.1)	<ul style="list-style-type: none"> • Provides Enrolled Members with cost estimate of how much their services will cost. • Allows Enrolled Members to receive documentation with cost information in the secure Member connection website and mail 		✓		
Member Education, Outreach, and Improvement Committee (Section C1., C.7)	<ul style="list-style-type: none"> • Assesses and ensures Enrolled Members material accuracy, readability, and cultural competency • Increases accessibility and removes communications barriers through development of new, innovative and timely ideas • Ensures compliance with Agency standards • Monitors changes to the Agency's policies and branding to be reflected in Enrolled Member materials 	✓	✓	✓	✓
Member Advisory Group (Section C.1)	<ul style="list-style-type: none"> • Provides feedback on Enrolled Member materials and communications provided to improve the accessibility and cultural relevance of our materials 		✓	✓	✓
Secure Member Connection Website (Section C.8)	<ul style="list-style-type: none"> • Provides Enrolled Members with comprehensive and secure and readily accessible website, Member Connection, and mobile app information that is optimized for use and accessible on cell phones and other mobile devices 		✓	✓	✓
Agency Key Goals 01- Improve Network Adequacy and availability of services. 02 - Increase recall and prevention services. 03 - Improve oral health equity among Medicaid Members. 04 - Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.					

Throughout this section and in our proposal overall we indicate where our solutions and approaches address these key Agency goals using the following symbols shown in Exhibit C-2:

Exhibit C-2. Agency Key Goals.

Agency Key Goals – Symbol and Description	
 <p>Improve Network Adequacy and availability of services.</p>	 <p>Increase recall and prevention services.</p>
 <p>Improve oral health equity among Medicaid Members.</p>	 <p>Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>

As a not-for-profit insurance company, we strive to build stronger communities by investing in actions that promote and improve health by removing barriers, expanding access to resources, and increasing equity. That is why we partner with others, including I-Smile™ programs, Oral Health Iowa, and the Healthiest State Initiative Program who share our commitment to making an impact.

Providing the necessary information, resources, and tools to our Enrolled Members, potential Members and their authorized representatives is a key step to ensuring our Enrolled Members have accessibility to information that will assist them in making the best decisions for their overall health. Providing this information also opens the dialogue between us and our Enrolled Members, allowing us to build lasting, trusting partnerships with them. As part of our preventive communications plan, Enrolled Members are encouraged to use services and find a dental home. Our communications plans and all Member materials are designed by our 100 percent Iowa-based team and designed specifically for Iowans.

C.1 Language and Format.



C.1.01 Information Easily Understood.

The first step to removing barriers and increasing equity is by providing information to Potential and Enrolled Members and their authorized representatives with accessible and culturally appropriate information. Our internal Member Education, Outreach, and Improvement Subcommittee is comprised of content and communication experts who meet regularly and collaborate to ensure effective communication for all Enrolled Members. The subcommittee meets to develop engaging educational and plan specific materials that are concise and easy to understand.

Our Outreach and Care Coordination Manager will provide the initial material content and information on the audience recipients. The Senior Communications Consultant and Marketing Content Coordinator will create the content in a manner that is easy to understand, including design features such as a font size that is 12 point or larger. The subcommittee will review all designs for accessibility and readability prior to sending them for Agency approval. We send all Member materials to the Agency for approval.

Once the Agency has approved, Delta Dental will continue to provide all Enrolled Member materials in both physical and digital formats. In addition to receiving a new Member Packet, Enrolled Members can easily access all new Member materials as readily accessible PDFs on the Delta Dental website or the secure Member Connection website where they can be viewed, downloaded, and printed. Our websites are optimized for use and accessible on cell phones and other mobile devices and follow ADA guidelines for accessibility including ALT text tag descriptions, good color contrast, and font size adjustments for readability.

Because we want to ensure our Member materials are accessible to our entire Member population, Delta Dental follows Section 508 Standards and works with our website partners to validate we are meeting these standards. We review the website for Section 508 Standards and make appropriate adjustments as these standards evolve.

When developing Member materials, we also consider how language and literacy may be a barrier to accessing communications for many of our Enrolled Members. All critical Member documents are readily available in identified prevalent languages, English and Spanish. Recognizing that many Enrolled Members will be using our websites for information on their benefits, we are adding an easy-to-use widget to our websites so Enrolled Members can easily have our webpages translated to Spanish. **We can translate any document into 170+ different languages and have Language Line Services readily available at no cost to the Agency or the Member.** Enrolled Members can request this service at any time by contacting our Member Services team. When developing materials, we also follow the Agency’s guidelines, and create materials at a sixth grade reading level, and provide definitions for technical, medical, and oral health terms in the simplest format possible. Many of our critical Member materials (i.e., the Member Handbook) include a glossary of terms Enrolled Members can reference. Members will be able to call our Member Services Line during business hours to receive clarification on any content in their communications, or to have communications given to them orally over the phone. Our Member Services team utilizes translation services to orally provide this content in the Enrolled Member’s preferred language, ensuring Enrolled Members can access all Member materials, despite their English Language Proficiency and literacy skills.



The Member Education, Outreach, and Improvement subcommittee strives to develop new, innovative, and timely techniques for increasing accessibility and removing barriers to our communications. For example, in the Spring 2023, we added QR codes onto all appropriate materials to remove potential barriers of typing in a web-address. To increase accessibility, QR codes have been added to all Member communications where appropriate. We are consistently looking for areas to improve Member communication and value feedback from our Enrolled Members’ lived experiences. The Member Advisory Group, composed of DWP, DWP Kids, and Hawki Members and their caregivers, will advise the Member Education, Outreach, and Improvement Subcommittee. The Group will provide the subcommittee with feedback on Member materials and communications, with an emphasis on accessibility and cultural relevance.

C.1.02 Information for Potential Enrolled Member.

Delta Dental will comply with all information requests of the Agency or its contracted representatives that is required for the development of information for Potential Enrolled Members. We have procedures in place to ensure all Potential Enrolled Members have the materials and resources to make informed decisions about their dental plan and oral health. We are supportive of the Agency’s

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Join 1.6 million Iowans.

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- 2 Local Iowa company
- 3 Mobile friendly website
- 4 Outreach workers to:
 - ▶ Help you find a dentist
 - ▶ Answer your questions

Visit dwp.iowa.com now to:

- Find a dentist using the QR code
- Learn more about your Dental Benefits

We are here to help
Visit dwp.iowa.com or call 888-472-2793

Dental choice flyer is easy to read and includes a QR code to find a dentist for added accessibility.

efforts to support Member choice and education. Delta Dental will continue to receive Agency approval on all materials and provide the Agency with all requested materials such as the Member Handbook, Dental Choice Flyer and Utilization postcards, and regularly update them as needed. Our Dental Choice Flyer, utilized by the Agency for Member choice, includes information about how to access Delta Dental’s website, specifically the Provider directory, so Members can ensure they are satisfied with our network before enrolling. All Enrolled Member materials are available to the public in English and Spanish on Delta Dental’s mobile optimized website. We will also continue to utilize our in-place procedures to provide potential enrollees with hard copies of materials, as well as in other accessible formats or languages as requested, at no cost to the Agency or potential enrollee.



Increase Recall
& Prevention

C.1.03 New Member Communications.

All communications with Enrolled Members are created by and implemented by our team of Iowa-based employees.

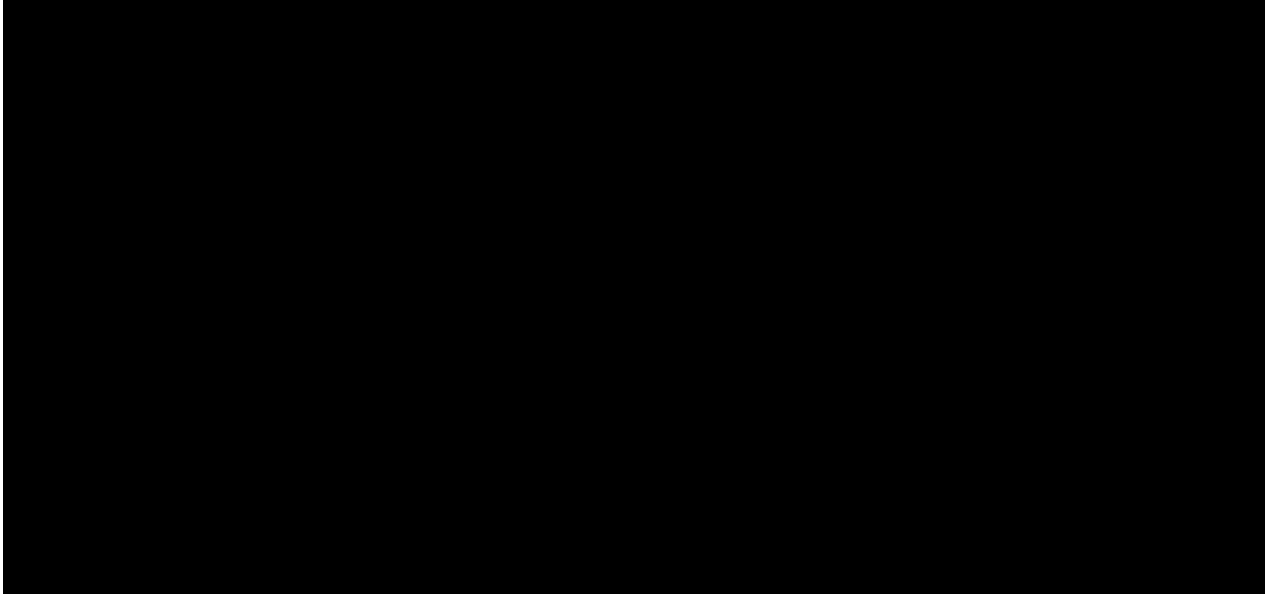
Delta Dental’s Enrollment materials and new Member communications focus on ensuring Enrolled Members and their authorized representatives have access to the resources needed to have a comprehensive understanding of their benefits and to access dental services. All communications are Member-focused and consistently monitored and modified for effectiveness. The New Member Communications Plan has an emphasis on ensuring Enrolled Members access preventive dental services and complete their PreViser Oral Health Survey. Using our 18 years of Government Programs experience, we have tailored our enrollment materials and new Member communications to include all the information outlined in RFP Section C.1.03.

We consistently monitor data and Enrolled Member feedback to identify areas of improvement and develop appropriate Member communications. Delta Dental collects data on the number of communications that could be delivered, as well as claims data post-communication, to monitor our communication plan to make the appropriate adjustments to communication methods and timing as needed. Many times, the Performance Improvement Projects implemented look at most effective communications for specific groups of Enrolled Members. This data is also used to modify communications for effectiveness. In addition to quantitative data, we use qualitative feedback from our annual Dental Wellness Plan Member Survey, Member Advisory Group, call notes, and community partners to modify communications as needed.



Increase Recall
& Prevention

We provide Enrolled Members and their authorized representatives with Enrollment materials within the Agency-required time frames. Following new Member’s enrollment, Delta Dental makes additional communication attempts with all Enrolled Members within 45-days of enrollment. To increase recall and prevention services, Enrolled Members who have not accessed preventive care or are identified as needing additional outreach through the PreViser Oral Health Survey, receive additional communications as needed. All of Delta Dental’s Enrollment materials and new Member communications comply with the Agency’s language and format requirements. Exhibit C.1.03-1 visualizes our current New Member Communications Plan.

**New Member Packet**

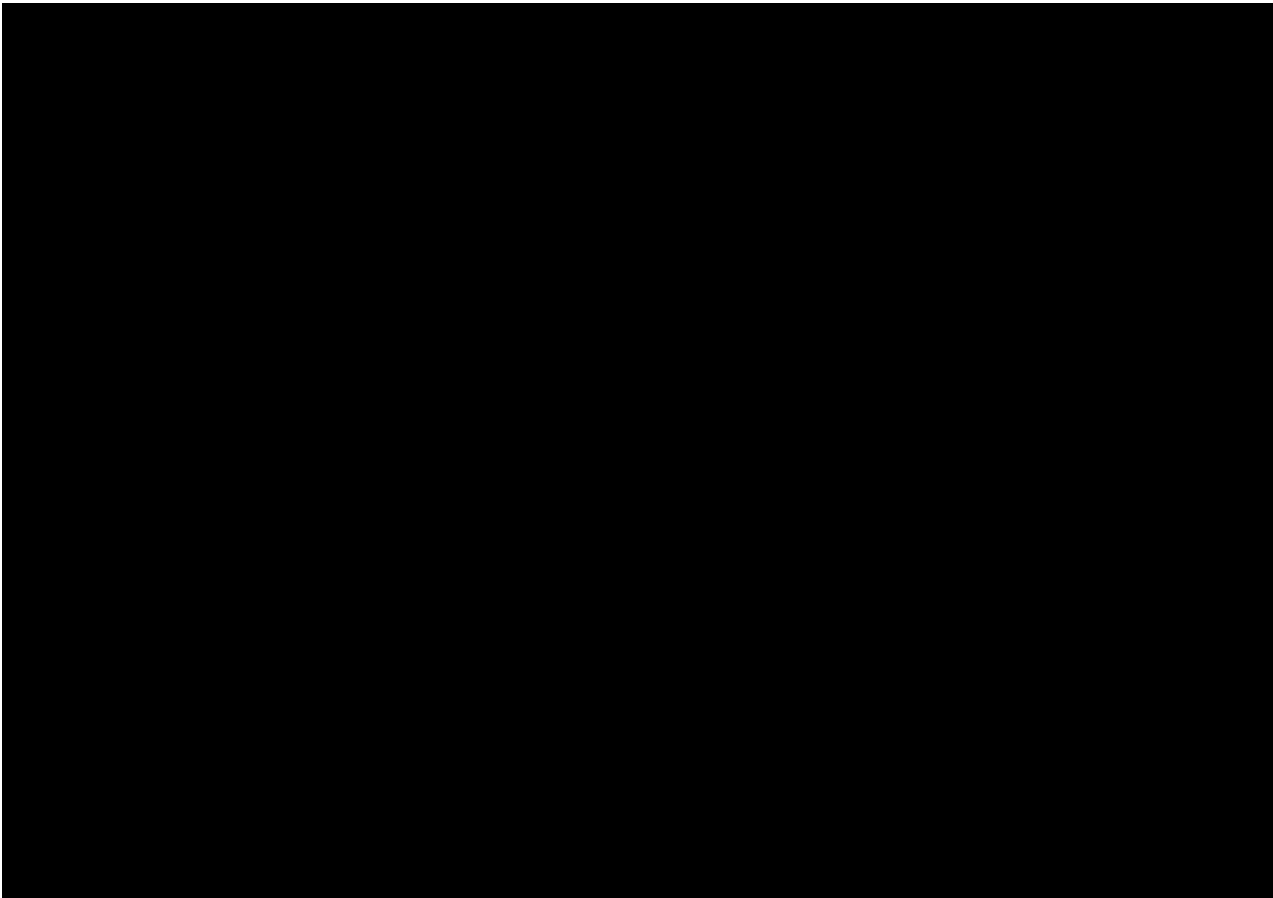
All newly Enrolled Members and their authorized representatives receive Enrollment materials in their New Member Packet within 10 business days after receiving enrollment data provided in the Benefit Enrollment and Maintenance file. All materials contained within the packet will be submitted for Agency review and approval prior to distribution in accordance with the process established in RFP Section C.10.01. The New Member Packets contain information required by the Agency, as well as the additional materials, as outlined in Exhibit C.1.03-2. Our New Member Packet provides Enrolled Members with information to help them understand their benefit and access services, promotes access to preventive services, and the completion of the PreViser Oral Health Survey. All included materials will continue to comply with all formatting for print and Section 508 Standards for websites. Enrolled Members with disabilities will be able to request the New Member Packet in other formats such as large print, audio, or other formats. We will also accommodate requests for information in other languages when requested, at no cost to the Agency or the Enrolled Member.



Delta Dental, Members will receive an outbound call message introducing Delta Dental, information about how to access Member materials, and promotion of completing the PreViser Oral Health Survey and receiving preventive dental services. Members who answer the call will have the opportunity to be connected directly to our Member Services Line for any questions or follow-up they may have. In addition to the other forms of communication with Enrolled Members, we will make three outbound call attempts to ensure best efforts are made to contact newly Enrolled Members.

Postcard Communications

Delta Dental will continue to send a postcard via mail to newly Enrolled Members at least once following enrollment, and then on an as needed basis depending on the Enrolled Member’s claims history and needs. Within 45-days of being enrolled, all Enrolled Members or their authorized representative are mailed a postcard to their most updated address. The Newly Enrolled Postcard reminds Members of their benefits and provides them with the information they need to find a dentist and access other Delta Dental resources. The postcard provides access to resources by including the appropriate plan website URL, a QR code to the Provider directory, and the phone number of Delta Dental’s Member Services Line. The DWP Newly Enrolled Postcard also provides a reminder to complete the PreViser Oral Health Survey with a QR code and URL leading directly to the survey.





[REDACTED]

[REDACTED]

[REDACTED]

Email and Texting Communications

Digital communications are a critical access points for many of our Enrolled Members. Delta Dental is currently looking to implement methods to communicate with newly Enrolled Members via email and text messaging within 30-days of becoming a new Member with Delta Dental. All newly Enrolled Members who opt-in to receive texts and/or emails from Delta Dental will receive these communications. Text messages will include a brief welcome from Delta Dental with the URL that will bring the Enrolled Member directly to our mobile-friendly website. Emails will include a more detailed welcome with descriptions and links directly to crucial Member access points, including, our webpage containing the Member Handbook, a link to the PreViser Oral Health Survey, and a link directly to our Provider Directory to find a dentist.

Provider Directory

Information about how to access the online Provider Directory is given to Enrolled Members in new Member communications. The ability to access the directory plays a crucial role in obtaining preventive dental services and locating specialists as needed. The online directory is easy to navigate and customizable to the Member’s needs. The Member Handbook provides Enrolled Members with instructions on how to navigate the directory, as well as educational materials and specialist definitions to understand the content. Enrolled Members are also invited to call our Member Services helpline if they need assistance with accessing the directory. All Member Services representatives are trained in how to provide Enrolled Members with written and verbal information from the directory. They can assist with technical support and provide Enrolled Members with education over the phone so they can independently access the directory.

C.1.04 Health Education and Initiatives.

Delta Dental is committed to supporting and promoting community partners who have goals of promoting oral and overall health for all Iowans. Through our Foundation and Government Programs, Delta Dental has strong relationships in place with key partners, including I-Smile™, Oral Health Iowa, and the Healthiest State Initiative Program. These partnerships have allowed us to establish and maintain collaborative programs that support overall health with community partners. The stable structure of our Foundation and participation in programming by Delta Dental’s Iowa-based staff guarantees we will continue to execute our established programs and partnerships.

Delta Dental in Action | Health Equity – Older Adults

Organization: Iowa Department of Health and Human Services – formerly Iowa Department of Public Health

Title: I-Smile™ Silver

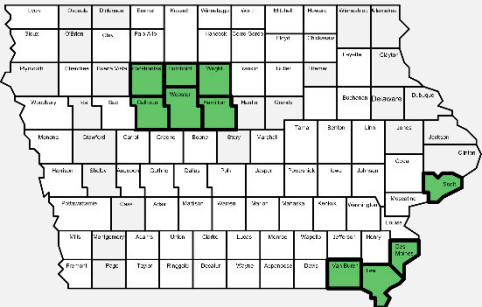
Amount Awarded: \$1,848,725 since 2014


Project Dates: 2014 through current

Geographic Area Served (Counties): Calhoun, Des Moines, Hamilton, Humboldt, Lee, Pocahontas, Scott, Van Buren, Webster, and Wright

Project Description: I-Smile™ Silver is a pilot project, modeled after the I-Smile™ program for children, aiming to achieve optimal oral health for adult and older Iowans. I-Smile™ Silver connects at-risk adults and aging Iowans with dental, medical and community resources. Our Foundation has invested \$1.84 million to support I-Smile™ Silver since inception. Continuation of I-Smile™ Silver has resulted in building additional systems that allow Iowa adults to be healthy and serving as a model for potential statewide expansion.

Results: The program began in 2014 with three counties, today there are 10 counties included in the pilot. In addition, a data platform was created to collect and share program data more easily.





I-Smile™ Coordinators serve as local oral health liaisons in their covered counties. To transform systems, they use the mechanisms shown in Exhibit C.1.04-1.

Exhibit C.1.04-1. Mechanisms used to transform systems by I-Smile™ Coordinators.

Mechanism	Description
Education	<ul style="list-style-type: none"> ● Trainings for health care Providers and nursing facility staff ● One-on-one and group oral health counseling
Advocacy	<ul style="list-style-type: none"> ● Meeting with decision makers about the role of oral health in overall health and health care costs
Access	<ul style="list-style-type: none"> ● Helping make appointments and find payment sources to improve access to care for adults needing assistance

Mechanism	Description
Prevention	<ul style="list-style-type: none"> Promoting the importance of daily oral hygiene for nursing facility residents Providing gap-filling preventive care at congregate meal sites
Policy	<ul style="list-style-type: none"> Demonstrating the need for Agency policy change to allow reimbursement to public health programs for preventive dental services provided for adults

The existence of I-Smile™ Silver is an example of a systems change for Iowa. Previously, the only public health programs supporting oral health for adults were those with direct service/clinical focus, such as safety net dental clinics (e.g., Federally Qualified Health Centers) and The University of Iowa College of Dentistry and Dental Clinic’s nursing home project. I-Smile™ Silver uses additional elements of developing local dental referral systems, outreach to underserved Iowa adults, care coordination, education/training, oral health promotion, and policy development. Continuation of I-Smile™ Silver will result in building additional systems that allow Iowa adults to be healthy and serve as a model for potential statewide expansion.

I-Smile™ @ School

Since 2013, our Foundation has invested over \$1.87 million into the I-Smile™ @ School program. The program seeks to ensure that all high-risk Iowa elementary schools are served by a sealant program, moving Iowa toward exceeding the Healthy People 2030 sealant objectives. Since its inception, over 130,000 students have received an oral health screening and 69,117 students have received over 354,000 sealants. Foundation funds support all elementary schools at 40 percent and greater free/reduced lunch (FRL) rate if not receiving sealant services from another organization. FRL eligibility is determined by household incomes below 130 percent of the Federal poverty level or the receipt of Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits. In the eligible schools, children in 2nd and 3rd grades will be offered dental screenings, risk assessments, dental sealants, fluoride varnish, silver diamine fluoride, and oral health education from public health dental hygienists using portable dental equipment. All children will receive a referral for dental care; children identified with additional dental needs will receive care coordination assistance to help them access dental care.

I-Smile™ @ School
<ul style="list-style-type: none"> \$1.87 million invested in I-Smile™ @ School since 2013 >130,000 students have received oral health screenings 69,117 students have received over 354,000 sealants

Relationships with I-Smile™

In addition to financial support, Delta Dental values its relationships with the I-Smile™ program and its coordinators. Staff from Delta Dental’s Government Programs team have continuously worked with coordinators to identify gaps in education and services, and support projects and initiatives to help find solutions. Delta Dental and I-Smile™ have established procedures to facilitate individual-level care coordination and are continuously working together to identify areas of improvement. Enrolled Members are also provided with a background about I-Smile™ and their contact information in the Member Handbook to promote the utilization of I-Smile™.

Delta Dental will continue to enhance these relationships to improve upon micro- and macro-level service provision, care coordination, and education. To strengthen our relationships, Delta Dental Government Programs employees will make themselves available to meet when all I-Smile™ employees are together in Des Moines for their large group meeting.



Healthiest State Initiatives

Delta Dental has been an active supporter and promoter of many Healthiest State Initiatives (HSI) including “Make It Ok” campaign, “Get Your Bib On” campaign, 5-2-1-0, and the annual Healthiest State Walk. These initiatives have brought important wellness messages to Iowans. Not only does Delta Dental actively participate in Healthiest State Initiatives, but we also provide funding to promote these healthy campaigns. Delta Dental has also had several executives sit on the HSI Board and various committees.



“Get Your Bib On” proclamation signing by Governor Branstad in 2015.

Delta Dental is the presenting sponsor for the Healthiest State Walk and supports the Walk by actively participating on the Walk Committee for the last eight walks. Our former president and CEO served as chair and co-chair of the committee from 2015 until 2023. In addition, several Delta Dental team members from the Marketing team have also participated on the Walk Committee. As a health care leader in Iowa, Delta Dental works with some of the top health care Providers, employers, and brokers. Throughout the years, Delta Dental has promoted the Annual Walk and has also hosted several walks at our facility for team members. Through our involvement with the Healthiest State Walk Committee, many of our team members have participated in community walks and walks hosted by some of our customers.



Delta Dental and our Foundation recognize drinking tap water as one of many important strategies to prevent dental decay in children and adults. Delta Dental and our Foundation teamed up to collaborate with Healthiest State Initiative’s 5-2-1-0 Healthy Choices Count! Program to focus on drinking

water. Since 2017, our Foundation has dedicated over \$1.9 million funds for the Rethink Your Drink program to update existing water fountains or replace outdated drinking fountain equipment at Iowa schools, provide reusable water bottles for students and staff, and provide educational materials to discourage consumption of sugar-sweetened beverages and encourage drinking tap water. In addition, Delta Dental includes the 5-2-1-0 Healthy Choices Count! materials in social media posts and Member emails along with guest blog posts for Healthiest State Initiative social media.



Student at Lincoln Elementary School in Storm Lake fills up water bottle at water filling station.

As a community partner, we are proud of the collaborative work with Healthiest State

Initiative and so many others to strengthen and transform the health and smiles of all Iowans.

COMMUNITY IMPACT		
Rethink Your Drink		
	393 Filling Stations Provided	\$1.9M Invested Since 2017
		193,000 Students and Staff Impacted

Delta Dental and our Foundation will continue to pursue opportunities to promote the Healthiest State Initiatives because it is inherently part of the core work we do daily as a health and wellness organization.

Maternal Health and Oral Health

Delta Dental has identified the importance of dental care and oral health education during pregnancy to improve the health of both baby and birthing mother by reducing the risk of gum disease and poor health outcomes. Approximately 70 percent of pregnant women will develop gingivitis during pregnancy. This can lead to periodontitis (gum disease), which has been linked to preterm birth and low birth weight. One in 169 pregnancies ends in stillbirth, while 1 in 96 pregnancies among African American women end in stillbirth. Oral health and stillbirth prevention messaging is critical for reaching out to those at greatest risk of losing a baby which include African American women, refugees, lower income, and teenagers. Through a focus group in 2021, it was discovered that a major disconnect existed in Iowa between obstetrical Providers and dentists - neither promoted the other when both are extremely important during pregnancy.



In 2021, our Foundation chose to invest in, and partner with, Healthy Birth Day, Inc. to help raise awareness about the importance of maintaining good oral health while expecting. **Since 2020, our Foundation has awarded over \$100,000 to Healthy Birth**

Day Inc., located in Des Moines. Support in 2021 helped to expand educational resources regarding the importance of good oral health care during pregnancy, focusing on those most at risk for stillbirth. This included the addition of a Health Equity Coordinator position and inclusion of oral health questions and resources on their successful Count the Kicks fetal monitoring app. This app is free to all and can be used worldwide. In 2022, our Foundation provided additional funds to continue this work including development of training program for the next generation of dentists, hygienists, and dental assistants and to launch a robust media marketing campaign to spread awareness to expecting mothers. This included the implementation of a toolkit and information sharing that has been provided to more than 1,500 medical and dental Providers across the State. Specific initiatives have been supported to target Black/African American birthing parents, including dedicated PSAs with Black/African American representation and specific outreach and promotion to organizations, such as the Iowa Black Doula Collective, who support and care for Black/African American birthing parents.

COMMUNITY IMPACT	
Healthy Birth Day	
\$100,000 Invested since 2020	1,500 Providers received toolkit and information sharing

Statewide Oral Health Coalitions

Delta Dental and our Foundation has been a long-time supporter of statewide oral health coalitions, such as Oral Health Iowa (statewide education and advocacy), Lifelong Smiles (oral health among older adults), Cavity Free Iowa (medical/dental integration), and the Community Water Fluoridation Workgroup. All these coalitions have recognized good oral health as essential for overall health and well-being. They aim to recognize and overcome barriers to good oral health, including lack of insurance, lack of access (particularly for uninsured Iowans and those on Medicaid), and the lack of awareness and education about the importance of oral health. The coalitions recognized the need for a unified approach to strengthen advocacy and address these barriers, including, increasing oral health education and importance awareness.

Since 2022, Delta Dental has awarded over \$35,000 to support the four coalitions formally coming together to form a single, unified coalition, the Oral Health Iowa Collaborative Coalition. The new coalition represents a more diverse group of leaders from across the State representing public health, dental organizations, professional associations, advocacy groups, State agencies, insurers, and other oral health champions. Delta Dental employees have actively participated in these coalitions and have played important roles throughout the strategic planning process. This unified group are oral health champions who educate lowans, advocate for and integrate efforts to improve oral health outcomes for all lowans. The Oral Health Iowa Collaborative Coalition will approach this work through advocacy, policy, and educational efforts.

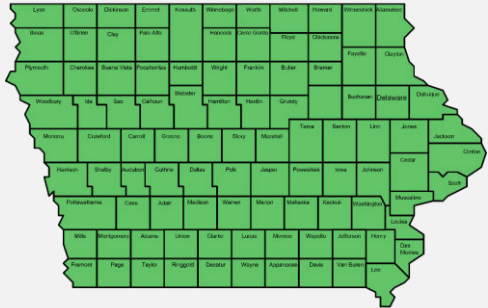
Delta Dental in Action | Strengthening the Connection Between Oral and Overall Health

Organization: Community Water Fluoridation (CWF) Advisory Workgroup & CWF Grants

Amount Awarded: \$169,698 since 2010 to 10 communities; \$107,697 to Iowa Public Health Association CWF Coalition


Project Dates: ongoing

Geographic Area Served (Counties): Statewide



Project Description: Community water fluoridation (CWF) adjusts the natural fluoride found in water sources to a level that is demonstrated to prevent cavities. CWF is the most efficient and cost-effective way to provide fluoride to all lowans, regardless of age, race/ethnicity, education, or socioeconomic status. Our Foundation, in collaboration with the Iowa Health and Human Services (IA-HHS), established a Community Fluoridation Award to support continuation or assist in fluoridation of public water supplies in Iowa communities where fluoride is deficient or non-existent, and where threats of defluoridation exist. We invest up to \$25,000 to communities across the State of Iowa demonstrating the greatest need for fluoridation to support equipment upgrades including analyzing lab equipment and fluoride feed tanks.

Results:
 Since inception in 2010, 10 communities (Iowa City, Monona, Maquoketa, Storm Lake, Shenandoah, Adel, Independence, Keokuk, Des Moines, and Montezuma) across Iowa received funds to support optimal fluoridation and all continue to provide optimally fluoridated water today.

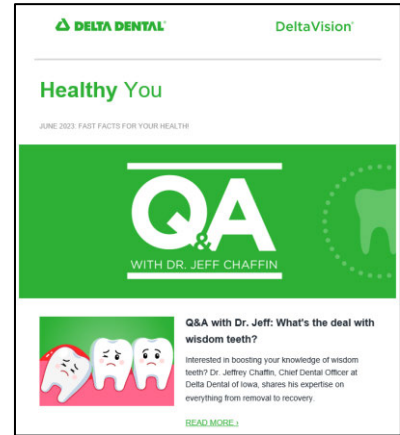


Member Communications and Education



In addition to providing dental benefits for our Enrolled Members, we prioritize providing oral and overall health education to our Enrolled Members, including the promotion of oral health behaviors at home. Our oral health education content is created specifically with our Enrolled Members in mind, and topics are chosen to best resonate with and improve the lives of lowans.

Many of our educational pieces are available and easily accessible by both our Enrolled Members and the general public on our website. Our *A Healthy Life* blog provides Members with educational content about oral and overall health, with a goal of promoting preventive and at-home care. The blog links directly to Delta Dental’s websites and actively promoted through our monthly *Healthy You* newsletter and social media channels. We also focus on educating lowans about preventive care to avoid emergent services. We offer resources to deter Members from utilizing the emergency room for dental care, by including information about what TeleDentistry.com is and how to access it. We routinely update our blog in accordance with clinical health guidelines and to address identified Iowa-specific oral health needs.



Sample of Healthy You monthly newsletter that provides dental and overall health tips.

As part of its Quality Management (QM)/Quality Improvement (QI) program, Delta Dental designs Performance Improvement Projects (PIPs) targeted to make clinical and programmatic improvements for DWP, DWP Kids, and Hawki Members. Our PIPs have a strong emphasis on providing education for our Enrolled Members to modify their oral health behaviors and utilization of preventive services. When we send educational materials to Enrolled Members for these projects, we often provide Members with oral hygiene materials, including toothbrushes, toothpaste, and dental floss. For example, one of our former PIP projects included pregnant Members who received customized oral health education relevant for pregnancy and a dental kit containing a toothbrush, toothpaste, and dental floss. This population was selected because of the low utilization rates among this population when compared to other DWP Members, despite the importance of oral health care during pregnancy.

C.1.05 Cost and Quality Information.

Cost Information



Delta Dental understands the importance of making cost information available to Enrolled Members to ensure they have all the tools they need to make informed decisions about their oral health, services, and treatment plans. Enrolled Members can utilize the benefit estimator tool on our website to get a cost

2,292
DWP Kids, and Hawki Members utilized the benefit estimator tool in 2022.

estimate of how much their services will cost. In certain circumstances, Members also receive documentation with cost information in the secure Member Connection website and via mail, such as when a Prior Authorization is submitted for a service. When a Prior Authorization is required, Members receive a copy of the Prior Authorization, as well as the cost breakdown and their out-of-pocket cost if there is one. Enrolled Members may also receive an adverse benefit determination when appropriate, which includes information about cost and cost responsibility. Additionally, the Member Handbook gives Enrolled Members a general overview of their cost responsibility, including in cases where an Enrolled Member accesses non-Network Provider in a non-emergent situation.

Quality Information



As the leading dental carrier in Iowa, we know preventive care is key to better oral and overall health and we see it as our responsibility to provide education on this important topic. Delta Dental takes a prevention-focused approach to oral education and health care to reduce administrative burden, cost, and to improve all Iowan's overall well-being. Our Dental Director, Dr. Jeffrey Chaffin, is the content expert for all published Quality information. Dr. Chaffin has an extensive background in oral health research and actively serves on national boards and workgroups dedicated to the promotion of the best clinical practices.

Quality information is available to all Iowans via Delta Dental's *A Healthy Life* blog, discussed in detail in C.1.03. Quality information is also routinely provided in targeted Member communications. For example, for a current PIP, we provided authorized representatives of three- and four-year old Hawki and DWP Kids who have never received fluoride were provided with targeted quality information about the importance of fluoride in preventive services and how to access the service. We also train all Member Services staff and Care Coordinators to provide targeted Quality information to Enrolled Members, especially in cases where Enrolled Members are calling to discuss preventive care and emergency services.

C.1.06 Explanation of Benefits.

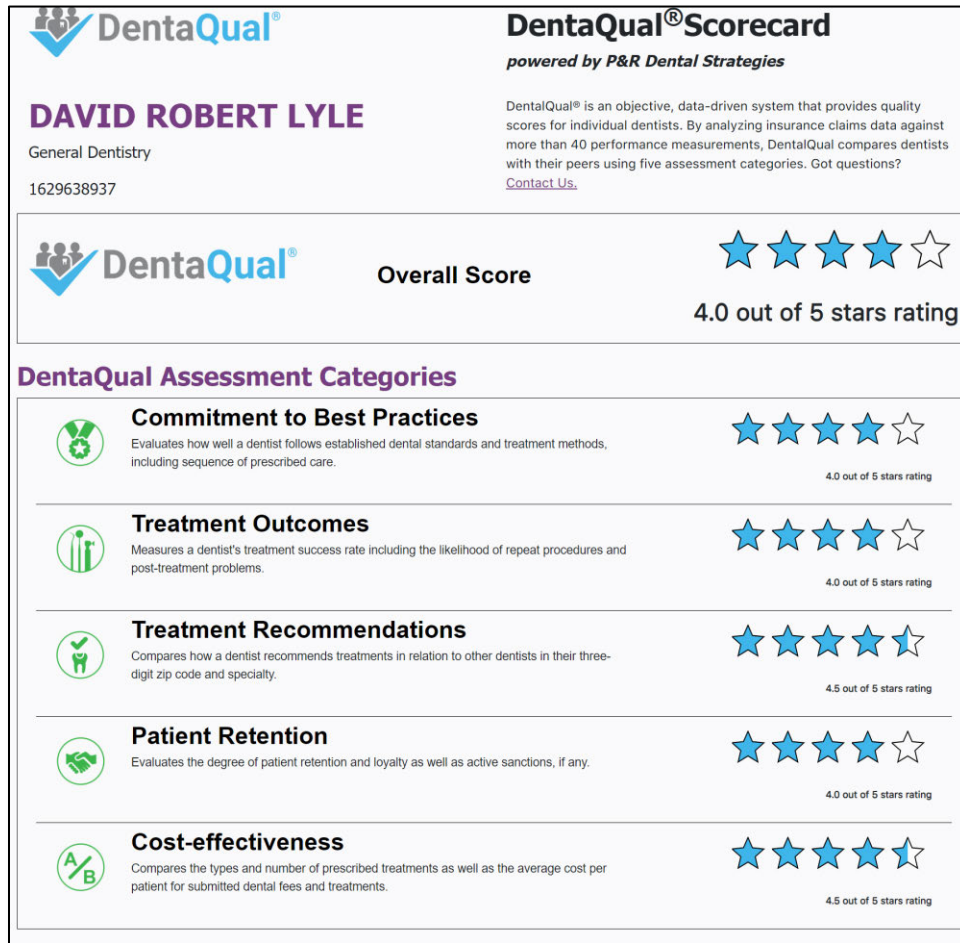
Delta Dental understands the importance of ensuring all Enrolled Members understand the benefits of the DWP, DWP Kids, and Hawki programs, and the status of their individual benefits. The Explanation of Benefits (EOB) will be mailed to all Enrolled Members and is available to Members via our secure Member Connection website. The EOB received by Enrolled Members will include all information outlined in 42 C.F.R. § 433.116(e) and (f). Enrolled Members will continue to be able to contact our Member Services Line for any questions they may have regarding their Explanation of Benefits.

C.1.07 Quality Information.

Quality information about all eligible DWP, DWP Kids, and Hawki Network Providers, where sufficient data is provided, is publicly available to all on our website. Individuals are also able to call Member Services to receive this information about any Network Provider. We ensure Enrolled Members have access to Quality information about all Network Providers so they can make informed decisions when selecting a Provider and accessing services.

Delta Dental utilizes the DentaQual® scoring system. **DentaQual® uses an objective, data-driven scoring system where 40 different performance measures are analyzed utilizing claims data. The database used to score Providers includes data collected from 65 dental payers which is comprised of data on over 200,000 Providers representing every U.S. state and five billion dental procedures.** Since the scoring system utilizes claims data, new Providers may not immediately have a score. However, once the Provider has submitted enough claims, they will be given a score and their Scorecard will be publicly available. The 40 assessment measures are used to score Providers in five different assessment categories which align with the Agency's objectives: 1) Commitment to Best Practices, 2) Treatment Outcomes, 3) Treatment Recommendations, 4) Patient Retention, and 5) Cost Effectiveness. We assess Providers based on how they are performing when compared to their peers. Each Provider is given a score on a five-star scale for each of the five assessment categories, as well as the overall score. Exhibit C.1.07-1 provides an example of the DentaQual® score report publicly available to Members.

Exhibit C.1.07-1. Example of the DentaQual® score report publicly available to Members.



C.1.08 Mechanisms to Aid Understanding.

Delta Dental has several mechanisms in place to aid understanding among Enrolled Members and Potential Enrolled Members in compliance with 42 C.F.R. § 438.10(c)(7); 42 C.F.R. § 457.1207. In addition to this requirement, Delta Dental provides enrollment notices, informational materials, and instructional materials that assures our Enrolled Members as well as potential enrollees understand the benefits of their plan through the following mechanisms:




- **Member Handbook:** Our handbooks are easily accessible online and for download in Spanish and English, and other languages and formats are available upon request. The Member Handbook gives Enrolled Members an overview of their benefits, provides education regarding common questions identified among our Enrolled Members (i.e., how to make an appointment with a Provider), provides education, and definitions of key terms.
- **New Member Packet:** This packet serves as an introduction to Delta Dental and the DWP, DWP Kids or Hawki benefits. An easy-to-understand overview of the program and the Enrolled Member’s benefits are included. The packet also includes tools to help ensure the Enrolled Member is successfully navigating their plan and accessing services, including a checklist of items to complete (e.g., contacting Member Services about questions and making an appointment with a Provider), and for the Dental Wellness Plan, instructions on how to complete the PreViser Oral Health Survey.

- Member Website:** Delta Dental’s mobile optimized has pages dedicated to information regarding DWP, DWP Kids, and Hawki. The website follows Section 508 Standards, and the website is audited to ensure it meets the latest standards. All critical Enrolled Member documents are available to view and download directly from our website in both English and Spanish.
- Secure Member Connection Website:** The secure Member Connection website was created so Enrolled Members have one access point for all the materials and information needed to utilize and understand their benefits. Our secure website includes all the tools and resources to aid understanding (e.g., PDF copy of the Member Handbook) in a centralized location. Members can also take advantage of the Cost Estimator, access a copy of their Member ID card, and receive copies of their Explanation of Benefits and Adverse Benefit Determinations.
- Member Services Helpline:** Our Member Services Helpline will be available to all Enrolled Members, caregivers, and potential enrollees Monday through Friday from 7:30 a.m. to 6 p.m., except for Holidays outlined by the Agency. Our Member Services staff take requests from Members to receive materials in other languages and formats and facilitate the receipt by the Member in the format that works best for them. Member Services is also trained to walk through critical Member documents with the Enrolled Member over the phone and provide them with education about their DWP, DWP Kids, or Hawki benefits. If needed, the Member Services staff members utilize Language Line Services to work with an interpreter to communicate with Enrolled Members.
- Care Coordinators:** Care Coordinators work with some of our most vulnerable Enrolled Members to help them access dental care. Care Coordinators are all trained to also provide Enrolled Members with documents in requested formats and provide them with education about their DWP, DWP Kids, or Hawki benefits. If needed, Care Coordinators utilize Language Line Services to work with an interpreter to communicate with Enrolled Members.



Delta Dental provides the mechanisms to aid understanding among all populations including those who do not speak English or read with proficiency, or those who have a disability (See Exhibit C.1.08-1.). These services are free to Enrolled Members and Network Providers.

Exhibit C.1.08. Mechanisms available to aid understanding among all populations.

Dental Health Understanding for All		
Non-English-Speaking Members	Deaf, Hard of Hearing, Blind, Low/Limited Vision	Cannot Read or Have Limited Reading Proficiency
<ul style="list-style-type: none"> ✓ Translation Services ✓ Interpretation Services (TTY) ✓ Language Line Services ✓ Website translated to Spanish 	<ul style="list-style-type: none"> ✓ Large Print or Braille ✓ American Sign Language Interpretation ✓ Follow Section 508 Standards for accessibility 	<ul style="list-style-type: none"> ✓ Plain Language ✓ Videos ✓ Use of Icons and Visual Cues ✓ Care Coordinators 

C.1.09 Implementation Support.

As a long-time partner with the Agency, we have successfully demonstrated our ability to provide implementation support; for example, the DWP Kids program implementation for SFY22. When DWP Kids was launched, Delta Dental implemented a multi-channel marketing campaign that included billboards, bus transit, video, audio streaming, online advertising, and social media. All marketing activities were provided at no additional cost to the Agency. The DWP Kids campaign had a total of 10 million impressions over the three-month run. These messages included information on the DWP Kids benefits and how potential Enrolled Members could get additional information. Additionally, many Potential and Enrolled Members already have experience working with Delta Dental as Enrolled Members of DWP, DWP Kids, and Hawki, as well as with our commercial plans.

Delta Dental's Marketing and Government Programs team will develop a thorough marketing plan to support the implementation for SFY25. Our implementation marketing plan will include communication directly with individual Enrolled Members (e.g., postcards/mailers, outbound calls, emails, and text messages), as well as wide-scale communications (e.g., social media) and in-person community outreach (e.g., the Iowa State fair and community health fairs). These communications will include information about how to contact Delta Dental's Member Services and the Agency with questions, as well as how to contact the Ombudsman's Office. Because of our familiarity with the Programs and our strong community ties, we already have the infrastructure and resources to easily put a marketing plan in place. If charges are needed, we can adjust our resources and infrastructure to meet the requests and needs of the Agency upon implementation. Further, our Member Services phone and email lines are already implemented and will be available for all Enrolled Members and Potential Members.

C.1.10 Integration of Service Lines.

Delta Dental's Member Services helpline is one fully integrated system. One toll free number will be provided for DWP, DWP Kids, and Hawki Enrolled Members to contact Delta Dental. We train all Member Services staff to work with and answer questions from Enrolled Members or their authorized representative for all three programs. We train Member Services staff to identify when a warm hand-off to the Agency or other Contractors is needed and will facilitate the handoff to make the navigation process easier for Members.

C.1.11 Member Services Helpline.

Delta Dental is known for our exceptional customer service provided by our 100 percent Iowa-based Member Service representatives. Because our staff live and work in Iowa, they have an understanding for and know the nuances of the area and therefore can provide knowledgeable, customized service to Enrolled Members, including finding care and answering inquiries about the program and dental services.

Delta Dental will continue to maintain a dedicated toll-free Member Services helpline. Our helpline is staffed 100 percent by Iowa-based employees. Member Services staff receive specialized training to take calls and answer inquiries related to DWP, DWP Kids, and Hawki. Helpline staff are equipped to handle a variety of Enrolled Member inquiries, including but not limited to, finding a Provider, questions about benefits, Member education, Grievances and Appeals, and care coordination. Staff are also trained to identify when Members need to be connected to external entities, including, the Agency, other Contractors, and Provider offices, and facilitates the warm hand-off process to ensure Members are receiving the resources requested.

The Member Services helpline will be staffed with live-voice coverage during normal working days (7:30 a.m. – 6:00 p.m. Central Time, Monday through Friday), excluding Observed State holidays. **During working hours, we ensure all calls are answered by live operators who identify themselves by name to each caller.** Delta Dental utilizes an intuitive IVR system. If callers opt to connect to a live person, we ensure the caller is connected to a live person within one minute. For after-hours calls, we provide a voice message system that informs callers of our business hours and offers an opportunity to leave a message after business hours. Calls received in the voice message system are returned within one business day. We provide the option to be transferred to TeleDentistry.com in the event an Enrolled Member calls outside of business hours and has an emergent need.

C.1.12 Member Services Helpline Performance Metric.

Delta Dental’s Member Services helpline complies with the performance metrics set forth in Section A.27. Throughout this contract year, we have exceeded call center performance metrics and will continue to provide exceptional quality service for Enrolled Members and Network Providers, as shown in Exhibit C.1.12-1 below. The metrics below reflect RFP Section A.27a and A.27b.

Exhibit C.1.12-1. *Delta Dental maintains high quality customer service.*

Member Call Center Metrics	July SFY23	August SFY23	September SFY23	October SFY23	November SFY23	December SFY23	Average
Member Service Level - 80% Standard	91.51%	86.38%	84.56%	86.75%	87.71%	89.33%	87.71%
Member Abandonment Rate - Must be 5% or less	0.66%	0.89%	0.77%	0.59%	0.50%	0.83%	0.71%
Provider Service Level – 80% Standard	87.95%	82.65%	82.63%	81.66%	84.28%	84.47%	83.94%
Provider Abandonment Rate – Must be 5% or less	0.86%	1.14%	1.30%	0.96%	1.08%	2.26%	1.27%

In the SFY24 contract, Delta Dental has started to monitor call center Provider performance metrics that are outlined in RFP Section A.27 c-i and will be in fully compliance of monitoring the additional performance metrics for this Contract.

C.1.13 Availability for All Callers.

Our Member Services helpline will be available for all callers. We utilize Teletypewriters (TTY) to ensure we can assist Enrolled Members with disabilities, including those who are deaf or have some degree of hearing impairment. Our phone system is readily available in the identified prevalent languages, English and Spanish. We work with a Subcontractor interpreter service to offer interpretation in over 170+ languages, including American Sign Language, at no charge to the Enrolled Member and Providers.

C.1.14 Helpline Staff and Knowledge.

Delta Dental understands it is crucial for our employees who assist Enrolled Members to be knowledgeable and skilled to ensure they provide exceptional quality service. Staff who work with our

DWP, DWP Kids, and Hawki Members received specialized training related to the programs, cultural competency, and quality customer service. We provide onboarding and ongoing training on all aspects outlined in this Contract.



CultureALL training session on an Indian Wedding.

We require Member Services staff to complete all training outlined in Section A.13. The training plan is designed to ensure our staff can work with the DWP, DWP Kids, and Hawki populations in a competent, ethical, and empathetic manner. For example, each new hire participates in a Poverty Simulator upon hire and annually thereafter. This training allows them to step into the shoes of part of the population we serve and better understand the barriers they need to overcome. The goal is to help staff empathize with common barriers, including housing and employment insecurity. For example, Delta Dental and our Foundation brought volunteer leaders from SALUD Multicultural Health Coalition of Storm Lake (SALUD), located in Buena Vista County, to engage with our team and board members to learn more about barriers to care, community issues, and how to engage and address the socioeconomic issues facing the Storm Lake community. SALUD envisions a Storm Lake community that values diverse leadership as essential to achieving equitable

opportunities for the health and well-being of all. Delta Dental also provides companywide training and events in partnership with a local organization, CultureALL. All Member Services staff are required to attend these events throughout the year. These events are designed to increase cultural competency and awareness among our staff. Events have included engaging movement activities to self-recognize privileges, as well as classes about Indian spices and the importance in their culture.

[REDACTED]

Our training program for Member Services staff ensures they have the knowledge and skills to work with the DWP, DWP Kids, and Hawki Members. We ensure staff:

- ✓ Promptly identify and report fraud, waste, and abuse.
- ✓ Treat Members' information in a private and confidential manner.
- ✓ Respect Members' rights and treat them with respect, dignity, and privacy.
- ✓ Provide Grievance and Appeal assistance.
- ✓ Ensure Members receive care no matter their race, color, nationality, disability, sex, religion, age, or any other identity.
- ✓ Provide Members with the education and information needed to make informed decisions, including information about benefits and services and cost sharing.
- ✓ Help Members with balance billing problems.
- ✓ Provide care coordination services for Members, including, providing information about how to access dental services, identifying Network Providers taking new Members, finding specialists, and helping Members make appointments.

- ✓ Help Members navigate dental emergencies by identifying Providers and emergency resources, connecting Members with teledentistry services, and providing education about emergent services and benefits.
- ✓ Identify Members' barriers (for example: transportation) and solutions for overcoming them.
- ✓ Connect Members with the resources they require, including, care coordination and transportation.

C.1.15 Backup System.

Delta Dental uses a subservices organization to provide network server hosting, co-location data center services, and system backups. This ensures that in the event of a power failure or outage the telephone system operates at full capacity with no interruption of services or data collection. Delta Dental has a notification plan in place to ensure the Agency is notified our phone system is inoperative or a backup is being utilized. If either situation occurs, our Member Services team immediately communicates with the Plan CEO, who then notifies the Agency immediately. We continue to provide updated information to the Agency until the phone system is fully functioning. In the event Delta Dental is unable to operate on-site, we have remote work functionality that allows our team to continue to provide services without little to no interruption. Additionally, we work with a third-party Subcontractor to ensure that if our internal systems fail, a manual back-up can be put into action.

Our backup systems help us achieve our service commitments. Delta Dental has an extensive effective Business Continuity Plan (BCP) in-place to ensure systems are restored to normal business operations effectively and efficiently. The BCP is reviewed on an annual basis, and monthly scenarios are run to test the system and specific scenarios.

C.1.16 Tracking and Reporting.

In compliance with the requirements outlined in the Contract, Delta Dental monitors, tracks, and reports on the number and type of Enrolled Member calls and inquiries received during business and non-business hours. We use this data to identify ways to continue to improve and provide exceptional quality service to Enrolled Members. Delta Dental will continue to report its telephone Service Level performance to the Agency according to the specifications described in the Reporting Manual. All reporting metrics prescribed by the Agency are reported within the required timeframes. Our Member Services and Data teams work together to ensure the data is accurate and appropriately reported. These metrics include, but are not limited to, Calls Answered within 30 seconds, Calls Abandoned after 30 seconds, and Top 5 Call Reasons. The current metrics and our most recent data are outlined in Section C.1.12, Exhibit C.1.12-1. The data provided demonstrates our ability to meet and exceed the prescribed metrics and standards. We already have comprehensive data collection in place, which allows us to report additional metrics as prescribed.

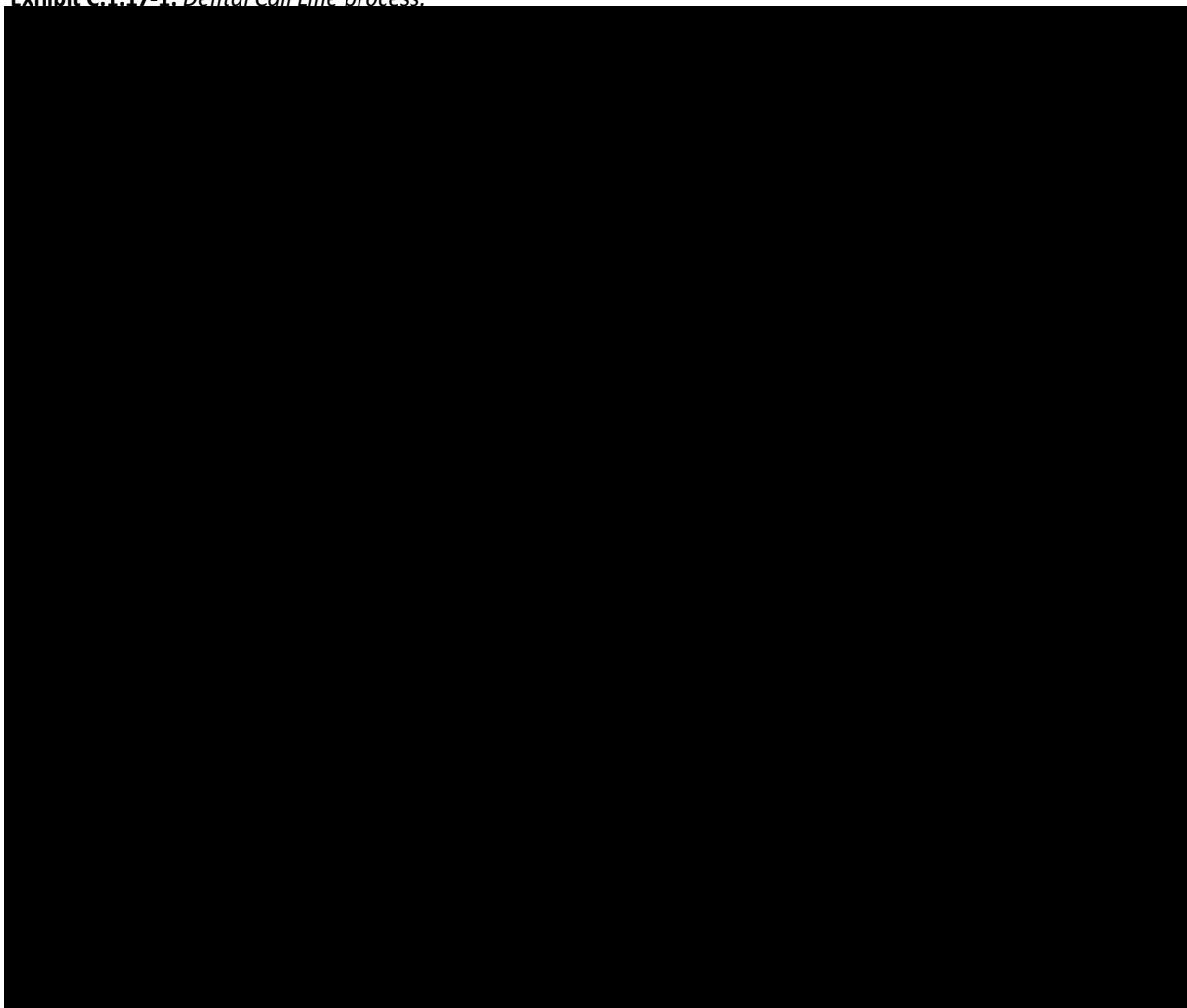
C.1.17 Dental Call Line.

Our toll-free Dental Call Line, 1-888-472-2793, is equipped with triage telephone services for Enrolled Members to receive dental advice and follow-up in the case of an after-hours dental emergency. This service is available 24/7. The toll-free number and accessibility information is available on all critical Member materials, including the New Member Packet and the Member Handbook. Information about the call line is also publicly available on our website. As visualized in Exhibit C.1.17-1, when Enrolled Members call the line after hours, they can access information about how to contact Delta Dental (in other ways), eligibility, claims, and the Network Provider directory. During an after-hours emergency, Enrolled Members are first encouraged to contact their established Network Provider, who is required

to maintain a system to address after-hours emergencies. Our Dental Call line also provides Enrolled Members with information and resources to access teledentistry services during an after-hours emergency and our IVR system will connect them directly.

To prevent the use of emergency room visits, our Dental Call Line can connect Enrolled Members directly with TeleDentistry.com where they will receive an immediate dental decision. This service allows us to provide Enrolled Members with virtual emergency exams after normal working hours when many dental offices are closed or if an Enrolled Member needs to see a dentist immediately. When Enrolled Members access this teledentistry service, they will be able to set up a virtual visit with an Iowa-licensed, Agency enrolled, Network Provider to be evaluated. The TeleDentistry.com Providers prescribe antibiotics when needed and assist the Enrolled Member with care coordination, including finding a Network Provider for an in-person follow-up and facilitating a warm hand-off back to Delta Dental.

Exhibit C.1.17-1. Dental Call Line process.



C.1.18 Redetermination Assistance.

Delta Dental understands all questions and calls pertaining to redetermination should be referred to the Agency’s Enrollment Broker and that the Agency has sole discretion in deciding. We acknowledge we will not engage in discrimination against Enrolled Members including those who have indicated a desire to switch PAHP, talk to Enrolled Members about changing PAHP, provide any indication as to whether the Enrolled Member will be eligible, engage in or support fraudulent activity in association with the redetermination form and associated processes, or complete and or send the redetermination materials to the Agency on behalf of the Enrolled Member. All Enrolled Members with redetermination inquiries will be transferred to the Agency’s Enrollment Broker.

C.1.19 Prevalent Non-English Languages.



Delta Dental has written materials that are critical to obtaining services including Provider directories, Enrolled Member handbooks, Appeal and Grievance Notices, and denial and termination Notices readily available in prevalent languages (i.e., English and Spanish) for Enrolled Members, their caregivers, and Potential Members. We also have the capabilities to translate critical documents into 170+ additional languages upon request. Enrolled Members can find these materials on our website or by calling our Member Services Line. Delta Dental’s website is optimized for mobile devices so Enrolled Members can access this information on the go as well.

C.1.20 Formats and Taglines.

Delta Dental has our written materials currently used for the DWP, DWP Kids, and Hawki available in alternative formats to provide an Enrolled Member or Potential Member at no cost. All written Member materials are currently provided in the identified Prevalent languages, English and Spanish. Communications to Enrolled Members including our Member Handbook, Member Welcome Packet, Appeal and Grievance communications, and other documents includes the nondiscrimination statement as well as taglines in a conspicuously visible font size (size 12) in 15 languages which include Arabic, Chinese, French, German, Hindi, Karen, Korean, Laotian, Pennsylvania Dutch, Russian, Serbo-Croatian, Spanish, Tagalog, Thai, and Vietnamese. Our document also includes information that we provide free language services to Enrolled Members whose primary language is not English. Additionally, we explain Delta Dental provides free services for Enrolled Members with disabilities such as auxiliary aids, written communication in other formats such as large print, audio, or other formats. We also provide the TTY telephone number for Delta Dental’s Member Services helpline.

C.1.21 Language Requirements.



All written Member materials are currently provided in the identified prevalent languages, English and Spanish. **Delta Dental can also provide Potential Enrolled Members or Enrolled Members with written documentation in 170+ other languages** by request, at no cost to the Agency or the Potential or Enrolled Member. Information about how to make a request for materials in other languages is available on all key Member communications and materials. Delta Dental can provide all written materials in a timely manner should the Agency identify other prevalent languages. We also use PreViser Oral Health Survey data to proactively monitor for new prevalent languages among our Enrolled Members. If a new prevalent language is identified, written materials in that language will become readily available.

C.1.22 Auxiliary Aids & Services.

To provide our value of Exceptional Quality Service, Delta Dental will continue to provide auxiliary aids such as, but not limited to, teletypewriters, Braille and large print, and American Sign Language interpretation upon request of the Potential Enrolled Member or Enrolled Member at no cost to the Potential or Enrolled Member or Agency as outlined in 42 C.F.R. § 438.10(d)(3); 42 C.F.R. § 457.1207.

C.1.23 Interpretive Services.

To assist Enrolled Members who face language barriers, Delta Dental will continue to make interpretation services, including American Sign Language (ASL), free of charge to each Enrolled Member in all non-English languages as outlined in 42 C.F.R. § 438.10(d)(3); 42 C.F.R. § 457.1207. Interpretation services are currently available in 170+ languages. To provide additional services, we currently have three Spanish speaking and one French speaking employee on our Member Services team who can assist Members.

C.1.24 Notifications of Translations and Aids.

Delta Dental understands the vast language barriers our Enrolled Members face. We provide our Enrolled Members with translation aids and have a system in place in which our Member documents are translated. We know the reality of helping Enrolled Members understand their benefits and the services available to them heavily rely on the accessibility to information in their preferred language. We will continue to comply with the outlined requirements in this Contract.

We will notify our Enrolled Members that:

- Oral interpretation is available for any language and provide information about access on interpretation services
- Written translation is readily available in prevalent languages and publicly available on our website or upon request
- Auxiliary aids and services are available upon request at no cost for Enrolled Members with disabilities and provide information about how to access those services

Member Materials

Enrolled Members are notified of their right to an interpreter and auxiliary services in their Member Handbook and other critical Member materials, which are readily accessible 24/7 on the Delta Dental website for viewing as a PDF or download. We ensure the materials on our website are accessible via computer or mobile device. Enrolled Members and their authorized representatives have the right to request interpretation and auxiliary services at any time to receive information or care coordination services from Delta Dental. To speak with an interpreter or receive auxiliary services, Enrolled Members, their authorized representative, or their Provider can call our Member Services team. Delta Dental supports auxiliary services, as well as interpretation services in 170+ languages.

Provider Office Manual

If a Provider has a language barrier with an Enrolled Member, Delta Dental provides Translation Services at no cost to the Enrolled Member, Provider, or the Agency. The DWP, DWP Kids, and Hawki Provider Office Manuals clearly outlines how Providers can access translation services in 170+ languages when providing services to Enrolled Members. Our Member and Provider Services team is also available to help Providers access this service so they can provide accessible services to all Enrolled Members despite language barriers.

C.1.25 Easily Understood Standard.

Delta Dental understands the importance of providing all written materials in easily understood and accessible language and formatting. A multi-disciplinary internal team, the Member Education, Outreach, and Improvement Committee, with content experts and marketing specialists, will continue to review all written materials and to assess accuracy, readability, and cultural competency. Materials will continue to be comprehensively reviewed prior to requesting approval from the Agency, after any changes are made, and before distribution once final approval from the Agency has been given. All materials will continue to be verified as being at a sixth grade reading level or below using the Flesch-Kincaid Grade Level readability test. When appropriate, Delta Dental will also continue to provide definitions of medical and technical terms and refers Members to additional resources (e.g., the Member Handbook) to promote understanding. We take into consideration Enrolled Members’ feedback when creating and modifying Member materials. The Member Advisory Group was created to advise the Member Education, Outreach, and Improvement subcommittee on Member materials, including their level of accessibility as it relates to readability, accessibility, and cultural competency.

C.1.26 Patient Language Preference.

Delta Dental uses the language preference information sent on the Benefit Enrollment and Maintenance file to understand which Enrolled Members have indicated their preferred language is Spanish. This is the only language other than English that is currently passed on the Benefit Enrollment and Maintenance file and considered a prevalent language. During our phone conversations with Enrolled Members, the Member Services team will add notes of preferred language for Enrolled Members, so it is easier to connect with the appropriate interpreter during future inbound and outbound calls with that Member. We also utilize responses to the PreViser Oral Health Survey to identify and note Enrolled Members’ preferred language.

All critical Member documents and communications are readily available in Spanish. Our Member Service IVR system also gives Members the option to identify Spanish as a preferred language and receive verbal communication in Spanish. When we have identified and noted a preferred language other than English or Spanish, we utilize translation and interpretation services to communicate with Enrolled Members in their identified preferred language.

There are many Delta Dental Network Providers who have a dentist or office staff that are fluent in languages other than English. **For DWP and DWP Kids Members there are 342 Providers at 158 locations who speak a language other than English. For Hawki Members there are 461 Providers at 217 locations who speak a language other than English.** Languages spoken for both include:

461 Providers
217 Locations
speak a language other than English
for Hawki

- | | | | |
|-------------|-------------|------------|--------------|
| ✓ Albanian | ✓ French | ✓ Italian | ✓ Portuguese |
| ✓ Arabic | ✓ German | ✓ Japanese | ✓ Punjabi |
| ✓ Armenian | ✓ Gujarati | ✓ Khmer | ✓ Russian |
| ✓ Bosnian | ✓ Hindi | ✓ Korean | ✓ Serbian |
| ✓ Burmese | ✓ Hmong | ✓ Mandarin | ✓ Spanish |
| ✓ Chinese | ✓ Hungarian | ✓ Persian | ✓ Thai |
| ✓ Croatian | ✓ Irish | ✓ Polish | ✓ Vietnamese |
| ✓ Esperanto | | | |

C.1.27 Written Materials Formatting.

We ensure all written materials for Potential Members and Enrolled Members are at a sixth grade reading level and in a font size no smaller than 12-point. When designing documents, our Marketing team follows best practices to ensure easy readability and to promote accessibility. We use different visual elements such as bullet points, callouts, bolded fonts, a black font color, and checkboxes to make the content easy to read and easy to understand.

When designing documents, we also take into consideration formatting which will keep the Enrolled Member engaged in the material. All Member materials are reviewed by our Member Education, Outreach, and Improvement subcommittee to ensure compliance with Agency standards and to advocate for formatting best for our Enrolled Members. We will also use feedback from the Member Advisory Group to ensure the greatest levels of accessibility and engagement.

Our simply laid out Member materials makes them more easily accessible for Enrolled Members with limited English proficiency and literacy skills. We ensure all formatting is maintained when Member documents are translated into other languages. Additionally, all Member materials are available online and easy to download in PDF, digital formats that follow Section 508 Standards. Enrolled Members are also able to access written materials in formats accessible to them, including in Braille, Large Print, and printed copies of all materials. Upon request, all Member materials can be made available to Enrolled Members, caregivers, and Potential Enrolled Members in other accessible formats at no cost to the Enrolled Member or the Agency.



Easy to read and accessible DWP Newly Eligible postcard is received by all newly Enrolled Members.

C.2 Enrollee Handbook.

C.2.01 State-Developed Handbook.

Delta Dental has created its Member Handbooks for DWP, DWP Kids, and Hawki using the Agency developed Enrolled Member Handbook template. During the creation of and revision of the Member Handbook, we ensured all required elements were included and we prioritized accessibility for all Members. The Member Handbook will continue to be reviewed by the Member Education, Outreach, and Improvement subcommittee, which includes content and marketing experts. A review will be initiated any time a benefit or policy change is made, as well as on an annual basis before the beginning of the new fiscal year.

C.2.02 Obligation to Provide Handbook.

The Member Handbook will continue to be available to all Enrolled Members and their authorized representative, as well as to Potential Enrolled Members, on the Delta Dental website. Members receive

their New Member Packet within 10 business days of Delta Dental’s receipt of the Benefit Enrollment and Maintenance file from the Agency. The New Member Packet provides information on how to access the Member Handbook in both English and Spanish on our website. Allowing for Members to access and download the Member Handbook 24/7. The PDF version of the handbook available on our website follows Section 508 Standards to ensure accessibility for Enrolled Members who have a vision impairment and allows for Enrolled Members to search for key terms.


The New Member Packet and Delta Dental’s website also includes information about how to request the Member Handbook in other formats at no cost to the Member, including hard copies, 170+ additional languages, and additional formats as requested, including Braille and Large Print. Member Services is also available to Potential and Enrolled Members during call center hours to answer questions about the Member Handbook, review sections as needed, and orally provide information. Delta Dental will also create educational videos, which will be available on our website and on YouTube and will review sections of the Member Handbook that have been identified as areas needing additional clarification, such as a video about the Enrolled Member’s annual benefit maximum.

C.2.03 Content of Handbook.

The contents of the Member Handbooks meet the requirements of 42 C.F.R. § 438.10(g)(2)(i) - (ii) and 42 C.F.R. § 457.1207 to ensure Enrolled Members can easily understand how to effectively use the Managed Care Program.

Under the guidance of the Agency, Delta Dental has created three separate Member Handbooks for DWP, DWP Kids, and Hawki. The handbooks all cover the required contents but are customized to outline the appropriate benefits and provide targeted education about each plan. Exhibit C.2.03-1. Represents an outline of what is contained in the handbooks.

Exhibit C.2.03-1. Contents of the Member Handbooks.

Content of Handbook	
Non-Discrimination and Accessibility Policies and Notices	All required policies and information about how to access materials and services to enhance accessibility, including, materials in additional formats and languages and Delta Dental’s auxiliary aids.
Welcome from Delta Dental	Background about Delta Dental and our role as an administrator of Agency benefits. Includes the needed information (i.e., defining terms) for Enrolled Members to successfully navigate the handbook.
Contact Information	Contact information for Delta Dental’s Member Services, appropriate Agency contacts, and for other Contractors’ Member Services.
Covered Benefits and Services	A high-level and easy to read list of the benefits and services covered by the Enrolled Member’s plan. DWP Kids’ and Hawki’s Member Handbooks includes specific education about orthodontia services and when they are covered.
Services Not Covered	A high-level and easy to read list of dental benefits not covered by the Enrolled Member’s plan. The list also includes information about when exceptions may be made (i.e., where medical exemptions may be made).
 Early Periodic Screening Diagnosis and Treatment (EPSDT)	An easy-to-read overview of what EPSDT is and the importance of accessing preventive care for children and young adults.

Content of Handbook	
Care Coordination	Information about care coordination services available to the Enrolled Member through Delta Dental, including information about Transition of Care policies. Includes information about how to access transportation through the Enrolled Member’s managed care organization. DWP Kids and Hawki Member Handbooks also provide an overview of the I-Smile™ program and their Care Coordination services.
Going to the Dentist	Guidance about how to find and select a dental home, make an appointment with a Network Provider, have a successful appointment with a Provider, and how to maintain a dental home/primary care Provider.
Payment	All required information regarding payment is provided, including Annual Benefit Maximum and cost sharing (when needed).
Emergencies/Emergent Services	Information about what to do in a dental emergency, what an emergent service is, and more information about emergent service benefits and how to access a Provider.
Grievances and Appeals	All required information about Grievances and Appeals is provided, including definitions, timeframes, and State Fair Hearing Rights.
Member Rights and Responsibilities	All the required Member Rights and Responsibilities are provided in an easy to read and comprehensible format.
Delta Dental’s Privacy Policy and Responsibilities	All required information related to Enrolled Member privacy, choice, and Delta Dental’s responsibilities are provided in an easy to read and comprehensible format.
Glossary of Terms	<p>Definitions of terms are provided to enhance literacy and understanding of material. We provide easy to read and high-level definitions of complex medical, dental, and insurance terms to ensure complete understanding of the material in the Member Handbook.</p> <p>A comprehensive Glossary of Terms is also available on our website and in other formats upon request to assist with navigation of the handbook.</p>

C.2.04 Information Requirements in Handbook.

Delta Dental’s Member Handbooks for DWP, DWP Kids, and Hawki includes information regarding all the components outlined in Section C.2.04. In the Member Handbook, we provide easy to comprehend information regarding EPSDT benefit, transportation, and cost sharing, as applicable. We also provide the appropriate external contact information (i.e., other Contractors and the Agency) so Enrolled Members understand who to contact for benefits related to EPSDT and transportation [outside of Delta Dental]. Our Member Services team are also trained to review this information with Enrolled Members as requested and provide follow-up education and care coordination as needed.

C.2.05 Information Requirements – Moral or Religious Objections.

Delta Dental has and will continue to cover all DWP, DWP Kids, and Hawki benefits and services for all Enrolled Members with no moral or religious exemptions. We will notify Enrolled Members of this right in their Member Handbook. In the case we decide to discontinue coverage of a counseling or referral service, we will notify the Enrolled Member at least 30-days prior to discontinuing coverage. We will send a notification of significant change to all Enrolled Members in this scenario.

C.2.06 Amount, Duration & Scope.

The Member Handbook outlines all the services covered by DWP, DWP Kids, and Hawki. This includes the amount, duration, and scope, as applicable to each service. We also provide information about services that are not covered by the plan, including services typically not covered but where exemptions may potentially be made in alignment with Iowa Code, for example, when a service may be allowed for medical necessity. On our website, and in other formats upon request, we provide a Glossary of Terms with definitions for the services in the Member Handbook. This information is provided to help Enrolled Members navigate the benefits portion of their Member Handbook by providing high-level definitions of dental terms. Our Member Services team is trained to answer any follow-up questions Enrolled Members may have about this information.

C.2.07 After-Hours Care.

During the Credentialing and Recredentialing process, Network Providers attest to ensuring 24-hour access during the Credentialing and Recredentialing processes. Additionally, Delta Dental monitors and ensures Provider compliance through routine secret shopper activities. Information about after-hours care, including contacting Provider offices, Delta Dental, teledentistry services, and the Emergency room, are outlined in the Member Handbook.

C.2.08 Emergency Care Information.

Delta Dental will continue to meet all Federal regulations related to the provision of Emergency Services. Emergency Services are normally provided in the dental clinic setting during routine office hours or after office hours as necessary. Prior Authorizations are not required for emergency dental services. If a code normally requires a Prior Authorization, that is waived when a Provider documents the service was an emergency.

Our communications to Enrolled Members and Network Providers clearly delineate the emergency provisions and the right for an Enrolled Member to acquire emergency dental care from any Provider.

Emergency Services include those done by a qualified provider and deemed necessary to evaluate or treat and emergency conditions. Those include any symptoms which may result in the following without immediate attention, 1) placing the health of the Enrolled Member in serious jeopardy, 2) cause serious impairment to bodily functions, and 3) cause serious impairment of any bodily organ or part.

Based on Federal regulations, it is the Provider who classifies dental treatment as emergent.

Delta Dental publishes the rules around emergency treatment but is required to adjudicate claims as emergent when that information is provided to Delta Dental. We have developed an expedited way for these claims to be filed and adjudicated.

Information on receiving emergent dental services is outlined for Enrolled Members in the Member Handbook. We provide a walkthrough of what Members should do when they are experiencing a dental emergency, including contacting their Provider, contacting Delta Dental, contacting TeleDentistry.com, or finding another provider. We provide Enrolled Members with high-level information about their benefits, Annual Benefit Maximum, and Prior Authorizations, as it relates to emergency care and emergency services.

C.2.09. Information Requirements – Restrictions.

In the Member Handbook, we will continue to provide Enrolled Members with information about their right to access dental services from any Network Provider including specialists. Enrolled Members will

also continue to be provided with information about their right to access emergency dental services from a non-Network Provider.

C.2.10. Reserved. N/A.

C.2.11 Information Requirements – Cost Sharing.

We will limit any cost sharing imposed on Enrolled Members to the Agency FFS regulations found in 42 C.F.R. § 438.10(g)(2)(viii); 42 C.F.R. § 457.1207, all applicable State Plan obligations as defined in this statement of work, and any approved waivers of that State Plan. Delta Dental, our Providers, and any Subcontractors will not require cost sharing for any covered services except to the extent that cost sharing responsibilities are required for those services in accordance with law and as described in this Contract. Delta Dental will include any of the services where cost sharing responsibilities are required in the Member Handbook.

C.2.12 Information Requirements – Enrolled Member Rights and Responsibilities.

We provide Members with a copy of their Enrolled Member Rights and Requirements in their New Member Packet, as well as in their Member Handbook. The Member's Rights outlined in the Member Handbook include:

General Member Rights

1. Be treated with respect, dignity, and privacy.
2. Receive care no matter your race, color, nationality, disability, sex, religion, or age.
3. Get correct, easy to understand information.
4. A right to know:
 - How Delta Dental decides whether a service is covered and/or dentally necessary.
 - Who in Delta Dental's office decides those things.
5. Know that you are not responsible for paying for covered services. Dental Wellness Plan Network Dentists cannot require you to pay any other amount for covered services. See "When Do I Pay for Services" on Page 13 of this handbook.
6. Receive information in other forms such as Spanish, larger font, Braille, etc. Please contact us toll-free at 1-888-472-2793. You can receive this information and get a spoken translation in most languages at no cost.
7. Recommend changes in policies and services under the Dental Wellness Plan. Receive services free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
8. Exercise any of these rights without negative consequences from your Provider(s) or Delta Dental.

Access to Care

1. The names of the dentists in the Dental Wellness Plan Network.
2. Pick from a list of dentists that is large enough that you can get the right kind of care when you need it.
3. Get a second opinion from another dentist about what kind of treatment you need at no cost to you.
4. To get care coordination from Delta Dental. We can help you find a dentist or specialist, make an appointment, and find resources to make sure you can get to your appointment.

Quality of Care

1. File a Grievance (complaint) about us, a dentist, or the care you receive.
2. File an Appeal about an action or decision we made. You can ask for a State Fair Hearing if you are not happy with the results of the Appeal.
3. Take part in all the choices about your dental care and receive information to make these choices.
4. Speak for yourself in all treatment choices including the right to refuse treatment.
5. Be treated fairly by Dental Wellness Plan Network dentists and other dentists.
6. The right to:
 - Talk to your dentist in private
 - Have your dental records kept private
 - Request a copy of your dental records
 - Ask for our changes to those records
7. Know that a dentist who cares for you can advise you about:
 - Health status
 - Dental care
 - Treatment

C.2.13 Information Requirements – Available and Accessible Care.

The Member Handbook contains information regarding the Enrolled Member's right to obtain available and accessible Health Care Services as required in 42 C.F.R. § 438.10(g)(2)(ix), 42 C.F.R. §438.100(b)(3), and 42 C.F.R. §457.1207. In addition, the Member Handbook will continue to provide Enrolled Members with information about how to access dental care, including information about how to find a Provider, how to make an appointment, and how to access additional resources like transportation services. The Member Handbook also includes information about Care Coordination services available to the Enrolled Member through Delta Dental and I-Smile™.

C.2.14 Information Requirements – Selecting a PCP.

It is important for Enrolled Members to have an established dental home to receive preventive care as recommended by the American Dental Association. Enrolled Members have the right to choose any Network Provider as a dental home, and to change Providers at any time and for any reason. In the Member Handbook, we outline steps Members can take to find and access a Network Provider, including, accessing our Provider Directory, how to make an appointment, materials needed for an appointment, and office etiquette. Our New Member Packet includes a checklist, which includes this information and provides Members with clear and concise steps to find a Network Provider. This is meant to accompany the materials a newly Enrolled Member receives to successfully guide them through the process of establishing a dental home. We also included information for Enrolled Members to receive additional assistance by calling our Member Services team to receive assistance in finding a Network Provider and schedule an appointment.

C.2.15 Information Requirements – Grievance and Appeals Procedures & Timeframes.

Delta Dental provides Enrolled Members with information about Grievances and Appeals in the Member Handbook, including information about procedures and timeframes, and State Fair Hearings. Information about the Grievances and Appeals and State Fair Hearings procedures and time frames will continue to be available as an easily accessible standalone document on our websites. The information provided follows all Agency procedure and time frame requirements and is written in accessible language.

C.2.16 Information Requirements – Enrolled Member Rights Regarding Grievances & Appeals.

Delta Dental provides Enrolled Members with information about their rights regarding Grievances and Appeals in the Member Handbook. Information about the Grievances and Appeals rights and costs, as well as all information related to State Fair Hearings as outlined in Section C.2.16, will continue to be available as an easily accessible standalone document on our website. We inform Enrolled Members of required timeliness and all the ways they can file a Grievance or Appeal, including, by phone with Delta Dental’s Member Services staff, by email, by fax, or by mail. The information provided will continue to follow all Agency requirements.

C.2.17 Reserved. N/A.

C.2.18 Information Requirements – Auxiliary Aids.

Enrolled Members will continue to be notified of their rights to auxiliary aids in the Member Handbook. Delta Dental provides free services for individuals with disabilities such as auxiliary aids, and written communication in other formats such as large print, audio, or other formats. These services can be accessed and arranged by calling our Member Services Helpline. Delta Dental also maintains a phone number for Enrolled Members with disabilities (e.g., deaf, hard-of-hearing, blind, or having difficulty speaking). Enrolled Members can also request these services by contacting Delta Dental’s Member Services. All our contact information, as well as information about available auxiliary aids, is provided in the Member Handbook and all other critical documents disseminated to Enrolled Members.

C.2.19 Notice of Significant Changes.

We will provide at least a 30-day notice to Enrolled Members via mail of significant changes to the information in the Member Handbook, with information about where to locate it in the Member Handbook and other Member documents. A significant change may include any change that may affect Enrolled Members’ benefits or their accessibility to services.

C.2.20 Significant Change.

We recognize a “significant change” for purposes of this Section C means any change that may impact Enrolled Member accessibility to services and Benefits as outlined in RFP Section C.2.20. We will provide Members with a 30-day notice via mail any time a change is made that may impact any of the areas outlined.

C.2.21 Transition of Care Policies.

Delta Dental will continue to provide Enrolled Members with the Transition of Care policies in the Member Handbooks. This includes information about honoring existing authorizations and services provided by a non-Network Provider when a Member transitions to Delta Dental from another PAHP or from FFS. Enrolled Members will also continue to be informed of Care Coordination services available through Delta Dental and I-Smile™ to assist them as they transition. Care Coordinators will continue to be available to assist Enrolled Members with obtaining referrals and records from Network Providers and facilitating the transition to a new Provider or office.

C.3 Enrolled Member Handbook Dissemination.

Delta Dental knows that obtaining access to care starts with understanding the benefits available to the Enrolled Member and we will provide all information to new Enrolled Members in an easily accessible format that is easy to read and understand to mitigate any barriers.

C.3.01 Dissemination of Enrolled Member Handbook.

Current Enrolled Member Communications

Within this New Member Packet, Enrolled Members will receive information about how to access the Member Handbook on our website, and in additional formats to promote accessibility as requested. This includes as a PDF that follows Section 508 Standards, as well as information about how to access other accessible versions.

Annually, Delta Dental sends reminders to Enrolled Members to complete their PreViser Oral Health Survey via email, text message, and automated outbound calls. As part of this communication, we include messages reminding Members to re-review their New Member Handbook with information about how to access the most updated version of the Handbook online and request additional versions (i.e., hard copies and other languages) as needed.

Additional Dissemination

In addition to the dissemination methods outlined above, **Delta Dental provides Enrolled Members with the Member Handbook during select communications to ensure Members who most need to access the Member Handbook have the tools and information to do so.** When needed, our Grievances and Appeals team will directly reference the Member Handbook in their resolution letter and include a printed copy of the Member Handbook for the Member or their authorized representative.

Delta Dental also requires Care Coordinators and Member Services staff to include the Member Handbook when they are authorized to follow-up with an Enrolled Member via email. Our current PIP looked at data and call notes from Enrolled Members who had called into our Member Services Line multiple times within a seven-day period and identified that Members are calling back because they have additional questions where the answers are available in the Member Handbook and on the FAQ page on our website. Following-up with a copy of the Member Handbook ensures Enrolled Members have all the tools they need to fully understand their benefits and access to answers if they have follow-up questions after their conversations with a Care Coordinator or Member Services staff.

C.4 Network Provider Directory.

C.4.01 Network Provider Information.

All Potential and Enrolled Members will continue to have access to our Provider Directory, which can be accessed on our website and in paper form, upon request, and will include the following information on Delta Dental's Providers (as depicted in Exhibit C.4.01-1):

- Names and Group Affiliations
- Street address(es)
- Telephone number(s)
- Website URLs, as appropriate
- Specialties, as appropriate
- Acceptance of New Patients
- Limitations on New Patients accepted (i.e., children only or adults only)
- The cultural and linguistic capabilities of the Provider, including languages (includes ASL) offered by the Provider or a skilled medical interpreter at the Provider's office
- Provider office wheelchair accessibility
- Other information to help Members identify or overcome barriers (for example: public transportation accessibility)

Exhibit C.4.01-1. Screen shot of the Provider information Members typically see when they access our website.

HARVEY, HAYLEY

Specialties	GENERAL PRACTITIONER
Accepts New DWP Adult Patients:	Yes
Gender	Female
Accepted Plans	Dental Wellness Plan Kids, Dental Wellness Plan

Office Details

Practice Name	BROADLAWNS MEDICAL CENTER
Address	1801 HICKMAN RD DES MOINES, IA 50314
Phone	(515) 282-2421
Email	EMAIL
Website	WWW.BROADLAWNS.ORG
Last Updated	04/14/2023

Additional Info

Wheelchair Accessible	Yes
Languages Spoken	Arabic
Translation Service	Yes
Sign Language Service	Yes
Public Transit Access	Yes
Early Hours	No
Evening Hours	No
Weekend Hours	No
Free Parking	Yes
Cultural Competency Training	Yes

C.4.02 Forms Available.

Information on Delta Dental’s Provider Networks is included on our website and in paper format upon request. The web version of our Provider Network Directory is both browser and mobile friendly. All Network Provider Directories are updated in real time when changes have been identified or reported to our Professional Relations team.

C.4.03 Availability on Website.

Delta Dental’s Provider Network Directories will continue to be available on our website in a machine-readable file and format as specified by the Secretary. Members can access the Provider Directory via our mobile-friendly website, download PDF copies of their search results, and they can have search results emailed to them or emailed to others.

C.5 Reserved.

C.5.01 Reserved. N/A.

C.6 Provider Terminations and Incentives.

C.6.01 Provider Terminations – Timeline.

Once Delta Dental Professional Relations team is notified of a Provider termination, a data report is run including Enrolled Members seen by that Provider in the last 12 months. A letter is sent to all the Enrolled Members notifying them of the change, with the Provider’s termination date. The letter also provides them with the website link for Provider Directory and our Member Service phone number. Enrolled Members are also advised in the letter that their benefits will not be impacted so long as they see a Network Provider; however, if they continue to see the terminated Provider, their plan will not cover the services and they may be responsible for paying for the services unless they have an emergency dental issue. The letter will refer Enrolled Members to the Delta Dental website and Member Services helpline to assist in finding a new Provider. This letter is sent out within 15 calendar days after receipt or issuance of the Provider termination notice, or 30 calendar days prior to the effective termination date, whichever is sooner.

C.6.02 Information Regarding PIPs.

Delta Dental will make available, upon request, any physician incentive plans in place as set forth in Section 42 C.F.R. § 438.10(f)(3) and Section 42 C.F.R. § 438.3(i).

C.6.03 Performance-Based Incentive System for Providers.

Delta Dental has two performance-based incentives programs for Network Providers that will be implemented for SFY24 as soon as the Agency approves. In SFY25 we will be implementing at least one more incentive program for Network Providers. These incentive programs are linked to the Agency’s Dental Quality Strategies and will improve dental and overall health outcomes. These incentive programs are designed to encourage positive Enrolled Member engagement and improve dental and overall health Outcomes which are tailored to issues prevalent amongst Enrolled Members.



Network Adequacy & Availability



Increase Recall & Prevention



Improve Oral Health Equity

There are three focus areas Delta Dental has established for our performance-based incentive system for Network Providers which include:

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

These programs are explained in greater detail in Section E.8. Delta Dental will provide information on our Provider incentive plans upon request to Enrolled Members and in our Marketing Materials in accordance with the disclosure requirements stipulated in Federal regulations.

C.7 Marketing.



As a not-for-profit insurance company, we strive to build stronger communities by investing in actions that promote and improve health — by removing barriers, expanding access to resources and increasing equity. One way we do this is through our marketing of oral and overall health messaging and resources to all Iowans.

As the leading dental insurance company, more Iowans trust Delta Dental to take care of their dental benefits and help them access dental care. Our marketing efforts throughout Iowa aim to:

- Increase awareness of DWP, DWP Kids, and Hawki benefits and services.
- Educate Enrolled Members and potential Members about Delta Dental and our mission to improve the health and smiles of the people we serve.
- Provide easy-to-understand information on using benefits as well as the importance of dental health through a variety of communication mediums.
- Support our community non-profits through our Foundation giving.

C.7.01 Marketing Restrictions.

Our local, 100 percent Iowa-based Marketing team has an average of 15+ years of experience in health care marketing. We know the practice and importance of following guidelines when it comes to marketing in the health care field. Through this experience, the Delta Dental team has established marketing policies and procedures to assure we comply with the marketing regulations outlined by the Agency.

All Member marketing materials will be submitted to the Agency for final approval. Prior to submission to the Agency, Delta Dental’s Member Education, Outreach, and Improvement Subcommittee reviews all the materials. The Subcommittee meets on a regular basis to ensure all Agency and Delta Dental requirements are met prior to submission and makes revisions and recommendations as needed. Once the Delta Dental Member Education, Outreach, and Improvement Subcommittee has approved the material, it will be submitted to the Agency for approval. The subcommittee will track which materials have been approved by the Agency receive all feedback from the Agency, and review and facilitate the requested changes. Once all changes have been made and thoroughly reviewed, the Committee will resubmit to the Agency, as needed, for final approval.

We only engage in activities and outreach designed to educate Enrolled Members about their oral/overall health and their DWP, DWP Kids, or Hawki benefits. Member materials are distributed across Iowa (the entire service area) in both urban and rural areas. Our multi-faceted outreach approach may include, written materials distributed through mail or email, text messaging, outbound calls, social media, video, radio/audio streaming, digital advertising, or local and statewide community events (e.g., the Iowa State Fair).

Delta Dental does not engage in marketing activities with DWP, DWP Kids, or Hawki Members or their authorized representatives to seek to influence Enrollment in conjunction with the sale or offering of our individual (private) or other commercial insurance plans. This includes not engaging directly or indirectly in door-to-door, telephone, email, texting, or other Cold-Call Marketing activities. DWP Kids and Hawki authorized representative email addresses remain separate from our Individual and Commercial marketing platform, Marketo. Dental Wellness Plan Enrolled Member emails are flagged as such within Marketo and do not receive product or promotional messages, only oral health or plan specific information. Through a preferences system, Enrolled Members can opt-in to receive oral health information through our monthly *Healthy You* newsletter. They can update their email preferences at any time on our website to opt-in or opt-out of specific information. A link to unsubscribe is included in every email, as well as a link to update preferences on what type of information they'd like to receive. To remain compliant, the process is reviewed and updated, if necessary, by our Marketing team on a bi-annual basis.

All Marketing Materials designed for Enrolled Members meet the Agency's rules and regulations related to reading level, content, cultural competency, grammar, and other requirements. All Enrolled Member Marketing Materials are available in the current prevalent identified languages, English and Spanish. Materials can be provided in 170+ other languages as requested by the Enrolled Member, their authorized representative, or potential enrollees, at no cost to any of the requesting parties or the Agency. We will make our best efforts to request approval from the Agency for any written materials 30 days prior to its distribution, or within another time frame as requested by the Agency. No materials will be distributed until the Agency has approved.

C.7.02 Agency Review.



Medical/ Dental
Integration



Increase Recall
& Prevention

It's important to educate the general community and Potential Members on oral and overall healthy behaviors. All Dental Wellness Plan Enrolled Members have the option to receive our monthly *Healthy You* newsletter, full of oral and overall health tips. Additionally, our blog, *A Healthy Life*, is updated weekly with new blog posts focused

on healthy oral and overall health information. Our social media channels (Facebook, Twitter, Instagram, LinkedIn, YouTube, and Pinterest) are updated daily and are an additional resource for Iowans to learn about the importance of oral and overall health and actionable tips to apply to their life. Various social posts are promoted through the channels to assure more Iowans know that we're a resource for both dental, vision and overall health information.



2021 DWP Kids Media Campaign for Open Choice.

In 2021, Delta Dental received approval from the Agency to develop a multi-media campaign to encourage enrollment in DWP Kids. We worked closely with the Agency to develop messaging to promote the DWP Kids program. The multi-media campaign included the following tactics, across the State: billboards, bus transit advertising, video, audio streaming, online advertising, and social media. All marketing activities were approved and provided at no additional cost to the Agency. The DWP Kids campaign had a total of 10 million impressions over the three-month run. The campaign was designed to raise awareness. We were able to measure interactions with our digital media. The ad campaign and materials used multiple individuals to give a “real-life” feel to the campaign showcasing Iowa’s diversity in race, sex, and age of Iowa children. The marketing also utilized simple and plain language using the Flesch-Kincaid Grade Level test and Flesch Reading Ease test.

Digital Media Engagement		
6.7M Digital impressions	8,821 Clicks	6,445 Website visits and video views

Delta Dental will utilize the DWP Kids media plan as a starting point to develop an initial DWP, DWP Kids, and Hawki media plan during the open enrollment period. This multi-media campaign will review a variety of tactics to ensure the proper channels are utilized to reach

our target audience. This includes review of digital advertising, video, billboards, audio streaming, social media, and more.

All marketing activities will continue to comply with applicable laws and regulations regarding Marketing by Health Insurance issuers. The Marketing team’s extensive experience in health insurance marketing ensures we will stay compliant. All Member materials will be sent to the Agency for approval 30 days prior to its distribution, or within the timeframe as requested by the Agency, prior to distribution. No materials will be distributed until the Agency has approved.

C.7.03 Permissible Marketing Activities.

All of Delta Dental’s marketing activities are in line with the provisions outlined in 42 C.F.R. § 438.104. All Member activities will continue to be created and planned to promote the understanding and utilization of DWP, DWP Kids, and Hawki and will educate Enrolled Members about their oral health. When planning activities, we consider the unique landscape of Iowa, and strategically attend events in both rural and urban communities across the State.

We will continue to attend local events that have a community focus to educate Enrolled Members and Potential Enrolled Members on the program. For these events, we bring materials about the programs as well as toothbrushes and educational resources to highlight the importance of oral and overall health.

A few Member events we’ve attended include:

- Green to Go Events, hosted by Iowa Total Care
- Big Tent Events, hosted by Federally Qualified Health Centers
- Iowa State Fair



Team members interact with Members at the Iowa State Fair.

We will continue to attend local and statewide professional events as vendors to distribute materials about all three Programs. Our main purpose at these events is to educate

community partners about the benefits of the program, to ensure better services are provided for our Enrolled Members. An example of a few professional events include:

- Iowa Community Health Conference
- The Public Health Conference of Iowa
- School Nurse Conference



Increase Recall
& Prevention

Our multi-faceted outreach approach includes written materials distributed through mail or email, text messaging, outbound calls, social media, or local and statewide community events (e.g., the Iowa State Fair). Delta Dental is present at community events across the State of Iowa, targeted to current Enrolled Members, potential Members, as well as community professionals (e.g., nurses and community health workers). We utilize our strong relationships with other Contractors and community partners to increase our presence at events. For example, starting in 2022, Delta Dental has taken part in Iowa Total Care’s Green to Go events targeting Potential and Enrolled Members in four different communities across Iowa. At these events, Delta Dental distributed materials focused on educating Members and others that may be present on oral health and their dental plan and promoted the utilization of preventive care. Delta Dental also often distributes items (e.g., toothbrushes, toothpaste, and dental floss) to promote oral health and to engage with Enrolled Members and other community members about healthy oral hygiene habits.

C.7.04 Marketing Obligations.

Delta Dental ensures all information provided in marketing plans and materials will continue to be accurate and will not contain statements that may mislead, confuse, or defraud the recipients or the State. Our materials do not contain any assertion or statement (whether written or oral) that the recipient must enroll with Delta Dental to obtain benefits or to not lose benefits. Our materials do not contain any assertion or statement (whether written or oral) that Delta Dental is endorsed by CMS, the Federal or State government or a similar entity.

In addition, our Education, Outreach and Improvement subcommittee will continue to review all materials prior to submission to the Agency, to make sure they comply with all requirements and do not contain any material that could be interpreted as misleading, confusing, defrauding, or coercing Members, potential enrollees, or other community members.

C.8 General Information Requirements.

C.8.01 General.

All important Member communications will be available to Enrolled Members, their authorized representatives on Delta Dental’s website. The format will be Readily Accessible as a PDF, following Section 508 Standards, which is available for download on the Delta Dental website in both English and Spanish. PDFs can be downloaded and stored electronically or printed. All these communications are also readily available for Enrolled Members on the Government Programs website. Information about how to request materials in 170+ other languages, other accessible formats, including Large Print and Braille, and printed copies is also readily available online. All requested paper copies will be provided within five business days. All other formats will continue to be available to Enrolled Members at no cost to the Enrolled Member or the Agency.

C.8.02 Leveraging Electronic Communication.



Increase Recall & Prevention



Improve Oral Health Equity

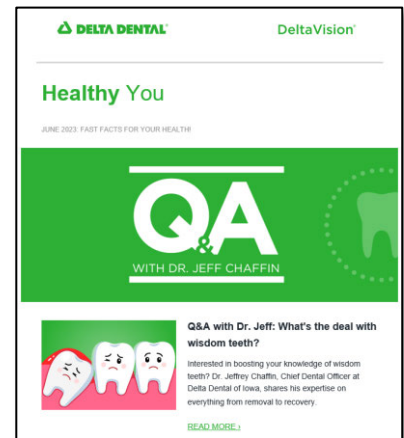


Medical/ Dental Integration

Delta Dental utilizes electronic communications such as email and text messaging to communicate with our Enrolled Members. We will communicate with Enrolled Members via these means after we have received an opt-in confirmation from them. Enrolled Members can opt-out of receiving either form of electronic communication at any time.

Text messages will be utilized to provide Enrolled Members with general education and information about DWP, DWP Kids, or Hawki. For example, we used text messages within the first 30 days of Members’ enrollment to welcome them to Delta Dental and provide them with the link to our mobile-friendly website. Responses to text messages are monitored by our Care Coordinators. Text messages will be responded to as appropriate, or staff from the Care Coordination team will follow up with the Enrolled Member via outbound calls to ensure they receive quality follow-up. Many of the Providers in the DWP, DWP Kids, and Hawki Networks also utilize text messages to communicate with Enrolled Members and provide them with appointment reminders.

Email communication is widely used at Delta Dental for general Member communication, as well as for care coordination services. When Enrolled Members opt-in, they will receive Delta Dental’s *Healthy You* email newsletter and will also receive other educational content and communications as identified by the Member Outreach, Education, and Improvement Subcommittee. Email will also be used to provide Enrolled Members with their annual reminder to review their Member Handbook and complete their PreViser Oral Health Survey. Care Coordinators and Member Services staff utilize email to communicate with Members as requested by the Member. Staff provide Enrolled Members with requested Provider listings, member handbooks, and other communications critical for understanding benefits and accessing services. We also receive emails from Members via the Member Services Email. This allows Members to communicate electronically with Delta Dental staff. All emails received and sent by Delta Dental are secure and confidential. All emails received by the Member Services Email are responded to within one business day of receipt to ensure Members receive timely and efficient communication from our team.



Sample of Healthy You monthly newsletter that provides dental and overall health tips.

C.8.03 Website and Mobile Applications.

Our website plays an important role in providing information to Enrolled Members, their responsible parties, potential enrollees, and other Members of the public. To ensure the information provided on the website is Readily Accessible to all, the Delta Dental website, secure Member Connection website, and mobile app are optimized for use and accessible on cell phones and other mobile devices. All information made available to new Enrolled Members, as well as additional helpful information, is accessible for viewing and download as a PDF on the website on one easy-to-use resources page. This includes but is not limited to:

- Member Handbook
- Member Benefits Flyer
- Privacy Policy
- Grievance and Appeal Process
- Financial Responsibility Consent for Treatment

- Personal Representative Appointment and Authorization to Release Protected Health Information
- Member Grievance Form and Member Appeal Form

Additional information is easy to access, such as how to Find a Dentist, Using your Benefits, and easy access links to the Oral Health Survey and secure Member Connection website.

The Delta Dental website, secure Member Connection website, and mobile app follow Section 508 Standards and ADA guidelines to ensure our website is accessible to all, such as:

- All images contain the required ALT text tag descriptions
- Colors have good color contrast
- Font size can be increased or decreased for readability on various mobile devices
- All new Enrolled Member downloadable PDFs are Readily Accessible and comply with Section 508 Standards

In addition to our adherence of Section 508 Standards, Delta Dental's Member section of our website will also be available in Spanish by SFY24. Enrolled Members may also connect with our Member Services team to utilize our Language Line services.

Our searchable online Find a Dentist tool is an easy way for Members to access up-to-date Provider Network information. The content included in this tool is updated daily to provide accurate information in a timely manner. Providers can request their contact information be changed via our Professional Relations team. Provider Network information is run on a nightly basis, to provide the Enrolled Member with the most up-to-date information. Delta Dental Network Providers are also required to validate all their contact information through our attestation process via our website every 90 days.

Delta Dental will obtain approval from the Agency prior to distribution of any Member materials, including posting on the website or mobile application. We will obtain approval at least 30 days prior to distribution, or within another timeframe as requested by the Agency.

C.8.04 Reserved. N/A.

C.8.05 Reserved. N/A.

C.8.06 Information About Moral or Religious Objections.

Delta Dental does and will continue to cover all DWP, DWP Kids, and Hawki benefits and services for all Enrolled Members with no moral or religious exemptions. In the case we decide to discontinue coverage of a counseling or referral service, we will notify the Enrolled Member at least 30-days prior to discontinuing coverage.

C.8.07 Definitions of Terms.

Delta Dental will utilize definitions developed by the State for all terms outlined in RFP Section C.8.07.

C.8.08 Additional Definitions.

Delta Dental will utilize definitions developed by the State for all terms outlined in RFP Section C.8.08.

C.8.09 Exclusions.

Delta Dental understands we are not responsible for paying for services excluded from coverages as set forth in Special Contract Exhibit D, Table D.02.

C.8.10 Dissemination of Practice Guidelines.

Delta Dental has established Clinical Practice Guidelines for DWP, DWP Kids, and Hawki programs. The Clinical Practice Guidelines for the programs are established through input from the Delta Dental Clinical team, Network Providers and the Dental Advisory Group. Each year in the Fall, input is collected from staff through the Clinical workgroup and Providers on the Dental Advisory Group and in-person office visits, on current and emerging ideas for new Clinical Practice Guidelines. Based on input the Clinical Practice Guidelines are updated at the beginning of each year. The Clinical Practice Guidelines are also shared with Enrolled Members through the Member Handbook and on the Member website. The Clinical Practice Guidelines can be mailed out to Enrolled and Potential Members if requested.

C.8.11 State-Developed Notices.

Delta Dental will use all State developed Enrolled Member notices in compliance with 42 C.F.R. 438.10 I(4)(ii) and 42 C.F.R. 457.1207.

C.8.12 State Fair Hearing Timely Notice.

Delta Dental will continue to provide timely notice to Enrolled Members of their right to pursue a State Fair Hearing. When Delta Dental sends a Notice of Adverse Benefit Determination to Enrolled Members, we provide clear and easy to understand instructions on how to file an Appeal. We take the opportunity on the Adverse Benefit Determinations to also explain an Enrolled Member's right to file a State Fair Hearing and the steps required to request one. All upheld first level Appeal resolution letters include clear instructions and timelines on how to file a State Fair Hearing. Also, our Member Handbook explains the State Fair Hearing process and timelines in detail.

C.9 Reserved.

C.9.01 Reserved. N/A.

C.10 State Member Communication Approval.

C.10.01 Agency Approval of Enrolled Member Communications.

Delta Dental will obtain approval from the Agency before distributing any Member materials and communications. We will submit materials to the Agency at least 30 days prior to distribution to Members, or within another timeframe as requested. We will comply with the Agency's procedures for approvals and are able to make internal policy changes to accommodate any revisions in the Agency's procedures.

We will obtain approval from the Agency any time new materials and communications are created, or any time substantial revisions are made. This includes all materials where the Agency's logos and trademarks are used. We will ensure the DWP, DWP Kids, Hawki, and Iowa Health Link logos are included on all Member materials and communications. Our Marketing team ensures all logos are utilized appropriately and comply with the Agency's policies.

Before submitting for approval, all materials will be reviewed by the members of the Member Education, Outreach, and Provider Subcommittee. The Subcommittee will ensure all materials comply with branding, reading level, translation requirements, and grammar. Content experts will provide a

Through our Foundation and in partnership with I-Smile™ we focused on Value-Added services to support increasing access for oral health by expanding dental care utilizing the medical workforce. The Cavity-Free Iowa project (see below) had I-Smile™ coordinators train medical providers to apply fluoride varnish to DWP Kids and Hawki Members during their well-child exam.

Delta Dental in Action | Access to Dental Care

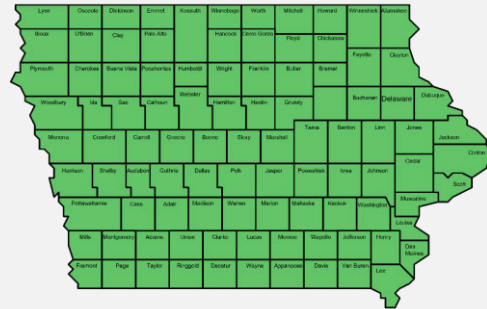
Organization: Iowa Department of Health and Human Services, Des Moines (Polk)

Title: Cavity-Free Iowa

Amount Awarded: Collaborative partnership

Project Dates: 2017 – current

Geographic Area Served (Counties): Statewide



Project Description: Cavity Free Iowa is a medical/dental initiative focused on early oral health care and prevention of early childhood cavities. Recognizing that young children often see their primary care provider on a routine basis for well child visits, the goal of Cavity Free Iowa is to increase the number of children 0-3 years receiving preventive oral health services and dental referrals. The initiative was launched in central Iowa in 2017 with support from pediatric and family practice physicians, dentists, our Foundation, and the Iowa Department of Public Health.



Results: Since the program began, 621 medical providers have been trained in 45 counties by I-Smile™ Coordinators to apply fluoride varnish in a medical setting (0-3 years).

Through our Foundation and community partners we also focus on Value-Added service to support increasing the understanding and importance of children seeing a dentist by age 1. This campaign targets parents as well as medical and dental professionals. See more on the Dentist by 1 campaign below.

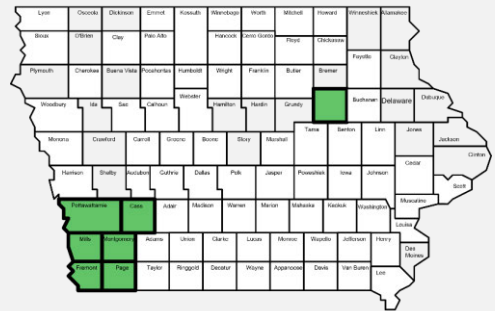
Delta Dental in Action | Access to Dental Care

Title: Dentist by 1™

Amount Awarded: \$500,000+

Project Dates: 2011-2017

Geographic Area Served (Counties): Black Hawk, Pottawattamie, Mills, Fremont, Page, Montgomery, Cass



Project Description: The American Academy of Pediatric Dentistry recommends that a child should go to the dentist within six months of getting the first tooth- and no later than the first birthday. An early visit to the dentist can set the foundation for a lifetime of great oral health. Unfortunately, not all dentists accept young children in their practice (0-5 years) or did not receive the knee-to-knee oral health exam training that is now included in dental school curriculum. Our Foundation created the Dentist by 1 public awareness campaign to educate and encourage Iowa parents to take their children to the dentist by the recommended age of 1. This three-year campaign was first launched in Black Hawk County in 2011 and expanded to southwest Iowa in 2015. The campaign includes multi-media messaging along with grassroots stakeholder involvement in the designated counties.



Results: During the three-year campaign, the percentage of Medicaid children, 0-5 years, who had a dental service increased from 36 percent (2014) to 49 percent (2017), bringing it in alignment with the statewide average of 49 percent.

[Redacted text block]

[Redacted text block]



Delta Dental in Action | Medical/Dental Integration – Maternal and Oral Health

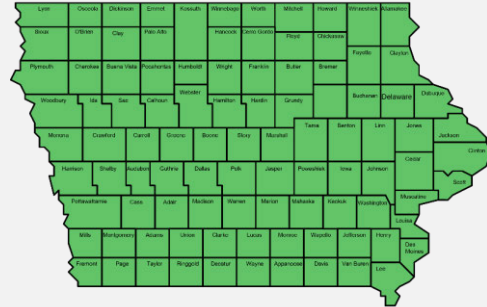
Organization: Healthy Birth Day, Inc., Des Moines (Polk County)

Title: Improving Birth Outcomes by Creating Equitable and System Change in Oral Health Care and Outreach

Amount Awarded: \$21,500 (2020), \$72,000 (2021) and \$23,500 (2022)

Project Dates: 06/01/2021- 08/31/2023

Geographic Area Served (Counties): Statewide



Project Description: Evidence shows that receiving dental care during pregnancy can improve the health of both baby and mother by reducing the risk of gum disease and poor birth outcomes. Routine dental appointments during pregnancy can help prevent dental issues, keeping both mother and baby healthy. Around 70 percent of pregnant women will develop gingivitis during pregnancy, which can lead to periodontitis (gum disease), which has been linked to preterm birth and low birth weight.

One in 169 pregnancies ends in stillbirth, while 1 in 96 pregnancies among African American women end in stillbirth. Oral health and stillbirth prevention messaging is critical for reaching out to those at greatest risk of losing a baby --- African American women, refugees, lower income, and teenagers. Our Foundation chose to invest in, and partner with, Healthy Birth Day, Inc. to help raise awareness about the importance of maintaining good oral health while expecting.

2021 support from our Foundation helped to expand educational resources regarding the importance of good oral health care during pregnancy, focusing on those most at risk for stillbirth. This included the additional of a Healthy Equity Coordinator position and inclusion of oral health questions and resources on their successful Count the Kicks fetal monitoring app. This app is free to all and can be used worldwide.

Results: Through focus groups in 2021, it was learned that a major disconnect existed in Iowa between OB/GYNs and dentists- neither promoted the other when both are extremely important during pregnancy. A toolkit and information sharing were provided to more than 1,500 medical and dental providers across the State. Dedicated PSAs and educational information with representation of Black/African American Iowans who are expecting or of childbearing years were created.



[REDACTED]

C.11.02 Applicability.

Delta Dental acknowledges and understands we will submit all proposals to be evaluated by the Agency prior to implementation and that approval does not confirm the legality of any Value-Added service.

C.11.03 Costs.

Delta Dental understands all Value-Added services will be provided by Delta Dental at no additional cost to the Agency. We acknowledge the costs of Value-Added services are not reportable as allowable medical or administrative expenses and will not be factored into the rate setting process. Delta Dental will not pass the cost of Value-Added services to Network Providers.

C.11.04 Program Description.

Delta Dental will clearly describe in policies and procedures the following items shown in Exhibit C.11.04-1:

Exhibit C.11.-4-1. Value-Added Services Program Description Requirements to be included.

Value-Added Services Program Description Requirements	Delta Dental's Actions
Limitations, restrictions, or conditions specific to the Value-Added services	[REDACTED]
Providers responsible for providing the Value-Added service	[REDACTED]
How Delta Dental will identify the Value-Added service in encounter data	[REDACTED]
How and when Delta Dental will notify Providers and Enrolled Members about the availability of Value-Added services while still meeting the Federal Marketing requirements	[REDACTED]
How an Enrolled Member may obtain or access the Value-Added services	[REDACTED]

C.11.05 Approval & Implementation of Value-Added Services.

Delta Dental will ensure implementation of Value-added services will be monitored closely for progress, effectiveness, and participation. Outlined below are the details Delta Dental will monitor during the implementation of the current and proposed value-added services.

- [Redacted]
- [Redacted]
- [Redacted]

Section C Acknowledgement and Affirmation.

Delta Dental acknowledges and will comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § C, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Payment



The Rethink Your Drink program provides Iowa schools and communities with water bottle filling stations. Since 2017, Delta Dental has invested more than \$1.9 million to provide 393 water bottle filling stations across Iowa.



Hawki
Iowa HHS
122

D. Payment.

Attachment J. Please explain how you propose to execute Section D in its entirety and describe all relevant experience.





Delta Dental has a long-standing history of working with the Agency on capitation rate Contracts. We have been a Contractor with the Agency for 18 years. We have successfully managed risk-based contracts through our previous experience contracted with the Agency. Exhibit D-1 provides an overview of our features and benefits approach to Payment and how they support the Agency’s Key Goals.

Exhibit D-1. Features and benefits of our approach to Payment and how they support the Agency’s key goals objectives.

Features	Benefits	01	02	03	04
Approved processes and policies for fiscal monitoring and oversight (Section D.1)	<ul style="list-style-type: none"> Ensures efficient monitoring and insight through applying mature established processes and policies to financial management and reporting 		✓		
Dental Benefit Administration System (Section D.1)	<ul style="list-style-type: none"> Supports exceeding all Provider payment turnaround requirements Allows quick adaptability to stay current with Medicaid changes that impact payment 	✓	✓		
Data Tracking and Monitoring Reviewing and Reporting (Section D.1)	<ul style="list-style-type: none"> Integrates financial management and utilization management and supports monitoring payment and service patterns to anticipate current and future utilization 			✓	
Value Based Payment and Alternative Payment Models (Section D.1)	<ul style="list-style-type: none"> Improves access and quality of services 	✓	✓	✓	✓
Data analytics and financial dashboards (Section D.2)	<ul style="list-style-type: none"> Allows real-time monitoring of all fiscal aspects of contracts 		✓		
Non-Profit Structure (Section D.4)	<ul style="list-style-type: none"> Permits continual reinvestment in community benefit programs 	✓	✓	✓	✓
Agency Key Goals 01 – Improve Network Adequacy and availability of services. 02 – Increase recall and prevention services. 03 – Improve oral health equity among Medicaid Members. 04 – Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.					

Throughout this section and in our proposal overall we indicate where our solutions and approaches address these key goals Agency goals using the following symbols shown in Exhibit D-2:

Exhibit D-2. Agency Key Goals.

Agency Key Goals – Symbol and Description	
 <p>Improve Network Adequacy and availability of services.</p>	 <p>Increase recall and prevention services.</p>
 <p>Improve oral health equity among Medicaid Members.</p>	 <p>Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>

D.1 General.



Increase Recall & Prevention

Delta Dental’s fiscal monitoring reporting infrastructure includes weekly, monthly, and quarterly reports both internally and externally. We will complete a weekly check cycle in which claims approved for payment are batched and placed into the check write queue. When the check cycle completes, an automated report will be generated and reviewed for outliers from week to week related to number of services and claims payment. The examples below in Exhibits D.1-1, D.1-2, D.1-3, and D.1-4 are Weekly and Monthly Financial Summary Reports.

Exhibit D.1-1. Weekly summary example.

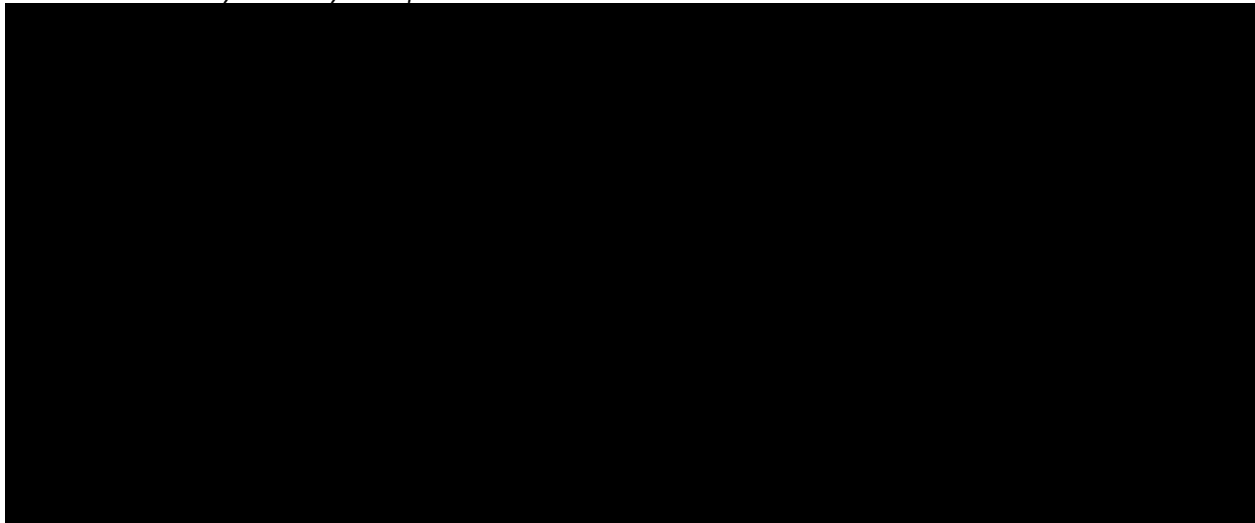
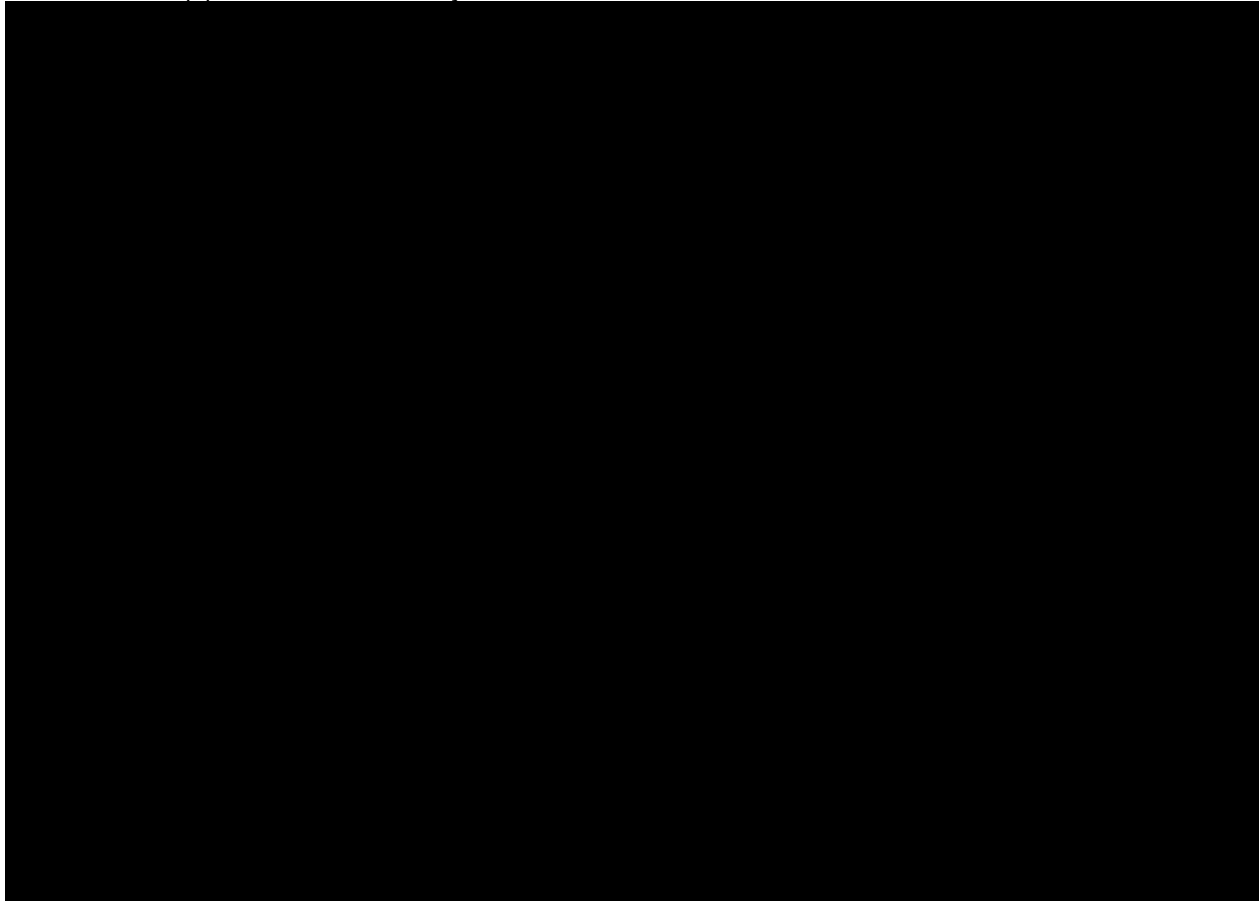
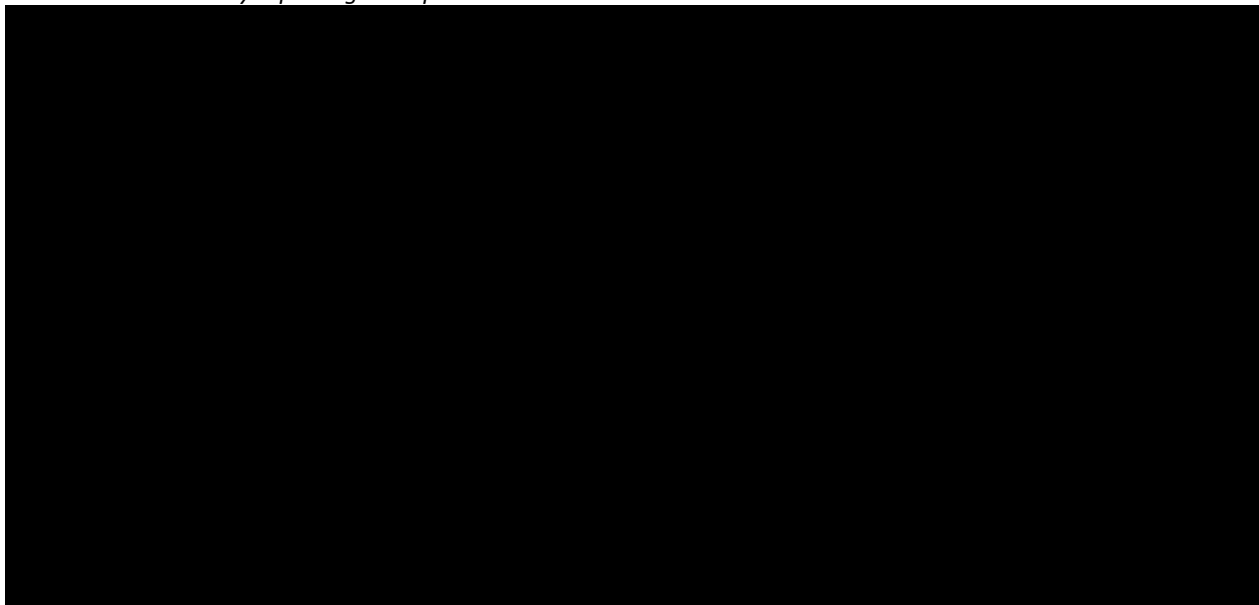


Exhibit D.1-2. *Top procedure codes billed for check write.*



We summarize monthly financial information and compile an executive level summary for monitoring of utilization on a cohort and monthly basis. Exhibits D.1-3 and D.1-4 show examples of monthly reporting.

Exhibit D.1-3. *Monthly reporting example.*



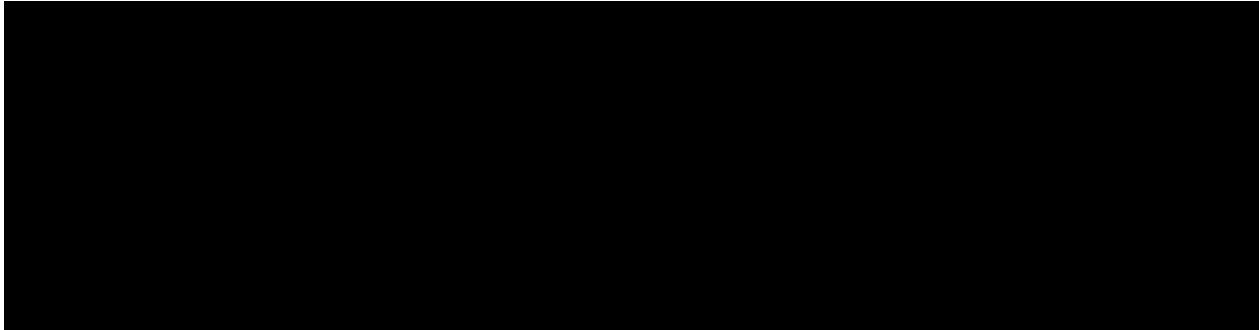
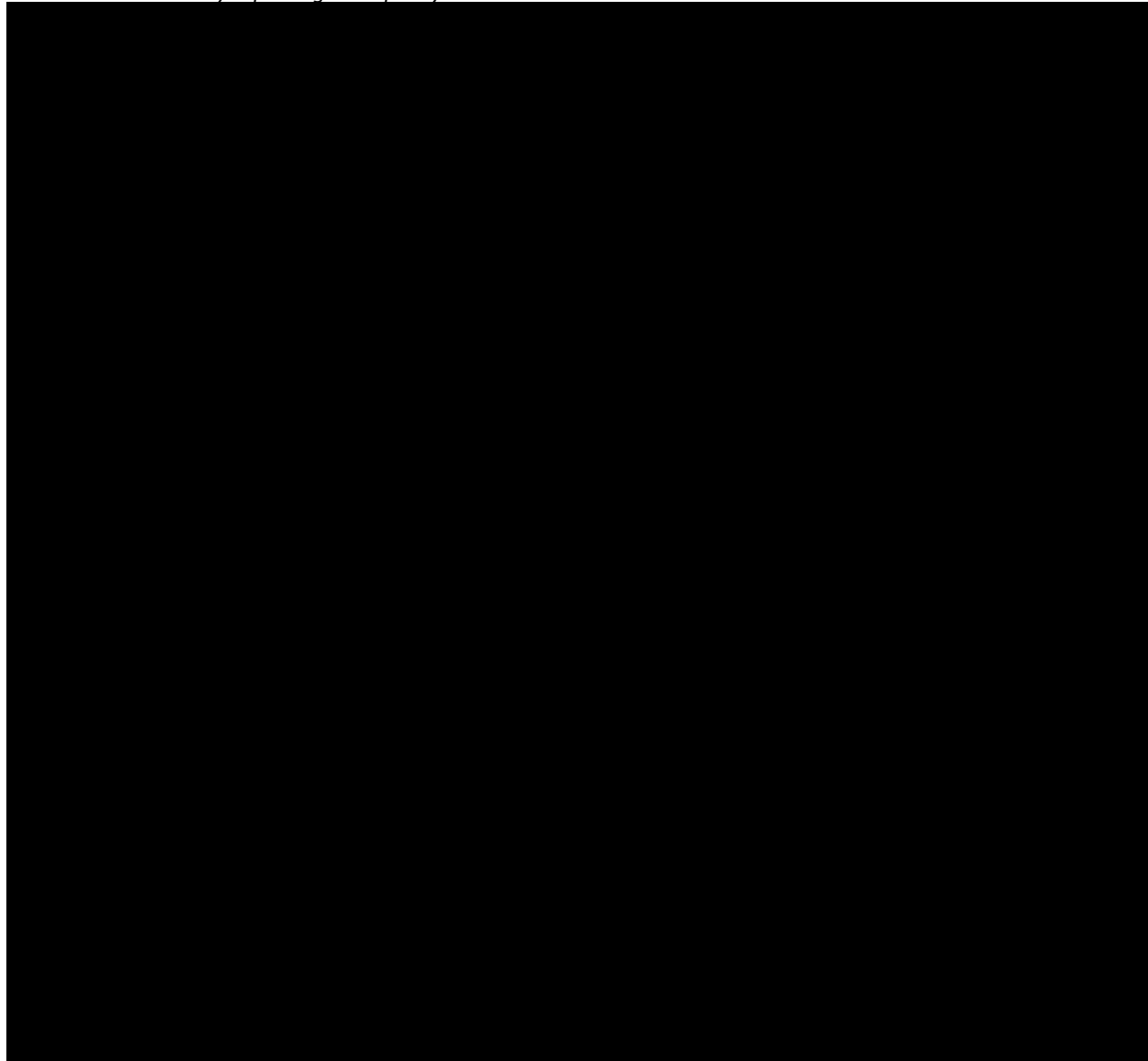


Exhibit D.1-4. *Monthly reporting example by cohort.*



Delta Dental knows the importance of accurate and timely payment to Providers. We have a robust and agile Dental Benefit Administration System that allows for quick adaptability to Agency changes. With this system, we will continue to exceed all Provider payment turnaround requirements. Our Fiscal and

Actuary teams, led by our Chief Financial Officer, provide accurate and timely financial reports to the Agency.

We have reviewed and have a strong understanding of the importance of all requirements under section D. Payment, the subsections under section D, and the supplemental documents included in the RFP. Delta Dental's expertise and the knowledge will allow us to meet all the State's contract requirements and make accurate and timely payment to Providers.

D.1.01 General.

Delta Dental acknowledges and understands the financial commitment needed to comply with the Agency Contract and Federal regulations. We also acknowledge the final capitation rates will be identified, developed, and payments made, in accordance with Federal regulation. We view program management through a comprehensive model. The Government Programs Data Analysts developed a monthly data tracking and monitoring report that comprehensively looks at financial and utilization management. To manage the costs of these programs, Delta Dental monitors payment and service patterns to anticipate current and future utilization.

Incurred Claims, administration costs, and revenue are calculated to monitor our Medical Loss Ratio. We will produce and submit an overview document to leadership, detailed information and use for monitoring. These reports will include how many Enrolled Members received services, what type of services, how many Prior Authorizations are active for the population, new population incoming for the following month, and anticipated Incurred but Not Received (IBNR) estimates. The combination of these elements will allow transparency and keep us updated on what services are being rendered or are yet to be rendered to our population.

D.1.02 Medicaid-Eligibility Requirement.



We acknowledge capitation payments will only be received for Medicaid-eligible Enrolled Members. Delta Dental has robust reporting that monitors the specific needs of each rate cell or cohort. Each rate cell (cohort) can have unique needs, and cost associated with those needs. For example, a cohort in the existing DWP benefit is Pregnant Women. Pregnancy has a significant impact on one's overall oral health needs. To help mitigate risks associated in this cohort, Delta Dental looks at the utilization patterns of this population to see if they are receiving preventive care. If preventive care is not occurring, we engage our Care Coordination team to develop outreach activities that mitigate barriers to care. Our approach to cost containment and health improvement goes hand-in-hand with the Agency's Dental Quality Strategies.

D.1.03 Risk-Sharing Mechanisms.



Delta Dental has experience in risk-sharing mechanisms described in this contract, such as reinsurance, risk corridors, and stop-loss limits. An example of our experience in successfully administering risk-sharing mechanisms includes the risk corridor that is part of the State of Iowa CHIP dental program (Hawki). Like the DWP, the Hawki program operates with a risk corridor having a minimum loss ratio of 87.5 percent and a maximum loss ratio of 91.5 percent. In the event the loss ratio is below the minimum loss ratio for the fiscal year, we refund the Agency the difference between the actual loss ratio and the minimum loss ratio. If, however, the loss ratio for the fiscal year exceeds the maximum loss ratio, the Agency pays the difference between the maximum loss ratio and the actual loss ratio back to Delta Dental. This results in

Delta Dental taking the risk within the risk corridor, between 87.5 percent and 91.5 percent. For the Hawki program, the Agency sets the premium rates used.

In another example, Delta Dental administers a “maximum liability” arrangement with the dental plan for the State of Iowa employees. In this arrangement, the plan sponsor (State of Iowa) operates on a self-funded basis, paying all claims weekly and administrative charges monthly. The maximum liability is the point at which cumulative claims and administrative charges more than the limit become the liability of Delta Dental. The maximum liability is determined for the annual contract period as the product of the maximum liability unit rate and the number of contract holders enrolled in the plan for the year. In this arrangement, Delta Dental determines the maximum liability unit rate and submits it as part of a multiyear contract proposal to the State of Iowa. We have successfully operated under this maximum liability arrangement with the State of Iowa for over 10 years.

Given our actual experience in administering risk sharing mechanisms like those mentioned, we acknowledge the Agency’s ability to change risk adjustment models and methodology. We also understand total payments may be adjusted both up and down based on the relative morbidity of its Enrolled Members in comparison to the statewide population.

D.1.04 Reserved. N/A.

D.1.05 Reserved. N/A.

D.1.06 Reserved. N/A.

D.1.07 Delivery System and Payment Initiatives.

We understand this Contract includes all delivery system and payment initiatives at the State’s option and must be approved by the Agency prior to implementation. We are committed to meeting the State’s requirements regarding pass-through and directed payments. **Delta Dental has been working with Providers and stakeholders to implement value-based payments and alternative payment models that improve access and quality services.**

Delta Dental worked with the Agency to develop a bonus pool to measure Network Providers performance levels promoting routine care. Dentists received credit for each routine exam (D0120, D0150, D0180) performed on an Enrolled Member during the contract year. A ratio was derived for each Network Provider and office and then compared to their peers. If their ratio met the threshold, an additional one-time payment to that office.

D.1.08 Reserved. N/A.

D.1.09 Reserved. N/A.

D.1.10 Reserved. N/A.

D.1.11 Reserved. N/A.

D.1.12 Mandatory Rates.

Delta Dental pays Network Providers at a rate that is equal to or exceeds the defined Agency fee for service rate, or as otherwise mutually agreed rate for both the DWP and Hawki populations. We understand the Agency may provide a fee schedule, which defines rates, for the Hawki Program at any time, and will comply with the set fee schedule. If a facility is undergoing a change in ownership, we will continue to pay the facility no less than the approved rate.

We understand our fee schedules and reimbursement rates are not considered proprietary information. Delta Dental shares these fee schedules with Providers, Enrolled Members, and other interested parties as requested. We also will continue to share these fee schedules with the Agency upon request, as well as on an annual basis.

D.1.13 Risk Assessment Platform.

Delta Dental acknowledges we are to use the Agency-Approved Oral Health Equity Self-Assessment Tool to meet the requirements of 42 C.F.R. § 438.208. Delta Dental has utilized the Risk Assessment Platform, PreViser, since 2014, and partnered with the platform to improve questions, research, and data transfer protocols.

Data from the Risk Assessment Platform for the Provider risk assessment tool and the Member Oral Health Survey are used when evaluating needs of the populations. In the recently updated PreViser Oral Health Survey, a question is presented if the Enrolled Member has dental pain, as well as the option for Enrolled Members to indicate they would like help making an appointment or would like follow-up regarding questions they have. We have an automated process in place so these responses, as well as Enrolled Member information, is sent over to our Care Coordination team so they can initiate the appropriate follow-up (see G.2.10 for more detail). We continue to monitor this data through our data dashboards to identify additional outreach and Care Coordination efforts for special populations.

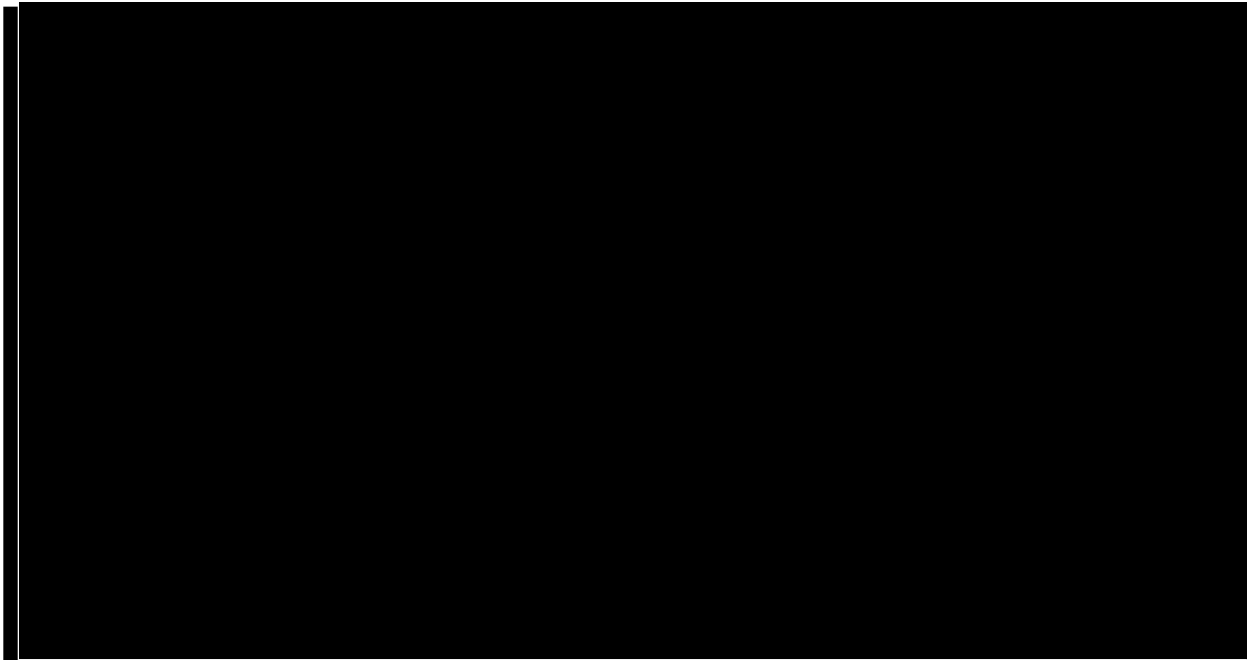
D.2 Incentive Arrangements.

D.2.01 General.



Delta Dental acknowledges, the Agency does not use Incentive Arrangements but rather uses an actuarially sound Withhold Arrangement. We have experience with current Agency contracts with a two percent withhold based on Agency identified performance measures. Delta Dental will continue to track progress on Agency identified performance measures through a dashboard as shown in Exhibit D.2.01-1.

Exhibit D.2.01-1. *Performance measures dashboard, example shown for DWP Kids.*



Quality Management/Quality Improvement Committee (QM/QI) meets quarterly to determine the status of Performance Measures and strategies that can be used to increase performance. Improvement strategies and activities will be assigned to the appropriate QM/QI Subcommittee, and the Subcommittees will be required to report all progress to the QM/QI Committee on a quarterly basis, or more frequently as needed. Performance Measure dashboards are shared with the Delta Dental Leadership team for review and strategic planning.

D.3 Withhold Arrangements.

D.3.01 Withhold Arrangement.

Delta Dental acknowledges the Agency will be implementing Pay for Performance Measures detailed in RFP Special Exhibit A, Section 3. We will track, monitor, and report all Pay for Performance Measures to the Agency. As an incumbent PAHP, we will have a separate set of Pay for Performance Measures. For previous and current contract cycles, Delta Dental has provided monthly reporting information to the Agency on Performance Measure rates. Additionally, we have worked with auditing agencies to perform official Performance Measure Validation (PMV) Audits annually. All audits have been returned without error.

D.3.02 General.

Delta Dental acknowledges the following for all Withhold Arrangements authorized by this Contract:

- The arrangement is for fixed period of time.
- That performance is measured during the rating period under this Contract in which the Withhold Arrangement applied.
- The arrangement is not to be renewed automatically.
- The arrangement is made available to both public and private Contractors under the same terms of performance.

- The arrangement does not condition Delta Dental participation in the Withhold Arrangement on Delta Dental entering into or adhering to intergovernmental transfer agreements.
- The arrangement is necessary for the specified activities, targets, Performance Measure, or Quality based Outcomes that support Program initiatives as specified in the State's Quality Strategy.

Delta Dental has expertise in evaluating and understanding Performance Measures and their importance. As part of our QM/QI Program, our outreach programs are evaluated in relation to their impact on Performance Measures. Incremental measures are taken routinely to identify barriers to these efforts' success. When a barrier is identified, the Member Education, Outreach, and Improvement Subcommittee meets to identify barriers and create solutions to make progress toward meeting Performance Measures. The subcommittee is required to collect quantitative and qualitative data to measure the success of these interventions, including data related to Performance Measures. These activities and their progress are reported to the QM/QI Committee to ensure continuous improvement.

D.4 Medical Loss Ratio (MLR).

D.4.01 Medical Loss Ratio (MLR) Applicability.

Delta Dental understands and has experience with the applicability of following a Medical Loss Ratio (MLR). Standards apply to both Title XIX and Title XXI Capitation Payments. We will submit the MLR in accordance with those standards and the Agency's instructions. Delta Dental will report separate MLRs for the Title XIX and Title XXI populations and aggregate across both populations for minimum MLR application.

D.4.02 Medical Loss Ratio (MLR) Definitions.

As a PAHP with 18 years of experience, Delta Dental has completed annual financial audits and reviews from the Agency and their designated auditors. We will continue to appropriately categorize payments received and sent appropriately for calculation in the MLR. Annually, we report to the state and their contracted financial partners financial details complying with the definitions listed. Definitions will comply with the definitions as listed for Medical Loss Ratio (MLR):

- Credibility Adjustment** means an adjustment to the MLR for a partially credible MCO, PIHP, or PAHP to account for a difference between the actual and target MLRs that may be due to random statistical variation.
- Full Credibility** means a standard for which the experience of an MCO, PIHP, or PAHP is determined to be sufficient for the calculation of a MLR with a minimal chance that the difference between the actual and target medical loss ratio is not statistically significant. An MCO, PIHP, or PAHP that is assigned full credibility (or is fully credible) will not receive a Credibility Adjustment to its MLR.
- Member Months** mean the number of months an Enrolled Member or a group of Members is covered by Delta Dental over a specified time period, such as a year.
- MLR Reporting Year** means a period of twelve (12) months consistent with the State fiscal year.
- No Credibility** means a standard for which the experience of an MCO, PIHP, or PAHP is determined to be insufficient for the calculation of an MLR. An MCO, PIHP, or PAHP that is assigned no credibility (or is non-credible) will not be measured against any MLR requirements.
- Non-Claims Costs** means those expenses for administrative services that are not: Incurred Claims; expenditures on activities that improve dental health care quality; or licensing and regulatory fees, or Federal and State taxes.

- g) **Partial Credibility** means a standard for which the experience of an MCO, PIHP, or PAHP is determined to be sufficient for the calculation of a MLR but with a non-negligible chance that the difference between the actual and target medical loss ratios is statistically significant. An MCO, PIHP, or PAHP that is assigned partial credibility (or is partially credible) will receive a Credibility Adjustment to its MLR.

D.4.03 Medical Loss Ratio (MLR) Requirement.

Delta Dental understands and currently adheres to Medical Loss Ratios as part of existing contracts with the Agency. For this Contract, Delta Dental understands a minimum MLR of 88 percent must be reported for each MLR reporting year by Delta Dental.

D.4.04 Calculation of the Medical Loss Ratio (MLR) Requirement.

Delta Dental understands the MLR experienced for a PAHP in a MLR reporting year is the ratio of the numerator to the denominator. A MLR may be increased by a Credibility Adjustment.

D.4.05 Numerator.

Delta Dental understands the numerator of our MLR for a MLR reporting year is the sum of incurred Claims; expenditures for activities that improve dental health care quality; and fraud reduction activities.

D.4.06 Incurred claims.

Claims submitted to Delta Dental undergo review whether automated through the Dental Benefit Administration System or manually reviewed. Reporting infrastructure and logic utilizes the resulting adjudication information to either qualify or disqualify an incurred claim for the purposes of reporting MLR. We will continue to comply with the following qualifications to designate Incurred Claims:

- a) Direct Claims that Delta Dental paid to Providers (including under capitated contracts with network Providers) for services or supplies covered under this Contract and services meeting the requirements of 42 C.F.R. § 438.3I provided to Members.
- b) Unpaid Claims liabilities for the MLR reporting year, including Claims reported that are in the process of being adjusted or Claims incurred but not reported.
- c) Withholds from payments made to Network Providers to the extent that such withholds have been finalized to be paid or have been paid.
- d) Claims that are recoverable for anticipated coordination of benefits.
- e) Claims payments recoveries received as a result of subrogation.
- f) Incurred but not reported Claims based on past experience, and modified to reflect current conditions, such as changes in exposure or Claim frequency or severity.
- g) Changes in other Claims-related reserves.
- h) Reserves for contingent benefits and the medical Claim portion of lawsuits.
- i) Amounts paid by Delta Dental above an Enrolled Member's Annual Benefit Maximum (ABM), until the Agency otherwise provides written notice to us. The evaluation of these expenditures above the ABM are subject to Agency review and may be adjusted by the Agency.

Amounts that must be deducted from Incurred Claims include the following:

- a) Premiums and overpayment recoveries received from Network Providers.

Expenditures that must be included in Incurred Claims include the following:

- a) The amount of incentive and bonus payments to Network Providers to the extent that such bonus payments have been finalized to be paid or have been paid.

- b) The amount of Claims payments recovered through fraud reduction efforts, not to exceed the amount of fraud reduction expenses. The amount of fraud reduction expenses must not include activities specified in this section.

Amounts that must either be included in or deducted from Incurred Claims include, respectively, net payments or receipts related to State mandated solvency funds.

Amounts that must be excluded from Incurred Claims:

- a) Non-Claims costs, which include the following:
 - a. Amounts paid to Third Party Subcontractors for secondary network savings.
 - b. Amounts paid to Third Party Subcontractors for network development, administrative fees, Claims processing, and Utilization Management.
 - c. Amounts paid, including amounts paid to a Provider, for professional or administrative services that do not represent compensation or reimbursement for State plan services or services meeting the definition in 42 C.F.R. § 438.31 and provided to a Member. Payments under this subsection are only to be considered Incurred Claims if the following four-factor test is met:
 - i. The entity contracts with an issuer to deliver, provide, or arrange for the delivery and provision of clinical services to the issuer's Enrolled Members but the entity is not the issuer with respect to those services;
 - ii. The entity contractually bears financial and utilization risk for the delivery, provision, or arrangement of specific clinical services to Enrolled Members;
 - iii. The entity delivers, provides, or arranges for the delivery and provision of clinical services through a system of integrated care delivery that, as appropriate, provides for the coordination of care and sharing of clinical information, and which includes programs such as Provider performance reviews, tracking clinical outcomes, communicating evidence-based guidelines to the entity's clinical Providers, and other, similar care delivery efforts; and
 - iv. Functions other than clinical services that are included in the payment (capitated or fee for service) must be reasonably related or incident to the clinical services, and must be performed on behalf of the entity or the entity's Providers.
 - d. Fines and penalties assessed by regulatory authorities.
 - e. Amounts paid to the Agency as remittance.
 - f. Amounts paid to Network Providers under to 42 C.F.R. § 438.6(d).

If Incurred Claims are paid by Delta Dental and Delta Dental is later assumed by another entity, we will ensure the assuming entity will report claims for the entire MLR reporting year and Delta Dental will not.

D.4.07 Activities that improve health care quality.

Delta Dental has continued to implement activities that improve health care quality for Enrolled Members. All the activities fall into one of the three categories outlined in Section D.4.07. All of our health care quality activities are discussed with the Agency prior to implementation.

A few examples include:



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D.4.08 Fraud Prevention Activities.

Delta Dental has a robust Program Integrity and Compliance Program for DWP, DWP Kids, and Hawki. We have a dedicated Program Integrity and Compliance team that gathers utilization and trend data from both programs to improve comprehensive fraud prevention activities. For the last nine years Delta Dental has been implementing all Agency Program Integrity requirements. We continue to investigate utilization patterns and outliers in a dynamic way based on program criteria and benefit changes. Delta Dental monitors more than 30,000 transactions monthly totaling more than \$15 million quarterly. More information regarding Delta Dental’s comprehensive Program Integrity is outlined in Section I. Delta Dental understands and complies with expenditures on activities related to fraud prevention as adopted for the private market at 45 C.F.R. part 158. Expenditures under this section must not include expenses for fraud reduction efforts.

Monitor **30,000+** transactions monthly, totaling **\$15 million** quarterly.

D.4.09 Denominator.

Delta Dental understands and agrees the MLR standards apply to both Title XIX and Title XXI capitation payments. We also acknowledge that we will report separate MLRs for Title XIX and Title XXI populations and aggregate across both populations for minimum MLR application. Delta Dental has provided MLR data to the Agency for quarterly and close out reporting since SFY15 and have worked collaboratively to improve the process with the Agency. We understand the numerators will include Incurred Claims, expenditures for activities and improve health care quality and fraud related activities.

D.4.10 Premium Revenue.



Increase Recall & Prevention

Delta Dental acknowledges the definition of premium revenue for the MLR reporting year per 42 C.F.R. § 438.3 to 42 C.F.R. § 438.6 and we will comply with RFP Section D.4.10(a) – (f).

Delta Dental’s Finance staff has many years of experience calculating and reporting premium revenue on Agency capitation rate contracts, including DWP, DWP Kids, and Hawki. We have established processes to report revenue using 820 payment files and internal eligibility data tables along with the rates provided by the Agency. We will continue to calculate the risk corridor monthly per contract specifications and related data is reported to the Agency each quarter.

D.4.11 Federal, State, and local taxes and licensing and regulatory fees.



Network Adequacy & Availability



Increase Recall & Prevention



Improve Oral Health Equity



Medical/ Dental Integration

Delta Dental acknowledges and will properly report taxes, licensing, and regulatory fees for the MLR reporting year. Delta Dental is not-for-profit and not subject to income taxes. In addition, premium taxes do not apply to Agency business. Delta Dental’s Finance staff has many years of experience calculating MLR and reporting related costs and results. Due to our not-for-profit nature, **Delta Dental reinvests in community benefit programs that help improve the health and smiles of our Enrolled Members.** Delta Dental acknowledges that the State reserves the right to review any community benefit expenditures.

D.4.12 Denominator when Contractor is Assumed.

Delta Dental acknowledges if the business is later assumed by another entity, the assuming entity must provide the report for the entire MLR reporting year, and Delta Dental may not report any amount in the denominator for the reporting year.

D.4.13 Allocation of Expense.

Delta Dental allocates expenses to product lines directly whenever possible by using separate general ledger product codes. In the case where an expense applies to multiple product lines, we allocate costs pro rata to each affected product line.

D.4.14 Methods used to Allocate Expenses.

Delta Dental’s cost allocation model is a method for distributing costs to various product lines with the purpose of enabling proactive management of those costs. The primary goal is to identify costs of each line of business. The building blocks of the cost allocation model are the functional roles that represent the business. Each role is comprised of several functions that combined, represent the overall functional role in the organization. We designed the model to allocate all costs to a function and each function to a line of business. An allocation method exists for every general ledger expense account. Whenever possible, we allocate costs directly. In the case of shared expenses, we use reasonable allocation methods to apportion pro-rata to the contract incurring the expense, such as time studies, tracking of hours, surveys, and other measurable data points such as number of Enrolled Members, revenue, Enrolled Member/Provider calls, etc.

D.4.15 Credibility Adjustment.

Delta Dental acknowledges and understands the application of a credibility adjustment to the calculated MLR if our experience is not fully credible as detailed in RFP Section D.4.15. We will follow published guidance from CMS, or any additional guidance based on credibility factors for MCOs provided by the

Agency. During the Year End Settlement Process, we submit full cost analysis and MLR to the Agency for evaluation. Before submission, we cross check this information with enrollment, Claims, and reserve information for accuracy. If an inaccuracy is identified, we reconcile this internally. After submission, the Agency also validates the submitted information. If there is a need for a credibility adjustment based on a valid statistical anomaly, this is added into the settlement process to adjust the MLR. To date, Delta Dental has worked for two years with a State assigned Subcontractor to conduct audits of the MLR. Minimal Adjustments based on statistical inconsistency occurred, and primarily due to the maturity of financial information. All items for these audits were resolved and reconciled to all party's satisfaction.

D.4.16 Aggregation of Data.

Delta Dental has a comprehensive Data and Actuary team that assembles and analyzes incurred claim data from our data warehouse. The Data team cross references the Benefit Enrollment and Maintenance files received by the Agency to Incurred Claims files to avoid payment of non-eligible Members. Claim payment, 820 Capitation Payments, and Benefit Enrollment and Maintenance files are independently validated to ensure cost is avoided for non-eligible Members. The data is then put into a comprehensive data table that looks at Incurred Claims by capitation rates, gender, and geographic location. The accounting system is used to capture nonrelated claims expenditures for reporting. Member capitation rate cells and population qualifiers are associated to the Agency's Member matching information processed from the Benefit Enrollment and Maintenance files. This data can be aggregated at the various levels required for internal and external reporting.

D.4.17 Remittance to the Agency if MLR is Not Met.

If the established MLR has not been achieved, Delta Dental remits payment within 90 days to the Agency for funds not expended below that threshold. Delta Dental has completed multiple State fiscal year cycles with the Agency and has remitted payment timely and accurately.

D.4.18 Reporting Requirements.

We will continue to submit reports of required elements to the Agency. As a PAHP, Delta Dental has worked through the progressive reporting templates and measures from the Agency for DWP, DWP Kids, and Hawki. We will continue to report the following required elements in a format, timeframe and manner determined by the State:

- Total Incurred Claims with IBNR reported separately
- Expenditures on quality improvement activities
- Expenditures related to activities compliant with 42 C.F.R. § 438.608(a)(1) through (5), (7), (8) and (b)
- Non-Claims costs
- Premium revenue
- Community benefit expenditures (subject to Agency review and/or disallowance in part or whole)
- Taxes, licensing and regulatory fees
- Methodology(ies) for allocation of expenditures
- Any Credibility Adjustment applied
- The calculated MLR
- Any remittance owed to the Agency, if applicable

- A comparison of the information reported in this paragraph with the audited financial report required under 42 C.F.R. § 438.3(m)
- A description of the aggregation method used
- The number of Member months

Any third-party Subcontractor providing Claims adjudication activities will be obligated to provide all underlying data associated with MLR reporting to Delta Dental within 180 days of the end of the MLR reporting year or within 30 days of being requested regardless of contractual limitations to calculate and validate the accuracy of MLR reporting.

D.4.19 Newer Experience.

Delta Dental has 18 years of experience as a Contractor for the Agency. Our proven track record of fiscal and population management should promote confidence with the Agency in our ability to appropriately handle populations of various sizes. That said, with our proactive monitoring capabilities, and internal and external reporting schedules, we would welcome monitoring from the Agency on new experience with this Contract.

D.4.20 Recalculation of MLR.

Delta Dental understands if retroactive changes are made to the capitation payment, the MLR data reports will be re-calculated and resubmitted. In SFY21, due to the public health emergency, the capitation rates were retroactively adjusted to better align with requirements for rate certification. Delta Dental worked collaboratively with Contract management, the Agency representatives, actuarial contractors, and internal data representatives to re-calculate and resubmit.

D.4.21 Attestation.

Delta Dental has a current process in place to attest to the accuracy of the calculation of the MLR in accordance with requirements in this section. After the MLR templates are completed by financial analysts, the information is sent to the Plan CEO and Chief Financial Officer for review. The MLR is verified by referencing active financial information with revenue, Incurred Claims, INBR, and administrative costs. After internal validation and signoff, the MLR financial information is sent to an outside actuary Subcontractor who validates figures based on actuarial standards. Once confirmation is received, the attestation is complete by the Chief Financial Officer and submitted to the Agency.

D.4.22 Medical Loss Ratio guarantee.

Delta Dental understands if the Target MLR of 88 percent is not met, we will refund the State an amount equal to the difference between MLR and Target MLR multiplied by the coverage year revenue. We understand the State will prepare an MLR calculation which will summarize our MLR for Enrolled Members for each enrollment year. We will comply with and adopt all reporting standards and protocols set forth by the Agency.

D.4.23 Revenue.

Delta Dental understands and agrees the Medical Loss Ratio calculation will consist of both Capitation and Risk Corridor revenue less unearned withhold amounts and any reconciled supplemental/directed payments. Capitation revenue will be the Capitation Payments made by the Agency to Delta Dental adjusted to exclude any payments not at risk to PAHPs, taxes, and regulatory fees due from and or received from the Agency for services provided during the Coverage Year. Any Risk Corridor payments

from the Agency to us or from Delta Dental to the Agency will be considered as premium revenue in the calculation of the contractually required 88 percent minimum loss ratio.

D.4.24 Benefit Expense.

Delta Dental understands and will continue to comply with the determination of the Agency for qualifying Benefit Expenses. These include Paid Claims, Incurred but Not Paid Claims, Provider Incentive Payments, Other Benefit Expense, and Directed Payments. The qualifications for these expenses will be as follows:

- **Paid Claims:** The Agency shall use Encounter Data Claims for all dates of service during the Coverage Year and accepted by the Agency within six months after the end of the Coverage Year. If Delta Dental and the Agency are unable to resolve Encounter Data systems issues prior to calculation of the MLR, a mutually agreed upon alternative method of calculating paid Claims expense will be used. Encounter Data Claims covered by sub-capitation contracts shall be priced at Delta Dental's fee for service rate for Covered Services or the Agency's designated pricing. Delta Dental will provide clear supporting documentation of these sub-capitated arrangements. Incurred expenditures may, at the discretion of the Agency, be repriced at the Agency's Medicaid fee for service equivalent rates.
- **Incurred But Not Paid Claims:** Claims that have been Incurred But Not Paid (IBNP), as submitted by Delta Dental. The Agency's actuary will review this submission for accuracy and reasonableness.
- **Provider Incentive Payments:** Provider incentive payments shall be made within this Contract requirements. Incentive payments to Providers paid within six months after the end of the Coverage Year for performance measured during the Coverage Year provided the payments are made pursuant to agreements in place at the start of the measurement period under which the benchmarks triggering payments and the methodology for determining payment amounts are clearly set forth shall be included in Benefit Expense.
- **Other Benefit Expense:** Any service provided directly to an Enrolled Member not capable of being sent as Encounter Data Claims due to there not being appropriate codes or similar issues may be sent to the Agency on a report identifying the Enrolled Member, the service, and the cost, along with clear documentation of the methodology for determining payment amounts. Such costs will be included in Benefit Expense upon the Agency's approval. Other Benefit Expense will be limited to State Plan approved services and Birth to 3 Program or the Member and will not include any additional Value-Added Services.
- **Directed Payments:** Any reconciled supplemental/directed payments that are not included in the capitation rates shall be excluded from the Benefit Expense.

DI.4.25 Data Submission.

Delta Dental agrees to continue to supply data in the form and manner prescribed by the Agency in this Contract (i.e., within 30 days following the six-month Claim run-out period). Since 2005 with the Hawki Program and continuing through the evolution of DWP and DWP Kids, Delta Dental has worked collaboratively with the Agency to provide both qualitative and quantitative data.

D.4.26 Medical Loss Ratio Calculation and Payment.

Delta Dental understands and will comply with the 90-day data submission requirement to the Agency. The Medical Loss Ratio will be expressed as a percentage rounded to the second decimal point.

D.4.27 Coverage Year.

Delta Dental acknowledges the first Coverage Year will be considered a 12-month period. We will prepare the MLR Calculation using all data available from the Coverage Year, including IBNP and six-months of run-out for Benefit Expense.

D.4.28 Risk Corridor.

Delta Dental acknowledges the Agency will include a Risk Corridor for the rate period beginning July 1, 2024, running through June 30, 2025. Delta Dental further acknowledges the Agency reserves the right to prospectively modify the terms of the Risk Corridor described through a Contract amendment and may include terminating the Risk Corridor after the first Contract year.

D.4.29 Overview.

Delta Dental understands the Risk Corridor settlement is calculated gain or loss determined when comparing the actual MLR to the risk sharing corridor percentages outlined in Exhibit D.4.29-1.

Exhibit D.4.29-1. The Risk Corridor settlement calculation.

Risk Corridor Minimum Percentage	Risk Corridor Maximum Percentage	Contractor Share	State / Federal Share
0.0%	87.4%	0.0%	100.0%
87.4%	89.4%*	100.0%	0.0%
89.4%*	91.4%	100.0%	0.0%
91.4%	91.4%+	0.0%	100.0%

D.4.30 Total Capitation Revenue.

Total Capitation Revenue represents the capitation rates paid by the State to Delta Dental for the Contract period and excludes the following:

- Taxes and fees explicitly built in the capitation rates.
- Revenue associated with directed payments that are implemented by the State and are not included in regular monthly capitation rates for the Contract period.
- Payments to the Delta Dental including any amounts due from the State to Delta Dental for the fiscal year associated with services carved-out of capitation.

Total Capitation Revenue will exclude any unearned withhold amounts within the Capitation Revenue.

Delta Dental understands the capitation rates utilized in the revenue calculation have been determined to be actuarially sound by an actuary that meets the qualifications and standards established by the American Academy of Actuaries and follows the practice standards established by the Actuarial Standards Board.

D.4.31 Total Adjusted Medical Expenditures.

Total adjusted medical expenditures will be determined by the States’s contracted actuaries based on Encounter Data and Delta Dental’s submitted financial and Encounter Data in a format prescribed by the State.

Adjusted medical expenditures include services covered by the State and Delta Dental and exclude the following:

- a. Expenditures associated with carved-out services as reflected in Special Contract Exhibits, Exhibit A and Section 1.3.3.1 Pricing.
- b. Expenditures for services that were incurred before or after the Contract period.
- c. Expenditures for services rendered to Enrolled Members who are not eligible on the incurred date of service.
- d. Quality improvement expenses, Case Management expenses, or other administrative expenses.
- e. Expenditures for Value-Added services.
- f. Expenditures associated with any directed payments established as separate payment terms that may be implemented by the State for the Contract period.

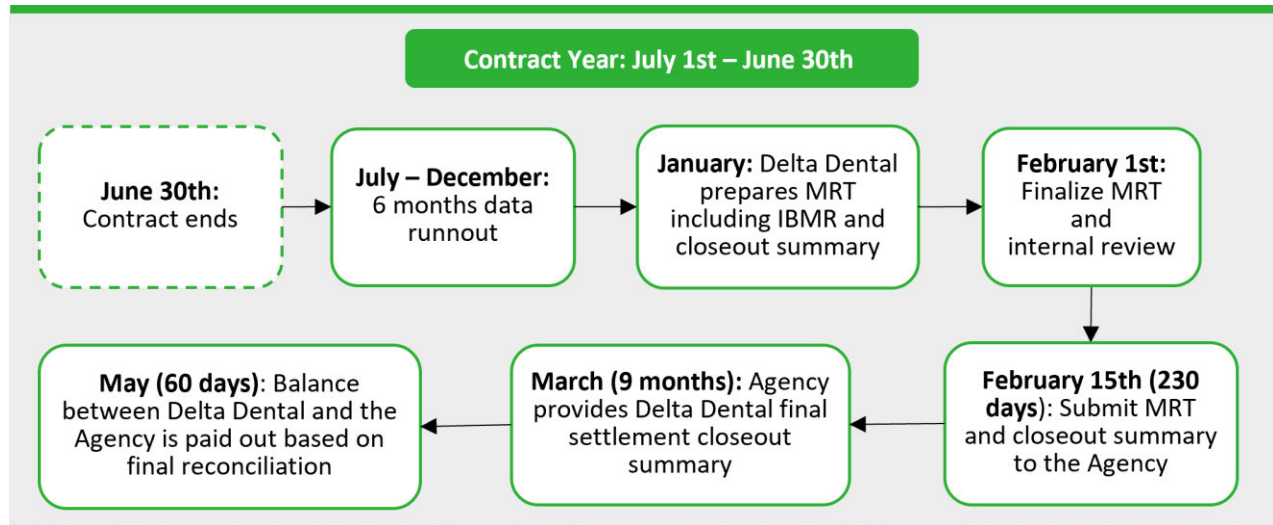
D.4.32 Risk Corridor Percentage.

Delta Dental understands and will comply with the calculation of the Risk Corridor percentage. This is calculated as the total adjusted medical expenditures divided by the total capitation revenue for all populations. We also acknowledge that the State will determine the specific Risk Corridor percentages prospectively for each Contract year and will communicate the percentages to us through annual Contract amendments.

D.4.33 Timelines.

Delta Dental has many years of experience in working with Risk Corridor requirements. We worked with the Agency collaboratively when Incurred Claims exceeded the MLR incurred. Delta Dental assures the Agency that complete, accurate, and timely data will be reported for MLR data. We have a process in place currently to submit data within 230 days of the end of this Contract period. Once the Year End Settlement is completed and finalized by the Agency, Delta Dental makes timely payment to the Agency if applicable. Below in D.4.33-1 describes the timeline and process for Year End reconciliations.

Exhibit D.4.33-1. Year End Reconciliation.



D.5 Payment for Indian Health Care Providers (IHCP).

D.5.01 Timely Payment Obligation.

Delta Dental complies with and meets all requirements for timely and accurate payment to Indian Health Care Provider (IHCP) partners. Delta Dental makes payment to all IHCP and does not limit payment based on Delta Dental credentialed Providers. **The average payment day in SFY22 for clean Claims to IHCP was 10 days, exceeding the 14-day requirement.**

D.5.02 Payment Obligations When IHCP is an FQHC.

Delta Dental pays IHCPs in Iowa the identified PPS encounter rate published annually in the Federal Register by the Indian Health Services. IHCP’s with dental clinics in Iowa are FQHCs and we follow our FQHC payment process and pay the encounter rate on the submission of a D9999 CDT code.

D.5.03 Payment Obligations When IHCP is Not an FQHC.

In the event an IHCP with a dental clinic is not a FQHC, Delta Dental will pay the applicable encounter rate published annually in the Federal Register by the Indian Health Service (I), or in the absence of a published encounter rate, the amount it would receive if the services were provided under the State Plan’s FFS payment methodology.

D.6 Timely Payment.

D.6.01 Timely Payment Obligation.

Delta Dental is dedicated in producing high-quality Claims processing while maintaining the timely payment obligation outlined in this Contract, including the requirements of FFS timely payment which include:

- Paying of 90 percent of all Clean Claims from practitioners within 14 days of the date of receipt.
- Paying 95 percent of all Clean Claims within 21 days of the date of receipt.
- Paying 99 percent of all Clean Claims from practitioners within 90 days of the date of receipt.

To ensure these requirements are met, Delta Dental has established multiple identifiers to monitor our Claim volume levels and turnaround time. This includes aging reports and queue management, as well as daily review by our leadership team. Timely payment will continue to be met at both an aggregate and Provider type level, with the Agency determining the Provider types.

D.6.02 Claims Reprocessing and Adjustments.

Delta Dental is currently achieving and will continue to accurately process adjustments within 90 percent of all clean identified adjustments including Reprocessed Claims within 30 business days of receipt and 99 percent of all clean identified adjustments including Reprocessed Claims within ninety (90) business days of receipt. Delta Dental will reprocess all Claims processed in error within 30 business days of identification of the error or upon a schedule approved by the Agency. Like our processes in place as outlined in Section D.6.01, Delta Dental will continue to monitor and take appropriate action to ensure all requirements are met as outlined in this Contract.

D.6.03 Additional Claims Payment Timeliness Obligations.

To prevent a potential payment denial, Delta Dental will continue to reach out to Providers when information required for processing is not present on the submission of the claim. We will initiate outbound phone calls at least twice prior to a Claim being denied requesting the needed information be submitted. If a Claim must be denied because more information is required, we will send the denial notice along with Appeal rights describing the information and supporting documentation needed.

D.6.04 Timing.

Delta Dental’s Dental Benefit Administration System was designed to track claim submissions and payment processing accurately and effectively with the date and time down to seconds.

Delta Dental exceeds all turnaround requirements for Providers. Our agile Dental Benefit Administration System is adaptable and allows us to make benefit changes and testing in a timely manner, therefore allowing us to make timely and accurate payments to Providers. **Our current turnaround time is 7.5 days, better than the 14-day requirement.** The Delta Dental Operations team, led by our Member Services Manager, will review turnaround time daily and adjust staffing patterns if necessary. For SFY23 to date, Delta Dental exceeded the performance metrics laid out by the Agency, **having 100 percent for all timely payment requirements** (See Exhibit D.6.04-1 below).

Exhibit D.6.04-1. *Delta Dental complies with all timely paying requirements.*

Metric	Timeframe	Delta Dental’s Performance
90% of clean claims	Paid within 14 days of the date of receipt.	100%
95% of clean claims	Paid within 21 days of the date of receipt.	100%
99% of clean claims	Paid within 90 days of the date of receipt.	100%
90% of clean identified adjustments and reprocessed claims	Adjudicated within 30 days of the date of receipt.	100%
99% of clean identified adjustments and reprocessed claims	Adjudicated within 90 days of the date of receipt.	100%
All claims processed in error	Processed within 30 business days of identification of the error or upon a scheduled approved by the Agency.	100%

D.7 Pass-Through Payments.

D.7.01 Pass-Through Payments.

Delta Dental will not make Pass-Through Payments to Providers under this Contract even if such payments are permissible pursuant to 42 C.F.R. § 438.6(d).

D.7.02 *Reserved. N/A.*

D.7.03 *Reserved. N/A.*

Section D Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § D, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Providers and Provider Network

E



Delta Dental of Iowa Foundation committed \$1.3 million to Crescent Community Health Center in Dubuque to expand integrated oral health care for Eastern Iowa patients enrolled in Medicaid.



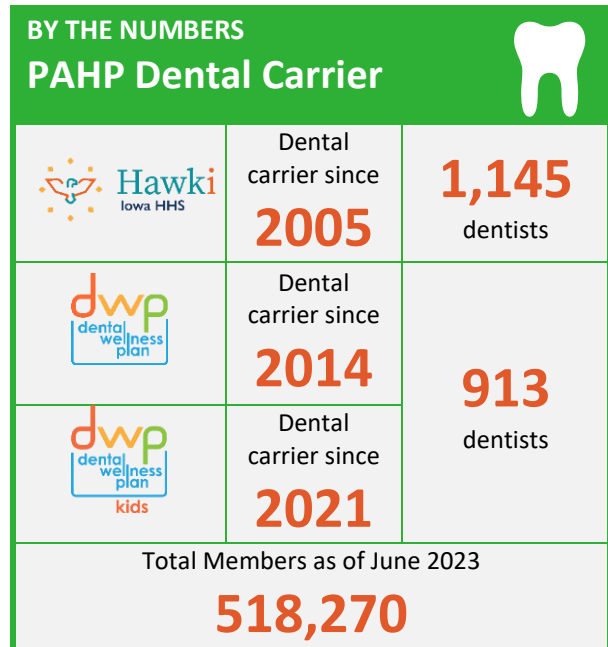
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E. Providers and Provider Network.

Attachment J. Please explain how you propose to execute Section E in its entirety and describe all relevant experience.

As a dental benefits carrier in Iowa for over 53 years, Delta Dental has a history of partnering with Providers to provide timely access to high-quality care, effectively manage costs, and meet local needs. Since establishing our network, we have expanded our Provider and community partnerships and deployed innovations such as TeleDentistry.com to expand access and resources for Enrolled Members.

Delta Dental currently is a PAHP dental carrier for DWP, DWP Kids, and Hawki programs. Delta Dental started as a dental carrier for Hawki in 2005, DWP in 2014 and DWP Kids in 2021. As of June 2023, Delta Dental provided benefits to more than 518,000 Members enrolled in DWP, DWP Kids, and Hawki.



Network Adequacy & Availability

Delta Dental has a robust Provider Network of 913 dentists for DWP and DWP Kids, and 1,145 dentists for Hawki. This includes Providers in Iowa and neighboring States. We also have contracts with 15 local Title V I-Smile™ Screening Center agencies to offer direct services for DWP, DWP Kids, and Hawki. With this large network of Providers, 99.9 percent of DWP, and DWP Kids, and Hawki Members have a general dentist within 30 miles/30 minutes of their home.

Delta Dental prides ourselves on being able to maintain a Provider Network of such magnitude, which allows us to have optimal Provider access for the Enrolled Members we serve. Having a large Provider Network gives us the opportunity to provide dental office options to our Enrolled Members and increase availability of services. Providing Exceptional Quality Service is standard value Delta Dental lives by, and we see our network of Providers as an extension of this standard.



Network Adequacy & Availability


Delta Dental goes beyond basic Network Adequacy and collaboration with Providers to enhance access and improve quality through teledentistry programming and an extensive portfolio of general dentists, specialists, and facilities such as FQHCs and IHCPs and Title V I-Smile™ Screening Centers. We also partner with teaching institutions such as the University of Iowa College of Dentistry and Dental Clinics, Creighton Dental School, University of Nebraska Medical Center, and Iowa Central Community College Dental Hygiene Program to increase access and opportunities for education. Delta Dental is committed to increasing rural access by sponsoring the Fulfilling Iowa’s Need for Dentist (FIND) Project, a State and local collaboration to recruit and retain dentists in private practice settings in rural, underserved areas in Iowa. The project includes dental education debt repayment through the Delta Dental loan repayment

program and includes assistance for dentists finding practice opportunities and securing community resources to establish a practice. Since 2002, 56 private practice dentists have been awarded the loan repayment in Iowa, providing more than 878,000 dental services to 326,000 underserved Iowans.

Delta Dental complies with the access requirements outlined in Special Exhibit C – General Access Standards, as demonstrated in Sections E.1.21 and E.1.24.

We will continue to meet and exceed these requirements by progressing and building upon our Provider Strategy:

- Clear and Transparent Communication:** Delta Dental has established clear lines of communication with dentists, ensuring they can easily reach out for inquiries, clarifications, or issue resolution. Regular and effective communication helps dentists understand insurance policies, coverage limitations, and claim procedures, reducing potential conflicts and misunderstandings.
- Fair and Timely Reimbursement:** Delta Dental has established streamlined processes for claim submission, processing, and payment. Timely reimbursement shows respect for dentists’ work and helps maintain a positive relationship. Ensuring clear guidelines for claim submission and providing dentists with transparent information on coverage and reimbursement rates can also enhance satisfaction.
- Collaboration on Treatment Planning:** Delta Dental fosters collaboration with Providers in the treatment planning process for unique and complex cases. By working together on complex cases, Delta Dental and Network Providers can develop treatment plans that meet Members’ requirements while considering cost-effectiveness and ensuring coverage by the dental plan.
- Continuing Education and Support:** Delta Dental provides resources, training, and support to Providers in Iowa. This includes educational materials on DWP, DWP Kids, and Hawki benefits and processing policies. We offer seminars and webinars on topics relevant to dental practice management, enhancing their skills, and keeping them abreast on dental insurance industry knowledge. By investing in dentists’ professional development, Delta Dental demonstrates our commitment to supporting the dental community.
- Regular Feedback and Quality Assurance:** Through our QM/QI Provider Outreach, Education and Improvement Subcommittee we have implemented programs that evaluate the quality of care delivered by dentists, focusing on factors such as patient satisfaction and treatment outcomes. We continue to share feedback with Providers, both positive and constructive, allowing them to improve their practice and assures Delta Dental’s commitment to maintaining high standards of care.
- Addressing Providers Concerns:** Delta Dental is attentive to Providers’ concerns and Grievances. We established a dedicated channel for Provider Grievances. We also offer re-review and peer to peer discussions with our dental consultants. Taking Providers’ feedback seriously and implementing necessary improvements based on their recommendations demonstrates a willingness to work collaboratively and build positive relationships.
- Reducing Administrative Burdens:** Delta Dental initiated a company-wide workgroup in early 2023 with the goal of identifying areas of our business we could create efficiencies for and other

Exceptional Quality Service 

7.7 days
Average Claim Turn Around Time

100 percent
of claims processed in 14 days or less

Yearly average as of 2023

areas where we can offer support to reduce administrative burden for Providers and their office staff. This group is led by our Dental Director, Dr. Jeffrey Chaffin and includes staff from Member Services, Professional Relations, Government Programs, Informational Technology, and other staff who have previous work experience in dental offices. After several sessions where the group brought ideas of reducing administrative burden that they have experienced or have heard dental offices suggest, Subcommittees were created to start work on projects and support activities. These projects will be implemented in late 2023 and early 2024 for Provider offices.

- **Participating in Professional Events:** Delta Dental actively participates in professional events, conferences, and industry associations in Iowa. Not only does Delta Dental participate in these events, but often provides corporate sponsorship to the Iowa College of Dentistry, the Iowa Dental Association, and the Primary Care Health Association, to name a few. These events provide opportunities for networking, building relationships, and gaining insights into the dental community's needs. By engaging with dentists at such events, Delta Dental fosters connections and demonstrates our commitment to supporting the dental profession.

Building positive relationships with dentists requires ongoing effort and commitment to open communication, fairness, and collaboration. By implementing these strategies, Delta Dental maintains strong partnerships with Network Providers in Iowa and ensures the delivery of quality dental care to Enrolled Members.

Delta Dental has been a dental benefits carrier in the State of Iowa for over 53 years and a Medicaid benefits carriers for 18 of those years. We have a long-term competency in administering dental benefits and recruiting and maintaining Provider Networks. Delta Dental's Professional Relations team is 100 percent located in Iowa and travels across the state visiting Provider offices with a key focus on transparency and responsiveness. Our local team is committed to simplifying the administrative burden placed on Providers by streamlining Credentialing and Recredentialing, creating innovative payment strategies, and improving overall Provider experience.

As an administrator for DWP, DWP Kids, and Hawki, we understand that many Providers operate on slim margins and depend on Delta Dental for timely, accurate payment to make payroll. We depend on our Network Providers to deliver care to the most vulnerable individuals in Iowa, and in return we support them so they can carry out that work. We also balance that support with accountability for results, Program Integrity, and financial efficiency. Delta Dental has proven over time that we know how to partner with the Agency to achieve this necessary balance.

"As a dentist in Vinton, Iowa, I am committed to providing exceptional dental care to members of my community. I have worked hard to create an office that makes patients feel safe, comfortable, and well cared for, no matter their background. Working with Delta Dental is an overall positive experience for our office. We have experienced a helpful customer service center, easy to navigate portal, and communicative Provider relations team. I have especially appreciated the Government Programs department that has been willing to go the extra mile in seeking feedback to continuously improve the DWP Provider experience so that we can continue to provide for our patients that need it the most."

- Sara Stuefen, DDS, Sara E. Stuefen Family Dentistry





Exhibit E-1 provides an overview of the features and benefits of approach to Beneficiary Notification and how they support the Agency's Key Goals.

Exhibit E-1. Features and benefits of our approach to Providers and Provider Networks and how they support the Agency’s Key Goals.

Features	Benefits	01	02	03	04
Established Iowa-based network (Section E.1)	<ul style="list-style-type: none"> Provides 913 DWP and DWP Kids Network Providers; 1,145 Hawki Network Providers Immediately offers Iowa-based Providers to Enrolled Members on day one of the new contract Ensures Iowans are served by the Iowa-based dentist of their choice Mitigate risk of lack of Providers for Enrolled Members and network availability by time of contract award due to a new network build 	✓	✓	✓	✓
Statewide complete rural coverage and network access (Section E.1)	<ul style="list-style-type: none"> Ensures Providers are available in rural and underserved areas and meet access standards Ensures that 99.9 percent DWP and DWP Kids and 100% of Hawki Members have a Provider within 30 miles and 30 minutes. Increases access for pregnant women, children 0-5 years, and Enrolled Members with disabilities Provides access points for Enrolled Members who need preventive services 	✓	✓	✓	✓
Key Iowa-Based partnerships with Provider, State Organizations, and Educational Institutions (Section E.1)	<ul style="list-style-type: none"> Promotes best practices, innovations, and continuous for ease of access, billing and claims processing, Provider relations, and Enrolled Member satisfaction 	✓	✓	✓	✓
Agency Key Goals 01- Improve Network Adequacy and availability of services. 02 - Increase recall and prevention services. 03 - Improve oral health equity among Medicaid Members. 04 - Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.					

Throughout this section and in our proposal overall we indicate where our solutions and approaches address these key Agency goals using the following symbols shown in Exhibit E-2:

Exhibit E-2. Agency Key Goals.

Agency Priority – Symbol and Description	
 Improve Network Adequacy and availability of services.	 Increase recall and prevention services.
 Improve oral health equity among Medicaid Members.	 Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.

E.01 Provider Relations and Communications.

Delta Dental has a proven track record with Providers in Iowa. We assist Providers in providing timely access to high-quality care and to meet local population health needs. Providers count on us to support them administratively so that they can continue to focus on Enrolled Member dental care. Delta Dental supports Providers by offering Exceptional Quality Service and resources as shown in Exhibit E.01-1:

Exhibit E.01-1. Provider services and resources support from Delta Dental.

Provider Services and Resources	Description
Secure Dentist Connection website	Providers and their staff utilize our secure Dentist Connection website to check eligibility and benefits, submit claims, obtain useful resources such as fee schedules, office manuals and trainings, and value-added benefits for being a Network Provider. The Delta Dental website is efficient and user friendly, as reported in our annual survey.
Quick and efficient Credentialing/contracting	The Delta Dental local Professional Relations Coordinators review each Credentialing and Recredentialing application to ensure accuracy and completeness. The Credentialing Committee quickly approves Credentialing and Recredentialing applications.
Ongoing education (Provider seminars, Continuing Education (CE) courses)	Delta Dental hosts semi-annual Provider seminars (dental insurance 101, market trends, new CDT codes) and CE courses for Providers, hygienists and assistants.
In Office Visits	Delta Dental Professional Relations team conducts site visits to Provider offices to provide education and resources.
DWP, DWP Kids, and Hawki Newsletter	Every other month Delta Dental publishes a newsletter that focuses on education materials for DWP, DWP Kids, and Hawki and dental industry trends.
Claim submission	Delta Dental partners with every clearinghouse and practice management software so that Provider offices have flexibility in claims submission and to ensure accurate and timely claim submission experience.
Local commitment	Delta Dental has been and always will be local to the state of Iowa. We employ 178 staff and gave back \$3.9 million dollars to our communities in 2022. We are committed to sharing smiles statewide with 340,600 toothbrushes donated in 2022.

At Delta Dental we have a comprehensive Professional Relations team who focus on building relationships with Providers. We have two Provider-facing roles within the Professional Relations team, Professional Relations Coordinators and Professional Relations Representatives.

Professional Relations Coordinators are responsible for overseeing the Credentialing and Recredentialing of Network Providers. They work to ensure a streamlined, efficient process for Providers and their staff, so that the Providers can focus on treating Members. Delta Dental Credentialing Committee meets twice per month to stay abreast of all Iowa Dental Board actions, National Provider Database hits, malpractice settlements, and any other licensure or background questions. The Credentialing and Recredentialing policies and procedures outlined in RFP Section E.3.03 are followed and kept updated by the Professional Relations Coordinators, and reviewed by the Government Programs team semi-annually to look for efficiencies and ensure best practices are in place. The Professional Relations Coordinators also add new Providers and their detailed information into our Dental Benefit Administration System accurately to ensure correct payment and directory accuracy.

Professional Relations Representatives travel to dental offices throughout Iowa to educate, establish and maintain relationships, and receive feedback from our Provider partners and their staff. The Professional Relations Representatives have an especially significant role in creating that face-to-face relationship with Providers and their staff that is unique and exclusive to Delta Dental. Relationships are important in keeping a robust Provider Network for DWP, DWP Kids, and Hawki.

Our Provider engagement allows Network Providers to share Members’ needs with Delta Dental regarding the services we provide, as they are routinely interacting with Enrolled Members. Our partnership with Providers oftentimes assists us in bridging that connection with our Enrolled Members because of the more frequent in-person interactions Providers have with them. Exhibit E.01-2 details some of the methods Delta Dental utilizes to stay in close communication with Providers:

Exhibit E.01-2. Provider communication methods.

Methods	Description
Provider strategy	Delta Dental’s Professional Relations Representatives are on the road two days a week meeting with Network Providers and their office staff. They are tasked with keeping a pulse on the network and building relationships with Providers offices so we can be a better partner. The Professional Relations Representatives identify administrative burdens and potential areas for us to improve upon. The Professional Relations Representatives completed 168 office visits since January 2023. Additionally, our Dental Director has met with 30 dentists for in-person meetings.
Provider association engagement, including the Iowa Dental Association (IDA)	Delta Dental and the Iowa Dental Association (IDA) share the same goal of improving public oral health. We value working alongside the IDA to support Iowa dentists and their staff through annual meetings, CE courses, and regular communication.
Provider newsletters and Provider manual, available on the Provider website	Delta Dental provides easy access to our Provider Office Manuals on our website to include Dentist Connection Portal User Manual, Delta Dental Dentist Office Manual, DWP and DWP Kids Dentist Office Manual, Screening Center, Public Health and Maternal Health Agency Office Manual, and more. We also communicate via our <i>Dental Dash</i> newsletter, which is emailed to Providers every other month.
Other Media	Delta Dental sends Provider bulletins, faxes, and email messages to proactively update Providers on operational changes, program updates, and other essential information.
Immediate telephonic response through our Member and Provider Services helpline	Delta Dental employs local Member Services staff members, specialists, and supervisors to ensure Providers have a live person to call. These Member Services staff members answer calls within an average of 26.7 seconds.
Semi-annual Dental Advisory Group meetings	Delta Dental Professional Relations created a Dental Advisory Group consisting of 25 newer dentists across Iowa that meet twice a year. We use these meetings to answer insurance questions, listen to feedback, provide education on trends in the market, and to create a space for dentists throughout the State to collaborate.
Semi-annual Office Manager Advisory Group meetings	After great success with our Dental Advisory Group, we established an Office Manager Advisory Group, as oftentimes the front office staff/insurance coordinators work directly with Delta Dental. The office managers are the ones who use our website, submit prior authorizations and claims, and interact with

Methods	Description
	us. This created a valuable feedback loop and is vital to our mission of easing the administrative burden placed on Providers and their staff.
Dental Director	The Dental Director hosts individual and group meetings to engage dentists, listen to their issues, and find resolution. As an Iowa company, we build strong relationships with Iowa dentists. Delta Dental’s Dental Director is traveling across the State to meet with over 50 Provider partners in 2023. This engagement strategy will continue in 2024 and beyond.

Exhibit E.01-3 shows examples of bulletins located on our secure Dentist Connection website, typically addressing dental and oral health trends or issues. This bulletin example also shows how we communicate updates on our website by utilizing a banner on a portion of the home page. Since the internal Government Programs team is in constant communication with our Marketing team, the banner can be implemented very quickly. When implementing a larger change or update, we will send faxes, letters, postcards, newsletters and/or emails to Network Providers. We communicate via telephone when there are updates or issues regarding payments made to the Provider to ensure timely notification and quick remedy of any issues.

Exhibit E.01-3: Examples of bulletins located on the Delta Dental secure Dentist Connection website.

A Healthy Life

Q&A with Dr. Jeff: What's the deal with wisdom teeth?
01/01/2023

Interested in boosting your knowledge of wisdom teeth? Dr. Jeffrey Chaffin, Chief Dental Officer at Delta Dental of Iowa, shares his expertise on everything from removal to recovery.

[Read More](#)



The link between oral health and Lyme disease
01/01/2023

Did you know that Lyme disease can affect your oral health? Explore the connection between Lyme disease and learn how to protect yourself.

[Read More](#)



Crooked teeth: What older adults need to know
01/01/2023

Aging can cause our teeth to move, leading to several dental issues. But are braces right for you? Here's what you need to consider.

[Read More](#)



Removing Barriers to Vision Care for Iowans in Need
01/11/2023

Delta Dental of Iowa supports three vision nonprofits to help provide access to quality vision care for Iowans facing financial and accessibility barriers.

[Read More](#)



 **Updated Contact Process:** Beginning April 1, Delta Dental will introduce a new process to verify contact information for Iowa providers that displays on our dentist directories. You will need to verify your office contact information every 90 days to use the Dentist Connection. [Learn more.](#)

Through these methods of communication with Network Providers and through their daily interactions with Members, we have been able to identify barriers Providers face and possible solutions to those barriers:



- Member Transportation:** DWP and DWP Kids Network Providers often tell us of Member no-shows, which are often attributed to lack of reliable transportation. Delta Dental’s Care Coordination team works with Enrolled Members to obtain transportation for their appointments, should the need arise. Care Coordinators understand transportation to and from appointments is a common barrier for this population. Transportation services to and from dental appointments is available based on the Member’s Medicaid coverage. Most IA Health Link Members have transportation covered by their MCO, and transportation can be arranged through Access to Care. Delta Dental will work directly with the Enrolled Member’s MCO and their medical case manager (if applicable) to ensure they have transportation to and from appointments. Delta Dental also communicates with MCOs when negative patterns are identified related to accessing transportation.
- Administrative Burden:** We hear regularly that we are the easiest insurance carrier to work with, and that our website is easy to use. At Delta Dental, we value our Provider’s time as well as their front office staffs. We have created an extensive claims processing matrix to aid in the submission of claims that is part of the Provider Office Manual. Delta Dental hosts semiannual Provider seminars to educate Providers and their staff on claims processes, office manuals, and uniform regulations. We also created a workgroup with the goal of identifying areas of our business we could create efficiencies for and other areas where we can offer support to reduce administrative burden for Providers and their office staff. We used data from provider office visits, Dental Advisory Group, and the Office Manager Group to develop a list of priorities that will be implemented late 2023 and early 2024.
- Workforce Shortage:** Working in a health care setting in the post-pandemic world is certainly different than ever before. Delta Dental consistently hears from Providers, as well as their office staff, that they are having a difficult time hiring and retaining dental hygienists, assistants, and front office staff. Per the U.S. Bureau of Labor Statistics, the total number of Registered Dental Hygienist decreased by 12.1 percent nationally in 2020. According to the American Dental Association Health Policy Institute, 90 percent of hiring dentists report significant challenges in filling staffing vacancies. Delta Dental has been speaking with a local Dental Health Care Worker (DHCW) temporary staffing agency and are brainstorming ways to partner to combat this issue. Additionally, our Foundation is engaging on ways to increase the dental workforce across the State.

Clear, concise, and regular communication with Network Providers is crucial to being a strong steward and partner. We share the common goal of improving the lives and smiles of the people we serve, and the more we can be of value to Providers, the better we live out that mission every day.

E.02 Provider Services Helpline.

Delta Dental’s Member and Provider Service team is staffed by local Member Services staff members, who are knowledgeable of the local community. Our Member and Provider helplines will be available during normal working days, Monday through Friday, and will be accessible for calls at 888-472-1205

from 7:30 a.m. to 6:00 p.m. CST, except for the following established State holidays: New Year’s Day; Martin Luther King, Jr.’s Birthday; Memorial Day; July 4th; Labor Day; Veterans Day; Thanksgiving; Day after Thanksgiving; and Christmas Day.

To maintain access and quality care, Delta Dental has a process in place for Providers that allows them to submit expedited Prior Authorizations 24/7. The Providers can add expedited or urgent to the claim form and the Prior Authorization is automatically sent to a queue that is checked periodically throughout the day, seven days a week. We ensure the Prior Authorization is adjudicated within 72 hours or before.

Delta Dental’s Member and Provider Services team will help Providers access a full range of questions including Enrolled Member eligibility, Prior Authorizations, claims, interpreter and TTY/TDD services, and contract and Credentialing status. Our phone system is available 24/7/365 and allows Providers to access self-service options over the phone. From July – December 2022, we had 2,509 after hours calls from Providers and 96 percent of the calls used our self-service after-hours system to get information they needed.

Delta Dental tracks Provider phone calls and inquiries in our Dental Benefit Administration System. We track and report on the volume and type of Provider calls and inquiries as outlined in this Contract’s requirements on a quarterly basis to the Agency.

“Working with all aspects of Delta Dental of Iowa has continuously been a pleasure. Customer service & claims management support is very responsive and professional through their easy to navigate website. We look forward to working with Delta Dental of Iowa for many years to come.”

- Lori Mason, DDS, Parkersburg Family Dental

E.03 Provider Helpline Performance Metrics.

Delta Dental’s Provider helpline will continue to comply with and exceed contractual call center performance metrics. Our Provider helpline has maintained an average service level of 83.8 percent and abandonment rate of less than 1.2 percent in SFY23. See Exhibit E.03-1 for results of our SFY23 call metrics.

Exhibit E.03-1. Delta Dental call center performance metrics (average July SFY23-December SFY23).

Provider Call Center Metrics	July SFY23	Aug SFY23	Sep SFY23	Oct SFY23	Nov SFY23	Dec SFY23	Average
Provider Service Level - 80% Standard	87.95%	82.65%	82.63%	81.66%	84.28%	84.47%	83.94%
Provider Abandonment Rate - Must be 5% or less	0.86%	1.14%	1.30%	0.96%	1.08%	2.26%	1.27%
Provider Calls Answered without Receiving Busy Signal - 99% Standard	100%	100%	100%	100%	100%	100%	100.00%
Provider Telephone Inquiries - 90% Standard	98.47%	99.40%	98.10%	98.71%	98.03%	97.70%	98.40%

In the SFY24 contract, Delta Dental has started to monitor the following call center performance metrics that are outlined in Section A.27 (c)-(i) and we will be in full compliance of monitoring the additional performance metrics for this Contract.

E.04. Provider Training.

Delta Dental will continue to have a strong focus on educating Network Providers. We gather input related to training needs from Network Providers through our annual Provider Survey, our Dental Advisory Group, Office Manager Workgroup, Iowa Dental Association Medicaid workgroup, and feedback during in-person office visits. We provide training through various venues, times of the day, and locations across the State to accommodate as many Providers as possible. We provide one in-person and one virtual comprehensive training annually that discusses program changes and offers Providers and office managers a continuing education class. We also publish a newsletter every other month that serves as a training tool for Providers and office managers. We will be creating short videos for Providers that focus on specific topics and walk through “how to” processes. Exhibit E.04-1 outlines our Providers Education.

Exhibit E.04-1. Network Provider education overview.

Training	Overview	Training Venue	Timeframe
Contract Requirements	Contract requirements and Federal and State law requirements	In Person Seminar and newsletter	June and ongoing
Enrolled Member Benefits and Basic Eligibility	<ul style="list-style-type: none"> ● Overview of benefit and clinical criteria and discussion of unique Member needs ● Overview of Member eligibility requirements and presumptive eligibility ● Outlines Annual Benefit Maximum requirements and excludes services ● Overview of Member pay ● Overview of continuity of care and Member transportation benefits in coordination with Member’s MCO 	Webinar, Online training, and newsletter	Ongoing
Emergency and Post Stabilization Services	Overview of emergency and post stabilization services and how to submit claims	Webinar, Online training, and newsletter	Ongoing
Provider Enrollment with Medicaid and Provider Credentialing/ Recredentialing with Delta Dental	Overview of Medicaid enrollment and Delta Dental Credentialing and Recredentialing processes	Webinar and newsletter	Ongoing
CDT changes	Overview of the annual CDT changes and updates	Webinar and newsletter	December
Cultural Competency	Overview of how to deliver effective, quality care to Members who have diverse beliefs, attitudes, values, and behaviors	Online training	Ongoing

Training	Overview	Training Venue	Timeframe
HIPPA Compliance	Overview of HIPPA compliance and regulations	Online Training	Ongoing
Fraud, Waste and Abuse training	Overview of FWA and discuss best practices for Enrolled Member clinical documentation standards	Online training	Fall
Community Action Poverty Simulation Training	Interactive immersion experience that sensitizes the realities of poverty.	In Person Seminar	Spring
Submitting a claim	Instructions on how to submit a claim, including emergency, post stabilization and medical necessity processing.	Online training	Ongoing
Submitting an Appeal and exception to policy	Instructions on how to submit an Appeal on behalf of an Enrolled Member and exception to policy.	Online training	Ongoing
Using the Provider PreViser Risk Assessment	Overview of the assessment tool and how it can be used by Providers for determining risk level of the Enrolled Member.	Handout	Ongoing
Ad hoc topics	Education on new and emerging topics, trending issues/problems, or trending Provider inquiries.	Webinar, Online training, and newsletter	Ongoing
Iowa Medicaid Enrollment	Work with Iowa Providers through the Iowa Medicaid Enrollment Process.	Ongoing	Ongoing

E.1 Network Adequacy.

E.1.01 Network Adequacy Obligations.

Delta Dental requires Provider offices to maintain reasonable and adequate hours of operation including access to emergency services 24 hours per day, 7 days per week for DWP, DWP Kids, and Hawki Members. This requirement is outlined in the DWP and Hawki uniform regulations. Uniform regulations are a part of the DWP and DWP Kids, and Hawki Network Provider Contract, as shown below:

Availability of Services. *Emergency services must be available 24 hours per day, 7 days per week for covered DWP, DWP Kids, and Hawki Members. When the dental office is not open, there must be information on where to seek such services (i.e. – answering service that directs Members to emergency care, answering machine informing Members that the office is closed, and they can seek emergency care at another named Provider’s office or a named urgent care/emergency department).*

To ensure all Network Providers are abiding by this availability of service standard, the Professional Relations team completes monthly spot checks by randomly selecting different Provider offices to make a call during afterhours to ensure they are complying. If the Provider Office is not compliant, the team works with them to get compliant. Professional Relations Representatives also talk with the office

manager during in-office visits about the network obligations related to emergency care and referral for specialists.

Our Professional Relations team will help Providers make arrangements with or refer to specialists or general dentists, when needed, to ensure that services under this Contract can be furnished promptly and without compromising the quality of care.

E.1.02 Communication Review and Approval.

Delta Dental will submit all Provider communications to the Agency for pre-approval at least 30 days prior to the use or dissemination of the materials and/or communications. If we need to make changes to previously Agency-approved communications, we will also submit those to the Agency for review and approval at least 30 days prior to use. We will also send anything that may include the State’s name and correspondence to the Agency for pre-approval, and we understand that any approval awarded does not automatically apply to all future communications. We will fully comply to utilizing the State Program logo(s) in any Provider communications upon Agency request. We understand the Agency may have processes in place for us to submit these materials for approval, and we plan to comply fully with those required methods.

We also understand and respect that the Agency has the right to waive the review and approval of Provider communications.

E.1.03 Provider Manual.

Delta Dental has a long tenured relationship with our Provider Network and their office staff. We will maintain a Provider Office Manual and will complete revisions and necessary updates at least twice a year, or as changes are needed. We will send all updates and changes to the Provider Office Manual to the Agency for review and approval before sending them to Providers and posting them to our website. We will inform our Providers and their staff of updates via banners on our website, emails, the *Dental Dash* newsletter, secure Dentist Connection website, and/or postcards. Upon initial Provider onboarding and Credentialing, we mail the Provider Office Manual to our Provider offices and make it available electronically on our secure Dentist Connection website. During in-person office visits, the Professional Relations representative will remind the staff of the resources within the Provider Office Manuals. Our Provider Office Manuals will continue to include information regarding the following topics outlined in Exhibit E.1.03-1.

Exhibit E.1.03-1. Provider Office Manual topics.

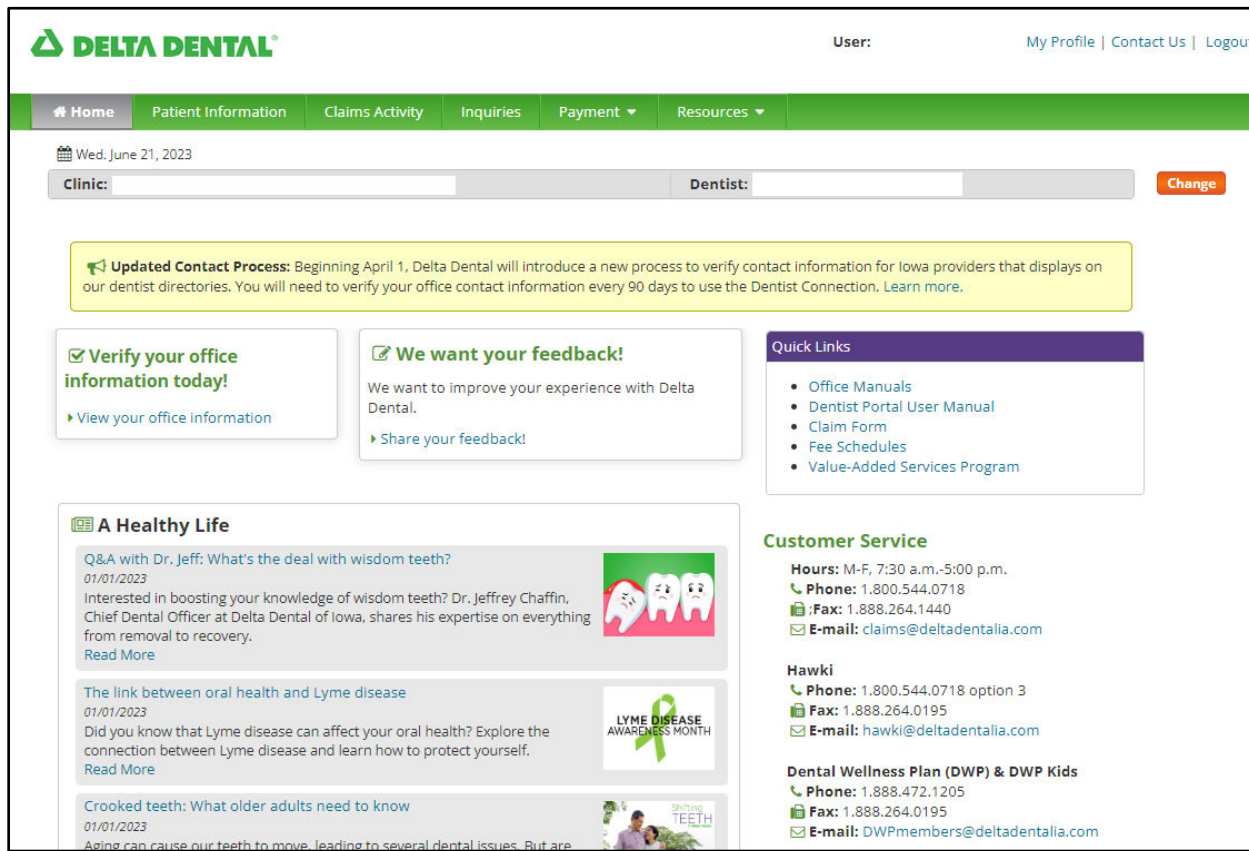
Provider Office Manual Topics		
Benefit Overview	Emergency and Post Stabilization Services Definitions and Requirements	Important Terms and Definitions
Program Benefits and Limitations	Participants’ Rights	Providers’ Rights for Advocating on Members behalf
Dentist Participation	Credentialing	Federally Mandated Ownership Control Form
Locum Tenens	Dentist Terminates Participating Agreement	Delta Dental Terminates Participating Agreement
Appealing a Termination Notice	Transperfect Connect	Life Interpretation, Inc

Provider Office Manual Topics		
HIPAA	TPL Policies and Procedures	Fraud, Waste and Abuse
Customer Service	DWP and DWP Kids Website	Professional Relations Staff
Prior Authorization and Claim Filing Process and Procedures	Electronic Claims Submissions	Radiograph Return Policy
Electronic Attachments	Direct Deposit	Claim Filing Procedures
Cost Sharing Requirements	Member Subscriber Information	Record of Services
Dentist Information	Ancillary Claim Information	Duplicate Claims
Infection Control	Grievance and Appeal Policies and Procedures	Provider Non-Discrimination
Recoupment of Overpayment	Delta Dental and the Agency Contact Information	CDT benefit and clinical submission requirements

E.1.04 Provider Website.

Delta Dental has a user-friendly, secure Dentist Connection website for Providers to access Enrolled Member eligibility, benefit information and remittance advices specific to their practice, and all resources related to DWP, DWP Kids, Hawki. The secure Dentist Connection website also houses a variety of resources, including the Provider Office Manual, Appeal Forms, and Provider training. The secure Dentist Connection website is accessible and functional via cell phone. Exhibit E.1.04-1 shows a screenshot of the secure Dentist Connection website home page.

Exhibit E.1.04-1. Secure Dentist Connection website home page.



E.1.05 Written Agreements.

Delta Dental maintains written agreements with every Network Provider. As stated on page 3 of the DWP and DWP Kids agreement:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Delta Dental will continue to review these agreements annually and amend them if required by the Agency. We will also review and update our Provider Office Manual and Uniform Regulations as necessary and upon the Agency approval. We will communicate all updates to Providers via mail, email, *Dental Dash* newsletter, secure Dentist Connection website, and/or outbound calls to Provider offices.

E.1.06 Provider Agreements.

Attachment J. E.1 Network Adequacy
a) Outline how you will establish written agreements with all Network Providers in accordance with Section E.1.06 Provider Agreements.

Delta Dental has signed contractual agreements with 913 DWP and DWP Kids and 1,145 Hawki Network Providers. There are two contracts, one for DWP and DWP Kids programs and one for the Hawki program. The Uniform Regulations are an incorporated document to the Provider contract and outline all Federal and State law. When signing the contract and Uniform Regulations they agree to all applicable terms in the contract and Uniform Regulations, which govern the duties and responsibilities of the Provider regarding the provision of services to Enrolled Members. The Network Provider contracts and corresponding Uniform Regulations for DWP and Hawki programs are included in Attachment E.1.

When needed, we will make updates to the Uniform Regulations and issue an amendment to all Network Providers. Our contractual obligation to our Network Providers is to give them 30 days' notice of any such amendments. This gives Delta Dental the flexibility to ensure meeting updated requirements without re-contracting the entire network.

Uniform regulations are in place to establish standardized guidelines and requirements that promote fairness, consistency, and transparency between Delta Dental and our Providers. These regulations serve several important purposes:

- **Consistency:** Uniform Regulations help ensure consistency in contractual terms and conditions across Providers. By establishing common standards, it becomes easier for dental professionals to understand and comply with requirements, reducing confusion and potential conflicts.
- **Clarity and Transparency:** Uniform Regulations provide clear and transparent guidelines for both Delta Dental and Providers. They define the rights, responsibilities, and obligations of each party, including reimbursement rates, third party liability, claims processing procedures, utilization review processes, patient eligibility verification, and other critical aspects of the partnership. This transparency helps foster a better understanding of expectations and reduces the likelihood of disputes.
- **Standardized Processes:** Uniform Regulations provide a standardized framework for claims processing, utilization review, pre-authorization requirements, and other administrative procedures. By establishing consistent processes, Delta Dental aims to streamline operations and improve efficiency for both Providers and Delta Dental. This reduces administrative burden and facilitates timely reimbursement for dental services.
- **Quality:** The Uniform Regulations include provisions related to professional standards of care and record-keeping requirements. By incorporating these standards, Delta Dental promotes the delivery of high-quality dental care and ensures that Providers maintain appropriate levels of expertise and professionalism.
- **Compliance:** Uniform Regulations incorporate requirements imposed by the Iowa Insurance Division and Iowa Dental Board. This ensures that Providers align with applicable laws, rules, and regulations, promoting compliance and ethical behavior within the State of Iowa.

Delta Dental follows current Agency Contract requirements of Provider claims submission within 365 days. Upon award, we will change our policy and make the appropriate edits to our Dental Benefit Administration System to “within 180 days of the date of service.”

Delta Dental executes Network Provider contracts once Medicaid enrollment is verified. We can back date Credentialing up to 60 days, but we will make exceptions based on the Agency's 120-day rule. Delta Dental receives a daily file from the Agency of fully enrolled Medicaid Providers and terminated Providers. If a Network Provider is on the terminated file, Delta Dental terminates the Provider, notifies the affected Enrolled Members, and helps them find a new Provider.

E.1.07 *Reserved. N/A.*

E.1.08 *Reserved. N/A.*

E.1.09 *Reserved. N/A.*

E.1.10 *Reserved. N/A.*

E.1.11 *Reserved. N/A.*


E.1.12 *Reserved. N/A.*

E.1.13 *Reserved. N/A.*

E.1.14 Federally Qualified Health Centers.

Delta Dental currently contracts with all of Iowa’s Federally Qualified Health Centers (FQHCs) with a dental clinic. We also have a contract with Eagle View in Illinois.

When payment for dental services for FQHCs transitioned from a fee for services (FFS) model to the Prospective Payment System (PPS) encounter payment model in 2016, Delta Dental served as a partner with the Agency to construct a methodology for dental code (D9999) to be billed by the FQHC along with services completed that will result in the PPS payment. We currently do not enter into alternative reimbursement arrangements without prior approval from the Agency and understand that we should not.

COMMUNITY IMPACT	
Improving Health & Smiles 	
\$4.5M	to Iowa’s community health centers since 2002
\$395,000	to Iowa Primary Care Association (IPCA) since 2012

In compliance with the Hawki contract, Delta Dental provides FFS payment to the FQHC for Hawki Members.

Delta Dental participates in quarterly meetings with the Iowa Primary Care Association to collaborate and address any questions or concerns in relation to dental care. We are also present at the annual Iowa Community Health Conference to network with FQHCs, address concerns, and educate staff about DWP, DWP Kids, and Hawki.

Our Foundation has given over \$4.5 million to Iowa’s community health centers since 2002, a significant investment in the success and infrastructure to support access to oral health care across the State. Since 2012, our Foundation has provided over \$395,000 to support the Iowa Primary Care Association (IPCA) through efforts such as creation of a Primary Care Oral Health Coordinator position to a transformative strategic investment in statewide HIT infrastructure for Iowa’s community health centers. Delta Dental and IPCA have a long-standing partnership to provide resources and system solutions that work to advance access and oral health care for vulnerable Iowans. **We partner to solve long-term access barriers and create opportunities to develop innovative solutions as well as statewide collaborations such as Oral Health Iowa and the Lifelong Smiles Coalition.**

Delta Dental in Action | Electronic Record Infrastructure

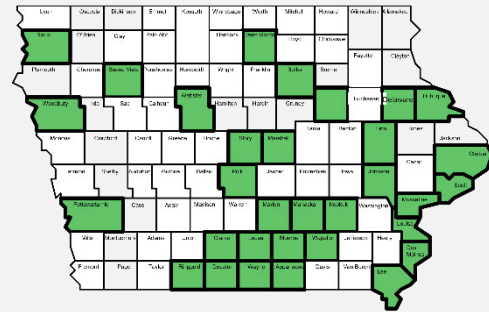
Organization: Iowa Primary Care Association, Des Moines (Polk)

Title: Strategic Investment in a Statewide Health Information Technology (HIT) System for Access, Integration, and Health Equity

Amount Awarded: \$266,104

Project Dates: 12/1/2022- current

Geographic Area Served (Counties): Appanoose, Black Hawk, Buena Vista, Butler, Cerro Gordo, Clarke, Clinton, Decatur, Delaware, Des Moines, Dubuque, Johnston, Keokuk, Lee, Linn, Louisa, Lucas, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Pottawattamie, Ringgold, Scott, Sioux, Story, Wapello, Wayne, Webster, Woodbury



Project Description: Oral health is essential to overall health but often exists in a data silo. This lack of data exchange can make it difficult for community health center Providers to understand which patients have access to care, and can impact quality and cost of care, patient and staff satisfaction, and health equity. Iowa PCA received funding to support the implementation of a new electronic health record (EHR) solution, OCHIN Epic which includes dental health data. With the new, integrated medical and dental data system, community health centers will be able to provide comprehensive care to support better patient outcomes.

Results: This project is currently in process.



E.1.15 Reserved. N/A.

E.1.16 Maternal Health Centers and Screening Centers and Public Health Providers.

Delta Dental contracts with all Title V Screening Centers, Public Health Providers and Maternal Health Centers in Iowa. The Screening Center, Public Health Providers, and Maternal Health Centers are set up as a Provider type and reimbursed in alignment with the Agency Screening Center fee schedule. Their processing policies and frequency limitations are also set up in compliance with the Agency. Delta Dental handles all billing disputes pursuant to Contract standards.



In July 2021, we implemented Screening Center, Public Health Providers, and Maternal Health Centers as part of the DWP Kids programs. We have developed program and policy requirements in the Dental Benefit Administration System and completed robust testing prior to the DWP Kids Readiness Review. We also presented the Screening Center, Public Health Providers, and Maternal Health Centers Office Manual and internal and external policy and procedures during the DWP Readiness Review.

We also provided training at implementation and have continued to work with Screening Center, Public Health Providers, and Maternal Health Centers for annual training and ongoing training.



We have a standardized Member Referral Form to use if an Enrolled Member needs help coordinating care. This form is completed by the I-Smile™ Coordinator and sent to our Care Coordination team. We follow up with the I-Smile™ Coordinator once we have secured a Referral appointment for the Enrolled Member.

E.1.17 Reserved. N/A.

E.1.18 Other Safety Net Providers and Community Partners.

[Redacted]

Delta Dental also has systems in place to receive referrals from the PreViser Oral Health Survey results, the Agency, I-Smile™, and other community partners who work with DWP, DWP Kids, and Hawki Members. We provide care coordination and link Enrolled Members with a Provider for services.

We have developed a partnership with TeleDentistry.com to offer emergency dental exams 24/7 for Enrolled Members. TeleDentistry.com provides us with a real-time list of Enrolled Members so we can Provider care coordination services for dental services.

[Redacted]

E.1.19 Reserved. N/A.

E.1.20 Access to Medical, Dental and Financial Records.

[Redacted]

than six (6) years from the date of termination of the Agreement (or such longer period of time as is required by law).

E.1.21 Adequate Access.

Delta Dental has an internal Provider Network workgroup to monitor and make recruitment recommendations for the Professional Relations Representatives. The workgroup uses data to determine priorities for retention and recruitment. [REDACTED]

[REDACTED]

[REDACTED]

As a value-add service, Delta Dental offers interpretation services for Providers that are working with Enrolled Members with limited English proficiency. Our Member Services team also uses interpretation with Enrolled Members with limited English proficiency when trying to find a dentist to access.

[REDACTED]

In addition to our strong partnership with Foundation staff, we have been working closely with the Government Programs team to provide additional screenings and mobile dental services in 2024. We are very excited to start this project and we believe it will be a mechanism to expand access to DWP and DWP Kids.

- Carly Ross, Executive Director, Dental Connections, Des Moines



Delta Dental exceeds the requirements for adequate access for both DWP and Hawki, as shown in Exhibit E.1.21-1

Exhibit E.1.21-1. Time and distance standards for DWP and Hawki Members.

Metric	Standard	DWP Average	Hawki Average
Distance/Time to 1st Closest Provider from personal residences of Enrolled Members	30 minutes or 30 miles	3.7 minutes 3.4 miles	3.7 minutes 3.4 miles
Distance/Time to 2nd Closest Provider from personal residences of Enrolled Members	30 minutes or 30 miles	4.9 minutes 4.4 miles	4.9 minutes 4.4 miles

Currently, Iowa has three licensed members of the dental workforce; dentists, registered dental hygienists and dental assistants. Iowa requires all three of these to be licensed by the Iowa Dental Board.

[Redacted text block containing multiple lines of blacked-out information]

E.1.22 Compliance with Access Requirements.

Attachment J. E.1 Network Adequacy.
c) Describe how you will adhere to all requirements set forth in Special Contract Exhibit C.

Delta Dental has implemented a procedure to ensure compliance with the access requirements outlined in RFP Special Contract Exhibit C as shown and described below. Delta Dental has a Provider corrective action plan template to use if a Network Provider is found to be consistently non-compliant. We also have a contingency plan in the event we have a large Provider office leave the network or there is limited Network Providers accepting new Members. A few of the contingency plan activities we have implemented are working with local I-Smile™ Agencies to provide screenings for Enrolled Members, securing a contractual relationship with mobile dental agencies, and establishing a relationship with TeleDentistry.com to Provider Member emergency care.

Primary Care Physician/Dentist Access Standards

The Delta Dental Government Programs team monitors data for primary care and dentist access standards monthly. We are continually monitoring the data for areas of the State that we currently have recruiting efforts to make sure access has not decreased. During Provider Office visits we collect data on appointment times for preventive care and emergent care appointments.

Specialty Care Access Standards

The Professional Relations team continuously monitors DWP, DWP Kids, and Hawki Networks. An example of the Specialty Care Providers data report is included in Exhibits E.1.22-1, E.1.22-2, and E.1.22-3 below. Our Dental Director and Plan CEO continue to meet with specialty care Providers to get input on innovation ideas for improving access for specialty services.

Delta Dental submitted a proposal to the Agency in May 2023 that will help increase Enrolled Members' access to specialty services. We proposed to pay FQHC partners two-encounter rates for definitive to complex and laboratory associated services such as endodontics and prosthodontics. This will have a huge impact on Enrolled Members not having to travel as far for specialty services and decrease wait times for appointments with specialty Providers. The two-encounter payment will be implemented once approved by the Agency.

Exhibit E.1.22-1. Specialty Care Network Data Reports – Hawki.

Specialty	Hawki Providers	Total Practicing DDS in Iowa	Percentage in Network
[REDACTED]	█	█	█
[REDACTED]	█	█	█
[REDACTED]	█	█	█
[REDACTED]	█	█	█
[REDACTED]	█	█	█
[REDACTED]	█	█	█

Exhibit E.1.22-2. Specialty Care Network Data Reports – DWP.

Specialty	DWP Providers	Total Practicing DDS in Iowa	Percentage in Network	Out-of-State DWP Providers
[REDACTED]	█	█	█	█
[REDACTED]	█	█	█	█
[REDACTED]	█	█	█	█
[REDACTED]	█	█	█	█
[REDACTED]	█	█	█	█
[REDACTED]	█	█	█	█

If an Enrolled Member needs a specialty service and we are unable to find them a Network Specialty Provider, we will work with a non-Network Provider through a single case agreement. We currently do this and have a list of specialty Providers that will provide a service for an Enrolled Member in their area, but they are not willing to join the network. Through our processes and policies before the completion of a single case agreement we make sure all Providers have the necessary qualifications and certifications to provide the Member care. Time and distance standards for Specialty Providers are listed below in Exhibits E.1.22-3.

Exhibit E.1.22-3. Time/distance standards for Specialty Providers – DWP and Hawki.

Metric	Standard	DWP and DWP Kids Average	Hawki Average
Distance/Time to Oral Surgeon from personal residences of Enrolled Members	60 minutes or	23.7 minutes 20.8 miles	18.0 mins 16.2 miles

Distance/Time to Endodontist from personal residences of Enrolled Members	60 miles for 75% of Enrolled Members	62.2 mins 46.5 miles	56.5 mins 46.1 miles
Distance/Time to Orthodontist from personal residences of Enrolled Members		20.1 mins 18.0 miles	12.6 mins 11.4 miles
Distance/Time to Periodontist from personal residences of Enrolled Members	90 minutes or 90 miles for 100% of Enrolled Members	74.3 mins 57.7 miles	101.6 mins 80.1 miles
Distance/Time to Prosthodontist from personal residences of Enrolled Members		99.0 mins 73.1 miles	57.3 mins 44.5 miles

Emergency and Post-Stabilization Services Access Standards

The Delta Dental Government Programs team continues to monitor Emergency and Post-Stabilization Services data for Enrolled Members. If an Enrolled Member calls the Member helpline and doesn't have a Provider of record, we help the Members find an appointment. We also offer the Enrolled Member an appointment with TeleDentistry.com so they can determine the severity of their dental emergency and we can help them find a Provider.

We continually provide education to Enrolled Members through the Member Handbook, text messages, postcards, and phone calls so that they can access emergency services from any Provider.

Through our Member education and outreach efforts described in RFP Sections A.32 and G.2.6, we follow up with Enrolled Members that have had an emergency exam or visited the emergency room to assure Members receive the dental treatment services they needed.

Delta Dental will also provide the following support to Providers as described in Exhibit E.1.22-3 below.

These procedures aim to actively engage Iowa dentists, enhance access to dental care for Enrolled Members, and ensure that the dental needs of vulnerable populations are met.

E.1.23 Reserved. N/A.

E.1.24 Capacity – Assurances.



Network Adequacy & Availability

Delta Dental maintains adequate access. In fact, **99.9 percent of Iowans have at least one DWP or Hawki Provider within 30 miles and 30 minutes.** Exhibit E.1.21-1 and Exhibit E.1.21-2 demonstrate the requirement for Providers as defined in this Contract.

99.9% of Iowans have at least one DWP or Hawki Provider within 30 miles and 30 minutes

E.1.25 Contractor Closing Network.

Delta Dental has an open network for Providers and has no intention of closing our network. However, if we were to ever close our network, we would first seek Agency approval. If we were to receive approval to close our network, and we were at any point unable to provide medically necessary covered services to a particular Enrolled Member using Network Providers, we will adequately and timely cover these services for that Enrolled Member using non-Network Providers for as long as our Provider Network would be unable to provide them. Delta Dental will not refuse to credential and contract with a qualified Provider, on the sole basis of network already meeting the contractual distance accessibility standard, if there is a subset of Enrolled Members in that service area that must travel beyond the average standard to Access care.

E.1.26 Appropriate Range of Services.

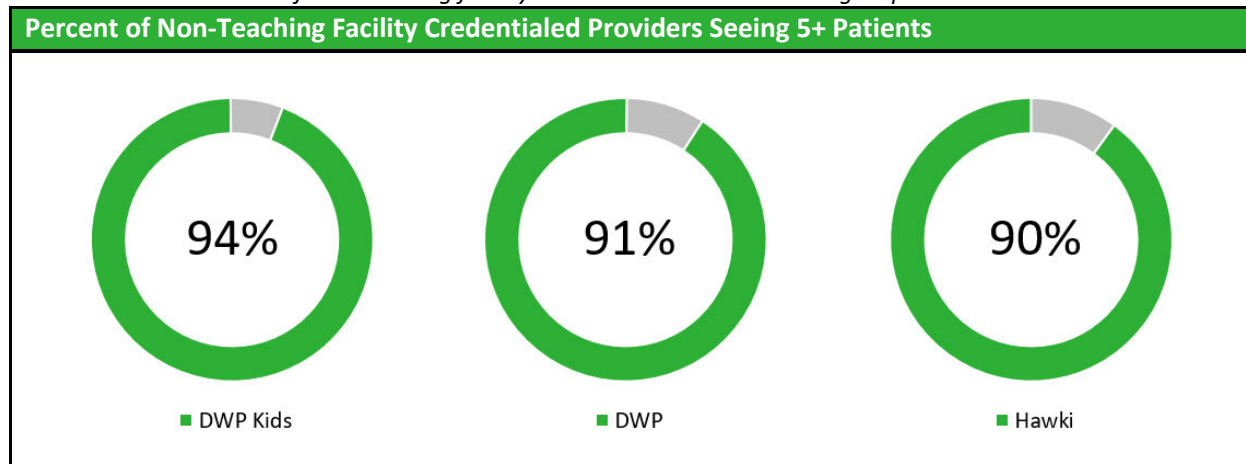
Delta Dental has a large network of primary care dentists as well as specialists, including Endodontists, Periodontists, Prosthodontists, Orthodontists, Pediatric dentists, and Oral Surgeons to offer an appropriate range of specialty services available for patient referrals that is adequate for the anticipated number of Enrolled Members for the service area. Delta Dental has been very successful in securing access for DWP Kids and Hawki with Pediatric Dentists. [REDACTED]

[REDACTED] We continue to focus efforts on increased access of dental pediatric services for Enrolled Members which aligns with the Agency’s Dental Quality Strategy Improve prevention and recall dental services to improve overall health.

E.1.27 Appropriate Provider Mix.

Delta Dental ensures we will maintain a robust network of Providers actively accepting new patients by employing network data analysis, geographic assessments, and Provider recruitment efforts and surveys. Exhibit E.1.27-1 provides an example of our strong Provider network.

Exhibit E.1.27-1: *Percent of non-teaching facility credentialed Providers seeing 5+ patients.*



Delta Dental compiles comprehensive data on our Provider Network, including information on the number of Providers, their specialties, practice locations, Providers actively seeing Enrolled Members, and patient capacity. We analyze this data to identify patterns and trends in Provider distribution across rural areas of Iowa. We conduct assessments of the geographic coverage of our Provider Network, evaluates the distribution of Network Providers in rural areas and compare it to the population density and dental care needs of those regions.

We conduct Provider surveys to gather input directly from Network Providers regarding patient capacity, willingness to accept new patients, and geographic reach. Delta Dental collaborates with State agencies involved in health care access and rural health initiatives to share data, reports, and insights. This demonstrates our proactive engagement in addressing the dental needs of rural Iowans. We utilize mapping tools and demographic data to illustrate the areas where our network has a presence and identify any potential gaps in coverage. We use this information to inform recruitment strategies and priorities for the Professional Relations team. The Professional Relations Representatives schedule their onsite Provider meetings based on recruitment priorities. These strategies include financial incentives, support for rural practice establishment, and targeted outreach initiatives to attract Providers to rural

parts of the State. Delta Dental remains committed to building upon our robust Network in the State of Iowa. Exhibit E.1.27-2 and E.1.27-3 provide an overview of our network mix.

Exhibit E.1.27-2. Provider Network overview – DWP.

Specialty	DWP Providers	Total Practicing DDS in Iowa	Percentage in Network	Out-of-State DWP Providers
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Exhibit E.1.27-3. Provider Network overview – Hawki.

Specialty	Hawki Providers	Total Practicing DDS in Iowa	Percentage in Network
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

E.1.28 Provider Network.

As displayed in the Exhibit E.1.27-2 and E.1.27-3, Delta Dental has a robust and comprehensive network for DWP and DWP Kids, and Hawki. A strong Provider Network is vital for ensuring access to care, choice of Providers, comprehensive treatments, quality assurance, care coordination, geographic coverage, administrative efficiency, and Member satisfaction in the dental insurance industry. Delta Dental has outlined the significance and value of our strong Provider Network in Exhibit E.1.28-1.

Exhibit E.1.28-1. Value of Delta Dental's strong Provider Network.

Attribute	Benefits
Access to care	<ul style="list-style-type: none"> Ensures that Enrolled Members have access to a wide range of dental care services Offers our Enrolled Members a choice of Providers and increases accessibility to care by including a diverse group of qualified dentists and dental specialists
Provider choice	<ul style="list-style-type: none"> Allows Enrolled Members to select a dentist or dental professional who aligns with their preferences and meets their specific needs Fosters patient satisfaction and helps establish a trusted dentist-patient relationship
Comprehensive care	<ul style="list-style-type: none"> Ensures that Enrolled Members receive comprehensive dental care across

Attribute	Benefits
	various specialties and treatment areas <ul style="list-style-type: none"> Allows for access to general dentists, oral surgeons, orthodontists, prosthodontists, periodontists, endodontists, and pediatric dentists, enabling patients to obtain specialized treatments when necessary
Quality assurance	<ul style="list-style-type: none"> Ensures Network Providers meet industry standards for qualifications, experience, and adherence to best practices Ensures patients receive high-quality care
Care coordination	<ul style="list-style-type: none"> Provides a well-connected Provider Network that enhances care coordination among dental professionals Ensures dentists within the network can collaborate, share patient information, and refer patients to specialists as needed Facilitates seamless transitions between Providers, leading to better continuity of care and improved treatment outcomes
Geographic coverage	<ul style="list-style-type: none"> Ensures dental services are accessible across different geographic areas Promotes equitable access to care by including dentists from various locations Caters to the needs of our Enrolled Members in both urban and rural areas
Network efficiency	<ul style="list-style-type: none"> Enhances administrative efficiency for dental practices Reduces administrative burdens and improves efficiency by streamlining processes for claims submission, processing, and reimbursement
Member satisfaction	<ul style="list-style-type: none"> Contributes to higher satisfaction rates among Enrolled Members Allows Enrolled Members to easily find an In-Network Provider, have access to quality care, and experience smooth claims processes, enhancing their overall satisfaction with Delta Dental Promotes long-term relationships

Delta Dental will share our Network Provider data with the Agency monthly and as requested.

In SFY22, 85 percent of DWP Members surveyed who had been to the dentist in the last year said they were satisfied with their dental visit. 70 percent of DWP Members surveyed in SFY22 said they were satisfied with their dental plan through Delta Dental.

There are four counties in Iowa that do not contain dental Providers: Osceola, Freemont, Ringgold, and Taylor Counties. The lower population density and limited patient base make it financially difficult for dental Providers to establish and maintain practices in these areas. **Our Foundation provided a grant of nearly \$100,000 to Infinity Health in Osceola for new dental equipment. Infinity Health then transferred their existing equipment to a new office in Mount Ayr to expand dental access in Ringgold County.** Dentists tend to concentrate in more urban or densely populated areas where there is a larger patient pool and greater professional networking opportunities. The distribution of health care workers, including dentists, is influenced by factors such as educational institutions, job opportunities for spouses, and quality of life considerations. The population size,

Survey Feedback
DWP Members Surveyed in SFY22

85% satisfied with their dental visit

70% satisfied with their dental plan through Delta Dental

demographic composition, and socioeconomic factors can influence the demand for dental care. If the local population has limited access to dental insurance or faces financial barriers, it may result in lower demand for dental services and fewer dentists in the area.

Delta Dental will share Provider Network changes with the Agency. If an Enrolled Member needs to continue to see a non-Network Provider, we will arrange a single case agreement with the Provider to continue to provide medically necessary covered services.

Delta Dental has strong established DWP, DWP Kids, and Hawki Provider Networks across the State of Iowa and has the capacity to serve the expected enrollment. Exhibits E.1.28-2 and E.1.28-3 show the number of Network Providers within each county for Hawki and DWP and DWP Kids.

Exhibit E.1.28-2. *Hawki Network Provider access points.*

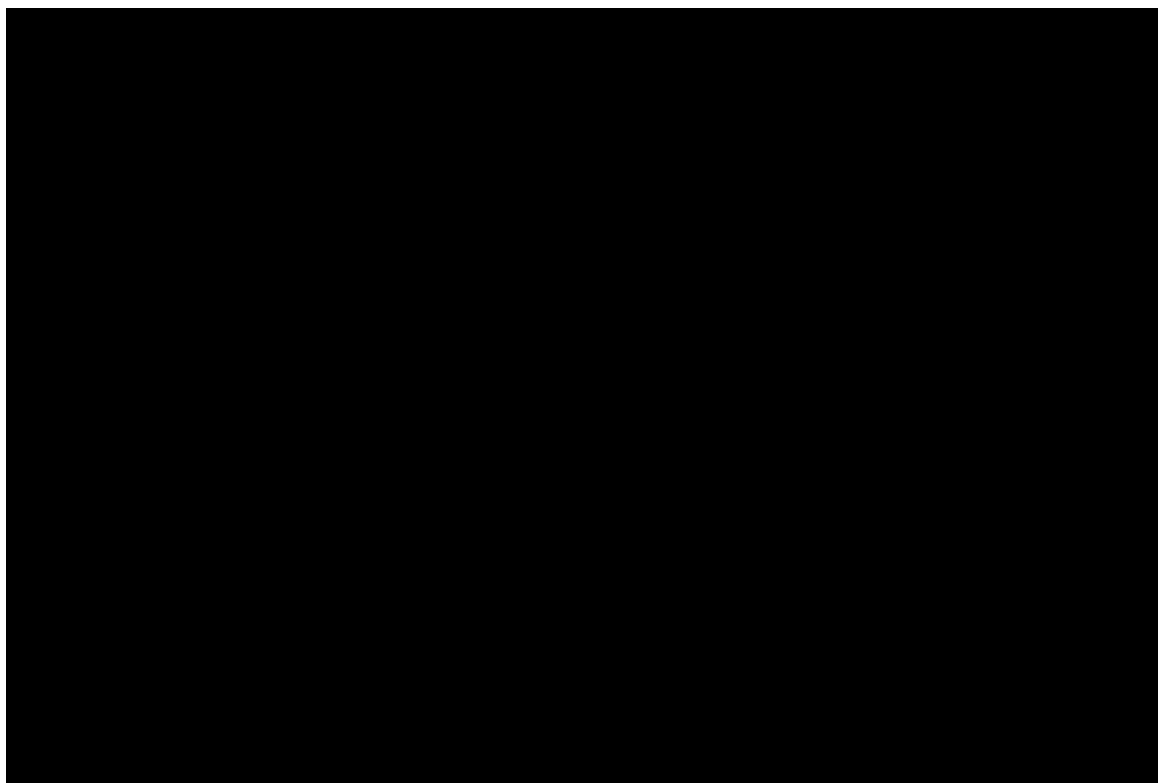
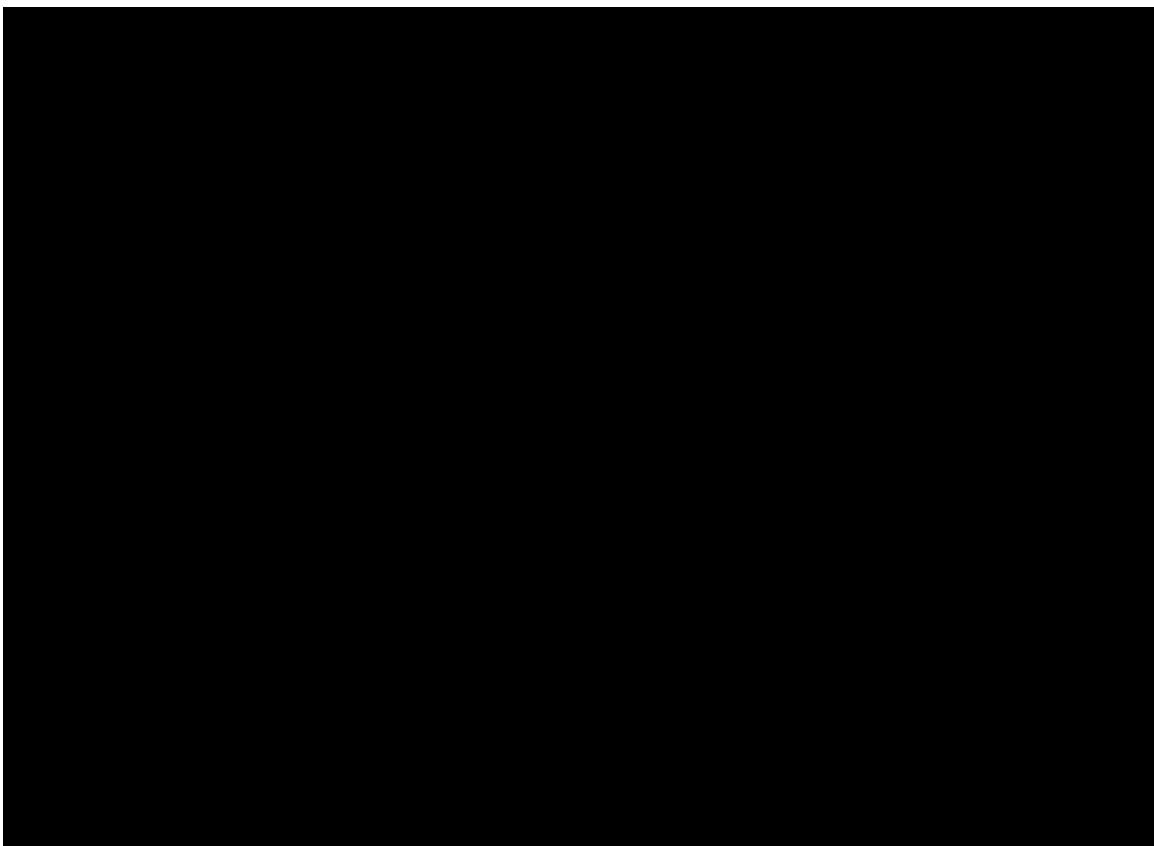


Exhibit E.1.28-3. DWP and DWP Kids Network Provider access points.



E.1.29 Provider Credentialing Performance Metric.

Delta Dental will continue to complete Credentialing of all Providers applying to be in our network. The time frame for reviewing a Provider application and entering the information into our Dental Benefit Administration System will vary depending on the complexity of the application and the number of applicants to be reviewed. This process takes 30-45 days from the receipt date of all necessary information. A Network Provider’s participation effective date can be backdated up to 120 days from the receipt date of all necessary information. Exceptions to the effective date can be made on a case-by-case basis. Delta Dental adheres to the Agency’s requirements by ensuring our Credentialing policies and procedures are efficient, accurate, and approved by the Agency to guarantee compliance. Exhibits E.1.29-1 and E.1.29-2 illustrates our current compliance with the Agency’s Credentialing processing requirements and evidence of our ability to continue to exceed these standards:

Attachment J. E.1 Network Adequacy
b) Explain your understanding of, and how you will adhere to, the requirements listed in E.1.29 Provider Credentialing Performance Metric.

Exhibit E.1.29-1. DWP Credentialing and Recredentialing processing.

SFY23 DWP Credentialing and Recredentialing Processing					
Quarter	# of Providers	# Completed within 30 days	# Completed within 45 days	% Completed within 30 days	% Completed within 45 days
1	79	74	79	94%	100%
2	141	141	141	100%	100%
3	133	133	133	100%	100%

Exhibit E.1.29-2. Hawki Credentialing and Recredentialing processing.

SFY23 Hawki Credentialing and Recredentialing Processing					
Quarter	# of Providers	# Completed within 30 days	# Completed within 45 days	% Completed within 30 days	% Completed within 45 days
1	97	90	97	93%	100%
2	175	175	175	100%	100%
3	133	133	133	100%	100%

E.1.30 Provider Recredentialing Performance Metric.

DWP, DWP Kids, and Hawki Network Providers are recredentialed every three years. Our team has developed policies and procedures to ensure performance standards of Recredentialing applications will be processed and completed within 30 business days for 90 percent of Providers and 90 days for 99 percent of Providers from the date that all required documents and signed attestations are received. Professional Relations Coordinators work tirelessly to ensure accuracy and guarantee timely processing.

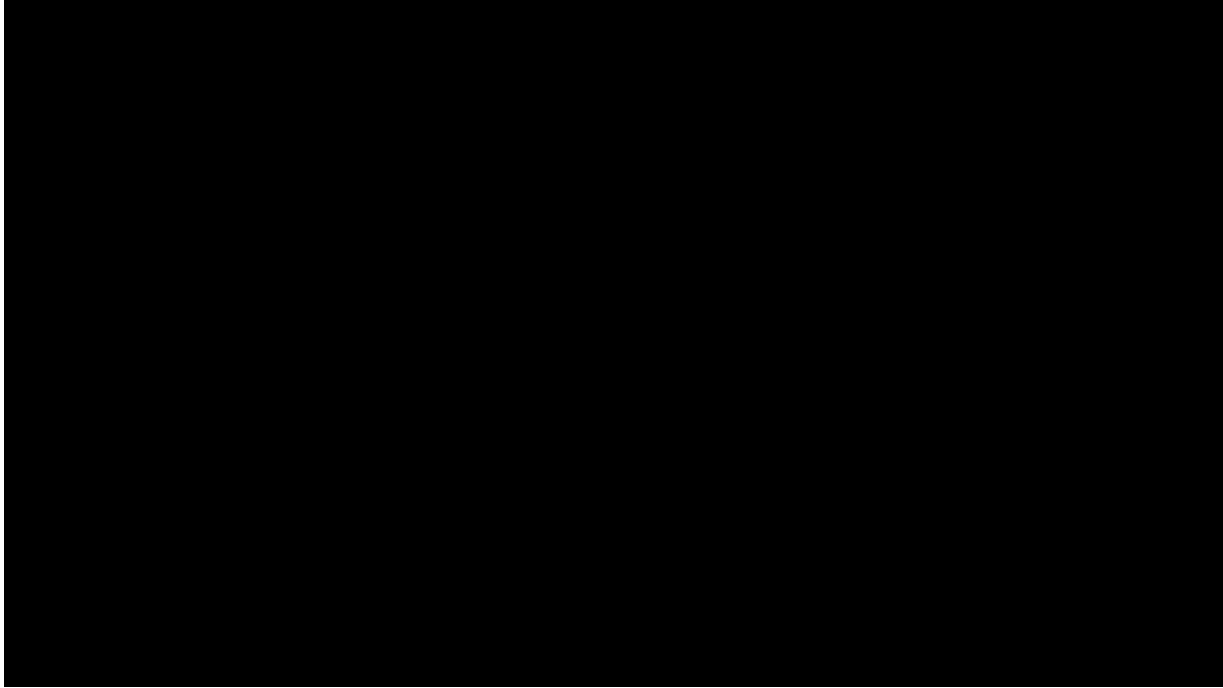
E.1.31 Rural Considerations.

Delta Dental currently monitors utilization across the State and in rural and urban areas to assure equality of service access and availability. By disaggregating data by county level and county classification, we can monitor trends and identify areas where intervention is needed. If our monitoring shows the need for increased access to services, Delta Dental will submit an action plan to the Agency for approval. Exhibit E.1.31-1 shows Delta Dental’s internal monitoring dashboard for monitoring access by county.

Without the commitment of Delta Dental of Iowa, many of our patients would lack access to dental care, which is pertinent to the overall health of rural lowans that we serve. Delta Dental of Iowa is an essential part of providing basic dental needs to underserved lowans. Without Delta Dental of Iowa, thousands of lowans would lack the ability to afford basic dental care, which would decrease the overall well-being and quality of life of these lowans.

-Kyle Nicholson, DDS, River Hills Community Health Center | Ottumwa

Exhibit E.1.31-1. *Delta Dental’s demographic dashboard overview monitors utilization by county to assure equality in access.*



In rural areas of Iowa, we will implement a variety of innovative strategies to improve access for Members. A few examples include providing oral health screenings and preventive services through I-Smile™ Agencies, partnering with local dentists to establish single case agreements, and partnering with mobile dental providers. We also offer teledentistry services to all DWP, DWP Kids, and Hawki Members to mitigate the geographical barriers to accessing emergent exams and reduce emergency room usage in

rural areas.

Delta Dental is dedicated to increasing the number of Network Providers in rural Iowa. A collaborative partnership with the State of Iowa has created our Fulfilling Iowa’s Needs for Dentists (FIND) program which started in 2002. Our joint efforts continue to bring quality, compassionate dentists to rural Iowans.

Delta Dental in Action | Empowering Healthy Rural Iowa

Title: Fulfilling Iowa’s Need for Dentists (FIND) – dental education loan repayment program award

Amount Invested since 2002: \$2,478,773 from Delta Dental of Iowa, \$869,034 from State appropriations, and \$446,350 from community matching funds. (\$3,794,157 total)

Project Dates: 2002-current

Geographic Area Served (Counties): Statewide



Project Description: The Fulfilling Iowa’s Need for Dentists (FIND) Project has been assisting dentists and dental students with establishing practice locations in Iowa since 2008. This project is an expansion of Delta Dental’s Dental Education Loan Repayment Program, which began in 2002. FIND continues to offer loan repayment to new graduates or practicing dentists through a partnership with the State of Iowa, Delta Dental, and local communities. Through the FIND Project, new graduates or practicing dentists can receive education loan repayment in exchange for establishing a dental practice to help address the oral health care needs of underserved Iowans. The selected dentist agrees to allocate at least 35 percent of patient visits to underserved populations, including a minimum of 15 percent Medicaid-insured patients. The current FIND project offers two options:

- \$200,000 over a 5-year period for a dentist serving in a high-priority county
- \$125,000 over a 5-year period for a dentist serving in a priority or non-designated county

Results: Since the 2002 inception of the loan repayment program:

- 56 dentists have received FIND award
- Delta Dental has provided nearly \$3 million in funding for FIND
- Dentists have provided 326,000 patients visits
- More than 878,000 dental services have been provided to underserved Iowans.

E.1.32 Network Adequacy.

Delta Dental understands the Agency defines a “significant change” as a change in our operation or the Program, changes in services, changes in Benefits, changes in payments, enrollment of a new population, or otherwise requested by the Agency. We will work closely with the Agency related to Network Adequacy and notify them of significant changes within our Networks. We will also work closely with the Agency to develop innovative models of care to increase Network Adequacy.

E.2 No Discrimination.

Delta Dental does not discriminate in the participation, reimbursement, or indemnification of any Provider who is acting within the scope of their license or certification under applicable State law, solely based on that license or certification. If we decline to include individual or groups of Providers in our Provider Network, we give the affected Providers written notice of the reason for its decision.

The primary reason for non-inclusion into our network is if a Provider has a sanction with the Iowa Dental Board or they are included on an exclusion list. For example, we declined a Provider to participate in the DWP, DWP Kids, and Hawki Network because the Provider was on the OIG list.

E.3 Provider Selection.

E.3.01 Declining Enrollment – Written Notice.

Delta Dental will provide a written notice to the Provider and the Practice of our decision and reason to decline them from our DWP, DWP Kids, and Hawki Networks. We will also notify Enrolled Members who were seen by the Provider and Practice and help them find a new Provider.

E.3.02 Policies and Procedures.

Delta Dental has established written policies and procedures for the recruitment and retention of Network Providers. The Professional Relations team and the Government Program team meets monthly to talk through recruitment and retention strategies. During the in-office visits with Providers our Professional Relations Representatives discuss Medicaid administrative burdens with offices. Those ideas are provided to a Reducing Provider Administrative Burden workgroup.

E.3.03 Credentialing Policies and Procedures.

Delta Dental subcontracts with Dentistat, an NCQA-accredited Credentialing verification organization (CVO) to Credential and Recredential all Delta Dental DWP, DWP Kids, and Hawki Providers. Delta Dental’s Credentialing and Recredentialing policy and procedure is outlined below:

Exhibit E.3.03-1. Delta Dental’s Credentialing and Recredentialing policy and procedure.

Policy/Procedure	Criteria
<p>Primary Source Verification</p>	<ul style="list-style-type: none"> ● Dentistat, a NCQA certified Credentialing Verification Organization (CVO) performs primary source verification ● Valid, current, unencumbered* license for the State in which the applicant will provide care for Delta Dental Members ● Specialty ● State and local Licensing Board actions ● Malpractice Insurance Coverage (at least \$1,000,000/\$3,000,000 aggregate) ● Reports to the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB) ● Type I and II National Provider Identifiers (NPI) ● Office of Inspector General Sanctions (OIG) ● Agency Sanctions ● DEA registration ● CSA registration ● System for Award Management (SAM) ● Social Security Death Master File (SS DMF) ● Office of Foreign Assets Control Sanctions List (OFAC) ● CMS Preclusion List
<p>Secondary Source Verification</p>	<ul style="list-style-type: none"> ● Graduation from a dental school accredited by the American Dental Association (primary verification is by the Iowa Dental Board) ● Year of dental school graduation ● DEA and CSA certification eligibility ● Center for Disease Control (CDC) infection control compliance ● Occupational Safety and Health Administration (OSHA) compliance ● Work history including explanation of any gaps

Policy/Procedure	Criteria
	<ul style="list-style-type: none"> Attestation by Network Providers
Additional Documentation	<ul style="list-style-type: none"> More documentation will be requested as needed for further review when there is a: (a) history of adverse actions**, (b) professional liability claims (including but not limited to lawsuits, arbitration, mediation, settlements, or judgments), (c) YES response to any question 1-9 of the Individual Dentist Information (Section III) of Credentialing form Initial Credentialing: Documentation of malpractice history, explanations of adverse actions, and any other Credentialing information will be gathered at initial Credentialing Recredentialing: Documentation of malpractice history, explanations of adverse actions, and any other Credentialing information will be gathered for the period of time since the last Credential date or a Credentialing Committee decision date
Credentialing Procedures	<ul style="list-style-type: none"> NCQA Credentialing standards Dental Credentialing and Recredentialing Procedures Delta Dental Credentialing Policy (Appendix A) Delta Dental Credentialing Determination Standards (Appendix B)
Reinstatement Procedures	<ul style="list-style-type: none"> The Professional Application & Credentialing Form must be completed anew and is reviewed using the same criteria as a dentist applying for initial participation in the network
Potential Outcomes	<ul style="list-style-type: none"> Approval Provisional approval (as agreed upon by the Dental Director and Credentialing committee) Denial Termination of agreement (failure to provide requested Recredentialing materials in a timely manner – 60 days)
Recredentialing timeframe	<ul style="list-style-type: none"> Every three years

***Unencumbered**—a license that is not restricted or limited in any way including but not limited to: being placed under probation, suspension, or revocation; being subject to conditions such as monitoring, supervision or periodic reporting; being subject to restrictions on the nature or scope of practice and being subject to public or private censure.

****Adverse Action**—includes but is not limited to any of the following or their substantial equivalents (regardless of any subsequent action or expungement of the record): denial; exclusions; fine; monitoring; probation; suspension; letter of concern, guidance, censure or reprimand; debarment; administrative letter; expiration without renewal; subjection to disciplinary action or other similar action or other limitation; restriction; counseling; medical or psychological evaluation; loss in whole or in part; staff privileges reduced, withheld, suspended, voluntarily surrendered, resigned, revoked or subject to any special provision; termination or refused participation; non-renewal; voluntary or involuntary surrender of licensure or status to avoid or in anticipation of any of the adverse actions listed regardless of whether said action is or may be reportable to the National Practitioner Data Bank (NPDB) or any other officially sanctioned or required registry; initiation of investigations, inquiries, or other proceedings that could lead to any of the actions listed regardless of whether said action is or may be reportable to the NPDB or any other officially sanctioned or required registry.

E.3.04 Uniform Credentialing and Recredentialing Policy.

Delta Dental adheres to the Agency’s Uniform Credentialing and Recredentialing Policy in all Provider contracts pertaining to acute, primary, behavioral, substance use disorder, and long-term services and support Providers. This policy is integrated into our Credentialing policies and procedures. Delta Dental’s comprehensive Credentialing and Recredentialing program, as previously outlined, serves as the overarching framework ensuring that the Credentialing, Recredentialing, and ongoing monitoring of Network Providers are consistently conducted in alignment with Delta Dental's established standards.

E.3.05 Credentialing and Recredentialing Requirements.

The most critical standard for participation in the Delta Dental network is the fitness of the Provider to perform covered services and appropriately bill for these services. This includes the capability to perform the required services in a professionally competent, safe, legal, and ethical manner and the ability of the Provider to appropriately bill for those services. Network Providers unable to comply with these requirements will be denied participation or terminated from Delta Dental network participation.

Delta Dental will continue to utilize the following processes in determining the acceptance of Credentialing and Recredentialing information.

- The Dental Director or the Manager of Professional Relations may refuse participation or disaffiliate any dentist from any Delta Dental network if after a minimum of three notices the dentist office fails to:
 - Submit Credentialing documents.
 - Provide required information.
 - Obtain professional liability protection meeting minimum requirements.
- The following Credentialing elements shown in Exhibit E.3.05-1 are mandatory for all Delta Dental network dentists and must be completed by the applicant:

Exhibit E.3.05-1. Mandatory Credentialing elements.

I.LICENSURE INFORMATION	
Credentialing Element	General Guidelines for Acceptance/Non-Acceptance
OIG and IME Check	Dentist cannot be on the Office of Inspector General or the Agency list of excluded individuals and entities.
License	Dentist must have current active State license as necessary and required to provide patient care.
Date of Birth	Needed to query the National Practitioner Data Bank and Health Integrity and Protection Data Bank.
Social Security Number	Needed for reporting to the National Practitioner Data Bank and Health Integrity and Protection Data Bank and for checking the Social Security Death Master File.
Type 1 NPI Number	Required.
School Year Graduated Degree Conferred	The dentist must complete the education required by State and Federal agencies for attainment and maintenance of license/s and permit/s required to deliver patient care and operate a practice.
Specialty	The dentist qualifies by reason of education, and/or license, and/or board eligibility and/or board certification. The dentist must comply with any State specialty laws and regulations regarding procurement of all necessary permits and licenses, advertisement as a specialist and limitations of the practice to a specific specialty.
Other names	Other names (if any) in which the dentist has practiced.

I. LICENSURE INFORMATION	
Credentiaing Element	General Guidelines for Acceptance/Non-Acceptance
Liability Carrier Liability Limits Policy Number Coverage Period	Each dentist must maintain minimal malpractice policy limits of \$1,000,000 per claim and \$3,000,000 aggregate.

II. OFFICE INFORMATION	
Credentiaing Elements	General Guidelines for Acceptance/Non-Acceptance
Type 2 NPI Number	Must provide when necessary for HIPAA compliance.
Adherence to all current CDC infection control recommendations	Required.
OSHA Compliant	Required.
Practice Name Street Address City, State, Zip Telephone	Complete office information for claims processing. Office is contacted if a discrepancy in these elements is discovered upon Recredentialing.

III. INDIVIDUAL DENTIST INFORMATION (PART B) Responses to questions 1-9 that require a Level II review.	
Credentiaing Element	General Guidelines for Acceptance/Non-Acceptance
1. Are you ineligible for DEA or CSA registrations or has your DEA or CSA certification been denied, revoked, limited, suspended, put on probation or voluntarily relinquished?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● If the doctor is not eligible, acceptable reasons must be cited.
2. Have you ever been disciplined by a State board of dental examiners?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● There is a pattern of claims filed against the dentist asserting violations of professional standards of care or codes of conduct. ● Any legal judgments that have resulted in a board action.
3. Have you ever been subject to any litigation or had any malpractice claims or suits pertaining to your dental practice filed against you?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Judgments, settlements or pending malpractice actions: <ul style="list-style-type: none"> ○ Totaling more than three cases or more than \$75,000 in total settlements in the last 5 years. ○ Totaling more than five cases or more than \$100,000 in total settlements for general practitioners in the last 10 years. ○ Totaling more than five cases or more than \$150,000 in total settlements for specialists in the last 10 years. ○ More than two settlements of the same nature in the past 10 years. ● Having engaged in health care fraud or other felony.

III. INDIVIDUAL DENTIST INFORMATION (PART B) Responses to questions 1-9 that require a Level II review.	
Credentialement Element	General Guidelines for Acceptance/Non-Acceptance
	<ul style="list-style-type: none"> ● There is a pattern of claims filed against the dentist asserting violations of professional standards of care or codes of conduct. ● Notification professional liability coverage will terminate.
4. Has information pertaining to you been reported to the National Practitioner Data Bank or Health Care Integrity and Protection Data Bank?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Judgments, settlements or pending malpractice actions: <ul style="list-style-type: none"> ○ Totaling more than three cases or more than \$75,000 in total settlements in the last 5 years. ○ Totaling more than five cases or more than \$100,000 in total settlements for general practitioners in the last 10 years. ○ Totaling more than five cases or more than \$150,000 in total settlements for specialists in the last 10 years. ○ More than two settlements of the same nature in the past 10 years. ● Having engaged in health care fraud or other felony. ● There is a pattern of claims filed against the dentist asserting violations of professional standards of care or codes of conduct.
5. Has your professional license in any State ever been denied, revoked, limited, suspended, put on probation or voluntarily relinquished?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Having engaged in health care fraud or other felony. ● The dentist engaged in controlled substance, alcohol or illegal drug abuse that has the potential to adversely affect the treatment of patients. ● The dentist suffers from physical or psychological conditions, which impair his/her ability to safely and competently practice dentistry or which endangers his/her patients. ● There is a pattern of claims filed against the dentist asserting violations of professional standards of care or codes of conduct.
6. Have you ever been convicted of a felony or are any felony charges now pending against you for any reason?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Having engaged in health care fraud or other felony.
7. Have you ever been excluded by the Federal Office of Inspector General or denied, expelled, or suspended from participating in a State or Federal health care program including Medicare or Medicaid?	<ul style="list-style-type: none"> ● Currently on the Office of Inspector General or the Agency list of excluded individuals and entities. ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Having engaged in health care fraud or other felony. ● The dentist has been de-participated from any dental plan (or has voluntarily de-participated in order to avoid the de-participation process) or has refused to permit a dental plan to pursue the dentist's records pursuant to the contract with that plan.

III. INDIVIDUAL DENTIST INFORMATION (PART B) Responses to questions 1-9 that require a Level II review.	
Credentiaing Element	General Guidelines for Acceptance/Non-Acceptance
1. Are you ineligible for DEA or CSA registrations or has your DEA or CSA certification been denied, revoked, limited, suspended, put on probation or voluntarily relinquished?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● If the doctor is not eligible, acceptable reasons must be cited.
2. Have you ever been disciplined by a State board of dental examiners?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● There is a pattern of claims filed against the dentist asserting violations of professional standards of care or codes of conduct. ● Any legal judgments that have resulted in a board action.
3. Have you ever been subject to any litigation or had any malpractice claims or suits pertaining to your dental practice filed against you?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Judgments, settlements or pending malpractice actions: <ul style="list-style-type: none"> ○ Totaling more than three cases or more than \$75,000 in total settlements in the last 5 years ○ Totaling more than five cases or more than \$100,000 in total settlements for general practitioners in the last 10 years ○ Totaling more than five cases or more than \$150,000 in total settlements for specialists in the last 10 years ○ More than two settlements of the same nature in the past 10 years ● Having engaged in health care fraud or other felony. ● There is a pattern of claims filed against the dentist asserting violations of professional standards of care or codes of conduct. ● Notification professional liability coverage will terminate.
4. Has information pertaining to you been reported to the National Practitioner Data Bank or Health Care Integrity and Protection Data Bank?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Judgments, settlements or pending malpractice actions: <ul style="list-style-type: none"> ○ Totaling more than three cases or more than \$75,000 in total settlements in the last 5 years ○ Totaling more than five cases or more than \$100,000 in total settlements for general practitioners in the last 10 years ○ Totaling more than five cases or more than \$150,000 in total settlements for specialists in the last 10 years ○ More than two settlements of the same nature in the past 10 years ● Having engaged in health care fraud or other felony. ● There is a pattern of claims filed against the dentist asserting violations of professional standards of care or codes of conduct.

III. INDIVIDUAL DENTIST INFORMATION (PART B) Responses to questions 1-9 that require a Level II review.	
Credentiaing Element	General Guidelines for Acceptance/Non-Acceptance
5. Has your professional license in any State ever been denied, revoked, limited, suspended, put on probation or voluntarily relinquished?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Having engaged in health care fraud or other felony. ● The dentist engaged in controlled substance, alcohol or illegal drug abuse that has the potential to adversely affect the treatment of patients. ● The dentist suffers from physical or psychological conditions, which impair his/her ability to safely and competently, practice dentistry or which endangers his/her patients. ● There is a pattern of claims filed against the dentist asserting violations of professional standards of care or codes of conduct.
6. Have you ever been convicted of a felony or are any felony charges now pending against you for any reason?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Having engaged in health care fraud or other felony.
7. Have you ever been excluded by the Federal Office of Inspector General or denied, expelled, or suspended from participating in a State or Federal health care program including Medicare or Medicaid?	<ul style="list-style-type: none"> ● Currently on the Office of Inspector General or the Agency list of excluded individuals and entities. ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● Having engaged in health care fraud or other felony. ● The dentist has been de-participated from any dental plan (or has voluntarily de-participated in order to avoid the de-participation process) or has refused to permit a dental plan to pursue the dentist's records pursuant to the contract with that plan.
8. Have you ever been subject to peer review action?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● Findings of negligence. ● There is a pattern of claims filed against the dentist asserting violations of professional standards of care or codes of conduct.
9. Have you ever had, or do you presently have a chemical dependency, substance abuse condition, mental health condition or physical condition (such as infectious disease) that would interfere with your ability to practice dentistry or could in any way endanger your patients?	<ul style="list-style-type: none"> ● Issues that present an imminent danger or pose a significant risk to the health and safety of any person covered by Delta Dental. ● The dentist suffers from physical or psychological conditions, which impair his/her ability to safely and competently, practice dentistry or which endangers his/her patients. ● The dentist engaged in controlled substance, alcohol or illegal drug abuse that has the potential to adversely affect the treatment of patients.

In addition to the above elements, we require the following documentation shown in Exhibit E.3.05-2.

Exhibit E.3.05-2. Additional required documentation for Credentialing.

Credentialing Element	Verification
Signed and dated participating agreement(s). The <i>Addendum to Participating Dentist’s Agreement (for Indian Health Care Providers)</i> must be signed by all Network Providers at Indian Health Care Centers.	<ul style="list-style-type: none"> Required if current agreement(s) not on file
National Provider Identifier	<ul style="list-style-type: none"> NPPES Website is queried for verification of NPI numbers for initial Credentialing and for changes or additional NPIs
Current State Dental License.	<ul style="list-style-type: none"> License verification field on Credentialing and Recredentialing form Print of State Dental Board License Query
Graduation from dental school accredited by the American Dental Association Commission on Dental Accreditation (CODA) (or equivalent educational qualifications as determined and verified by the State licensing board in which the dentist is practicing) (primary source, if not verified by State licensing board)	<ul style="list-style-type: none"> Verified by Iowa Dental Board
Current DEA Registration	<ul style="list-style-type: none"> Verified by receiving a copy of certification from Provider or via DEA website: https://www.deanumber.com/default.aspx?relID=33637
Current CSA Registration	<ul style="list-style-type: none"> Verified by receiving a copy of certification from Provider or via Iowa Board of Pharmacy website: https://iowa.igovsolution.com/iboponline/Lookups/Lookup_Individual.aspx
Specialty	<ul style="list-style-type: none"> Copy of specialty certification for specialty training or education
Malpractice Insurance	<ul style="list-style-type: none"> Copy of professional liability declarations page or document that contains carrier name, policy number, limits, and current coverage period
Work History or Curriculum Vitae	<ul style="list-style-type: none"> Work history for the last five years, including explanation of any gaps.
Requested explanations to questions 1-9.	<ul style="list-style-type: none"> Required. Additional Validation: The National Practitioner Data Bank and Health Integrity and Protection Data Bank are queried for Credentialing and Recredentialing. NPDB’s Continuous Query feature is utilized for active dentists. Delta Dental is subscribed to receive notices from the Iowa Dental Board when Board actions are posted on their public information website. Delta Dental has a contract with Aperture Credentialing L.L.C. to do monthly queries of: <ul style="list-style-type: none"> Office of Inspector General (OIG) Agency excluded individuals and entities NPPES NPI Registry

Credentialing Element	Verification
	<ul style="list-style-type: none"> ○ Social Security Death Master File ○ System for Award Management (SAM)
CMS Preclusion List (Medicare Advantage only)	<ul style="list-style-type: none"> ● Provider may not be in Delta Dental’s Medicare Advantage network if they are listed on the CMS Preclusion list
Completed W-9	<ul style="list-style-type: none"> ● Required unless on file with Delta Dental for owner dentist ● New business entities are queried on the IRS website
Completed Ownership & Control Disclosure Form	<ul style="list-style-type: none"> ● Required for DWP, DWP Kids, and Hawki unless already on file for business entity
Signature of dentist on attestation page.	<ul style="list-style-type: none"> ● Required: dentist must sign the attestation at the end of the Credentialing/Recredentialing form acknowledging the information provided is true and agree to notify Delta Dental of any changes in this information

Delta Dental subcontracts with Dentstat, an NCQA-accredited Credentialing verification organization (CVO) to credential and recredential all Delta Dental DWP, DWP Kids, and Hawki Providers.

NCQA-accredited Credentialing and Recredentialing policies encompass a comprehensive framework that ensures the consistent and standardized evaluation of Providers. These policies adhere to the rigorous standards set by the National Committee for Quality Assurance (NCQA). Through the accreditation process, Providers undergo thorough scrutiny, including verification of their qualifications, experience, and adherence to professional standards.

NCQA-accredited Credentialing and Recredentialing policies prioritize the assessment of a Provider's competence, quality of care, and adherence to evidence-based guidelines. This evaluation encompasses factors such as education, training, licensure, board certification, and ongoing professional development. The policies also emphasize ongoing monitoring of Provider performance and outcomes to ensure continued compliance with quality standards.

NCQA-accredited Credentialing and Recredentialing policies establish a robust and systematic approach to assessing and monitoring Providers, guaranteeing that they meet and maintain the highest standards of quality and competence.

E.3.06 Licensed & Non-Licensed Providers.

Prior to any payment, Delta Dental confirms that Network Providers possess a valid and unrestricted license to practice dentistry in the State of Iowa. Additionally, no payment to a Provider is made if the Provider, or any employee of a dental clinic, are on one of the excluded lists. Iowa requires dentists, registered dental hygienists and dental assistants are required to be licensed by the Iowa Dental Board. This process ensures proper training, education, and results in a qualified dental workforce within Iowa.

E.3.07 Facility Requirements.

Not applicable. Iowa does not license or require outside accreditation of dental office.

While not required, Delta Dental encourages clinics to become accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). AAAHC is a third-party accreditor, and their accreditation ensures that facilities meet relevant standards and provide education for improvement of patient care.

E.3.08 Reserved. N/A.

E.3.09 Obligation to Follow Documented Processes.

Delta Dental follows and has followed our Agency-approved Credentialing and Recredentialing policies and procedures since the start of our partnership with the Agency. Through our subcontract with Dentistat, all Delta Dental Providers will be credentialed and recredential in accordance with NCQA-accredited Credentialing standards.

E.3.10 Non-Discrimination.

Delta Dental does not discriminate in the participation, reimbursement, or indemnification of any Provider who is acting within the scope of their license or certification under the applicable State law, solely based on that license or certification. Specifically, Delta Dental does not discriminate against Providers that serve high-risk populations or specialize in conditions that require costly treatment. If Delta Dental declines to include an individual or group of Providers in our Provider Networks, we will give the affected Providers written notice of the reason for the decision.

E.3.11 Provider Selection Obligations.

Delta Dental has an established relationship with the Agency and will continue to follow all Agency regulations in regard to Provider selection requirements.

E.3.12 Contractor Limitations on Provider Network.

Delta Dental understands that we are free to close our network once we have met Network Adequacy standards if it does not cause undue burden on Enrolled Members. We understand the Agency requirements should we elect to move in this direction; however, Delta Dental will not close our network and will continue to recruit new Providers to assure lowans have access to the dental care they need.

E.3.13 Varying Reimbursements.

Delta Dental will continue to work alongside the Agency to set and approve fee schedules based on actuarial findings and Agency budget. Delta Dental continues to focus reimbursement increases on preventive care for children and adults.

E.3.14 Maintaining Quality and Cost Controls.

Delta Dental understands we are not precluded from establishing measures that are designed to maintain quality of services and control costs and are consistent with our responsibilities to Enrolled Members. Delta Dental applies both systematic and clinical intervention to encounters processed and paid through our system. Our Dental Benefit Administration System contains a robust adjudication rules-based system established with clinical expertise from dental clinical best practices, ADA nomenclature, and manual clinical review from our staff of hygienists and dentists. For example, prior authorizations are required for services to meet medical necessity. This protects the Enrolled Member and controls costs to avoid unnecessary procedures. The Dental Benefit Administration System also maintains clinical claims history for Enrolled Members to avoid unnecessary, duplicative, or services rendered on absent teeth or tissue. If an Enrolled Member has undergone a service only appropriate within a certain time

limit, the system will not benefit the Enrolled Member. Additionally, if the services are submitted for payment to Delta Dental within the warranty period of a service, these services are not covered under the benefit and the Provider will be held liable for the cost of these services.

To maintain the Agency's status as the payer of last resort, we maintain Third Party Liability information on the Enrolled Member's record in our Dental Benefit Administration System. If a claim is submitted for payment without corresponding Third Party payment information, the claim is not benefited until information is updated or received from the Enrolled Member or the Provider. This assures all funds expended on the Enrolled Member's behalf are accurate at the time of benefit.

E.3.15 Credentialing Obligation.

Delta Dental confirms all Network Providers are credentialed as required under 42 C.F.R. § 438.214.

E.3.16 Restriction on Non-Compete Provider Arrangements.

Delta Dental confirms we do not limit any Providers from providing services to any other DWP, DWP Kids, and Hawki Dental Program Contractor.

E.3.17 Reserved. N/A.

E.3.18 Iowa Medicaid Providers.

Delta Dental will contract with any willing Provider that meets Credentialing standards as outlined in Section E.3.03. Delta Dental has no plans to exclude Providers from our Networks even after the first six months of the new Contract.

E.3.19 Written Notice Obligation.

If Delta Dental decides to decline a Provider or a group of Providers for entry into our current Networks, our Professional Relations team will communicate that decision and reasoning by submitting a written notice to both the affected Provider(s) and the Agency.

E.4 Anti-Gag.

E.4.01 Anti-Gag Obligation.

Delta Dental values our partnership with Iowa Providers. We do not and will not prohibit a Provider acting within the lawful scope of practice from advising or advocating on behalf of an Enrolled Member who is his or her patient regarding any of the following:

- The Enrolled Member's health status, medical/dental care, or treatment options, including any alternative treatment that may be self-administered.
- Any information the Enrolled Member needs to decide among all relevant treatment options.
- The risks, benefits, and consequences of treatment or non-treatment.
- The Enrolled Member's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

The Delta Dental Care Coordination team will work with Providers to help them advocate for their Enrolled Members and coordinate the care they need.

E.4.02 No Punitive Action.

Delta Dental is committed to supporting both the Enrolled Member and Provider. Delta Dental will not take punitive action against a Provider who requests an expedited resolution or supports an Enrolled Member's Appeal, as stated in our Provider Office Manual.

E.5 Network Adequacy Standards.

Delta Dental requires Network Providers to meet standards for timely access to care and services (see Section E.1.22), including those listed in 42 C.F.R. § 438.206(c)(1)(i) - (vi); 42 C.F.R. § 457.1230(a). Through contracting and ongoing monitoring of network development, Delta Dental emphasizes meeting Agency standards for adequacy.

E.5.01 Adequacy.

Delta Dental meets all Federal and State regulations/standards for timely access to care and services, including when urgent/emergent dental conditions arise.

We will continue to work with and build upon the relationships that we have established with Network Providers over the last 53 years. We ensure DWP, DWP Kids, and Hawki Enrolled Members have the same office hour access as our commercially insured Members through the contractual process and attested to as well.

Network Providers must have a means for 24-hour care for their patients in alignment with Federal regulations. Dental clinics are normally not open 24 hours, but the Provider/clinic must communicate where Enrolled Members can access emergency services after normal clinic hours. Network Providers attest to ensuring 24-hour access during the Credentialing and Recredentialing processes. Additionally, Delta Dental monitors compliance and ensures Network Provider compliance through routine secret shopper activities and corrective action is taken by the Professional Relations team as needed.

E.5.02 Access Obligations.

A Network Provider will conduct their practice in accordance with the principles, quality standards and ethics of the American Dental Association and the Iowa Dental Board. Delta Dental's Network Providers will continue to comply with all applicable State and Federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996, as amended.

E.5.03 Quantitative Network Adequacy.

Delta Dental will continue to adhere to the quantitative Network Adequacy standards developed by the Agency in all geographic areas in which Delta Dental operates. Delta Dental meets and exceeds all Network Adequacy standards for our DWP, DWP Kids, and Hawki Networks for dental services (see Section E.1.22). This applies to all the relevant Provider types listed below:

- Adult PCPs
- Pediatric PCPs
- Obstetrics and Gynecology (OB/GYN) Providers
- Adult mental health Providers
- Adult substance use disorder Providers
- Pediatric mental health Providers
- Pediatric substance use disorder Providers
- Adult specialist Providers
- Pediatric specialist Providers

- Hospitals
- Pharmacies
- Pediatric dental Providers
- Any additional Provider types when it promotes the objectives of the Medicaid and CHIP programs for the Provider type to be subject to quantitative Network Adequacy standards, as determined by CMS

E.5.04 Reserved. N/A.

E.5.05 Reserved. N/A.

E.5.06 Reserved. N/A.

E.5.07 Reserved. N/A.

E.5.08 Exceptions.

As a committed partner to the Agency, Delta Dental requires Network Providers to meet standards for timely access to care and services, including those listed in 42 C.F.R. § 438.206(c)(1)(i)–(vi) and 457.1230(a). Delta Dental consistently meets or exceeds adequacy standards for Providers.

The Professional Relations and Government Programs teams work hard to ensure our network includes sufficient dental Providers to provide physical access, reasonable accommodations, and accessible equipment for the Agency and DWP, DWP Kids, and Hawki Members with physical or intellectual disabilities. We reiterate our commitment to increasing workforce capacity and implementing solutions to expand Member access. If adequacy is not met, Delta Dental will work with the Agency to assure approval for an exception. Delta Dental has not had to work with the Agency for exception to Provider Network standards in the DWP, DWP Kids or Hawki Networks.

E.6 Provider Notification of Grievance and Appeals Rights.

E.6.01 Enrolled Member Appeal Rights Notice.

Delta Dental informs Providers and Subcontractors at the time they enter a contract about:

- Enrolled Member Grievance, Appeal, and Fair Hearing procedures and timelines
- The Enrolled Member's right to file Grievances and Appeals and the requirements and timeframes for filing
- The availability of assistance to the Enrolled Member with filing Grievances and Appeals

E.6.02 State Fair Hearing Rights Notice.

If our determination on an appeal is adverse to the Enrolled Member, the Enrolled Member has the right to request a State Fair Hearing. We provide this information to Providers and Subcontractors when they enter into a contract with us. This information is also included in the Enrolled Member's Adverse Benefit Determination and resolution letter from the appeal if the decision is adverse.

E.6.03 Continuation of Benefits.

Delta Dental will continue to inform Providers and Subcontractors, at the time they enter a contract, about the Enrolled Member's right to request continuation of benefits that may be reduced or terminated during an Appeal or State Fair Hearing filing, if filed within the allowable timeframes. This information is provided in Contracts, trainings, and the Provider Office Manual. We will also provide

information that the Enrolled Member may be liable for the cost of any continued benefits while the Appeal or State Fair Hearing is pending if the final decision is adverse to the Enrolled Member.

E.6.04 Payment Disputes.

When Providers and Subcontractors enter into a contract with Delta Dental, we provide them information surrounding payment disputes. Providers and Subcontractors do not have the right to request State Fair Hearings to address a payment dispute between the Provider or Subcontractor and Delta Dental after services have been rendered. Additionally, we provide them information surrounding Grievances, Appeals, and State Fair Hearings. These notices cover the Enrolled Member Appeal rights, State Fair Hearing rights, continuation of benefits, and payment disputes. Exhibit E.6.04-1 outlines the information provided to Provider and Subcontractors.

Exhibit E.6.04-1. Information provided to Providers and Subcontractors.

Notice	Information Provided
Enrolled Member Appeal Rights	<ul style="list-style-type: none"> Enrolled Member Grievance, Appeal, and State Fair Hearing procedures and timelines. Enrolled Member's right to file Grievances and Appeals and the requirements/timeframes for filing. The availability of assistance to the Enrolled Member with filing grievances and Appeals.
State Fair Hearing Rights	<ul style="list-style-type: none"> Enrolled Member's right to request a State Fair Hearing after Delta Dental has made a determination on an Enrolled Member's Appeal which is adverse to the Enrolled Member
Continuation of Benefits	<ul style="list-style-type: none"> Enrolled Member's right to request continuation of benefits that Delta Dental seeks to reduce or terminate during an Appeal or State Fair Hearing filing, if filed within the allowable timeframes, although the Enrolled Member may be liable for the cost of any continued benefits while the Appeal or State Fair Hearing is pending if the final decision is adverse to the Enrolled Member.
Payment Disputes	<ul style="list-style-type: none"> Providers and Subcontractors do not have a right to request a State Fair Hearing to address a payment dispute between the Provider or Subcontractor and Contractor after services have been rendered.

We also provide the following in the Provider Office Manual:

If a Provider or representative is submitting the Appeal on behalf of the Member, Delta Dental will obtain written consent from the Member and discuss with the Member the services that the Appeal covers. The Member must complete the Personal Representative Appointment and Authorization to Release Protected Health Information (PHI) Form. The form must be completed and signed by the Member during the time of the Prior Authorization appointment. Here is what should all be completed:

- *Submit a completed Appeal Request Form and Personal Representative Appointment and Authorization to Release PHI Form within 60 days of the adverse benefit determination.*
- *The Appeal request must include the Appeal reason. The Appeal request must be signed by the Network Provider.*
- *Provide all appropriate documentation (narrative, Member treatment record, radiograph, photo, etc.).*

- *Include the Network Provider’s name, the Member’s name and identification number on all documents submitted.*

E.7 Balance Billing.

E.7.01 Prohibition Against Balance Billing.

Delta Dental requires Subcontractors and referral Providers not to bill Members for covered services, for any amount greater than would be owed if the entity provided the services directly. We currently provide education in the Provider Office Manual to Providers and have also trained our Member Services team and Professional Relations staff to have these conversations with Providers and their office staff.

E.8 Physician Incentive Plan.

E.8.01 Restriction on Reducing or Limiting Services.

Delta Dental understands we may only operate a Provider incentive plan if no specific payment can be made directly or indirectly under a Provider incentive plan to a dental Provider or a dental Provider group as an incentive to reduce or limit Medically Necessary Services to an Enrolled Member.

E.8.02 Stop-Loss Protection.

The bulk of payments for dental services are made in fee for service and there are not punitive value-based payments or withholds. Unlike medical coverage, dental does not have catastrophic patients. However, Delta Dental acknowledges if we were to put a physician/physician group at a substantial financial risk for services not provided by the physician/physician group, that we must ensure that the physician/physician group has adequate stop-loss protection.

E.8.03 Value-Based Purchasing Arrangements.

Delta Dental understands all incentives and/or value-based purchasing (VBP) arrangements must be agreed upon with the Provider and approved by the Agency prospectively before implementation. Delta Dental acknowledges our incentives and VBPs are monitored by the State monthly with our Provider listings as well as reviewed in Encounter Data Claims. We understand in the future our incentives or VBPs may be monitored more frequently and must demonstrate how they improve Enrolled Member outcomes and is not solely administrative efficiencies to qualify as an incentive and/or VBP program.

All current and future VBPs do and will include the following components:

- Delta Dental’s overall approach to VBP
- Initiatives, goals, targets, strategies
- Barriers and actions to overcome barriers
- Data sharing arrangements established with Network Providers

Delta Dental includes and will continue to provide outcomes of claims data and lists of attributed Enrolled Members with the State as frequently as requested but no less than semiannually for the membership that is attributed to the Provider in the incentives. We provide this information monthly in our monthly Provider listings and we transmit it on our 837D Health Care Claims: Dental to the Agency. Our VBP incentives are structured to recognize population dental health outcome improvement through Agency-approved metrics combined with a total cost of care measure for the population in the VBP arrangement. Delta Dental will clearly define the populations eligible for Network Providers to earn the VBP incentive payments. We will work with Enrolled Members of the defined populations to coordinate

care with Network Providers willing to participate in the VBP incentive program. At this time, Delta Dental does not intend to pay Providers on a capitated basis, but if we decide to do so we will notify the Agency of any risk sharing agreements we have arranged with Providers and will require all Providers to submit Encounter Data Claims: Dental within 90 days of the date of service. If we were to enter into risk-sharing agreements with Providers, we will comply with requirements set forth in this Contract for subcontracts and in accordance with 42 C.F.R. § 434.6 and maintain those Provider agreements in accordance with the provisions specified in 42 C.F.R. §§ 438.12, 438.14 and this Contract.



Increase Recall & Prevention



Network Adequacy & Availability



Improve Oral Health Equity

Delta Dental has two value-based payment programs beginning in SFY23 and another we plan to implement starting July 1, 2024, with Agency approval. [REDACTED]

[REDACTED]

[REDACTED]



Increase Recall & Prevention



Network Adequacy & Availability



Improve Oral Health Equity

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

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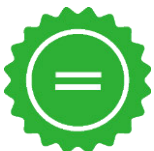
[Redacted]



Increase Recall & Prevention



Network Adequacy & Availability



Improve Oral Health Equity

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



Increase Recall & Prevention



Network Adequacy & Availability



Improve Oral Health Equity

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

E.8.04 Value-Based Purchasing Compliance.

Delta Dental will ensure compliance with the obligation set forth in 42 C.F.R. § 438.6(c) by showing that our VBP arrangements with Providers:

- Are based on utilization and delivery of services.
- Provide direct expenditures equally, and using the same terms of performance, for a class of Providers providing the service under the contract.
- Expect to advance at least one of the goals and objectives in the Quality strategy in 42 C.F.R. § 438.340.
- Have an evaluation plan that measures the degree to which the arrangements advances at least one of the goals and objectives in the Quality strategy in 42 C.F.R. § 438.40.
- Do not condition Network Provider participation in contract arrangements under 42 C.F.R. 438.6(c)1(i) through (iii) on the Network Provider entering into or adhering to intergovernmental transfer agreements.
- May not be renewed automatically.

E.9 Network Requirements Involving Indians, Indian Health Care Providers (IHCPs), and Indian Managed Care Entities (IMCEs).

E.9.01 IHCPs – Timely Access.

Meskwaki, the Iowa Indian Health Care Providers (IHCPs) clinic with dental services is participating in the DWP, DWP Kids, and Hawki Networks with Delta Dental. Since the inception of DWP in 2014, Meskwaki Dental Health Clinic and Winnebago Healthcare System have been in the network. Delta Dental understands the importance of ensuring timely access for Indian Members who are eligible to receive services and we are committed to maintaining this access.

E.9.02 IHCPs – Payment Obligations.

Delta Dental will pay all IHCPs, whether in-network or not, for covered services provided to Indian Enrolled Members, who are eligible to receive services at a negotiated rate between the Contractor and IHCP or, in the absence of a negotiated rate, at a rate not less than the level and amount of payment Delta Dental would make for the services to a Network Provider that is not an IHCP.

E.9.03 Out-of-Network Obligation and Referrals (E.9.03-E.9.04).

Delta Dental will allow Indian Members to obtain covered services from non-Network IHCPs from whom the Indian Member is otherwise eligible to receive such services should there be a new IHCP that does not participate in our network or if the current IHCP should terminate their participation. We will permit a non-Network IHCP to refer an Indian Member to a Network Provider.

Section E Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § E, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Coverage

F



Recognizing the significant impact COVID-19 would have on our members, business partners, nonprofits and communities, Delta Dental and our Foundation committed more than \$20 million for COVID relief.



Hawki
Iowa HHS
193

F. Coverage.

Attachment J. Please explain how you propose to execute Section F in its entirety and describe all relevant experience.

As a local Iowa company, we have the experience, commitment to service, and a shared mission of improving the health and smiles of all Iowans. **For more than 53 years, Delta Dental has been the number one dental carrier in Iowa and across the United States.** With over 1.6 million Members covered by Delta Dental of Iowa, we have built this success through the relationships with our Providers, customers, and partners to provide our Enrolled Members with better health. We have 18 years of experience in partnering with the Agency to provide dental benefits for DWP, DWP Kids, and Hawki Members. We are continually driven to improve the health and wellness of our Enrolled Members and the communities we serve daily. We built this success through the relationships we have cultivated with our Providers, Members, and partners. Having a home base in Iowa gives us unique Iowa insights which allows us to relate to and fully understand our Enrolled Members' needs.

Exhibit F-1 provides an overview of the features and benefits of our approach to Coverage and how they support the Agency's Key Goals.





Exhibit F-1. Features and benefits of our approach to Coverage and how they support the Agency's Key Goals.

Features	Benefits	01	02	03	04
Established partnerships with local Providers, universities, institutions, MCOs, and health centers (Section F)	<ul style="list-style-type: none"> Offers comprehensive Statewide coverage of quality dental services to DWP, DWP Kids, and Hawki Members Provides whole person care and comprehensive approaches for all Enrolled Members 	✓	✓	✓	✓
Dental Benefit Administration System (Section F.1, F.6-F.8)	<ul style="list-style-type: none"> Provides customized benefits and operational efficiencies to adapt to the evolving benefit changes for Medicaid Allows non-Network Providers to easily receive payment Supports faster claims processing by being customized for emergency and post stabilization dental services Increases efficiency of care by providing alerts to our Clinical team to review for medical necessity and any follow-up or documentation needed from the Provider Identifies services that could potentially fall into Provider preventable conditions 	✓	✓	✓	✓
Established Telehealth Approach (Section F.17)	<ul style="list-style-type: none"> Ensures coverages to Enrolled Members in rural and underserved areas Compliments network coverage that ensures 99.9% of DWP and DWP Kids Members have at least one Provider and 100% of Hawki Members have at least one Provider within 30 miles and 30 	✓	✓	✓	✓

Features	Benefits	01	02	03	04
	minutes of their home.				
Agency Key Goals 01- Improve Network Adequacy and availability of services. 02 - Increase recall and prevention services. 03 - Improve oral health equity among Medicaid Members. 04 - Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.					

Throughout this section and in our proposal overall we indicate where our solutions and approaches address these key Agency goals using the following symbols shown in Exhibit F-2:

Exhibit F-2. Agency Key Goals.

Agency Goal – Symbol and Description	
 Improve Network Adequacy and availability of services.	 Increase recall and prevention services.
 Improve oral health equity among Medicaid Members.	 Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.

F.01 Covered Populations.

Delta Dental understands the importance and need of providing quality managed care dental services statewide outlined in Special Contract Exhibit D, Exhibit D.01.



Delta Dental currently provides statewide services to all covered populations to include Enrolled Members in urban, rural, and hard to reach areas. We have developed strong partnerships with local dental Providers, University of Iowa College of Dentistry and Dental Clinics, Creighton Dental School, University of Nebraska Medical Center, Federally Qualified Health Centers, and Title V Screening Centers that gives us the ability to offer quality dental services statewide. We understand the importance of coordinated care for Members, and we work directly with local I-Smile™ Coordinators, local community partners and the medical Managed Care Organizations (MCOs) to focus on whole person care and comprehensive approaches. If an area of the State needs additional services for Members, Delta Dental works with Network or non-Network Providers to get Enrolled Members the care they need. We continue to recruit year-round across Iowa for additional Providers to join the DWP and DWP Kids network. Exhibit F.01-1 represents the amount of Hawki Members that are covered by each region in Iowa. Exhibit F.01-2 also shows the amount of DWP and DWP Kids populations that are covered in each region of Iowa.

Exhibit F.01-1. *Hawki Members covered by each region in Iowa.*

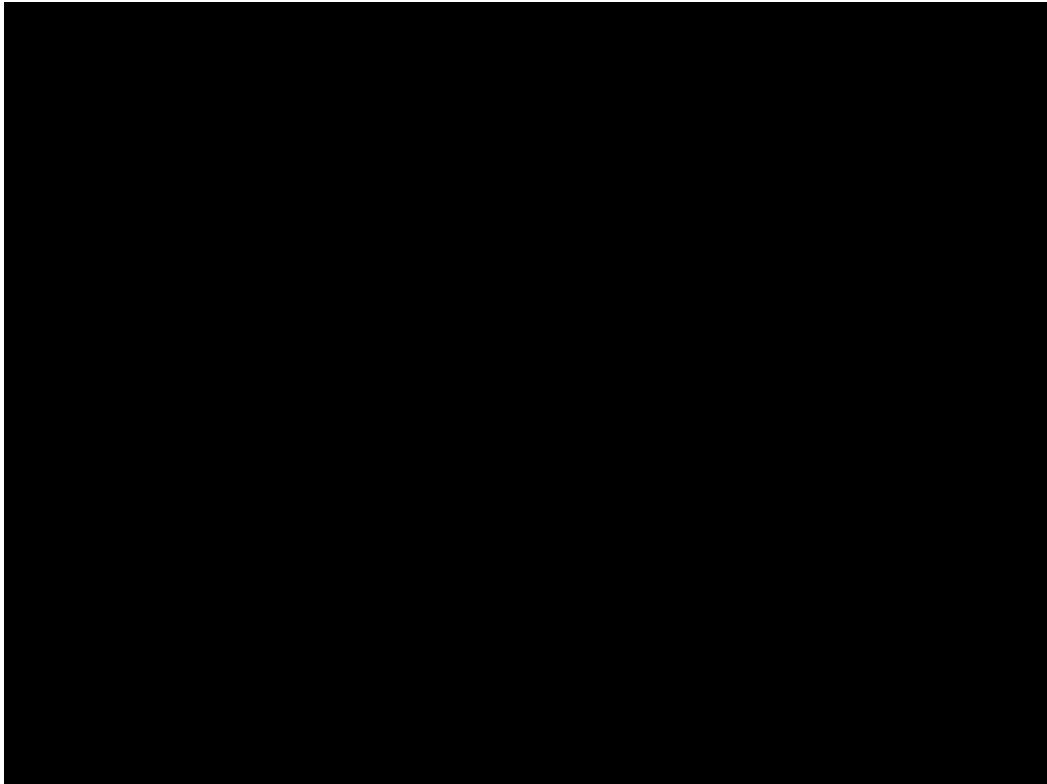
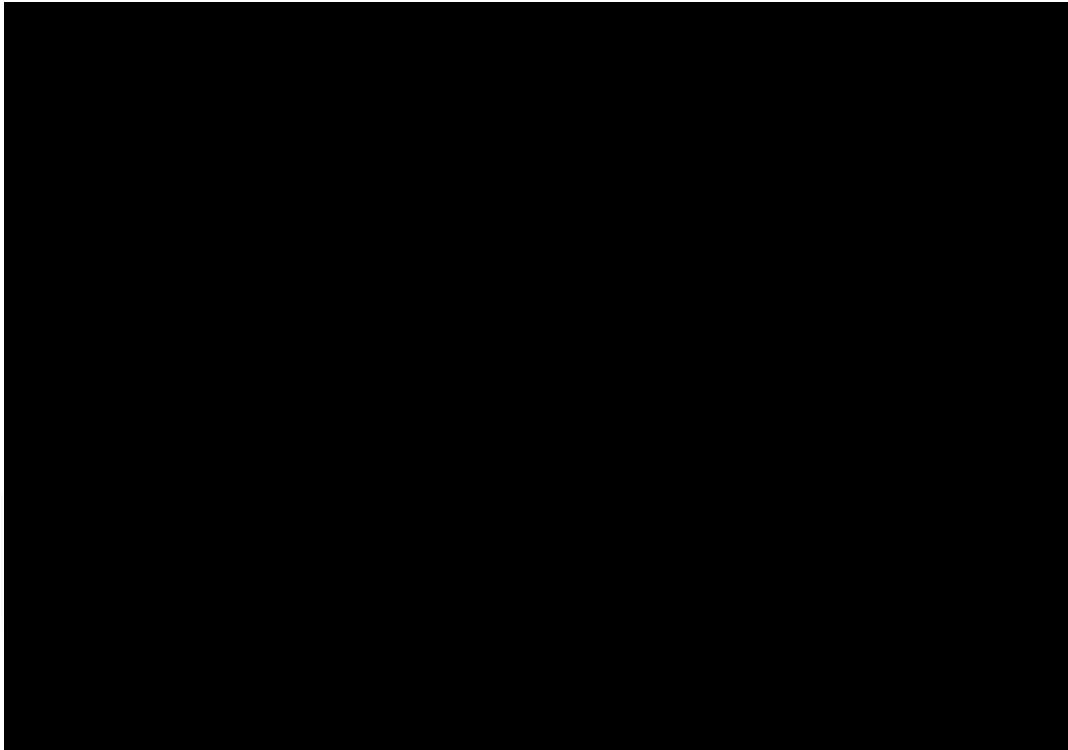


Exhibit F.01-2. *DWP and DWP Kids Members covered by each region in Iowa.*



F.02 Excluded Populations.

Delta Dental understands and acknowledges that some populations may be excluded from this Contract and coverage under this Contract, which are set forth in the Special Contract Exhibit D, Exhibit D.02.

F.1 Emergency and Post-Stabilization Services.

Attachment J. F.1 Emergency and Post-Stabilization Services

a) Describe how you will ensure members and Providers are aware of emergency dental services, including the ability for a member to utilize a non-Network Provider when necessary.

Delta Dental strives to provide quality outcomes and efficiencies across the health care delivery system. We utilize a variety of methods to maintain this standard at every level of Enrolled Member care to include routine, regular service interactions, and emergent and post-stabilization situations that may require a higher level of efficiency to ensure the health of the Enrolled Member is maintained. These methods include internal policies and procedures for processing requests of an emergent nature, having a reliable, prompt Iowa-based Member Services team, a Care Coordination team, and continued efforts to integrate new, innovative ways to address an Enrolled Member’s needs in an emergency situation. All of these methods are put in place to educate, address and mitigate the Enrolled Member’s use of an emergency room for dental care. Emergency and post-stabilization claims processing is further outlined in Section F.1.02.

Along with a best-in-class Iowa-based customer service center, Delta Dental also has dedicated staff for Enrolled Member outreach and care coordination. By having dedicated staff members for outreach and care coordination efforts, we have been able to provide additional support to Members during emergent dental situations and take a whole person approach to providing assistance and finding dental care, ultimately decreasing the Enrolled Member’s chances of utilizing an emergency room for care. This additional support has been able to provide oral health equity among Members because we can provide additional guidance to those that may not have the means themselves to navigate finding a Provider.

Delta Dental has created various mechanisms to help educate Providers on emergency and post-stabilization service benefits and requirements. Based on Provider feedback, we created a video to provide an overview of emergency services and requirements for submitting a claim and Enrolled Member clinical record documentation. We have also included information in our newsletter and the Iowa Dental Association newsletter.



We have a member-centric, coordinated referral system between medical and dental, we need to share data with the MCOs. We are working to establish data sharing agreements with the three MCOs in SFY24. The data sharing agreements will allow us to work together to provide comprehensive, integrated care coordination and allow us to work with specific populations to improve health outcomes. This will also allow us to continue to focus on a patient-centered approach to health and identify Enrolled Members who had a dental related emergency room visit and link the Enrolled Member to dental services.

F.1.01 Payment Obligations.

Delta Dental will continue to cover and pay for Enrolled Member Emergency Services and post-stabilization care services. We understand the importance of providing the appropriate care in a timely

and effective manner to ensure the Enrolled Member's whole health is maintained. Our Dental Benefit Administration System is built to provide customized benefits and operational efficiencies to adapt to the evolving benefit changes from the Agency. This system is customized to look for emergency documentation on the claim submitted by the Provider. Through our quality assurance program and data analytics we ensure emergency dental services are adjudicated according to policies and procedures. We offer staff training for the Clinical team and the Member Services team to cover emergency and post-stabilization dental criteria.

F.1.02 Review of Emergency Claims.

Delta Dental understands the importance of processing and paying for Emergency Services as defined by this Contract. Delta Dental has worked to simplify and streamline the process for identifying Emergency Services. We developed emergency policies and procedures that were approved by the Agency based on our current contracts with the Agency. All of Delta Dental's Member Services staff members, Professional Relations staff, and Clinical staff have completed training regarding Emergent claims review policies and procedures and are prepared to assist Providers and Enrolled Members as needed.

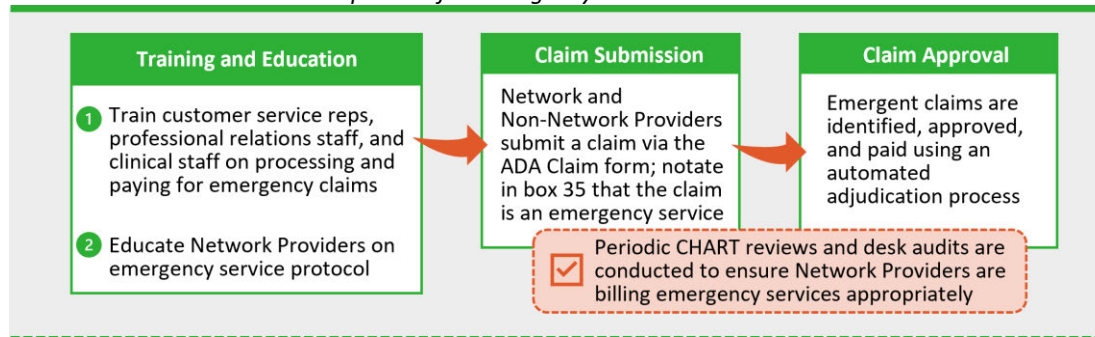
The Provider Office Manual outlines claims processing requirements and clinical records documentation at the office level. The Provider Office Manual, which was published and approved by the Agency, provides the following information and education to all Network Providers:

Delta Dental must ensure all Enrolled Members have access to emergency services. Emergency Dental services can be provided by a Network Provider or Non-Contracted Provider. Emergency Services do not require a Prior Authorization and do not count towards the Enrolled Member's annual benefit maximum. To streamline submission of a claim a Provider can submit emergency services in box 35: Remarks section on the ADA claim form. The Provider must include clinical documentation in the Enrolled Member's clinical record.

To ensure Providers are billing emergency services appropriately, Delta Dental conducts periodic Claims History and Analysis (CHART) reviews along with desk audits performed by our Program Integrity team, and this process is overseen by our Utilization Subcommittee as part of Quality Management and Improvement programming. CHART is a statistically based profiling program which identifies aberrant Provider treatment patterns which may represent fraud and or abusive claim reporting activities. Delta Dental uses this powerful proprietary tool to conduct ongoing monitoring of dental offices and dental claims on a random or targeted basis to verify dentists are abiding by the terms of their Participating Dentist Agreement. The algorithms in CHART have been built specifically for the Agency as the utilization in the Medicaid dental space is different than commercial dental utilizations.

Exhibit F.1.02-1 outlines Delta Dental's claim review process of Emergency and/or Post-Stabilization claims.

Exhibit F.1.02-1. *Delta Dental's process for emergency claims.*



F.1.03 Obligation to Pay for Screening.

Delta Dental currently provides payment for both the services involved in a dental screening examination and the services required to stabilize the Enrolled Member if an emergency dental screening or examination leads to a clinical determination that an actual dentally related Emergency Medical Condition exists. As part of ensuring the Enrolled Member is receiving the necessary care, we also provide payment for all emergency dental services that are deemed medically necessary until the dental related emergency is stabilized. This provides no shortcomings to the Enrolled Member’s care because we are seeing the full service through to the point of stabilization.

F.1.04 Non-Contracted Provider Payment Obligation.

Delta Dental’s priority is the health of the Enrolled Member and making sure that any necessary dental services are being provided in a timely manner. We have and will continue to work with non-Network Providers to ensure the health and safety of the Enrolled Member is being maintained, especially in an emergency-type situation. We have a process in place for ensuring non-Network Providers are paid timely and accurately through our Clinical Review team. Non-Network Provider payments are also incorporated into Program Integrity strategies to assure services indicated and paid as emergent meet the requirements for emergency services.

Delta Dental will pay for the non-Network and/or non-Agency Enrolled Providers for emergency services. Our Dental Benefit Administration System is customized to allow non-Network Providers to receive payment if the submitted claim includes an emergency indicator from the Provider when submitted. If the claim does not include an emergency indicator, we call the office to get clinical documentation to determine if the services were emergent.

Non-Network Providers can also be paid through a Single Case Agreement established between Delta Dental and agreed upon by the Provider. A description of ways we pay non-Network Providers through Single Case Agreements is as follows:

1. An Enrolled Member needs services and we have coordinated a plan with the Provider to agree to provide the services. We develop and send a Single Case Agreement to the Provider for signature.
2. A service authorization or claim is submitted and, in the narrative, states Single Case Agreement. We develop and send a Single Case Agreement to the Provider for signature.

F.1.05 Payment Obligations.

Delta Dental will maintain the following payment obligations to ensure an Enrolled Member is receiving appropriate coverage and services necessary for their health:

- Cover and pay for Emergency Services regardless of whether the Provider that furnishes the services is Agency enrolled or is Network Provider with Delta Dental.
- Not deny payment for treatment obtained when an Enrolled Member had a dentally related Emergency Medical Condition, including cases in which the absence of immediate medical attention would not result in placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
- Not deny payment for dental treatment obtained when a representative of Delta Dental instructs the Enrolled Member to seek Emergency Services.

Delta Dental policies and procedures outline steps to ensure non-Agency enrolled Providers meet Agency Provider Enrollment screening guidelines before payment is made to the Provider.

F.1.06 Restriction on Limiting and Refusing Coverage.

Delta Dental's Dental Benefit Administration System is customized for emergency and post-stabilization dental services processing. We also have processing policies that are used by the Clinical team. The Dental Benefit Administration System and emergency and post-stabilization dental service policies do not restrict, provide limitations, or deny what will be covered. Delta Dental will work to ensure Enrolled Members have access to emergency services. Our Member Services and Care Coordination teams are available to help coordinate emergency care and educate Members about their emergent dental benefits. The following information is included in the Enrolled Member Handbook and the Provider Office Manual.

- Prior Authorizations are not required for emergency dental services
- Emergency dental service claims must include an emergency indicator from the Provider upon claim submission. Delta Dental uses box 35 on the ADA Claim form for Providers to include emergency indicator
- Emergency dental services do not count towards the Enrolled Members annual benefit maximum
- Emergency dental services are reimbursed at the contracted rate, but no lower than the Agency fee for service rate

If a claim is received from a non-Network Provider and there is no indicator in box 35 of the ADA Claim form or no clinical documentation attached, we will make a call to the office to get clinical documentation so appropriate adjudication of the claim can occur.

F.1.07 Restriction on Holding Patient Liable.

Delta Dental understands the financial burden and stress that coincides with receiving services from a Provider; therefore, we understand the importance of educating our Network Providers and Enrolled Members on what they will be liable for.

We educate our Enrolled Members through our Member Handbook, by stating they will not be held accountable for payment for subsequent screening and treatment needed to diagnose or stabilize a specific dental-related Emergent Medical Condition.

We educate Providers through the Provider Office Manual that documents an Enrolled Member's rights to emergency services. We also outline what Providers need to do for claims submission and clinical

documentation in the Enrolled Member's clinical record. We continually educate Providers through online trainings, videos, newsletter articles, and in person office visits.

Internally we will continue to monitor patient liability issues through Appeals and Grievances, Member and Provider surveys and Ombudsman related filings and input from our Dental Advisory Group. We share this information with the Agency and make internal policy changes if necessary.

F.1.08 Emergency and Post-Stabilization Care Services.

Attachment J. F.1 Emergency and Post-Stabilization Services

a) Describe how you will ensure members and Providers are aware of emergency dental services, including the ability for a member to utilize a non-Network Provider when necessary.

Delta Dental has created a seamless processing policy for Network Providers and non-Network Providers to submit emergency and post-stabilization services. The emergency and post-stabilization services do not require a Prior Authorization or referral. The process is outlined further in Section F.1.02.

F.1.09 Payment Through Stabilization.

Delta Dental is responsible for coverage and payment of services until the attending emergency physician, or the Provider treating the Enrolled Member, determines that the Enrolled Member is sufficiently stabilized. We have a process in place to review post-stabilization claims and review the determination of the attending emergency physician, or the Provider treating the Enrolled Member, of when the Enrolled Member is sufficiently stabilized for transfer or discharge.

F.1.10 Post-Stabilization Care Coverage.

Delta Dental has post-stabilization guidance included in our Provider Office Manual that has been approved by the Agency. If an Enrolled Member needs Post-Stabilization Care Services with a Network Provider or non-Network Provider, we work to ensure the Enrolled Member gets the services that are needed. Delta Dental complies with the items outlined in Section F.1.10(a) – (b). Our Provider Office Manual indicates to Providers that they are responsible for determining when an Enrolled Member is sufficiently stabilized for transfer or discharge. We instruct Providers to follow guidelines identified by the American Academy of Pediatric Dentists for emergent and post-stabilization care and we provide a link to these guidelines in our Provider Office Manual and on our website.

F.1.11 Post-Stabilization Services.

Delta Dental has a process in place to cover all post-stabilization services related to the Enrolled Member's emergency dental condition and those provided to maintain the stabilized condition of the Enrolled Member. Delta Dental's policies meet all requirements outlined in 42 C.F.R. § 422.113(c). When a claim is submitted our Clinical team can see all previous services completed by a Provider and can connect post-stabilization services to an Enrolled Member's emergent dental condition. Our Dental Benefit Administration System allows a full picture of an Enrolled Member's treatment history therefore allowing a clinician to ensure post-stabilization is covered and processed appropriately in alignment with their benefit plan.

F.1.12 Restriction on Limiting Enrollee Post-Stabilization Services.

Delta Dental will limit charges to Enrolled Members for Post-Stabilization Care Services to an amount no greater than what Delta Dental would charge the Enrolled Member if the Enrolled Member obtained the services through a Delta Dental Network Provider.

F.1.13 Financial Responsibility.

Delta Dental's Dental Benefit Administration System is configured to comply with this Contract and Federal Regulation post-stabilization payment requirements. Delta Dental understands and acknowledges the financial responsibility for Post-Stabilization Care Services if the Enrolled Member has not been pre-approved will end when:

1. A Delta Dental dentist with privileges at the treating hospital assumes responsibility for the Enrolled Member's care.
2. A Delta Dental dentist assumes responsibility for the Enrolled Member's care through transfer.
3. A Delta Dental representative and the treating dentist/physician reach an agreement concerning the Enrolled Member's care.
4. The Enrolled Member is discharged.

F.2 Reserved.

F.2.01 Reserved. N/A.

F.2.02 Reserved. N/A.

F.3 Reserved.

F.3.01 Reserved. N/A.

F.4 Delivery Network.

F.4.01 Reserved. N/A.

F.4.02 Second Opinions.

Delta Dental allows Enrolled Members to request a second opinion. A Clinical reviewer and Care Coordination Manager review the request. If the Enrolled Member needs to see a non-Network Provider for a second opinion, the Care Coordination Manager works with the Enrolled Member to find a Provider at no cost to the Enrolled Member.

Another way Enrolled Members have requested a second opinion is through the Grievance process. For example, an Enrolled Member filed a Grievance with Delta Dental regarding concerns about the treatment plan they received from a Network Provider. The Member had identified a non-Network Provider they had previously seen and established a dental home with. The Care Coordination Manager was able to work with the identified Provider on a Single Case Agreement so the Enrolled Member could receive a second opinion from a Provider she trusted. Delta Dental forwarded the concerns of the previous Provider to our Professional Relations team for follow up and discussion with the office.

An Enrolled Member can be flagged in our Dental Benefit Administration System if they have sought out assistance in finding another Provider for a second opinion and we suspect additional care may need to be completed. When a new claim comes in for that Enrolled Member, our Dental Benefit Administration System will alert our Clinical team to review for medical necessity and any follow-up or documentation we may need from the Provider will occur via our inquiry process that is available in our Dental Benefit Administration System or by telephone. Our Clinical team will see notes from our Care Coordination Manager to help process claims efficiently. This process adds efficiencies in our administration of the Agency's plan and has value to the Enrolled Member to ensure claims are paid promptly.

F.4.03 Out-of-Network Provision of Care.

If Delta Dental’s Provider Network is unable to provide necessary services covered under this Contract to an Enrolled Member, our Care Coordinator Manager works with the Enrolled Member in an adequate and timely fashion to locate a non-Network Provider to cover the services for as long as our Provider Network is unable to provide them.

In the event an Enrolled Member needs care coordinated and there is not a Provider in their requested service area, Delta Dental will coordinate with the Enrolled Member and the Provider to complete a Single Case Agreement.

The Single Case Agreement example below outlines how Delta Dental executed an agreement with a non-Network, out-of-state Provider to provide services for a DWP Kids Member based on their needs and location.

Delta Dental in Action – Example Case

[Redacted content]

Delta Dental’s Professional Relations team continues to work with non-Network Providers to encourage them to join our network by both calling the offices and doing in-office visits to answer any questions and address concerns.

In circumstances where an Enrolled Member has an emergency issue, Delta Dental will coordinate payment and will pay for services for an Enrolled Member regardless of a Provider’s network status or Agency enrollment. Delta Dental’s Clinical team follows a specific policy and procedure for emergent service payment for Enrolled Members.

F.4.04 Out of Network Providers.

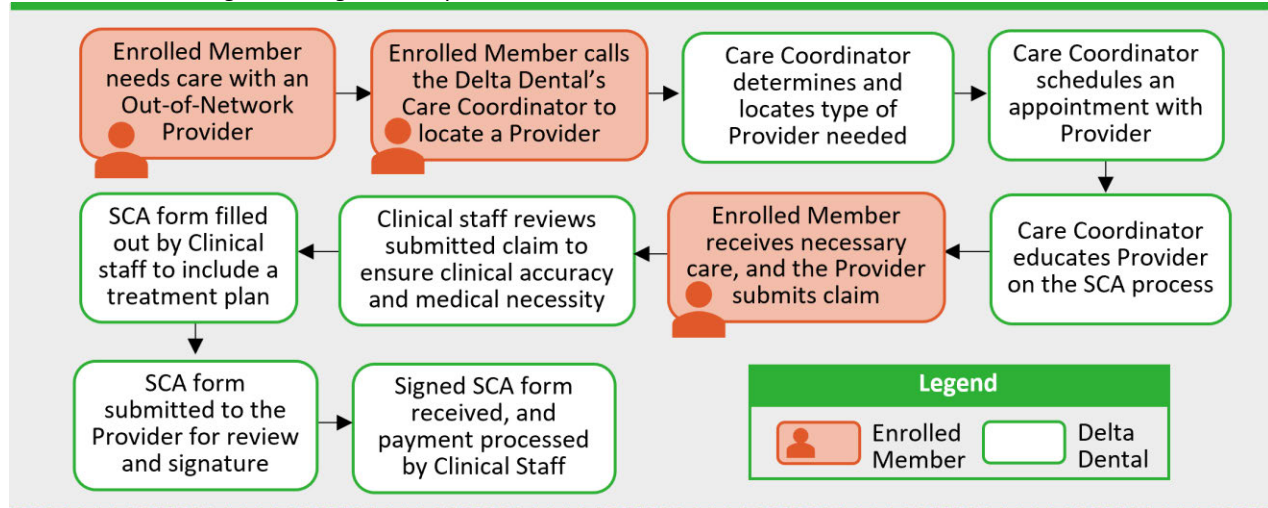
Delta Dental will negotiate and execute written Single Case Agreements with non-Network Providers, when necessary, to ensure Access to covered services.

We understand and acknowledge that only under very limited circumstances may a Provider or organization bill and receive payment for services without being enrolled as an Agency Provider. A Single Case Agreement may be used to provide Enrolled Members’ medically necessary services when Delta Dental’s Provider Network is unable to provide access to necessary services to maintain an Enrolled Member’s health and/or the Enrolled Member’s health would be endangered if required to travel or wait for care from a Network Provider.

Delta Dental currently has policies and procedures to obtain Single Case Agreements for Enrolled Members who need care from a non-Network Provider. Our Care Coordination Manager will work with the Enrolled Member to help determine what type or types of dental Providers the Enrolled Member will need care with. The Care Coordinator then works with dentists in the Enrolled Member’s preferred service area to make an appointment. The Care Coordinator will contact the office and educate them on the Single Case Agreement process. Once the Enrolled Member has received care, a designated member of our Clinical team will review claims submitted to ensure clinical criteria has been met and the services

completed were of medical necessity for the Enrolled Member. The Clinical team member will then fill out a Single Case Agreement form detailing all services within the Enrolled Member’s treatment plan and then will submit to a Provider for signature. Payment will then process after signature has been received. Exhibit F.4.04-1 represents the Single Case Agreement procedures Delta Dental follows.

Exhibit F.4.04-1. Single Case Agreement procedures.



Delta Dental understands that all health care Providers are encouraged to enroll in Medicaid to receive payment and may be denied payment if the required criteria for Single Case Agreements are not met.

F.4.05 Out of Network Care for Duals.

Delta Dental helps Enrolled Members find dental care if they are dual eligible and helps Enrolled Members establish a dental home with a Network Provider. In the event care is needed by an out of network Provider, we will establish a Single Case Agreement with an out of Network Provider as there is no crossover of dental coverage with Medicare. Dental care for Medicare recipients is limited to those that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury), or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw. Medicare will also make payment for oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances. We work with Medicare Members for their dental needs regardless of if the service is covered under the limited benefit or not, but we pay special attention to those who are needing the services mentioned above for the described conditions.

F.4.06 Out-of-Network Coordination of Payment.

Delta Dental currently coordinates payment with non-Network Providers and ensures the cost to the Enrolled Member is no greater than it would be if the services were furnished within the Network. Delta Dental will continue to comply with this requirement.

F.4.07 Limitation on Out-of-Network Payments.

Delta Dental understands we will pay out of Network Providers no less than 80 percent of the rate of reimbursement to Network Providers unless in the exception of a Single Case Agreement or another already established payment arrangement.

Delta Dental currently pays non-Network Providers at or higher than the Delta Dental reimbursement rate. We understand we cannot pay out of network Providers less than 80 percent of the Delta Dental reimbursement rate.

F.4.08 Provider Restriction on Billing.

Delta Dental understands and will ensure no Provider bills an Enrolled Member for all or any part of the cost of a treatment service, except as allowed for the Title XIX cost sharing as described in Section F.8. Delta Dental provides education to Providers through their contract, Provider Office Manual, website, newsletters, and during office visits by our Professional Relations staff regarding Enrolled Member billing.

F.4.09 Reserved. N/A.

F.5 Services Not Covered Based on Moral Objections.

F.5.01 Information Requirements – When Applying for Contract.

Delta Dental does not object to providing, reimbursing, or providing coverage of, counseling for, or referral for any covered service because of an objection on moral or religious grounds. Delta Dental has no intention to restrict any covered services based on moral or religious grounds.

F.5.02 Information Requirements – When Policies Change.

Delta Dental has no intention to restrict any covered services based on moral or religious grounds but will furnish information about these services if any policies change during the term of this Contract.

F.5.03 Advance Notice Requirement.

If Delta Dental were to elect restrictions, we acknowledge and understand we would need to notify the Agency of the services upon adoption 30 days prior to implementation and provide information to all Members 90 days before implementing the policy for any service.

F.6 Amount, Duration and Scope.

F.6.01 Generally.

Delta Dental has experience in identifying amounts, duration, and scope of each service within this Contract and ensuring all requirements and documents were updated according to this Contract. One example of this experience was in SFY18, when the Contract added an annual benefit maximum to the adult benefit. Delta Dental staff updated all processes and policies, rules-based configurations in our Dental Benefit Administration System, all Enrolled Member documents, and the Provider Office Manual.

F.6.02 FFS Equivalence Requirement.

Delta Dental understands and recognizes for each service we are required to provide to adults, such service will be furnished in an amount, duration and scope that is no less than the amount, duration and scope for the same services provided under FFS Medicaid, unless otherwise specified in an approved State Plan waiver. We follow and will continue to follow the covered benefits to match those listed in Special Contract Exhibit E of this contract for DWP, DWP Kids, and Hawki programs.

F.6.03 FFS Equivalence Requirement – Under Twenty-One (21).

Delta Dental references the Iowa Medicaid Dentist Manual to ensure our benefits align with FFS and we modify our Dental Benefit Administration System to mirror that of the Agency and the benefits covered in Special Contract Exhibit E.

Delta Dental will provide services for Enrolled Members under 21 years to the same extent that services are furnished to individuals under 21 years under FFS Medicaid or, if applicable, the CHIP Program.

F.6.04 Sufficiency of Services.

Delta Dental will ensure that services are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.

F.6.05 Prohibition on Reducing Services.

Delta Dental will not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition of the Enrolled Member. All dental benefits covered under the DWP, DWP Kids, and Hawki programs are available to every Enrolled Member where the Agency has indicated as such. Our internal claims processing through our Dental Benefit Administration System and Clinical team conducts quality assurance and peer review testing on a frequent basis to ensure claims and service requests have been processed according to the Enrolled Member's benefit plan. Delta Dental only considers the diagnosis, type of illness, or condition of an Enrolled Member to provide expanded services as applicable and dentally necessary under this Contract.

F.6.06 Appropriate Limits on Services.

Delta Dental follows criteria applied under the Medicaid State Plan, the CHIP State Plan and Iowa Administrative Code when placing appropriate limits on services. An example of this is rolling up X-ray for bundles payment. The rolling up of X-rays impacts two areas; not monetizing Providers to bill additional X-rays and limiting the exposure for Enrolled Members to radiation.

F.6.07 Medical Necessity Determinations.

Delta Dental has an established policy for determining medical necessity. The policy considers each Enrolled Member and the services they need on a case-by-case basis and in accordance with all State and Federal laws and regulations. The medical necessity process determination also considers if services can be completed with the same outcome and be more cost effective. Delta Dental does not employ and does not permit others acting on our behalf to employ, utilization control guidelines or other quantitative coverage limits, whether explicit or de facto, unless supported by an individualized determination of medical necessity based upon the needs of each Enrolled Member and their medical history.

F.6.08 Licensed Professionals – UM.

The foundation of the Delta Dental Utilization Management (UM) Program is based on evidence-based standards and nationally recognized guidelines. The Delta Dental clinical processes and policies are based on American Dental Association and American Academy of Pediatric Dentistry. As part of the Delta Dental Plans Association (DDPA), our Dental Director, Dr. Jeffrey Chaffin, participates in DDPA policy committee. This committee is tasked with creating evidence-based policies for all CDT procedure codes. These-commercial based policies are leveraged in the development and refinement in the policies for the Agency population. The Delta Dental Clinical team uses the clinical processes that are also outlined in the Provider Office Manual when making medical necessity determinations. The clinical processes are designed to focus on quality of services, cost effectiveness of services while taking into account services that are appropriate for the Enrolled Member.

The Delta Dental Clinical team is comprised of experienced licensed Registered Dental Hygienists and licensed Dentists. This team is structured so all denial of services for Prior Authorization, and claims are

made by a licensed dentist that has clinical expertise in the Enrolled Member's condition. Delta Dental's goal is to get the Enrolled Member the dental care that is needed to meet their needs.

As part of our Quality Management/Quality Improvement Program, the Government Programs (GP) Clinical team (Clinical and Peer Review Subcommittee) meets bimonthly to discuss UM and unique Provider and Enrolled Member dental services requests. All clinical decisions are formally documented and available to all team members, which results in greater alignment of clinical decisions. The GP Clinical team also completes quarterly calibration exercises to ensure hygienists and dental consultants are reviewing authorizations according to benefit plan and policies. Decisions and exercises are reported to the Quality Management/Quality Improvement Committee on a quarterly basis and oversight is provided as needed.

The Clinical team follows the Government Programs Adverse Benefit Determination Policy for Provider follow up when the appropriate clinical documentation is not present prior to making an adverse benefit determination on a service request. All final adverse benefit determinations are made by a licensed dentist.

F.6.09 Appropriate Limits on Services.

Delta Dental understands we may place appropriate limits on a service for utilization control, provided the services furnished can reasonably achieve their purpose. Our Clinical team reviews service limitations annually to align with best practices. We provide our best practices clinical guidelines to Network Providers as well. Limitations are in three main categories: clinical, medical necessity, and history.

Clinical limitations are based on clinical best practices. An example is panoramic or full series X-rays are not required to be done more frequently than every five years. As such, Delta Dental has restrictions on panoramic or full series X-rays to prohibit excessive utilization of these services. Another example includes failure of restoration placed within a specific period are also disqualified from reimbursement as this would fall under the warranty of the procedure from the clinician.

Medical necessity restrictions limit the utilization of services not deemed as being necessary. Scaling and root planing (deep cleaning for periodontal disease) guidelines prohibit this service for the Enrolled Member who do not meet appropriate pocket depth requirements for this service to be medically necessary. Restrictions like these protect the Enrolled Member from undergoing a course of treatment that is not medically necessary.

Frequency limitations take clinical history received from claims processed, and leverage this information to prevent fraud, waste, and/or abuse. An example of a history limitation is a tooth being extracted from the Enrolled Member, and a claim is sent for payment with a restoration on that tooth. This restoration would not be paid as the tooth had been previously extracted. This case would also be referred to our Program Integrity team to investigate.

F.6.10 Prior Authorizations.

At any point where the Agency redistributes membership within the Iowa Dental Wellness Plan and Hawki Dental program or following open Enrollment, Delta Dental will honor existing prior authorizations for covered benefits for a minimum of 90 days without regard to whether such services are being provided by contract or non-contract Providers, when an Enrolled Member transitions to Delta Dental from another source of coverage.

Delta Dental has successfully met this requirement twice through the redistribution of Members when all adults moved to PAHPs in 2017 and when FFS children moved to PAHP's in 2021. Delta Dental was able to successfully load an approved Prior Authorization file from the Agency and honor all existing Prior Authorizations for adults for the first 90 days in July of 2017. If an existing Prior Authorization was not contained in that file, Delta Dental received approval from the Agency to accept copies of approved Prior Authorizations from Providers during claim submission. Through our Continuity of Care policy, payment was made to Providers regardless of if they were Network Providers or not. When FFS children moved to PAHPs in July 2021, we initiated and successfully implemented this process again. This process is in place for Enrolled Members who move to Delta Dental at any point in the year whether during open enrollment or for other reasons (such as disenrollment from another PAHP). Our Member Handbook provides education to Enrolled Members about how all existing Prior Authorizations will be honored for the first 90 days of enrollment with Delta Dental and our internal claims processing clinical staff is educated to check the enrollment date of a Member to ensure the 90-day continuity of care is followed.

Delta Dental also honors existing approved policy exceptions granted by the Agency for the scope and duration designated. In the event an Enrolled Member transitions enrollment with another PAHP, Delta Dental will provide the receiving entity with information on any current service authorizations or care coordination notes. Our Encounter Data Claims are transmitted monthly to the Agency and is currently sent from the Agency to the Enrolled Member's PAHP to demonstrate applicable historical claim data.

F.6.11 Transition of New Members.

Delta Dental currently complies and will continue to provide for the continuation of medically necessary covered services to newly Enrolled Members transitioning to our care regardless of the Prior Authorization or referral requirements as set forth in our Continuity of Care Policy and internal education and training for claims processing.

F.6.12 Chronic Conditions & LTSS – Need for Services.

As described in Section F.6.06, Delta Dental has appropriate limits in place for utilization control that align with this Contract, Iowa Administrative Code, and industry standards. When Providers treat individuals with ongoing or chronic conditions or require Long-Term Services and Supports (LTSS), we rely on the clinical documentation submitted by the Provider to evaluate if the limits placed are appropriate and reevaluate need for services and supports based on medical necessity. [REDACTED]

F.6.13 Reserved. N/A.

F.6.14 Reserved. N/A.

F.6.15 Covered Services.

Delta Dental complies with the requirements outlined in this Contract and has processes in place to ensure services are not arbitrarily denied or reduced. Medical necessity determinations are based on clinical documentation submitted by the Provider based on an Enrolled Member's individual needs. We do not employ utilization controls or other coverage limits. Additionally, we do not direct Enrolled Members to publicly supported health care resources.

F.6.16 Benefit Packages.

Delta Dental will continue to ensure the provision of covered Benefits in accordance with the Enrolled Member's eligibility group as outlined in Special Contract Exhibit E. Delta Dental's Member Services team is highly trained to help educate Enrolled Members on their benefits.

F.6.17 Hawki Enrollees.

Delta Dental will provide Benefits to Enrolled Members of the CHIP program as outlined in Special Contract Exhibits D and E and this Contract. We will continue to cover all Benefits and services deemed medically necessary, reasonable, and covered benefits in Iowa's State Plan as amended and all waivers approved by CMS. Delta Dental has successfully been administering the Hawki program since 2005.

F.6.18 Iowa Dental Wellness Plan Benefits.

Delta Dental will continue to ensure that individuals eligible for the Iowa Dental Wellness Plan receive Iowa Dental Wellness Plan Benefits as described in the State Plan and summarized in Special Contract Exhibit E. Delta Dental has successfully been administering the DWP plan since 2014 and DWP Kids program since 2021.

F.6.19 Reserved. N/A.

F.6.20 Reserved. N/A.

F.6.21 Reserved. N/A.

F.6.22 Changes in Covered Services.

We understand and recognize that the Agency will provide us with 90 Days' advanced written notice preceding any change in covered services under this Contract unless such change is pursuant to a legislative or regulatory mandate, in which event, we understand the Agency will use best efforts to provide reasonable notice to us. In the event the Agency provides less than 90 Days' advanced written notice to Delta Dental, we will fully comply with the change in covered services within 90 Days from the date the notice is given.

As a PAHP for 18 years, Delta Dental has experience in changes in covered services. For Example, in SFY19 when the DWP plan added an annual benefit maximum to their plan. We received notification of this covered benefits change in April 2018 and completed process and policy updates for July 1, 2018, implementation. The Agency sent notice on June 29, 2018, to Delta Dental of a delay in the implementation of the annual benefit maximum. Our internal team immediately started updating our Dental Benefit Administration System to change rules to start the fiscal year not accumulating annual benefit maximum. We also worked to get Enrolled Member and Provider documents updated and notices sent. Because our Dental Benefit Administration System can adapt quickly and we have the experienced staff to lead changes like this, we were able to make the changes with minimal impact.

F.6.23 Integrated Care.



At the core of Delta Dental's mission is to improve the oral and overall health of Enrolled Members. We will have established data sharing agreements with all three of the MCOs in SFY24 to better integrate the delivery of medical and dental services for Enrolled Members. The data sharing agreements will also allow us to work together for comprehensive referral procedures as we work

together to get the services Enrolled Members need and focus on the Agency’s Dental Quality Strategies for comprehensive Member referral systems.

[Redacted text block]

[Redacted text block]

[Redacted text block]

F.6.24 QTL & NQTL.

Delta Dental currently provides and will continue to provide all medically necessary services in a manner that is no more restrictive than the State Agency program, including Quantitative and Non-Quantitative Treatment Limits, as indicated in State statutes and regulations, the MSP, and other State policies and procedures. Delta Dental provides education to Network Providers to submit additional clinical documentation with service authorization to support medical necessity. Delta Dental has a medical necessity policy and provides training to the Clinical team and dental consultants.

F.6.25 EPSDT Services.

Delta Dental complies with providing EPSDT services to all Members under 21 years in accordance with the law for both DWP and DWP Kids programs.

A. Partnering with Local Agencies for Screening.



Delta Dental has a partnership with Title V Maternal and Child Health, Screening Centers and I-Smile™ programs and local Public Health agencies to ensure completion of preventive services and dental screenings for Enrolled Members under 21 years. Through local I-Smile™ programs, Enrolled Members have access to informing services, care coordination and referrals to dentist. I-Smile™ programs also provide screenings to Enrolled Members through local school districts, WIC clinics, Head Start, Home Visiting, and community events. I-Smile™ coordinators also partner with local medical Providers in a variety of ways to integrate dental care into medical offices. Best practices include conducting screenings during medical periodicity appointments and training medical Providers to conduct an oral health screen and apply fluoride varnish.

B. Services.

Diagnostic services are available and approved outside of this Contract and Iowa Administrative Code limitations based on medical necessity which includes diagnostic services to evaluate dental illness. Delta Dental also has a process in place to approve and make payment for dental screenings, diagnostic and treatment services to correct and ameliorate defects and other dental conditions identified during screenings. If an Enrolled Member needs additional treatment services and/or a referral, Delta Dental will provide payment for additional services.

The DWP Kids and Hawki programs implemented by Delta Dental provide Enrolled Members access to EPDST requirements and additional services.

Delta Dental's policies and procedures include taking into consideration the child's quality of life when making service coverage decisions.

C. Transportation.

We work with the Enrolled Member's MCO to schedule transportation for dental related appointments. If an Enrolled Member has questions about their transportation benefits, our Member Services team refers them to or facilitates a warm hand-off to their MCO. We continue to work on a case-by-case basis for Enrolled Members who are having problems accessing transportation for their dental service. Our Care Coordination Manager reaches out to the MCO Care Coordination team so they can coordinate transportation for the

Enrolled Member.

D. Reports and Records.

Delta Dental will continue to provide the Agency with all requested dental clinical records, internal review records, and policies and procedures when requested. Delta Dental will also provide the Agency data reports related to the number of screenings and exams.

E. Outreach.

Delta Dental has a comprehensive Enrolled Member education, outreach, and care coordination plan that provides information on services, outreach, and care coordination services. All outreach and care coordinators are located in Iowa and work with Enrolled Members, community organizations, stakeholder groups, dental and medical Providers to address dental needs. The Care Coordination Manager has established partnerships with the MCO to provide seamless care coordination services to Enrolled Members.

Delta Dental has an established partnership with I-Smile™ to provide information, outreach, care coordination and direct service for DWP Kids and Hawki Members across Iowa. I-Smile™ is a Statewide program coordinated by dental hygienists located in region Title V agencies. These coordinators connect Iowa children and adolescents with dental, medical, and community resources to ensure a lifetime of health and wellness. I-Smile™ @ School also serves DWP Kids and Hawki Members in school settings, providing sealant and fluoride applications. I-Smile™ Sliver is available for adults in three Title V agencies covering 10 counties. I-Smile™ Silver staff work with Agency adults to provide informing, outreach, care coordination and direct service. Local I-Smile™, I-Smile™ @ School, and I-Smile™ Silver programs hire staff who live and work within the community they are serving. The staffing model for I-Smile™ programs includes hygienists, dental assistants, social workers, nurses, and community health workers. The I-Smile™ programs are a blend of direct services to Medicaid Members, building community

partners with stakeholders and dental and medical Providers, and being active in community coalitions and stakeholder events.

Delta Dental and I-Smile™ provide a comprehensive array of Enrolled Member and Network Provider educational opportunities to help increase knowledge and understanding of the Enrolled Member's oral health benefits. A few examples include attendance at Member events, video, in-person discussion or phone calls, and written materials. Delta Dental regularly sends out to our Enrolled Members under the 21 years and their Authorized Representatives. These mailers focus on promoting preventive dental services, including establishing and maintaining a dental home, and reminders when Enrolled Members are due for preventive services.

F.6.26 Prior Authorization – EPSDT.

Delta Dental's medical necessity policies and procedures outlines a Prior Authorization or referral is not required if the services are provisions of EPSDT screening services. The policy also states services, frequencies and durations can be approved if found to be medically necessary during clinical review. Delta Dental reviews all medical necessity services on a case-by-case basis. Delta Dental also understands we are not required to pay for services determined as not safe, not effective, or considered experimental.

F.6.27 Reserved. N/A.

F.6.28 Sufficiency of Services.

Delta Dental's medical necessity policy and procedure outline how we will pay for all services that address the prevention, diagnosis and treatment of the Enrolled Member's disease, condition, or disorder.

F.6.29 Age-Appropriate Growth and Development.

Delta Dental has policies and procedures for age-appropriate growth and development services. An example of current policies is orthodontia services. Phase 1 orthodontia services are intended for the treatment of the transitional dentition if the Enrolled Member meets medical necessity. Transitional dentition is where most primary teeth have been lost or are in the process of losing them. This allows Delta Dental and the Provider to use this code based on growth and development of the Enrolled Member.

F.6.30 Functional Capacity.

Delta Dental's medical necessity policy and procedure provides guidance to our Clinical team to help ensure dental services covered for the Enrolled Member will include those to aid in the ability to attain, maintain or regain functioning capacity.

F.6.31 Reserved. N/A.

F.6.32 Reserved. N/A.

F.6.33 In Lieu of Services.

Delta Dental may cover services or settings for Enrolled Members that are in lieu of those covered under the State Plan if:

1. The Agency determines that the alternative service or setting is a medically appropriate substitute for the covered service or setting under the State Plan.

2. The Agency determines that the alternative service or setting is a cost-effective substitute for the covered service or setting under the State Plan.
3. The Enrolled Member is not required by Delta Dental to use the alternative service or setting.
4. The approved in lieu of services are authorized and identified in this Contract.
5. The approved in lieu of services are offered to Enrolled Members at the option of Delta Dental.

F.7 Provider Preventable Conditions.

F.7.01 General.

Delta Dental will not make payments for any preventable condition identified in the State plan or found by the State to be preventable based on the State's review; has any negative consequence to the Member; is auditable; or involved a wrong surgical or other type of invasive procedure. Delta Dental has policies and procedures for identification of Provider preventable conditions. Our Dental Benefit Administration System is configured to identify services that could potentially fall into Provider preventable conditions. Current clinical policies include several examples that have been identified through claims adjudication and Enrolled Member Grievances. For instance, there have been cases where a Provider mistakenly extracted the wrong tooth. When such instances are identified, the Clinical team initiates a recoupment of services, holding the Provider responsible for the service. Another example involves a Provider performing a restoration on the incorrect tooth, contrary to the intended tooth. In such cases, the Clinical team will recoup payment of services, making the Provider liable for the incorrect service. We provide education in our Provider Office Manual and at In-Person meetings on the importance of reporting Provider preventable conditions to Delta Dental.

F.7.02 Reporting by Providers.

Delta Dental has identified in the Provider Office Manual that Providers can report a Provider-Reportable condition event through the inquiry process or by calling the customer service center or the Professional Relations team.

F.7.03 Reporting to Agency.

Delta Dental will report all identified Provider-Preventable Conditions in a form or frequency as specified by the Agency.

F.7.04 Future Additions to Preventable Conditions.

Delta Dental will comply with any future additions to the list of non-reimbursable Provider-Preventable Conditions. Our Dental Benefit Administration System is customizable which gives us the ability to make updates based on changes in this Contract.

F.8 Cost Sharing.

F.8.01 Restriction on Cost Sharing F.8.02. Cost Sharing and Client Participation.

Delta Dental understands we will limit any cost sharing imposed on Enrolled Members to the Agency FFS regulations found at 42 C.F.R. § 447.50 through 42 C.F.R. § 447.82, all applicable State Plan obligations as defined in this statement of work, and any approved waivers of that State Plan. Delta Dental, our Providers, and any Subcontractors will not require cost sharing for any covered services except to the extent that cost sharing responsibilities are required for those services in accordance with law and as described in this Contract.

F.8.03 Public Notice.

Delta Dental will communicate with Enrolled Members and Providers, the groups of individuals subject to cost sharing charges, the consequences for non-payment, the cumulative cost-sharing maximums, and mechanisms for making payments for required charges in multiple ways. Our Member Handbook, New Member Packet, secure Member Connection website, and public website will serve as resources to Enrolled Members and our Provider Office Manual, Provider contracts, Provider newsletters, secure Dentist Connection website, and public website will be available for Providers to review cost sharing information and applicability for Enrolled Members.

F.8.04 Reserved. N/A.**F.8.05 Reserved. N/A.****F.8.06 Copayments.**

Delta Dental will work with the Agency to implement copayments for DWP and Hawki Members if required by the Agency. We will ensure the addition of copayments will be communicated clearly to Enrolled Members and Providers through multiple channels such as Member ID card updates, education regarding copayments in the Member Handbook, including information on our website, secure Dentist Connection website, and Provider Office Manual. We will also train our internal staff who engage with Members and Providers on copayments.

F.8.07 Exempt Populations.

Our Dental Benefit Administration System is able to use Enrolled Member record information from Benefit Enrollment and Maintenance files to correctly sort and identify populations exempt from cost sharing as defined in accordance with 42 C.F.R. § 447.56. This is displayed on our website and internally for Claims Processing and Enrolled Member and Network Provider education. These populations include:

- Individuals between 1-18 years, eligible under 42 C.F.R. § 435.118
- Individuals under age one, eligible under 42 C.F.R. § 435.118
- Disabled or blind individuals under age 18 eligible under 42 C.F.R. § 435.120 or 42 C.F.R. § 435.130
- Children for whom child welfare services are made available under Part B of title IV of the Social Security Act on the basis of being a child in foster care and individuals receiving Benefits under Part E of that title, without regard to age
- Disabled children eligible for Medicaid under the family Opportunity Act
- Pregnant women, during pregnancy and through the postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends
- Any individual whose medical assistance for services furnished in an institution or HCBS setting is reduced by amounts reflecting available income other than required for personal needs
- An individual receiving hospice care, as defined in Section 1905(o) of the Social Security Act
- An Indian (as defined in Special Contract Exhibit B) who is currently receiving or has ever received an item or service furnished by IHCP or through referral under contract health services
- Individuals who are receiving Medicaid by the virtue of their breast or cervical cancer diagnosis under 42 C.F.R. § 435.213

Population information is received via Benefit Enrollment and Maintenance files daily and monthly. Member populations are categorized by the following elements: Aid Type, MARS Aid Category, Medically Exempt Status, Wavier Type, Medicare Status, Restrictive Services Indicator, and Capitation Group Identifier. Each category is associated with an eligibility span and can change over time. Categories are written into the Enrolled Member record in the Dental Benefit Administration System for consideration of services exemptions and additional benefits. For instance, Pregnancy is a capitation grouping and medical status read into the Enrolled Member record to allow for additional benefits such as cleanings.

Applicable statuses are loaded as a date-controlled parameter referred to as a “Medical Risk Factor” or MRF. These status designations refer to population increased risk determinations to leverage in claims adjudication consideration.

F.8.08 Exempt Services.

Delta Dental’s Dental Benefit Administration System ensures copayments are not imposed for certain populations and services including EPSDT covered preventive services for individuals under 21 years, services provided during pregnancy, Provider preventable services defined in 42 C.F.R. § 447.26(b), and emergency services. Our system has multiple levels of adjudication rules to protect special populations and exempt services.

F.8.09 Reserved. N/A.

F.8.10 Inability to Pay.

Delta Dental provides education to Enrolled Members on their right to assert to Providers they are unable to pay the copayment and that Providers may not deny care or services to any Enrolled Member because of their inability to pay. This information is included in the Member Welcome Packet, Member Handbook, on our public website and in the secure Member Connection website, and our Member Services team are trained to provide this education to Enrolled Members. We ensure training for Providers has been completed through newsletters, the Provider Office Manual, secure Dentist Connection website, and office visits from our Professional Relations team. In the event an Enrolled Member reports they have been denied services for the inability to pay, Delta Dental will thoroughly investigate with the Provider office and provide additional education as necessary. Delta Dental will ensure if an Enrolled Member has been denied services due to the inability to pay, that Enrolled Member can promptly return to that dental office for services, or we will help the Enrolled Member find a new dental office to receive care.

F.8.11 Claims Payment.

Delta Dental understands we will reduce the payment we make to Providers by the amount of the Enrolled Member’s copayment obligation, regardless of whether the Provider has collected the payment or waived the cost sharing, except as provided under 42 C.F.R. § 447.56(c). We will incorporate guidance and education to Providers in our office manual, website, remittance advice, and external communications such as newsletters of this requirement.

F.8.12 Reserved. N/A.

F.8.13 Indian Premium Exemption.

Delta Dental understands any Indian who is eligible or has received an item or serviced furnished by an IHCP or through a referral under contract health services is exempt from premiums.

F.8.14 Indian Cost Sharing Exemption.

Delta Dental understands any Indian who is currently receiving or has ever received an item or service furnished by an IHCP or through referral under contract health services is exempt from all cost sharing.

F.9 Reserved.

F.9.01 Reserved. N/A.

F.9.02 Reserved. N/A.

F.10 Reserved.

F.10.01 Reserved. N/A.

F.11 Reserved.

F.11.01 Reserved. N/A.

F.12 Reserved.

F.12.01 Reserved. N/A.

F.13 Reserved.

F.13.01 Reserved. N/A.

F.14 Reserved.

F.14.01 Reserved. N/A.

F.15 Moral Objections.**F.15.01 Generally.**

Delta Dental understands that if we were to otherwise be required to provide, reimburse for, or provide coverage of a counseling or referral service, Delta Dental would then not be required to do so if we object to the service on moral or religious grounds.

F.16 Enrollee Rights.**F.16.01 Right to Receive Information.**

Delta Dental has written policies guaranteeing the Enrolled Member's right to receive information about Delta Dental, as well as the DWP, DWP Kids, and Hawki programs. Current and potential enrollees and their authorized representatives can access Member documents and the Provider directory at any time via Delta Dental's website. We provide all Enrollees with the resources and information they need to access all resources in their New Member Packet. Current and potential enrollees also have the right to request any of this information in a format or language accessible to the Enrolled Member.

F.16.02 Right to be Treated with Respect.

Delta Dental prioritizes Enrolled Member's rights to be treated with respect and dignity, as well as their right to privacy. We have written policies and provide them to every Enrolled Member and Network Provider.

F.16.03 Right to Participate in Community.

Delta Dental's policies prioritize the Enrolled Member's right to participate in their communities, however they may define it, to the fullest extent possible. Our Care Coordination and Outreach plans and policies focus on providing Enrolled Members with the tools they need to be active in their community. This includes promoting participation in the Delta Dental community through Member engagement and outreach, and the Delta Dental Member Advisory Group. Written policies are in place to guarantee and promote Enrolled Members' participation in their communities.

F.16.04 Right to Receive Information on Treatment Options.

In our Member Handbook, Delta Dental includes the option for Enrolled Members to receive a second opinion from another dental Provider to identify their available treatment options and possible alternatives. We educate our Member Services team to ensure Enrolled Members know they have a right for their dental Provider to explain and present treatment plans in an appropriate way to their condition and ability to understand. Our Provider Office Manual and Professional Relations team aim to educate Providers they have a responsibility to explain treatment plans to Members in a way that is easy to understand and allows Enrolled Members to ask questions and receive a second opinion should they so choose.

F.16.05 Right to Participate in Decisions.

Delta Dental has written policies in place regarding the Enrolled Member's right to make informed decisions related to their health care and treatment plan, including the right to refuse treatment. We share these policies with both Enrolled Members and Providers to guarantee our Providers are complying.

F.16.06 Right to be Free from Restraint.

Delta Dental has written policies guaranteeing Enrolled Members the right to be free of physical restraint, as well as any type of coercion, at any point in their treatment.

F.16.07 Right to Copy of Medical Records.

Delta Dental has written policies guaranteeing Enrolled Members the right to request a copy of their medical records and receive them in a format accessible to the Enrolled Member and their authorized representative. The policies guarantee Enrolled Members the right to request an amendment or correction to their medical records at any time. Our written policies comply with the standards outlined in the HIPAA Privacy Rule.

F.16.08 Free Exercise of Rights.

Delta Dental has written policies guaranteeing Enrolled Members the ability to exercise any of their rights without adverse consequences from Delta Dental or in-network Providers. Providers are made aware of all Enrolled Members' rights. Delta Dental's website and the Member Handbook provides Enrolled Members with the information and tools they need to file a Grievance against Delta Dental or any Network Provider who infringes on their freedom to exercise their rights.

F.16.09 Exceptions to Policy.

Delta Dental has experience working with the Agency on exceptions to policy, as documented. In our internal policies and procedures. Once we receive an exception to policy, our Clinical team lead gathers all clinical documentation submitted and works with the Provider to obtain additional information if needed. Then, we develop a recommendation based on the following areas: 1) is there an extreme need

for the services; 2) is there an exceptional circumstance to justify the services; 3) will there be cost savings to the Agency.

Our Plan CEO, Gretchen Hageman, and Dental Director, Dr. Jeffrey Chaffin, review the recommendation before sending to the Agency for consideration if they think it meets the criteria listed above.

Delta Dental understands and complies with scenarios in which we determine to approve, deny, reduce, or terminate an Enrolled Member’s services remains subject to all applicable Iowa Administrative Code (IAC), Iowa Code and the Code of Federal Regulations, including timely notification, content of the notification, and Appeal rights.

F.17 Telehealth.

F.17.01 Telehealth.

Through current Agency policy, Delta Dental allows Providers to complete and receive payment of Asynchronous and Synchronous teledentistry services. A teledentistry service provided by a Provider is treated as an equivalent service as an in-person consultation and is reimbursed the same way. We updated Delta Dental’s Dental Benefit Administration System on April 6, 2020, to allow Providers to be reimbursed for synchronous and limited oral evaluations. In March of 2021, the Agency updated teledentistry rules to include Asynchronous services and added additional codes for approval of reimbursement. **We have received and made payment for 338 teledentistry claims since April 2020.**

**We have received and made
payment for
338 teledentistry claims
since April 2020.**



Delta Dental understands the importance of providing services that best fit the Enrolled Member’s need at any given moment. Being able to provide teledentistry services opens up the opportunity to reach more Enrolled Members and helps us address any critical issues that may go unseen. This option to providing services decreases potential barriers that may prevent the Enrolled Member from seeking assistance and provides for easier Network Provider access. This is especially important for Enrolled Members that reside in rural areas of Iowa where Network Provider access is not as easily attainable as it is in some other regions of the State. This method of providing care and reaching Enrolled Members, that may not seek services otherwise, has allowed Delta Dental to make advancements in improving the oral health equity of Medicaid Members and populations. Teledentistry allows Delta Dental to foster connections between Enrolled Members and Network Providers in an easily accessible way and at any time, which provides a sense of security and trust. To maintain this sense of security and not provide additional burden to an Enrolled Member, Delta Dental recognizes the importance of treating dental health care services provided through in-person consultations equivalent to services provided through teledentistry in the case of payment reimbursement; and there is no additional payment for teledentistry components of service associated with the underlying service being rendered. Overall, Delta Dental understands and acknowledges that payment for a service rendered via teledentistry is the same as payment made for that service when rendered in an in-person setting.

Delta Dental understands that an in-person contact between a dental health care professional and an Enrolled Member is not required as a prerequisite for payment for otherwise-covered services appropriately provided through teledentistry in accordance with generally accepted dental health care practices and standards prevailing in the applicable professional community at the time the services are provided, as well as being in accordance with provisions under IAC 653-13.11 (147, 148, 272C).



Network Adequacy & Availability



Increase Recall & Prevention

To focus on innovation, Delta Dental partnered with TeleDentistry.com, as part of a Quality Assessment and Performance Improvement program project to provide teledentistry services to Enrolled Members. This provides emergency assessment and an avenue for Network Provider referrals for Enrolled Members. By making teledentistry available, Enrolled Members can avoid the emergency room for dental care and this can reduce unnecessary medical costs.

There are two projects our Foundation has been involved in to promote and expand teledentistry for dentistry services in Iowa.

Delta Dental in Action | Empowering Healthy Rural Iowa – Teledentistry & Innovation

Organization: The University of Iowa Public Policy Center, Iowa City (Johnson)

Title: Improving access to dental care in nursing facilities via teledentistry: A demonstration project

Amount Awarded: \$200,000

Project Dates: 1/01/2020-6/30/2023

Geographic Area Served (Counties): Lee



Project Description: As the older adult population increases, there are more lowans expected to live in nursing facilities. Many times, these residents often face barriers to appropriate dental care. The University of Iowa Public Policy Center created a pilot project to implement a teledentistry program for older adults in nursing facilities. Our Foundation investment supported implementation costs for portable equipment as well as research costs to study the impact of the program. The pilot will measure effectiveness of access to care, cost, and clinical outcomes, and to demonstrate implementation and successful collaboration.

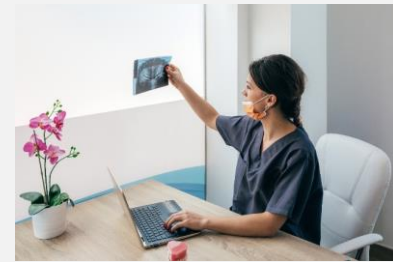


Delta Dental in Action | Medical/Dental Integration – Maternal Care/Teledentistry Innovation

Organization: Primary Health Care, Des Moines (Polk)
Title: Expanding Access to Care for Pregnant Women with Teledentistry Pilot Project
Amount Awarded: \$36,867
Project Dates: 12/01/2023-12/01/2024
Geographic Area Served (Counties): Marshall, Polk, Story



Project Description: Due to the high need for dental services for low-income and underserved Iowans, dental schedules at many community health centers fill quickly. This is particularly problematic as patients often only have presumptive Medicaid eligibility (PE) for approximately two months. Furthermore, oral health education is most beneficial early in pregnancy, and completing required treatment in the later stages of pregnancy is often more difficult for the patient to tolerate. The goal of this project is to use the innovative practice of teledentistry to create more efficient access to care for patients who are pregnant. With support from our Foundation, Primary Health Care’s East Side Clinic began a pilot program to embed a registered dental hygienist (RDH) operating under public health supervision to perform asynchronous teledentistry exams and dental cleanings/X-rays for pregnant women being cared for at this site.



Results: This project is in process and results will be available in 2024.

Section F Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § F, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Quality, Care Coordination, and Utilization Management

G



The Delta Dental of Iowa Foundation Geriatrics and Special Needs Professorship was established in 2018, creating the first professorship of this specialty in the nation.



Hawki
Iowa HHS
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G. Quality, Care Coordination, and Utilization Management.

Attachment J. Please explain how you propose to execute Section G in its entirety and describe all relevant experience.

This section outlines our extensive coverage approach that meets and exceeds the RFP requirements. Exhibit G-1 provides an overview of the features and benefits of our approach to Quality, Care Coordination, and Utilization Management (UM), and how they support the Agency’s Key Goals.





Exhibit G-1. Features and benefits of our approach to Quality, Care Coordination, and Utilization Management, and how they support the Agency’s Key Goals.

Features	Benefits	01	02	03	04
Real-time availability of Care Coordinators (Section G.1)	<ul style="list-style-type: none"> Increases Enrolled Members’ satisfaction through immediate availability of Care Coordinators Expedites Enrolled Members’ care to specialized Care Coordination services 	✓	✓	✓	✓
Access and use of MCO data (Section G.2)	<ul style="list-style-type: none"> Uses data from MCOs to support Agency efforts for medical/dental integration and unity of Iowa Health Link to include on emergent care, maternal health, and chronic health conditions (e.g., diabetes) Improves macro- and micro-level health outcomes among all Enrolled Members Supports early identification of specific groups and regional areas that need additional outreach and resources Identifies and support targeted care for Enrolled Members who are prone to adverse health outcomes 	✓	✓	✓	✓
Joint collaboration with MCO Case Managers and Care Coordination teams (Section G.2)	<ul style="list-style-type: none"> Improves understanding among Enrolled Members of the relationship between oral and overall health Identifies Enrolled Members who need joint care coordination/case management and determines what services they are eligible for through their MCO Identifies Enrolled Members’ oral health concerns and coordinates care and facilitates warm handoff to MCO when dental services are no longer needed identifies specialized populations with enhanced oral health needs to promote medical/dental integration (e.g., Members who are currently pregnant, Members with diabetes) 	✓	✓	✓	✓
Data sharing agreements with MCOs (Section G.2)	<ul style="list-style-type: none"> Uses comprehensive analysis of dental claims data coupled with medical data to provide better care to Enrolled Members Increases identification of Enrolled Members dental needs reviewing both dental and medical 	✓	✓	✓	✓

Features	Benefits	01	02	03	04
	<p>claims data</p> <ul style="list-style-type: none"> Reduces costs to the Agency and ineffective means of obtaining care among Enrolled Members by identifying Enrolled Members who have overutilized the emergency room and other emergency medical services for dental care 				
Use of data analytics and dashboards (Section G.2)	<ul style="list-style-type: none"> Monitors up-to-date data to determine which Enrolled Members need further outreach and to identify ways to improve processes Allows us to tailor outreach to Enrolled Members to better meet their needs Promptly remediates all case specific findings and track findings to identify systemic issues of poor performance or non-compliance 	✓	✓	✓	✓
Claims History and Analysis Reporting (CHART) Tool (Section G.3)	<ul style="list-style-type: none"> Identifies aberrant Provider treatment patterns which may represent fraud and or abusive claim reporting activities Uses algorithms built specifically for Medicaid 		✓	✓	
100% based Quality Management/Quality Improvement Committee, Subcommittees and Advisory Board (QM/QI Committee) (Section G.5)	<ul style="list-style-type: none"> Provides comprehensive quality activities for Clinical and Peer Review, Utilization Review, Grievances and Appeals, Member Education, Outreach & Improvement, Provider Education, Outreach, & Improvement, and Performance Improvement Projects (PIPs) 	✓	✓	✓	✓
Cultural Competency initiatives (Section G.6)	<ul style="list-style-type: none"> Provides comprehensive support for all vulnerable Iowa populations (e.g., refugees, older Iowans, and marginalized racial and ethnic groups) 	✓	✓	✓	✓
<p>Agency Key Goals</p> <p>01- Improve Network Adequacy and availability of services. 02 - Increase recall and prevention services. 03 - Improve oral health equity among Medicaid Members. 04 - Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>					

Throughout this section, and in our proposal overall, we indicate where our solutions and approaches address these key Agency goals using the following symbols shown in Exhibit G-2:

Exhibit G-2. Agency Key Goals.

Agency Key Goals – Symbol and Description	
 <p>Improve Network Adequacy and availability of services.</p>	 <p>Increase recall and prevention services.</p>
 <p>Improve oral health equity among Medicaid Members.</p>	 <p>Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>

G.1 External Quality Review (EQR).

G.1.01 Annual EQR.

Delta Dental complies and will continue to comply with all annual, external independent reviews of the Quality, Timeliness, and Access to the services covered under each Contract we have with the Agency for the DWP, DWP Kids, and Hawki programs. We have been evaluated annually for EQR by a EQRO (External Quality Review Organization) contracted with the Agency.

G.1.02 Process.



Network Adequacy & Availability

Delta Dental has participated annually in all requests for an External Quality Review. Through these evaluations, we have been reviewed on a handful of EQR activities to showcase our ability to provide Quality service and proper access in a timely manner. The activities reviewed included Delta Dental’s Performance Improvement Project (PIP), Performance Measure Validation (PMV), Compliance Review, Network Adequacy Validation (NAV), and Encounter Data Validation (EDV).

Through these EQR activity reviews, Delta Dental expanded and implemented new practices and processes to address the Quality, timeliness, and access to our services. We implemented the utilization of the Enrolled Member survey results to better understand the barriers Members face so we can help to address those barriers in our PIPs. We also included the process of addressing both clinical and program-specific improvements during the creation of our PIPs which helps us create an effective, well-rounded project scope. These improvement activities have a direct link to our performance measures, which were found to have no substantial weaknesses during our 2022 EQR Audit. Delta Dental is dedicated to the continual growth and improvement of our EQR activities for the betterment of serving our Enrolled Members.

Delta Dental recognizes the EQR assists not only the Agency, but us as well when improving the Quality, timeliness, and accessibility of health care for all Enrolled Members.

As part of ensuring we are providing our value of Exceptional Quality Service, Delta Dental also undergoes additional audits. We have participated in Program Integrity audits and the Payment Error Rate Measurement (PERM) audits which have been hosted by the Agency. Delta Dental has also fully complied with additional audit requests by the Agency that have been conducted through an external auditor group or organization that has been designated by the Agency. For example, these audits have pertained to a review of our overall compliance to contractual standards, Encounter Data Claims data validation, medical loss ratio, validation of Network Adequacy, performance improvement projects, early periodic screening, diagnostic and treatment, and performance measure validation/information systems quality assessment.

G.2 Care Coordination.

G.2.01 General.

Delta Dental has an established Care Coordination Program structure that aligns with the goals of the Agency and has been created and modified to meet the needs of our Enrolled Members. Our Iowa-based team created, developed, and implemented our Care Coordination Program to address the unique needs of Iowans, specifically the unique rural landscape in the State. Our Care Coordination staff live in and are part of the communities they serve, and many staff members have spent a majority of their lives in Iowa. In addition to formal educational backgrounds and training, our staff understand what is needed to serve Iowans through their own experiences.

Our Project Manager, Nicole Miller, who has over eight years of experience with Delta Dental and Managed Care, and the Outreach and Care Coordination Manager, Taryn Jonet, whose background is in Social Work and Sociological Research oversee our Care Coordination Program. Together, their expertise and insights ensure our Enrolled Members have access to a comprehensive Care Coordination Program, which takes into consideration social determinants of health, public health, marginalized and underserved populations among our Enrolled Members, and the goals of the Agency.

We believe in continued Member choice. Our Care Coordination Program was created to maintain the highest level of autonomy possible, by providing Enrolled Members and their authorized representatives with the resources and education needed to make informed decisions about their dental care and oral health. Our Care Coordinators continue to work with Enrolled Members until they have established a dental home that meets their social and physical needs. While working with Enrolled Members, we provide the tools they need to independently Access and advocate for care, even after they are no longer working with a Care Coordinator from Delta Dental.

We train all Care Coordination staff to coordinate the appropriate care for Enrolled Members, to include helping Enrolled Members find a Provider and transportation to make appointments. However, we understand Care Coordination goes beyond helping Enrolled Members find a dental home. Our program treats each Enrolled Member as an individual and understands each Member will have unique needs and barriers. Enrolled Members who require Care Coordination will work one-on-one with a designated Care Coordination staff member. Enrolled Members who require long-term Care Coordination will continue working with the same staff member to maintain a professional and consistent relationship for that Member. We train our staff to help Enrolled Members access the resources they need to successfully find and maintain a dental home and improve overall quality of life. Using the structure laid out by Maslow's Hierarchy of Needs, our staff understands Enrolled Members will not be able to focus on their oral health and access dental care without their basic and physiological needs being met, including food, shelter, and transportation. In addition to using results from the PreViser Oral Health Survey, our staff are trained to identify when Enrolled Members needs are not being met and when to connect them with necessary resources. This approach ensures that our Enrolled Members will be able to maintain their oral health and dental home beyond Delta Dental's Care Coordination Program.



Collaboration plays an essential role in the success of our Care Coordination Program. As a current Prepaid Ambulatory Health Plan (PAHP), we have established relationships with the Agency, the MCOs, the other PAHP, and other Contractors. Additionally, our strong presence in Iowa has been instrumental in establishing and maintaining connections with dental Providers and community partners around the State. We leverage our relationships with other Contractors' Care Coordination Programs to help coordinate care and resources for our Enrolled Members to better support the overall well-being of our Enrolled Members

and support the Agency's medical/dental integration goals. This includes our strong relationships with I-Smile™ Coordinators. We will have established data sharing agreements with the MCOs in SFY24 to aid in care coordination efforts and to have a better understanding of our Enrolled Member's needs. We are committed to establishing strong working relationships with other future Contractors in support of our Enrolled Members and the Agency's goals. Our strong relationships with Providers and key oral health stakeholders have been instrumental in ensuring our Enrolled Members are establishing dental homes with quality Providers. We work with Providers to ensure quality care for all Enrolled Members, regardless of their participation in our network.

G.2.02 Information Requirements.

Enrolled Members are provided with our Member Services helpline and email address in all Member communications sent by Delta Dental where they can request assistance with Care Coordination, ask questions about benefits, claims, or find a Provider in their area. Our website and secure Member Connection website also include contact information for our Member Services team. When an Enrolled Member contacts Delta Dental, they can get their assigned Care Coordinator's information, request contact from the Care Coordinator, or connect with a Care Coordinator in real time. During initial contact, a Care Coordinator confirms the Enrolled Member's contact information and preferred method of communication. A Care Coordinator assists Enrolled Members with:

- Finding a provider
- Making a dental appointment
- Transferring to TeleDentistry.com for emergent dental issues
- Getting transportation to dental appointments

Our Care Coordination Manager handles all Care Coordination requests made by an Enrolled Member's MCO, I-Smile™ Coordinators, the Agency, and community partners. The Care Coordination Manager has established relationships with all entities and has provided them with their direct contact information. The Care Coordination Manager will make initial contact with the Enrolled Member within one business day in the case of a dental emergency and three business days for all other services. The Care Coordination Manager works closely with an Enrolled Member's MCO Case Management team when needed.

G.2.03 *Reserved. N/A.*

G.2.04 *Reserved. N/A.*

G.2.05 *Reserved. N/A.*

G.2.06 **Coordination with Other Contractors.**

Attachment J. G.2 Care Coordination.

b) Explain what community partners you plan to engage with and how you plan to provide referrals that address member's social determinant of health needs, focusing on enabling the member to access services (e.g., warm hand-offs to referral sources, streamlined internal referrals).

We highly value our relationships with the contracted MCOs, PAHPs, and community partners. We all share a commitment to improve overall health outcomes for our Enrolled Members. We believe in providing a comprehensive, integrated comprehensive care coordination approach that focuses on

whole person health. Implementation of comprehensive, seamless care coordination can only be done with strong partners with the PAHPs, MCOs and community partners.

We have developed a partnership with the MCOs to mitigate barriers to care coordination services and accessing resources. Our Care Coordinators will work as a team with the Enrolled Member's MCO to identify the oral health concerns and coordinate care, as well as identify other medical and resource needs. We have identified a warm hand-off referral process with the MCOs and provide follow up information back to the MCOs related to the Member's needs.

In addition to utilizing data through data sharing agreements with the other MCOs, we also maintain open lines of communication between our Leadership and Care Coordination teams for a seamless referral process. We will also work with the other Dental PAHP(s) to coordinate care for Enrolled Members who choose to switch to a new carrier. Once these referrals are received by the Care Coordinators, they will work with the other Contractors as needed to ensure the Member receives comprehensive care that benefits their oral and overall health.

Through the Oral Health Survey and the MCOs Health Risk Assessment, we gather information on an Enrolled Members social determinants of health needs. Through our partnership with MCOs we share data related to the Enrolled Member's needs and work together to successfully address these needs. We also do warm hand off referrals if an Enrolled Member has been identified as having social determinants of health needs while working with Member Services or Care Coordination staff. We also work with Network Providers as a referral resource to identify Enrolled Members who need additional resources.

Delta Dental is responsible for coordinating dental services for Enrolled Members to ensure ongoing dental care. This includes coordinating services for Enrolled Members between settings of care, and with services an Enrolled Member receives from another MCO or PAHP.

Delta Dental maintains a Transition of Care and Continuity of Care Policy to ensure Enrolled Members receive oral health care as they transition between Dental PAHPs, which includes coordinating with the new PAHP's Care Coordinators. Along with providing relevant data about the Enrolled Member, Delta Dental also works with the new PAHP to coordinate care for families who may have benefits administered by multiple PAHPs. Through these methods, Delta Dental is able to transition Enrolled Members seamlessly and successfully to their new PAHP.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

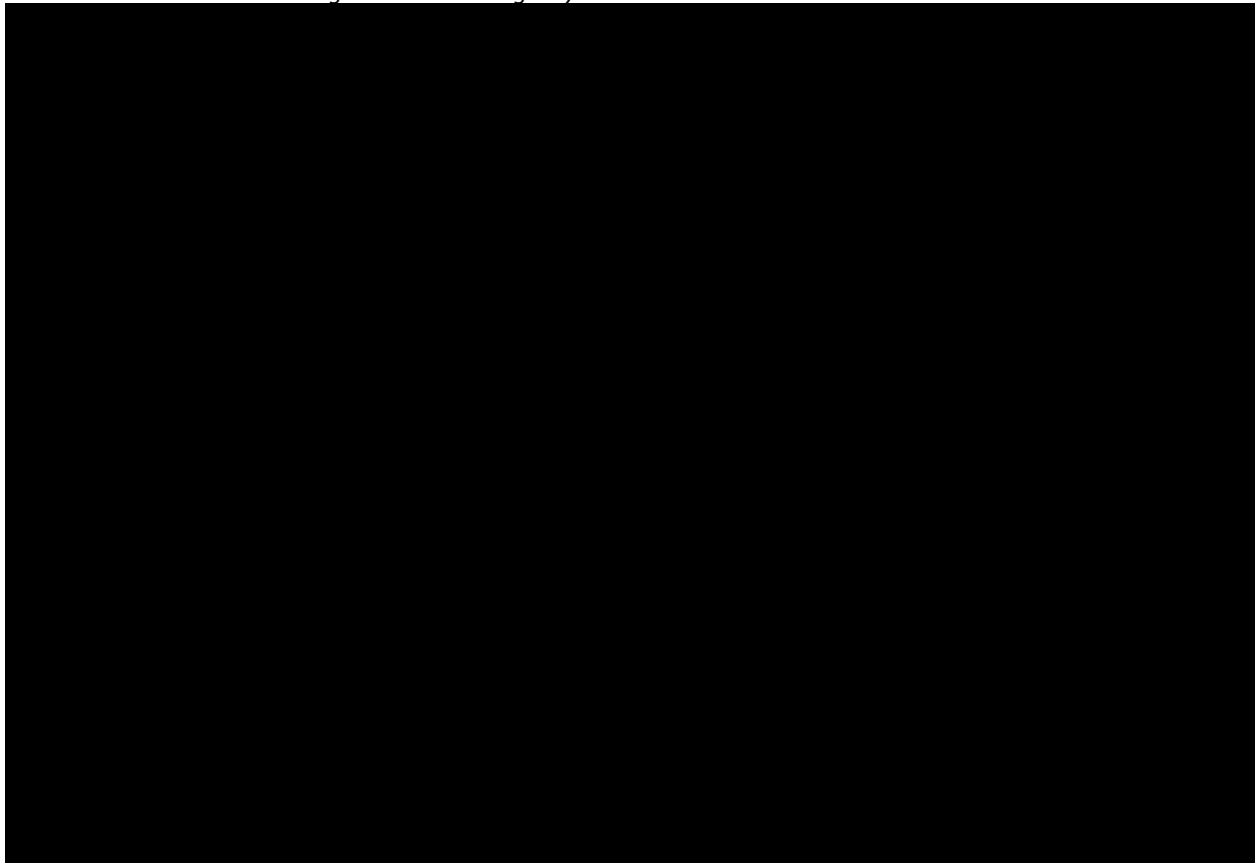
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Exhibit G.2.06-1. Coordinating Care with emergency room data.



We highly value our relationships with the contracted MCOs and our shared commitment to improving oral and overall health outcomes. In addition to addressing this in our Enrolled Member education and outreach, we also integrate it into our Care Coordination. Our Care Coordination team’s partnerships with MCOs and community partners focuses on an integrated comprehensive approach that focuses on providing integrated care coordination to improve Enrolled Members’ overall well-being. Our Care Coordinators will work as a team with the Enrolled Member’s MCO to identify the oral health concerns and coordinate care, as well as identify other medical and resource needs.

Sharing Smiles – Care Coordination Success Story



G.2.07 Coordination with FFS Medicaid.

To provide effective Care Coordination, Delta Dental has established strong working relationships with the Agency. Previously, we worked with the Agency’s Dental Manager and Clinical team to Coordinate dental services for an Enrolled Member who transitioned from FFS Medicaid to Delta Dental. Delta Dental maintains a Transition of Care and Continuity of Care Policy to ensure Enrolled Members

receive oral health care as they transition between FFS and administration of benefits through Delta Dental. We will also provide any relevant data about the Enrolled Member to ensure successful and easy transitions between us to FFS. As requested, our Care Coordination team will work with FFS to ensure successful transitions for Enrolled Members, or to coordinate care for families who may have benefits administered by both Delta Dental and FFS.

G.2.08 Coordination with Community Supports.

Delta Dental has an established partnership with I-Smile™ and I-Smile™ Silver to provide information, outreach, care coordination and direct service for DWP, DWP Kids, and Hawki Members across the State of Iowa. I-Smile™ is a statewide program that connects Iowans with dental, medical, and community resources to ensure a lifetime of health and wellness. I-Smile™ Silver is available for adults in three local Title V agencies. I-Smile™ Silver staff work with Agency adults to provide information, outreach, care coordination and direct service. The I-Smile™ Silver agencies cover ten counties in Iowa. Local I-Smile™ and I-Smile™ Silver hire staff who live and work within the community they are serving. The staffing model for I-Smile™ programs includes hygienists, dental assistants, social workers, nurses, and community health workers. The I-Smile™ programs are a blend of direct services to Medicaid Members, building community partners with stakeholders and dental and medical Providers, and being active in community coalitions and stakeholder events. Delta Dental will also work directly with I-Smile™ coordinators to facilitate care coordination for Enrolled Members. These relationships often work both ways, where we support one another in ensuring Enrolled Members we have identified are provided with comprehensive dental care.

As an Iowa-based company with established relationships, we work frequently with a variety of community partners across the State. Like our relationships with I-Smile™, community partner relationships are often two-way, where we can rely on them for assistance with care coordination needs and they can refer Members to us. Some of the community partners we work with to coordinate care for our Enrolled Members include, agencies providing case management for refugees, residential facilities for Members with disabilities, mental health conditions and substance use disorders, and oral health stakeholders.

Our Government Programs team has developed strong relationships with other community supports across the State. We are consistently present at community and statewide events for professionals who work with our Enrolled Members, for example, the Public Health Conference of Iowa and the School Nurse Conference. Our staff also serve on committees and are part of groups that support our Enrolled Members and relationships with community supports, including the Refugee Alliance of Central Iowa and Iowa Immunizes Coalition. These participations allow us to maintain active working relationships with community partners and provide information about how to refer an Enrolled Member for Care Coordination when they are working for other community supports. We also leverage these relationships to connect our Enrolled Members with community supports, outside of the ones readily available by Delta Dental and other Contractors.

G.2.09 Timelines.

Delta Dental understands the importance of all Enrolled Members completing their PreViser Oral Health Survey to best inform care coordination and outreach practices, as well as other policies. As a key stakeholder in the creation and implementation of the PreViser Oral Health Survey, we are committed to ensuring its success. Delta Dental uses a number of communication methods including calls, tests, and mailings to communicate with Members and encourage them to complete the PreViser Oral Health Survey. We have created a **comprehensive list of outreach strategies, including subsequent and**

multiple contact attempts, to ensure at least 70 percent of all newly enrolled Members, 21 years or older, have completed their PreViser Survey within 90-days of enrollment.

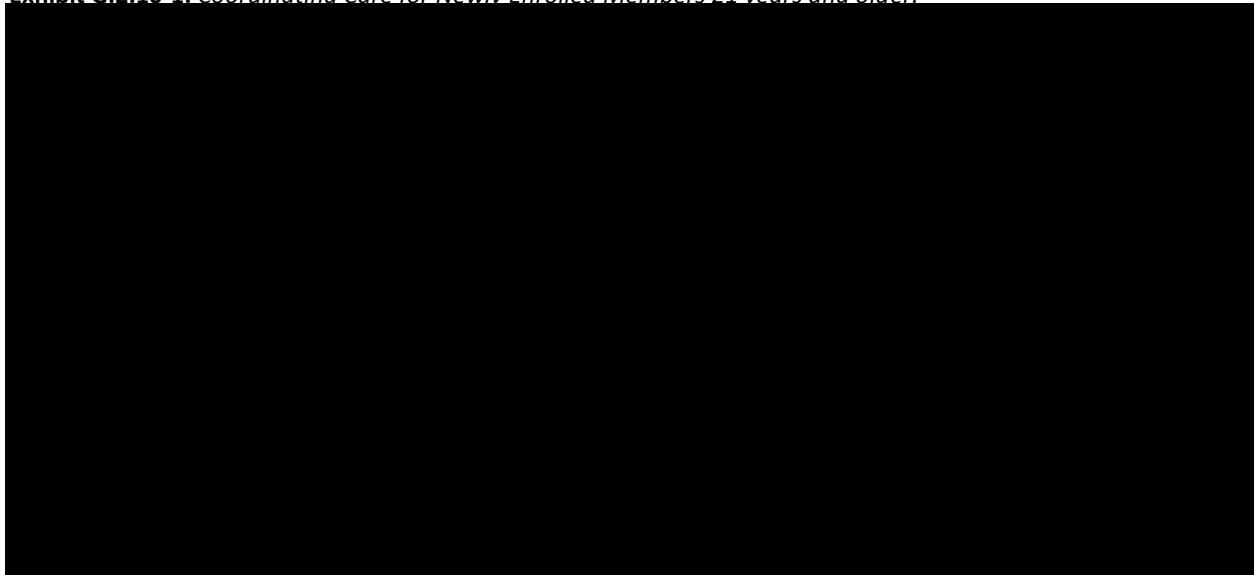
G.2.10 Initial Oral Health Risk Screening.

Attachment J. G.2 Care Coordination.

a) Describe how you will coordinate care for members, including how you will connect members with referrals found during outreach and via the Initial Oral Health Risk Screening.

Enrolled Members 21 years and older: Delta Dental has implemented a comprehensive care coordination and outreach program for Enrolled Members. Outreach efforts begin when we receive the newly eligible file from the Agency. Care coordination and outreach efforts focus on informing members of their benefit, helping Enrolled Members find a dentist, and completing the Oral Health Survey. Below is a flow chart outlining this process in Exhibit G.2.10-1.








Exhibit G.2.10-1. Coordinating Care for Newly Enrolled Members 21 years and older.



Enrolled Members 20 years and younger: Maternal, Child and Adolescent Health Agencies are contractually required to complete informing and initial assessments for Medicaid members 20 years and younger. These agencies are also responsible for additional follow-up based on responses upon completion. If an Enrolled Member is identified as needing emergency services or need to find a Provider, the Member is referred to the local I-Smile™ Coordinators. If the local I-Smile™ Coordinator needs help in a finding a Provider, Delta Dental has established a referral form for Coordinators to share information about the Enrolled Member and their needs. Delta Dental’s Care Coordinators will work with the I-Smile™ Coordinators to find a Provider for the Enrolled Member and address their other identified needs.

From our experience with the Dental Wellness Plan, we understand not all groups of Enrolled Members engage with the same communications strategies. Our methods (see Exhibit G.2.10-2) encompass a variety of outreach tactics to account for the communication barriers we see among our Enrolled Members, including transience and literacy barriers.

Exhibit G.2.10-2. Methods to support PreViser completion.

Method	Description
 <div style="background-color: black; width: 80px; height: 20px; margin: 5px 0;"></div> <div style="background-color: black; width: 50px; height: 20px; margin: 5px 0;"></div>	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 95%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 90%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 95%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 5%; height: 15px;"></div>
 <div style="background-color: black; width: 80px; height: 20px; margin: 5px 0;"></div> <div style="background-color: black; width: 50px; height: 20px; margin: 5px 0;"></div> <div style="background-color: black; width: 80px; height: 20px; margin: 5px 0;"></div>	<div style="background-color: black; width: 75%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 95%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 95%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 95%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 70%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 10%; height: 15px;"></div>
 <div style="background-color: black; width: 80px; height: 20px; margin: 5px 0;"></div> <div style="background-color: black; width: 50px; height: 20px; margin: 5px 0;"></div>	<div style="background-color: black; width: 85%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 90%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px;"></div>
 <p data-bbox="321 810 435 898">Member Services Assistance</p>	<p data-bbox="513 804 1409 926">Enrolled Members can call Member Services helpline to complete the PreViser Oral Health survey with a representative. The representatives are also available to answer any questions about the survey and to provide immediate care coordination for Enrolled Members who request it.</p>
 <p data-bbox="329 940 480 1031">Providers and Community Partners</p>	<p data-bbox="513 936 1409 1056">Delta Dental works with Providers and community partners to educate them about the PreViser Oral Health Survey. We have implementing working with Community Partners that provide services to Enrolled Members with Disabilities to complete the Oral Health Survey.</p>
 <div style="background-color: black; width: 80px; height: 20px; margin: 5px 0;"></div> <div style="background-color: black; width: 50px; height: 20px; margin: 5px 0;"></div>	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 95%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 95%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px;"></div>
 <p data-bbox="350 1199 448 1283">Enrolled Member Video</p>	<p data-bbox="513 1199 1409 1283">Delta Dental has an informational video for Enrolled Members on how to complete the PreViser Oral Health Survey. This video is available online and will be shared periodically through Member communications.</p>

[Redacted text block]

[Redacted text block]

[REDACTED]

Exhibit G.2.10-3. *PreViser Oral Health Survey outreach process for Enrolled Members 21 years and older.*

[REDACTED]

[Redacted text block]

Survey Success Story

1.5 weeks

Mar. 1	Enrolled Member completed PreViser Oral Health Survey
Mar. 3	Member Services staff member called Member
Mar. 13	Enrolled Member visited a dentist

[Redacted text block]

Survey Success Story

8 weeks

Feb. 15	Enrolled Member completed PreViser Oral Health Survey
Mar. 3	Member Services staff member called Member
Apr. 12	Enrolled Member visited a dentist

[Redacted text block]

Survey Success Story

2 days

Apr. 5	Member Services staff member called Enrolled Member to assist with scheduling an appointment after Member recorded experiencing dental pain on the PreViser Oral Health Survey
Apr. 7	Enrolled Member received dental care

[Redacted text block]

G.2.11 Oral Health Equity Self-Assessment Tool.

We will continue to support the Agency’s efforts to maintain an Oral Health Equity Self-Assessment tool that follows NCQA standards, take social determinants of health into consideration, and promotes medical/dental integration. We are currently using a uniform tool, designed in collaboration with the Agency, and will continue to do so. We will continue to comply with reporting metrics and formats as prescribed as it relates to the Self-Assessment tool.

Delta Dental has been committed to developing ways for Providers and Enrolled Members to assess oral health risk. When DWP was started in May 2014, we implemented the Oral Health Information Suite with our entire Provider Network to encourage offices to assess an Enrolled Member’s risk and understand their oral health status using state-of-the-art design and the ability to provide real-time data and feedback. Delta Dental provided the PreViser tool free of charge to all offices to be used on Agency and commercial patients to aid in treatment planning for Enrolled Members. With the creation of the Healthy Behaviors program for all Medicaid adults in July 2017, Delta Dental and PreViser, with the approval of the Agency, aimed to create an Oral Health Self-Assessment that allowed Enrolled Members to complete their risk assessment requirement online or on the phone with a Member Services staff member at Delta Dental to maintain their Full benefits. Assessing Medicaid adult Member’s oral health status has now been transformed into the Statewide Oral health Survey that is used by all Agency Dental Benefit Administrators as of January 1, 2023. Delta Dental served as a partner and key contributor during the planning, designing, and implementation of this new survey. We created the current version of the PreViser Oral Health Survey in collaboration with the Agency, Medicaid, Medicare, CHIP Services Dental Association, PreViser, and the other Dental Benefit Administrator. Upon completion of the survey, Enrolled Members receive statewide and local resources which are tailored to their survey responses. Enrolled Members can receive resources related to access to food, transportation, shelter and housing, home health services, childcare, and dental health. The Delta Dental contact information is also provided, and Enrolled Members are encouraged to contact Delta Dental directly for assistance with accessing services or any other resource. **Since 2014, over 315,000 assessments have been completed using one of the three versions of survey mentioned above.**

G.2.12 Screening Method.

As outlined in Section G.2.10, we understand offering multiple formats for completion is crucial for ensuring our Enrolled Members have access to the PreViser Oral Health Survey and promoting completion. Enrolled Members can complete their survey in-person, by phone, through our secure website on a desktop or mobile device, and by mail. To further promote access, additional formats and languages are available to Enrolled Members upon request. Our proposed contact methods to promote completion also include a variety of outreach attempts to reach Enrolled Members in multiple ways.

G.2.13 Completion of Initial Oral Health Risk Screening.

As outlined in Sections G.2.09 and G.2.10, we will make our best efforts to ensure 70 percent of newly Enrolled Members, 21 years or older, complete their Initial Oral Health Risk Screening within 90 days of enrollment with Delta Dental. We will document contact attempts that align with those that receive

final approval from the Agency. We will ensure all Enrolled Members receive three contact attempts within 90-days of enrollment to promote completion of the PreViser Oral Health Survey.

G.2.14 Reserved. N/A.

G.2.15 Reserved. N/A.

G.2.16 Assessments – Special Conditions.



Our PreViser Oral Health Survey takes into consideration the Special Conditions Enrolled Members may have that impact their overall and oral health. We ask Enrolled Members to identify any major health conditions and/or disabilities on their survey. This data is then utilized on a micro-scale for Care Coordination and on a macro-scale to identify large-scale outreach needs for our Enrolled Member population. Through the data sharing agreements with the MCOs, Delta Dental will have limited information about additional health conditions and disabilities that have been identified by the MCOs.

When Enrolled Members are referred for Care Coordination, Coordinators will use this data to help the Enrolled Member access care and services that take into consideration their overall health status and conditions. This data will be used in conjunction with our Oral Health data for care coordination and outreach efforts. Given the strong connection between oral and medical health, Care Coordinators will also use this data to coordinate with the Enrolled Member’s MCO as needed to ensure the proper medical care and coordination is also being completed to ensure successful oral health services and health outcomes for the Enrolled Member.

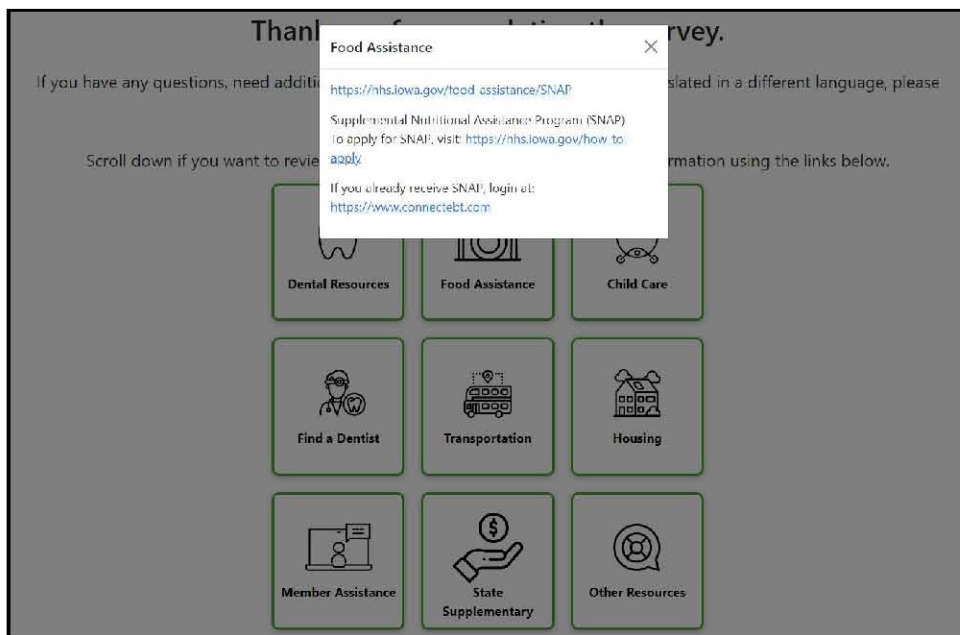
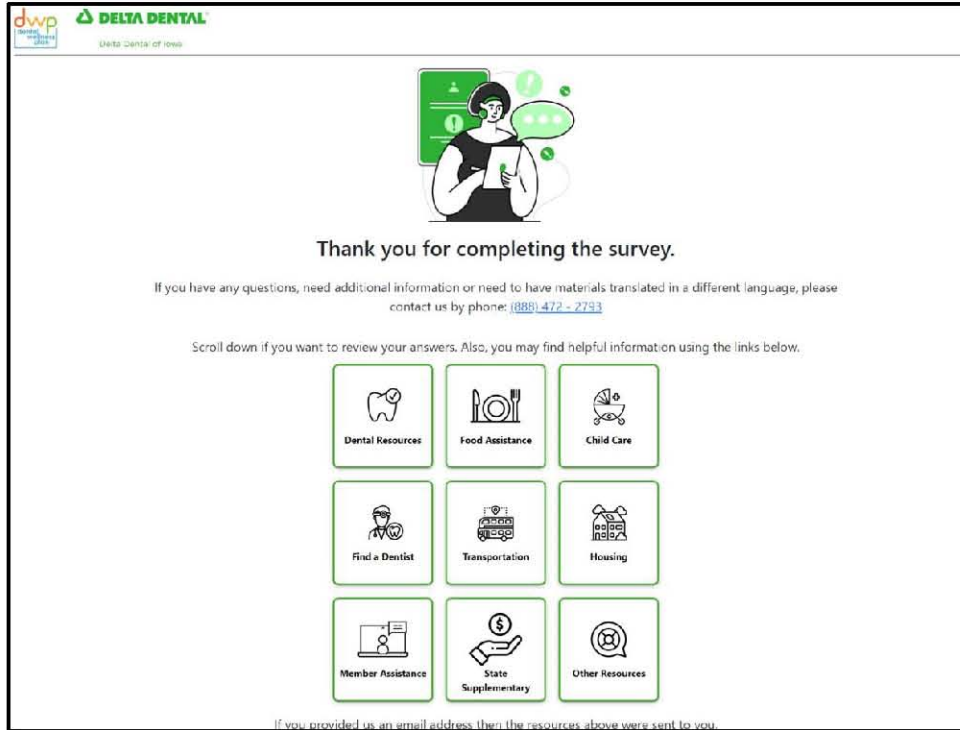
G.2.17 Referral Following Initial Oral Health Screening.

The PreViser Oral Health Survey includes a “Support Services” Section. Enrolled Members have the ability to select as many needed support services from the following list:

- Make an appointment with a Provider
- Get more information about my dental health
- Contact me about other questions I have
- Find Food or Meal Services
- Find Shelter
- Find Child Care
- Access Transportation
- Find Home Health Care

Upon completion of the survey, Enrolled Members will be directed to a resource page which provides information needed to access resources related to the support services they selected from the list. This information includes how to contact Delta Dental’s Member Services team so they can receive help accessing resources from a Member Services staff member or Care Coordinator. Exhibit G.2.17-1 shows what this resources page looks like.

Exhibit G.2.17-1. Completion page after a Member takes the PreViser survey, which includes additional resources and information to Enrolled Members.



As outlined in Section G.2.10 and as seen in Exhibit G.2.10-2, Enrolled Members receive additional outreach from Delta Dental when they indicate they need support services related to making an appointment with a dentist or when they want to be contacted about other questions they have. In these cases, we will still direct Enrolled Members to the resources page, and they will also receive follow-up from a Care Coordinator with Delta Dental to answer any questions the Enrolled Member may

have, and coordinate care as needed, with an emphasis on establishing a dental home for the Enrolled Member.

G.2.18 Reserved. N/A.

G.2.19 Reserved. N/A.

G.2.20 Member Identification.

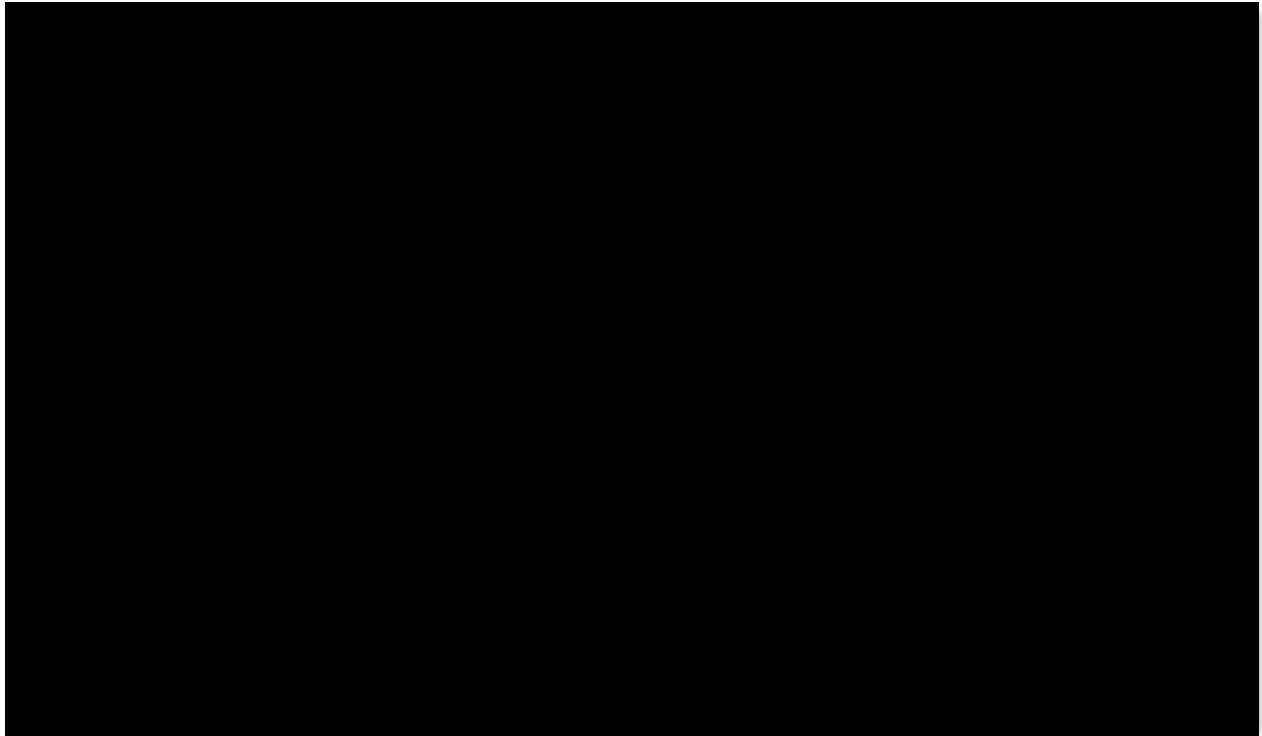
Our Care Coordination team utilizes a wide range of methods and referral systems to identify Enrolled Members who need care coordination. In addition to the utilization of the PreViser Oral Health Survey responses, we utilize additional data (i.e., claims data and MCO-shared data), Enrolled Member and caregiver referrals, Provider referrals, referrals from the Agency and other State partners, from other Contractors, and from Community Partners.

PreViser Oral Health Survey

Delta Dental uses multiple tools to analyze PreViser Oral Health Survey responses on a micro- and macro-level. We pull and analyze individual-level data weekly to identify Enrolled Members who need additional outreach or care coordination services. Alongside this, Delta Dental has created an internal Oral Health Survey dashboard to inform our Care Coordination team and their outreach efforts. This automated dashboard provides up-to-date data on completion of initial risk screening, demographic trends and potential needs in our community, and monitoring of trends to help alleviate noncompliance.

Delta Dental acknowledges that the initial oral health risk screening shall be completed no later than ninety (90) days after Member enrollment. To ensure that at least 70 percent of Delta Dental's new Enrolled Members complete an oral health risk screening within ninety (90) days, Delta Dental has created a monitoring dashboard to track performance. Exhibit G.2.20-1. showcases our tracking system for our PreViser Oral Health Survey.

Exhibit G.2.20-1. *Delta Dental's dashboard for PreViser Oral Health Survey monitoring.*



Our Data team in conjunction with our Care Coordination Program has the capability to monitor up-to-date data to determine which Enrolled Members need further outreach and to identify ways to improve this process. Alongside tracking our performance of completion, our internal monitoring system has the capability to monitor specific trends in our population. Exhibits G.2.20-2 & G.2.20-3 showcases our capability to monitor PreViser Survey response trends. This data is regularly utilized to inform and tailor our Care Coordination and Outreach Programs.

Exhibit G.2.20-2. *Delta Dental's internal PreViser trend monitoring dashboard.*

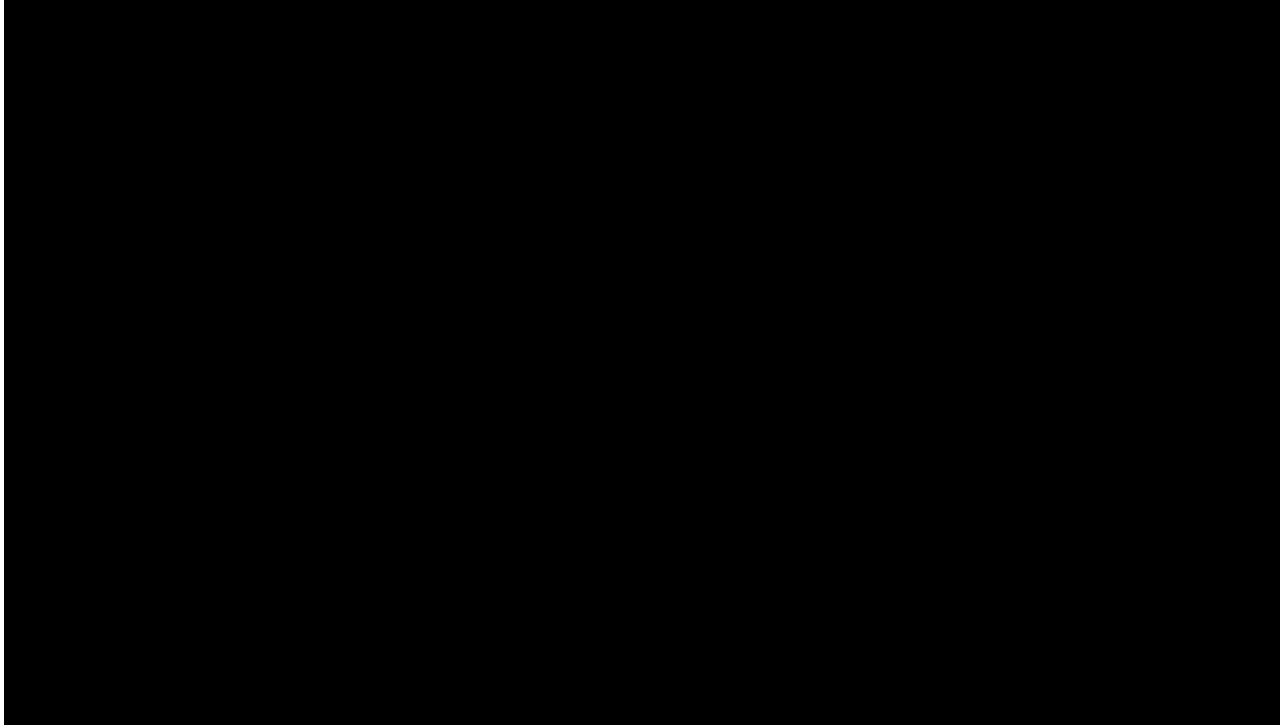
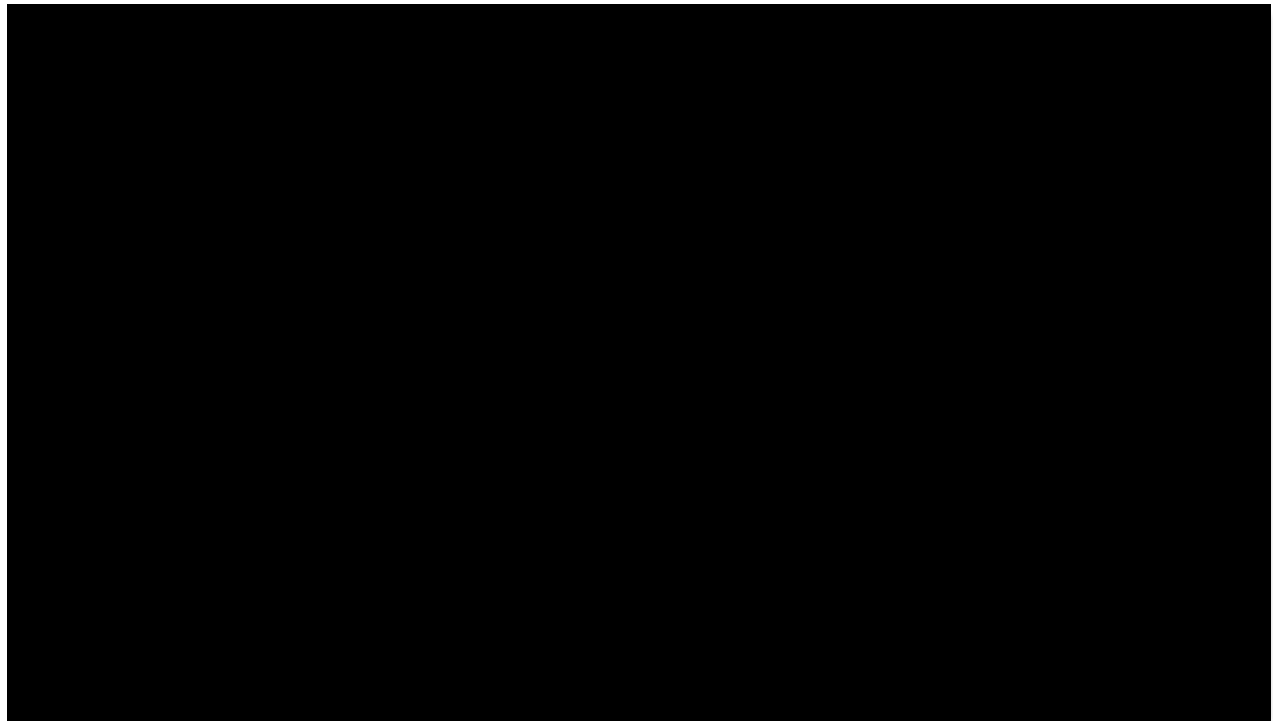


Exhibit G.2.20-3. *Delta Dental's internal PreViser demographic trends dashboard.*



Through these dashboards, if we identify areas of improvement through the monitoring system, we will promptly remediate all case specific findings and track findings to identify systemic issues of poor performance or noncompliance. Delta Dental will implement data-backed strategies to improve its Care

Coordination Program and resolve areas of noncompliance. This data will be submitted to the Agency as prescribed by the Agency and by request.

Data Analysis



Increase Recall & Prevention



Improve Oral Health Equity



Medical/ Dental Integration

Our Outreach and Care Coordination team monitors underutilization of services. We create reports to identify Enrolled Members who have not received services. The best way to avoid costly treatment is through prevention and education. These Members are then proactively given phone calls, postcards, and/or text messages to inform them of the benefits they have with DWP and provide them with the information needed to find a Provider. Enrolled Members may be referred over to Care Coordinators as needed to help with education and scheduling appointments.

We believe to have a member-centric, coordinated referral system between medical and dental, we need to share data with the MCOs. We are working to establish data sharing agreements with the three MCOs in SFY24. The data sharing agreements will allow us to work together to provide comprehensive, integrated care coordination and allow us to work with specific populations to improve health outcomes.

[Redacted text block]

- [Redacted list item]

- [Redacted list item]

- [Redacted list item]

Member and Caregiver Referrals

Enrolled Members or their caregivers can request to work with a Care Coordinator at any time to help coordinate dental care. They can request to work with a Care Coordinator by calling into our Member

Services helpline or by sending an email to our Member Services team email. If an Enrolled Member requests Care Coordination via chat or text messaging, a Care Coordinator will follow-up with them via Outbound Call. When Enrolled Members request Care Coordination Services, an initial Care Coordinator will immediately work with them to help coordinate care. If Enrolled Members have needs that require more complex or intensive care coordination, we will refer them to a Specialized Care Coordinator, who they will continue to work with through the entire Care Coordination process.

Member Services

In addition to requests from Members or their caregivers, our Member Services staff are trained to identify when Members may require Care Coordination. When an Enrolled Member is identified, initial Care Coordinators are available to provide services, including helping to identify Providers or specialists, making appointments, coordinating referrals, or identifying other resources (e.g., transportation) required to access care. Care Coordinators will also work with and facilitate warm hand-offs with other Contractors, the Agency, Provider offices, and community partners.

There may be instances when an Enrolled Member needs more comprehensive or long-term care coordination. This may include Members with special health concerns, those who are part of special populations, or those who live in rural areas with limited access. These Members will be referred for long-term Care Coordination. A specialized Care Coordinator will follow-up with them within one business day for a dental emergency or three business days for other requests. Care Coordinators will work with the Member and other identified supports (e.g., MCO case manager, caregivers, Providers, etc.) to address their comprehensive needs, build a plan with the Member, and ensure the Member is receiving all services to improve their overall health and well-being.

Dentist Referrals

Delta Dental maintains strong working relationships with dentists in and out of the DWP and Hawki Networks. Providers or dental office staff are able to reach out to Delta Dental with information about Members they have identified as needing Care Coordination. These referrals often occur when the Provider office has identified Enrolled Members who they cannot competently provide care for (e.g., a referral from an Enrolled Member's dental home when they need care from a specialist). Care Coordinators will work with the Enrolled Member, their caregiver (when appropriate), and their current dental home to find specialty services or a new dental home for the Enrolled Member.

Other Contractors

In addition to utilizing data through data sharing agreements with the other MCOs, we also maintain open lines of communication between our Leadership and Care Coordination teams for a seamless referral process. We will also work with the other Dental PAHP(s) to coordinate care for Enrolled Members who choose to switch to a new carrier. Once these referrals are received by the Care Coordinators, they will work with the other Contractors as needed to ensure the Member receives comprehensive care that benefits their oral and overall health.

Community Partner Referrals

We maintain strong relationships with community partners across the state through our Government Programs and Foundation including I-Smile™. We maintain open lines of communication, whereas established community partners can reach out directly to our Outreach and Care Coordination Manager to ensure an Enrolled Member receives care coordination for their oral health needs. Delta Dental staff, including the Government Programs and Foundation teams who identify potential referrals while

working with community partners, will immediately refer to the Outreach and Care Coordination Manager.

Member Success Story



An I-Smile™ coordinator serving rural Iowa reached out to our Care Coordination team after they were unable to find a Provider who could **provide IV sedation for an Enrolled Member with disabilities.**

A Care Coordinator from **Delta Dental worked with the Enrolled Member’s caregiver to find a Provider** who was able to provide IV sedation for the Member.

The Agency and the State

Delta Dental routinely receives Member referrals from the Agency and Iowa State Legislators. The Agency is able to refer Members to the Outreach and Care Coordination Consultant or any other Government Programs employee at any time, and they will ensure the Member receives the proper outreach and care coordination. Our Government Relations team also maintains strong relationships with State legislators who often reach out to notify Delta Dental of their constituents who need Care Coordination Services. The Government Relations team works with our Outreach and Care Coordination Consultant to ensure Enrolled Members receive proper Care Coordination.

G.2.21 Care Coordination Program.

PreViser Oral Health Survey

As outlined in Sections G.2.10 and G.2.20, our PreViser Oral Health Survey plan includes identifying and monitoring Enrolled Members in need of care coordination. All Enrolled Members who identify as needing care coordination because of dental pain, being part of a special population, a health condition, or by request, receive follow-up from a Care Coordinator. The Care Coordinator will work with the Enrolled Member to arrange emergent services [as needed] and establish a dental home. Care Coordinators also connect Enrolled Members with necessary resources to mitigate barriers to accessing and maintaining oral health services.

[REDACTED]

For many Enrolled Members, accessing an oral health specialist or specialty care is a challenge. Delta Dental does not require prior approval to see a specialist, so long as they are a Network Provider. However, there are often additional steps to receiving care from a specialist. Additionally, Iowa is currently experiencing a shortage of specialists, especially in our rural areas. Our Care Coordination staff will work closely with identified Enrolled Members to navigate this complex process and ensure they receive care. Staff will work with Enrolled Members to identify specialists, ensure referrals from prescribing offices are sent and received [when required], and help the Enrolled Member make and get to their appointment. Throughout the process, Care Coordination staff will educate the Enrolled Member so they can make informed decisions about services and actively participate in the coordination of their care. Our goal is not only to provide Enrolled Members with access to specialty care, but to also improve their health literacy and knowledge about the process so they have the tools to independently navigate the process beyond Delta Dental and participation in the Care Coordination Program.

We have promoted the care coordination for special populations through our Care Coordination Program and our community partnerships. As outlined in Section G.2.20, we identify Enrolled Members who are part of special populations and have specialized [medical and oral] health care needs and need care coordination through various avenues. We treat each Enrolled Member as an individual and consider their unique needs and barriers in each Care Coordination plan. We will work with Members to establish care, identify and overcome barriers to accessing that care, and ensure Members have the tools they need to maintain a dental home and their overall health in the future. This often requires an integrated care coordination plan that incorporates advocating on behalf of the Member, educating the Enrolled Member, and working the Provider and the Enrolled Member’s other supports to ensure quality care is received and maintained. Our strong relationship with Providers often means we have a greater understanding of Providers who have experience working with different special populations and health conditions, including Enrolled Members with disabilities. [REDACTED]

[REDACTED]

[REDACTED] We can then coordinate care specifically with those Providers to ensure our Enrolled Members are receiving the care required for their condition(s). Many of our Enrolled Members who are part of special populations or have complex health needs work with other community resources and their MCO; additionally, we incorporate collaboration with other entities into their care coordination plan as necessary. [REDACTED]



[REDACTED]

In some cases, Care Coordination plans for Enrolled Members may require special accommodations to ensure they are able to receive quality care and services. This may include special accommodations related to programmatic resources (e.g., transportation) or clinical resources (e.g., nitrous oxide gas or IV sedation). Our Care Coordination staff are also trained to facilitate the Single Case Agreement process with Providers when it is necessary to obtain quality and accessible care for the Member. Care Coordination staff work to identify the appropriate Provider for the Member and advocate on the Member’s behalf to secure Single Case Agreements with the necessary Provider. There are a variety of reasons why an Enrolled Member may require this accommodation, and we work with the Enrolled Member, their Provider, and other supports to identify the most effective accommodations for their individual needs.

Member Success Story

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Identifying and Overcoming Barriers

As residents of Iowa, our Care Coordination Staff understands the challenges faced by Iowans when accessing dental care due to the rural landscape and current shortage of oral health professionals. Further, our Enrolled Members often face additional challenges when accessing and maintaining care. Our Care Coordination staff are trained to identify physical (e.g., medical conditions and needed medical clearances), psychological (e.g., dental anxiety), and social (e.g., lack of childcare or office hours that don’t meet the Member’s needs) barriers to accessing care. Care Coordination staff will work with the

Member to identify and access resources. Additionally, we have recognized the lack of education regarding the oral health system; therefore, many Members do not understand the barriers they face. Our Care Coordination team will also educate the Member about the barrier and why they exist in oral health. For example, many dental offices implement no call, no show and cancellation policies that are often stricter than medical practices. Our Care Coordination team will connect Members with the resources needed (e.g., transportation) to ensure they can make it to their appointments on time. However, Care Coordinators will also educate Members about this practice at many dental offices and be sure they understand their dental home’s policies. This ensures Members have the resources and an understanding of their responsibilities for maintaining a dental home and positive relationship with their Provider office.

We will continue to explore innovative avenues to promote utilization while decreasing barriers for Members. In SFY23, Delta Dental has begun the process of integrating innovative access points through teledentistry and mobile dentistry. Through a partnership with TeleDentistry.com, Care Coordinators can refer Members to a virtual dentist for a limited exam with a licensed Iowa dentist. Teledentistry is used to quickly give Members access to care when access may otherwise not be available due to travel, the Member’s schedule, childcare, or other barriers. In addition to reducing emergency room usage, Care Coordinators are able to use the information from the exam to identify the appropriate care for the Member. Mobile dentistry has been identified as another innovative concept which would allow Delta Dental to provide Members with additional barriers with dental care. Delta Dental has been exploring the utilization of this concept and services to provide Members with disabilities with preventive dental care. Members with disabilities often experience additional physical and physiological barriers when accessing dental care. Mobile dentistry allows Enrolled Members to receive preventive dental care in a setting where they are comfortable and with minimal travel, helping mitigate some of these barriers.

ChildServe has been working in close collaboration with Delta Dental to improve access to dental care for medically complex children and young adults who live in our group homes. Together, we have developed creative solutions to ensure these children receive the urgent, preventative, and ongoing dental services they need. This includes onsite preventative screenings and continued education for local dentists to support the needs of those served in our group homes. Our collaboration with Delta Dental is an incredible example of how one partnership and a commitment to problem-solving can impact the quality of care for Iowa children and families.”

- Teri Wahlig, MD CEO, ChildServe, Johnston

[Redacted text block]

Transitions Planning



Delta Dental understands our Enrolled Members experience many transitions in their health care, which may include transitions to new dental homes for a variety of reasons or transitions between PAHPs and MCOs. Our Care Coordination team works with Enrolled Members to ensure a smooth transition, no matter the circumstance. We recognize Members may require a new dental home due to transience, transitions in or out of residential facilities, new physical or oral health conditions, or simply because they want a new Provider. No matter the circumstance, our Care Coordinators work with identified Enrolled Members to ensure they have the ability to transition by assisting with records requests and transfers, helping make appointments, and securing the resources needed to access their new dental home.

We also support Enrolled Members as they transition between Delta Dental and the other PAHP or FFS Medicaid. When Members transition to Delta Dental, we will connect them with Care Coordination services as identified as needed. Enrolled Members may also request to work with a Care Coordinator by contacting Member Services to assist with their transition to Delta Dental. Delta Dental also honors services and previously approved Prior Authorizations for the first 90 days with Delta Dental to ensure there is no lapse in care. When Enrolled Members transition to a new PAHP or FFS Medicaid, we will provide all required and appropriate data to ease this transition. We also support Members who are transitioning between MCOs. When Members receiving care coordination transfer to a new MCO, their Care Coordinator will work with the MCO to ensure they are still receiving the necessary services and resources required to access oral health care and promote the Member’s overall well-being.

Attachment J. G.2 Care Coordination

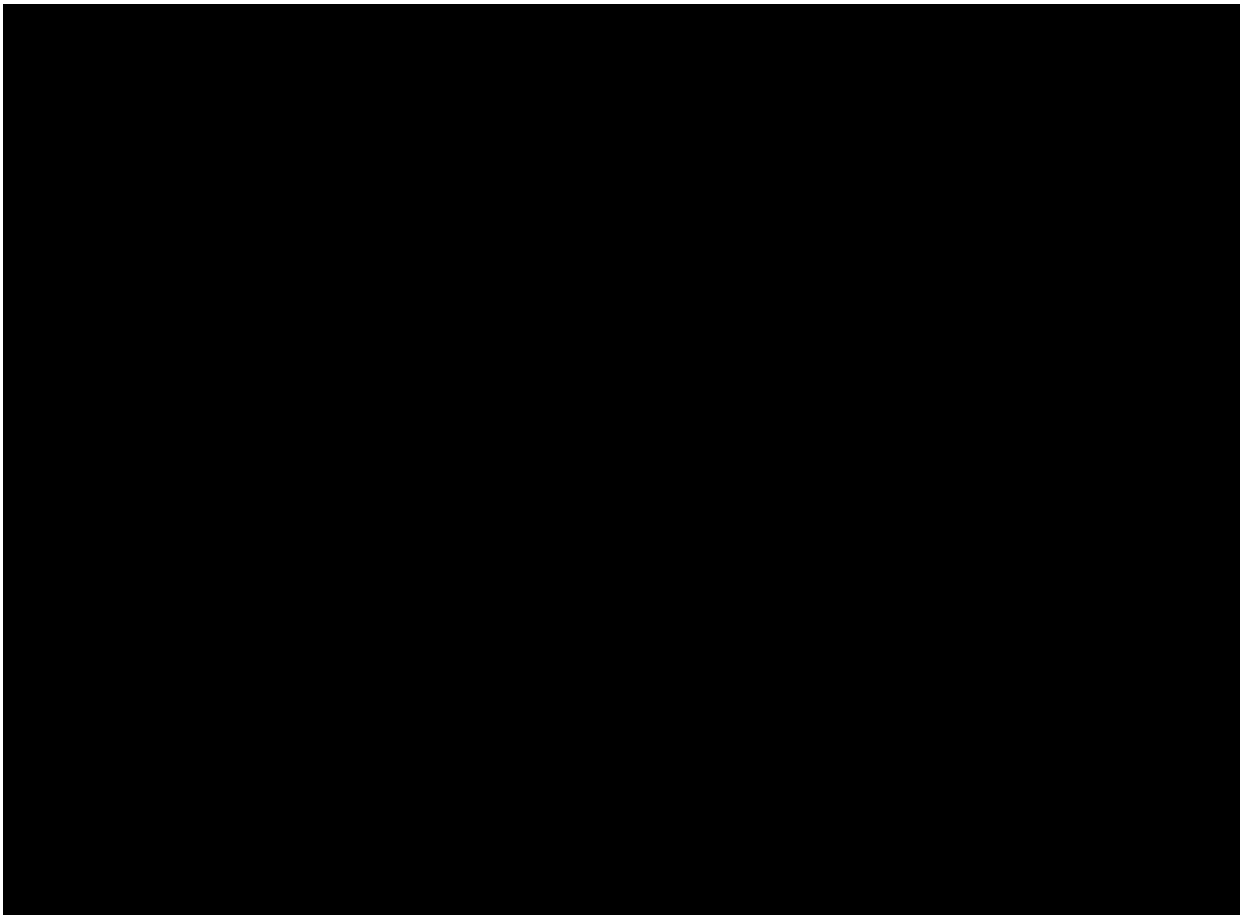
c) Describe how you will identify members who are not accessing their benefits to ensure members are aware of their dental benefit and have access to a dental Provider in their area.

Member Outreach and Education – Non-Utilization and Underutilization



[Redacted content]

Exhibit G.2.21-1. Non-utilization and underutilization outreach initiatives.



General Outreach for Enrolled Members Not Using or Underutilizing Services

[Redacted text block]

Six Month Utilization.

[Redacted text block]

Bi-Annual Non-Utilization. [Redacted]
[Redacted]
[Redacted]
[Redacted]

Recall. [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Keep Your Dental Home. [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Additional Outreach to Address Members Not Utilizing their Benefits

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Targeted Underutilization Outreach

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]



[Redacted text block]

Emergency Room Follow-Up

[Redacted text block]

Member Outreach and Education - Overutilization

[Redacted text block]

Exhibit G.2.21-2. Overutilization monthly report.

July 2022 Utilization Review						
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

July 2022 Utilization Review						
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

G.2.22 Reserved. N/A.

G.2.23 Involved Parties.

Our Care Coordination Program has a strong emphasis on building relationships with other parties who can support Enrolled Members in receiving dental care and improving their overall oral and physical health. This includes other MCOs and PAHPs, I-Smile™, and other community partners. To provide better care coordination, we have adopted a comprehensive process for referral systems and continue this collaboration beyond referrals to ensure our Enrolled Members have easily accessible and comprehensive care. Our established collaborations help our Care Coordination team ensure Enrolled Members are receiving the necessary educational and care coordination resources to access and maintain dental care.

Care Coordination with MCOs and Other PAHPs



Our Care Coordination and Government Programs teams maintain collaborative relationships with all the current MCOs and the other current dental PAHP. These collaborative relationships have allowed us to maintain an open line of contact for referrals and to continue collaborating on cases to ensure Enrolled Members receive needed dental care and obtain optimal oral health. Our Care Coordination team works closely with the MCOs and their Care Coordinators, Case Managers, and transportation Contractors to minimize the fragmentation of services for Members and to reduce barriers. We educate our Enrolled Members on the importance of medical/dental integration in their care coordination, as well as about the additional resources available to them through their MCO. We continuously work with and meet with the other Contractors to stay updated about resources available through their organizations and to better understand how we can effectively collaborate for the well-being of our shared Members.

Care Coordination with I-Smile™

Delta Dental has long maintained strong relationships with the I-Smile™ program and their individual Coordinators. We work with I-Smile™ Coordinators who coordinate dental care for the populations they serve in their assigned counties. The Care Coordination relationship with I-Smile™ is mutual: I-Smile™ Coordinators and Delta Dental’s Care Coordination team will refer to one another to ensure all Enrolled Members are receiving the care they require. All I-Smile™ Coordinators are provided with the Care Coordination Managers direct contact information for all Member issues and referrals to ensure they are handled in a timely and efficient manner. Delta Dental’s Government Programs team plans to meet with all I-Smile™ Coordinators two times per year in their region. The goal of these in-person meetings is

to help strengthen relationships and create an opportunity for care coordination issues to be identified and solutioned.

Care Coordination with other Community Partners

As an Iowa-based company with established relationships, we work frequently with a variety of community partners across the State. Similar to our relationships with I-Smile™, community partner relationships are often mutually beneficial, where we can rely on community partners for assistance with care coordination needs and they can refer Enrolled Members to us. Some of the community partners we work with to coordinate care for our Enrolled Members include, agencies providing case management for refugees, residential facilities for Enrolled Members with disabilities, mental health conditions, and substance use disorders, and oral health stakeholders.

G.2.24 Reserved. N/A.

G.2.25 Tracking and Reporting.

Attachment J. G.2 Care Coordination.

d) Describe how you will track and monitor your care coordination program.

Data is routinely collected to ensure a quality Care Coordination Program and to identify areas of improvement. We collect data about our outreach efforts, Care Coordination Program, and specifically collect comprehensive data from the PreViser Oral Health Survey. Results are submitted to the Agency as prescribed, and also submitted to our Member Education, Outreach, and Improvement Subcommittee and Quality Management (QM)/Quality Improvement (QI) Committee.



To ensure the success of our Outreach efforts, we monitor data regarding the delivery and receipt of outreach, as well as the outcomes. For example, when sending mass emails to Members, we receive a report summarizing the number of emails delivered, emails opened and if Enrolled Members engaged with any imbedded links. This data helps us understand which outreach efforts are the most beneficial to our Enrolled Members. Additionally, we collect follow-up data as appropriate to monitor the success of our outreach and communications plans. [REDACTED]

We track the success of our Care Coordination Program through qualitative and quantitative data. We collect data from referrals and Enrolled Member identification sources, claims data, call notes, and call recordings. We examine data to ensure Enrolled Members are receiving follow-up from Care Coordinators once identified and are receiving empathetic and comprehensive services from them that the Member requires.

Once an Enrolled Member completes their PreViser Oral Health Survey, Delta Dental receives all survey responses in real time. We then integrate this data with Member, claims, and Provider data stored in our data warehouse to facilitate positive outcomes through our care coordination. By compiling all information, our Care Coordination team can tailor their outreach specifically to the Member. Alongside this integration, Delta Dental will share care coordination information with the Enrolled Member, their

authorized representatives, and all relevant treatment Providers when appropriate. We submit regular reporting regarding the oral health screenings, care coordination selection criteria, strategies, and outcomes of the Care Coordination Program to the Agency as prescribed in the reporting manual.

G.2.26 Reserved. N/A.

G.2.27 Monitoring.

Attachment J. G.2 Care Coordination.

d) Describe how you will track and monitor your care coordination program.

The Project Manager and Outreach and Care Coordination Manager monitors all Care Coordination cases to ensure effectiveness of the program and that Enrolled Members are receiving the services they need on an individual level. The managers review call notes, call recordings, and claims history to monitor individual cases. We also monitor call notes and recordings from our Member Services Line to ensure that we appropriately identify and provide care for all Enrolled Members who need Care Coordination. Data is randomly reviewed on an ongoing basis, or as needed when any conflicts arise pertaining to Enrolled Members receiving inadequate care coordination. When we identify cases where the Enrolled Member is not receiving adequate care coordination, the Government Programs Project Manager and Outreach and Care Coordination Specialist will work with the Care Coordination team to mediate conflict and ensure the Enrolled Member receives the care they need.

We monitor the program comprehensively to ensure adequate infrastructure and policies. The Government Programs team reviews call notes, call recording, and claims data to identify patterns related to Care Coordination both due to internal (e.g., Enrolled Members not being placed in a dental home) or external (e.g., seeing an increase in Enrolled Members needing care coordination from a certain region) factors, or for non-compliance identified. We bring these problems to the Enrolled Member Education, Outreach, and Improvement Committee who solution the problems on a more macro-level scale. Prior solutions have included providing Member Services staff with additional education or creating a workgroup to monitor Network Adequacy and recruit Providers in a specific region.

G.2.28 Reserved. N/A.

G.2.29 Information Sharing Obligation.



Delta Dental will establish and finalize Data Sharing Agreements with all three Medical MCOs in SFY24 to share results of any identification and assessment of an Enrolled Member’s needs to prevent duplication of services.

Additionally, Delta Dental passes all claims encounter information to be shared with any other PAHPs to review history claims should a Member switch to another dental benefit administrator. Delta Dental loads all history

claim files from the Agency and applies historical claims to frequencies within an Enrolled Members benefit period to avoid any duplication and continue to be a good financial steward for the Agency. Delta Dental will continue to share assessment of needs with the Agency to ensure proper care coordination for medically necessary services for all Enrolled Members.

G.2.30 Health Record Sharing Obligation.

Delta Dental will continue to educate and require Providers to maintain complete and accurate Enrolled Member health records in accordance with professional standards. We ensure Providers maintain Enrolled Member health records in a manner outlined by the Iowa Dental Board. These requirements include keeping all Member personal data, dental and medical history, reason for an Enrolled Member's visit, clinical examination and progress notes, and informed consent. Providers are instructed to retain records for a minimum of 10 years after the date of last examination or treatment for adults and for minors, records shall be maintained for either one year after the Enrolled Member reaches the age of the majority (18) or 10 years, whichever is longer.

G.2.31 Medical Records.

Delta Dental works with Enrolled Members who move out of a service area or choose to see another dentist in obtaining a copy of their dental records from their current dentist to provide to their new dentist. Network Providers must furnish Members with copies of their records, including X-rays, free of charge as indicated in our Provider Office Manual and Uniform Regulations. We also inform Network Providers in our Provider Office Manual and our uniform regulations that they are to maintain health records for every Member for the purpose of conducting reviews and/or in-office visits when required. Delta Dental provides guidance to Network Providers that medical records for Enrolled Members are detailed and comprehensive which is good professional medical practice, permits effective professional medical review and medical audit processes, and facilitates an accurate system for follow-up treatment. Our education and information to Providers in our office manual State a Provider must maintain legible, signed, and dated records as required by law. Delta Dental's policies and procedures for Network Provider medical records comply with the provisions of the Iowa Administrative Code C.F.R. § 441-79.3 and 42 C.F.R. Part 456. We submit the Provider Office Manual to the Agency annually for review and approval.

G.2.32 Maintenance and Retention.

Our Dental Benefit Administration System maintains a lifetime history of service requests, claims, correspondence with the Enrolled Member and Provider on the Member's behalf, eligibility and trait information and Member contact information. These records encompass a full history of an Enrolled Member while they are with Delta Dental. Our system also contains any historical claims received from the Agency that the Enrolled Member received prior to being enrolled with Delta Dental. The system can identify each record by the State identification number, tracks which location an Enrolled Member has had services as well as service requests, maintains confidentiality by storing information on a person-level, and maintains inactive records. Delta Dental only releases information in accordance with applicable law and permits professional review in audit processes.

G.2.33 HIPAA Compliance.

Delta Dental uses and discloses individually identifiable health information, such as medical records and any other health or enrollment information that identifies a particular Enrolled Member in accordance with HIPAA and confidentiality requirements as noted in 45 C.F.R. parts 160 and 164.

G.2.34 Transition of Care Policy.

Delta Dental is committed to providing a smooth transition for all Members when they move between PAHPs or FFS. We comply with all elements outlined in 42 C.F.R. § 438.62(b)(1) and 42 C.F.R. § 457.1216. We maintain a Transition of Care Policy and the policy is available to all Members, Caregivers, and the general public in the Member Handbook. When an Enrolled Member moves to Delta Dental, they will be able to receive services as of their first effective day, with no waiting period. During the first two years

of the contract, Delta Dental will honor all existing authorizations for covered Benefits for a minimum of 90 days without regard to whether such service is being provided by a contract or non-Network Provider. Delta Dental currently complies with this requirement when an Enrolled Member moves from another PAHP or from FFS. We also ensure we have the capabilities to receive all required Enrolled Member data from the Agency, FFS, and other PAHPs, and will provide Enrolled Member data for transition of care purposes as needed.

Care Coordinators are available to assist Enrolled Members as they transition to Delta Dental or to another PAHP or FFS. Care Coordinators can help Enrolled Members establish a dental home with a new Network Provider and, if needed, arrange specialty care with an in-network specialist. Care Coordinators are also able to help Enrolled Members obtain referrals and records from their prior Provider and assist with facilitating the transfer to a new Provider or office.

G.2.35 Continuity of Care Policy.

Our Continuity of Care policy is designed to ensure Enrolled Members can maintain care as they transition to Delta Dental from another PAHP or FFS. We comply with all elements outlined in 42 C.F.R. § 438.62 and 42 C.F.R. § 457.1216. So long as a Provider has current enrollment with the Agency, the Enrolled Member will be able to retain their Provider for up to 90-days as they transition, even if the Provider is non-network with Delta Dental.

When Member's transition to Delta Dental, we provide them with the information needed to establish a dental home with a Network Provider in their new Member communications (i.e., New Member Packet and Member Handbook). Care Coordinators are available to assist Enrolled Members as they transition to Delta Dental or to another PAHP or FFS. Care Coordinators help Members establish a dental home with a new Network Provider and, if needed, arrange specialty care with a Network Specialist. Care Coordinators are also able to help Enrolled Members obtain referrals and records from their prior dental Provider and assist with facilitating the transfer to a new dental Provider or office.

G.2.36 Prior Authorization.

During the first two years of this Contract, Delta Dental will honor all existing Prior Authorizations for covered benefits for a minimum of 90 days without regard to whether such services are being provided by a contract or non-contract Provider when an Enrolled Member transitions to us from another source of coverage.

Delta Dental currently complies with this requirement when an Enrolled Member moves from another PAHP or from FFS. When all adults moved to PAHP's from FFS in 2016, Delta Dental was able to successfully load an approved Prior Authorization file from the Agency, so we were able to honor all existing Prior Authorizations for adults for the first 90 days. If an existing Prior Authorization was not contained in that file, Delta Dental received approval from the Agency to accept copies of approved Prior Authorizations from Providers during claim submission. Through our Continuity of Care policy, payment was made to Providers regardless of if they were Network Providers or not. When FFS children moved to PAHPs in July 2021, we used lessons learned from 2016 to implement the process of loading Prior Authorization data into our systems.

This streamlined process has been initiated for any Enrolled Members who move to Delta Dental at any point in the year whether during open enrollment or for other reasons (such as disenrollment from another PAHP). Our Member Handbook provides education to Enrolled Members about how all existing Prior Authorizations will be honored for the first 90 days of enrollment with Delta Dental and our

internal claims processing clinical staff is educated to check the enrollment date of an Enrolled Member to ensure the 90-day continuity of care is followed.

Delta Dental also honors existing approved exceptions to policy that were granted by the Director for the scope and duration designated. In the event an Enrolled Member transitions enrollment with another PAHP, Delta Dental will provide the receiving entity with information on any current service authorizations or care coordination notes. Our 837D Health Care Claims: Dental data is transmitted monthly to the Agency and is currently sent from the Agency to the Enrolled Member’s PAHP to demonstrate applicable historical claim data.

G.2.37 Transition Period-Out of Network Care.

Delta Dental is an established Contractor for the DWP, DWP Kids, and Hawki Dental programs. We will follow Prior Authorization and Single Case Agreement requirements as set forth in G.2.36.

G.2.38 Reserved. N/A.

G.2.39 Reserved. N/A.

G.2.40 Reserved. N/A.

G.2.41 Special Needs Treatment Plans.

Delta Dental uses the PreViser Oral Health Survey to monitor for Enrolled Members who need special treatment plans, as defined by the State. When Enrolled Members are referred for care coordination, Care Coordinators are trained to use a person-centered approach, where the Enrolled Member makes informed decisions about their treatment and care plan while working with a Care Coordinator.



We understand the importance of medical/dental integration in ensuring our Enrolled Members receive the appropriate care. Delta Dental takes a collaborative approach in creating and implementing plans while coordinating care for Members. Our Care Coordinators will work with the Enrolled Member’s MCO and case managers to ensure appropriate care is being received by the Enrolled Member. Care Coordinators will also work with Providers and their offices to ensure a treatment plan is being developed that takes into consideration the special needs of the Enrolled Member.

Member Success Story 

[Redacted content]

G.2.42 Reserved. N/A.

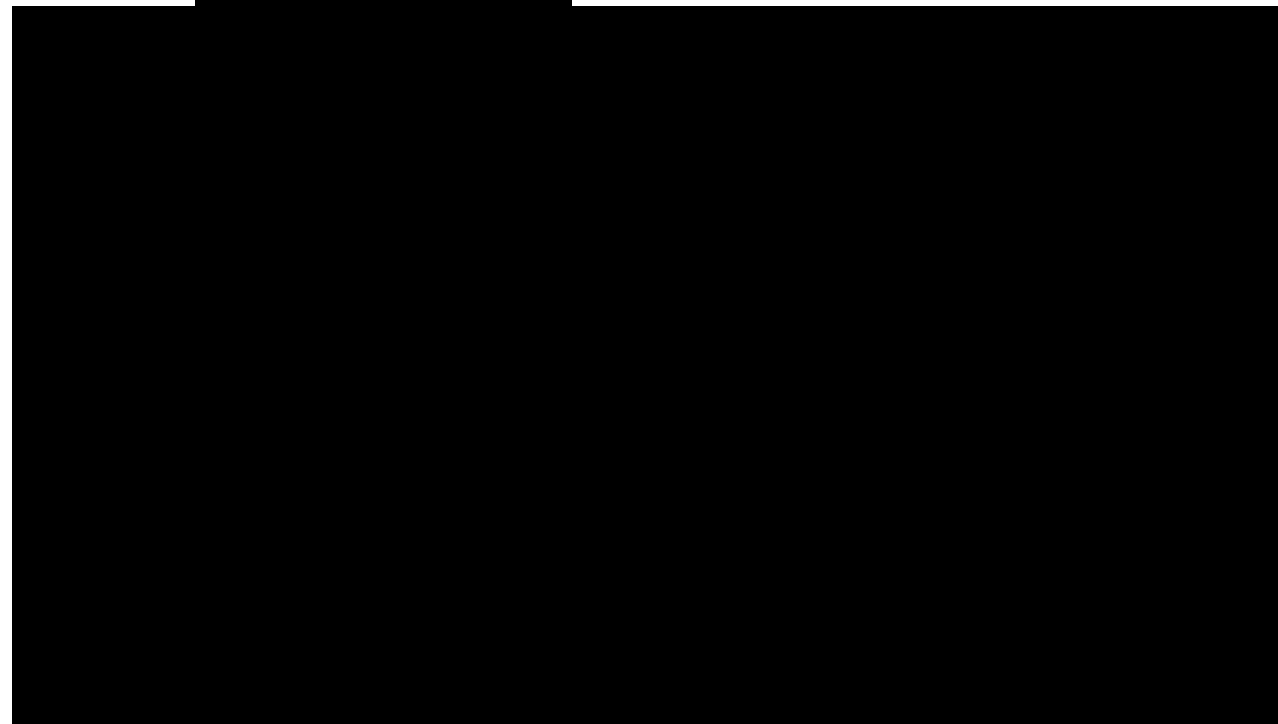
G.2.43 Special Health Care Needs Plan Obligations.

Delta Dental’s polices on Enrolled Members with Special Health Care Needs (e.g., Enrolled Members with physical or intellectual disabilities, those who are pregnant, and those with diabetes) meet all applicable State Quality assurance and Utilization Review standards. We continuously monitor the utilization of services, specifically preventive services, among our populations with Special Health Care

[REDACTED]

[REDACTED] This data is monitored by our Care Coordination team and the Member Education, Outreach, and Improvement Subcommittee to identify areas of improvement and targeted interventions to address those areas.

Exhibit G.2.43-1.



Care coordination is extremely important for this population, and as previously documented, Delta Dental has a comprehensive Care Coordination Program, involving the MCOs when necessary. Enrolled Members with Special Health Care Needs may be identified through any of the avenues outlined in G.2.20. We also utilize traits data from the Benefit Enrollment and Maintenance file and will use data from MCO Data Sharing

Agreements to identify Enrolled Members who are part of these populations. We consider all information from referrals and data available when creating Care Coordination plans for these Members. We take a collaborative approach when working with Enrolled Members who have Special Health Care Conditions. Often the Care Coordination for these Members requires a team of individuals to ensure the Enrolled Member can overcome barriers to accessing care and that their overall health is considered. We will work with all those we are authorized to work with, including the Enrolled Member’s caregivers, Residential Facilities, MCO Case Managers, the Agency, and any others who are identified as being a vital part of the Member’s support system. While working with the Enrolled

Member, we will communicate any additional needs identified with the appropriate party to ensure the Enrolled Member is receiving comprehensive care (e.g., working with the Enrolled Member’s MCO Case Manager to address medical needs identified).

Often those with special health care needs have complex medical/dental issues, necessitating the need care coordination with the appropriate Provider. Because of our strong presence in the state, we have strong relationships with Network and non-Network Providers and have the ability to identify the most appropriate Provider for Members who have Special Health Conditions. For example, identifying Providers who have extensive experience providing services for those with intellectual disabilities. When referring Enrolled Members to Providers, we will facilitate introductions between the Provider and the Enrolled Member identified support team to ensure the Provider is involved in the comprehensive care planning for the Enrolled Member. Our Care Coordinator will continue to work with the Enrolled Member, their support team, and the identified Provider to ensure the Enrolled Member continues to receive all oral health treatment and services.

We communicate with all Network Providers about the importance of working with these populations, including best clinical and evidence-based practices. For example, the Management of Dental Patients with Special Health Care Needs from the American Academy of Pediatric Dentists. Our Professional Relations and Government Programs teams also frequently communicate with individual Providers and Provider groups to identify administrative and clinical areas of improvement to support Providers who frequently service these populations, specifically Enrolled Members with disabilities.

The Agency notified us of a residential facility in rural Iowa who was losing their residents’ dental home because the Provider was leaving Delta Dental’s DWP Network. **Our Care Coordination team worked with the Provider’s office on a Single Case Agreement to ensure established patients could maintain their dental home.** After another community Provider was identified, our team was able to work with the office on a Single Case Agreement for residents who did not have a dental home.

We continue to work with the Provider’s office to establish a dental home for incoming residents. This ensures all incoming residents of the facility will quickly establish a dental home as they transition to the facility.

G.2.44 Specialist Direct Access.



Delta Dental is compliant with 42 C.F.R. § 438.208l(4) and § 457.1230l by having policies and procedures in place to assure Members have access to Specialists. Though a dental specialist’s office may require a referral from the Provider or hygienist performing the exam, Delta Dental does not require our approval so long as the specialist is a Network Provider.

If there is no specialty Provider in our Network that has the appropriate training or expertise to meet the Enrolled Member’s dental needs, or the specialty Provider is outside of the access standard for the Enrolled Member, our Care Coordination team will work with our Professional Relations team to identify a non-Network Provider for the Member. We will execute a Single Case Agreement with the non-Network Provider for the Enrolled Member. The Professional Relations team is notified to work toward contracting a network agreement with the Provider, or for additional Providers within the same specialty.

We understand specialty dental care is difficult to access, especially in rural areas, due to long travel and wait times for appointments. Care Coordinators are available to work with Enrolled Members through all aspects of the Specialist Direct Access process. Care Coordinators help Enrolled Members obtain the appropriate referral and have it sent to the specialist's office, make and coordinate appointments, and work with the Enrolled Member's MCO to arrange transportation to and from the appointment.

One of our Enrolled Members needed specialist care as recommended by their primary care dentist. Due to the Member's unique health needs, we were not able to identify a Network Provider. With the Member's Provider, **we identified a non-Network Provider and worked with the Provider on a Single Case Agreement to ensure this Enrolled Member received specialty care.** The Enrolled Member's Care Coordinator also worked with the Member to identify and navigate transportation services through their MCO so they could successfully access care.

G.2.45 Reserved. N/A.

G.3 Authorization and Utilization Management.

G.3.01 Utilization Management Program.

Delta Dental has an internal published policy on Utilization Management. The Utilization Management Program (UM Program) provides for the efficient, effective, and timely utilization of dental services to ensure high quality care for our Enrolled Members. The policy outlines the processes and standards that govern the UM Program.

Our UM Program is designed to ensure the appropriate distribution of government dollars while balancing and respecting the dentist-patient relationship. The UM Program implements processes to monitor and control the utilization of dental resources.

Delta Dental recognizes that dentists are the dental delivery system and that quality dental services are achieved when dentists manage the Enrolled Member's total dental needs by providing timely care while utilizing evidence-based criteria.

Additionally, Delta Dental does not enter into any contractual arrangement that rewards clinical reviewers for denials or engage in any other form of financial incentives for utilization decision-making. Delta Dental's intent is that UM activities ensures that the quality of care will not be affected by financial and reimbursement related decisions.

The Dental Director is accountable for the clinical aspects of the UM Program. The Utilization Review Committee is responsible for oversight of UM activities conducted as part of these programs.

The UM Program is discussed routinely with the Agency and changes are made accordingly. As changes are made, we communicate them to the Provider community. The overall result of this work is better outcomes for Members at a reasonable price for the Government.

G.3.02 UM Policies and Procedures.

The UM Program integrates the review and evaluation of all aspects of preventive, diagnostic, emergency, and specialty services, so that Enrolled Members receive access to quality dental care and

services in a timely, cost-effective manner, throughout the service area. The UM Policy and Terms are reviewed annually by the Dental Director and the Utilization Review Committee.

Components of the UM Program include, but are not limited to the following:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Purpose & Objectives

The UM Program is designed to objectively measure, monitor, and evaluate the quality of clinical care and services provided to Enrolled Members.

The UM Program objectives include:

- Ensure that clinical review criteria are applied to UM determinations that consider the individual needs of Delta Dental Members
- Ensure that UM determinations to approve or deny are based on appropriate clinical review criteria and generally accepted standards of dental practice
- Ensure that services are necessary, appropriate, of acceptable quality, evidence-based, consistent with diagnosis and required level of care and within generally accepted standards of dental practice that maintain high quality outcomes
- Provide monitoring and evaluation activities which address and correct overutilization and underutilization of dental plan resources
- Educate Providers regarding UM issues and nationally recognized Clinical Practice Guidelines
- Meet all State and Federal regulatory requirements
- Demonstrate that UM clinical criteria and policies are applied consistency by UM decision makers

Program Structure

The Dental Director is accountable for the clinical aspects of the UM Program. The Utilization Review Committee is responsible for oversight of UM activities conducted as part of these programs.

1. Promoting Appropriate Utilization

Delta Dental’s UM decision making is based solely on appropriateness of care and existence of coverage. Dental Consultants review Prior Authorization and date of service claims that require a UM determination, as well as review for potential variance from Clinical Practice Guidelines or quality of care/safety concerns.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

2. UM Clinical Review Criteria

UM clinical review criteria comply with recognized practice standards, as they apply to dentistry. The Dental Director and Dental Consultants utilize nationally recognized, evidence-based guidelines when rendering a UM determination. Delta Dental seeks input and involvement from actively in-network and licensed Providers with current knowledge relevant to the criteria under review via the Dental Advisory Group. UM criteria are reviewed and approved annually by the Dental Director and Utilization Review Committee, with any changes communicated to Network Providers.

When requesting clinical information to make a UM determination, staff requests only the minimum necessary to make the decision. Review criteria utilized in support of UM decision-making includes:

- Federal, State and/or client coverage guidelines
- Delta Dental's dental plan policy adopted from published peer reviewed medical and dental journals or accredited dental schools, as approved by the Dental Director and Utilization Review Committee and
- Professional expertise and experience from Dental Consultants and/or local dental practitioners, as approved by the Dental Director.

If not conflicting with Delta Dental policies, specific adopted nationally recognized Clinical Practice Guidelines are leveraged and include:

- American Academy of Pediatric Dentistry;
- American Academy of Periodontology;
- American Association of Endodontists;
- American Association of Oral and Maxillofacial Surgeons;
- American Dental Association;
- American Academy of Oral Medicine;
- American Association of Orthodontists.

UM criteria are intended to be used as guidelines and do not replace appropriate clinical judgement or dictate to Providers how to practice dentistry. Rather, Providers are expected to exercise their clinical judgment in providing the most appropriate care, based on the Enrolled Member's specific care needs.

3. Program Staffing

UM clinical staff resides in the Professional Relations team. The UM Program is led by the Dental Director, who is supported by additional clinicians and administrative staff, including the following in Exhibit G.3.02-1.

Exhibit G.3.02-1. Program staffing.

Position	Responsibilities
<p>Dental Director</p> <ul style="list-style-type: none"> • Minimum 10 years relevant post- graduate direct patient care experience • Unrestricted dental license • Board certified or board eligible, if dental specialist 	<ul style="list-style-type: none"> • Responsible for overall oversight and accountability of the UM Program, including the hiring, training, performance, and clinical decision making of dental consultants. • During hiring process, determines that dental consultant is qualified to render a clinical opinion about the dental condition, procedures, and treatment under review. • Responsible for the day-to-day operations of the UM Program, including the review and approval of all utilization related policies and procedures and oversight of non-clinical UM administrative staff. • Annually reviews and approves all UM review criteria. • Supports network practitioners regarding educational opportunities related to adherence to Clinical Practice Guidelines; over and underutilization; and potential quality of care concerns.
<p>Dental Consultants (contracted)</p> <ul style="list-style-type: none"> • Unrestricted Iowa dental license • Credentialed by Delta Dental • Determined by Dental Director during the hiring process that qualified to render a clinical opinion about the dental condition, procedures, and treatment under review 	<ul style="list-style-type: none"> • Conducts medical necessity reviews, utilizing UM review criteria for assigned cases. • Reviews cases for potential quality of care concerns. • Provides peer-to-peer conversation with treating dentist, upon request. • Discusses cases and/or UM review criteria with treating dentists. • Provides oversight to non-clinical UM administrative staff.
<p>Utilization Management Specialist (Registered Dental Hygienist)</p> <ul style="list-style-type: none"> • Iowa Licensed Registered Dental Hygienists • Administrative and clinical reviews • No clinical adverse benefit decision making permitted 	<ul style="list-style-type: none"> • Conducts initial administrative screening of cases routed for a UM determination. • Collects submitted clinical information and makes clinical decision approvals when appropriate. • Routes claims to appropriate dental consultant. • Requests from treating dentist required clinical information needed for UM determination based on policy/protocols. • Discusses cases with dental consultant for direction when unclear what clinical information is needed for UM determination.

G.3.03 Program Elements.

Delta Dental’s UM Program ensures the efficient, effective and timely utilization of dental services. The UM Program is discussed routinely with the Agency and changes are made accordingly. Below are the 5 major components of the UM Program. We will detail the program elements and major processes for each:

1. [REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

- [Redacted list item]

[Redacted text block]

[Redacted text block]

[Redacted text block]

3. [Redacted text block]

4. [Redacted text block]

[Redacted text block]

[Redacted text block]

5. [Redacted text block]

G.3.04 UM Care Coordination.

The UM Program is linked to the QM/QI Committee, Utilization Review Subcommittee, the Member Education, Outreach, and Improvement Subcommittee, and the Delta Dental Outreach and Care Coordinator Manager. When care coordination or macro-level changes are necessary, the programs are linked and functional to enjoy the best outcomes for Enrolled Members.

When there are specific cases of poor quality of care or lack of access to care, the Utilization Management Committee will refer the Enrolled Member to the Care Coordination Team. The assigned Care Coordinator will work through the methods outlined in section G.2 to ensure the Enrolled Member receives comprehensive care. This includes facilitating warm-handoffs and collaborating with partners (i.e., MCO Care Coordination teams, the Agency, community partners, and Providers).

In addition to monitoring for individual instances where Enrolled Members could not access services or had poor care quality, the UM Committee also monitors for overall patterns identified among our membership. This may include commonly shared lack of access to specific services or common barriers among our Enrolled Members. The UM Committee will share these findings with the QM/QI Committee and Member Education, Outreach, and Improvement Subcommittee. The Subcommittee will be tasked with identifying outreach and programmatic changes to address these patterns. Some instances may also require that the Subcommittee collaborate with the Provider Education, Outreach, and Improvement subcommittee to make improvements with Providers, which will therefore improve access

to and quality of care for our Enrolled Members. They will be required to report all improvements to the QM/QI Committee who will ensure adequate improvement is being made.

G.3.05 UM Committee.

Delta Dental's UM Committee is directed by our Dental Director, as outlined in Sections G.3.02 and G.3.03.

G.3.06 Coverage and Authorization of Services.

Delta Dental has written policies and procedures for processing service requests and date service claims that have been approved by the Agency for DWP, DWP Kids, and Hawki. Consistent application of review criteria is ensured through the activities listed below:

- Formalized peer review process
- Clinical and peer review committee
- Formal calibration exercises
- Feedback of potential non-alignment based on Appeals
- Routine training of clinical staff

As noted in Section A.07(b), Delta Dental's clinical staff is comprised of experienced Registered Dental Hygienists with clinical chair-side experience, experienced/licensed Dentists that serve in the role of Dental Consultants, and our Dental Director who has extensive experience in the commercial and government dental benefits arena. Delta Dental has a dentist peer-to-peer process when a Provider requests consultation on service requests. These peer-to-peer reviews are conducted by either our Dental Director or one of our licensed Dental Consultants.

G.3.07 Medical Necessity Determinations.

Delta Dental uses two main types of dental consultants to determine medical necessity. Delta Dental has an experienced board-certified dentist on staff as the subject matter expert when determining orthodontia medical necessity for all Agency programs.

All other areas of medical necessity are determined by experienced general dentist. Iowa does not have separate licensure for specialist and general dentists; therefore, Iowa deems general dentists can determine medical necessity in all areas of dentistry.

Delta Dental uses appropriate licensed professionals to supervise all medical necessity decisions and we have clear guidelines as to which level of decision making may be conducted by each level.

We have established policies and procedures to assist Registered Dental Hygienists and Dental Consultants in determining medical necessity. All clinical Adverse Benefit Decisions are made by a licensed dentist. We understand and acknowledge medical necessity determinations shall not be more restrictive than the Agency State Plan and Federal Law.

G.3.08 Reserved. N/A.

G.3.09 Prior Authorization Requests.

A. Processing.

Prior Authorization requests are processed in accordance with 42 C.F.R. § 438.210 and related rules and regulations which includes provisions regarding decisions, Notices, medical contraindications, and the

failure of Delta Dental to act timely upon a request. Delta Dental has established procedures to follow Prior Authorization requests and process within appropriate timeframes as set forth in Section G of this Contract and shown below in Exhibit G.3.09-1.

Exhibit G.3.09-1. Prior Authorization request process timeframes.

Prior Authorization Request Metric	Standard	Expedited
Complete initial requests for Prior Authorization of Services and determination of medical necessity	99% within 14 days	72 Hours
Complete Provider and Member Appeals for Prior Authorization of service requests and determination of medical necessity	30 days	72 Hours
Notify Providers and Enrolled Members in writing of Delta Dental’s decisions on initial Prior Authorization requests and determination of medical necessity	14 days	72 hours
Notify Providers and Enrolled Members on Appeals decision of Prior Authorization requests and determination of medical necessity	30 days	72 hours

B. Emergency and Post-Stabilization Care Services.

Delta Dental will provide Emergency Services without requiring Prior Authorization or PCP referral, regardless of whether these services are provided by a contract or non-contract Provider. Delta Dental will provide Post-Stabilization Care Services in accordance with 42 C.F.R. § 438.114.

C. EPSDT.

Delta Dental does not and will not require Prior Authorization referral for the provision of EPSDT screening services.

D. Transition of New Members.

Delta Dental will provide for the continuation of medically necessary covered services regardless of Prior Authorization or referral requirements pursuant to Section G.2 of this Contract regarding newly Enrolled Members.

G.3.10 Tracking and Reporting.

Prior Authorization Tracking Requirements

Our Dental Benefit Administration System tracks and stores all Prior Authorization requests. All elements of a Prior Authorization request are housed within a single record including notes signed by clinical staff. Every Prior Authorization is assigned a unique number for a Provider or Member to reference, and the following is also included:

- Name and title of caller or submitter
- Date and time of call, fax, or online submission
- Prior Authorization number
- Time to determination from receipt of request
- Clinical documentation of illness or condition, diagnosis, and treatment plan
- Approval/denial count

All record information for Prior Authorization is available to the Agency on demand.

Prior Authorization Denials

Every Prior Authorization denial is assigned a unique number for a Provider or Member to reference, and the following is also included:

- Name and title of caller or submitter
- Date and time of call, fax, or online submission
- Prior Authorization number
- Time to determination from receipt of request
- Clinical documentation of illness or condition, diagnosis, and treatment plan
- Clinical guidelines and clinical criteria supporting the denial

All record information for Prior Authorization is available to the Agency on demand.

G.3.11 Policies and Procedures.

Delta Dental has written policies and procedures for processing service requests and date service claims that have been approved by the Agency for DWP, DWP Kids, and Hawki.

G.3.12 Consistent Application.

All clinical staff utilizes approved policies and procedures for every authorization decision. Delta Dental has robust and consistent application of review criteria which includes:

- Formalized peer review process
- Clinical and peer review committee
- Formal calibration exercises
- Feedback of potential non-alignment based on Appeals
- Routine training of clinical staff

H.3.13 Required Provider Consult.

When Delta Dental receives authorizations without the necessary clinical information and documentation a member of the Clinical team will consult with the requesting Provider. Before the final adjudication of an authorization, outreach to the office must be completed for the required documents. When a Provider requests a consult, either our Dental Director or a licensed Dental Consultant will schedule a timely meeting.

G.3.14 Reserved. N/A.

G.3.15 Appropriate Expertise.

Delta Dental contracts with licensed clinical professionals who have the appropriate expertise and authorization to deny or authorize a service in an amount, duration, or scope that is less than requested. All other areas of medical necessity are determined by experienced general dentist. Iowa does not have separate licensure for specialists and general dentists; therefore, Iowa deems general dentists can determine medical necessity in all areas of dentistry. Delta Dental uses appropriate licensed professionals to supervise all medical necessity decisions and we have clear guidelines as to which level of decision making may be conducted by each level.

G.3.16 Reserved. N/A.

G.3.17 Notice- Timeframe.

For Standard Authorizations Delta Dental will give Notice as expeditiously as the Enrolled Member's condition requires and will not exceed 14 days following receipt of the service request. We understand that if an enrolled Member or Provider requests an extension or we feel requesting an extension on a service request is in the Enrolled Member's best interest, a 14-day extension to gather additional information is permitted. Delta Dental has established policies and procedures for all service request authorizations that are followed by all UM staff.

G.3.18 Exceptions to Notice Timeframe.

Delta Dental will make expedited authorization decision as expeditiously as the Enrolled Member's health conditions require and no later than 72 hours after receipt for a service request where a Provider indicates or we determine following the standard timeframe could seriously jeopardize an Enrolled Member's life or health or ability to attain, maintain, or regain maximum function.

G.3.19 PA Performance Metric.

Delta Dental currently complies and will continue to comply with the performance metrics for standard and expedited authorization decisions. Ninety-nine percent of standard authorizations decisions will be rendered within 14 days of the request for service or 72 hours for expedited authorization decisions. We acknowledge requests for extensions approved in accordance with previous sections of this Contract will be removed from this timeliness measure.

G.3.20 Reserved. N/A.

G.3.21 Prohibition on Incentives.

Delta Dental understands and acknowledges we are not to structure compensation or incentives to individuals or entities that conduct UM activities for denying, limiting, or discontinuing medically necessary services to Enrolled Members. We conduct on-boarding and annual training to all UM staff that this practice is prohibited, and all staff is instructed to follow established policies and procedures for determining clinical criteria and understanding medical necessity for all Enrolled Members.

G.4 Practice Guidelines.

G.4.01 Evidence-Based Practice Guidelines.

Delta Dental has adopted Clinical Practice Guidelines based on clinical evidence-based research and as required by the State. Our Dental Advisory Group provides input on our Clinical Practice Guidelines annually. Our Clinical and Peer Review Subcommittee also makes suggestions for additions or modifications to the current Clinical Practice Guidelines (see Exhibit G.5.05-1 for more information about these Groups). The Clinical Practice Guidelines are in our Provider Office Manual and on our secure Dentist Connection website. We also include in our DWP, DWP Kids, and Hawki newsletter and ask Providers for feedback and additional guidelines they would like to add. The Clinical Practice Guidelines are available on the Delta Dental public Member website and within the Member Handbook.

G.4.02 Considering Needs of Enrolled Members.

Delta Dental's Clinical Practice Guidelines consider the needs of all Enrolled Members. We use American Dental Association and American Pediatric Dental Association research to consider emergency issues and new practice guidelines. A few examples related to Clinical Practice Guidelines for Enrolled Members with Disabilities and chronic conditions are:

- Management of Dental Patients with Special Health Care Needs
https://www.aapd.org/globalassets/media/policies_guidelines/bp_shcn.pdf

- Guideline on Oral Health for People with Diabetes <https://www.idf.org/e-library/guidelines/83-oral-health-for-people-with-diabetes.html>

G.4.03 Obligation to Consult.

Delta Dental consults with Network Providers annually for updating our Clinical Practice Guidelines. We do this through an agenda item discussion at our Dental Advisory Group and then we add to our DWP, DWP Kids, and Hawki newsletter and ask Providers for feedback and additional guidelines they would like to add.

G.4.04 Periodic Review.

Delta Dental reviews the Clinical Practice Guidelines periodically throughout the year but at least twice. The Clinical team research new guidelines throughout the year and shares them at our Clinical and Peer Review team meetings. We also review the Guidelines annually with Network Providers.

G.4.05 Following Practice Guidelines.

Our Clinical Practice Guidelines are part of all our decisions related to utilization management, Provider and Enrolled Member education, and Enrolled Member coverage of services.

G.4.06 Dissemination of Practice Guidelines.

Delta Dental’s Clinical Practice Guidelines are in our Provider Office Manual and on our secure Dentist Connection website. We also include the Clinical Practice Guidelines in our DWP, DWP Kids, and Hawki newsletter and ask Providers for feedback and additional guidelines they would like to add. We include the Clinical Practice Guidelines on the Delta Dental public Member website and within the Member Handbook.

G.5 Quality.

Delta Dental’s Quality Management (QM)/Quality Improvement (QI) Program was created to ensure the clinical and programmatic quality of our DWP, DWP Kids, and Hawki programs are improved upon and maintained. The QM/QI Program encompasses activities across a variety of areas, including clinical review, utilization review, grievance and Appeals, Member and Provider Improvement, and Performance Improvement Projects (PIPs). As part of our QM/QI Program, we have an established Quality Assurance and Performance Improvement (QAPI) Plan. Our objectives, activities, and goals have all been created to align with the Agency’s goals and the Dental Quality Strategy. Annual and five-year prospective QAPI plans are created with set goals and data tracking to guide the QM/QI Program. We evaluate the program and significant progress toward goals on an annual basis, and these evaluations will be submitted to the Agency for review. To ensure all clinical and programmatic areas are monitored and improved upon, a comprehensive structure has been established (see Exhibit G.5.05-1).

G.5.01 Program Objectives.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]



[Redacted]

[Redacted]

G.5.02 QM/QI Program Requirements.

[Redacted]

QM/QI Goals, Objectives, and Tracking

[Redacted]

[Redacted]

Clinical Interventions and Services

[Redacted text block]

Performance Measures

[Redacted text block]

Member Incentive Program

[Redacted text block]

G.5.03 Member Incentive Program: General.



Increase Recall & Prevention



Improve Oral Health Equity

[Redacted text block]

[Redacted text block]

[Redacted text block]

- [Redacted list item 1]
- [Redacted list item 2]

[Redacted text block]

G.5.04 Member Incentive Program Payment Restrictions.

Delta Dental complies with all Market provisions in 42. C.F.R. § 438.104 as well as Federal and State regulations regarding inducements for our Enrolled Member incentive programs. Delta Dental currently takes and will continue to take all measures necessary to confirm the legality and impact on any Enrolled Member’s eligibility of any value-added services, including but not limited to the permissibility of any such service under the Anti-Kickback Statute and the Stark law. Delta Dental receives advise from our internal legal counsel prior to implementing any Member incentive and value-added service program to ensure legality of these incentives.

G.5.05 QM/QI Committee.

[Redacted text block]

[Redacted text block]

Exhibit G.5.05-1. *Quality Management/Quality Improvement Program structure.*

[Redacted text block]

[Redacted text block]

[Redacted text block]

Exhibit G.5.05-2. Subcommittees and responsibilities.

Committee/Group	Description	Expertise
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Committee/Group	Description	Expertise
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

G.5.06 QAPI Program.

[REDACTED]

[REDACTED]

- [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED]
 - [REDACTED]
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- [REDACTED]
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 - [REDACTED]
 - [REDACTED]

[REDACTED]

[REDACTED]

When unsatisfactory progress toward overarching goals of the QAPI program is identified, the QM/QI committee will work with the appropriate subcommittee to make improvements. Unsatisfactory progress or any barriers to achieving goals are also considered when creating the following year's annual QAPI plan, so goals, metrics, committees, and other components of the QAPI can be modified as necessary to ensure success.

At the end of the fiscal year, the QM/QI Committee evaluates the annual QAPI. The evaluation is discussed and written by the committee and includes information about activities completed by each subcommittee and progress toward goals. Our evaluation is objective and data driven. Qualitative and quantitative data are used to support the evaluations and findings. The evaluation also includes a discussion about how the QAPI can be improved upon and implementation for the following fiscal year to make those improvements. The final evaluation is sent to the Agency for review.

G.5.07 PIP – Clinical & Non-Clinical Areas.

As part of its QM/QI Program, Delta Dental designs PIPs targeted to make clinical and programmatic improvements for DWP, DWP Kids, and Hawki Enrolled Members. Through QM/QI activities, our QM/QI Committee identifies programmatic and clinical areas of improvement among our Enrolled Members. Projects may differ between DWP, DWP Kids, and Hawki to ensure we are identifying and implementing projects designed for and to best benefit each program. The QM/QI Committee will work with the PIP Advisory Group to decide on projects. The PIP Advisory Group will then be responsible for designing, implementing, and monitoring the PIPs. The group is required to report progress to the Committee on a quarterly basis.

Delta Dental often identifies PIPs which target a specific at-risk population within our Enrolled Members. For example, designing a DWP PIP targeted toward 19- and 20-year-old Enrolled Members based off historically low utilization rates. Prior PIP projects have also promoted medical/dental integration by identifying Enrolled Members with specific health conditions with strong oral health relationships. For example, a prior PIP project focused on targeting DWP adult Members who had self-identified as having diabetes on their Oral Health Survey. We design our PIPs to have a strong emphasis on altering Members' habits related to oral health, including, the promotion of accessing preventive dental services and educating Members about their oral health care at home. As part of these projects, we oftentimes provide all Enrolled Members identified as part of the population with crucial oral health hygiene items (toothbrush, toothpaste, and dental floss).

G.5.08 Performance Measurement Data.

Delta Dental's QM/QI Program collects and submits Performance Measure data that's required by the State or CMS as part of its QAPI. We will continue to report and submit data to the State on our performance, using the standard measures required by the State annually. Exhibit G.5.08-1 outlines all the performance measurement data that is monitored on a routine basis by the QAPI program.

Exhibit G.5.08-1. *Delta Dental's performance standards monitored by the QAPI program.*

Performance Standard	Standard Required
Dental Care Utilization	The percent of unique DWP Enrolled Members with over six (6) months of coverage during the measurement State fiscal year that accessed dental care services shall meet or exceed 25 percent.
Dental Care Utilization	The percent of unique DWP Kids Enrolled Members with over six (6) months of coverage during the measurement State fiscal year that accessed dental care services shall meet or exceed 45 percent.
Dental Care Utilization	The percent of unique Hawki Enrolled Members with over six (6) months of coverage during the measurement State fiscal year that accessed dental care services shall meet or exceed 45 percent.
Preventive Care Utilization	The percent of unique DWP Enrolled Members with over six (6) months of coverage during the measurement State fiscal year that accessed any preventive care services shall meet or exceed 15 percent.
Preventive Care Utilization	The percent of unique DWP Kids Enrolled Members with over six (6) months of coverage during the measurement State fiscal year that accessed any preventive care services shall meet or exceed 50 percent.
Preventive Care Utilization	The percent of unique Hawki Enrolled Members with over six (6) months of coverage during the measurement State fiscal year that accessed any preventive care services shall meet or exceed 50 percent.
Initial Oral Health Risk Screening	The percent of unique Enrolled Members in the DWP population, who have been assigned to Delta Dental for a continuous period of at least ninety (90) Days during the measurement State fiscal year, that complete an Initial Oral Health Risk Screening using the Oral Health Equity Self-Assessment Tool shall meet or exceed 70 percent.
Encounter Data Reconciliation	Within ninety (90) days of the end of each quarter, Delta Dental's accepted Encounter Data Claims shall match Delta Dental's submitted financial information within 98 percent using reporting criteria set forth in the financial reporting template.
Timely Claims Processing	Delta Dental will achieve a measure of 92 percent of all clean claims paid or denied within twenty-one (21) business days of receipt to receive 50 percent of the total withhold for this measure.
Timely Claims Processing	Delta Dental will achieve a measure of 95 percent of all clean claims paid or denied within twenty-one (21) business days of receipt to receive 75 percent of the total withhold for this measure.
Timely Claims Processing	Delta Dental will achieve a measure of 97 percent of all clean claims paid or denied within twenty-one (21) business days of receipt to receive 100 percent of the total withhold for this measure.

G.5.09 Under- and Over-Utilization Detection.

Under- and Over-Utilization detection is monitored by the Utilization Review Subcommittee. They meet, at minimum, on a quarterly basis to analyze and discuss findings, and report all findings to Professional Relations, Compliance, and the QM/QI Committee.

After claims have been processed for the previous month, Provider and Enrolled Member Utilization Data from our Dental Benefit Administration System is analyzed. This process is initiated on an automatic schedule on the 15th of the month. The process begins by the program gathering the month of data specified by the schedule based on paid date. Next, the program refers to the list of current, active indices to calculate. An index is established utilizing fraud, waste, abuse, and clinical best practices to create ratios for performance. For instance, the ratio of limited exams completed per month over how many Enrolled Members were seen by a specific Provider.

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- [Redacted list item]
- [Redacted list item]

G.5.10 Special Health Care Needs Obligations.

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[Redacted text block]

[REDACTED]



The program is also monitored comprehensively by the Government Programs Manager and Outreach and Care Coordination Manager to ensure adequate infrastructure and policies, as outlined in Section G.2.27. All findings are reported to the Member Education, Outreach, and Improvement Subcommittee who will review the findings and implement programmatic solutions as needed. The Subcommittee reports all findings and solutions to the QM/QI Committee on a quarterly basis and will provide follow-up data and updates as deemed appropriate by the Committee.

G.5.11 Reserved. N/A.

G.5.12 Reserved. N/A.

G.5.13 Reserved. N/A.

G.5.14 Reserved. N/A.

G.5.15 Reserved. N/A.

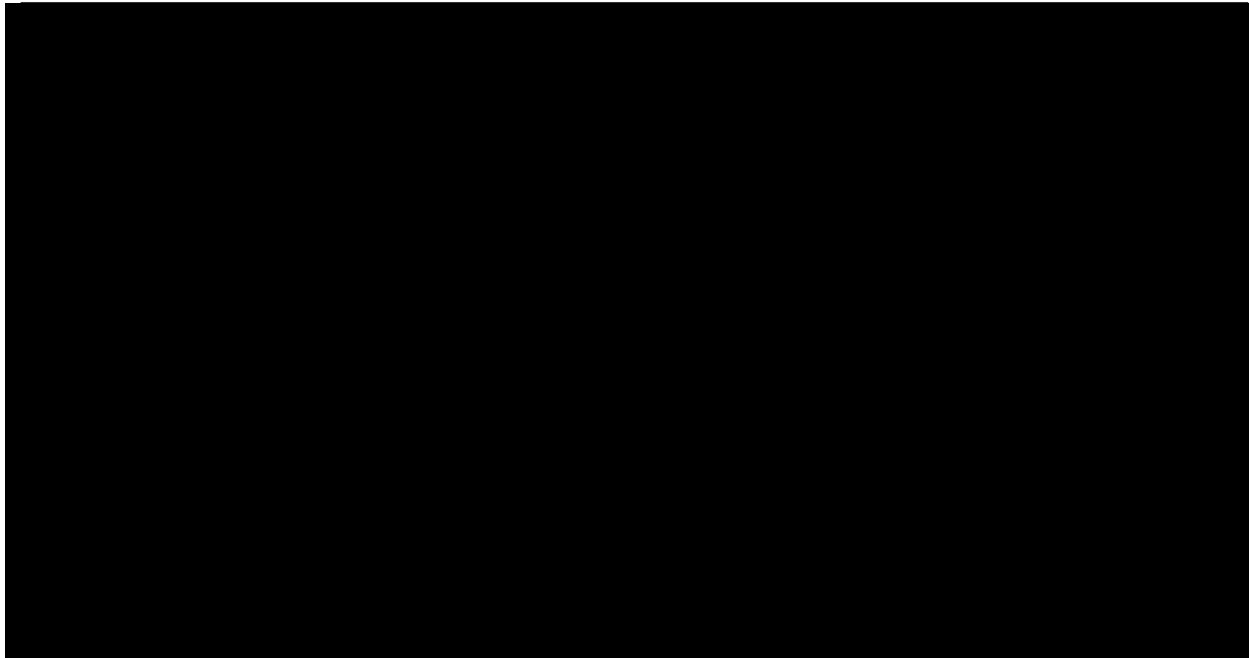
G.5.16 Reserved. N/A.

G.5.17 Reserved. N/A.

G.5.18 Annual Measurement.

Using standard measures required by the State, Delta Dental currently measures and reports to the State on our performance. This data is submitted to enable the State to calculate our performance using standard measures. To ensure we meet these performance metrics, along with required reporting, Delta Dental’s QM/QI Program monitors these measures as part of its QAPI quarterly and annually to monitor our success. Exhibit G.5.18-1 shows our internal monitoring dashboard to allow for real-time monitoring of our performance.

Exhibit G.5.18-1. *Delta Dental's performance monitoring dashboard.*



G.5.19 Improving Health Outcomes.

As part of its QM/QI Program, Delta Dental designs PIPs targeted to make clinical and programmatic improvements for DWP, DWP Kids, and Hawki Members. Through QM/QI activities, our QM/QI Committee identifies programmatic and clinical areas of improvement among our Enrolled Members. Projects may differ between DWP, DWP Kids, and Hawki to ensure we are identifying and implementing projects designed for and to best improve health outcomes for each group.

Our PIPs follow the three-year cycle as required by the Agency and their contracted EQRO. The first year focuses on planning, the second year on implementing and piloting the project, and the third year on demonstrating sustained improvements. Our PIPs are designed, implemented, and monitored from beginning to end by our PIP Advisory Group. All PIPs are designed with the goal of showing statistically significant improvements to health and programmatic outcomes for our Enrolled Members. The Group ensures the projects are monitored throughout the entire measurement period to track progress and identify barriers along the way so they can be solved accordingly. On an annual basis, we submit information about the projects and data in accordance with Agency and EQRO requirements. In Summer of 2022, Delta Dental hired additional staff to help ensure the success of PIPs, including the statistically significant improvement of health outcomes, and to improve the score awarded by the EQRO.

G.5.20 Objective Quality Indicators.

Objective Quality Indicators are utilized to measure the success of PIPs and submitted to the contracted EQRO and the Agency as prescribed. Our PIP projects incorporate both qualitative and quantitative data, as needed, to ensure a comprehensive evaluation of the project. The design of our PIPs includes measurable quality indicators, and data to support project success is submitted. Quality indicators are often based on quantitative data and further supported by qualitative data, as needed. To determine success, data must demonstrate a statistically significant change to the treatment groups behaviors and health outcomes using T-testing, regression modeling, and other statistical methods.

G.5.21 Interventions to Improve Quality and Access.



Increase Recall & Prevention



Improve Oral Health Equity

PIPs are all designed by the PIP Advisory Group. The Advisory Group takes into consideration under- and over-utilization and common barriers to accessing quality care seen among DWP, DWP Kids, and Hawki programs. The interventions incorporated into PIPs are designed to improve health outcomes and mitigate barriers.

[Redacted text block]

G.5.22 Evaluation of Effectiveness.

The PIP Advisory Group continuously monitors our PIPs for effectiveness throughout the measurement period. The group is required to report progress to the QM/QI Committee on a quarterly basis, at minimum. Our PIPs follow the three-year cycle of planning, implementing, demonstrating, and reporting as required by the Agency and their contracted EQRO described in Section G.5.19.

G.5.23 Increasing and Sustaining Improvement.

All PIPs are designed to improve health outcomes, specifically as it relates to quality and access. Our PIPs follow the three-year cycle prescribed by the Agency and their contracted EQRO to ensure we are monitoring for increasing and sustained improvements to the designated health outcomes. PIPs are designed with long-term success in mind, beyond the three-year cycle. PIPs that demonstrate increasing and sustained improvements may be implemented beyond the three-year cycle and incorporated into other activities, such as long-term Member Incentive Programs.

G.5.24 Reporting.

Delta Dental reports the status of all PIPs annually, after the end of the measurement period (State fiscal year). Reports include background about why the PIP was chosen (e.g., underutilization data), the quality indicators selected, the interventions utilized, and the evaluation of effectiveness and sustained improvement. This includes all data and information to support these areas. In addition to the required annual reports, Delta Dental will provide PIP reports and evaluations on an ad hoc basis to the Agency.

G.5.25 MAO Option.

Delta Dental acknowledges the State may allow for a substitute of a Quality Improvement Project for one of the Performance Improvement Projects otherwise required when the managed care plan exclusively serves dual-eligibles.

G.5.26 Evaluation.

The QAPI is evaluated comprehensively on an annual basis and progress is monitored quarterly by the QM/QI Committee. At the beginning of each fiscal year, the QAPI sets annual and prospective five-year overarching goals, along with measurable, quantitative indicators to track their success. A workplan that incorporates each of these goals and indicators is created annually. The workplan is updated and

monitored on a quarterly basis by the QM/QI Committee or appropriate subcommittee that reports to the QM/QI Committee. At each quarterly meeting, progress toward those goals is discussed.



At the end of the fiscal year, the QM/QI creates its annual evaluation which includes information about the goals, provides the data, and outlines the projects implemented which may have contributed to the data reported. For example, to promote access to preventive care, Delta Dental monitored data related to fluoride service utilization among DWP Kids and Hawki Enrolled Members in SFY23. In addition to reporting data on fluoride utilization, our annual evaluation will also discuss innovative fluoride projects

implemented to support the use of fluoride services.

Delta Dental also evaluates areas where goals were not met or where we saw a decline in progress. The QM/QI Committee will identify areas of change for future QAPIs, as well as to the overall Delta Dental Government Programs infrastructure. These areas of improvement will be discussed in the annual evaluation, with an evaluation of why we did not meet our goals and plans to remediate them. These plans will also be incorporated into the QAPI plan for the following fiscal year. The annual QAPI evaluation will be submitted to the Agency within 30 days after the end of the fiscal year.

G.5.27 Value Based Purchasing Programs.

Delta Dental has clear and identified goals to address our strategy for improving the delivery of dental health care Benefits and services to our Enrolled Members through our value-based purchasing programs and further explains our value-based purchasing programs in Section E.8. Providing reporting on updates and progress towards goals and targets will be reported monthly during our meeting with the Agency and complies with all requirements set forth in the Reporting Manual. Currently, value-based purchasing is reported in the monthly Provider listing and Delta Dental complies with providing that information timely and accurately.

G.5.28 Dental Quality Strategy.

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Increasing Access and Provider Network



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Medical/Dental Integration and Managed Care Organization Partnership



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G.5.29 Value-Based Purchasing – PCPs.

Delta Dental understands PCP designation is required for those Enrolled Members under a value-based purchasing arrangement described in Section E.8. Our Care Coordination team works with Enrolled Members who are eligible to take part in any of the identified VBP incentive programs to find a Network Provider who understands the targets and requirements of the VBP and understands the Enrolled Members will establish a dental home within their office. Alternatively, there are VBP incentive plans for Delta Dental where a Network Provider providing specialty services is eligible, therefore, there may be times where a PCP assignment is not applicable for dental home establishment. However, we will continue to work with those Members to ensure they have a dental home. Our VBP incentive programs outline which Provider types are eligible to participate.

G.6 Cultural Competence.

G.6.01 Cultural Competence Obligation.

Delta Dental is committed to supporting the State in its efforts to provide Medicaid Members and lowans with culturally competent care. When engaging in activities to support cultural competency and designing policies to promote and support cultural competency, we consider the complex needs and barriers of our Enrolled Members. We acknowledge the importance of understanding our demographics and social categorizations and the discriminations and disadvantages connected to them. We understand our Enrolled Members may experience intersectionality, whereas the many marginalized groups our Enrolled Members belong to do not exist independently of one another; therefore, our Members experience exacerbated barriers and health inequities. We are committed to promoting culturally competent care for all lowans regardless of the social demographic groups they belong to.



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G.6.02 Promoting Cultural Competence.

Delta Dental understands the need to promote cultural competence across the state, as well as internally and among our Providers and Subcontractors. As an Iowa-based company, we feel it is our responsibility to promote culturally competent oral health care for all Iowans, including our Enrolled Members and potential enrollees. We participate in a variety of activities to promote cultural competency among some of the most vulnerable Iowans, including, but not limited to, refugees and older Iowans. Internally, we have adopted policies and procedures to ensure our Enrolled Members have access to culturally competent care which is understood and upheld by Delta Dental’s staff, Network Providers, and our Subcontractors.



Refugees

Delta Dental is committed to promoting culturally competent services for our refugee populations in Iowa. Access to oral health care is challenging for refugees that have just arrived in the U.S. In the environments they experience, most refugees do not receive oral health care. Once in the U.S., the dental needs of new refugees are often extensive. Additionally, perception of oral health varies greatly among the diverse refugee populations in Iowa. New refugees may need additional oral hygiene instruction and education on healthy behaviors.

Staff from Delta Dental’s Care Coordination and Outreach team participate in the Refugee Alliance of Central Iowa. We have leveraged information from the Alliance to stay informed about prevalent issues among this population, as well as gain insight about how we can improve our outreach and care coordination for refugees. We then use this information to identify solutions as to how we can decrease barriers so this population can access culturally competent care.

Additional efforts by Delta Dental to expand oral health care for refugees are outlined below:

Delta Dental in Action | Health Equity

Organization: Dental Connections, Des Moines (Polk)
Title: Iowa Smiles
Amount Awarded: \$80,000+
Project Dates: 7/1/2022 – 3/31-2024
Geographic Area Served (Counties): Dallas, Polk, Warren



Project Description: Access to oral health care is challenging for refugees who are fleeing their home countries due to violence or persecution. Often refugees spend years languishing in refugee camps overseas with no access to oral health care. When they arrive in the U.S., many refugees have severe dental decay and pain. In 2022, to address the influx of Afghan refugees into Iowa over a short period of time, our Foundation worked with local non-profit organizations to work on solutions to address the significant oral health needs of the population. Our Foundation invested a total of \$84,674 with Dental Connections, Broadlawns and Primary Health Care to plan and implement a targeted, trauma informed care coordination approach to ensure that refugees receive emergency and comprehensive dental care in a timely and culturally sensitive manner.

Results: In the first six months of funding in 2022, Dental Connections had completed 371 refugee appointments for screenings, comprehensive exams, and emergency care, representing 9 different countries and 14 different languages.



Dental Connection’s Refugee Care Coordinator talks to refugees about good oral health habits in West Des Moines.

Delta Dental in Action | Health Equity

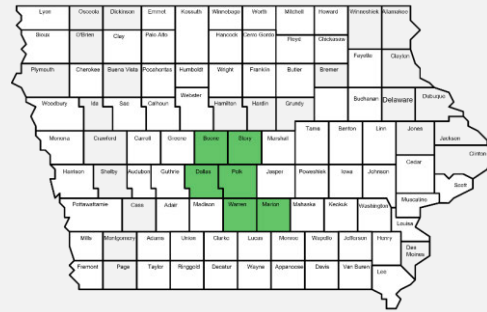
Organization: Broadlawns Medical Center (Polk)

Title: Broadlawns Dental Clinic Expansion and Extramural Site for Dental Students

Amount Awarded: \$371,520 grant with a dentist matching fund campaign (\$340,000 in 2015; \$31,520 in 2016)

Project Dates: 2015-2017

Geographic Area Served (Counties): Polk, Dallas, Boone, Marion, Warren, Story



Project Description: With grants totaling \$371,520, our Foundation helped the Broadlawns Dental Clinic expand access to dental care co-located within the hospital to provide emergency, preventive, and comprehensive dental services for diverse population of central Iowa patients from children to adults. Funding expanded dental care by building a new clinic with a total of 22 operatories to service pediatric, orthodontic, endodontic, and oral surgery patients.



Results: In 2019, more than 18,400 individuals were directly impacted at the dental clinic through screenings, dental treatment, and education.



Older Populations

Delta Dental understands older populations often experience unique barriers and need additional resources and services to access care. The growing aging population across the country and in the State of Iowa makes it critical we continue to monitor this population and implement strategies to promote culturally competent care. Delta Dental has been and continues to be supportive of the I-Smile™ Silver program in Iowa, which was created to connect at-risk and aging adult Iowans with dental, medical, and community resources. Two examples of successful I-Smile™ Silver medical/dental integration initiatives for these populations, supported by Delta Dental, included: 1) providing oral health care to reduce non-ventilator acquired pneumonia in Scott County and 2) implementing a referral system for Members with diabetes in Lee County. Staff at Delta Dental continue to maintain strong relationships with the I-Smile™ coordinators to support programming and facilitate care coordination for individual Members. There are plans to strengthen these relationships through bi-annual regional meetings with I-Smile™ Silver partners to identify Member barriers and solutions to those barriers.

Delta Dental in Action | Health Equity – Addressing Access for Marginalized Populations

Organization: Community Health Centers of Southeastern Iowa, Inc. (SEIA), Keokuk (Lee)

Title: Lee County Dental Access for the Underserved

Amount Awarded: \$249,745

Project Dates: 3/5/2018-1/31/2020

Geographic Area Served (Counties): Lee



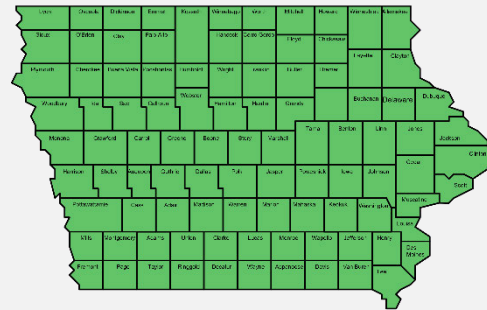
Project Description: Lee County’s lack of dental Providers contributes to the county’s overall poor health status, especially for underserved and low-income individuals. Lee County has a higher percentage of older residents when compared to the State average and SEIA serves many patients who are racial and ethnic minorities, despite the demographic composition being similar to the rest of the State. Working with Keokuk Area Hospital, Lee County Health Department, The University of Iowa College, and private dentists, our Foundation provided nearly \$250,000 in funding to purchase dental equipment to expand dental operatories for SEIA in Keokuk from eight to 12. This equipment supports three full time dentists and three full time dental hygienists.

Results: SEIA's practice management system reported 5,448 dental patients (unduplicated) received at the Keokuk dental location with 16,857 total dental visits during the project period. In addition to using funds to purchase much needed dental equipment, the funds were used to implement the coordination of services with the Lee County Health Department for underserved Members 60 years or older in the Keokuk service area. In addition, the University of Iowa College of Dentistry agreed to participate with SEIA in a research project. This project provided access to dental care for nursing home residents who received a dental assessment and treatment utilizing dental hygienists on site with teledentistry communication to the dentists at SEIA’s Keokuk Dental Clinic.



Delta Dental in Action | Health Equity – Geriatric & Special Needs

Organization: University of Iowa Foundation, Iowa City (Johnson)
Title: Delta Dental of Iowa Geriatric and Special Needs Clinic and Professorship
Amount Awarded: \$2.27 Million
Project Dates: 2007- current
Geographic Area Served (Counties): Statewide



Project Description: Delta Dental and our Foundation have provided extensive support to the UI-COD to promote and ensure culturally competent care for all Iowans, especially geriatric and special needs patients. We identified this support as crucial for supporting this population for years to come as the population is expected to grow. Delta Dental and our Foundation had a critical funding role in expanding and ensuring better accessibility for older frail and/or special needs Iowans through the funding of \$1.5 million to the UI-COD for their new Geriatrics and Special Needs Clinic. To support culturally competent care for the population for years to come, our Foundation committed to a grant of \$750,000, the “Delta Dental of Iowa Foundation Professorship in Geriatric and Special Needs Dentistry”. The grant funding provided a new, endowed account, and the income from which is used by UI-COD to help recruit and retain the most sought-after faculty candidates and provide support to expand and enhance existing programs in this area.

Results: More than 17,000 patients have received care at the Delta Dental of Iowa Foundation Geriatric and Special Needs Clinic at the University of Iowa College of Dentistry and Dental Clinics from 2010-2022. In addition, the professorship adds sustainability to the Geriatrics and Special Needs Program, fortifies the graduate certificate program, expands the program for all predoctoral students, and is part of the development of models for multi-disciplinary geriatric patient care, education, and research.



Staff from Delta Dental have also participated in the Lifelong Smile Coalition, which was formed to support access to oral health care for older Iowans. Staying an active participant with the Coalition enables Delta Dental to stay informed about prevalent issues among this population and gain insight about how we can improve our outreach and care coordination for older Iowans on Medicaid. This Coalition helped us identify solutions to decrease barriers so this population can access culturally competent care. Delta Dental will continue to be active coalition committee members through the new unified coalition, the Oral Health Iowa Collaborative Coalition.



Increase Recall & Prevention



Improve Oral Health Equity

Community Health Workers

While we aim to promote cultural competency among our staff, we understand Community Health Workers play a unique and valuable role in providing culturally competent services and information among our Enrolled Members. A staff member from Delta Dental currently participates in the Community Health Worker Alliance. We plan to leverage these relationships

to disseminate oral health education, information about DWP and Hawki, and to promote access to preventive oral health services.

Internal Trainings and Staff Development

As outlined in Section A.13, all Government Programs staff and staff who work directly or indirectly with Members are required to undergo extensive training to understand and promote culturally competent care and services for Members. The following trainings were implemented into the plan to promote cultural competency among our staff:

- Poverty Simulator
- CultureALL
- HHS training
- Member Services staff member “Shadowing” Training

Delta Dental promotes staff attendance of local, statewide, and national conferences and participation in sessions to continue development of cultural competency. Conferences frequently attended by Government Program staff and session topics engaged with are outlined in Exhibit G.6.02-1.

Exhibit G.6.02-1. *Conferences frequently attended by Delta Dental.*

Conference	Session Topics
Medicaid, Medicare, and CHIP Services Dental Association (MSDA) Annual Symposium	PreViser Oral Health Survey
National Oral Health Conference (NOHC)	Oral health equity, medical/dental integration, collaboration with other stakeholders, oral health education, prevention, and recall education, improving oral health access
National Academy of State Health Policy (NASHP) Annual Conference	Improving access, collaboration between State Agencies and managed care plans, education on Public Health Emergency, education on Federal and State policy in relation to health
American Public Health Association (APHA) Annual Meeting	Health equity, social determinants of health, water fluoridation
National Association of Medicaid Directors (NAMD) Fall Conference	Collaboration between managed care plans and State Medicaid agencies, medical/dental integration, health equity for Medicaid Members
National Network for Oral Health Access (NNOHA) Annual Conference	Collaboration with Federally Qualified Health Centers, health equity, oral health education and focus on prevention and recall, medical/dental integration
Midwest Dental Public Health Conference	Social determinants of health, health equity, medical/dental integration, education on Members with disabilities
National Association of Dental Plans (NADP) Converge Conference	Collaboration with other national dental plans, oral health education, oral health equity education, medical/dental integration education
Public Health Conference of Iowa (PHCI)	Community Health Workers, I-Smile™, Refugee Care Coordination, Maternal Health, Addressing Public Health Emergencies
Iowa Community Health Conference	Oral Health Access in Iowa, I-Smile™, Culturally Competent Care, Oral Health Care through FQHCs

Promoting Cultural Competence Among Providers

The Delta Dental Provider portal, our secure Dentist Connection website, offers many resources including the Cultural Competency Program for Oral Health Providers administered by the United States Department of Health and Human Services Training. Through our Dental Advisory Group, we have completed a poverty simulation to help educate Providers on the populations they are serving. In addition, Delta Dental and our Foundation have funded several statewide culturally competent trainings. Some examples:

- Iowa Dental Association Annual Conference, 2023, Hope For The Day® Things We Don't Say workshop taught practitioners how to understand self-care and be supportive of proactive mental health care for others. Also covered is mental health stigma, and its impact on individuals and communities, as well as taught practical skills for early recognition of mental health challenges that often go unaddressed due to the silence of stigma, building to a crisis stage.
- One Iowa, 2018 and 2021, LGBTQ Inclusivity Training for Iowa Oral Health Professionals and LGBTQ Resource Guide. The trainings conducted by One Iowa educated Providers on issues related to the LGBTQ community, including sexual orientation, gender identity, and best practices when working with the LGBTQ community, such as gender-neutral language, pronouns, and helping patients manage dysphoria during visits.
- Iowa Dental Association Annual Conference, 2015: "Debunking the Myths of Special-Needs Patient Care." Dr. Harvey Levy presented to attendees the necessary knowledge and tools to treat medically or mentally compromised patients of all ages.

Internal Policies and Procedures

Our internal policies and procedures were all created with cultural competency in mind. All staff are provided with the training and education needed to comply with all policies, including the provision of resources and services to promote cultural competency. Procedures and policies require that staff make best efforts to identify cultural barriers (e.g., language barriers or cultural differences in understanding oral health) and identify and provide the appropriate resources (e.g., interpretation services and Member education). These policies go beyond working with Enrolled Members. Delta Dental wants to ensure our policies and procedures also support culturally competent service provision by our Providers. Internal policies require that staff work with Providers to ensure they have the resources needed to provide these services, including information about educational resources provided by Delta Dental and how to access interpreter lines and services.

Internal policies and procedures require all staff, working directly and indirectly with Enrolled Members, to not discriminate based on the Enrolled Member's race, ethnicity, age, religion, or other identities. Policies and procedures were created so staff do not engage in activities which may violate the Member's rights.

Policy Statement to Providers

Delta Dental includes the following policy statement in our Provider Office Manual:

Delta Dental encourages contracted Providers to address the care and service provided to Members with diverse values, beliefs, and backgrounds that vary according to their ethnicity, race, language, and abilities. We strongly encourage all contracted Providers to complete cultural competency training to meet the needs of all DWP and Hawki Members. Delta Dental recommends completing the U.S. Department of Health & Human Services Cultural Competency Program for Oral Health Providers available free of cost.

Providers can attest to completion of cultural competency training through the Credentialing and Recredentialing process.

Policies and Procedures for Subcontractors

Delta Dental Subcontractors are required, annually, to review, fill-out and sign a Government Programs Subcontractor Compliance Program Guidelines Attestation Form. In this form, Subcontractors are asked to attest that they will not discriminate against an employee or applicant for employment with respect to hire, tenure, or any other term on the basis of race, color, religion, national origin, age, sex, height, weight, marital status, or mental or physical disability and shall maintain the required insurance types at the levels set forth in its agreements with Delta Dental. Through this attestation, Delta Dental also has the expectation that the Subcontractor will provide services in a culturally competent manner to all individuals they will provide a service to through their contract with Delta Dental. Delta Dental will have specific policy statements regarding providing services in a culturally competent manner and will communicate them to Subcontractors.

G.6.03 Culturally Appropriate Care.

Member Choice

All Enrolled Members, their caregivers, and potential enrollees have access to Delta Dental's Provider Network. The Provider directory is available on our website and other formats are available by calling or emailing Member Services. Our Provider Network currently allows those using it to search for Providers based on their needs, including cultural needs and preferences. Providers can be searched and filtered by their location, specialty, languages spoken, gender, office hours available, public transportation access, availability of free parking, and wheelchair accessibility. We want Enrolled Members to make the choice which best fits their cultural and health needs. We encourage potential enrollees to explore our Provider directory before choosing Delta Dental to see if we have a Provider who fits these needs. We provide information about how to access our Provider directory on the Dental Choice Flyer we provide to the Agency for Enrolled Member's Dental Choice Period.

Enrolled Members have the right to choose any Network Provider and to switch to a new Network Provider at any time and for any reason, including to obtain culturally competent care. Care Coordinators at Delta Dental are available to help Enrolled Members identify Providers who can meet their cultural needs and to facilitate appointments and services. When needed, Delta Dental will facilitate Single Case Agreements with non-Network Providers to obtain culturally competent care for Enrolled Members. Enrolled Members are advised of these rights in their Member Handbook, which is available to all Enrolled Members, authorized representatives, caregivers, and potential enrollees online or in other accessible formats as requested.

Sharing Smiles – Member Success Story

A Care Coordinator recently worked with an Enrolled Member who identified as a refugee to coordinate extensive dental services after the Member was referred to us by their Resettlement Case Manager. The Member did not understand the process for obtaining the services needed and was having a hard time overcoming language. The Care Coordinator was able to utilize interpreter services to provide the Member with education about the Dental Wellness Plan and oral health care in the United States. We also worked with two dental offices, who have experience working with refugees to coordinate the care and services the Enrolled Member needed.

Member Grievances

All Enrolled Members have the right to submit Grievances due to lack of culturally appropriate care within our network or against Providers for not providing culturally appropriate care. Members are notified of this right in the Member Handbook and on the Delta Dental website. All Care Coordinators and Government Programs Member Services staff members are trained to identify Grievances related to lack of culturally appropriate care, provide education to Enrolled Members about their rights, and help Enrolled Members file a Grievance.

All Grievances received are investigated and addressed in accordance with timelines set by the Agency. For example, Grievances filed against a specific Provider or Provider office for lack of culturally competent care may be referred over to our Provider Relations team so they can facilitate the appropriate outreach and education for the named Provider or office. The Appeals and Grievances Subcommittee regularly monitors Grievances related to culturally appropriate care to identify patterns (e.g., lack of care in certain regions of the State or against certain Providers) and brings this data back to the Government Programs team and QM/QI committee to identify solutions.

G.7 Accreditation.**G.7.01 Notice Obligation.**

Delta Dental will inform the State when it has completed successful accreditation by the National Committee for Quality Assurance (NCQA).

G.7.02 Provision of Information.

Delta Dental will update the Agency during our monthly meetings on the progression of accreditation with NCQA. Once accreditation is complete, we will notify and provide the State a copy.

G.7.03 NCQA Accreditation Obligation.

Delta Dental has started the National Committee for Quality Assurance (NCQA) accreditation through a phased approach. Phase I of NCQA accreditation of Delta Dental's Provider Network Credentialing and Recredentialing process, is contracting with a NCQA Credentials Verification Organization (CVO). The CVO is Dentistat and is fully owned by Fluent – a current Delta Dental Subcontractor. Dentistat is fully accredited by NCQA and will perform a portion of the Credentialing process around primary source verification. Phase II of the process will be in relation to NCQA certification for Delta Dental. Phase II will commence once the new CVO, Dentistat, works with Delta Dental for 6 months, as the NCQA certification process requires a 6-month retrospection period. The final NCQA visit will be scheduled for 2024.

Section G Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § G, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Grievances and Appeals

H



In support of the “kids free of cavities” strategic goal, the Foundation created **Dentist by 1™**, a statewide public health awareness campaign.



Hawki
Iowa HHS
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H. Grievances and Appeals.

Attachment J. Please explain how you propose to execute Section H in its entirety and describe all relevant experience.

Delta Dental takes a Member-focused approach to our Grievances and Appeals process. Our process includes experienced staff and in-depth policies and procedures to address Enrolled Members’ concerns. With established processes and a knowledgeable team, we can resolve Grievances and Appeals with effective and compassionate communication.

To constantly improve our process and meet Agency requirements, we utilize a highly experienced team of decision makers, data-driven strategies to improve procedures, and effective communication with our Enrolled Members. By providing this efficient system, we will continue to ensure that we provide our value of Exceptional Quality Service to our Enrolled Members.





Exhibit H-1 provides an overview of the features and benefits of our approach to Grievances and Appeals, and how they support the Agency’s key goals.

Exhibit H-1. Features and benefits of our approach to Grievances and Appeals and how they support the Agency’s Key Goals.

Features	Benefits	01	02	03	04
Highly experienced Team of Grievance and Appeals Decision Makers (Section H.1)	<ul style="list-style-type: none"> Quick and accurate decisions that significantly exceed required timelines Increased Enrolled Member satisfaction due to fast and accurate resolutions Identifies trends and translates them into training to support faster Grievances and Appeals processing 			✓	✓
Monitoring and Data Analytics (Section H.11)	<ul style="list-style-type: none"> Provide real-time data to enhance decision makers ability to make fast and accurate decisions during quarterly meetings Supports exceeding timelines for timely Grievances and Appeals resolution 			✓	✓
Quality Management Committee and Subcommittees (H.11)	<ul style="list-style-type: none"> Increases Enrolled Member satisfaction by enhancing accurate decision making Provides a dedicated group of quality professionals specific to types of Members (e.g., DWP, DWP Kids, and Hawki) 			✓	✓
Agency Key Goals 01- Improve Network Adequacy and availability of services. 02 - Increase recall and prevention services. 03 - Improve oral health equity among Medicaid Members. 04 - Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.					

Throughout this section and in our proposal overall we indicate where our solution and approach address these key Agency goals using the following symbols shown in Exhibit H-2:

Exhibit H-2. Agency key goals.

Agency Key Goals – Symbol and Description	
 <p>Improve Network Adequacy and availability of services.</p>	 <p>Increase recall and prevention services.</p>
 <p>Improve oral health equity among Medicaid Members.</p>	 <p>Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>

H.1.01 Grievance and Appeals System.

Delta Dental has an established Grievances and Appeals system that is effective, timely, easy to understand, and complies with all requirements. Our continued success is demonstrated and compiled in our monitoring and tracking logs, which are reported to the Agency quarterly. In SFY22, we **managed an average 11.4-day turnaround time for Appeal and a 1.47-day turnaround time for Grievance resolutions**. By utilizing time tested procedures and monitoring efforts that allow us to identify issues, we can continuously improve our services.

H.1.02 Authority to File.

If an Enrolled Member disagrees with a decision, they have the right to file a Grievance or request an Appeal with Delta Dental. Additionally, an Enrolled Member may also request, after receiving Notice under 42 C.F.R. § 438.408, that the Adverse Benefit Determination (ABD) is upheld by Delta Dental.

H.1.03 Eligibility, Effective Date of Coverage, Premiums, Copayments, and Exceptions to Policy.

Delta Dental will direct any Appeals or Grievances to the Agency if they fall into any of the following categories:

- Member eligibility including termination of eligibility.
- Effective dates of coverage.
- Determinations of premium, copayment, and client participation responsibilities.
- Exceptions to policy regarding services outside of State Plan or waiver Benefits.

H.1.04 Single Level of Contractor Appeals.

Delta Dental’s Appeal system has only one level for all Enrolled Members.

H.1.05 Assistance.



Improve Oral Health Equity

We help all Enrolled Members in completing Grievance and Appeal forms and can assist with other procedural steps. Delta Dental provides education, filing forms on behalf of the Enrolled Member, auxiliary aids, and other services upon request, such as providing interpreter services and toll-free numbers with Teletypewriter Telephone/Telecommunication Device for the Deaf (TTY/TDD) and interpreter capability. Written Grievance and Appeal materials are available in 170+ additional languages upon request, as well as in other accessible formats (i.e., large print and Braille).

We take extra steps to help Enrolled Members understand their rights, what to do, and what they can expect when needing to file a Grievance or Appeal. Often, we do this on their behalf to expedite the process and provide our Enrolled Members with excellent customer service. Our Member Services team and Care Coordinators are trained and available to help Enrolled Members understand

the time each process takes, who they need to contact, and what information they need to provide through letters, handbooks, and education.

H.1.06 Acknowledging Appeals.

Once we receive an Appeal or Grievance, we send an acknowledgement letter within three business days. After the acknowledgment is sent, our team investigates to determine the best route for resolution. We collect information such as policies and procedures, clinical reviews, or by contacting Providers or the Enrolled Member to find an appropriate resolution.

Our Grievances and Appeals team have years of experience and have the appropriate clinical knowledge to resolve cases. The Member Services team taking calls from Enrolled Members regarding Appeals average five years of experience. The supervisory staff reviewing the Appeal process have an average of seven years of experience.

Once a determination has been made, our team sends out a resolution notice within required timelines. Resolution letters for standard Appeals and Grievances are mailed out within 30 days of the request receipt date, following Federal regulation requirements.

H.1.07 Separation of Duties.

Delta Dental has an experienced team to drive effective and timely resolutions to Enrolled Members or their representative. We ensure a non-bias and transparent review process by implementing separation of duties. The decision makers on Grievances and Appeals of Adverse Benefit Determinations are not involved in any previous level of review or decision-making, nor subordinates to any individual who was involved in a previous level of review.

H.1.08 Appropriate Knowledge of Decision Makers.



Our decision makers are also well-versed on Grievance and Appeals policies and have the appropriate clinical expertise, as determined by the State, in treating the Member’s condition or disease. Our Dental Director reviews all cases if the decision involves:

- An Appeal of a denial based on lack of medical necessity.
- A Grievance regarding denial of expedited resolution of an Appeal.
- A Grievance or Appeal involving clinical issues.

Our system is fully supported by an Iowa-based team with appropriate knowledge and subject matter experts in different departments. Not only does our team have the background and expertise needed to reach resolutions, but we also conduct yearly trainings to ensure adherence to our policies. Our Grievances and Appeals team consist of the following roles as outlined in Exhibit H.1.08-1:

Exhibit H.1.08-1. Grievances and Appeals team.

Role	Experience and Responsibilities
Dental Director Dr. Chaffin	<ul style="list-style-type: none"> • More than 30 years of clinical experience, managing the clinical aspects of policy related to the administration of dental benefits. • Oversees all clinical functions of the Grievances and Appeals system. • Uses appropriate dental expertise to review Appeals of denials based on lack of medical necessity, Grievances regarding denial of expedited resolution of an Appeal, and Grievances or Appeals involving clinical issues.
Grievances and Appeals Manager Nicole Miller	<ul style="list-style-type: none"> • Coordinates Delta Dental’s Grievances and Appeals Subcommittee, as part of the QM/QI Program. • Reviews trends and conducts additional trainings. • Ensures required reporting is accurate and timely and monitors all trends.
Government Programs Appeals Committee	<ul style="list-style-type: none"> • Group of experienced decision makers who have expertise in different departments, including include individuals with clinical, policy, and Member expertise. • Consists of our Dental Director, Appeals Coordinator, Member and Provider Services Supervisor, Plan CEO, Provider Services Manager, Care Coordination and Outreach Manager, and Government Programs Grievances and Appeals Manager. • Ensures Member-based approach.
Member Services Team	<ul style="list-style-type: none"> • Oversees their assigned Grievance cases from beginning through resolution. • Ensures compliance by driving timely resolution, documenting all notes and interactions in the system. • Provides easy to understand written notices to the Enrolled Member or representative.
Appeals Coordinator Taylor Wyss	<ul style="list-style-type: none"> • Ensures compliance with timely resolutions, adherence to policies, and documentation of all notes and interactions in the Grievances and Appeals log. • Leads, organizes, and directs the Government Program’s Appeal Committee Meetings.
Utilization Management (UM) Specialists	<ul style="list-style-type: none"> • Receives Prior Authorization requests, conducts initial clinical review, collects pertinent medical documentation, and sends timely ABD Notices.

H.1.09 Factors That Must Be Considered.

Our team considers all comments, documents, records, and other information submitted by the Enrolled Member or their representative without regard to whether such information was submitted or considered in the initial Adverse Benefit Determination. Delta Dental will take into consideration all documents and will have a Member-focused approach for all resolutions.

H.1.10 Grievance Regarding Disenrollment.

Delta Dental respects an Enrolled Member’s choice. If we receive a Grievance concerning disenrollment, we will complete review in time to permit the disenrollment to be effective no later than the first day of the second month following the month in which the Enrolled Member requests disenrollment or when we referred the request to the State. For Enrolled Members who have wished to disenroll with Delta Dental, we have provided clear instructions to the Enrolled Member on the steps they need to take to complete disenrollment and we also send a follow-up letter highlighting these instructions. In SFY22, on average, it took Delta Dental less than one day to resolve a Disenrollment Grievance.

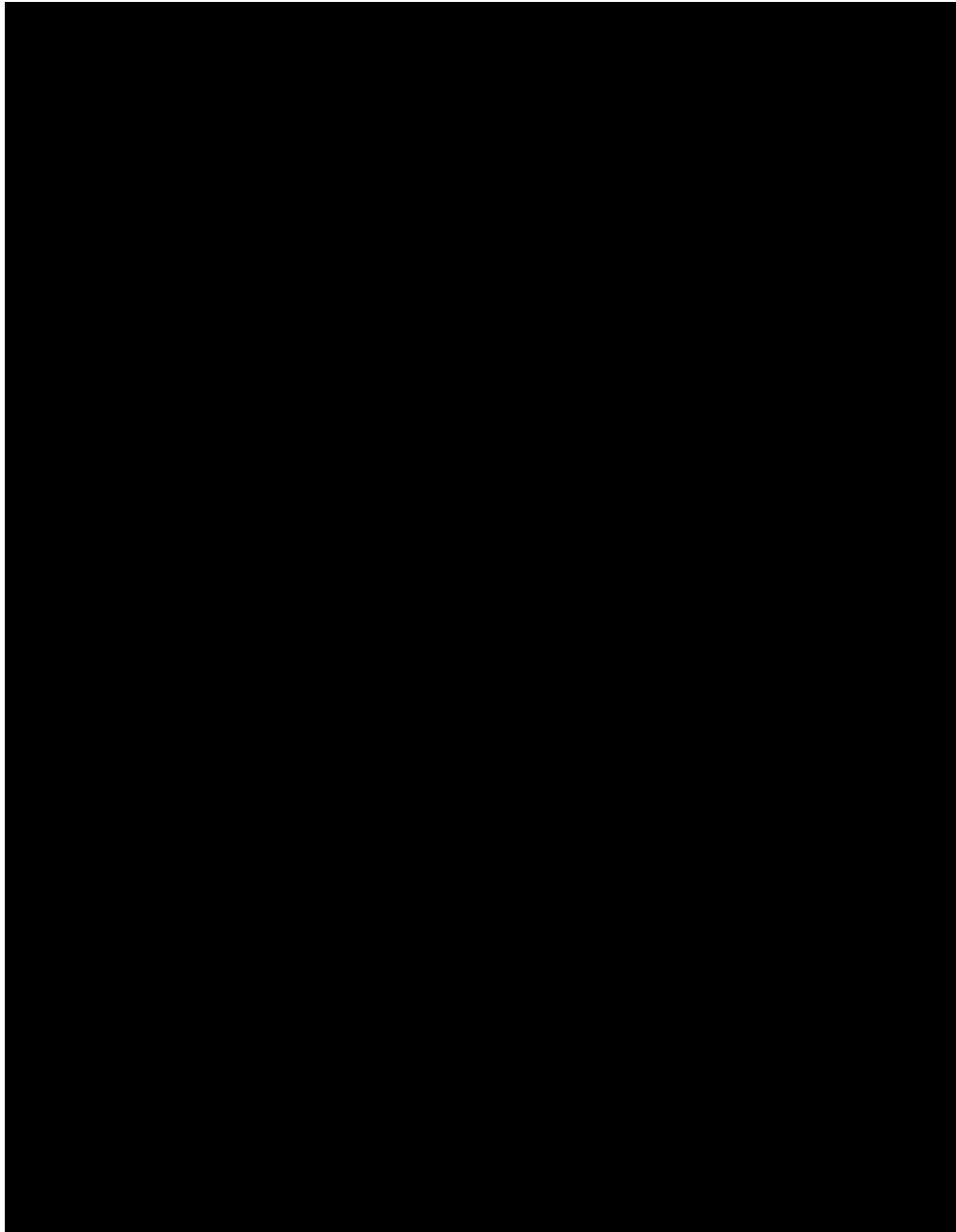
H.1.11 Contractor Grievance Support.

We are committed to a Member-focused approach by making this process as simple and easy as possible for our Enrolled Members. Delta Dental provides support at all states of the Grievance and Appeal process by offering to complete the process orally over the phone without needing the Enrolled Members to fill out a physical form. Our Member Services team are experts on the Grievance process and can help educate Enrolled Members on their Grievance rights even if an Enrolled Member is unsure during their initial call that a Grievance is an option. This includes, but not limited to, providing the necessary factual and expert testimony necessary to support Delta Dental's position taken in relation to the Enrolled Member's claim, providing support required by the Attorney General's Office in relation to a judicial review proceeding arising out of the State Fair Hearing Process. We are responsible for any award of attorney's fees and costs provided at any stage of State Fair Hearing or judicial review of our decision.

H.2 Notice of Adverse Benefit Determination Requirements.**H.2.01 Notice Obligations.**

Delta Dental understands the importance of clear communication to our Enrolled Members when it comes to their dental benefit plan. If a resolution results in an Adverse Benefit Determination (ABD), we will send out an ABD Notice to Enrolled Members that detail the decision we made, or we plan to make, along with the reasoning why we made our decision, as shown in Exhibit H.2.01-2.

Exhibit H.2.01-2. *Delta Dental ABD Notice Example.*



H.2.02 Minimum Contents of Notice.

Our ABD includes the right of the Enrolled Member to be provided reasonable access to and copies of all documents, records, and other information relevant to the Enrolled Member's ABD (upon request and free of charge). This information includes medical necessity criteria, and applicable processes, strategies, and evidentiary standards used in setting coverage limits.

H.2.03 Obligation to Explain Rights.

We inform all Enrolled Members of their right to request an Appeal of our ABD, including information on exhausting Delta Dental's one level of Appeal and the right to request a State Fair Hearing after receiving an upheld resolution of the ABD.

H.2.04 Obligation to Explain Procedures.

Delta Dental's ABD includes all required explanation of rights and procedures to Enrolled Members for exercising their rights to an Appeal. The procedure to request an Appeal with Delta Dental is included in the ABD Notice. This procedure is provided in clear and easy to understand language and says the following as shown in Exhibit H.2.04-1.

Exhibit H.2.04-1. Adverse Benefit Determination (ABD) Notice of Right to Appeal.

Notice of Right to Appeal

Right to Appeal: If you have questions about this decision, please call customer service at 1-888-472-2793. If you disagree with the decision or think it was wrong, you have the right to an appeal. A clinical team will review the decision to determine if the right decision was made. You or your provider can give us more information and you can ask for copies of the information that was used to make the decision. You or your personal representative can file an appeal by calling us or submitting a written request within 60 calendar days of the date on this notice. Your request needs to include your name and signature, the services you would like to appeal, and any other information you want to give us.

Right to Expedited (Fast) Appeal: You also have the right to request an expedited appeal if taking the time for the standard appeal process could seriously jeopardize your life or health or ability to attain, maintain or regain maximum function.

To request a standard or expedited appeal send your written request to: Delta Dental of Iowa, Attn: Appeals and Complaints, P.O. Box 9040, Johnston, IA 50131-9040 or call us at 1-888-472-2793. We will review our original decision and provide you with a written reply within 30 days of the receiving your appeal or 72 hours of receiving the expedited request.

Right to State Fair Hearing: If you are not satisfied with our appeal decision, you (or your dentist on your behalf or any personal representative) have the right to request a State Fair Hearing. The hearing must be requested within 120 calendar days from the date of your Appeal Resolution Notice.

To Request a State Fair Hearing: Do one of the following, complete a state fair hearing request electronically at <https://dhs.iowa.gov/node/966> or write a letter to the Iowa Department of Human Services (DHS) stating why you think Delta Dental's decision is wrong. Call DHS Appeals Section at 1-515-281-3094, if you want to appeal by telephone. You can mail, fax or take your appeal to: Iowa Dept. of Human Services, Attn: Appeals Section, 1305 E. Walnut Street, 5th Floor, Des Moines, IA 50319, Fax: 1-515-564-4044, or email: appeals@dhs.state.ia.us.

H.2.05 Obligation to Explain Right to Expedited Appeal.

Our ABD Notice includes information for the Enrolled Member to file an expedited Appeal if they feel the time a standard Appeal process may take could seriously jeopardize their life or health or ability to attain, maintain, or regain maximum function.

H.2.06 Obligation to Explain Continuation of Benefits.

Delta Dental includes the right to continuation of benefits in every ABD Notice we send to our Enrolled Members. The notice provides Information on how to call us to request continuation of benefits pending the resolution of their Appeal, along with information regarding costs of continued service if the Appeal is upheld.

H.2.07 Notices Regarding Denied Payment.

Delta Dental issues and will continue to issue ABD Notices when payment for a service has been denied and follow all applicable Federal requirements.

H.3 Notice of Adverse Benefit Determination Timing.

H.3.01 Timely Notice of Adverse Benefit Determination.

The ABD Notice will be mailed at least 10 days before the date of action, when the action is a termination, suspension, or reduction of previously authorized Medicaid-covered services.

H.3.02 Timely Mailing of Notice.

Delta Dental currently complies and will continue to mail the ABD Notice as few as five days prior to date of action if the Agency has facts indicating that action should be taken because of probable fraud by the Enrolled Member, and the facts have been verified, if possible, through a secondary source.

H.3.03 Mailing Obligations.

Delta Dental will mail the notice of Adverse Benefit Determination by the date of action when any of the following occur:

- The Enrolled Member has died.
- The Enrolled Member submits a signed written statement requesting service termination.
- The Enrolled Member submits a signed written statement including information that requires service termination or reduction and indicates that they understand that service termination or reduction will result.
- The Enrolled Member has been admitted to an institution where the Enrolled Member is ineligible under the plan for further services.
- The Enrolled Member's address is determined unknown based on returned mail with no forwarding address.
- The Enrolled Member is accepted for Agency services by another local jurisdiction, state, territory, or commonwealth.
- A change in the level of medical care is prescribed by the Enrolled Member's physician.
- The Notice involves an adverse determination with regard to preadmission screening requirements of section 1919 (e)(7) of the Social Security Act.
- The transfer or discharge from a facility will occur in an expedited fashion.

H.3.04 Notice Timing when Payment Denied.

When a payment is denied, Delta Dental will send an ABD Notice explaining the action taken. We do this as quickly as the Enrolled Member's needs require, not to exceed 14 days following receipt of the request for standard requests and no later than 72 hours for expedited requests. While rare, if we have not reached a service authorization decision within the applicable timeframes, we provide the Notice on the date the timeframe expires in accordance with 42 C.F.R. §§ 438.404(c)(5) and 457.1260. Should the DHHS have verified facts indicating probable fraud, we will mail the ABD Notice in as few as five days before the date of action. Delta Dental will give ABD Notices on the date of determination when the action is a denial of payment.

H.3.05 Fourteen (14) Day Notice Deadline.

Delta Dental gives ABD Notices as expeditiously as the Enrolled Member's condition requires and does not exceed 14 days following receipt of the service request.

H.3.06 Extension of Fourteen (14) Day Deadline.

Delta Dental understands we may extend the 14-day ABD Notice timeframe for standard authorization decisions that deny or limit services up to 14 additional days if the Enrolled Member or the Provider requests the extension.

H.3.07 Extensions of Standard Authorizations.

Delta Dental acknowledges we may extend the 14-day deadline for standard authorization decisions if we justify a need for additional information and we demonstrate the extension would be in the Enrolled Member's best interest.

H.3.08 Written Notice Obligation.

If Delta Dental extends the 14-day Notice of ABD, we will give the Enrolled Member written notice of the reason for the extension and inform the Member of the right to file a Grievance if the Enrolled Member disagrees with our decision.

H.3.09 Duty to Make the Determination Exeditiously.

If an extension occurs, Delta Dental understands we will issue and carry out our determination as expeditiously as the Enrolled Member's health condition requires and no later than the date the extension expires.

H.3.10 Expedited Service Authorization Decisions.

Delta Dental will make an expedited Service Authorization decision if a Provider indicates or Delta Dental determines, that following the standard timeframe could seriously jeopardize the Enrolled Member's life or health, or their ability to attain, maintain, or regain maximum function. In such cases, a notice will be provided to the Provider and Member as expeditiously as the Enrolled Member's health condition requires, and not later than 72 hours after receipt of the request for service.

Our Dental Benefit Administration System automatically identifies when a service request is expedited from a Provider regardless of their network participation status. When a service request is submitted electronically to us and contains narrative indicating words such as emergent or urgent, it is automatically routed to a queue indicating an expedited Service Authorization request has been received. Our Clinical team has assigned queues daily with this one being prioritized to be worked first. This queue is also monitored on weekends and Holidays to ensure timely decisions surround Enrolled Member's health. If there needs to be any additional information or documentation needed from the Provider office, our Clinical team will reach out to the office to gather information needed to make a timely and accurate determination.

H.3.11 Extensions of Timeline – Expedited Service Authorizations.

If additional information is needed and it is in the best interest of the Enrolled Member or Provider, Delta Dental understands that we may request an extension of an additional 14 calendar days to review the Service Authorization. We acknowledge this time may also be extended by 14 calendar days if the enrollee requests an extension.

H.3.12 Notice Obligations.

Delta Dental will notify the Enrolled Member and Provider of any 14-calendar day extension in writing and by phone.

H.3.13 Untimely Service Authorizations.

Delta Dental acknowledges when Service Authorization requests are not timely, this constitutes as a denial, and we will send an ABD Notice.

H.4 Who May File Appeals and Grievances.

H.4.01 Enrolled Member Rights.

Enrolled Members who receive Notice that an ABD is upheld have the right to file Appeals, Grievances, or request a State Fair Hearing.

H.4.02 External Medical Review.

If an Enrolled Member of Delta Dental requests an external review, Delta Dental will make arrangements for an independent dental or medical clinical professional to review the case. The review will be at the Enrolled Member’s option and will not be a determinate to the State Fair Hearing process. The dental reviewer will be independent of both Delta Dental and Department of Human Services. The review will be at the cost of Delta Dental and not the Enrolled Member. The independent review will not extend the timeframe or disrupt continuation of benefits for the Enrolled Member. If clinical medical information is needed, Delta Dental staff will work with the Enrolled Member’s medical managed care organization to obtain that information. We understand that the process for these reviews and our obligation to comply with such review will be identified by the Agency. These policies comply with 42 C.F.R. § 402(c)(1)(i)(B).

H.4.03 Authorized Representative.

To make our Grievance and Appeal process as easy as possible for Enrolled Members, Delta Dental allows authorized representatives to file on behalf of the Enrolled Member. Providers and authorized representatives may file Grievances, Appeals, or request a State Fair Hearing request on behalf of the Enrolled Member if Delta Dental received a Personal Representative Appointment and Authorization Form. Exhibit H.4.03-1 outlines the entities who are allowed to submit.

Exhibit H.4.03-1. *Entities allowed to submit an Appeal, Grievance, or request a State Fair Hearing.*

Entity	Description
Enrolled Member	Enrolled Members may file Appeals, Grievances, and request State Fair Hearings after receiving an ABD Notice.
Authorized Representative	An individual acting on behalf of the Enrolled Member with the Member's written consent may file Appeals, Grievances, and State Fair Hearings after receiving an ABD Notice.
Providers	A Provider acting on behalf of the Enrolled Member with the Member's written consent may file Appeals, Grievances, and State Fair Hearings after receiving an ABD Notice.

H.4.04 Prohibition on Appeal Regarding Provider Payment.

Delta Dental does not allow Providers to act on behalf of Enrolled Members regarding payment disputes. Providers may not file an Appeal or have the right to a State Fair Hearing if the Appeal involves a payment dispute between Delta Dental and the Provider. These situations are addressed in the dispute resolution process outlined in the agreement between Delta Dental and the Provider and in Section E.6.04.

H.5 Timeframes for Filing Appeals.

H.5.01 Deemed Exhaustion – Notice & Timing Requirements.

Delta Dental will comply with all notice requirements for Appeals. We recognize that failure to adhere to the notice and timing requirements means, the Enrolled Member is deemed to have exhausted Delta Dental's Appeals process and may initiate a State Fair Hearing.

H.5.02 Deemed Exhaustion – Thirty Day Timeline.

If Delta Dental does not resolve and provide Notice to the affected parties within 30 days of receipt, the Enrolled Member may initiate a State Fair Hearing.

H.5.03 Sixty Day Appeal Timeline.

If an Enrolled Member disagrees with an ABD, the Enrolled Member may file an Appeal within 60 days from the date on the ABD Notice.

H.5.04 Sixty Day Appeal Timeline – Authorized Representatives.

Delta Dental allows Enrolled Members, Providers, or authorized representatives on behalf of the Enrolled Member to file an Appeal. Authorized representatives or Providers may file an Appeal within 60 days from the date on the ABD Notice.

H.6 Process for Filing an Appeal or Expedited Appeal Request.

H.6.01 Right to File Orally or in Writing.

If an Enrolled Member disagrees with an ABD, the Enrolled Member has the right to request an Appeal either orally or in writing. To make the process as easy as possible, the Enrolled Member can speak to our Member Services team to file an Appeal or choose to send a letter in writing through mail or email.

H.6.02 Authorized Representative Authority.

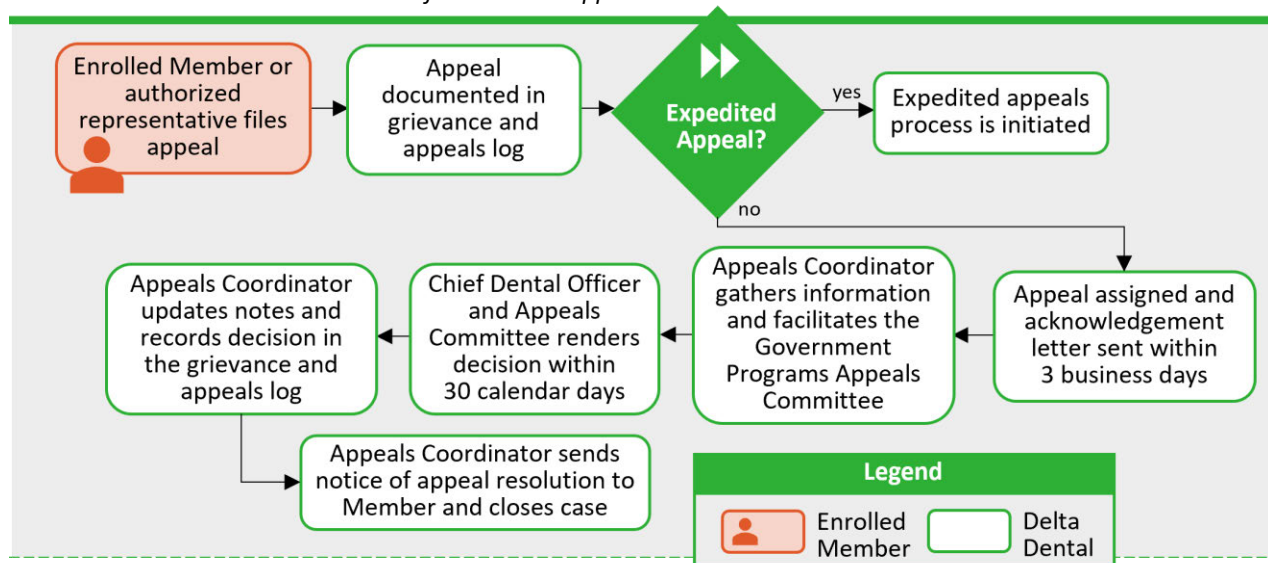
Alongside the Enrolled Member, Providers or authorized representatives may also file an Appeal orally or in writing on behalf of the Enrolled Member.

H.6.03 Reserved. N/A.

H.6.04 Acceptance of Oral Appeals.

To ensure exceptional quality service, our Member Services team is trained upon new hire and then annually on how to accept oral Appeals. Delta Dental will treat all oral inquiries seeking to Appeal as Appeals. Delta Dental's process for standard Appeals is highlighted in Exhibit H.6.04-1.

Exhibit H.6.04-1. *Delta Dental Process for Standard Appeals.*



H.6.05 Due Process Obligations.

Once the Appeal has been received, Delta Dental provides a written acknowledgement notice within three business days. Prior to mailing, we double check contact information to ensure we get the information to the Enrolled Member. This allows for the Enrolled Member with a reasonable opportunity, in person or in writing, to present evidence and testimony, and make legal and factual arguments.

H.6.06 Obligation to Provide Case File.

Delta Dental also provides the Enrolled Member and their representative with the Enrolled Member’s case file, which includes medical records, other documents, and records, any new or additional evidence considered, relied upon, or generated by Delta Dental in connection with the Appeal.

H.6.07 Obligations Related to Case File.

The case files are provided to Enrolled Members and their representatives free of charge and sufficiently in advance of the resolution timeframe for standard and expedited Appeals. For standard resolution of an Appeal, we will comply with the Agency-established timeframe that is no longer than 30 from the day we receive the Appeal. For expedited resolution of an Appeal, we will comply with the timeframe that is no longer than 72 hours after we receive the Appeal.

H.6.08 Recognition of Parties in Interest.

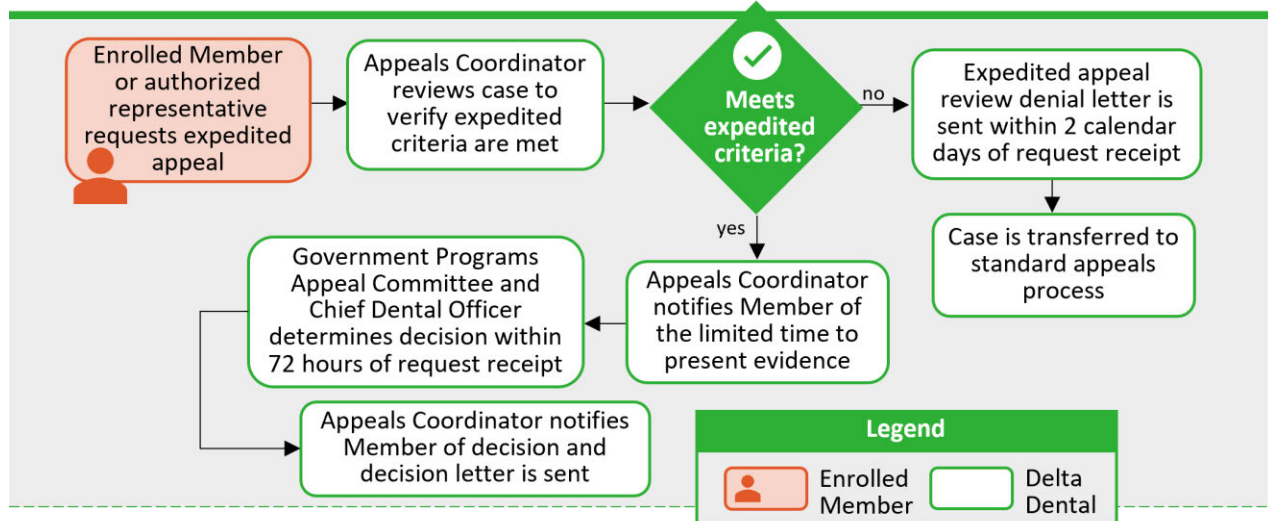
Delta Dental considers the Enrolled Member, their representative, or the legal representative of a deceased Enrolled Member’s estate as parties to an Appeal. Our Government Programs Appeals Committee will then review all Appeals and provide resolution notice to affected parties within 30 days of receiving the Appeal.

H.6.09 Expedited Procedures.

Delta Dental has an established expedited review process for Appeals when the Enrolled Member or the Provider requests an expedited process. This process is initiated when the timing for a standard resolution could seriously jeopardize the Enrolled Member’s life, physical or mental health, or ability to

attain, maintain, or regain maximum function. Our process for expedited Appeals is highlighted in Exhibit H.6.09-1.

Exhibit H.6.09-1. Delta Dental Process for Expedited Appeals.



H.6.10 Notice of Time Availability.

If the Provider or Delta Dental determines an Appeal may seriously jeopardize the Enrolled Member’s life, physical or mental health, or ability to attain, maintain, or regain maximum function, we will initiate an expedited review process for an Appeal. Delta Dental has established and maintains an effective expedited Appeal process. Since July 2020, we have resolved 100 percent of expedited Appeals in 72 hours for our Hawki, DWP, and DWP Kids programs.

Since July 2020, we have resolved 100% of expedited Appeals in 72 hours.

H.6.11 Denials of Expedited Requests.

Once we receive an expedited Appeal, we inform the Enrolled Member of their limited time to present evidence and testimony, in person or in writing, and make legal and factual arguments in the case of an expedited Appeal resolution sufficiently in advance of the resolution timeframe. The Government Programs Appeals Committee will review all requests for expedited Appeals to ensure the request meets criteria. If Delta Dental proceeds with the expedited process, we will provide resolution notice to affected parties within 72 hours after we received an Appeal. If we deny a request for an expedited resolution, we then transfer the Appeal to the standard process and comply with the timeframes for resolution of no longer than 30 days from the date we receive the request.

H.7 Timeframes for Resolving Appeals and Expedited Appeals.

H.7.01 Resolution Deadline.

Once Delta Dental receives an Appeal, our Grievances and Appeals team will work promptly to gather information and resolve the case. Delta Dental will resolve each standard Appeal and provide notice as expeditiously as the Enrolled Member’s health condition requires and no later than 30 calendar days. As shown in Exhibit H.7.01-1, in SFY22 we had an average of 11.4 calendar day

In SFY22 we had an average of 11.4 calendar day turnaround for resolving Appeals and 100% of standard Appeals were resolved in 30 days for our DWP program.

turnaround for resolving Appeals and 100 percent of standard Appeals were resolved in 30 days for our DWP program.

Exhibit H.7.01-1. *SFY22 Delta Dental demonstrates success in resolving Appeals timely.*

Metric	Measurement
Appeals per 1,000 Members	0.27 per 1,000 Members
Average Appeal Turnaround Time	11.4 calendar days

H.7.02 Resolution Extensions.

There may be situations where Delta Dental will need to extend this timeframe due to Enrolled Member’s request or if there’s additional information needed. We may extend this resolution deadline by up to 14 calendar days if the delay is in the Enrolled Member’s interest.

H.7.03 Extension Obligations.

If we extend this timeframe, we will make reasonable efforts to provide oral notice of the delay to Enrolled Members and provide written notice within two days regarding the reason for the extension. We will also provide information on the right to file a Grievance if the Enrolled Member disagrees with the extension. Delta Dental will then resolve the Appeal no later than the date the extension expires.

H.7.04 Expedited Appeal Deadline.

If Delta Dental receives an expedited Appeal, we will resolve and provide notice as expeditiously as the Enrolled Member’s health condition requires, not exceeding 72 hours after the receipt of the request.

H.7.05 Extensions – Expedited Appeals.

If additional information is needed or the Enrolled Member requests an extension, we may extend the timeframe for processing an expedited Appeal by 14 days.

H.7.06 Extension Obligations.

If we extend the timeline for processing an expedited Appeal that is not at the request of the Enrolled Member, we will provide a prompt oral notice and provide written notice within two days of the reason of the timeframe extension. In this written notice, we will provide the Enrolled Member their right to file a Grievance if they disagree with this extension. Our Appeal Committee will then work expeditiously to resolve this Appeal no later than the date the extension expires, as shown in Exhibit H.7.06-1.

Exhibit H.7.06-1. *Timeframes for resolving Appeals and Expedited Appeals.*

Appeal Type	Resolution Deadline	Timeframe Extensions
Standard Appeals	30 Business Days from Receipt of Appeal Request	14 Calendar Days
Expedited Appeals	72 Hours from Receipt of Appeal Request	14 Calendar Days

H.8 Notice of Resolution for Appeals.

H.8.01 Notice Obligations Regarding Resolution of Appeals.

Once we determine a resolution, Delta Dental will send notification of Appeal resolution to the Enrolled Member that includes the date and results of the Appeal resolution. This written notice of resolution of the Appeal will be in an accessible format and language for Enrolled Members that meets applicable notification standards. We can provide all notices in the Enrolled Member’s preferred language or

requested accessible format (e.g., large print or Braille). For Appeal decisions not fully in the Enrolled Member's favor, the written resolution note will also include:

- The Enrolled Members' right to a State Fair Hearing within 120 days.
- Guidance on how to request a State Fair Hearing.
- The Enrolled Member's right to continuation of benefits pending a State Fair hearing, how to request those benefits, and notice of liability of continued benefits if Delta Dental's decision is upheld.
- Information on the right to file a Grievance if they disagree with an Appeal's resolution.

H.8.02 Notice Obligations – Expedited Appeals.

In the event of an expedited Appeal, we will make reasonable efforts to provide oral notice to Enrolled Members by telephone along with a written notice.

H.9 Continuation of Benefits.

H.9.01 Inapplicability.

Delta Dental understands that the requirements set forth in Section H.9 are inapplicable to Enrolled Members enrolled in the Hawki program.

H.9.02 Continuation of Benefits.

Delta Dental will continue the Enrolled Member's benefits while an Appeal is in process if all the following occurs:

- The Enrolled Member files a request for an Appeal within 60 days following the date on the ABD.
- The Appeal involves the reduction, suspension, or termination of a previously authorized service.
- The services were ordered by an authorized Provider.
- The period covered by the original authorization has not expired.
- The request for continuation of benefits is filed on or before 10 days of Delta Dental sending the ABD Notice of the intended effective date of Delta Dental's proposed ABD.

H.9.03 Continuation of Benefits During Appeal.

If the request for continuation of benefits meets these requirements, Delta Dental will continue to provide benefits to the Enrolled Member in accordance with contract requirements. Upon Enrolled Member request, Delta Dental continues benefits while the State Fair Hearing or Appeal is pending. Benefits are continued until one of the scenarios occurs:

- The Enrolled Member withdraws the Appeal or State Fair Hearing.
- The Enrolled Member did not request a State Fair Hearing and continuation of benefits within 10 days from the date Delta Dental sends the Notice of an adverse Appeal resolution.
- An adverse decision is made by the State Fair Hearing.

H.9.04 Recovery from Enrolled Member.

Delta Dental may recover the costs of continued services furnished to the Enrolled Member while the Appeal or State Fair Hearing is pending if the final resolution upholds Delta Dental's Adverse Benefit Determination.

H.9.05 Continuation of Benefits.

If Delta Dental’s decision is reversed, we will provide the disputed services no later than 72 hours from the date we received the reversal notice if they were not furnished while the decision was pending and if we or the State Fair Hearing officer reverses a decision to deny, limit, or delay services. We will authorize these services as promptly as the Enrolled Member’s health condition requires.

H.9.06 Continuation of Benefits Payment Obligations.

We understand our obligations to pay for disputed services upon receiving a reversal notice of services furnished while the Appeal is pending unless State policy and regulations provide for the State to cover the cost for such services.

H.9.07 Notice Obligations.

If a decision involves a denial, reduction, termination of services, or when payment for a service has been denied in accordance with required timelines, Delta Dental will notify the Enrolled Member and requesting Provider.

H.10 Grievances.

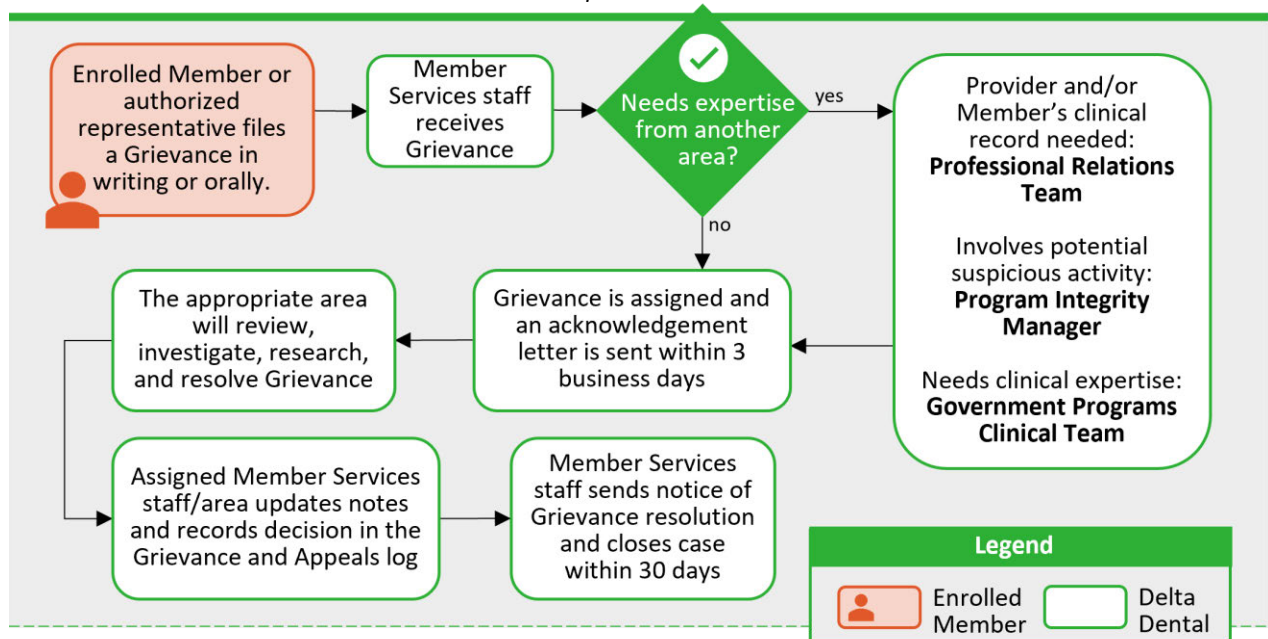
H.10.01 When Grievances Must be Accepted.

Delta Dental actively understands an Enrolled Member may file a Grievance at any time. When an Enrolled Member or authorized representative files a Grievance, our Member Services team works expeditiously to resolve the issue and to ensure quality customer service.

Since SFY22, we’ve had zero Grievances for Hawki.

Alongside Appeals, our team has established policies and an experienced team to be able to resolve Grievances as smoothly as possible. While most Grievances are resolved the same day, we utilize a cross-departmental areas of expertise to review, investigate, research, and resolve Grievances. Exhibit H.10.01-1 outlines our standard Grievance process.

Exhibit H.10.01-1. Delta Dental’s standard Grievance process.



H.10.02 Written and Oral Grievances.

Delta Dental allows and will continue to allow Enrolled Members to submit a Grievance in writing or orally. Alongside mailing in written forms, an Enrolled Member can call our Member Services team and file a Grievance over the phone. A Member Services staff member will then initiate the Grievance process the same as if it was a written request.

H.10.03 Grievance Filings with Contractor.

Delta Dental understands that an Enrolled Member may file Grievances only with us.

H.10.04 Timeline for Resolutions.

We currently follow the guidelines as outlined in this Contract and work expeditiously to resolve Grievances in 30 days or less from the date received, while prioritizing resolutions as the Enrolled Member’s health condition requires. **In SFY22 we had an average of 1.47 calendar day timeline for Grievances, exceeding this timeline for resolutions.** Exhibit H.10.04-1 represents these metrics.

Exhibit H.10.04-1. *Delta Dental demonstrates success in resolving Grievances in a timely manner.*

Metric	Measurement
Grievances per 1,000 Members	1.97 per 1,000 Members
Average Grievance Turnaround Time	1.47 calendar days

H.10.05 Extension of Timeline.

Should Delta Dental need an extension to provide proper resolution to the Enrolled Member’s best interest, we will extend the timeline for processing by up to 14 days. This includes if the Enrolled Member requests the extension or if we show that there is a need for additional information and that it is in the best interest of the Enrolled Member.

H.10.06 Extension Notice Obligation.

If Delta Dental extends the timeline for a Grievance not at the request of the Enrolled Member, we will:

- Make reasonable efforts to give the Enrolled Member prompt oral Notice of the delay via telephone.
- Give the Enrolled Member written Notice, within two days of the reason for the decision to extend the timeframe and inform the Enrolled Member of the right to file a Grievance if the Enrolled Member disagrees with that decision.

H.10.07 Notice Requirement.

Delta Dental will continue to notify Enrolled Members in writing of the resolution of a Grievance within 30 days or receipt of the Grievance. Additionally, Delta Dental will respond in the language in which the Grievance was received, or in the language or accessible format requested. This written notice will meet standards as outlined in 42 C.F.R. § 438.408(d)(1); 42 C.F.R. § 438.10; 42 C.F.R. § 457.1260.

H.11 Grievance and Appeal Recordkeeping Requirements.

H.11.01 Obligation to Maintain Records.

If an Enrolled Member or authorized representative submits a Grievance or Appeal, Delta Dental will continue to track the case in our monitoring log. These records will be shared quarterly with the Agency, or more frequently by request, to allow the Agency to monitor our performance. Alongside this, these tracking logs allow our Grievance and Appeals Subcommittee (as part of our Quality

Improvement/Quality Management Program) to identify areas of improvement to increase Member satisfaction. This data, as well as proposed solutions, are shared quarterly with the QM/QI Committee for monitoring and feedback.

H.11.02 Content of Records.

Delta Dental’s Grievances and Appeals monitoring logs contain records that allow us to identify emerging trends and comply with timelines set by the Agency. Alongside required reporting, this data is used for QM/QI quarterly meetings to enhance internal trainings and improve policies and procedures. These records include:

- A general description of the reason for the Appeal or Grievance.
- The date received.
- The date of each review or, if applicable, review meeting.
- Resolution information for each level of the Appeal or Grievance, if applicable.
- The date of resolution at each level, if applicable.
- The name of the covered person for whom the Appeal or Grievance was filed.

H.11.03 Records Accessibility.

Delta Dental will continue to maintain accurate records of Grievances and Appeals. These records are kept in a manner that is accessible to the State, reported quarterly, and are available more frequently upon request. Additionally, these records are also externally sampled during our compliance audit to ensure accuracy.

H.11.04 Grievance Resolution Performance Metric.

Delta Dental will continue to resolve 100 percent of Grievances within 30 days of receipt, or within 72 hours of receipt for expedited Grievances. Further, we will continue to maintain an Enrolled Member Grievance log documenting our compliance with these performance records.

H.11.05 Hearings and Appeals Performance Metric.

Delta Dental will continue to resolve 100 percent of Appeals within 30 days of receipt, or within 72 hours of receipt for expedited Appeals. Further, we will continue to acknowledge Appeals within three business days.

Delta Dental shall comply with all performance measures outlined in Sections H.11.04 and H.11.05, as depicted in Exhibit H.11.05-1.

Exhibit H.11.05-1. *Delta Dental shall comply with all performance metrics surrounding Grievances and Appeals.*

Metric	Description	Delta Dental Complies
100% of Grievances	Resolved with 30 days of receipt or 72 hours of receipt for expedited Grievances.	✓
100% of Appeals	Resolved with 30 days of receipt or 72 hours of receipt for expedited Appeals.	✓
100% of Appeals	Acknowledged within three business days.	✓

Grievances and Appeals Monitoring for Quality Assurance

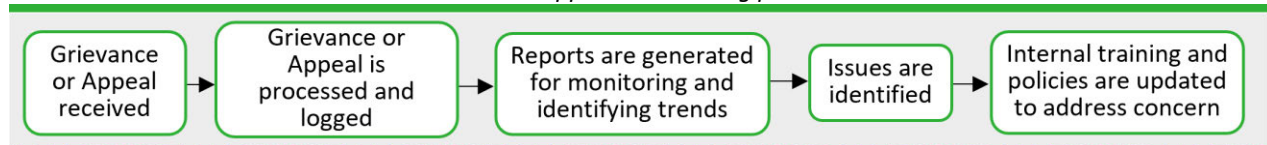


Alongside ensuring Grievances and Appeals resolutions are timely, we monitor to identify emerging trends and potential complications. After a case is logged, we refresh our internal trend dashboard quarterly. Our Data team and the Grievances and Appeals Subcommittee can then analyze the data to assess for quality assurance. Key themes are analyzed in our dashboard:

- **Geographic location:** Determining if a specific area has access to care issues.
- **Providers:** Determining if a specific Provider has multiple Grievances against them.
- **Grievance or Appeal type:** Identify themes around common concerns.
- **Trends over time:** Assess when there are spikes in Grievances or Appeals.
- **Member demographics:** Identify commonalities amongst Members who address concern to identify areas of improvement in our system.

Once an issue or common theme has been identified, we transfer this issue to the QM/QI Program and Grievances and Appeals Subcommittee, Compliance team, Provider Relations team, or the Agency as applicable. This data can then be used to formulate data-driven interventions to increase positive Member experience. Exhibit H.11.05-2 highlights our monitoring and quality assurance process.

Exhibit H.11.05-2. *Delta Dental’s Grievances and Appeals monitoring process.*



This information is also used for our Grievances and Appeals Subcommittee, as part of the QM/QI Program. This Subcommittee meets once a month to identify ways to improve our Grievances and Appeals process and all activities are reported to the QM/QI Program quarterly. Using evidence-based strategies, we can formulate plans to update Member education, update policies and procedures, and provide additional training.

The purpose of this Subcommittee is to provide procedures and standards that will be used to monitor and ensure the quality of clinical dental services, as well non-clinical services being provided through Government Programs (i.e., DWP, DWP Kids, and Hawki). The Subcommittees actively assess the quality of patient care services and systems through mechanisms that aid in identifying availability, utilization, accessibility, and satisfaction level.

Section H Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § H, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Program Integrity



In 2014, the Lifelong Smiles Coalition was launched and funded by the Delta Dental of Iowa Foundation which included establishment of I-Smile™ Silver.



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I. Program Integrity.

Attachment J. Please explain how you propose to execute Section I in its entirety and describe all relevant experience.





Exhibit I-1 provides an overview of the features and benefits of our approach to Program Integrity, and how they support the Agency’s Key Goals.

Exhibit I-1. Features and benefits of our approach to Program Integrity and how they support the Agency’s Key Goals.

Features	Benefits	01	02	03	04
Stringent excluded Provider checks (Section I.1)	<ul style="list-style-type: none"> Ensures excluded Providers are not included on our network through checks against the Medicare Exclusion Database (“the MED”) and other sources during initial Credentialing, the Recredentialing process and ongoing monthly checks 	✓			
Faster claims processing and timely payments (Section I.2)	<ul style="list-style-type: none"> Increases Enrolled Member and Agency satisfaction through accurate claims processing that significantly exceeds volume processing requirements and payments within timeliness standards 		✓		✓
Advanced reporting (Section I.2)	<ul style="list-style-type: none"> Provides speed and accuracy of reporting through analytics and automation 		✓		
Strong focus on Fraud, Waste, and Abuse (FWA) (Section I.8, I.12, I.13)	<ul style="list-style-type: none"> Increases Agency satisfaction through proven process and track record of significant cost recovery due to FWA 	✓	✓	✓	✓
Dental Benefit Administration System (Section I.10)	<ul style="list-style-type: none"> Increases Agency and Provider satisfaction through self-reporting capabilities that ease and expedite repayments due to initial overpayments 	✓			
<p>Agency Key Goals</p> <p>01- Improve Network Adequacy and availability of services. 02 - Increase recall and prevention services. 03 - Improve oral health equity among Medicaid Members. 04 - Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>					

Throughout this section and in our proposal overall we indicate where our solutions and approaches address these key Agency goals using the following symbols shown in Exhibit I-2:

Exhibit I-2. Agency Key Goals.

Agency Key Goals – Symbol and Description	
 <p>Improve Network Adequacy and availability of services.</p>	 <p>Increase recall and prevention services.</p>
 <p>Improve oral health equity among Medicaid Members.</p>	 <p>Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>

I.1. Exclusions.



Network Adequacy & Availability

I.1.01 Excluded Providers.

Delta Dental does not and will not employ or contract with Providers who are excluded from participation in Federal health care programs. We have a documented process in place to screen Providers against Office of Inspector General’s (OIG) List of Excluded Individuals and Entities (LEIE), the General Services Administration (GSA) System for Award Management (SAM) formerly known as the GSA Excluded Parties List System (EPLS), the Agency exclusion list, the Social Security Administration Death Master File (SSDMF) and the National Plan & Provider Enumeration System (NPPES) in accordance with the contract during initial Credentialing, the Recredentialing process and monthly thereafter. The National Practitioner Data Bank (NPDB), the Health Integrity and Protection Data Bank, (HIPDB), and the Drug Enforcement Agency (DEA) registration are also reviewed during Credentialing and Recredentialing. **Delta Dental will check Providers against the Medicare Exclusion Database (the MED) during initial Credentialing, the Recredentialing process and monthly thereafter.**

In addition, when we receive a claim from a non-Network Provider, we implement the same process to verify that the non-Network Provider is not excluded before any claims are paid.

I.1.02 Exclusion Checks.

Delta Dental’s policies and procedures guide our screening process of potential employees, current employees, Delta Dental board members and Subcontractors against State and Federal exclusion lists prior to hiring or entering into an agreement and then monthly going forward.

Similar to the screening in Section I.1.01, Delta Dental checks the OIG’s LEIE, the SAM, the Agency exclusion list, the SSDMF and the NPPES prior to the hiring of any new employee, appointing of any Board member, or contracting with any Subcontractors who may provide services directly or indirectly to Members. We perform these checks monthly thereafter. If we learn of any prospective or current employee, Board of Director member, or Subcontractor, has been excluded, Delta Dental will remove the person or entity from work that involves a Federal Health Care Program until it has been confirmed that the person or entity is no longer subject to exclusion.

I.1.03 Actions Against Network Providers.

Delta Dental will notify the Agency within 24 hours of any action we take to limit the ability of an individual or entity to participate in our Network. This includes but is not limited to suspension activities, settlement agreements and situations where an individual or entity voluntarily withdraws from the Network to avoid a formal sanction.

I.1.04 Sanctioned Individual Prohibition.

Delta Dental is not controlled by any Sanctioned Individual under Section 1128(b)(8) of the Act. Delta Dental does not have any individual, trust or estate, partnership, or corporation (i) who has direct or indirect ownership or control interest of any percentage in Delta Dental or has an ownership interest or control interest (as defined in section 1124(a)(3) of the Act) in Delta Dental; (ii) who is an officer, director, agent, or managing employee (as defined in section 1126(b) of the Act) of Delta Dental; or (iii) who was described in section 1128(b)(8)(A)(i) of the Act but is no longer so described because of a transfer of ownership or control interest to an immediate family member or a member of the household of the person who continues to maintain such interest:

- Who has been convicted of any offense described in sections 1128(a), 1128(b)(1), 1128(b)(2), or 1128(b)(3) of the Act.
- Against whom a civil monetary penalty has been assessed under sections 1128A and 1129 of the Act.
- Who has been excluded from participation under a program under title XVIII or under a State health care program.

I.1.05 Contracting Prohibition – Conviction of Crimes.

Delta Dental does not have (and will not have in the future) a contract or substantial contractual relationship (as defined in 42 C.F.R. § 431.55(h)(3)) or any other relationship for the administration, management, or provision of medical services (or the establishment of policies or provision of operational support for the administration, management, or provision of medical services), either directly or indirectly, with any individual convicted of the crimes described in section 1128(b)(8)(B) of the Social Security Act.

I.1.06 Contracting Prohibition – Debarment/Suspension.

Delta Dental does not have (and will not have in the future) a contract or substantial contractual relationship (as defined in 42 C.F.R. § 431.55(h)(3)) or any other relationship for the administration, management, or provision of medical services (or the establishment of policies or provision of operational support for the administration, management, or provision of medical services), either directly or indirectly, with any individual or entity that is (or is affiliated with a person/entity that is) debarred, suspended, or excluded from participating in procurement activities under the Federal Acquisition Regulation (FAR) or from participating in non-procurement activities under regulation issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. This includes:

- A director, officer, or partner of Delta Dental.
- A Subcontractor of Delta Dental, as governed by 42 C.F.R. § 438.230.
- If applicable, a person with beneficial ownership of 5 percent or more of Delta Dental's equity.
- A network Provider or person with an employment, consulting or other arrangement with Delta Dental for the provision of items and services that are significant and material to Delta Dental's obligations under its contract with the State.

I.1.07 Contracting Prohibition – Excluded Individuals or Entities.

Delta Dental does not have (and will not have in the future) a contract or substantial contractual relationship (as defined in 42 C.F.R. § 431.55(h)(3)) or any other relationship for the administration, management, or provision of medical services (or the establishment of policies or provision of operational support for the administration, management, or provision of medical services), either

directly or indirectly, with any individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Social Security Act.

I.1.08 Reserved. N/A.

I.1.09 Reserved. N/A.

I.1.10 Contracting Prohibition – Debarment/Suspension, Additional Requirements.

Delta Dental does not (and will not in the future) employ or contract, directly or indirectly, for the furnishing of health care, Utilization Review, medical social work, or administrative services with any individual or entity that is (or is affiliated with a person/entity that is) debarred, suspended, or excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulation issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

Delta Dental's policies and procedures guide our screening process of potential employees, current employees, Delta Dental board members and Subcontractors against State and Federal exclusion lists prior to hiring or entering into an agreement and then monthly going forward.

Delta Dental checks the OIG's LEIE, the GSA SAM formerly known as the GSA EPLS, the Agency exclusion list, the SSDMF, and the NPPES prior to the hiring of any new employee, appointing of any Board member, or contracting with any Subcontractors who may provide services directly or indirectly to Members. These checks are performed monthly thereafter. Delta Dental will check Providers against the MED during initial Credentialing, the Recredentialing process and monthly thereafter. If Delta Dental learns any prospective or current employee, Board of Director member, or Subcontractor, has been excluded, Delta Dental will not employ or contract with such person or entity or will remove the person or entity from work that involves a Federal or State Health Care Program until it has been confirmed that the person or entity is no longer subject to exclusion.

I.1.11 Contracting Prohibition – Excluded Individuals or Entities, Additional Requirements.

Delta Dental does not, and will not, employ or contract, directly or indirectly, for the furnishing of health care, Utilization Review, medical social work, or administrative services with any individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Social Security Act.

If Delta Dental learns any prospective or current employee, Board of Director member, or Subcontractor, has been excluded, Delta Dental will not employ or contract with such person or entity or will remove the person or entity from work that involves a Federal or State Health Care Program until it has been confirmed that the person or entity is no longer subject to exclusion.

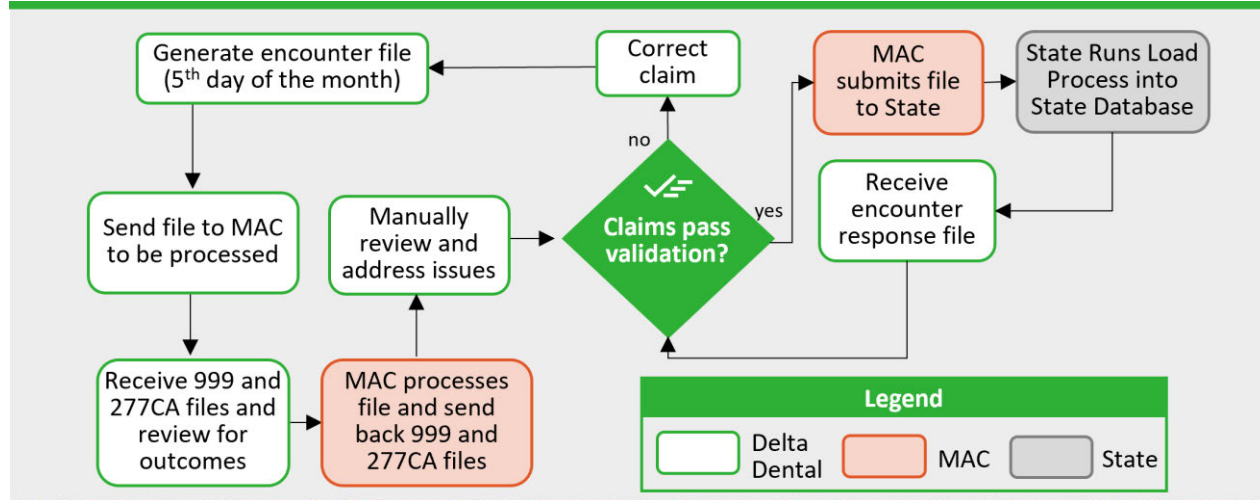
If we learn of any prospective or current employee, Board of Director member, or Subcontractor, has been excluded, Delta Dental will not employ or contract with such person or entity or will remove the person or entity from work that involves a Federal or State Health Care Program until it has been confirmed that the person or entity is no longer subject to exclusion.

I.2 Submission of Data & Documents Requirements, Procedures, and Reporting.

I.2.01 Encounter Date Submission Obligation.

Delta Dental acknowledges and will continue to submit Encounter Data Claims regularly per the State requirements. Currently, data is transmitted monthly to the Agency and goes through internal and external validation procedures to ensure accuracy and completeness. The workflow below in Exhibit I.2.01-1 provides a high-level diagram of our current data submission process with the Agency.

Exhibit I.2.01-1. Current data submission process with the Agency.



I.2.02 Encounter Data HIPAA Compliance.

Delta Dental continues to comply with Federal regulations 438.818. We process Enrollee data daily through the ASC X12N Benefit Enrollment and Maintenance file received from the Agency. Encounter Data Claims submitted to the Agency includes validated payment information for the enrollees received in eligibility data files. Only Enrolled Members who are part of the DWP, DWP Kids, and Hawki programs receive payment for encounters on their date of service. If an enrollee does not have coverage with the plan, the Enrolled Member is not eligible to receive Dental Benefits. This information is passed on the outbound Encounter Data Claims (837D) to the Agency for tracking and monitoring. The format of the outbound data file is compliant with the Agency requirements and evaluated on a State fiscal year basis to ensure compliance with CMS Medicaid Statistical Information reporting requirements.

I.2.03 Data Supporting Actuarial Soundness.

Delta Dental acknowledges that we will continue to submit data on the basis of which the State certifies the actuarial soundness of capital rates paid, including data generated by us and reviewed by our Actuarial & Underwriting team and CFO. Incurred but not reported data is also certified by an outside actuary from Delta Dental of Wisconsin.

I.2.04 Data Supporting Compliance.

Delta Dental acknowledges that we will continue to submit data based on which the State determines compliance with the MLR requirement. Delta Dental has a current process in place to attest to the accuracy of the calculation of the MLR in accordance with requirements in this section. After the MLR templates are completed by financial analysts, the information is sent to the Plan CEO and CFO for review. The information is verified by referencing active financial with revenue, Incurred Claims, INBR, and administrative costs. After internal validation and signoff, the MLR financial information is sent to an outside actuary Subcontractor who validates figures based on actuarial

standards. Once confirmation is received, the attestation is complete by the Chief Financial Officer and submitted to the Agency.

We will continue to adhere to minimum MLR thresholds and submit data per the Agency’s prescribed methodology and within the required timeframes. Our Finance team calculates the MLR monthly and records any potential payable or receivable in compliance with generally accepted accounting principles (GAAP). MLR reporting is reviewed by our Actuarial & Underwriting team, CFO, and Director of Accounting. MLR calculation is performed separately for each State fiscal year and for each program (DWP, DWP Kids, and Hawki).

I.2.05 Data Supporting Insolvency Protections.

Delta Dental acknowledges that we will submit data as required by the State in order to show adequate provision against the risk of insolvency. We adhere to the standards established by the National Association of Insurance Commissioners in calculating Risk Based Capital (RBC) on a monthly and quarterly basis. Our RBC has consistently exceeded the required capital several times over. The Delta Dental Board set a board-imposed level of 900 percent to maintain our strong capital position. Delta Dental is rated A by AM Best and is considered to meet their strongest level of capital strength.

Risk Based Capital (RBC)	
Delta Dental:	
✓	Adheres to the National Association of Insurance Commissioners standards for calculating RBC
✓	Sets a board-imposed RBC level of 900%
✓	Is rated “A” by AM Best and meets their strongest level of capital

I.2.06 Data Supporting Accessibility, Availability, & Adequacy of Network.



Delta Dental submits documentation to the Agency on a monthly and quarterly basis demonstrating we have met the Agency’s requirements for availability and accessibility to services, including the adequacy of our network. Our data is included in the external reporting the Agency releases which further demonstrates meeting the Agency’s requirements. Delta Dental uses advanced geocoding software to map the geographic location of our Enrolled Members to the closest Provider in their area using longitudinal and latitude coordinates. Our professional relations staff utilizes the maps (an example is shown in Exhibits F.01-1 and F.01-2) created to determine network recruitment areas that are identified on a quarterly basis (if any).

For monthly reporting, Delta Dental submits a comprehensive Provider listing that includes all Providers regardless of network participation at their practicing locations, the number of Enrolled Members they have seen in the past 12 months and includes information on if they are accepting new Members.

I.2.07 438.104 Submission Obligations.

Delta Dental is identifying its Officers and Board Directors as “Person with an ownership or control interest” as they are “an officer or director of a disclosing entity that is organized as a corporation” under 42 C.F.R. § 455.101. Delta Dental does not have any person or corporation that:

- Has any ownership interest in Delta Dental
- Has any indirect ownership interest in Delta Dental
- Has any combination of direct and indirect ownership interests in Delta Dental
- Owns any interest in any mortgage, deed of trust, note, or other obligation secured by Delta Dental

Delta Dental Officers are its only managing employees. See Attachment I.1 for information on Delta Dental Officers and Board of Directors including their name, business address, date of birth and social security number.

Delta Dental also makes the following attestations:

- There are no corporate entities with ownership or control in Delta Dental. Further, Delta Dental does not have a five percent or more interest in any of its Subcontractors. Therefore, there is no other tax identification number of any corporation with an ownership or control interest in Delta Dental and any Subcontractor in which Delta Dental has five percent or more interest.
- There is no individual or corporation with an ownership or control interest in Delta Dental that is related to another person with ownership or control interest in Delta Dental as a spouse, parent, child, or sibling.
- Delta Dental does not have a five percent or more interest in any of its Subcontractors. Therefore, there is no person or corporation with an ownership or control interest in any of Delta Dental’s Subcontractors related to another person with ownership or control interest in Delta Dental as a spouse, parent, child, or sibling.

I.2.08 Making Information Available.

Delta Dental complies with State obligations by submitting any other required data, documentation, and information relating to the performance of all obligations required by the State. This submission of data includes the Provider type, name, address, date of birth, and Social Security Number.

I.2.09 Claims Reports and Performance Targets.



Increase Recall & Prevention



Medical/ Dental Integration

Delta Dental has a long-standing relationship with the Agency and has established processes to efficiently submit data. Our Data team utilizes established scripts to pull data using SQL, allowing us to automate this process. We will continue to accurately process claims and adjustments and meet performance targets as described in Section D.6. By utilizing these processes, we have a history of meeting performance metrics, including exceeding all metrics in SFY23 Q3 by having 100 percent timely payments as shown in Exhibit I.2.09-1.

Exhibit I.2.09-1. Delta Dental complies with all timely payment requirements laid out in Section D.6.

Metric	Timeframe	Delta Dental’s Performance
90% of clean claims	Paid within 14 days of the date of receipt	100%
95% of clean claims	Paid within 21 days of the date of receipt.	100%
99% of clean claims	Paid within 90 days of the date of receipt.	100%
90% of clean identified adjustments and reprocessed claims	Adjudicated within 30 days of the date of receipt.	100%
99% of clean identified adjustments and reprocessed claims	Adjudicated within 90 days of the date of receipt.	100%
All claims processed in error	Processed within 30 business days of identification of the error or upon a scheduled approved by the Agency.	100%

Our data submissions identify specific cases and trends to prevent and respond to any potential problems related to timely and appropriate claims processing. In our data submissions, we will continue to report to the Agency the top 10 most common reasons for claim denial. With our extensive experience and monitoring, we validate these claim denial reasons efficiently and effectively.

I.2.10 Impermissible Cost Avoidance.

Delta Dental will not avoid costs for services covered in this Contract by referring Enrolled Members to publicly supported health care resources. Instead, we will provide education and resources to Enrolled Members and will ensure they do not replace covered services under their plan by connecting them with dental Providers for their dental services. We will also supply referrals for other services, such as food assistance, to the appropriate channel within the DHHS.

I.2.11 Certification.

Delta Dental has an existing process as required in 42 C.F.R. § 438.604 and 42 C.F.R. § 438.606, that all data, documentation, or information specified under Sections I.2.01-I.2.09 is certified by either our Plan CEO or CFO, they are ultimately responsible for the certification. The designated individual submitting the data to the Agency will provide a certification that attests, under penalty of perjury based on the best Information, knowledge, and belief that the data, documentation, and information are accurate, complete, and truthful. Certification is provided concurrently with the submission of data, documentation, or information.

I.2.12 Prohibitions.

Delta Dental does not knowingly have any of the following prohibitions:

- A director, officer, or partner who is (or is affiliated with a person or entity) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- If applicable, a person with ownership of five percent or more of Delta Dental's equity who is (or is affiliated with a person or entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. (No person has an ownership interest in Delta Dental).
- A Network Provider who is (or is affiliated with a person or entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- An employment, consulting, or other agreement for the provision of Contract items or services with a person who is (or is affiliated with a person or entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

I.2.13 Prohibited Affiliations.

Delta Dental does not knowingly have a Subcontractor who is (or is affiliated with a person/entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation (FAR) or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

We understand that the Agency may continue an existing agreement, unless the Secretary directs otherwise, should the Agency learn that Delta Dental has a prohibited relationship with an individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Social Security Act.

We understand that the Agency may not renew or extend the existing agreement with the Delta Dental unless the Secretary provides to the State and to Congress a written statement describing compelling reasons that exist for renewing or extending the agreement despite the prohibited affiliation with the following:

- An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR.
- An individual or entity that is excluded from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- An individual who is an affiliate of such excluded individuals.
- An individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Social Security Act.

I.2.14 Disclosures.

Delta Dental will provide written disclosure to the Agency of any of the following:

- Director, officer, or partner who is (or is affiliated with a person/entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- Subcontractor of Delta Dental who is (or is affiliated with a person/entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- Person with ownership of 5 percent or more of Delta Dental's equity who is (or is affiliated with a person/entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- Network Provider who is (or is affiliated with a person/entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- Employment, consulting, or other agreement for the provision of Contract items or services with a person who is (or is affiliated with a person/entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in

non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

- An individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Act.

I.2.15 Continuation of Agreement in Certain Circumstances.

Delta Dental understands the Agency may continue an existing agreement with us unless the Secretary directs otherwise in the event the Agency learned that we have a prohibited relationship with an individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under FAR or from participating in Non procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549, or if Delta Dental has a relationship with an individual who is an affiliate of such an individual.

I.2.16 Excluded Providers.

Delta Dental does not and will continue to avoid contracting with Providers who are excluded. Our Provider contracting process includes verification of all required exclusion lists, historical checks built into our Credentialing and Recredentialing procedures. Delta Dental checks the OIG's LEIE, the GSA SAM, formerly known EPLS, SSDMF, and NPPES prior to contracting with a Provider and every 30 days thereafter. Delta Dental will check Providers against the Medicare Exclusion Database (the MED) during initial Credentialing, the Recredentialing process, and 30 days thereafter. Additionally, we employ continuous monitoring of the National Practitioner Data Bank (NPDB). We will notify the Agency of any findings. Delta Dental will terminate its contractual relationship with any Provider identified in violation of law upon request by the Agency.

Delta Dental utilizes an exclusion screening tool, Streamline Verify, to ensure current and potential Network Providers are not on a prohibited or excluded list. Delta Dental uploads a full Provider file to the screening tool, in addition to on-going monitoring during the month, and any individual Provider screening provided during initial Credentialing or Recredentialing. Streamline Verify allows us to check for excluded Providers in real time.

I.2.17 Medicaid Provider Enrollment Obligation.

Delta Dental ensures that all Network Providers are enrolled with the State as Agency Providers consistent with Provider disclosure, screening, and Enrollment requirements. As part of the Credentialing and Recredentialing checklist, Agency enrollment is verified for both the individual Provider (rendering) and organization (billing) Provider. Delta Dental receives a daily file from the Agency that includes a listing of all Providers and their applicable status. Two automated reports are created from this file that contains the information of all fully enrolled Providers and then another file that includes changes only. The change file is sent to the Professional Relations team and is reviewed daily. Actionable updates are conducted through our Dental Benefit Administration System and real-time reflection is made for claims processing and on our Provider directory.

I.2.18 Excess Payment Reporting.

Delta Dental will report to the Agency within 60 Days when we have identified capitation payments or other payments more than amounts specified in this Contract as required in 42 C.F.R. § 438.608(c)(3). Delta Dental has an existing process to monitor excess payments and notify the Agency. Each month when the capitation payment is received from the Agency, we automatically run a report to validate and

balance the payment received. At that time, we verify rates and send any errors to Delta Dental's Point of Contact and will in turn contact the Agency to alert them of errors.

I.2.19 Audited Financial Statements.

Delta Dental has an annual financial audit performed on both generally accepted accounting principles and a statutory accounting basis. We agree to submit audited financial reports on an annual basis.

I.2.20 Annual Independent Audit.

An independent Certified Public Accountant will prepare the audited financial reporting using Statutory Account Principles as designed by the NAIC and Iowa Insurance Division, on a calendar year basis. We will ensure the auditor is on the Iowa Insurance Division's list of approved auditors. Our audit format and contents will include all of (i) through (v).

I.2.21 Quarterly Financing Report.

Delta Dental provides quarterly financial reports following the close of each quarter. A reconciliation will be completed by the independent auditing firm.

I.3 Disclosure.

I.3.01 Ownership or Control Disclosures.

Delta Dental does not have any person or corporation with an ownership or control interest in Delta Dental that:

- Has direct, indirect, or combined direct/indirect ownership interest of five percent or more of Delta Dental's equity;
- Owns five percent or more of any mortgage, deed of trust, note, or other obligation secured by Delta Dental;
- Is an officer or director of an MCO organized as a corporation; or
- Is a partner in an MCO organized as a partnership.

In addition, Delta Dental does not have an ownership interest in any Subcontractor. Delta Dental has established an annual conflict of interest review process for our officers and directors that would capture the foregoing ownership and control relationships that warrant disclosure to the Agency. As noted in Section I.3.02 below, Delta Dental will maintain information that triggers any of the foregoing disclosure requirements and disclose the same to the Agency accordingly.

I.3.02 OCD Timing.

As noted in Section I.2.07 above, Delta Dental is identifying its Officers and Board Directors as "Person[s] with an ownership or control interest" as they are "an officer or director of a disclosing entity that is organized as a corporation" under 42 C.F.R. § 455.101. Delta Dental does not have any person or corporation that:

- Has any ownership interest in Delta Dental;
- Has any indirect ownership interest in Delta Dental;
- Has any combination of direct and indirect ownership interests in Delta Dental; or
- Owns any interest in any mortgage, deed of trust, note, or other obligation secured by Delta Dental.

Delta Dental has disclosed information on its Officers and Board Directors in Section I.2.07 above. Further, in accordance with Federal and State regulations, we will maintain required information for any

Subcontractor in which Delta Dental directly or indirectly has a five percent or more ownership interest or for any other individuals or corporations with an ownership or control interest in Delta Dental and disclose such information to the State:

- When submitting a Proposal in accordance with the State’s procurement process
- When Delta Dental executes a Contract with the State
- When the State renews or extends the Contract
- Within 35 days after any change in ownership of Delta Dental

I.3.03 OCD Review.

Delta Dental acknowledges the Agency will review the ownership and control disclosures submitted by Delta Dental and any of Delta Dental's Subcontractors.

I.3.04 US Only.

Delta Dental’s office building is located within the United States, specifically Johnston, Iowa.

I.4 Reserved.

I.4.01 Reserved. N/A.

I.5 Compliance Program and Reporting.

I.5.01 Subcontractor Compliance Programs.

Delta Dental is committed to conducting its business honestly, ethically, and with the highest level of integrity, in accordance with all applicable Federal and State laws, regulations, and standards. Delta Dental has established policies and procedures to ensure the program has the appropriate guidance, continuous learning, and provides the best standards of practice.

Exhibit I.5.01-1 provides a high level overview of Delta Dental compliance-related policies that include but are not limited to the following:

Exhibit I.5.01-1. Delta Dental Compliance-related policies.

Delta Dental Policies	
<ul style="list-style-type: none"> ✓ Compliance Plan ✓ Code of Conduct ✓ Employee Reporting ✓ Anti-Harassment ✓ HIPAA Incident Reporting and Response Procedures ✓ HIPAA Privacy Rule Procedures ✓ Caller Authentication Procedures ✓ HIPAA Security Rule Procedures ✓ Confidential Information ✓ Grievance (Complaint) and Appeal Procedures 	<ul style="list-style-type: none"> ✓ Non-Discrimination Grievance Procedures ✓ FWA Policy ✓ Screening Ineligible Individuals and Entities ✓ Conflict of Interest ✓ Claims Processing Policies and Desk Levels ✓ Overpayment Recoupment Procedures ✓ Program Integrity Plans and Procedures ✓ HIPAA Notice of Privacy Practices ✓ Record Retention ✓ Subcontractor Due Diligence

- a) Delta Dental has and will continue to have written policies, procedures, and standards of conduct articulating the organization’s commitment to comply with contract requirements and all applicable Federal and State laws and regulations. Delta Dental has established detailed written policies and procedures that:
- Implement the operation of the Compliance Program.

- Describe compliance expectations.
 - Provide guidance on how to deal with suspected, detected, or reported noncompliant activities or FWA.
 - Identify how to communicate compliance issues to appropriate compliance personnel.
 - Describe how suspected, detected, or reported noncompliant activities and FWA are investigated and resolved.
 - Do not allow retaliation or adverse action for actions taken responsibly and in good faith.
- b) Delta Dental's Compliance Officer, Mary Gilde, is based in Johnston, Iowa. She is a full-time employee of Delta Dental responsible for implementing the Corporate Compliance Program and the day-to-day operations of the Compliance & Quality Assurance Department (Compliance Department) including Government Programs Compliance and Program Integrity. The Compliance Department includes a Program Integrity Manager, a Special Investigator, a Medicare Advantage Program Integrity Manager, a Compliance Attorney, a Compliance Consultant, and a Quality Assurance Analyst. All staff are Iowa-based. The Compliance Officer reports to the CEO of the Plan. On a periodic basis, or more frequently as needed, the Compliance Officer reports compliance and Program Integrity management related activities including FWA to the Enterprise Risk Management (ERM) Committee acting as the Regulatory Compliance Committee. Then, relevant information is shared with the Finance and Audit Committee comprised of members from the Board of Directors.
- c) The ERM Committee is primarily responsible for establishing and maintaining a comprehensive risk management system that identifies, assesses, and manages risk. This process is used to assist the management team and the Board in managing the risk and provide reasonable assurance of the effectiveness of internal controls. The committee is comprised of Delta Dental of Iowa's Chief Executive Officer, Senior Vice President of Technology & Operations, CFO, Vice President Underwriting & Actuarial, Director of Legal Services and General Counsel, Information Security Manager, and Compliance Officer. The ERM Committee meets frequently as it deems necessary to carry out its duties and responsibilities, with a minimum of two meetings per year. The ERM Committee discusses many topics including corporate compliance initiatives, regulatory legal risks, privacy issues, reports of noncompliance and FWA, compliance actions, auditing the monitoring reports, and any other compliance topics. The ERM Committee reports its activities and recommendations on a periodic basis to the Finance and Audit Committee of the Delta Dental Board of Directors on a periodic basis.

The Delta Dental Finance and Audit Committee reviews exercises oversight with respect to, and makes appropriate recommendations, to the Board of Directors concerning internal and external audit functions, the systems, controls, and policies to assure the accuracy and consistency of financial and regulatory reporting. The Finance and Audit Committee oversees and monitors the work of the ERM Committee including meeting with members of the ERM Committee on a regular basis to determine the risks applicable to Delta Dental. Reporting of activities is also shared with the larger Board of Directors. The Delta Dental of Iowa CEO, the CFO, and other appropriate members of management regularly attend meetings. The Finance and Audit Committee can meet with internal staff in separate executive sessions from management, as necessary.

- d) Delta Dental requires that all employees complete specific training within seven days of hire and on an annual basis thereafter. The trainings emphasize our commitment to complying with Federal and State laws and regulations and highlight that corporate ethics is a top priority for all. Compliance-related training includes:
- HIPAA Privacy and Security
 - HIPAA Incident Reporting and Response Procedures
 - Confidential Information
 - Commercial Grievance Handling
 - Business Continuity Plan (BCP) / Crisis Communication Plan (CCP)
 - Non-Discrimination (Grievance) Procedures
 - Government Programs Compliance and Fraud, Waste, and Abuse

Human Resources provides training on the Code of Conduct, Employee Reporting, and other key topics such as Anti-Harassment and the employee FWA Policy when reviewing the Employee Handbook with new hires and then annually.

The Compliance Manager, Compliance Attorney, the Compliance Consultant, Director of Legal Services & General Counsel, and Program Integrity staff maintain current and comprehensive knowledge of Federal and State regulations and program requirements through a variety of methods including reading the CMS website. Delta Dental staff attend industry sponsored conferences such as the National Health Care Anti-Fraud Association (NHCAA), National Association of Medicaid Program Integrity (NAMPI), National Association of Dental Plans (NADP), NHCAA Dental Fraud Interest Group, Healthcare Fraud Prevention Partnership/Trusted Third Party webinars and local conferences including the Des Moines Chapter of the American Certified Fraud Examiners (ACFE), and the United States Attorney's Office Health Care Fraud Working Group .

Delta Dental maintains evidence of completed education and training efforts and can promptly provide such evidence upon request by the State.

- e) Delta Dental has implemented effective lines of communication to report compliance concerns.

Delta Dental provides information to employees, Enrolled Members, Providers, and Subcontractors on how to identify and report issues and potential FWA through different means such as information on its website, company policies and procedures such as Code of Conduct and Employee Report Policy, explanation of benefits, communications, and contracts.

It is the policy of Delta Dental that neither retaliation nor intimidation is acceptable by any employee or level of management within Delta Dental.

The Compliance department also periodically sends email communications to employees reminding them how to report issues, identifying useful resources, providing updates on changes to statutory and regulatory guidance, and advising on updates to internal compliance processes.

- f) Delta Dental has well-publicized policies that outline disciplinary standards and describe expectations for reporting compliance issues, including noncompliant, unethical, or illegal behavior. These policies help ensure disciplinary actions are appropriate to the seriousness of the violation and are enforced in a timely, consistent, and effective manner. Delta Dental reviews the related policies that include disciplinary standards at the time of hire and then annually thereafter. We publish the disciplinary guidelines in our Employee Handbook, Code of Conduct & Ethics Policy, contracts, and other communications. The key policies and procedures are located on our online HR system or in a designated shared access internal folder.
- g) Delta Dental undertakes monitoring and testing to ensure compliance with contractual requirements and Federal and State laws and regulations and protect against noncompliance and FWA. The Compliance Officer uses multiple internal and external sources to create the Compliance Department annual work plan/schedule including the Quality Assurance and Program Integrity sub-work plans. The Compliance Officer develops an annual department work plan/schedule designed to address the organization's key compliance risks. We share the work plan at least annually with the ERM Committee and the Finance and Audit Committee.

The Compliance Department responds to all reported allegations of violations, potential violations or breaches that have occurred. Compliance monitors, tests, and/or provides oversight of such areas, including, but not limited to:

- Program Integrity
- Claims administration, customer service, and coordination of benefits
- Appeals and Grievances
- Marketing

Our Program Integrity Manager, Patti Williamson is responsible for executing and managing the Program Integrity Compliance Plan and the Annual Work Plan. Ms. Williamson and the Special Investigators work together to take action and guard against FWA. The Special Investigator conducts detailed investigations with the assistance of a Dental Consultant. Delta Dental will coordinate suspected criminal acts with law enforcement agencies to reduce the potential for recurrence as required under this Contract.

- h) Delta Dental has a Corporate Compliance plan. We will continue to prepare and submit the Program Integrity Compliance Plan on the date identified by the Agency, including the information requested and identified in the most current template. All documents are reviewed and approved by the Compliance Officer.
- i) Delta Dental has an annual work plan. We will continue to prepare and submit the Program Integrity Annual Work Plan on the date identified by the Agency, including the information requested and identified in the most current template. All documents are reviewed and approved by the Compliance Officer.

I.5.02 Reporting.

Delta Dental will continue to complete reporting in compliance with Agency requirements. Delta Dental will certify all reports are in accordance with this Contract.

To provide comprehensive and complete reporting, Delta Dental staff attend webinars, trainings, and conferences to stay updated on industry related fraud trends. Delta Dental accesses and reviews the HHS OIG work plans, attends national and local industry sponsored collaborations including the National Health Care Anti-Fraud Association (NHCAA) Information Sharing Sessions, NHCAA Dental Fraud Interest Group events, and the Healthcare Fraud Prevention Partnership/Trusted Third Party Information Sharing Sessions. We provide fraud, waste, and abuse recognition training to all employees to ensure employees know how to submit all instances for review by the Compliance Department.

We obtain allegations of non-compliance and Program Integrity through a variety of sources. External sources can include Providers, Enrolled Members, the public, State and Federal agencies, media, and Subcontractors. Internal sources may include pre-payment claim reviews, Provider ownership and control disclosures, Provider Credentialing or Recredentialing efforts, utilization reviews, post-payment claim reviews, Enrolled Member verification of services surveys, monitoring reports, algorithms, Grievances and Appeals, and quality assurance claim reviews. **Delta Dental promotes our core value of Leadership at All Levels to empower employees at every level to promptly report any act of non-compliance or suspicious activity through our internal compliance department.** We submit all internal and external tips received to the Agency via the bi-monthly tip report. We have created policies, procedures, and work plans that are involved in the comprehensive reporting that is provided to both the Agency, ERM Committee and the Finance and Audit Committee.

Delta Dental reports overpayments monthly or more frequently to the Agency. We send overpayment letters for dollars related to investigations to the Providers until the Agency is able to approve the recoupment. For that process, Delta Dental uses the Agency's Program Integrity Communication Plan, and the Delta Dental Program Integrity Manager sends an email to the Agency for approval. Once approval is received from the Agency, we will send the overpayment letter to the Provider explaining the process for recoupments. We report this activity each month to the Agency. When the overpayment is related to potential fraud the investigation is placed on hold and a referral is submitted to the Medicaid Fraud Control Unit (MFCU) to ensure that they can review the allegation prior to recouping those dollars paid. The Agency or MFCU will notify Delta Dental if the case is open, rejected or closed and may direct us to take administrative action to recoup the overpayments related to potential fraud. In this case, Delta Dental Program Integrity will promptly initiate administrative recoupment of the overpayments related to potential fraud.

I.5.03 Annual Reports.

Delta Dental has and will continue to provide annual reports within the applicable timeframes and as required. As the incumbent PAHP, we are familiar with the templates, requirements, and due dates. We also have established processes and experienced staff in place to ensure complete and accurate reporting.

We will submit the Annual PI Compliance Plan and PI Annual Work Plan on the templates that have been created by the Agency. Delta Dental will accommodate updates to these templates going forward.

I.5.04 Quarterly Reports.

Delta Dental continues to provide quarterly reports to the Agency with the applicable information that is required based on the templates utilized. Delta Dental has a process to complete the quarterly reporting template accurately and timely. There has been minimal Agency feedback on past submissions.

The Cost Avoidance and Cost Savings report provides recoveries completed that would not be captured on the Program Integrity recoveries tab. This information is related to data mining, payment policies, proprietary edits, and other categories as needed.

Delta Dental's PI Activity tab presents each quarters information relevant to the number of explanation of benefits sent, the number of explanation of benefits returned due to not receiving the service, number of records reviewed on prepayment review, training sessions provided by Delta Dental, and other learning events attended by Delta Dental staff.

We submit algorithms as part of the quarterly reporting as well. Delta Dental will provide the applicable information as required in the report including but not limited to the number of Providers affected and the potential dollars associated with the algorithm provided.

Lastly, as part of the quarterly reporting, Delta Dental will submit the Single Case Agreement report quarterly. This report will show the Agency the number of Single Case Agreements utilized throughout the quarter and the rationale for using this benefit.

I.5.05 Monthly Reports.

As described in the reporting Companion Guide provided by the Agency, Delta Dental will continue to provide monthly reports on or before the due date with the appropriate template. Delta Dental has completed the monthly report since the start of managed care, and we have provided feedback on these templates as well.

The monthly reporting templates that will be provided include:

- Investigative Activities summarizing the tips, investigations, and closures for all investigations.
- FWA Provider Notices that were submitted to the Agency and Medicaid Fraud Control Unit.
- Recoveries related to Program Integrity investigations.
- Credible Allegation of Fraud that were placed by the Agency and reciprocated by Delta Dental.
- IME Provider Actions that were taken by the Agency and reciprocated by Delta Dental.
- MCO Provider Actions that were taken by Delta Dental providing the rationale for the action.
- Requests for PI Information from a variety of sources as well as the exclusion screenings completed at Delta Dental.
- Total Non-PI Recoveries for those dollars recouped that were not related to investigations.

I.5.06 Certification.

Delta Dental provides an annual attestation for all reports and plans required to comply with the certification requirements of Section I.2.11. If the Agency needs further certification, Delta Dental will incorporate that certification measure.

I.6 Program Integrity Manager and Special Investigations Unit Staffing.

I.6.01 Staffing Compliance.

Our Program Integrity staff are all Iowa-based, have over 48 years of combined experience in dental insurance, and report to the Compliance Officer. The Program Integrity Manager and Special Investigator are both dedicated at least 100 percent of the time to the oversight and management of the Program Integrity efforts required under the Agency's contracts. We also have another Program Integrity Manager that supports the Program Integrity efforts at least fifty percent of the time. Our Program Integrity Dental Consultant also supports at 100 percent of the time.

The Program Integrity Manager is responsible for executing, overseeing, and managing the Program Integrity Compliance Plan and Program Integrity Program for Government Programs related to the Agency's contracts. At a minimum, the Program Integrity Manager will:

1. Work to reduce or eliminate wasteful, fraudulent, or abusive health care billings and services by staying update on current trends in fraud, waste, and abuse as well as mechanisms to detect such activity.
2. Direct the efforts of Special Investigations.
3. Attend meetings with the Agency and/or Medicaid Fraud Control Unit (MFCU) as required.
4. Notify IM PI and MFCU of all suspected fraud, waste, and abuse activities relevant to Government Programs within the timeframe prescribed.
5. Coordinate or act as a liaison to PI efforts with IM PI, law enforcement, Office of the Attorney General, MFCU Iowa's personnel, and other Federal and State agencies as needed.
6. Provide IM PI status reports of Program Integrity-related activities in the timeframe and format prescribed by contract.
7. Provide employee fraud, waste, and abuse awareness training, and require attestation.

Special Investigation (SI) is responsible for conducting investigations of dental Providers and Enrolled Members to identify FWA. The Special Investigator identifies and uses tips from multiple sources that suggest potentially fraudulent behavior. SI also develops, conducts, resolves, documents, and reports on investigations. SI's scope of work may range from independent evaluations of information, both on and offsite.

The Compliance Department, including the two Program Integrity Managers and Special Investigator, and Dental Consultant always have access to Delta Dental's Dental Benefit Administration System and claims data necessary to meet the requirements of the Agency.

I.7 Circumstances Where the Contractor May Not Recoup or Withhold Improperly Paid Funds.

I.7.01 Prohibition on Certain Recoveries.

Delta Dental has never taken any action to recoup or withhold improperly paid funds already paid or potentially due to a Provider when the issues, services, or claim upon which the withhold or recoupment are based meet one of the following criteria:

- a) The improperly paid funds have already been recovered by the State of Iowa or the Federal government directly or through resolution of a State or Federal investigation or lawsuit, including but not limited to false claims act investigations and cases.
- b) The funds have already been recovered by the Recovery Audit Contractor (RAC).
- c) The issues, services, or claims are the subject of a pending Federal or State litigation investigation or are being audited by the Iowa RAC.

Delta Dental will continue to request prior approval to recoup funds to assure there are no prohibitions to recovery, such as funds already recovered by the State, funds recovered by a RAC auditor, or claims subject to pending State or Federal litigation. Delta Dental tracks recoveries to ensure they are recouped in a timely manner and promptly reported to the Agency.

I.7.02 Required PI Unit Communication.

Delta Dental will continue to maintain compliance with the Agency by checking in with the Agency's Program Integrity Unit prior to initiating any Program Integrity related recoupment, withhold of any

Program Integrity related funds to ensure that the recoupment and withhold are permissible. We have and will continue to use the Agency’s Program Integrity Unit Communication Plan. We will return the funds to the Provider if we obtain funds prohibited under this Section I.

I.8 Treatment of Recoveries.

I.8.01 Compliance with Retention Policies.

Delta Dental complies with the retention policies in this section for the treatment of all overpayments to a Provider including those specific to fraud, waste, and abuse. Overpayments related to fraud, waste, and abuse are submitted to the Agency in the monthly report on the PI3 tab. Delta Dental has recovered \$36,607 in calendar year 2020, \$29,844 in calendar year 2021, and \$9,255 in calendar year 2022 related to identifying fraud, waste, and abuse. Delta Dental will also comply with RFP Sections I.7 and I.9 for the treatment of these overpayment recoveries.

FRAUD, WASTE AND ABUSE Recovery	
\$36,607	2020
\$29,844	2021
\$9,255	2022

I.8.02 Recovery of Improper Payments.

Delta Dental will recover improper payments and overpayments for up to five years following the date the claim was paid. Delta Dental's scope of investigations, selection of patient records is either a random sample or targeted population based on the data, and information available and may include services up to five years following the date the claim was paid. Delta Dental notifies the Provider of Program Integrity related findings and overpayments in writing. We provide 30 days for the Provider to request reconsideration of the findings. Delta Dental’s operational area adjusts the claims and offsets the payment of other claims to recover the improper payments. When there are insufficient claim payments to offset the overpayment Delta Dental will notify the Provider in writing to submit a check for the overpayment amount. We submit the progress of the recovery of overpayments to the Agency each month in the Recovery report.

I.8.03 Retention of Recouped Overpayments.

Delta Dental understands that it is our right to recoup and retain overpayments paid by Delta Dental except as otherwise provided in this Section and Sections I.7 and I.9.

I.8.04 Recoveries Not Made by Contractor.

Delta Dental is compliant and does not recoup, retain, or receive reimbursement for overpayments recovered by RAC, the State or the Federal government, including false claims act lawsuits and investigations or any other State or Federal action or investigation. Delta Dental acknowledges that the Agency shall determine, in its sole discretion, if any portion of the recovered payment over which the Agency has authority will be returned to the Contractor.

I.8.05 Payment of Recoveries.

Delta Dental is compliant with the requirements for payment of recoveries of overpayments to the State where Delta Dental is not permitted to retain some or all of the recovery of overpayments.

I.9 Overpayment Audits by Agency or Designee.

I.9.01 Recovery of Overpayments from Contractor.

Delta Dental understands the Agency, or its Designee may audit our Provider claims and recover identified Provider overpayments as explained in RFP Section I.9. When the Agency notifies Delta Dental of a Provider Overpayment, we will promptly begin the overpayment recovery process. We will mail the

Provider a letter informing the Provider of the overpayment and will include a list of the affected claims. We will then adjust the affected claims to recoup the overpayment. The process includes adding a note on the claim in our claims processing system indicating there is an overpayment. We will track and report Program Integrity recoveries identified by the Agency to the Agency each month on the Program Integrity PI3 Recovery Report where the investigation type would be identified as “External.” In the past Program Integrity meetings, the Agency has commended Delta Dental for our prompt turnaround of recoupments.

I.9.02 Notice.

Delta Dental understands if the Agency identifies a Provider Overpayment owed to Delta Dental, the Agency will send a notice identifying the Overpayment and we will collect the Overpayment from the Provider.

I.9.03 Payment and I.9.04 Payment Disputes (I.9.03-I.9.04).

Delta Dental acknowledges that on or before the 30th day following the date of notice, we will either pay the Agency the amount identified as a Provider Overpayment, or we will dispute the Overpayment in writing to the Program Integrity Director or other Agency representative designated by the Agency. The Overpayment letter is sent to both Delta Dental and the Provider. The Provider can dispute the findings. We understand the Program Integrity Director or other Agency representative will consider a dispute and will notify both Delta Dental and the Provider of its final decision on or before the 60th day following the date the written dispute is received. Delta Dental understands the Agency has the sole discretion to uphold, overturn, or amend an identified Overpayment. If the Agency’s final decision identifies an Overpayment, Delta Dental will pay the Agency on or before the tenth business day following the final decision.

I.9.05 Extensions.

Delta Dental acknowledges if we make a written request on or before the due date for the payment of the Overpayment, the Agency may grant an extension of time within which we must pay the Overpayment.

I.9.06 Contractor Recovery from Providers.

Delta Dental understands and acknowledges in the event where the Agency has identified an Overpayment and we have been required to pay the amount of Overpayment to the Agency, Delta Dental is permitted to retain the Overpayment recovered from the Provider.

I.9.07 Offsets and Contact Before Proceeding (I.9.07-I.9.08).

If Delta Dental fails to repay an Overpayment identified under these procedures, we acknowledge the Agency may offset the amount of the Overpayment owed by Delta Dental against any payments owed to us under this Contract. We acknowledge if the Agency identifies an Overpayment within two years of the date the claim was paid, the Agency will contact Delta Dental before proceeding with the procedures outlined in Section I.9.

I.10 Provider Self-Reporting Procedures.



Network Adequacy
& Availability

I.10.01 Mechanisms for Reporting.

Our expansive Dental Benefit Administration System alleviates the need for Providers to fill out a physical form and check to mail to us when an overpayment is identified. To help eliminate administrative burdens, we offer the use of an online inquiry tool to report an overpayment that has been identified. Our Member Services team adjusts the claim to reflect the accurate processing, and overpayment funds are auto recouped from the Provider's next remittance advice, creating a seamless transaction. We accept overpayment as a written check and notification should the Provider prefer this method. Delta Dental will continue to require that Network Providers disclose and return overpayment within 60 calendar days after the date in which the overpayment was identified.

I.11. Notification of Enrollee and Provider Changes.

I.11.01 Screening & Enrollment of Providers.

Delta Dental understands the Agency will screen and enroll, and periodically revalidate all Delta Dental Network Providers as Agency Providers.

I.11.02 Agreements Pending Outcome of Screening.

Delta Dental's current process will execute Network Provider agreements, pending the outcome of screening, Enrollment, and revalidation up to 60 days consistent with current industry standards. Providers may request execution up to 120 days and will be evaluated on a case-by-case basis by our internal Credentialing committee.

I.11.03 Notification of Enrolled Member Changes.

Delta Dental will continue to accept and process eligibility Benefit Enrollment and Maintenance files promptly as they are received to ensure accurate enrollment for Members are reflected in our system for both Enrolled Members and Providers to view and for claims to process correctly. Our Member Services team ensures they ask an Enrolled Member during every call if the information we have on file is current. When communicating with an Enrolled Member or their designated authorized representative and they indicate a change in the Enrolled Member's circumstances that may affect their eligibility, Delta Dental will connect the Enrolled Member with a representative at the Agency via warm handoff as well as notifying the Agency of information received. Delta Dental is currently able to make suggested address changes in IMPA for the Agency to review if an Enrolled Member is moving within the State of Iowa.

I.11.04 Notification of Provider Network Changes.

Delta Dental provides notification to the Agency of Provider Network changes through emails to the Dental Program Manager, through the monthly Provider list reports, and quarterly Provider geo access reporting.

I.11.05 Notification of Provider Disenrollment.

Delta Dental notifies the Agency and OIG of Providers who have become de-credentialed for Program Integrity reasons in compliance with 42 C.F.R. Part 1001. The Delta Dental Plan CEO communicates de-credentialed Providers due to Program Integrity reasons with the Agency's Dental Program Manager via email. We also report Providers who are de-credentialed for Program Integrity reasons to the Agency monthly via the PI 6 Provider Actions report.

I.11.06 Adverse Actions Taken on Provider Applications for Program Integrity Reasons.

Delta Dental requires Providers to disclose the identity of any person described in 42 C.F.R. § 1001.1001(a)(1) as well as other permissible exclusions that would impact the integrity of Provider Enrollment during our Credentialing and Recredentialing process. These exclusions can be discovered during ongoing monitoring completed by the Professional Relations team. Once the excluded Provider or entity is identified, we remove them from the Network. We then place internal controls in our Dental Benefit Administration System to identify and prevent payment to these individuals and/or entities. We forward all identified or reported disclosures to the Agency and Delta Dental abided by any direction provided by the Agency. We will abide by any direction provided by the Department on whether to permit the applicant to be a Provider in the Program. We understand we will not permit the Provider to become a Network Provider if the Agency or Delta Dental determines that any person who has ownership or control interest in the Provider, or is an agent or managing employee of the Provider, has been convicted of a criminal offense related to that person's involvement in any program established under Medicare, Medicaid, or the Title XX Services program, or if the Agency or Delta Dental determines that the Provider did not fully and accurately make any disclosure pursuant to 42 C.F.R. § 1001.1001(a)(1).

I.11.07 Termination of Providers.

Delta Dental complies and will continue to comply with all requirements for Provider Disenrollment and termination as required by 42 C.F.R. § 455.416.

I.12 Required Fraud, Waste, and Abuse Activities.

I.12.01 Verifying Receipt of Services.

Our strategic fraud prevention program and processes form the front line of defense against Fraud, Waste, and Abuse (FWA). Delta Dental has many different preventive measures including Member services verification. We utilize an Explanation of Benefits (EOB) and either telephonic or mail survey mailing method to verify services reimbursed to Providers were furnished. Upon receiving the EOB, Enrolled Members are instructed to call Delta Dental in the event their EOB does not reflect the services they received. Our Member Services team logs the call and forwards any tips to the Program Integrity Manager for further investigation. In addition, Delta Dental Program Integrity surveys, via telephone or mail, by selecting Enrolled Members from a random sample of processed claims and/or in conjunction with a Program Integrity investigation.

I.12.02 Reviews & Audits.

Delta Dental uses a variety of internal controls to ensure a high quality of claims processing using our Dental Benefit Administration System. We perform a series of system edit and benefit/eligibility validation checks during the adjudication process, including, but not limited to, maximum payable allowances, duplicate claims checking, procedure frequency thresholds, and maximum family and individual benefit limits.

I.12.03 Internal Controls.

Our Compliance Department performs monthly quality assurance reviews on the operational functions that may include Claims adjudication and benefit administration. We communicate findings in reports to the business area managers, who must provide an action plan to address and resolve all findings. We conduct meetings with the Compliance Department and business area managers to ensure findings have been or are being resolved. We also report results to the ERM Committee and to the Finance and Audit Committee, then to the Board of Directors. The Member & Provider Services team also conducts their own monthly quality assurance and provides findings, feedback, and training to claims personnel.

The Compliance Quality Assurance reviews focus on adherence to:

- a) Processing policies
- b) Desk level procedures for review edits
- c) Contract terms and group policy provisions
- d) Financial accuracy
- e) Federal and State regulatory requirements

The Government Programs Compliance and FWA training documents are reviewed and updated annually and as necessary based on changes in contracts, laws, regulations, and other requirements. The FWA recognition training is provided to all employees within the first 7 days of hire and annually thereafter. The training includes a description of the Corporate Compliance Program, the Code of Conduct & Ethics, and Delta Dental's commitment to business ethics and compliance with all Government-Sponsored Health Care Program requirements, the process for asking compliance questions and reporting suspected or detected noncompliance, and describe the requirement to report actual or suspected Government-Sponsored Health Care Program noncompliance or potential FWA and examples of what should be reported. Providers and Enrolled Members are also provided with information on how to report potential FWA through Provider Office Manual and Member Handbooks, newsletters, and additional educational resources as needed.

I.12.04 FCA Policies & Procedures.

Delta Dental continues to maintain written policies for all employees and Subcontractors with detailed information about the False Claims Act and other Federal and State laws, including information about the rights of employees to be protected as whistleblowers. The policy is within the Employee Handbook which is given to all employees upon hire and annually thereafter. Subcontractors are provided with the policy annually.

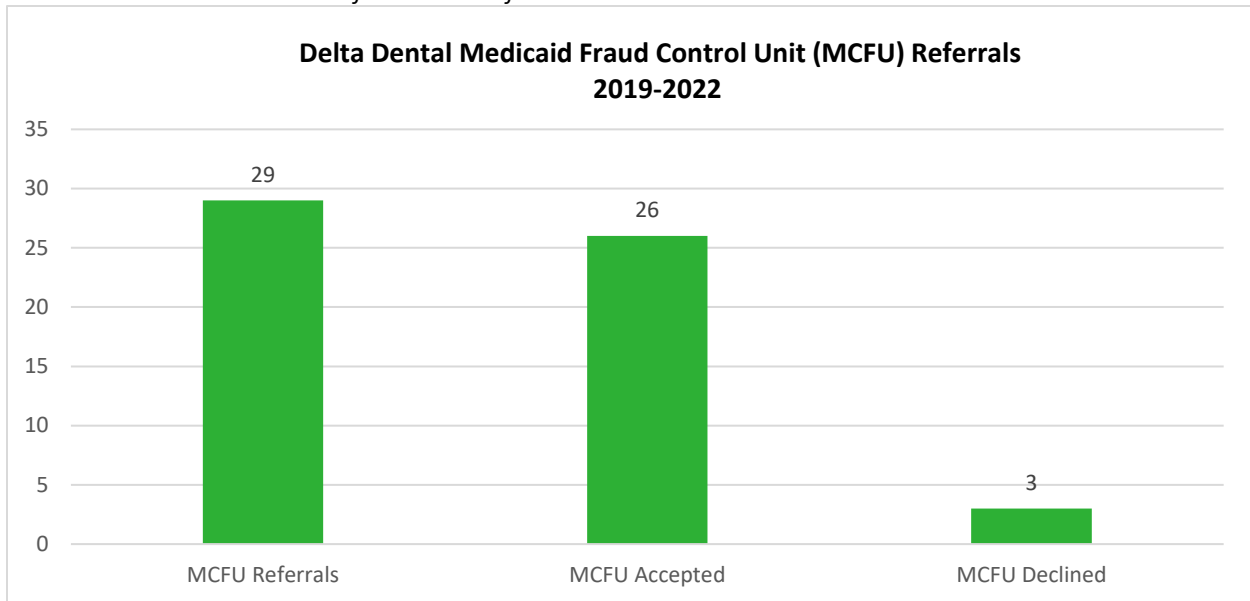
I.12.05 Responding to Claims of Fraud & Abuse.

Delta Dental receives tips from a variety of internal and external sources. External sources can include Providers, Enrolled Members, the public, State and Federal agencies, media, and Subcontractors. Internal sources may include pre-payment claim reviews, Provider ownership and control disclosures, Provider Credentialing or Recredentialing efforts, utilization review of claims, post-payment claim reviews, Member verification of services surveys, data monitoring reports, algorithms, Grievances and Appeals and quality assurance claim reviews.

Delta Dental utilizes an Explanation of Benefits (EOB) and either telephonic or mail survey mailing method to verify services reimbursed to Providers were furnished. Upon receiving the EOB, Enrolled Members are instructed to call Delta Dental using the telephone number on the EOB in the event their EOB does not reflect the services they received. Delta Dental provides FWA recognition training to all employees to ensure employees know how to submit all instances for review by the Compliance Department. The secure Member Connection website includes a phone number and an email for Enrolled Members to report suspected fraud. The Delta Dental Provider Office Manual directs Providers to contact Delta Dental when there is suspected fraud. When Delta Dental receives a tip associated with allegations of potential FWA the Program Integrity Manager and the Special Investigator will start an investigation. The Program Integrity team communicates with internal staff and external parties as needed and notifies internal staff not to adjust any related claims. Delta Dental has and will continue to report tips and opened investigations to the Agency and Medicaid Fraud Control Unit (MFCU) in the timeframe and method prescribed by this Contract. Exhibit I.12.05-1, Delta Dental

FWA Referrals, represents the number of referrals Delta Dental sent to the MFCU for claims of FWA from 2019 through 2022.

Exhibit I.12.05-1. *Delta Dental of Iowa FWA referrals.*



Delta Dental assesses the allegation to determine if there is sufficient information to pursue an investigation including the scope of the investigation, internal/external information request needs, testing methodology, sample size, and investigation period, using a risk-based approach.

We research and analyze claim history under the specific Provider to identify patterns and outlier behavior. Delta Dental will check the Provider’s account for prior investigation or education activities, including any prepayment reviews that may be in place.

Once we determine the scope of the investigation, the selection of patient records will be determined. Either a random sample or targeted population will be selected based on the data and information available.

When patient records are necessary, Delta Dental will obtain the clinical records from the Provider or Provider office. We request the clinical records by mailing a letter via certified first-class mail to the Provider and/or Provider office. If the Provider or Provider office refuses to provide records or participate, we will refer the instance to the Agency and/or MFCU and will use the Agency’s Referral for State Action Form.

Delta Dental uses testing methods that include, but are not limited to, phone or in person interviews with Enrolled Members, Providers, or their employees, onsite audits, and/or desk reviews.

We retain all returned requested items with the investigation documentation. We audit the claims and clinical records for suspicious activity relative to compliance with benefit plan, claims processing policies, and other requirements such as dental necessity and appropriateness.

Delta Dental’s Special Investigator conducts investigations with the assistance of an independent Dental Consultant. The Dental Consultant is an independent Iowa-licensed dentist who conducts clinical reviews and independent evaluations of clinical record information. The Special Investigator summarizes investigation findings, indicating whether a referral to MFCU and the Agency is warranted, and outlines any administrative recoupment and/or Provider education actions needed. Our Compliance Officer, Director of Legal Services, & General Counsel, CEO of the Plan, Dental Director, and Vice President Human Resources are consulted as needed.

I.12.06 Data Mining.

Delta Dental performs data mining and algorithms that are reported to the Agency on a quarterly basis. We review data mining efforts to verify that there are no trends showing FWA. If there are any questionable trends, the data will be reviewed by Program Integrity.

Delta Dental has conducted on-site audits to ensure services are being utilized appropriately. Per the Program Integrity Compliance Plan, onsite audits are typically considered when a desk audit is completed and numerous and/or unexplainable inconsistencies are found. Inconsistencies may be in dental records, accounting practices, dental office practices, or questionable actions of one or more office personnel. We utilize on-site audits to conduct personal interviews and gather additional documentation necessary to further support our initial suspicions or findings.

I.12.07 F.W.A. Referrals – Compliance.

Delta Dental has complied and will continue to comply with the Agency procedures and requirements for implementation of FWA arrangements. We have obtained compliance by notifying the Agency prior to recovering any Program Integrity overpayments. Additionally, if there is any indication of egregious billing and there is the suspicion of fraud, we will provide a completed FWA referral form to the Agency, along with any supporting documentation. Exhibit I.12.07-1 shows the specific number of tips, opened and completed investigations and referrals made, along with total recoupment amount received during the years 2020 to 2022.

Exhibit I.12.07-1. *Tips, investigations referrals and recoupments made.*

Delta Dental Program Integrity Key Metrics	2020	2021	2022
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Delta Dental has been involved in multiple large investigations. Examples of large investigations that were FWA referrals:

- [REDACTED]
- [REDACTED]



I.12.08 Enforcement of Iowa Medicaid Program Rules.

Delta Dental follows the Agency's rules for referral of Providers for sanctions when a Provider has failed to comply with the terms of their agreement. We will vigorously pursue FWA and will refer Providers to the Agency when:

- The Provider is non-compliant with a Program Integrity dental records request.
- The Provider has an outstanding Program Integrity related overpayment.
- Delta Dental has terminated the Provider's agreement due to Program Integrity reasons.
- Delta Dental has denied the Provider during the Credentialing or Recredentialing process due to Program Integrity concerns.
- The Agency and Delta Dental determine a referral is necessary for reasons outside of those already listed.

When Delta Dental identifies a Program Integrity related Provider concern, we submit the concern within 24 hours to the Agency using the Agency's Referral for Sanction form.

I.13 Credible Allegation of Fraud Temporary Suspensions.

Our Program Integrity FWA activities have and will continue to include suspending payments in whole or in part to Providers when the Agency determines there is a credible allegation of fraud for which an investigation is pending unless the Agency or law enforcement including but not limited to MFCU has identified in writing there is a good cause for not suspending payments or to suspend payments only in part.

Our Program Integrity Manager coordinates payment suspensions with internal staff including the Provider Relations, Member and Provider Services, and Accounting Departments. We comply with all reporting requirements, including using the most current version of the Agency's standard operating procedure for referrals and reporting to the Agency.

I.13.02 Notices.

Delta Dental has and will continue to issue a notice of suspension letter to the Provider upon receiving notice of suspension from the Agency. Once notified, we mail our internal Delta Dental Notice of Suspension Letter to the Provider. Our Notice of Suspension letter states the payments are being suspended in accordance with 42 C.F.R. § 455.23. We provide a Grievance process for Providers whose payments have been suspended. We retain the suspension for the designated time in the provision 42 C.F.R. § 455.23. Delta Dental has not and will not suspend payments without consulting first with MFCU and the Agency. Delta Dental will maintain all materials related to payment suspensions for a minimum of five years.

I.13.03 Lifting Suspensions.

When Delta Dental receives notification from the Agency stating a suspension has been lifted, the Program Integrity Manager notifies internal staff to lift the suspension. We will return the suspended payments to the Provider unless we have authority to withhold those payments. We use the Agency's

Program Integrity Unit Communication Plan to communicate with the Agency. All suspension activities are maintained and reported on the monthly Program Integrity report to the Agency.

I.13.04 Evaluation of SIU Activities.

Delta Dental acknowledges the Agency will evaluate Program Integrity performance based on the Agency’s set of standards. Delta Dental has participated in two complete Program Integrity audits. For each Program Integrity audit, Delta Dental provided supporting documentation deemed acceptable by the Agency for all audit items requested.

Exhibit I.13.04-1 below is taken from the final findings letter received from the Iowa Medicaid Program Integrity team’s first audit.

Exhibit I.13.04-1. *Final findings letter from the Agency team’s first audit.*

Item Number	Item Description	Supported/Unsupported
1.1	Credentialing policies and procedures	Supported
1.2	Credentialing files for the Providers requested	Supported
2.1	Educational policies and procedures	Supported
2.2	Verify the number of educational letters sent to Providers	Supported
3.1	Overpayment policies and procedures	Supported
3.2	Verify the number of overpayment letters sent	Supported
3.3	Provide proof that the overpayment monies were recouped	Supported

Exhibit I.13.04-2 is taken from the final findings letter received from the Iowa Medicaid Program Integrity team’s second audit.

Exhibit I.13.04-2. *Final findings letter from the Agency team’s second audit.*

Item Number	Item Description	Supported/Unsupported
1.1	Verification of Provider actions	Supported
1.2	Credentialing files for the Providers requested	Supported
2.1	Documentation of Compliance Officer and Committee	Supported
2.2	Meeting minutes for Compliance Committee	Supported
3.1	Overpayment policies and procedures for ineligible Enrolled Members	Supported
3.2	Verification of claims paid for ineligible Enrolled Members	Supported

Delta Dental consistently runs quality assurance reviews on the information that is provided so that we can ensure all information is complete, accurate, and up to our high standards. We regularly update policies, procedures, training, and work plans to encompass all methods used to combat fraud, waste, and abuse.

Section I Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in

Attachment F, Section 4: Program-Specific Statements, § I, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

General Terms and Conditions



The Foundation collaborates with the Iowa Department of Public Health to provide school-based sealant programs in 95 Iowa counties with the I-Smile™ @ School program.



Hawki
Iowa HHS
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J. General Terms and Conditions.

Attachment J. Please explain how you propose to execute Section J in its entirety and describe all relevant experience.

As an incumbent of the DWP, DWP Kids, and Hawki Programs, Delta Dental has an in-depth understanding of what is needed to remain in alignment with Agency expectations and within this Contract. We have maintained compliance with State and Federal Laws for many years through the administration of these programs and have fully complied with any information requested.

We understand that being in compliance with our contractual agreements is very important, so we do not cause confusion or burden for our Enrolled Members. We recognize and respect the Agency's right to inspect and/or audit our operations, and we firmly believe this helps us provide exceptional quality service to our Network Providers and Enrolled Members.

Delta Dental understands the importance of undergoing inspections and audits to maintain a level of trust and transparency with not only the Agency, but with the populations we serve as well. We have proven successful in this arena for 18 years since the implementation of Hawki, and through the addition of DWP and DWP Kids Programs throughout the years. We not only hold ourselves to a reputable standard, but also our Subcontractors that are contracted to provide a delegated function under this Contract. Subcontractors are an extension of what we do, and we ensure they have the proper tools to provide services effectively and accurately under this Contract. Although Delta Dental plans to maintain compliance with the Agency's standards, we understand and will fully comply should the Agency request termination of this Contract. Delta Dental will ensure Enrolled Members are not held liable for any debts and will provide a seamless transition for Enrolled Members during any transition period. Delta Dental is fully prepared to comply with this Contract and the Readiness Review, as we have participated in a handful of audits and other Readiness Reviews that have given us the experience and preparation we need for a smooth implementation, along with the ability to quickly address any noncompliance issues should they arise.

J.1 Inspection.

J.1.01 Inspection & Audit.

Delta Dental will continue to allow the Agency, Centers for Medicare & Medicaid Services (CMS), the Office of Inspector General (OIG), the Comptroller General, and their designees, at no cost, to inspect and audit any records or documents of Delta Dental or our Subcontractors, at any time. This also includes the ability to inspect Delta Dental and its Subcontractors premises, physical facilities, and equipment of where its Agency-related activities or work is conducted.

J.1.02 Ten (10) Year Audit Right; Providing Information.

Delta Dental acknowledges the Agency's ability to audit at any time through 10 years from the final date of this Contract period or from the date of completion of any audit, whichever is later. Upon request by duly authorized and identified agents or representatives of the State and Federal governments, Delta Dental and/or its Subcontractors will provide the requested information regarding payments Claimed for the Agency services in a prompt manner.

Delta Dental will provide:

- Timely copies of the requested records to the Agency, the Agency's Designee, or the Iowa Medicaid Fraud Control Unit (MFCU), within 10 business days from the date of the request unless the Agency provides a later response due date.
- The Agency, the Agency's Designee, or MFCU access during Delta Dental's regular business hours, to examine health service and financial records related to a health service billed to the program.

Delta Dental understands:

- It must provide transportation, lodging, and subsistence at no cost, for all State and/or Federal representatives to carry out their audit functions at Delta Dental's office or other locations of such records if the original documentation is not made available.
- The Agency will provide at least 24 hours before obtaining access to any requested health services or financial records unless Delta Dental waives the notice period.
- The Agency will access the related records in accordance with HIPAA Administrative Simplification Regulations.

J.1.03 Access to Subcontractor Records & Documents.

Delta Dental will continue to allow the Agency, CMS, the OIG, the Comptroller General, and their Designees to inspect and audit any records and documents of its Subcontractors, at any time. Delta Dental's CEO of the Plan will serve as a point of contact for such requests.

J.1.04 Access to Subcontractor Premises.

Delta Dental will continue to allow the Agency, CMS, the OIG, the Comptroller General, and their Designees to inspect the premises, physical facilities, and equipment where Agency-related activities are conducted, at any time. Delta Dental's Plan CEO will serve as a point of contact for such requests.

J.1.05 Ten (10) Year Subcontractor Audit Right.

Delta Dental understands the Agency, CMS, the OIG, the Comptroller General and their Designees to audit records or documents of Delta Dental or its Subcontractors through 10 years from the final date of this Contract period or from the date of completion of any audit, whichever is later. Delta Dental's CEO of the Plan will serve as a point of contact for such requests. Other ancillary areas, including General Counsel and the Compliance Department, will also ensure Delta Dental and its Subcontractors fulfill contractual, regulatory, and legal requirements via monitoring, testing, and oversight of business operations. Our Subcontractor and contracted Provider contracts also communicate responsibilities including the right to audit, evaluate or inspect equipment, books, records, contracts, or systems through 10 years after the end of this Contract period or the completion date of any audit, whichever is later.

J.1.06 Scope of Audit.

The Secretary, U.S. Department of Health and Human Services, and the Agency (or any person or organization designated by either) has the right to audit and inspect any books or records of Delta Dental and its Subcontractors pertaining to:

- a) The ability of Delta Dental to bear the risk of financial losses.
- b) Services performed or payable amounts under this Contract.

Delta Dental has participated in two complete Program Integrity audits. For both Program Integrity audits, Delta Dental provided supporting documentation deemed acceptable by the Agency for all audit items requested.

Along with the PI audit, Delta Dental has been audited by the Agency on the Payment Error Rate Measurement (PERM), which measures the improper payments in Agency and Hawki populations and produces error rates for each program. Delta Dental is currently providing quarterly data reports for the cycle three reporting requirements of the 2024 reporting year.

Delta Dental has also fully complied with additional audit requests by the Agency and will continue to comply with these additional audit requests. We have participated in audits that have occurred through an external auditor group or organization that has been designated by the Agency. For example, these audits have pertained to a review of our overall compliance to contractual standards, Encounter Data Claims validation, medical loss ratio, validation of Network Adequacy, performance improvement projects, early periodic screening, diagnostic and treatment, performance measure validation/information systems quality assessment and external quality review.

As an example of our success with audits, Delta Dental is currently within the third year of the Compliance Audit's three-year review cycle. The majority of the contractual elements reviewed during this audit over the last two years were proven to be in compliance with our contractual obligations. We have also hired a Quality Management Manager to assist with the organization, collection of evidence, and response to audit items and requirements. The Quality Management Manager coordinates the details of all Government Programs audits.

Throughout each of these audits, Delta Dental has never undergone an inspection. Delta Dental's Subcontractors have also never undergone an audit or direct inspection. We are familiar with providing the necessary documentation and process explanations because of the previous audits we have participated in over the years. We are dedicated to providing exceptional quality service and we will continue to comply with all audit and inspection requests the Agency may request in order to remain in compliance with this Contract.

J.1.07 Grievance & Appeal Records.

Delta Dental has established policies and procedures to ensure Grievances, Appeals, base data for rate development, Medical Loss Ratio reports, and all supporting data and information included in 42 C.F.R. § 438.604 (except 438.604(a)(2)) is retained and stored for no less than 10 years to be available for review, audit, inspection, or reproduction as applicable. Delta Dental securely stores this information in our internal system and ensures access to only Delta Dental employees who have been trained on proper Grievances and Appeals handling and have authority to open, investigate, or resolve an Grievances and Appeals for an Enrolled Member. Grievances and Appeals records and tracking logs are not accessible unless permissions have been added for an employee to the Grievances and Appeals Access Group that is monitored by our IT department.

J.2 Compliance with State and Federal Laws.

J.2.01 Compliance with Laws.

As a health plan that has been focused on long-term government-funded health care, our infrastructure and processes have been created to comply with State and Federal laws. Our local and national Compliance teams remain independent, and we train our staff on key State and Federal laws and regulations to ensure consistent compliance.

Delta Dental and our Subcontractors will comply with all applicable State and Federal laws including, but not limited to:

- Title VI of the Civil Rights Act of 1964
- Title IX of the Education Amendments of 1972 (regarding education programs and activities)
- Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- Americans with Disabilities Act of 1990
- Section 1557 of the Patient Protection and Affordable Care Act

Delta Dental will report any violation of these laws to the applicable agency, grantor, Federal agency, and any other authority, as required.

J.2.02 Enrolled Member Rights.

One of our core values is Exceptional Quality Service. **As part of our 10-year vision, we pledge to “help people achieve their best health and wellness.”** This includes helping Enrolled Members understand and exercise their rights. Delta Dental will ensure all employees, affiliated Providers, and Subcontractors comply with all applicable Federal and State laws that secure and protect Enrolled Member rights. We have included requirements to ensure Enrolled Member rights in our Network Provider and Subcontractor contracts and monitor adherence regularly. We will evaluate Grievances as part of ongoing monitoring, identifying single or trending issues that may result in compliance audits and corrective action plans (CAPs) if we find instances of noncompliance. In addition, Delta Dental staff will review applicable policies, procedures, and medical records to ensure Subcontractor compliance with Enrolled Member rights as part of any annual delegation audits. We know that it is important for all Enrolled Members to understand their rights and responsibilities to assure they know how to get the services and care they need. Enrolled Member rights and responsibilities will be communicated in the Member Handbook, on the secure Member Connection website, and posted in Network Provider offices across Iowa.

Policies. We have written policies and procedures in place that document our commitment to rights for Enrolled Members in accordance with 42 C.F.R. § 438.100, to include:

- Receive information from plan
- Be treated with respect
- Participate in decisions regarding health care
- Request and receive copy of medical records
- Receive information on available treatment options and alternatives
- Receive information in easily understandable language and format
- Remain free from any form of restraint or seclusion
- Maintain free exercise of rights
- Receive health care services

Procedures. We include a detailed, written description of Enrolled Member rights and responsibilities in the Member Handbook and on our secure Member Connection website. To ensure adherence with applicable requirements by all employees, Network Providers, and Subcontractors, we conduct a comprehensive training program and provide educational material on Enrolled Member rights and responsibilities.

- **Enrolled Member Services Helpline Staff Training.** Includes topics such as Enrolled Member rights, cultural competency, identification of emergency needs, and specific populations served.
- **Network Provider Orientation Training.** Includes clear explanation of Network Provider responsibilities, access standards, Enrolled Member rights, ADA requirements, cultural competency policies, and information on accessing interpretation services and sign language assistance. We will provide a copy of our policies and procedures (specific to Enrolled Member rights) to all Network Providers and any non-Network Providers to whom Enrolled Members may be referred.
- **Subcontractor Training.** Includes initial and ongoing training and meetings to help Subcontractors understand the relevant programs, unique populations, benefits, including specific Iowa Enrolled Member rights and responsibilities.

Processes. We will meet all NCQA-accreditation requirements, which include monitoring of access to care, quality of care, and quality of services as they relate to Enrolled Member rights. We will consistently and diligently monitor for any indication that an Enrolled Member's rights might be potentially limited or compromised by employees, Network Providers, and/or Subcontractors, even if unintentionally. More specifically, we will conduct monitoring through our quality observation of Enrolled Member calls and review documented Enrolled Member Grievances and Appeals. We will use information obtained from these activities to identify opportunities for needed improvement. Delta Dental will take all necessary actions to ensure the rights of Enrolled Members, up to and including, CAPs, sanctions, and termination.

J.3 Subcontracts.

J.3.01 Integrated Subcontracting.

Delta Dental recognizes the importance of fostering a well-integrated relationship and system between us and our Subcontractors, to eliminate additional burden for Enrolled Members and Providers when utilizing our services. Our Subcontractors enhance our already strong services and serve as an addition or extension to what we strive to achieve within the Iowa community. They allow us to improve the lives of more Iowans daily and enhance our focus on delivering exceptional quality service due to the specialization they provide to our subcontracted services. Through these relationships, we have been able to collaborate with experts in their specialized fields and address ways to provide improved, innovative services to our Enrolled Members, all the while learning and growing ourselves. We never stop adapting; we embrace the change to find solutions and achieve results, while creating positive, long-lasting effects on the health and wellness of those we serve.

Delta Dental is very intentional when selecting Subcontractors to work with. Partnering with Subcontractors is two-fold, we require them to fulfill a need or have the ability to support a Contract deliverable to the Agency, and they must have a passion for serving and improving the lives of the Agency population. We ensure Subcontractor partnerships are sensible and reliable through continuous oversight methods, quarterly check-ins, and through our familiarity with Subcontractor relationship building from over the past 18 years. Our Subcontractor partnerships benefit not only us, but our Subcontractor's growth, as well as our Enrolled Member's experience.

Delta Dental has and will continue to remain fully responsible for complying with all terms and conditions of this Contract, along with ensuring compliance from all Subcontractors providing services within this Contract. We are committed to compliance with all applicable laws, regulations, and contract requirements set forth by the Agency. We hold ourselves to the highest compliance and ethical

standards including the commitment to practices that do not violate Federal and State False Claims related laws. We expect the same standards to be met by our Subcontractors, as well.

Delta Dental has developed and implemented processes to evaluate and categorize Subcontractors based on their delegated functions. This allows for a clear understanding of responsibility and allows for performance and quality of functions to be measured and evaluated accurately. Subcontractor activities are monitored regularly by a designated Delta Dental Contract Owner (contract owner) to ensure their contractual agreements contain all required provisions and that they are complying with the Agency compliance program requirements and any regulatory and contractual requirements. These agreements outline the Subcontractor's responsibility to have quality improvement and service goals, along with performance improvement activities to ensure their services and quality of service aligns with Delta Dental's contractual agreement with the Agency. The contract owner is responsible for initiating the Subcontractor partnership, but also in assessing the Subcontractor's capabilities of performing the desired functions, monitoring their performance through quarterly check-ins, and implementing any corrections to performance as needed.

The contract owner initiates the partnership by performing a Subcontractor delegated functions test. The delegated functions test is a tool Delta Dental uses to determine whether a Subcontractor will be categorized as a Government Programs Subcontractor by understanding what functions they will be performing in relation to this Contract. This test assists us in identifying the Subcontractor's role in providing administrative or health care services for our Enrolled Members and Providers. Once Subcontractors are given their delegated functions, we perform continual monitoring throughout the lifetime of the partnership through quarterly performance oversight meetings, quality assurance checks along with a root cause analysis process for any performance deficiencies. If during the quarterly monitoring process the contract owner finds any deficiencies, the contract owner will consult the CEO of the Plan to determine an action plan which may include giving the Subcontractor a warning or a corrective action plan (CAP). The type of quality assurance measure taken will be dependent on the severity of the performance deficiency.

If we issue a warning, we will provide additional education to the Subcontractor if there are any ethical conduct concerns or if there are any material nonperformance of delegated activities.

Process for Implementing a Warning. A warning must be conducted in person and documented by the contract owner in their Quarterly Monitoring and Oversight Form. We will send a letter to the Subcontractor to formalize the warning given and to provide additional education. If the deficiency identified in the warning remains at the next quarterly meeting the contract owner schedules, the Subcontractor will be issued a CAP.

We will issue a CAP for the Subcontractor if there are issues of fraud, waste, and abuse (FWA) and/or noncompliance with applicable laws, regulations, and policy.

Process for Implementing a CAP. A CAP is initiated when the contract owner fills out the CAP Response Form and then has it reviewed and approved by the Government Programs staff. The CAP is then sent to the Subcontractor for review and feedback. Once the plan is finalized, the contract owner will meet with the Subcontractor every month, at minimum, to monitor and discuss progress of the CAP. If after three months of review and implementation of the CAP, the Subcontractor is demonstrating compliance, the CAP can be completed, and quarterly meetings can resume. For additional monitoring, Government

Programs Subcontractor Program reporting and any CAP are provided to the Enterprise Risk Management Committee at least twice a year by the CEO of the Plan.

Continual oversight and quality assurance measures were put into place to prevent any performance issues, and to ensure that any deficiencies or issues are mitigated before they become an interruption to those using our services. This allows for a seamless experience for our Enrolled Members and Providers where they can utilize these services efficiently and not be burdened with the behind-the-scenes operations. This stands true for all Subcontracted services. Although our Claims processing is not completed through a Subcontractor, we still follow the same methodology of providing exceptional quality service and keeping any procedural nuances invisible to our Providers to keep the submission process as efficient as possible for the user.

Through Subcontractor oversight, if the Subcontractor has failed to comply with Delta Dental standards and regulations set forth in this Contract, and has been in noncompliance, then we reserve the right to terminate the Subcontractor's contract, within the means of this Contract.

J.3.02 Contractor Responsibility.

Delta Dental will maintain ultimate responsibility for adhering to and otherwise fully complying with all terms and conditions of this Contract, notwithstanding any relationship(s) that we have with any Subcontractor. As stated in Section J.3.01, we have oversight and monitoring methods in place to ensure Subcontractors are adhering to their designated responsibilities and in compliance with all Contract requirements.

Delta Dental is committed to compliance with all applicable laws, regulations, and contract requirements set forth by the Agency. Delta Dental holds itself to the highest compliance and ethical standards including the commitment to practices that do not violate Federal and State False Claims related laws. We expect the same standards to be met by our Subcontractors, as well.

J.3.03 Subcontractor Qualifications.

Attachment J. J.3 Subcontracts

a) Summarize your proposed subcontracts, including any with parent companies, and key work to be delegated under the subcontracted relationship.

Delta Dental has and will continue to partner with Subcontractors that enhance the services provided to Enrolled Members. Delta Dental has a company value of One Team, which means we value and appreciate collaboration with others and respect diverse perspectives, as this allows us to work together to obtain the best outcome for those we serve. We incorporate this same value and mindset when interacting with our Subcontractors. Delta Dental currently has a tailored list of quality Subcontractors providing services necessary to efficiently execute the programs within this Contract. The list of current Subcontractors, along with their main delegated function and qualifications to perform those functions, can be found in Exhibit J.3.03-1 below.

Exhibit J.3.03-1. Comprehensive list of Delta Dental's subcontractors and delegated functions.

Subcontractor Name	Subcontractor Delegated Function	Subcontractor Qualifications
Cardinal ColorPrint	Provides printing services for direct mail and outreach materials to Enrolled Members.	Subcontractor has provided eight decades of print expertise for full-service print production.
Dental Consultants	Provides review of claim information to ensure clinical accuracy and the necessary information is present to make a determination.	Dental consultants are licensed dentists that are in good standing to practice.
Fluent - Dentistat	Provides a Credentialing service for Network Providers to ensure a thorough, efficient, and reliable dental network is developed.	Subcontractor has been serving the dental benefits industry since 1968 and leverages technology and efficient processes to provide customizable Credentialing solutions, all the while being NCQA-certified.
Life Interpretation, Inc.	Provides sign language interpretation services.	Subcontractor's interpreters are either nationally certified by the Registry of Interpreters for the Deaf, Inc. and/or have pass their minimum standard proficiency test that is required by the State of Iowa. They also comply with the RID Code of Professional Conduct (CPC). This is a locally based Iowa company.
PreViser Corporation	Provides the risk assessment platform utilized for Medicaid Members and determining their risk for oral diseases.	Subcontractor is the leader in predicting oral wellness through evidence-based risk scores and ultimately guide healthier behaviors through determining risk of oral disease. This is also a tool to aid Providers in the prevention of oral disease.
RevSpring	Provides printing services, specifically for Individual Direct Bills, Certificate & ID Document Processing Agreements, and new Enrolled Member packets, including Enrolled Member ID cards.	Subcontractor has sophisticated print facilities and utilizes scientific methodologies that ensure print materials deliver best results.
Streamline Verify	Serves as a compliance screening application that automatically screens multiple exclusion screening databases on an ongoing basis. The reports can be accessed from the application at any time.	Subcontractor has created, since 2011, a simple to use, efficient, automated software design where their data science technology has fully automated exclusion screening capabilities and help resolve potential issues that may arise.
TransPerfect Remote Interpreting (TRI)	Provides translation services through technology that enables users to access call center support by over-the-phone or video support in over 170 languages.	Subcontractor has over 25 years of experience in providing translation services and has spent nearly three decades solving global business challenges for their clients. They have a network of over 10,000 certified linguists and subject-area specialists.

Subcontractor Name	Subcontractor Delegated Function	Subcontractor Qualifications
Zelis Payments Holdings, LLC	Processes, consolidates, and electronically pays benefit payment administered by Delta Dental that are selected by Zelis. Zelis will also distribute outgoing claims correspondence including, but not limited to, explanation of benefit statements and explanation of payment statements.	Subcontractor has over twenty-five years of data, insights, and solutions for the duration of the entire health care financial experience.

Attachment J. J.3 Subcontracts

b) Indicate if any of the subcontracts are expected to be worth at least 5 percent (5%) of capitation payments under this contract.

At this time, Delta Dental does not have any Subcontractors whose payments are equal to or greater than five percent of Capitation Payments under this Contract. Delta Dental understands that if we do have a Subcontractor whose payments are equal to or greater than five percent of Capitation Payments, we will submit these Subcontractor agreements to the Agency for review and approval.

Delta Dental understands that the Agency reserves the right to review and approve any subcontracts and will have accessibility to those subcontracts upon request within the specified timeframe of three business days. We also understand that any material changes to the Subcontractor’s initial agreement will need approval by the Agency at least 60 days prior to the effective date of the proposed subcontract agreement amendments.

Attachment J. J.3 Subcontracts

c) Describe the metrics used to evaluate prospective Subcontractors’ abilities to perform delegated activities prior to delegation.

Delta Dental recognizes the importance of fostering partnerships with Subcontractors that will best suit the services we provide within the DWP, DWP Kids, and Hawki programs on a daily basis. The Subcontractors undergo a thorough due diligence process to ensure they are capable, reliable and will provide benefit to meeting the needs of this Contract and our Enrolled Members. We evaluate the different functions that will be delegated and decide, in accordance with contractual terms and standards, whether the delegated functions can be accurately performed by the Subcontractor and whether they will be identified as a Government Programs Subcontractor. The main delegated function categories a Subcontractor may be categorized under when undergoing the delegated functions test and determining their exact activities they would fulfill with their offered services are:

- Sales and marketing
- Utilization management
- Quality improvement
- Enrollment, disenrollment, Member functions
- Claims administration, processing and coverage adjudication
- Appeals and Grievances
- Licensing and Credentialing
- Customer service

- Provider Network management
- Enrolled Member Outreach and care coordination
- Coordination with other benefit programs such as Medicare, Medicare Advantage, Medicaid or other insurance programs

Delta Dental considers the following factors when deciding if a Subcontractor is a Government Programs Subcontractor:

- The function to be performed by the delegated entity
- Whether the function is something Delta Dental is required to do or to provide under its contract with the Agency and/or the applicable Federal regulations
- To what extent the function directly impacts potential and current Enrolled Members
- To what extent the delegated entity has interaction with Enrolled Members, either orally or in writing
- Whether the delegated entity has access to beneficiary information or protected health information (PHI)
- Whether the delegated entity has decision-making authority (e.g., an enrollment Subcontractor deciding timeframes) or whether the entity strictly takes direction from Delta Dental
- The extent to which the function places the delegated entity in a position to commit health care FWA
- The risk that the entity could harm Enrolled Members or otherwise violate Agency program requirements or commit FWA

The contract owner is responsible for conducting Subcontractor due diligence prior to entering into a formal agreement with a Subcontractor. The due diligence process will focus, at a minimum, on confirming the adequacy of potential Subcontractors' physical and logical information security, Business Continuity Plan (BCP), financial health, compliance health, reputation, and ability to meet Delta Dental's performance expectations. The goal of the due diligence process is to ensure risks associated with Subcontractors are known, mitigated, and/or are within Delta Dental's risk appetite and thresholds, to the extent practicable and in accordance with the services provided.

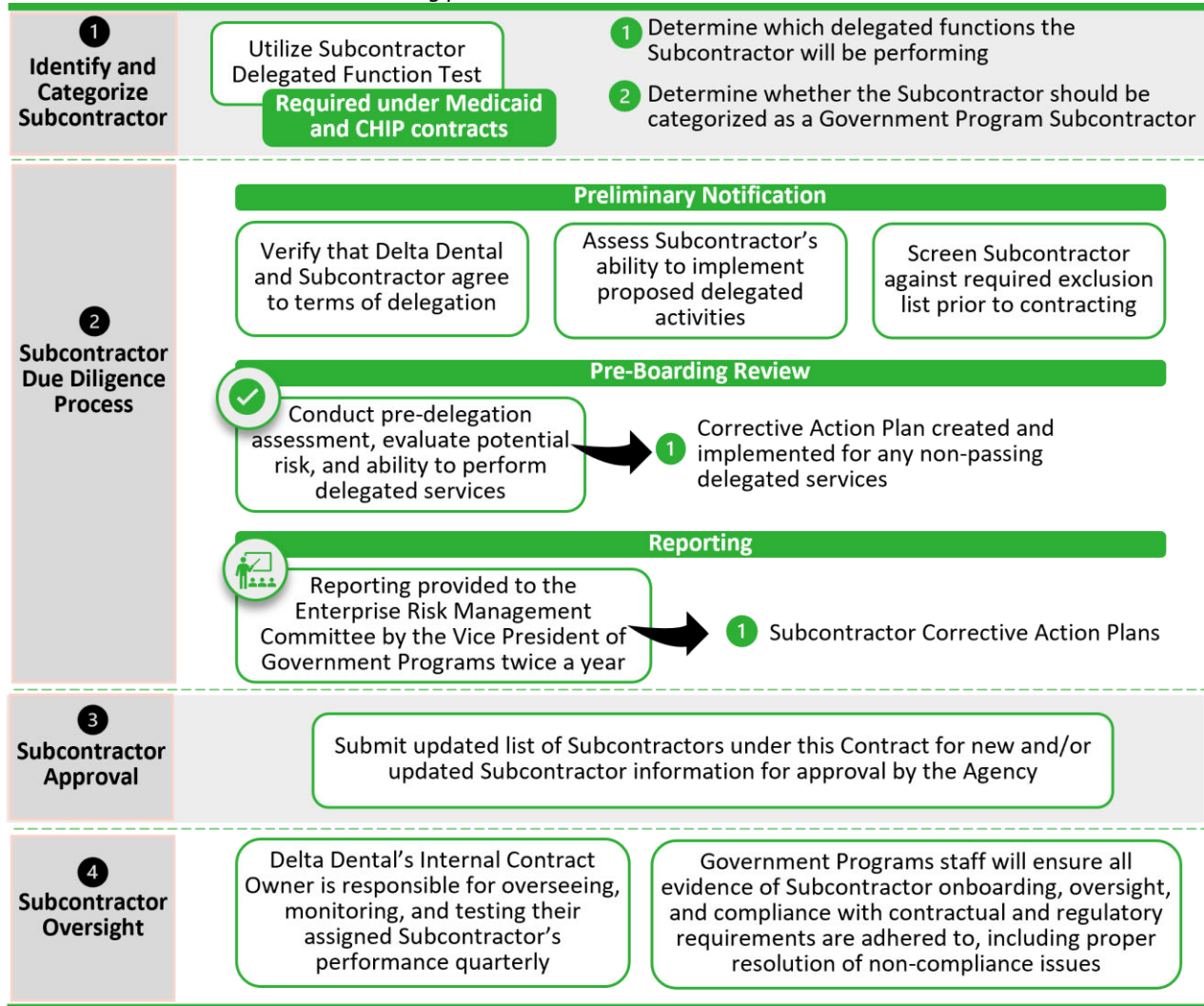
Delta Dental also understands that we are responsible for any functions and responsibilities delegated to a Subcontractor, which is why we provide a detailed contract to certify and agree upon their delegated functions. After the initial assessment of the Subcontractor's ability to perform the delegated functions adequately and reliably, the next step is to lay the groundwork of the contractual partnership between Delta Dental and the Subcontractors. This entails establishing a detailed contract and statement of work. The contract between Delta Dental and the Subcontractor provides a clear outline and guide as to what should be expected from them, the contract specifically indicates the following, but is not limited to:

- Delta Dental's responsibilities
- Duration of the agreement
- Termination of the agreement
- Subcontractor's responsibilities and services set forth in a Scope of Work or other agreement
- Types and frequency of reporting, if applicable
- Use of confidential Delta Dental information including Enrolled Member PHI by the Subcontractor
- Remedies available to Delta Dental if the Subcontractor does not fulfill its obligations.

As an extension of Delta Dental, all Subcontractors need to be in alignment with requirements and regulations we are held to when performing a core function within this Contract, including any compliance and FWA education. As such, Delta Dental has developed and implemented processes and documents to evaluate and monitor compliance of Subcontractors.

Once a Subcontractor is deemed suitable to be in partnership with Delta Dental and the populations we serve daily, they are continually assessed for their ability to perform delegated functions through initial reviews, on-going monitoring, performance reviews, risk assessments, analysis of data, and utilization of available benchmarks. We will conduct testing and monitoring of the Subcontractor to ensure contract compliance. In addition, the Subcontractor will be required annually, or more frequently, to sign a compliance attestation form for itself and any of their Subcontractors for work completed in relation to their delegated activities for Delta Dental and to attest to compliance with the Agency compliance program requirements. Delta Dental ensures that any addendums or changes to current contracts with the Agency are then shared and properly agreed upon with any Subcontractors, if applicable. Exhibit J.3.03-2 shows the guidelines Delta Dental uses to identify, assess, and monitor Subcontractors:

Exhibit J.3.03-2. Subcontractor onboarding process.



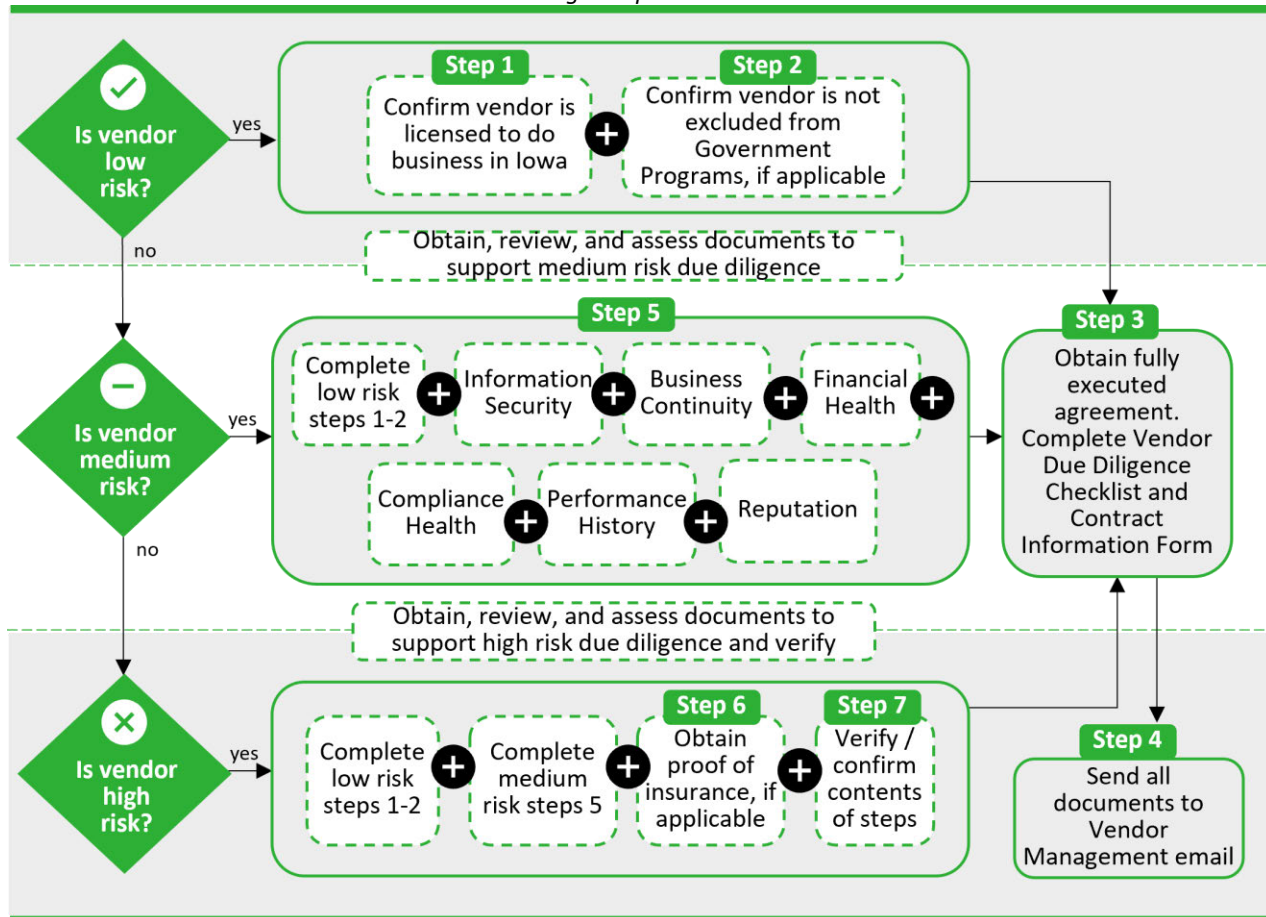
The contract owner will engage the CEO of the Plan and the Enterprise Risk Management (ERM) Committee when there are concerns for non-passing delegated services and develop a timeframe and step-action plan for successful and timely resolution of the CAP. The ERM Committee will then report to the Finance and Audit Committee of the Delta Dental Board, and then the Finance and Audit Committee activities are then reported to the overall Delta Dental Board. This chain of oversight allows for an efficient and effective Subcontractor onboarding and oversight program.

If a Subcontractor is deemed suitable after the pre-delegation assessment, Delta Dental submits information to the Agency on the updated Subcontractor list and delegated functions, as required. Delta Dental will comply with Agency requests for any documentation in relation to Subcontractors.

Subcontractors may lose their delegated responsibilities in incidences where Delta Dental or the Agency determines that the Subcontractor has not performed satisfactorily, including failing to implement a CAP or Quality Improvement Plan. Delta Dental can also terminate the contract with the Subcontractor at any time for cause related to egregious deficiencies. We have implemented a substantial and consistent oversight process to ensure Subcontractors are maintaining their contractual agreements, and so that Enrolled Members do not feel the effects of any potential CAPs or noncompliance. As part of this oversight, any Government Programs Subcontractor Program reporting and any CAPs are provided to the ERM Committee at least twice a year by the CEO of the Plan.

A step of our continued monitoring is a risk assessment of all Subcontractors. We performed this upon Subcontractor initiation and annually, thereafter. The Subcontractor due diligence process is below in Exhibit J.3.03-3. This step has assisted in the awareness of which Subcontractors may need additional monitoring. If a Subcontractor is considered high risk, then they are subject to an audit every three years to validate their contractual obligations, security, and ensure appropriate safeguards are in place to protect the confidentiality, integrity, and availability of data. Also, they will have to attest to no major updates during the non-audit years.

Exhibit J.3.03-3. Delta Dental Subcontractor due diligence process.



We understand that the Agency will have the right to request the removal of a Subcontractor for good cause and that the Subcontractor will be bound to the same contractual terms and conditions as Delta Dental.

J.3.04 Subcontractor Delegation.

Delta Dental provides a detailed contract to potential Subcontractors that lays out specifically what their delegated functions and obligations are. Subcontractors are also made aware that these functions are being delegated to them because Delta Dental has a contractual relationship and obligation to fulfill through this Contract. As stated in Section J.3.03, Delta Dental provides a contract to the Subcontractor with an outline of their responsibilities and expectations, along with remedies available to Delta Dental if the Subcontractor does not fulfill its obligations. Depending on the degree of unfavorable performance, we will assign the Subcontractor one of the following quality assurance tools to provide additional education and compliance training: a warning or CAP. If neither of these tools are applicable due to the severity of noncompliance, termination and revocation of duties may be considered.

In addition to the contract, all Subcontractors can request Delta Dental’s Government Programs Vendor Compliance Requirements Guide, which summarizes the compliance program responsibilities. Subcontractors will also have to attest that they have completed general compliance and FWA education and training. Delta Dental also checks exclusion list databases prior to Subcontractor’s start date and then monthly thereafter to ensure that Subcontractors have not been excluded from

participating in Federal Health Care Programs. By having Subcontractor's attest to compliance training, we are confident that they are receiving the information and education necessary to accurately and reliably perform their delegated functions.

J.3.05 Subcontractor Oversight.

Delta Dental has implemented a continuous and thorough process for evaluating compliance of Subcontractors to ensure they are delivering exceptional quality service to Enrolled Members and Providers. Our policies and procedures have allowed for a streamlined process for integrating Subcontractors across Delta Dental, which allows for all internal sections to have the same understanding of what needs to be accomplished. We have a Government Programs Vendor Management Procedure that all Delta Dental contract owners utilize as a guide for Subcontractor monitoring and oversight. This procedure provides a detailed outline of the process for continuous delegation oversight of the Subcontractors to ensure compliance with contractual and Delta Dental policy requirements, and to ensure continuous improvement. We have designated an internal contract owner for each of our Subcontractors and they are then responsible for the quarterly oversight of each of their assigned Subcontractors. This quarterly oversight includes performance meetings, completion of the quarterly monitoring and oversight form, Subcontractor matrix list accuracy, annual attestation form completion status, and if necessary, CAP documentation. If a CAP is implemented, additional monitoring beyond quarterly meetings is to be completed. Delta Dental will implement and adhere to any of the Agency-approved policies and procedures required for Subcontractor oversight, as we want to maintain an efficient, sound process.

Delta Dental utilizes various methods to evaluate performance at all levels of the organization to monitor compliance with contractual and regulatory requirements, this helps us identify issues. As briefly mentioned in Section J.3.01, if an issue is identified, a CAP will be designed to identify and address the root cause(s) of the issue(s); thereby reducing the risk of recurrence and future noncompliance by holding Subcontractors accountable for their missteps or inconsistencies. A CAP will represent an appropriate response to the nature, severity and degree of risk associated with the issue(s) being addressed. We will initiate a CAP in response to detection of actual or potential issues related to, but not limited to the following:

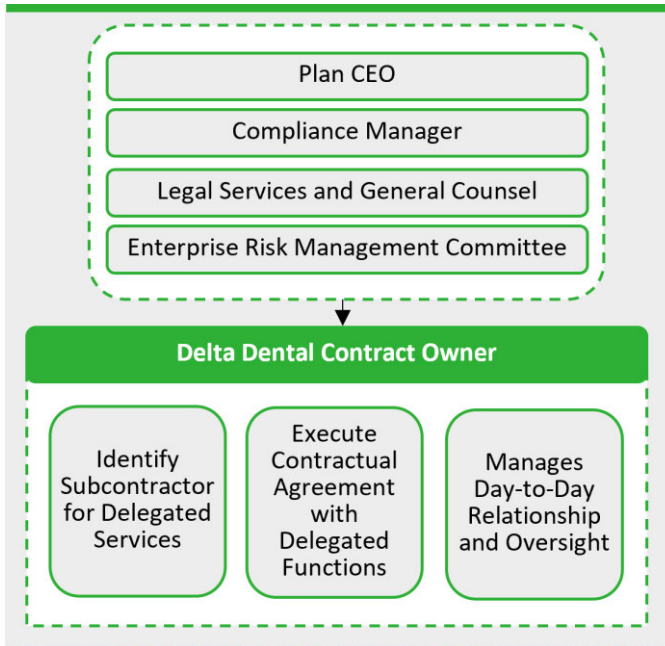
- Compliance with applicable laws, regulations, and policy
- FWA
- Ethical conduct concerns
- Material nonperformance of delegated activities, and
- Any other issues that increase, or potentially increases risk to Delta Dental not being able to fulfill its own contractual and regulatory requirements

To complete a CAP, a root cause analysis must be provided by the Subcontractor. Contract owners will work collaboratively with the Subcontractor to correct identified deficiencies. This may include regular meetings to discuss plan implementation or other mutually agreed upon activities. The contract owner will perform follow-up monitoring to ensure the CAP is executed and deficiencies are remediated. When the Subcontractor demonstrates three months of consecutive compliance, they will be able to transition back to the standard oversight process. Any Government Programs Subcontractor Program reporting and any CAPs are also provided to the ERM Committee at least twice a year by the Plan's CEO. Delta Dental will continue to provide the Agency with the findings of all Subcontractor performance monitoring and reviews through quarterly reporting and more frequently upon request and will notify the Agency any time a Subcontractor is placed on corrective action. We understand the Agency

reserves the right to audit Subcontractor including its data, as well.

An organizational infrastructure has been put in place to establish the staff responsible for initiation of a Subcontractor partnership and oversight for the duration of the Subcontractor partnership. A contract

Exhibit J.3.03-4. *Delta Dental’s organizational structure for Subcontractor partnership oversight.*



owner is responsible for identifying a Subcontractor for any delegated services, makes request that a Subcontractor provide delegated services, and manages the day-to-day relationship, including monitoring their activities and overall compliance. Additional staff, such as the CEO of the Plan, Compliance Manager, Legal Services and General Counsel, and the Enterprise Risk Management Committee will provide additional oversight and expertise when handling Subcontractor partnerships. Exhibit J.3.03-4 represents this organizational structure for Subcontractor oversight. We understand that the Agency will provide any reporting requirements in the Reporting Manual for incorporating Subcontractor performance into the reports that will be submitted to the Agency.

J.3.06 Delegated Compliance.

Delta Dental’s greatest partnership is with its Medicaid and CHIP Members and the Agency, all of which are truly at the forefront of any decision we make. We outline expectations in a clear, concise way through our contractual agreements with Subcontractors, which includes the requirement of complying with all applicable CHIP laws, Agency laws, applicable regulations, including applicable sub-regulatory guidance and contract provisions. If any Subcontractor is unable to fulfill the needs of those partnerships upon initial review, then they will not be considered. If during the lifetime of the Subcontractor’s partnership, they are unable to meet the needs of the delegated functions, they may undergo a complete or partial de-delegation of activities. Depending on the severity of a noncompliance issue, Delta Dental may offer development of CAPs, retraining and/or termination of Subcontractor contract and relationship. As Sections J.3.03 – J.3.05 have explained, we do have processes and staff in place to ensure Subcontractor monitoring and compliance. These documents also include a process for the transition of the delegated activities to another Subcontractor or to Delta Dental should a Subcontractor lose its delegated responsibilities.

J.3.07 Subcontractor Audit/Inspection.

Delta Dental’s Subcontractor agreements include that we require the Subcontractor to agree that the State, the U.S. Department of Health and Human Services Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of the Subcontractor, or of the Subcontractor’s Contractor, that pertain to any aspect of services and activities performed, or determination of amounts payable under this Contract with the Agency.

Delta Dental provides the Government Programs FWA Subcontractor policy to all Subcontractors annually. The purpose of this policy is to provide detailed information to all applicable Subcontractors about the Federal and State False Claims Acts, Iowa Insurance Fraud Act consequences of noncompliance, whistleblower protections, the role of such laws in preventing and detecting FWA in Federal and State health care programs, and to establish Delta Dental's commitment to practices that do not violate Federal and State False Claims related laws. Subcontractors must agree to audits and inspections by the Agency, Delta Dental and/or its designees. Also, Subcontractors must cooperate, assist, and provide information as requested. Documentation and records needed to meet program requirements must be maintained for up to 10 years, including but not limited to, attendance records, training certificates and any other documents that demonstrate compliance with program requirements.

Delta Dental reviews a sample of its Subcontractors on an annual basis, and Subcontractors are required to cooperate fully and participate in Delta Dental-initiated monitoring, testing and/or auditing activities. Subcontractors and their Subcontractors or downstream entities are also required to cooperate fully and participate in monitoring, testing and/or auditing activities conducted by Federal, State, and local government agencies, including ensuring adherence to any audit timeline.

J.3.08 Subcontractor Premises Access.

Delta Dental's Subcontractor agreements include that we will require the Subcontractor to make available, for the purposes of an audit, evaluation, or inspection by the State, the DHHS Inspector General, the Comptroller General or their designees, its premises, physical facilities, equipment, books, records, contracts, computer, or other electronic systems relating to its Enrolled Members.

J.3.09 Ten (10) Year Audit Right.

Delta Dental's Subcontractor agreements include that we will require the Subcontractor to agree that the right to audit by the State, the DHHS Inspector General, the Comptroller General or their designees, will exist through 10 years from the final date of this Contract period or from the date of completion of any audit, whichever is later.

J.3.10 Fraud – Audit at Any Time.

Delta Dental's Subcontractor agreements include that we will require that if the Agency, or the U.S. Department of Health and Human Services Inspector General determines there is a reasonable possibility of Fraud or similar risk, the Agency, or the U.S. Department of Health and Human Services Inspector General may inspect, evaluate, and audit the Subcontractor at any time.

J.4 Third Party Liability (TPL) Activities.

Attachment J. J.4 Third Party Liability (TPL) Activities

a) Outline how you will meet the TPL requirements listed in the RFP, including, but not limited to, how TPL will be identified and cost avoidance measures will be conducted.

As outlined in greater detail in Sections J.4.01 – J.4.11, Delta Dental has processes and procedures in place to monitor and identify cases of Third-Party Liability (TPL), along with maximizing the utilization of third-party coverage ensuring cost avoidance measures are in place. Delta Dental identifies TPL through a few ways, which include: (1) during the Claim submission process by a Network Provider, (2) during the Enrollment process for a Member, or (3) self-identified. We put forward our best effort to educate both Providers and Enrolled Members on how to submit TPL information so the hierarchy of Claim payment

can be followed; and, so the Enrolled Member receives the most optimal care during payment processing and the Network Provider has reduced administrative burden. Once the additional or new coverage is shared, we ensure it is stored within the Enrolled Member's secure electronic record in our Dental Benefit Administration System. This allows for easy access of information and assists in quick identification for when TPL is available for an Enrolled Member. If TPL coverage is identified after Enrollment of an Enrolled Member, this information is added to their record and their existing coverage is evaluated to determine what needs to be updated. We also monitor timeframes for TPL coverage so it can be applied to existing Claims. If the Enrolled Member's TPL information is not present during the processing of the Claim, Delta Dental has the processes in place to alert and educate the Network Provider and Enrolled Member on the Claim recoupment process. By identifying and documenting an Enrolled Member's specific TPL, we catch any discrepancies during the Claim submission process and effectively coordinate next steps for ensuring the Claim is resubmitted for third-party payment. This assists us in our efforts in conducting cost avoidance and ensuring the proper parties are paying their appropriate portions, including Delta Dental.

J.4.01 Subcontractor TPL Delegations.

Delta Dental recognizes that it is possible for the Agency beneficiaries to have one or more additional sources of dental coverage. Today, our TPL tasks process seamlessly between our Dental Benefit Administration System, Member and Provider Services team, and others that may have contact with the Claim or Member with other coverage (OC). Delta Dental performs and will continue to perform the following for TPL activities:

- Activities and obligations, and related reporting responsibilities as described in this Contract;
- Identifies how we will reduce payments based on payments by a Third Party for any part of a service;
- Identifies whether the Agency or Delta Dental retains the TPL collections; and
- Identifies how the Agency monitors to confirm that Delta Dental is upholding contractual requirements for TPL activities.

J.4.02 TPL Responsibility.

Delta Dental recognizes that the Agency is the payer of last resort for all covered services. We have designed our Dental Benefit Administrative System to pro-actively process Agency Claims in this manner. We understand that the Agency has the right to identify, pursue and retain any recovery of third-party resources that remain uncollected.

Delta Dental will exercise full assignment rights as applicable and will make every reasonable effort to determine the liability of third parties to pay for services rendered to Enrolled Members under this Contract and cost avoid and/or recover any such liability from the Third Party as we want to ensure the Enrolled Member is receiving optimal care, even during the payment process. Delta Dental will also comply with the following:

- Develop, implement, and adhere to policies and procedures that may be subject to Agency approval to meet our obligations regarding TPL when the Third Party pays a cash benefit to the Enrolled Member for medical Claim expenses, regardless of services used, or does not allow the Enrolled Member to assign their Benefits.
- Pay the Enrolled Member's coinsurance, deductibles, Co-Payments and other cost-sharing expenses up to our allowed amount if there is a liable Third Party.
- Our total liability shall not exceed our allowed amount minus the amount paid by the primary payer.

- Follow all activities laid out in the most recent Agency Medicaid TPL Action Plan, and most recent CMS handbook called Coordination of Benefits and Third-Party Liability (COB/TPL) in Medicaid.

J.4.02.1 Sources of TPL.

Delta Dental works with Enrolled Members and Providers to correctly reflect all TPL. Sources of TPL information can come from the Benefit Enrollment and Maintenance file, on a Claim with an attached Explanation of Benefits, or a self-identified on the ADA Claim form.

J.4.03 TPL Data.

Delta Dental will share information regarding its Enrolled Members with these other payers as specified by the Agency and in accordance with 42 C.F.R. § 438.208(b). On a weekly basis, we will report any new TPL to the Agency, in the method prescribed by the Agency, with the requested demographic information, and in accordance with any applicable privacy laws.

Delta Dental has and will continue to implement approved strategies and methodologies of the Agency to ensure the collection and maintenance of current TPL data. In our Dental Benefit Administration System, we store any available information regarding other coverage in each Enrolled Member's electronic record. This may include commercial dental insurance or Medicare.

Regardless of TPL source (enrollment, claims, or self-identified), the TPL is added to the Enrolled Member's record including coverage time periods. When new coverage information is received for an Enrolled Member, existing coverage is evaluated to determine how to update the record. When record time limits are updated or added, existing Claims are evaluated for TPL information. If TPL information is not present within the Claims processing, the Claim cost is recouped. Information is provided to the Provider's office and Enrolled Member via remittance advice on their next payment indicating the recoupment. The Enrolled Member is also notified via Adverse Benefit Determination to provide primary insurance payment information.

TPL carrier information is captured and organized for consistency. This information includes name, address, and contact information for TPL in a standardized format to avoid duplication of records. This also allows Delta Dental to monitor volumes of additional coverage by carrier and build relationships with other insurers to receive payment information.

If payment is received from a Third Party, the payment amounts are adjusted during Claims payment from the Agency to not exceed our fee schedule. For instance, if a carrier pays above the fee schedule, no additional payments will be issued via the Agency for those services. If the payment is below the threshold of the Agency fee schedule, payment will be issued. Third Party Liability and payment information for an encounter is submitted using the 837D Health Care Claims: Dental file to the Agency.

Other carrier information maintained at an Enrolled Member record level ensures the Agency is the payer of last resort.

J.4.04 Cost Avoidance.

Delta Dental coordinates benefits to maximize the utilization of third-party coverage. Delta Dental attempts to determine if the Enrolled Member has other dental coverage prior to payment and will recover overpayments associated with TPL when it is determined there is other coverage. We store any information regarding other coverage in the Enrolled Member's electronic record within our Dental

Benefit Administration System. This allows us to make a quick determination if the Enrolled Member will have coverage by another plan that should be utilized before their Agency plan. As stated above, the coverage an Enrolled Member has is consistently being monitored and updated in our system.

With TPL in mind, our Dental Benefit Administration System is designed to work together at the time a claim is received. The process will:

- capture other carrier information submitted on the Claim;
- assess other carrier information stored on the Enrolled Member's electronic record; and
- either pay according to the system rules for TPL or suspend any Claim for manual review.

When a Provider submits a Claim, they are to follow certain guidelines when completing the record of services section. As part of these guidelines, Providers need to indicate the amount received from a third party and to submit a copy of the primary carrier's Claim payment to effectively coordinate benefits. We provide clear instructions in the Provider Office Manual that payments from any other dental insurance carrier must be sought after and/or applied before the Agency benefits are applied. Delta Dental works in partnership with Providers to ensure proper coordination of benefits and payment based on each Enrolled Member's coverage. We understand that if a Provider resubmits a Claim after the primary payer has finalized payment, we will then pay the Claim to the extent that payment allowed under our reimbursement schedule exceeds the amount of the remaining Member responsibility balance.

J.4.05 Provider Education.

Delta Dental educates Network Providers and includes written billing procedures in our Provider Office Manual for submitting Claims with TPL for payment consideration. The Provider Office Manual is available on our website and education is provided through multi-media channels such as videos, newsletters, office visits with our professional relations staff, and in-person seminars we host on an annual basis.

J.4.06 Cost Avoidance Requirements.

Delta Dental acknowledges that if insurance coverage information is not available or a cost avoidance exception exists, we will make the payment to the Provider and file a Claim against the Third Party. This process will not prevent an Enrolled Member from receiving Medically Necessary Services in a timely manner.

J.4.07 Cost Avoidance Exceptions – Pay and Chase Activities.

Delta Dental coordinates benefits to maximize the utilization of third-party coverage. If unknown and a Claim has suspended for review, we attempt to determine if the Enrolled Member has other coverage prior to payment. We will recover overpayments associated with TPL when it is determined there is other coverage.

J.4.08 Collection and Reporting.

Delta Dental understands the importance of fiscal responsibility to provide dental care to Enrolled Members with public funds. As the largest private dental insurer in Iowa, Delta Dental provides coverage through multiple phases of one's life to include from being dependent on a parent's policy, an employer-sponsored plan, public benefit such as Medicare, or an individually purchased plan. Being able to support these changes in coverage over time, and allocate costs appropriately is paramount to being able to keep benefits sustainable.

Delta Dental receives TPL information from multiple sources to facilitate the requirement of being the payer of last resort. Sources of TPL include enrollment files, commercial Delta Dental coverage information, Claims submissions, and Enrolled Member stated coverage. This information goes through a verification process outlined by the submission source. If TPL is received on the Benefit Enrollment and Maintenance file, this is treated as a 'tip' yet to be verified. The verification process includes reaching out to the Enrolled Member and/or the carrier for coverage information. Once verified, this is notated in the system to be used as primary insurance for the Enrolled Member. For Delta Dental policies, the coverage information is associated to the Enrolled Member's record and kept updated in real time based on group information and enrollment files. For Claims TPL information, this is received from the biller as either a copy of the Explanation of Benefits to be used in adjudication or part of the electronic 837D Health Care Claims: Dental submission file.

In accordance with contract and Federal requirements, payment from Delta Dental will not exceed the fee schedule established. If the primary policy pays more than what would be allowable by the Agency contracted rate, we will not issue additional payment to the billing entity. This information can be extracted systematically and transformed into any required file type for transmission to the Agency. Currently, TPL information is shared on encounter Claims files with the Agency, the associated amounts, and the total cost avoidance.

When information is received on a Claim submission form without associated carrier information, this Claim is suspended for payment until the record can be obtained by the Claim processor for addition to the Enrolled Member's record. If the coverage span includes a period before the billed service, previously paid Claims are reviewed by the processor to ensure they were paid appropriately.

As enrollment can change over time, or be informed of after a Claim is processed, the Claim's processing unit has automated reporting reviewed monthly accessing current and validated TPL information compared to processed Claims. If a Claim has been processed resulting in payment from the Agency without TPL information being provided as primary, this Claim is recovered. The Claims processing unit will request from the biller, Enrolled Member, or insurance carrier the payment information from the primary policy. Once received, this Claim will then be reprocessed appropriately.

Total amount of activities related to TPL and cost avoidance are monitored internally via Claims statistic reporting. The reporting includes Claim volume, service, Provider, and Enrolled Member information broken down by carrier.

J.4.09 COBA Obligations.

Delta Dental has entered into a Coordination of Benefits Agreement (COBA) with Medicare to coordinate crossover payments. We have the responsibility to coordinate the benefits for dual eligible Members on Medicaid and Medicare. We will send eligibility information to CMS' national crossover Contractor, the Benefits Coordination & Recovery Center (BCRC).

Delta Dental provides annual Coordination of Benefits training to its employees as reflected in our policies.

J.4.10 Coordination with Medicare.

Delta Dental will pay for medically necessary covered services to Enrolled Members when the services are not covered by Medicare. The Enrolled Member will not be charged for the services and Delta Dental

will ensure, through a developed plan, that there is coordination with the Medicare payers, Medicare Advantage Plans, and Medicare Providers.

J.4.11 Lesser of Logic.

Delta Dental will ensure that the total reimbursement for crossover Claims is limited to the Agency reimbursement under authority of the Federal law §1902(n)(2) of the Social Security Act. We will pay for the lesser of the cost sharing deductible/coinsurance absent Agency eligibility or the difference between the sum of what Medicare and all other third-party insurers paid and the Agency fee for the same services or items.

Delta Dental will be the payer of last resort for services, unless those services are not covered by any other plan as addressed above and is still a medically necessary service.

J.5 Sanctions.

J.5.01 Reserved. N/A.

J.5.02 Reserved. N/A.

J.5.03 Reserved. N/A.

J.5.04 Reserved. N/A.

J.5.05 Reserved. N/A.

J.5.06 Reserved. N/A.

J.5.07 Reserved. N/A.

J.5.08 Reserved. N/A.

J.5.09 Additional State Sanctions.

Delta Dental recognizes that State agencies retain authority to impose additional sanctions under State statutes or State regulations that address areas of noncompliance, including denial of payment for newly Enrolled Members, temporary management of the health plan and termination of health plan enrollment.

Delta Dental's rigorous and forward-looking approach to compliance with all applicable requirements will mitigate the risk of incurring such sanctions. Our Government Programs and Compliance teams are responsible for ensuring compliance with this Contract and any Contract changes. They will manage this Contract or any Contract changes to ensure compliance that will include:

- Training department leadership on new Contract requirements
- Ensuring department leaders attest that training is shared with all employees, business partners, and other parties
- Ensuring department leaders attest that all required documents are updated, including policies and procedures, quick reference guides and key performance indicators, and other workforce support tools

- Overseeing implementation of regulatory communications such as final rules, guidance, and legislation as follows:
 - Disseminate final regulatory communications for review
 - Request business owners attest that they have updated changes to all workforce tools, policies and procedures, key performance indicators, and reports

Among its other key components, Delta Dental 's Compliance program includes routine assessments of compliance risk across all areas of business operations, robust auditing, and monitoring to identify potential noncompliance as early as possible, and disciplined use of formal and documented CAPs to address any compliance challenges. To mitigate sanctions and CAPs, Delta Dental will:

- Ensure staff are trained on new requirements
- Monitor key performance indicators during monthly Health Plan Services Compliance meetings
- Execute Compliance Audit Plan

J.5.10 Reserved. N/A.

J.5.11 Reserved. N/A.

J.5.12 Reserved. N/A.

J.5.13 Reserved. N/A.

J.5.14 Reserved. N/A.

J.6 Termination.

J.6.01 Termination Right.

Delta Dental understands that if it fails to carry out the terms of this Contract or meet the applicable requirements of Sections 1932, 1903(m) or 1905(t) of the Social Security Act, the State may terminate our Contract and place Enrolled Members into a different Contractor or provide Agency and/or CHIP benefits through another State Plan authority.

J.7 Insolvency.

J.7.01 Enrolled Members Not Liable for Contractor Insolvency.

Delta Dental will not hold the Agency and CHIP Enrolled Members liable for its debts if it should become insolvent.

J.7.02 No Enrolled Member Liability on Unpaid Claims.

Delta Dental will not hold the Agency and CHIP Enrolled Members liable for covered services provided to the Enrolled Member, for which the State does not pay Delta Dental, or for which the State or Delta Dental does not pay the Provider that furnished the service under a contractual, referral, or other arrangement.

J.7.03 Limitation on Enrolled Member Liability – Referrals/Other Arrangements.

Enrolled Members will not be held liable for covered services furnished under a contract, referral, or other arrangement to the extent that those payments are in excess of the amount the Enrolled Member would owe if Delta Dental covered the services directly.

J.7.04 Assurances Against Insolvency.

Delta Dental will provide assurances satisfactory to the State that its provision against the risk of insolvency is adequate to ensure that Enrolled Members will not be liable for our debt in the very unlikely event Delta Dental should become insolvent.

J.7.05 Reserved. N/A.

J.7.06 Financial Stability.

Delta Dental is a licensed not-for-profit health service corporation in good standing under Iowa law. This license allows us to provide health care services in Iowa in compliance with applicable State laws and regulations. We are a risk-bearing entity under the supervision of the Iowa Insurance Division. Delta Dental will comply with all applicable insurance regulations, including the State's solvency requirements. We will comply with rules regarding deposit requirements and reporting requirements at the Iowa Administrative Code. Delta Dental is subject to various State statutes and regulations, including, but not limited, to those governing examinations, supervision, and risk-based capital requirements. See Iowa Code Chapters 507, 507C and 521F, with which it will comply. Delta Dental has and will remain sufficiently capitalized throughout the term of this Contract. The following items demonstrate the financial viability and solvency of Delta Dental, as applicable:

- **Financial Statements.** Delta Dental's statutorily required financial statements for the last three (3) years are in the separate binder, 3.2.7 Financial Statements. This demonstrates our financial solvency and compliance with Iowa requirements.
- **Insurance Coverages.** Exhibit J.7.06-1 shows a schedule of Delta Dental's insurance coverages including, General Liability, and Directors' and Officers', Cybersecurity, Property, Employment Practices Liability, and other coverages.

Exhibit J.7.06-1. Delta Dental of Iowa's Insurance Coverage.

Delta Dental of Iowa Insurance			
Coverage	Carrier	Limit	Amount
General Liability	C.N.A.	General Aggregate	\$2,000,000
General Liability	C.N.A.	Product/Completed Operations Aggregate	\$2,000,000
General Liability	C.N.A.	Personal Injury	\$1,000,000
General Liability	C.N.A.	Each Occurrence	\$1,000,000
Auto	C.N.A.	Combined Single Limit	\$1,000,000
Excess Liability, Umbrella Form	C.N.A.	Each Occurrence	\$10,000,000
Excess Liability, Umbrella Form	C.N.A.	Aggregate	\$10,000,000
Workers Compensation	C.N.A.	Bodily Injury by Accident	\$500,000
Employment Practices Liability	Travelers	Limit of Liability for All Claims	\$5,000,000
Property Damage	C.N.A.	Blanket Limit Real Property & Personal Property	\$39,785,679

Delta Dental of Iowa Insurance			
Coverage	Carrier	Limit	Amount
Business Interruption	C.N.A.	Blanket Business Income & Extra Expense	\$2,000,000
D&O	Lloyds	Aggregate	\$5,000,000
Excess D&O	RSUI	Aggregate	\$5,000,000
E&O Professional Liability	Lloyds	Aggregate	\$5,000,000
Cyber	Lloyds	Aggregate	\$10,000,000
Fiduciary Liability	Travelers	Limit of Liability for All Claims	\$3,000,000

To the extent there are any differences between Delta Dental’s current insurance schedule and the required limits outlined in Section 1.4 Insurance Coverage of Attachment F: Contract and Scope of Work – Section 1: Special Terms, Delta Dental will acquire the required insurance coverage limits by the time this Contract starts.

Delta Dental will copy the Agency on all required filings with the Iowa Insurance Division and understands the Agency will continually monitor Delta Dental’s financial stability and will provide financial reporting requirements. We will follow all established financial reporting requirements issued by the Agency.

J.7.07 Reinsurance.

Attachment J. J.7.07 Reinsurance

a) Describe how you will comply with the requirements for reinsurance. Will you obtain contracts of reinsurance or submit a plan of self-insurance?

Delta Dental will comply with reinsurance requirements at Iowa Admin. Code r. 191-40.17 and will file with the Agency all contracts of reinsurance or a summary of the plan of self-insurance prior to approval. Delta Dental will obtain contracts of reinsurance in SFY24 and will provide the Agency the risk analysis, assumptions, cost estimates and rationale supporting its proposed reinsurance arrangements.

J.7.08 Enrolled Member Liability on Unpaid Claims and ABM.

Delta Dental acknowledges that Enrolled Members may be held liable for services provided to them that normally would be covered services under this Contract if the Enrolled Member has met or exceeded their Annual Benefit Maximum (ABM) when the services were provided. The Member Handbook for the DWP, DWP Kids, and Hawki programs notifies Enrolled Members that there is an ABM of \$1,000, except for Enrolled Members in the DWP program that are 19- and 20-year-olds and DWP Kids. The Member Handbook explains this is the maximum dollar amount Delta Dental will pay toward the cost of non-emergent or dental services identified by the Agency as excluded from ABM during the benefit year (July 1-June 30). It further advises the Enrolled Member that they are personally responsible for paying costs above the ABM.

In addition, Delta Dental has and will advise Network Providers in the Provider Office Manual about Enrolled Member liability for covered services if their ABM has been met or exceeded. We understand

that such Enrolled Members' liability applies only if Enrolled Members are informed of the liability before services are provided and that Enrolled Members must expressly accept the liability in writing that provides that Enrolled Members are accepting liability because their ABM has been exceeded. We also advise Network Providers in its Provider Office Manual that the Network Provider and Enrolled Member must complete a Patient Financial Responsibility Form that must include the services being performed and the cost to the Enrolled Member before any services are rendered. A copy of this form is available to Network Providers and Enrolled Members on our website. Network Providers are also advised that such documentation must be kept on file. Delta Dental understands and agrees with the definition of "covered services" as provided in this Contract whether or not Delta Dental or the Agency ultimately pays the Provider for services.

J.8 Contractual Non-Compliance.

J.8.01 Disaster Recovery.

Delta Dental understands the importance of quickly recovering and restoring its system, data, and software within 24 hours to ensure we meet the needs of our Enrolled Members and the Agency. We also understand the Agency will require us to pay any difference between the capitation rates paid to a replacement PAHP and any additional costs the Agency incurs if we fail to restore operations in a timely manner.

Delta Dental maintains a written Business Continuity Plan (BCP) that identifies and outlines our critical business functions and the priority order in which services shall be resumed in case of a crisis situation. Our BCP provides coverage for disaster recovery and information system contingency planning, including guidelines for communications and recovering from various types of operations and information technology-related scenarios or events depending on the severity level and impact to procedures and technology systems (i.e., low, moderate, or high severity). It further includes procedures for recovery of operations, including critical business functions, at our existing location in Johnston, Iowa and an alternate office space solution (if necessary).

Before COVID-19 occurred, our Leadership team recognized all users needed to be mobile for short-term and long-term disaster recovery situations. Some of those preparation steps included:

- Replacing existing desktop workstations with laptops.
- Remote testing occurred with users to ensure all operations and specifically the Member Services center to make sure the quality of service was not affected.

Delta Dental's response capabilities have been tested successfully over the last few years during a range of disasters and crises, including the Iowa derecho storm and the COVID-19 pandemic. These exercises are part of Delta Dental's BCP and our emergency response mitigation (ERM) so we as a company can be better prepared in an emergency or disaster situation.

For COVID-19, our response team was monitoring the global situation to ensure we could continue to offer exceptional quality service to our customers. Prior to going fully remote, a larger group of users were sent home to test our remote scenario. They were to be fully remote for 30 days without coming into the office while continuing to do their daily jobs. When COVID-19 hit Iowa, we efficiently and effectively transitioned to 100 percent work from home without interruption to our services. We made the announcement to our teams on Friday, March 13, 2020, and by Sunday, March 15, 2020, we made the decision to implement our work from home strategies full time.

As our team members effectively worked remotely, we also had an obligation to keep our promises to our customers – Enrolled Members, dentists, employers, and brokers. We immediately added website messaging on our home page along with a dedicated page for all customer updates. There were a number of strategies put in place to address the needs of our customers:


- **Premium Grace Period** - We implemented a premium grace period for employers and individual Enrolled Members to comply with the Iowa Insurance Division’s Bulletin 20-04. Delta Dental worked with our customers if they needed to delay their premium payment.
- **Furloughed, Part-Time and Employee Layoffs** – Delta Dental worked with employers to pause coverage and waived benefit eligibility so Enrolled Members could maintain their dental and vision coverage through their employers if they were laid off or were furloughed.
- **Dental and Vision Emergency Education** – With many dental and vision services limited due to the pandemic, Delta Dental provided education to Enrolled Members and employers on what to do if they had an emergency through our website and also promoted on our social media channels.
- **COVID-19 Relief Programs** – On March 23, 2020, Delta Dental and our Foundation announced two relief programs to assist Iowa dentists and non-profits during the COVID-19 pandemic. The Advance Claims Payment Program provided financial assistance for Iowa dentists who were affected by COVID-19 disruptions and to address their immediate cash flow needs. **\$10 million was allocated for Iowa dentists through this program, which provided dentists with 50 percent of their average Claims payment over a period of four weeks.**

In addition, our Foundation awarded a total of \$500,000 for the COVID-19 Non-profit Emergency Operating Relief Fund, which provided operating grants up to \$10,000 to 128 Iowa non-profit organizations focused on providing health and wellness services or addressing food insecurity needs during this crisis.

Our Foundation also provided 18 community health and dental centers across Iowa \$20,000 each for a total of \$360,000 in COVID-19 response grants. Funds awarded helped preserve access to care within Iowa’s safety net infrastructure during this challenging time for many Iowans.

Below shows the positive impact Delta Dental was able to make during this time and to maintain service to our community.

COMMUNITY IMPACT

COVID-19 RELIEF RESPONSE 

Committed more than **\$20 Million** in relief and recovery efforts around COVID-19

<p>\$1.5M</p> <p>to Iowa non-profits and community health centers</p>	<p>\$4.3M</p> <p>Premium relief credits efforts</p>	<p>\$140,000</p> <p>Premium donation and Delta Dental match to Iowa Food Bank Association</p>	<p>\$4M</p> <p>To assist with reopening costs for dentists</p>	<p>\$10.5M</p> <p>In advance payments for Providers</p>
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Offices Reopen

We understood the COVID-19 pandemic was incredibly disruptive to our daily lives and our Providers, customers, community and employees. With many dental and vision offices closed or offering limited services, our Enrolled Members may not have been able to access dental and vision services. Because Delta Dental experienced lower dental and vision Claims during the pandemic, we offered the following relief programs to assist our community:

- **Agency Support Payment for Dentists.** Working with the Agency and support from the Governor, Delta Dental provided an **\$8 payment per claim for all claims** received from DWP, DWP Kids, and Hawki Enrolled Members from May 1-August 31, 2020, to assist Providers with these additional costs.
- **Dental and Vision Reopening Education.** As offices reopened, we **provided education** to Enrolled Members on what to expect when they went back to the dentist with additional COVID-19 protocols implemented such as limited waiting room space, using additional personal protective equipment, and COVID-19 screenings prior to care.
- **Premium Relief Credit for Individual and Family Members with Dental and Vision Plans.** As part of our health and wellness commitment to our Enrolled Members, Delta Dental Individual and Family Members received a 25 percent premium credit for their April and May 2020 premiums. This premium credit was then applied to their July 2020 premium payments. Enrolled Members could choose to donate their premium credit to the Iowa Food Bank Association, which supports food banks in all 99 Iowa counties. **Delta Dental then matched all premium donations to the Iowa Food Bank Association for a total giving of \$140,000.**
- **Reopening Support Payment for Dentists.** As dental offices began to reopen in May 2020, many offices had additional expenses due to new safety requirements. Delta Dental provided a \$10 payment per Claim applied to Claims for Delta Dental Enrolled Members who had services between May 1 through August 31, 2020. In total, this program provided **\$4 million in additional support to Network Providers.** The reopening support payments were paid by Delta Dental and were not charged to the Enrolled Member or the employer.

Not only did the COVID-19 pandemic bring challenges to our State and community health partners, but many also experienced significant loss during the derecho storm that passed through Iowa in August of 2020. In response, Delta Dental provided \$66,000 in disaster assistance grants to dentists who had a significant or total loss to their practices.

COMMUNITY IMPACT
Derecho Assistance

\$66,000
Provided in disaster assistance recovery grants to dentists impacted by the 2020 derecho

J.8.02 Non-Compliance with Reporting Requirements.

Delta Dental has a long-standing relationship with the Agency and has experience of timely compliance with reporting requirements. However, Delta Dental recognizes and acknowledges that non-compliance with this Contract requirements may result in liquidated damages. Delta Dental also recognizes that if our noncompliance with any reporting impact the Agency’s ability to monitor Delta Dental’s financial solvency, and subsequently requires the Agency to move Enrolled Members to another Contractor, Delta Dental will be required to pay any difference between capitation rates and actual rates paid to the other Contractor as well as any costs to the Agency for the transferred Enrolled Members. Additionally, we understand that the Agency will withhold all capitation payments or require corrective action until Delta Dental provides satisfactory financial data.

J.8.03 Reserved. N/A.**J.8.04 Non-Compliance with Provider Network Requirements.**

Delta Dental currently complies and is committed to complying with all Provider Network requirements. In the event Delta Dental would not meet network Access standards established in this Contract, we will submit a CAP within 10 business days following notification by the Agency. We submit Geographic Access Assessment Reports to the Agency on a quarterly basis and will continue to do so as often as requested. We understand in the event noncompliance is discovered, we will be required to submit monthly Network Geographic Access Assessment Reports, and any other information requested by the Agency until compliance is demonstrated for 60 consecutive days. Our network is currently an open network for Providers that meet Credentialing standards, and we will continue do so for duration of this Contract. Delta Dental understands if noncompliance occurs for three consecutive months, the Agency will immediately suspend auto-Enrollment of Members with us until we have successfully demonstrated compliance with the network Access standards.

J.8.05 Non-Compliance with Accreditation Requirements.

Delta Dental has started the process to attain and will maintain accreditation through the NCQA process as described in Section G.7.03. In the event we would not attain or maintain accreditation in the required timeframes, Delta Dental will submit a formal CAP to the Agency for review and approval.

J.8.06 Non-Compliance with Readiness Review Requirements.

Delta Dental understands that a Readiness Review will be conducted at least 30 days prior to scheduled Member Enrollment and if noncompliance is demonstrated during that time and we fail to satisfactorily pass, the Agency may delay Member Enrollment and may require additional remedies that could include Contract termination. Delta Dental acknowledges it will be responsible for all costs incurred by the Agency if a delay is implemented.

Delta Dental took part in a Readiness Review when DWP Kids transitioned to Prepaid Ambulatory Health Plan (PAHP) in July 2021. We were able to successfully demonstrate during this review we were ready to accept Enrolled Members on the first day of the program. No delays were necessary or identified at any point during the start of implementation.

J.8.07 Non-Compliance Remedies.

Delta Dental acknowledges the Agency's primary goal is to ensure Quality care is delivered to Enrolled Members. We currently comply with Quality care and performance standards that are monitored on a monthly, quarterly, and annual basis. Delta Dental understands collaborative work and discussion with the Agency is necessary to maintain and improve programs. We acknowledge that if performance requirements or reporting standards are not met, the Agency will issue a notice of noncompliance that will include corrective actions and remedies Delta Dental must implement and improve upon within 90 calendar days of the Agency's discovery. We understand the Agency may elect not to issue a corrective action to Delta Dental upon discovery, but it does not waive the Agency's right to do so in the future where retroactive damages may be assessed.

J.8.08 Corrective Actions.

Delta Dental understands and acknowledges the Agency may require corrective actions, take contractual actions to enforce contractual obligations, or implement intermediate sanctions under Section J.5 if we have failed to provide the requested services. Delta Dental acknowledges corrective actions will depend on the nature, severity and duration of the Deficiency identified and repeated nature of noncompliance.

Delta Dental understands the noncompliance corrective actions may be instituted in any sequence and include, but are not limited to, any of the following:

- Written Warning
- Formal CAP
- Withholding Full or Partial Capitation Payments
- Suspending Auto-assignment
- Assigning Delta Dental's Enrolled Members and Responsibilities to another PAHP
- Appointing Temporary Management of Delta Dental's plan
- Contract Termination

J.8.09 Liquidated Damages.

Delta Dental recognizes that if it fails to meet performance or reporting requirements in this Contract, or any other standards set by the Agency, we will pay the Agency actual or liquidated damages according to the following provisions:

- **Requirements Subject to Liquidated Damages.** Delta Dental will pay the Agency for failure to meet specified performance or reporting requirements according to the agreed liquidated damage values set in the Special Contract Exhibit rate sheet.
- **Failure to Provide Requested Services.** The Agency may impose remedies if we fail to provide the requested services depending on the nature, severity, and duration of the deficiency. In most cases, liquidated damages shall be assessed based on these provisions. Should the Agency choose not to assess damages for an initial infraction or deficiency, Delta Dental recognizes the Agency reserves the right to require corrective action or assess damages at any point in the future.
- **Notification and Payment.** The Agency will notify Delta Dental of liquidated damages due, and Delta Dental will pay the Agency the full amount within 10 business days of receipt of the Agency's notice. Delta Dental acknowledges the Agency may, in its sole discretion, elect at any time to offset any amount of liquidated damages due against capitation payments.
- **CAP.** Delta Dental recognizes that in the event liquidated damages are imposed under this Contract, we will provide the Agency with a formal CAP, as well as monthly reports on the relevant performance metrics, until such time as the deficiency is corrected, for a period of 60 consecutive days.

Section J Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § J, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Health Information Systems and Enrolled Member Data



Delta Dental of Iowa promoted the launch of Dental Wellness Plan Kids in 2021 with a multimedia advertising campaign.



Hawki
Iowa HHS
372

K. Health Info System & Enrollee Data.

Attachment J. Please explain how you propose to execute Section K in its entirety and describe all relevant experience.

This section outlines our extensive coverage approach that meets and exceeds the RFP requirements. Exhibit K-1 provides an overview of the features and benefits of our approach to Health Info System & Enrollee Data, and how they support the Agency’s Key Goals.





Exhibit K-1. Features and benefits of our approach to Health Info System & Enrollee Data and how they support the Agency’s Key Goals.

Features	Benefits	01	02	03	04
Dental Benefit Administration System (Sections K.01, K.12-13, K.27, K.30-31, K.40, K.43, K.46-47)	<ul style="list-style-type: none"> Promotes efficiency as the centralized, one-source of truth for all eligibility, benefits setup, claim adjudication, outcomes, utilization data, and internal user administration Provides secure real-time information through various collection, analysis, and interface sub-systems Allows continual updates that keep pace with ever-changing landscape of benefit programs while maintaining security, quality, transparency, and interoperability with partners and stakeholder Offers access to data real-time via our various internal and external interfaces, including those used to interact with the Agency 	✓	✓	✓	✓
Secure Member Connection Website and Member App (Section K, K.09)	<ul style="list-style-type: none"> Increases Enrolled Members satisfaction through 24/7, real-time access to Members Services and up-to-date information Provides easy-to-use tools for self-service needs 		✓	✓	✓
Secure Dentist Connection Website (Section K, K.09, K.13)	<ul style="list-style-type: none"> Allows Providers easy and secure access to full suite of Provider-related capabilities (e.g., look up Enrolled Member benefits and eligibility, process benefit estimates, submit claims, etc.) 	✓	✓	✓	✓
Data Reporting & Analytics (Section K, K.09, K.12-13, K.41)	<ul style="list-style-type: none"> Provides internal and external stakeholders with real or near real-time information regarding Program Integrity, performance, trends, and forecasts. Assists Agency and internal operations drive solutions based on the rapidly changing dynamics of Member utilization and Provider access. Allows for sharing of utilization data, trends, and forecasts, along with the underlying data, and real-time availability of information to authorized key stakeholders via secure, standards-based solutions 	✓	✓	✓	✓
Agency Key Goals 01- Improve Network Adequacy and availability of services. 02 - Increase recall and prevention services.					

Features	Benefits	01	02	03	04
03 - Improve oral health equity among Medicaid Members. 04 - Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.					

Throughout this section and in our proposal overall we indicate where our solutions and approaches address these key Agency goals using the following symbols shown in Exhibit K-2:

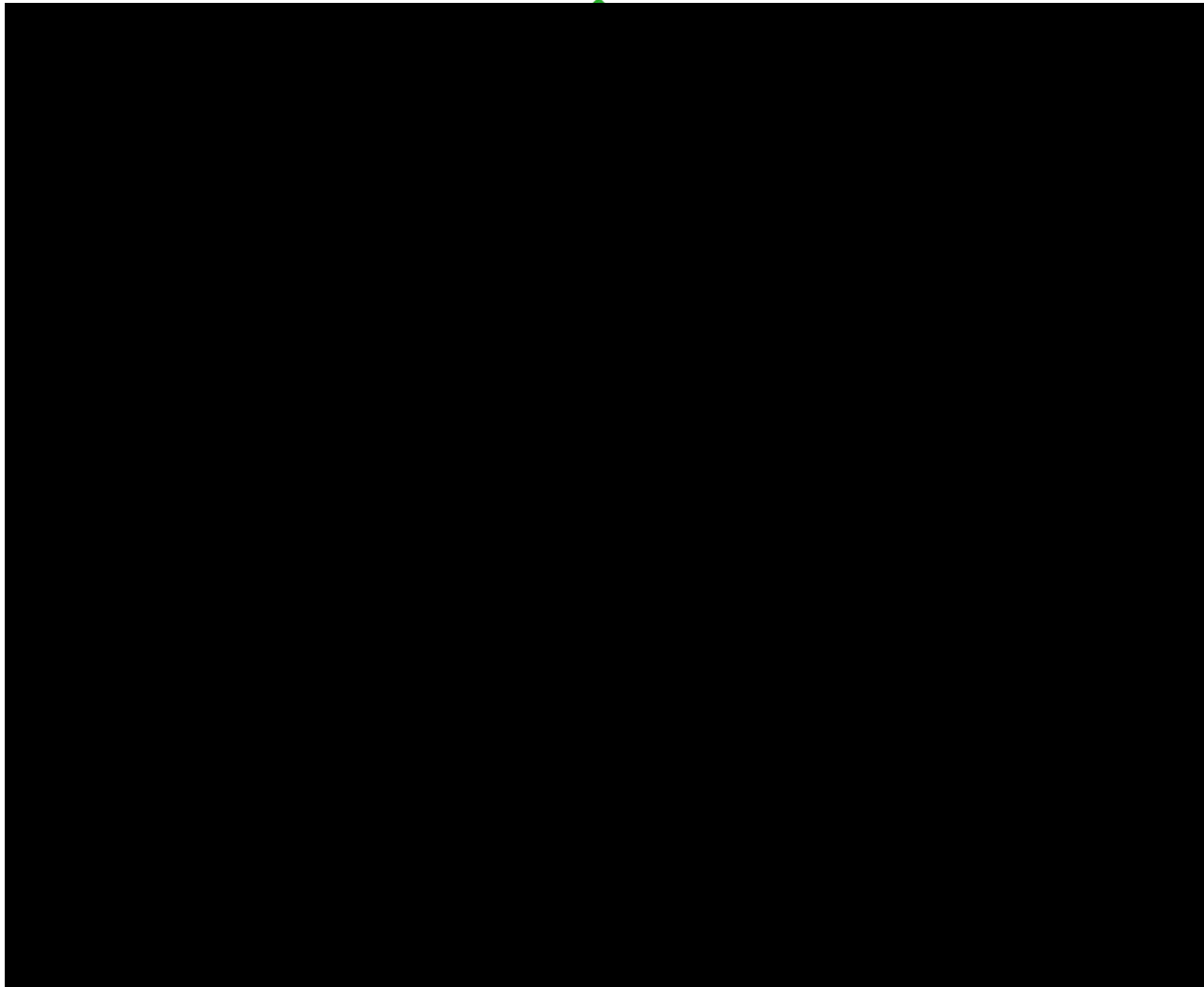
Exhibit K-2. Agency Key Goals.

Agency Key Goals – Symbol and Description	
 Improve Network Adequacy and availability of services.	 Increase recall and prevention services.
 Improve oral health equity among Medicaid Members.	 Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.

K.01 Health Information Technology in General.

Delta Dental takes a secure, customer-centric approach to technology, emphasizing the evolving technological, access, and accessibility needs of Enrolled Members and helping Providers offer the best and most efficient care possible. With a dedication to reducing barriers and increasing engagement, our significant investments in technology drive holistic solutions to complex problems.

Delta Dental’s fully integrated Dental Benefit Administration System, shown in Exhibit K.01-1 provides for unique, next-generation configurability, allowing us to meet the ever-changing landscape of benefit programs while maintaining security, quality, transparency, and interoperability with partners and stakeholders.

Exhibit K.01-1. Dental Benefit Administration System.

Each year we leverage our deep experience in Government Programs and collaboration with Providers and Enrolled Members to inform our strategic initiative roadmap. That roadmap sets the path for prioritizing, building, and enhancing our technologies to streamline processes inside and out, and to dedicate significant resources to improving the experience for all Providers and Enrolled Members.

Building around our Dental Benefit Administration System at its core, our far-reaching and tightly integrated ecosystem provides each audience with the actionable information and tools required to efficiently meet their everyday needs, where and when they need it. Using modern user and data interfaces, we efficiently process electronic information and provide relevant results in ways that make sense to each user.

These investments and efforts toward quality and efficiency allow us to reduce administrative burdens while providing transparent quality of care for our Network Providers and Enrolled Members.

K.02 Health Information System – Capabilities.



Network Adequacy & Availability



Increase Recall & Prevention



Improve Oral Health Equity



Medical/ Dental Integration

Delta Dental continues to heavily invest in ensuring our technology provides the security, integrity, modern tools, and information necessary for each of our respective audiences. Leveraging our highly skilled, long-tenured IT staff, Delta Dental is able to build intuitive, integrated solutions quickly and dynamically.

Utilizing our vast data and analytical processes, we provide a consistent experience through our various support channels – both internally and externally. Whether through our highly regarded secure Member and Dentist Connection websites, IVR, APIs, reporting, analytics, or file integrations, our systems are designed to provide the right information, at the right time, in the right place (see Exhibit K.02-1 below).

With our Dental Benefit Administration System providing real-time information, our Enrolled Members and Network Providers can access and use the same information as our internal users. This level of integrated, real-time transparency continues to set us apart in the industry.

Exhibit K.02-1. Key Delta Dental systems provide accurate information to Enrolled Members and Dentists when and where they need it.

Key Systems	Description of Functionality
Dental Benefit Administration System	[Redacted]
Secure Member Connection Website	[Redacted]
Member App	[Redacted]
Secure Dentist Connection Website	[Redacted]
Member and Provider Services helpline	[Redacted]
Data Reporting & Analytics	[Redacted]

Key Systems	Description of Functionality
	<p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>
<p>Electronic Data Interfaces (EDI)</p>	<p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>
<p>Application Programming Interfaces (APIs)</p>	<p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>

K.03 Health Information System – Areas of Information.

Delta Dental’s Dental Benefit Administration System serves as the centralized, one source of truth for all eligibility, benefit, claim, outcome, and utilization data. Using our tightly integrated ecosystem, we can securely offer up the same information through various collection, analysis, and interface sub-systems in real time.

Delta Dental systems have been supporting the Agency since

2005

Our systems store detailed information regarding an Enrolled Member’s request for disenrollment. When requested, whether it be provided via written communication or verbally, our Member Services team documents the entire process which includes probing questions to determine good cause, exhausting all potential remedies, education provided regarding the disenrollment process, along with all supporting documentation.

Our Data Warehouse replicates applicable Enrolled Member, Provider, and claim/encounter data for scheduled and ad-hoc reporting purposes where next-day data is sufficient. With Business Objects and Power BI accessing both data stores, our reporting and analytics capabilities can support virtually endless real-time or near real-time needs to help drive efficiency, accuracy, and quality of care.

The breadth of capabilities available to collect, analyze, integrate, and report data through secure integrations helps simplify, streamline, and remove administrative burdens inside and out. Operational users can track end-to-end enrollment, benefits, claim processing, Grievance and Appeals, utilization, quality, and other program attributes in a secure, user-friendly manner.

K.04. Health Information System – Compliance.

In accordance with Agency requirements, to include Section 6504(a) of the ACA, Delta Dental collects and utilizes the necessary data elements to support and enable the mechanized claim processing and information retrieval systems in operation by the Agency to meet the requirements of section 1903(r)(1)(F) of the Social Security Act.

By utilizing the applicable Enrolled Member, Provider, benefit, and claim data, we can have bidirectional integrations with the Agency to enable efficient and cost-effective program administration while removing operational burdens.

As programs evolve, we can quickly adapt and meet Agency requirements using the vast data and interfaces at our disposal.

K.05 Health Information System – Encounter Data Compliance.

Claim encounter information is captured via real-time submission, batch file, paper form, or via the secure Dentist Connection website and processed timely in the order it is received. All relevant information is validated at the time of entry to ensure conformity to industry standards, security protocols, accuracy and quality checks, and processing guidelines.

If invalid data is submitted, notice is provided to the submitting Provider to inform them of the reason for rejection and to help them understand program guidelines. Claim rejection trends are reviewed by Operational and Technology teams for outliers and applicable educational outreach performed by Provider Relations to help educate contracting Providers on the most efficient and effective ways to streamline their processes for timely, accurate processing.

Once data has been validated at entry, it goes through an automated claim review process to validate Member eligibility, Provider information, benefit details, documentation requirements, and other associated program rules. Providing no further review is necessary, the claim will auto-adjudicate for finalization and payment. If further manual review is necessary, the claim in question will drop to a queue for timely review, outreach if necessary, and adjudication.

Claim adjudication outcomes are systematically collected and processed as part of a batch Encounter process using Agency defined frequency, format, and data conformity rules. Our EDI process validates HIPAA 837 conformity upon file creation before the ultimate secure transmission to the Agency.

K.06 Accuracy & Timeliness of Data.

The accuracy and timely processing of Enrolled Member, Provider, and claim data is of the utmost importance to Delta Dental – it is the foundation of what we do. Transaction receipt and processing turnaround are monitored in real time to ensure timely processing of all inbound and outbound requests – whether Member and Provider characteristics, benefit information, payment, claim, or encounter processing.

For inbound electronic transactions, our EDI processes continuously monitor for files to be picked up or transmitted to Delta Dental. All file transmissions generate success or failure notifications and create log records for reporting, transparency, and quality assurance purposes. Automated and manual oversight ensure all systems and jobs are performing and processing as expected.

Delta Dental's Data Governance committee and processes help ensure a consistent and universal understanding of key data, its uses, retention policies, and access to it. Through their work, stakeholders can make informed decisions about how, when, and where to process information and the controls necessary.

Automated processes help identify opportunities for Provider education to ensure timely and accurate submissions – and to reduce administrative burdens that may exist. Between individual Provider

outreach, education materials posted to our public and secure Dentist Connection website, seminars, and periodic publications, reinforcement of guidelines is of paramount importance.

K.07 Screening of Data.

Delta Dental’s systems collect, analyze, integrate, and report data including enrollment, utilization, claims, encounters, payment, and Grievance and Appeals.

Throughout our data integration processes, data validation, conformity, and quality are of the utmost importance. Rigorous data validation reviews are performed to ensure data accuracy and integrity, logic, and consistency throughout our processes.

For manual data submission via the secure Dentist Connection website, initial interface-level validations are performed for security and completeness of information. Once all interface-level conditions are met, the transaction is validated against the Agency, benefit, and eligibility guidelines for timeliness, accuracy, and completeness. Only once those steps are complete does core processing occur.

Real-time and batch claim transactions route through one of many clearinghouses to our EDI platform. Upon receipt, systematic validations are performed to ensure ASC X12 and HIPAA 837 compliance is met at both the file and record level. Each record is validated for consistency, quality, and completeness. Further business rules are applied as part of the claim review and adjudication processes.

If data is determined to be incomplete or otherwise invalid, proper notifications are made to the submitting party for correction, where applicable. When multiple instances of incomplete or inaccurate data is transmitted, outreach efforts begin to educate the submitter.

Daily, weekly, and monthly claims processing reports and analysis help to identify educational outreach opportunities and inform process improvement objectives. Whenever possible, we will leverage our collaborative history with Providers to help streamline and automate processes end-to-end.

K.08 Standardized Formats.

Delta Dental collects and shares data from Providers in standardized formats, including secure information exchanges and technologies utilized by and for the Agency and program for quality improvement and care coordination efforts.

All inbound and outbound transactions are screened and validated for data security, conformity, and accuracy with audit logs and processing reports provided to applicable internal and external parties.

Utilizing HIPAA-compliant transactions, Delta Dental can fulfill a wide range of Provider-centric data exchanges using secure, industry standard data sets – including but not limited to the following shown in Exhibit K.08-1.

Exhibit K.08-1. *Delta Dental can fulfill a wide range of Provider-centric data exchanges using secure, industry standard data sets.*

HIPAA Transaction	Transaction Standard
Benefit Enrollment and Maintenance	834 (5010)
Electronic Claims and COB Claims	837 (5010)

HIPAA Transaction	Transaction Standard
Eligibility Verification Inquiry / Response	270/271 (5010)
Claims Status Inquiry / Response	276/277 (5010)
Electronic Remittance Advice	835 (5010)

K.09 Availability of Data.

Delta Dental will make all collected data available to the Agency and, upon request, to CMS in accordance with State and Federal regulations.

Delta Dental’s robust technology ecosystem allows for timely, secure sharing of all applicable Member, Provider, claim, utilization, encounter, payment, and associated data. With reports and extracts built to the requirements set forth by the Agency and the Centers for Medicare and Medicaid (CMS), we can provide accurate and timely data in a secure manner that provides transparency into current programs and aids in shaping the future of programs.

Our reporting and analytical tools allow for sharing of utilization data, trends, and forecasts, along with the underlying data, while our secure Enrolled Member and Dentist Connection websites allow for real-time insight into eligibility, benefits, claims, and payment data. Extending outward, our APIs and EDI interfaces allow for real-time availability of information to authorized key stakeholders via secure, standards-based solutions.

K.10 Health Information System Capabilities.

Delta Dental’s deeply integrated ecosystem allows for the full collection and maintenance of Member and Provider data, with secure, real-time availability to internal and external interfaces and parties.

- Collects and maintains sufficient Enrolled Member 837D Health Care Claims: Dental to identify the Provider who delivers any item(s) or service(s) to Enrolled Members.
- Permits submission of Enrolled Member 837D Health Care Claims: Dental to the Agency at a frequency and level of detail to be specified by the Agency and CMS, based on program administration, oversight, and integrity needs.
- Permits submission of all Enrolled Member 837D Health Care Claims: Dental that the Agency is required to report to CMS.
- Complies with specifications for submitting encounter data to the Agency in standardized ASC 837D, and the ASC X12N 835 format as appropriate.

Delta Dental provides a wealth of transaction interfaces including, but not limited to the following shown in Exhibit K.10-1.



Exhibit K.10-1. *Delta Dental provides a wealth of transaction interfaces.*

HIPAA Transaction	Transaction Type
ASC X12N 820 Premium Payment	Batch
ASC X12N 834 Benefit Enrollment and Maintenance	Batch
ASC X12N 835 Claims Payment Remittance Advice	Batch
ASC X12N 837I Health Care Claim: Institutional	Batch
ASC X12N 837P Health Care Claim: Professional	Batch
ASC X12N 837D Health Care Claim: Dental	Batch
ASC X12N 270/271 Eligibility Coverage or Benefit Inquiry/ Response	Real-Time
ASC X12N 276/277 Health Care Claim Status Inquiry/Response	Real-Time

K.11 Actual Pricing.

Delta Dental ensures that all 837D Health Care Claims: Dental data reflects the amount we have paid to the Provider. If we were to begin utilizing Subcontractors, we would fully comply with the Agency guidance. All reporting to the Agency regarding encounters will be done in the format and manner requested by the Agency.

Using our database of Enrolled Member, Provider, and claim data, we can fully account for coordination of coverage scenarios in the manner prescribed by the Agency’s reporting and data interface requirements. This includes matters such as claim adjustments and associated reasons, replacement claims, and line-level reconciliations.

Our ecosystem of reporting, analytics, Portals, APIs, and EDI tools afford the flexibility to securely meet the needs of the Agency, CMS, and any other downstream Subcontractors in displaying claim encounter data as required.

K.12 Required Functions.

Using our tightly integrated ecosystem, we can fully perform the Information System (IS) functions required by the Agency and CMS. These functions include, but are not limited to, the required as outlined below as shown in Exhibit K.12-1.

Exhibit K.12-1. *Information System (IS) functions performed include the following.*

Required Functions	Description
a) Member Database	[Redacted]
b) County of Legal Residency	[Redacted]
c) Clinical Information	[Redacted]
d) Reporting	[Redacted]

Required Functions	Description
e) Capitation Payments	[Redacted]
f) Incurred Claims	[Redacted]
g) Claims Processing Timeliness	[Redacted]
h) Clinical Data	[Redacted]
i) Grievances and Appeals	[Redacted]
j) Utilization Management	[Redacted]
k) Ad Hoc Reporting	[Redacted]
l) Service Referrals	[Redacted]
m) Service Specific Information	[Redacted]
n) Age Specific Information	[Redacted]

K.13 General Systems Requirements.

Using our breadth of data and processes, we can fully meet the Information System (IS) requirements outlined by the Agency and CMS. These functions include, but are not limited to, the required as outlined below in Exhibit K.13-1.

Exhibit K.13-1. *Delta Dental can fully meet the Information System (IS) requirements outlined by the Agency and CMS.*

Requirements	Description
(i) Online Access	Our Dental Benefit Administration System integrates with our various internal and external Portals and APIs, allowing for real-time access to relevant and required data for both Enrolled Members and Providers.
(ii) Online Access to All Major Files and Data Elements Within the IS	Our robust Portals, APIs, and EDI tools have full, real-time access to the data within our Dental Benefit Administration System. The layout, format, and content has been co-developed with, and by the requirements set forth, by the Agency and CMS, as well as to meet the ever-evolving needs of Providers and Enrolled Members.
(iii) Timely Processing	All inbound data – whether paper, real-time, or batch in a first-in, first-out manner with date/time stamps at each step in processing to ensure timely processing of all data. The same approach is practiced for all eligibility, benefit, claim, and encounter data/files.
(iv) Daily File Updates of Enrolled Member, Provider, Prior Authorization, and Claims to be Processed	We process all daily file updates in accordance with the requirements outlined by the Agency and CMS, and any other participating Subcontractors.
(v) Weekly File Updates of Reference Files and Claim Payments	We process enrollment and claim data 24/7 as received by the various interfaces and uses a weekly claim finalization process to remit Provider payments, record encounter data, etc.

K.13.a. Edits, Audits, and Error Tracking.

Our Dental Benefit Administration System and associated subsystems have end-to-end editing, auditing, and error tracking capabilities. Whether at the record or file level, auditing occurs to ensure timeliness, accuracy, and integrity of core processes. The data captured is available via internal interfaces, reporting, and analytics tools.

K.13.b. System Controls and Balancing.

All files received are tracked end-to-end to ensure proper handling and timely processing. All interfaces process and track inbound and outbound data and apply multiple levels of validation and balancing to provide the necessary data to internal parties for oversight. Similarly, all outbound processes contain systematic edits and controls to ensure all records are properly accounted for.

K.13.c. Back-Up of Processing and Transaction Files.

All data stored within our ecosystem is backed up at the very least as frequently as outlined and required by the Agency and CMS. Exhibit K.13.c-1 shows the frequency of the back-up.

Exhibit K.13.c-1. Processing and Transaction Files are backed-up on a frequent basis.

System	Back-Up Frequency
Eligibility Verification	Nightly (Every 24 Hours)
Benefit Enrollment and Maintenance Processing	Nightly (Every 24 Hours)
Prior Authorization Processing	Nightly (Every 24 Hours)
Claims Processing	Nightly (Every 24 Hours)
Full System Backup	Weekly (Every 7 Days)

K.14 Data Usage & Management.

Delta Dental utilizes clinical data in the management of care being provided to Enrolled Members. Such data would include Member eligibility, claim utilization, benefit coverages and maximums, and program guidelines. Using this Contract and Reporting Manual as a basis, all reports and file feeds required by the Agency and CMS are provided as prescribed.

Furthermore, clinical data is used in the management of Providers, assessment of care, analysis and improvement of access and cost-effectiveness, and to implement evidence-based practices.

K.15 System Adaptability.

With a company core value of Embrace Change, Delta Dental’s systems, processes, and people are built and trained to be agile and nimble from the start. By owning our own technology, our ecosystem can adapt to ever-changing needs based on the guidance and requirements set forth in this Contract.

Understanding that the program may evolve at the need and request of the Agency or CMS, Delta Dental employs a highly configurable Dental Benefit Administration System with configuration specific and applicable to the programs offered. Extending to our ancillary systems, our internal and external interfaces, reports, APIs, and EDI tools can similarly adapt as needed. Examples of our quick adaptability include, establishing FQHC PPS payments through an in-for-pay infrastructure, implementing Annual Benefit Maximum for the Dental Wellness Plan, and various ad-hoc data requests from the Agency.

K.16 Information System Plan.

Delta Dental will include in our Policies and Procedures Manual (PPM) strategies for receiving, creating, accessing, storing, and transmitting health information data in a manner in compliance with HIPAA standards for electronic exchange, privacy, and security requirements.

Our dedicated Data and Reporting team reviews all EDI Companion Guides and associated documentation provided by the Agency to fulfill the transmission of secure, accurate, and timely information.

Our plan will include, but not be limited to, the following as required:

- Planning, developing, testing, and implementing new operating rules, new or updated versions of electronic transaction standards, and new or updated national standard code sets.
- Concurrent use of multiple versions of electronic transaction standards and codes sets.
- Registration and certification of new and existing trading partners.
- Creation, maintenance, and distribution of transaction companion guides for trading partners.

- Staffing plan for EDI help desk to monitor data exchange activities, coordinate corrective actions for failed records or transactions, and support trading partners and business associates.
- Compliance with all aspects of HIPAA Privacy and Security rules.
- Strategies for maintaining up-to-date knowledge of HIPAA-related mandates with defined or expected future compliance deadlines.

K.17 IS Staff.

Utilizing our 100 percent Iowa-based, dedicated Infrastructure, Data, and Application Development teams, we employ various systems, processes, and mechanisms to monitor, triage, track, communicate, and resolve any system, process, data, or security issues that arise.

Core responsibilities include, but are not limited to, the following:

- Monitoring performance of all systems and interfaces
- Identification and triaging of system issues
- Monitoring data exchange activities
- Communicating any internal or external impact
- Coordinating corrective actions for failed records, files, or processes
- Supporting trading partners and other upstream and downstream entities

While real-time management is of the utmost importance, the data captured throughout the above activities also rolls up to monthly key performance indicators to internal Delta Dental Leadership for transparency and oversight.

K.18 HIPAA Compliance.

Delta Dental will support and maintain compliance with current and future versions of HIPAA Transaction and Code Set requirements for electronic health information data exchange and Privacy and Security Rule standards as specified in 45 C.F.R. Parts 160, 162 and 164. This is accomplished through compliance and information security programs aligned with NIST standards and HIPAA requirements. These programs include ensuring administrative procedures and the safeguards of administrative, physical, and technical are included. Any enhancements or updates to the standards will be made at no cost to the Agency.

[REDACTED]

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K.19 Compliance with State Law.

For individual medical records and any other health and enrollment information Delta Dental maintains with respect to Enrolled Members, that identifies particular Enrolled Members (in any form), Delta Dental will continue to comply with the Agency’s procedures to abide by all applicable Federal and State laws regarding confidentiality and disclosure, including those laws addressing the confidentiality of information about minors and the privacy of minors, and privacy of individually identifiable health information in accordance with 42 C.F.R. §§ 457.1233(e) and 457.1110(a).

Delta Dental has implemented a Privacy program addressing the privacy and confidentiality of individually identifiable health information related to all Enrolled Members, including minors, to ensure compliance with all applicable State and Federal laws.

K.20 Compliance with State Procedures.

For individual medical records and any other health and enrollment information maintained with respect to Enrolled Members that identifies specific Enrolled Members (in any form), Delta Dental currently complies and will continue to comply with State procedures in compliance with Subpart F of 42 C.F.R. part 431.

K.21 Timely & Accurate Records.

For individual records and any other health and enrollment information maintained that identifies specific Members, Delta Dental will continue to comply with Agency and CMS procedures to maintain the records and information in a timely, secure, and accurate manner in accordance with regulations and guidelines.

Data is categorized and retained in accordance with guidelines set forth by our Data Governance Committee based in part on regulations at this Contract, program, State, and Federal levels. The committee works in tandem with our Compliance and Information Security Managers.

Any requests or changes to timely processing guidelines are recorded and communicated and performance measurements updated accordingly. Our integrated ecosystem allows for accurate, transparent, and automated reporting of activities carried out – and to the degree of timeliness and accuracy.

K.22 Purposes of Maintenance or Use.

For individual medical records and any other health and enrollment information maintained with respect to Enrolled Members that identifies specific Enrolled Members (in any form), Delta Dental will continue to comply with State procedures that specify, and make available to any Enrolled Member requesting it, the purposes for which information is maintained or used in accordance with 42 C.F.R. 457.1233(e) and 457.1110(d).

K.23 Purposes of Disclosure.

For individual medical records and any other health and enrollment information maintained with respect to Enrolled Members that identifies specific Enrolled Members (in any form), Delta Dental will continue to comply with State procedures that specify, and make available to any Enrolled Member requesting it, to whom and for what purposes the information will be disclosed outside the State in accordance with 42 C.F.R. 457.1233(e) and 457.1110(d).

K.24 Timely Provision of Information to Enrolled Member.

For individual medical records and any other health and enrollment information maintained with respect to Enrolled Members that identifies specific Enrolled Members (in any form), Delta Dental will continue to comply with State procedures that, except as provided by Federal and State law, ensure that each Enrolled Member may request and receive a copy of records and information pertaining to the Enrolled Member in a timely manner in accordance with 42 C.F.R. §§ 457.1233(e) and 457.1110(e).

Individuals can inspect and obtain a copy of their records by sending a written request to Delta Dental's Compliance Manager who acts as Delta Dental's Privacy Officer. We allow Members to inspect and obtain a copy of their record if Delta Dental or our business associates maintain that Protected Health Information (PHI) in a designated record set. Only our Privacy Officer or General Counsel, may determine whether to grant or deny an individual access to their PHI. Our Privacy Officer will process the request as follows:

- Track the receipt of the request and utilize department procedures to comply with the request.
- Notify the Agency within 72 hours of such request.
- Delta Dental will review the request, partner with the Agency, and provide a written response within 30 calendar days or as directed by the Agency. One 30-day extension is permitted; however, Delta Dental must provide the Enrolled Member with a written statement of the reasons for the delay and the date by which the access request will be processed.
- Requested documentation and communication will be maintained by the Compliance Department.

K.25 Supplementing and Correcting Records.

For individual Medical Records and any other health and Enrollment information maintained with respect to Enrolled Members, that identifies particular Enrolled Members (in any form), Delta Dental will comply with State procedures that, except as provided by Federal and State law, ensure that each Enrolled Member may request and receive a copy of records and information pertaining to the Enrolled Member and that an Enrolled Member may request that such records or information be supplemented or corrected. See: 42 C.F.R. § 457.1233(e); 42 C.F.R. § 457.1110(e).

K.26 Interface with State Systems.

Delta Dental can receive, process, and report data to and from the Agency's MMIS and Eligibility systems. We receive enrollment information on an ASC X12N 834 Benefit Enrollment and Maintenance file based on the requirements, format, and schedule provided by the Agency. We submit ASC X12N 837D Health Care Claims: Dental data, as described in Section K.42, to the Agency in the manner and timeframe specified by the Agency.

All EDI transactions are handled in secure, standards-based manners with transparency and accountability through internal monitoring and reporting. Any changes to the requirements as provided by the Agency are incorporated through our internal change management process and procedures.

K.27 Use of Common Identifier.

Using an internally derived unique identifier (ID), Delta Dental can link records throughout our ecosystem without exposing or using an Enrolled Member's Social Security Number. While the Agency's Benefit Enrollment and Maintenance file serves as the source of truth for Enrolled Member demographic and enrollment information, Delta Dental's Dental Benefit Administration System supports housing numerous unique identifiers for various upstream and downstream needs.

All ID's provided by the Agency or CMS through the enrollment process are maintained in our secure database and referenced only where and how required to fulfill the requirements of the program as set forth by the Agency and CMS.

Providers can submit benefit and claim inquiries, along with Prior Authorization and date of service claims, using either the Enrolled Member's Social Security Number or Medicaid ID as a key identifier.

K.28 Reserved. N/A

K.29 Reserved. N/A

K.30 Clinical Records.

Delta Dental maintains within the Dental Benefit Administration System the information necessary to assist in authorizing and monitoring services as well as providing data necessary for quality assessment and other evaluation activities. All dental program requirements outlined in Section K.30(a) – (f) are maintained within the core administration system.

At the conclusion of this Contract, all clinical records generated by Delta Dental will become the property of the Agency. Upon request, Delta Dental will transfer records to the Agency at no additional cost. Delta Dental will keep copies of clinical records to the extent necessary to verify the accuracy of claims submitted and adhere to retention requirements as required by State and Federal law.

All data relevant to Member enrollment, benefits, claims, and subsequent outcomes is securely maintained within the Dental Benefit Administration System; including those required by the Agency or CMS.

K.31 System Problem Resolution.

Delta Dental employs robust system and process monitoring technologies and staff to identify potential system problems, including those not rising to the classification of a disaster. On-site dedicated staff from the Infrastructure, Application Management, and Data and Reporting teams are responsible for identifying, triaging, tracking, and communicating any potential problems.

Core responsibilities include, but are not limited to, the following:

- Monitoring performance of all systems and interfaces
- Identification and triaging of system issues
- Monitoring data exchange activities
- Communicating any internal or external impact
- Coordinating corrective actions for failed records, files, or processes
- Supporting trading partners and other upstream and downstream entities

While real-time management is of the utmost importance, the data captured throughout the above activities also rolls up to monthly KPI reporting to the Executive team for transparency and oversight.

K.32 Escalation Procedures.

Delta Dental will adhere to its procedures to notify the Agency and other applicable stakeholders regarding system problems that do not rise to the level of a Disaster. Delta Dental has a policy and procedure for notification to the Agency related to system level problems. If a situation occurs, our team immediately communicates with the Plan CEO, who then notifies the Agency immediately. We continue to provide updated information to the Agency until the system issue is fully functioning.

K.33 Release Management.

Delta Dental has established Agile processes for development, testing, and promotion of system changes and maintenance. These Software Development Lifecycle and hardware and software

maintenance and patching processes are conducted by dedicated resources in our Infrastructure and Application Development teams.

With a rigorous development, testing, and training process, communication is of the utmost importance throughout our internal and external audiences.

As development, changes, or enhancements are scheduled, key internal stakeholders are notified of any timelines and impacts, including our Government Programs, Provider Relations, and Member and Provider Services teams. They in turn work with the respective external stakeholders to communicate timelines, impacts, and any relevant process changes. Delta Dental will notify the Agency at least 30 days prior to the installation or implementation of minor software and hardware upgrades, modifications or replacements, and 90 days prior to the installation or implementation of major software and hardware upgrades, modifications, or replacements.

K.34 Environment Management.

Delta Dental maintains dedicated database and application environments in accordance with industry and Agile standards. All code movement is secure, transparent, and logged both within our ticket management system and via the code repository and deployment applications.

- Development and developer validation occurs within our dedicated Development Environment.
- Business Analyst, UAT, and stakeholder testing and training occurs in our dedicated Test Environment.
- Problem and process triaging, as well as onboarding training occurs in a Sandbox environment that replicates the codebase and data in our Production Environment.
- Once fully tested, documented, trained, and communicated, approved code goes to our Production Environment through a formal Change Request.
 - For redundancy and load-balancing purposes, we deploy two separate internal interface instances.
- For long-running projects, additional environments can be spun up to fulfill specific needs.

K.35 Contingency and Continuity Plan.

Delta Dental maintains a written BCP that identifies and outlines Delta Dental's critical business functions and the priority order in which services will be resumed in case of a crisis. Our BCP is purpose-driven with the primary mission to detail the roles, responsibilities, and procedures that must be followed in a crisis. Our BCP includes:

- Other program tasks
- Identifying hazards and conducting a risk assessment
- Establishing emergency response Leadership teams
- Provides coverage for disaster recovery and information system contingency planning

In addition, our Plan also includes guidelines for activating the plan, responding to an incident, communications and recovering from various types of operations and information technology-related scenarios or events depending on the severity level, and impact to procedures and technology systems (i.e., low, moderate, or high severity). It further encompasses procedures for recovery of operations that prioritize critical business functions within a predetermined time after a crisis or extended business disruption. Delta Dental has established recovery time and recovery point objectives relative to our business and most importantly our customers' needs. Within those objectives, critical systems are restored within 24 hours. Based on the severity and magnitude of the event, Delta Dental formulates its

response for each event. Key employees will be assigned to specific teams to execute the recovery strategy. The teams include the Emergency Response team and the Contingency Operations team. The recovery procedures include Delta Dental user functions at the Johnston location, remote access, and/or, at our existing location in Johnston, Iowa, and an alternate office space solution (if necessary). This provides multiple alternatives to accessing the information systems.

For information systems, they can be restored at the primary or secondary datacenters that are geographically separated. One datacenter is in Iowa and the other is located outside of Iowa. Delta Dental will coordinate with the Agency and its Contractors to ensure continuous eligibility, enrollment, and delivery of services.

The BCP is not a one-time event. Rather, it is an ongoing process that includes risk analysis, solution design, implementation, testing and acceptance, and maintenance of the plan. Delta Dental tests its BCP and disaster recovery procedures at least once per year.

Listed below are key components of the Delta Dental BCP:

1. **K.35. b.1 Communications Plan (Agency Notification):** The Communications Plan of the Delta Dental BCP details the policies and procedures to notify internal and external stakeholders of a crisis and plans for resuming normal operations, including, but not limited to, our employees, customers such as the Agency, and the Board of Directors. The Communications Plan further provides the communication mechanisms by which any such crisis communication would occur (e.g., by use of the Delta Dental crisis communication systems). The Communications Plan is designed to ensure Delta Dental's compliance with HIPAA and other applicable regulatory requirements.
2. **K.35. b.2 Emergency Contact Lists (Agency Notification):** The Delta Dental BCP contains emergency contacts lists for stakeholders, including, but not limited to, employees, board members, and third-party Subcontractors. The emergency contacts lists are updated at least annually. The Agency is included as a key contact for Delta Dental.
3. **K.35. b.3 Critical Functions (Minimal Disruption):** The Delta Dental BCP identifies and outlines Delta Dental's critical business functions and the priority order in which services will be resumed in case of a crisis. For each critical business function, the BCP also identifies the resources needed to facilitate resumption of the services. Our critical business functions feature of the Delta Dental BCP is designed to ensure participants continue to receive services with minimal interruption.
4. **K.35. b.4 Disaster Recovery/Information Technology (Accessible and Safeguarded Data):** The Delta Dental BCP provides guidelines for recovering from various types of operations and information technology-related scenarios or events depending on the severity level and impact to procedures and technology systems (i.e., low, moderate, or high severity). Delta Dental also maintains Disaster Recovery procedures that are utilized and updated during the annual Disaster Recovery exercise. The same security and accessibility controls are applied to the primary and secondary datacenters to ensure the data remains protected no matter where it traverses or is stored.
5. **K.35. b.5 Training of Staff/Stakeholders:** Delta Dental conducts staff/stakeholder training at onboarding and then annually thereafter. The Delta Dental BCP is approved by the Board of Directors and is a part of our annual employee training. Our BCP is also published in accordance with HIPAA and other regulatory requirements.
6. **K.35. b.6 Annual Exercises:** Delta Dental conducts annual exercises to test our BCP and disaster recovery procedures and will obtain the Agency's approval for annual exercises, provide a

report of activities performed, results of those activities, corrective actions identified, and changes to the BCP, disaster recovery procedures, and related documents based on results of the exercises.

7. **Other Critical Information:** The Delta Dental BCP contains other critical information, including, but not limited to, company building floor plans, hardware and software inventory, server list, and incident reporting & response procedures.

K.36 IS Contingency Planning and Execution.

Delta Dental maintains a BCP with information security contingency procedures that comply with the contingency plan requirements of 45 C.F.R. § 164.308. Specifically, the Delta Dental BCP has established procedures for the following to be fully operational within 24 hours of a disaster:

- Creating and maintaining retrievable exact copies of electronic Protected Health Information (ePHI), including backup procedures for our servers and maintenance of a backup datacenter;
- Disaster recovery to restore any loss of data;
- Establishment of an Emergency Response team, a Contingency Operations team, and related critical functions related procedures to ensure restarting/resumption and continuation of critical business functions while ensuring protection of the security of ePHI during a crisis situation;
- Periodic testing and revision of the BCP, disaster recovery procedures, and related plan documents; and assessing the relative criticality of Delta Dental applications and data in support of other contingency plan components;
- Disaster recovery procedures use the same controls as the production environment. For example, the backup datacenter has the same controls applied as the primary datacenter. This includes but is not limited to operations and security. Due to this, it continues to protect against hardware, software, and human error.

L.37 Back-Up Requirements.

Delta Dental maintains backup timelines based upon the criticality of the system. At a minimum, systems are backed up daily. The backups are stored offsite and logically segmented from the main network. The production database utilizes a process that ensures high availability, data protection, and disaster recovery for enterprise data. It is a transactionally consistent copy of the production database. The copy is in a separate datacenter located in another state.

Backup logs are monitored for failures. Failures are investigated and corrected to ensure successful backups are maintained.

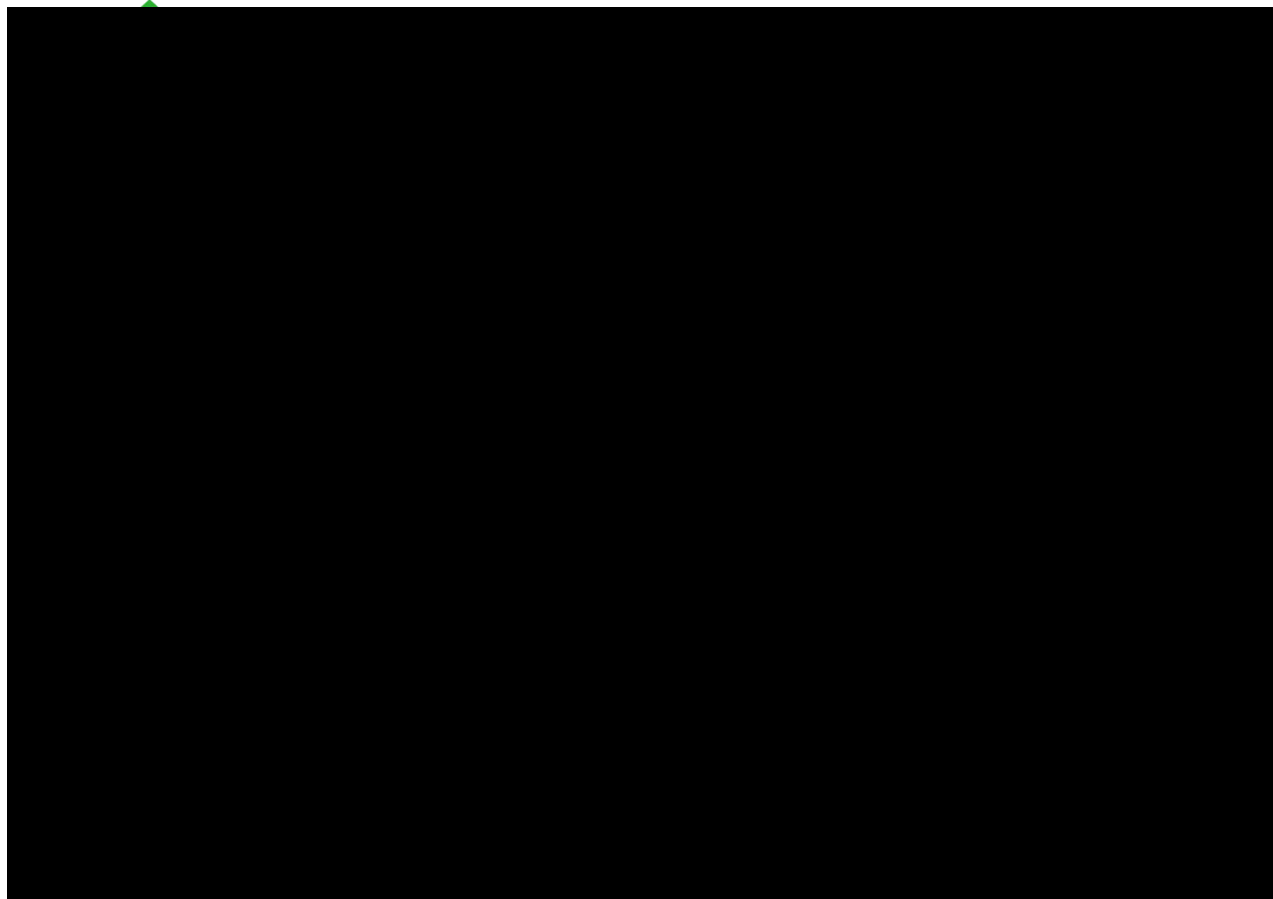
K.38 Data Exchange.

All data Delta Dental shares with the Agency continues to use the format and manner specified by the Agency, including use of valid values that will be accepted by each code field.

K.39 Member Enrollment Data.

Our Member Enrollment Data Exchange process is extremely agile and flexible to process Benefit Enrollment and Maintenance (834) data from the Agency. In the following diagram, Exhibit K.39-1, files are referred to by their Transaction Standard numeric identifier. For crosswalk information, refer to Exhibit K.08-1.

Exhibit K.39-1. Member Enrollment Data Exchange process.



[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

K.40 Provider Network Data.



Network Adequacy & Availability

Delta Dental’s Professional Relations team maintains all Provider and Network information such as demographic information, onboarding, Credentialing, Network participation, payee/payment information, and relationships.

All Provider and Network information is stored within the Dental Benefit Administration System and available real-time or near real-time via internal and external interfaces, APIs, and EDI tools. The deep integration of our ecosystem allows a single source of data to be used throughout.

Delta Dental will submit Provider Network information to the Agency via secure electronic files in the timeframe and manner defined by the Agency.

K.41 Claims Processing.

Attachment J. K.41 Claims Processing.

- a) Explain how you will meet all of the requirements in this section in addition to ensuring that claims are reimbursed accurately according to Provider contracted rates as well as applicable State and Federal policy.**
- b) Describe how you will be able to work with the State and other Program Contractors on standardization, where possible, of billing procedures and system edits, including relevant past experience as applicable.**

Claims Processing Capability: Delta Dental will process and pay Provider submitted claims for services rendered to Enrolled Members in a timely, accurate, and responsive manner. We fully accept claims from Providers via standard EDI transactions. Delta Dental will submit a daily file of pre-adjudicated Claims received on the previous day to the Agency. Using the Dental Benefit Administration System, our claims processing modules supports both in and non-Network Providers for all claim types and allow for configurable filing limitations and reimbursement rates. Our deep experience of collaboration with Providers and clearinghouses allows us to support paper, Web, real-time, and batch file processing through multiple interfaces in the most

Since 2017, we have processed

2,473,174

DWP, DWP Kids, and Hawki Claims.

efficient way for each individual Provider. Delta Dental supports both paper and electronic payment and remittance delivery, configurable at the Provider Payee level.

Our Data and Analytics tools allow us to track submission methods by Provider over time and help us shape our outreach and communication efforts to convert Network Providers to electronic submission and payment/remittance delivery. Using reimbursement rates provided by the Agency, Delta Dental's highly configurable adjudication, pricing, and rules engines allow for timely and accurate processing of claims at the procedure line level, recording each decision and outcome.

Delta Dental's Dental Benefit Administration System allows for the accurate pricing of specific procedures or encounters (according to the agreement between the Provider and Delta Dental) and maintains detailed records of remittances to Providers. Our unique integration of systems and tools allow us to leverage real-time and near real-time data to monitor claim adjudication timeliness and accuracy according to procedures and processes agreed to by the Agency. As is standard practice, we will update Provider reimbursement rates in the Dental Benefit Administration System and adjudicate Claims using the new rates no later than 30 days from notification by the Agency, or as otherwise directed by the Agency. Delta Dental develops, implements, and adheres to policies and procedures, subject to the Agency review and approval, to monitor Claims adjudication accuracy and will submit its policies and procedures to the Agency for review and approval within 15 Days of Contract execution. The non-Network Provider filing limit for submission of Claims to Delta Dental is 12 months from the date of service. This conforms with the filing limit under the Agency State Plan (42 C.F.R. § 447.45(d)(4)). The non-Network Provider filing limit is established in the Contractor's Provider agreements as described in Section E.1 and shall be no more than 180 Days from the date of service.

Claims Disputes: Delta Dental follows documented and proven dispute resolution processes for receiving, tracking, and resolving disputes in a timely manner as approved by the Agency. Reporting and transparency of disputes is available and managed by our Government Programs and Compliance teams.

Compliance with State and Federal Claims Processing Regulations: Delta Dental complies with claim form requirements based on guidelines published by the State of Iowa, the Agency, and CMS, while working with the Agency to ensure all encounter data requirements are fulfilled by said forms. Our secure ecosystem allows for the secure receipt, storage, and delivery of data and files in manners conforming to Federal and HIPAA-related regulations. As outlined by the Agency, Delta Dental requires all Providers to have a National Provider Identifier (NPI) unless otherwise directed by the Agency.

Non-Network Claims: In conformity to the Agency requirements, Delta Dental does not require non-Network Providers to establish a Delta Dental-specific ID to receive payment for claims submitted.

Coordination Among Contractors: Delta Dental participates in the larger Delta Dental Plans Association program to allow Providers a single-sign-on (SSO) experience across various State Portals and systems. Collaboration is a constant focus to minimize Provider administrative burdens. Delta Dental works with other Contractors where possible to provide the most effective and efficient processes for claim submission and payment/remittance delivery.

Member Cost Sharing: Delta Dental's adjudication and rules engines allow for the systematic and automatic reduction of a Provider's payment amount by the amount of an Enrolled Member's cost sharing obligation. Relying on the Agency approved mechanisms of communication, Delta Dental notifies Providers of an Enrolled Member's financial participation or cost sharing requirement.

Audit: Leveraging their deep experience of audits in the State of Iowa, Delta Dental’s Government Programs and Compliance teams are accustomed to complying with audit requirements, including those from the Agency. Delta Dental understands that the Agency reserves the right to perform a random sample audit of all claims and will continue to comply with the requirements of the audit, including providing all requested documentation in the manner and timeframe requested by the Agency.

K.42 Encounter Claim Submission.

Attachment J. K.42 Encounter Claim Submission – K.45 Encounter Claims Policies.

a) Explain your process to build encounter data files that comport with the data file layout determined by the State.

b) Describe how you will work internally to identify encounter data abnormalities or quality issues prior and subsequent to submission to the State.

Encounter Data Claims are a key component of demonstrating rendered services and providing transparency to allow the Agency, CMS, and Delta Dental to monitor Program Integrity and performance.

Delta Dental creates Encounter Claims Submission monthly for transmission to the Agency. We utilize a database PL/SQL stored procedure to combine claim encounters for Enrolled Members processed in the previous month. Each file is limited to 5000 records for ease of transport to the Agency, and assigned a unique identifier based on cohort combination. This allows for bidirectional traceability throughout the process for agile recreation and validation.

Once the file(s) are created, they are passed through an ASC X12N validator before submission to ensure structure is correct and aligns with ASC standards and the data file layout determined by the State. Once approved, these files are transmitted to the Agency’s designated vendor.

Delta Dental’s robust Data, Reporting, and EDI capabilities allow it to meet the requirements set forth by the Agency in the manner, format, and frequency of transmitting Encounter Data Claims. It is understood that the Agency reserves the right to revise the encounter standards with 90 days notice.

When we receive a revision to Encounter Data Claims standards from the Agency, a ticket is created for review of current standards in the Encounter Data Claim Submission process. If an update is necessary to facilitate full data transfer, a time estimate is established for this work with a maximum allowable of 45 days for internal adjustments to allow for testing with the Agency.

Attachment J. K.42 Encounter Claim Submission – K.45 Encounter Claims Policies.

c) Explain how you will ensure that encounter data quality and timeliness issues are addressed within the designated timeframes.

Delta Dental’s will continue to submit Encounter Data Claims within the timeliness standards. Encounter Data Claims submission is required by the 15th of each month to the State. We currently submit data on the 5th of each month after our creation and validation processes are completed. This allows us time to receive response files before the 15th of each month.

Response files for Encounter Claim Submissions occur at two levels: Technical requirements from the validation Subcontractor, and quality checks from the Agency to validate appropriate adjudication.

The validation Subcontractor is the first stage of external processing. Response files received after submission (277CA and 999) are received immediately from the Subcontractor and automatically downloaded, read, and emails are generated to Encounter Data Claims staff for review. If an error occurs, a ticket is created in our IT support workflow system (JIRA) for the file to be recreated, validated, and resubmitted. Only files that failed the validation are resubmitted to avoid duplication of data submissions. The response files include the unique name designated to each file for expedient repair and resubmission.

The second stage of validation is a custom response file from the Agency for quality checks received within 24 hours of the file submission in addition to total volume confirmation. This file is then loaded into our reporting system to reconcile all transactions that were read and loaded into the Agency system appropriately. If errors are detected, the corresponding claims processing unit or Provider Relations team is notified of what is causing the error. These claims are then corrected and resubmitted to the Agency to clear submission requirements and ensure data integrity.

K.43 Definition of Uses of Encounter Claims.

As prescribed by the Agency's encounter data requirements, Delta Dental submits Encounter Data Claims to the Agency for every service rendered to an Enrolled Member where payment was approved or denied, utilizing the ASC X12 837D Health Care Claims: Dental format detailed in the Agency's EDI Companion Guide.

All data utilized in the submittal or processing of a claim is stored within the Dental Benefit Administration System and available for encounter purposes as required and outlined by the Agency.

K.44 Reporting Format and Batch Submission Schedule.

With file and report-level configurability, our Data, Reporting, and EDI tools can meet the various and precise needs as prescribed by the Agency and CMS. This includes the format, field-level definitions, frequency, and delivery mechanism of data.

The Agency sets forth frequency, schedules, and turnaround times for submission, analysis, and correction of encounter data. Delta Dental will meet these requirements, believed to be as such:

- All encounter data by the 20th of the following month for which data are reflected.
- Corrections to encounter data within 45 days from the date we received the initial error report, or 59 days from the date the initial encounter data were due.
- The error rate for encounter data shall not exceed one percent.
- The Agency reserves the right to modify the calculation of encounter data timeliness, accuracy, and quality with 60 days' notice.

K.45 Encounter Claims Policies.

Delta Dental has a dynamic, reliable, flexible, and secure system for submitting encounter information to the Agency. Delta Dental batches all processed encounter information from our Dental Benefit Administration tool monthly in the specified format required by the Agency. Policies are reviewed annually, and when an update is required by the Agency.

K.46 PA Tracking Requirements.

Our Dental Benefit Administration System captures all submissions for Prior Authorizations while creating a distinct Prior Authorization number. It maintains a record of the name and title of the caller or submitter, date and time of call/fax/online submission, Prior Authorization number, time to determination from receipt, and approval/denial count. Notes made by clinical staff include the appropriate suffix.

Processed
38,826 Prior Authorizations
 for DWP, DWP Kids, and Hawki in 2022

K.47 PA Denials.

Our Dental Benefit Administration System captures Prior Authorization denials. It maintains a record of the name and title of the caller or submitter; date and time of submission; synopsis inclusive of timeframe of illness or conditions, diagnosis, and treatment plan; and clinical guidelines or other rational supporting the denial.

K.48 Application Programming Interface.

Delta Dental takes a multi-pronged approach to providing easy, secure access to all pertinent data for our various partners. With data security and identity management as primary considerations, we provide the following:

1. By maintaining robust, highly regarded secure Member and Dentist Connection websites and an Enrolled Member app, we minimize technological barriers for accessing real-time enrollment, benefit, claim, encounter, and payment information; offering it at the click of a mouse or tap of the finger.
2. By utilizing our deeply integrated ecosystem, we're able to offer various APIs to support those more complex needs such as secure Eligibility/Benefit Inquiries (270/271), Claim Status Inquiries (276/277), Real-Time Claim Submission (837), and 21st Century Cures Act Compliant interfaces such as Provider Directory and Patient Access.

As technology, the insurance industry, and the Agency, State of Iowa, CMS, and Federal requirements evolve, we are constantly looking for ways to expand our integration capabilities with key stakeholders, Enrolled Members, and Providers.

K.49 Education and Outreach.

PreViser Oral Health Survey

Upon completion of the PreViser Oral Health Survey, all Enrolled Members have the right to access their results and data at any time. Once completed, Members are provided with a webpage which outlines the resources requested by the Member and their responses to all questions. Enrolled Members are also able to have all results emailed directly to them upon completion. Enrolled Members who complete the survey by mail, or otherwise request it, can receive a printed copy of their results and resources at any time by contacting our Member Services team. We receive all individual survey results in real time and store them securely and electronically so Enrolled Members can have access to these results at any time. As outlined in section G.2.10, appropriate care coordination and education follow-up is conducted based on the Enrolled Member's responses to the PreViser Oral Health Survey.

Sharing Information with Providers

Delta Dental's Member & Provider Services and Care Coordination teams will work with the Enrolled Member's Providers as requested or required. This may include sharing necessary data and health information so quality services can be provided. Staff also can utilize claims data to identify previous

Providers so the appropriate dental records and referrals can be obtained. All information can be shared upon request with the Enrolled Member or their authorized representative.

Outreach and Education

Annually, Delta Dental creates a Care Coordination and Outreach Plan, which is submitted to the Agency within 30 days of the new fiscal year. The Care Coordination and Outreach plan outlines all planned outreach and education activities, including selection criteria. Outreach activities implemented throughout the fiscal year will be communicated to the Agency and all documents will undergo the Agency's review and approval process. We will report all outreach activities to the Agency on a quarterly basis along with additional metrics and information as prescribed by the Agency.

Our current outreach and education activities primarily focus on ensuring Enrolled Members have access to the information they need to successfully utilize DWP, DWP Kids, and Hawki programs, and to promote the usage of preventive services. Our critical Member materials, including the New Member Packet and Member Handbook, outlined in Sections C.1 and C.2, include all the necessary information, including information about how the Enrolled Member or their authorized representative can access their health information and data. There are also other educational pieces incorporated, including guidance about how to access a Provider or Specialist and office etiquette education.

Additional outreach regularly implemented focuses on ensuring Enrolled Members have access to and can maintain a dental home. Section G.2.10 Exhibit G.2.10-2 outlines our current outreach plan to support these goals. These outreach activities are data driven and we identify recipients based on claims data. We monitor the success of these outreach activities by re-examining claims 90 days after the outreach activity has been completed (e.g., 90 days after postcards have been sent out). This allows us to continuously monitor success, including the success of specific communication strategies.

Section K Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § K, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Termination

M



Since 2007, the Delta Dental of Iowa Foundation has invested more than \$5.9 million in community health centers and safety net programs.



Hawki
Iowa HHS
400

M. Termination.

Attachment J. Please explain how you propose to execute Section M in its entirety and describe all relevant experience.

Delta Dental has a proven track record of being able to abide by and adapt to any changes of rules and regulations of the Agency and CHIP programs. We have been able to continue our contractual relationship with the Agency for the CHIP program, specifically the Hawki program, since 2005. We have also served the Agency populations through the Iowa Dental Wellness Plan program, specifically the adult population since 2014 and the children population since 2021. Our 18 years of experience and relationship building with the Agency has proven our ability to provide continuous and reliable exceptional quality service. We understand the needs and wants of these populations within Iowa and have built lasting relationships with our Enrolled Members where we see them as an extension of our Delta Dental family.

Delta Dental is confident that any transition of services will be smooth, a credit to our strong relationship building and bond cultivation throughout the years. It would be our goal to continue following our own mission, values, and professionalism during a termination of contract and ensure the continuation of care for Medicaid Members is not compromised throughout the transition process.

M.01 Contractor's Termination Duties.

Delta Dental understands disruption to services provided for Enrolled Members and Providers could have great impact on their continuity of care and health; therefore, we are willing to assist in any degree necessary to ensure the services provided to Enrolled Members and Providers are maintained and efficiently transferred should a contract termination take place. Our plan will be to mitigate any disruption that may occur and work closely with Enrolled Members and Providers to provide appropriate guidance and reassurance during that time. To properly assist in a termination situation, Delta Dental is committed to implementing a Transition Plan that will undergo the Agencies review and approval. We will remain communicative and transparent with both the Agency and any PAHP that is deemed our successor, this will hopefully decrease any burden felt by Enrolled Members and Providers utilizing our services.

M.02 Authority to Withhold.

Delta Dental understands that the Agency retains the authority to withhold final capitation and any other payments due to us until the Agency has received and approved our Transition Plan and have completed activities set forth in the Transition Plan, as well as any additional activities set forth by the Agency. Delta Dental understands the Agency retains sole discretion to determine whether we have satisfactorily completed our transition responsibilities pursuant to the Agency-approved Transition Plan.

M.03 Transition Period Obligations.

Should there be a termination of the Contract, Delta Dental will comply and agree to completing all required Transition Period obligations as outlined in the Contract. We are committed to a collaborative partnership with the Agency and any of its representatives through the Transition Period. Delta Dental would create a Transition Plan for the Agency to review, approve, and revise if necessary to ensure a successful transfer of Enrolled Member and Network Provider information. We will remain financially responsible, provide any data or reports and any additional documentation needed for the transition to occur. We will comply with all items listed in Section M.03(a) – (t).

Dedicated Transition Liaison

During the Transition Period, Delta Dental will have a dedicated Transition Liaison for transition activities and provide for sufficient Claims Payment, Member Services, Care Coordination, and Provider Services staff until Members can be fully assigned to a different Program Contractor. We will comply with all duties and/or obligations, including Provider reimbursement that was incurred prior to the actual termination date of the Contract.

Member Transition

To minimize the impact to Members through the Transition Period, it is important to have an orderly transfer of patient care and patient records to those Providers who will be assigned care for the Enrolled Members. We understand that changing Providers mid-treatment could be harmful, and we will continue to provide services for those Members until that treatment is concluded or an appropriate transfer of care can be arranged. We will transfer all applicable clinical information on file, including approved and outstanding prior authorization requests and a list of Enrolled Members in Care Coordination to the Agency and/or the successor Program Contractor in the timeframe and manner required by the Agency.

Provider Notification and Financial Responsibility

Delta Dental will work with our Network Providers during the Transition Period including notification of the Contract termination and how Enrolled Members will continue to receive dental care. Delta Dental will maintain financial responsibility for the following services during transitions:

- Services or arranging for provision of services to Members for up to 45 days from the Contract termination date or until the Members can be transferred to another Program Contractor, whichever is longer.
- All claims with dates of service through the day of Contract termination or expiration, including those claims submitted within established time limits after Contract termination or expiration.
- Services rendered through the day of Contract termination or expiration and for which payment is denied by Delta Dental and subsequently approved upon Appeal or State Fair Hearing.

Transferring of Data

Delta Dental will provide the Agency or its designated entity with the following information:

- All pre-termination performance data, including any Agency-identified survey tool and HEDIS.
- All outstanding encounter data issues and an action plan to correct those issues. We understand that the Agency reserves the right to withhold capitation payments or any other payments due to Delta Dental until we resolve outstanding encounter data issues.
- All encounter data for all Claims incurred before the Contract termination or expiration date, according to established timelines and procedures and for at least 15 months after Contract termination or expiration.
- Any capitation or other overpayments made by the Agency to Delta Dental within 30 days of discovery and cooperate with the investigation by the Agency or its Subcontractors into overpayments made during the Contract term. Delta Dental would return any capitation or other overpayments, including those discovered after Contract expiration, to the Agency within 14 days of reporting the overpayment.

M.04 Post-Transition Contract Obligations.

Delta Dental is determined to maintain a high-quality of service for all lowans for many years to come, which is a direct reflection of our past years of committed service to include those at the government level and to those that utilize our services. In the event there is a termination of contract, Delta Dental

will comply and remain respectful to what is requested of us and through the post-transition obligations. We understand that termination of this Contract does not discharge the Agency's payment obligations to Delta Dental or our payment obligations to our Subcontractors and Providers. We recognize this continued obligation may include resolving Enrolled Member Grievances and Appeals, maintaining claims processing functions, and any audits requested by the Agency, CMS, the Office of Inspector General, and their designees. We will comply with all items listed in Section M.04(a) – (h).

Section M Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § M, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Reporting

N



Delta Dental proudly supports projects through direct investments and charitable giving. The company contributed \$464,000 to various nonprofits in 2022.



Hawki
Iowa HHS
404

N. Reporting.

Attachment J. Please explain how you propose to execute Section N in its entirety and describe all relevant experience.

Delta Dental has an established reporting process and is committed to quality and timeliness in our reporting. With over 340 contractual reports submitted to the Agency since 2017, our Data team has a thorough understanding of all requirements set forth by the Agency. Our approach to quality data assurance consists of the following:

- Implementation of internal data validation steps
- Quality data at the source
- Project planning to ensure timely submissions
- Fostering effective communication with the Agency
- Established processes that allow for flexibility for Ad Hoc requests and reporting changes.





Exhibit N-1 provides an overview of the features and benefits of our approach to Reporting and how they support the Agency’s key goals. Delta Dental’s proven methodology showcases our ability to meet or exceed the RFP requirements.

Exhibit N-1. Features and benefits of our approach to Reporting and how they support the Agency’s Key Goals.

Features	Benefits	01	02	03	04
Analytics combined with knowledge of Iowa Population (Section N.02)	<ul style="list-style-type: none"> ● Provide better data for our Enrolled Members and the Agency derivative of our in-depth understanding of the Iowa population underlying trends ● Develop initiatives and interventions through insights based on monitoring and analytics that improve health outcomes for Enrolled Members ● Has a thorough understanding of current reporting requirements 		✓	✓	✓
Data Governance Committee comprised of cross-functional teams	<ul style="list-style-type: none"> ● Supports consistent and proper handling of data and information for Enrolled Members, Providers, Agency, and supporting operations 	✓	✓	✓	
Agency Objectives 01- Improve Network Adequacy and availability of services. 02 - Increase recall and prevention services. 03 - Improve oral health equity among Medicaid Members. 04 - Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.					

Throughout this section and in our proposal overall we indicate where our solutions and approaches address these key Agency goals using the following symbols shown in Exhibit N-2:

Exhibit N-2. Agency Key Goals.

Agency Key Goals – Symbol and Description	
 Improve Network Adequacy and availability of services.	 Increase recall and prevention services.
 Improve oral health equity among Medicaid Members.	 Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.

N.01 General.

Delta Dental will comply with the reporting requirements as outlined in Special Contract Exhibits, Exhibit A, and the Agency’s Reporting Manual. We acknowledge the importance of performance monitoring and will continue to submit timely and accurate data to the Agency.

N.02 Reporting Requirements.

Delta Dental has a long-standing working relationship with the Agency and has shown to be an effective and accountable partner. Since our inception of the Hawki program in 2005 and DWP in 2014, we have delivered accurate and timely reports in both contractual and ad hoc reports. A general reporting structure was initiated with the Agency in 2017 and has since been expanded and modified with collaborative feedback from both Delta Dental and the Agency. Exhibit N.02-1 below demonstrates the volume of reports we have submitted since 2017.

Exhibit N.02-1. Reports submitted to the Agency.

Report Name	General Description	Frequency	Times Submitted to Agency
Provider Listing	Monitors Provider access points, claim volume, Enrolled Members seen, and net paid.	Monthly	72
Monthly Data Intake	Monitors dental monthly metrics.	Monthly	84
Ortho Intake	Monitors orthodontia claims.	Monthly	24
GeoAccess Reports	Monitors Delta Dental’s time and distance standards for Enrolled Members.	Quarterly	24
Monthly Financial Reports	Reports and assesses Delta Dental’s revenue, income, expenses, Program Integrity, and third-party liability.	Monthly	24
Quarterly MRT Financial	Reports and assesses Delta Dental’s revenue, income, expenses, Program Integrity, and third-party liability.	Quarterly	4
Financial Ratios	Reports and assesses Delta Dental’s revenue, income, expenses, Program Integrity, and third-party liability.	Quarterly	24
Quarterly Data Intake	Monitors dental quarterly metrics.	Quarterly	28

Report Name	General Description	Frequency	Times Submitted to Agency
Grievances and Appeals Reporting	Monitors the volume of Delta Dental’s Enrolled Member Grievances and Appeals.	Quarterly	20
Subcontractor Reporting	Monitors Delta Dental’s Subcontractor compliance.	Quarterly	25
Provider Credentialing Reporting	Monitors Delta Dental’s Provider Credentialing procedures.	Quarterly	12
Managed Care Program Annual Report	Extracts data pertaining to Topics IV and X for the Agency to submit to CMS.	Annual	1



Increase Recall & Prevention



Improve Oral Health Equity

Our fully Iowa-based Data team has a thorough understanding of Iowa populations and associated reporting requirements. Understanding how geographical access and Social Determinates of Health that affect our neighbors gives our Data team context for their analysis. In addition, by residing in Iowa, we can better understand underlying trends, target interventions, and provide improved data for our Enrolled Members

and the Agency.

To help gain insight on developing initiatives and interventions aimed at improving health outcomes of the Members we serve, our Data team stays updated on upcoming population health topics. By attending conferences, trainings, and community events, our Data team is fully versed in public health. In SFY23, staff members on our Data team attended:

- Iowa Community Health Conference
- Public Health Conference of Iowa
- Cultural Competency Program for Oral Health Professionals
- Community outreach events

Alongside attending trainings and conferences, our Data team utilizes live monitoring of different demographics to create a full picture when analyzing our data.

To improve Member satisfaction and performance metrics, we analyze Network Provider access, utilization, and more. Performance monitoring and data analysis are critical components in assessing our ability to maintain and improve the quality of care delivered to the Enrolled Members. We understand that these reports are vital to help identify emerging trends, as well as potential areas for program improvement. Delta Dental will continue to comply with these requirements to help hold us accountable with performance metrics, provide transparency to stakeholders, and allow the Agency to identify emerging Issues. We acknowledge that failure to meet performance targets will subject us to the corrective actions as outlined in Special Contract Exhibits, Exhibit A.

Delta Dental will continue to comply with all reporting requirements, including but not limited to those requirements found in the Reporting Manual. To ensure these requirements are met, we have established and maintained policies, procedures, and mechanisms (described in more detail below throughout this section) to guarantee that financial and non-financial performance data submitted to the Agency is accurate. We will continue to submit requested data in a fashion that is:

- Complete and accurate
- Within requested timeframes
- In the format identified by the Agency

Delta Dental acknowledges that the Agency reserves the right to require us to work with and submit data to third-party warehouses or analytic Subcontractors. We will maintain our commitment to quality data submissions to any third-party Subcontractors the Agency requests.

Attachment J. N. Reporting
a) Description of how you propose to work with the Agency to ensure quality data is received in a timely fashion.

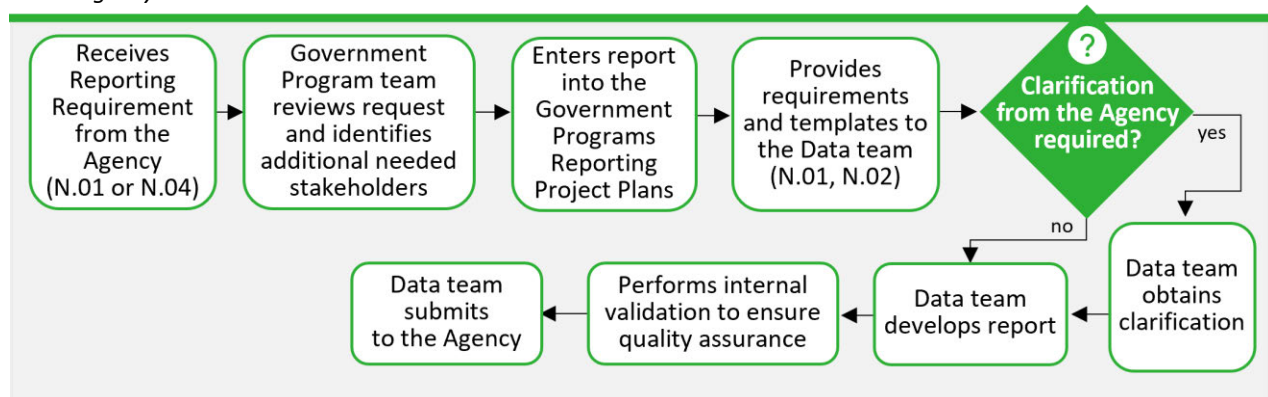
Delta Dental recognizes the importance of timely, quality data submissions and commits to maintaining a relationship with the Agency. To ensure that all submissions are compliant with Contract requirements, we will implement the following strategies:

- Follow our established processes for reporting.
- Create a Government Programs Reporting Project Plan to monitor completion of reports.
- Use generated reports to ensure timely and consistent data.
- Maintain effective communication with the Agency.

Experience and Established Processes

Delta Dental has established processes and has a thorough understanding of reporting requirements. As an incumbent PAHP, we have experience complying with timely submission of data to the Agency. Throughout the years, we have shown success in ensuring quality reports and a working relationship with the Agency. Exhibit N.02-2 outlines our proven and effective reporting process.

Exhibit N.02-2. *Delta Dental has an established reporting process to ensure timely and accurate data submissions to the agency.*



Government Programs Reporting Project Plan

Our Government Programs Reporting Project Plan is a flexible compliance tool developed to monitor reporting. This tracking tool compiles all regulatory and contractual requirements into one platform. The Data team then identifies stakeholders who are responsible for overseeing each report to include the due date. This process allows for additional accountability, ensuring timely submissions. If additional reports are required by the Agency, we can quickly integrate the requirements into our system. Once a due date is programmed in our tracking log, we initiate automated reminders to the key stakeholders.

Generated Reports

Once a reporting requirement is requested and logged in our tracking system, our Data team creates the script needed for the report. After the code has been internally validated, the report is saved for future generation with applicable date frames. This time-tested process allows our Data team to spend more time validating and analyzing data rather than duplicating reporting efforts, ensuring timely submissions and more consistent reporting.

Effective Communication with the Agency

If clarification regarding reporting requirements is needed or issues are identified, we will continue to communicate with the Agency in a timely manner. By fostering a line of communication, we can accurately submit new reports within timeframes. During our scheduled monthly meeting with the Agency, our Reporting team attends and has an opportunity to discuss with the Data team for the Agency. Our Data team is led by our Information Systems Manager who has been with the team for eight years and has developed a deep understanding of data requirements needed by the Agency and has created positive and collaborative relationships with the Data team at the Agency.

From the inception of DWP, DWP Kids, and Hawki programs, our Information Systems Manager has worked collaboratively to provide education and guidance on data measurements. Working collaboratively with the Agency on dental specific reporting shows our commitment to transparency and quality in DWP, DWP Kids, and Hawki programs. Data and reporting remain as a standing agenda item for the monthly meeting and any questions, concerns, or clarifications are proactively addressed at this time. Our open communication and positive relationship with the Agency's Data team allows us to work collaboratively while serving as a partner to complete timely and accurate data requests such as FOIA requests.

Attachment J. N. Reporting.

b) Describe your approach to data quality assurance.

Delta Dental has a multi-stepped approach to quality assurance that starts at the source of our data. Then, once a report has been generated, several validation steps are conducted prior to submission to ensure reports are accurate and timely. To meet Agency standards, we implement the following strategies:

- Data Governance Committee to regulate handling of data
- Accurate and centralized data sources
- Live monitoring of trends
- Internal data validation prior to submission

Data Governance

Delta Dental recognizes that data quality assurance is a top priority to ensure transparency. To maintain accurate data, we have created a Data Governance Committee to oversee and maintain quality data. Data governance is the decision-making to facilitate and regulate the use, lifecycle, quality, improvement, maintenance, monitoring, and protection of data to manage risk, and meet security and compliance obligations.

The Data Governance Committee is a cross-functional team that oversees the people, processes, and information technology required to create consistent and proper handling of data and understands the

information across the organization. This committee consists of the Steering Committee, Data Stewards, and Subject Matter Experts to ensure quality data. Exhibit N.02-3 highlights the key roles involved in this team.

Exhibit N.02-3. *Delta Dental employs a multi-disciplinary data governance committee to ensure consistent and proper handling of data.*

Role	Description
Steering Committee	<ul style="list-style-type: none"> • Central team that is responsible for managing day to day data governance activities • Attends regularly scheduled committee meetings • Manages, develops, and delivers policies, standards, and procedures • Manages the delivery of data initiatives
Data Stewards	<ul style="list-style-type: none"> • Understands the system data workflow • Develops and provides data/reports to their business unit • Ensures data governance processes are followed and guidelines enforced • Recommends improvements to the data governance process
Subject Matter Experts	<ul style="list-style-type: none"> • Provides expertise on key business functions and how data will be used to make strategic decisions

The Data Governance Committee meets monthly to confirm the handling of data is up to our standards and comply with State and Federal regulations. Delta Dental utilizes this team to ensure each data element has a clear definition, the quality of the data, and consistent across all systems. We recognize the importance of quality assurance and employs these meetings to monitor the quality and retention of data while also developing recommendations for improvement.

Accurate Payment of Claims

Our approach to quality reporting starts with the source. Delta Dental's claim accuracy exceeds 99 percent in both payment and processing accuracy. Adjudicating a claim correctly the first time it is submitted minimizes administrative burden and costs for everyone involved. Logic and edits are in place to ensure submitted claims contain the correct information needed to adjudicate automatically without human intervention. If our system detects any issues with a submitted claim, the claim is suspended for manual review by the Clinical team. This validation process ensure that claims are adjudicated correctly the first time.

Centralized Data Source

All data reports submitted to the Agency are pulled from our Dental Benefit Administration System. This system serves as the centralized, one-source of truth for all eligibility, benefit, claim, outcome, and utilization data. Using our integrated systems, we can offer up the same information through various collection, analysis, and interface sub-systems in real time. With the use of a centralized data source, no manipulation of data is needed, allowing for greater accuracy.

Live Monitoring

Delta Dental utilizes internal automated dashboards to monitor our performance measure metrics, claims utilization, and enrollment. This allows our Data team to identify trends throughout the year, assess emerging issues, and validate reports against for our DWP, DWP Kids, and Hawki Programs. Exhibits N.02-4 and N.02-5 highlight a few examples of our dashboards.

Exhibit N.02-4. *Performance measure monitoring dashboard.*

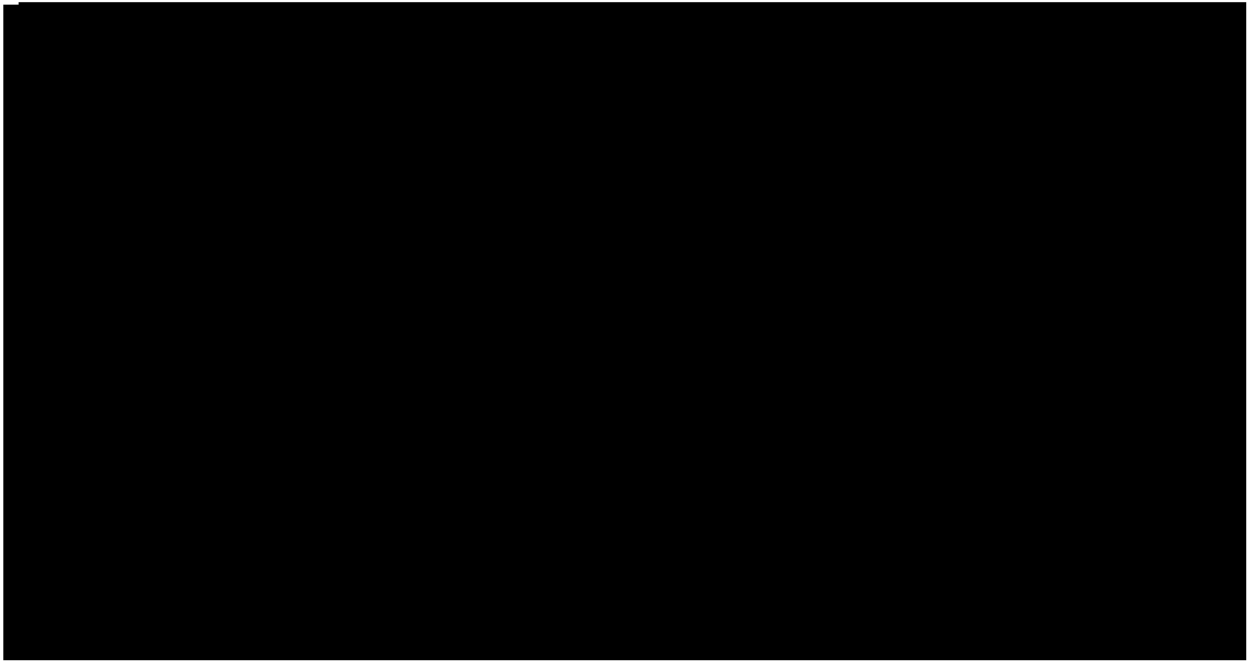
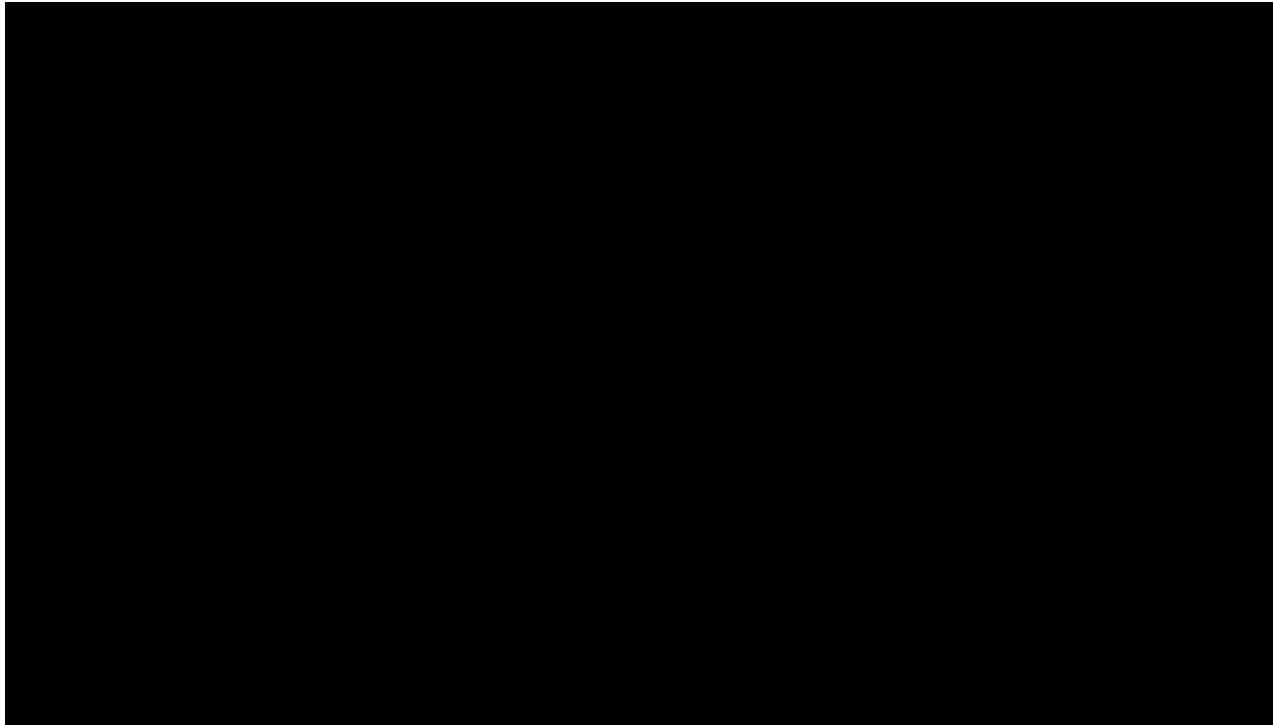


Exhibit N.02-5. *Utilization dashboard.*



Data Validation

Data validation and conformity are of the utmost importance. We perform rigorous data validation reviews to ensure data accuracy and integrity throughout our processes. Data validation has a multi-tiered approach consisting of load procedures, data governance, standardized processing, and peer review. Nightly, our production system is duplicated into a reporting environment known as our

Reporting Data Warehouse. After data load processes occur, a report is generated for database administrator review to confirm no data was lost or corrupt in transit. Database level constraints including referential keys and unique keys, are constantly checking the quality of the loaded data to make it consistent and reliable. A logical layer is imposed as views on these base tables to translate values into understandable industry and business terminology. The logical layer of these applications is maintained by database administrators. Any alteration or update to these logic layers goes through our development life cycle to keep data consistent and standardized.

Internal Review

Once a report or ad hoc request has been generated, Delta Dental performs an internal review to validate the data. Prior to submission, our Data team performs quality checks on all data elements. This validation process checks to see if data submissions are complete, reasonable, comparative to previous reports, and in a template and manner requested by the Agency. It also checks to see if the code utilized has been validated by our Data team and uses correct date frames. Exhibit N.02-6. Shows an overview of the checklist completed prior to submission to the Agency.

Exhibit N.02-6. Internal review checklist prior to submission.

Reporting Requirements (N.02) Internal Validation Checklist			
<ul style="list-style-type: none"> <input type="checkbox"/> Are all data elements complete? <input type="checkbox"/> Do all data elements seem reasonable? <input type="checkbox"/> Have you validated the data with a subject matter expert to ensure accuracy? 	<ul style="list-style-type: none"> <input type="checkbox"/> How does the output compare to historical versions of the same report? <input type="checkbox"/> If an abnormally or emerging trend is identified, have you investigated the concern? 	<ul style="list-style-type: none"> <input type="checkbox"/> If there is a new request from the Agency, have you validated the code with the Data team to ensure correctness? <input type="checkbox"/> Is the code using correct timeframes for said report? 	<ul style="list-style-type: none"> <input type="checkbox"/> Is the report in the format the Agency requests? <input type="checkbox"/> Are you using the correct template?

N.03. Implementation and Operational Reporting.

Delta Dental understands the Agency reserves the right to require more reporting during the implementation and the timeframe following the new contract to monitor implementation, permit adequate oversight and correction of problems as necessary, and ensure satisfactory levels of Member and Provider Services.

Delta Dental has multiple years of experience working and a track record of demonstrating success while working with the Agency. We have an established monitoring process and are compliant with this Contract and the Reporting Manual. We agree with the additional reporting requirement during the transition to closely monitor our performance during the implementation period. Since 2017, we have demonstrated and provided timely submission of information requested by the Agency.

N.04. Changes & Ad Hoc Reports.

Attachment J. N. Reporting
c) Describe your ability to adjust to dynamic and ad hoc data and reporting requests as may be required by the Agency.

Delta Dental is familiar with ad hoc reporting requests and understands their relevance in gaining insight on program performance. Our ad hoc data reporting process allows for a quick and timely response, regardless of turnaround time. Once an ad hoc report has been requested, we immediately assign a team member who has expertise in the request to ensure accountability and accurate data. If follow-up questions are required to complete the process, the Data team will reach out to the Agency for clarification.

All ad hoc data and reporting requests, including change requests, will flow through our existing reporting processes. Our dedicated Data team will work with the Government Programs team to create or update any new reports required by the Agency. If the report becomes routine, it is then added to the project plan and an automation schedule. Once the report has been completed, internal peer review is conducted prior to submission. Our Data team is responsible for submission of ad hoc reports; they ensure the reports are submitted in a timely fashion and comply with all format or layout requirements set forth by the Agency.

N.05. Audit Rights and Remedies.

Delta Dental will continue to utilize established policies and procedures to ensure that all submitted reports are accurate and timely. Should the Agency identify issues in our self-reported data, we understand that the Agency reserves the right to audit us at any time. We will continue to maintain all supporting data related to all reports submitted pursuant to the Reporting Manual or ad hoc reports and will make this data available for review and audit.

Delta Dental is committed to maintaining a working relationship with the Agency to assure accurate and timely data submissions. We will continue to work with the Agency to address continuity concerns, emerging trends, and disparities in Iowa. We acknowledge that Delta Dental is subject to corrective action plans (CAPs for non-compliance with any reporting requirements and performance standards.

N.06 Meeting with the Agency.

We have created a collaborative relationship with the Agency to meet the State's reporting needs and help build processes to enhance the Agency program. Our Government Programs team will continue to be available for meetings or conference calls regarding performance data or contractual and ad hoc reporting requests. We acknowledge that meetings or conference calls will be scheduled on days and times that are mutually agreed upon by the Agency and Delta Dental. In our meetings with the Agency, we will continue to invite pertinent staff and provide additional details and supporting documentation for the reporting we provide.

If the Agency identifies potential performance issues, Delta Dental will continue to formally respond in writing to these issues within the requested timeframe. These written responses will be internally reviewed before submission to ensure accuracy. Should Delta Dental fail to provide a formal, written response to the feedback or fail to respond within the timeframe, we recognize that the Agency may consider us noncompliant in its performance reporting and may implement corrective actions.

Section N Acknowledgement and Affirmation.

Delta Dental acknowledges and agrees to comply with all requirements stated in the RFP in accordance with applicable State and Federal requirements. We agree to perform all the deliverables listed in Attachment F, Section 4: Program-Specific Statements, § N, as well as all the prompts delineated in Attachment J in accordance with applicable State and Federal requirements.

Tab 3 - Attachments

Tab 3: Attachments

The following attachments are included in response to Tab 3: Bidder's Approach to Meeting Deliverables

Section A Attachment.....	416
Section E Attachment	440
Section I Attachment	489

Section A Attachment

- Attachment A.1: Draft Implementation Plan

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Section E Attachment

- Section E.1:
 - Delta Dental Participating Dentist's Dental Wellness Plan and Children's Dental Medicaid Plan Agreement
 - Delta Dental Dental Wellness Plan Uniform Regulations
 - Delta Dental Premier® Participating Dentist's Agreement
 - Delta Dental Participating Hawki Orthodontic Services Agreement
 - Delta Dental Uniform Regulations – Premier, PPO and Hawki Programs



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PARTICIPATING DENTIST'S DENTAL WELLNESS PLAN
AND CHILDREN'S DENTAL MEDICAID PLAN AGREEMENT

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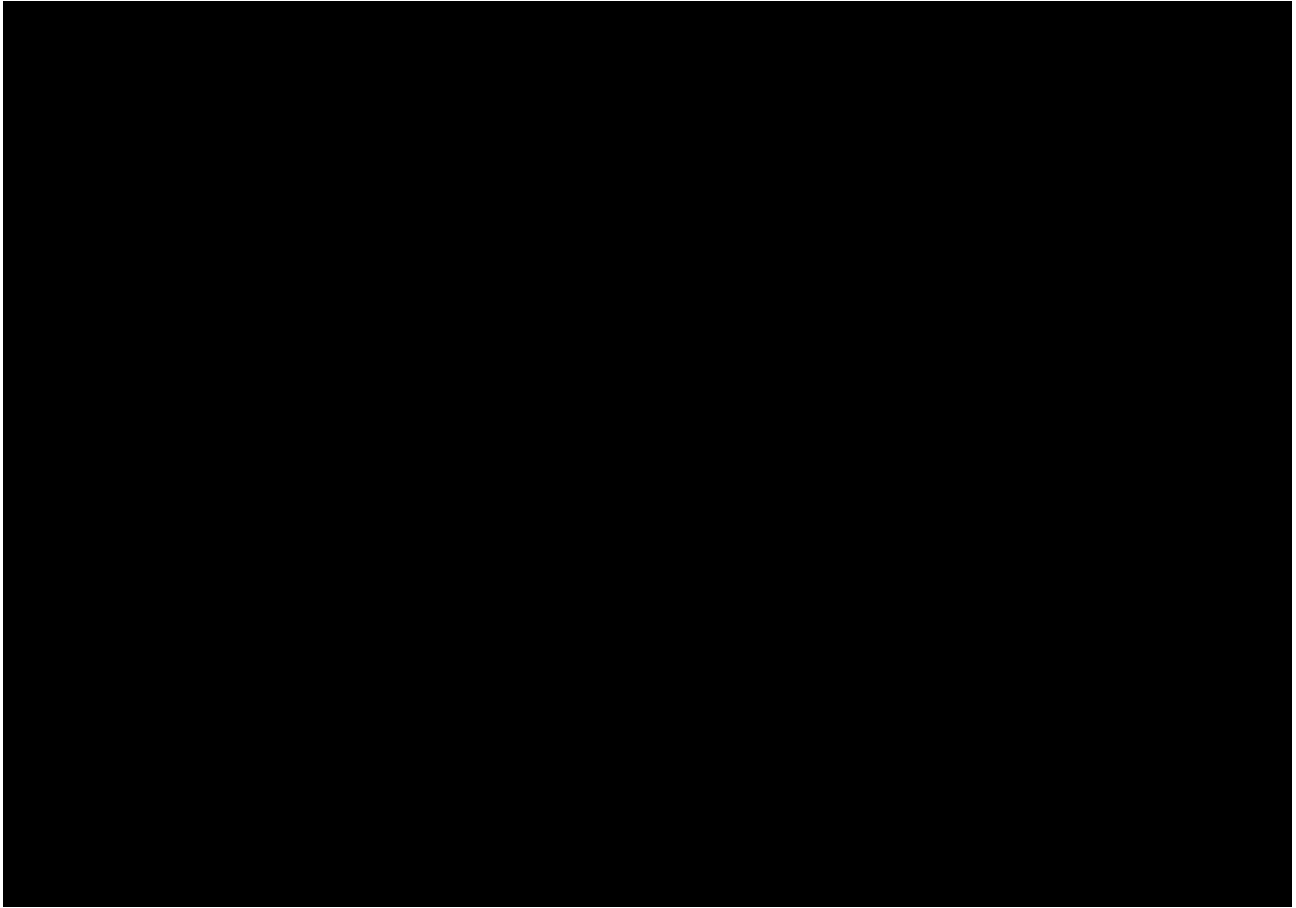
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Uniform Regulations

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Section I Attachment

- Section I.1: Disclosure of Ownership or Control

Attachment I.2.07: Disclosure of Ownership or Control

Delta Dental Officers				
Name/Title	Business Address	Date of Birth	Social Security Number	Officer/Managing Employee and/or Board Director
April Schmaltz, Interim Co-CEO/Senior Vice President of Sales and Marketing,	9000 Northpark Drive, Johnston, Iowa 50131	[REDACTED]	[REDACTED]	Officer/Managing Employee
Todd Herren, Interim Co-CEO/Senior Vice President of Technology and Operations	9000 Northpark Drive, Johnston, Iowa 50131	[REDACTED]	[REDACTED]	Officer/Managing Employee
Gretchen Hageman, CEO of the Plan, DWP, DWP Kids, and Hawki	9000 Northpark Drive, Johnston, Iowa 50131	[REDACTED]	[REDACTED]	Officer/Managing Employee
Jeffrey Chaffin, DDS, Dental Director	9000 Northpark Drive, Johnston, Iowa 50131	[REDACTED]	[REDACTED]	Officer/Managing Employee
Michael Elam, Vice President of Underwriting & Actuarial	9000 Northpark Drive, Johnston, Iowa 50131	[REDACTED]	[REDACTED]	Officer/Managing Employee
Stephanie Gott, Vice President Human Resources	9000 Northpark Drive, Johnston, Iowa 50131	[REDACTED]	[REDACTED]	Officer/Managing Employee
Suzanne Heckenlaible, Vice President Public Affairs	9000 Northpark Drive, Johnston, Iowa 50131	[REDACTED]	[REDACTED]	Officer/Managing Employee
Sherry Perkins, Vice President Finance & Controller	9000 Northpark Drive, Johnston, Iowa 50131	[REDACTED]	[REDACTED]	Officer/Managing Employee

Delta Dental Officers				
Name/Title	Business Address	Date of Birth	Social Security Number	Officer/Managing Employee and/or Board Director
Ro Crosbie, Chair	[REDACTED]	[REDACTED]	[REDACTED]	Board Director
Donna Grant, DDS, Vice Chair	[REDACTED]	[REDACTED]	[REDACTED]	Board Director
Jeff Chungath	[REDACTED]	[REDACTED]	[REDACTED]	Board Director
Greg Dunn	[REDACTED]	[REDACTED]	[REDACTED]	Board Director



Delta Dental Officers				
Name/Title	Business Address	Date of Birth	Social Security Number	Officer/Managing Employee and/or Board Director
Maria Fuller, DDS	[REDACTED]	[REDACTED]	[REDACTED]	Board Director
Libby Jacobs	[REDACTED]	[REDACTED]	[REDACTED]	Board Director
Tom Mahoney	[REDACTED]	[REDACTED]	[REDACTED]	Board Director
Scott Yegge, DDS	[REDACTED]	[REDACTED]	[REDACTED]	Board Director





Tab 4 - Bidder's Experience

Tab 4: Bidder’s Experience

3.2.4 Bidder’s Experience.

Delta Dental is committed to continuing to provide quality dental services for lowans and supporting the Agency’s mission to do so. We understand the Agency’s priorities and we have experience supporting them. This section describes our extensive, relevant experience and where applicable, we have indicated where this past and present experience directly relates to the Agency’s key goals using the following symbols shown in Exhibit 3.2.4-1:





Exhibit 3.2.4-1: Agency Key Goals

Agency Key Goals – Symbol and Description	
 <p>Improve Network Adequacy and availability of services.</p>	 <p>Increase recall and prevention services.</p>
 <p>Improve oral health equity among Medicaid Members.</p>	 <p>Improve coordination and continuity of care between managed care plans and enhance medical/dental integration.</p>

3.2.4.1 Bidder’s Experience.

Local Expertise from a Local Partner

As a local Iowa not-for-profit company, we have the experience and commitment to service, and a shared mission to improve the health and smiles of all lowans. **For more than 53 years, Delta Dental has been the number one dental carrier in Iowa and across the United States.** Through our relationships with our Providers and partners, we have been successful in providing better dental care for our Members. Delta Dental is proud to serve over 1.6 million Members with dental coverage, which shows our determination and success in providing exceptional quality service. Delta Dental also has over 18 years of experience in partnering with the Agency to provide managed care services for more than 518,000 Dental Wellness Plan (DWP), DWP Kids, and Hawki Members.

BY THE NUMBERS		
PAHP Dental Carrier		
	Dental carrier since 2005	54,387
	Dental carrier since 2014	270,750
	Dental carrier since 2021	193,133
Total Members as of June 2023		518,270

In addition, Delta Dental provides dental services for Medicare Advantage and individual Affordable Care Act (ACA) plans through the Health Care Marketplace, serving more than 12,000 Iowa Members. The depth of these plan offerings gives Delta Dental a unique experience in managing benefits through the government marketplace. We are continually driven to improve the health and wellness of our Enrolled Members and the communities we serve. Our home base is in the State of Iowa, we have unique insights to better relate and fully understand our Enrolled Members’ needs:

- Local Service, Local Expertise** – Being based in Iowa allows us to have the local expertise and knowledge needed to effectively embrace its unique and diverse cultures and norms. The Delta

Dental Government Programs team is 100 percent based in Iowa and we are committed to ensuring that Members are getting exceptional quality service in all their interactions with our team. Having this local connection and familiarity allows us to relate and empathize with our Members, which creates a greater, trusting connection with them. For example, empathizing about the latest winter storm and not being able to get to their dental appointment or discussing their favorite Iowa sports team, we are able to relate on a deeper, more personal level making Members feel respected, heard, and connected.

- **Dental Health Partnerships and Collaboration** – As the leading dental carrier and major financial contributor of oral health in Iowa, Delta Dental actively engages in numerous coalitions, boards, and networking across the state. This allows Delta Dental to stay informed about prevalent issues and/or barriers, gain insight about how we can identify solutions, and respond promptly to ensure optimal health outcomes for our Enrolled Members.
- **Investing in Provider Relationships** – Delta Dental covers more than 1.6 million Iowans through our Government Programs and commercial business. Our relationships with our Provider Networks are important to us and we have a vested interest in maintaining those relationships. Our dedicated Professional Relations team is committed to ensuring our Network Providers thrive, which is critical to the success of DWP, DWP Kids, and Hawki, ultimately benefiting the health of our Enrolled Members.

Delta Dental has been committed to ensuring all employees are accessible, adaptable, and responsive to Members, Providers, and the Agency. One of our company values is Exceptional Quality Service and this philosophy begins at the top with Delta Dental's key Government Programs leaders. Our current and proposed key Government Programs leaders include:

- Gretchen Hageman, Plan CEO of DWP, DWP Kids, and Hawki
- Dr. Jeff Chaffin, Dental Director
- Nicole Miller, Project Manager of DWP, DWP Kids, and Hawki/Grievance and Appeals Manager

Gretchen Hageman, MA, Plan CEO of DWP, DWP Kids, and Hawki

Gretchen Hageman is the Plan CEO of DWP, DWP Kids, and Hawki programs for Delta Dental. She has been an instrumental leader for DWP since its launch in 2014. As the Plan CEO of DWP, DWP Kids, Hawki, Ms. Hageman is responsible to direct and oversee strategy and operations for optimal plan performance. This includes ensuring compliance with policies and procedures, operational excellence, fostering a robust Provider Network, and oversight of financial performance. She earned her Master's in Health Promotion in 2000. Prior to her leadership role with Delta Dental, Ms. Hageman served in various public health leadership roles with the Iowa Department of Public Health for over 15 years, including serving as the Bureau Chief for the Bureau of Family Health. In her 15 years at the Iowa Department of Public Health, her focus was on building systems of care that supported low-income families, such as Maternal and Child Health, 1st Five, Covering Kids and Families, and Maternal, Infant, Early Childhood Home Visiting. Her relationships with colleagues at the State of Iowa as well as the Provider community have positioned Delta Dental as a leader in government programs. Throughout her career, Ms. Hageman has brought together individuals with diverse perspectives and thoughts, with a goal of collaboration and innovation to create actionable plans that make a difference in the health of Iowans. As a result of Ms. Hageman's broad professional experience, she understands the complexities of policy, payment, and health care systems. She has also been instrumental in leading Delta Dental's partnership with Wellmark to implement dental benefits for their Medicare Advantage Members. In addition, she is also leading discussions with other managed care partners to add DeltaVision to their benefits. She is a recognized leader in public health and government programs not only in Iowa but throughout the

country. She serves on National Association of Dental Plans Government Programs Committee, Delta Dental Plans Association Government Programs Committee, and has been a featured speaker at National Oral Health Conference and Value Based Care for Medicaid Managed Care. Ms. Hageman is passionate about meeting the needs of Enrolled Members and has the knowledge to execute and lead strategies that ultimately provide better health for Iowans.

Dr. Jeffrey Chaffin, DDS, MPH, MBA, MHA, Dental Director

Dr. Jeffrey Chaffin is an experienced senior level dental benefits executive and is currently the Chief Dental Officer for Delta Dental. In this capacity, his responsibilities include all aspects of development and management of the dental network with a focus on network innovation and provider quality. He is the primary liaison with dentists in Iowa and manages the scientific and clinical aspects of policy related to the administration of dental benefits for Delta Dental's employer customers as well as our Government Programs work. Prior to joining, Dr. Chaffin completed a 21-year Army career with his last assignment serving as the Dental Chief for the TRICARE Management Activity. In that role he was responsible for administering the Department of Defense's dental insurance programs. He served as the Consultant for Dentistry to the Assistant Secretary of Defense for Health Affairs and as the Consultant to the Army Surgeon General for Dental Public Health. Dr. Chaffin was a Distinguished Military Graduate from the University of Tampa in 1988, and received a Doctor of Dental Surgery from the University of Nebraska in 1992, a Master's in Public Health from the University of Michigan in 2000, a Master's in Business Administration from the University of Texas at San Antonio in 2006, and a Master's in Health Care Administration from Baylor University in 2006. He completed a one-year Advanced Education in General Dentistry Residency at Fort Sill, Oklahoma in 1993. Dr. Chaffin is a Diplomat of the American Board of Dental Public Health, a Fellow of the American College of Healthcare Executives, a Fellow of the International College of Dentistry, a member of the Official Order of Military Medical Merit (O2M3), and he holds The Surgeon General's "A" designator for excellence in Dental Public Health. He currently serves on the board of the Delta Dental of Iowa Foundation, the Medicaid State Dental Association, and the Delta Dental Institute.

Nicole Miller, MPH, MPA, Project Manager of DWP, DWP Kids, and Hawki

Nicole Miller is a passionate advocate for oral and overall health equity and serves as the Project Manager for DWP, DWP Kids, and Hawki programs, where she has made significant contributions to for over eight years. Her role encompasses responsibilities such as overseeing the Member Outreach and Care Coordination and Case Management team, ensuring accurate performance data reporting, managing encounter submissions, overseeing the Grievance and Appeal team, and serving as lead on internal and external audits for Government Programs. With experience working closely with health care Providers and Medicaid Members, Ms. Miller brings a deep understanding of the challenges faced within the health care system. She earned her Master's in Public Health from Des Moines University in 2014 and to complement her public health expertise, Ms. Miller also obtained her Master's in Public Administration with a focus on Healthcare Administration from Drake University in 2017. Ms. Miller excels in project management and has a proven track record of forging enduring partnerships with stakeholders. Ms. Miller is responsible for overseeing all subcontractor management activities related to this Contract. Her role involves providing support to business contract owners during quarterly meetings with each subcontractor, with the aim of ensuring compliance with Federal and State regulations, adherence to delegated functions, and the delivery of exceptional quality service. Her dedication to data-driven decision-making ensures that interventions and strategies are evidence-based and yield tangible results in advancing access to dental care for Medicaid Members. Ms. Miller's has been a presenter at conferences such as the National Oral Health Conference, the CMS Quality Conference, the

Iowa Governors Conference on Public Health, and the American Public Health Association Annual Meeting where she has shared the importance of dental Medicaid to achieve health equity.



As Project Manager, Ms. Miller oversees and ensures Subcontractor compliance for all Government Programs Contracts. She works closely with the Compliance team in reviewing subcontractor policies and procedures. Ms. Miller works with internal contract owners to ensure contracts, statement of work, performance metrics and quarterly meetings are completed. She also oversees all subcontractor corrective action plans.

Technical Operational Expertise, Systems Built for Dental & the Future

Over the last 10 years, Delta Dental has made significant investments in our proprietary Dental Benefit Administration System. **By owning our technology, we can accommodate plans based on the needs of the Agency and Enrolled Members. Delta Dental takes a secure, customer-centric approach to technology that emphasizes the evolving technological, access, and accessibility needs of our Members, while helping Providers offer the best and most efficient care possible.** With a dedication to reducing barriers and increasing engagement, our significant investment in technology helps to drive holistic solutions to complex problems. Delta Dental’s fully integrated Dental Benefit Administration System provides for unique, next-generation configurability, allowing us to meet the ever-changing landscape of benefit programs while maintaining security, quality, transparency, and interoperability with Enrolled Members and Providers.

- **Seamless “Go-Live” Implementation Record** – Throughout the 18 years of planning and working closely with the Agency, Delta Dental has had seamless “go-live” implementation processes with minimal, if any, negative feedback from Providers, Members, and our non-profit agencies with the DWP, DWP Kids, and Hawki plans.
- **Delta Dental of Iowa has passed every readiness review session at 100%** – Delta Dental understands the Agency’s expectations for the Readiness Review and a seamless implementation of this Contract. Delta Dental has successfully conducted three seamless readiness reviews for DWP, DWP Kids, and Hawki. As part of Tab 3: Bidder’s Approach to Meeting Deliverables, Section A.21, Delta Dental has provided a draft implementation plan as Attachment A.1.
- [REDACTED]

Network Strength

Delta Dental has 913 DWP Network Providers in Iowa and surrounding states and 1,145 Hawki Network Providers. **We ensure 99.9 percent DWP, DWP Kids, and Hawki Enrolled Members have at least one Network Provider within 30 miles and 30 minutes.** Our extensive knowledge and relationships with Providers and business partners gives us the unique opportunity to serve a variety of Enrolled Members from diverse backgrounds and locations. We have a vested interest in developing and maintaining a professional relationship with each of our Network Providers. Our Professional Relations team is dedicated to fostering these trusted working relationships.

As the largest dental benefit carrier in Iowa, we have built and maintained relationships with our Network Providers. We leverage our relationships with these Providers to ensure the DWP, DWP Kids, and Hawki Networks are the largest and most accessible for Enrolled Members. Delta Dental is committed to Iowa and to our Provider Network.

99.9% of Iowans have at least one DWP Provider within 30 miles and 30 minutes

Though we meet the Agency’s Network Adequacy formula for both rural and urban communities, that is not good enough for Delta Dental. **Daily, we collaborate with Iowa dentists, Federally Qualified Health Centers, I-Smile™ program coordinators, local Title V Screening Centers, and others to address unique barriers to care for Enrolled Members and improve the overall access to a dental home.** These health care strategies include case management, funding of additional operatories at Federally Qualified Health Centers throughout the State, mobile dentistry, teledentistry, Iowa Mission of Mercy (IMOM) funding, and the Fulfilling Iowa’s Need for Dentists (FIND) Program.

Delta Dental in Action | Empowering Healthy Rural Iowa

Title: Fulfilling Iowa’s Need for Dentists (FIND) – dental education loan repayment program award

Amount Invested since 2002: \$2,478,773 from Delta Dental of Iowa, \$869,034 from State appropriations, and \$446,350 from community matching funds. (\$3,794,157 total)

Project Dates: 2002-current

Geographic Area Served (Counties): Statewide

Project Description: The Fulfilling Iowa’s Need for Dentists (FIND) Project has been assisting dentists and dental students with establishing practice locations in Iowa since 2008. This project is an expansion of Delta Dental of Iowa’s Dental Education Loan Repayment Program, which began in 2002. FIND continues to offer loan repayment to new graduates or practicing dentists through a partnership with the State of Iowa, Delta Dental of Iowa and local communities. Through the FIND Project, new graduates or practicing dentists can receive education loan repayment in exchange for establishing a dental practice to help address the oral health care needs of underserved Iowans. The selected dentist agrees to allocate at least 35 percent of patient visits to underserved populations, including a minimum of 15 percent Medicaid-insured patients. The current FIND project offers two options:

- \$200,000 over a 5-year period for a dentist serving in a high-priority county
- \$125,000 over a 5-year period for a dentist serving in a priority or non-designated county

Results: Since the 2002 inception of the loan repayment program, 56 dentists have received awards – **with over \$3.5 million in funding awarded. These dentists have provided 326,000 patient visits and more than 878,000 dental services to underserved Iowans.** This has had a significant impact on improving the oral health and overall health in their communities.

56 dentists

Since 2002

326,000

Patient visits

878,000

Services to underserved Iowans

One of our strategic priorities is to help our Providers thrive. Many Providers have gone through a significant number of changes over the last few years. We have a vested interest in ensuring Iowa Providers maintain their economic vitality. Some strategies we have implemented include:

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- [Redacted]
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Delta Dental worked with dental partners to develop mental health resource cards for dentists.

Primary Care Innovation Leader

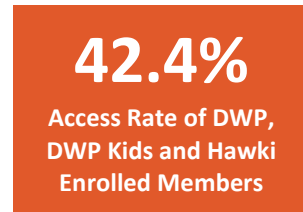


Increase Recall & Prevention

Healthy smiles and healthy lives are closely connected. Overall health and wellness begin with preventive care like dental exams and cleanings. And we know that **access to quality dental care improves overall health, which lowers medical costs and increases quality of life.** A routine dental exam can identify the signs and symptoms of more than 120 diseases early, before they can become more difficult and costly to treat. Prevention motivates parents to take their children to the dentist. There is a higher propensity that a parent will see a dentist if their child is seeing a dentist. For the aging population, poor oral health can exacerbate additional systemic and chronic conditions causing malnutrition, inflammation, and if not treated, possibly aspirated pneumonia or other critical health conditions. For pregnant women, ensuring good dental care during pregnancy happens can reduce the risk of gum disease to the mom and help ensure a healthy birth outcome. In addition, a mom that has significant bacteria present in her mouth can pass that on to her baby in the child's first year of life.



Delta Dental is focused on improving dental health along with overall health for Iowans. Whole person care continues to be a hallmark of Delta Dental’s mission and focus. Through Delta Dental’s Care Coordination, Member education, and Provider Network access, 42.4 percent of Enrolled Members with 12 months of continuous coverage



had a service in SFY23. To have optimal overall health, one must have good oral health. Medical and dental integration has been a strong focus for the Agency, and we share that commitment. Over the last several years, we have been working closely with Managed Care Organizations (MCOs) to coordinate the care of identified Members. We believe that to have a member-centric, coordinated referral system between medical and dental, we need to share data with the MCOs. We are working to establish data sharing agreements with the three MCOs for implementation in SFY24. The data sharing agreements will allow us to work together to provide comprehensive, integrated care coordination and allow us to work with specific populations to improve health outcomes. This will also allow us to continue to focus on a patient-centered approach to health and identify Members who had a dental related emergency room visit and link the Member to dental services.

Over the last decade, Delta Dental and our Foundation have made strategic investments in primary care to continue to build a stronger, informed, and networked public health infrastructure to care for children in Iowa. The American Academy of Pediatric Dentistry recommends that a child should go to the dentist within six months of getting the first tooth and no later than the first birthday. An early visit to the dentist can set the foundation for a lifetime of great oral health. Unfortunately, not all dentists accept young children in their practice (0-5 years) or did not receive the knee-to-knee oral health exam training that is now included in dental school curriculum.

The Dentist by 1™ campaign was launched in 2011 to educate and encourage Iowa parents to take their children to the dentist by the recommended age of 1. The campaign included multi-media messaging along with grassroots stakeholder involvement in the designated counties. This included additional educational tools for organizations and provider groups to promote statewide. This campaign led to Cavity Free Iowa, a medical/dental initiative, focused on early oral health care and prevention of early childhood cavities.

Delta Dental in Action | Access to Dental Care

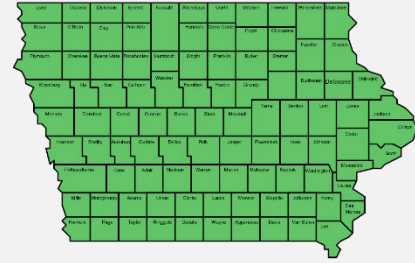
Organization: Iowa Department of Health and Human Services, Des Moines (Polk)

Title: Cavity-Free Iowa

Amount Awarded: Collaborative partnership

Project Dates: 2017 - current

Geographic Area Served (Counties): Statewide



Project Description: Cavity Free Iowa is a medical/dental initiative focused on early oral health care and prevention of early childhood cavities. Recognizing that young children often see their primary care provider on a routine basis for well child visits, the goal of Cavity Free Iowa is to increase the number of children 0-35 months receiving preventive oral health services and dental referrals. The initiative was launched in central Iowa in 2017 with support from pediatric and family practice physicians, dentists, our Foundation, and the Iowa Department of Public Health.

Results: Since the program began, 621 medical providers have been trained in 45 counties by I-Smile™ Coordinators to apply fluoride varnish in a medical setting (0-35 months).



Delta Dental in Action | Medical/Dental Integration – Maternal and Oral Health

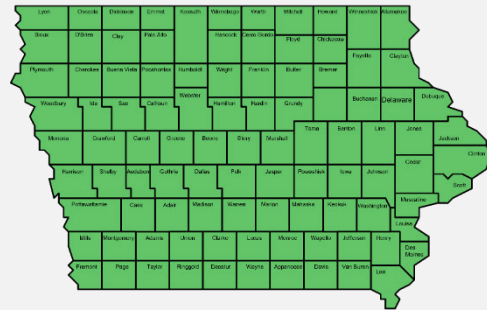
Organization: Healthy Birth Day, Inc., Des Moines (Polk County)

Title: Improving Birth Outcomes by Creating Equitable and System Change in Oral Healthcare and Outreach

Amount Awarded: \$21,500 (2020), \$72,000 (2021) and \$23,500 (2022)

Project Dates: 06/01/2021- 08/31/2023

Geographic Area Served (Counties): Statewide



Project Description: Evidence shows that receiving dental care during pregnancy can improve the health of both baby and the mother by reducing the risk of gum disease and poor birth outcomes. Routine dental appointments during pregnancy can help prevent dental issues, keeping both mother and baby healthy. Around 70 percent of pregnant women will develop gingivitis during pregnancy, which can lead to periodontitis (gum disease), which has been linked to preterm birth and low birth weight.

One in 169 pregnancies ends in stillbirth, while 1 in 96 pregnancies among African American women end in stillbirth. Oral health and stillbirth prevention messaging is critical for reaching out to those at greatest risk of losing a baby --- African American women, refugees, lower income, and teenagers. The Foundation chose to invest in, and partner with, Health Birthday, Inc. to help raise awareness about the importance of maintaining good oral health while expecting. 2021 support from our Foundation helped to expand educational resources regarding the importance of good oral health care during pregnancy, focusing on those most at risk for stillbirth. This included hiring a Healthy Equity Coordinator position and adding oral health questions and resources the Healthy Birth Day’s Count the Kicks fetal monitoring app. This app is free to all and can be used worldwide.

Results: Through focus groups in 2021, it was learned that a major disconnect existed in Iowa between OB/GYNs and dentists- neither promoted the other when both are extremely important during pregnancy. A toolkit with information was provided to more than 1,500 medical and dental providers across the state. In addition, dedicated PSAs and educational information were created with representation of Black/African American lowans who are expecting or of childbearing years.



Equity Impact on Iowa Communities and Health



Improve Oral Health Equity

Through our Foundation and company giving, we are the leading Iowa financial contributor for oral health initiatives with an equity lens. **As an Iowa not-for-profit company, we have been deeply involved in the communities we serve, guided by a promise to improve the health and smiles of all Iowans. We have invested more than \$62 million to improve the oral and overall health of Iowans.**

Delta Dental understands its important role and is committed to listening, learning, and addressing challenges and barriers collectively to improve access to care for the most marginalized populations in Iowa.

According to the 2020 US Census, the Hispanic or Latino population that identified in Iowa was 6.8% and those identified as Black or African American was 4.1%. There were five Iowa counties that had the least percentage of population identifying as white:

Buena Vista County	Crawford County	Marshall County	Woodbury County	Polk County
60.5%	68.2%	73.8%	72.5%	75.9%

Recognizing the diversity of our Midwest State in geography, culture and socioeconomics, Delta Dental has continued to be a good partner in working with other nonprofits to understand the problem, engage multiple stakeholders and find solutions to deliver oral and overall health care to meet Iowans diverse needs. A couple of examples of this commitment include the following:

- Access to oral health care is challenging for refugees who are fleeing their home countries due to violence or persecution. Often refugees spend years languishing in refugee camps overseas with no access to oral health care and when they arrive in the U.S., many have severe dental decay and pain. In 2022, to address the influx of Afghan refugees into Iowa over a short period of time, our Foundation worked with local nonprofit provider organizations to find solutions to address the significant oral health needs of the refugee population. **The Foundation invested a total of over \$80,000 with Dental Connections, Broadlawns, and Primary Health Care to plan and implemented a targeted, trauma informed care coordination approach to ensure refugees received emergency and comprehensive dental care in a timely and culturally sensitive manner.**
- Delta Dental and our Foundation brought volunteer leaders from SALUD Multicultural Health Coalition of Storm Lake (SALUD), located in Buena Vista County, **to engage with our team and board members to learn more about barriers to care, community issues, and how to engage and address the socioeconomic issues facing the Storm Lake community.** SALUD envisions a Storm Lake community that values diverse leadership as essential to achieving equitable opportunities for the health and well-being of all.

DELTA DENTAL IN ACTION

Delta Dental has funded opportunities for SALUD to advance health equity in health and well-being through:

- ✓ Holding spaces for authentic dialogue
- ✓ Inviting community members to co-create and shape responses to community needs
- ✓ Empowering compassionate leaders that mirror the diversity of Storm Lake

- Our Foundation provided a \$25,000 grant to The Medicaid/Medicare/CHIP State Dental Association (MSDA) to develop a self-risk assessment tool, called the Oral Health Equity Self-Assessment (OHEA) with the Agency and the current dental PAHPs. The specific objectives of the project were to: 1) re-design, consolidate, and simplify the existing oral health self-assessment tools [for use by Members] so that one tool may be applied across the Medicaid program; 2) increase the number of DWP Members who complete and submit an oral health self-assessment; 3) increase the number of DWP Members who use preventive oral health care services; and 4) increase equity in preventive services utilization among the DWP Member population. The implementation of the OHEA tool was completed in SFY23 and is currently being implemented by the dental PAHPs.

Community Collaborator

Delta Dental is the premier leader in dental health care networking and expert in oral health issues in Iowa. Given the range of oral and overall health issues facing Iowans, we believe it is imperative that we serve as a leader, collaborator, and at times investor in the field. We believe it is our responsibility to step up, always. **Our mission is to improve the health and smiles of the people we serve; this mission cannot be done without working in partnership with others.** Achieving real change within and across systems requires the coordinated action of multiple stakeholders. The health and vitality of our Enrolled Members is a fundamental goal that we share with our Provider Networks, non-profit organizations, and the State of Iowa. A few examples of this work are as follows:

- **Public Health Networking and Innovation:** Annually, our Foundation sponsors and coordinates the Midwest Dental Public Health Conference with the University of Iowa and several other Delta Dental member companies. The conference provides a forum for 12 Midwest States of dental practitioners, students, State and local public health leaders and coordinators, community-based service organizations, and dental industry leaders. The conference covers topics including new scientific knowledge, showcases best programmatic practices, and creates an environment for networking and building collaborative partnerships.
- **Coalition Builder:** In 2022, investment from the Foundation allowed for the prominent statewide oral health coalitions to formally come together to develop a strategic plan for a single, unified coalition. The Oral Health Iowa Collaborative Coalition is the combination of Foundation funded initiatives that have worked tirelessly for over a decade to address public health systemic barriers affecting specific populations including Oral Health Iowa, Lifelong Smiles, Cavity Free Iowa, and Community Water Fluoridation Workgroup. The newly developed coalition has a more diverse group of leaders from across the state representing public health, dental organizations, professional associations, advocacy groups, State agencies, insurers, and other oral health champions. This unified group of oral health champions educates Iowans, advocates for, and integrates efforts to improve oral health outcomes for all Iowans. The Oral Health Iowa Collaborative Coalition approaches this work through advocacy, policy, and educational efforts.

Local Commitment to a Healthier Iowa

Delta Dental has the experience of caring for more than 1.6 million Members including the 518,000 DWP, DWP Kids, and Hawki Enrolled Members. We have built this success over the last 18 years by developing relationships with our Network Providers, the Agency, and community partners to execute current Contracts to ensure we meet the needs of our Enrolled Members and Provider Network.

Delta Dental understands the unique needs of our diverse populations and the need to partner to deliver care innovations. We have built relationships with the MCOs for better medical/dental integration and data sharing with the ultimate goal of healthier Members. Our work with Iowa Providers has created a robust Provider Network across the state serving both urban and rural Enrolled Members. We continue to focus our Outreach and Care Coordination on having more Members get preventive and recall services. Our local, dedicated Service teams continue to deliver on our value promise of Exceptional Quality Service in all our interactions with Enrolled Members, the Agency, and Network Providers. As a not-for-profit insurance company, Delta Dental has continued to make investments throughout the state to provide better collaboration, innovation, and access to dental care throughout Iowa.

3.2.4.2 Similar Services Provided Within the Last Five (5) Years.

We have over 18 years of experience in partnering with the Agency for managed care dental services for DWP, DWP Kids, and Hawki Members.

In addition, Delta Dental provides dental services for Medicare Advantage and ACA plans through the Health Care Marketplace, serving more than 12,000 Iowa Members. The depth of these plan offerings gives Delta Dental a unique experience in managing benefits through the government marketplace.

We are continually driven to improve the health and wellness of our Members and the communities we serve daily. Our home base is Iowa and that gives us unique Iowa insights which allow us to relate to and fully understand our Members' needs.

1. The following Exhibit 3.2.3.2-1 through 3.2.3.2-4, describes Delta Dental’s similar experience to that being sought by this RFP# MED-24-004 within the last five years.

Exhibit 3.2.4.2-1. Dental Care Coverage for the Healthy and Well Kids in Iowa (Hawki) Program

Iowa Hawki Program	
a. Name of your plan and the State in which you provided services	Dental Care Coverage for the Healthy and Well Kids in Iowa (Hawki) Program State: Iowa Client: Iowa Department of Health and Human Services
b. Scope of work and covered benefits	Delta Dental of Iowa contracts with the Iowa Department of Health and Human Services - Iowa Medicaid to provide dental managed care services for the Hawki Program as a Prepaid Ambulatory Health Plan (PAHP). Delta Dental has direct experience performing the functions of this program and Contract. The scope of services and covered benefits provided through this Hawki Contract include: Member services and education (SOW Section C); Provider Network recruitment, development and maintenance (SOW Section E); claims processing (SOW Section D), grievance and appeal processing (SOW Section H); coverage for emergency and post-stabilization services and medically necessary services (SOW Section F); dedication to quality and utilization management (SOW Section G); accurate and timely reporting (SOW Section N); monitoring adverse benefit determinations and continuation of benefits (SOW Section H); program integrity (SOW Section I);

Iowa Hawki Program	
	compliance with all State and Federal regulations (SOW Section J); and a health information system for proper storage of Member information (SOW Section K).
c. Duration of the Contract	6 years
d. Start and end dates	Hawki: Original Start: 2005 Current Contract: July 1, 2018- June 30, 2019 Contract Amendment Extensions: July 1, 2019- June 30, 2020 July 1, 2020-June 30, 2021 July 1, 2021-June 30, 2022 July 1, 2022- June 30, 2023 July 1, 2023- June 30, 2024
e. Total value of Contract at the time of execution	The exact amount of the value of the Contract is unknown at the time of execution of the Contract and depends on adjusted capitation rates and Member enrollment. During this time eligibility was increased due to the Public Health Emergency. [REDACTED]
f. Contact name, phone number, and email address	Name: Elizabeth Matney Title: Medicaid Director Phone Number: (515) 322-3542 Email Address: ematney@dhs.state.ia.us
g. Number of members served by population type	[REDACTED]
h. Annual Contract payments and description if payment was capitated	[REDACTED]
i. Any improvements made in utilization trends and quality indicators	Hawki has throughout the duration of the contracts provided Members with significant access to Network Providers. The following are key utilization metrics and quality indicators that tie to the Agency’s goals: <ul style="list-style-type: none"> • In SFY22, 56.3 percent of Hawki Members with 6+ months of eligibility had a preventive visit. • In SFY23: <ul style="list-style-type: none"> ○ 58.39 percent of Hawki Members with 12+ months of eligibility have received a fluoride varnish. ○ 20.4 percent of Network Providers practice in rural counties
j. Overall NCQA rating	NCQA is not currently required through the Contract.
k. Accreditation information	NCQA is not currently required through the Contract.

Iowa Hawki Program	
l. How the Contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> Members have the right to choose a Network Provider and have the right to switch to a new Network Provider at any time and for any reason, including to obtain culturally competent care. Members have access to a robust Provider Network that covers the state of Iowa and bordering states. Hawki Members have 100 percent access to one Network Provider within 30 miles and 30 minutes. Members can also see a non-Network Provider for emergent services. Members have access to a detailed Provider Directory that can be searched and filtered based on location, specialty, languages spoken, gender, office hours available, public transportation access, availability of free parking, and wheelchair accessibility. Delta Dental will provide Single Case Agreements for non-Network Providers to obtain culturally competent care and care as needed. Members have access to resources and education needed to make informed decisions about their dental care and oral health. Care Coordination can be used to help Members establish a dental home that meets their social and physical needs. Additional tools are available to Members to independently access and advocate for their care.
m. The role of subcontractors, if any	Delta Dental utilizes third-party vendors to manage Provider credentialing and verification, interpretation services, translation services, printing and mailing of Adverse Benefit Determination and Member outreach documents, claims correspondence, and dental consultant clinical reviews.

Exhibit 3.2.4.2-2. Dental Wellness Plan PAHP Contract

Iowa Dental Wellness Plan	
a. Name of your plan and the State in which you provided services	Name of plan: Dental Wellness Plan PAHP Contract State: Iowa
b. Scope of work and covered benefits	Delta Dental of Iowa contracts with the Iowa Department of Health and Human Services - Iowa Medicaid to provide dental managed care services for the Dental Wellness Plan and Dental Wellness Plan Kids Program (DWP) as a Prepaid Ambulatory Health Plan (PAHP). Delta Dental of Iowa has direct experience performing the functions of this program and contract. The scope of services and covered benefits provided through this DWP contract include: Member services and education (SOW Section C); Provider Network recruitment, Provider credentialing and maintenance (SOW Section E); recredentialing, claims processing (SOW Section D); grievance and appeal processing (SOW Section H); coverage for emergency and post-stabilization services and medically necessary services (SOW Section F); dedication to quality and utilization management (SOW Section G); accurate and timely reporting (SOW Section N), monitoring adverse benefit determinations and continuation of benefits (SOW Section H); program integrity (SOW Section I); compliance with all State and Federal regulations (SOW Section J); and a health information system for proper storage of Member information (SOW Section K).
c. Duration of the Contract	6 years
d. Start and end dates	Original Start: 2014 Current Contract: July 1, 2018 - June 30, 2019 Contract Amendment Extensions: July 1, 2019- June 30, 2020

Iowa Dental Wellness Plan	
	July 1, 2020-June 30, 2021 July 1, 2021-June 30, 2022 July 1, 2022- June 30, 2023 July 1, 2023- June 30, 2024
e. Total value of Contract at the time of execution	The exact amount of the value of the Contract is unknown at the time of execution of the Contract and depends on specific variables such as adjusted capitation rates and Member enrollment. During this current Contract time, eligibility was increased due to the Public Health Emergency and DWP Kids were in added SFY22. [REDACTED] Please see h for detailed information
f. Contact name, phone number, and email address	Name: Elizabeth Matney Title: Medicaid Director Phone Number: (515) 322-3542 Email Address: ematney@dhs.state.ia.us
g. Number of members served by population type	[REDACTED] [REDACTED] [REDACTED] [REDACTED]
h. Annual Contract payments and description if payment was capitated	[REDACTED] [REDACTED] [REDACTED] [REDACTED]
i. Any improvements made in utilization trends and quality indicators	The following are utilization metrics and quality indicators that correlate to key Agency's goals: Increase Recall and Preventive Services: In SFY22: <ul style="list-style-type: none"> • 47 percent of DWP Kids had a preventive service. • 29 percent of adults with a service. Of the 29 percent of Members, 72 percent of their services were preventive dental services. Sixty percent of those Members had two preventive dental services during the fiscal year. Improve Oral Health Equity: In SFY23: 61.5 percent of DWP members identified with an intellectual disability have had a claim; 58.5 percent of their service were for a preventive exam.
j. Overall NCQA rating	NCQA is not currently required through the Contract.
k. Accreditation information	NCQA is not currently required through the Contract.

Iowa Dental Wellness Plan	
l. How the Contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> Members have the right to choose a dentist and have the right to switch to a new Network Provider at any time and for any reason, including to obtain culturally competent care. Members have access to a robust Provider Network that covers the state of Iowa and bordering states. DWP Members have 99.9 percent access to one Network Provider within 30 miles and 30 minutes. Members can also see a non-Network Provider for emergent services. Members have access to a detailed Provider Directory that can be searched and filtered based on location, specialty, languages spoken, gender, office hours available, public transportation access, availability of free parking, and wheelchair accessibility. Members have access to resources and education needed to make informed decisions about their dental care and oral health. Care Coordination can be used to help Members establish a dental home that meets their social and physical needs. Additional tools are available to Members to independently access and advocate for their care.
m. The role of subcontractors, if any	Delta Dental utilizes third-party vendors to manage Provider credentialing and verification, interpretation services, translation services, printing and mailing of Adverse Benefit Determination and Member outreach documents, claims correspondence, risk assessment and dental consultant clinical reviews.

Exhibit 3.2.4.2-3. Medicare Advantage: Wellmark Advantage Health Plan

Medicare Advantage: Wellmark Advantage Health Plan	
a. Name of your plan and the State in which you provided services	Medicare Advantage: Wellmark Advantage Health Plan State: Iowa
b. Scope of work and covered benefits	Delta Dental contracts with Wellmark Advantage Health Plan, Inc. to provide the Blue Medicare Advantage PPO, Enhanced PPO, and HMO Plans. Delta Dental has direct experience performing the functions of this program and Contract. The scope of services and covered benefits provided through this Medicare Advantage Contract include enrollment services, Member services, Provider Network and credentialing and recredentialing, claims processing and payment, interoperability, mailing and print fulfillment, Appeals and Grievances, and reporting requirements.
c. Duration of the Contract	Two-year initial Contract with automatic renewal for successive three-year periods.
d. Start and end dates	January 1, 2023 – December 31, 2025
e. Total value of Contract at the time of execution	██████████
f. Contact name, phone number, and email address	Name: Kyle Lattina Phone Number: (515) 376-6401 Email Address: LattinaKC@wellmark.com
g. Number of members served by population type	██████████
h. Annual Contract payments and description if payment was capitated	The Contract is administrative cost and 15% network shared savings. Estimated at ██████████
i. Any improvements made in utilization trends and quality indicators	A total of 37% (3,007) of Members have been seen and 86% have had a preventive service.

Medicare Advantage: Wellmark Advantage Health Plan	
j. Overall NCQA rating	NCQA is not required through the Contract.
k. Accreditation information	NCQA is not required through the Contract.
l. How the Contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> • Contract emphasis increased access to quality services for Members. • Members have the right to choose a Network Provider and they can also change a Network Provider. • Members have access to a robust Provider Network that covers the state of Iowa. Members have 100 percent access to one Network Provider within 30 miles and 30 minutes. • Members can also see a non-Network Provider for emergent services. • Members have the right to switch to a new Network Provider at any time and for any reason, including to obtain culturally competent care. • Our detailed Provider Directory can be searched and filtered based on location, specialty, languages spoken, gender, office hours available, public transportation access, availability of free parking, and wheelchair accessibility. • Comprehensive and coordination of care between medical and dental carriers. • Members have access to resources and education needed to make informed decisions about their dental care and oral health. Care Coordination can be used to help Members establish a dental home. Additional tools are available to Members to independently access and advocate for their care.
m. The role of subcontractors, if any	Delta Dental utilizes third-party vendors to manage Provider credentialing and verification, interpretation services, translation services, and dental consultant clinical reviews.

Exhibit 3.2.4.2-4. Delta Dental of Iowa ACA Marketplace.

Delta Dental of Iowa ACA Marketplace	
a. Name of your plan and the State in which you provided services	Delta Dental of Iowa ACA Marketplace State: Iowa
b. Scope of work and covered benefits	Delta Dental contracts with CCIIO for dental benefits on the Federally Funded Marketplace. We provide PPO + Premier Platinum Plus, PPO + Premier Preferred Plus, and PPO + Premier Preventive Plus plans. Delta Dental has direct experience performing the functions of this program and following industry standards to execute this Contract. The scope of services and covered benefits provided through the Marketplace include enrollment services, Member services, Provider Network, Provider services, claims processing and payment, interoperability, mailing and print fulfillment, Appeals and Grievances, and reporting requirements.
c. Duration of the Contract	We file these products annually to meet the CMS requirements for the upcoming plan year.
d. Start and end dates	Original Start: 2014 Current Contract: January 1, 2023 – December 31, 2023 January – December 2022 January – December 2021 January – December 2020 January – December 2019
e. Total value of Contract at the time of execution	[REDACTED]

Delta Dental of Iowa ACA Marketplace	
f. Contact name, phone number, and email address	Name: Kermnine Domond Phone Number: 212-616-2322 Email address: Kermnine.Domond@cms.hhs.gov
g. Number of members served by population type	[REDACTED]
h. Annual Contract payments and description if payment was capitated	The Contract is with each Member and the payment amount is based on the plan that is chosen. Those Members who qualify for an advance premium tax credit (APTC) from CCIIO receive a premium subsidy that is applied by Delta Dental monthly. [REDACTED] [REDACTED] [REDACTED] [REDACTED]
i. Any improvements made in utilization trends and quality indicators	Year-over-year growth in membership is 12.6 percent. Year over year utilization has grown from 40.4 percent to 43.0 percent.
j. Overall NCQA rating	NCQA is not required through the Contract.
k. Accreditation information	NCQA is not required through the Contract.
l. How the Contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> • Three plan options are available with low, medium, and high-level benefits. Members have Provider access through the top dental Provider Network in both Iowa and the United States. • Members have 100 percent access to one Network Provider within 30 miles and 30 minutes. • Members can also see a non-Network Provider for emergent services. • Members have the right to switch to a new Network Provider at any time and for any reason, including to obtain culturally competent care. • Our detailed Provider Directory can be searched and filtered based on location, specialty, languages spoken, gender, office hours available, public transportation access, availability of free parking, and wheelchair accessibility. • Members have access to resources and education needed to make informed decisions about their dental care and oral health. Additional tools are available to Members to independently access and advocate for their care.
m. The role of subcontractors, if any	<ul style="list-style-type: none"> • Delta Dental utilizes third-party vendors to manage billing and enrollment services, Provider credentialing and verification, interpretation services, translation services, printing and mailing of Member documents, claims correspondence, and dental consultant clinical reviews.

2. Debarment or suspension, regulatory action, or sanction, including both monetary and non-monetary sanctions, imposed by any Federal or State regulatory entity within the last five years in displayed below in Exhibit 3.2.4.2-5.

Exhibit 3.2.4.2-5 *Delta Dental of Iowa Debarment or suspension, regulatory action, or sanction*

Parties' Name	Alleged Claims	Date Filed	Venue	Case Number	Status
Dr. Amber McCarville vs. Delta Dental	Coverage of benefits dispute	9/12/2018	State Fair Hearing	19001613	Closed

Parties' Name	Alleged Claims	Date Filed	Venue	Case Number	Status
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	10/15/2018	State Fair Hearing	19002348	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	11/30/2018	State Fair Hearing	19003484	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	12/14/2018	State Fair Hearing	19003822	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	12/17/2018	State Fair Hearing	19003599	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	1/10/2019	State Fair Hearing	19004676	Closed
Dr. Amber McCarville vs. Delta Dental	Coverage of benefits dispute	1/14/2019	State Fair Hearing	19004684	Closed
Dr. Tae Barto vs. Delta Dental	Coverage of benefits dispute	3/25/2019	State Fair Hearing	19006161	Closed
Dr. Brady Novak vs. Delta Dental	Coverage of benefits dispute	7/15/2019	State Fair Hearing	20000336	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	4/9/2020	State Fair Hearing	20007091	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	6/3/2020	State Fair Hearing	20009062	Closed
Ms. Bish vs Delta Dental	Coverage of benefits dispute	8/20/2020	State Fair Hearing	21001058	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	10/18/2021	State Fair Hearing	22002488	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	12/6/2021	State Fair Hearing	22003558	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	1/12/2022	State Fair Hearing	22004378	Closed
Dr. Robert Colwell vs. Delta Dental	Coverage of benefits dispute	1/5/2022	State Fair Hearing	22004236	Closed
Ms. Sully vs. Delta Dental	Coverage of benefits dispute	5/11/2022	State Fair Hearing	22007363	Closed
Mr. Limkemann vs. Delta Dental	Coverage of benefits dispute	9/9/2022	State Fair Hearing	23001248	Closed

Parties' Name	Alleged Claims	Date Filed	Venue	Case Number	Status
Ms. Kenagy vs. Delta Dental	Coverage of benefits dispute	9/27/2022	State Fair Hearing	23001245	Closed
Ms. Freiberg vs. Delta Dental	Coverage of benefits dispute	10/5/2022	State Fair Hearing	23001940	Closed
Ms. Sanderson vs. Delta Dental	Coverage of benefits dispute	1/4/2023	State Fair Hearing	23004294	Closed
Ms. Rogers vs. Delta Dental	Coverage of benefit disputes	6/30/2023	State Fair Hearing	24009360	Hearing Scheduled 8/2/2023
Mr. Richey vs. Iowa Department of Human Services	Coverage of benefit dispute	4/5/19	District Court Supreme Court	CVCV 057926	Closed
Mr. Burriss vs. Iowa Department of Human Services	Coverage of benefit dispute	4/5/19	District Court Supreme Court	CVCV 057919	Closed
Mr. Burriss and Mr. Richey vs. Iowa Department of Human Services	Coverage of benefit dispute	3/23/23	District Court Supreme Court	CVCV 063310	Closed
Mr. Burriss and Mr. Richey vs. Iowa Department of Human Services	Coverage of benefit dispute	3/23/23	District Court Supreme Court	CVCV 063310	Closed

- Letter of deficiency issued by or corrective actions requested or required by any Federal or State regulatory entity within the last five (5) years that relates to Medicare, Medicaid, CHIP are displayed in Exhibit 3.2.4.2-6.

Exhibit 3.2.4.2-6 *Delta Dental of Iowa Letter of Deficiency or Corrective Actions*

Type of Non-Compliance Issues	Date Issued	Reason for Non-Compliance	Entity that Issues Non-Compliance	Fine Amount Paid	Final Disposition/Resolution
Corrective Action Plan (CAP)	9/2021	Must ensure ABD notices and other critical Member materials comply with 438.10(d)(alternative formats at no cost, include taglines, translations, etc.).	Iowa Department of Health and Human Services (DHHS)	NA	Pending
CAP	9/2021	Ensure search results based on certain parameters (wheelchair accessibility) is accurate for online Provider directory; recommended to collect ASL information; accessibility for Provider offices/equipment aligns with CMS regulations.	DHHS	NA	Pending
CAP	9/2021	Need a policy/procedure, or update current one, to indicate the process and timeframe for updating Provider	DHHS	NA	Pending

Type of Non-Compliance Issues	Date Issued	Reason for Non-Compliance	Entity that Issues Non-Compliance	Fine Amount Paid	Final Disposition/Resolution
		directory when Providers submit updated information.			
CAP	9/2021	Recommended to include requirements of payment for emergency services for a Member in the Provider Office Manual and emergent policy; Must clarify that denial of payment will not occur if PAHP rep suggests emergency services.	DHHS	NA	Pending
CAP	9/2021	Recommended to include federal managed care coverage/payment rules for post stabilization care to applicable policies, educate/train utilization staff, inform Providers of these rules through manuals; Must ensure PS services are covered and paid for based on provisions set forth in 422.113.	DHHS	NA	Pending
CAP	9/2021	Recommended to include federal managed care coverage/payment rules for post stabilization care to applicable policies, educate/train utilization staff, inform Providers of these rules through manuals; Must demonstrate when financial responsibility ends for PS not pre-approved.	DHHS	NA	Pending
CAP	9/2021	Did not have a sound process in place at time for processing/recognizing expedited requests, had a case that was not addressed within 72 hours; PAHP must make an expedited authorization decision and provide notice as expeditiously as the Member's health condition requires and no later than 72 hours after receipt of the request for service.	DHHS	NA	Pending
CAP	6/2022	Recommended credentialing files are reviewed by a dental director or credentialing committee to ensure accurate credentialing of Providers; PAHP must verify that credentialing attestation includes reasons for practitioner's inability to perform the essential functions of position and for PAHP to follow-up on adverse responses.	DHHS	NA	Pending

Type of Non-Compliance Issues	Date Issued	Reason for Non-Compliance	Entity that Issues Non-Compliance	Fine Amount Paid	Final Disposition/Resolution
CAP	6/2022	Recommended clear monitoring of utilization management, grievance and appeal data to aid in the recredentialing process; Must recredential every 36 months and verify recredentialing attestation includes reasons for Providers inability to perform essential functions.	DHHS	NA	Pending
CAP	6/2022	Must provide a copy of individuals signed authorization if PAHP seeks an authorization from individual for use/disclosure of their PHI, include when circumstances under which PAHP will seek authorization and a procedure on how we will provide a copy to individual.	DHHS	NA	Pending
CAP	6/2022	Recommends when a Member grievance is received for quality of care or treatment, it undergoes clinical review (dental records, verbal/written response from Provider); Must make sure those making decisions on grievances have the clinical experience.	DHHS	NA	Pending
CAP	6/2022	Oral notice of delay or extension of grievance decisions must be given to Member and properly populated.	DHHS	NA	Pending
CAP	6/2022	Due to continuance of a Provider's unethical behavior, it is recommended this Provider be reported to regulatory authorities and complete a full program integrity investigation of the Provider; Must obtain a valid Member written consent from Provider/representative to act on Member's behalf for appeals and must be for each appeal request (not one year).	DHHS	NA	Pending
CAP	6/2022	Must resolve expedited appeal requests within 72 hours.	DHHS	NA	Pending
CAP	6/2022	Recommended to update language in appeal resolution letters to Members to include the right to request COB; Must provide written notice of appeal resolution in a format aligned with 438.10 and provide sufficient information on the	DHHS	NA	Pending

Type of Non-Compliance Issues	Date Issued	Reason for Non-Compliance	Entity that Issues Non-Compliance	Fine Amount Paid	Final Disposition/Resolution
		"why" so they can decide to request an SFH or not.			
CAP	6/2022	Must make reasonable effort to inform Member of an expedited appeal resolution via verbal notice (lack of documentation to prove oral notice was provided).	DHHS	NA	Pending
CAP	6/2022	Must ensure contract/written arrangement documents delegates delegated activities and reporting responsibilities.	DHHS	NA	Pending
CAP	6/2022	Must ensure vendor compliance with delegated activities/reporting and issue CAPs when performance is not satisfactorily.	DHHS	NA	Pending
CAP	6/2022	Must adopt all inclusive clinical practice guidelines.	DHHS	NA	Pending
CAP	6/2022	Must implement Application Programming Interface (API) to match CMS' interoperability expectations surrounding Patient Access API, information must be available to Members/representatives.	DHHS	NA	Pending
CAP	6/2022	Must implement API to match CMS' interoperability expectations surrounding publicly accessible standards-based API, Provider data needs to be in a deliverable manner for external vendors.	DHHS	NA	Pending
CAP	6/2022	Recommends linking QAPI program description and work plan to evaluation of each activity, provide documentation in advance to committee evaluating the program, develop a process to submit QAPI evaluation to DHS annually; Must develop a process to evaluate impact and effect of QAPI and outcomes/trends of PIP.	DHHS	NA	Pending
Letter of Remedy	7/14/22	Inaccurate information was published in Provider Newsletter. Delta Dental did not get approval from the Agency for newsletter content.	DHHS	NA	Closed
Letter of Remedy	11/9/22	Entered into Provider Pay Agreement without approval from the Agency.	DHHS	NA	Closed

Delta Dental has our three-year Compliance Review on August 3, 2023, and it is our intention that all corrective action plans will be approved as meeting requirements.

- The Agency issued Delta Dental a formal Letter of Remedy on November 9, 2022, related to entering into an agreement with a Network Provider for additional payment without first seeking permission from Iowa Medicaid. Delta Dental had discontinued the agreement with the Network Provider on October 14, 2022, and all claims were recouped.
- The Agency issued Delta Dental a formal Letter of Remedy on July 14, 2022, related to inaccurate and misleading information distributed to Providers regarding reimbursement rate funding and lack of approval of DWP content (newsletter and mailings) being shared with Provider. Delta Dental was required to retract the statement and replace it with an approved clarifying statement. Delta Dental worked with the Agency for approval of retracted statement and clarifying statement. The article was posted in the Iowa Dental Association newsletter on August 23, 2022.

3.2.4.3 Owners, Officers, Partners, Staff with Abuse Report or Convicted of Felony.

Delta Dental has complied with the requirements relating to employee screening in any Contract for managed care services for a government sponsored dental benefits program. The criminal background checks conducted by Delta Dental on each new hire and contractor are intended to disclose any felony conviction in the proceeding seven years. If any such check discloses a felony, the person would not be hired.

3.2.4.4 Letters of Reference.

Delta Dental has letters of reference from Wellmark, Mercy Medical Center Cedar Rapids, Fareway Stores, Inc., and Associated Benefits, Inc. These letters are located in Tab 4 Attachments.

Our mission is to improve the health and smiles of the people we serve. This mission cannot be done without working in partnership with others. The health and vitality of our Enrolled Members is a fundamental goal that we share with Providers, Agency, non-profit organizations, business associations and the State of Iowa. Also included in Tab 4 Attachment, there are Letters of Support and Commitment recognizing that achieving real change within and across systems requires the coordinated action of multiple stakeholders.

3.2.4.5 Experience Managing Subcontractors.

Delta Dental recognizes the importance of fostering a well-integrated relationship and system between Delta Dental and subcontractors to not create additional burden for Enrolled Members and Providers when utilizing our services. Our subcontractors enhance our already robust services and serve as an addition or extension to what we strive to achieve within the Iowa community. They allow us to improve the lives of more Iowans daily and enhance our focus on delivering quality service due to the specialization they provide to our subcontracted services. Through these relationships, we have been able to collaborate with experts in their specialized fields and address ways to provide improved, innovative services to our Enrolled Members, all the while learning and growing ourselves. We never stop adapting; we embrace change to find solutions and achieve results, while creating positive, long-lasting effects on the health and wellness of those we serve.

Delta Dental is very intentional when selecting subcontractors to work with. When identifying subcontractors, they not only have to fulfill a need or be able to provide support in fulfilling a Contract deliverable to the Agency, but also, have a passion for serving and improving the lives of the Agency population. We make sure subcontractor partnerships are sensible and reliable through continuous

oversight methods, quarterly check-ins, and through our familiarity with subcontractor relationship building from over the past 18 years. In addition, our subcontractor partnerships benefit not only us, but allow our Enrolled Members access to a wide variety of specialty services.

Delta Dental has and will continue to remain fully responsible for complying with all terms and conditions of this Contract, along with ensuring compliance from all subcontractors providing services within this Contract. Delta Dental is committed to compliance with all applicable laws, regulations, and Contract requirements set forth by the Agency. Delta Dental holds itself to the highest compliance and ethical standards including the commitment to practices that do not violate Federal and State False Claims related laws. We expect the same standards to be met by our subcontractors, as well.

Delta Dental has developed and implemented processes to evaluate and categorize subcontractors based on their delegated functions. This allows for a clear understanding of responsibility and allows for performance and quality of functions to be measured and evaluated accurately. Subcontractor activities are monitored regularly by a designated Delta Dental Contract Owner (contract owner) to ensure their contractual agreements contain all required provisions and that they are complying with the Agency compliance program requirements and any regulatory and contractual requirements. The contract owner is responsible for initiating the subcontractor partnership, but also in assessing the subcontractor's capabilities of performing the desired functions, monitoring their performance through quarterly check-ins, and implementing any corrections to performance as needed.

Process for implementing a warning

A warning must be conducted in person and documented by the contract owner in their Quarterly Monitoring and Oversight Form. We send a letter to the subcontractor to formalize the warning given and to provide additional training (e.g. ethical conduct concerns or any material nonperformance of delegated activities). If the deficiency identified in the warning remains at the next quarterly meeting the contract owner schedules, the subcontractor is issued a corrective action plan.

Process for implementing a Corrective Action Plan (CAP)

We issue a CAP for the subcontractor if there are issues of fraud, waste, and abuse and/or non-compliance with applicable laws, regulations and policy. We initiate a CAP by the contract owner filling out the CAP Response Form and then having it reviewed and approved by the Government Programs staff. We then send the CAP to the subcontractor for review and feedback. Once the plan is finalized, the contract owner meets with the subcontractor every month, at minimum, to monitor and discuss progress of the CAP. If after three months of review and implementation of the CAP, the subcontractor is demonstrating compliance, the plan can be completed, and quarterly meetings can resume. For additional monitoring, Government Programs Subcontractor Program reporting and any CAPs are provided to the Enterprise Risk Management Committee at least twice a year.

We put continuous oversight and quality assurance measures into place to prevent any performance issues, and to ensure that any deficiencies or issues are mitigated before they become an interruption to those using our services. This allows for a seamless experience for our Enrolled Members and Providers where they can utilize these services efficiently and not be burdened with the behind-the-scenes operations. This stands true for all of our subcontracted services.

Through subcontractor oversight, if the subcontractor has failed to comply with Delta Dental standards and regulations set forth in this Contract, and has been in noncompliance, then Delta Dental serves the right to terminate the subcontractor's contract, within the means of this Contract.

Subcontractor Name	Subcontractor Delegated Function	Qualifications
Cardinal ColorPrint	Provides printing services for direct mail and outreach materials to Enrolled Members.	Subcontractor has provided eight decades of print expertise for full-service print production.
Dental Consultants	Provides review of claim information to ensure clinical accuracy and the necessary information is present to make a determination.	Dental consultants are licensed dentists that are in good standing to practice.
Fluent - Dentistat	Provides a credentialing service for Network Providers to ensure a thorough, efficient, and reliable dental network is developed.	Subcontractor has been serving the dental benefits industry since 1968 and leverages technology and efficient processes to provide customizable credentialing solutions, all the while being NCQA-certified.
Life Interpretation, Inc	Provides sign language interpretation services.	Subcontractor's interpreters are either nationally certified by the Registry of Interpreters for the Deaf, Inc. and/or have pass their minimum standard proficiency test that is required by the State of Iowa. They also comply with the RID Code of Professional Conduct (CPC). This is a locally based Iowa company.
PreViser Corporation	Provides the risk assessment platform utilized for Medicaid Members and determining their risk for oral diseases.	Subcontractor is the leader in predicting oral wellness through evidence-based risk scores and ultimately guide healthier behaviors through determining risk of oral disease. This is also a tool to aid Providers in the prevention of oral disease.
RevSpring	Provides printing services, specifically for Individual Direct Bills, Certificate & ID Document Processing Agreements, and new Enrolled Member packets, including Enrolled Member ID cards.	Subcontractor has sophisticated print facilities and utilizes scientific methodologies that ensure print materials deliver best results.
Streamline Verify	Serves as a compliance screening application that automatically screens multiple exclusion screening databases on an ongoing basis. The reports can be accessed from the application at any time.	Subcontractor has created, since 2011, a simple to use, efficient, automated software design where their data science technology has fully automated exclusion screening capabilities and help resolve potential issues that may arise.
TransPerfect Remote Interpreting (TRI)	Provides translation services through technology that enables users to access call center support by over-the-phone or video support in over 170 languages.	Subcontractor has over 25 years of experience in providing translation services and has spent nearly three decades solving global business challenges for their clients. They have a network of over 10,000 certified linguists and subject-area specialists.
Zelis Payments Holdings, LLC	Processes, consolidates, and electronically pays benefit payment administered by Delta Dental	Subcontractor has over twenty-five years of data, insights, and solutions

Subcontractor Name	Subcontractor Delegated Function	Qualifications
	that are selected by Zelis. Zelis will also distribute outgoing claims correspondence including, but not limited to, explanation of benefit statements and explanation of payment statements.	for the duration of the entire health care financial experience.

3.2.4.6 Termination, Litigation, and Investigation.

Delta Dental’s responses to the questions below are all subject to the following clarifications. Delta Dental does not have a holding company, parent company, subsidiary or intermediary company that has ever had a contract to provide managed care services to a government sponsored dental benefits program, so all responses relate to Delta Dental only. Delta Dental is also a commercial carrier of dental insurance. It understands this section to ask about information related only to any contracts it has or had to provide managed care services to a government sponsored dental benefits program.

- Delta Dental has never had a Contract to provide managed care services for a government sponsored dental benefits program terminated for any reason at any time.
- Delta Dental understands this question to relate to defaults declared or notices of default or failure to perform received from a government entity sponsoring a dental benefits program. No government entity has declared Dental Delta in default or provided a notice of default of any contract for managed care services to a government sponsored dental benefits program. Delta Dental has received notifications that the Agency has identified compliance issues with its operations under DWP. Delta Dental understands such notifications provide an opportunity for improvement. Our approach to identifying, remediating, and monitoring compliance issues extends throughout our organization. Delta Dental has responded and acted in an appropriate manner in response to any such notifications. The details of those matters are set forth in Exhibit 3.2.4.2-6. Delta Dental has had disputes with members or providers in connection with its managed care services to a government sponsored dental benefits program. Delta Dental is uncertain if information regarding those matters is responsive to this question; however, it has provided details regarding those matters in Exhibit 3.2.4.2-6, except for first level appeals. If the Agency wants additional information regarding those matters, it is available upon request.
- Delta Dental has not had any damages, penalties, disincentives assessed, payments withheld, or anything of value traded or given up by it under any existing or past contracts due to a dispute with any government entity relating to managed care services for a government dental benefits program. Delta Dental has had disputes with members or providers related to services provided by it under a contract for managed care services for a government sponsored dental benefits program that have resulted in orders or decisions requiring Delta Dental to pay a claim or reimburse a provider. Delta Dental is uncertain if these matters are responsive to this question; however, it has provided details regarding those matters in Exhibit 3.2.4.2-6.
- Delta Dental has not entered into a settlement agreement with any government entity relating to a contract for managed care services for a government sponsored dental benefits program.
- Delta Dental does have a current administrative matter. The State Fair Haring has been scheduled for early August 2023. We do not have any current pending or threatened litigation or regulatory proceeding, or similar matters against any government entity relating to managed care services for a government sponsored dental benefits program. While Delta Dental is a not a party to the proceeding, there is a matter pending in Polk County District Court captioned *Seth Burris and Sean Richey v. Iowa Department of Human Services*, Case No. CVCV063310, that

involves judicial review of an agency decision involving Delta Dental-DWP members. Delta Dental is a named defendant in an action pending in federal court filed by a purported class of dentists alleging violations of anti-trust laws in connection with its commercial insurance business. Delta Dental is also a party to action pending in the United States District Court for the Southern District of Iowa, Case No. 4:21-CV-0055, which is a claim for insurance coverages against Allied World Specialty Insurance Company and RSUI Indemnity Company, related to the antitrust lawsuit. If the Agency wants additional information regarding these matters, it is available upon request.

- Delta Dental is not aware of any irregularities in any financial accounts maintained by it on behalf of a government entity in connection with managed care services for a government sponsored dental benefits program.
- Delta Dental has complied with the requirements relating to employee screening in any Contract for managed care services for a government sponsored dental benefits program. The criminal background checks conducted by Delta Dental on each new hire and contractor are intended to disclose any felony conviction in the proceeding seven years. If any such check discloses a felony, the person would not be hired. Delta Dental has no information indicating that any owner, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing services sought in the RFP# MED-24-004 have ever had a founded child or dependent adult abuse report or been convicted of a felony.

Delta Dental understands the continuing disclosure requirements imposed with respect to the seventh unnumbered bullet of this section, including, but not limited to, the relevant time period, the manner of disclosure and the timing of the required disclosure.

Tab 4 - Attachments

Tab 4: Attachments

3.2.4.4 Letters of Reference	523
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3.2.4.4 Letters of Reference

The following Letters of Reference are included:

- Wellmark Blue Cross and Blue Shield
- Fareway Stores, Inc.
- Mercy Medical Center Cedar Rapids
- Associated Benefits Corporation



June 29, 2023

Zachary Gillen
Executive Officer
Iowa Department of Health and Human Services

Dear Zachary Gillen:

I am writing this letter of reference for Delta Dental of Iowa (DDIA) and its application to the Iowa Department of Health and Human Services (IHHS) the procurement process for delivery of dental care services for lowans starting July 1, 2024. Having closely worked with Delta Dental of Iowa since 2022, I can attest to its performance, expertise, and dedication in delivering high-quality dental care within the Medicare Advantage framework.

DDIA possesses experience and understanding of the intricate nuances associated with providing dental services under Medicare Advantage. Its knowledge of CMS guidelines and regulations, combined with a commitment to delivering quality service to members and commitment to strong dental provider relationships make DDIA a leading dental benefit administrator.

Throughout our collaboration, I have witnessed DDIA's ability to navigate complex policies and requirements inherent in working with CMS. DDIA consistently demonstrates attention to detail and a commitment to accuracy, ensuring exceptional member experiences and a partnership with the provider network. The organization's competence in managing claims and reimbursement procedures has significantly contributed to the growth in the provider network that is needed to provide this service.

The DDIA team possesses a strong ability to establish meaningful connections with members, fostering an environment of trust and understanding of benefits. Members consistently commend their customer service, which has a profound impact on the overall experience.

In conclusion, I recommend DDIA in the bid to provide dental services for Medicaid. DDIA's experience, unwavering commitment to lowans and our shared members, and quality service make the organization a leader in dental benefits in Iowa. I am confident that DDIA will continue to excel and provide invaluable service to assure dental care services to lowans enrolled in Medicaid.

Please feel free to contact me if you require any further information or have additional questions.

Sincerely,

Kyle Lattina
Vice President Product & Client Solutions
Wellmark Blue Cross and Blue Shield



Corporate Headquarters
715 8th Street
Boone, IA 50036-0070
Phone: 515-432-2623
Fax: 515-432-3304

July 5, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. Fareway Stores, Inc. has worked with Delta Dental to provide dental benefits to our 3,000+ full-time employees for over 20 years. Our renewal each year is based on due diligence performed to ensure Delta Dental's services and pricing are commensurate in the industry compared to their competitors.

Serving the needs of the community is a cornerstone of Fareway's core values. That is important in our relationship with any service provider. Delta Dental has a similar philosophy in the work they do to give back to our communities. I have seen their commitment to helping improve the oral health throughout our state by helping to place dentists in rural communities and supporting our schools through the Rethink Your Drink program.

Delta Dental provides the savings, value, and commitment to customer service that can only come from a flexible carrier with dedicated local account management based here in Iowa. Delta Dental provides custom dental plans designed around our employees' wellness. The Delta Dental team supports Fareway with their easy-to-use website and dedicated customer service teams.

When we work with Delta Dental, I know we are working with a trusted partner. As a result, Fareway and our employees are getting the attention and care they need and deserve. I am very proud of our long-term partnership with Delta Dental.

If there are any questions regarding this, please contact me at (515) 432-2623, ext. 303 or via e-mail at ccarter@farewaystores.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chad W. Carter". The signature is fluid and cursive, written over a horizontal line.

Chad W. Carter, CEBS
Vice President – Benefits



701 10th Street SE
Cedar Rapids, IA
52403-1292
319-398-6011

6/30/2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. Mercy Medical Center has worked with Delta Dental to provide dental benefits to our 2500 employees since 2020.

Delta Dental is committed to serving the needs of our employees as well as the work they do to give back to our communities. Delta Dental provides the savings, value, and commitment to customer service that can only come from a flexible carrier with dedicated local account management based here in Iowa. Delta Dental provides custom dental plans designed around our employees' wellness. I know the Delta Dental team is always there for me and my employees whether it is using their easy to use website or by calling their dedicated customer service teams. In my community, I have seen their commitment to expanding access to dental care by supporting the Eastern Iowa Health Center in Cedar Rapids and supporting our schools through the Rethink Your Drink program.

When we work with Delta Dental, I know we are working with a trusted partner and my employees are getting the care they need and deserve. I am very proud of our long-term partnership with Delta Dental and their team.

Sincerely,

Sandy Collins
Manager, Compensation & Benefits

July 05, 2023

Delta Dental of Iowa
900 Northpark Drive
Johnston, IA 50131

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. Associated Benefits Corporation has worked with Delta Dental to provide dental benefits to our over 5000 employees since 2012. We review our benefits and contract with Delta Dental annually through a competitive bid process.

Delta Dental is committed to serving the needs of our employees as well as the work they do to give back to our communities. Delta Dental provides the savings, value, and commitment to customer service that can only come from a flexible carrier with dedicated local account management based here in Iowa. Delta Dental provides custom dental plans designed around our employees' wellness. I know the Delta Dental team is always there for me and my employees whether it is using their easy to use website or by calling their dedicated customer service teams. I have seen their commitment to helping to improve the oral health throughout our state by helping to place dentists in rural communities and supporting our schools through the Rethink Your Drink program.

When we work with Delta Dental, I know we are working with a trusted partner and my employees are getting the care they need and deserve. I am very proud of our long-term partnership with Delta Dental and their team.

Sincerely,



Tressa Wood
Health and Welfare Director

3.2.4.4 Letters of Commitment

The following Letters of Commitment are included:

- Molina

DELTA DENTAL OF IOWA

Non-Binding Letter of Intent

Delta Dental of Iowa (Dental Plan) and Molina Healthcare of Iowa, Inc. (Molina), a managed care organization for Iowa Medicaid members, enter into this Letter of Intent (“LOI”) with the intent to collaborate in the care of Iowa Medicaid members according to the following understandings and commitments.


- 1.1 **Mutual Understanding.** Dental Plan intends to arrange for the provision of dental and health care and related services under the Medicaid and CHIP programs, including, IA Health Link and Hawki programs or such successor programs (“Program”), subject to Dental Plan’s approval for a Request for Proposal (“RFP”) bid and contract award from the State of Iowa. Provider intends to provide services to Dental Plan’s Program members subject to an RFP bid and contract award. This LOI memorializes the parties’ desire to collaborate on coordinating care and improving quality outcomes for Medicaid members, upon negotiating a final agreement, which may include all Dental Plan’s lines of business that are applicable to Delta Dental of Iowa.
- 1.2 **Support for Dental Plan Award.** In concurrence with Dental Plan’s goal to achieve the objectives of the Program, Molina supports the Dental Plan’s bid to receive a contract award from the State of Iowa. Should Dental Plan be successful in receiving a Program award, the parties intend to collaborate on improving Program outcomes such as those described in Exhibit A.
- 1.3 **Final Agreement.** The parties will promptly start negotiations and meet as reasonably required to complete a final agreement. Negotiations will start no later than when Dental Plan is selected to serve Program members. The final agreement will comply with state/federal laws and reflect mutually acceptable terms.
- 1.4 **Value Based Purchasing.** In furtherance of the goals and objectives of the Program, the parties intend to collaborate to advance certain value-based purchasing models which incentivize Provider reimbursement for achievement of CMS Triple Aim of improving quality/satisfaction, population health, and cost efficiency outcomes, especially with regard to integrating dental and physical health care.
- 1.5 **Use of Information.** Molina agrees that Dental Plan can use this LOI to show Molina’s intent to coordinate with and support Dental Plan in Dental Plan’s RFP bid process.
- 1.6 **Confidentiality.** Any information obtained by either party is confidential and will not be released or shared with a third party. However, each party may share information with affiliates under the common ownership or control of the party, appropriate state and federal regulators, and designees, counsel, and consultants and as described in the Use of Information section. This section survives termination.
- 1.7 **Signatory.** The individual signing below represents that he/she has the authority to sign this LOI on behalf of Molina. By signing, the individual further indicates an intent to negotiate a mutually acceptable final agreement. The individual further acknowledges and agrees that negotiations may include in-person and teleconference meetings, telephone conversations, and fax, phone, email, and mail communications from Dental Plan.
- 1.8 **Limited Purpose.** This LOI does not create any enforceable rights or obligations for the parties to execute a final agreement.
- 1.9 **Termination.** This LOI will terminate without any further notice or action by the parties if the State of Iowa and Dental Plan do not finalize a contract or upon completion of a final agreement between the parties.

DELTA DENTAL OF IOWA, INC.

Letter of Intent

Provider Signature and Information.

Molina Healthcare of Iowa, Inc. Signature and Information.

Authorized Representative's Signature: 	Authorized Representative's Name – Printed: Jennifer H. Vermeer
Authorized Representative's Title: Plan President	Authorized Representative's Signature Date: 7/1/2023
Mailing Address: 500 SW 7 th St Des Moines, IA 50309	Email Address: Jennifer.vermeer@molinahealthcare.com
Telephone Number (515)490-3954	Fax Number:


Provider's Legal Name – Matching the applicable tax form (i.e. W-9, Line 1) and all DBAs: Delta Dental of Iowa	
Authorized Representative's Signature: 	Authorized Representative's Name – Printed: Gretchen Hageman
Authorized Representative's Title: Iowa Plan President	Authorized Representative's Signature Date: 7/1/2023
Mailing Address: 9000 Northpark Dr. Johnston, IA 50131	Email Address: ghgeman@deltadentalia.com
Telephone Number: 515.261.5645	Fax Number:

Exhibit A

- 1) Dental Plan and Molina will discuss a data sharing agreement under which Dental Plan and Molina could share claims and other data that will enable analysis of gaps in care, trends, and opportunities to improve utilization of recommended dental care and integration of dental and physical health care for the purpose of improving Iowa Medicaid member outcomes.
- 2) Based on data sharing activities and analysis, identify target populations and metrics and devise strategies to improve metrics, such as Emergent Room dental visits, Pregnant Women and members with Diabetes, in accordance with evidence-based practices.
- 3) Dental Plan and Molina will collaborate on provider and member engagement strategies across the medical/physical and dental provider networks that advance care, such as developing strategies to engage primary care providers activities in well-child visits to increase dental screenings (especially in the first year of the child's life), activities that improve access and care for individuals with developmental disabilities, and activities that have long standing impacts.

3.2.4.4 Letters of Support

The following Letters of Support are included:

- Crescent Community Health Center
- Dental Connections
- Des Moines Public Schools
- Eagle Grove Elementary School
- Eastern Iowa Health Center
- Fluent
- Healthy Kids School-Based Clinics
- Healthiest State Initiative
- Healthy Birth Day, Inc
- Iowa Area Development Group
- Iowa CareGivers Association
- Iowa Dental Hygienists' Association
- Iowa Primary Care Association
- Iowa Rural Development Council
- Iowa Rural Health Association
- Knoxville Hospital and Clinics
- Kossuth / Palo Alto County Economic Development Corporation
- Lee County Health Department
- Medicaid / Medicare / CHIP Services Dental Association
- PreViser Corporation
- Scott County Health Department
- Telligen Community Initiative
- United Way of Central Iowa
- Visiting Nurse Association, Elkader

The following Letters of Support from Providers are included:

- Anthony Brantner, DDS, Louscher Family Dentistry
- Christopher Bogue, DDS, Carroll Dental Clinic
- Michael Metts, DO, Mercy Children's Center
- Kyle Nicholson, DDS, River Hills Community Health Center
- Paul O'Kane, DDS, Iowa Falls Family Dentistry
- Sara Stuefen, DDS, Sara E. Stuefen Family Dentistry



June 6, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

Crescent Community Health Center provides high-quality, respectful, and affordable medical, dental, and brain health care to improve the health and well-being of our community. Access to dental care in the tri-state area is extremely challenging with more than 70% of Crescent's patients who are at 200% or below on the Federal Poverty Level. In addition, numerous other community members are in need but not yet connected to a dental home. The risk factors current and potential patients face include but are not limited to low income, lack of dental insurance coverage, and belonging to a disadvantaged minority group. It is Crescent's mission to enhance equity in healthcare for all members of the community regardless of race, sexual orientation, gender identity, age, disability, and religious beliefs. To address access to care challenges, reduce cost of services, and transform the oral health system, Crescent is renovating our existing building space to construct multiple suites for advanced oral health services and a state-of-the-art dental lab. Additionally, we are establishing an academic dental education program to address critical workforce gaps and the professional development needed for quality oral health care. As a critical partner to this work, Delta Dental of Iowa Foundation has committed \$1.35 million to support our health center expansion project.

Since 2014, Delta Dental of Iowa Foundation has provided over \$1.5 million to funding projects at Crescent, such as the expansion, our Ageless Smiles project, and operating support during the COVID-19 pandemic. I am very proud of our long-term partnership and engagement together, as Iowans serving Iowans, to support oral and overall health within our community.

Sincerely,

Gary Collins, CEO
Crescent Community Health Center
563.690.2860



July 7, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have had the opportunity to work closely with DDIA to improve the health and smiles of Iowans.

Dental Connections is a private, non-profit community health center focused exclusively on providing dental care to all. We provide comprehensive general and pediatric dental services, and we serve all income levels and age groups. We strive to be a dental home for people who experience barriers to accessing dental care. We serve over 14,000 children and adults every year who may not otherwise access dental services.

Together, we have a long-standing partnership to provide resources and dental care to the most vulnerable Iowans and work together to solve long-term access barriers and create opportunities to develop innovative solutions. Since 2012, the Foundation has provided over \$220,000 to support Dental Connections and their work to provide care to underserved Iowans. Among other operating funding projects, this includes over \$30,000 to support our school-based clinic, Nolden Gentry Dental Clinic, \$36,000 to the Smile Squad, our mobile dentistry program, \$84,000 to Iowa Smiles Refugee Oral Health project and \$20,000 in COVID relief funding.

In addition to our strong partnership with Foundation staff, we have been working closely with the Government Programs team to provide additional screenings and mobile dental services in 2024. We are very excited to start this project and we believe it will be a mechanism to expand access to DWP and DWP Kids.

I am very proud of our partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,

A handwritten signature in black ink that reads "Carly Ross". The signature is written in a cursive, flowing style.

Carly Ross
Executive Director
cross@dental515.com
515-244-9136 x121



May 24, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

For more than 100 years, the Des Moines Independent Community School District has been providing an outstanding education to the students of our community. Today, our school district is a leader and innovator in public education, offering families some of the best educational choices in Iowa as we strive to become the nation's model for urban education.

Des Moines Public Schools, Delta Dental of Iowa Foundation, and Mid-Iowa Health Foundation first partnered in 2015 through a \$250,000 grant from the Foundation to support opening the Nolden Gentry Dental Clinic at Scavo High School. The clinic first opened in January 2016, serving students from around the district. The clinic moved in 2021 and reopened in the fall of 2022 at the Kurtz Opportunity Center in Des Moines and provides full-service dental services to local students and their family members and is operated by Dental Connections. It is partnerships such as these that are critical to providing health services to our most vulnerable and marginalized students as well providing an innovative solution to address complex health and social needs. Without the significant financial investment from the Foundation and ongoing partnership with Delta Dental of Iowa, programs like ours could not exist.

We are committed to our long-term partnership with Delta Dental of Iowa grateful to be working together to improve the oral health and well-being of all Iowans.

Sincerely,

A handwritten signature in cursive script that reads "Lyn Wilson".

Lyn Wilson
District Coordinator



Eagle Grove Elementary School
Eagle Grove, Iowa

Beth Wilson
Eagle Grove Elementary
425 N. Fort Ave.
Eagle Grove, IA 50533

May 3rd, 2023

To Whom It May Concern,

It is my pleasure to write this letter of support for Delta Dental of Iowa for their continued service to Iowans through programs such as Hawki, DWP and DWP Kids. In working with them the last few years I have found them to be the place I go for resources, information, and support.

My name is Beth Wilson, I am finishing my 5th year as an elementary school nurse, and my 29th year as a nurse. I am located in rural North Central Iowa. A large portion of our population lives below the poverty level. We also have an increasing number of migrants, mostly from South American countries. Due to our rural location and lack of resources, in my career as a school nurse, I was very frustrated with the inability to find dental care and supplies for my students, and then I found Delta Dental of Iowa.

Over the past two years I have partnered with them in educating, finding treatment, and getting supplies for our students and their families. In January of 2022 I received a \$5,000 grant from Delta Dental for educating our students and community. That grant has allowed me to purchase materials to teach all 6 levels in my building (preschool through 4th grade) with props and supplies for home and school, as well as supplies for the Middle School/ High School nurse. Every child in my school has had dental health education, including fun activities such as a coloring/poster contest with prizes.

Both myself and the Middle School/High School nurse purchased rolling carts to use as a rolling classroom and to store materials for education. I purchased toothbrush sanitizers for two special needs classrooms for students to brush each day and I have plans to purchase more.

We also applied for an “In Kind Donation” of 2,000 toothbrushes, toothpaste, and floss. Each elementary student received these as well as a two minute timer to encourage brushing long enough. Stuffed animals with teeth and large tooth models were purchased to give students hands-on learning on how to brush, and disclosing tabs were used with some grade levels to show areas they are missing when they brush. I have also shared fun ideas for science activities with the classroom teachers from the Delta Dental website.

This spring we had our second annual health fair at our school. Due to the grant we received we were able to have an educational booth with handouts, coloring pages and information for district students and families. We also sponsored two high school student’s “Eat the Rainbow” booth where our kids could try all kinds of fruits and vegetables as well as a booth showing good drink choices from Delta Dental’s “Rethink Your Drink” program, tying nutrition to oral health.

We are using this grant to reach our community as well by partnering with Upper Des Moines Opportunity to dispense oral care and educational supplies to needy families. We provided our Chamber of Commerce with 300 packages containing toothbrushes, toothpaste, and floss with a “Tips from the Tooth Fairy” flier for the annual Easter egg hunt.

The partnership to improve equity in dental care in our underserved and at risk populations through Delta Dental has made a drastic improvement in the access to care and education for our district. Delta Dental is generous with the help that we request, excited about the programs we create, and genuinely interested in the dental health of our rural community. Without their help and resources I would still be struggling to provide adequate access to dental care and proper education. Iowa is better for having Delta Dental involved in our state.

Respectfully,

Beth Wilson, RN, BSN
Eagle Grove Community Schools
Elementary School Nurse

May 1, 2023

Delta Dental of Iowa
9000 Northpark Drive
Johnston, Iowa 50131

Dear Ms. Jones,

Eastern Iowa Health Center (EIHC) is proud to provide a letter of support to Delta Dental of Iowa (DDIA). The dedication DDIA commits to advocating for oral health care for all Iowans is inspiring. DDIA acts with integrity and credibility to set the standard for authentic health investment.

DDIA leads with professionalism, compassion and perseverance. These attributes are developing exciting health opportunities for many Iowans. As a result of clearly identified need, EIHC and DDIA are currently collaborating toward an equitable oral health access goal by expanding the capacity of the EIHC dental service line by 250%.

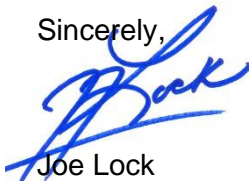
This needed expansion was made possible with assistance from DDIA. During this growth, an objective to create an integrated oral and general health care framework is being established. By creating a replicable framework of integrated oral and general health care and sharing the framework statewide, other agencies can be supported in integrating oral health care into their service lines. A far-reaching, positive impact is forecasted upon this achievement.

The relationships developed during the quest of pursuing oral health equity has enabled DDIA and EIHC to partner in other innovative areas. Due to mutual appreciation of the other's skill set, DDIA and EIHC are collaborating on a new health equity journey. EIHC is proud to once again collaborate with DDIA to realize a free two-day vision clinic. The vision clinic will assess and provide corrective eyewear on the same day to those with financial barriers. This clinic is another testament to DDIA's commitment to the people of Iowa.

DDIA's devotion to serving all Iowans stimulates growth for all Iowans. EIHC is honored to be part of the effort. This letter of support is well deserved. EIHC looks forward to future work to serve all with health equity.

Please reach out at JLock@EIHC.co or via phone at (319) 210-1057 if I may answer any questions regarding DDIA and their outstanding service to Iowans.

Sincerely,



Joe Lock
President & Chief Executive Officer

**Women's Health
Behavioral Health**
4251 River Center Court NE
Cedar Rapids, IA 52402

**Family Medicine
Pediatrics
Behavioral Health**
1201 3rd Avenue SE
Cedar Rapids, IA 52403

Dental Health
1225 3rd Avenue SE
Cedar Rapids, IA 52403

June 6, 2023

To Whom It May Concern,

On behalf of Fluent (formerly known as P&R Dental Strategies, LLC), I wish to submit a letter of support and recommendation on behalf of Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (HHS) as part of its procurement process for the delivery of dental care services for Iowans starting July 1, 2024. DDIA has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Fluent has a history of partnering with DDIA on quality measurement as well as program integrity support, of which DDIA is a proven leader in both of these areas.

Fluent is the premier dental analytics company in the industry. With advanced data-driven solutions, Fluent is transforming the way oral healthcare stakeholders manage dental networks, improve the overall quality and effectiveness of patient care, as well as increase the efficiency of dental benefit operations. For more than 25 years, Fluent has been providing its clients with the expertise to understand, monitor and optimize dental utilization in an effort to improve the overall quality of dental care through our innovative web-based applications, our industry-leading dental benchmarking database, our sophisticated informatics platform as well as our exceptional team of dentists and consultants.

DDIA is one of the first dental benefit companies to launch DentaQual®, Fluent's objective third-party quality performance scoring platform. DentaQual supports member engagement by publishing in-network provider-level performance ratings on provider directories. This transparency provides members with more information to choose dental providers while enabling an objective assessment of quality reporting and outcomes. In addition, in an effort to ensure appropriate care is delivered in an efficient manner, DDIA has leveraged Fluent's "smart claims selection" system, Pronto®, for DDIA's commercial dental benefit offerings over the last four years. Pronto is a clinical decision support application that streamlines the utilization review and management process, ensuring an appropriate allocation of resources and the efficient delivery of oral health care. Given DDIA's success with Pronto in its commercial line of business, DDIA may leverage Pronto with its Government line of business to identify outlier or inappropriate behavior and expedite claims processing and prior authorizations for appropriate behavior.

I wish to express our appreciation for DDIA's continued partnership with Fluent and for their reliable service to their members. We consistently witness and admire DDIA's commitment not only to us as a partner, but also to the Iowa Medicaid populations they serve.

We are very proud of our partnership with DDIA and to be a part of their commitment to improving the oral health and well-being of all Iowans.

Sincerely,

A handwritten signature in black ink that reads "Michael Urbach".

Michael Urbach
President, New Markets



Healthy Kids School-Based Clinics
1725 N. Dodge St.
Iowa City, IA 52245
319-631-3204

May 30th, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

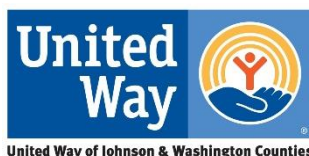
Healthy Kids Clinic is a primary care clinic conveniently located inside school buildings that provides free healthcare services to children aged birth through high school graduation in Johnson County, Iowa. The clinic was founded in 2007 in response to a community needs assessment which revealed lack of access to healthcare as a barrier to learning. The clinic serves children who are uninsured, who cannot afford high copays or deductibles or who experience other significant obstacles to accessing care. We provide access to medical care, dental care, vision care, mental health care and care coordination.

The Delta Dental of Iowa Foundation provided funding to Healthy Kids School-Based Clinic to create and lead coalitions of children's oral health providers and vision providers in our community as we seek ways to strengthen the oral and vision care systems in our community. Our goal is to provide evidence-based, high quality oral healthcare and vision care to marginalized children in Johnson County, Iowa who are otherwise unable to access the healthcare system and to do it this in an efficient and cost-effective manner. We are thrilled to partner with the Foundation on such an important initiative and to align our mission and values that are focused on access to oral health care for those most marginalized in our community.

We look forward to the opportunity to enhance our existing relationship with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,

Jamie Nguyen
Program Clinic Coordinator
Healthy Kids School-Based Clinics





301 Grand Ave.
Des Moines, IA 50309
515-650-6854

info@iowahealthieststate.com
www.iowahealthieststate.com

May 9, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. In addition, our organization has the privilege to partner with Delta Dental and its Foundation on several program initiatives that create awareness and integrate solutions to improve the physical, social and mental well-being of Iowans.

Iowa Healthiest State Initiative is a nonpartisan, nonprofit organization driven by the goal to ensure every Iowan can live their healthiest life. By engaging worksites, communities, schools, retail food, organizations, institutions and individuals, we work to create awareness and integrate solutions to improve the physical, social and emotional wellbeing of Iowans. Through our partnership with Delta Dental of Iowa and its Foundation, they have been major sponsors of the Healthiest State Walk which encourages Iowa communities to walk for 30 minutes and the public health awareness campaign "Get Your Bib On" which encouraged Iowans to seek preventive care and visit their dentist on an annual basis. HSI also appreciates the ongoing support of the 5-2-1-0 Healthy Choices Count campaign with the integration of its educational messaging within the Delta Dental of Iowa Foundation's Rethink Your Drink Campaign, which replaces water fountains with water bottle filling stations in over 400 schools across Iowa! Delta Dental has also utilized communication tools of HSI's Make It Ok! Campaign to reduce the stigma of mental health with Iowa dental providers and their teams.

I am very proud of our partnership with Delta Dental of Iowa and its Foundation to ensure that every Iowan has the opportunity to live their healthiest life!

Sincerely,

A handwritten signature in black ink, appearing to read "Jami Haberl".

Jami Haberl, MPH, MHA
Executive Director
Iowa Healthiest State Initiative

The Healthiest State Initiative works to ensure every Iowan has the opportunity to live their healthiest life.



May 7, 2023

To Whom It May Concern,

Healthy Birth Day, Inc, the 501c3 nonprofit organization that created the *Count the Kicks* public health campaign, is proud to submit this letter of support for Delta Dental of Iowa. Our partnership with Delta Dental has allowed us to reach expectant parents across our state at a critical time. Last year alone, we reached thousands of expectant parents and oral health professionals in our state with life-saving stillbirth prevention education through their support of our Health Equity Coordinator position and educational programming on oral health and healthy nutrition during and after pregnancy. We worked alongside Delta Dental to serve marginalized populations within the Iowa Medicaid and Hawki program for healthy birth outcomes and ultimately healthy Iowans.

Stillbirth prevention is critical to our state's families, especially during and in the aftermath of the COVID-19 pandemic. The impact the virus has had on our expectant mothers and their babies has been devastating for some — and having tools and resources to get babies here safely has never been more important. Due to partnerships with organizations like Delta Dental of Iowa, it appears that Iowa maintained a near-historic low stillbirth rate last year, despite the pandemic. This never would have happened without the direct financial and programmatic support of Delta Dental and their strong desire to improve birth outcomes with us, particularly among women that have been marginalized and are at greater risk of losing their babies.

They are a fully committed partner in this prevention work and we have living proof that their investment improved outcomes and saved lives. We invite you to read some of our [baby save stories](#) — more than 40 of them are from Iowa moms who got their babies here safely. We can't underscore the vital impact Delta Dental had on Iowa's expectant parents last year and their contribution to an important marker — that Iowa is leading the way in stillbirth prevention while the rest of the country remains relatively stagnant. We simply could not have had this success without them.

In Service,

A handwritten signature in black ink that reads "Emily".

Emily Price
Healthy Birth Day, Inc.
Chief Executive Officer

**Letter of Support for Delta Dental of Iowa
Delivery of Dental Care Services RFP – Iowa Department of Health**

Attn:
Delta Dental of Iowa
9000 Northpark Dr.
Johnston IA 50131

I am writing this letter in support of Delta Dental of Iowa and their proposal to the Iowa Department of Health and Human Services. The Iowa Area Development Group (IADG) has partnered with Delta Dental and the facilitation of the FIND (Fulfilling Iowa's Need for Dentists) Program for many years. Since 2008, our rural utility partners, and the many communities they serve, have been beneficiaries of FIND and Delta Dental's commitment to ensuring that underserved populations receive adequate access to dental care.

With over 35 years of economic development experience, IADG understands how important healthcare is to the development of rural economies and the quality of life of rural residents. Our long-standing relationship with Delta Dental has proven that the organization truly understands the importance of rural healthcare as well, and that they are a leader in improving the oral health and well-being of all Iowans. The work that we have accomplished together to address access to care for Iowa's most marginalized populations and rural communities through FIND has been instrumental. Delta Dental of Iowa has a tremendous reach as well, serving Medicaid and Hawki members and addressing systemic solutions to health inequities throughout all corners of the state.

Thank you for your time and thank you for the consideration of Delta Dental of Iowa regarding the RFP to deliver dental care services. We are certain that they will serve all Iowans to the fullest capacity.



Ethan Pitt
VP Community Initiatives
Iowa Area Development Group



Bruce Hansen
VP Business Development
Iowa Area Development Group

May 10, 2023

Iowa CareGivers
939 Office Park Road #332
West Des Moines, IA 50265

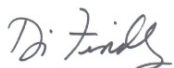
Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. In addition, our organization has had the opportunity to partner with Delta Dental and its Foundation to improve the oral health knowledge and instruction expertise of Iowa caregivers for over a decade.

Iowa CareGivers is a nonprofit 501(c)(3) organization whose mission is to enhance the care and support of Iowans by providing education, research, recognition, and advocacy for those who provide direct care. Through our work with the Lifelong Smiles Coalition, a collective initiative that was originated and supported by Delta Dental of Iowa Foundation, to empower stakeholders to identify barriers and support systemic solutions to assure optimal oral health for aging Iowans. A significant focus area of the Coalition was to arm those who provide direct care with practical knowledge and skills so they can provide optimal oral care. This end goal resulted in the evidence-based Mouth Care Matters (MCM) program, originally the first specialty training curriculum under the Prepare to Care (P2C) program for health workers focused in identifying and treating oral health issues of medically comprised and/or older frail Iowans. Through Iowa CareGivers and certified dental hygienist instructors, the program advances practical, hands-on skills and knowledge on how to provide the best oral care possible for Iowans of all ages and abilities and prepares caregivers with tools to operationalize oral health best practices. The Delta Dental of Iowa Foundation has provided over \$350,000 to support this program. More than 3,200 direct care workers and nurses completed the MCM training or an in-service, and over 5,000 nursing home residents and recipients of home care benefited from the program. This collaboration has brought in other organizations such as AARP Iowa, family caregiver program, area agencies on aging, those serving individuals with disabilities, and others in identifying strategies to educate consumers and family caregivers about the importance of good oral care to prevent premature nursing home placement, aspiration pneumonia, a leading cause of death among nursing home residents, and hospital readmissions. In addition, our work with Delta Dental has fostered public and private sector partnerships to build the structure and system needed to support and sustain MCM via community colleges, the University of Iowa Colleges of Nursing, Dentistry and Dental Clinics, and the Center for Excellence in Developmental Disabilities.

We are immensely proud of our partnership with Delta Dental of Iowa and its Foundation to ensure those in direct care have access to the education, skills, tools, and support to provide high quality oral care to the Iowans they serve.

Sincerely,



The go-to place for those in direct care



6/14/2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

The mission of the Iowa Dental Hygiene Association is to improve the public's total health, advance the art and science of dental hygiene by ensuring access to high-quality oral health care, increasing awareness of cost-effective benefits of prevention, promote the highest standard of dental hygiene education, licensure, practice, and research, and representing and promoting the interests of dental hygienists. Through our partnership with Delta Dental of Iowa and its Foundation, we support continuing education programming for dental hygienists and dental assistants and provide key linkages to our partners, such as a recent Delta Dental of Iowa Foundation grant provided to Hawkeye Community College of \$250,000 to support the expansion of their dental hygiene school and their outreach to local schools to recruit the future workforce. Additionally, we work in partnership and collaboration to engage in Oral Health Iowa; a statewide coalition focused on access to oral health care for Iowa's most vulnerable populations.

During the past legislative session, we partnered to support HF 656, which was passed late in the session and allows for dentists and dental hygienists practicing in compact states to create reciprocity among participant states and reduce the barriers to license portability. The bill passed both chambers unanimously and makes Iowa the first state in the country to establish a

dental compact. Seven states must also pass legislation before the compact becomes active. The bill will not reduce standards of care or professional licensing standards in Iowa. The compact facilitates multistate practice, ensures license portability when changing state of residence, and expands employment opportunities into new markets. This type of partnership truly demonstrates our deep value that Iowans serving and supporting Iowans is critical to continuing to solve long-term access barriers and the opportunity to develop innovative solutions.

I am very proud of our partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,

Amanda Jay, RDH

President, Iowa Dental Hygienists' Association



June 7, 2023

Dear Delta Dental of Iowa,

I am pleased to provide this letter of support for Delta Dental of Iowa's (DDIA) application to the Iowa Department of Health and Human Services' (Iowa HHS) procurement process for delivery of dental care services for Iowans starting July 1, 2024. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health of Iowans.

The Iowa Primary Care Association (Iowa PCA) is a nonprofit, membership association comprised of thirteen community health centers and one migrant health program and is recognized as the trusted voice on healthcare, particularly concerning under-resourced populations. The Iowa PCA has provided technical assistance and training to Iowa's community health centers to support their ongoing commitment to provide quality affordable primary and preventive health care to meet community needs. Since 2012, the Delta Dental of Iowa Foundation has provided over \$395,000 to support the Iowa PCA through efforts such as creation of a Primary Care Oral Health Coordinator position to a transformative strategic investment in statewide HIT infrastructure for Iowa's community health centers that facilitates the integration of oral and medical care. Together, we have a long-standing partnership to provide resources and system solutions that work to advance access and oral health care for vulnerable Iowans. We partner to solve long-term access barriers and create opportunities to develop innovative solutions as well as statewide collaborations such as Oral Health Iowa and the Lifelong Smiles Coalition. In addition, the Foundation has given over \$4.5 million to Iowa's community health centers since 2002, a significant investment in the success and infrastructure to support access to oral health care across the state.

In addition to our partnership with the Foundation, we work closely with Delta Dental and their Government Programs team to address the needs of Iowa's community health centers to provide cost-effective care to Dental Wellness Plan and Hawki members. We have been working together to build dental homes for over 88,000 Medicaid members who have been seen at a community health center in Iowa since 2014 and I am grateful for the opportunity for us to work together.

I am proud of our partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,

A handwritten signature in blue ink that reads "Aaron Todd".

Aaron Todd
CEO

June 21, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. In addition, our organization has the privilege to partner with Delta Dental and its Foundation on several program initiatives that create awareness and integrate solutions to create more vibrant and healthier rural communities in Iowa!

Since 1992, the Iowa Rural Development Council (IRDC) has been engaging partners and advancing the interests of rural Iowa. The Iowa Rural Development Council has more than 107 strategic partner member organizations uniting on behalf of rural Iowa. I am proud that Delta Dental of Iowa and its Foundation are active partners and sponsors! This includes Delta Dental's engagement on the Iowa Rural Development Council; the funding of the FIND (Fulfilling Iowa's Need for Dentists) loan repayment program and its impact on the oral and overall health of rural Iowans as well as the economic vitality of those communities; the funding of the Kick-it Forward mini-pitch programs in rural areas of the state to transform abandoned courts and other underutilized spaces into vibrant places where individuals can be physically active; as well as sponsoring and providing content rural expert speakers at our annual Iowa Rural Summit.

I am very proud of our partnership with Delta Dental of Iowa and its Foundation to ensure that every *rural* Iowan has the opportunity to live their healthiest life!

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Menner", with a long horizontal flourish extending to the right.

Bill Menner
Executive Director



June 19, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. I have had the opportunity to work with Delta Dental of Iowa and their Foundation in their efforts to support and improve the health and smiles of rural Iowans.

The Iowa Rural Health Association (IRHA) is a nonprofit membership organization of individuals and organizations dedicated to ensuring optimal health for all Iowans, particularly those in rural Iowa. We serve as the voice for rural health in the state, bringing attention to the issues that affect rural health providers and help to address those issues by providing educational opportunities, facilitating information sharing, and engaging in advocacy activities. Delta Dental of Iowa and its Foundation have a strong history of supporting initiatives that are focused on strengthening the health of rural Iowans. Post pandemic the IRHA Board recognized a need for strategic change to ensure we continue to be mission driven, responsive to the overall rural health inequities and valuable to our members, key stakeholders, and Iowans. The Delta Dental of Iowa Foundation recognizes the value of collaborative, community-led systems change in supporting the overall health of Iowans and provided support for IRHA to strengthen our organizational strategic, operational planning, and capacity building efforts. An investment in strengthening the IRHA as an organization is an important investment in our rural Iowa health systems and ultimately the health of all Iowans. Support from the Foundation will also help us convene Iowa rural health experts, advocates, clinicians, public health professionals, students, community leaders, and others to learn from one another- network- build camaraderie, and fuel thoughts at the Iowa Rural Health Association Conference in Marshalltown this fall – the first specific to rural health to be held in 3 years.

Beyond our partnership, Delta Dental and its foundation has been focused on improving rural health access issues for years through its FIND (Fulfilling Iowa's Need for Dentists) Program which recruits dentists to establish private practice dental offices located in underserved areas in Iowa, its investments in expanding capacity at Federally Qualified Community Health Centers throughout the state and bringing coalitions together such as Lifelong Smiles, Cavity Free Iowa, and Iowa's Community Water Fluoridation. We are grateful for their leadership and support over the years.

I am very proud of our ongoing partnership with Delta Dental of Iowa and to share in their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,

A handwritten signature in black ink, appearing to read "Audrey E. Tran Lam". The signature is fluid and cursive, written in a professional style.

Audrey E. Tran Lam, MPH
Iowa Rural Health Association Board President, 2023

June 12, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years.

The mission of Knoxville Hospital & Clinics is to provide exceptional health care built upon compassion and innovation. The condition of one's oral health is linked to the condition over their overall care, and ensuring access to dental care for all Iowans aligns with our mission and values. Through our partnership with Delta Dental of Iowa and its Foundation, we created dedicated operating room suite time for pediatric dental visits and patients who would otherwise be forced to travel long distances or forgo dental care altogether. Through partnership with local pediatric dentists, I-Smile Coordinators, the hospital, and funding support from the Foundation to purchase necessary equipment for pediatric dental cases in the operating room, children with extensive dental needs now have a safe place to obtain sedation and dental care. This partnership improves access to oral health care in rural parts of the state including Iowa's most vulnerable populations.

This type of partnership truly demonstrates our deep value that Iowans serving and supporting Iowans is critical to continuing to solve long-term access barriers and the opportunity to develop innovative solutions.

I am very proud of our partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,



Jan Myers, MSN
Chief Nursing Officer
Knoxville Hospital and Clinics
Knoxville, Iowa



Kossuth / Palo Alto County
Economic Development
Corporation

Acres of Opportunity

106 S. Dodge St., Suite 210
Algona, IA 50511
Ph: (515) 295-7979
Fax: (515) 295-8873
Email: kcedc@kossuthia.com
www.kossuth-edc.com
www.paloaltoiowa.com
Maureen Elbert
Executive Director

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

Kossuth/Palo Alto County Economic Development Corporation (K/PACEDC) coordinates job retention, business development, housing, tourism, value-added initiatives and provides leadership to improve the quality of life for all residents of Kossuth and Palo Alto counties. In addition, K/PACEDC provides leadership by promoting growth and development in the areas of existing business expansion, new business opportunities, job retention, marketing, and tourism. As the Executive Director for Kossuth/Palo Alto Economic Development Corporation, I have had the pleasure of partnering with Delta Dental of Iowa on the Fulfilling Iowa's Need for Dentists (FIND) program since 2013. Together, we collaborated to recruit and retain two dentists in the Emmetsburg and Algona, both of which are still in our communities today serving all patients with all sources of payment. Since 2002, 56 Iowa private practice dentists have participated in the FIND program providing 326,000 patient visits and 878,900 dental services.

When we began the process for FIND, we spoke with the Iowa Area Development Group, who is a partner of ours and a partner of Delta Dental and connected the two organizations. Iowa based companies and Iowans working together are what makes this collaboration powerful, and we had a tremendous experience working with the Delta Dental team throughout the entire process. We are grateful for our ongoing partnership and looking forward to more opportunities to advance health in our communities together.

I am very proud of our partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,

Maureen Elbert
Executive Director



May 22, 2023

Ms. Gretchen Hageman, Vice President of Government Programs
Delta Dental of Iowa
9000 Northpark Drive
Johnston, IA 50131

Dear Ms. Hageman:

**Lee County
Health Department**

#3 John Bennett Dr.
PO Box 1426
Fort Madison, IA
52627

P 319.372.5225

T 1.800.458.6672

F 319.372.4374

E LCHD@leecountyhd.org

W www.leecountyhd.org

I am writing on behalf of the Lee County Health Department to express our enthusiastic support of Delta Dental of Iowa’s proposal to continue serving Iowans as a highly qualified Prepaid Ambulatory Health Plan delivering Medicaid and Hawki dental benefits.

I have the privilege of overseeing I-Smile™ program services in a six-county service area and have been with the program for 16 years. In that time, it has become increasingly difficult for individuals and families to access dental care due to changes in dental workforce, Iowa Medicaid insurance, etc. – not to mention an increase in decay rates as a result of the pandemic.

In my many years of experience, Delta Dental of Iowa brings caring individuals – Iowans – and resources to the table again and again. The foundation’s investment in programs like I-Smile™ Silver and your team’s willingness to dig deep for innovative solutions to improve access to care is second to none.

Our collaborations are numerous and strong and have especially grown at the local level since I-Smile™ Silver. In addition, from a provider perspective (Screening Center, etc. provider types with I-Smile™ programming) we almost always have a seamless experience with claims and payment and when concerns do arise resolutions are quick and painless.

We look forward to the opportunity to enhance our existing relationship to best meet the needs of Iowans. We wish you the best of luck with your application to the Iowa Department of Health and Human Services for administering dental benefits to Iowa Medicaid and Hawki members.

Sincerely,

Rachael Patterson-Rahn, RDH
Oral Health Program Manager
rprahn@leecountyhd.org

Community Health

Environmental

Home Care

Hospice



June 26, 2023

To Whom it May Concern,

On behalf of the Medicaid | Medicare | CHIP Services Dental Association (MDSA), I wish to submit this letter of support and recommendation for Delta Dental of Iowa on their application to the Iowa Department of Health and Human Services for the contracted administration of dental care services for Iowa's Medicaid members beginning July 1, 2024. I understand that Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years.

MSDA is a national membership non-profit corporation, organized under the California Secretary of State in 2004 as a 501 c3. MSDA represents all State Medicaid and CHIP dental programs, directors, and staff, as well as individuals and corporate vendors from across the nation that aim to improve the oral health of all Medicaid, Medicare, and CHIP beneficiaries. Several years ago, MSDA established the Corporate Round Table in response to the increased number of commercial organizations entering the Medicaid market. This move by States to dental managed care and administrative contracting marked a new era in public-private partnerships for government dental programs. We at MSDA recognized the need for broader collaboration with state contractors and those entering the Medicaid dental market. Since that time, we have broadened our scope to include collaboration on key projects as well as providing education, training, networking, and technical assistance to our new corporate constituency.

MSDA has had a long-standing relationship with Delta Dental of Iowa. DDIA has supported MSDA's mission through annual memberships, active engagement in the board and symposiums, and support and staff commitment to MSDA projects. More recently, MSDA worked with Iowa Medicaid, the Delta Dental Foundation, and Delta Dental of Iowa staff on the creation and implementation of the Iowa Oral Health Equity Self-Assessment Tool. This tool was designed to help the Iowa Medicaid program better understand their adult members, their members' needs, and discern the equitable receipt of dental care services. Implementation of the tool took place in January 2023. Since that time many other state programs have expressed interest in learning more about it. As a result, Delta Dental staff highlighted the tool at MSDA's National Symposium in Washington DC, in May 2023.

In addition to the partnership activities listed above, Dr. Jeffrey Chaffin, Delta Dental of Iowa's Chief Dental Officer serves as a current board member for MSDA and brings valuable experience and insight on Medicaid clinical and programmatic activities to our organization.



We are very proud of our partnership with Delta Dental of Iowa and are thrilled to learn of their interest in continuing their relationship with the State of Iowa through this new procurement opportunity. We strongly support their application and respectfully request your thoughtful consideration of their proposal.

Sincerely,

A handwritten signature in black ink that reads "Mary E. Foley". The signature is written in a cursive, flowing style.

Mary E. Foley
Executive Director
Medicaid | Medicare | CHIP Services Dental Association

To Whom it May Concern,

On behalf of PreViser Corporation, I wish to submit a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (HHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. DDIA has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, we have worked with DDIA on various versions of the oral health survey of DWP adult members for the past nine years.

PreViser Inc is industry leading Oral Health Technology company that leverages patented technology connecting the clinician, patient, and insurer in real time to enable customized benefits and treatment planning.

When the Dental Wellness Plan was started in May 2014, DDIA implemented PreViser's Oral Health Information Suite with their entire provider network to encourage offices to assess a member's risk and understand their oral health status. DDIA provided the PreViser tool free of charge to all offices to be used on Medicaid and commercial patients to aid in treatment planning for members. With the creation of the Healthy Behaviors program for all Medicaid adults in July 2017, we worked with DDIA to create an Oral Health Self-Assessment that allowed members to complete their risk assessment requirement online or on the phone with a customer service representative at DDIA to maintain their full benefits. Assessing Medicaid adult members' oral health status has now been transformed into the Statewide Oral health survey that is used by all Medicaid Dental Benefit Administrators as of January 1, 2023. DDIA served as a partner during the planning, designing, and implementation of this new survey.

I wish to express our appreciation for DDIA's continued partnership and reliable service. We consistently see their commitment not only to us as a partner, but also to the Iowa Medicaid populations they serve.

We are very proud of our partnership with Delta Dental of Iowa and to be a part of their commitment to improving the oral health and well-being of all Iowans.

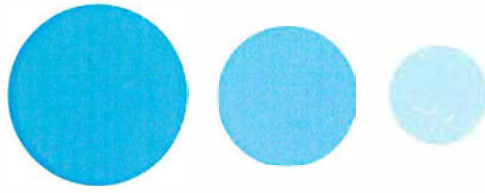
Sincerely,



Eugene Shimelfarb

CEO of PreViser Inc

06/15/2023



June 19, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years.

I-Smile™ Silver is a pilot project, modeled after the I-Smile program for children, aiming to achieve optimal oral health for adult and older Iowans. This work is supported by the Lifelong Smiles Coalition and funded in part by Delta Dental of Iowa Foundation since 2014.

As an I-Smile Silver Coordinator in Scott County, Iowa, I work with community partners to address oral health care for adults and older Iowans, provide gap-filling preventive dental services, and improve access to care regardless of financial status. In addition, I provide education and training for medical providers, direct care staff, and home care providers.

This type of partnership truly demonstrates our deep value that Iowans serving and supporting Iowans is critical to continuing to solve long-term access barriers and the opportunity to develop innovative solutions.

I am very proud of our partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,

Carole Ferch, RDH



Scott County Health Department I-Smile™ Silver Coordinator
600 W. 4th Street, Davenport, IA 52001 • Phone: (563) 326-8258 • Fax: (563) 326-8774
health@scottcountyiowa.gov • www.scottcountyiowa.gov/health

May 9, 2023

To Whom it May Concern:

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (HHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA in many other ways.

As I have the privilege of administering a statewide, health philanthropy like Telligen Community Initiative (TCI), there are simply not many peers doing similar work in this space. DDIA and its foundation teams do an outstanding and intentional job advancing health status, access, and innovation for marginalized populations in any manner you choose to define that. From youth to seniors, DDIA is progressively providing thought leadership in the provision of health services throughout Iowa. They are a recognized leader in the Delta family of companies nationally. Their organization and team are recognized as leaders within the Iowa Council of Foundations, Grantmakers in Health, Iowa Public Health Association, Iowa Primary Care Association, Global Insurance Accelerator, and United Way circles. Simply stated, the DDIA enterprise routinely provides steady and visible leadership within the health access and health philanthropy space and the list of organizations they impact above only represents a portion of their impact.

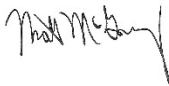
It may be beyond the scope of direct consideration of this procurement opportunity, but I do think it is worth noting that as health delivery organizations, insurers, and private sector companies are increasingly being headquartered outside of Iowa, we should do all that is reasonable and possible to advance organizations committed to growing their services, footprint, and expertise within Iowa. DDIA is just such an organization. From their workforce (lean), to their physical plant (green), and their tireless work to advance the needs of vulnerable populations at the intersection of oral, vision, and overall health – Delta Dental of Iowa is a corporate partner that trailblazes. It is simultaneously intentional, but not over-stated or attention seeking. When there are progressive and thought provoking efforts happening in the health and oral health space throughout Iowa, Delta is minimally involved and typically resourcing or providing support in some way to make that initiative more successful.

I have had the professional and personal privilege of working with DDIA officers, staff, and Board members for approaching 25 years and they are quite simply public health leaders within our state. DDIA is exceptional at bringing together traditional and nontraditional stakeholders for the common good. DDIA is a gifted connector and regularly translates complex concepts, so they are actionable for people in multiple organizational and individual perspectives. Delta regularly offers a calming and leading voice for progressive

and impactful work to improve operation, efficiency, performance, and outreach to current and emerging needs of health professionals in our state. Delta encompasses some of my most valued colleagues from the perspective of being strategic thinkers and thought leaders – traits recognized by many.

Delta can see both the big picture, as well as simultaneously envisioning how a collaboration between partners will function on a tactical level (marrying academic and practical, real-life settings). Not many can see both critical portions of this equation. The Delta organization is filled with staff that provide this thoughtful leadership and tactical skill daily. I couldn't support their application to you for this scope of work more strongly. If you need any additional information, please feel free to contact me at 515/554-2908 or mmcgarvey@telligenci.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt McGarvey". The signature is fluid and cursive, with a prominent initial "M".

Matt McGarvey, Executive Director
Telligen Community Initiative

June 7, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

United Way of Central Iowa focuses on issues in our community that fall within the five elements of a thriving community: essential needs, early childhood success, education success, economic opportunity, and health and well-being. As a part of our focus on health and well-being, several years ago, we worked with local partners, which include Delta Dental of Iowa and its Foundation to create solutions to access to oral health care barriers within our community and the dental hygiene and dental assisting shortage our partners were beginning to face. That work led us to create and begin a policy focused workgroup, Oral Health Iowa. Since 2020, Oral Health Iowa has been a leader in oral health policy, driving solutions to address gaps in care for Iowans. As our learning and engagement has grown, Oral Health Iowa went through a strategic planning process with Lifelong Smiles, Cavity Free Iowa, and Iowa's Community Water Fluoridation workgroup to rebrand and become a new and refreshed statewide oral health coalition, again named Oral Health Iowa.

Our ongoing partnership with Delta Dental goes beyond oral health, as Delta Dental of Iowa is a corporate partner and donor, running an annual United Way campaign to support our work. Because of their leadership and significant rate of giving among employees, Delta Dental has received multiple Live United awards, celebrating their giving and influence across the community. We have the pleasure of working together on an ongoing basis on many initiatives, most recently with Suzanne Heckenlaible, Vice President of Public Affairs as Chair of our Health & Well-Being Cabinet, which further demonstrates Delta Dental's commitment to the community and to Iowa.

I am very proud of our ongoing partnership with Delta Dental of Iowa and to share in their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,
Jessica Nelsen
Health and Wellbeing and Essential Needs Officer
United Way of Central Iowa
Jessica.nelsen@unitedwaydm.org

Kiane Smith, RDH
I-Smile Coordinator
Visiting Nurse Association
600 Gunder Road, Elkader IA

5-15-2023

Dear Iowa Department of Health and Human Services,

I am pleased to write a letter in support of Delta Dental of Iowa for the upcoming request for proposal for Iowa Medicaid. As a dental hygienist and I-Smile Coordinator, I have witnessed the outstanding community partners that Delta Dental of Iowa has forged in rural Iowa. We work together to serve all populations in Iowa, especially those who are high risk.

Delta Dental of Iowa works hard to create dental access to care for all Iowans. They are instrumental in my work as an I-Smile Coordinator, as we utilize referrals to them and the dental offices who partner with them frequently. Additionally, Delta Dental of Iowa is a partner for our I-Smile @ School program where elementary students throughout the state are given an opportunity to receive free dental sealants, regardless of income or insurance. We have mutual goals to address systemic solutions to health inequities.

In conclusion, by granting Delta Dental of Iowa the Dental Health Care Delivery request for proposal, Iowa Medicaid is ensuring equitable access to care for Iowa's most marginalized populations.

Kindly,

A handwritten signature in black ink that reads "Kiane Smith, RDH". The signature is written in a cursive style with a large initial "K".

Kiane Smith, RDH
I-Smile Coordinator

Louscher Family Dentistry
Algona and Emmetsburg, Iowa

May 25, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

Louscher Family Dentistry is committed to the Algona and Emmetsburg communities as well as to the patients we serve. We provide preventative and restorative care through a gentle, personalized plan and comfortable environment. We work hard for our patients and provide oral health education, information on treatment options with combined experience and state-of-the-art dental technology. It is our goal to provide our patients exceptional and exceptionally gentle dental care.

I chose Louscher Family Dentistry and the communities of Algona and Emmetsburg because I knew that our practice philosophies aligned, I would be able to provide care to some of Iowa's most marginalized populations and I would be in a community that truly cared about me, my family, and our future. To make the financial commitment work, I applied for the Fulfilling Iowa's Need for Dentists (FIND) program, led by Delta Dental of Iowa in partnership with the State of Iowa and Iowa Area Development Group. Programs like FIND provide me the opportunity to deepen my roots in the community as well as provide care to many of Iowa's Medicaid enrolled patients. I am committed to my community and to my patients and am grateful that Delta Dental of Iowa created the FIND program so that I can do what I do best with less financial concerns.

I am very proud of our partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony Brantner', written in a cursive style.

Anthony Brantner D.D.S.



**Cathy Curry Tigges D.D.S. • Christopher W. Bogue D.D.S., P.C.
Katie Naberhaus Jaffe D.D.S. • Jay Tigges, D.D.S.**

6/23/2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (Delta Dental) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, Delta Dental is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

As a dentist in Carroll, I am committed to providing exceptional dental care to my community. I want to make my patients feel safe, create a treatment plan for each patient and make sure each patient gets the individual attention they deserve. Working with Delta Dental is an overall positive experience, from their customer service center, provider relations team, service through Government Programs and community engagement through programs like FIND and their Foundation, Delta Dental is a company of Iowans serving Iowans. I was one of the fortunate providers to receive the FIND award. It helped me pay off my student loans.

In addition, I am a member of the Iowa Dental Association, which with support from its Foundation, the Iowa Dental Foundation, leads the Iowa Mission of Mercy (IMOM). Since 2007, Delta Dental and its Foundation have provided almost \$500,000 to support this initiative. Created to meet the needs of Iowans who cannot afford or access dental care, IMOM has provided over 16,600 patients with free dental care totaling more than \$11.5 million since its inception in 2008. IMOM is designed to treat immediate, acute needs of its patients and a wide variety of free dental procedures are offered, such as fillings, extractions and cleanings. IMOM leadership anticipates serving over 1,000 patients each year and provides over one million dollars in free oral healthcare over the course of the two-day clinic. In addition, over 1,000 dental professionals and other individuals are needed to volunteer their time at the event. I have participated in every IMOM event since the first one. It has been life changing for both me as a provider and the patients served. Without financial support by and leadership on fundraising and the planning committee from Delta Dental, events like IMOM would not be possible.

Delta Dental understands what it takes to serve Iowa's most vulnerable populations through the Dental Wellness Plan and has been a long-term oral health leader in the state of Iowa. We work with many different insurance providers, Delta Dental is great to work with and are helpful in resolving any issues that we are having. Most of our questions can be answered on their website. However, if we do have any question and they do not know the answer. If they say they will call back, they will. Compared to the other insurance companies, they have some of the best customer service.



**Cathy Curry Tigges D.D.S. • Christopher W. Bogue D.D.S., P.C.
Katie Naberhaus Jaffe D.D.S. • Jay Tigges, D.D.S.**

I am very proud of our partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of Iowans and fully support their continued work as a Dental Wellness Plan administrator.

A handwritten signature in black ink, appearing to read 'C. Bogue DDS'.

Christopher Bogue DDS



May 17, 2023

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (DDIA) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, DDIA is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

As a pediatric physician for MercyOne Central Iowa for over 24 years, I have had the privilege to serve as the physician leader for a collaborative program funded by Delta Dental of Iowa Foundation, Cavity Free Iowa. This initiative led by the IHHS, focuses on improving the oral health of children 0-35 months of age in Iowa with early dental referral while developing relationships between providers to improve medical-dental integration. We started the critical work of an oral screening during a child's preventative medical examinations providing the standard of care at the MercyOne Pleasant Hill Pediatrics Care Clinic and have been successful in championing this work throughout the MercyOne Central Iowa system. The Cavity Free Iowa workgroup also spearheaded the opportunity that when a preventive service, such as fluoride varnish, is administered during the health maintenance examination, it is reimbursed through Medicaid and Hawki programs. Ultimately, this collaborative work has increased the medical-dental provider relationships to ensure additional referrals for children to a dental home in central Iowa and prevented hundreds of dental caries in children with the greatest risk.

Because of my experience working with Delta Dental and HHS, I was chosen for a national collaborative through the Center for Integration of Primary Care and Oral Health at Harvard Dental and UMASS Medical schools' "100 Million Mouths Campaign". I engage with health professional schools and programs to integrate oral health into their curricula to bridge gaps in oral health knowledge and connecting oral health to medical health. Alongside Delta Dental, we are educating Iowa health professional students (the next generation of

Mercy Central Pediatric Clinic
330 Laurel St., Ste. 2100
Des Moines, Iowa 50314
515-643-8611

Mercy East Pediatric Clinic
5900 E. University, Ste. 300
Pleasant Hill, Iowa 50327
515-643-2600

Mercy North Pediatric Clinics
800 E. 1st St., Ste. 1200
Ankeny, Iowa 50021
515-643-9000

Mercy West Pediatric Clinic
1601 NW 114th St., Ste. 345
Clive, Iowa 50325
515-222-7337

Mercy Johnston Pediatric Clinic
5615 NW 86th St.
Johnston, Iowa 50131
515-643-6090

Mercy Jordan Creek Pediatric Clinic
1055 Jordan Creek Pkwy, Ste. 102
West Des Moines, Iowa 50266
515-643-9550

Mercy Clinics, Inc.
A member of Mercy Health Center-Delta Dental

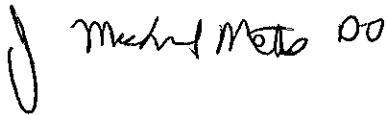


pediatricians, internists, family medicine physicians, physician assistants and nurse practitioners) on oral health and its connection to overall health.

Lastly, I also have the honor of serving as a Delta Dental of Iowa Foundation board director. Our engagement has been strategically focused on strengthening and transforming the health and smiles of all Iowans. For the last two years I have witnessed how much Delta Dental of Iowa and its Foundation serve as a critical catalytic funder to build relationships and support systemic solutions to address health inequalities to create fair and just opportunities to health for all Iowans.

I am very proud of my partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of all Iowans.

Sincerely,

A handwritten signature in black ink that reads "Michael Metz" followed by two small circles. The signature is written in a cursive style.



June 28, 2023

Dear Delta Dental of Iowa,

On behalf of the River Hills Community Health Center, I wish to express our appreciation for Delta Dental of Iowa's continued partnership and reliable service. We consistently see their commitment not only to us as a partner, but also to the Iowa Medicaid and Hawki populations they serve.

Without the commitment of Delta Dental of Iowa, many of our patients would lack access to dental care, which is pertinent to the overall health of rural Iowans that we serve. Delta Dental of Iowa is an essential part of providing basic dental needs to underserved Iowans. Without Delta Dental of Iowa, thousands of Iowans would lack the ability to afford basic dental care, which would decrease the overall well-being and quality of life of these Iowans.

We are very proud of our partnership with Delta Dental of Iowa and to be a part of their commitment to improving the oral health and well-being of all Iowans.

Sincerely,

Kyle Nicholson

A handwritten signature in black ink that reads "Kyle Nicholson".

Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (Delta Dental) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, Delta Dental is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for nearly 20 years. Beyond those experiences and recognized expertise, I have the good fortune of working with DDIA to support and improve the health and smiles of very young Iowans.

Iowa Falls Family Dentistry is committed to providing patients with the highest quality oral health care. Prior to partnership at Iowa Falls Family Dentistry, I was the owner of Ackley Family Dental and a Fulfilling Iowa's Need for Dentists (FIND) recipient. FIND supported my ability to make the financial commitment to practice ownership for a new dentist work. FIND, led by Delta Dental in partnership with the State of Iowa and Iowa Area Development Group, provided me the opportunity to deepen my roots in the community as well as provide care to many of Iowa's Medicaid enrolled patients. I chose Iowa Falls Family Dentistry because I knew that our practice philosophies aligned, I would be able to provide care to some of Iowa's most marginalized populations and I would be in a community that truly cared about me, my family, and our future. I am committed to my community and to my patients and am grateful that Delta Dental of Iowa created the FIND program so that I can do what I do best with less financial concerns.

In addition to FIND, I am a member of Delta Dental's Dental Advisory Group. The Dental Advisory Group serves as a resource and sounding board for Delta Dental. The input from the organization helps shape commercial products and we also serve as a resource for the selection of care practice guidelines that are most appropriate for Government Programs. Through my involvement in this group, I feel valued as a provider and that I have a voice in advancing oral health care for Medicaid enrolled Iowans.

Working with Delta Dental is an overall positive experience, from their customer service center, provider relations team, service through Government Programs and community engagement through programs like FIND and their Foundation, Delta Dental is a company that is dedicated to Iowans. I am very proud of our partnership with Delta Dental of Iowa and to be a part of their long-standing commitment to improving the oral health and well-being of Iowans and fully support their continued work as a Dental Wellness Plan administrator.

Sincerely,

A handwritten signature in black ink, appearing to read "POKane DDS". The signature is stylized and includes a large, sweeping flourish.

Paul O'Kane DDS



Dear Delta Dental of Iowa,

This is a letter of support and recommendation for Delta Dental of Iowa (Delta Dental) and their application to the Iowa Department of Health and Human Services (IHHS) and their procurement process for delivery of dental care services for Iowans starting July 1, 2024. As the state leader in dental benefits, Delta Dental is committed to continuing to serve Iowa Medicaid and Hawki members. Delta Dental has a robust and long-standing relationship with the State of Iowa and has successfully administered the Hawki, DWP, and DWP Kids programs for over 15 years. Beyond those experiences and recognized expertise, I have had the benefit of working with Delta Dental to support and improve the health and smiles of Iowans.

As a dentist in Vinton, Iowa, I am committed to providing exceptional dental care to members of my community. I have worked hard to create an office that makes patients feel safe, comfortable, and well cared for, no matter their background. Working with Delta Dental is an overall positive experience for our office. We have experienced a helpful customer service center, easy to navigate portal, and communicative provider relations team. I have especially appreciated the Government Programs department that has been willing to go the extra mile in seeking feedback to continuously improve the DWP provider experience so that we can continue to provide for our patients that need it the most.

I am also a member of the Iowa Dental Association, which has led the Iowa Mission of Mercy since 2007. Over this period, Delta Dental and its Foundation have provided \$494,000 to support this initiative. Created to meet the needs of Iowans who may not be able to afford or access dental care, IMOM has provided over 16,600 patients with free dental care totaling more than \$11.5 million since its inception in 2008. This year, 100 mobile dental chairs will be brought in and a full-service field dental clinic will be set up in Waterloo, IA. IMOM leadership anticipates serving over 1,000 patients and providing over one million dollars in free oral healthcare over the course of the two-day clinic. In addition, over 1,000 dental professionals and other individuals are needed to volunteer their time at the event. Delta Dental's support of IMOM has been impactful for our organization.

I am grateful for our partnership with Delta Dental and to be a part of their long-standing commitment to improving the oral health and well-being of Iowans and fully support their continued work as a Dental Wellness Plan administrator.

Respectfully,

Sara Stuefen DDS

Tab 5 - Personnel

Tab 5: Personnel

3.2.5 Personnel.

Delta Dental of Iowa is headquartered (only one location) in Johnston, Iowa. We currently employ 178 passionate and dedicated individuals who focus on Bringing Smiles to the people we serve. All our employees working on the DWP, DWP Kids, and Hawki plans live in Iowa, which has allowed us to provide quality service to those we serve. As an incumbent Pre-Paid Ambulatory Health Plan (PAHP), Delta Dental has an experienced and highly qualified operational team in place that will continue to focus on improving outcomes for Enrolled Members and partnering with Network Providers and stakeholders to improve access to quality services. Our Executive Leadership team has more than 150 years of insurance and public health experience cumulatively.

3.2.5.1 Tables of Organization.

Delta Dental's Overall Operations Organization Chart is depicted in Exhibit 3.2.5.1-1 and our Government Programs Organization Chart is depicted in Exhibit 3.2.5.1-2.

Exhibit 3.2.5.1-1: Overall Operations Organization Chart.

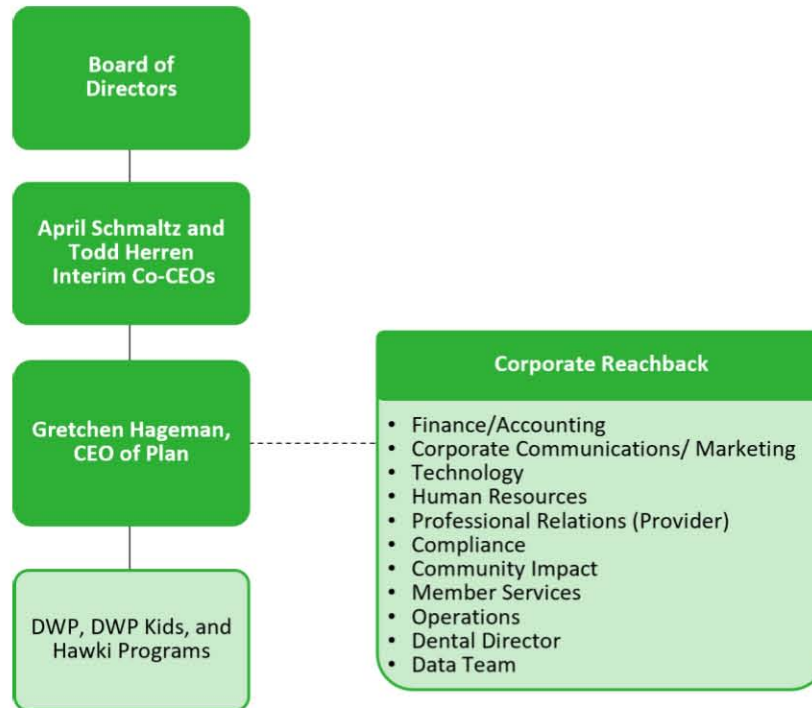
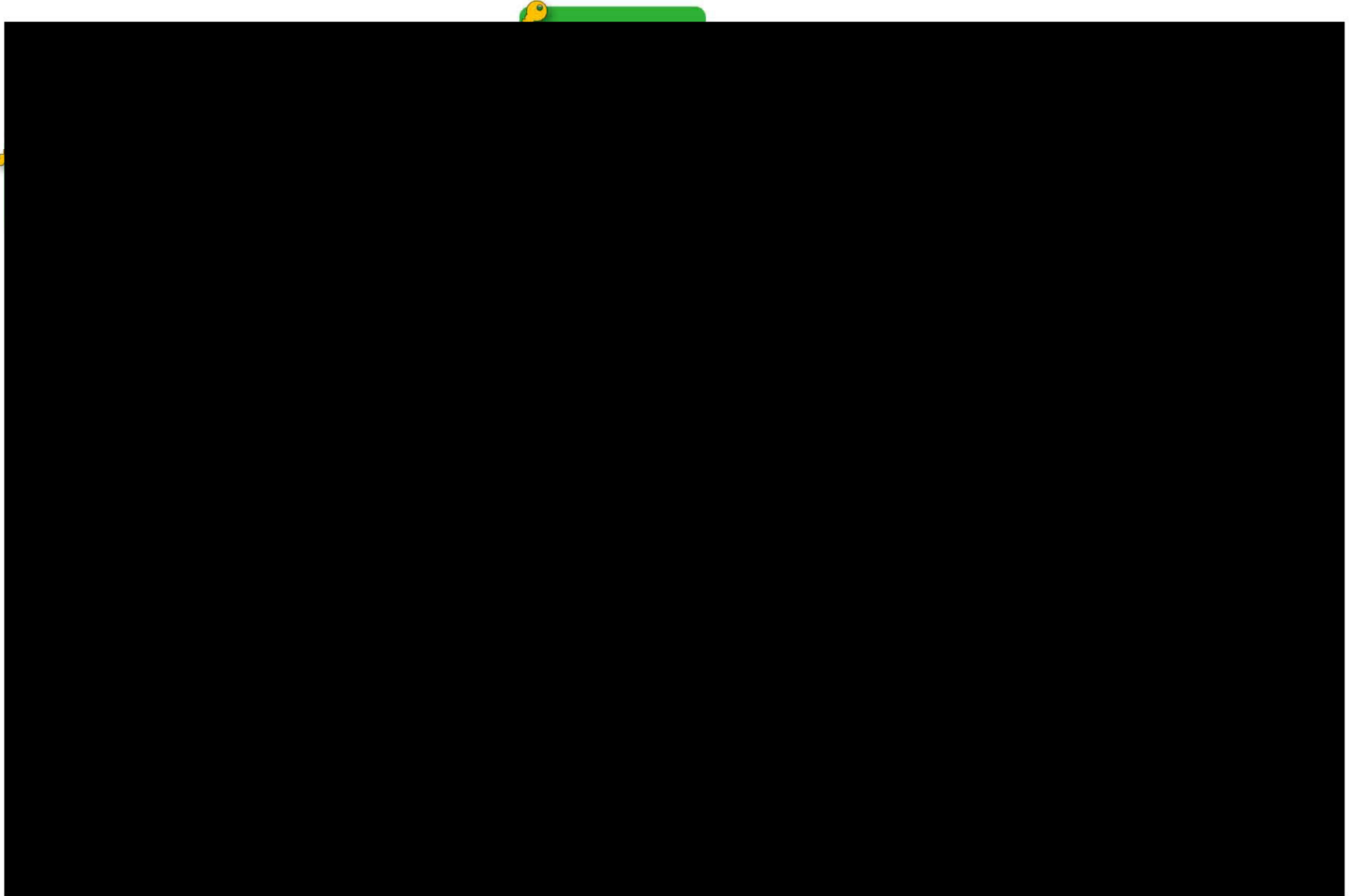


Exhibit 3.2.5.1-2: Government Programs Organization Chart.



CONFIDENTIAL

3.2.5.2 Names and Credentials of Key Corporate Personnel.

Delta Dental is identifying its Officers and Board Directors as “Person with an ownership or control interest” as they are “an officer or director of a disclosing entity that is organized as a corporation” under 42 C.F.R. § 455.101. Delta Dental does not have any person or corporation that:

- Has any ownership interest in Delta Dental
- Has any indirect ownership interest in Delta Dental
- Has any combination of direct and indirect ownership interests in Delta Dental
- Owns any interest in any mortgage, deed of trust, note, or other obligation secured by Delta Dental

Delta Dental Officers are its only managing employees as listed below.

- **April Schmaltz**, Interim Co-CEO/ Senior Vice President, Sales and Marketing
- **Todd Herren**, Interim Co-CEO/ Senior Vice President, Technology and Operations
- **Gretchen Hageman**, Vice President, Government Programs/ Plan CEO of DWP, DWP Kids, and Hawki Programs
- **Dr. Jeffrey Chaffin**, Dental Director
- **Michael Elam**, Vice President, Underwriting & Actuarial
- **Stephanie Gott**, Vice President, Human Resources
- **Suzanne Heckenlaible**, Vice President, Public Affairs
- **Sherry Perkins**, Vice President, Finance & Controller

Delta Dental Board of Directors

The Delta Dental of Iowa Board of Directors meets four times per year and has an annual planning retreat. The Board is made up of subscriber and Provider directors. Board members serve three-year terms and are eligible to be elected to four terms.

- **Ro Crosbie**, Chair
- **Donna Grant**, DDS, Vice Chair
- **Jeff Chungath**, Board Member
- **Greg Dunn**, Board Member
- **Maria Fuller**, DDS, Board Member
- **Libby Jacobs**, Board Member
- **Tom Mahoney**, Board Member
- **Scott Yegge**, DDS, Board Member

Please see Tab 5 Attachments for Key Corporate Personnel resumes, which includes name, education, years of experience, and employment history, particularly as it relates to the scope of services herein. Resumes do not include social security numbers to adhere to RFP Section 3.2.5.2 instructions.

3.2.5.3 Information About Project Manager and Key Project Personnel.

Nicole Miller is a passionate advocate for oral and overall health equity and serves as the Project Manager for DWP, DWP Kids, and Hawki programs, where she has made significant contributions for over eight years. Her role encompasses responsibilities such as overseeing the Member Outreach and Care Coordination and Case Management team, ensuring accurate performance data reporting, managing encounter submissions, overseeing the Grievance and Appeals team, and serving as lead on internal and external audits for Government Programs. With experience working closely with health care

Providers and Medicaid Members, Ms. Miller brings a deep understanding of the challenges faced within the health care system. She earned her Master's in Public Health from Des Moines University in 2014 and to complement her public health expertise, Ms. Miller also obtained her Master's in Public Administration with a focus on Healthcare Administration from Drake University in 2017. Ms. Miller excels in project management and has a proven track record of forging enduring partnerships with stakeholders. Ms. Miller is responsible for overseeing all subcontractor management activities related to this Contract. Her role involves providing support to our internal contract owners during quarterly meetings with each subcontractor, with the aim of ensuring compliance with Federal and State regulations, adherence to delegated functions, and the delivery of exceptional quality service. Her dedication to data-driven decision-making ensures that interventions and strategies are evidence-based and yield tangible results in advancing access to dental care for Medicaid Members. Ms. Miller has been a presenter at conferences such as the National Oral Health Conference, the CMS Quality Conference, the Iowa Governor's Conference on Public Health, and the American Public Health Association Annual Meeting where she has shared the importance of dental Medicaid to achieve health equity.

As Project Manager, Ms. Miller oversees and ensures subcontractor compliance for all Government Programs Contracts. She works closely with the Compliance team in reviewing subcontractor policies and procedures. Ms. Miller works with internal contract owners to ensure contracts, statement of work, performance metrics and quarterly meetings are completed. She also oversees all subcontractor corrective action plans.

Delta Dental's key personnel are responsible for all aspects of Contract requirements, performance metrics, and standards. **One of our core values is One Team and we live that value throughout all our interactions by promoting inclusion and transparency across all teams within the organization.** Delta Dental knows the importance of having high quality staff that work with the Agency programs is essential to the success of Enrolled Member outcomes. We have worked over the last nine years to identify, hire, train and maintain knowledgeable and qualified staff. A list of our Key Project Personnel and their roles and responsibilities for all aspects of this Contract is outlined in Section A.07e and below in Exhibit Tab 5-1. Please see Tab 5 Attachments for Nicole Miller's, as well as other key personnel, resumes which includes name, education, years of experience, and employment history, particularly as it relates to the scope of services herein. Resumes also include the percentage of time the person is specifically dedicated to this project, on a monthly basis, if we are selected as a successful Bidder. Resumes do not include social security numbers to adhere to RFP Section 3.2.5.3 instructions.

Exhibit Tab 5-1. Key Project Personnel and their roles and responsibilities for all aspects of this Contract.

Name	Position	Years of Service with Delta Dental	Job Description
Gretchen Hageman	Chief Executive Officer of the Plan and Point of Contact	9 years	Responsible for overseeing the entire Medicaid Dental Services Contract requirements and has full oversight and responsibility for Contract compliance. Serves as the Primary point of contact for the Agency to include for delivery system reform activities, and project planning and reporting. Serves as liaison to all stakeholders.
<p>Ms. Hageman has been an instrumental leader for the Delta Dental DWP since its launch in 2014. She is the Vice President of Government Programs for Delta Dental and the Plan CEO of DWP, DWP Kids, and Hawki. Ms. Hageman directs and oversees strategy and operations for optimal plan performance. This includes ensuring compliance with policies and procedures, operational excellence, fostering a robust Provider Network, and oversight of financial performance. Prior to her leadership role with Delta Dental, Ms. Hageman served in various public health leadership roles with the Iowa Department of Public Health for over 15 years, including serving as the Bureau Chief for the Bureau of Family Health. Throughout her career, Ms. Hageman has had a reputation for bringing together individuals with diverse perspectives and thoughts, with a goal of collaboration and innovation to create actionable plans that make a difference in the health of Iowans. As a result of Ms. Hageman’s broad professional experience, she understands the complexities of policy, payment, and health care systems.</p>			
Todd Herren	Chief Operating Officer and SVP Technology and Co-CEO for DDIA	8 years	Responsible for oversight of all day-to-day operations of the health care plan operations. Provides oversight of call functional operational areas within the health care plan. Also responsible for oversight of information technology team.
<p>Todd Herren is Interim Co-CEO and Senior Vice President of Technology and Operations for Delta Dental and serves as the Chief Operating Officer for Government Programs. Mr. Herren has oversight for all operations and technology solutions across Delta Dental. His responsibilities include leadership of all technology staff; strategic direction related to technology architecture and infrastructure; application development and data management; information security; and subcontractor relationships. In this role he ensures alignment and overall integration of technology into the business. Prior to joining Delta Dental, Mr. Herren was the Chief Technology Officer at The Members Group for more than 12 years. In this role, he led more than 50 technology professionals with responsibility for application development, business intelligence, technology infrastructure, and the technical help desk. They supported more than 4 million cardholders from 200+ community financial institutions across the United States. In addition, he guided the strategic planning and product management functions related to all technology-based new product development and services.</p>			

Name	Position	Years of Service with Delta Dental	Job Description
Dr. Jeffrey Chaffin	Dental Director	9 years	Licensed Iowa dentist in good standing who ensures oversight of all clinical functions of this Contract. Directs the internal Utilization Management (UM) committee. Ensures coordination and implementation of the Quality Management and Improvement Plan. Attends Agency scheduled quality meetings.
<p>Dr. Chaffin is an experienced senior level dental benefits executive and is currently the Chief Dental Officer for Delta Dental. In our Government Programs work, Dr. Chaffin serves as the Dental Director and his responsibilities include all aspects of development and management of the dental network with a focus on network innovation and Provider quality. He is the primary liaison with dental providers in Iowa and manages the scientific and P aspects of policy related to the administration of dental benefits for Delta Dental’s employer customers as well as our Government Programs work. Prior to joining Delta Dental, Dr. Chaffin completed a 21-year Army career with his last assignment serving as the Dental Chief for the TRICARE Management Activity. In that role he was responsible for administering the Department of Defense’s dental insurance programs. He served as the Consultant for Dentistry to the Assistant Secretary of Defense for Health Affairs and as the Consultant to the Army Surgeon General for Dental Public Health.</p>			
Sherry Perkins	Chief Financial Officer	21 years	Oversees budget accounting system and financial reporting for the Contract.
<p>Ms. Perkins is the Vice President, Finance and Controller for Delta Dental and serves as the Chief Financial Officer for our Government Programs. She joined Delta Dental in October 2002 and is responsible for providing leadership with accounting, underwriting, and finance initiatives. In addition, Ms. Perkins is the Secretary/Treasurer for the Delta Dental of Iowa Foundation and a board member for Veratrus Benefit Solutions, Inc., a wholly owned, for-profit subsidiary of Delta Dental of Iowa. Ms. Perkins also serves as Treasurer for Polk County Health Services and Connexus Behavioral and Disability Advocates. In addition, Ms. Perkins is a board member for Polk County Health Services Foundation and is a member of the Investment Committee for the United Way Women United Leadership Council. Ms. Perkins was last employed by SecureCare of Iowa, a health insurance company in Des Moines. Her experience includes financial leadership positions in insurance and the automotive industry.</p>			
Mary Gilde	Compliance Officer	10 years	Responsible for implementing the Corporate Compliance Program and the day-to-day operations of the Compliance & Quality Assurance Department (Compliance Department) including Government Programs Compliance and Program Integrity.
<p>Ms. Gilde is the Compliance Manager for Delta Dental and serves as the Compliance Officer for Government Programs. Ms. Gilde has been at Delta Dental for 10 years. During her tenure, her business focus has been on compliance, governance, program integrity management, and quality assurance. Ms. Gilde oversees the Compliance and Program Integrity teams. Her prior roles at Delta Dental include Compliance Specialist and Program Integrity Manager.</p>			

Name	Position	Years of Service with Delta Dental	Job Description
Nicole Miller	Project Manager and Grievance and Appeals Manager	8 years	Project Manager – oversees and ensures subcontractor compliance for all Government Programs Contracts. Grievance and Appeals Manager - Manages the Government Programs team that includes the management of Grievance and Appeals process and ensures compliance with processing timelines and policy adherence.
<p>Nicole Miller is the Government Programs Manager at Delta Dental and serves as the Project Manager for Government Programs where she has made significant contributions to DWP, DWP Kids, and Hawki for over eight years. Ms. Miller also serves as the Grievance and Appeals Manager. Her role encompasses responsibilities such as ensuring accurate performance data reporting, managing encounter submissions, and conducting internal and external audits for Government Programs. With experience working closely with health care Providers and Medicaid Members, Ms. Miller brings a deep understanding of challenges faced within the health care system. Ms. Miller excels in project management and has a proven history of forging enduring partnerships with stakeholders. Her dedication to data-driven decision-making ensures that interventions and strategies are evidence-based and yield tangible results in advancing oral and overall health equity for Iowans.</p>			
Mariah Colvard	Quality Management Manager	6 months	Oversees Delta Dental’s Quality Management and Improvement Plan.
<p>Mariah Colvard is the Government Programs Audit Coordinator at Delta Dental and serves as the Quality Management Manager. She has been with Delta Dental for six months and brings a wealth of project management experience to the Government Programs team. Ms. Colvard has experience in quality improvement and evaluation projects.</p>			
Holly Childs	Utilization Management Manager and Claims Administrator	6 years	UM Manager - Leads all elements of Delta Dental’s Utilization Management (UM) program and staff under the supervision of the Dental Director. Oversees all functions related to Prior Authorizations, medical necessity, concurrent and retrospective reviews, and other programs as described in the Contract. Claims Administrator – Ensures prompt and accurate Provider Claims processing in accordance with the terms of the Contract.
<p>Holly Childs is Supervisor for Member and Provider Services at Delta Dental and serves as the Utilization Management Manager and Claims Administrator for our Government Programs. Ms. Childs has six years of experience at Delta Dental in overseeing claims processing in accordance with the benefit outlined in this Contract. She also manages all Prior Authorizations, medical necessity determinations, emergency services, and post-stabilization processing. She also works with the Dental Director to manage and oversee the UM program.</p>			

Name	Position	Years of Service with Delta Dental	Job Description
Brittany Schmidt	Member Services Manager	9 years	Provides oversight of the Member Services functions including Member and Provider Service Center and website, Member outreach, and development and distribution of Member materials.
<p>Brittany Schmidt is the Member and Provider Services Manager at Delta Dental and serves as the Member Services Manager. Ms. Schmidt oversees all day-to-day activities and staff for our Member and Provider Helplines. Ms. Schmidt has worked at Delta Dental for nine years and has experience in customer services and claims management. She also serves on the UM/UI workgroup.</p>			
Kate Cunningham	Provider Services Manager	1 year	Provides oversight for all Provider recruitment, retention, contract, and credentialing. Facilitates Provider claim disputes and the development and distribution of the Provider Office Manual and other Provider educational materials.
<p>Kate Cunningham is the Professional Relations Manager and has been with Delta Dental for one year. Ms. Cunningham serves as the Provider Service Manager for Government Programs where she works closely with our Network Providers and their office staff to deliver care to Enrolled Members. She is also responsible for the recruitment, retention, contract, and credentialing of the Provider Network. Prior to Delta Dental, Ms. Cunningham worked in employer health benefits.</p>			
Micheal Wynn-Garland	Information Systems Manager	8 years	Serves as key contact for the Agency regarding Enrolled Member Encounter Data submission, capitation payment, Member eligibility, enrollment and other data transmission interface and management issues. Serves as the lead to ensure all information-system requirements are in compliance with this Contract and all data submissions meet Federal requirements. Serves as the lead for all system testing including during readiness review.
<p>Micheal Wynn-Garland is the Senior Population Health Data Analyst at Delta Dental and serves as the Information Systems Manager for Government Programs. Mr. Wynn-Garland has been in this role for eight years at Delta Dental. Through this role he works closely with the Delta Dental Information Technology team and the Agency. He has previous experience in working in the health care industry on data analytics.</p>			
Taryn Jonet	Care Coordination Manager	1 year	Oversees the Member Outreach and Care Coordination and Case Management team.
<p>Taryn Jonet is the Government Programs Outreach Care Coordination Consultant at Delta Dental and serves as the Care Coordination Manager for Government Programs. She has a comprehensive understanding of research-backed ethical and innovative care coordination practices. Ms. Jonet has her BSW from a Council of Social Work Education Accredited University and MA in Sociology. She has previous experience in providing care coordination and case management services and collaborating with community partners to coordinate care for clients and community outreach. Ms. Jonet has also been actively involved in peer-reviewed research examining inequalities within family structures. While at Delta Dental, her role has encompassed managing the Care Coordination Program and outreach efforts for DWP, DWP Kids, and Hawki. Ms. Jonet has also been involved in managing our QM/QI programming and has helped implement changes emphasizing data-driven approaches to improving access and quality of care for Members.</p>			

Name	Position	Years of Service with Delta Dental	Job Description
<p>Patti Williamson</p>	<p>Program Integrity Manager and Special Investigations Unit (SIU) Staffing</p>	<p>25 years</p>	<p>Oversees all SIU activity. Serves as liaison with law enforcement and State and Federal agencies. Informed of current trends and detection mechanisms in FWA. Has access to all Claims, Claims processing data, and all information sufficient to meet the requirements of the Agency. Duties include: oversight of Program Integrity function, liaison with the Agency for Program Integrity, development and operations of a Fraud control program within Dental Benefit Administration System, liaison with MFCU and Office of the Attorney General, and assures coordination of efforts with the Agency and others for Program Integrity issues.</p>
<p>Patti Williamson is the Programs Integrity Manager for Delta Dental and serves as the Program Integrity Manager and Special Investigations Unit Staffing for our Government Programs. Ms. Williamson has been responsible for executing and managing the Program Integrity Compliance Plan and the Annual Work Plan since 2016. Ms. Williamson oversees all Special Investigators work to take action and guard against FWA. She also conducts detailed investigations with the assistance of our Dental Consultant. Prior to her work in our Government Programs, Ms. Williamson worked in various Professional Relations and Operations roles, giving her key insights and knowledge of our claims, compliance, and network operations.</p>			

Tab 5 - Attachments

Tab 5: Attachments

3.2.5.2 Resumes – Key Corporate Personnel	581
3.2.5.2 Resumes – Key Project Personnel	603

3.2.5.2 Resumes – Key Corporate Personnel

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Tab 6 - RFP Forms

Attachment A: Release of Information
(Return this completed form behind Tab 6 of the Bid Proposal.)

Delta Dental of Iowa hereby authorizes any person or entity, public or private, having any information concerning the Bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The Bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The Bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The Bidder is willing to take that risk. The Bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Delta Dental of Iowa
Printed Name of Bidder Organization

Gretchen
Hageman

Digitally signed by
Gretchen Hageman
Date: 2023.07.11
13:08:44 -05'00'

July 11, 2023
Date

Signature of Authorized Representative

Gretchen Hageman
Printed Name

Attachment B: Primary Bidder Detail & Certification Form

(Return this completed form behind Tab 6 of the Proposal. If a section does not apply, label it “not applicable”.)

Primary Contact Information (individual who can address issues re: this Bid Proposal)	
Name:	Gretchen Hageman
Address:	9000 Northpark Drive, Johnston, IA 50131
Tel:	515-261-5645
Fax:	515-261-5645
E-mail:	ghageman@deltadentalia.com
Primary Bidder Detail	
Business Legal Name (“Bidder”):	Delta Dental of Iowa (Delta Dental)
“Doing Business As” names, assumed names, or other operating names:	Delta Dental of Iowa (Delta Dental)
NAIC Number:	55786
Parent Corporation Name and Address of Headquarters, if any:	Not applicable
Form of Business Entity (i.e., corp., partnership, LLC, etc.):	Not applicable
State of Incorporation/organization:	Iowa
Primary Address:	9000 Northpark Drive, Johnston, IA 50131
Tel:	515-261-5500
Local Address (if any):	9000 Northpark Drive, Johnston, IA 50131
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	Not applicable
Number of Employees:	178
Number of Years in Business:	53
Primary Focus of Business:	Dental Insurance
Federal Tax ID:	42-0959302
UEI #:	PNLLLC9VTU19
Bidder’s Accounting Firm:	Plante and Moran, PLLC.
If Bidder is currently registered to do business in Iowa, provide the Date of Registration:	10/28/1970
Do you plan on using subcontractors if awarded this Contract? {If “YES,” submit a Subcontractor Disclosure Form for each proposed subcontractor.}	Yes, please see the Subcontractor Disclosure Form in Attachment C.
	(YES/NO)

Request for Confidential Treatment (See Section 3.1)

Check Appropriate Box:

- Bidder Does Not Request Confidential Treatment of Bid Proposal
 Bidder Requests Confidential Treatment of Bid Proposal

Location in Bid Proposal (Tab/Page)	Specific Grounds in Iowa Code Chapter 22 or Other Applicable Law Which Supports Treatment of the Information as Confidential	Justification of Why Information Should Be Kept in Confidence and Explanation of Why Disclosure Would Not Be in The Best Interest of the Public
Tab 3/pages 22-23	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Medical/dental integration approach and future partnerships and Delta Dental's innovation strategy in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/page 26	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Key Personnel organization chart in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/page 28	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Value-added services and value-based payment key partnerships in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/pages 30-32	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Suggested staffing for Table 1 in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/Page 46	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Coordination with other program contractors in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/pages 55-56	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Initiatives implemented to increase preventive services in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/page 66	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Specific referral patient impact story in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/pages 78-81	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	New Member communication strategies, in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from

		disclosure pursuant to I.C.A. § 22.7.
Tab 3/page 83-84	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Health education and initiatives in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/page 93-95	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Member services helpline and onboarding approach in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/page 109	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Performance-based incentive system in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/pages 116-121	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Value-added services in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/pages 124-130	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Reporting used to review trends, utilization, access and potential outliers' in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/Page 134	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Health care quality activities in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/158-164	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Written agreements, other safety net providers, and adequate access in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/Page 165	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Data reporting tables in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/Page 167	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Range of services in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/Page 168 -173	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Network overview in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as

		defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/pages 190-191	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Value-based purchasing arrangements in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/Page 196	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Covered populations in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/Page 203	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Out of Network provisions in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/Page 208	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	LTSS Need for Services in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Page 210	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Integrated Care in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Pages 227-255	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Care coordination in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/pages 258-263	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Utilization management in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/pages 267-284	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Quality Management and Quality Improvement in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/page 284	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Methods to cultural competency in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/page 299	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Adverse Benefit Determination sample in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.

Tab 3/pages 338-339	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	FWA referral in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/Page 375-394	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Information system functions performed in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3/pages 411	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Performance and utilization dashboards in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3 Attachments/pages 417-439	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Implementation plan in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3 Attachments/pages 441-488	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Provider contracts in this section are not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 3 Attachments/pages 490-491	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2 Personal Information Non public information I.C.A. § 22.1 5 U.S.C. 552a	Board of Directors and Officers in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 4 Pages 496-498	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Dental Carrier strategic priorities, partnerships, and unique program experience in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 4 Pages 505-510	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2	Dental Contract Financials related to dental coverage plans in this section is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
Tab 5 Attachments/pages 571, 582-630	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2 Personal Information Non public information I.C.A. § 22.1 5 U.S.C. 552a	Resumes in this section contains personal information and is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.

Tab 6 RFP Forms/ pages 28-38	Trade Secrets: I.C.A. § 22.7.3 I.C.A. § 550.2 Personal Information Non public information I.C.A. § 22.1 5 U.S.C. 552a	Dental consultant personal information in this section contains personal information and is not public information and is to be held confidential under Iowa Code Chapter 22. This confidential information is considered a Trade Secret as defined by I.C.A. § 550.2 and exempt from disclosure pursuant to I.C.A. § 22.7.
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Exceptions to RFP/Contract Language (See Section 3.1)			
RFP Section and Page	Language to Which Bidder Takes Exception	Explanation and Proposed Replacement Language:	Cost Savings to the Agency if the Proposed Replacement Language is Accepted
NA	NA	NA	NA

PRIMARY BIDDER CERTIFICATIONS

1. BID PROPOSAL CERTIFICATIONS. By signing below, Bidder certifies that:

- 1.1 Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal. The Bidder accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the contract;
- 1.2 Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein;
- 1.3 Bidder has received any amendments to this RFP issued by the Agency;
- 1.4 *Reserved*;
- 1.5 If Bidder requests confidential treatment of any information submitted in its Proposal, the Bidder expressly acknowledges and agrees that the Agency’s evaluation document(s) may reference information of which the Bidder requested confidential treatment in the Bid Proposal. These Agency evaluation documents may then be in the public domain and be open to inspection by interested parties upon the Agency’s issuance of a Notice of Intent to Award. The Agency will not redact information or references to information in evaluation documents even in instances which a Bidder requested confidential treatment in the Bid Proposal; and,
- 1.6 The person signing this Bid Proposal certifies that he/she is the person in the Bidder’s organization responsible for, or authorized to make decisions regarding the prices quoted and, Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one (1) year from the issuance of this RFP, whichever is earlier.

2. SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Bidder certifies that:


- 2.1 Bidder certifies that the Bidder’s organization has sufficient personnel and resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
- 2.2 Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract;
- 2.3 Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a contract pursuant to this RFP;
- 2.4 Bidder certifies it is either: 1) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or 2) not a “retailer” of a “retailer maintaining a place of business in this state” as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the Bid Proposal void if the above certification is false. Bidders may register with the Department of Revenue online at: <http://www.state.ia.us/tax/business/business.html>; and
- 2.5 Bidder certifies it will comply with Davis-Bacon requirements if applicable to the resulting contract.

3. ADDITIONAL CERTIFICATIONS. By signing below, Bidder certifies that:

- 3.1 Bidder will furnish the services required by Enrolled Members as promptly as is appropriate and that the services provided will meet the Agency’s quality standards;
- 3.2 The capitation rates will cover included covered services and meet the Medical Loss Ratio requirements as listed in Section 3: Special Contract Exhibits, Exhibit A. Per RFP Section 1.3.3.1 Pricing, the Agency will exclude from the capitation rates the select services and treatments as set forth in Special Contract Exhibit A;
- 3.3 The liquidated damages, as described in Section 3: Special Contract Exhibits, Exhibit A, may be imposed for failure to perform as set forth in this RFP; and
- 3.4 The contract will be performance-based and incentives may apply to the Contractor’s performance as set forth in this RFP.

4. EXECUTION.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions, and technical specifications required in the Agency’s RFP and offered in the Bidder’s Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency’s RFP. The Bidder has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	
Printed Name/Title:	Gretchen Hageman, CEO of DWP, DWP Kids, and Hawki
Date:	July 11, 2023

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Patrick LeBeau
Address:	1601 Rohlwing Rd.
Tel:	773-255-6316
Fax:	
E-mail:	plebeau@cardinalcolorgroup.com

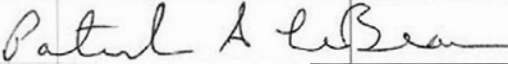
Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Cardinal ColorPrint
"Doing Business As" names, assumed names, or other operating names:	Cardinal Color Group
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	LLC
State of Incorporation/organization:	Illinois
Primary Address:	1601 Rohlwing Rd, Rolling Meadows, IL, 60008
Tel:	630-467-1000
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	1601 Rohlwing Rd. Rolling Meadows, IL 60008
Number of Employees:	53
Number of Years in Business:	77
Primary Focus of Business:	Printing services
Federal Tax ID:	36-0934645
Subcontractor's Accounting Firm:	McAndrew and Assoc. Barrington IL
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	Less than 1%
General Scope of Work to be performed by this Subcontractor	
Provides printing services for direct mail and outreach materials to Enrolled Members.	
Detail the Subcontractor's qualifications for performing this scope of work	
Subcontractor has provided eight decades of print expertise for full-service print production.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Patrick A LeBeau / President
Date:	6/30/2023

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Michael Urbach
Address:	300 American Metro Blvd., Suite 190, Hamilton NJ 08619
Tel:	856 986 6216
Fax:	609.445.0830
E-mail:	murbach@fluent.dental

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	P&R Dental Strategies, LLC
"Doing Business As" names, assumed names, or other operating names:	Fluent
Form of Business Entity (i.e., corp., partnership, LLC, etc.):	LLC
State of Incorporation/organization:	Delaware
Primary Address:	300 American Metro Blvd., Suite 190, Hamilton NJ 08619
Tel:	856 986 6216
Fax:	609.445.0830
Local Address (if any):	N/A
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	N/A
Number of Employees:	79
Number of Years in Business:	26
Primary Focus of Business:	Dental network management and credential verification
Federal Tax ID:	47-1736087
Subcontractor's Accounting Firm:	Warren Averett
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	N/A
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	
General Scope of Work to be performed by this Subcontractor	
Provides a credentialing service for Network Providers to ensure a thorough, efficient, and reliable dental network is developed.	
Detail the Subcontractor's qualifications for performing this scope of work	
Subcontractor has been serving the dental benefits industry since 1996 and leverages technology and efficient processes to provide customizable credentialing solutions, all the while being NCQA-certified.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	<i>Michael Urbach</i>
Printed Name/Title:	Michael Urbach, President, New Markets
Date:	7/6/2023

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Susan Hardine, Director
Address:	104 Holland Drive, Pella, IA, 50219
Tel:	515-265-5433
Fax:	
E-mail:	

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Life Interpretation, Inc
"Doing Business As" names, assumed names, or other operating names:	
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	
State of Incorporation/organization:	Iowa
Primary Address:	104 Holland Drive, Pella, IA, 50219
Tel:	515-265-5433
Fax:	
Local Address (if any):	104 Holland Drive, Pella, IA, 50219
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	PO Box 5002, Des Moines, IA, 50305
Number of Employees:	6
Number of Years in Business:	9
Primary Focus of Business:	Sign Language interpretation services
Federal Tax ID:	
Subcontractor's Accounting Firm:	
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	

General Scope of Work to be performed by this Subcontractor

Provides sign language interpretation services.

Detail the Subcontractor's qualifications for performing this scope of work


Subcontractor's interpreters are either nationally certified by the Registry of Interpreters for the Deaf, Inc. and/or have pass their minimum standard proficiency test that is required by the State of Iowa. They also comply with the RID Code of Professional Conduct (CPC). This is a locally based Iowa company.

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Susan Hardine Director
Date:	7-6-2023

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Eugene Shimelfarb
Address:	2 Delta Drive Suite 302, Concord, NH, 03302
Tel:	888-854-0007
Fax:	
E-mail:	eshimelfarb@previser.com

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	PreViser Corporation
"Doing Business As" names, assumed names, or other operating names:	PreViser
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	Corporation
State of Incorporation/organization:	
Primary Address:	2 Delta Drive Suite 302, Concord, NH, 03302
Tel:	888-854-0007
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	2 Delta Drive Suite 302, Concord, NH, 03302
Number of Employees:	2-10
Number of Years in Business:	24
Primary Focus of Business:	Dental risk and periodontal disease analysis software
Federal Tax ID:	
Subcontractor's Accounting Firm:	
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	
General Scope of Work to be performed by this Subcontractor	
Provides the risk assessment platform utilized for Medicaid Members and determining their risk for oral diseases.	
Detail the Subcontractor's qualifications for performing this scope of work	
Subcontractor is the leader in predicting oral wellness through evidence-based risk scores and ultimately guide healthier behaviors through determining risk of oral disease. This is also a tool to aid Providers in the prevention of oral disease.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	<i>Eugene Shimelfarb</i>
Printed Name/Title:	Eugene Shimelfarb, CEO PreViser Corp
Date:	07/11/2023

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	RevSpring, Inc.
Address:	1131 4 th Avenue S, Nashville, TN 37210
Tel:	(866) 310-8001
Fax:	(734) 779-2191
E-mail:	apeterson@revspringinc.com

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	RevSpring, Inc.
"Doing Business As" names, assumed names, or other operating names:	Apex Print Technologies, LLC merged into and became a part of RevSpring, Inc.
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	Corporation
State of Incorporation/organization:	Delaware
Primary Address:	1131 4 th Avenue S, Nashville, TN 37210
Tel:	(866) 310-8001
Fax:	(734) 779-2191
Local Address (if any):	n/a; RevSpring, Inc. does not have an Iowa address.
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	<p>4640 Cummings Park Drive Antioch, TN 37013</p> <p>23751 N. 23rd Avenue Suite 150 Phoenix, AZ 85085</p> <p>1 Long Drive, Floor 2 Nashport, OH 43830</p> <p>1212 Red Fox Road Arden Hills, MN 55112</p> <p>105 Montgomery Avenue Oaks, PA 19456</p> <p>38705 Seven Mile Rd. Suite 450 Livonia, MI 48152</p> <p>800 East State Street Suite 210 Hamilton, NJ 08609</p>

Number of Employees:	751 (not including temporary or contract employees)
Number of Years in Business:	April 14, 2005 (18 years)
Primary Focus of Business:	Printing vendor for Individual Direct Bills, Certificate & ID Document Processing Agreement, new Medicaid member packet including ID card.
Federal Tax ID:	20-2675614
Subcontractor's Accounting Firm:	Ernst & Young LLP
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	RevSpring, Inc. is not currently registered to do business in Iowa.
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	1%
General Scope of Work to be performed by this Subcontractor	
Provides printing services, specifically for Individual Direct Bills, Certificate & ID Document Processing Agreements, and new Enrolled Member packets, including Enrolled Member ID cards.	
Detail the Subcontractor's qualifications for performing this scope of work	
Subcontractor has sophisticated print facilities and utilizes scientific methodologies that ensure print materials deliver best results.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	<i>Crista Harwood</i>
Printed Name/Title:	Crista Harwood/General Counsel
Date:	July 12, 2023

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it “not applicable.” If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder (“Primary Bidder”):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Steven Grossman – Director of Business Development
Address:	635 Duquesne Blvd, Brick Township, NJ, 08723
Tel:	(732) 961-8528
Fax:	
E-mail:	steven.grossman@streamlineverify.com

Subcontractor Detail	
Subcontractor Legal Name (“Subcontractor”):	Streamline Verify
“Doing Business As” names, assumed names, or other operating names:	
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	LLC
State of Incorporation/organization:	New Jersey
Primary Address:	635 Duquesne Blvd, Brick Township, NJ, 08723
Tel:	(732) 961-8528
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	20+
Number of Years in Business:	
Primary Focus of Business:	Streamline Verify is a compliance screening application that automatically screens multiple exclusion screening databases on an ongoing basis. The reports are available from the application at any time.
Federal Tax ID:	27-2968539
Subcontractor’s Accounting Firm:	
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	The subcontractor is not currently registered to do business in Iowa. However, they have expressed their willingness to register in the event that the bid is awarded to Delta Dental of Iowa.
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	

General Scope of Work to be performed by this Subcontractor

Streamline Verify allows our clients to monitor against various databases and ensure that they aren’t hiring or doing business with an excluded individual or entity. Our application allows for instant single queries and monthly monitoring against the Federal OIG, EPLS, and all the State exclusion databases. Additionally, customers rely on Streamline Verify to screen a multitude of other licensure and sanction

databases to meet their regulatory compliance needs. Monthly reports are accessible from within the application 24/7.

Detail the Subcontractor's qualifications for performing this scope of work

Streamline Verify, a leading provider of exclusion screening and license monitoring services, was established in 2011. Since then, our organization has flourished and earned a reputable standing within the industry. By integrating data science into our screening algorithms, we have enhanced the analysis and cross-referencing of multiple fields, thereby enriching the primary source data, and effectively reducing false positives.


Over the last decade, Streamline Verify has since become a trusted solution for over 1,350 customers, serving more than 13,500 users. Our platform sees over 30,000 logins every month, demonstrating its widespread use and popularity among our clients. Our commitment to providing high-quality services and our track record of success have helped us establish a strong reputation in the industry.

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Steven Grossman – Director of Business Development
Date:	7/5/2023

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Eric Walano
Address:	1250 Broadway New York, NY 10001
Tel:	(929) 265-5630
Fax:	
E-mail:	ewalano@transperfect.com

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	TransPerfect Remote Interpreting
"Doing Business As" names, assumed names, or other operating names:	Trans Perfect, TRI
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	Corp
State of Incorporation/organization:	New York
Primary Address:	1250 Broadway New York, NY 10001
Tel:	(929) 265-5630
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	7,000+
Number of Years in Business:	31
Primary Focus of Business:	Translation services
Federal Tax ID:	
Subcontractor's Accounting Firm:	
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	

General Scope of Work to be performed by this Subcontractor

Provides translation services through technology that enables users to access call center support by over-the-phone or video support in over 170 languages.

Detail the Subcontractor's qualifications for performing this scope of work

Subcontractor has over 25 years of experience in providing translation services and have spent nearly three decades solving global business challenges for their clients. They have a network of over 10,000 certified linguists and subject-area specialists.

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	<i>Eric Walano</i>
Printed Name/Title:	Eric Walano
Date:	6/29/2023

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Marsha Kitchen
Address:	744 Office Parkway, St Louis, MO, 63141
Tel:	614-602-9151
Fax:	908-658-3525
E-mail:	marsha.kitchen@zelis.com

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Zelis Payments Holdings
"Doing Business As" names, assumed names, or other operating names:	Zelis
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	LLC
State of Incorporation/organization:	Delaware
Primary Address:	340 Mt. Kemble Dr., Morristown, NJ 07960
Tel:	877-828-8770
Fax:	908-658-3525
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	744 Office Parkway, St Louis, MO, 63141 570 Carillon Pkwy, St. Petersburg, FL 33716
Number of Employees:	2,300
Number of Years in Business:	Zelis' operating history dates back to 1995. Zelis has provided healthcare communication design, printing, and distribution services since 2007. Zelis introduced its electronic payment services to healthcare providers in 2012.
Primary Focus of Business:	Zelis provides a cost-effective solution for transitioning to electronic payments.
Federal Tax ID:	84-3069529
Subcontractor's Accounting Firm:	Deloitte, LLP
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	Zelis will file the appropriate business registrations in Iowa if required to do so in support of this effort.
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	1%
General Scope of Work to be performed by this Subcontractor	
As a subcontractor, Zelis will process and consolidate electronic payments administered by Delta Dental. Zelis will also distribute outgoing claims correspondence including, but not limited to, explanation of benefits (EOB) and explanation of payment (EOP) statements.	
Detail the Subcontractor's qualifications for performing this scope of work	

Zelis delivers more than \$200 billion in payments per year to more than 1 million enrolled medical and dental providers. Zelis also delivers more than 500 million payment communications per year to providers and health plan members. Currently, more than 500 payers use Zelis' industry-leading opt-in electronic payment provider network.

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	<i>Mitch Cotter</i>
Printed Name/Title:	Mitch Cotter, Proposal Coordinator
Date:	July 3, 2023

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	[REDACTED]
Address:	[REDACTED]
Tel:	[REDACTED]
Fax:	[REDACTED]
E-mail:	[REDACTED]

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	[REDACTED]
"Doing Business As" names, assumed names, or other operating names:	[REDACTED]
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	[REDACTED]
State of Incorporation/organization:	[REDACTED]
Primary Address:	[REDACTED]
Tel:	[REDACTED]
Fax:	[REDACTED]
Local Address (if any):	[REDACTED]
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	[REDACTED]
Number of Employees:	1
Number of Years in Business:	9
Primary Focus of Business:	Review of dental prior authorizations and claims.
Federal Tax ID:	
Subcontractor's Accounting Firm:	
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	1%
General Scope of Work to be performed by this Subcontractor	
Provides review of claim information to ensure clinical accuracy and to ensure the necessary information is present to make a determination.	
Detail the Subcontractor's qualifications for performing this scope of work	
Dental consultants are licensed dentists that are in good standing to practice.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.



Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	[REDACTED]
Address:	[REDACTED]
Tel:	[REDACTED]
Fax:	[REDACTED]
E-mail:	[REDACTED]

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	[REDACTED]
"Doing Business As" names, assumed names, or other operating names:	[REDACTED]
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	[REDACTED]
State of Incorporation/organization:	[REDACTED]
Primary Address:	[REDACTED]
Tel:	[REDACTED]
Fax:	[REDACTED]
Local Address (if any):	[REDACTED]
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	[REDACTED]
Number of Employees:	1
Number of Years in Business:	3
Primary Focus of Business:	Review dental prior authorizations and claims
Federal Tax ID:	[REDACTED]
Subcontractor's Accounting Firm:	[REDACTED]
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	[REDACTED]
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	1%
General Scope of Work to be performed by this Subcontractor	
Provides review of claim information to ensure clinical accuracy and to ensure the necessary information is present to make a determination.	
Detail the Subcontractor's qualifications for performing this scope of work	
Dental consultants are licensed dentists that are in good standing to practice.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

RFP# MED-24-004

Iowa Dental Wellness Plan and Hawki Dental PAHP

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	
Address:	
Tel:	
Fax:	
E-mail:	

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	
"Doing Business As" names, assumed names, or other operating names:	
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	
State of Incorporation/organization:	
Primary Address:	
Tel:	
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	
Number of Years in Business:	
Primary Focus of Business:	Review ortho.prior authorizations
Federal Tax ID:	
Subcontractor's Accounting Firm:	
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	
General Scope of Work to be performed by this Subcontractor	
Provides review of claim information to ensure clinical accuracy and to ensure the necessary information is present to make a determination.	
Detail the Subcontractor's qualifications for performing this scope of work	

Dental consultants are licensed dentists that are in good standing to practice.

RFP# MED-24-004

Iowa Dental Wellness Plan and Hawki Dental PAHP

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	[REDACTED]
Address:	[REDACTED]
Tel:	[REDACTED]
Fax:	[REDACTED]
E-mail:	[REDACTED]

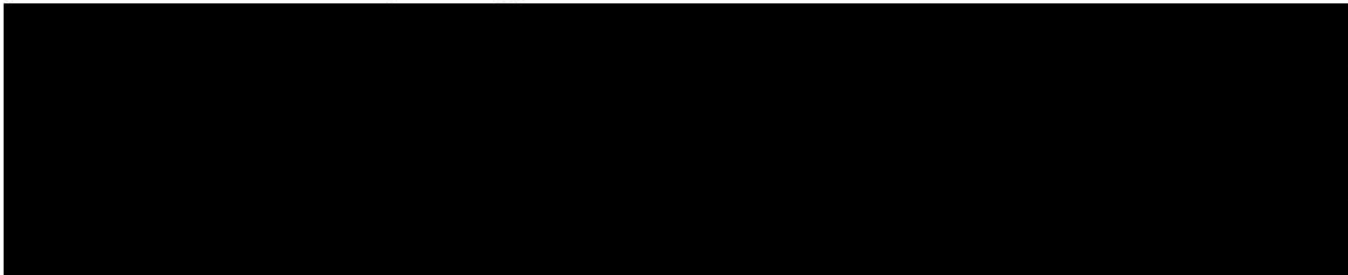
Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	[REDACTED]
"Doing Business As" names, assumed names, or other operating names:	[REDACTED]
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	[REDACTED]
State of Incorporation/organization:	[REDACTED]
Primary Address:	[REDACTED]
Tel:	[REDACTED]
Fax:	[REDACTED]
Local Address (if any):	[REDACTED]
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	[REDACTED]
Number of Employees:	[REDACTED]
Number of Years in Business:	[REDACTED]
Primary Focus of Business:	Review prior authorizations and claims
Federal Tax ID:	[REDACTED]
Subcontractor's Accounting Firm:	[REDACTED]
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	[REDACTED]
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	[REDACTED]
General Scope of Work to be performed by this Subcontractor	
Provides review of claim information to ensure clinical accuracy and to ensure the necessary information is present to make a determination. Review clinical documentation for program integrity	
Detail the Subcontractor's qualifications for performing this scope of work	
Dental consultants are licensed dentists that are in good standing to practice.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.



Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 6 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the Bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Delta Dental of Iowa
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	[REDACTED]
Address:	[REDACTED]
Tel:	[REDACTED]
Fax:	[REDACTED]
E-mail:	[REDACTED]

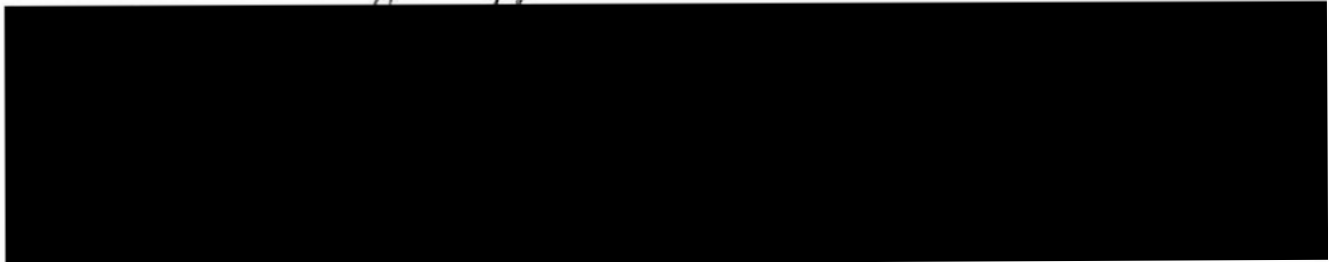
Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	[REDACTED]
"Doing Business As" names, assumed names, or other operating names:	[REDACTED]
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	[REDACTED]
State of Incorporation/organization:	[REDACTED]
Primary Address:	[REDACTED]
Tel:	[REDACTED]
Fax:	[REDACTED]
Local Address (if any):	[REDACTED]
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	[REDACTED]
Number of Employees:	1
Number of Years in Business:	1 year
Primary Focus of Business:	Review of dental prior authorizations and claims.
Federal Tax ID:	[REDACTED]
Subcontractor's Accounting Firm:	[REDACTED]
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	[REDACTED]
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	1%
General Scope of Work to be performed by this Subcontractor	
Provides review of claim information to ensure clinical accuracy and to ensure the necessary information is present to make a determination.	
Detail the Subcontractor's qualifications for performing this scope of work	
Dental consultants are licensed dentists that are in good standing to practice.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor;
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law; and,
5. Subcontractor certifies that it will comply with Davis-Bacon requirements if applicable to the resulting contract.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.



Attachment E: Certification and Disclosure Regarding Lobbying
(Return this executed form behind Tab 6 of the Bid Proposal.)

Instructions:

Title 45 of the Code of Federal Regulations, Part 93 requires the bidder to include a certification form, and a disclosure form, if required, as part of the bidder's proposal. Award of the federally funded contract from this RFP is a Covered Federal action.

- 1) The bidder shall file with the Agency this certification form, as set forth in Appendix A of 45 CFR Part 93, certifying the bidder, including any subcontractor(s) at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.
- 2) The bidder shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the bidder or subcontractor(s) at any tier (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action, which would be prohibited under 45 CFR § 93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the bidder and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States

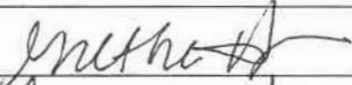
to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a pre-requisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 for each such failure.

I certify that the contents of this certification are true and accurate and that the bidder has not made any knowingly false statements in the Bid Proposal. I am checking the appropriate box below regarding disclosures required in Title 45 of the Code of Federal Regulations, Part 93.

The bidder is NOT including a disclosure form as referenced in this form's instructions because the bidder is NOT required by law to do so.

The bidder IS filing a disclosure form with the Agency as referenced in this form's instructions because the bidder IS required by law to do so. If the bidder is filing a disclosure form, place the form immediately behind this in the Proposal.

Signature:	
Printed Name/Title:	Breckon Haggman, Pam CEO
Date:	7/11/23