



# REQUEST FOR PROPOSAL

Technical Proposal - Public Copy

Iowa Dental Wellness Plan  
and Hawki Dental Pre-Paid  
Ambulatory Health Plan (PAHP)

RFP# MED-24-004

DentaQuest USA Insurance Company, Inc.

July 2023

WELCOME TO PREVENTISTRY®

DentaQuest®



# TAB 1

# TRANSMITTAL LETTER

**The transmittal letter serves as a cover letter for the Technical Proposal. It must consist of an executive summary that briefly reviews the strengths of the Bidder and key features of its proposed approach to meet the specifications of this RFP.**

**The Bidder must also include explicit acknowledgment and acceptance of 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. This acknowledgment and acceptance should be submitted within the Transmittal Letter. See the Capitation Rate Data Book in the Bidder's Library, which will be posted on or around June 1st, 2023, for additional information.**

The next page contains DentaQuest USA Insurance Company, Inc.'s transmittal letter, followed by an executive summary.



July 14, 2023

Zachary Gillen  
Iowa Department of Health and Human Services  
1305 East Walnut  
Des Moines, IA 50319-0114

Dear Zachary,

DentaQuest USA Insurance Company, Inc. ("DentaQuest") is honored to submit its response to the Iowa Dental Wellness Plan and Hawki Dental Pre-Paid Ambulatory Health Plan RFP# MED-24-004.

Beginning on the next page, we have included our executive summary that provides an overview of our strengths and key features of our proposed approach to meet the specifications of this RFP.

As the single largest Medicaid/CHIP dental benefits administrator (DBA) in the country, DentaQuest will bring immediate value to the Agency, Iowa Members, and participating Providers.

In accordance with the RFP, DentaQuest USA Insurance Company, Inc. **explicitly 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 look forward to opportunity to serve the Agency and all its constituents with excitement and a strong sense of resolve.

Sincerely,

  
Brett Bostrack (Jun 21, 2023 10:19 CDT)

Brett Bostrack  
President  
DentaQuest USA Insurance Company, Inc.

**Signature:**   
Brett Bostrack (Jun 21, 2023 10:19 CDT)

**Email:** brett.bostrack@dentaquest.com

**Title:** President

**Company:** DentaQuest USA Insurance Company, Inc.








# Tab 1\_Transmittal Letter\_Signature Page\_FINAL

Final Audit Report

2023-06-21

Created:	2023-06-21
By:	DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAA5C5Gw7CH_KJ5V-t1Yxrw5uASc7XYPnj

## "Tab 1\_Transmittal Letter\_Signature Page\_FINAL" History

-  Document created by DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)  
2023-06-21 - 1:08:26 PM GMT- IP address: 54.209.16.26
-  Document emailed to Brett Bostrack (brett.bostrack@dentaquest.com) for signature  
2023-06-21 - 1:10:21 PM GMT
-  Email viewed by Brett Bostrack (brett.bostrack@dentaquest.com)  
2023-06-21 - 3:18:10 PM GMT- IP address: 54.213.141.227
-  Document e-signed by Brett Bostrack (brett.bostrack@dentaquest.com)  
Signature Date: 2023-06-21 - 3:19:00 PM GMT - Time Source: server- IP address: 54.201.207.98
-  Agreement completed.  
2023-06-21 - 3:19:00 PM GMT

## EXECUTIVE SUMMARY

DentaQuest USA Insurance Company, Inc. (DentaQuest<sup>1</sup>) appreciates the opportunity to submit a proposal to serve as a dental benefits administrator (DBA) for the Iowa Dental Wellness Plan (IDWP) and Hawki Dental programs. We are excited about the prospect of working with the Iowa Department of Health and Human Services (the Agency) to bring its already impressive and successful dental program into further alignment with its overall Medicaid transformation efforts.

As the single largest Medicaid/CHIP DBA in the country, DentaQuest is ready to help the Agency achieve its goals.

### DENTAQUEST'S KEY STRENGTHS

#### Key Strength #1: Our Unmatched Medicaid/CHIP Experience

DentaQuest has proudly focused its core business on addressing the intrinsic challenges of Medicaid dental delivery head on – and finding solutions for those challenges – when others could not. The Agency can be certain that DentaQuest brings an **unmatched foundational approach** to managing Medicaid/CHIP dental programs, coupled with the **know-how to develop and implement customized solutions** to operate effectively in Iowa's unique oral health landscape and the **innovation necessary** to take the Agency's program to the next level of success.

DentaQuest currently serves more than 30 million Medicaid/CHIP Members in 21 states. **To put that figure into perspective – nearly 1 in 3 Medicaid recipients nationally are served by DentaQuest.** This experience includes working directly with 11 state Medicaid/CHIP state agencies and serving as the Medicaid dental subcontractor for approximately 60 managed care organizations across the country. We will bring this vast experience and unmatched expertise, **which surpasses that of any other intended bidder**, to the Agency and its dental program on Day 1 of our Contract.

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<sup>1</sup> The bidding entity, DentaQuest USA Insurance Company, Inc. is a wholly owned subsidiary of DentaQuest, LLC, ("DQ LLC") which owns and manages the DentaQuest organization, comprised of companies that hold insurance, third party administrator and similar licenses in nearly every state in the country. DQ LLC, which is serving as the subcontractor to the bidder provides similar administrative and management services for all its affiliated benefits companies. Although the bidding entities retain sole and ultimate responsibility for compliance with the contract and oversight of DQ LLC's performance of the services in connection with the Contract, the Executive Leadership team and staff assigned to the project work who are charged with fulfilling the Contractual requirements. Because of the common administration and management of the DentaQuest companies by one management organization, in this response we refer to DentaQuest and its subsidiaries collectively as "DentaQuest" or the "DentaQuest organization" and provide information with respect to the qualifications of the DentaQuest organization as a whole to perform the services and meet the requirements described in the RFP.

### HIGHLIGHTS...

- ★ DentaQuest is the single largest Medicaid/CHIP DBA in the country: **nearly 1 in 3 Medicaid beneficiaries are served by DentaQuest.**
- ★ DentaQuest has more experience serving as a Medicaid DBA **than the combined experience of all intended bidders.**
- ★ DentaQuest takes a **customized approach** to serving each unique state Medicaid program.
- ★ DentaQuest has a comprehensive, detailed plan ready to help the Agency further **align its dental program with its overall Medicaid transformation efforts.**

With the breadth and depth of our experience comes the knowledge that **no two states are alike**. A critical first step as DentaQuest contemplates a new state opportunity is to **Listen and Learn** from participating dental Providers, community-based organizations, and other stakeholders in that state. Our efforts for Iowa began last year. Since that time, we have met with a variety of groups and individuals, attended the Agency’s Iowa Dental Medicaid workgroup meetings, and analyzed data and reports published by the Agency to inform our proposal. Figure A highlights some of the groups and individuals we met with in anticipation of seeking to become one of the DBAs for the IDWP and Hawki Dental programs.

Figure A: Oral Health Stakeholders and Preparation Activities



## Key Strength #2: Our Commitment to Providing Local Support to the Agency and Its Members and Providers

DentaQuest is committed to developing the best possible dental program for the Agency and the State of Iowa. Inherent in that effort is an acute understanding of the staffing levels needed to effectively manage the program in accordance with the Agency’s expectations and the high standards that Iowa Providers and Members deserve.

DentaQuest is committed to **hiring the vast majority of its staff from Iowa** – we believe that people *from* the state are best suited to serve people *in* the state.

DentaQuest’s greatest asset is our exceptional team and our ability to recruit, hire and train the right people to serve in Medicaid dental statewide programs.

For this Contract, we will begin with **interim Key Personnel**; these are experienced DentaQuest leaders who are on board today that will begin the work. Shortly after contract award, we will begin to **recruit Iowans** to join the team and serve in these key roles **permanently**, as appropriate. Our interim team will then **transition** to Key Corporate, Administrative, and Supervisory Personnel to ensure highly qualified and experienced individuals are engaged as the new team takes hold. **80% of the team for this contract will be Iowans, as we believe that people from the state are best suited to serve people in the state.**

Over the course of 30 years, we have built successful and dynamic teams for statewide dental programs in Texas, Florida, Oklahoma, Colorado, Louisiana, Virginia, Massachusetts and others. Our teams have the dedication, expertise, and collaborative spirit to ensure success.

### Key Strength #3: Developing Customized Solutions for Unique Challenges and to Achieve State Goals

We are eager to establish innovations and programs that change the course of oral health care in Iowa. Throughout our response, we describe in detail how our programs and solutions will be deployed in Iowa. Our clients goals become our goals, and we are relentless in our pursuit to make a meaningful impact in the lives of the Members and Providers we serve. With that in mind, DentaQuest’s customized solutions to help the Agency achieve its goals are described below.

### KEY FEATURES OF DENTAQUEST’S PROPOSAL

DentaQuest has designed its IDWP and Hawki Dental programs offerings to meet the Agency’s goals. Figure B-2 provides a snapshot of key features of our approach, and they align with the Agency’s goals, followed by more detailed descriptions of each.

Figure B-1: DentaQuest’s Key Features are Aligned to Achieve the Agency’s Goals

Key Features of DentaQuest’s Solution	Agency’s four goals to help drive dental health equity, access, and outcomes			
	1. Improve Network Access	2. Increase Recall and Prevention	3. Improve Oral Health Equity	4. Improve Coordination & Continuity, Enhance Integration
1. High Quality Provider Network	★	★		
2. Patient-Centered Dental Home Program	★	★		★
3. Value-Based Purchasing Program	★	★		
4. Bringing Care to Member Communities	★	★	★	★
5. Oral Health Literacy and Outreach Program		★	★	★
6. Community Partnerships and Collaboration	★	★	★	★
7. Care Coordination and Case Management Program		★	★	★
8. Value-Added Services including Incentives		★		★

#### 1. High Quality Provider Network

DentaQuest is prepared to build a Medicaid/CHIP network that will provide access to the full range of dental benefits including preventive care and specialty services and offer alternative service delivery models to improve access to care. DentaQuest has a head start on its recruitment efforts, which began several months ago. We understand the importance of ensuring we have a robust, diverse network that can adequately serve all urban and rural counties across Iowa, and that has the ability to serve a diverse Medicaid population, including adults and children, and Members with special health care needs. The key features of our network recruitment, retention, and expansion approach includes:

- **Local High Touch Support for Providers.** DentaQuest will hire a team of local Provider Relations Representatives to be an integral part of our Provider engagement model. They will serve as trusted business partners to help busy dental offices run at peak efficiency by



communicating with Providers and their staff on a regular basis, through in-person visits, phone, and email.

- **Administrative Efficiencies.** Our goal is to make it as easy as possible for Providers and their staff to work with us. To that end, we will ensure Iowa Providers are aware of and maximize the following features of our program:
  - **Intuitive and responsive technology solutions.** Our technology offerings optimize participation in our network, including electronic claim submission and authorization request submissions and a best-in-class Provider Portal for Providers to manage their entire DentaQuest patient base.
  - **Streamlined credentialing and contracting.** We offer online options, and consistently surpass industry standards to ensure eligible Providers are swiftly accepted into our network.
  - **Fast and accurate claims payments.** DentaQuest processes 93% of claims within seven calendar days.
  - **Easy referral process for specialty care.** There are no forms to complete, or verifications required for referrals.
  - **Peer-to-Peer discussions regarding adverse determinations.** We always welcome additional information that Providers may wish to share on denied service authorizations.
- **Rewarding and Recognizing Providers.** We reward and recognize Providers using evidence-based performance measures through our Value-Based Purchasing (VBP) program. This includes the potential for non-financial incentives and alternative payment models.

## 2. Patient-Centered Dental Home Program

DentaQuest will bring its unique Patient-Centered Dental Home (PCDH) program to Iowa. While most DBAs offer a dental home program that assigns Members to a Primary Care Provider (PCP), DentaQuest's model is different in that we identify **higher performing Providers** through proprietary statistical modeling and assign Members who do not actively select a PCP to these locations. Higher performing PCPs in our PCDH programs across the country prove time and again that they are more effective at getting Members in for dental care.

All general and pediatric dental Providers in our network will be considered PCPs and serve as a PCDH. In turn, DentaQuest will provide intensive training, hands-on education, and offer local support channels to ensure their success.

Our PCDH model currently operates in **16 states on behalf of 32 State Medicaid Agencies and MCO clients**. This represents more than 19 million DentaQuest Members and 21,000 Providers.

## 3. Value-Based Purchasing Program

DentaQuest is at the forefront of providing accountable, Value-Based Purchasing (VBP) programs in the Medicaid dental space. In Iowa, we will implement a VBP model that offers performance based incentives and prepares Providers for outcomes-based alternative payment models to improve preventive dental service utilization rates.



#### 4. Bringing Care to Member Communities

Our goal is to meet Members where they are – whether that be at their physician’s office, at school, or other convenient places near their homes. DentaQuest has been successful in deploying unique solutions to increase alternative care settings and we will employ our best practices for IDWP and Hawki Dental programs’ Members, such as working with **Iowa Primary Care Association and the FQHCs that do not have dental clinics** to establish schedules for a mobile dental group to bring oral health care to Members and provide their staff with education on the availability of teledentistry services. We already have a commitment from our national partner, **Solvere Health**, to establish operations in Iowa at our request. Solvere recently entered the New Hampshire market after DentaQuest began administering the state’s Medicaid adult dental program.

DentaQuest will work in partnership with the I-Smile Coordinators to ensure all non-dental FQHC locations have trained physicians and nurse practitioners actively participating in the **Cavity Free Iowa fluoride varnish program**.

Additionally, DentaQuest has designed two teledentistry bundled payment models – one focused on dental emergencies, and the other focused on prevention – that allow for synchronous and asynchronous encounters. While any of our Providers will be able to provide these services, we will give Members access to Iowa licensed and credentialed Providers through our partnership with **Teledentistry.com**. Using a mobile phone, Members will be able to access an Iowa licensed and credentialed Provider 24/7 who can conduct a limited oral evaluation, prescribe medication, and make appropriate referrals to a PCP.

#### ***Investing in Iowa’s Oral Health Future with our Affiliate Advantage Dental+***

**Advantage Dental+**<sup>™</sup> While DentaQuest is widely known for its dental benefits administration leadership, the DentaQuest organization is also affiliated with oral health delivery sites in several states through Advantage Dental+ to address historical network access issues. Advantage Dental+ currently has practice locations in Alabama, Florida, Massachusetts, Oregon, Texas, and Washington. The practices provide the full range of dental care services including general, restorative, pediatric, and emergency dentistry.

DentaQuest is committed to bringing long term and sustainable solutions to address access to care issues to Iowa. In working with our care delivery affiliate, Advantage Dental+, we have identified underserved counties in Iowa where Advantage Dental+ could establish oral health practices to bring care to Members and communities that need it most. This represents a significant investment and undertaking, but one we are willing to make for the state of Iowa if we are able to come to an agreement on the targeted areas of need. **No other bidder can offer this solution to the Agency**, and we are excited to share more information on our plans and to align with the Agency on the right locations for the dental practices.

## 5. Oral Health Literacy and Outreach Program

DentaQuest will improve oral health literacy, outcomes and equity with our **Preventistry®** approach to oral health, which **emphasizes education, accessibility, and early intervention and prevention** to improve oral and overall health for Members. We will implement a combination of high touch interventions including our signature **Care Coordination and Case Management Program, targeted Member education** and incentives, and **grass roots community-based outreach**. Our high touch, locally driven approach will help us honor the unique culture, beliefs, and value systems of Medicaid populations across the state’s urban and rural geographies; and to address barriers to care unique to those geographies.



Member education about dental benefits and how to find a PCP begins immediately following enrollment in our plan with **welcome calls and texts** and continues at meaningful intervals based on the Member’s age, utilization history, and other characteristics. We also **offer traditional printed materials, and social media** to communicate important oral health education messages to our Members and the general community.

Programs like **Smiling Stork** educate pregnant women about the importance of being screened for periodontal disease and how to access covered dental services during pregnancy. Our **Healthy Beginnings** program equips parents/caregivers with information and resources to encourage receipt of preventive services for children under age two with birthday card reminders. We analyze data to determine where there is the greatest opportunity to “move the needle.” Through our **care gap outreach model**, we contact individuals with an identified gap in care, such as missing an EPSDT screening, remind them of the importance of receiving regular preventive care, and offer help scheduling an appointment.

To support access to the right care, at the right time, in the right place, DentaQuest will work with MCOs to identify Members seeking dental care for non-traumatic needs in hospital emergency departments. We will contact Members to provide education about how to use their benefits and establish a connection with a PCP through our **Emergency Dental Redirect Program**. We will invite Providers to participate in our **Broken Appointment Program** which allows them to notify us of Members who miss their appointments so we can conduct education to reduce the likelihood of future missed appointments and help the Member reschedule the needed care or service.

## 6. Community Partnerships and Collaboration

DentaQuest knows firsthand that it “takes a village” to assist Medicaid/CHIP Members to get the right care and support at the right time. Consistent with our philosophy to meet Members where they are, we will work with community stakeholders and other entities who serve our Members to become ambassadors of the IDWP and Hawki Dental programs. Through our Iowa-based **Cultural Ambassador Program**, we will partner with community organizations serving various

Member populations to provide training on how to educate their clients and communities on the importance of regular dental care, the availability of Medicaid dental benefits, and how to contact DentaQuest for assistance in accessing care for their client base.

DentaQuest’s local **Iowa Member Outreach and Care Coordinators** will be at the forefront of our community-based work. They will be responsible for developing relationships with the I-Smile Coordinators, social support agencies, and organizations like homeless shelters, women’s shelters, advocacy groups, schools, Head Start programs, and WIC offices. They will develop relationships with the three HealthLink MCOs to collaborate on medical-dental integration efforts.

## 7. Care Coordination and Case Management

DentaQuest is bringing its industry leading dental Care Coordination and Case Management Program to Iowa. Our Care Coordination and Case Management Program was designed around what DentaQuest calls its CARE philosophy – to connect, assess, respect and educate our Members. The program is designed to:



- **Connect:** Foster trust and a strong partnership with Members through compassionate and effective communication
- **Assess:** Assess the Member’s objectives and collaborate with them to develop a personalized care plan that is achievable and tailored to their individual needs and desires
- **Respect:** Prioritize the Member’s needs and concerns, approaching each Member with personalized solutions, actively listening, and understanding their unique situation, communicating with kindness and empathy, and involving them in the decision-making process
- **Educate:** Empower Members with the knowledge and skills to maintain optimal oral and overall health through education on proper care techniques, clear communication, and guidance on their ongoing oral health journey

Through the initial Oral Health Risk Assessment, DentaQuest will identify Members that may need help accessing services, breaking down barriers to care, or bridging the historical divide between dental and medical delivery systems. The program stratifies Members by level of risk and uses clinical and non-clinical staff trained in techniques such as motivational interviewing to engage Members with the goal of promoting self-management, improving oral health outcomes, and containing costs.

## 8. Value-Added Services including Member Incentives

DentaQuest is offering several Value-Added Services (VAS) to enhance Member benefits and reward Members for taking an active role in their oral health care. All our VAS are aligned with Agency goals.

DentaQuest plans to offer the following VAS:

- **Enhanced preventive dental benefits** for high-risk and pregnant Members
- **Curodont Repair Fluoride Plus** a new minimally invasive option to treat early-stage cavities
- **Teledentistry bundled payment models;** one for emergency care, and one for prevention-focused care to promote this care option among Members and Providers



- **Gift cards to purchase oral health and other over the counter products**, and/or healthy foods for completing certain actions demonstrating healthy oral health habits – for example, Members will be eligible for a \$20 gift card for having a preventive dental visit or receiving a sealant.

Once again, DentaQuest appreciates this opportunity to seek a Contract to serve as an IDWP and Hawki Dental programs DBA. We will continue to prepare in anticipation that we will be successful in this endeavor and to ensure swift and efficient implementation, compliance on Day 1 of operations, and excellence in supporting Providers and Members during transition and throughout the life of the Contract.



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# **TAB 3**

# **BIDDER'S APPROACH**

# **TO MEETING**

# **DELIVERABLES**



## COMMONLY USED ABBREVIATIONS & TERMS IN OUR PROPOSAL

<b>ACD:</b> Automated call distribution	<b>KPI:</b> Key performance indicator
<b>ADA:</b> American Dental Association	<b>LEP:</b> Limited English proficiency
<b>AHCA:</b> Florida Agency for Health Care Administration	<b>MCO:</b> Managed Care Organization
<b>APM:</b> Alternative payment model	<b>MCRD:</b> Master Client Requirements Document
<b>CAP:</b> Corrective action plan	<b>MLR:</b> Medical Loss Ratio
<b>CDC:</b> Centers for Disease Control and Prevention	<b>MME:</b> Morphine Milligram Equivalents
<b>CDT:</b> Code on Dental Procedures and Nomenclature ("CDT Code")	<b>NBI:</b> DentaQuest's new business implementation
<b>CFR:</b> Code of Federal Regulations	<b>NCQA:</b> National Committee for Quality Assurance
<b>CHW:</b> Community Health Worker	<b>NIST:</b> National Institute of Standards and Technology
<b>CMS:</b> Centers for Medicare & Medicaid Services	<b>NTDC:</b> Non-traumatic dental care
<b>Contact Center:</b> DentaQuest's Member and Provider Services call center	<b>PCDH:</b> Patient-Centered Dental Home
<b>CSR:</b> DentaQuest Customer Service Representative (Member and Provider Call Center)	<b>PCP:</b> Primary Care Provider (can be used interchangeably with PCDH)
<b>DAC:</b> Dental Advisory Committee	<b>PIP:</b> Performance Improvement Project
<b>DBA:</b> Dental Benefits Administrator	<b>PPM:</b> Policies and Procedures Manual
<b>DQA:</b> Dental Quality Alliance	<b>SCA:</b> Single case agreement
<b>DSO:</b> Dental Service Organization	<b>SDOH:</b> Social determinants of health
<b>ECR:</b> Enterprise compliance risk	<b>SFTP:</b> Secure file transfer protocol
<b>ED:</b> (Hospital) Emergency department	<b>SHCN:</b> Special health care needs
<b>EOB:</b> Explanation of benefits	<b>SIU:</b> DentaQuest's Special Investigations Unit
<b>FFS:</b> Fee-for-service	<b>SLA:</b> Service level agreement
<b>FWA:</b> Fraud, waste, and abuse	<b>SME:</b> Subject matter expert
<b>G&amp;A:</b> Grievances and appeals	<b>SOW:</b> [Iowa's] Scope of Work
<b>HEDIS:</b> Healthcare Effective Data and Information Set	<b>SQA:</b> Software quality assurance
<b>HHSC:</b> Texas Health and Human Services Commission	<b>TPL:</b> Third party liability
<b>HITRUST:</b> Health Information Trust Alliance	<b>UM:</b> Utilization management
<b>HPSA:</b> Health Professional Shortage Area	<b>URAC:</b> Utilization Review Accreditation Commission
<b>IHCP:</b> Indian Health Care Provider	<b>VAS:</b> Value-Added Services
<b>IRR:</b> Inter-rater reliability	<b>VBP:</b> Value-Based Purchasing
<b>IVR:</b> Interactive voice response	<b>VPN:</b> Virtual private network
	<b>Windward:</b> DentaQuest's core operating system

**3.2.3 The Bidder shall address each Deliverable that the successful contractor will perform as listed in Attachment F, Section 2: Program-Specific Statements, in accordance with Attachment J: Technical Proposal Response Guide, detailing the planned approach. Bid responses should provide sufficient detail so that the Agency can understand and evaluate the Bidder's approach and should not merely repeat the requirements or Deliverable.**

**Bidders are given wide latitude in the degree of detail they offer or the extent to which they reveal plans, designs, examples, processes, and procedures. Bidders do not need to address any responsibilities that are specifically designated as Agency responsibilities.**

DentaQuest has provided its response to Attachment J: Technical Proposal Response Guide beginning on the next page.

# **SECTION A**

# **GENERAL**

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

DentaQuest<sup>1</sup> is excited to partner with the Agency to further align its unique and successful dental program with its overall Medicaid transformation efforts.

As the country's single largest Medicaid/CHIP dental benefits administrator (DBA), DentaQuest is ready to help the Agency achieve its goals. DentaQuest has proudly focused its core business on addressing the inherent challenges of Medicaid dental delivery head-on – and finding solutions for those challenges – when others could not.

We will leverage our experience, best practices, and tried and true staffing model to ensure compliance and program operational excellence for the Iowa Dental Wellness Plan (IDWP) and Hawki Dental programs.

### DENTAQUEST'S RELEVANT EXPERIENCE

- ★ DentaQuest has designed staffing plans for all 11 direct-to-state Medicaid Agency programs – leveraging the right mix of in-state and national-level support
- ★ DentaQuest has implemented more than 500 programs and products in the past 30 years
- ★ We have never failed to meet full compliance in a Readiness Review

#### 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.

## LICENSURE (A.2)

Bidder is in the process of applying for its Certificate of Authority from the Iowa Department of Insurance. Bidder will be able to comply with the Agency requirement to provide evidence of licensure as dictated in this proposal. It is our understanding based on answers to questions provided by the Agency on July 7, 2023 that a Certificate of Authority would satisfy the licensing requirements of the proposal. If this is not the case, Bidder is happy to further discuss this requirement.

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<sup>1</sup> The bidding entity, DentaQuest USA Insurance Company, Inc. is a wholly owned subsidiary of DentaQuest, LLC, ("DQ LLC") which owns and manages the DentaQuest organization, comprised of companies that hold insurance, third party administrator and similar licenses in nearly every state in the country. DQ LLC, which is serving as the subcontractor to the bidder provides similar administrative and management services for all its affiliated benefits companies. Although the bidding entities retain sole and ultimate responsibility for compliance with the contract and oversight of DQ LLC's performance of the services in connection with the Contract, the Executive Leadership team and staff assigned to the project work who are charged with fulfilling the Contractual requirements. Because of the common administration and management of the DentaQuest companies by one management organization, in this response we refer to DentaQuest and its subsidiaries collectively as "DentaQuest" or the "DentaQuest organization" and provide information with respect to the qualifications of the DentaQuest organization as a whole to perform the services and meet the requirements described in the RFP.



Bidder and other entities within the DentaQuest organization hold more than 35 Certificates of Authority across its U.S. foot print. Bidder works in collaboration with the various state Departments of Insurance for the submission and processing of its applications for Certificates of Authority.

**A.02 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.**

The Bidder’s immediate parent, DentaQuest, LLC, maintains the following:

- NCQA-certification for Utilization Management (earned in 2023)
- NCQA-certification for Credentialing/ Recredentialing (earned and maintained since 2014)

Please note that NCQA certification for Credentialing, and URAC Accreditation applies to the origination entity (DentaQuest, LLC) and any of its subsidiaries within the same scope of business. Therefore, both NCQA certification and URAC accreditation applies to DentaQuest USA Insurance Company, Inc. as a subsidiary of DentaQuest, LLC administering dental benefits.

**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.**

## ORGANIZATIONAL STRUCTURES (A.03)

Inherent to successfully supporting a statewide Medicaid dental program is an acute understanding of the staffing levels and composition needed to effectively manage it in accordance with both the Agency’s expectations and the high standards that Iowa Providers and Members deserve. Our goal is to approach the administration of the IDWP and Hawki Dental programs strategically and thoughtfully, and in a way that best represents the needs of the Members and Providers.

Our proposed organizational structure seeks to achieve several goals:

1. Hire, onboard and train highly qualified Iowans who will serve in appropriate Key Personnel and other Support Staff roles
2. Leverage the deep expertise of DentaQuest’s management/leadership personnel to ensure best practices and efficiencies are seamlessly channeled into the Iowa Contract
3. Ensure the state has clear channels of communication and understands who is accountable from DentaQuest to deliver on the requirements and expectations in regard to this RFP

**We believe that people from the state are best suited to serve people in the state.** As such, we estimate that approximately 83 FTEs will be assigned to this contract – 66 of which will live and work in Iowa. **This means about 80% of the team will be comprised of Iowans.** Recruitment for the Iowa-based team will commence shortly after Contract award. Complementing the Iowa-based personnel will be management/leadership and some support staff who primarily reside in Wisconsin and Massachusetts, where two of our major headquarters are located. It is important to note that the proposed organizational structure has

## DENTAQUEST IS INVESTED IN IOWA!

- ★ We believe that people *from* the state are best suited to serve people *in* the state.
- ★ We estimate that approximately 83 FTEs will be assigned to this Contract – 66 of which will live and work in Iowa. This means about 80% of our team will be comprised of Iowans.

We are eager to expand our team to Iowa!

clear lines of authority to ensure the Agency understands the accountability of personnel assigned to this contract.

Figure 1-A provides an overview of DentaQuest’s functional areas and the proposed locations of staff.

Figure 1-A

DentaQuest Operational Functions	Where Function will be Performed
Administrative and fiscal management (i)	Iowa, Wisconsin, Massachusetts
Member services (ii)	Iowa, and national coverage in all time zones
Provider services (iii)	Iowa, and national coverage in all time zones
Care Coordination (iv)	Iowa, Florida
Marketing (v)	Wisconsin, Massachusetts
Provider Enrollment (vi)	Wisconsin, Massachusetts
Network Development and Management (vii)	Iowa, Wisconsin
Quality Management and Improvement (viii)	Iowa, Wisconsin
Utilization and Care Management (ix)	Iowa, Wisconsin, Florida
Member Health and Outcomes (x)	Iowa, Wisconsin, Florida
Information systems (xi)	Iowa, Wisconsin, Massachusetts
Performance data reporting and encounter claims submission (xii)	Iowa, Wisconsin
Claims Payment (xiii)	Iowa, Wisconsin
Grievances and Appeals (xiv)	Iowa, Wisconsin

**A.03 Organizational Structures**

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

## ADMINISTRATIVE STRUCTURE AND PRACTICES TO SUPPORT INTEGRATED DELIVERY OF DENTAL SERVICES

There are three key components that support DentaQuest’s administrative structure and practices: 1. People; 2. Processes; and 3. Technology. These pillars allow DentaQuest to create the necessary customized organizational and operational designs for to meet any and all Medicaid dental programs requirements – Iowa included.

### 1. Our People

**DentaQuest’s greatest asset is our exceptional team and our ability to recruit, hire and train the right people to serve in Medicaid dental statewide programs.**

For this Contract, we will begin with **interim Key Personnel**; these are experienced DentaQuest leaders who are on board today that will begin the work. Shortly after contract award, we will begin to **recruit Iowans** to join the team and serve in these key roles **permanently**, as appropriate. Our interim team will then **transition** to Key Corporate, Administrative, and Supervisory Personnel to ensure highly qualified and experienced individuals are engaged as the new team takes hold.

**80% of the team for this contract will be Iowans, as we believe that people from the state are best suited to serve people in the state.** Figure 2-A illustrates our approach for staffing the Contract.

Figure 2-A:



DentaQuest has followed this “people” model (interim, transitional, permanent teams) numerous times. Over the course of 30 years, we have built successful and dynamic teams for statewide dental programs in Texas, Florida, Oklahoma, Colorado, Louisiana, Virginia, Massachusetts and others. Our teams have the dedication, expertise, and collaborative spirit to ensure success.

## 2. Our Processes

DentaQuest has hundreds of policies and procedures that govern our dental administration. These policies have evolved over the past 30 years and give directives on how to approach every aspect of contract deliverables. Of course, policies and procedures are always customized to meet requirements in each state and we are eager to begin the customization for Iowa. And as appropriate, special training sessions are held within each functional area to ensure understanding of intent and compliance of the policies and procedures appropriate for that area. More detail follows in the questions and answers below.

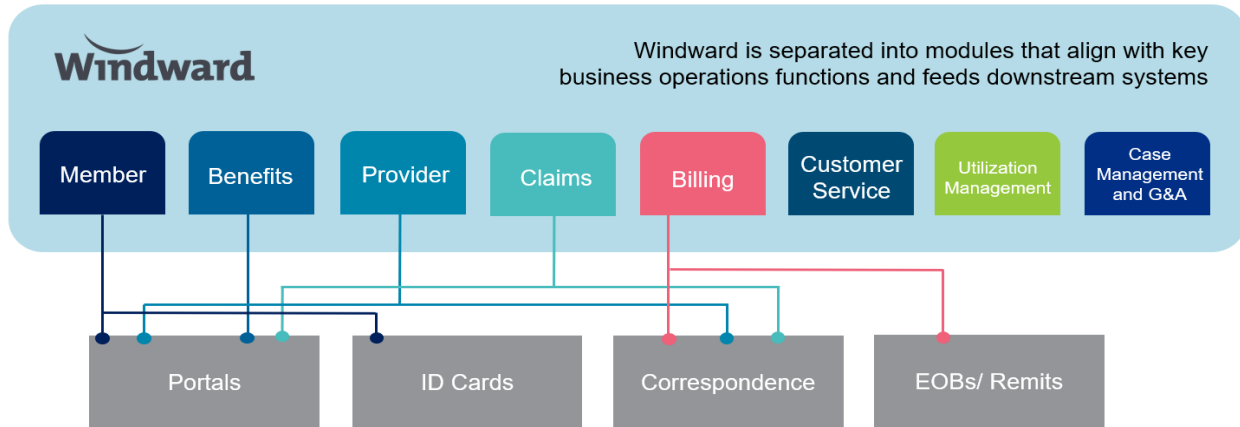
## 3. Our Technology

Critical to our success in collecting and integrating data across DentaQuest’s system and functional units is our technology. As it does for all of its Medicaid business, DentaQuest will use its **Windward core operating system** for servicing this Contract. Windward is separated into distinct modules that align with key business operations functions and feeds downstream systems in a seamless manner, as illustrated in Figure 3-A. It serves as the **functional linkage to all of our major operational areas** and as our single source solution for integrating relevant data – allowing for easy sharing and reporting.

Windward is accessible to all authorized employees, whether they are located in a brick and mortar office building, or telecommute, whereby users access Windward through a VPN with two-factor authentication. As such, Windward is the key to ensuring any authorized employee – whether they are in Iowa, Wisconsin, Massachusetts, or anywhere else in the United States – can access all of the necessary modules and information they need to efficiently perform their job function. All of our information security controls to protect the data contained in Windward are externally audited and our system is both HITRUST and SOC-2 certified – the gold standards in security.

Page contains confidential information

Figure 3-A: Windward is our single source technology solution for integrating relevant data for Iowa.



**A.04 Staffing Requirements through A.14 Staff Training and Qualifications**  
**a. Describe in detail your staffing plan and the staffing levels you commit to maintaining**

**STAFFING REQUIREMENTS AND PURPOSE AND GENERAL FRAMEWORK OF THE STAFFING PLAN (A.04 AND A.06)**

DentaQuest estimates that **83 DentaQuest personnel – 66 of whom will reside in Iowa** – are needed to properly service this contract. Our **Staffing Plan Framework** is organized as follows:

- 15 FTEs will serve as Key Personnel for this contract; 11 will reside in Iowa and 4 will reside outside of Iowa.
- 3.5 FTEs will serve as Key Corporate, Administrative, and Supervisory Personnel.
- 64.5 FTEs will serve as support staff; 55 will reside in Iowa and 9.5 will reside outside of Iowa.

Please see Figure 4-A below for summary of this plan.

Figure 4-A

Functional Area	Key Personnel			Key Corporate Admin & Supervisory Personnel	Support Personnel		
	Total	In Iowa	Outside of Iowa	All Outside of Iowa	Total	In Iowa	Outside of Iowa
Client Management	1	1		0.25	0	0	0
Point of Contact	1	1			0	0	0
Operations	1		1	0.25	7.5	5	2.5
Clinical Management	1	1		0.25	0	0	0
Financial Management	1		1	0.25	3	2	1
Compliance	1	1		0.25	1	1	0
Grievances and Appeals	1	1		0.25	3	3	0
Quality	1	1		0.25	2	2	0
Utilization Management	1	1		0.25	7	5	2

Contact Center	1	1		0.25	20	18	2
Provider Relations	1	1		0.25	2	2	0
Information Technology	1		1	0.25	7	6	1
Claims	1		1	0.25	4	4	0
Care Coordination	1	1		0.25	4	3	1
Fraud Prevention and Recovery	1	1		0.25	4	4	0
<b>Total</b>	<b>15</b>	<b>11</b>	<b>4</b>	<b>3.5</b>	<b>64.5</b>	<b>55</b>	<b>9.5</b>

In addition, we will have **10 Corporate executive team implementation experts** that will participate in the implementation process, which is not reflected in the chart above.

Please note that Key Personnel, as well as the DentaQuest’s Corporate, Administrative, and Supervisory Personnel are responsible for numerous daily, weekly and/or monthly reports that assess performance against performance standards, allowing for staffing course corrections to achieve deadlines and turnaround times. These reports are generated for each functional area. Leaders are experienced in the development of **time-tested staffing ratios** that provide for the right mix of staff, processes and technologies. The following examples illustrates how ratios are established for functional areas:

- **Claims Processors:** DentaQuest determines required staffing to support claim volume based on average Membership counts. DentaQuest assumes an average amount of claims per Member per year to identify the overall expected volume. We then use average claim processing rates (claims processed per hour) to determine the number of full-time equivalents required to support the claim volume.
- **Credentialing Specialists:** Based on our experience of credentialing and recredentialing thousands of Providers annually, we know that we need one Credentialing Specialist to credential and update a network of 500 to 1,000 Providers.

With DentaQuest’s economies of scale, robust cross-training practices, and sophisticated suite of technology solutions, the Agency can be confident in DentaQuest’s ability to quickly and seamlessly address sudden changes to work volumes.

## DENTAQUEST’S COMMITMENT TO PROVIDE OUR INITIAL STAFFING PLAN (A.05)

DentaQuest is **committed** to developing and executing a staffing plan that meets and exceeds all requirements in this RFP. This is evidenced by the narratives, charts, org charts and other attachments within this section. Everything described within this section will be used as the basis to create the **initial and final** operational staffing plan, which we will submit to Agency within 10 days following the execution of the Contract.

## DENTAQUEST’S PROPOSED IOWA STAFFING PLAN (A.07)

DentaQuest proposed Iowa staffing plan is comprised of a right blend of appropriate Iowa-based Key Personnel, experienced DentaQuest Corporate, Administrative, and Supervisory Personnel, and Support Staff. In developing our management structure, we have established a model to ensure on-the-ground needs of the program are met, coupled with the benefits of leveraging our extensive national infrastructure. We currently estimate that about 80% of the personnel who will serve on this contract will live in Iowa.

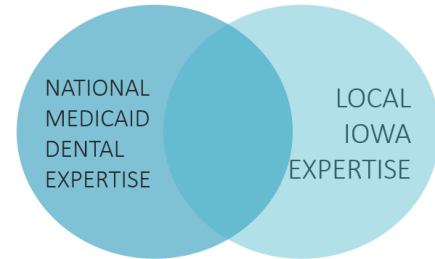


Initially, we will have experienced DentaQuest management/leadership personnel assigned to interim Key Personnel roles to get the contract deliverables moving forward in the correct manner. This interim team will help hire, train and onboard all appropriate Iowa-based team members who will ultimately hold the permanent positions. Most of this interim team will transition to key corporate, administrative, and supervisory personnel. We have found this approach to be very successful in other markets. We are eager to recruit Iowans to join the team and serve in key roles.

**Ensuring Staff Delivering in-Person Services are Based in Iowa as Appropriate (a) including Delivery of Member and Provider Services (c)**

DentaQuest is fully committed to having Iowans fill the vast majority of personnel for this contract. As planned, **Iowa-based positions, including both Key Personnel and support staff, will equate to 80% of the staff dedicated to this Contract – or about 66 FTEs.** It is critical that positions that have direct key stakeholder interaction – with Members, Providers, community groups and the Agency – are local. Hiring in-state staff also ensures a level of familiarity and understanding of state requirements and regional differences that could impact the level of services provided to key stakeholders.

**THE DENTAQUEST DIFFERENCE**



DentaQuest is committed to **hiring the vast majority of its staff from Iowa** – we believe that people *from* the state are best suited to serve people *in* the state.

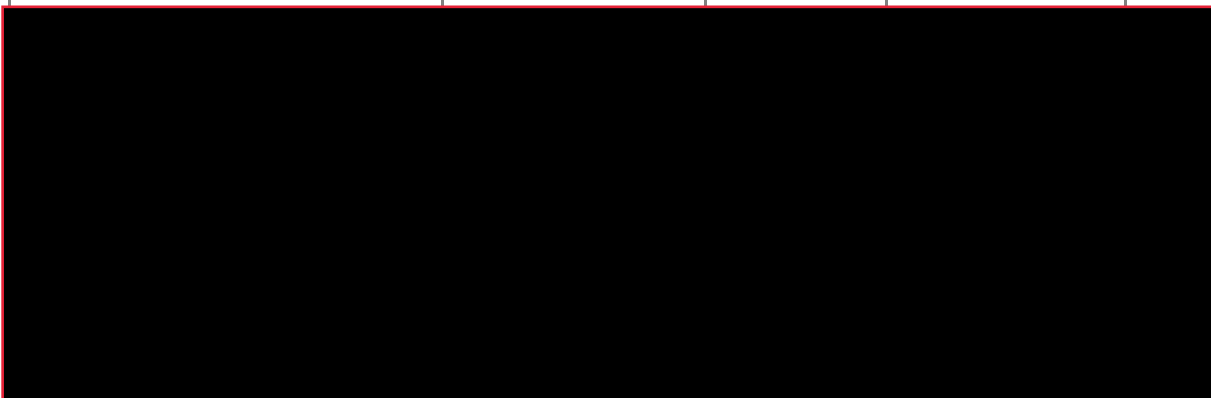
**Staffing Plan: Key Personnel**

Upon award, we will immediately deploy our DentaQuest management/leadership personnel to serve as **interim Key Personnel** roles to get contract deliverables moving forward in the correct manner. Shortly after contract award, this interim team will work with our Human Resources team to begin the recruitment of highly qualified Iowans. The interim team will help hire, train and onboard all appropriate Iowa-based team members who will ultimately hold the **permanent** positions.

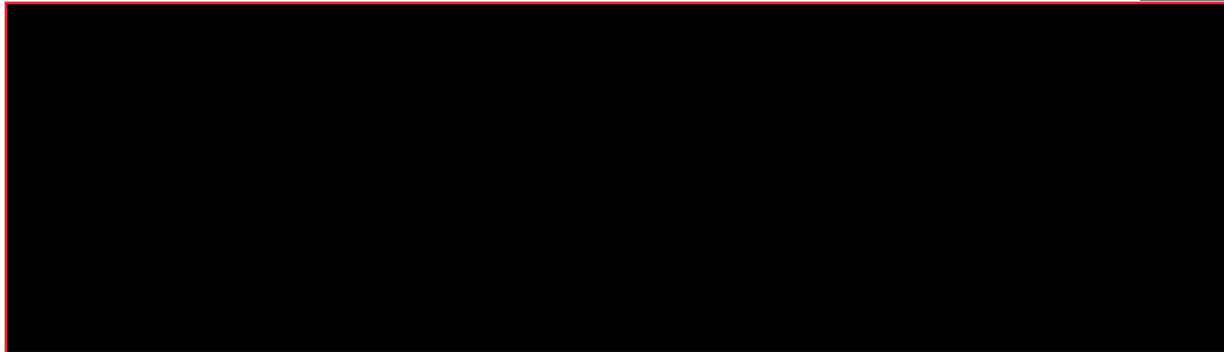
Below in Figure 5-A is our plan for Key Personnel. DentaQuest will update and share with the Agency the Staffing Plan upon contract award and if and when changes to Key Personnel are required throughout the duration of the Contract.

Figure 5-A: DentaQuest's Key Personnel for Iowa

Key Personnel Position	Interim Personnel (I) until Permanent appropriate Iowan is hired, trained, and onboarded	Permanent Personnel – Resides in Iowa	Permanent Personnel - Resides outside of Iowa	FTE Count
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Key Personnel Position	Interim Personnel (I) until Permanent appropriate lowan is hired, trained, and onboarded	Permanent Personnel – Resides in Iowa	Permanent Personnel - Resides outside of Iowa	FTE Count
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**Staffing Plan: Support Staff includes all Areas Identified in Table 1 (b)**

In addition to the Key Personnel, Figure 6-A below outlines DentaQuest’s supporting operational functional staff categories, that **exceeds the requirements outlined in Table 1 of SOW Section A.07.**

DentaQuest seeks to **hire mostly Iowa-based** operational support staff for the following functions: Quality Management, Member Care, Member Services, Marketing, Dental Home, Quality Improvement, Grievances and Appeals, Program Integrity, Credentialing, Provider Network Management, and IT Support Services.

Figure 6-A: DentaQuest Support Staff for Iowa

DentaQuest Functional Area	Support Personnel			How DentaQuest’s Functional Area Aligns to Table 1 of SOW Section A.07
	Total	In Iowa	Outside of Iowa	
Client Management	0	0	0	
Point of Contact	0	0	0	
Operations	7.5	5	2.5	✓ Marketing & Outreach Staff ✓ Quality Management Staff
Clinical Management	0	0	0	
Financial Management	3	2	1	
Compliance	1	1	0	✓ Compliance Staff
Grievances and Appeals	3	3	0	✓ Grievances and Appeals Staff
Quality	2	2	0	
Utilization Management	7	5	2	✓ Prior Authorization & Concurrent Review Staff
Contact Center (Member and Provider Services)	20	18	2	✓ Member Services Staff ✓ Provider Services Staff
Provider Relations	2	2	0	
Information Technology	7	6	1	✓ Reporting and Analytics Staff
Claims	4	4	0	✓ Claims Processing Staff
Care Coordination	4	3	1	
Fraud Prevention and Recovery	4	4	0	✓ SIU Staffing

**Staffing Plan: Key Corporate, Administrative and Supervisory Plan**

Key Personnel, as well as Key Corporate, Administrative, and Supervisory Personnel, will be responsible for supervising the Support Staff. These leaders will dedicated about 25% of their time to these duties (Figure 7-A).

Figure 7-A: DentaQuest Key Corporate, Administrative, and Supervisory Personnel for Iowa

Functional Area	Key Corporate, Administrative, and Supervisory Personnel	FTE Count – Outside Iowa

**Recruitment Approach**

DentaQuest understands and will comply with the requirement that at least 50% of the Key Personnel and supporting staff roles will be hired **within 120 days of Contract execution**. While we are hiring and onboarding additional staff to support the Agency’s program, DentaQuest will tap into its base of over 1,500 employees that have Medicaid program knowledge to start implementation and readiness review activities, as necessary.

Please note that Key Personnel roles will be prioritized for recruitment and hiring while DentaQuest management leaders serve in those roles in an interim capacity. We will supply regular updates to the Agency on status of recruitment and hiring of all positions including job title, estimated FTE count, start date, name of candidate, location, and recruitment/hiring status update.

DentaQuest’s recruitment timelines and activities are summarized in Figure 8-A. Upon contract award, DentaQuest will immediately activate the recruitment process.

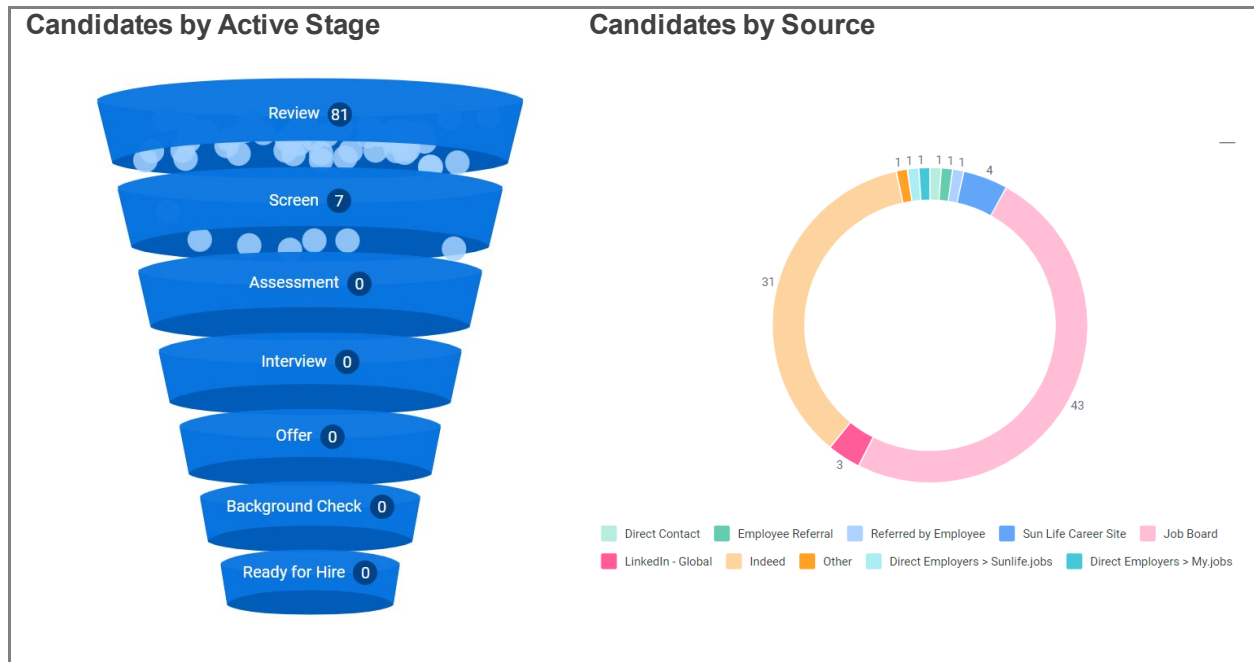
Figure 8-A: Summary of Recruitment Timeline and Activities

Staff Recruitment Activity	Timeline
<b>Plan:</b> DentaQuest Human Resources department works with Talent Acquisition partner for targeted sourcing, screening, and interviewing of potential candidates.	Underway
<b>Engage:</b> Hiring manager participates in intake meeting to discuss position scope; sourcing tactics including those that reach diverse audiences, interviewing details, communication strategies and anticipated timelines.	After award
<b>Source:</b> Recruiter positions position and activates sourcing plan. The role is posted on DentaQuest Career page as well as sites such as LinkedIn and Indeed. We may also use in-state staffing firms.	After award

<b>Source:</b> DentaQuest leverages the local contacts with professional organizations and key stakeholders it has engaged with in Iowa prior to the release of this RFP to help identify new potential candidates.	After award
<b>Source:</b> DentaQuest Leadership team networks with professional organizations, online professional groups, and newly hired Iowa team to help identify new potential candidates.	After award
<b>Screen:</b> Initial resume review and phone interviews with candidates to assess interest and experience.	12/1/23
<b>Interview:</b> Hiring Manager and Interview Team interview candidates and complete feedback form.	12/1/23 through 12/31/23
<b>Offer:</b> Hiring Manager makes selection. The offer is developed and presented to the candidate.	1/1/24 through 1/31/24
<b>Pre-Onboarding:</b> Talent Experience coordinates Day 1 new hire orientation.	2/1/24
<b>Onboard</b> in excess of fifty percent (50%) of local staff in each functional area of Contract performance within one hundred and twenty (120) Days of Contract execution.  <i>Note:</i> this timeline is based on November 1, 2023 contract execution date. The timeline will be refreshed to reflect actual contract execution date if it differs.	2/29/24

DentaQuest leverages Workday for our talent acquisition and recruitment management. Workday offers our team an end-to-end streamlined process from planning, sourcing and advanced talent analytics. Workday offers easy-to-view and dynamic reports (Figure 9-A) to track progress in achieving our recruitment goals.

Figure 9-A: Workday provides visual representations across a number of data points necessary for tracking talent acquisition



**A.04 Staffing Requirements through A.14 Staff Training and Qualifications**

**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**

## SUBMITTING FINAL AND SUBSEQUENT STAFFING PLANS TO THE AGENCY (A.08-A.09)

DentaQuest agrees to submit a final operational staffing plan on or before the 10th day following execution of the Contract. We understand the Agency will review the plan and either approve or deny it. DentaQuest further agrees to providing the Agency with subsequent staffing plans after the final operational staffing plan within 10 business days following any change.

Along with our staffing plan, DentaQuest will submit resumes for each Key Personnel staff member. We have included resumes for our interim Key Personnel in this response as well. Please refer to Exhibit 1 to view these.

## AGENCY RIGHT TO APPROVE/DENY KEY PERSONNEL (A.10)

DentaQuest understands the Agency reserves the right to approve or deny our Key Personnel based on performance or Quality of care concerns and to approve other executive positions, key managers, or supervisors working under Key Personnel.

**A.04 Staffing Requirements through A.14 Staff Training and Qualifications**

**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**

## BACKUP PERSONNEL STAFFING CONTINGENCY PLAN (A.7.D AND A.12)

Inherent in our staffing plan framework is an intentional overlap of Iowa-based Key Personnel, Key Corporate, Administrative, and Supervisory Personnel, and Support Staff. For this Contract, we will begin with **interim Key Personnel**; these are experienced DentaQuest leaders who are on board today that will begin the work. Shortly after contract award, we will begin to **recruit Iowans** to join the team and serve in these key roles **permanently**, as appropriate. Our interim team will then **transition** to Key Corporate, Administrative, and Supervisory Personnel to ensure highly qualified and experienced individuals are engaged as the new team takes hold. This means we can quickly back-up, reassign, and/or draw upon additional resources as needed, resulting in little to no disruptions.

Since much of DentaQuest's workforce is remote, the company promotes a strong culture of collaboration and open communication with leadership and employees. We provide multiple resources and opportunities for employees to remain engaged and connected regarding business updates, and to ensure ongoing morale and job satisfaction. This in turn supports the integrated delivery of dental services through a collaborative approach among our individual functional area team members and assures strong staff retention.

We have provided a small sampling of some of the many ways employees engage with each other and leadership below:

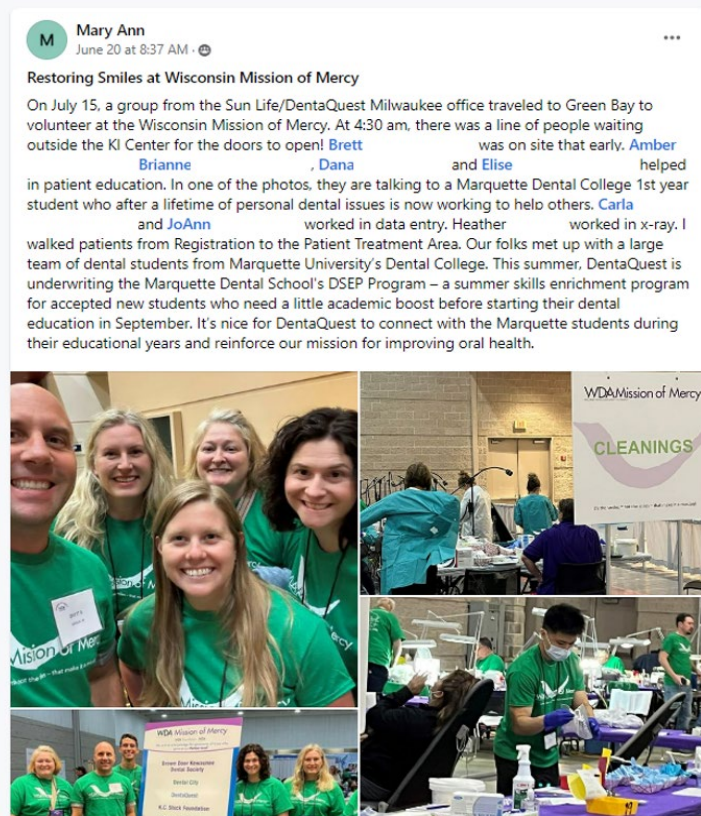
- **The Source:** DentaQuest's employee intranet site that provides employees with quick access to critical information needed to effectively perform their roles as well as provides information to ensure our teams remain engaged in the organization's culture. DentaQuest's



Policies and Procedure Manuals and standard operating procedures are available on the intranet.

- **Workplace:** An all-in-one business communication platform from Meta that securely combines chat, video, groups and DentaQuest's intranet. From sharing personal stories on important milestones like graduations and sabbaticals, to critical business updates and team successes, Workplace serves as both an informational and fun engagement tool for our employees. An example post appears in Figure 10-A.
- **Microsoft Teams:** This business communication platform serves as a workspace for real time collaborate and communication, meetings, and file and app sharing. One of the most commonly used features of Microsoft Teams is the instant message feature, allowing employees to connect on quick questions or needs.

Figure 10-A: DentaQuest's Workplace platform allows all employees to connect and understand what's happening across the country.



## Bringing on Replacement Staff and Allocation of Additional Resources

DentaQuest's executive and senior leadership (senior vice presidents, vice presidents and directors) all have the authority to commit resources to ensure replacement staff if hired. They are supported by the established human resource decision making processes and protocols to ensure the proper level of staff is in place at all times.

DentaQuest's enterprise-wide team includes more than 1,500 employees who specialize in Medicaid and CHIP dental programs. They provide us with a wide bench with unmatched experience that can be leveraged as we work to fill temporary vacancies and to fill gaps, ensuring no disruption in work.

When new staff is needed to fill a vacancy or due to a particular need in an operational area to meet or exceed performance standards, Human Resources and hiring managers identify potential candidates by using relationships, connections, and a stellar industry reputation. We draw from pools of clinical, Provider relations, outreach and education, and other professionals with experience, dedication, and problem-solving ability. If any of our key or other personnel leaves DentaQuest, we will propose a replacement to the Agency with equivalent or superior qualifications.

DentaQuest's hiring process enables us to bring qualified individuals on board in a timely way. We achieve this by ensuring that all roles have job descriptions that clearly outline the job

responsibilities, qualifications, and education requirements, along with physical demands. Each of these requirements is included in the internal and external job postings via Workday. We can filter applicants according to the criteria listed for the role that have applied to and the qualifications listed on their resumes.

DentaQuest will work in partnership with the Agency to ensure sufficient staffing and appropriate replacements of Key Personnel and supporting staff by:

- Obtaining written approval from the Agency for individuals proposed for assignment to Key Personnel positions prior to those individuals beginning the performance of any work under the contract.
- Securing prior written approval from the Agency for any voluntary change to individuals in Key Personnel positions.
- Providing the Agency with the name, resume and references of any proposed replacement whenever there is a voluntary or involuntary change to Key Personnel.

### Training Replacement or New Staff on Program Requirements

One of the keys to a successful staff transition is knowledge transfer. We have internal tracking and training documents – the Master Client Requirements Document (MCRD) and our PPM – to ensure client-specific requirements are maintained. Contingency plans within each functional area include lists of existing DentaQuest staff who could step in or perform a function on an interim basis. These staff are all well versed in the availability and locations of the internal documents like the MCRD and the state and client-specific policies and procedures. In addition to these resources, each department maintains training and documentation unique to its function.

#### A.04 Staffing Requirements through A.14 Staff Training and Qualifications

d. Describe which staff will be located in Iowa, and where other staff will be located.

- 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.
- Indicate the proposed location of the Iowa office from which key staff members will perform their duties and responsibilities.

## LOCAL PRESCENCE AND WORKING WITH OUT OF STATE TEAMS

### Description of Staff Located In and Out of State (d)

Please see Figure 4-A above.

### How Out-of-state Staff will be supervised to ensure compliance with Contract Requirements and Maintain Understanding of Iowa Operations (d.i)

The management plan structure for this program includes Key Personnel and the operational leaders of each functional area. The **Iowa Chief Executive Officer** will hold ultimate accountability for monitoring the contractual requirements for this program and will work closely with all operational areas within DentaQuest. They will work directly with an operational area, or corporate leadership, if an issue is identified to ensure quick resolution.

### Operational Staff Training

DentaQuest's operational area staff – regardless of where they are located – are trained on state and Contract specific requirements during the implementation phase. Operational staff are monitored to ensure duties are performed through the review and analysis of key metrics for the program including but not limited to: monthly indicators report meeting; providing directives on

how to manage escalating issues through changes to processes, personnel or technologies; meetings directly with Key Personnel and/or the Agency consistently and as warranted to mitigate performance issues or enhance performance; and holding such staff accountable through one-on-one meetings, performance reviews with defined metrics of success, and other such measures.

### ***Understanding Nuances of Iowa***

A key element to successfully managing this program is ensuring our out of state staff is trained in the nuances of Iowa. As the largest administrator of state Medicaid dental programs, we know how critical this is. So in addition to hiring a significant number of individuals directly in-state, we are prepared to immerse all staff that will be serving this contract in the intricacies of your state.

In addition to collaborating with the Agency on our Iowa-specific training content, we will also leverage the rich knowledge and experience of key advocacy and Member-facing groups in the state. Key topics of our training will include how social determinants affect members' health and wellness, the critical role of the I-Smile Dental Home program, geography of the state of Iowa and culture and correct pronunciation of cities, towns and surnames.

DentaQuest will share program metrics via required monthly, quarterly, and annual program reporting and will host a **quarterly business review with the Agency**.

### **Proposed Location of the Iowa Office (d.ii)**

DentaQuest has identified an office space in **Johnston, Iowa** it intends to lease upon contract award to serve as a hub for Key Personnel, support staff and in-state program leadership. We understand the value in putting down roots and establishing a local presence in Iowa. Our proposed office space is close to the Agency and health plan partners in the state to facilitate collaboration and responsiveness.

#### **A.04 Staffing Requirements through A.14 Staff Training and Qualifications**

**e. Describe how you will ensure that all staff are knowledgeable in Iowa-specific policies and operations.**

DentaQuest's initial on-boarding and ongoing staff training and support ensure that staff have the information and tools to operate in compliance with Iowa-specific policies. The following elements of our approach will ensure such knowledge:

- **Training:** Starting with new hire training and continuing through annual and refresher training, and training on new or changed policies or programs, DentaQuest will train staff supporting the Contract on Iowa-specific policies. DentaQuest uses a state-of-the-art interactive cloud-based, training solution called the DentaQuest My Learning Navigator System accessed on-line from any location. The DentaQuest My Learning Navigator System supports tracking and monitoring that assigned and mandatory trainings have been completed timely.
- **Staff Performance Monitoring and Review:** DentaQuest monitors employee performance in the areas of training and operational measures. The training process is supported by functional area trainers, supervisor, and peer coaches, which ensures staff is knowledgeable, compliant, and comfortable with their positions. DentaQuest continues to Provider training quarterly, or if needed more frequently, through department-led meetings. Each operational area within DentaQuest uses reports and/or tools to monitor their respective areas to ensure we meet state or client required key performance indicators and other contractual obligations. This spans across our entire organization, including (but not limited to), claims, customer service, encounter data processing, utilization review/management, grievances and appeals, and Provider credentialing.

- **Master Client Requirements Document (MCRD):** For each client we serve, we develop a Master Client Requirements Document. The MCRD documents all policies, procedures, documents, and systems requirements for successful operations and Contract compliance specific to that client. We use a standard approach to implementing each activity in the MCRD that includes requirements gathering, preparation, documentation, testing, and training in distinct phases. We maintain the MCRD, updating it through the life of the client relationship to reflect historical program changes. The MCRD is a critical input into staff training and policies and procedures, as well as system configuration and reporting.
- **Policies and Procedures Manual:** DentaQuest maintains approximately 200 foundational policies and procedures that have been refined based on our operations experience of 30 years serving Medicaid and CHIP dental populations. We will adapt these policies and develop new policies to fulfill the responsibilities of the IDWP and Hawki Dental program Contract. We will use this PPM to support staff training and will make them available to staff in the Master Client Requirements Document.
- **System Configuration:** The MCRD drives the configuration of Windward, our core information system platform, and other ancillary systems. Once configured to Contract requirements, these systems apply Iowa-specific policies in automated processes, and support staff with Iowa-specific workflows and prompts, and support supervisors and managers with Iowa-specific reporting to support monitoring and oversight of staff performance and compliance to Contract requirements.

**A.04 Staffing Requirements through A.14 Staff Training and Qualifications**  
**f. Describe your staff training plans (including subcontractors' staff) and ongoing policies and procedures for training all staff.**

## STAFF TRAINING AND QUALIFICATIONS (A.13)

DentaQuest understands that the Agency reserves the right to approve or deny Contractor key personnel based on performance or quality-of-care concerns. DentaQuest also understands the Agency reserves the right to approve other executive positions, key managers, or supervisors collaborating with key personnel. DentaQuest will ensure that all staff, existing and newly hired, receive thorough training on the IDWP and Hawki Dental program requirements, policies, and procedures. Such training is vital to ensure Contract compliance and collaboration. Key staff will ensure that all staff responsible for this program have clear job descriptions and understand their role and responsibilities. Managers will hold all staff accountable through one-one meetings, and performance reviews using defined measures of success.

### Approach for Initial Training – DentaQuest’s New Hire Program

DentaQuest ensures all new staff are appropriately trained in the legal and other requirements necessary to effectively perform their job functions and to foster a growth environment for employees continued learning.

At the start of employment, all employees are required to participate in New Hire Orientation, a day-long training session which focuses on company history and mission, vision and values, company culture and operations, employee benefits, business unit overview, operations,



company tools, employee engagement, DentaQuest My Learning Navigator System, handling sensitive data, technology and VPN access, diversity, equality and inclusion and company policies.

DentaQuest’s New Hire Orientation Program is designed to be a roadmap of resources to help employees experience a smooth and organized onboarding process. Managers and HR business partners are among the people instrumental in providing perspective about the company and new employees. The New Hire Orientation training presentation includes 76 slides, with imbedded videos and the presentation can be reviewed and downloaded, within the company intranet (Figure 11-A).

New employees also complete the following online compliance training modules:

- New Hire Orientation Employee Handbook & Policy Acknowledgement
- Anti-Harassment Training
- Data Defenders: Privacy & Security Training
- Preventing Workplace Harassment

All job-specific training is completed by the department trainer, manager, or designee as described below.

**New Hire Compliance Training**

After New Hire Orientation and within the first 30 days of employment, and annually thereafter, all employees must complete additional compliance modules, including:

- General training with respect to the principles of the Compliance Program and their responsibilities to adhere to the Code of Conduct and the Compliance Program policies and procedures adopted to achieve the objectives of the Program
- Training with respect to fraud, waste and abuse, including compliance measures with Section 6032 Deficit Reduction Act of the 2005
- Overview of the Federal Deficit Reduction Act (DRA) of 2005
- Overview of the Federal False Claims Act
- State False Claims Acts
- Medicare and Medicaid Patient Protection Act of 1987
- Stark Statue (42 USC 1395nn)
- Whistleblower Protections under such laws
- Fraud, Waste and Abuse Policies and Procedures
- General training with respect to privacy and security of personal health information including HIPAA and HITECH laws
- Records Retention
- General training with respect to cultural diversity and non-discrimination
- Social Media



Figure 11-A: All employees participate in our New Hire Program



### **Role-based Training**

Once the new employee has completed the New Hire Training session, they will begin working with their new manager and team. Each functional area within DentaQuest has its own new employee training program that provides customized job-specific documentation, tools, and resources to ensure employees are set up for success.

The role-based and department training is inclusive of individual training on department processes, employee development, applicable Policy and Procedures and contractual requirements. The first 90 days are critical to the successful integration into our organization. Training is intended to:

- Enhance awareness of company culture
- Develop understanding of multiple aspects of DentaQuest
- Clarify short-and medium-term objectives for your role
- Increase alignment between you, your manager, and DentaQuest
- Enable relationship building essential for future success
- Maximize productivity and reduce the time it takes to “hit the ground running”

DentaQuest has provided examples of role-based training topics in Figures 12-A and 13-A.

#### **Figure 12-A: Training Plan for Claims Processors**

DentaQuest’s claim processor training program consists of classroom style learning, hands-on peer learning, and auditing oversight.

#### **Training Topics:**

The claims processor training includes the following elements:

- Basic claims processing training provides an overview on how to work rejected and suspended claims. Processors review claim number formats, learn to research and pend claims, and learn to handle special claims.
- Orthodontia claims processing training for dental provides an overview on how to process specialized orthodontia cases.
- Reprocessing procedure training provides information on claim modification, voided payments and bulk adjudications.
- Coordination of benefits training provides an overview of COB setup and processing.
- Benefits and terminology and specific state Medicaid requirements.

#### **Approach:**

Following initial classroom training, new hires spend time on the processing floor observing the behavior of tenured claim processors. Next, new hires work one-on-one with a team leader to process claims. The team leader audits 100% of the new hire’s claims for accuracy. One-on-one training continues until the team leader has determined that the new hire is processing claims with a minimum of 99% accuracy. There are no pass/fail thresholds for Claims Processors. If they do not pass an assessment, they are deemed “not ready”, and their training is extended.

Once a claims processor begins to work independently, a lead claim processor will review 10–15 of their claims per day. Claims processors work on basic claims for 4–6 months before being trained to handle more complex submissions.

Claims management alerts staff when program changes occur. Special instructions for processing claims in each market are stored on a SharePoint site for easy access.

When claim processing expectations are not met, DentaQuest takes immediate corrective action that includes additional training and coaching, additional monitoring and auditing, or more formal corrective action will be implemented such as a performance improvement plan.

Figure 13-A: Training Plan for Provider Relations Representatives

Upon hire, all new Provider Relations Representatives are accompanied by a peer Provider Relations Representative, Network Manager Trainer, Supervisor, Manager, and/or Director for comprehensive department training.

**Training Topics Include:**

**Windward System**

- Provider Setup for Payment and Claim/Authorization Adjudication
- Claim Processing, Troubleshooting, and Resolution Process
- Authorization Processing, Troubleshooting, and Resolution Process
- Member Eligibility Verification, Troubleshooting, and Resolution Process
- Customer Service Inquiry Tracking
- Provider Payment Tracking and Inquiry

**Credentialing**

- Provider Credentialing Management System (software)
- Provider Application follow-up and Management System (software)
- Provider Contracting – Documents, location, and needs for different types of Provider requests, including state or health plan specific contracting and credentialing requirements and processes as needed.
- Online Provider Application Tool (software)

**Report Manager**

- Accessing and using the report management system to generate reports for market and network analysis on an as needed basis

**Web Portals**

- Administrative Web Portal for Internal Employees
- Provider Web Portal

**Assigned Territory Specifics**

- Active and Previous Plans and Relevant History
- Applicable State Specific Requirements and Regulations
- Coverage and Benefits by Plan
- DentaQuest Provider Manual
- Current and Future Plan Events

**Inquiry Tracking, Resolution, and Applicable Timeframes by Market/Territory**

**Complaints & Grievance (Appeals) process**

**Expense Reporting**

In addition, each functional area maintains extensive documentation on key aspects of role-based duties for easy reference. Figure 14-A provides the table of contents from our manual for Outreach and Care Coordinators.

**Ongoing Training**

DentaQuest conducts annual training to ensure compliance with applicable laws, regulations, professional standards, ethical standards, and company policies. The training program will focus on our business practices, the employees' role in compliance, and reporting of violations.

Completion of training is tracked and monitored by the Human Resource department. Disciplinary actions are taken, as needed, to enforce completion of required training. Training records are maintained for a period of no less than 10

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Figure 14-A: Functional area training manuals provides employees with a quick reference guide to support effective role-based performance.

years and will include time, attendance, completion logs listing current employee listing showing hire/contracting dates, certificates of completion, and test scores of any tests administered.

Failure to complete training within the required timeline may subject an employee, Board Member or entity to disciplinary action, up to and including termination.

Annually, all employees must complete these additional compliance modules within the DentaQuest My Learning Navigator System:

- Cultural Competency & Non-Discrimination
- Code of Conduct & Ethics
- General Compliance & Fraud, Waste & Abuse
- Records Retention
- Social Media
- Data Defenders: Privacy & Security Training

### Initial and Ongoing Training will Comply with all SOW Requirements

Figure 15-A below provides an overview of critical training elements outlined in the SOW that are already incorporated or will be incorporated into our training program to ensure full compliance with the Agency’s requirements.

Figure 15-A: Training Topics

SOW Required Topic	Details
Training for Contract requirements and State and Federal requirements specific to job functions (i)	All DentaQuest staff and Subcontractor staff will receive thorough training on IDWP and Hawki Dental program requirements, and policies and procedures. We will also establish an internal work group, headed by compliance, that will meet periodically to review any changes to contract, state, and federal requirements and communicate the updates internally to all staff affected. DentaQuest will also update the training materials to ensure compliance.
Initial and ongoing training on identifying and handling Quality of care concerns, including access to dental services as outlined in the Contract (ii)	DentaQuest will conduct regular education and training on identifying and handling quality of care concerns, including access to dental services. We do this internally and for our Providers. Training topics for these sessions will be identified through our monitoring and QI processes for claims submission and payment processes.
Cultural sensitivity training (iii)	DentaQuest trains all employees on cultural competency and non-discrimination. We provide this training upon hire and annually thereafter. It addresses our role in ensuring Members can access the care they need in a way that honors and respects their culture. Training includes how to assist individuals who have LEP, speak Prevalent Languages including Spanish, and serving individuals who are deaf or hard-of-hearing. Staff learn to refer requests for ASL and interpretive services in a dental office to a Member Support team Member who will arrange for an interpreter to attend the appointment with the Member at no charge to the Member or Provider.
Fraud and Abuse and the False Claims Act training (iv)	All DentaQuest staff participate in mandatory training to help prevent, identify, and report possible instances of FWA. We provide this training as part of our new employee training program, which is completed and attested to within the first 30 days of employment, and annually thereafter.  Ongoing annual training for all DentaQuest employees - including the Compliance Officer, Fraud Prevention & Recovery staff, management

	<p>and staff, Corporate Board of Directors, and subcontractors - is mandatory.</p> <p>Training encompasses provisions in 42 CFR §438.608 and 438.610 and all relevant state and federal laws and regulations; DentaQuest's Compliance Program, and associated policies and procedures; DentaQuest's Code of Conduct; and privacy and security protocols including but not limited to HIPAA.</p> <p>The training provides information regarding:</p> <ul style="list-style-type: none"> <li>• The obligation to report potential FWA and the consequences of a failure to report</li> <li>• Definitions and examples of the types of conduct that may indicate potential FWA</li> <li>• How and to whom to report; confidentiality provisions; and our non-retaliation policy</li> </ul> <p>Specific FWA regulations covered in the training include:</p> <ul style="list-style-type: none"> <li>• Overview of the Federal Deficit Reduction Act (DRA) of 2005</li> <li>• Overview of the Federal False Claims Act</li> <li>• State False Claims Acts</li> <li>• Medicare and Medicaid Patient Protection Act of 1987</li> <li>• Stark Statue (42 USC 1395 nn)</li> <li>• Federal Whistleblower Provision "Qui Tam"</li> </ul> <p>Additionally, training specific to their area of responsibility is provided for employees whose responsibilities include activities directly related to the prevention, detection, or investigation of FWA.</p>
<p>HIPAA training (v)</p>	<p>HIPAA training is provided to all new hires through our Data Defenders: Privacy &amp; Security Training module. This is an annual training requirement as well.</p>
<p>Clinical protocol training for all clinical staff (vi)</p>	<p>DentaQuest's comprehensive clinical training program includes education on recognition of appropriate clinical criteria; interpreting radiographs, Member charts, and models; market-specific requirements; and Windward system use and application.</p> <p>DentaQuest's Clinical Review Specialists complete a three-day radiology certification training class, which ensures they can interpret X-rays. They must be able to recognize subcrestal decay, periodontal and dental abscesses, periodontal disease, bone loss and furcation involvement. They learn positions and types of impactions involved when tooth extraction is necessary, why general IV anesthetic may be approved for certain extractions, and how to determine the medical necessity of partial or full dentures.</p> <p>Clinical Review Specialists must achieve at least 95% on a final exam. They then work one-on-one with DentaQuest's clinical trainers to learn the clinical review process. This includes state requirements, exceptions, and turnaround times. Training is six months, or until the CRS is proficient.</p>
<p>Training regarding interpretation and application of UM guidelines for all UM staff (vii)</p>	<p>All clinical staff are required to participate in Inter-rater Reliability (IRR) evaluations quarterly. IRR audits stratified random cohort sample of at least 10 Member UM cases. Staff must pass IRR with at least a 90% consistency. If an individual is below the required level, they are required to attend training and be re-tested.</p> <p>Additionally, all clinical staff are audited monthly. Auditors select at least 65 random authorizations per Clinical Review Specialist and Dental</p>

	Consultant each month, to confirm the accuracy of clinical and administrative determinations, compliance with UM policies, and appropriate referrals to Dental Consultants. If a Clinical Review Specialist does not receive a score of at least 95%, they will receive additional, individualized training. Results are incorporated into performance reviews.
Training and education to understand Abuse, neglect, exploitation, and prevention including the detection, mandatory reporting, investigation and remediation procedures and requirements (viii)	DentaQuest staff will receive training in the prevention, identification, and reporting of possible instances of abuse, neglect, exploitation, and prevention, mandatory reporting, investigation and remediation procedures and requirements.
Training specific to Iowa Providers and non-Medicaid resources (ix)	DentaQuest will ensure its staff is trained on the elements of our Iowa Provider Training Program, as well as available non-Medicaid resources. This includes community-based services and organizations, I-Smile, and various state Agency resources.

### Process to Update and Monitor Completed Training

DentaQuest tracks mandatory training electronically through our DentaQuest My Learning Navigator System where employees securely log in to take on-line courses with embedded assessments, see the status of their assessments, and track their ongoing education. DentaQuest’s Compliance department reviews reports to ensure that all employees are current in their training. We will provide evidence of training upon request.

### BUSINESS LOCATION (A.14)

DentaQuest will establish and maintain its local office in Johnson, Iowa. The space will serve as a workplace for our Iowa staff and leadership administering Contract services and to provide meeting space to the Agency when on-site. The anticipated workstation specifications include:

- Dell OptiPlex 5080 SFF
- 16GB (2x4GB) DDR4
- 10th Generation Intel® Core™ i5-10500
- 256 GB SSD
- Windows 10
- Computer monitors, keyboard and mouse

DentaQuest uses an industry standard suite of software applications to support the business. Depending on the function the employee supports, they may receive additional software solutions unique to their role. Though not an exhaustive list, the anticipated software we plan to provide employees includes Microsoft Office 365; Adobe Flash Player; and Adobe Reader X.

We understand and agree that we are responsible for all costs related to securing and maintaining the facility for interim start-up support and the subsequent operational facility, including, but not limited to, hardware and software acquisition and maintenance, leasehold improvements, utilities, telephone service, office equipment, supplies, janitorial services, security, storage, transportation, document shredders, and insurance.

In addition, DentaQuest is committed to supporting and investing in Iowa – and that includes rural areas. **From a strategic perspective, DentaQuest believes it is important to ensure our Iowa staff represents these areas, as they have inherent challenges for Medicaid**



families and providers alike. With that in mind, DentaQuest plans recruit remote Iowa-based employees in addition to those situated in the Iowa City area. Remote in-state Iowa positions may include Contact Center representatives, Provider Relations, and Member Outreach and Care Coordinators.

## OUT OF STATE OPERATIONS (A.15)

DentaQuest embraces the Agency's expectations for a local presence and rapid responsiveness. While we will receive support from our parent company for roles such as human resources, legal, IT, finance, and Contact Center overflow, regardless of where functions are performed, we ensure full accountabilities for all functions locally.

With fully integrated systems, our Iowa-based DentaQuest leadership and staff have insight and responsibility for all Iowa operations. We track key performance indicators for all operations at the appropriate frequency for each functional area and have dashboards that allow local leaders to monitor and ensure we meet critical performance metrics.

While DentaQuest's approach will always be based on local needs and led by an in-state team, we will leverage our parent company's capabilities, fiscal stability, and assets to enhance service delivery. Backed by the support and strength of DentaQuest, Members will benefit from an engaged, local organization.

Per reference to 42 CFR § 438.602(i), DentaQuest does not pay claims outside the U.S.

## AGENCY MEETING REQUIREMENTS (A.16)

DentaQuest will comply with all Agency meeting requirements. DentaQuest shall have subject appropriate staff Members and subcontracted entities when required and attend onsite meetings as requested and directed by the Agency. DentaQuest will also assign a primary point of contact to support Agency work groups, community-based discussions, and dental initiatives. Under the DentaQuest leadership, we are eager to work cooperatively and transparently with the Agency. In our experience, regular meetings where all key parties are present, prepared, engaged, and open to collaborative discussion are the most beneficial.

DentaQuest has demonstrated a history of serving as a cooperative partner through our other State relationships. Our DentaQuest leadership team values such partnerships and improving the dental care system for Iowa through these types of engagement. We will work together to advance the Agency goals related to dental care, including evaluating current services, addressing challenges, and developing innovative approaches to delivering dental services to add value to our Members.

**A.17 Coordination with Other 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.

**COORDINATION WITH OTHER STATE AGENCIES AND PROGRAM CONTRACTORS (A.17)**



**KEY PARTNERSHIPS**

DentaQuest leverages many best practices and programs across multiple state Medicaid/CHIP programs. But we also recognize that every state is different. Therefore, we ensure our approach is customized best to meet the needs of the Members in a state and that we are leveraging the unique ways each state structure its programs.

As we do for other state Medicaid programs, DentaQuest's local team will be immersed in the Iowa communities we serve, uniquely fitting us to meet and exceed the requirements of coordinating across other State agencies and Program Contractors.

Our goal for Iowa will be to find meaningful ways to support, collaborate, and connect with the existing community resources that Members are using today and in a culturally appropriate manner. Figure 16-A provides acknowledgment and plans for collaboration with each agency in compliance with SOW Section A.17.

Figure 16-A: Coordination with Other State Agencies and Program Contractors

State Agencies and Program Contractors	Method of Coordination and Collaboration
Program Contractors	DentaQuest will collaborate with all Program Contractors in all areas, including developing policies, protocols, and initiatives to improve quality outcomes in the program or streamline all processes.
Iowa Health and Human Services Wellness and Preventive Services Bureau	DentaQuest will meet periodically with the Iowa Health and Human Services Wellness and Preventive Services Bureau to ensure compliance and responsiveness to the ongoing operations of the IDWP and Hawki Dental programs. DentaQuest's compliance officer will be the point of contact.
Iowa Department of Education	DentaQuest will partner with the Iowa Department of Education to develop dental education programs in the following areas: school-based, behavioral health, children, and adults.
Ombudsman's Office	DentaQuest understands the State-directed Ombudsman program's role in Members' health, safety, and welfare. We will work collaborating with the Ombudsman's Office to ensure identification and reporting of incidences of abuse, neglect, and exploitation is aligned. DentaQuest's compliance officer will be the point of contact.
Community Based Agencies	DentaQuest has extensive experience collaborating and coordinating with community-based agencies. We recognize the importance of these agencies and their wide range of services supporting the Member community. We are committed to meeting with all community-based

	agencies to understand their capabilities and determine ways to integrate their services.
Iowa Department of Inspections and Appeals	DentaQuest will coordinate with the Iowa Department of Inspections and Appeals on any issues the Agency directs, such as licensure and certification issues. We will provide documentation as requested. DentaQuest's Iowa CEO will be the point of contact.
Iowa Department of Aging	DentaQuest will work with the Iowa Department of Aging on policy, system design, and supports for older adults. DentaQuest's Member Outreach and Care Coordinators and our Case Managers will collaborate with this Agency to best support our Members.
Estate Recovery	DentaQuest understands the value of estate recovery activities and possesses. We will support the State's estate recovery efforts as directed by the Agency. Our leadership team will have ongoing meetings and communication with the Agency to ensure compliance.
Iowa Health Link Managed Care Organizations (MCOs)	DentaQuest has already reached out to each Iowa Health Link MCO. We will work together to engage in outreach and dental care programs for their Membership. Please also see our response to SOW Section A.31 for more detail on how we plan to engage with the MCOs.
I-Smile Coordinators	Please see our response to SOW Section A.31 for more detail on how we plan to engage with the I-Smile Coordinators.

## MEDIA CONTACTS (A.18)

Suppose the media, an individual, or other entity unrelated to the Agency's IDWP and Hawki Dental program contacts DentaQuest for information or to give an interview applicable to our Iowa Contract. In that case, we will refer that request to the Agency following our media protocols and aligning with Agency requirements. DentaQuest's Corporate Communications team maintains PPM regarding media interactions in our procedural document.

Our defined process prohibits representatives and employees of DentaQuest from speaking to the media and instructs them to refer the requestor to our Corporate Communications team. The Corporate Communications team will work with our Iowa-based DentaQuest leadership team to direct those inquiries to the Agency and request express consent from the Agency before any media interview.

## WRITTEN POLICIES AND PROCEDURES MANUAL (A.19)

DentaQuest will comply with the Agency's written Policies and Procedures Manual (PPM). Policy areas will include, but not be limited to:

- Dental Health Plan Member and Provider communications
- Grievances and Appeals
- Dental Health Plan Member services and outreach
- Provider management
- Program integrity and compliance
- Quality improvement
- Utilization management
- Financial reporting and monitoring
- Information technology, including claims management, encounter data, and enrollment information management

As a result of change dynamics and regulations guiding the program, updates to existing or the creation of new PPM may be necessary. Our processes for adapting existing policies and

developing new approaches to fulfill the responsibilities of the Contract are as follows and have been fully customized to dental program requirements.

**Step 1: Initial Assessment of Foundational PPM and Updates by Policy Owner**

**Timeline: 20 days**

Upon commencement of implementation activities with the Agency, all operational Policy Owners (a designated individual within each of our departments) will be responsible for reviewing existing PPMs against the Agency's Dental Program requirements.

Almost all our foundational PPMs align with new Contracts as these Contracts tend to rely heavily on the CMS Code of Federal Regulations (CFR). DentaQuest will capture State-specific requirements and nuances in an exhibit to the primary PPM.

Please refer to Figure 17-A. The first screenshot in this Figure showcases a snippet of our main policy on authorization review. The first several pages of this PPM describe in detail how we perform authorization reviews. The second screenshot shows the page containing a list of custom exhibits by state or MCO client. And finally, the last screenshot provides an example of customized requirements for our contract with the State of Tennessee.

Figure 17-A: PPM samples

UTILIZATION MANAGEMENT	<b>DentaQuest</b>			
	<i>Policy and Procedure</i>			
	Policy Name:	Authorization Review	Policy ID:	UM08-INS
	Approved By:	Angela Metzger, VP, Utilization Management	Origination Date:	7/13/1997
	States:	All States	Last Revision Date:	7/23/2020
Application:	All lines of business	Effective Date:	5/14/2020	

**PURPOSE**  
To create a policy based on the premise that the basis for granting or denying approval is based on medical necessity according to the definition and Utilization Management standards specified by the Plan, CMS and NCQA accrediting bodies.

**POLICY**  
It is DentaQuest's policy that services that require medical necessity review are reviewed by licensed professionals within its Utilization Management (UM) Department. Providers may submit requests as a prior authorization or prepayment review where appropriate and as defined within the Office Reference Manual, with the exception of orthodontics services. As DentaQuest permits all providers to obtain prior authorization, non-emergency treatment started prior the UM Review is at the financial risk of the provider's office and may not be charged to the member unless balance billing is allowed by regulation. Where urgent or emergent services are necessary, defined as those services necessary to treat pain, swelling, infection, uncontrolled hemorrhage, or traumatic injury or what a prudent layperson, possessing an average knowledge of health and medicine, to believe that immediate care is required, the DentaQuest encourages the provider to treat the member and submit a completed claim and any necessary documentation marked for "Prepayment Review". The company does not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or condition of the enrollee. DentaQuest encourages providers to perform services in an office-based setting and not via an Emergency Room visit.

Snippet from Authorization Review PPM

- EXHIBITS**
- Exhibit A – Illinois Medicaid
  - Exhibit B – Virginia Magellan
  - Exhibit C – Texas Medicaid
  - Exhibit D – Texas CHIP
  - Exhibit E – Tennessee
  - Exhibit F – TennCare
  - Exhibit G – Connecticut
  - Exhibit H – Michigan
  - Exhibit I – Maryland
  - Exhibit J – Florida
  - Exhibit K – Kentucky
  - Exhibit L – Arizona
  - Exhibit M – Florida: SimplyHealth
  - Exhibit N – Washington Medicaid
  - Exhibit O – Michigan – Blue Cross Blue Shield Commercial Plans
  - Exhibit P – Colorado CHP
  - Exhibit Q – Kentucky Medicaid Managed Care
  - Exhibit R – Missouri Medicaid – WellCare
  - Exhibit S – Michigan-Blue Cross Blue Shield Medicaid Healthy Kids

List of Exhibits for state/MCO specific requirements

- Exhibit E – Tennessee**
- Prior approval will not be required for referrals from the Public Health Screening Program, Primary Care Physicians, and for preventive services.
  - DentaQuest allows fourteen (14) calendar days from the received date for the Providers to submit additional information. If the additional information requested from the Provider is not received within the fourteen (14) calendar day timeframe, the services will be denied out administratively citing prong (b) of medical necessity for the missing information if it's not received timely.
  - Notification for all preservice decisions is mailed or otherwise communicated to the Provider and member within two (2) business days of receipt of the request and the receipt of all information necessary to complete the review.
  - Any additions to or revisions of clinical criteria are communicated to the providers. Providers are given written notice of the change. The details are also added to the Office Reference Manual (ORM). The information is also updated on the provider portal. This is completed no less than sixty (60) days prior to the change.
  - The Senior Dental Officer or Dental Consultant(s) are the only individuals with the authority to render adverse determinations based upon medical necessity and/or appropriateness of service or level of care.
  - The criteria used to determine medical necessity is published in the Provider Office Reference Manual and available on the online provider portal. DentaQuest provides to either the Member or Provider, upon request by telephone or letter, a copy of the review criteria utilized in benefit determination.

Sample Exhibit showcasing specific State requirements

If modifications are indicated based on a review of the Agency Dental Contract, the Policy Owner will initiate the necessary policy language changes, with input from the Compliance and Legal departments. If DentaQuest does not have an existing, relevant PPM, the Policy Owner will initiate its development, again with input from the Compliance and Legal department.

## **Step 2: Submit to the Agency for Review and Approval**

### ***Timeline: 45 days following the execution of the Contract***

Upon completion of revisions to the PPMs, DentaQuest will submit a draft PPM to the Agency for review and approval following the execution of the Contract unless directed otherwise by the Agency. We understand that the Agency may require DentaQuest to modify or add information to our drafts as part of the Readiness Review Process. DentaQuest will incorporate these edits into the draft within the specified timeframes provided to us by the Agency and resubmit for final review and approval.

## **Step 3: Executive Review and Approval**

### ***Timeline: No more than six days***

Once the Agency approves our draft PPMs, the **Executive Approver** reviews the relevant operational area. For example, the Dental Health Member Services Director will serve as the executive approver for all PPMs related to Contact Center and Customer Service. Upon approval, the written PPM is considered effective and published. Policies are stored and edited fully within the policy management system. The “last approved version” is visible to employees until executive approval is received on updated policy language when the updated policy is published and becomes the policy of record. Policies are considered effective/ implemented when administrative approval is complete.

## **Ongoing Policy Development, Refinement and Timelines**

During the Contract, whenever a new non-clinical operational process or an existing process is revised, an accompanying written PPM will be developed according to the method described above and submitted to the Agency for approval. We also recognize that the Agency may provide input on our PPMs as part of Contract oversight tasks. We will be responsive to all input and adjust PPMs as appropriate within the timeframe provided by the Agency.

DentaQuest's Corporate Compliance Committee will meet quarterly and review all PPMs in each operational area annually during our fourth quarter Committee meeting. The annual review takes approximately 90 days to complete, providing an effective date of January 1 of the upcoming calendar year. Following Committee approval, updated PPMs are saved in the Company's document management system, and notification is sent to all operational staff that the current policy language is published. We will record the revised policy's effective date on the PPM to signify Corporate Compliance Committee approval and note in the Committee meeting minutes and the policy history.

Our Compliance department ensures continuing compliance with applicable federal and state laws, rules, and regulations, as well as internal PPM and applicable requirements of the underlying state Medicaid agency contract.

## **CONTRACTOR DEVELOPED MATERIALS (A.20)**

DentaQuest will ensure that a Shared Resources Library is available to the Agency so that we may share all relevant Contract materials, such as written PPM and all public-facing documents. Materials will be available to the Agency throughout the Contract term and transition to the Agency after the Contract term.



**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 the Contract effective date

## PARTICIPATION IN READINESS REVIEW (A.21)

DentaQuest confirms that we will undergo and pass a Readiness Review process and be ready to assume responsibility for Contracted services on the Contract effective date.

Readiness Review is a standard component of DentaQuest's implementation project life cycle, and we are prepared to meet the requirements outlined in SOW Section A. **We have always met full compliance in a Readiness Review.**

In preparation for Readiness Review, each DentaQuest functional area will define specific criteria for operational readiness based on a review of the SOW and Contract and established DentaQuest standards. Shortly after the implementation kick-off, we will begin weekly internal meetings for the entire cross-functional team to prepare for Readiness Review. During these meetings, we assess progress on the tasks contained in the MCRD and identify and remediate any risks to meeting the operational Go-Live date.

During Readiness Review preparation and in execution of our implementation plan, we will produce documentation, including but not limited to IDWP and Hawki Dental programs specific policies and procedures, specified by the Agency or its designees to assist them in conducting the review and confirming our capabilities to assume operational responsibilities on the Contract effective date. As part of implementation, we will configure Windward to execute business logic based on the Iowa specific information in the MCRD for the IDWP and Hawki Dental programs. The testing phases of implementation will exercise the Iowa specific configuration and confirm it is functioning properly. We will provide test results demonstrating that Windward is ready to conduct business in alignment with the IDWP and Hawki Dental programs requirements.

During the Readiness Review, we will make key staff available on the dates and times specified by the Agency to support the Readiness Review, including those needed to demonstrate systems readiness including Iowa specific configurations. We will respond timely to all Agency, or Agency designee, requests for information.

### **DentaQuest's Implementation Plan Will Drive Operational Readiness**

We tailor our well-honed Implementation Plan (draft Iowa plan located in Exhibit 2) to each client's specific requirements, resources, and timeframes, and we assign dedicated, local resources to oversee its implementation. We recognize that the Agency's time and resources are valuable, so we support your team at every step, with as much advanced notice as possible when Agency resources and input are needed. We anticipate and plan for the unexpected, addressing emerging risks quickly and thoroughly. We establish and maintain regular communications so that internal or external barriers are removed, and we pave the way for successful implementation and readiness review. Our experience and the examples we provide demonstrate that we can successfully use our implementation process to meet specific state needs.

DentaQuest is submitting its draft implementation plan as part of our RFP response submission. This plan is developed based on our experience successfully implementing over 500 dental

programs combined with SOW requirements. DentaQuest uses processes and tools, including Microsoft Office Project, an industry-standard tool, to develop a preliminary implementation plan, and to then maintain it throughout the implementation period. We are confident that the implementation plan identifies the necessary tasks, staff responsibilities, and timelines to result in a timely determination of readiness; and that our implementation processes used in conjunction with the implementation plan will effectively monitor execution of implementation and operational readiness tasks.

DentaQuest agrees that our implementation plan is subject to Agency review and approval. Our New Business Implementation Project Manager will maintain and update the implementation plan as needed to reflect progress and new discovery and will submit a revised implementation plan as part of the Readiness Review. The following content summarizes key components of our implementation plan and processes.

**Implementation Tasks (i)**

One of the most crucial implementation tasks is the development of an Iowa specific MCRD. The MCRD identifies all policies, procedures, documents, and systems requirements for successful DBA operations as specified in the SOW and through SME focus discussions. Once developed, we use the MCRD to guide all aspects of readiness ranging from configuration and testing of systems to development of our Member and Provider facing materials. We follow a standard approach to implementing each task in the MCRD that emphasizes requirements gathering, preparation, documentation, and testing in distinct phases

Figure 18-A provides a summary of additional key implementation tasks and our approach to completing them. Our draft implementation plan provides additional detail.

Figure 18-A: Key Implementation Tasks and Approach

Key Task	Critical Tasks and Approach to Tailor Systems, Staff Responsibilities, Policies, Processes, and Document
Hiring, contracting, onboarding, and training of staff	<ul style="list-style-type: none"> <li>• Identify hiring needs based on the Agency Contract requirements and estimated incremental staffing needs following the Hiring and Staffing Plan</li> <li>• Recruit and select employees, documenting progress in the Recruitment Scorecard</li> <li>• Conduct applicable reference and background checks, including exclusion screening</li> <li>• Finalize job descriptions, performance management processes, succession planning, and leadership development tasks in compliance with State and federal laws</li> <li>• Conduct new employee orientation and onboarding, Contract awareness training for existing employees, and ongoing periodic training</li> </ul>
Provider contracting, training, and support	<ul style="list-style-type: none"> <li>• Develop an Iowa Network Development and Management Plan, customized to specific network requirements, incorporating work plan documents, policies, and procedures tailored from our base library, such as:               <ul style="list-style-type: none"> <li>○ Contact logs and recruitment outreach tracking and analysis</li> <li>○ Geo-access reporting and periodic Provider network analysis reports</li> <li>○ Annual Provider and appointment access survey tools and results tracking</li> <li>○ Executed Provider contracts</li> <li>○ PCP assignment and monitoring</li> <li>○ PPM addressing network access and availability, Member placement, access to in- and out-of-network dental services, and multi-use web-based and printed Provider directories</li> </ul> </li> <li>• Use NCQA-certified PPM for credentialing and re-credentialing</li> </ul>

Key Task	Critical Tasks and Approach to Tailor Systems, Staff Responsibilities, Policies, Processes, and Document
	<ul style="list-style-type: none"> <li>• Tailor our Provider Manual base template to Iowa as a comprehensive document containing information Providers need to engage Members and successfully deliver care, such as practice guidelines, claim administration, UM, compliance, and benefits</li> <li>• Customize our Provider Training, Education, and Technical Assistance Plan that can be delivered online or in-person by our Provider Relations Representatives on topics that include key administrative processes, available tools and resources along with clinical criteria to evaluate medical necessity, Provider guidelines, and obligations</li> </ul>
Case Management hiring and onboarding	<ul style="list-style-type: none"> <li>• Identify hiring needs based on the Agency Contract requirements and estimated incremental staffing needs in accordance with the Hiring and Staffing Plan</li> <li>• Recruit and select employees, documenting progress in the Recruitment Scorecard</li> <li>• Conduct applicable reference and background checks, including exclusion checks</li> <li>• Update and train Iowa-focused team Members on Case Management requirements and departmental procedures, supports for SHCN or Limited English Proficiency, Member assignment, prior authorization, and medical necessity</li> </ul>
Information systems updates and testing	<ul style="list-style-type: none"> <li>• Collaborate with the Agency to interface with MMIS around:               <ul style="list-style-type: none"> <li>○ FTP-based file transmittals</li> <li>○ 834 Enrollment file and 270/271 Eligibility files</li> <li>○ 837 Dental Encounter file and</li> <li>○ 837 Health Care Dental Claim ANSI X12N 5010A1 format</li> <li>○ .csv claims dental invoice file</li> <li>○ Interface Management and Reconciliation Plan</li> <li>○ ASC X12 Type 3 Technical Reports and Companion Guides</li> </ul> </li> <li>• Tailor Provider and Member portals, with the ability for Providers to enter claims and see payment status and Members to see claims</li> <li>• Implement information security risk assessments and plans for electronic system performance and data</li> <li>• Disaster Recovery and Business Continuity Plans, including new location</li> </ul>
Policy and procedure adjustment or development	<ul style="list-style-type: none"> <li>• Tailor existing operational PPM for all clinical and operational areas, including performance standards, clinical criteria and algorithms, departmental procedures, scripts, staffing models, and quality monitoring</li> <li>• Prepare Iowa-specific training materials for staff and conduct training on Iowa demographics and Contract requirements specific to each function</li> <li>• Tailor reporting templates and schedules to meet Contract requirements</li> <li>• Upgrade and tailor business continuity plans for critical functions</li> </ul>
Materials develop for Providers and Members	<ul style="list-style-type: none"> <li>• Create a checklist of requirements for the Provider Manual and Member Handbook</li> <li>• Modify our base documents from other Medicaid markets to create Iowa specific documents that account for each item on the checklist</li> <li>• Update and add specific language to base documents to customize for the Iowa program, using language drafted by Marketing, the Quality department, and clinical resources if clinical expertise is needed</li> <li>• Customize marketing materials to Iowa, using best practices in ethical and effective marketing campaigns for print, television, and web-based advertising</li> <li>• Design and format drafts for Agency review and approval before production releases</li> <li>• Update and tailor Member Welcome materials and call scripts</li> <li>• Tailor our existing appointment reminders for Iowa, including call scripts, text</li> </ul>

Key Task	Critical Tasks and Approach to Tailor Systems, Staff Responsibilities, Policies, Processes, and Document
	<p>scripts, prescription pads, and postcards</p> <ul style="list-style-type: none"> <li>• Confirm Agency goals for Member outreach and tailor Member outreach materials, such as dental health education fliers, brochures, event materials, and newsletters; wellness materials for target populations; and our Oral Health Matters educational fliers</li> </ul>

### Implementation Staff Responsibilities (ii)

DentaQuest's Iowa CEO will serve as DentaQuest's designated staff member to facilitate and oversee our successful implementation. Support is in place for the CEO by an experienced New Business Implementation Project Manager, who will lead the implementation using three core teams, an approach used successfully in other states:

- Strategic project direction and governance by a joint DentaQuest and Agency leadership team
- Project team leadership and support from the DentaQuest New Business Implementation department
- Cross-functional SMEs from DentaQuest's and the Agency's technical and operational areas
- SMEs from across each operational department partner with the Implementation team to ensure all aspects of the project relevant to their area are inventoried, tracked, and managed to the highest degree of quality for a seamless implementation

Our New Business Implementation team has implemented over 500 dental programs and products. They have managed implementations of every size and type, including Medicaid and CHIP contracts directly with state agencies and MCOs. In every market we serve, we have implemented a successful start-up transition without disruptions in Member care and have continued to successfully add new Members as they become eligible or as covered populations change.

Additionally, DentaQuest forms two teams that work together to ensure coordination across functional areas, testing, and verification of interdependencies and to focus on specific areas of implementation. The **Technical team** focuses on information technology, such as data exchange interfaces and integrated systems operations. The **Operations team** focuses on operational and business functions such as claims processing, reporting, and Member Services. Together, these teams address all implementation tasks.

Our implementation plan identifies staff accountability for all tasks included in the plan. Our New Business Implementation Project Manager and team remain engaged in program management until all tasks are confirmed, and the initiation of monitoring occurs.

### Implementation Timelines (iii)

We will comply with all implementation requirements and tasks to prepare for the Readiness Review we expect to occur roughly 120 days before the initial enrollment period.

**Our implementation plan will include a schedule for task completion that accomplishes completion of the required tasks to support conduct of Readiness Review 120 days before initial enrollment begins.** The implementation plan schedule will include start and finish dates, and dependencies, for all implementation tasks. Our New Business Implementation Project Manager will facilitate monitoring readiness for task start, task progress and status, and task completion. Any variance from the timeliness is reviewed for impact and mitigated to ensure no risk to readiness and implementation.

## Implementation Processes (iv)

DentaQuest's implementation processes have been tested and proven to ensure we are ready to begin providing Contracted services on the Contract effective date in compliance with all a client's requirements. The following content highlights some of the key implementation processes we rely on to ensure success.

### ***Establishing and Using Project Management and Reporting Standards***

DentaQuest's New Business Implementation Project Manager and DentaQuest's Iowa CEO will oversee implementation and ensure disciplined project management and execution of the implementation plan. As part of implementation kick off, they will ensure that DentaQuest and the Agency identify project contacts including contacts with other IDWP and Hawki Dental program Contractors; establish communication protocols with the Agency; review refine and approve the implementation plan; and clarify expectations for the content and format of specific Contract deliverables.

We propose twice-weekly collaborative meetings between DentaQuest and the Agency, supplemented with as-needed check-ins with the New Business Implementation Project Manager to support timely communication. We also conduct weekly IT subcommittee meetings with Agency IT SMEs to define requirements around eligibility data, encounter file data, claims, open authorizations, clinical history loads required, and other data exchanges. We will also use this meeting to track development and testing. During scheduled meetings, we will provide updates on implementation progress; review risks and issues and mitigation tasks; and discuss the strategic project and program direction to identify and implement changes when needed.

### ***Preparing for and Participating in Readiness Review***

As mentioned earlier, Readiness Review is a standard component of DentaQuest's implementation project life cycle. We will work with the Agency to defined criteria for operational readiness and develop Iowa specific documentation and test results and demonstrations to provide to the Agency or its designee as part of Readiness Review approximately 120 days prior to the Contract effective date.

### ***Preparing to Support Continuity of Care for Members and Providers***

During implementation and transition, DentaQuest ensures we gather the needed data to support continuity of care for Members and Providers during the transition. The following implementation processes are designed to support that continuity:

- Identify all existing courses of treatment to honor them
- Identify all existing prior authorizations for covered services to honor them
- Invite Provider who have seen or are seeing our Members to join our network if they have not already
- Establish single-case agreements with Out-of-Network Providers who have seen and are seeing our new Member to allow that Member/Provider relationship to continue through a course of treatment
- Assisting Members in identifying a new Provider with consideration of cultural and linguistic needs, other preferences, and Member choice

### ***Respecting Agency Resources***

DentaQuest is always sensitive to the fact that clients' time is precious and there are competing demands on their time and availability. We also know that we do require assistance from clients to successfully understand and implement their programs and requirements. We strive to make



the process as streamlined as possible to minimize demands on clients' time and resources, and as effective as possible by collecting and validating the right information.

We know that we will require assistance from the Agency to:

- Review and provide feedback on the draft Implementation Plan
- Commit to responsibilities, tasks, and timelines outlined in the Implementation Plan
- Make sure appropriate resources are available to review draft deliverables submitted by DentaQuest for review and approval
- Make appropriate resources available to participate in interface development and testing

To get this critical input from the Agency, we will make the process as predictable and straightforward as possible by:

- Maintaining shared project materials that highlight real-time progress and next steps
- Scheduling tasks in advance and sticking to the schedule
- Providing clear, consistent, and timely requests that allow Agency team members to prepare materials, data, and input in advance
- Providing the Agency with documentation and the opportunity for approval
- Providing options, alternatives, and best practices for Agency to review rather than create
- Documenting and communicating risks and issues in real-time

### ***Mitigating and Avoiding Risks and Barriers***

DentaQuest's New Business Implementation Project Manager maintains strict oversight over risks and issues that arise during the implementation process. Using regular internal DentaQuest communications, including status meetings, checkpoints, and team reporting, the New Business Implementation team identifies risks and issues. These are discussed during the status checkpoint meetings and documented in the DentaQuest risk and issues log. We will escalate risks and issues categorized as "medium" severity or higher to organizational leadership. Our governance and risk communication process incorporates the following:

- Evaluation and ranking of risks, including identification dependencies on other critical tasks
- Assignment to appropriate parties for mitigation or remediation
- Identification of contingency plans
- Monitoring and reporting of issue resolution and risk status and risk response status

### ***Conducting End-to-End Testing***

Our response to SOW Section K, Health Information Systems and Member Data, describes our standard Software Development Life Cycle that includes testing prior to production release of any new technical requirements, including the release for implementation. A standard Windward release will have software quality assurance (SQA) regression testing, SQA testing, User Acceptance testing, and Performance testing before approval to release to production. This includes end to end testing with upstream and downstream data exchange partners to ensure the file exchange mechanisms work, and that the data being exchanged is as designed and any functions triggered by receipt of data are performance as planned.

During Readiness Review, DentaQuest will provide documentation of end-to-end testing completion, and demonstrate system functionality as requested by the Agency. DentaQuest systems used for demonstration during Readiness Review will mirror the final Iowa production systems.

### ***Testing Provider Claims***

DentaQuest agrees to conduct Provider Claims testing with all Provider types for a minimum of three months unless otherwise approved by the State.

**Onboarding and Using Staff during Readiness Review Who Will Support Operations**

DentaQuest will hire and onboard staff during the implementation phase so that they can participate in Readiness Review and continue supporting the IDWP and Hawki Dental programs during the Contract effective period. We will hire appropriate staff and have them in place prior to Readiness Review to allow proper distribution of policy and technical information shared by the State.

DentaQuest will ensure staff who are responsible for implementing and operationalizing the Contract attend onboarding sessions to allow proper distribution of policy and technical information shared by the State. Additionally, our implementation plans ensure that such relevant knowledge is passed along from the implementation staff to ongoing operations through documents such as the PPM and the MCRD.

**Maintaining a Dedicated Resource Library for Implementation and Readiness Review**

DentaQuest will create and maintain a SharePoint collaboration site that will perform as a dedicated resource library where we will store and maintain documentation associated with implementation and for Readiness Review. We will make the site available to designated Agency staff. We will propose a site structure for Agency approval that includes space for project management artifacts such as the implementation plan and status reports, for project deliverables, and for artifacts subject to review as part of Readiness Review.

**Successful Completion of Readiness Review**

Since 2018, DentaQuest has participated in Readiness Reviews for state Medicaid dental programs in Colorado, Florida, New Hampshire, Louisiana, Michigan, Tennessee, Texas, and South Carolina. We are also actively engaged in Readiness Reviews for Virginia and Oklahoma.

As stated, we have never failed a Readiness Review that prevented us from moving forward with a contract.

**Example 1: Successful Readiness Review for Florida State Medicaid in 2018**



DentaQuest participated in an extensive Readiness Review process with the Florida Agency for Healthcare Administration (AHCA) beginning in July 2018. The process included both a desk and onsite review. AHCA’s Readiness Review encompassed several areas, including:

- Negotiated Items
- Member Materials & Services
- Coverage & Authorization of Services
- Care Coordination/Case Management
- Grievance & Appeal System
- Provider & Network Services
- Claims & Provider Payment
- Quality
- Administration & Management
- Information Management & Systems
- Program Integrity
- Financial

DentaQuest supplied a conservative estimate of 500 documents, including but not limited to, Policies and Procedures Manual, Standard Operating Procedures, Work Plans, and Process Workflows through the Readiness Review period. The onsite review took place on October 4-5, 2018. AHCA identified only **10 minor areas of deficiency**. There were no fully functional areas that failed. AHCA dictated the remediation actions to DentaQuest, primarily of revising existing or drafting new PPM. DentaQuest submitted its corrections by the due date of November 5, 2018, for review and ultimate approval.

**Example 2: Successful Readiness Review for Texas State Medicaid and CHIP in 2020**



DentaQuest was re-awarded the Texas Medicaid/CHIP contract through competitive procurement and seamlessly implemented the new contract in September 2020, upgrading systems to meet new requirements and improving operational processes.

The Texas Health and Human Services Commission (HHSC) led the Readiness Review from January to August 2020. The Readiness Review encompassed all areas of DentaQuest, including systems, deliverables, file exchanges, and its policies governing:

- Finance, Legal, Compliance, Grievances and Appeals
- Information Systems, Technology, & Security
- Claims & Authorization Processing
- Provider & e-Services, including the Contact Center

**They found no review items or categories to be deficient, non-compliant, or requiring remediation as part of the review.** We worked with HHSC to edit and adjust various items during the review process to meet HHSC approval after the review process. We completed the required adjustments collaboratively through our thorough documentation of MCRD requirements and structured communications process. HHSC reviewed over 80 documents, deliverables, and systems during the Readiness Review, and none required a CAP.

**RESPONSE TO STATE INQUIRIES & REQUESTS FOR INFORMATION (A.22)**

DentaQuest understands that the Agency may request financial or other information. We will fully cooperate with such requests, disclose all applicable financial or other information, and we will not withhold information from the Agency as proprietary. We understand that the Agency will not disclose our confidential information without our prior written consent except as required by law. In such cases, we will provide a detailed legal analysis to the Agency, with the specific reasons the information is confidential and the harm or injury that would result from disclosure.

DentaQuest’s dedicated Iowa Client Partner will handle agency requests and inquiries and work with appropriate internal departments/resources to manage and ensure all requests get addressed on time.

**STAKEHOLDER EDUCATION (A.23)**

DentaQuest will develop a formal process for the ongoing education of stakeholders before, during, and after the implementation of the Contract. Our approach to stakeholder education includes the following components:

**Providers.** DentaQuest intends to begin a robust training and education program several months before implementation to ensure that Providers understand the dental program for Iowa. DentaQuest also provides training and education during and after the implementation of the Contract. We also offer training and education consistent in a manner that accommodates Providers’ busy practices, different learning styles, geographic constraints, and preferences. Therefore, our training and education are available via:

- In-person: office-based and community or group settings
- Virtual webinars and self-directed online training through the Provider Portal

- Printed and electronic materials, via email, mail, or fax, with access to the Provider Manual (inclusive of billing instructions), and the DentaQuest Provider Newsletter for regular updates

DentaQuest will employ a **Comprehensive Provider Training Program** for Iowa divided into four components: 1) Program Launch; 2) New Entity Onboarding; 3) Ongoing and Special Topics; and 4) Targeted Technical Training.

**Advocates.** Before Program Launch, we will reach out to advocates and stakeholders, agencies, and associations that play a role in supporting dental care throughout Iowa. During Program Launch, we will engage and solicit their input on how to communicate and educate. After implementing the Contract, we will continue to educate and communicate about seminars, meetings, and community outreach events.

**Members and their families and caregivers.** Education about dental benefits and how to find Providers begins immediately following enrollment in our plan with Welcome Calls and continues at meaningful intervals according to the Member’s age, utilization history, and other characteristics.

DentaQuest will implement our New Member Welcome Program in Iowa to make sure our Members are aware of their dental benefits, understand how to access care, appreciate the importance of establishing a Patient-Centered Dental Home (PCDH), understand their rights and responsibilities, and are empowered to take an active role in managing their oral health or their child’s health.

The New Member Welcome Program includes disseminating information by **phone, text messaging, online**, and **mail** and begins immediately following enrollment to orient the Member and their family to DentaQuest, their benefits, and the importance of good oral health habits. Ongoing, we offer traditional printed materials, social media, and text message campaigns to communicate important oral health education messages to the Members and the general community.

Figure 19-A highlights key information Iowa Members will receive and identifies the specific communication methods we use to convey them.

Figure 19-A: Key New Member Educational Topics and Communication Methods

Educational Topic for New Members	Communication Methods				
	Call	Letter/ Handbook	Text Message	Website	Portal
DentaQuest’s contact information including address, toll-free phone number, and web site address		★		★	★
DentaQuest’s office hours/days, and availability of our toll-free help line		★			
Information on the availability of our 24/7 Dental Call Line and Teledentistry		★	★	★	★
Description of how to complete an oral health risk assessment	★	★	★	★	★
Purpose/importance of completing the oral health risk assessment	★	★	★	★	★
Description of our Case Management and Care Coordination Program		★		★	★
As applicable, cost-sharing information and how to ask questions about their obligation		★		★	★

Policies and Procedures Manual for obtaining out-to-network services and special benefit provisions		★			
Importance of establishing a Patient-Center Dental Home, and how to choose a Patient-Centered Dental Home Provider	★	★	★	★	★
Standards, expectations, and the importance of receiving preventive dental services	★	★	★	★	★
Information on our Value-Added Services		★	★	★	★
Procedures for changing contractors and circumstances under which this is possible		★	★	★	★
Procedures for making Grievances and Appeals along with recommending changes in policies and services		★		★	★
Information on how to contact the Iowa Medicaid Enrollment Broker		★		★	★
Information on alternative methods or formats of communication for visually and hearing-impaired and non-English speaking Members and how Members can access those methods or formats at no expense	★	★		★	★
Information and procedures on how to report suspected Abuse and neglect, including the phone numbers to call to report suspected Abuse and neglect		★		★	★
Contact information and description of the role of the Ombudsman		★		★	★
How to register for our Member Portal	★	★	★	★	

We will submit the Stakeholder Education Plan to the Agency for review and approval, as determined by the Agency.

### DISSEMINATION OF INFORMATION (A.24)

Upon the Agency’s request, DentaQuest will distribute information by the Agency or the Federal government to Members and Providers as appropriate. DentaQuest distributes more than 6 million Member communications annually.

In addition to receiving important information by mail, Members and Providers may access pertinent information via the Member and Provider Portals.

### FUTURE PROGRAM GUIDANCE (A.25)

DentaQuest will comply with current and future program manuals, guidance, and PPM, at no additional cost to the Agency. Our locally based Compliance team, led by our Compliance Officer, ensures compliance in current and future states. They support internal teams through issue resolution and implementing Contract changes as applicable. We will make future Contract modifications that significantly impact our responsibilities through the Agency’s Contract amendment process. However, first DentaQuest would engage the project management team to solve the significant operational change and provide a dedicated project manager to lead the effort for implementation.



**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.

## MATERIAL CHANGE TO OPERATIONS (A.26)

DentaQuest's philosophy regarding operations is one of transparency. Through experience, we have learned that material changes within the operational function can occur at any point within the Contract and must be acknowledged and documented properly. To do so, DentaQuest has policies and procedures in place to guide our operational leaders on steps to take if they sense a material change is forthcoming and/or necessary. There are characteristics of operational material changes that the team is well-versed in recognizing.

### Defining a Material Change

To begin, with a material change is a significant change in a situation or condition that can affect the legal agreement, Contract, Scope of Work, and/or the primary intention of the deliverable. Per SOW Section A.26, DentaQuest will use the following definition for this Contract: any change in overall business operations, such as policy, process or protocol which affects, or can reasonably be expected to affect, more than 5% of DentaQuest's membership or network and that a reasonable person would find to be a significant change. Material changes can occur in any area of the Contract, but in operations, this could range from the use or ownership of our proprietary operational system, Windward, to matters regarding customer service and care protocols. Service Level Agreements, IT platform changes, and/or the need for specialized technical resources are also examples.

There are several points along the Contract in which operational leaders may identify the need for a material change, including but not limited to: during final Contract negotiations; during the implementation phase including testing and readiness review; and during the operational phase.

### Identifying the Material Change

Typically, material changes begin with verbal or written indicators as both parties are clarifying the details regarding needs, outcomes and program deliverables. Operational leaders are experienced and trained to immediately escalate the perceived material change to the senior leaders of the account (in this case, Iowa CEO, COO, Compliance Officer, and other senior leadership.) The senior team will assess the potential change and render a decision on whether it is, in fact, a true material change. If so, the team will begin documentation on how the change is outside of the agreed to scope, and how the change will have significant bearing on previously agreed to timelines, cost and/or resource allocations.

### Notifying the Agency of the Material Change

DentaQuest will notify the Agency as soon as feasible of any material changes, but no later than 60 days prior to the planned change. In all cases, DentaQuest's Iowa CEO will provide the Agency with a written notice containing the following:

- Information regarding the nature of the change
- The rationale for the change
- The proposed effective date
- Sample Member and Provider notification materials

As appropriate, options on new costs, timelines and resources will be presented and discussed. Once agreed to, as a final step, a change order is developed. Both DentaQuest and the Agency will have ample opportunity to discuss the material change, and agree on whether or not to

proceed. DentaQuest acknowledges that the Agency reserves the right to deny or require modification to proposed material changes if it is determined, at the sole discretion of the Agency, that such change will adversely impact Quality or Access.

### Communicating the Material Change to Members and Providers

We agree to communicate any material changes to our Members and/or Providers at least 30 days prior to the effective date of the change.

## CONTACT CENTER PERFORMANCE METRICS (A.27)

DentaQuest tailors our operations and policies to meet each state’s unique Contract requirements, including reporting and quality. DentaQuest will adhere to the performance metrics in compliance with SOW Section A.27 for the state of Iowa.

Figure 20-A displays how we performed in 2022 for the Medicaid program in Massachusetts, which requires similar performance metrics as Iowa.

Figure 20-A: DentaQuest’s Contact Center Performance for MassHealth Dental Program

Iowa Member Services Helpline Metrics	DentaQuest’s Performance in 2022
Total Number of Calls	60,579
Abandonment Rates < 5%	1.2%
Service Level 80% for Incoming Calls	90%
95% of telephonic inquiries within 2 business days	98.7%
Acknowledgement of receipt of non-telephonic inquiry within 1 business day	100%

DentaQuest is not held to performance standards nor required to report on the following measures for Massachusetts but will do so for the Iowa IDWP and Hawki Dental programs.

- Respond to all urgent requests within 4 hours
- Respond to non-telephonic inquiries within 2 business days
- Final resolution of 100% of inquiries within 5 business days
- Issue response to member billing inquiries within 20 business days

## QUALITY OF RESPONSES AND DELIVERABLES TO THE AGENCY (A.28)

DentaQuest has 30 years of experience complying with state-level managed care-related reporting and disclosure requirements, including reporting formats, submission procedures, and timely and accurate submission of reports. We are a data-driven organization that provides required reports to our clients and uses data and analytic capabilities to improve our performance. We understand the Agency’s reporting needs relating to IDWP and Hawki Dental programs and are prepared to meet the SOW requirements with a library of customizable system-generated and manually produced reports.

DentaQuest couples a thorough software development lifecycle approach to report design with attention to quality control during production to generate accurate, complete, timely, and useful reports and data submissions. We recognize our obligations to certify the accuracy, completeness, and truth of the data, documentation, and information we submit to the Agency. Our Point of Contact will ensure the accurate and timely submission of reports.

Accurate reports and data submissions begin with thorough documentation of requirements. During implementation, our Client Data Management team and Business Analysts will work with the Agency’s technical and operational SMEs to build business and technical requirements that

lay out data sources, calculations, and presentation formats for each required report. We will gather, validate, and test all reporting requirements outlined in the Contract with the Agency's direction. All reports will undergo rigorous testing to ensure data is accurate and complete before production release. During implementation, we will also validate the delivery timeline for each report and establish a schedule that allows for internal review before submission.

DentaQuest's dedicated team of Report Analysts generates reports before the due date to allow for quality review. Data is loaded into our enterprise data warehouse so we can report on data quality after it's cleaned and staged for reporting. This internal quality control process ensures standard or ad hoc reports respond to specific requirements accurately and thoroughly, are logically organized and uniformly formatted, and do not have spelling or grammatical errors. We also use a system of internal quality controls for electronic data transmitted to clients and all related reporting. We use QuerySurge, a third-party tool, to validate the data quality and perform triangulation of this data against our claims adjudication source, Windward.

We can produce both system-generated and manual reports to maximize efficiency and effectiveness for the Agency. DentaQuest uses various tools to achieve high-quality reporting solutions and collects data from any sources aggregated and analyzed in Windward, the data warehouse, and our third-party data sets. This combined experience results in a comprehensive set of Iowa-specific reporting deliverables. At a minimum, the documents will be grammatically correct and in alignment with Medicaid program rules and regulations.

## COVERAGE AREA (A.29)

DentaQuest agrees to provide services for the entire State of Iowa.

## PERIODIC REVIEWS OF ELIGIBILITY (A.30)

DentaQuest acknowledges that the Agency will periodically review each Member's circumstances to establish their continued eligibility to participate in the IDWP and Hawki Dental programs.

## ENROLLED MEMBER ENGAGEMENT (A.31)

DentaQuest understands that members may need a wide range of support to ensure they are successfully complying with treatment plans and receiving regular preventive care – and that level of support will vary from Member to Member.

To maximize our impact and reach, DentaQuest leverages internal teams and other external partners to ensure such compliance. Figure 21-A beginning on the next page provides an overview of key internal teams, and Figure 22-A provides overviews of external partners and how we work with them.

Figure 21-A: Internal Teams that Promote Successful Compliance, Work with Key Organizations, Provide Member Education Activities

DentaQuest Internal Role	How they support Member Engagement	Description of Member Engagement Support Provided
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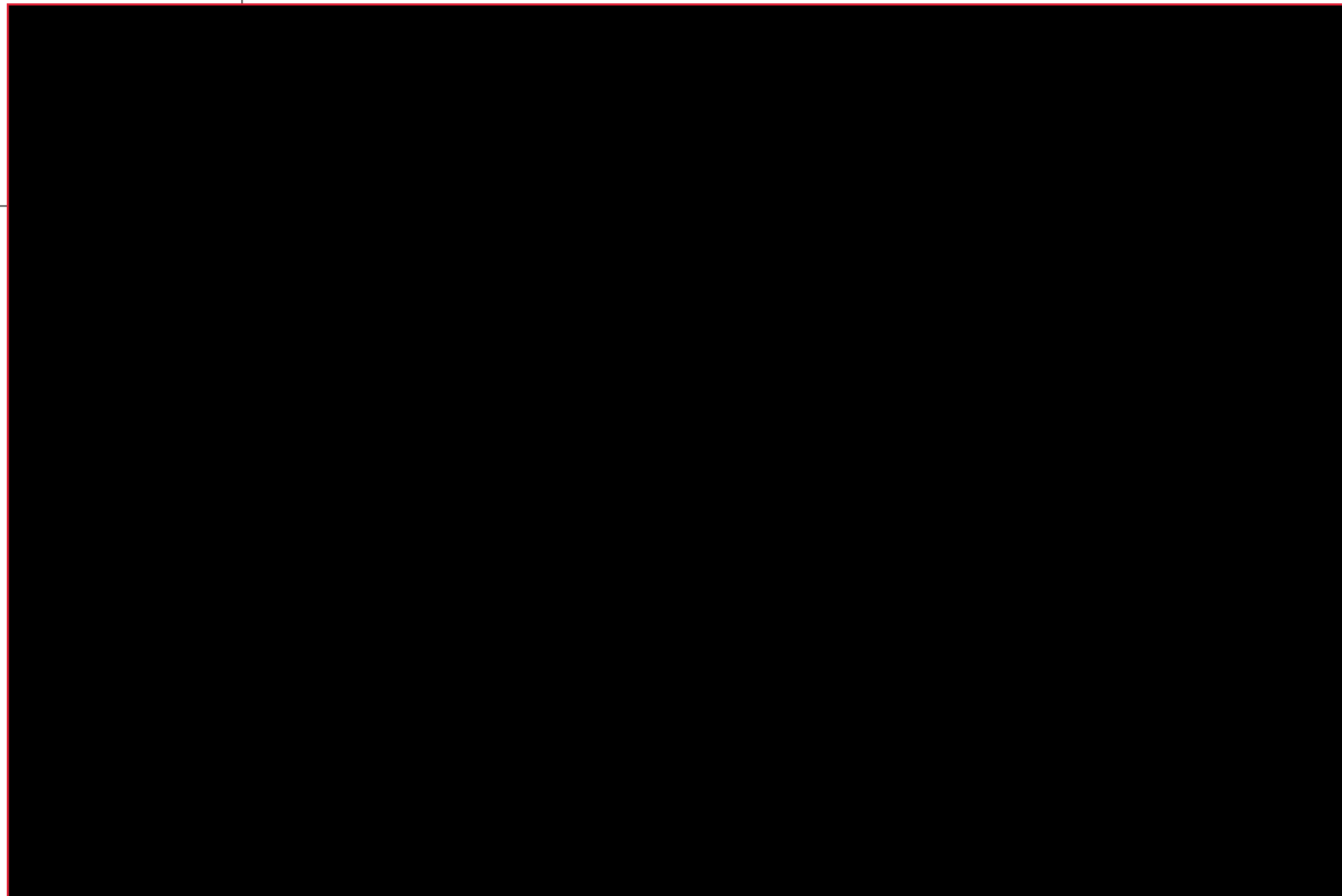



Figure 22-A: External Partners and Key Organizations that Promote Successful Compliance and Provide Member Education Activities

External Partner or Key Organizations	Ways that DentaQuest works with Partner/Key Organization to Provide Member Engagement Support, including promoting successful compliance with treatment plans and use of preventive care

Page contains confidential information



External Partner or Key Organizations	Ways that DentaQuest works with Partner/Key Organization to Provide Member Engagement Support, including promoting successful compliance with treatment plans and use of preventive care
	

External Partner or Key Organizations	Ways that DentaQuest works with Partner/Key Organization to Provide Member Engagement Support, including promoting successful compliance with treatment plans and use of preventive care
	

## MEMBER EDUCATION AND OUTREACH (A.32)

DentaQuest's mission is rooted in the belief that all Americans deserve oral health equity, born through equal access and use of high-quality preventive and treatment services. Good oral health is difficult to achieve if the Member or caregiver does not understand **why** maintaining good oral health is important and **how to access** dental care services.

Over the past three decades, we have seen firsthand how low oral health literacy contributes to both oral health and social determinants of health disparities.

To address this, we develop effective oral health educational programs. In fact, over the past three decades, our programs have provided education to millions of Americans enrolled in Medicaid and CHIP from coast to coast. When developing our programs, DentaQuest leverages the following best practices:

- Focuses on tailored communications and initiatives that honor and respect cultural dynamics within the population.
- Provide consistent and frequent messages through different communication vehicles and channels.
- Analyze data specific to our Member populations to understand better barriers to accessing oral healthcare.
- Leverage trusted community partners as an extension of our educational efforts. We believe that the more education our Members have – not just from DentaQuest, but also from their Patient-Centered Dental Home and community partners – the better their chances for a bright oral health future.

DentaQuest is here to help Iowa Members improve their understanding of their dental benefits and the importance of good oral health by implementing a comprehensive **Iowa Oral Health Literacy and Outreach Program**. Starting with onboarding new Members and throughout their enrollment with us, we provide Members with education and information to make sure they understand the following:

- Their dental benefits and how to access them, including covered services, value-added services, benefit limitations, and the services and supports available from DentaQuest
- The role of their Patient-Centered Dental Home Provider
- Recommended preventive dental care, including the periodicity schedule for those ages 0-20
- The importance of oral health, nutrition, and the relationship between oral and overall health

DentaQuest believes reinforcing important oral health reminders and educational messages through regularly scheduled activities must be balanced with a frequency that does not cause Member dissatisfaction or dilute the message. To maximize their effectiveness, we aim to coordinate messages with significant life events, including birthdays and back-to-school. In addition, we use data analytics to inform our outreach and education campaigns and help us target interventions where they will have the greatest impact. For example, we use heat mapping to identify the greatest need and where DentaQuest can make the aggregate opportunity for program improvement.

Additionally, DentaQuest is particularly sensitive to how language and culture can lead to barriers to care. We know that certain populations, such as Latinos, American Indians, and Black/African Americans, often experience such barriers and challenges with other social

determinants that can ultimately lead to health disparities. We take a thoughtful and customized approach to serving these higher-risk populations.

**Education and Outreach to Increase Preventive and Recall Services and Appropriate Utilization of Services to Maintain Oral Health (a, b)**

DentaQuest’s Oral Health Literacy Program will be inclusive of the following programs and activities designed to increase preventive and recall services, as well as the appropriate utilization of services to maintain oral health:

**Education and Outreach on the Availability of Dental Benefits and the Importance of Dental Care**

**Rationale.** The first critical step to improving oral health literacy is to educate Members on why oral health matters and what dental benefits are available to them as Medicaid or CHIP Members.

**Oral health education activities**

- **New Member Welcome Program.** As described in Section C, DentaQuest goes above and beyond to welcome and orient new Members on the availability of dental benefits, help them schedule their first dental appointment, and help them complete an Initial Oral Health Risk Screening.
- **Member Incentives.** We designed our Member Incentives to promote preventive dental care among children and adults through rewarding healthy oral health behaviors.
- **Providing oral health education at community events.** DentaQuest’s local outreach team will participate in and support community events across the state. In addition to providing oral health education and educational collateral (Figure 23-A), our team will help Members locate a dentist and provide oral health supplies to use at home.
- **Supporting the I-Smile School-Based Dental Care programs.** We aim to complement the existing infrastructure that I-Smile has developed for the state’s school-based program. We are skilled, have experience managing all aspects of school-based programs, and can provide different levels of support depending on each regional I-Smile Coordinator’s needs.
- **Gaps in care notifications and outreach.** Each month, DentaQuest generates reports to identify Members who are behind on the periodicity schedule. We use this information to contact Members by phone, text, and mail to remind them of the importance of regular preventive care and help them schedule a dentist appointment. Additionally, we will notify our IVR any time a Member is behind on their dental visit or calls our Contact Center that they are past due for care.

Figure 23-A: Sample Member Educational Piece



### Education and Outreach on the Importance of Keeping Dental Appointments

**Rationale.** Low oral health literacy shows a correlation to missed appointments. Additionally, missed dental appointments are a top driver of Medicaid Provider dissatisfaction nationwide.

#### Oral health education activities

During all Member touchpoints, DentaQuest will reinforce the importance of attending all dental appointments, or at minimum, call ahead to cancel 24 hours ahead of time. We will help Members identify barriers to care and help mitigate them, such as coordinating transportation on their behalf.

If a Member misses or breaks/cancels an appointment, Providers can submit a claim using CDT codes D9986 and D9987 to notify us of the missed appointments.

All Providers will be encouraged to participate in this program. DentaQuest will generate a weekly report identifying all broken appointments and conduct outreach to Members who missed an appointment. Our scripting reiterates the importance of keeping their appointment or calling to cancel at least 24 hours ahead. To address Members with a continuous pattern of missed/broken appointments (2 or more in six months), DentaQuest will conduct live calls to identify barriers to care and provide education and assistance with rescheduling appointments.

### Education and Outreach on the Patient-Centered Dental Home Program

**Rationale.** Research suggests that – regardless of geographic location, dental care delivery system, or population demographics – having a consistent source of dental care is the strongest predictor of a dental visit in 12 months. [“Evaluating the Effect of Usual Source of Dental Care on Access to Dental Services: Comparisons among Diverse Populations,” Medical Care Research and Review, Vol. 56 No. 1.]



#### PATIENT-CENTERED DENTAL HOME

DentaQuest’s unique **PCDH Program** differs from any other model in the industry. We use a **proprietary statistical modeling tool** to identify higher-performing Providers. These are Providers who prove, time and again, that they are more effective at getting Members in for care, providing high-quality care, and providing

the right care at the right time.

That is why DentaQuest will assign Members who do not make an active PCP choice and have no existing Provider connection to one of our higher-performing Providers. Our PCDH Program does not restrict Member choice (a Member may choose a new PCDH Provider at any time and without notifying us) and adheres to all state-mandated network adequacy requirements (meaning assignment of a Member to a PCDH Provider within the required mileage standards).

#### Oral health education activities

- All Members will receive initial and ongoing education on why establishing a PCDH is important. The education begins on Day 1 with the New Member welcome call, text, and mailer. Members we reach by phone will receive assistance in selecting a PCDH.
- Patient-Centered Dental Home Providers are strong partners in care and providing education to the Members they serve. Our PCDH Providers will be responsible for emphasizing the importance of Members receiving their first dental visit and EPSDT

screening beginning at age one and educating and encouraging Members to receive preventive services.

### Education and Outreach to Promote Good Maternal Health

**Rationale.** According to the March of Dimes 2022 report, Iowa has a preterm birth rate of 10%. What's more, the preterm birth rate among Black/African American women is 36% higher than the rate among all other women. This information is concerning, specifically when considering that 60% to 75% of pregnant women experience early stages of periodontal disease (e.g., gingivitis), which is linked to poor birth outcomes (source: CDC). DentaQuest has long been an advocate of providing education to Members on the importance of oral health care during pregnancy.

#### Oral health education activities

DentaQuest will implement its Smiling Stork Program to educate pregnant Members and Providers on the potential link between low-birth-weight deliveries and oral health disease.



The program integrates the services and support of OB/GYNs, dental Providers, and community organizations to ensure pregnant Members are accessing dental care. It provides written information and education to pregnant Members on the following:

- The importance of being screened for periodontal disease during pregnancy
- How to access covered dental services during pregnancy
- The value of establishing good oral health habits for their babies

Pregnant members will receive information on the importance of oral health care during pregnancy. Upon identifying a Member's pregnancy through the eligibility file, DentaQuest will send the Member two brochures; one about caring for her mouth during pregnancy and encouraging her to see her dentist and one that provides education on caring for her young child's mouth and teeth. Providers will receive information describing program objectives and how they can collaborate with us to build trusting relationships with pregnant members.

We will engage our Providers in promoting dental services for pregnant Members and educating patients about maintaining good oral habits during pregnancy and the importance of getting screened for gum disease.

We also engage primary care physicians and OB/GYNs in promoting dental services for pregnant Members. As pregnant patients visit their primary care office or OB/GYN for medical treatment, there is an opportunity for these medical professionals to address oral health by assessing oral health risks, referring to a dentist, and reinforcing at-home oral health care messaging.

***DentaQuest implemented Smiling Stork in Colorado and saw a 24% increase in dental utilization among our pregnant Members.***



### Education and Outreach to Promote Early Preventive Care

**Rationale.** Young children with caries (cavities) in their primary teeth are three times more likely to develop caries in their permanent teeth<sup>2</sup>. Additionally, parents with low oral health literacy often need help understanding the critical importance of caring for primary teeth.

#### Oral health education activities

DentaQuest will implement its Healthy Beginnings program to educate parents of young children on the importance of establishing a Patient-Centered Dental Home and how to reduce the risks of developing early childhood caries.



Healthy Beginnings promotes prevention, proper nutrition, and early detection of early childhood caries by targeting all Members under age two. Following the birth of new Members, and for their first and second birthdays, we will mail a birthday card to the Member's home that includes age-appropriate dental care instructions, tips on preventing early childhood caries, and information on locating a Patient-Centered Dental Home Provider. We will also contact families to help them set up their child's first dental appointment.

We also work closely with medical PCP offices to provide education and information on the importance of early dental care. Non-dental healthcare professionals have a key role in increasing the utilization of preventive dental services because young children visit pediatricians and family physicians earlier and more frequently than dentists.

Best practices DentaQuest will bring to Iowa include providing education on oral health competencies for PCPs on prevention, assessments, and risk factor identification; formalizing dental care referral processes with referral forms, Patient-Centered Dental Home Provider acknowledgment of the referral, and regular referral treatment reports; and supply mock prescription pads to PCP offices to make referrals to DentaQuest easy.

***Healthy Beginnings helped us triple the number of Members ages 0-2 with a dental visit for the Tennessee Medicaid program.***

### Education and Outreach on Alternatives to Hospital Emergency Departments for Non-Traumatic Dental Conditions

**Rationale.** According to the Iowa Public Health Tracking portal, in 2021, there were more than 8,300 visits to hospital emergency departments in Iowa for oral health-related issues.

#### Oral health education activities

DentaQuest will implement a multi-dimensional approach to reduce ED usage and encourage Members to seek care from their PCP. Our approach encompasses prevention strategies, offering access to more appropriate and cost-effective alternatives, and outreach to change Member behaviors.

1. Reduce demand for ED services through outreach and education
2. Provide and promote effective alternatives to hospital EDs, including a Patient-Centered Dental Home assignment, and the availability of a virtual visit via Teledentistry.com
3. Change behaviors of Members visiting EDs for non-traumatic dental care (NTDC) through our Emergency Dental Redirect Program and our Case Management Program

<sup>2</sup> Li Y, Wang W. Predicting caries in permanent teeth from caries in primary teeth: an eight-year cohort study. J Dent Res 2002;81(8):561-6.

A description of each element of our approach is in greater detail below:

- **Reduce Demand for Hospital ED Services through Outreach and Education on the Importance of Preventive Care.** DentaQuest will communicate the availability of dental benefits for adults and children through several channels, including the new Member Welcome Program, at events in the community, through our community partners, and our PCPs. Our Member Handbook will also contain information on what to do in an emergency, including when to call their PCP, how to get emergency care, and the right to access emergency care out-of-network. DentaQuest will work with the Iowa MCOs to educate their staff, including Disease Managers and Case Managers, on the available dental benefits and how to access routine and urgent dental care.
- **Provide and Promote Effective Alternatives to Hospital EDs**
  - **Patient-Centered Dental Home Program.** We assign all Members to a PCP who will serve as their PCDH. A consistent source of dental care is the strongest predictor of a dental visit in a 12-month.
  - **Teledentistry.com.** We will leverage Teledentistry.com to serve as our 24/7 solution for ED avoidance. Members will receive information on the availability of the service and education on how to access it via our website. Teledentistry.com uses an evidence-based triage protocol to assess the Member's dental situation. The licensed and credentialed Provider will be able to prescribe antibiotics and non-opioid painkillers to address the Member's immediate needs – the same solution any ED would provide, but at a significantly lower cost to the Medicaid system. Further, the Teledentistry.com Provider will refer to the Member's Dental Home or a specialty Provider for follow-up care.

**Change Behaviors of Member visiting EDs for NTDC.** While our goal is to avoid hospital ED usage for NTDC, we realize that we will not be able to reach every Member, and there will still be situations when it occurs. We will implement our Emergency Dental Redirect Program to prevent Members from making reoccurring trips to the ED.

When we identify a high utilizer of NTDC emergency services through claims data, the state HIE, or other data sources, we will contact the Member to help them schedule an appointment with their PCDH Provider. We will also provide education on what to do in an emergency, when to call the PCDH Provider, how to get emergency care, and the right to access emergency care out-of-network.

For our highest-risk Members, a Case Manager will engage them to solve problems, encourage self-management, and improve oral health literacy. They will also break down barriers to accessing care, including scheduling appointments for needed services and assisting with transportation options. Utilizing Community Resources and Providers to Educate Members on Oral Health Care and Treatment.

DentaQuest knows firsthand that it “takes a village” to assist Medicaid/CHIP Members to get the right care and support at the right time. Consistent with our philosophy to meet Members where they are, we will work with community stakeholders and other entities who serve our Members to become ambassadors of the Iowa Medicaid and CHIP dental programs.

### **Cultural Ambassador Program**

Through our Iowa-based **Cultural Ambassador Program**, we will partner with community organizations serving different Member populations to provide targeted training on how to provide education on the importance of regular dental care, the availability of Medicaid dental benefits, and how to contact DentaQuest for assistance in accessing care for their client-base.

The message is most effective when education comes from entities and individuals who intimately understand the Member’s background and experience and from the communities served.

DentaQuest has already identified more than 30 organizations in Iowa that we will target for participation in our Cultural Ambassador Program. These organizations include a range of statewide and regionally focused organizations. A sample list appears below.

- 211 Iowa (United Way of Central Iowa)
- American Home Finding Association
- Black Hawk County Health Department
- Central Iowa Shelter and Services
- Cherokee County Public Health
- Crawford County Home Health Hospice & Public Health
- CultureALL
- Early Childhood Iowa
- Elkador Visiting Nurse Association
- EveryStep
- FAMILY, Inc.
- Focus on Diabetes
- Free Clinics of Iowa
- Head Start
- Healthiest State Initiative
- Intercultural Center of Iowa
- Iowa Area Agencies on Aging
- Iowa CareGivers Association
- Iowa Dental Association
- Iowa Dental Hygienist Association
- Iowa Department of Education
- Iowa Department of Public Health
- Iowa Family Services
- Iowa Food Bank Association: Feeding Iowa
- Iowa Health Care Association
- Iowa Primary Care Association
- Iowans for Oral Health
- Johnson County Public Health
- Latino Native American Cultural Center
- Lee County Health Department
- Lifelong Smiles
- MATURA Action Corporation
- Mid-Iowa Health Foundation
- Mid-Iowa Community Action, Inc.
- Minority and Multicultural Health Advisory Council
- Multicultural Family Center
- North Iowa Community Action Organization
- One Iowa
- Oral Health Iowa
- Scott County Health Department
- Siouxland District Health Department
- Visiting Nurse Association of Dubuque
- Webster County Health Department
- Your Life Iowa

***Planned Collaboration with Community Based Organizations, MCOs, and Providers***

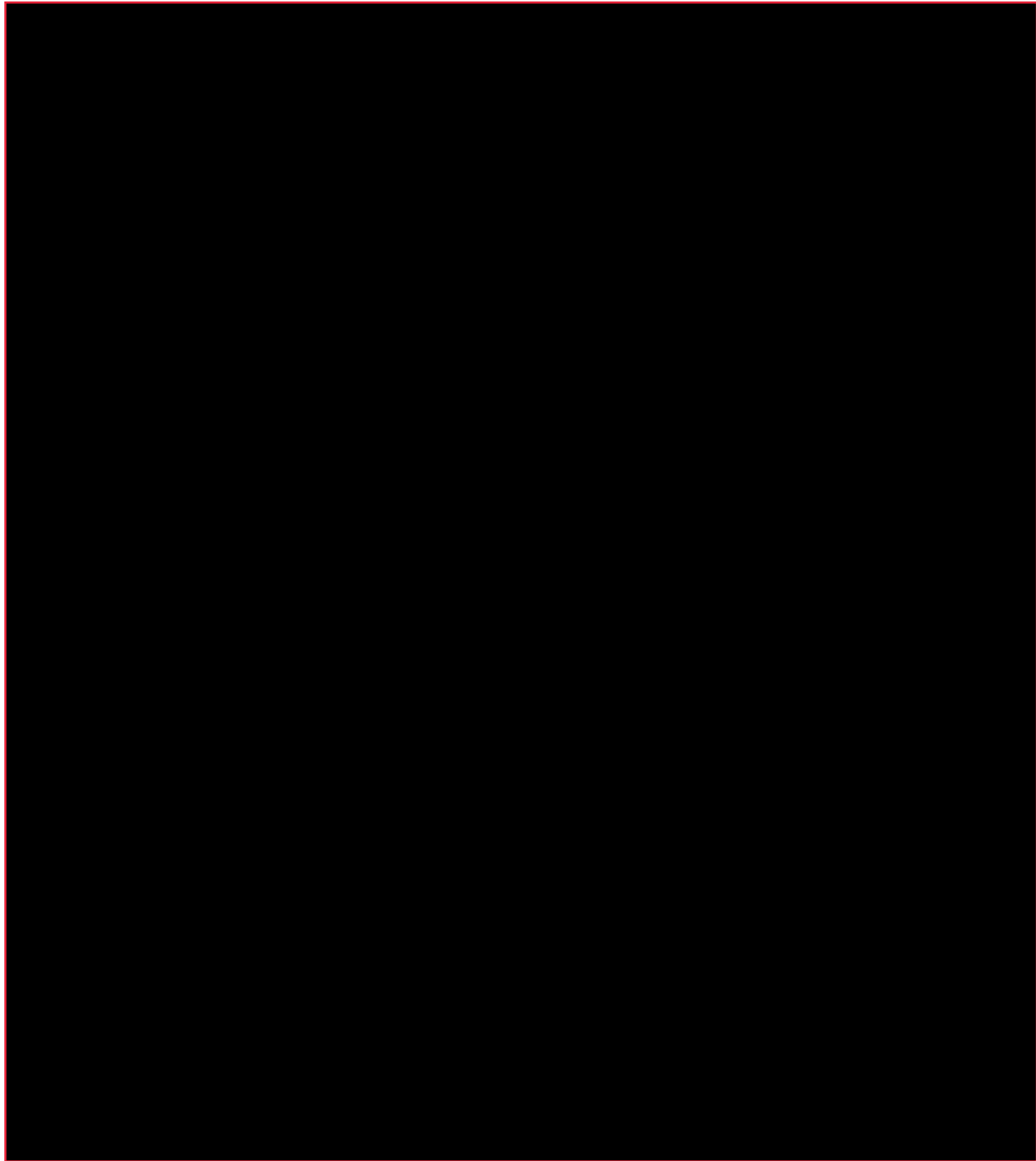


DentaQuest’s local Member Outreach and Care Coordinators will be at the forefront of our community-based work. They will be responsible for developing relationships with the I-Smile Coordinators, social support agencies, and organizations like homeless shelters, women’s shelters, advocacy groups, schools, Head Start programs, and WIC offices.

The following is just a sampling of the many ways our local Member Outreach and Care Coordinators across the country engage and collaborate with community organizations to provide education and awareness of the dental programs they represent. Our Iowa Members, Outreach and Care Coordinators, will find similarly meaningful ways we can reach our Members across the state.

- In Michigan,





***Collaboration with the MCOs and Medical Community***

We regularly tap into the medical community to provide support and collaborate on initiatives to improve oral health and utilization of dental services. Non-dental healthcare professionals have an important role in increasing the utilization of preventive dental services because young children visit pediatricians and family physicians earlier and more frequently than dentists. Best practices DentaQuest will bring to Iowa include:

- Collaborating with MCOs in unique ways, such as bringing mobile dental services to a high-volume medical PCP office on a clinic day
- Providing education on oral health competencies for medical PCPs on prevention, assessments, and risk factor identification
- Formalizing dental care referral processes with referral forms, dental PCP acknowledgment of the referral, and regular referral treatment reports
- Supplying mock prescription pads to medical PCP offices to make referrals to DentaQuest easy
- Collaborating with MCOs to recruit medical PCPs and help design innovative ways to engage PCPs in applying fluoride varnish
- Supplying medical PCP and OBGYNs with mock prescription pads that contain a dental reminder notice and referral to DentaQuest to share with their Medicaid patients (Figure 24-A)

Figure 24-A: Mock Prescription Pads for medical PCPs to give to their Medicaid Members



### Educating and Promoting Completion of the Initial Oral Health Risk Screening (d)

Completing the initial oral health risk assessment is critical to ensuring that DentaQuest can provide each Member with the right level of support and coordination. DentaQuest will implement the following strategies in the first 90 days of enrollment to educate and promote completion of the initial oral health risk screening:

- **New Member Welcome Program (calls, text messages, and packet).** Calls and texts will begin within 30 days of enrollment. Our text message communication will provide the Member with a link to complete the Initial Oral Health Risk Screening electronically and links to our Find-A-Dentist online search tool or to contact DentaQuest for assistance scheduling an appointment. We issue the new Member welcome packet within 10 days of enrollment and will contain a QR code to have the Member scan to complete their assessment. More detail on our New Member Welcome program is described in our response to SOW Section C.1.03.
- **Offering a Member Incentive for completing the screening.** Adult Medicaid Members who complete their risk assessment within 90 days of enrollment will receive a \$15 gift card to purchase oral health, over-the-counter products, and healthy foods like fruits and vegetables.

- **Collaborating with Community Partners.** DentaQuest will educate its Cultural Ambassadors to ensure they understand the importance of oral health risk screening. We guarantee that we train Members to help complete their screening and provide them with a single point of contact for referrals for additional care coordination or case management support from DentaQuest.

### Process to Analyze Data from Oral Health Equity Self-Assessment Tool and Implement Programs (e, f, g)

Reviewing each Member's response to the Oral Health Equity Self-Assessment Tool will be the first step to determining what support is needed. After completing the Initial Oral Health Risk Screening, all Members who indicate any of the following on the Oral Health Equity Self-Assessment are flagged for a more in-depth assessment by a member of our Care Coordination and Case Management team to determine if they are a candidate for additional support:

- Tooth pain
- Emergency room usage for dental problems
- Last dental visit was more than a year ago
- Brushing habits
- Special needs
- Pregnancy
- Health problems
- Fear/anxiety of going to the dentist
- Specific barriers/SDOH

Once flagged, a DentaQuest Member Outreach and Care Coordinator conducts an interview with the Member and/or parent/caregiver to fully assess their needs and conduct risk stratification.

We use an algorithm to calculate needs minus existing supports to determine a Member's risk level. A Member with **higher needs** but with **high support** could still be considered **low risk**. In contrast, a Member with **high needs** and **low support** could mean **high risk**. The data and information used to determine risk stratification is validated and adjusted by Care Coordination and Case Management staff based on additional qualitative information shared by the Member.

Upon completion of the interview, the Member's stratification falls into one of three risk levels:

- **Level 1 low risk** – includes Members experiencing few barriers to care and requiring minimal assistance to navigate the care delivery system.
- **Level 2 medium risk** – includes Members who have dental, medical, and/or social risk factors impacting their oral health or likely to impact it in the future.
- **Level 3 high risk** – includes Members who have special, intensive, or complex needs and will be enrolled in Case Management.

Members within risk levels 1 and 2 may qualify for care coordination activities such as educational support, community resources, scheduling assistance, appointment reminders, certain targeted outreach programs, and transportation assistance. Level 3 will be enrolled in the Case Management program and assigned to a Case Manager.

Figures 25-A through 27-A below provided an overview of each risk level, including general attributes of Members that fall into that risk level, potential interventions, and frequency of contact.



Figure 25-A  
Level 1 – Low Risk | Qualifies for Care Coordination Programs



**General Attributes of Members considered Low Risk**

Low Risk Members are experiencing few barriers to care and require minimal assistance to navigate the care delivery system. Their dental health is important and their dental IQ is high. Dental care is a priority for these Members. They are generally in good oral health with no major changes anticipated soon.

**Potential Care Coordination Interventions**

All Members will have access to our Level 1 interventions, which focus on prevention, education, and achieving optimal oral health behaviors. Interventions include:

- Referral to assigned PCDH
- Assistance with finding a specialty care Provider
- Community resource referrals to address social determinants of health
- Special accommodations (sedation, dental anxiety, transportation)
- Transition planning
- Appointment scheduling assistance
- Education about dental benefits
- Reminder regarding overdue preventive services

**Contact Frequency**

Members considered low risk will be contacted 1-2 times per year at a minimum. The method of contact will vary depending on the intent of message and education or action necessary to change behavior or attain optimal health. Members may contact customer service at any time for assistance.

Figure 26-A  
Level 2 – Medium Risk | Qualifies for Care Coordination Programs



**General Attributes of Members considered Medium Risk**

Level 2 Members have dental, medical, and/or social risk factors impacting their oral health or likely to impact it in the future. These Members may perceive dental health as important but not a priority and thus may be non-compliant and in need of additional intervention to encourage and educate on the importance of oral health and periodicity of dental care. This category may include Members requiring disease management, including coordination of dental care during nursing and inpatient facility placement.

This category includes **pregnant Members**, who require assessment for periodontal disease to reduce risk of having a low birth weight baby and Members with diabetes (who require assessment and treatment of periodontal disease to reduce the risk and severity of diabetes); **Members using the ED for dental care or missing scheduled dental visits**, Members with other risk factors such as **obesity, tobacco use and history of cancer**; who would benefit from behavior modification and education around seeking care early to reduce higher cost treatment needs resulting from delayed preventive or restorative care; **Members experiencing anxiety or fear of dental visits**; many individuals with **Special Healthcare Needs (SHCN)**; and **Members exhibiting unhealthy behaviors or significant barriers to care** (e.g., housing instability, food insecurity, language barriers).

Members in this risk category will benefit from additional services to assist with finding Providers experienced in caring for Members with SHCN, behavioral modification service and sedation services. Most Members in this category will receive targeted programmatic outreach. Members who are not enrolled in a program (Members who have not had a preventive visit) will benefit from education, assistance with appointment scheduling.

**Potential Care Coordination Interventions**

Interventions at this level include and are not limited to:

- All Level 1 interventions

*plus*

- Programs to target Members underusing, overusing and/or abusing services. Examples of these programs include Smiling Stork (pregnant people), Chronic Conditions Management, Healthy Beginnings (establish good oral health habits for ages 0-3), Emergency Dental Redirect (hospital ED usage for dental)

**Contact Frequency**

Contact frequency to Members participating in programmatic outreach will vary according to program guidelines. This information is contained in our Oral Health Literacy and Outreach Plan. Frequency of contact for Members not enrolled in a specific outreach program will vary based on the needs identified data sources; change in social determinants of health; requested by Provider; referrals (MCO, community agency, customer service, DentaQuest staff Member) and at minimum, once per year.

**Figure 27-A  
Level 3 – High Risk | Qualifies for Care Coordination *and* Care Coordination Programs**



**General Attributes of Members considered High Risk**

These Members have intensive or complex needs, and include Members who have one or more of the following attributes:

- Certain SHCN
- Severe behavioral health disorders
- Physical health conditions that require extra accommodations
- Poorly managed chronic medical conditions, such as diabetes
- Excessive early childhood caries
- Complex medical dental conditions (e.g., cleft palate)

Members are stratified as high risk if they are experiencing homelessness or are in the foster care system. This category may include Members requiring disease management, including coordination of dental care during nursing and inpatient facility placement.

**Potential Care Coordination and Case Management Interventions**

Members in this risk category will be enrolled in our Case Management program. Interventions at this level include and are not limited to:

- All Level 1 and Level 2 interventions
- *plus*
- Comprehensive assessment: oral and social determinants of health
- Development of Individualized Care Plan
- Monitoring of progress and personalized follow up to attain established goals
- Employing strategies to minimize barriers to care through connection to community services, referrals and/or Providers to assist with health needs
- Advocacy to needed services such as Providers and community linkages
- Identification of services needed in addition to covered benefits such as quarterly dental exams for Members who have difficulty with home care allowing for tailoring of periodicity of treatment to meet needs of Members
- Assistance with improving health literacy and developing self-management skills
- Assistance and coaching with incorporating healthy behaviors into lifestyle; lifestyle management support

**Contact Frequency**

The Member's Person-Centered Care Plan will delineate the frequency of outreach and will vary depending on each Member's needs. However, the assigned Case Manager will be required to check in at least monthly once the Care Plan has been established.

## **DENTAQUEST'S COMPLIANCE WITH SECTION A REQUIREMENTS**

DentaQuest confirms that it will adhere to all requirements in compliance with SOW Section A, including those described above and those not explicitly described above and all CFR citations noted in Section A.

# **SECTION B**

# **ENROLLMENT AND**

# **DISENROLLMENT**

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

DentaQuest understands that accepting and maintaining accurate enrollment data for our IDWP and Hawki Members is critical to ensuring they can access timely and appropriate dental care.

Further, we acknowledge that the data received from the Agency or its enrollment broker is the single source of truth for all eligibility information. We further understand that DentaQuest does not have a role in determining a Member's eligibility, nor what eligibility categories Members belong to, and that this information will be provided to us via the eligibility file.

### ELIGIBLE FOR ENROLLMENT (B.01)

DentaQuest understands that the State has the exclusive right to determine an individual's eligibility for Medicaid Programs and Contract Enrollment and that such determinations are not subject to review or appeal by DentaQuest.

As the DBA for eleven state Medicaid programs, we have a very clear understanding of what our role is as it pertains to enrollment: to facilitate the timely acceptance and loading of Member eligibility data in order to properly support Members' oral health care needs.

DentaQuest currently receives 200 daily enrollment files using the HIPAA 834 version 5010 file format. **We process 10 billion enrollment records annually, or about 23,000 records per minute during operational hours.** All eligibility data is automatically loaded in near real-time of receipt into our Windward operating system, ensuring that the data can be processed at any time, even if it was transmitted during non-traditional business hours.

We strictly adhere to secure file transfer protocol (SFTP) and will connect with the State MMIS using VPN to transfer HIPAA-compliant files to an SFTP site. We also have dedicated connections to facilitate the secure transfer of files.

All enrollment data is screened for completeness, logic and consistency, and our system maintains audit trails that enable us to comply with audits for validity and completeness at any time. Our audit trails are supported by listings, transaction reports, update reports, transaction logs, and error logs, and we can facilitate auditing of individual records and batch audits.

DentaQuest's enrollment data processes are documented and maintained in our policies and procedures, and regularly updated to ensure the accuracy and completeness of the data we submit to the State.

### Enrollment Stages and Data Processing

Upon receipt of an eligibility file, it undergoes the following three-stage process described below, and highlighted in Figure 1-B.

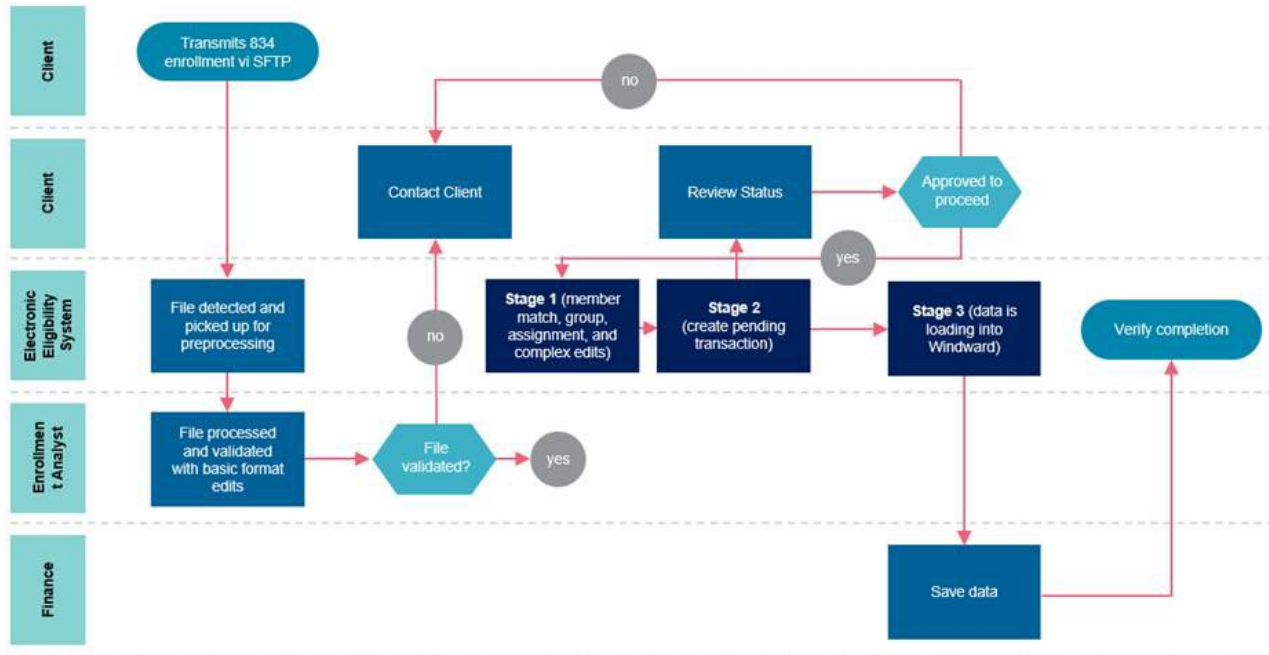
- **Stage 1.** During this stage, the file undergoes data validation, Member validation and matching, and subgroup assignment.

### DENTAQUEST'S RELEVANT EXPERIENCE

- ★ As the DBA for eleven state Medicaid programs and serving 60 other MCO contracts, we have a very clear understanding of what our role is as it pertains to enrollment: to facilitate the timely acceptance and loading of Member eligibility data in order to properly support Members' oral health care needs.
- ★ We currently receive 200 daily enrollment files using the HIPAA 834 version 5010 file format.
- ★ We process 10 billion enrollment records annually, or about 23,000 records per minute during operational hours.

- **Stage 2.** This stage compares each Member record against current data in our system to identify additions, terminations, and other updates. Our Enrollment Analysts investigate and resolve any fatal or informational errors. We will have a dedicated analyst assigned to Iowa who will work with our local team to resolve and correct any file discrepancies.
- **Stage 3.** This stage applies the Member's updates in Windward. DentaQuest staff can see these updates immediately. We update the secure Provider Portal every evening, so changes are available on the next calendar day.

Figure 1-B: Workflow to Accept and Load Eligibility Data into Windward



### Reconciliation and Validation

DentaQuest’s Windward system validates records in every step of the process, and supports the work of our Enrollment Analysts who specialize in Medicaid plans. Our knowledgeable team has an average of eight years of experience processing, validating and reconciling eligibility files. Enrollment Analysts work the error reports upon completion of the file and updates are available in the system immediately upon completion of the file load.

Member records that do not pass the validation process are sent to an error report. DentaQuest researches these Members and resolves errors (including merging duplicate records) immediately upon completion of the file load. Any unresolved errors will be reported back to the fiscal intermediary. If an entire file is rejected, DentaQuest reaches out to identified State contact to resolve the issue. In emergency situations, our Enrollment team can manually add/update/terminate Members in Windward in real-time upon receipt of all required Member information.

### SELECTION AND ASSIGNMENT (B.02)

DentaQuest confirms our understanding that a Member may self-select DentaQuest or another plan or may be assigned to a specific plan by the Agency. DentaQuest is one of two or three DBAs serving the state Medicaid programs in Florida, Louisiana, Michigan, and Texas. In each of those states, the state Medicaid Agency provides for a Member choice period, whereby the



Member chooses their own dental plan, and each also has an established auto-assignment algorithm.

### EFFECTIVE DATE OF ENROLLMENT (B.03)

DentaQuest acknowledges that on occasion, Medicaid Agencies may retroactively add Members. In the case of Iowa, we understand that we will not be responsible for covering newly retroactive Medicaid eligibility periods, with the exception of 1) babies born to Medicaid enrolled women who are retroactively eligible to the month of birth and 2) Hawki Members starting the month after the date of application. For such instances, DentaQuest’s Windward system will automatically update the enrollment information after accepting the 834 file. Any claims falling within the retroactive eligibility period will be reprocessed and paid.

### ESTATE RECOVERY NOTIFICATION (B.04)

DentaQuest agrees to send Comm. 123, a State approved form, to Members over the age of 55 once per year. At the Agency’s request, DentaQuest will produce documentation providing the details of the information we sent the Member, including but not limited to mailing data, address, and recipient information.

### NON-DISCRIMINATORY PRACTICES (B.1.01-1.04)

At DentaQuest, supporting diverse populations is part of our mission; we support the oral health of all Members. Our non-discriminatory practices supported by policies and procedures helps ensure Providers do not discriminate based upon health status, race, color, national origin, sex, sexual orientation, gender identity or disability in accordance with 42 C.F.R. § 438.3(d)(1); 42 C.F.R. § 457.1201(d). As it pertains to enrollment files, DentaQuest accepts all Members on the 834 file and without imposing any restrictions.

### CHOICE OF DOCTOR (B.2.01-B.2.03)



We recognize the importance of Member choice when selecting a Provider. In fact, we find that Members who self-select their dental plan and their Provider are more likely to be actively engaged in managing their oral health care.

As part of DentaQuest’s New Member Welcome Program, Members receive education on the importance of selecting a Patient-Centered Dental Home Provider. All of our Primary Care Providers (general and pediatric dentists) are considered Patient-Centered Dental Home Providers, available to serve as Members’ “home bases” for all of their oral care needs. DentaQuest’s Patient-Centered Dental Home model honors the AAPD’s definition of “the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.”

During the initial Welcome call, Members are encouraged to select a PCP to serve as their Patient-Centered Dental Home. They are free to select any participating Provider in our network, regardless of the Provider’s reimbursement arrangement with us.

For Members with an established Provider who is not part of the network, DentaQuest will conduct targeted outreach to that office to invite them to participate in our network. Our staff will assist the Member in making the PCP selection and updating our Windward system with that information.

At any time, our Members may choose a different participating Provider that aligns with their preferences. **This includes specialists as well, since DentaQuest never requires formal**

**referrals.** Members do not need to proactively notify DentaQuest of the change – so long as the Provider participates in our network, the Member can simply obtain the covered services with no added administrative steps.

### OPTING OUT (B.3.01)

DentaQuest understands the importance of access to Medicaid managed care as a mechanism to support Members' oral and health care needs. DentaQuest understands that enrollment in Iowa Medicaid managed care is mandatory pursuant to Iowa's Medicaid approved waiver as detailed in 42 C.F.R. § 438.3(d)(2).

### REENROLLMENT (B.4.01-B.4.02)

DentaQuest understands and supports reenrollment of Members who may have lost coverage in accordance with 42 C.F.R. § 438.56(g); 42 C.F.R. § 457.1201(m); 42 C.F.R. 457.1212, as a strategy to maintain oral health care and connection to a Patient-Centered Dental Home for Members.

We also understand that the Agency will employ an auto-assignment algorithm and comply with the provisions at 42 CFR § 438.54, including striving to preserve existing Provider–Member relationships. When this is not possible, we understand the algorithm will distribute equitably among qualified Contractors, excluding those subject to intermediate sanctions at 42 CFR § 438.702(a)(4).

DentaQuest understands the Agency reserves the right to modify auto-assignment logic at any time throughout the Contract term and can redistribute membership due to uneven enrollment and cap enrollment by a Contractor to ensure an excess of capacity does not impact quality of service.

### DISENROLLMENT (B.5.01-B.5.11)

DentaQuest has never requested a Member disenrollment and does not intend to do so in Iowa. We understand if that were to change, the Agency would like us to initiate a reasonable step requirement whereby we submit evidence to the Agency demonstrating compliance, efforts, and assurance.

DentaQuest agrees that it will not seek to disenroll Members for the following reasons:

- An adverse change in the Member's health status
- The Member's utilization of medical/dental services
- The Member's diminished mental capacity
- The Member's uncooperative or disruptive behavior resulting from a special need (except when continued enrollment seriously impairs DentaQuest's ability to furnish services to the Member or other Members).

We acknowledge that Members may request disenrollment at any time and for any reason, including:

- 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.
- Without cause upon reenrollment if a temporary loss of enrollment has caused the Member to miss the annual disenrollment period.
- Poor quality of care,
- Lack of access to services covered under the Contract,

- Lack of access to Providers experienced in dealing with the Member's care needs
- Member needs related services to be performed at the same time and not all related services are available within the Provider network

Lastly, we acknowledge there may be circumstances in which the Agency may initiate Member disenrollment including:

- Member ineligibility for Medicaid
- As a result of a shift to an eligibility category not covered by the Contract;
- Change of place of residence to another state;
- When the agency has determined that participation in HIPP is more cost-effective than enrollment in the Contract
- Member death

We understand that the Agency maintains the final decision-making authority related to disenrollment.

### **DISENROLLMENT REQUEST PROCESS (B.6.01-B.6.04)**

We understand that there may be times when Members may seek to disenroll from our plan. We maintain policies, procedures, and processes to ensure compliance with disenrollment requests. In accordance with requirements, we will ensure all requests, both written and oral, for disenrollment are addressed through our grievance process prior to referral to the Agency.

Members who remain unsatisfied, following the grievance process, will be directed to the Agency to request disenrollment. We acknowledge that the Agency maintains final decision-making authority on disenrollment determination, and we will comply with the effective dates and deemed approval requirements, as required.

### **SPECIAL RULES FOR AMERICAN INDIANS (B.7.01-B.7.02)**

DentaQuest acknowledges that it is not an Indian Managed Care Entity, and therefore we do not restrict enrollment of Indians. Additionally, any Indian Member eligible to receive services from an IHCP PCP participating as a network Provider is permitted to choose that IHCP.

DentaQuest has identified and contacted the one tribal dental clinic located in Iowa – Meskwaki Nation Dental Clinic – to invite them to participate in our network. The clinic indicated they intend to wait for the RFP award before moving forward with contracting but plan to contract with the selected Program Contractors.

### **DENTAQUEST'S COMPLIANCE WITH SECTION B REQUIREMENTS**

DentaQuest confirms that it will adhere to all requirements in Section B, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR. citations noted in Section B.

# **SECTION C**

# **BENEFICIARY**

# **NOTIFICATION**

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

## PERSON-CENTERED APPROACH TO MEMBER COMMUNICATIONS

DentaQuest understands the need to connect with its Members early, often, and through a variety of communication channels to ensure they know critical information such as:

- The benefits available to them under the program and how to access services
- The importance of regular dental care and the impact it has on overall health
- Value-Added Services available through DentaQuest.

This section of our response will feature DentaQuest’s person-centered approach to Member communications – one that we are continually testing, refining, and advancing in our ongoing pursuit to provide the best possible experience to our Members.

While there are many best practices and programs we leverage from state to state, we ensure each state’s approach is **customized** to meet best the needs of the Members we are serving and to leverage best the unique ways each state structure its Medicaid programs.

### DENTAQUEST’S APPROACH AND EXPERIENCE TO ENSURE INFORMATION IS EASILY UNDERSTOOD (C.1.01)

DentaQuest provides Members with easy-to-understand materials in multiple formats, such as in alternative languages, large print, Braille, and audio, as requested and at no charge.

We write all Member materials at or below a sixth-grade reading level according to the Flesch-Kincaid Grade Level Scale. Members can call our Contact Center for help to request alternative formats or auxiliary aids at no cost to them—additionally, instructions on how to contact the Contact Center to request versions to support their language preference. Per the Affordable Care Act’s Section 1557 non-discrimination requirements, we include interpretation tag lines in the top 15 languages prevalent in the state.

Our approach includes the following directives in the development and testing of Member materials before they are published:

### DENTAQUEST’S RELEVANT EXPERIENCE

- ★ We oversee New Member Welcome Programs for 11 state Medicaid dental programs. Program includes mailed collateral, texts, and phone calls.
- ★ We operate Member Services Hotlines for all our Medicaid contracts. Last year we fielded almost 3 million Member calls; 24% of which were resolved through our easy-to-use self-service IVR.
- ★ We design and publish Member Handbooks for 11 state Medicaid and CHIP dental programs.
- ★ Our Member Outreach team currently oversees oral health education initiatives across 16 states and attend hundreds of local community events to promote oral health.
- ★ We provide responsive customer service to Medicaid and CHIP Members through our Member Services Helpline across 21 states. Annually, we field more than 3 million Member calls.
- ★ We offer Performance-Based Provider Incentives through our VBP programs in seven states.
- ★ We offer Value-Added Services to Medicaid and CHIP Members in four states.

- Develop culturally appropriate materials that are effective, equitable, understandable, and respectful and are responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of our membership.
- Develop linguistically appropriate materials. Spanish is the prevalent non-English language in Iowa, and DentaQuest will provide accessible and high-quality services and materials in Spanish and will monitor language representation within our membership to ensure that we provide translated material in compliance with the SOW.
- Confirm that Member materials use font size 12 or greater.
- Incorporate Member feedback into materials development through presentation and discussion at MCO Member advisory committees.
- Confirm the use of the Agency’s standard Member Material Definitions.
- Confirm that translated materials effectively convey their meaning in a culturally sensitive way. DentaQuest uses translation resources that certify and notarize translations.
- Confirm State approval of materials.

We make our Member materials available on our Member website so they are available electronically 24/7 and can be saved and printed. We mail materials like the New Member Welcome packet and any other requested materials to Members upon request and at no cost to the Member.

Our locally based Outreach and Care Coordinators will be integral to Member materials development, providing insight and guidance based on findings from their work conducting outreach, education, and health literacy activities.

## Tailoring Communications to Ensure Our Messages are Well Received



### IMPROVING ORAL HEALTH EQUITY

DentaQuest understands how language and culture can exacerbate barriers to care. We know that certain populations, such as Latinos, American Indians, and Black Americans, often experience such barriers and other social determinants that can ultimately lead to health disparities. We take a thoughtful and customized approach to serving these higher-risk populations.

#### PERSON-CENTERED APPROACH: ASSISTING A FAMILY OF THE KICKAPOO NATIVE TRIBE

*“I met a family of four who had not seen the dentist in about two years. The head of household did not speak English very well and was part of the Kickapoo Native Tribe. We searched our Provider network and identified a dental office that exclusively serves Members of the Kickapoo Tribe. I helped the family schedule appointments so that they could re-establish regular dental care. The head of household was grateful that we were able to assist them and make sure that the family could see a dentist that would understand them.”*

– Yesenia, DentaQuest Texas Member Outreach and Care Coordinator




For example, in both Tennessee and Texas, we helped educate Hispanic migrant farm workers to ensure their children receive EPSDT dental services through the use of a fotonovela, a small pamphlet similar to comic book format (with photographs instead of illustrations), a traditional print medium in Mexico, Latin America, and the Caribbean. A sample appears in Figure 1-C below.



Our fotonovela received high praise from the Texas Health and Human Services Commission, as **DentaQuest was the first dental benefits administrator (DBA) they had worked with who created such an effective message for the migrant community.**

DentaQuest also targeted Spanish-speaking heads of households with a mailing promoting a preventive oral health check-up, giving parents of Members “One Less Thing to Worry About!” The mailing offered basic program information in a visually appealing and easy-to-understand format and contained contact information and instructions on identifying a child’s Patient-Centered Dental Home Provider.

Figure 1-C: Fotonovela Sample

<p>Did you know that DentaQuest covers dental check-ups like a cleaning and fluoride treatment every six (6) months?</p> <p>Dental care is very important to your child’s health! Please call your Dental Home dentist and schedule a visit for your child.</p>	<p>¿Sabía que el DentaQuest cubre chequeos dentales como una limpieza y un tratamiento con flúor cada seis (6) meses?</p> <p>El cuidado dental es muy importante para la salud de su hijo. Comuníquese hoy con el dentista de su consultorio dental y programe una visita para su hijo.</p>
<p> <b>DO YOU NEED HELP FINDING A DENTAL HOME?</b></p> <p>If you are a member, call DentaQuest at 1-XXX-XXX-XXXX, TTY: 1-XXX-XXX-XXXX.</p> <p>Monday - Friday 8 a.m. to 5 p.m. CST, the call is free! Or visit our website at <a href="http://DentaQuest.com">DentaQuest.com</a></p>	<p> <b>¿NECESITA AYUDA PARA ENCONTRAR UN CONSULTORIO DENTAL?</b></p> <p>Si está afiliado, comuníquese con DentaQuest al teléfono 1-XXX-XXX-XXXX, TTY: 1-XXX-XXX-XXXX.</p> <p>Lunes a viernes, de 8 a.m. a 5 p.m., CST. ¡La llamada es gratis! También puede visitar nuestro sitio web en <a href="http://DentaQuest.com">DentaQuest.com</a>.</p>
 <p>The fotonovela consists of four panels showing a woman in a green sweater and a child in a red sweater sitting at a table with a bowl of fruit. The panels contain the following dialogue:</p> <ul style="list-style-type: none"> <li>Panel 1: Woman: "I learned about teeth at school today." Child: "What did you learn?"</li> <li>Panel 2: Woman: "That I need to brush, floss and see a dentist." Child: "That's right and we need to schedule a dental check-up."</li> <li>Panel 3: Woman: "Hoy me enseñaron sobre los dientes en la escuela." Child: "¿Qué aprendiste?"</li> <li>Panel 4: Woman: "Que debo cepillarme los dientes, usar hilo dental e ir al dentista." Child: "Correcto. Por eso, debemos programar un control odontológico."</li> </ul>	

## INFORMATION FOR POTENTIAL MEMBERS (C.1.02)

DentaQuest will support the Agency’s requests for developing information for Potential Members. DentaQuest accommodates such requests on behalf of its other state Medicaid Agency clients. For example, we provide written information on our Value-Added Services to the state of Texas, and we then incorporate them into materials that support the state’s enrollment broker in educating Potential Members on their dental benefit plan choices. We would be happy to collaborate with the Agency and the other DBA in developing information for this audience.

## DENTAQUEST'S NEW MEMBER WELCOME PROGRAM (C.1.03)

DentaQuest designed the **New Member Welcome Program** to educate, onboard, and support Members in a comprehensive and culturally competent way upon enrollment with our plan. DentaQuest's illustration of our depth and breadth of experience for new Members welcome efforts in the following statistics from 2022:



- We sent almost **2,700,000 New Member Welcome** materials for eleven state Medicaid/CHIP Agencies. Contents of the packets included a variety of documents, as specified by each state, and included items such as:
  - A welcome letter and ID card
  - Member Handbook
  - Geo-coded Provider Directory
  - Patient-Centered Dental Home Program educational inserts
  - Business reply envelopes for returning completed documents, such as oral health risk assessments, to DentaQuest.

Depending on each state's requirement, we send materials between 5 and 30 business days from receiving the enrollment record.

- We performed approximately **400,000 outbound new Member Welcome calls** for our Members enrolled in the Florida and Louisiana Medicaid dental programs, meeting both clients' specific requirements for turnaround time completion.

**For Iowa, our New Member Welcome Program will include a welcome call, text messaging, and a New Member Welcome Packet containing key information.**

The Program will provide education on the topics outlined in Figure 2-C, and through various communication methods.

Figure 2-C: Key New Member Educational Topics and Communication Methods

Educational Topic for New Members	Communication Methods				
	Call	Letter/ Handbook	Text	Website	Portal
DentaQuest's contact information including address, toll-free phone number, and web site address (a)		★		★	★
DentaQuest's office hours/days, and availability of our toll-free help line (b)		★			
Description of how to complete an oral health risk assessment (c)	★	★	★	★	★
As applicable, cost-sharing information and how to ask questions about their obligation (d)		★		★	★
Policies and procedures for obtaining out-to-network services and special benefit provisions (e)		★			

Standards, expectations, and the importance of receiving preventive dental services (f)	★	★	★	★	★
Procedures for changing contractors and circumstances under which this is possible (g)		★	★	★	★
Procedures for making Grievances and Appeals and recommending changes in policies and services (h)		★		★	★
Information on how to contact the Iowa Medicaid Enrollment Broker (i)		★		★	★
Information on alternative methods or formats for visually and hearing-impaired and non-English speaking Members and how Members can access those methods or formats at no expense (j)	★	★		★	★
Information and procedures on how to report suspected Abuse and neglect, including the phone numbers to call to report suspected Abuse and neglect (k)		★		★	★
Contact information and description of the role of the Ombudsman (l)		★		★	★
How to register for our Member Portal	★	★	★	★	
Information on the availability of our 24/7 Dental Call Line and Teledentistry		★	★	★	★
Purpose/importance of completing the oral health risk assessment	★	★	★	★	★
Description of our Case Management and Care Coordination Program		★		★	★
Importance of establishing a Patient-Centered Dental Home, and how to choose a PCP	★	★	★	★	★
Information on our Value-Added Services		★	★	★	★

### New Member Welcome Call and Text Message

Upon enrollment, we will contact all Members by phone and text message within 30 days of receiving the eligibility file.

The purpose of the Welcome Call is to make sure Members know about and understand their dental benefits and help them complete their Initial Oral Health Risk Screening using our Agency-Approved **Oral Health Equity Self-Assessment Tool**, which will align with requirements in the SOW.

We will also provide information on our Patient-Centered Dental Home (PCDH) program and help Members schedule their first dental checkup with their PCDH for a baseline oral health assessment and other preventive services, including an assessment or screening of the Member's potential risk, if any, for specific diseases or conditions. We will refer Members with special needs and barriers to care to our Case Management Program for additional assessment and assistance.

Our text message communication will provide the Member a link to complete the Initial Oral Health Risk Screening electronically to our Find-A-Dentist online search tool or to contact DentaQuest for assistance scheduling an appointment.

## NEW MEMBER WELCOME PROGRAM IN ACTION: JULIAN'S STORY

Julian is a 35-year-old man who suffers from down syndrome and has the intellectual capacity of a four-year-old child. In the past, due to the difficulty in finding a dental Provider with experience and willingness to see adults with special needs, Julian's mother Isa had given up on trying to secure a dental appointment for her son.

Isa enrolled Julian in the state's Medicaid program, and he was auto assigned to DentaQuest's dental plan. We sent out an enrollment packet, which contained our Oral Health Needs Assessment Screening form. Isa filled it out and mailed it back to us, but she had little hope that it would get her son the help he needed.

Two weeks later, Isa was surprised to receive a call from a DentaQuest Case Manager. She could not believe her request had been answered so quickly. The Case Manager helped Isa locate an appropriate special needs Provider for Julian, and right near their home. The Case Manager also helped Isa schedule Julian's first appointment. She was extremely grateful for the assistance and shared that she would now make sure her Julian goes to the dentist twice a year.

Please note names have been changed to protect Member privacy.

### New Member Welcome Packet

DentaQuest has time-tested processes for ensuring the timely distribution of Member materials. For Iowa, DentaQuest commits to mailing its New Member Welcome Packet to the head of household, containing the following items within **10 business days** of receiving the enrollment record: Welcome Letter, ID Card, and a Quick Reference Guide on how to access and/or request a Member Handbook and a Provider Directory as well as commonly asked questions.

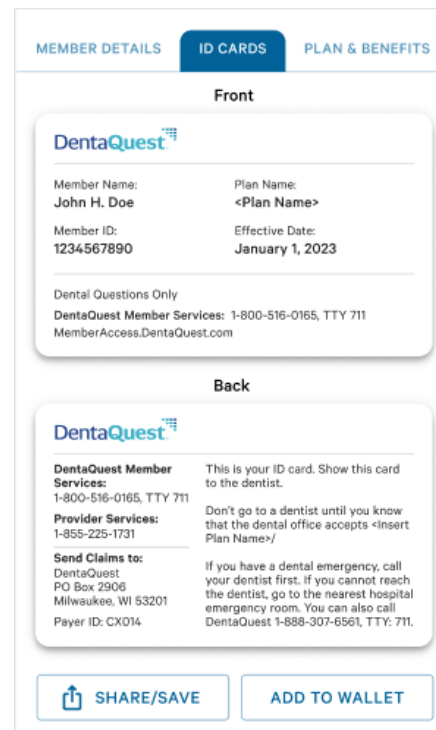
We load the enrollment record into our Windward system from an 834 file. The entry of the enrollment record triggers the generation and mailing of new Member materials within the timeframes configured for the program. Once we process the enrollment file, we generate the fulfillment list bi-weekly for our print vendor via secure file transfer. We monitor monthly fulfillment reports that track mailing turnaround times from the date of data file receipt and the volume of sent materials by type.

**Welcome Letter.** The Welcome Letter includes important contact information for DentaQuest, information on accessing the Member Handbook, the importance of establishing a Patient-Centered Dental Home, and information on locating a dentist.

**Member Handbook.** We will prominently display the Member Handbook on our Iowa-specific Member Landing page of [dentaquest.com](http://dentaquest.com). Members can also request a hard copy.

**ID Card.** We include in the Welcome Packet the Member ID cards. If a Member loses their ID card, they can view and print a new one from the mobile app (Figure 3-C), the Member Portal, or call our Contact Center to request a new card.

Figure 3-C: Mobile ID Card accessible on the MyDentaQuest mobile app



## ORAL HEALTH EDUCATION AND INITIATIVES (C.1.04)

DentaQuest's mission is rooted in the belief that all Americans deserve oral health equity, born through equal access and use of high-quality preventive and treatment services. Good oral health is easier to achieve if the Member or caregiver understands **why** maintaining good oral health is important and **how to access** dental care services.

Over the past three decades, we have seen firsthand how low oral health literacy contributes to both oral health disparities and social determinants of health.

To address this, we develop effective oral health educational programs. In fact, over the past three decades, our programs have provided education to millions of Americans enrolled in Medicaid and CHIP from coast to coast. When developing our programs, DentaQuest leverages the following best practices:

- Focuses on tailored communications and initiatives that honor and respect cultural dynamics within the population.
- Provides consistent and frequent messages through different communication vehicles and channels.
- Analyzes data specific to our Member populations to understand better barriers to accessing oral health care.
- Leverages trusted community partners as an extension of our educational efforts. We firmly believe that the more education our Members have – not just from DentaQuest, but also from their Patient-Centered Dental Home and community partners- the better their chances for a bright oral health future.

DentaQuest is here to help Iowa Members improve their understanding of their dental benefits and the importance of good oral health.

### Collecting and Analyzing Data and Information to Inform Education Activities

DentaQuest collects and uses a sophisticated suite of data and information to understand our Member populations and to inform our oral health education activities. The types of data we will collect and analyze for Iowa include but are not limited to:

- Information provided by the I-Smile Program and Coordinators
- Administrative, clinical, and quality data such as enrollment and demographic data, utilization data, and data gathered through the Iowa Oral Health Public Health Tracking Portal and community health needs assessments
- Publicly reported data, including CMS 416 data, state data, and information from dental and medical organizations, such as oral health coalitions and the Dental Quality Alliance

#### CONNECTING & COLLABORATING





**DentaQuest’s Comprehensive Oral Health Literacy and Outreach Program will Promote Member Engagement in Activities to Enhance their General Well-Being and Oral Health**

DentaQuest will improve oral health literacy, outcomes, and equity with our **Preventistry®** approach to oral health, **emphasizing education, accessibility, and early intervention and prevention** to improve oral and overall health for Members.



DentaQuest’s comprehensive **Iowa Oral Health Literacy and Outreach Program** will address a wide range of topics. Starting with onboarding new Members and throughout their enrollment with us, we will provide Members with education and information to make sure they understand the following:

- Their dental benefits and how to access them, including covered services, Value-Added Services, benefit limitations, and the services and supports available from DentaQuest
- The role of their Patient-Centered Dental Home Provider
- Recommend preventive dental care, including the periodicity schedule for those ages 0-20
- The importance of oral health, nutrition, and the relationship between oral and overall health
- Available support provided by the I-Smile Patient-Centered Dental Home Initiative and contact information

Our Oral Health Literacy and Outreach Program will include the following programs and activities.

Education on the Availability of Dental Benefits and Importance of Dental Care
<p><b>Rationale.</b> The first critical step to improving oral health literacy is to educate members on why oral health matters and what dental benefits are available as a Medicaid or CHIP Member.</p>
<p><b>Oral health education activities</b></p> <ul style="list-style-type: none"> <li>• <b>New Member Welcome Program.</b> As featured earlier in the section, DentaQuest goes above and beyond to welcome and orient new Members on the availability of dental benefits, help them schedule their first dental appointment, and complete an Initial Oral Health Risk Screening.</li> <li>• <b>Member Incentives.</b> We designed our Member Incentives to promote preventive dental care among children and adults.</li> <li>• <b>Providing oral health education at community events.</b> DentaQuest’s local outreach team will participate in and support community events across the state. In addition to providing oral health education, our team will help Members locate a dentist and provide oral health supplies to use at home.</li> <li>• <b>Supporting the I-Smile School-Based Dental Care programs.</b> We aim to complement the existing infrastructure that I-Smile has developed for the Agency’s school-based program. We are skilled and have experience managing all aspects of school-based programs, and we can provide different levels of support depending on each regional I-Smile Coordinator’s needs.</li> <li>• <b>Gaps in care notifications and outreach.</b> Each month, DentaQuest generates reports to identify Members who are behind on recommended services based on the periodicity</li> </ul>



schedule. We use this information to contact Members by phone, text, and mail to remind them of the importance of regular preventive care and help them schedule a dentist appointment. Additionally, any time a Member who is behind on their dental visits calls our Contact Center; they will be notified by our IVR that they are past due for care.

**Examples of Iowa partners that we plan to engage with to support this activity:**



**Education on the Importance of Keeping Dental Appointments**

**Rationale.** A correlation has been made between low oral health literacy and missed appointments. Additionally, missed dental appointments are a top driver of Medicaid Provider dissatisfaction nationwide.

**Oral health education activities.** During all Member touchpoints, DentaQuest will reinforce the importance of attending all dental appointments or, at minimum, calling ahead to cancel 24 hours in advance. We will help Members identify and mitigate barriers to care, such as coordinating transportation.

If a Member misses or breaks/cancels an appointment, Providers can submit a claim using CDT codes D9986 and D9987 to notify us of the missed appointment.

All Providers will be encouraged to participate in this program. DentaQuest will generate a weekly report identifying broken appointments and conduct outreach to Members who missed an appointment. Our scripting reiterates the importance of keeping their appointment or calling to cancel at least 24 hours ahead. To address Members with a continuous pattern of missed/broken appointments (two or more in six months), DentaQuest will conduct live calls to identify barriers to care and provide education and assistance with rescheduling appointments.

**Examples of Iowa partners that we plan to engage with to support this activity**



**Patient-Centered Dental Home Program Education**

**Rationale.** Research suggests that – regardless of geographic location, dental care delivery system, or population demographics – having a consistent source of dental care is the strongest predictor of a dental visit in 12 months. [“Evaluating the Effect of Usual Source of Dental Care on Access to Dental Services: Comparisons among Diverse Populations,” Medical Care Research and Review, Vol. 56 No. 1.]

DentaQuest’s unique **Patient-Centered Dental Home Program** differs from any other industry model. We use a **proprietary statistical modeling tool** to identify higher-performing Providers. These are Providers who prove, time and again, that they are 1) more effective at

getting Members in for care, 2) provide high-quality care; and 3) provide the right care at the right time.

That is why DentaQuest will assign Members who do not make an active PCP choice and have no existing Provider connection to one of our higher-performing Providers. Our PCDH Program does not restrict Member choice (a Member may choose a new PCDH Provider at any time without notifying us) and adheres to all state-mandated network adequacy requirements (meaning we assign a Member to a PCDH Provider within the required mileage standards).

**Oral health education activities**

- All Members will receive initial and ongoing education on why establishing a PCDH is important. These activities begin on Day 1 with the New Member welcome call, text, and mailer. Members we reach by phone will receive assistance in selecting a PCDH.
- Patient-Centered Dental Home Providers are strong partners in providing care and education to the Members they serve. Our PCDH Providers will be responsible for emphasizing the importance of Members receiving their first dental visit and EPSDT screening beginning at age one and educating and encouraging Members to receive preventive services.

**Examples of community partners that we plan to engage with to support this activity**

- PCDH Providers. We will educate PCPs about their responsibilities as PCDHs and reward high-performing Providers.
- I-Smile Coordinators. DentaQuest will provide training on our PCDH Program to the I-Smile Coordinators. Additionally, I-Smile Coordinators can view the Member’s assigned PCDH through our secure web portal in our system.

**Maternal Oral Health Education**

**Rationale.** According to the March of Dimes 2022 report, Iowa has a preterm birth rate of 10%. The preterm birth rate among Black/African American women is 36% higher than among other women. This information is concerning, specifically when considering that 60% to 75% of pregnant women experience early stages of periodontal disease (e.g., gingivitis) linked to poor birth outcomes (source: CDC). DentaQuest has long advocated for educating Members on the importance of oral health care during pregnancy.

**Oral health education activities**

DentaQuest will implement its **Smiling Stork Program** to educate pregnant Members and Providers on the potential link between low-birth-weight deliveries and oral health disease.



Pregnant Members will receive information on the importance of oral health care during pregnancy. Upon identifying a Member’s pregnancy through the eligibility file, DentaQuest will send the Member two brochures; one about caring for her mouth during pregnancy and encouraging her to see her dentist and one that provides education on caring for her young child’s mouth and teeth. Providers will receive information describing program objectives and how they can collaborate with us to build trusting relationships with pregnant members. Our Smiling Stork Program educates Members on the importance of seeing their dentist get screened for gum disease and reassures Them that dental care is safe during pregnancy.

Examples of community partners that we plan to engage with to support this activity



First Dental Home Visit – Early Preventive Care Education

**Rationale.** Young children with caries (cavities) in their primary teeth are three times more likely to develop caries in their permanent teeth<sup>1</sup>. Parents with low oral health literacy often do not understand the critical importance of caring for primary teeth.

**Oral health education activities**

DentaQuest will implement its **Healthy Beginnings** program to educate parents of young children on the importance of establishing a Patient-Centered Dental Home and how to reduce early childhood caries.



Healthy Beginnings promotes prevention, proper nutrition, and early detection of early childhood caries by targeting all Members under age two. Following the birth of new Members, and for their first and second birthdays, we will mail a birthday card to the Member’s home that includes age-appropriate dental care instructions, tips on preventing early childhood caries, and information on locating a PCP. We will also contact families to help them set up their child’s first dental appointment.

We work closely with medical PCP offices to provide education and information on the importance of early dental care. Non-dental healthcare professionals have a key role in increasing the utilization of preventive dental services because young children visit pediatricians and family physicians earlier and more frequently than they see dentists.

Best practices that DentaQuest will bring to Iowa include providing education on oral health competencies for medical PCPs on prevention, assessments, and risk factor identification; formalizing dental care referral processes with referral forms, PCDH Provider acknowledgment of the referral, and regular referral treatment reports; and supply mock prescription pads to medical PCP offices to make referrals to DentaQuest easy.

Page contains confidential information

<sup>1</sup> Li Y, Wang W. Predicting caries in permanent teeth from caries in primary teeth: an eight-year cohort study. J Dent Res 2002;81(8):561-6.

**Examples of community partners that we plan to engage with to support this activity**



**Connection between Chronic Medical Condition Management and Oral Health Education**

**Rationale.** Periodontal disease (gum disease) affects 4 in 10 adults aged 30 and older (Source: CDC), resulting from infections and inflammation of the gums and bones surrounding the teeth and chronic conditions like diabetes. People with diabetes are more likely to have periodontal disease, which can lead to issues with controlling blood sugar levels. Additionally, unmanaged diabetes can lead to more frequent and more severe periodontal disease.

**Oral health education activities**

- Ensure Members with chronic conditions such as diabetes have the option to receive more regular preventive dental care through our Value-Based Service.
- Work with the MCOs to identify Members with certain chronic conditions and regularly scheduled education activities.
- Sharing information on the connection between oral health and chronic conditions with medical PCPs.
- We are providing our PCDH Providers with rosters of diabetic patients who need visits. We then encourage the offices to contact these members for additional follow-up.

**Examples of community partners that we plan to engage with to support this activity**



**Alternatives to Opioids for Pain Management Education**

**Rationale.** According to the Iowa Medical Society, over the past ten (10) years, the rate of opioid overdose deaths in Iowa has more than tripled. DentaQuest recognizes the role dentists may play in the opioid epidemic. A recent study found that overdose rates were two and a half times higher among patients who filled a prescription for an opioid medication after a dental procedure compared with those who did not fill such a prescription<sup>2</sup>.

**Oral health education activities**

Because dentists commonly prescribe opioids in connection with extractions, DentaQuest is offering a Value-Added Service for adult Members who receive a dental extraction. These Members can qualify for a \$15 gift card to purchase oral health products and healthy foods by

<sup>2</sup> Dental Opioid Prescriptions and Overdose Risk in Patients and Their Families - American Journal of Preventive Medicine (ajpmonline.org)

watching an **opioid risk awareness video** and taking an **opioid risk assessment** on our website.

In addition, DentaQuest has a dental opioid monitoring program to help curb opioid prescribing patterns among dental Providers that we implemented in Tennessee. DentaQuest created and implemented comprehensive dental Provider training on the state’s rules and guidelines and discussed our planned approach to contacting “super prescribing” dental Providers.

The State Medicaid Agency, TennCare, provided prescription data, which DentaQuest matched to claims and procedure records. We reviewed specific medication types and formulations. In addition to a top-line review of trends by age, gender, Provider type, and procedure type, our analysis identified prescriptions significantly outside normal parameters. We calculated prescriptions per 100 patients and total prescriptions across both years and trends in the kind of opioid and Provider specialty and type. Prescriptions were normalized using MME. MME standardizes opioid medication types and strengths to allow comparison across the spectrum of medications. Our efforts in partnership with TennCare helped to reduce the number of patients receiving an opioid from their dental Provider by 34.5%.

We will work with the Agency to implement a similar model leveraging our collaboration with HealthLink MCOs, and hospital and ED Providers to limit opioid prescribing. We will leverage our data analytics to identify and address opioid misuse and roll out a Provider training initiative with special attention on “super-prescribing” dentists.

**Examples of community partners that we plan to engage with to support this activity**



**Alternatives to Hospital Emergency Departments for Non-Traumatic Dental Conditions Education**

**Rationale.** According to the Iowa Public Health Tracking portal, in 2021, there were more than 8,300 visits to hospital emergency departments in Iowa for oral health-related issues.

**Oral health education activities**

DentaQuest understands this is a complex problem, and cross-functional collaboration between the Agency, the other Program Contractor(s), Members, MCOs, and dental and medical Providers is necessary to make meaningful changes.



We will implement a multi-dimensional approach to reduce ED usage and encourage Members to seek care from their PCDH. Our approach encompasses prevention strategies, offering access to more appropriate and cost-effective alternatives, and outreach to change Member behaviors. It includes:

- Providing and promoting effective alternatives to hospital Eds, including a Patient-Centered Dental Home assignment, and the availability of a virtual visit via Teledentistry.com
- Changing behaviors of Members visiting EDs for non-traumatic dental care (NTDC) through our Emergency Dental Redirect Program and our Case Management Program

**Examples of community partners that we plan to engage with to support this activity**



We have provided a sampling of corresponding Member educational pieces at the end of this section of our response. We will submit all our Iowa Member materials to the Agency within the required timeframe for approval before use.

**Local Presence to Promote Oral Health Literacy**

DentaQuest’s Iowa-based Member Outreach and Care Coordinators will be responsible for leading these oral health literacy efforts in Iowa, with support from our national Member Outreach team. Our local Member Outreach and Care Coordinators will be on the ground in Iowa communities, forming partnerships with the I-Smile Coordinators and organizations such as schools, libraries, daycare facilities, Head Start programs, WIC offices, and other organizations that serve our Members.



Other key activities performed by our Member Outreach and Care Coordinators will include:

- **We are identifying and training representatives from community organizations to serve as Cultural Ambassadors.** DentaQuest actively partners with community-based organizations with a mission and vision to serve individuals and families adversely impacted by inequities across clinical and social services systems. **When we deliver health information from trusted sources who deeply understand the Member’s background, life experiences, and preferences, Member engagement is more effective.**

Through our Cultural Ambassador Program, we will partner with organizations serving different Member populations to provide targeted education on good oral health habits and the importance of preventive care. Relationships established as a part of this program will grow in different ways to benefit Members through established community channels and events.

One of the first groups we often look to invite into our Cultural Ambassador Program is Community Health Workers (CHW) and Promotoras. We regularly partner with these individuals in other states to provide culturally and linguistically appropriate education on oral health care needs and care navigation. In Iowa, groups such as Latinas Unidas Por Un Nuevo Amanecer and the CHWs employed through the HealthLink MCOs will be a priority for inclusion in our program.

- **Participating in Community Events.** Our Member Outreach and Care Coordinators will seek out events and initiatives in their region where DentaQuest can bring value and oral education to communities. Examples include:
  - Participating in the Women Infants and Children’s Health Advisory Committees
  - Attending and/or sponsoring a variety of local conferences
  - Facilitating training and provide support to groups such as WIC and Head Start



- Partnering with community organizations to support Children’s Dental Health Month each February (see sample materials at the end of this section)
- Supporting Give Kids a Smile Day events, donating toothbrushes and educational information, and visiting classrooms across the state to teach preschool-aged children and their families about good oral health and the state’s Medicaid Agency dental program
- We attend events at housing authorities and food banks. In Colorado, for example, we regularly partner with local food banks to distribute oral health educational materials, including posters and dental health supplies. Our local outreach team staffed a table with handouts on oral health topics and answered questions, assisted Members in understanding their benefits, or located a Provider while they waited for their food distribution.



A DentaQuest Member Outreach and Care Coordinator at a “Trunk or Treat” community event in Louisiana.

We will exercise careful coordination and consideration to ensure we keep the I-Smile Coordinators' efforts consistent. Our goal is always to maximize our effectiveness, often supporting existing programs.

### Promoting Educational Events and Education through Social Media and our Website

DentaQuest uses social media as a broad-based channel for Member education and works with community partners to promote educational events throughout the state. The most effective way to utilize social media is to push out content through community partners and MCO Facebook and Instagram pages versus our corporate site. Members are more apt to follow the page of a community organization that provides direct support and services than DentaQuest, as our organization is often not “front and center” to the Member.

We leverage social media to promote upcoming events where DentaQuest will be present. Figure 4-C highlights an example of social media content in collaboration with the state of Colorado’s Medicaid Agency. DentaQuest can create a social media calendar with pre-written posts and photos and distribute them to our community contacts monthly.

#### DentaQuest’s Kids’ Korner Website

DentaQuest maintains a Kids’ Korner microsite to provide oral health education and improve health literacy through fun videos, interactive games, and other activities. This area of our website is targeted at younger Members and includes the following:



Figure 4-C: Social Media collaboration with State of Colorado

- **Videos** on topics like “Brush up,” “Floss up,” and “Teeth tips”
- **Games:** City Skipper—take a run through the city, collect toothpaste, and avoid candy monsters; Matching tiles—memory game involves oral health-themed matching tiles to test the child’s memory; Picture Perfect—create oral health-themed works of art by adding stickers and color to pages
- **Activities:** Word Scramble, coloring pages, brushing calendar

## DentaQuest’s Strategy to Participate in and Interface with the Healthiest State Initiative



### MEDICAL DENTAL INTEGRATION

DentaQuest is looking forward to furthering the Healthiest State Initiative's mission and goal by spotlighting how oral health impacts overall health. We will leverage best practices from other states where we participate and interface with similar state initiatives. For example:

- In Tennessee, we serve as the single DBA of the state’s Medicaid and CHIP dental program, serving more than 1.1 million Members. Our outreach team regularly partners with organizations that improve the state’s overall health and wellness. For example, we work with the Young Child Wellness Council, which fosters statewide collaboration across organizations and stakeholders to improve the overall health and wellness of children in Tennessee, especially those served by TennCare, through education and promotion of preventive health services. The group meets every two months, and our team is responsible for sharing community outreach efforts and events and uses them as opportunities to brainstorm ways to increase engagement with families to improve health outcomes.
- On a national level, DentaQuest often partners with organizations on educational campaigns. A recent example is our work with **America’s Tooth Fairy** to implement the “What’s So Bad About Vaping” campaign, designed to end teen vaping. The campaign included a Sayno2vaping.org website with a Resources Page with guides for students, parents, and educators, a social media kit; a social media component with posts to Facebook and Instagram; an email campaign; and a meme contest.

As it relates to **Iowa’s Healthiest State Initiative**, DentaQuest pledges its support in the following ways:

1. We are promoting the “5” (consuming five fruits and vegetables daily) of the 5-2-1-0 Healthy Choice Count! as part of our Member incentives. All of the Member incentives we plan to implement in Iowa allow the Member to use their gift card to purchase fruits, veggies, and other healthy foods.
2. Supporting educational efforts on the “0” (0 sugary drinks – more water) of the 5-2-1-0 Healthy Choices Count! DentaQuest Member Outreach and Care Coordinators are regularly present to school-aged children and parents of young children about the consequences of consuming soda, fruit juices, and sports drinks on their teeth. Consuming soda, for example, is a contributing factor to developing Early Childhood Caries. And in adults, consuming sugary beverages is related to a higher risk of diabetes development. DentaQuest would welcome the opportunity to provide our expertise to Iowa’s Healthiest State Initiative to develop cobranded, customized educational pieces that explain how reducing sugary drinks will positively impact oral health.
3. Having our Iowa Dental Director write educational articles for local publications on how 5-2-1-0 Healthy Choices Count! can improve dental health in children and adults.



4. Participating in the 5-2-1-0 Healthy Choices Count! Summit and other endorsed events where we can share information on the connection between oral health and overall health.
5. Social media collaboration in partnership with the Healthiest State Initiative.

## COST AND QUALITY INFORMATION (C.1.05)

DentaQuest is committed to transparency and will ensure we implement and adhere to innovative strategies to provide price and quality information to our Members.

As part of our oral health literacy efforts, we regularly provide information on minimally invasive services like Silver Diamine Fluoride and on important preventive services including fluoride and sealants. Further, we offer Member incentives in the form of a gift card to reward Members for receiving these preventive services, and we will partner with Teledentistry.com to provide Members with education and support to apply fluoride varnish at home via our Value-Added Service offerings.

DentaQuest will also be covering **Curodont Repair Fluoride Plus** as a VAS. Curodont naturally rebuilds and repairs enamel at the first sign of breakdown, designed to address early-stage caries without drilling or staining. This non-invasive, easy-to-use treatment uses a proprietary peptide to help teeth naturally remineralize. Unlike fluoride, which only promotes remineralization on the tooth's surface, Curodont uses calcium, phosphate, and other minerals found in the patient's saliva to rebuild down to the depth of the lesion.



There are no injections, and the procedure can be completed in under 10 minutes, providing a positive experience for the Member. The process is simple, and Providers require minimal training on its use. Because there is no drilling, other dental professionals, such as hygienists, can typically apply it, freeing up time for dentists to do more complex procedures for different patients. The ADA will assign Curodont its CDT code in 2024, which DentaQuest will cover through this VAS. DentaQuest's affiliate Advantage Dental+ dental practices have been using Curodont for the past six months on more than 3,000 patients.

“Curodont has been very helpful in treating the population I serve,” said Zach Adkins, DDS. “With my patient population, I see many infrequent visitors who don’t have reliable access to care, which in turn means lots of recurrent decay. Implementing Curodont into our treatment plan has allowed us to avoid drilling teeth and creating a filling patients have to keep up with for the rest of their life.”

DentaQuest will incorporate messaging on cost savings adult Members can experience by getting regular preventive care vs. waiting until they have dental disease. We can also share information on the cost of emergency room visits compared to using Teledentistry.com for dental emergencies.

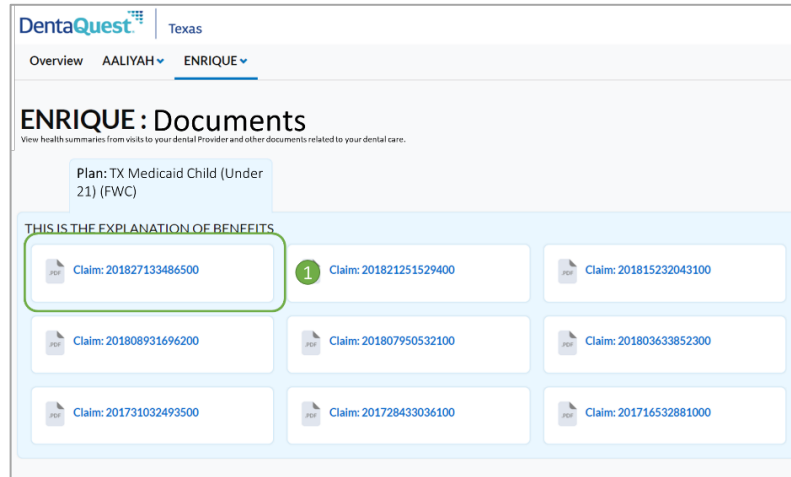
## EXPLANATION OF BENEFITS (C.1.06)

DentaQuest can configure its Windward system to issue EOBs to all IDWP and Hawki Dental program members. We post EOBs automatically to the Member Portal (Figure 5-C), and we can also administer them via mail if the Member would prefer a hard copy.

In alignment with 42 C.F.R. § 433.116(e) and (f), the EOBs will be issued within 45 days of payment, and the EOB will specify:

- The service furnished
- The name of the provider furnishing the service
- The date on which the service was furnished
- The amount of the payment made under the plan for the service

Figure 5-C: EOBs are easily accessible on the Member Portal, which is also optimized for Smartphone usage.



## PROVIDER QUALITY INFORMATION (C.1.07)

DentaQuest will share Provider quality information with Members based on our proprietary statistical modeling of Providers who exhibit high performance compared to their peers. We will post information on the DentaQuest website via the Provider Directory and share it in hardcopy upon request if that this the preferred method of receiving information by the Member or their caregiver.

Key attributes of higher-performing Providers include those that exhibit:

- A strong track record of getting Members in for care
- Performing the right kind of care, and also the appropriate mix of care (high rates of preventive care but they also treat underlying dental disease through restorative care)
- Stable costs of care
- Minimal service failures (for example, if a crown is expected to last at least five years, the Provider’s quality of work is high if the crown in fact lasts five years or more)

In addition to our statistical modeling, we also have the ability to identify Providers that refer out services and Providers are not actively accepting new Members in the last 12 months.

## MECHANISMS TO AID UNDERSTANDING (C.1.08)

DentaQuest will ensure that Members and Potential Members can access information and materials in English, Spanish, and other non-English languages, alternative formats, and auxiliary aids and interpreter services.

Our Member Materials have English and Spanish notices indicating the availability of translation services and a TTY for callers with hearing difficulties. When Members and Potential Members call our hotline, Customer Service Representatives (CSRs) have access to Spanish-speaking representatives and translation services for over 200 other languages ensuring callers communicate their needs and receive information in a way they can understand.

## IMPLEMENTATION SUPPORT (C.1.09)

Having implemented hundreds of Medicaid dental programs over the past 30 years, DentaQuest prepares communications and FAQs and ramps Contact Center staffing ahead of go-live as best practice. We understand that Members may have questions about DentaQuest as a new DBA option, and we will provide the Agency with a communication plan on how we will publicize methods for Members to receive answers to questions and how to contact the Ombudsman



during the implementation phase. The communication plan will include direct Member communications via our Welcome Kit, and we will work with the Agency to provide summary information to prospective Members and Enrollment Brokers.

Our communication plan will also include outreach and communication to Providers and Community Agencies who often have the opportunity to share available information with prospective members. Our toll-free hotline will be accessible with fully trained Customer Service Representatives before go-live.

## INTEGRATED SERVICE LINE FOR IOWA MEMBERS (C.1.10)

As a best practice, DentaQuest establishes a single hotline phone number for its State Medicaid Agency contracts, regardless of coverage group (Medicaid or CHIP). Our CSRs use our Windward system for locating Member information, so there is no need to transfer callers between representatives or departments. We train our CSRs on the nuances between the two programs and have real-time access to benefit information to ensure they provide accurate data specific to the Member's individual needs (for example, information on co-pays or maximums).

## DENTAQUEST'S MEMBER SERVICES HELPLINE (C.1.11)

DentaQuest maintains a dedicated, toll-free Helpline and Contact Center located in Austin, Texas, and Milwaukee, Wisconsin, for its Medicaid business. The Contact Center provides service using a remote workforce to ensure coverage across multiple time zones and weather conditions. Nationally, our Contact Center delivers responsive service to Members nationwide, **fielding nearly 3 million Member calls annually**, including calls for our other state Medicaid Agency clients in Colorado, Florida, Illinois, Louisiana, Massachusetts, South Carolina, Tennessee, Texas, and Virginia. We train our CSRs to take both Member and Provider calls.

### DentaQuest's Dedicated Toll-Free Iowa Helpline

Our Iowa toll-free, dedicated Contact Center will operate in compliance with SOW Section C.1.11. We will provide a fully trained, operational, and appropriately staffed team to support Member and Provider calls and inquiries. We will staff the Contact Center from 7:30 a.m.–6:00 p.m. Central Standard Time, except for Iowa State holidays, Monday through Friday. Our toll-free number and the hours and days of operation will be published in multiple places, including our Member Handbook and Provider Manual, on our website, and the Member and Provider Portals.

DentaQuest has a customized quality control plan to monitor Contact Center activities to ensure individual state performance metrics. We monitor a suite of metrics including but not limited to total hours of daily Contact Center access provided and any downtime; call abandonment rate(s) and average time before abandonment; hold times; call wait times; call back timeframes; and first call resolution.

### After Hours Support

When Members call our toll-free Contact Center during non-business hours, we will greet our automated **Nuance interactive voice response** (IVR) system, which is available in both English and Spanish. It allows Members to locate a Provider, verify eligibility and benefits, check on prior authorization or claim status, and hear operating hours and what to do in a dental emergency. Members may leave a message in our secure voicemail box, which our staff retrieve each morning and return on the following working day before 1 p.m. Members will also have the option to use teledentistry.com if they have an urgent or emergency dental situation. Using teledentistry.com, Members will have real-time access to discuss their concerns with an Iowa-licensed and credentialed Provider.

## Trained Customer Service Representatives

DentaQuest conducts comprehensive initial and ongoing training for its CSRs. We attribute our strong CSR retention rates in part due to our training program and our ongoing efforts to ensure our team is satisfied and recognized for the positive impact they are making in the lives of the Members and Providers we serve. Please reference our response in response to SOW Section C.1.14 below for a description of our training program.

## Inquiry Types CSRs are Equipped to Handle

We equip all CSRs to handle multiple types of inquiries to assist Members. Part of our initial training focuses on sample call scenarios and FAQs with various topics. CSRs have the skills to properly interact with callers, determine their needs, and address issues.

Our staff understands dentistry, dental terminology, oral health, and the connection between oral and overall health. CSRs will understand Iowa-specific dental program requirements to handle various member inquiries on topics including but not limited to eligibility, claims, benefits, Value-Added Services, prior authorization requirements, and Grievances and Appeals.

To further assist our CSRs, DentaQuest makes the following types of information available to our Contact Center staff to ensure they can adequately and accurately support both Member and Provider inquiries:

- **Specific Member and Provider Information/Call History:** CSRs can access Windward, which houses Member and Provider call history, eligibility information, claims history, authorization, and benefits. This access ensures quick and accurate access to information needed to answer inquiries.
- **Provider Manual:** We train staff how to navigate our Provider Manual, which serves as a comprehensive resource as the single source of truth for the provision of covered benefits as well as key policies such as timely filing limits, processes for filing Grievances and Appeals, medical necessity criteria, service authorization criteria, and documentation, among other topics specific to the dental program. It is available in a searchable PDF.
- **Member Handbook:** Staff have access to the Member Handbook, which contains Member rights and responsibilities, program information, covered benefits and limits, procedures for obtaining benefits including authorization requirements and processes, when and how to access emergency and urgent care services, and transition of care policies, among other topics.
- **Knowledge Base:** We use a cloud-based tool called Knowledge Base, our internal Google-like search engine, to catalog quick reference information, such as MCO and NEMT phone numbers, and scripts for common scenarios, such as verifying PHI.
- **Find-A-Dentist:** Staff have access to our online searchable Find-A-Dentist tool to help callers find a Provider that meets their needs.

Additionally, CSRs use our **Virtual Helpdesk** for live assistance when helping a caller and cannot readily locate the information they need to address the caller's inquiry. We staff the Virtual Helpdesk as a chat-type forum using Microsoft Teams and internal DentaQuest subject matter experts. CSRs can ask questions about the more complex issues they encounter and receive near-real-time assistance, which helps improve both the customer experience and the first-call resolution for the caller/chat participant.



***Ensuring our CSR Reference Materials are Current and Easily Accessible***

We refresh the Knowledge Base at least annually and whenever a State or MCO requests a change. We maintain a Master Client Requirements Document (MCRD) for each State or MCO that identifies all policies, procedures, documents, and systems requirements for successful operations. All programmatic changes result in an updated MCRD, and all updates are analyzed to identify needed changes in systems, materials, policies, training and training materials, and other program artifacts. If an MCRD update requires a Knowledge Base update, implementing the change will include tracking that update through execution and testing.

**Warm Transfers**

When a CSR cannot address a caller's inquiry, they will escalate and warm transfer the call to the appropriate internal team or external organization, including Provider offices and the Enrollment Broker.

When a CSR receives a call from a Member or Provider stating that they have an issue that they are having difficulty resolving, the CSR will review call logs to see if the caller has contacted us previously about the same inquiry. If open items are related to the inquiry, the CSR will attempt to get an updated situation status. If none is available, or the CSR cannot obtain the update, the CSR will offer a return call to follow up on the situation and create a follow-up case in Windward. If there has yet to be progress on an escalating inquiry, the CSR informs the caller of their grievance and appeal rights and that process.

The CSR will also create a follow-up task to "Escalate" to their Supervisor for a timely resolution. If the inquiry is emergent, the CSR will immediately contact the Contact Center Help Desk or Supervisor, alerting them to the urgent situation.

Already escalated follow-up tasks will be acknowledged and updated within one business day. All follow-up tasks will be resolved and closed within seven business days of receipt under routine situations. Some situations may require extending beyond the seven business days, such as inquiries dependent on receiving documents via mail from a Member or Provider. In cases like this, the follow-up task will be resolved and closed within seven business days from receipt of the documents. If a resolution is unable to be obtained within seven business days, then the follow-up should be assigned to a Supervisor to escalate the inquiry and be able to get a resolution for the caller.

***Member Placement Team for Escalated Dental Appointment Requests***

We encourage Members to contact us whenever they need help accessing a dental Provider. In most situations, the initial CSR assisting the caller can locate a Provider. If the CSR cannot, the Member will receive follow-up support from our Member Placement team.

A representative from this team will work to identify an in- or Out-of-Network Provider that can meet the Member's needs and provide timely services. This staff has access to our Secondary Network, comprised of Providers who have agreed to be part of our contracted network not listed in the published directory. The staff will facilitate appointment scheduling and support services such as interpretive and transportation services as necessary, will remind the Member of the appointment, and follow up with the Member after the scheduled appointment to confirm that the Member was able to access services.

If we need to place the Member with an Out-of-Network Provider through our Single Case Agreement process, a Provider Relations Representative will ensure that the dentist understands they may not bill the Member for services. We track all referrals to the Member Placement Team and analyze the data to determine if there are network adequacy issues in the service area. If a Member would like in-person assistance, we refer them to the in-state

Outreach and Care Coordinator for support.

### **Crisis Calls**

If a CSR receives a call and identifies it as a potential or known safety issue or crisis call, the CSR will notify their supervisor or manager immediately of the nature of the call. Depending on the specific details of the call, the supervisor or manager may contact the Member's MCO, local authorities, or other external entity or authority for further action. If the call represents an immediate threat to DentaQuest or its employees, the supervisor or manager will refer the matter to Human Resources for additional action, including contacting the appropriate local authorities. If applicable, the CSR may advise the caller to disconnect the call and dial 911.

### **Identification of DentaQuest Staff by Name**

DentaQuest places a strong emphasis on providing personalized and professional customer service. Our policy is to ensure that all calls are answered by our CSRs not only are trained and have the necessary expertise but also that they identify themselves by name to each caller. We train staff to introduce themselves at the beginning of each call and establish a personal connection with the Member. This introduction lets the Member know whom they are speaking with, ensures clients receive the individual attention they deserve, and demonstrates the CSRs accountability to assisting the Member. Furthermore, this helps CSRs take personal responsibility for addressing issues and providing accurate information.

We recognize that effective communication is vital to our relationship with each Member. DentaQuest prioritizes open dialogue, helps establish trust, and is essential to customer satisfaction.

### **Automated Call Distribution System Facilitates Correct Call Routing and Support**

DentaQuest operates, monitors, and supports an automated call distribution (ACD) system that helps us field millions of calls annually. The ACD system incorporates a management portal and a simple-to-use, web-based user interface to streamline provisioning and configuring the day-to-day operations performed by CSRs, team leads, or administrators. These tasks include several administrative functions that simplify processes.

We route all inbound calls through our state-of-the-art Nuance IVR system, which delivers an automated greeting and asks for the caller's intent. Callers may share their intent naturally in English or Spanish. Callers with the following purposes may use the self-service features of our IVR:

- Check eligibility
- Benefit summary/lookup
- Inquire about the status of a claim or auth
- Find a participating Provider
- Text back delivery for materials requests (Member Handbook, PHI forms, etc.)
- Text back for top call drivers (find a Provider)

If the caller wants to speak with a live representative, we route the caller using our ACD system based on the caller's intent and connect to a CSR within one minute.

The ACD system monitors the activity of every CSR. "Intelligent" routing properly routes each call to a CSR specializing in the specific intent type. If only one representative is available for that intent type, the system sends the call to that individual. If more than one is available, the system refers to the next qualified CSR on a first-in, first-out basis. If no CSRs are available, the call enters the queue most appropriate to the type of call. Calls enter the queue at the bottom and move up until we provide a connection to a CSR assigned to that queue.

Our ACD system can pass information from the IVR to the CSR delivered as part of the “screen pop” once the caller has entered identifying information in the IVR.

### MEMBER SERVICES HELPLINE PERFORMANCE METRIC (C.1.12)

We are confident that DentaQuest can and will perform well in adherence to the Agency’s Contact Center metrics. Figure 6-C displays how we performed in 2022 for the Medicaid program in Massachusetts, which requires similar performance metrics as Iowa. DentaQuest agrees to adhere to all Iowa Member Services Helpline performance metrics.

Figure 6-C : DentaQuest’s Contact Center Performance for MassHealth Dental Program

Iowa Member Services Helpline Metrics	DentaQuest’s Performance in 2022
Total Number of Member Calls	60,579
Abandonment Rates < 5%	1.2%
Service Level 80% for Incoming Calls	90%
95% of telephonic inquiries within 2 business days	98.7%
Acknowledgement of receipt of non-telephonic inquiry within 1 business day	100%
Respond to at least 95% of email and voice mail inquires within 2 business days of receipt	100%

DentaQuest is not held to the following performance standards nor required to report on the following measures for Massachusetts, but will do so for the Iowa IDWP and Hawki Dental programs:

- Respond to all urgent requests within 4 hours
- Final resolution of 100% of inquiries within 5 business days
- Issue response to Member billing inquiries within 20 business days

### Staffing our Contact Center to Ensure Responsive Service

To appropriately staff and ensure we achieve our contractual performance metrics and to support all callers, DentaQuest uses state-of-the-art technology to anticipate staffing needs across all its Contact Centers. We use the **NICE Workforce Management** scheduling and forecasting tool to accurately forecast staffing needs based on current demand, potential demand, and staff characteristics at half-hour intervals. It gives our management team in-depth, real-time views and control over workforce planning schedules to ensure staff is well-staffed.



**IOWA-BASED CONTACT CENTER STAFF**

DentaQuest will be hiring 20 CSRs from Iowa to provide responsive service to IDWP and Hawki Dental program Members and Providers.

Additionally, one of the benefits of partnering with DentaQuest is having access to our universal contact center model. All 650+ of our CSRs are trained to serve Members and Providers and have immediate access to specific state and program information with a few clicks of their mouse. As calls come in, they are queued and routed to the next available CSR, skilled in handling that specific type of call, regardless of their physical location.

When staffing for a new contract, our Customer Service Workforce Management Team forecasts volume and handles time by month based on historical data and current trends, expected membership, the expected call rate based on the plan type, and the Erlang C Contact Center traffic model. The Customer Service Workforce Management Team review and adjusts

the resulting estimate if there are needs or expectations of the new business that would alter the standard estimate.

## NICE WORKFORCE MANAGEMENT IN ACTION

DentaQuest serves as the single DBA of the Virginia Medicaid Dental Program. In July 2021, the Virginia Department of Medical Assistance launched a comprehensive Medicaid adult dental benefit. As a result, Member calls to DentaQuest's Contact Center increased by **500%**. Despite this significant increase, DentaQuest maintained steady Contact Center operations and achieved its annual service level agreements.

Our Command Center leverages **NICE Workforce Management** to address such scenarios by:

- Tracking daily arrival patterns, volumes, and handle times every 30 minutes
- Reforecasting daily volumes based on morning trends
- Calculating required staffing by interval to meet service level agreements
- Making staffing adjustments throughout the day for seamlines operations.

Once past implementation and into ongoing operations, our staffing model includes a ratio of one Supervisor for approximately twenty CSRs. The Workforce Management team:

- Forecasts call and handle time and absences for every half hour using software tools that enable them to see the number of CSRs staffed per half hour and the amount under/overstaffed per each time period. They use this information to create staffing schedules that match staff to expected call volume optimally.
- Monitors queue in real-time coordinates with Customer Service Management to recommend overtime when applicable, and uses contingent phone staff to fill gaps in phone coverage as needed.
- Reviews performance and forecasts weekly, recommending overtime, schedule adjustments, or any other needed changes for the coming week.

## AVAILABILITY FOR ALL CALLERS (C.1.13)

### Assisting Members who are Deaf or Hard of Hearing

Our customer service processes ensure we can accommodate sight, hearing, or speech-impaired members per all ADA requirements. Most of our hearing or speech-impaired callers prefer to use a telecommunications relay service. We train all Contact Center staff to accommodate relay service calls to ensure members receive the necessary information. We also have a toll-free number for callers who are hearing or speech impaired, allowing them to use their TTY machine to communicate with us.

### Assisting Members with LEP

DentaQuest provides real-time interpretation services free of charge to all callers. Staff assists Members with LEP by routing the call to a bilingual Spanish-speaking internal CSR or for all other languages, and we contract with a translation vendor that assists in more than 230 languages. The language line provides accurate and complete interpretation regardless of the speaker's country of origin or level of education.

The CSR will initiate a 3-way call with the language line and the caller to provide appropriate assistance. Our vendor uniquely understands local regionalisms, terms, and cultural nuances. We know the current prevalent non-English language in Iowa is Spanish. Should we be made aware of additional prevalent non-English languages, we will seek to add multilingual representatives who speak that language.

## HELPLINE STAFF AND KNOWLEDGE (C.1.14)

### New Hire Training

CSRs participate in an extensive, hands-on training program before taking calls. Figure 7-C provides a high-level syllabus for these first two weeks of training.

Our initial training approach focuses on sample call scenarios and FAQs to reference for guidance as needed. We build staff skills to properly interact with callers to determine their needs and handle the call to solve the callers' issues. We place an emphasis on treating callers efficiently, patiently, and respectfully.

Additionally, staff gain expertise using our Windward system to assist all caller needs and learn how to properly log calls and route inquiries to other departments.

We provide a triad of training support for new staff, which includes a Customer Service Trainer, Customer Service Supervisor, and Peer Coach. Intensive two-week training includes assigned reading materials, a scored assessment on benefits and state-specific policies, which requires a score of 100% to pass, and side-by-side training with a Peer Coach.

We also use a state-of-the-art interactive online cloud-based training solution called the DentaQuest myLearning Navigator system. This innovative approach to providing training allows each trainee to manage their personalized training schedule from a centralized location. The system empowers employees to access training material and manuals at their workstations and can repeat training lessons at their own pace.

### Contact Center Training Topics

Our CSR training incorporates the following topics:

- **Core tenants of Customer service:** We build staff skills to properly interact with callers to determine their needs and handle the call to solve the callers' issues. We place an emphasis on treating callers efficiently, patiently, and respectfully.
- **Windward system:** Staff gain expertise with using our Windward system to assist all caller needs, how to properly log calls, and how to route inquiries to other departments.
- **Cultural and Linguistic Competency:** DentaQuest trains all employees on cultural competency and non-discrimination upon hire and annually after that. The training addresses our role to ensure that all Members can access the care they need in a way that honors and respects their culture. Training also includes how to assist individuals who have LEP and speak Prevalent Languages (such as Spanish, Marshallese, Tonga, and Swahili) and serve individuals who are deaf or hard of hearing. The training instructs staff to refer requests for American Sign Language (ASL) and language interpreter services provided in a dental office to an Outreach and Care Coordinator, who will arrange for an interpreter to attend the appointment on the Member's behalf at no charge to the Member or Provider.

Figure 7-C: New CSR Syllabus

### Syllabus | First Two Weeks

1	<ul style="list-style-type: none"> <li>• Introduction to DentaQuest</li> <li>• Compliance training</li> <li>• Dental terminology</li> <li>• Dental 101 and 102</li> <li>• HIPAA</li> </ul>	<ul style="list-style-type: none"> <li>• Windward</li> <li>• Member calls</li> <li>• Provider calls</li> <li>• Find a Provider/Request a Dentist</li> </ul>
2	<ul style="list-style-type: none"> <li>• Web portals</li> <li>• Dental homes</li> <li>• Benefits</li> <li>• Fee schedules</li> <li>• Quality assurance</li> </ul>	<ul style="list-style-type: none"> <li>• Mock calls</li> <li>• Shadow sessions</li> <li>• Final assessments: written and practical skills</li> </ul>



- **Providing Appointment Scheduling Assistance:** Upon request, DentaQuest can assist Members in scheduling their dental appointment. CSRs learn how to properly provide this service and the protocols for documenting the appointment information.

In addition to these core topics, Figure 8-C below details the specific Member concerns or issues that we cover with our CSRs during initial training.

Figure 8-C: Content Covered during DentaQuest's CSR Training

Topic	Detail
How to Access Dental Health Care Services and dentists accepting new members who provide those services (i)	We assign all Members to a Patient-Centered Dental Home and train CSRs to refer the Member to their assigned PCP in our system. If the Member would like to select a new PCP, the CSR will assist the Member in making that selection.  Provider status and accepting new and existing patients are visible in our system. CSRs have the option to filter Providers by status type.
Identification or explanation of covered services (ii)	DentaQuest's Windward system makes it easy for our CSRs to access the Member's covered benefits. The CSR needs to look up the Member in our Windward system and click "View Benefits" to view the benefits table in a searchable format as a PDF. From there, the CSR can provide a general overview of the covered services or look up a specific service to see if it is covered.
Procedures for submitting a Grievance or Appeal (iii)	Staff will understand our process for logging and handling Member Grievances and Appeals of adverse benefit determinations, including required information, State Fair Hearing procedures and timeframes, Member rights and timeframes for filing, and Member support resources. Staff area also trained for identifying and handling Grievances and Appeals related to the quality of care and fraud, waste, and abuse.
Reporting Fraud or Abuse (iv)	CSRs learn about the different avenues to report FWA including our fraud hotline, the anonymous hotline, or by completing a form on our website.
Locating a Provider (v)	Staff have access to our Find-A-Dentist tool to help callers find a Provider that meets their needs. When assisting Members in locating a dentist, CSRs enter their address into the system and can see a list of Providers using geo-centric mapping coordination. Ensuring the Member receives the names of Providers closest to their home or work. A multitude of search features in our Windward system permits CSRs to fine-tune the search to the exact needs of the Member. These search features include dental specialty, special needs assistance, languages spoken, and board certification.
Dental health crises (vi)	For dental health emergencies during regular business hours, we train CSRs to refer the Member to their PCDH's office and offer support in scheduling the emergency appointment. If the Member is away from home during a dental emergency, the CSR will help them find a participating dentist. Alternatively, the CSR will offer to connect the Member with teledentistry.com for an immediate clinical assessment of their situation.
Balance billing issues (vii)	Members should contact DentaQuest if they receive a bill. We train our CSRs to validate the Member's eligibility and coverage and review claims history. No matter if there is a claim on file, the CSR is instructed to conduct a three-way call with the Member and the Provider's office to review the claim and to inform the Provider that the Member should not receive a bill for covered dental services. Providers receive coaching on submitting their claims and resolving rejected claims issues, and we refer them back to their Contract, the Provider Manual, and Provider Relations Representative for additional information. The



	CSR will instruct the Member to contact DentaQuest if they continue to receive bills for the date of service and any services in question.
Cost-sharing inquiries (viii)	CSRs will have access to the Member's record in our Windward system, which ensures they provide accurate cost-sharing information for each unique Member.
PCP change and/or initial attribution (ix)	DentaQuest never requires a Member to notify us of PCP changes. To eliminate administrative barriers, our Patient-Centered Dental Home team monitors PCP changes via claims submissions. If a Member calls looking to get a different PCP, the CSR will locate a new PCP near the Member's preferred address and per gender and/or cultural preferences of the Member.
Incentive programs (x)	CSR will have access to the full list of Member Incentives and Value-Added Services, including how the Member qualifies for the incentive. The CSR can also assist the Member with submitting any redemption requests.
Additional Training Topics Specific for Provider Calls	<ul style="list-style-type: none"> <li>• Prior Authorization Requirements and Processes</li> <li>• Claims Submission Requirements, Processes, and Error Correction</li> <li>• Protocols for Filing a Provider Complaint</li> <li>• Providing assistance locating Providers</li> <li>• Providing appointment scheduling assistance to Dental Members upon request</li> </ul>

***Transition – Nesting Phase***

After the initial two-week training, our Customer Service leadership listens and observes while the new staff takes calls. Once leadership determines that no additional training/coaching needs to take place, the new representative begins taking calls independently while oversight from leadership continues with regular feedback.

***Continuous Learning and Training in Response to Program Changes***

DentaQuest's Customer Service trainers conduct quarterly training with CSRs covering refresher topics such as issues that surface during call auditing, and upcoming program changes. If the timing of quarterly training does not accommodate needed training specific to a program change, Customer Service trainers work with supervisors to schedule necessary training sessions outside of the quarterly schedule. We also use a tool called Kahoot in the Contact Center. Kahoot randomly presents CSRs with pop-up quizzes that test and refresh their knowledge and skills.

***Monitoring Compliance with Training Requirements***

We use the DentaQuest myLearning Navigator system to document the completion of mandatory training for all employees, sub-contractors, and independent consultants. Our Human Resources department uses myLearning Navigator to track, monitor, and enforce training requirements. The system produces automated follow-up reminders for outstanding training. We retain training records for no less than ten years and will include time, attendance, and completion logs listing current employees, sub-contractors, and independent consultants showing hire/contracting dates, certificates of completion, and test scores of any tests administered. DentaQuest will provide evidence of training completion to the Agency upon request.

**Regular Quality Monitoring to Ensure CSR Knowledge and Performance**

DentaQuest understands the critical role it would play in representing the IDWP and Hawki Dental programs, and central to this role is providing accurate information to Members and Providers. To ensure our Contact Center offers high-quality and accurate information, we monitor each CSR eight times per month.

DentaQuest employs a separate team of Quality Assurance Auditors who listen to recorded calls and review screen captures to ensure inquiries get handled appropriately. DentaQuest uses the NICE Quality Management system to record all calls and complete performance scoring using simultaneous play-back synchronized call and screen recordings. The NICE system also offers extensive query capabilities to ensure easy access to locate calls for evaluation and automated workflows to improve the efficiency of our quality management process.

We calculate an individual score for each call based on the criteria outlined in Figure 9-C below. Each CSR must maintain compliance with an average score of 95% per DentaQuest standards.

Figure 9-C: DentaQuest uses Contact Center Quality Monitoring Criteria

Criteria category	Specific areas reviewed and scored
Greeting	Proper greeting; offer greeting within 5 seconds; use first name; ready to assist caller at opening
Validate identity of caller	Proper validation of identity and right to access PHI
Call resolution	Were all actions completed to resolve caller's request(s)?
Accurate information	Was accurate information provided and applicable reference tools used to handle call efficiently?
Documentation	Did documentation include caller name and relationship; select correct inquiry category and type; reason for the call; specific actions taken on call; resolution of call?
Hold management	Ask permission and wait for acknowledgement to place caller on hold; explain why call was being placed on hold; thank caller once returning from hold; confirm actions taken during hold; limit dead air?
Transfer protocol (if applicable)	Did CSR explain why caller was being transferred and to whom; provide phone number for future reference; offer further assistance before transfer, thanked caller for calling?
End of call	Did CSR offer further assistance at end of call; summarize actions taken on call; use appropriate closing?
Soft skills	Did CSR display professionalism; sound clear and confident; refrain from using jargon; use effective questioning skills; demonstrate active listening; express empathy when appropriate; take responsibility and express willingness to help; maintain control of call; avoid interrupting or talking over caller; use caller's name at least once during call?
State specific requirements	Did CSR address all State-specific requirements?

## BACKUP SYSTEM (C.1.15)

DentaQuest has comprehensive Business Continuity and Disaster Recovery Plans that provides distinct security protocols ensuring data protection with redundant systems and that operations will continue seamlessly during a power failure, outage, incident, or disaster. Our Plans will be submitted to the Agency for approval before implementation.

Our telephony infrastructure is in Phoenix, Arizona, and Waltham, Massachusetts. Both of these cities serve as each other's respective recovery locations.

If there is a report of any service interruption, the Customer Service Workforce Management team will verify the issue and escalate it to our internal IT department immediately. The Customer Service Workforce Management team will work with the IT department to understand

the problem and an estimated time to fix it. They are required to notify the Client Engagement team within 45 minutes of the first report of the outage.

Timely internal notification ensures DentaQuest's Iowa CEO can notify the Agency within one hour if our primary phone system is inoperative or the utilization of our backup system. We will provide updates regularly until all production systems return to normal operation. If a complete service outage lasts two hours, we will add a message to the incoming phone lines alerting callers to the outage. If the outage is intermittent, we place messaging on the incoming phone lines after four hours.

## TRACKING AND REPORTING (C.1.16)

### Tracking Calls and Inquiries during Business and Non-Business Hours

DentaQuest uses its Windward system to track and report the number and type of Member calls and inquiries. For each call, our CSRs access information (call history, eligibility, claims history, authorization, and benefits) needed to answer inquiries and to log incoming Member and Provider calls.

After validating the caller, the CSR searches for the appropriate member/provider record. The CSR chooses an inquiry category and call type based on the caller's inquiry. While the caller is on the line, the CSR can access all pertinent information from Windward, information in the Provider Manual, and state-specific notes to resolve the caller's inquiry.

The CSR enters information received from the caller and the resolution of the call into the notes field of the call management screen. After the call, the CSR chooses the "call complete" key that closes and logs the call. This action provides the date, automatically stamped on the call record, the nature of the inquiry, and the outcome. The call record is added to the call history of the Member/Provider's record in Windward and can be reviewed during future calls if necessary.

### Reporting on Telephone Service Level Performance

We will report our Contact Center service level performance to the Agency using the service metrics outlined in the SOW and in accordance with the Reporting Manual specifications. DentaQuest has reviewed the reporting manual provided in the Bidder's Library, and confirms it can and will accommodate the template for reporting helpline performance.

## 24/7 DENTAL CALL LINE (C.1.17)

Exceeding the SOW requirement, DentaQuest will offer its Iowa Members **two options** to get the support they need from trained dental professionals: 1) a Dental Call Line accessible 24/7 and 2) a teledentistry visit with a licensed and credentialed Iowa provider.

- **Dental Call Line.** Members who call our toll-free line with dental concerns during normal business hours will be instructed to contact their PCP for assistance, or teledentistry.com. After normal Contact Center business hours will first be assisted by an on-call CSR. The CSR will obtain basic information on the Member's specific dental concern and offer to have an on-call dental clinician follow up with the Member. The CSR will forward the Member's information to the on-call dental clinician, who will contact the Member within 30 minutes to help the Member triage their need to determine whether self-care, a dental visit, or a hospital emergency department visit is appropriate. CSRs will follow up the next day to connect the Member to their Patient-Centered Dental Home Provider and assist in scheduling an appointment.
- **Teledentistry.com.** DentaQuest maintains a national relationship with Teledentistry.com to serve as a 24/7 solution for hospital emergency room avoidance. Members will receive

information on the availability of the service and education on how to access it via our website and in New Member Welcome materials. Teledentistry.com uses an evidence-based triage protocol to assess the Member's situation. The licensed and credentialed Provider will have the authority to prescribe antibiotics and/or non-opioid painkillers to address the Member's immediate needs – which is the same solution any ED would provide but at a significantly lower cost to the Medicaid system. The Teledentistry.com Provider will refer the Member to a participating Provider for follow-up care.

## REDETERMINATION ASSISTANCE (C.1.18)

As a DBA, DentaQuest understands its sole role in the redetermination process is to refer any questions pertaining to redetermination to the Agency's Enrollment Broker.

Further, DentaQuest confirms it will not engage in any of the following activities when assisting the Member: discriminate against Members, including particularly high-cost Members or Members that have indicated a desire to change Contractors; talk to Members about changing Contractors. Provide any indication as to whether the Member will be eligible; engage in or support fraudulent activity in association with helping the Member complete the redetermination process; sign the Member's redetermination form; or complete or send redetermination materials to the Agency on behalf of the Member. Any will refer any Member that requests such assistance to the Agency's Enrollment Broker.

## ENSURING CULTURALLY COMPETENT, LOW BARRIER, AND ACCESSIBLE COMMUNICATIONS (C.1.19-C.1.27)

DentaQuest ensures that all written Member communications are available in English and the Prevalent non-English language (typically Spanish in most states) across the continuum of its materials, including but not limited to:

- Provider directories
- Member handbooks
- Appeal and Grievance notices
- Denial and termination notices
- Oral health education
- Gaps in care outreach (via text, postcards, etc.)

DentaQuest's Member Handbook, website, and Member Portal will explain how Members and Potential Members can access the following services at no charge to them:

- Oral interpretation services for any language
- Written translation is in Prevalent languages
- Auxiliary aids and services

Our Member materials also include taglines in the top 15 Prevalent non-English Languages in the state, and in a conspicuously visible font size. For Iowa, we will include the following information:

- Availability of written translation or oral interpretation to understand the information provided
- How to request auxiliary aids and services
- Provides the toll-free and Teletypewriter Telephone/Text Telephone (TTY/TDY) telephone number of the Contractor's Member/customer service unit.

Based on our initial research, we understand the top languages spoken in Iowa include: Arabic, Chinese, French, German, Hindi, Karen, Korean, Laotian, Pennsylvania Dutch, Russian, Serbo-Croatian, Spanish, Tagalog, Thai, and Vietnamese. We will confirm this with the Agency during the implementation phase.

Figure 10-C contains samples of Member materials we created in Chinese and Russian for a New York MCO client.

As stated earlier in this section of our response, all Member materials are written with 12-point font or greater and are written at a sixth grade reading level according to the Flesch-Kincaid Grade Level Scale.

We reference the U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services Toolkit for Making Written Materials Clear and Effective, guidelines for limited literacy, Federal Plain Language Guidelines, and other resources to ensure our Member materials are clear and absorbable.

### MEMBER HANDBOOK (C.2)

The Member Handbook serves as an important tool to help our Members get acclimated with our program and the benefits available to them.

DentaQuest has developed Member handbooks on behalf of a number of different state Medicaid agencies, including but not limited to: Colorado, Florida, Louisiana, Massachusetts, Michigan, New Hampshire, Tennessee, and Texas. Each Medicaid Agency has its own state developed model handbook that we are required to utilize in the development of our version.

In the case of Iowa, at minimum, we will incorporate the information noted in Figure 11-C, in compliance with SOW Section C.2.

Figure 10-C: Member Materials in Chinese (top) and Russian (bottom)



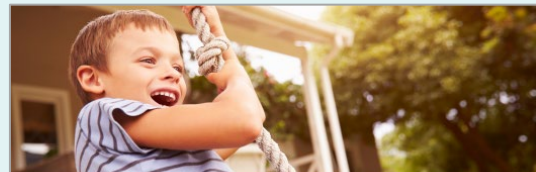
立即安排您的免費牙科預約！

年齡介於 2 與 20 歲之間的 Fidelis Care Child Health Plus 和 Medicaid 會員可看任何 DentaQuest 參與牙醫。您可看目前指派給您的牙醫，也可讓我們幫助您找到一位新牙醫。若需要幫助找牙醫安排預約，請致電 1-800-516-9615。



FIDELIS CARE

DentaQuest



Полис страхования Fidelis Care предусматривает для Вашего ребенка бесплатный стоматологический осмотр два раза в год. Не лишайте ребенка сияющей улыбки — запишитесь к стоматологу сегодня же!

Назначьте осмотр в указанной ниже клиники или обсудите с нашими специалистами варианты подбора новой клиники.

<Location Name>  
<ADDRESS1>  
<ADDRESS2>  
<CITY>, <STATE> <ZIPCODE>  
<XXX-XXX-XXXX> (TTY: 711)

Помощь в поиске участвующих в наших программах стоматологов и информацию о страховом покрытии можно получить у нашего партнера DentaQuest по телефону 1-800-516-9615 (телетайп TTY: 711).

Выездная клиника DentaQuest в Вашем районе!  
Бесплатный предварительный стоматологический осмотр по адресу:

**МЕСТО:**  
[INSERT LOCATION]

**ВРЕМЯ:**  
[INSERT DATES]  
[INSERT TIMES]

**НАМ ВАЖНА УЛЫБКА ВАШЕГО РЕБЕНКА!**  
Дополнительная информация поддержания здоровья зубов приведена на сайтеDentaQuest.com.

DentaQuest соблюдает федеральное законодательство о правах человека и не допускает дискриминации по признакам расовой принадлежности, цвета кожи, национальности, возраста, инвалидности или пола.  
ATENCIÓN si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-516-9615 (TTY: 711).  
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-516-9615 (TTY: 711)。

DentaQuest



FIDELIS CARE



Figure 11-C: Iowa Member Handbook Contents

Scope of Work Handbook Content Requirements	Detail
Information that enables the Member to understand how to effectively use the managed care Program (C.2.03)	Contact information for DentaQuest, Iowa Medicaid Enterprise and DHS and other important phone numbers to get assistance
Benefits provided by DentaQuest (C.2.04.a)	Includes information about EPSDT benefits and how to access services if individuals under age 21 entitled to the EPSDT benefit are enrolled in the Contractor
How and where to Access any Benefits provided by the Agency, including EPSDT Benefits delivered outside of DentaQuest (C.2.04.b)	Information on how to get help with accessing benefits, role of the Patient-Centered Dental Home Provider, and going to the dentist
Cost Sharing Information (C.2.04.c)	Related to any benefits carved out and provided by the Agency (as applicable)
Transportation (C.2.04.d)	How transportation is provided for any Benefits carved out of the Contract and provided by the Agency.
Moral and Religious Objections (C.2.05)	DentaQuest does not have any moral or religious objections in providing services.
Amount, duration, and scope of Benefits available (C.2.06.a)	Will provide sufficient detail to ensure that Members understand the Benefits to which they are entitled.
Procedures for obtaining Benefits (C.2.06.b)	Includes any requirements for Service Authorizations and/or referrals for specialty care and for other Benefits not furnished by the Member's PCP.
After-hours care (C.2.07)	How to access after-hours care
Emergency Care Information (C.2.08)	Details on: <ul style="list-style-type: none"> <li>• How emergency care is provided.</li> <li>• Information regarding what constitutes an Emergency Dental/Medical Condition.</li> <li>• Information regarding what constitutes an Emergency Service.</li> <li>• The fact that Prior Authorization is not required for Emergency Services.</li> <li>• The fact that the Member has a right to use any dentist for emergency care.</li> </ul>
Freedom of Choice (C.2.09)	Including any restrictions on the Member's freedom of choice among Network Providers.
Cost Sharing (C.2.11)	For services furnished by DentaQuest if any is imposed under the Agency's Plan
Member rights and responsibilities (C.2.12)	Including their right to: <ul style="list-style-type: none"> <li>• Receive information on beneficiary and plan information.</li> <li>• Be treated with respect and with due consideration for his or her dignity and privacy.</li> <li>• Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.</li> <li>• Participate in decisions regarding his or her health care, including the right to refuse treatment.</li> <li>• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.</li> <li>• Request and receive a copy of their Medical Records at no cost and request that they be amended or corrected</li> </ul>
Available and Accessible Care (C.2.13)	Includes Member rights and responsibilities, and their right to obtain available and accessible Health Care Services covered under the DentaQuest Contract.
Selecting a PCP (C.2.14)	Includes the process of selecting and changing the Member's PCP
Grievance and Appeals Procedures & Timeframes (C.2.15)	Includes Grievance, Appeal, and fair hearing procedures and timeframes in a State-developed or State-approved description



<p>Rights Regarding Grievances and Appeals (C.2.16)</p>	<ul style="list-style-type: none"> <li>• Includes the Member’s right to file Grievances and Appeals.</li> <li>• Includes the requirements and timeframes for filing a Grievance or Appeal.</li> <li>• Includes information on the availability of assistance in the filing process for Grievances and Appeals.</li> <li>• Includes information on the availability of assistance in the filing process for Grievances and Appeals.</li> <li>• Includes the Member’s right to request a State Fair Hearing after DentaQuest has made a determination on a Member’s Appeal which is adverse to the Member.</li> <li>• Specifies that, when requested by the Member, Benefits that DentaQuest seeks to reduce or terminate will continue if the Member files an Appeal or a request for State Fair Hearing within the timeframes specified for filing, and that the Member may, consistent with State policy, be required to pay the cost of services furnished while the Appeal or State Fair Hearing is pending if the final decision is adverse to the Member.</li> </ul>
<p>Auxiliary Aids (C.2.18)</p>	<ul style="list-style-type: none"> <li>• How to Access auxiliary aids and services, including additional information in alternative formats or languages.</li> <li>• The toll-free telephone number for Member services.</li> <li>• The toll-free telephone number for oral health management.</li> <li>• The toll-free telephone number for any other unit providing services directly to Members.</li> <li>• Information on how to report suspected Fraud or Abuse.</li> <li>• Any other content required by the Agency.</li> </ul>
<p>Detail on what constitutes a significant change and process for communicating a significant change to our Members (C.2.19-C.2.20)</p>	<p>A “significant change” for purposes of this Section C means any change that may impact Member accessibility to services and Benefits, in:</p> <ul style="list-style-type: none"> <li>• Restrictions on the Member’s freedom of choice among Network Providers;</li> <li>• Member rights and protections;</li> <li>• Grievance and fair hearing procedures;</li> <li>• Amount, duration and scope of Benefits available;</li> <li>• Procedures for obtaining Benefits, including authorization requirements;</li> <li>• The extent to which, and how, Members may obtain Benefits from Out-of-Network Providers;</li> <li>• The extent to which and how after-hours and emergency coverage are provided;</li> <li>• Policy on referrals for specialty care and for other Benefits not furnished by the Member’s PCP; or</li> <li>• Cost sharing.</li> </ul>
<p>Transition of Care Policies (C.2.21)</p>	<p>Describes the transition of care policies for Members and Potential Members.</p>

## DENTAQUEST’S PLAN TO DISSEMINATE THE MEMBER HANDBOOK (C.3)

As part of our New Member Welcome Program, DentaQuest issues a Quick Reference Guide that includes information on how to access the full Member Handbook online and/or how to request a hard copy Member Handbook to be provided by mail or email.

The guide also provides information on how Members with disabilities can receive auxiliary aids and services at no cost.

We find that most Members prefer to access the Handbook online, and therefore include a PDF version on our public website, as well as make it available on our secure Member Portal.

## NETWORK PROVIDER INFORMATION (C.4.01)

As part of our New Member Welcome packet, DentaQuest will provide information on how to access or request a paper Provider Directory and how to use our online searchable Find-A-Dentist tool. During Welcome Calls, we explain how to access our Provider Directory on our

website, and offer to assist with selecting a dentist and scheduling an initial dental appointment within 90 days of enrollment.

Our provider directories, and our electronic Find-A-Dentist tool include the following information:

- a. Names, as well as any group affiliations
- b. Street addresses
- c. Telephone numbers
- d. Website URLs, as appropriate
- e. Specialties
- f. Whether the Provider is accepting new Members
- g. Whether the Provider has any limitations on Members they accept
- h. Cultural and linguistic capabilities of Providers including languages (including ASL) offered by the Provider
- i. Whether the Provider’s office have accommodations for people with physical disabilities, including offices, exam room(s) and equipment

Figure 12-C: Paper Provider Directory example

**Texas Provider Directory for Central Texas**

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<p><b>Texas</b> <b>General Dentist</b> <b>Austin</b> <b>Abbasiyan, Saeid, DDS(f)</b> <b>Access Dental Of 7th Street</b> 1923 E 7th St Ste 120 Austin, TX 78702-3453 (469)304-9736 www.accessdentaltx.com County: Travis Accepting New Patients Hours: Sat : 9:00 am to 5:00 pm Mon, Tue, Wed, Thu, Fri : 9:00 am to 7:00 pm Handicap Accessible Special Care Needs: Yes Cultural Competency: No Provider ID: 1275143182 Ages Accepted: All Ages English, Spanish</p>	<p><b>Access Dental Of Rundberg</b> 825 E Rundberg Ln Ste A1 Austin, TX 78753-4809 (512)837-0200 County: Travis Accepting New Patients Hours: Sat : 9:00 am to 5:00 pm Mon, Tue, Wed, Thu, Fri : 9:00 am to 7:00 pm Handicap Accessible Special Care Needs: Yes Cultural Competency: Yes Provider ID: 1275143182 Ages Accepted: All Ages English, Spanish</p> <p><b>Access Dental Of William Cannon</b> 801 E William Cannon Dr Ste 201 Austin, TX 78745-6671</p>
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A paper directory example of this information from our Texas Medicaid program appears in Figure 12-C. Figure 13-C provides a screenshot with this information from our electronic Find-A-Dentist tool.

Figure 13-C: Screenshot of Provider info on Find-A-Dentist tool

## CARE SMILE DENTAL CONCORD

✔ Accepting new patients

<p><b>Plans Accepted</b></p> <ul style="list-style-type: none"> <li>Blue Dental PPO</li> <li>MA - Boston Medical Center (BMC) - Dual Eligible DSNP - Medicare</li> <li>MA - Tufts Health Plan - 65 Plus Dual Eligible SCO - Medicare</li> <li>MA - Senior Whole Health - Choice Care MAPD - Medicare</li> <li>MA - Senior Whole Health - Medicaid</li> <li>MA - Central Mass Health - Medicare</li> <li>MA - Tufts Health Plan - Unify Dual Eligible - Medicare</li> <li>MA - eternalHealth - Medicare</li> <li>UCD Medicare</li> </ul> <p><b>Specialties</b></p> <p>General Dentistry</p> <p><b>Languages Spoken</b></p> <p>English Chinese</p> <p><b>Accessibility</b></p> <p>Wheelchair accessible</p>	<p><b>Address</b></p> <p>1732 Main St CONCORD MA, 01742</p> <p style="text-align: right;"><a href="#">Get directions</a></p> <p><b>Phone</b></p> <p>(978) 505-6284</p> <p><b>Hours</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Monday</td><td>08:00AM - 05:00PM</td></tr> <tr><td>Tuesday</td><td>08:00AM - 05:00PM</td></tr> <tr><td>Wednesday</td><td>08:00AM - 05:00PM</td></tr> <tr><td>Thursday</td><td>08:00AM - 05:00PM</td></tr> <tr><td>Friday</td><td>08:00AM - 05:00PM</td></tr> <tr><td>Saturday</td><td>Closed</td></tr> <tr><td>Sunday</td><td>Closed</td></tr> </table>	Monday	08:00AM - 05:00PM	Tuesday	08:00AM - 05:00PM	Wednesday	08:00AM - 05:00PM	Thursday	08:00AM - 05:00PM	Friday	08:00AM - 05:00PM	Saturday	Closed	Sunday	Closed
Monday	08:00AM - 05:00PM														
Tuesday	08:00AM - 05:00PM														
Wednesday	08:00AM - 05:00PM														
Thursday	08:00AM - 05:00PM														
Friday	08:00AM - 05:00PM														
Saturday	Closed														
Sunday	Closed														

We conduct quarterly verification surveys to determine if provider offices comply with requirements such as the appointment availability requirements noted above and the requirement to offer hours of operation that are no less than those offered to commercial or Medicaid FFS patients. We use these surveys to verify that provider directory information is current.

## PAPER AND ON-LINE PROVIDER DIRECTORY (C.4.02-C.4.03)

Members may access a copy of our Provider Directory online. There will be a PDF version that is posted on the website, as well as instructions on how to request a hard copy.

DentaQuest’s interactive Find-A-Dentist search tool is refreshed **nightly with the Provider’s most up-to-date information that is housed in our Windward system.**

As such, DentaQuest’s Member-facing staff always recommends that Members, community partners, MCOs, and other stakeholders leverage our Find-A-Dentist tool for the most up-to-date Provider information.

Find-A-Dentist makes it easy for Members to locate a participating Provider, The search tool was designed with our Members in mind. It offers:

- **An integrated experience.** Accessible from our dentaquest.com home page, Members can access Find-A-Dentist with one click.
- **Provider/Office Toggle.** Users can see results in either office or provider model. They can toggle between the two modes without having to redo the search.
- **Interactive map experience.** Users can view the Provider options on a map. By clicking on a map icon, the user can see the specific Provider or office location information.

In addition to being a user-friendly interface, our Find-A-Dentist tool provides extensive searching and filtering options to ensure a Member can locate a Provider who can meet their exact needs and desires.

Users can search for a Provider by ZIP code; Provider name; office name; distance from the Member’s location; gender; specialty; languages spoken by Provider and office staff ; whether office is accepting new patients; wheel chair accessibility, cultural competency training, duals experience, and special needs capabilities.



The term “special needs” is extremely broad. Our tool **drills down to specific detail on the types of special needs a Member may have.** A sample of these filters is highlighted in Figure 14-C.

This information is available on the Find-a-Dentist tool and accessible by our Contact Center, Case Management and Care Coordination, and Provider Relations Representative, allowing us to easily locate a Provider who can accommodate the Member's need. Search results include hours of operation, specialties, details about the dentist and office, limitations, age ranges the provider accommodates, and driving directions.

Figure 14-C: Our Find-A-Dentist tool has a multitude of special needs search filters

<b>Provider has experience in</b>	
<input type="checkbox"/> Trained in cultural competency (20)	<input type="checkbox"/> Persons with HIV (35)
<input type="checkbox"/> Treating the duals demonstration population (12)	<input type="checkbox"/> Persons with intellectual disabilities (35)
<input type="checkbox"/> Sedation services for members with complex medical or behavioral conditions (14)	<input type="checkbox"/> Persons with mental health history (15)
	<input type="checkbox"/> Persons with mobility limitations (34)
	<input type="checkbox"/> Persons with paralysis (33)
<b>Special needs experience in</b>	<input type="checkbox"/> Persons with partial hearing loss (37)
<input type="checkbox"/> Children with disabilities/impairments (29)	<input type="checkbox"/> Persons with physical disability (37)
<input type="checkbox"/> Persons with AIDS (38)	<input type="checkbox"/> Persons with seizure disorders (33)
<input type="checkbox"/> Persons with attention deficit hyperactivity disorder (35)	<input type="checkbox"/> Adults with disabilities/impairments (16)
<input type="checkbox"/> Persons with autism spectrum disorder (33)	<input type="checkbox"/> Persons with limited vision (32)
<input type="checkbox"/> Persons with behavioral disorders (22)	<input type="checkbox"/> Persons with co-existing disorders (15)
<input type="checkbox"/> Persons with chronic health condition (16)	<input type="checkbox"/> Persons with development disabilities (17)
<input type="checkbox"/> Persons with cognitive/developmental disability (35)	<input type="checkbox"/> Persons with end stage renal disorder (15)
<input type="checkbox"/> Persons with communication disability (34)	<input type="checkbox"/> Adults and children with disabilities/impairments (18)
<input type="checkbox"/> Persons with deafness (17)	

## PROVIDER TERMINATIONS (C.6.1)

From time to time, Providers may leave our network, with or without cause, due to termination or by electing to do so of their own accord. Providers are contractually required to notify us no less than 90 days before the termination to allow Members sufficient time to identify a new Provider and transition care without disruption. We typically give Providers 60 days' notice for suspensions or terminations unless otherwise directed by the Agency.

DentaQuest identifies Members impacted by a Provider termination through claims history. Members with a history of seeing that Provider within a set timeframe – typically dictated by the Agency – are considered affected. When a PCP terminates, all Members assigned to that location will be considered affected by the termination and, therefore, will receive a notification.

When a termination occurs, we document the change in our Windward system and issue a written notice to each impacted Member to help them transition to a new Provider. We issue these notifications within 15 days of becoming aware of this unavailability.

The written notice contains the following information:

- The Provider's termination or departure from the network
- The effective date of the termination or departure
- Information on how to select another Provider if they so choose
- In the case of a PCP termination, DentaQuest includes the name of a newly identified participating PCP for the Member

## PERFORMANCE-BASED INCENTIVE SYSTEM FOR PROVIDERS (C.6.02 - C.6.03)

DentaQuest has designed and tested a number of Performance-Based Incentive Systems to positively impact Member engagement and dental and overall health outcomes. One outcome we have found is that monetary incentives are not always as effective in producing sustainable outcomes as we first assumed. In addition to our own firsthand experience, there is significant

published data demonstrating that **non-monetary incentives have the potential to be as influential, if not more, than financial incentives for changing behaviors.**

For example, the Center for Health Care Strategies, Inc. in its *Physician Pay-for-Performance in Medicaid: A Guide for States* notes that “performance reports can affect both the public and peer image of physicians. Concern for protecting reputation tends to motivate quality improvement among physicians. Public reporting can be done through reports, newsletters, press releases, web sites, award ceremonies, and stakeholder meetings.”

Additionally, as highlighted in the June 14 webinar “Oral Health in Rural Iowa,” Iowa dentists who will not participate in Medicaid are willing to accept I-Smile Coordinator referrals of Medicaid Members and receive payment via a Title V voucher. This voucher provides reimbursement at the current FFS rates, which are actually lower than what the existing Medicaid Program Contractors pay.

This reinforces what we have learned from thousands of dentists across the country – Providers understand that Medicaid programs have limited budgets and many Providers are intrinsically motivated to help members of their community. But to make participating in the Medicaid program worth their time and energy, the DBAs must provide better service, streamlined process, and recognition for their contributions.

### **Performance-Based Incentive System**

With these factors in mind, we have developed several Performance Based Incentive Program recommendations for the Agency’s consideration. These programs would be initiated in the overall context of our Patient-Centered Dental Home and Value Based Purchasing Programs, which are further detailed in compliance with SOW Section G.5.27.

### **Our Performance Based Incentive Program, as well as our Member incentives and Value-Added Services are structured to align and support the Agency’s goals.**

The first step of our Performance Based Incentive System is to launch our PCDH Program. Because the concept of a PCDH will be new to many Providers, and because we need data to establish baseline quality measures, the first year of the program will be focused on helping Providers get acclimated to the PCDH model and their role, as well as gathering data. DentaQuest will also begin issuing Member rosters of assigned patients, as well as issuing location-level Provider Performance Reports to all PCDH offices. The performance report will give them a snapshot of their performance across the selected quality metrics. During Contract Year 1, the performance report is for informational purposes only, since we need to establish the baseline.

### **Methodology for Incenting Providers**

In Contact Year 2, Providers will be formally assessed against their VBP quality goals for their assigned Members. Providers that meet or exceed their goals will be eligible for non-monetary incentives, which may include:

- **Public Recognition for the Provider.** Office locations performing in the top 1% of the network will receive a wooden plaque citing their achievement. It is expected that offices will leverage this award by posting in their waiting room. Locations in the top 5% and top 10% will receive paper certificates with an acrylic frame – also suitable for displaying on their wall.

In addition to the physical rewards, DentaQuest will publish a list of top performers on our website. As noted previously, comparison to a peer group has been recognized as a powerful influencer of behavior.



- **Front Office Staff Recognition.** Meeting quality goals is a team effort – and it is often the front office staff who are assessing the office’s Member assignment roster, and then subsequently conducting outreach to get Members in for care. Therefore, recognition for this group of individuals is critical. Catered lunches and gift baskets, as well as visits from our Iowa Dental Director to publicly recognize the front office team will be part of this recognition.
- **Express Pass for Service Authorizations.** This status allows Providers who demonstrate high performance, and low clinical denial rates the ability to bypass clinical review on certain procedure codes.
- **Enhanced Member Assignment.** Higher performing Providers meeting key metrics may be rewarded additional assignments of Members who do not actively select a PCDH, or reassignments of Members who were served by terminated Providers.
- **Dedicated Service Line.** PCDH Providers who meet or exceed quality and cost performance goals may be given a special toll-free number for more immediate access to a dedicated Provider Relations Representative.
- **Financial Incentives and Alternative Payment Models.**



The DentaQuest team recognizing Dr. Jorgensen a Medicaid dental Provider in Colorado for her commitment to preventive care. She had an average sealant rate of 64%, significantly higher than the network average.

## Obtaining Agency Approval

We will seek Agency approval prior to implementing any Provider Performance-based Incentives Programs and before making changes to any approved incentives. Additionally, DentaQuest agrees to make physician incentive plan information available upon request.

## MARKETING AND MARKETING RESTRICTIONS (C.7.01)

DentaQuest acknowledges and commits to fully comply with requirements to obtain Agency approval prior to disseminating any Marketing Materials. After completing our internal review and approval process, our standard protocol involves submitting all Marketing Materials to the Agency for approval before distributing them to Members. Our dedicated marketing team diligently oversees and tracks the progress of all materials, from conceptualization to final distribution. Furthermore, any revisions made to Marketing Materials are reviewed again internally to ensure compliance with State and Federal regulations and are resubmitted for Agency approval.

## AGENCY REVIEW (C.7.02)

DentaQuest understands the importance of Marketing and acknowledges that all Marketing activities will be rendered without any extra charges to the Agency. We are fully committed to adhering to all relevant laws and regulations pertaining to Marketing for our health plan. To ensure compliance, and as stated above, DentaQuest will seek Agency approval for all Marketing Materials at least 30 days prior to distribution, or as specified by the Agency.



## PERMISSIBLE MARKETING ACTIVITIES (C.7.03)

Our approach to developing Marketing Materials and participating in Marketing Activities satisfies the requirements of Sections C.7, 42 C.F.R. § 438.104 and all other State and Federal Marketing Activities. DentaQuest understands that many Members benefit for the services provided through various social supports, community-based organizations, and government organizations. Such groups often see these Members and consumers face to face and interact with them more frequently. As such, we will leverage these relationships to help us communicate to our Members and the community on the availability of dental benefits, how to access care, and the importance of regular preventive dental care.

In addition to the development of written and printed materials, we participate in community events and marketing activities using a multi-faceted approach such as:

- Billboards
- Radio and/or television advertisements
- Digital and social media (YouTube, Facebook, Instagram)
- Community events
- DentaQuest’s Member website
- Texting/Emails

We follow the same end-to-end process for the development of written and oral messaging by our Marketing Team from ideation to distribution, all with Agency approval. Before publishing, all materials and content undergo a rigorous approval process to assure the accuracy of information, appropriateness of language, and member-centric design. Our content review process is highlighted in Figure 15-C.

Figure 15-C: Content Review Process

Step	Type of Review	Goal of Review
1	Marketing	The initial review is performed by the DentaQuest marketing department, including but not limited to proofreading and review for internal compliance.
2	Subject Matter Experts (SME)	SME review is conducted by appropriate contacts in other departments as necessary to ensure material content meets statutory, contractual, or other requirements, such as a review by: Product Management; Project Director, Compliance, Customer Service, or other subject matter experts
3	Clinical	All clinical oral health content must also pass a review for accuracy by the office clinical staff peer review process. Clinical criteria are reviewed at minimum annually chaired by the Peer Review Committee, led by our Vice President of Clinical Management. Clinical criteria and content are then distributed by the Client Engagement team.
4	Legal	Once content is finalized, it is reviewed by legal team to again ensure content meets statutory and contractual requirements.
5	Agency	The Project Director is then responsible for sending the material to the Agency Contact for review and approval.

During some community events, DentaQuest provides participants with tokens or gifts of nominal value. Prior to disseminating any tokens or gifts we use the same Content Review Process summarized above.

Our approach to developing materials and content, in addition to Agency approval, will include an internal review to ensure materials are:

- Culturally appropriate: effective, equitable, understandable, and respectful, and responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of our membership
- Linguistically appropriate and in the prevalent non-English language in Iowa. DentaQuest will provide accessible and high-quality services and materials in Spanish, and other language
- In font size 12 or higher
- Incorporate Member feedback
- Comply with Agency standards for Member Materials and Marketing Activities
- Translated materials effectively convey their meaning in a culturally sensitive way DentaQuest uses translation resources that certify and notarize translations
- Confirm State approval of materials

Please see additional Member material samples at the end of this section of our response.

## Marketing Activities

Identifying oral health education activities relevant to covered populations is a part of our Population Health Management approach, which includes collecting and analyzing data and information about our Members and their communities.

In doing so, we better understand our Member population and their oral health challenges and barriers that apply to the entire population or segments of the population; and then develop interventions to address those challenges and barriers—in this case health education activities targeted to the needs of our Member population or segments of the population.

Before participating in any community events or marketing activities, staff is required to successfully complete a training program that incorporates both State and Federal requirements, and our internal process for Content Approval. DentaQuest designs the marketing training module based on the SOW

requirements and submits it to the Agency for approval. Employees are then automatically enrolled and reminded to complete the training through our automated training tool the DentaQuest My Learning Navigator System. This system serves as the source of record to



DentaQuest Member Outreach and Care Coordinators in Florida passing out oral health kits to students.



DentaQuest Member Outreach and Care Coordinators at a special needs event through Family Café in Florida.

document that training was completed by each employee. We can generate reports to share with the Agency upon request.

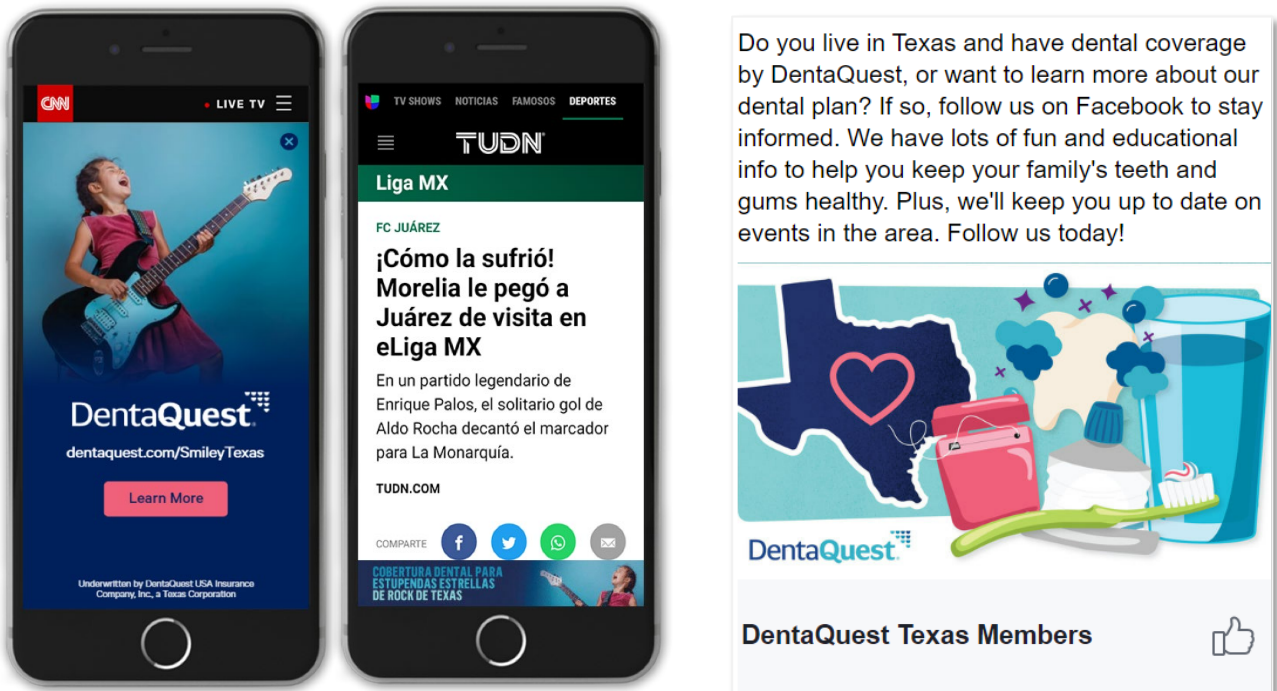
### MARKETING OBLIGATIONS (C.7.04)

In order to ensure compliance with the Marketing provisions provided for in 42 C.F.R. § 438.104 and 42 C.F.R. § 457.1224 during our Content Review process, DentaQuest confirms:

- Material will be offered to all participants at the event and within the service area
- Information is accurate, and is not misleading, fraudulent, or confusing

DentaQuest does not, directly or indirectly, engage in door-to-door, telephone, email, texting, or other cold-call marketing activities and does not engage in activities to influence any participants enrollment. During our marketing activities we do not use any assertion or statement that individuals must enroll with our dental plan to obtain or not lose benefit; or assert that we are endorsed by CMS. DentaQuest is accustomed to adhering to such requirements in Texas, where we are permitted to engage in marketing efforts during the open enrollment period in an effort to encourage Members to select our plan. All of our marketing campaigns were fully approved by the state of Texas prior to deploying them in the market (examples in Figure 16-C below).

Figure 16-C: Texas Member Marketing



### GENERAL INFORMATION REQUIREMENTS AND MEMBER PREFERENCES (C.8-C.8.01)

DentaQuest uses a variety of electronic communication options based on Member needs and preferences. This includes our public website, secure Member Portal, text messaging, MyDentaQuest mobile app, and email. No matter the electronic format, DentaQuest ensures its electronic materials are readily accessible and create no undue burdens for our Members. And

all of our electronic materials are available in English and Spanish, are written with 12 point font or greater, and are written at a sixth grade reading level according to the Flesch-Kincaid Grade Level Scale. We reference the U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services Toolkit for Making Written Materials Clear and Effective, guidelines for limited literacy, Federal Plain Language Guidelines, and other resources to ensure our Member materials are clear and absorbable.

All Member content available on the internet is compliant with CMS regulations, the Americans with Disabilities Act 508/WCAG 2.1AA regulations, and 36 C.F.R. Part 1194.

Our quality processes ensure that every piece of content posted to our website complies with the WCAG 2.1AA standards. We leverage the tools such as SortSite 5, Conductor, and Adobe Acrobat Pro for PDF to ensure digital content is accessible. Each quarter, we run these tools on our websites/Portals to assess for:

- **Accessibility:** check WCAG and Section 508 guidelines against many file types: find flashing GIFs, untagged PDFs
- **Broken Links:** check for broken links and spelling errors
- **Compatibility:** check for HTML, script and image formats that do not work in common browsers
- **Search Engine Optimization:** check Google and Bing webmaster guidelines
- **Privacy:** check for compliance with U.S. law
- **Web Standards:** validate HTML and CSS
- **Usability:** check against Usability.gov guidelines

Electronic information is easily printable. DentaQuest will send hard copies of the materials within five business days upon Member request.

## DENTAQUEST'S ELECTRONIC COMMUNICATIONS (C.8.2-C.8.3)

Our goal is to optimize Members' experiences using an array of digital channels that augment our written materials, and Member Services. DentaQuest will leverage technology to promote timely, effective, and secure communications to our Members. Once the Member selects a preferred communication pathway, DentaQuest will confirm this choice via regular mail with instructions on how to change the selection if they desire.

We have described our electronic communications – Member website, secure Member Portal, emails, text messaging, and the MyDentaQuest mobile app – below. **All of these communication options are available in English and Spanish.** We previously described our state-of-the-art Find-A-Dentist tool ***in compliance with SOW Section C.4.03.***

### Member Website

DentaQuest's public website [www.dentaquest.com](http://www.dentaquest.com) was recently redesigned to leverage digital communication best practices, ensure it is mobile responsive, and provide a simple user interface. The main page of our public website is Member-focused, with click-to-actions for other audiences, including Providers. There are a number of self-service tools, including our Find-A-Dentist search tool, and secure Portals, that are accessible from the home page. The Find-A-Dentist tool is accessible with one click from this home page. Additionally, our website uses geolocation, resulting in a more customized experience for our visitors.

DentaQuest will establish a dedicated Iowa Member page that will include a wide range of information including a quick and more detailed overview of covered benefits, VASs, links to the Member Handbook and Provider Directory, oral health education, Grievances and Appeals information, rights and responsibilities, frequently asked questions, a link to the secure Member



Portal, and list of important phone numbers and links. **Exceeding the SOW requirements, the Provider information accessible through our Find-A-Dentist tool is refreshed nightly.**

### Secure Member Portal

Our Member Portal provides customized and culturally appropriate information available 24/7 at no cost to our Members, online or through our mobile optimized platform, which enables Members to access resources from the palm of their hand. We designed our Member Portal based on contract requirements, best practices, and feedback from our Members across the country, to be a one-stop shop to meet their needs.

Members can opt-in to our Member Portal simply by contacting the Contact Center. When they request access, we provide each Member with HIPAA-compliant and unique login credentials, including a username and password. The Member Portal functionality includes:

- Verify eligibility and view demographic information, including contact information
- View dental health history, assessment, visit summaries, and current and previous referrals
- View the status of prior authorization requests, and past and present claim status and detail
- View all Notices of Action submitted to the Member in the past 12 months
- Use the Find-A-Dentist search tool and view their PCP assignment
- View and print their Member Identification card
- View, download or request Member materials, information and educational materials
- Access public healthcare links

### Text Messaging

DentaQuest uses a HIPAA-compliant platform for sending SMS (text) notifications to our Members. We can leverage text messaging for a variety of communications including but not limited to: general oral health education, gaps in care outreach, and invitations to complete initial oral health risk assessment. Our platform also allows for **secure and personalized customer web feeds**. Secure feeds can include important information like PCDH Provider address and phone number. Members can click-to-call to schedule a dental appointment with their Provider with a single tap.

#### TEXT MESSAGING: AN EFFECTIVE STRATEGY FOR MEDICAID MEMBERS

DentaQuest targeted more than 250,000 heads of households with Members who did not have a dental visit in the previous 12 month period. We also held out a control group to measure the difference in utilization rates. We deployed an SMS message driving to the Member's secure mobile feed, which displayed the PCDH contact information with a click-to-call call to action (CTA). The feed included a secondary CTA linking to the DentaQuest Find-a-Dentist online tool, as well as a link to view the feed in Spanish.

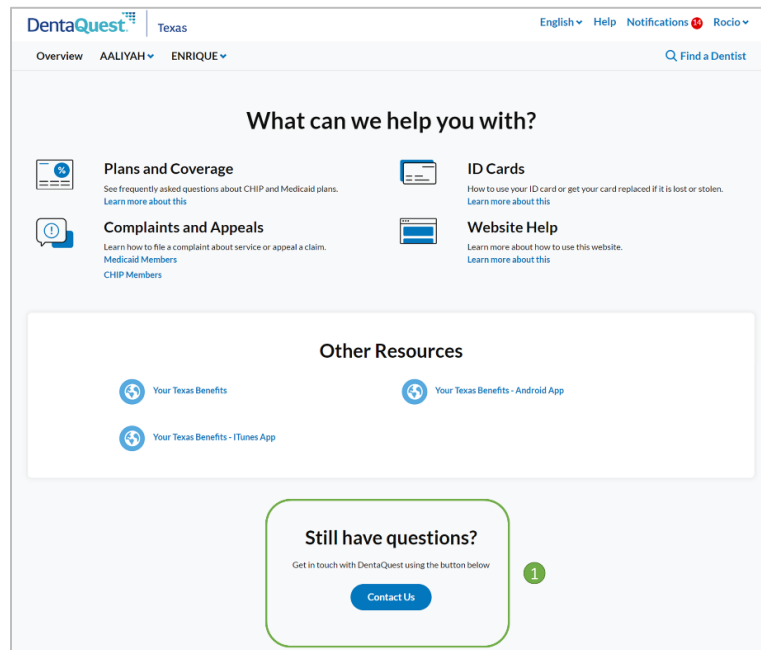
The campaign yielded high engagement, with 22% clicking through from the SMS message to read their secure feed, which is 38% higher than healthcare industry benchmark. Additionally, 23% of those that clicked through to their feed took some type of action, whether it was clicking to call their dentist, opening the find-a-dentist tool, or viewing the page in Spanish, which was consistent with the healthcare industry benchmark of 22%. 10.5% of the Members we targeted had a dental visit after our intervention, which exceeded the control group.

## Email Messages

Members may submit secure email messages to DentaQuest via the Member Portal (Figure 17-C) or they may complete a secure form on our public website.

DentaQuest's CSRs are responsible for acknowledging such messages within one business day. Just as we do for phone calls, the CSR will log the email exchange in the Member record in Windward.

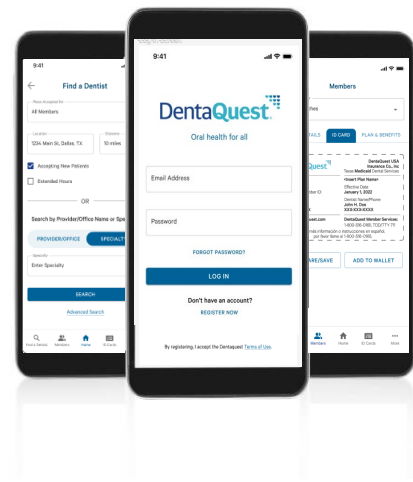
Figure 17-C: DentaQuest's secure email option via the Member Portal



## MyDentaQuest Mobile App

The MyDentaQuest Mobile App for Members provides a streamlined mobile experience. Key features of our app include:

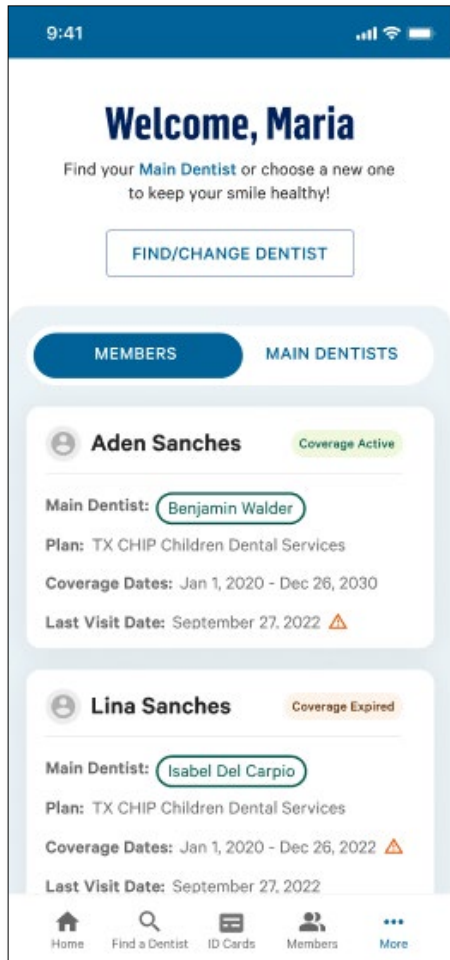
- **Alternate authentication:** Many Members may not have their Medicaid ID handy. Our app allows for the Member to authenticate using their phone number and last four digits of their social security number.
- **Digital ID card:** Members can also save their ID cards to their phone wallet.
- **View Patient-Centered Dental Assignment** and contact information.
- **Find-A-Dentist** interactive Provider search functionality. The experience is authenticated so geographic and plan information is already populated. It also has pre-selected filters and allows for advanced search criteria as well, such as languages spoken and extended hours. Search results appear in a card, map, or detailed view.
- **Benefits summary** including cost sharing information.



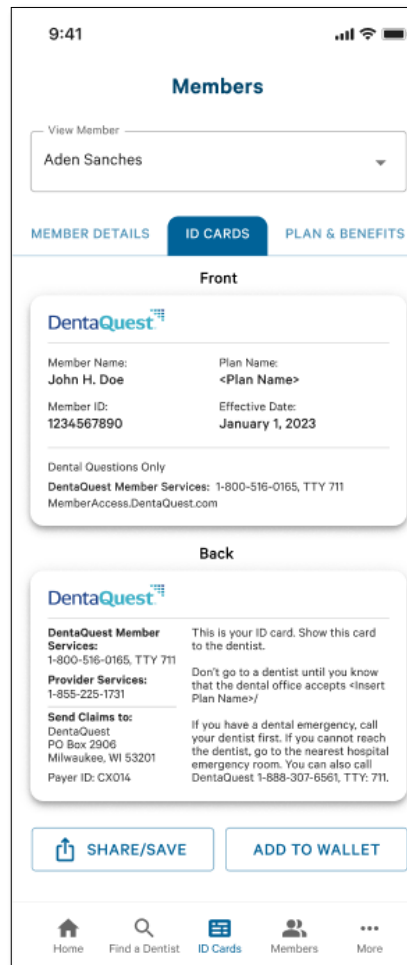
The next several pages provide screenshots of our omni-channel digital Member tools.



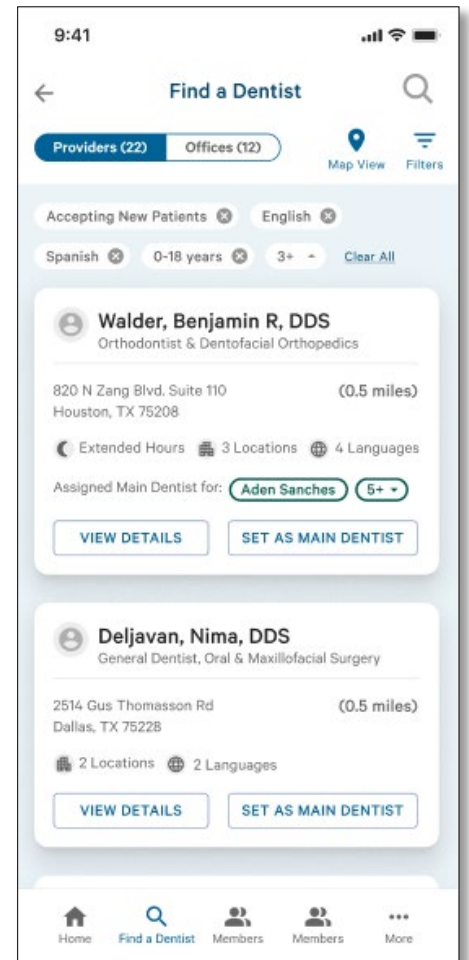
## MyDentaQuest Mobile App Screenshots



Home Screen

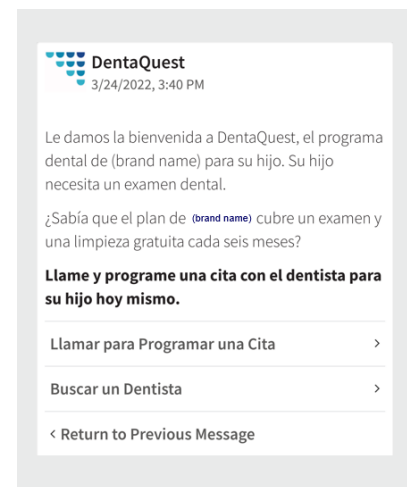
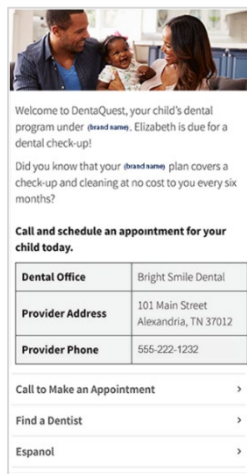
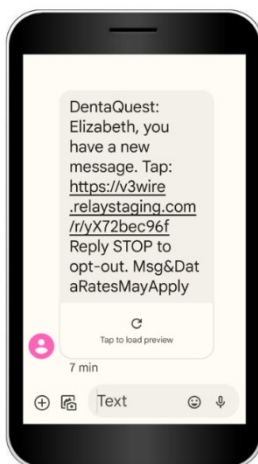


Member ID Card



Find-A-Dentist Search Results

## Text Messaging – DentaQuest’s secure and personalized customer web feeds



## DentaQuest's Find-a-Dentist Search Tool

English ▾

[Members](#)
[Providers](#)
[Who We Serve](#)
[Solutions](#)
[About](#)
[News & Resources](#)

[Find a dentist](#)
[Login](#)

FIND A DENTIST

Providers (170)

Offices (53)

Sort

Closest Distance ▾

[Download](#)

**Location & Plan** ^

Location\* ?

Distance

25 miles
▾

Type of plan\*

Medicare
▾

Choose your plan\*

Senior Whole Health Medicare...
▾

[Update Search Results](#)

**Filters**

Provider/Office

Accepting new patients (169)

[Apply Filters](#)
[Clear Filters](#)

**Chen, Jason J**  
General Dentistry

[\(978\) 505-6264](#)

Care Smile Dental Concord  
1732 Main St  
CONCORD MA, 01742

**4.7 Miles - [Get Directions](#)**

📍 1 Location 🗣️ 4 Languages

✔️ Accepting new patients

[View Details](#)  
[View on map](#)

**Tran, Khoa D**  
General Dentistry

[\(508\) 820-7792](#)

Smilage Dental Center  
463 Worcester Rd Ste 201  
FRAMINGHAM MA, 01701

**6 Miles - [Get Directions](#)**

🕒 Extended Hours 📍 1 Location 🗣️ 2 Languages

✔️ Accepting new patients

[View Details](#)  
[View on map](#)

<
1
2
3
...
17
>

DentaQuest's Find-A-Dentist Search Results

English ▾

[Members](#)
[Providers](#)
[Who We Serve](#)
[Solutions](#)
[About](#)
[News & Resources](#)

Q
Find a dentist
Login

[← Back to Search Results](#)

## CARE SMILE DENTAL CONCORD

✔ Accepting new patients

**Plans Accepted**

- Blue Dental PPO
- MA - Boston Medical Center (BMC) - Dual Eligible DSNP - Medicare
- MA - Tufts Health Plan - 65 Plus Dual Eligible SCO - Medicare
- MA - Senior Whole Health - Choice Care MAPD - Medicare
- MA - Senior Whole Health - Medicaid
- MA - Central Mass Health - Medicare
- MA - Tufts Health Plan - Unify Dual Eligible - Medicare
- MA - eternalHealth - Medicare
- UCD Medicare

**Specialties**

- General Dentistry

**Languages Spoken**

- English
- Chinese

**Accessibility**

- Wheelchair accessible

**Address**

1732 Main St  
CONCORD MA, 01742

**Phone**

(978) 505-6264

**Hours**

Monday	08:00AM - 05:00PM
Tuesday	08:00AM - 05:00PM
Wednesday	08:00AM - 05:00PM
Thursday	08:00AM - 05:00PM
Friday	08:00AM - 05:00PM
Saturday	Closed
Sunday	Closed

**Get directions**

Keyboard shortcuts Map data ©2023 Google Terms of Use Report a map error

Last updated: 06/14/2023

We try to make sure the information displayed here is accurate, but use of this tool is only for general informational purposes and should not be solely relied upon for current information about dentists. From time to time dentists move in and out of networks or move locations, affecting the accuracy of the directory at any given moment, and we cannot update the search tool in real time. In addition, there are locations and dentists who do not participate in certain plans. You should contact the dentist directly to confirm that they are in your plan network and that the desired service is covered by your plan. By signing in and using this tool, you also agree to our [Terms of Use](#).

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DentaQuest's Website

The desktop view of the DentaQuest website features a dark blue header with the logo and navigation links: Members, Providers, Who We Serve, Solutions, About, News & Resources, Find a dentist, and Login. The main content area includes a 'WELCOME MEMBERS' section with a form to confirm state, insurance type, and plan. Below this are three call-to-action boxes for providers, dental plan sellers, and benefits partners. A 'Join our provider network' section is also present. The 'WHAT WE OFFER' section highlights 'Dental Benefits Administration' and 'Individual Dental Insurance Plans'.

Mobile Responsive

The mobile view of the DentaQuest website features a hamburger menu in the top right corner. The 'WELCOME MEMBERS' section is prominent, followed by the state, insurance, and plan selection form. The layout is optimized for smaller screens, with the navigation and form elements clearly visible and accessible.



## KEY MEMBER EDUCATION REQUIREMENTS (C.8.06-C.8.12)

DentaQuest's Member materials will conform to the following requirements:

- DentaQuest does not have **any moral or religious objections** but understands that we would be required to disclose such information to our Members.
- DentaQuest will use the following **State-developed terms** across all of its Member communications: Appeal; Durable Medical Equipment; Emergency Medical Condition; Emergency Medical Transportation; Emergency Room Care; Emergency Services; Grievance; Habilitation Services and Services; Home Health Care; Hospice Services; Hospitalization; Hospital Outpatient Care; Physician Services; Prescription Drug Coverage; Prescription Drugs; Primary Care Physician; PCP; Rehabilitation Services and Devices; Skilled Nursing Care; Specialist; Co-Payment; Excluded Services; Health Insurance; Medically Necessary; Network; Non-Participating Provider; Plan; Preauthorization; Participating Provider; Premium; Provider; Urgent Care.
- DentaQuest makes its **Practice Guidelines** available via its website. Upon request, we can also send a copy of the guidelines to Members.
- DentaQuest agrees to use **State developed Member notices** as directed.
- DentaQuest agrees to issue timely notice to Members of their right to pursue a **State Fair Hearing**.

## STATE MEMBER COMMUNICATION APPROVAL (C.10.01)

DentaQuest will obtain Agency approval on all Member communications. We will submit the materials for review at least 30 days prior to their planned release, or within a specific timeframe as requested by the Agency. All substantive changes to previously approved communications will also be submitted to the Agency for review and approval at least 30 days prior to planned release.

DentaQuest agrees to adhere to any Agency processes implemented to facilitate the submission and approval of materials.

We will include the Agency Program logo(s) in our marketing or other Member communication materials upon the Agency's request and further understand that the Agency may require us to use specific language in our communications. All such customizations can and will be accommodated.

DentaQuest will produce the number of brochures determined by the Agency to be placed in the Enrollment packets. Our brochures will be full color, trifold, eight-and-a-half by eleven inches, and front and back.

## DENTAQUEST'S VALUE-ADDED SERVICES EXPERIENCE (C.11.01-C.11.03)

DentaQuest's experience designing and implementing Value-Added Services for five state Medicaid programs (Florida; Louisiana; New Hampshire; Texas; and going live in 2024, Oklahoma) informs our approach for Iowa.

In accordance with the SOW, DentaQuest understands the Agency will evaluate our proposed VASs prior to implementation and that its approval does not confirm the legality of any VAS. Further, we understand that VASs will be provided at no additional cost to the Agency, nor are they reportable as allowable medical or administrative expenses. Lastly, we do not pass on the



costs of our VASs to Providers. DentaQuest adheres to all of these guidelines in the aforementioned states where it offers VASs.

## VAS DESCRIPTIONS AND APPROVAL AND IMPLEMENTATION (C.11.04-C.11.05)

DentaQuest will inform Members and Providers on the availability of our VASs in the Member Handbook, the Provider Manual, at community events, and on our website. Our description will include the information contained in Figure 18-C.

Figure 18-C: Information included in DentaQuest's VAS descriptions

We include a description of:	Details
Any limitations, restrictions, or conditions specific to the VAS	DentaQuest provides detail on benefit limitations and frequencies associated with any CDT code VASs. We additionally provide detail on ages limits, and other restrictions including how many times a Member may qualify for the VAS (typically once per lifetime for incentives)
The Providers responsible for providing the VAS	Because of VAS are tied to preventive care services, DentaQuest will inform Members that the services are provided by participating PCPs.
How DentaQuest will identify the VAS in administrative (encounter) data	For the CDT code VASs, DentaQuest will ensure there is an indicator to alert the Agency that the VAS was received.
How and when DentaQuest will notify Providers and Members about the availability of such VAS while still meeting the federal Marketing requirements	<p>DentaQuest plans to notify Members on the availability of VASs through the following communication channels:</p> <ul style="list-style-type: none"> <li>• New Member Welcome Program</li> <li>• Member Handbook</li> <li>• Website</li> <li>• Flyers at events</li> <li>• Via the PCP</li> </ul> <p>DentaQuest plans to notify Providers on the availability of the VASs through:</p> <ul style="list-style-type: none"> <li>• Provider Manual</li> <li>• Website</li> </ul>
How Members may obtain or access the VAS	DentaQuest will provide an overview of this information via the communication channels noted above.

DentaQuest will track participating in the VAS Program, establish standards and dental health status targets, and evaluate the effectiveness of our Program.

### C.11 Value-Added Services

#### a. For any proposed value-added service or program, please clearly list:

- Where you have implemented equivalent programs, in Iowa or elsewhere;
- The number and type of individuals impacted, as applicable, and;
- The measurable outcomes achieved.

DentaQuest has designed a comprehensive suite of VASs – inclusive of additional services (CDT codes) and incentives for healthy behaviors that align to Agency goals, the Pay for Performance initiatives, and/or the Healthiest State Initiative. Each is described in greater detail below.

## Member Incentives

### Healthy Behaviors Incentive – \$20 gift card for preventive visit/sealant placement

- ✓ Supports Agency Goal of Increasing Recall and Preventive Services
- ✓ Aligns to Pay for Performance Measure – Preventive Care Utilization
- ✓ Supports Healthiest State Initiative

**Description:**

To promote preventive care, child and adult Members who receive a preventive dental visit within the first 90 days of enrollment, or child Members ages 6-14 who receive a dental sealant will be eligible for a \$20 gift card that can be used to purchase oral health and over-the-counter products, and/or healthy foods like fruits and vegetables.

### Healthy Behaviors Incentive – \$15 gift card for completing initial oral health risk assessment

- ✓ Aligns to Pay for Performance Measure – Initial Oral Health Risk Assessment
- ✓ Supports Agency Goal of improved coordination and continuity of care between managed care plans and enhance medical/dental integration
- ✓ Supports Healthiest State Initiative

**Description:**

Completing the initial oral health risk assessment is critical to ensuring DentaQuest can provide the right level of support and coordination to each Member. Adult Medicaid Members who complete their risk assessment within 90 days of enrollment will receive a \$15 gift card, which can be used to purchase oral health and over-the-counter products, and/or healthy foods like fruits and vegetables.

### Healthy Behaviors Incentive – \$15 gift card for participating in opioid safety education

- ✓ Supports Agency Goal of improved coordination and continuity of care between managed care plans and enhance medical/dental integration
- ✓ Supports Healthiest State Initiative

**Description:**

With this VAS, we aim to promote responsible pain management and reduce the risk of Members becoming newly addicted to opioids. Adult Members who have a tooth extraction will be eligible to receive a \$15 gift card after completing an online assessment and watching a video on opioid safety and alternative pain management options for acute pain (e.g., NSAIDs and acetaminophen). The gift card can be used to purchase oral health and over-the-counter products, and/or healthy foods like fruits and vegetables.

### Healthy Behaviors Incentive – \$50 gift card for receiving two preventive dental visits in a 12 month period

- ✓ Supports Agency Goal of Increasing Recall and Preventive Services
- ✓ Aligns to Pay for Performance Measure – Preventive Care Utilization
- ✓ Supports Healthiest State Initiative

**Description:** Members will be rewarded with a \$50 gift card for receiving two preventive dental visits in a 12 month period. Child and adult Members are eligible for this incentive. The gift card can be used to purchase oral health and over-the-counter products, and/or healthy foods like fruits and vegetables.

**Equivalent Programs**

DentaQuest has implemented similar programs in Florida; Louisiana; New Hampshire; and Texas. We have included a case study below.




**Number and Type of Individuals Impacted**

DentaQuest has designed and implemented these programs exclusively for Medicaid and CHIP Members. Approximately 180,000 Members have participated.

**Measurable Outcomes Achieved**

DentaQuest views Member incentive programs as one element of a very robust, multi-program strategy to help increase the number of Members receiving preventive care. In Texas, for example, we offer a number of incentives to reward healthy behaviors, including those highlighted in Figure 19-C.

Figure 19-C: DentaQuest's Member Incentives in Texas (child population)

Member Incentive	Description on our Website of the Incentive
<p>Dental Care Kit for Child and Parent</p> 	<p>Get off to the right start by having a dental visit with 180 days of when you sign up with us. When you do, you can get one zippered backpack and a dental kit that includes a toothbrush, a tube of toothpaste and a brushing chart and stickers. We will also include a spinning toothbrush, a timer and floss for the parent. That way, you can brush along with your child!</p> <p>For Medicaid Members aged 12 months through 20 years old. For CHIP Members aged 12 months through 18 years old. Limit of one dental kit per Member per lifetime.</p> <p>To get the reward, you need to get the care within 180 days of signing up. Then you fill out the form below and submit to DentaQuest.</p>
<p>\$25 Gift Card for Preventive Care</p> 	<p>You can also get a \$25 Gift Card when your child gets age-appropriate covered preventive care. You can use the card to buy healthy foods and products in order to improve overall oral health. For a full list of eligible items and participating retailers, visit <a href="https://SpeakBenefits.com/Dental">SpeakBenefits.com/Dental</a>.</p> <p>Eligible Members may receive one \$25 gift card for receiving the following care:</p> <ul style="list-style-type: none"> <li>• Medicaid Members (aged 12 months through 20 years old) - qualifying Texas Health Steps checklist</li> <li>• CHIP Members (aged 12 months through 18 years old) - qualifying dental checklist To qualify, you will need to get the right care for your age. Then fill out the form below and submit to DentaQuest. Some limitations apply. Limit of one gift card per Member per lifetime.</li> </ul>
<p>\$10 Gift Card for following up with Patient-Centered Dental Home Provider after a NTDC emergency department visit</p> 	<p>DentaQuest encourages Members to get non-emergency dental care from their Main Dentist (Patient-Centered Dental Home) and not in the emergency room when that is appropriate.</p> <p>Eligible Members may receive one \$10 gift card for taking the following steps if they have had to visit a hospital emergency room for a dental related issue:</p> <ul style="list-style-type: none"> <li>• Have a follow-up visit with their Main Dentist within 30 days of visiting the emergency room for a dental related issue.</li> <li>• Complete the Value-Added Services form and quiz below and submit to DentaQuest.</li> <li>• For a full list of eligible items and participating retailers, visit <a href="https://SpeakBenefits.com/Dental">SpeakBenefits.com/Dental</a>. One gift card per Member, per lifetime.</li> </ul>

These incentives combined with a robust Member outreach and education program, have contributed to **DentaQuest having the leading dental quality scores in Texas** among the three Medicaid dental plans. Several of the 2021 dental quality of care measures for Texas are highlighted in Figure 20-C below.

Figure 20-C: DentaQuest's Dental Quality Performance compared to state average in Texas, 2021

Dental Quality Performance Measure	DentaQuest's Performance	State Average
<b>Preventive dental service rates</b> Percentage of Members (1-20 years) enrolled continuously for 90 days who had at least one preventive dental service during the federal fiscal year	65.35%	62.98%
<b>Topical Fluoride for Children at Elevated Caries Risk</b> Percentage of enrolled children aged 1–20 years who are at “elevated” risk (i.e., “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year.	35.47%	33.65%
<b>Sealant on at least one permanent molar</b> Percentage of Members enrolled for at least 11 of the past 12 months with their 10th birthdate during the measurement year who ever received sealants on permanent first molar tooth	67.60%	66.45%
<b>First Patient-Centered Dental Home Initiative</b> Percentage of Members (6 - 35 months) who had at least one Patient-Centered Dental Home Initiative visit	60.73%	58.29%

### Additional Dental Services offered as Value-Added Services

DentaQuest proposes the following additional dental services as part of its Value-Added Services offering:

Enhanced preventive benefits for high-risk and pregnant populations
<ul style="list-style-type: none"> <li>✓ Aligns to Pay for Performance Measure – Preventive and Dental Care Utilization</li> <li>✓ Supports Agency Goal of enhanced medical/dental integration</li> </ul>
<b>Description:</b> For Members who qualify as high risk or are pregnant, we will cover one additional adult prophylaxis (D1110), Topical application of fluoride varnish (D1206), Topical application of fluoride (D1208), Scaling in presence of generalized moderate or severe gingival inflammation (D4346), and Periodontal Maintenance (D4910). High risk Members may include those with diabetes or heart disease.

Curodont™ Repair Fluoride Plus, a new minimally invasive option
<ul style="list-style-type: none"> <li>✓ Aligns to Pay for Performance Measure –Dental Care Utilization</li> <li>✓ Supports Agency Goal of Improve availability of services</li> </ul>
<b>Description:</b> Curodont Repair Fluoride Plus naturally rebuilds and repairs enamel at the first sign of breakdown. It is designed to address early stage caries without drilling or staining. This non-invasive, easy-to-use treatment uses a proprietary peptide to help teeth naturally remineralize. Unlike fluoride, which only promotes remineralization on the tooth's surface, Curodont uses calcium, phosphate, and other minerals found in the patient's own saliva, to rebuild down to the depth of the lesion.

There are no injections and the procedure can be completed in under 10 minutes providing a positive experience for the Member. Because the procedure is so simple, Providers require minimal training on its use. Because there is no drilling, other dental professionals such as hygienists can typically apply it freeing up time for dentist to do more complex procedures for other patients.

The ADA will be assigning Curodont its own CDT code in 2024, which DentaQuest will cover through this VAS.

**Teledentistry Bundled Payments**

- ✓ Aligns to Pay for Performance Measure – Dental Care Utilization
- ✓ Supports Agency Goal of Improve availability of services

**Description:**

As part of our comprehensive VAS offerings, all of our Members will have access to teledentistry services. DentaQuest has designed two teledentistry bundle payment models – one focused on dental emergencies, and the other focused on prevention – that allow for synchronous and asynchronous encounters.

While any of our Providers will be able to provide these services, we will also provide Members with access to Iowa licensed and credentialed Providers through our partnership with Teledentistry.com. Using a mobile phone, Members will be able to access a Provider 24/7 who can conduct a limited oral evaluation, prescribe medication, and make appropriate referral to a Patient-Centered Dental Home. Teledentistry will be a useful tool for Members in rural areas, as well as those with dental emergencies.

For the preventive service bundle, teledentistry.com will prescribe fluoride varnish and guide the parent/caregiver in applying it to their young child’s teeth during a virtual visit. DentaQuest will also cover the fluoride varnish application (D1206) as part of this VAS.

**Equivalent Programs**

DentaQuest implemented a similar VAS program in New Hampshire on April 1, 2023, so it is too new to have meaningful data.

**Number and Type of Individuals Impacted**

DentaQuest implemented a similar VAS program in New Hampshire on April 1, 2023, so it is too new to have meaningful data.

**Measurable Outcomes Achieved**

DentaQuest implemented a similar VAS program in New Hampshire on April 1, 2023, so it is too new to have meaningful data.

**DENTAQUEST’S COMPLIANCE WITH SECTION C REQUIREMENTS**

DentaQuest confirms that it will adhere to all requirements in Section C, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR. citations noted in Section C.



EXAMPLE MEMBER MATERIALS

Member Handbook Samples



HAWKI  
R HANDBOOK

USATRIA OBTENER UNA COPIA GRATIUTA  
NIQUEST CON DELTA DENTAL OF IOWA AL



DENTAL WELLNESS PLAN KIDS  
(DWP KIDS)  
MEMBER HANDBOOK

SI TIENE ALGUNA PREGUNTA O LE GUSATRIA OBTENER UNA COPIA GRATIUTA  
DE ESTE MANUA EN ESPANOL, COMUNIQUEST CON DELTA DENTAL OF IOWA AL  
1-888-472-2793.



FORM NUMBER: DWPKIDS072022

ED Redirect Education



**Sometimes Problems Come Up Between Dental Visits – If That Happens Try These Steps**

1. Call your dentist. Your dentist can help you with most emergency dental needs
2. If you don't have a dentist, call (Program Name here) at 1-555-555-5555 (toll free). TTY 1-555-555-5555 (toll free). Si hablas español por favor llame al 1-555-555-5555.
3. If you think you are having a dental emergency, and do not have a dentist, go to the Emergency Room (ER).
4. Follow-up with your dentist after the ER visit. If you do not have a dentist call the number above and we will help you find a dentist in your area.

**(Program Name here) wants to help you get the dental care you need. We'll help you schedule an appointment with a dentist in your area.**

This information is available in other forms to people with a special need or disability by calling: 1-555-555-5555 (toll free) or TTY 1-555-555-5555. As a member participation in the program will not affect your benefits.

**TIPS FROM THE DENTIST\***

- Brush your teeth twice a day with fluoride toothpaste. Always spit out all the toothpaste!
- Floss your teeth everyday to remove the food between your teeth
- Eat a healthy diet, and if you snack, eat nutritious foods
- Visit your dentist regularly

\*Tips have been adapted with permission from the American Dental Association's website at [www.ada.org](http://www.ada.org)





Preventive Dental Visit Reminders



## ATTENTION MEMBERS!

It's time for your child's dental check-up with their Dental Home. The Dental Home is the dentist you see every six (6) months.

## ATENCIÓN MIEMBROS!

Es hora de hacer el chequeo dental a su hijo en su consultorio dental. El consultorio dental corresponde al dentista que usted consulta cada seis (6) meses.



**IT'S BABY'S FIRST BIRTHDAY!**

Time to take them to the dentist.



# **SECTION D**

# **PAYMENT**



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

DentaQuest is the dental benefits administrator (DBA) for capitated Medicaid and/or CHIP Managed Care Contracts with state Medicaid Agencies in Florida, Louisiana, Texas, Tennessee, Michigan, and New Hampshire. Coupled with these risk-based contracts, we hold contracts with several Managed Care Organization clients to oversee their dental benefit programs, DentaQuest is responsible for managing \$1.6 billion in claims annually.

As such, we have expertise in managing payments, meeting reporting requirements, refining risk sharing mechanisms, and the actuary capabilities to meet and exceed state and Federal regulations. We will leverage this experience in Iowa to perform all payment and reporting activities as detailed in SOW Section D in accordance with applicable State and Federal Requirements.

### COMPLIANCE WITH PAYMENT REQUIREMENTS (D.1-D.07)

DentaQuest has experience in all applicable risk sharing mechanisms as described in this Contract, including reinsurance, risk corridors, and stop-loss limits. We understand the Agency's methodology related to risk adjustment and agree to comply with all requirements.

We understand the importance of complying with payment requirements including capitation rates and payment requirements for Medicaid eligible members, in accordance with 42 C.F.R. § 438.3(c), 42 C.F.R. § 438.3(c)(1)(i), and 42 C.F.R. § 457.1201(c). Our risk sharing mechanisms comply with 42 C.F.R. § 438.6(b)(1) and include CHIP rates that are actuarially sound, in compliance with, and based on public or private rates for comparable services for comparable populations in accordance with 42 C.F.R. § 457.10. and 42 C.F.R. § 457.1203(a). To ensure our payment requirements remain compliant we maintain existing policies and procedures that serve to guide our payment processes, protocols, and systems. DentaQuest understands that delivery system and payment initiatives are subject to approval prior to implementation as described and in accordance with 42 C.F.R. § 438.6(c).

### MANDATORY RATES (D.1.12)

DentaQuest agrees to comply with the mandatory rate requirements set forth in the SOW. We are accustomed to adhering to such requirements for all of the other State Medicaid programs we serve.

We recognize that reimbursement is an important element in the delivery of Medicaid/CHIP dental benefits. We have the flexibility to increase fee schedules above standard Medicaid rates for services that are needed in areas that have experienced shortages in the past.

### DENTAQUEST'S RELEVANT EXPERIENCE

- ★ DentaQuest is the DBA for capitated Medicaid and/or CHIP Managed Care Contracts with state Medicaid Agencies in Florida, Louisiana, Texas, Tennessee, Michigan, and New Hampshire.
- ★ We are responsible for managing \$1.6 billion in claims annually.
- ★ DentaQuest produces MLR reports on behalf of 11 clients annually and quarterly.
- ★ DentaQuest understands the importance of paying Providers competitively. As such, we will pay Iowa Providers using reimbursement rates higher than the state FFS.
- ★ Last year, we processed more than 24 million Medicaid and CHIP dental claims. Our financial and processing accuracy rates exceeded 99.65%.

Based on our initial work for Iowa, which included discussions with many existing in-network Providers, we understand the incumbent Program Contractors are paying at least 105% of the Medicaid FFS fee schedule, and it is our intent to pursue Contracts at those rates. For the Hawki program, we understand Providers are paid at rates that more closely align to commercial fees. Because our goal is to initially match the current networks in place, and then further improve them, we realize we will need to pay Providers competitively.

To address coverage gaps by sub-specialty or specific area, we may offer fee schedule enhancements to reluctant specialty Providers. This may apply in areas or specialties with insufficient dental professional supply, as with Providers who can serve individuals with special health care needs or who perform sedation services.

DentaQuest agrees to provide our reimbursement rates and fee schedule to the Agency, at least annually or upon request.

### RISK ASSESSMENT PLATFORM (D.1.13)



#### IMPROVING ORAL HEALTH EQUITY

DentaQuest agrees to utilize the Agency-Approved Oral Health Equity Self-Assessment Tool. As part of our due diligence in preparing for this RFP, DentaQuest compared the Agency's current tool to DentaQuest's standard risk assessment tool for any material differences and identified none.

DentaQuest's will make its best efforts to conduct an initial screening with Members within their first 90 days through welcome calls (three attempts), text messages, and via mail. Our Member Outreach and Care Coordinators will routinely offer all DentaQuest Members assistance with completing their Initial Oral Health Risk Screening during any in-person encounters.

We will begin contacting all new Members by phone and text message within 30 days of receiving their eligibility file. The purpose of the Welcome Call is to make sure Members know about and understand their dental benefits and help them complete their Initial Oral Health Risk Screening using our Agency-Approved Oral Health Equity Self-Assessment Tool.

As part of the screening, we will provide information on our Patient-Centered Dental Home program, and help Members arrange an initial visit with their PCP for a baseline oral health assessment and other preventive services, including an assessment or screening of the Member's potential risk, if any, for specific diseases or conditions. We refer Members with special needs and barriers to care to our [Care Coordination and Case Management Program](#) for additional assessment and assistance.

If we are unable to connect with a Member upon initial outreach, we make an additional two attempts, each on different days and at different times of the day. We follow the same approach for our Medicaid Members in Florida and Michigan.

Our text message communication will provide links to complete the Initial Oral Health Risk Screening, our Find-A-Dentist online search tool, and to DentaQuest for assistance in scheduling an appointment. Our Welcome packet, mailed to every household upon enrollment, will contain a quick reference guide with a QR code that will link the Member to the electronic version of the Oral Health Equity Self-Assessment Tool.

DentaQuest is offering a Value-Added Service incentive to encourage adult Medicaid Members to complete their risk assessment within 90 days of enrollment. The incentive, a \$15 gift card, can be used to purchase oral health and over-the-counter products, and/or healthy foods like fruits and vegetables.

## INCENTIVE AND WITHHOLD ARRANGEMENTS (D.2; D.3.01-D.3.02)

DentaQuest supports the focus on preventive care to meet Members’ needs and is experienced in performing under various types of incentive and withhold arrangements. As a result, we are well prepared to perform based upon Agency requirements. We understand the Agency has opted to use an actuarially sound withhold arrangement in lieu of an incentive arrangement for this Contract, to reward the Contractor for improving quality and outcomes.

In addition to partnering with Providers to ensure Members’ oral healthcare needs are met, our robust utilization process, outreach and engagement efforts, and customized reporting capabilities allow us to monitor performance to meet or exceed expectations and ensure we remain on target to earn back the State-defined withhold.

### DentaQuest’s Texas Experience with Pay for Quality

DentaQuest has relevant experience participating in different arrangements that incentivize quality performance. For example, DentaQuest is one of three DBAs serving the Medicaid and CHIP dental program for the Texas Health and Human Services Commission. Through Texas’s dental P4Q program, one and a half percent of each dental plan’s capitation is at risk of recoupment for performance measures in both Medicaid and CHIP.

If a Texas dental plan does not improve or decline beyond a set threshold, it will retain all of its capitation. If a plan’s performance declines beyond the threshold, up to one and a half percent of the plan’s capitation may be recouped by the agency. If a plan’s performance improves beyond the threshold, the plan can earn incentive payments. Incentive payments are only available when money is recouped from another plan.

The dental plans, including DentaQuest, are assessed across State-selected measures each year. The measures for 2019 are outlined in Figure 1-D below. We are providing 2019 data because the state suspended the program during the COVID-19 pandemic. The program resumed in 2022-23, but performance data is not yet available for that time period.

Figure 1-D: Texas Dental P4Q 2019 Measures

Measure	Description	Medicaid Age	CHIP Age
DQA Measure: Oral Evaluation, Dental Services	Percentage of enrolled children: <ul style="list-style-type: none"> <li>who received a comprehensive or periodic oral evaluation within the reporting year</li> </ul>	0-20	0-18
DQA Measure: Topical Fluoride for Children at Elevated Caries Risk, Dental Health Services	Percentage of enrolled children: <ul style="list-style-type: none"> <li>at “elevated” risk for cavities (i.e. “moderate” or “high”) and</li> <li>received at least 2 topical fluoride applications within the reporting year</li> </ul>	1-20	1-18

Figure 2-D provides our performance against the P4Q goals, as well as the state average. DentaQuest was the top performing plan across all measures for Medicaid and CHIP, as evidenced by the higher than state average percentages noted below. For this particular year, approximately \$10.7 million was at risk for recoupment if we did not perform well on our P4Q measures. But because of our strong performance, DentaQuest was eligible to keep \$9.4 million for the year.

Figure 2-D: DentaQuest performance in the Texas P4Q 2019 Program

Measure		Medicaid			CHIP	
	Goal	DentaQuest's Rate	State Average	Goal	DentaQuest's Rate	State Average
DQA Measure: Oral Evaluation, Dental	72.6%	71.96%	70.66%	72.08%	72.36%	68.32%
DQA Measure: Topical Fluoride for Children at Elevated Caries Risk, Dental Health Services	51.19%	50.80%	49.83%	46.89%	48.37%	45.70%

### MEDICAL LOSS RATIO (MLR) CALCULATIONS, CLAIMS, ACTIVITIES, AND ALLOCATIONS (D.4.01-D.4.09)

As the largest Medicaid DBA in the country, we are familiar with and comply with Medical Loss Ratio (MLR) definitions, as well as operational and reporting requirements, including calculation techniques to determine MLR. We evaluate and calculate MLR separately and in aggregate across populations and agree to submit MLR in accordance with standards, inclusive of Title XIX and XXI capitation payments and reporting requirements for Title XIX and XXI reporting at a minimum of 88%, each year as required.

We agree to the submission of reports using the State-defined criteria that clearly show our financial performance relative to the 88% MLR threshold. Our payment processes, practices, and protocols comply with MLR calculation requirements including the numerator, denominator, and ratio calculations as set forth in the SOW.

We agree to comply with the prescribed MLR definitions and calculations, including the numerator and adjusted denominator equal to the adjusted premium. As defined, MLR is the numerator of expenses divided by the denominator of revenue. In accordance with requirements, our numerator will include incurred claims as detailed in SOW Section D.4.06 and expenditures for activities that improve healthcare quality. We comply with 45 C.F.R. part 158 and do not include expenses for fraud reduction efforts in MLR calculations in accordance with requirements.

### PARTNERING WITH TENNCARE TO DEVELOP ACTUARIALLY SOUND CAPITATION RATES

DentaQuest is the single DBA of the TennCare Medicaid program and the CoverKids CHIP program in Tennessee. In 2022, the state's general assembly approved a \$25M investment in Medicaid adult dental benefits for the first time in Tennessee history.

Because this was a brand-new benefit in Tennessee, TennCare had no state-specific experience with which to develop rates. TennCare reached out to DentaQuest to inquire about our experience with comprehensive Medicaid adult dental programs. DentaQuest provided several years' worth of de-identified data on three comprehensive adult dental programs that we administer. TennCare and its actuarial firm leveraged this data to produce a model for utilization, rates, and projections for future utilization. They leaned heavily on DentaQuest's adult dental experience in the three other states to propose the reimbursement rates, risk corridors, and administrative rates.

## **PREMIUM REVENUE (D.4.10)**

We comply with MLR reporting requirements and ensure inclusion of premium revenue including capitation payments, agency-developed one-time and other payments as approved, unpaid cost sharing, changes to unearned premium reserves and net payments related to risk sharing as required.

## **FEDERAL, STATE, AND LOCAL TAXES AND LICENSING AND REGULATORY FEES (D.4.11)**

DentaQuest has an established compliance team staffed with industry experts who oversee and ensure compliance with applicable Federal, State, local tax, licensing, and regulatory fees to ensure compliance with MLR reporting year requirements, including the assessments, fees, payments, premium tax rates, and revenue as required. Our compliance team is supported by many layers of administrative monitoring and oversight conducted to help ensure adherence to all applicable laws, regulations, and tax, fee, expenditure, and exemption payment requirements.

We track and monitor federal regulation and legislation pertaining to Medicare, Medicaid, commercial insurance, CHIP, and the Exchanges, along with key issues related to oral health. We leverage FiscalNote's participation in various dental trade organizations to ensure that all laws and regulations are captured and communicated to the appropriate internal operational units on a regular basis.

## **DENOMINATOR WHEN CONTRACTOR IS ASSUMED (D.4.12)**

We agree to comply with requirements related to the denominator when a Contractor is later assumed by another entity and will report as required the entire MLR reporting year and no amount under this section for that year may be reported by the Contractor.

## **METHODS USED TO ALLOCATE EXPENSES (D.4.13-D.4.14)**

Our financial monitoring and reporting methods and processes ensure we comply with requirements for expense allocation. We understand that expenses must be included under only one type of expense and any expenditures that benefit multiple contracts or populations, or contracts other than those being reported, must be reported on a pro rata basis. We understand expenses that relate solely to the operation of a reporting entity are not to be apportioned to the other entities.

## **CREDIBILITY ADJUSTMENT (D.4.15)**

Our experience with MLR reporting requirements demonstrates our ability to determine when and how to use credibility adjustments in accordance with the required methodology as detailed in SOW Section D.4.15.

## **AGGREGATING DATA (D.4.16)**

Our experienced data and reporting teams ensure our capability to aggregate data as required, including aggregating all data for Title XXI eligibility groups and reporting populations separately.

## **REMITTANCE TO THE AGENCY (D.4.17)**

Our reporting processes allow us to monitor MLR performance. Although we are confident in our ability to meet MLR requirements, in the event we do not meet the MLR standard of 88%, we agree to submit payment to the Agency within 90 days of MLR report submission.



## REPORTING REQUIREMENTS (D.4.18)

DentaQuest has experience producing MLR reports similar in structure and nature to Iowa's requirements on behalf of 11 clients annually and quarterly. DentaQuest fully complies with each state-level managed care-related reporting and disclosure requirements, including reporting formats, submission procedures, and timely and accurate submission of reports.

We have reviewed the reporting requirements in SOW Section D.4.18 and are prepared to meet the requirements. During the implementation phase, DentaQuest will validate the specific templates and report parameters with the Agency and will test the templates prior to deploying them into production. Additionally, many of the required reports are already in our standard library. We have experience with and will align our reporting with all the requirements. Specifically, we will report on MLR inclusive of the following elements, as required:

- Total incurred Claims with IBNR reported separately.
- Expenditure on quality improving activities and 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, and community benefit expenditures
- Taxes, licensing and regulatory fees, methodology(ies) for allocation of expenditures and any credibility adjustment applied.
- The calculated MLR, any remittance owed to the Agency, if applicable. A comparison of the information reported with the audited financial report required under 42 C.F.R. § 438.3(m).
- A description of the aggregation method used and the number of member months.

We will submit an annual MLR report to the Agency that includes, at a minimum, all required elements. We will submit the report in the Agency's determined timeframe and manner. We will remit any amount owed, representing the difference between our actual MLR and the State-defined MLR, within 90 days of the report submission. In addition, we will submit claims data to the Agency within 30 days after the 6-month claims run-out period. As part of this reporting, we require third-party vendors providing claims adjudication activities to provide all underlying data.

We will leverage our established process to ensure accurate and consistent MLR reporting, as specified in 42 CFR and in accordance with the State's requirements. To ensure the integrity of reporting, we review MLR calculation monthly using a checklist to maintain consistency and accuracy. The checklist includes steps to verify the numerator and denominator by reviewing factors including:

- Incurred but not reported claims
- Allowable administrative expenses
- Payments to capitated vendors
- Taxes and other regulatory fees
- Any potentially excludable expenses

## NEWER EXPERIENCE (D.4.19)

We understand the importance of timely reporting and understand the Agency may exclude a new contractor from this requirement for the first year of operation. We agree to comply with requirements during the next MLR reporting year, if excluded, even if the first year is not a full 12 months.

## RECALCULATING MLR (D.4.20)

In the event the Agency makes a retroactive change to the capitation payment for the MLR reporting year, we agree to re-calculate the MLR for all reporting years affected by the change and submit a new report as required.

## MLR ATTESTATION AND MLR GUARANTEE (D.4.21-D.4.22)

Our experience with calculating and reporting MLR, supported by our robust processes, ensures our confidence in attesting to the accuracy of MLR reporting requirements. We acknowledge our role in guaranteeing our MLR and agree to refund an amount equal to the difference between the calculated MLR and total MLR, if our MLR is less than the target MLR in accordance with requirements.

## REVENUE (D.4.23)

Our payment processes and procedures ensure we comply with MLR calculations as they relate to revenue and agree this calculation will consist of both capitation and risk corridor revenue. Additionally, we understand that any unearned withhold amount and any reconciled supplemental/ directed payment will be excluded from MLR revenue calculation.

## BENEFIT EXPENSE (D.4.24)

We understand and agree to comply with the required elements to determine Benefit Expense. In accordance with requirements will we use the following data elements to determine Benefit Expense:

- Paid claims
- Incurred but paid claims
- Provider incentive payments
- Other benefit expense
- Directed payments

## DATA SUBMISSION (D.4.25)

We are well-versed in MLR reporting and currently complete this data submission for several other clients. We have a history of consistently submitting complete and accurate information in a timely manner. DentaQuest will submit all data in the form and manner prescribed by the Agency and will adhere to the 30-day post 6-month claims run-out period deadline. This alignment to format and timing will ensure that the Agency has a transparent view of our MLR and claims cost experience.

## MLR CALCULATION PAYMENT AND COVERAGE YEAR (D.4.26-D.4.27)

Our robust financial reporting capabilities and methodology enable us to meet MLR calculations, calculation reviews, and any necessary payment as required. We understand and comply with MLR calculations for coverage year and agree to use all available data including IBNP and six months of run out for benefit expense as required.

## RISK CORRIDOR OVERVIEW (D.4.28-D.4.29)

We agree to risk corridor definitions and calculations as stated and agree to include risk corridor for the period stated within the Contract. We understand the Agency may modify the risk corridor terms, including termination.

## TOTAL CAPITATION REVENUE (D.4.30)

Our policies and procedures related to total capitation revenue ensure compliance with requirements. They ensure the capitation rates utilized in our revenue calculations are actuarially sound and meet practice standards as established by the American Academy of Actuaries. We ensure our total capitation revenue represents the capitation rate paid by the state and excludes the following:

- Taxes and fees explicitly built into 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.
- Any unearned withhold amounts will not be included within the capitation revenue for the purposes of the Risk Corridor calculation.
- Payments to the Contractor including any amounts due from the State to the Contractor for the fiscal year associated with services carved-out of capitation.

## TOTAL ADJUSTED MEDICAL EXPENDITURES (D.4.31)

We acknowledge that total adjusted medical expenditures will be determined by State actuaries based upon our financial and encounter data supplied to the State in a format as prescribed. We understand and agree to the methodology used in calculating adjusted medical expenditures, the right the state has to pursue and audit, limits the State may impose to the overall reimbursement, as well as the good faith effort to reconcile differences, in accordance with requirements.

## RISK CORRIDOR PERCENTAGE (D.4.32)

We acknowledge the State's role in determining the specific risk corridor percentages and understand that reconciliation is subject to change and will vary based on the final actuarially sound capitation rates for the contract period and the actual population distribution for the Contractor for this contract period.

## TIMELINES (D.4.33)

DentaQuest has invested in a state-of-the-art business intelligence platform to bring flexible, timely analysis to states like Iowa. We use robust data controls and review processes to make sure the information we report is accurate and complete. We have a data team that can customize system-generated reports or produce manual or ad-hoc reports.

We will gather, validate, and test all reporting requirements set forth in the SOW with the State's direction. We recognize our obligations to certify the accuracy, completeness, and truth of the data, documentation, and information we submit to the State.

We will comply with all timeliness requirements, including providing complete and accurate reporting of expenditures within 230 days as required, final risk sharing settlement within 9 months, and payment within 60 days for any balance due as detailed in SOW Section D.4.33. This includes compliance with the complete and accurate report of expenditures for Members, by category of services, claims incurred including six months of run out, and an estimate of claims incurred by not reported for run out beyond six months. We understand that the Agency, at its discretion, may modify timelines based upon incomplete data or other factors that may influence the risk corridor calculation.

Our reporting team will be responsible for generating all required reports. This team generates reports prior to the due date to allow for quality review. We load data into our enterprise data warehouse so we can report on data quality after it is cleaned and staged for reporting. This internal quality control process ensures standard or ad hoc reports respond to specific requirements accurately and thoroughly, are logically organized and uniformly formatted, and do not have spelling or grammatical errors. We also use a system of internal quality controls for electronic data transmitted to our State Agency clients and all related reporting. Once generated, reports are placed into a review queue that will be accessible to the Iowa CEO to perform a quality assessment of the report format and content prior to sending to the State.

**PAYMENT FOR INDIAN HEALTH CARE PROVIDERS (IHCP) (D.5.01-D.5.03)**

DentaQuest has experience working with and supporting access to care for American Indian/Alaska Native (AI/AN) populations and IHCPs in several states. This experience includes compliance with all applicable payment standards. Our payment process and protocols ensure we comply with timeliness obligations, payment obligations for IHCP for FQHCs and non-FQHCs, and comply with requirements in accordance with 42 C.F.R. § 438.14(c)(1); 42 C.F.R. § 457.1209 and 42 C.F.R. § 438.14(c)(2).

**TIMELY AND ACCURATE CLAIMS PAYMENT AND PROCESSING (D.6.01-D.6.04)**

DentaQuest will leverage its experience in meeting or exceeding claims payment timeliness, date of receipt, and date of payment standards to comply with the requirements detailed in 42 C.F.R. §447.45(d)(2) - (3); 42 C.F.R. § 447.46; sections 1902(a)(37)(A) and 1932(f) of the Social Security Act.

Our long history of meeting accuracy and timeliness metrics is due to our robust suite of technology offerings, fast and efficient claim adjudication automation, extensive claims processing expertise, appropriate allocation of staffing resources to meet program needs, and hourly monitoring of incoming claim volume and pending claim queues. Figure 3-D below provides our demonstrated performance in achieving timely payment for the state of Louisiana, where last year, we processed more than 1.1 million Medicaid and CHIP dental claims.

Figure 3-D demonstrates our capabilities to meet claims payment timeliness obligations including our processing of clean claims, in accordance with requirements.

Figure 3-D: DentaQuest’s demonstrated results in achieving Iowa claims standards

Iowa Requirement	DentaQuest’s Louisiana Performance in 2022
90% of Clean Claims within 14 Days of the date of receipt	98.15%
95% of Clean Claims within twenty-one (21) Days of the date of receipt	99.63%
99% of all Claims within ninety (90) Days of receipt	100%
90% of all clean identified adjustments including reprocessed claims within 30 days	99.98%
99% of all clean identified adjustments including reprocessed claims within 90 days	100%

## Processes to Ensure Timely and Accuracy Claims Processing and Payment

Nearly all processing within Windward occurs automatically, with approximately 80% of claims reaching a final adjudication status without requiring manual intervention. Claims received are entered into Windward within 24 hours or less from date of receipt, and Windward attempts auto-adjudication immediately upon the claim entering the system. Any fluctuations in our auto-adjudication rates are investigated to ensure there are no systemic issues that need to be resolved.

### ***Process to Monitor Standards for Manual Claims***

Claims that do not automatically adjudicate are handled via an in-process claims workflow process. The types of claims that require manual processing include orthodontia, retrospective clinical review, coordination of benefits, and third-party responsibility cost avoidance. Windward systematically routes these claims into queues and they are worked on a first-in, first-out basis. This process allows a Claims Processor to manually review a claim to determine the reason(s) it may have failed to adjudicate automatically and processes the claim accordingly for covered benefits.

When claims are pended for retrospective clinical review, Windward routes these claims into a queue accessible to our Clinical Review Specialists and Dental Consultants to conduct review. DentaQuest's Utilization Management team has dedicated workflow coordinators who are responsible for assigning specific Clinical Review Specialist and Dental Consultants to these queues, and for ensuring they are addressed within contractual timeframes.

Additionally, if a submitted claim form is missing information required for payment, the claim will deny for missing information, and Providers will be notified of the denial via a remittance statement.

Our process for successfully monitoring timely claims payment standards is a daily priority for the claims management team. We have designated team leads and supervisors who generate, monitor, and act upon reports that identify claims approaching timely payment limits. The two primary reports we use to monitor timely payment standards are our claims aging report and our queue inventory report.

These reports include both high-level and claim-level views and allow our claims management leadership to prioritize specific queues in Windward that contain those claims approaching timely payment limits. Team leads and supervisors continue to monitor these queues throughout the day in real time to ensure all priority claims are processed. Additionally, any expected fluctuations in our queue inventory would trigger an investigation and resolution.

### ***Claims Corrections, Reprocessing, and Adjustments***

In accordance with requirements, all adjustment requests will be researched and resolved within 30 business days of receipt. DentaQuest allows adjustments to payments of claims for both overpayments and underpayments of services rendered. Prior to the reprocessing a claim that was previously adjudicated, DentaQuest will research and verify a Provider's request for reprocessing. If it is determined that the initial claim payment was correct, the Provider is notified that no adjustment will be made. If it is determined that the initial claim payment requires an adjustment, the adjustment is included in the next adjudication cycle.

Routine monthly monitoring by our Claim Research and Resolution Team ensures we remain compliant and identify denied claims with dates of service within current eligibility spans to verify findings and initiate reprocessing as necessary.



**Workforce Management and Training**

We maintain sufficient staffing and appropriate resources to achieve contractual compliance for claims processing. We forecast staffing needs to support claims volume based on average membership counts. We assume an average amount of claims per Member per year to identify the overall expected volume. We then use average claim processing rates (claims processed per hour) to determine the number of full-time equivalents required to support the claims volume.

We employ a comprehensive training program that includes new hire training and onboarding monitoring through which we audit 100% of the new Claims Processors’ work for accuracy. Once a Claims Processor begins to work independently, a Lead Claims Processor will review 10–15 of their claims per day. Claims Processors work on basic claims for four to six months before being trained to handle more complex submissions.

**OUR CLAIMS MANAGEMENT APPROACH AND METHODOLOGY HAS PROVEN RESULTS.**

Last year, we processed more than 24 million Medicaid and CHIP dental claims. Our financial and processing accuracy rates exceeded 99.65%.

**Calculating our Timely and Accuracy Metrics**

Based on State expectations, we generate reports weekly or monthly to assess our performance against each State’s expected service level agreements.

- Our **claims turnaround report** summarizes the percent of claims processed within 30 calendar days and 90 calendar days. It calculates the days to pay from the clean receipt date and factors it as a percentage of all claims received for the given time period.
- Our **processing accuracy rate report** summarizes the total number of service lines processed for the month and the total number of service lines adjusted due to DentaQuest error.
- Our **financial accuracy rate report** summarizes the total dollars paid and the total dollars that were adjusted due to DentaQuest’s error.

**Reporting on our Results**

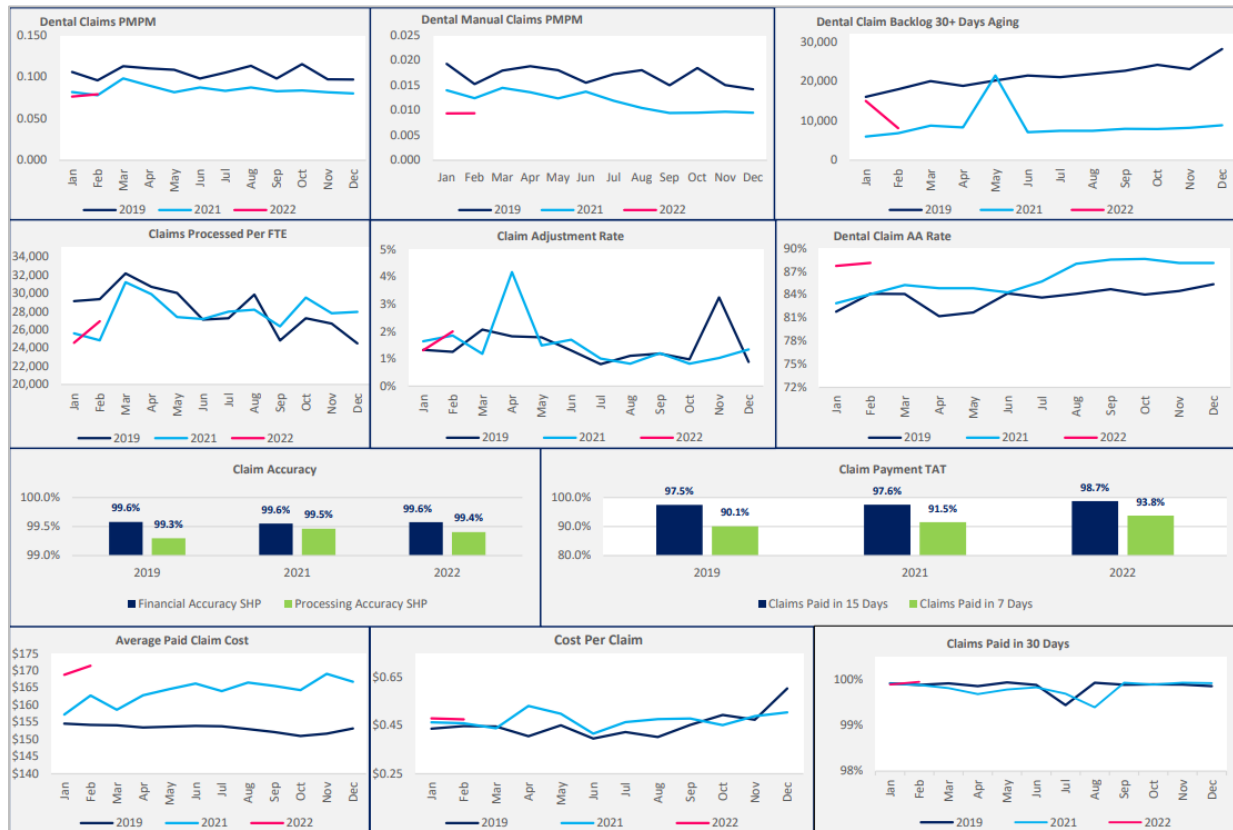
DentaQuest shares claims performance across our organization with a number of interested stakeholders, as well as with each State or MCO. Figure 4-D summarizes these reports.

Figure 4-D: Claims Performance Reports

Report	Purpose	Audience	Frequency
Claims accuracy report	Reports on the accuracy of both processing and financial accuracy	Operational leadership	Monthly
Claims turnaround report	Reports on claims processed within 30 and 90 calendar days	Operational leadership	Monthly
Clean claims report	Will report on Iowa claims processed in accordance with reporting needs defined in the implementation process	Agency	Monthly

Our dynamic internal claims dashboard (Figure 5-D) provides our operations leadership team with a line of sight into our claims processing performance. Please note, the data contained herein is for illustrative purposes only.

Figure 5-D: Claims Performance Dashboard for Operational Leadership Team



### PASS-THROUGH PAYMENTS (D.7.01)

We acknowledge and comply with pass-through requirements for this contract. We understand that we will not make pass-through payments to other provider types in accordance with the requirements.

### DENTAQUEST'S COMPLIANCE WITH SECTION D REQUIREMENTS

DentaQuest confirms that it will adhere to all requirements in Section D, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR citations noted in Section D.

# **SECTION E**

# **PROVIDERS AND**

# **PROVIDER NETWORK**

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

With 30 years of experience establishing Provider networks in every state, and maintaining fully owned and operated Medicaid/CHIP networks in 21 states, DentaQuest has established strategies necessary to develop a compliant network and maintain ongoing, active Provider participation.

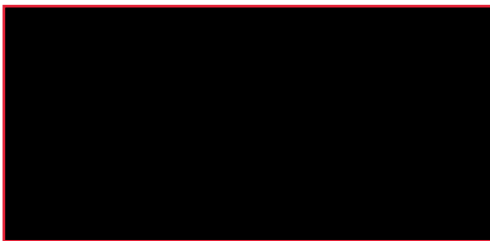
DentaQuest achieves strong partnerships with Providers to ensure positive impacts on the oral health of the communities we serve while making a beneficial impact on overall Member well-being.

### LISTENING TO, AND LEARNING FROM IOWA PROVIDERS AND ORAL HEALTH STAKEHOLDERS

For the past year, DentaQuest has been working to engage the Iowa Provider community in preparation for the release of this RFP. Highlights of our efforts include:

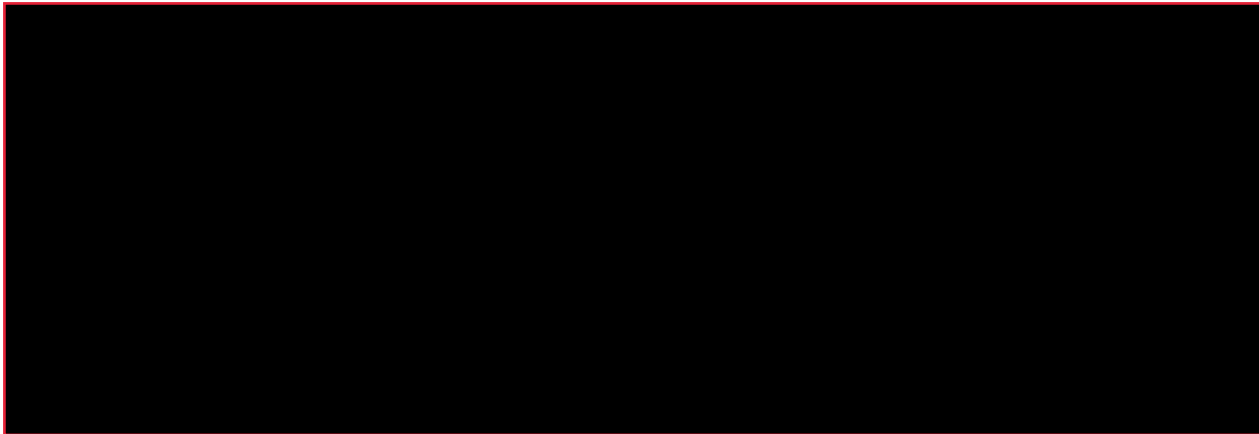
- Our recruitment campaign is underway to establish a Medicaid and CHIP network that is fully compliant. Our activities to date have included:

○



### DENTAQUEST'S RELEVANT EXPERIENCE

- ★ We built and currently maintains owned and operated dental networks in 21 states where we serve Medicaid and CHIP populations.
- ★ We provide comprehensive Medicaid and CHIP Provider support and training in all 21 states.
- ★ DentaQuest's network solutions go above and beyond, and includes its establishing dental care practices in underserved communities through its affiliate Advantage Dental+
- ★ We have more experience than any other Medicaid DBA designing and implementing VBP programs. We currently have 3.1 million Members receiving care through a VBP program in seven states.
- ★ Our industry-leading Patient-Centered Dental Home Program has proven results of driving high quality care. There are currently more than 19 million DentaQuest Members served through our model across 16 states on behalf of 32 State Medicaid Agency and MCO clients. Nearly 21,000 DentaQuest PCPs are serving as PCDHs.



DentaQuest was pleased to attend and sponsor an event at this year's Iowa Dental Association Conference



DentaQuest's team met with many currently participating Providers during the two-day event.



DentaQuest co-sponsored the New Dentist Reception.

The work has been immensely informative to help shape our understanding of the unique dynamics in the state. We have a clear understanding of the solutions we need on Day One to earn the trust of Iowa Providers, and ultimately their commitment, to participate in our network. Figure 1-E provides an overview of the common themes we heard from Providers, and DentaQuest's planned approach to address each.

Figure 1-E: Common themes heard from Providers across the state

Feedback from Providers	DentaQuest's Proposed Solution
<p>The current administrative processes are cumbersome. It is difficult to check eligibility as there is no "batch" functionality</p>	<p>DentaQuest understands that administrative ease can go a long way in earning Provider trust and buy-in for a Medicaid program. We offer a comprehensive high-tech and high-touch solution to support our Providers, including a state-of-the-art Provider Portal that allows dental offices to conduct eligibility checks on 50 Members at a time.</p> <p>Through our Value-Based Purchasing program, DentaQuest offers several incentives to Providers who perform exceptionally well. These incentives</p>

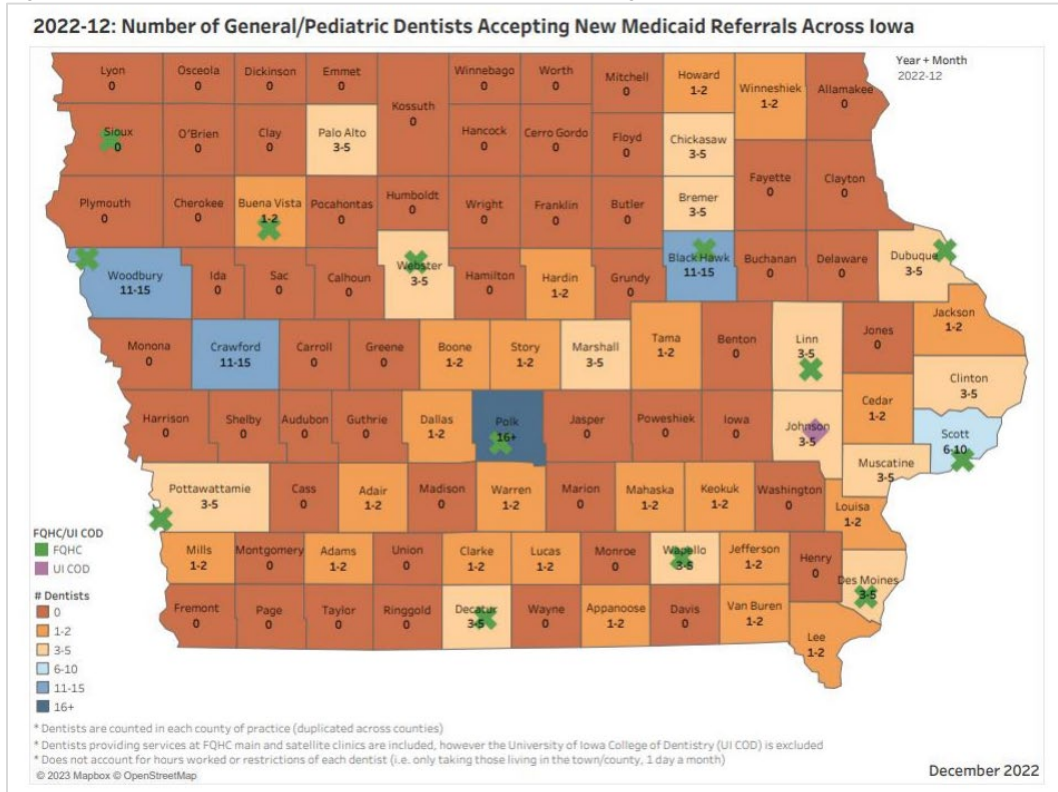


offered by the current dental plans.	aim to provide administrative ease for Providers and improve the overall value for our clients.
It would be helpful to have a dedicated resource or point of contact for issues with claims and authorizations.	DentaQuest will have dedicated, local Provider Relations Representatives to serve as a single point of contact for network Providers. Providers across the country consistently rate our Provider Relations Representatives as one of the most valuable resources offered through DentaQuest. Our local, Iowa-based Reps will be familiar with the geographical dynamics, local culture, and other nuanced aspects of their respective service areas.
Provider office staff need more hands-on training on the rules of the program.	DentaQuest will bring a robust training program, inclusive of training specifically designed to support not only the Provider, but the front office staff to maximize the administrative efficiencies we offer.
Medicaid Members need more education/outreach from the DBAs.	DentaQuest will work closely with general and pediatric dental Providers in Iowa to provide comprehensive education and support on serving as Patient-Centered Dental Homes for our Members.  DentaQuest performs over 150 outreach initiatives annually. Although the outreach initiatives vary in their objectives, depending on the State's needs, the overarching goals of each is to educate Members on the value of good oral health, encourage Members to seek dental care, and improve overall Member health. We have proposed a comprehensive education program for the State of Iowa to help support Members to be active participants in their oral health care.
Providers would appreciate having a platform to share their concerns and ideas.	One of DentaQuest's best practices is to establish a Dental Advisory Committee (DAC) for each State Medicaid Program we serve, comprised of participating Providers, organized dentistry, Agency representatives, and other oral health stakeholders. We already have several Iowa Providers who have expressed interest in participating in our DAC, should we be selected to serve the state. These Providers are excited for the opportunity to become more engaged in the Medicaid program through our DAC.

The biggest takeaway from our discussions in Iowa is that **the lack of active Provider participation in the current Medicaid dental program is a significant concern**. While on paper, the number of contracted dental Providers appears robust many counties do not have Providers who are willing to see new Medicaid Members.

This was highlighted in the February 9 Iowa Dental Medicaid Referral Stakeholder Workgroup meeting (Figure 2-E) and reinforced during the June 14 webinar "Oral Health in Rural Iowa" presented by I-Smile Coordinator Kiane Smith with the Elkador Visiting Nurse Association. Ms. Smith noted that dentists in her region are willing to see uninsured children, whereby they receive payment through a Title V voucher paid at the FFS rates but are not willing to accept a referral to treat a Medicaid Member, despite having the opportunity to receive higher rates from the current DBAs, both of which pay 105% of FFS or more.

Figure 2-E: Number of General/Pediatric Dentists Accepting New Medicaid Referrals Across Iowa



This feedback reinforces DentaQuest’s own experience working with nearly 40,000 Medicaid dentists across the country: **Providers understand that Medicaid programs have limited budgets, and many Providers are intrinsically motivated to help Members of their community, but to make participating worth their time and energy, three critical elements must be in place:**

**1. High-touch service.** The importance of strong partnerships with our dental Providers cannot be overstated. Providers want a single point of contact and local support for their office staff and for the DBA to support Members to ensure they are actively participating in their care. DentaQuest will offer extensive support for both Providers and Members alike with local, Iowa-based Provider Relations Representatives who will make in-person visits to dental offices at least quarterly.



**2. Administrative efficiencies.** Medicaid programs have traditionally been viewed as unnecessarily burdensome. The Agency has already taken significant steps in recent years to minimize the administrative burdens for Providers – including moving the dental delivery system under a single contract, including orthodontia coverage in this RFP process; simplifying the comprehensive adult benefit package; and permanently removing the Dental Healthy Behaviors premiums for adults. Coupled with DentaQuest’s solutions, we are confident Providers will find it much easier to participate in the Medicaid program.



**3. Recognition** for their contributions to supporting the state’s most vulnerable children and adults in their communities. As highlighted above, financial gain is not a typical motivator for Providers. We have several financial and non-financial ways we plan to recognize and reward Providers for their service.

These three critical elements will serve as the cornerstone of our approach for initial recruitment and ongoing management of the network, which we document in detail in this Section of our response. Our comprehensive approach to Provider relations is featured in response to SOW Section E.01 and our plan for recruiting the network is outlined in response to SOW Section E.1.

## PROVIDER RELATIONS AND COMMUNICATIONS (E.01)

DentaQuest employs a multi-pronged Provider relation and communication strategy to promote Provider satisfaction and active participation in our network.

### High-Touch Service

We prioritize high-touch services for Medicaid and CHIP Providers by assigning dedicated Provider Relations Representatives to support them in their region.



DentaQuest will hire a team of local Provider Relations Representatives to be an integral part of our Provider engagement model. They serve as trusted business partners to help keep busy dental offices running at peak efficiency by communicating with Providers and their staff on a regular basis, through in-person visits, phone, and email.

Our Iowa Provider Relations Representatives will be responsible for facilitating the initial and ongoing training of Providers. They will assist offices with procedures related to prior authorizations and other utilization management policies; encourage electronic billing; and provide education and technical assistance regarding claims issues, and other program requirements and priorities. Our Provider Relations team will be responsible for implementing the comprehensive Provider Training Program, described in detail in response to SOW Section E.04.

100% of our Iowa Providers will have a dedicated Provider Relations Representative to serve as their single point of contact for any needs.

We regularly assess feedback from our Providers and include a question in our annual Provider survey on their satisfaction with their Provider Relations Representative. DentaQuest’s aggregate 2022 Provider Satisfaction results for Medicaid indicate **89% of our Providers are satisfied with their Provider Relations Representative.**

DentaQuest’s Provider Services Hotline, described in response to SOW Section E.02, serves as another level of support for Providers through responsive service during normal business hours.

### WHAT THEY’RE SAYING ABOUT DENTAQUEST...

“I have had a very good experience working with DentaQuest. I appreciate their fast claims processing times, pre- authorizations are done quickly and without a lot of second guessing by their clinical reviewers and there isn’t a lot of unnecessary administrative work. My Provider relations contact always calls me back within a day and that is very helpful.”

- Pediatric dentist in the Texas Medicaid dental program

**Obtaining Regular Provider Feedback to Ensure Satisfaction**

Our approach to high-touch service and support includes providing ongoing opportunities for Providers to share their feedback and ideas with us and the state Medicaid Agency. This includes conducting satisfaction surveys and establishing a Dental Advisory Committee.

- **Quarterly and Annual Provider Satisfaction Surveys.** Not only does DentaQuest perform annual Provider satisfaction surveys for each of its networks, but we are launching quarterly pulse surveys to obtain more frequent and timely feedback on our performance, and how we can better support our networks. To maximize Provider engagement in the process, we conduct the annual survey electronically and incentivize their participation.

DentaQuest invites all participating Providers to participate in **quarterly “Pulse” surveys**. Pulse surveys are shorter than annual surveys and intended to provide more frequent, timely, and actionable insights, allowing us to continually improve the Provider experience and reduce friction. DentaQuest shares annual survey results with the State Agency, whereas the Pulse surveys are for internal use.

- **Dental Advisory Committee.** DentaQuest will form an Iowa Dental Advisory Committee (DAC) comprised of participating Providers, I-Smile Coordinators, and other key dental professionals. The Agency’s representatives are welcome to attend and participate. Committee Members will consist of a cross-section of all dental specialties across the state.

The goal of the Dental Advisory Committee is to first and foremost, give Providers a voice for their community and ensure they have a say in how we administer the dental program. The DAC will provide feedback on topics such as improving the functionality of resources and tools intended to make it easier for Providers to participate in the program (e.g., the Provider Portal), the development of prevention-based strategies for use by dental officers, help in championing the program to new dentists, and monitoring the pulse of the dental community. We hold meetings quarterly and each meeting includes the opportunity for DAC Members to share questions and concerns they hear from colleagues in the field. We will share this feedback with the Agency along with any recommendations we feel would enhance the Provider or Member experience.

Several Iowa Medicaid Providers, including Drs. Logan Veath and Ryan Hajek, have expressed interest in serving on our DAC.

**Administrative Efficiencies**

Nationally, dental Providers cite administrative barriers as a top reason for not participating in government-sponsored programs, and we understand this to be a barrier in Iowa as well.

Therefore, offering administrative efficiencies that make it easier to work with us is a priority. We do this through:



- **Intuitive and responsive technology solutions** to optimize participation in our network, including electronic claims and authorization submissions. Last year, more than **95% of the 24 million claims we processed were submitted electronically**. Using our secure Provider Portal, offices can view and manage their entire DentaQuest patient base. Our Provider Portal is described in greater detail to SOW Section E.1.04. DentaQuest will encourage all Providers to enroll in our direct deposit program to improve access to timely claims payments.
- **Streamlined credentialing and contracting.** Providers may submit their credentialing application via our website, or via the Council for Affordable Quality Healthcare (CAQH)



website. Upon receipt of a complete application, **credentialing timelines average less than 15 days for similar states.**

- **Fast and accurate claims payments.** We understand timely and accurate claims payment can go a long way to ensure continued Provider satisfaction and participation. We process nearly **93% of all claims within seven calendar days** of receipt, far surpassing the Agency's expectation of 90% within 14 days of receipt. And our processing and payment accuracy rates are greater **than 99.65%**.
- **Easy referral process for specialty care.** Many of our competitors require that their PCPs complete a form and request approval for specialty care referrals. Not only is this a significant administrative burden for the PCP, but it adds potentially unnecessary wait time for the Member to get the care they need. DentaQuest allows the PCP to notify their Member when they require specialty care and refer them to any participating specialist. Providers will be encouraged to use our online Find-A-Dentist tool to locate a specialist in the Member's area. If they are unable to readily locate an option for the Member, they can simply contact DentaQuest for assistance. DentaQuest will be responsible for finding either an in-network or Out-of-Network option, depending on what is appropriate.
- **Peer-to-Peer discussions regarding adverse determinations.** Providers may request a peer-to-peer discussion with a DentaQuest Dental Consultant following the denial of a service authorization request. The denial notice includes the right to consultation and instructions for requesting one. Providers may call our toll-free line to request a conversation with the Dental Consultant who issued the adverse determination.

If the Provider can supply additional information to the Dental Consultant, they may reverse the determination. For example, in Arizona, we had 28 Peer-to-Peer consultation requests out of 74,996 clinical denials in a single calendar year. In three of these cases, the Dental Consultant reversed the initial decision after reviewing additional supporting information provided by the requesting Provider.

- **DSO and FQHC Concierge Program.** Dental Service Organizations (DSO) and FQHCs are key links to serving lower-income populations. DSOs and FQHCs often maintain several offices and traditionally serve a large percentage of Medicaid Members. Through our Concierge Program, new credentialing applications are completed within 18 working days, and offices will have a single point of contact for credentialing assistance. We provide dental schools with direct contact information for contracting and credentialing assistance to ensure that students and dentists providing oversight can provide Medicaid dental services, with ease of administration for the dental clinic and hospital settings.
- **Option between prior authorization and pre-payment review to submit service authorizations.** DentaQuest gives Providers to flexibility to choose whether to submit a request for prior authorization before the service is performed or submit using pre-payment review – after the service is performed, but before we pay the claim. Prepayment review is permitted on any service that requires a service authorization, except for dental care in a hospital setting and orthodontia, which must always be prior authorized.

We offer this option because pre-payment review reduces administrative barriers for the Provider and reduces barriers to care for the Member. With a pre-payment review, the Provider can move forward with the procedure and submit the required documentation with the claim. This alleviates the need for the Member to make a second trip to the office.

- **Providing Members with ongoing support.** As we encourage Members to become active participants in their oral health care, DentaQuest will implement a comprehensive **Iowa Oral Health Literacy and Outreach Program**. As described in our response to Section C, this



program is designed to improve Member awareness and engagement through hands-on education and outreach. For example, our **Broken Appointment Program** allows Providers to refer Members who are missing their dental appointments to DentaQuest. In turn, DentaQuest will work with these Members to remove barriers preventing them from keeping their appointment and explain the ramifications of not giving offices at least 24 hours' notice of cancelation.

- **No administrative hurdles to participate in our Value-Based Purchasing Programs.** Described in greater detail later on in this section, our VBP programs are based solely on submitted claims data, designed to ensure there are no administrative hurdles to maximize Provider adaption and program participation.

## COMING SOON...A NEW TOOL TO MINIMIZE ADMINISTRATIVE BURDEN ON PROVIDERS

DentaQuest is consistently looking for ways to improve the efficiency of our processes. With this in mind, DentaQuest is designing a new enhancement to our prior authorization process, specifically to decrease the administrative burden for Providers and to decrease delays for Members to access needed care.

We are in the beginning stages of designing a **self-service clinical authorization feature** in our Provider Portal for use by Providers who have demonstrated a high degree of competence in our clinical medical necessity guidelines. These Providers will be identified through analysis of clinical approval and denial rates. This feature will allow Providers to conduct their own authorization review using our clinical algorithms. All required documentation would still be submitted, and approvals rates would be monitored retrospectively to ensure Provider trends fall within the network benchmark. We are confident this will be another valuable tool for our Providers.

### ***Monitoring Providers to Proactively Identify Participation Challenges***

DentaQuest is committed to giving our Iowa Providers the support they need to thrive under our program. In addition to promoting tools and resources that streamline participation, we will assess Providers across several different administrative domains to determine if they are struggling with the program guidelines. Ultimately, we want to ensure all Providers understand the rules of our program and are maximizing the resources we provide to reduce their administrative burden.

As part of our comprehensive **Internal Provider Dashboard** (screenshots in Figures 3-E and 4-E on the next page), DentaQuest assesses each Provider across several metrics such as percentage of claims and authorization denials, claim submission type (electronic vs paper) number and types of calls they are making into our Contact Center, appeal frequencies, and other metrics.

These data points are analyzed using an algorithm, which then assigns a score to the Provider.

- A five-star Provider is one experiencing few challenges, has low claims denial rates, and their cost of care meets expectations.
- A one-star Provider is one who is experiencing multiple barriers to participation as indicated by high claims and authorization denials or frequent phone calls to our Contact Center for assistance.

DentaQuest can provide targeted education and support to the Providers experiencing difficulties. Our Provider Relations Representatives will conduct targeted education and assistance with administrative areas and our Iowa Dental Director will lead clinical discussions.

Figure 3-E: Screenshot of Internal Provider Dashboard Report



Figure 4-E: Screenshot of an individual Provider's Performance



## Provider Recognition

DentaQuest and its Iowa Provider Relations team will ensure Providers feel appreciated for the service they are providing to Members through public recognition among their peers and dental office-level recognition. We have several programs and best practices that we have used across the country that we will tailor for use in Iowa, including:

- Our **DentaQuest is Here to Help Program**. This program offsets the costs of dental supplies through exclusive discount arrangements. Our Providers can enjoy discounts from Bona Fide Masks for PPE products and Crazy Dental Price Club for a variety of dental supplies. We're excited to announce that DentaQuest is finalizing deals with national dental labs for affordable lab services, and we've discovered a possible solution to staffing shortages with the Wisdom™ Ai Smart Call Answering Platform. Additionally, we are offering UV Angel's disinfection control technology to reduce bioaerosols, all of which will benefit our Providers.
- **Express Pass**. Through this program, Providers with high clinical approval rates for certain procedure codes can bypass the service authorization process. This eliminates the administrative burden for the office, demonstrates a level of confidence in our partnership with that office, and allows treatment to take place the same day, if feasible. Any Provider with Express Pass status will still be subject to retrospective review to ensure Members are receiving appropriate care at the right time.
- **Value-Based Purchasing Program and Provider Incentives**. More information on these programs is described in our response to SOW Section E.8.03.



### RECOGNIZING PROVIDERS IN CREATIVE WAYS

DentaQuest has served as the single DBA of Virginia's Medicaid dental program since 2005 when it secured this contract through a competitive bidding process (with subsequent RFP renewals in 2010 and 2021).



To recognize our participating Medicaid Providers, DentaQuest handed out hero buttons that our Providers can wear at various events like the annual dental association conventions, and other large peer gatherings.

Not only does this initiative help to recognize our Providers among their peers, but it invites non-participating dentists to approach and engage with their colleague on why they participate in our network. As we enter Iowa, and begin to develop Provider relationships, we are confident we will establish champions of our program, and can launch a similar Hero campaign.

## PROVIDER SERVICES HELPLINE (E.02)

DentaQuest maintains a dedicated, toll-free Helpline and Call Center for its Medicaid and CHIP business located in Austin, Texas, and Milwaukee, Wisconsin. We are available across multiple time zones in addition to a supported by a remote workforce to ensure coverage and accessibility no matter the weather condition.

Nationally, our Call Center provides responsive service to Members and Providers across the country, **fielding nearly 900,000 Provider calls annually**, inclusive of calls for our other state

Medicaid agency clients in Colorado, Florida, Illinois, Louisiana, Massachusetts, Michigan, South Carolina, Tennessee, Texas, and Virginia.

### DentaQuest’s Dedicated Toll-free Iowa Provider Services Helpline and Hours of Operation

Our Iowa toll-free, dedicated Call Center will meet all requirements outlined in SOW Section E.02. Our Call Center is fully equipped with trained staff to assist both Providers and Members with their inquiries. We are available from Monday to Friday, 7:30 a.m. to 6:00 p.m. Central Standard Time, excluding Iowa State holidays. Our customized quality control plan monitors Call Center activities to ensure we achieve individual state performance metrics. We monitor a suite of metrics including but not limited to total hours of daily Call Center access provided, downtime, call abandonment rate(s), the average time prior to abandonment, hold times, call wait times, call back timeframes, and first call resolution.

### After Hours Support

Providers may access our automated **Nuance interactive voice response** (IVR) system 24 hours a day, seven days a week. The IVR allows Providers to verify Member eligibility, with functionality to fax the Provider a copy of the eligibility check for documentation purposes. Providers can verify the status of claims and authorizations, as well as obtain a benefit summary through the IVR.

DentaQuest does not require prior authorizations for emergency dental services. In the event of a dental emergency, the Provider will be instructed to verify eligibility through the IVR or Provider Portal (both accessible 24/7) and then render the needed care.



**IVR OPTIMIZES PROVIDER PARTICIPATION**

- Our IVR serves as an important tool for Providers during normal business hours as well as after hours.
- Last year, 33% of Provider calls were finalized through our IVR.

### Our Helpline will Assist Providers with Questions, Concerns, and Complaints

All DentaQuest CSRs are equipped to handle multiple types of inquiries to assist Members. Part of our initial training focuses on sample call scenarios and FAQs with multiple topics. CSRs have the skills to properly interact with callers, determine their needs, and address their issues.

CSRs understand dentistry, dental terminology, oral health, and the connection between oral and overall health. They will understand Iowa-specific dental program requirements to handle a variety of Provider inquiries on topics including but not limited to eligibility, claims, benefits, prior authorization requirements, and complaints.

DentaQuest has a dedicated **Claims Liaison Team** within its Contact Center structure to promote first call resolution for claims related inquiries. When a CSR is unable to resolve a claims call, they warm transfer the caller to the Claims Liaison Team. This team has extensive, in-depth training to address a variety of claims questions, assist Providers in accessing the Provider Portal, and explaining what options Providers have to dispute a claims denial. The Claims Liaison Team addresses credentialing questions including status updates on initial applications.

Approximately 90% of cases transferred to the Claims Liaison Team are resolved without additional escalation to the Claims operations team.

To assist our CSRs, DentaQuest makes the following types of information available to our Contact Center staff to ensure they can adequately and accurately support Provider inquiries:

- **Specific Member and Provider Information/Call History.** CSRs have access to Windward, which houses Member and Provider call history, eligibility information, claims and authorization history, and benefits. This ensures quick and accurate access to information that is needed to answer inquiries.
- **Provider Manual.** Staff is trained on how to navigate our Provider Manual, which serves as a comprehensive resource and the single source of truth for the provision of covered benefits, as well as key policies such as timely filing limits, processes for filing grievances or appeals, medical necessity criteria, service authorization criteria and documentation, among other topics specific to the dental program. It is available in a searchable PDF.
- **Member Handbook.** The staff has access to the Member Handbook which contains Member rights and responsibilities, program information, covered benefits and limits, procedures for obtaining benefits including authorization requirements and processes, when and how to access emergency and urgent care services, and transition of care policies, among other topics.
- **Knowledge Base.** We use a cloud-based tool called Knowledge Base, which serves as our internal Google-like search engine to catalog quick reference information such as MCO and NEMT phone numbers, and scripts for common scenarios, such as verifying PHI.
- **Find-A-Dentist.** The staff has access to our online searchable Find-A-Dentist tool to help callers find a Provider that meets their needs.

If a CSR is having trouble finding information to help a caller, they can use our Virtual Helpdesk for live assistance. This enables them to address the caller's inquiry more effectively. The Virtual Helpdesk is a chat-type forum using Microsoft Teams and is staffed by internal DentaQuest subject matter experts. CSRs can ask questions about the more complex issues they encounter and receive near-real-time assistance, which helps improve the customer experience and the first-call resolution for the caller/chat participant.

### Tracking and Reporting Inquiries

DentaQuest uses its Windward system to access information (call history, eligibility, claims and authorization history, and benefits) needed to answer inquiries and to log incoming Member and Provider calls.

After validating the caller, the CSR will search for the appropriate Member/Provider record. The CSR then chooses an inquiry category and type within the system, based on the caller's inquiry.

While the caller is on the line, the CSR can access all pertinent information from Windward, the Provider Manual, and have access to state-specific notes to assist in resolving the caller's inquiry.

The CSR enters information received from the caller and the resolution of the call into the notes field of the call management screen. Upon completion of the call, the CSR chooses the "call complete" key that closes and logs the call. This process provides the date, which is automatically stamped on the call record, the nature of the inquiry, and the call outcome. The call record is then added to the call history of the Member/Provider's record in Windward and can be reviewed during future calls as needed.

DentaQuest has reviewed the reporting manual provided in the Bidder's Library and confirms it can and will accommodate the template for reporting helpline performance.



## PROVIDER HELPLINE PERFORMANCE METRICS (E.03)

We are confident that DentaQuest can and will perform well in adherence to the State’s Contact Center metrics. Figure 6-C displays how we performed in 2022 for the Medicaid program in Massachusetts, which requires similar performance metrics as Iowa. DentaQuest agrees to adhere to all Iowa Member Services Helpline performance metrics.

Figure 5-E : DentaQuest’s Contact Center Performance for MassHealth Dental Program

Iowa Provider Services Helpline Metrics	DentaQuest’s Performance in 2022
Total Number of Provider Calls	31,555
Abandonment Rates < 5%	1.2%
Service Level 80% for Incoming Calls	90%
95% of telephonic inquiries within 2 business days	98.7%
Acknowledgement of receipt of non-telephonic inquiry within 1 business day	100%
Respond to at least 95% of email and voice mail inquires within 2 business days of receipt	100%

DentaQuest is not held to the following performance standards nor required to report on the following measures for Massachusetts, but will do so for the Iowa IDWP and Hawki Dental programs:

- Respond to all urgent requests within 4 hours
- Final resolution of 100% of inquiries within 5 business days
- 95% of Provider billing inquiries are responded to by phone or in writing within 2 business days
- 100% of Provider billing inquiries are responded to by phone or in writing within 3 business days.

To ensure we achieve our contractual performance metrics, DentaQuest leverages state-of-the-art technology to anticipate staffing needs across all its Contact Centers. We use the **NICE Workforce Management** scheduling and forecasting tool to accurately forecast staffing needs based on current demand, potential demand, and staff characteristics at half-hour intervals. This provides our management team with in-depth, real-time views and control over workforce planning schedules to avoid understaffing.

We have a universal contact center model, which means that all 650+ of our CSRs are trained to serve Members and Providers and have immediate access to specific state and program information with a few clicks of a mouse. As calls come in, they are queued and routed to the next available CSR who is skilled in handling that specific type of call, regardless of the CSR’s physical location providing timely responses to all callers.

When staffing a new Contract, our Customer Service Workforce Management Team forecasts expected volume and call-handle time by month, based on historical data and current trends, expected Membership, the expected call rate based on the plan type, and the Erlang C Contact Center traffic model. The Customer Service Workforce Management Team reviews and adjusts the resulting estimate if there are needs or expectations of the new business that would alter the standard estimate.

Once in ongoing operations, our staffing model includes a ratio of one Supervisor for approximately twenty CSRs. The Workforce Management team:

- Forecasts call volume, expected handle time, and absences for every half hour using software tools that enable them to see the number of CSRs staffed per half hour, and if there is under or over-staffing for each time. Supervisors use this information to create staffing schedules to optimally match staff to expected call volume.
- Monitors queues in real time, coordinates with Customer Service Management to recommend overtime when applicable and uses contingent phone staff to fill gaps in phone coverage, as needed.
- Reviews performance and forecasts weekly, recommending overtime, and making schedule adjustments or other modifications, if needed, for the coming week.

## PROVIDER TRAINING (E.04)

DentaQuest's Iowa Provider training will cover a broad range of topics critical for success in alignment with SOW Section E.04. Our Statewide Provider training will maintain and comply with our Provider training plan and will be shared with the Agency for approval. Our Provider training plan will be updated no less than annually.

Provider education and training will include conducting training workshops and individual Provider training and presentations, at scheduled intervals and upon Agency request. We will collaborate with the Agency and other Iowa Medicaid stakeholders to obtain Provider feedback and identify specific training needs. Training covers the broad range of topics included in Figure 6-E. We will incorporate these topics in initial and ongoing training events.

Figure 6-E Provider Training Topics

a. Identifying the unique needs and benefits for different Member populations	m. Responsibilities as a participating Provider
b. Responding to urgent and emergency Member needs	n. Prior authorization, UM, and other key processes
c. Updated policy and procedure changes	o. How to update Provider demographic information
d. Presumptive eligibility and qualified entity training	p. Grievances, appeals, State Fair Hearing processes
e. Trends and issues of interest impacting Providers	q. Provider complaint process
f. Provider enrollment and common errors that delay the process	r. How to report any potential cases of abuse, neglect, and exploitation of Members
g. ABM and impacts on services and costs for Members	s. Quality Assessment and Process Improvement (QAPI) program
h. How to coordinate transportation assistance	t. Our PCDH model and the role of a PCP
i. Achieving continuity of care with IA Health Link	u. How to use the DentaQuest Provider Manual
j. Claims submission and dispute resolution	v. Provider Portal set up and training
k. Cultural and linguistic competence and resources	w. How to submit electronic claims
l. Conditions of participating with DentaQuest	x. How to sign up for direct deposit payment
	y. Provider fraud, waste, and abuse

Training and education need to be provided on an ongoing basis and in a manner that accommodates Providers' busy practices, learning styles, geographic constraints, and preferences. Therefore, our training and education will be available via:

- In-person: office-based and community or group settings
- Virtual webinars and self-directed online training through the Provider Portal
- Printed and electronic materials, via email, mail, or fax, with access to the Provider Manual (inclusive of billing instructions), and the DentaQuest Provider Newsletter for regular updates

DentaQuest will employ a **Comprehensive Provider Training Program** for Iowa, that is divided into four components:

1. Program Launch
2. New Entity Onboarding
3. Ongoing and Special Topics
4. Targeted Technical Training

We provide extensive Patient-Centered Dental Home training to our PCPs, which is described in response to SOW Section E.8.03.

Each component is described in greater detail below.

**DENTAQUEST'S COMPREHENSIVE PROVIDER TRAINING PROGRAM FOR IOWA**



**1. Program Launch**

DentaQuest will introduce itself to the oral health community through a comprehensive training program modeled after our other successful state programs. Building upon that curriculum, we will incorporate Iowa-specific topics that address the unique contractual requirements for the IDWP and Hawki Dental programs and are responsive to the issues and concerns we have heard from Providers across the state. Our leadership understands that engaged and satisfied Providers are effective ones, and we will work to ensure that communication between Providers and DentaQuest is open and collaborative. The training program will be well advertised within the Provider community and attendance is typically robust.

**Training Frequency and Modalities**

To reach as many Providers as possible, DentaQuest will employ **web-based** and **in-person** training opportunities, with comprehensive introductory sessions two months prior to go-live. We plan to host sessions regionally at a minimum of five locations throughout Iowa with online sessions for those not able to attend in person.

DentaQuest will offer our new office orientation training webinars bi-weekly, continuing for the first three months after go-live, to review training material and answer any questions or address concerns. Ongoing, after the initial orientation, one-on-one training sessions will be available via office visits to assist Providers with any questions. All training material and documentation will be posted online for reference at any time.

Our DentaQuest Provider Services team will connect with any Provider locations that do not attend a training session. **Our goal is to achieve 100% participation in this initial training to ensure offices are set up for success from Day 1.** The Provider Representatives will conduct

initial Provider training within 60 days of contracting for locations that do not attend a public or web-based session.

### **Provider Manual**

Our Provider Services team will review the Provider Manual during initial (and ongoing) Provider training. The Provider Manual is considered a central component of all training opportunities as it is a “one-stop source” for virtually any question related to DentaQuest’s administration. More details on our Provider Manual are in response to SOW Section E.1.03. The Provider Manual will be available online on our website and on our Provider Portal.

### **Provider Portal**

All Providers will be strongly encouraged to sign up for our state-of-the-art, HIPAA-compliant, and mobile-friendly Provider Portal, which includes a wide array of functionality related to eligibility, claims, authorizations, and remittances. Using the Portal, offices can:

- Verify Member eligibility and dental service history
- Submit claims and authorization requests, and upload attachments such as X-rays
- View the status and detail of past and present claims and prior authorization requests
- Access their assigned Members (for PCPs)
- Identify gaps in care for specific preventive services for their assigned Members
- Access remittance advice for the past 12 months
- Complete the annual Provider Satisfaction Survey

## **2. New Entity Onboarding**

Once an office has been approved for our network, DentaQuest sends a welcome letter outlining key resource availability, confirming the date they were successfully credentialed, and when they can begin seeking reimbursement for treating Members. The letter includes a link to our website and steps on how to access our Provider Portal, where they can find our Provider Manual, and information on how to submit claims.

Our Provider Relations Representatives conduct initial Provider training within 30 days of contracting and credentialing. This training gives the office a detailed review of important topics including:

- Working with diverse populations and Members with special health care needs (SHCN)
- Cultural competency
- Accessing translation services, including American Sign Language
- Code of Conduct and Ethics
- A description of the prior authorization process
- How to handle billing or claims issues
- How to use the DentaQuest Provider Manual
- Provider Portal set up and training
- How to submit electronic claims
- How to sign up for direct deposit payments
- Use of designated clinical practice guidelines
- Fraud, waste, and abuse

### **WHAT THEY'RE SAYING ABOUT DENTAQUEST...**

“Being one of the largest Medicaid Providers in the State, we have found DentaQuest to be an invaluable partner. While the portal system is efficient and works well, what makes DentaQuest a great administrator is the people that they employ. I have worked with Keishia [DentaQuest Provider Relations Representative] for over 9 years, and her resolution to material issues is second to none. We currently work with other administrators who oversee different plans, and DentaQuest is superior for the reasons stated above.”

- Director of Revenue Cycle for a large DSO serving Massachusetts Medicaid Members

- Health, safety, and welfare education, covering abuse, neglect, and exploitation, and mandatory reporting requirement
- An explanation of our Patient-Centered Dental Home and the role of the PCP
- An explanation of our teledentistry.com offering and its role in reducing emergency department use, getting Members seen virtually immediately, and PCP referrals

Upon contracting, a Provider Relations Representative visits the new office. They are available during normal business hours and will respond to voicemails, e-mails, and mail within one business day. After the initial training, Provider Relations Representatives will meet one-on-one each week with our Director of Provider Relations to track and record any issues or trends that might be developing, to initiate early intervention plans. These individual meetings are coupled with a global meeting at least every two months among Provider Relations Representatives to exchange information and track and share statewide trends that may need to be addressed. This information exchange affords an opportunity to identify trending issues and helps our Provider Relations Representatives provide consistent messaging for addressing Provider questions or concerns.

Ongoing, DentaQuest staff will use open communication between our Provider Relations Representatives to help refine outreach techniques, share best practices for cultural competency instruction, amplify Provider instruction regarding certain clinical practices, and identify statewide common billing errors that lead to network targeted re-education efforts.

### 3. Ongoing Training and Special Topics

DentaQuest will provide ongoing training each quarter for Iowa Providers, as well as special training opportunities.

#### **Ongoing Training**

All ongoing training sessions will reinforce the need for Providers to verify Member eligibility and enrollment prior to rendering services to ensure that the Member is Medicaid or CHIP eligible and that claims are submitted to the responsible entity. Topics covered in quarterly trainings will include:

- Administrative requirements (e.g., claims process, appeals, covered benefits, billing codes)
- Top claim and authorization denial reasons and how to avoid them
- Program and/or policy changes
- Clinical practice guidelines
- Clinical criteria for service authorizations
- Cultural competency, to include linguistic, cultural, and special needs training
- Best practices for reporting and reducing broken appointments
- EPSDT requirements

#### **Special Training Topics**

DentaQuest will leverage custom training to offer timely and helpful training that goes beyond the basics of our program. Special training topics are described in Figure 7-E.

Figure 7-E: Special Training Topics for Providers

Training Topic	Details
Trauma Informed Care and Oral Health Training	<p>This training introduces dental Providers to trauma-informed care and its goals. The training covers:</p> <ul style="list-style-type: none"> <li>• The impact of trauma on an individual’s oral health habits and care-seeking behavior</li> <li>• Definition and examples of trauma</li> </ul>



	<ul style="list-style-type: none"> <li>• Impacts of current and past undischarged trauma in general and in the oral health settings</li> <li>• Identifying patients with current or past trauma</li> <li>• Dental best practices for delivering trauma-informed care</li> <li>• Mandatory Reporting Responsibilities</li> </ul>
Dentistry and the opioid epidemic	As regular prescribers of painkilling medications, dentists have a professional and ethical role in preventing misuse, abuse, and addiction. DentaQuest is customizing its Opioid Tool Kit including a webinar slide deck, an Opioid MME Table and Pocket Guide to assist with responsible use, and authorization forms.
Clinical Standards	<ul style="list-style-type: none"> <li>• The association between chronic disease and oral health</li> <li>• Properly screening for high blood pressure</li> <li>• Use of the initial Oral Health Needs Assessment Screening</li> <li>• Preventive evidence-based methodologies to decrease risks of caries</li> <li>• Practice guidelines for preventive health services including timely provision of examples, cleanings, fluoride treatments, and sealants</li> <li>• Medically necessary referrals for treatment of child Members</li> </ul>
Cultural competency, non-discrimination, health equity, implicit bias	DentaQuest is committed to a culture that is diverse and inclusive and we offer training for both our employees and contracted Providers. Because Medicaid/CHIP programs serve diverse populations, it is critical to ensure Providers have the tools and training to honor and respect differences that may exist between themselves and their staff, and Members. To that end, DentaQuest will provide cultural competency and non-discrimination training opportunities for all Providers.
Fraud, waste, abuse (FWA)	Our FWA training addresses recognizing non-compliance FWA; identifying the major laws and regulations pertaining to FWA; recognizing potential consequences and penalties associated with violations; methods of preventing FWA; how to report FWA; and how to correct FWA.
Serving Members with SHCN including those with Intellectual and Developmental Disabilities	Our training programs are based on best practices established by the AAPD's Guidelines on Management of Dental Patients with SHCN and guidelines put forth by the Special Care Dentistry Association.
Use and application of Silver Diamine Fluoride (SDF)	While used extensively overseas, SDF was only recently approved for use in the U.S. Our Provider Relations Representatives will coordinate with clinical staff to offer a webinar on the benefits of using SDF. We offer an SDF toolkit on our website, which was featured by the American Dental Association as a noteworthy innovation by DentaQuest.

We provide copies of Member educational materials to Providers at their request. These materials help Providers educate Members on different topics ranging from the effects of diabetes, adjusting to new dentures, and the importance of keeping scheduled appointments. We have designed these educational materials to span age groups. For example, we provide information about sealants for children, the impact of tobacco use and e-cigarettes for pre-teens and teenagers, and the importance of preventive care during pregnancy.

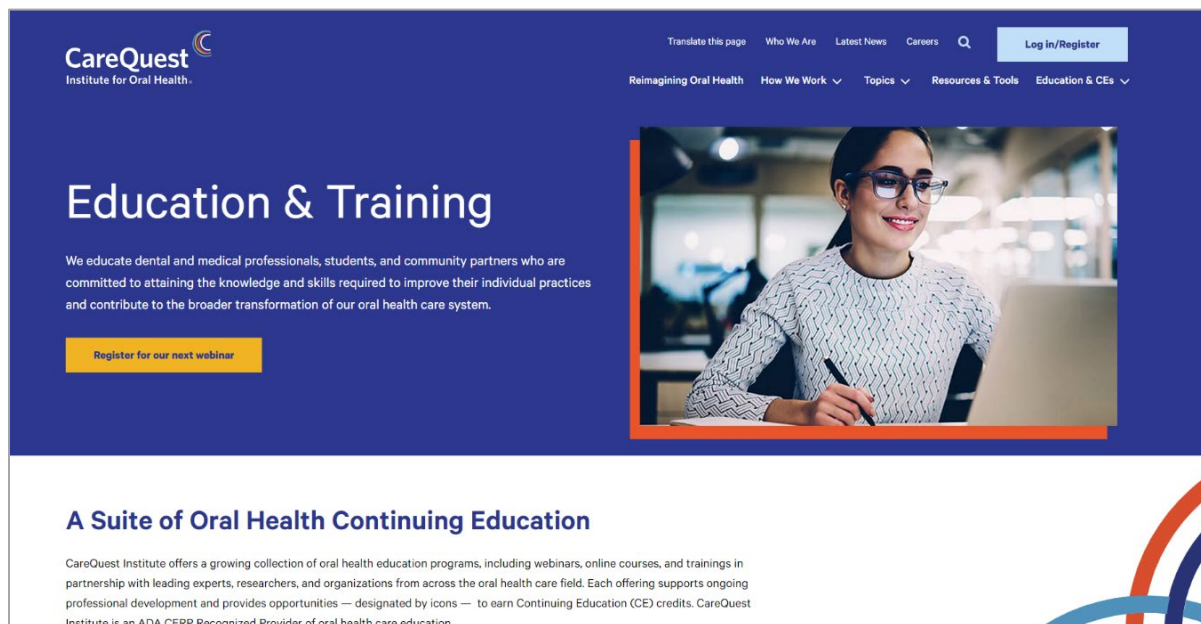
**Free Continuing Education Courses for Our Providers**

DentaQuest works with the [CareQuest Institute for Oral Health](#), a national nonprofit championing for oral health transformation, to provide our dental Providers with access to qualified continuing education courses. Providers can earn free CE credits from a wide range of timely and industry-leading self-paced webinars. Additionally, CareQuest will create new

courses for DentaQuest upon our request. For example, DentaQuest is offering Curodont Repair Fluoride Plus, a brand new non-invasive treatment to address an early cavity without drilling, as a Value-Added Service for Iowa Members. The CareQuest Institute for Oral Health will be developing a training webinar for our Providers.

Other continuing education courses offered by the CareQuest Institute for Oral Health include:

- Using a Quality Improvement Approach to Improve Oral Health Outcomes
- Dental fear and anxiety: why it exist and what Providers can do to help
- Minimally invasive care in dentistry: healing tooth decay with brush-on therapies
- Understanding and providing trauma informed oral health care



DentaQuest's Iowa Providers will have access to free CEs through our partnership with the CareQuest Institute for Oral Health

#### 4. Targeted Technical Provider Training

Through ongoing monitoring and reporting, DentaQuest's Provider Relations Representatives identify Providers who may need additional training on topics ranging from high authorization denial rates, claims errors, and Provider Performance reports. Providers may request targeted training on any topic directly through their Provider Relations Representative.

We tailor training and education efforts to the specific needs of a Provider or office. For example, if a Provider is under audit or subject to a corrective action plan, a Provider Relations Representative will target the training to address – and correct – the specific issue(s). A Provider Relations Representative may run reports or conduct audits following the training to ensure that the issue has been corrected.

**Iowa Provider Newsletter**

DentaQuest will establish an Iowa-specific Provider newsletter to provide timely updates on new policies and procedures, reminders about preventing Fraud Waste and Abuse, practice guidelines, quality management strategies, and other topics of Provider interest.

Our Provider newsletter will provide recognition to top-performing Providers and I-Smile Coordinators. An example of our Texas-specific Provider newsletter appears in Figure 8-E.

**Working with Provider Associations to Disseminate Information**

DentaQuest understands the critical importance of developing relationships with treating Providers and with organized dentistry and other key stakeholders with a vested interest in improving the oral health of all Iowans. We coordinate with associations, and, as we develop training plans and topics, we keep the associations apprised of information and any changes in policy/program. Where possible, association communication lines are used to assist in disseminating information and calls to action. DentaQuest is an active participant with associations in many states, attending events and charitable causes to improve the oral health of all. In addition, we encourage association representatives to join our Dental Advisory Committee.

**HOW DENTAQUEST WILL ESTABLISH ITS PROVIDER NETWORK IN IOWA (E.1)**

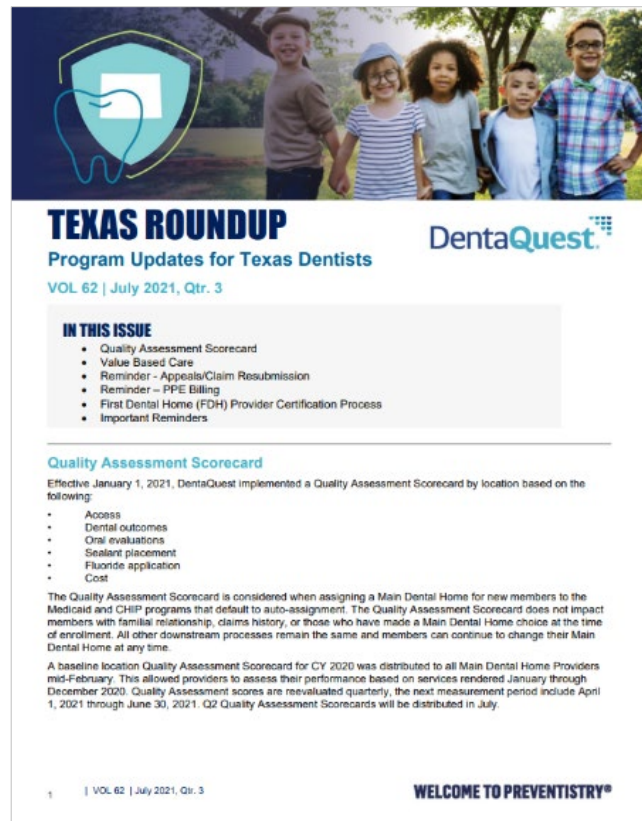
As noted earlier in this section, we have been actively working in Iowa to acclimate ourselves to the unique nuances and challenges of the IDWP and Hawki Dental programs, and have started the initial work of building our network so that we are prepared well in advance of the July 1, 2024 go-live date.

DentaQuest’s comprehensive Iowa network of high-quality Providers will afford Members with optimal choice of service locations. We anticipate being able to exceed the network adequacy requirements in most areas of the state.

We have considered the following factors as we developed our network recruitment plan:

- **Specialties Needed.** DentaQuest’s network will be inclusive of General Dentists, Dental Anesthesiologists, Dental Public Health Specialists, Pediatric Dentists, Endodontists, Oral Surgeons, Oral and Maxillofacial Surgeons, Oral Pathologists, Periodontists, and Prosthodontists.
- **Expanding Capacity.** DentaQuest will focus its plan on ensuring a high-quality network capable of meeting the needs of Iowa Members, minimizing Provider issues during

Figure 8-E: DentaQuest Provider Newsletter



transition, and increasing the coverage of the current Medicaid network to foster increased access to care. We will describe our plans to ensure the network is adequately developed, maintained, and monitored, and expand the network which will allow appropriate access to all covered services.

- **Anticipated Iowa Medicaid Enrollment.** DentaQuest will consider the total number of enrolled children and adults in the program as part of determining the total number of Providers needed to ensure compliance. We have considered this information, as well as the expected utilization of services in developing our network recruitment goals.

### Recruitment Goals for Iowa

DentaQuest has identified three main goals in building our Iowa dental network:

**Goal 1** Provide access to at least 50% of Members statewide to a PCP within the first 90 days of the contract period.

**Goal 2** Complete network build (contracting and credentialing Providers) by May 1, 2024, with 100% of Members having access to a PCP and Specialist in the service area.

**Goal 3** Ensure at least 70% of the network Providers accept new patients into their practice, increasing access for Members to receive preventive services throughout the service area.

### Work Completed to Date

Prior to the release of this RFP, DentaQuest ensured every Provider in the service area received outreach from our Network Development Team. During these outreach efforts, the team worked to orient Providers about DentaQuest, why we want to help Iowa's IDWP and Hawki programs, collect feedback on the current program, and secure Letters of Intent (LOI) from Providers willing to provide an upfront commitment, prior to the RFP release. Through this approach, we have developed an understanding of each region's unique demographics and challenges within the dental community.

Much like our experience with other state Medicaid/CHIP programs, most Iowa Providers are not interested in making firm commitments until an RFP award is made. That said, most offices indicate they plan to continue participating in the program after the award of the RFP is announced.

DentaQuest has analyzed the licensed dental universe in the state and prioritized each dentist into one of three tiers:

- **Tier 1:** Providers currently participating or are on the active directory according to CMS's Insure Kids Now data platform. This represents 1,414 Providers at 884 locations, who are our top focus.
- **Tier 2:** Providers currently registered with Medicaid/CHIP or are currently participating in any government-sponsored program.
- **Tier 3:** Providers accepting other insurance types to encourage Medicaid and CHIP participation.
- **Tier 4:** Providers in contiguous counties surrounding the state of Iowa (MN, SD, NE, MO, IL, and WI).

### Next Steps

Upon Contract award, and with approval from the State, DentaQuest would once again contact all targeted offices to share that we have been selected as DBA for the programs. A high-level summary of key activities associated with our recruitment plan is featured in Figure 9-E.

Figure 9-E: DentaQuest's Recruitment Timeline for Iowa

Milestone	Timeline
Create goals, timelines, and scope of project	Completed in January 2023
Draft Provider Agreement to align to state requirements	Completed in January 2023
Create messaging (marketing materials, letter, web, recruitment packages, etc.)	Completed in January 2023
Refresh recruitment listing	Completed in January 2023
Create tracking database with assigned recruitment resources	Completed in February 2023
Mail recruitment materials to targeted Providers	February 2023
Track and monitor recruitment calls and on-site visits	February 2023 – On-going
Train and assist Providers with enrollment	February 2023 – On-going
Log and track enrollment documents	February 2023 – On-going
Credentialing process	February 2023 – On-going
<b>CRITICAL MILESTONE:</b> Ensure at least 50% of statewide Membership has access to a PCP and Specialist	No later than February 2024
Extend an offer to all I-Smile and national partners to become Participating Providers	No later than January 2024
Submit Provider Agreement to the Agency for review	Post-award (as applicable) November 2023
If applicable, issue Provider Agreement amendment based on any Iowa DHHS requested updates	Post-award (as applicable) December 2023
Submit up-to-date listing of all participating Providers and open capacity for PCP report to the Agency	Monthly, beginning in November 2023
Develop and submit written Provider Services policies and procedures to the Agency	November 2023 – July 2024 and upon request
Make updates to our Provider website related to IDWP and Hawki Dental programs and contract recruitment activities as needed	November 2023 – July 2024
<b>CRITICAL MILESTONE:</b> Complete network build (contracting and credentialing Providers) with 100% of Members having access to a PCP and Specialist in the service area.	May 2024
Draft Iowa Provider Manual	February 2024
Submit Iowa Provider Manual to Agency for review and approval	March 2024
Adjust for targeted recruitment, face-to-face meetings, targeted gaps in network	Ongoing
<b>CRITICAL MILESTONE:</b> Ensure at least 70% of the network Providers are accepting new patients into their practice	June 2024
Send out education and training schedules to all network Providers	April 2024 – September 2024
Conduct orientation training and education to Providers after completing credentialing	On-going
Confirmation of network	February 2024 - Ongoing



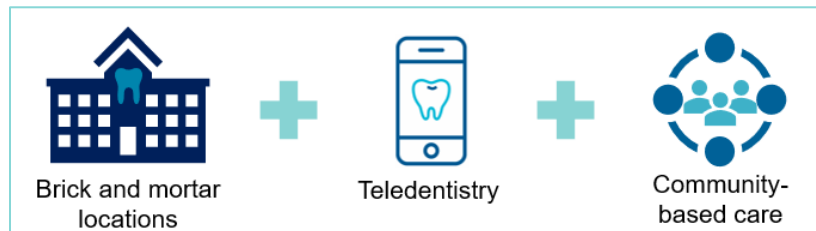
### Commitment to Go Above and Beyond for Iowa

DentaQuest is committed to bringing long term and sustainable solutions to address access to care issues to Iowa. In working with our care delivery affiliate, Advantage Dental+, we have identified underserved counties in Iowa where Advantage Dental+ could establish oral health practices to bring care to Members and communities that need it most. This represents a significant investment and undertaking, but one we are willing to make for the state of Iowa if we are able to come to an agreement on the targeted areas of need.

We have already conducted a preliminary review of publicly available data, including: Member distribution; licensed and practicing dental Provider distribution; Medicaid Providers accepting new patients; child Medicaid utilization rates; and general population density information to identify potential areas to establish the practices.

Two counties – **Black Hawk and Woodbury** – would be ideal locations given all of the factors that go into selecting sustainable locations for practices. Of note, both counties have below average utilization rates for children ages 1-20 enrolled in Medicaid. And many of the contiguous counties are also below State averages. The practices would be part of a “hub and spoke” model, which provides primary brick and mortar offices, that serve as the “hub,” while the “spokes” are comprised of various technologies and tactics that can “travel” from the hub. Teledentistry and mobile units are such examples of traveling technologies and our complete analysis will be inclusive of these creative options as appropriate.

It is important to note that this assessment is preliminary, and we will work collaboratively with the Agency to align on the best possible locations for the practices. We also need to better understand the Membership distribution to validate our assumptions.



Advantage Dental+ Hub and Spoke Model to expand access to care

Once we have all of the necessary data points, and full alignment between DentaQuest and the Agency, we can begin planning our approach to establish the practices. It takes approximately a year to operationalize a practice from start to finish. We look forward to discussing our proposed solution with Agency in more detail should we be selected as a Contractor.

### Strategies to Solicit Provider Participation in the Program

DentaQuest has initiated the first steps of a large-scale recruitment effort to ensure we achieve the state’s network adequacy requirements. While it is always our goal to work with Providers who have Medicaid experience, we understand that in some areas, we will need to persuade non-Medicaid Providers to join our network. We will leverage the following strategies as needed to secure contracts with Providers:

- **High-Touch Recruitment Approach.** DentaQuest will take a personal, local recruitment Provider approach to retain and build trust among the Provider community. In-person introductions are more likely to result in a network contract than a phone call from a corporate representative. We will have an expanded team of full-time recruiters working in partnership with the local Iowa team to build trust and relationships.
- **Educating Providers on the Ease of Working with DentaQuest.** We will share the many ways DentaQuest can streamline administrative tasks for clinics and dispel the myth that participating in a Medicaid program is unnecessarily bureaucratic. Providers can access our Provider Portal, at no cost, to submit claims and authorization requests, check the status of

a claim or authorization request, check Member eligibility and coverage, and find helpful resources. Except for outpatient dental services, we do not require prior authorization for any service. For services requiring clinical review, Providers can submit a prior authorization request or a request for pre-payment review. In this process we conduct clinical review after the service is performed but before the claim is paid.

- **Educating Providers on the Financial Merits of Strategically Incorporating a Medicaid Patient-Base.** We have online tutorials and discussion topics that explain how Providers can optimize profitability by strategically integrating Medicaid patients into a diverse roster. As we recruit these Providers, we will be mindful to ensure cost effectiveness while using VBP options to incentivize participation in our network, as well as support quality performance for all our PCPs.
- **Dental Champions.** One of the most impactful ways that we can attract new Providers to our network, especially in dental HPSAs is through recommendations from our Providers participating in Medicaid. In areas of high need, we ask our Providers to identify colleagues who regularly refer to but are not in network. We will leverage the support of our in-state Iowa Dental Director for this effort, as well as the I-Smile Coordinators who are very familiar with dentists in their regions.
- **Offering enhanced fee schedules.** To address coverage gaps by a sub-specialty or specific area, we may offer fee schedule enhancements to reluctant specialty Providers. This may apply in areas or specialties with insufficient dental professional supply, such as with Providers who can serve individuals with SHCN or who perform sedation services.
- **Take 5 Program.** Our Take 5 Program allows Providers who have been wary of serving Medicaid Members to take on just five patients or families to get comfortable with our program. This will be offered to Providers who have traditionally not participated in Medicaid programs.
- **Secondary Network.** Some Providers may be more receptive to working with DentaQuest in a limited capacity. We offer these Providers the option to not appear in our public directory, but rather in an internal directory for special situations. Maintaining a secondary network is a strategic way to expand access by using Providers who are not ready to participate fully in our network. We have found that some Providers make the transition to becoming listed Providers once they better understand the program and its administrative ease.



**Dr. Jarod Johnson,**  
DentaQuest's planned  
**Iowa Dental Director,** will  
help champion Provider  
support.

## OUR EXPERIENCE EXPANDING MEDICAID DENTAL NETWORKS

DentaQuest is one of three DBAs serving the statewide Medicaid dental program in Texas. At the time of DentaQuest's initial RFP submission for the program in 2011, we had a network of 2,020 unique Providers. Upon contract award, we worked tirelessly to grow and onboard our network, so that by the end of 2012, we had doubled its size to 4,456 Providers. Today, we have more than 5,400 unique Providers that participate with us. Our network complies with all state adequacy standards, and we have never had to issue an out-of-network single-case agreement.

We believe our network is a prime reason DentaQuest has been the **number one DBA choice during the Member self-selection period since January 2013.** For example, the most recent reporting period shows nearly 47% of Members who self-selected their DBA chose DentaQuest over the other two DBAs.

## NETWORK ADEQUACY (E.1.01)

DentaQuest diligently monitors network adequacy through quantitative assessments such as geo access maps, Provider reports, and survey results. However, out-of-network referral requests provide an important signal that a potential Provider shortage exists. These reports are featured in greater detail in response to SOW Sections E.1.21 and E.1.22.

### **Ensuring Providers offer Reasonable and Adequate Hours of Operations and Support for Dental Emergencies (a)**

DentaQuest's Provider Agreement and Provider Manual will include information on the Provider's obligation to offer hours of operation that are no less than the hours offered to commercial Members or are comparable to Medicaid FFS if the Provider serves only Medicaid and/or CHIP Members. Our PCPs will be required to have emergency dental services available 24 hours a day, 7 days a week.

Each Provider's office hours are documented at the time of credentialing. This includes their normal business hours and extended office hours/days. Each quarter, DentaQuest mails a written request to each Provider location to request information regarding any changes, inclusive of office hours, as well as to validate the Providers practicing at the location. The letter will remind Providers they are contractually obligated to keep their information up-to-date and ask them to submit changes to DentaQuest.

Updates to Provider information may be submitted at any time through our Provider Relations team, Contact Center, mail, fax, or email. These requests are routed to our Provider Operations team, which is required to update the information within five business days of receipt in our Windward system. Our Find-A-Dentist tool is refreshed each night with the latest information on each Provider, including office hours.

### **Ensuring a Sufficient number of Dentists and Specialists to furnish services promptly (b)**

DentaQuest regularly monitors the number of general and specialty dental Providers in the network through a comprehensive suite of reports, which are detailed in response to SOW Sections E.1.21 and E.1.22. In addition to considering the state's specific network adequacy standards for each Provider type, we assess the sufficiency of our network using industry standard ratios: one general or pediatric dentist per 1,500 Members and one specialty care Provider for every 10,000 Members.

## COMMUNICATION REVIEW AND APPROVAL (E.1.02)

DentaQuest understands the importance of Agency review and approval of communications materials. We will obtain Agency pre-approval of all Provider communications at least 30 days prior to expected use or distribution unless the Agency indicates a different timeframe. We will resubmit previously approved communications with substantive changes to the Agency for review and approval at least 30 days prior to use. We will comply with any Agency processes implemented to facilitate the submission and approval of materials, including using an inventory control number on all submissions or using specific cover sheets with document submission.

We will submit any information that includes the State's name and any correspondence that may be sent to Providers on behalf of the Agency for review and approval by the Agency. We understand that any approval provided for the Agency or other State agency name or logo is specific to the use requested and we will not interpret it as blanket approval. We will include the State Program logo(s) in our Provider communication materials, and any specific mandated language in Provider communication materials upon Agency request.

## PROVIDER MANUAL (E.1.03)

The Provider Manual is a key communications tool we use with our Providers. We provide training on the importance of, and how to access our Provider Manual, which outlines the process for submitting claims, validating status, and a detailed section on the process for claims disputes. Our Provider Manual is available electronically, and in hard copy (upon Provider request) to all Network Providers, without cost, and includes the following topics:

- |  |  |
|--|--|
| a. Program Benefits and limitations  | n. Broken Appointment Program  |
| b. Claims filing instructions  | o. Clinical criteria   |
| c. Criteria and process to use when requesting Prior Authorizations  | p. DentaQuest standards of care  |
| d. Cost sharing requirements   | q. Overview of DentaQuest's Quality Management and Utilization Management Programs   |
| e. Definition and requirements pertaining to urgent and emergent care  | r. Provider Responsibilities pertaining to availability and accessibility, updates to contact information, termination, and referrals to specialists   |
| f. Participants' rights  | s. Role of the Patient-Centered Dental Home  |
| g. Providers' rights for advising or advocating on behalf of his or her patient  | t. Special access requirements (interpreter/translation services, reading/grade level considerations, cultural sensitivity, special health care needs) |
| h. Provider non-discrimination information   | u. State-approved forms  |
| i. Policies and procedures for Grievances and Appeals in accordance with 42 C.F.R. § 438.414 and consistent with Section E.6 | v. Member eligibility and added benefits   |
| j. Contractor and the Agency contact information such as addresses and phone numbers   | w. Transportation program  |
| k. Policies and procedures for third party liability (TPL) and other collections   | x. Value-Added Services  |
| l. Compliance with program policies  |  |
| m. Emergency treatments and authorizations   |  |

Our Provider Manual will include a covered benefit table (format in Figure 10-E) to give Providers very clear directives on if a procedure requires medical necessity review, what the benefit limitations are, and what documents they must submit with the review. Note the example in Figure 10-E is for illustrative purposes only and is not intended to represent actual requirements for Iowa.

Figure 10-E: Clear Direction for Providers

Covered Benefit Table						
Code	Brief Description	Age Limitation	Teeth Covered	Review required	Benefit Limitations	Documentation Required
D5811	Interim complete denture – mandibular	3-20		Yes	Limit to one service per lifetime, per patient.	Narrative of medical necessity, pre-op X-rays

Our Provider Manual contains very specific information on clinical criteria, outlining exactly what is needed to demonstrate medical necessity for any given service. In addition to making this information available to Providers, our Provider Relations Representatives will provide initial and ongoing education on a range of issues including the UM Program, and resources available through the Provider Website and Provider Portal.

## PROVIDER WEBSITE (E.1.04)

DentaQuest will provide access to a public-facing website as well as a VeriSign™ secured Provider Portal for Iowa Providers.

### Public-facing Provider Website

Our **public-facing Provider website** includes content such as:

- Provider enrollment forms (completed electronically – no paper submissions needed)
- Provider credentialing and re-credentialing application (completed electronically – no paper submissions needed)
- Provider information change forms (completed electronically – no paper submissions needed)
- Sign up for the Trading Partner Portal
- Required and optional training and education
- Information on the programs DentaQuest serves by state (for example, in Tennessee, we serve the state’s Medicaid and CHIP program, Medicare Advantage, Marketplace, and Personal plans)
- Contact details specific to plan
- Links to necessary state Agency websites
- State and program-specific documents and links such as the Provider Manual, PCDH Provider information, grievances and Appeals information, orthodontia forms, oral health assessment tools, Patient information release, and consent forms, among others.

Screenshots of our website are featured in Figures 11-E through 13-E below.

Figure 11-E: Provider landing page on dentaquest.com

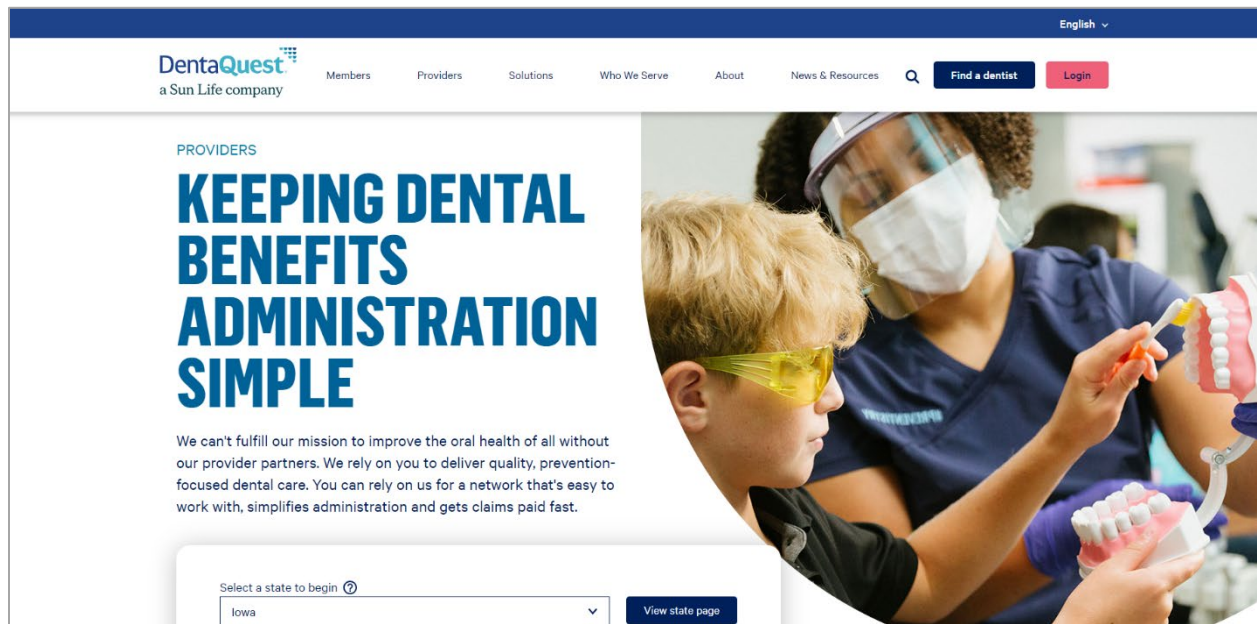




Figure 12-E: DentaQuest’s website makes it easy for Providers and their office staff to identify required and recommended training

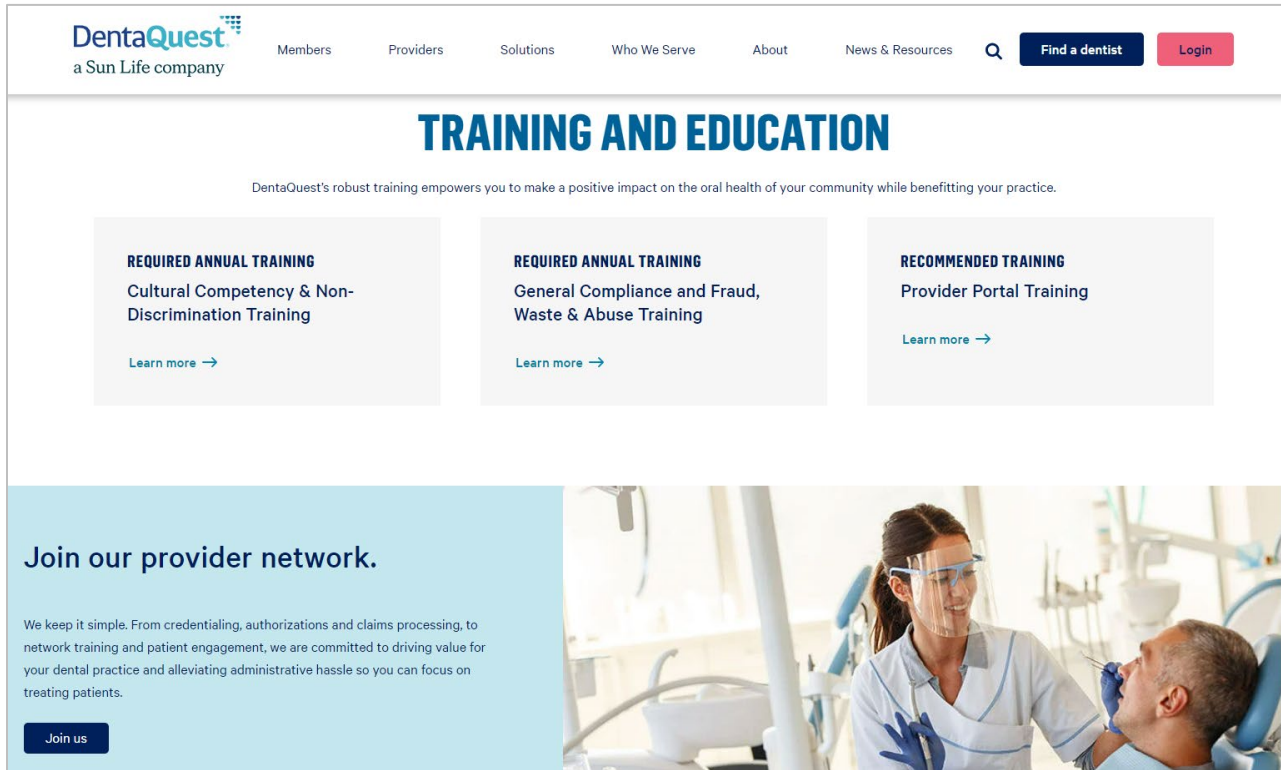
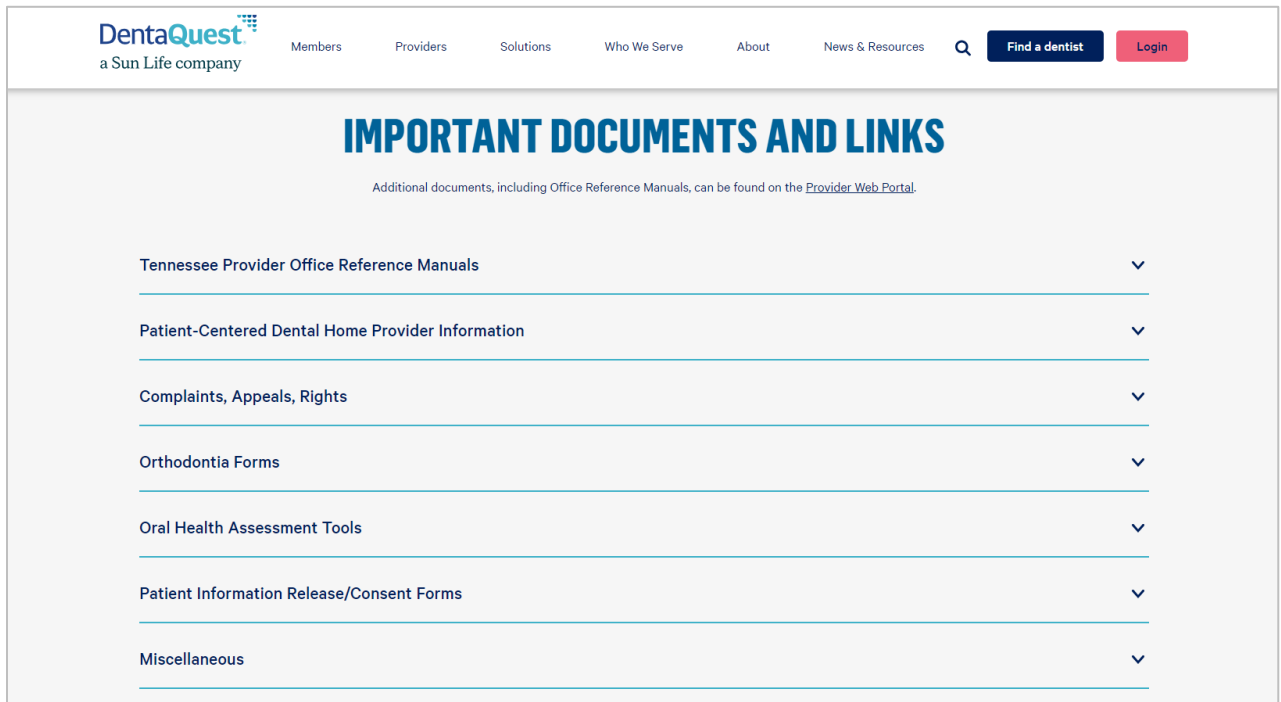


Figure 13-E: DentaQuest’s website makes it easy for Providers and their office staff to quickly locate important documents.



## Provider Portal

Our Provider Portal is routinely ranked the highest area of DentaQuest performance in Provider satisfaction surveys. For example, **nearly nine in ten Providers in 2022 rated their ease of using the portal as either good or very good.** Our Provider website and portal are accessible via cell phone and will describe key Program elements and requirements, including the required Provider Manual information described in SOW Section E.1.03 and the Provider training described in SOW Section E.1.04.



**HIGH PROVIDER SATISFACTION WITH OUR PORTAL**  
Nearly 9 in 10 Providers rated their ease of using the Provider Portal as good or very good.

Our Provider Portal is available 24 hours a day, 365 days a year, and is accessible from all common internet browsers including Edge, Chrome, Firefox, and Safari. If maintenance is needed, we will post a message to the portal to notify users at least 48 hours before maintenance is started. DentaQuest only performs maintenance and upgrades during non-traditional business hours.

Our Provider Portal is HIPAA-compliant and protects all Protected Health Information (PHI) and Personally Identifiable Information (PII). All data exchanges conducted through the portal are processed securely, and all electronic billing and prior authorization submissions within the portal are HIPAA-compliant. Files are processed through a HIPAA translator, and the claims and prior authorization requests are directed into our Windward system. Response transactions are posted to the trading partner through our Trading Partner Portal.

All Providers will be strongly encouraged to sign up for our state-of-the-art, HIPAA-compliant, and mobile-friendly Provider portal, which includes a wide array of functionality related to eligibility, claims, authorizations, and remittances. Using the Portal, Providers can:

- Verify Member eligibility and dental service history
- Submit claims and authorization requests, and upload attachments such as X-rays
- View the status and detail of past and present claims and prior authorization requests
- Access their assigned Members
- Identify gaps in care for specific preventive services for their assigned Members
- Access remittance advice for the past 12 months
- Complete the annual Provider Satisfaction Survey

In addition, Providers can use the Portal's documents link to access additional information and resources such as:

- Training materials, Provider informational notices, and the Provider Manual
- Procedures and forms for obtaining prior authorization and submitting service authorization
- Procedures and tools for submitting electronic claims
- Procedures and tools for electronic billing

Providers can send an email to DentaQuest or communicate with our staff through secure messaging. Samples of commonly used pages on the Provider Portal are featured in Figures 14-E through 16-E below.

Figure 14-E: Provider Portal secure log-in landing page

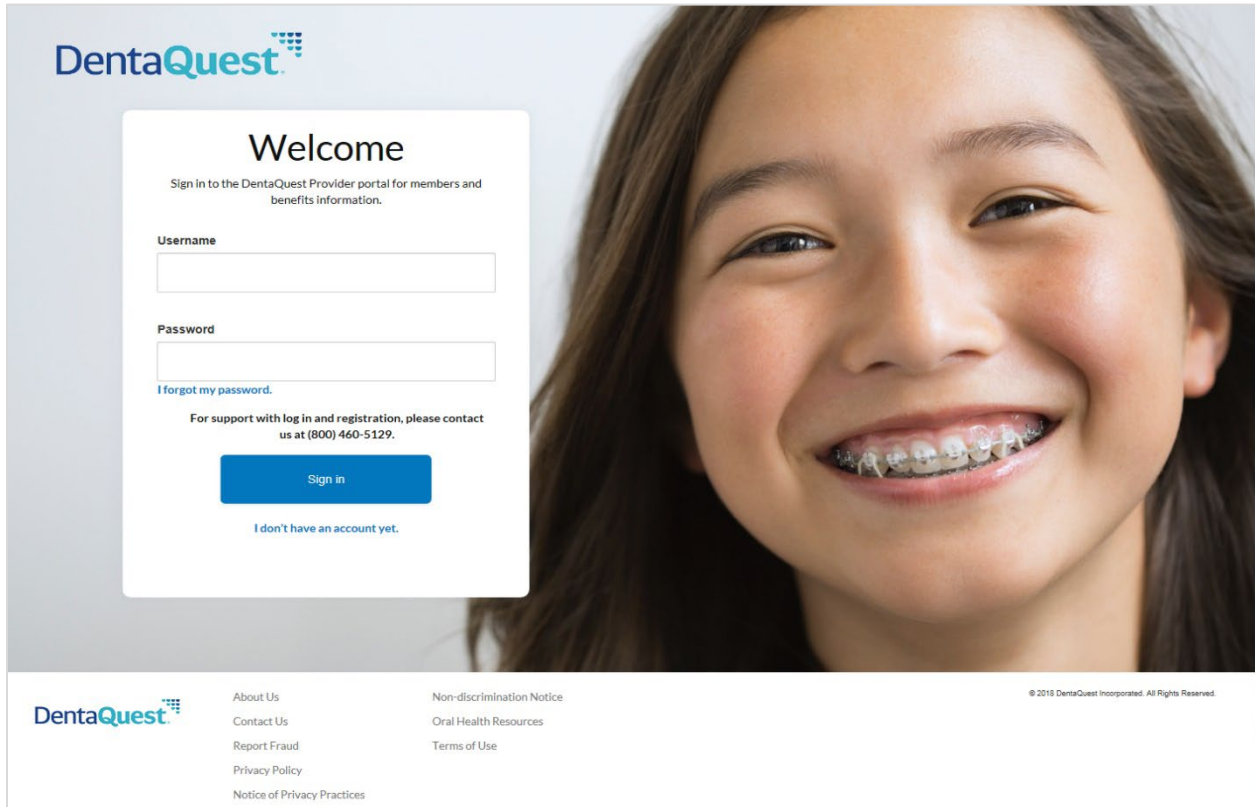
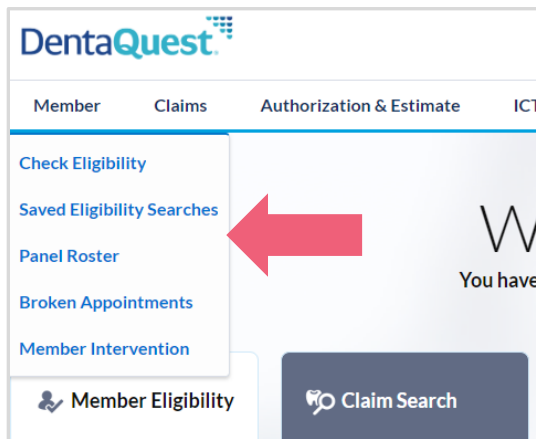
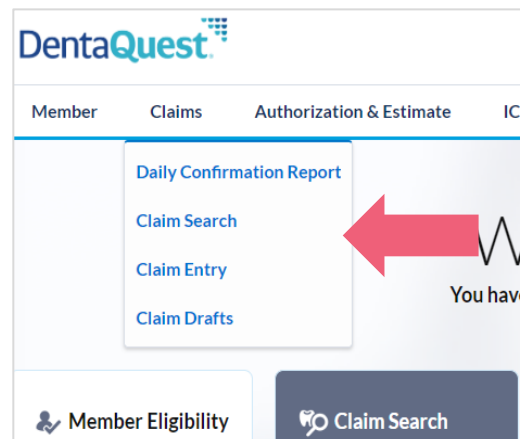


Figure 15-E: The Provider Portal Home Page includes a menu of categories and the most frequently used features. Two tab examples appear below.



Member tab allows for navigation to check eligibility, view saved eligibility searches, access the panel roster of assigned Members, submit a broken appointment notice, and view Member interventions (Members assigned to the office who are behind on preventive services).



Claims tab allows for navigation to daily confirmation report to review submitted claims, claims search, claims entry and claim drafts.

Figure 16-E: Member Details Page allows users to view a Member or an entire family’s eligibility, Plan and Contact information, PCP assignment, Benefit Summary, Other Coverage (if applicable), Claim & Auth history, Service history, and Eligibility history.

## MEMBER NAME

Print

✔ Member is eligible: Smiley Dental Camp Bowie PLLC - Tania Ramezani - Smiley Dental Camp Bowie PLLC - 8436 Camp Bowie West Blvd - FORT WORTH - 02/20/2023  
TX Medicaid Child (Under 21)

---

Name:	MEMBER NAME
Relationship:	Subscriber
DOB:	
Gender:	F
Primary Address:	76116
Work Phone:	(817)
Fax Number:	
Primary Home Phone:	(817)

**Plan**  
TX Medicaid Child (Under 21)

Issued ID	Coverage End Date

Overview | [Claim and Authorization & Estimate](#) | [Service History](#) | [Eligibility History](#)

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### Primary Care Provider

Provider:	Tania Ramezani
Office:	Smiley Dental Camp Bowie PLLC
Service Location:	8436 Camp Bowie West Blvd, FORT WORTH, TX 76116

**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.**

**ESTABLISHING WRITTEN PROVIDER AGREEMENTS (E.1.05–E.1.06)**

DentaQuest has extensive experience establishing written Provider Agreements. When we enter a new state, such as Iowa, we start with our base Provider Agreement, which has been vetted by our internal legal team to include the necessary stipulations. We then review this base agreement to incorporate Iowa-specific terms. Once the Iowa specifics are added to our base agreement, we have outside legal counsel in Iowa review the agreement. We confirm with outside legal counsel if we need approvals from the State, Department of Insurance (DOI), CMS, etc. The agreements include the following standard addendums:

- Addendum A, which is the State specific addendum and includes Iowa DOI information
- Addendum B, which is the Medicare standard addendum that aligns with CMS regulations
- Addendum C, which is the Medicaid-specific requirements, including the requirements listed in the RFP, assures alignment between Iowa and CMS regulations
- Addendum D, which is our exchange program addendum

The agreements include specifics for public health, payment methodology for FQHCs and RHCs, and federal requirements for IHS, Tribal, and Urban Indian (ITU) clinics.

Once outside legal counsel reviews our agreements and provides them back to us, we review them internally with a final internal legal review, and final formatting. We have completed this process for our written Provider Agreements for Iowa.

DentaQuest understands the importance of 42 C.F.R. § 438.206, which requires the establishment of written agreements with all Network Providers. As an experienced DBA working with Medicaid agencies across the country, we identify and incorporate the applicable

terms of our contracts with the agencies and any incorporated documents into our written Provider Agreements. Our Provider Agreement terms assure that the Provider agrees that the Contract, all applicable terms and conditions in the Contract, any incorporated documents, and all applicable State and Federal laws, as amended, govern the duties and responsibilities of the Provider about the provision of services to Members. We have drafted our Provider Agreement templates based on the Contract requirements and will submit them to the Agency for review and approval upon request. We attest that all applicable State and Federal laws and contractual requirements are met in our Provider Agreement templates.

DentaQuest assures the following minimum requirements are included in all Provider Agreements:

- Prohibits contracted Provider from seeking payment from the Member for any covered services provided to the Member within the terms of the Contract
- Requires the Provider to look solely to DentaQuest for compensation for services rendered
- Requires contracted Provider to cooperate with quality improvement, utilization review, and clinical management activities
- Does not prohibit a Provider from acting within the lawful scope of practice, from advising or advocating on behalf of a Member for the Member's health status, medical care, or treatment or non-treatment options, including any alternative treatments that might be self-administered
- Requires contracted Provider to meet appointment time standards in compliance with state, federal, and health plan requirements
- Prohibits discrimination with respect to participation, reimbursement, or indemnification of any contracted Provider who is acting within the scope of the contracted Provider's license or certification under applicable state law, solely based on such license or certification
- Requires the contracted Provider to ensure that Members are provided services without regard to race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual preference, health status, income status, or physical or mental disability
- Requires contracted the Provider to not intentionally segregate Members in any way from other persons receiving services
- Specifies covered services and populations
- Requires contracted Provider to submit complete and timely claims/encounter data
- Specifies rates of payment and ensures that contracted Providers will accept such payment in full for covered services provided to Members, as deemed necessary and appropriate under the delegated entity's and plan's quality improvement and utilization management program, less any applicable Member copayments
- Specifies that in addition to any other right to terminate the contracted Provider's contract, a state or federal program may request an immediate termination of contracted Provider's participation if the contracted Provider fails to abide by state, federal, or plan terms and conditions
- A provision that the Provider shall be fully responsible for all tax obligations, Worker's Compensation Insurance, and all other applicable insurance coverage obligations which arise for themselves and their employees, and that a Health Plan shall have no responsibility or liability for any such taxes or insurance coverage
- Requires the identification of the name and address of the contracted Provider



- Specifies the term of the contract including beginning and ending dates, methods of extension, termination, and renegotiation
- Specifies the duties of the contracted Provider relative to coordination of benefits and third-party liability, including the agreement to identify Medicare and other third-party liability coverage and to seek such Medicare or third-party liability payment before submitting claims to DentaQuest
- Specifies the state and federal programs are responsible for enrollment, re-enrollment, and disenrollment of Members
- Requires the contracted Provider to obtain any necessary authorization from DentaQuest for services provided to eligible and/or Members
- Requires the contracted Provider to provide the Member with factual information but is prohibited from recommending or steering a Member in the Member’s selection of a health plan

When a Provider expresses interest in joining our network, we share the Provider Agreement with their office. Our team is available to address specific questions related to the agreement, and we proactively contact the office until the agreement is signed. Figure 17-E highlights our contracting strategy for each entity type in Iowa.

Figure 17-E: Contracting Strategies Base on Entity Type

Entity Type	Current Status	Contracting Strategy
FQHC/RHC/CHC	13 of the 14 FQHCs provide dental; we have contacted all FQHCs, RHC, and CHCs (via phone and in person); and we have met with the primary care association	Additional addenda in our written Provider Agreements that provides payment methodology
Maternal health and public health	Contacted with all 15 I-Smile Program Coordinators who partner with Maternal Health Centers and Screening Centers to conduct dental screenings for children and their mothers	Utilize standard written Provider Agreement
Standard dental entity	We started our work to contract with standard Iowa dental entities in mid-February 2023.	Utilize standard Provider Agreement
VBP Provider	We have developed a VBP model proposal, which is in our response to SOW Section 8.03.	Include addenda with payment methodology
ITU/Tribal	We have identified two Meskwaki Nation Dental Clinic and an IHS clinic.	Federal requirements – CMS Addenda for ITUs

## CONTRACTING AND PARTNERING WITH FEDERALLY QUALIFIED HEALTH CENTERS (E.1.14)

Federally Qualified Health Centers (FQHCs) serve as essential Providers in our Medicaid networks across the country. As part of our initial work in Iowa, DentaQuest has contacted all 13 FQHCs in the state that offer dental care to invite them to join our Medicaid network. We are anticipating that all these FQHCs will contract with us, should we be awarded a contract.

We met with Addie Trueblood and Sarah Dixon from the Iowa Primary Care Association to learn more about their work, and to discuss how DentaQuest can partner with them in the future.

DentaQuest will reimburse all FQHCs the Prospective Payment System rate or Fee-for-Services in effect on the date of service for each encounter, as applicable to the Member, and we will not enter alternative reimbursement arrangements without prior approval from the State.

For the FQHC locations that do not have dental services, DentaQuest will coordinate with these locations to establish **set and predictable schedules for a mobile dental group to bring oral health care to Members and provide their staff with education on the availability of teledentistry services**. Based on our initial research, we have identified the following FQHC locations without a dental clinic:

- Community Health Centers of SE Iowa – Hamilton Clinic
- Eastern Iowa Health Center – Wellington Plaza and Women’s Health locations
- Riverhills Community Health Center – Oskaloosa and Sigourney locations
- All Care Health Center – Florence Larkin Health Center
- Infinity Health – Grant Center, Kendall Center, and Lamoni Clinic

We will work in partnership with the I-Smile Coordinators to ensure all these non-dental FQHC locations have trained physicians and nurse practitioners actively participating in the Cavity Free Iowa fluoride varnish program.

## CONTRACTING AND PARTNERING WITH MATERNAL HEALTH; SCREENING; AND PUBLIC HEALTH PROVIDERS (E.1.16)

DentaQuest has contacted all 15 I-Smile Program Coordinators who partner with Maternal Health Centers and Screening Centers to conduct dental screenings for children. We met with all eight of the I-Smile Coordinators who followed up with us prior to the release of this RFP. We understand the critical role the I-Smile program plays in the provision of care for Medicaid Members across Iowa and are excited to support and enhance the work they are doing.

Prior to the release of the RFP, we met with Lina Tucker Reinders, the Executive Director of the Iowa Public Health Association, and Mary Kelly, RDH, who shared with us that most of the public health departments in Iowa do not provide dental care.

We will ensure that all Providers working within the Maternal Health Centers, Screening Centers, and Public Health Providers will be invited to participate in our network. We will reimburse these Provider types for dental services under the agency or individual Provider number as applicable. DentaQuest will

DentaQuest reached out to all **the I-Smile Coordinators** and had the opportunity to meet with the following Coordinators prior to the RFP release:

- **Katherine Smith**, American Home Finding Association
- **Lezah Hanson**, North Iowa Community Action Organization
- **Kiane Smith**, Elkador Visiting Nurse Association
- **Cindy Partlow**, Webster County Health Department
- **Liz Addison**, FAMILY, Inc.
- **Rachel Patterson-Rahn**, Lee County Health Department
- **Becky Hackett-Leas**, Johnson County Health Department
- **Haley Finn**, Black Hawk County Health Department

### Common themes from these meetings included:

- It is difficult to refer Medicaid Members for care. Dentists may be willing to take Members on a case by case basis, but there are many counties with no actively accepting Medicaid Providers.
- There is excitement and appreciation that DentaQuest reached out to learn more about their work, and how we can collaborate and support them if we are selected as a DBA.

manage all billing disputes pursuant to our standard policies, and we agree to follow the processing policies and frequency limitations established by the Agency.

DentaQuest will train the I-Smile Coordinators and any other applicable Providers at the Centers to leverage the **HIPAA-compliant Provider Portal for claims submissions, data sharing, and referrals to DentaQuest**. The I-Smile Coordinators can use the Provider Portal to view a **Member's Patient-Centered Dental Home assignment** to make a referral to a PCP who is actively participating in our network.

Using the Provider Portal, I-Smile Coordinators will have the ability to send electronic referrals directly to DentaQuest's Care Coordination and Case Management team for high-risk Members who need additional support, including care coordination or enrollment in our Case Management program.

DentaQuest's local Member Outreach and Care Coordinators will establish relationships with the Bureau of Family Health's Child Health and Material program leadership, and with all the regional-based centers participating in these programs. **We will invite representatives from these groups to participate in our Dental Advisory Committee**. DentaQuest regularly works with similar agencies and centers to help integrate oral health into existing educational programs for mothers and children in other states. DentaQuest will exercise careful coordination and consideration to ensure we are not duplicating efforts that already exist in Iowa. Our goal is to maximize our effectiveness, and that often means supporting existing programs a state has already implemented.

## CONTRACTING AND PARTNERING WITH OTHER SAFETY NET PROVIDERS AND COMMUNITY PARTNERS (E.1.18)

### Dental Safety Net Providers

Building relationships with safety net Providers and community partners is a cornerstone to our approach in improving oral health. DentaQuest understands the critical role these Providers, such as the University of Iowa College of Dentistry, non-profit clinics like Dental Connections, the state's five dental hygiene schools, school-based dental programs, mobile dental clinics, free clinics, and charity-based programs serve in addressing service area gaps.

While not all these safety net Providers accept Medicaid, DentaQuest will offer contracts to all willing dental safety net Providers to join our network.

DentaQuest supports Iowa's Mission of Mercy program, which leverages volunteer dental professionals to provide free dental care to anyone in need. Last year, we provided \$20,000 in sponsorship. This year's event will be held in Waterloo in October. DentaQuest is a Gold sponsor, and several team Members will be volunteering as well.

## RECOGNIZING HEALTH EQUITY HEROES IN IOWA

DentaQuest is committed to recognizing and celebrating individuals who go above and beyond to expand access to equitable oral and health care. Each year, we select **Health Equity Heroes** from across the country. Two individuals from Iowa have earned this award in the past two years. Both were awarded a \$5,000 charitable contribution to a non-profit committed to promoting health equity.



**Dr. Howard Cowen**, Clinical Professor of Preventive and Community Dentistry at University of Iowa College of Dentistry

Dr. Cowen was selected as a 2022 Health Equity Hero for his work on geriatric dentistry. DentaQuest made a \$5000 donation to the Howard J. Cowen Geriatric and Special Needs Scholarship Fund of the University of Iowa Alumni Association in honor of Dr. Cowen.



**Bridget Saffold, MSN, MPH, RN**, Executive Director of Focus on Diabetes

Ms. Saffold is a 2023 Health Equity Hero recipient. She is the founder of Focus on Diabetes, a community-based program that provides screenings and education in a non-threatening setting for individuals working to manage their diabetes. DentaQuest made a \$5000 donation to Focus on Diabetes in honor of Bridget.

## Partnering with Community Entities and Advocates



### COMMUNITY COLLABORATION

Many Members benefit from the services provided through various social supports, community-based organizations, and government organizations. We will implement strategies to utilize and partner with Iowa-based community entities and advocates, including transportation and enabling services. Examples of some of the ways we envision

working with community entities include:

- Collaborating with MCOs in unique ways, such as bringing mobile dental services to high-volume medical PCP offices on a clinic day
- Helping Members coordinate transportation to their dental appointment
- Providing education on oral health competencies for medical PCPs on prevention, assessments, and risk factor identification (Figure 18-E)
- Formalizing dental care referral processes with referral forms
- Supplying mock “prescription pads” for non-dental health care professionals. These tear-off pads include DentaQuest’s contact information to help facilitate referrals.

Our Case Managers will establish bi-directional relationships with the three Iowa MCOs, dental and medical Providers, and State Agencies to support our

Figure 18-E: Sample educational handout for medical PCP offices

**PROTECTING YOUR TEETH WITH SEALANTS**

**What is a dental sealant?**  
A dental sealant is a plastic resin material that a dentist places into the grooves of the chewing surface of the tooth to help prevent the formation of cavities (tooth decay).

**Why are sealants important?**  
Brushing your teeth twice a day helps remove plaque (an acid film that forms on your teeth and causes cavities), but some teeth are harder to clean than others. These are usually your back teeth. Molar teeth have grooves called “bits and fissures” and it is in these grooves that the plaque is not always cleaned off during brushing. The longer plaque remains on a tooth, the more likely it is to create a cavity. To combat plaque formation, a sealant can be applied to the back molars. The plastic sealant material forms a bond over the tooth, almost like a smooth coating, filling all of the grooves. Because the grooves have now been filled in with this smooth sealant material, it is now difficult for plaque to accumulate and form cavities. When properly applied, dental sealants have proved to be highly effective in preventing pit and fissure cavities.

**What causes it?**  
Your dentist or dental hygienist will first make sure your tooth is clean. Then the tooth’s surface will be prepared using a process called etching which ensures that the sealant will bond to it. After the tooth dries, the liquid sealant is painted or dabbed into the grooves of the tooth. The dentist or hygienist will then shine a special light on the tooth, which causes the sealant to harden immediately.

**Who should get sealants?**  
If you have had a cavity or have molars with deep grooves, then you may be at a higher risk for future decay. Check with your dentist to see if sealants may be right for you. Your dentist will perform a check-up that will help determine if a tooth is at risk for developing decay, making you a candidate for sealants.

**FOR MORE INFORMATION**  
visit our Oral Health Center at [bit.ly/oral-health-resources](http://bit.ly/oral-health-resources) or scan the QR code with your smartphone.

DentaQuest

Members. Our Case Managers will be responsible for helping Members overcome barriers to care and address social determinants of health. As part of their support, they will refer Members to a myriad of community and social support Providers such as homeless shelters, housing supports, food banks, after-school programs, WICs, and Head Starts.

### PARTNERING WITH ADVOCATES TO IMPROVE ORAL HEALTH

As the single DBA of the state of Virginia’s Medicaid dental program since 2005, we were proud to be featured alongside the Virginia Department of Medical Assistance, the Virginia Health Catalyst in the ADA’s **Dental Quality Alliance (DQA) Quality Innovators Spotlight on the Virginia Oral Health Learning Collaborative**.

We were asked to participate in the spotlight event because of our work with these groups to improve the health of Medicaid children in Virginia. We demonstrated how a state Medicaid program effectively engaged stakeholders to leverage resources and work collaboratively toward a common care goal. The collaborative demonstrated the following improvements:

- 65% increase in the number of non-dental Providers applying fluoride varnish to Medicaid Members under 3 years of age
- 72% increase in Members under age three who received fluoride varnish applications from non-dental Providers
- HEDIS ADV 2016 measure of the percentage of children with at least one dental visit in the year was 64.88% for Members, significantly above the national average of 48.26%.

### Strategies for Developing Member Referral Networks with Hospital EDs and Urgent Care Clinics



#### MEDICAL DENTAL INTEGRATION

According to the Iowa Public Health Tracking Portal, there were more than 8,300 visits to hospital EDs for dental concerns in 2021. Sixty percent of those visits occurred in 16 of Iowa’s 99 counties.

Appanoose and Des Moines had the highest age adjusted rates, at 82.2 and 78.4 (per 10,000) respectively. The ADA reports that

emergency department visits for dental health care costs three times as much as a visit to the dentist, averaging \$749 if the patient isn’t hospitalized. This amounts to \$1.6 billion annually – one third of which is paid by the Medicaid system.

DentaQuest will implement a multi-dimensional approach to reduce ED usage and encourage Member to seek care from their PCP. Our approach encompasses prevention strategies, offering access to more appropriate and cost-effective alternatives, and outreach to change Member behaviors:

1. **Reduce demand for ED services through outreach and education.** DentaQuest will communicate the availability of dental benefits for adults and children through several channels, including the new Member Welcome Program, at events in the community, through our community partners, and through our Patient-Centered Dental Home Providers.
2. **Provide and promote effective alternatives to hospital EDs including a Patient-Centered Dental Home assignment, and the availability of a virtual visit via Teledentistry.com.** Members will have access to a licensed and credentialed Provider via Teledentistry.com. The Provider will have the authority to prescribe antibiotics and/or non-opioid painkillers to address the Member’s immediate needs – which is the same solution any ED would provide but at a significantly lower cost to the Medicaid system. The Teledentistry.com Provider will refer the Member to a PCP for follow-up care.

In compliance with the SOW requirements, DentaQuest will offer a **24/7 Dental Call Line**.



Members who call our toll-free line with urgent dental concerns will first be assisted by an on-call Customer Service Representative (CSR). The CSR will obtain basic information on the Member’s specific dental concern and offer an on-call dental clinician follow-up with the Member. The CSR will forward the Member’s information to the on-call dental clinician, who will contact the Member within 30 minutes to help the Member determine when self-care, a dental visit, or a hospital emergency department visit is appropriate. CSRs will follow up the next day to connect the Member to their PCP and assist in scheduling an appointment.

DentaQuest will target its educational efforts on ED alternatives in the highest utilized areas of Iowa and will work directly with hospital EDs and urgent care clinics to raise awareness on the availability of teledentistry.com, which is fast, easy, and free for the Member. DentaQuest will provide educational materials and flyers for hospital EDs to place in their waiting area.

- 3. Change Member behaviors related to visiting EDs for non-traumatic dental care (NTDC) through our Emergency Dental Redirect Program and our Case Management Program.** While our goal is to avoid hospital ED usage for NTDC, we realize that we will not be able to reach every Member and there will still be situations when it occurs. To prevent Members from making reoccurring trips to the ED, we will implement our Emergency Dental Redirect Program.

When we identify a high utilizer of NTDC emergency services through claims data, the state HIE, or other data sources, we will contact the Member to help them schedule an appointment with their PCDH Provider. We will provide education on what to do in an emergency, when to call the PCDH Provider, how to get emergency care, and the right to access emergency care out-of-network. For our highest risk Members, a Case Manager will engage them with the goals of solving problems, encouraging self-management, and improving oral health literacy. They will help overcome barriers to accessing care, including scheduling appointments for needed services and assisting with transportation options.

## ACCESS TO MEDICAL, DENTAL, AND FINANCIAL RECORDS (E.1.20)

Our Provider Agreements require Providers to permit our team, representatives of the Agency, and other authorized entities to review enrolled Member records for the purposes of monitoring the Provider’s compliance with the record standards, capturing information for clinical studies, monitoring quality, or any other reason. The Agency and all other authorized entities will be able to conduct their reviews within their designated timeframes.

### E.1. Network Adequacy

c) Describe how you will adhere to all requirements set forth in Special Contract Exhibit C.

## DENTAQUEST’S APPROACH TO ENSURE ADEQUATE ACCESS TO CARE (E.1.21)



### IMPROVING ACCESS TO CARE

DentaQuest contracts with nearly 40,000 Medicaid/CHIP dental Providers across 21 states. Each program we serve has its own unique network access standards that require close monitoring. Through this experience, we have refined a thorough process and monitoring plan to assure we adhere to the letter and the spirit of the network standards outlined in this RFP.

We will build a Medicaid network that supports Members in their full range of dental benefits including preventive care and specialty services. We will develop a robust, diverse network that

serves all urban and rural counties statewide, and can serve a diverse Medicaid population, for both adults and children, including Members with special health care needs. We will maintain and monitor our fully adequate Iowa Provider network to assure access to all services covered under the Contract for all Members, including those with Limited English Proficiency (LEP) and/or physical or mental disabilities.

To demonstrate our ability to exceed well beyond minimum state Medicaid network adequacy requirements, we have provided network adequacy standards set forth by the Medicaid agencies in Illinois, Indiana, Ohio, and Colorado compared to the network adequacy DentaQuest provides to its Members in each of these in Figure 19-E.

Figure 19-E: DentaQuest’s proven ability to go beyond minimum network adequacy standards

State	State Dental Network Adequacy Requirement		% of Medicaid Members with Access	Distance to <b>THREE</b> Closest DentaQuest Network Providers	Surpasses Network Adequacy
Illinois	Urban	1 Provider in 30 miles & 30 minutes	99.9%	2 miles/2.8 min	✓
	Rural	1 Provider in 60 miles & 60 minutes	100%	16.9 miles/18.6 min	✓
Indiana	Urban & Rural	1 Provider in 30 miles	100%	5.1 miles	✓
Ohio	Urban	1 Provider in 10 miles & 20 minutes	100%	1.4 miles/2.2 min	✓
	Rural	1 Provider in 20 miles & 30 minutes	100%	3.5 miles/4.1 min	✓
Colorado	Urban	1 Provider in 30 miles or 30 minutes	99.9%	2.7 miles/3.5 min	✓
	Rural	1 Provider in 45 miles or 45 minutes	100%	11.3 miles/12.3 min	✓
	Frontier	1 Provider in 60 miles or 60 minutes	99.9%	25 miles/27.2 min	✓

As it pertains to Iowa, the state’s minimum requirements are a “must” that shapes our recruiting and monitoring, and our approach strives to create as many points of quality access as possible. We have reviewed and understand the unique time and distance standards outlined in Special Contract Exhibit C.

### Approach to Assuring Adequate Access for Members with LEP

LEP can often be a significant barrier to care and in turn lead to or exacerbate health disparities among minority groups. Certain minority groups may have greater distrust of the health care system, and some racial and ethnic minority Members may wish to receive care from a dentist who looks like them, speaks their language, and understands their culture.

We will incorporate a special focus on recruiting all minority dental Providers in Iowa into our network plan. We maintain national relationships with minority-organized dental associations, including the National Dental Association, the Hispanic Dental Association, the Society of American Indian Dentists, and the Diverse Dental Society, and work closely with these groups to learn how to effectively reach their Members and encourage their participation in our networks across the country.

Given a finite number of minority dentists practicing in Iowa today, DentaQuest will ensure that all participating Providers receive training on how to better support the diverse and dynamic experiences of their Members, inclusive of those with LEP, and racial and ethnic minorities.

Providers will receive information on how to access interpreter services by calling our Contact Center. DentaQuest contracts with a language line that offers interpreters in 230+ languages, inclusive of all the top 15 languages spoken in Iowa. We have experience coordinating with language and ASL interpreters to attend appointments and will ensure such coordination occurs in Iowa for Members.

Beyond ensuring language assistance, we know it is critical to give Providers tools and training to honor and respect differences that may exist between themselves and their staff, and Members. To this end, our comprehensive cultural competency, non-discrimination, health equity, and implicit bias training covers a host of topics including:

- Forms of discrimination
- Provider and Member rights
- What unequal health care looks like
- Working to ensure cultural competency
- Strategies for cultural interactions
- Working with an interpreter
- Providing Auxiliary Aids or Services
- Sensitive Use of Language Guidelines
- Sexual harassment
- What to do when discrimination occurs
- How to recognize an accommodation request
- Related federal laws

### **DentaQuest’s Approach to Assuring Adequate Access for Members with Physical or Mental Disabilities**

Physical and/or mental disabilities can vary widely from one individual to the next. Often, we encounter general dentists who feel uncomfortable or unsure if they have the necessary skills to treat Members with certain disabilities. Caregivers and parents may feel frustrated with the lack of Providers willing to serve their children, and may not regularly seek care. Therefore, when care is sought, the Member may need extensive dental treatment.

DentaQuest will have a special focus on recruiting pediatric dental specialists into its network recruitment plan, as this specialty is trained to render care for individuals with special health care needs (SHCN). We will conduct data mining of the existing Iowa Medicaid dental networks, and leverage our relationships with organized dentistry to identify targeted Providers to recruit.

To broaden the reach of Providers equipped to serve Members with SHCN, we will offer training opportunities based on best practices established by the AAPD’s Guidelines on Management of Dental Patients with SHCN for all Providers. Our training adheres to guidelines set forth by the Special Care Dentistry Association. DentaQuest will work with its Iowa Dental Director to develop an Iowa-specific special needs training program for Providers interested in gaining more education on how to best serve Members with SHCNs.

DentaQuest will facilitate the use of teledentistry to prepare Members with SHCN and their parent/caregivers for an in-person visit. This helps to quell fears the Member or parent/caregiver may have about the upcoming appointment and gives the Provider insight into the Member’s needs.

For example, to provide a safe option during the Public Health Emergency, DentaQuest organized a teledental consultation for a mother of a Member with SHCN who was concerned about taking her son to a clinic. The consultation connected her with a specialist who treats children with SHCNs. Through our Case Management program, we had identified this Member as high risk and likely suffering from untreated tooth decay. The teledental visit allowed the Provider to conduct a limited oral evaluation to determine if the office was equipped to serve the Member, allowed mom to learn about the office’s COVID-19 mitigation strategies, and identified that the mom was willing to try nitrous oxide as a first step before anesthesia. This preparation conversation accomplished much and the mom felt comfortable with the Provider. Subsequently, the Member received a dental check-up, cleaning, and restorations in a single office visit.

### **Approach to Ensuring Adequate Access: DentaQuest Programs that Support Members with LEP and/or Physical or Mental Disabilities**

Ensuring our network is equipped to serve Members with LEP and/or physical or mental disabilities is only half the equation to successfully ensuring they can access care. The other

critical aspect includes the role DentaQuest will have in ensuring Members are educated on their benefits and how to access them, as well as assisting them with locating a Provider who is able to meet their needs. We identify Members with LEP and/or physical or mental disabilities through our initial oral health risk screening, via our Contact Center, or via a face-to-face interaction with a Member of our local team. The programs and resources we offer to support the provision of care for Members with LEP and/or physical or mental disabilities include:

- **Care Coordination and Case Management Program.** Members with LEP and/or physical or mental disabilities often have social determinants of health that can lead to oral health disparities. Our Care Coordination and Case Management Program facilitates the early identification of Members who may need help accessing services and coordinates care between the medical and dental delivery systems. Members identified as having more complex needs are stratified based on risk. High-risk Members will be enrolled in our Case Management program for assistance with accessing specialty care, reducing barriers to care, improving self-management, and coordination with other service Providers.

Members with SHCN who have complex dental care needs will be assigned to a dedicated Case Manager responsible for coordinating all their dental care, ensuring information sharing between Providers, and following up with the family/caregivers to ensure the Member's needs were met.

- **Live Customer Service Support.** Members may contact DentaQuest from 7:30 a.m. to 6 p.m. Central time to speak with a Customer Service Representative (CSR) who can assist in locating a Provider who can accommodate a Member's SHCNs or a Provider/office staff that speak a particular language.
- **Member Placement Support.** Understanding that not all Members with SHCN require intensive care coordination through our Care Coordination and Case Management Program, we have other levels of support to ensure Members can locate a Provider to accommodate their needs. If a CSR is unable to readily locate a Provider during a call, the case is routed to our Member Placement team. This team works with a secondary directory of Providers who choose not to be listed on our directory but are willing to see Members on a case-by-case basis. If there are no Providers available on our secondary directory to meet the Member's needs, a Member Placement Specialist will work with our in-state Provider relations team to identify a Out-of-Network Provider to render care.

**Find-A-Dentist Tool.** DentaQuest's online Find-A-Dentist search tool allows users to filter results by language(s) spoken by the Provider and/or office staff; Providers who have completed cultural competency training; and Providers' special needs experience and training.

## DENTAQUEST'S APPROACH TO ENSURE COMPLIANCE WITH ACCESS REQUIREMENTS (E.1.22)

DentaQuest will leverage its experience with other state Medicaid dental programs to implement a network access compliance oversight program. The program will ensure DentaQuest and its Providers comply with the requirements specified in the Contract, including the appointment times set forth in Special Contract Exhibit C (Figure 20-E). Specifically, our oversight program will validate, and produce documentation to demonstrate that DentaQuest's network offers Members access to care within the appropriate time and distance standards and that our Providers are offering appointment times, emergency care, and post-stabilization services within Iowa's expectations.

Figure 20-E: Standards for Access

Provider/Service Type	Access Standard (Special Contract Exhibit C)
Primary Care Physician/Dentist Access Standards	<p><b>Time and Distance:</b> 30 minutes or 30 miles from the personal residences of Members</p> <p><b>Appointment Times:</b> Not to exceed four to six weeks from the date of a patient's request for a routine appointment, within 48 hours for persistent symptoms and urgent within one day.</p>
Specialty Care Access Standards	<p><b>Time and Distance:</b> 60 minutes or 60 miles from the personal residence of Members for at least 75% of Members, and 90 minutes or ninety 90 miles from the personal residence of Members for ALL Members.</p> <p><b>Appointment Times:</b> Not to exceed 30 Days for Routine Care or one day for urgent care.</p>
Emergency Access Standards	All emergency care is immediate, at the nearest facility available, regardless of whether the facility or Provider is under contract with DentaQuest.
Post-Stabilization Services Access Standards	Post-stabilization services will be available to the Member in a timely manner to prevent re-hospitalization or presenting at the emergency room and will be coordinated by DentaQuest, for the Member, upon notification from the Member, MCO, hospital, physician, or dentist who referred the Member.

### Mechanisms to Regularly Monitor Access to Care within Appropriate Time and Distance Standards

DentaQuest's Iowa Provider relations team will be responsible for the ongoing monitoring of our network to ensure DentaQuest is adhering to the time and distance standards set forth in the Contract. The team analyzes, tracks, and trends the following data sources to ensure we are meeting or exceeding Iowa's standards for each geographical area:

- **Geo Access report** provides a statewide and county-level overview of the network. The following information is captured in this report:
  - Statewide data:
    - Documents the state access standards
    - Number of Members and Number of Providers (unique and access points)
    - Provides the overall percentage of Members with access to within the state standard
    - Provides an access standard comparison, which includes the percent of Members with access to three Providers over miles
    - Provides the average distance to the three closest Provider options
  - For each county:
    - Number of Members
    - Ratio of Members to Providers
    - Number and percent of Members with access and without access
    - Number of Providers (unique and access points)
    - Average distance to the three closest Provider options

The report provides heat maps of the state to easily identify gaps. We can generate geo-access reports for any specialty type.

- **A Quarterly Provider listing report** provides a snapshot of the network at a given point in time. It includes the number of newly enrolled Providers, accessibility, credentialing statistics, terminations, and recruitment activities. This report shows the number of Providers accepting new patients or existing patients only.



- **Request a Dentist report** detailing the number of special requests for escalated assistance from our Member Placement team in locating a Provider. Such requests occur when a Member cannot readily locate a Provider within the required mileage criteria, presents acute special needs, or otherwise requires additional help finding a Provider. In such cases, we have remedial processes in place, such as enlisting the services of Out-of-Network Providers.
- **Provider complaint and grievance reports** provide insight into trends that warrant deeper investigation into the root cause of the issue and whether a corrective action plan is required. The goal is to minimize Provider terminations, particularly among high-performing dentists.
- **Member complaint and grievance reports** provide insight into any issues raised by Members to determine whether access is being affected or quality is being compromised in any capacity. Even if our geo access maps indicate that our network is robust, these reports serve as an extra check on real-world access and quality and help identify unmet Member needs.
- **Member and Provider surveys** are conducted annually and include questions on the administration of the program, several of which relate to network adequacy. DentaQuest invites all Providers to take the survey. We survey a statistically significant number of Members and analyze the results for unmet needs.
- **A quarterly service accessibility survey** is conducted annually to verify the number of Providers seeing new patients, and office capacity, and to ensure our Providers are meeting appointment wait time and after-hours standards, including timely access standards.

### ***Improving Access When Needed***

DentaQuest's Provider Relations team will track and trend the data contained within these reports to determine if and where Provider shortages or gaps are occurring. We will develop a customized plan to address any gaps or deficiencies. In the event DentaQuest discovers that we cannot meet these time and distance standards, we will provide justification to the State for an exception in accordance with Special Contract Exhibit C. We will work with the State to assure our Members have needed access to care, which may include additional network adequacy monitoring and additional Provider outreach.

### ***Short-term Mitigation Strategies to Assure Members have Access to Care***

It is important to note that while DentaQuest is working to close gaps, we will continue to assure any Member who needs care receives it through mitigation interventions such as:

- **Locating another Provider who may be able to perform a service.** This is especially relevant when there is a gap within the specialty dental network. Many general dentists have the training, skill, and experience to perform services such as endodontics, oral surgery, and dentures. Because DentaQuest never requires a formal referral to see participating Providers, the Member will be able to see another network Provider without first receiving approval from DentaQuest.
- **Executing a Single Case Agreement (SCA) with an Out-of-Network Provider** when a Member needs care, and we are unable to readily locate a participating Provider. A Provider Relations Representative will coordinate with the Out-of-Network Provider and provide formal documentation outlining our agreement, including language that the dentist is responsible for rendering care under the Iowa Medicaid guidelines and is prohibited from balance billing the Member. The SCA will outline the list of services to be rendered and associated fees and provides all necessary information (our office, payment process,

effective date range of the SCA, and Member information). Our Provider Relations Representative will work to recruit such Non-Participating Providers to become part of our network.

- **Leveraging Teledentistry.com**, Members will be able to access an Iowa licensed and credentialed Provider 24/7 who can conduct a limited oral evaluation, prescribe medication, and make appropriate referrals of Members to their PCP.
- **Leveraging our national relationships with DSOs and mobile units**. DentaQuest has demonstrated success in leveraging its relationships with DSOs and national mobile units to bring care to underserved areas of a state. We have a commitment from Solvere Health to visit specific areas of the state to serve our Members, should we be selected as a plan.



## TELEDENTISTRY IS WORKING

Key takeaways from a recent teledentistry pilot program by DentaQuest's affiliate in Oregon:

- **Triage optimization:** 30% of teledentistry consult patients do not need to come in for in-person care.
- **Cost savings:** \$60 per Member per virtual visit vs. \$200 per Member per in-person visit.
- **Access to care:** Rural patients are using teledentistry to a higher degree than urban patients.

### Long-term Mitigation Strategies to Address Network Gaps

Upon identifying a network deficiency, DentaQuest will deploy a targeted recruitment effort in the affected area via our local Provider Relations Representative. To identify leads, we will leverage data sources such as the Iowa Board of Dentistry, Member referrals, State Medicaid Provider lists, and competitor network data. We cross-check our existing network in the deficient area against these data sources to identify dentists who do not participate in our network. Upon establishing the targeted list, the Provider Services Director assigned to close the gap reaches out to each office, including making in-person visits, to discuss our program and solicit the office's participation.

DentaQuest will exhaust all reasonable efforts to close a gap in Provider availability. We recognize that reimbursement is an important consideration when a dentist is determining whether to participate in the delivery of Medicaid dental benefits, and we have the flexibility to increase fee schedules for services that are needed in areas that have experienced shortages in the past. As a responsible fiduciary to the State, we offer such fee increases within the context of the program's fiscal integrity.

### AN INNOVATIVE APPROACH TO ENSURE NETWORK ADEQUACY

DentaQuest currently serves approximately 90% of Ohio's Medicaid population through subcontracts with MCOs. A mainstay in this market for the past 18 years, and with the largest Medicaid network, DentaQuest had been attempting to close general dentistry care gaps in four rural counties for quite some time, but to no avail. To address the issue, we established a unique arrangement with Solvere Health, a full service mobile dentistry group that we contract with in several states. We designed a unique reimbursement model to incentivize and ensure financial sustainability for Solvere Health to visit these four rural areas to serve our membership (as well as any other individuals seeking care) on set days of the month.

The Ohio Department of Medicaid recognizes this as an authorized solution to achieve network adequacy compliance for these counties. DentaQuest is the only DBA that has successfully implemented a solution to address the network access issues in these counties. As noted above, DentaQuest will deploy a similar model in Iowa.



## Monitoring Provider Compliance with Access Standards

DentaQuest provides initial and ongoing education to Providers about access standards. Our Provider Agreements and Provider Manual will include the specific standards.

DentaQuest will leverage the following strategies, which are currently used for other state Medicaid programs we manage, to monitor compliance with appointment access standards, including for emergency and post-stabilization care.

- **Appointment availability validation survey for 100% of our network.** We will conduct annual surveys to validate that Providers are meeting standards. Every office is called at least annually to verify that they are meeting the appointment wait times. Each quarter, we contact 25% of the network. If we find an office out of compliance with the standards, the Provider Relations Representative will reach out directly to the office to determine if we need to update our records of the office capacity. The office will be resurveyed the next quarter to ensure compliance has been restored.
- **Tracking and trending Member complaint and grievance reports.** We regularly review these reports to identify trends pertaining to appointment availability and wait times. If it appears a Provider is having difficulty meeting the standards, the assigned Provider Representative will reach out to the office to discuss the challenges they may be experiencing.
- **Reviewing annual Member survey results.** As part of our annual survey process, we ask Members whether they had to wait longer than 45 minutes for their appointment, and how quickly they were able to make an appointment for the type of care they were seeking.
- **Ongoing reminders and education.** Our Provider Relations Representatives have a checklist of topics – including appointment availability and wait times –they are required to cover during office visits. We provide reminders in our Provider Newsletters, emails, and through other communication channels.

## Addressing Provider Non-Compliance

When our monitoring reveals that a Provider is out of compliance with the access standards set forth in the Provider Agreement, our goal will be to work collaboratively with the Provider to bring them into compliance. Their Provider Relations Representative will reach out with clear feedback regarding the issue, education regarding the requirements/expectations, and determine what type of support the Provider needs to be successful. In the rare event the Provider does not correct the issue, we may take additional actions, such as restricting Member assignments, referring the Provider to the Peer Review Committee, or terminating them from our network. Figure 21-E includes a detailed look at our various mitigation strategies, though we would like to point out that most Providers quickly regain compliance after our initial discussion.

Figure 21-E: Mitigation Strategies for Non-Compliance

Provider Status	Mitigation Strategies
No previous deficiencies	Re-education to remind the Provider about the contractual requirements. Assist the office in identifying and resolving barriers to meeting the standards.
Prior complaints or deficiencies	In-person re-education that is customized to the complaint or deficiency and tailored to the needs of the Provider.
Failure to comply or refusal to discuss deficiency	Requirement to accept and comply, within 30 days, with a corrective action plan that outlines improvement milestones to return to compliance. Once successfully completed, DentaQuest will conduct follow-up audits to verify continued compliance with standards.

Provider Status	Mitigation Strategies
Continued non-compliance	Restriction of new Member assignments, referral to Peer Review Committee, or contract termination.

We conduct root cause analyses when indicators suggest there may be a systemic issue, such as multiple Providers with the same issue. There may be a need for system-wide training or an unidentified DentaQuest system or process issue that requires remedy. Our Dental Advisory Committee is an important asset in addressing larger issues, and we will actively engage them in quality improvement efforts.

### Contingency Plan for When a Large Provider of Services Collapses or Cannot Provide Services

DentaQuest’s contingency plan for such scenarios includes the following elements:

- **All Affected Member Notification.** We will notify all Members impacted due to a Provider becoming unavailable or terminated from the network in writing within the timeframes specified in the SOW.
- **Reassignment to a new PCP.** DentaQuest’s Dental Home team will reassign all affected Members to a new PCP and notify the Members of this change.
- **Initiate Outbound Calls to Members in Active Treatment.** DentaQuest can initiate outbound calls to Members receiving a prior authorized course of treatment to facilitate coordination of care.
- **Notify DentaQuest Care Coordinators and Case Managers.** Case Managers will assist their assigned Members in selecting a new Provider. We will ensure that our Care Coordination team is informed about all network changes immediately to facilitate transitions to new network Providers for high-needs Members in a timely manner.
- **Notify the Agency.** DentaQuest will submit a timely and complete notification of the situation and DentaQuest’s contingency plan to the Agency.

### CAPACITY ASSURANCES (E.1.24)

DentaQuest considers the total number of enrolled children and adults in the program as part of determining the total number of Providers needed to assure capacity. We have considered this information, as well as the expected utilization of services in developing our network recruitment goals. We will provide assurances and supporting documentation that demonstrates we have the capacity to serve the expected enrollment in our service area in accordance with the State’s standards for access and timeliness of care.

We will track and monitor our participating Providers’ capacity on a regular basis. We will establish capacity thresholds for each office through discussions with offices or by using a standard formula. We have found that setting an appropriate capacity maximum prevents over-assignment to assure Members are able to get in for care. Monthly, each office’s set maximum capacity is compared to its assigned Member population. When an office’s assignment level is

#### WHAT THEY’RE SAYING ABOUT DENTAQUEST...

“I have worked with many different insurance companies. I have found DentaQuest to be consistent and accurate in their overall administration of the program. This excellence in Provider service is such that, upon open enrollment several years ago, I encouraged all my patients to select DentaQuest as their plan.”

- Florida Medicaid Pediatric Dentist

close to its maximum, a DentaQuest Provider Relations Representative reaches out to confirm their capacity is still appropriate and adjusts as needed.

### CONTRACTOR CLOSING NETWORK (E.1.25)

DentaQuest agrees to adhere to the stipulations outlined in this section, should we choose to close our network. DentaQuest would seek Agency approval prior to closing the network. DentaQuest will not refuse to credential and contract with a qualified Provider, on the sole basis of the network already meeting the contractual distance accessibility standard, if there is a subset of Members in that service area that must travel beyond the average standard to Access care.

### APPROPRIATE RANGE OF SERVICES AND PROVIDER MIX AND REGULAR REPORTING (E.1.26-E.1.27)

DentaQuest will submit documentation to the Agency, in the format and frequency requested by the Agency, to demonstrate that it offers an appropriate range of preventive, primary care, and specialty services available for patient referrals that is adequate for the anticipated number of Members for the service area. We will provide documentation to demonstrate we maintain a network of Providers actively accepting patient referrals that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of Members in our service area.

### PROVIDER NETWORK REPORTING (E.1.28)

DentaQuest will provide the information specified by the Agency about its Provider network no less frequently than:

- The time it enters its Contract with the Agency and monthly thereafter
- Any time there is a significant change (as defined by the Agency) in its operations that impact services

We will adequately serve the expected enrollment, offer an appropriate range of services and access to preventive and Primary Care Services for the population expected to be enrolled; and maintain enough, mix, and geographic distribution of Providers in accordance with the general access standards in Special Contract Exhibit C. We understand that these minimum requirements will not release us from the requirement to provide or arrange for the provision of any medically necessary covered service required by our Members.

#### **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.**

### ADHERING TO PROVIDER CREDENTIALING AND RE-CREDENTIALING PERFORMANCE METRICS REQUIREMENTS (E.1.29-E.1.30)

DentaQuest is committed to credentialing Providers as expeditiously as possible. Our program, which has been NCQA certified since 2014, adheres to the highest level of standards through rigorous initial vetting processing, ongoing monthly monitoring of Provider credentials, and re-credentialing all Providers every three years. Our process meets URAC, Centers for Medicare and Medicaid Services, and state, and federal requirements.

DentaQuest successfully credentials thousands of Providers annually, and understands Iowa's expectations are for us to achieve the following metrics:



- 85% of Providers are credentialed within 30 days
- 98% of Providers are credentialed within 45 days
- 100% of Providers are credentialed within 60 days

### DentaQuest’s Understanding of the Performance Metric

We understand the performance metric start time begins when the Provider submits a formal request to contract or participate in its network. The Agency will allow us seven days to notify the Provider of missing information and the performance metric does not factor in this wait time. The measurement time will resume once the Provider submits the additional materials, and the completion time ends when written communication is mailed, emailed, or faxed to the Provider notifying them of our decision.

DentaQuest is confident in its ability to achieve these performance metrics, as evidenced by our strong track record in other state Medicaid programs. For example, in Michigan, we are held to similar standards. Figure 22-E demonstrates our compliance with the performance metrics in Michigan, where we credentialed 434 Providers in 2022. The average turnaround time to credential Providers in Michigan is 13 days.

Figure 22-E: DentaQuest’s credentialing performance for Michigan Medicaid

Iowa’s Credentialing Performance Metric	DentaQuest’s 2022 Experience
85% of Providers are credentialed within 30 days	93% within 30 days
98% of Providers are credentialed within 45 days	98% within 45 days
100% of Providers are credentialed within 60 days	100% within 60 days

### How DentaQuest will Achieve Timely Credentialing for Iowa Providers

Iowa Providers will begin the credentialing process by completing an enrollment application and providing the necessary documents to support the credentialing process. This includes information that will allow us to verify that the Provider is licensed and eligible to render services in the state. Minimally, we review the following information:

- Licensure verification
- Specialty verification
- Malpractice history
- Work history
- Education and training
- Application attestation
- Taxonomy code
- Malpractice insurance coverage limits
- State and local board actions
- DEA registration
- NPI Type 1 and 2
- Anesthesia verification
- Exclusion/debarment verifications

We will conduct primary source verification on the status of state license and sanction history through the National Practitioner’s Data Bank and State Licensing Board; Status of Drug Enforcement Agency registration; Certification in Medicaid/Medicare programs through Medicaid/Medicare Sanction, System for Award Management, Office of Inspector General, and Medicare Opt Out listing; education, including board certification; individual NPI and Group NPI through the NPPES; general anesthesia license, if applicable; and Tax ID number match to the IRS system.

At the time of initial credentialing, and monthly thereafter, the entire Provider roster is checked to ensure each Provider maintains appropriate licensure, credentialing, and eligibility in compliance with the Office of Inspector General (OIG) and applicable state laws, rules, and regulations. We monitor license sanctions on an ongoing basis, using the following information sources:

- Subscription to alerts from state license agencies
- Notices from clients

- Cactus License Expiration Management Module
- Monthly monitoring of state dental licensure websites
- National Practitioner Data Bank (NPDB) Continuous Query

If we find that a Provider has any new license actions, new reports on the NPDB, or appears on a Medicaid/Medicare exclusion list, they will be referred to our weekly Credentialing Committee (comprised of licensed Providers) for review and final determination.

Once the Provider completes the initial credentialing process, their information is reviewed and approved by our Credentialing Committee. Upon this approval, our Provider Enrollment staff enters all Provider data, affiliated business(es), and location information into our Windward system. A separate team of quality assurance staff audits a statistically valid, randomly selected sample of Provider enrollment files for accuracy and compliance with applicable state and federal regulations.

### Provider Recredentialing Performance Metric

We complete re-credentialing of all contracted Providers no less than every three years within the following timeframes:

- 90% within 30 days
- 99% within 90 days

DentaQuest completes **100% of credentialing by the Provider's 36<sup>th</sup> month** to ensure we comply with our NCQA certification requirements.

### RURAL CONSIDERATIONS (E.1.31)



#### RURAL ORAL HEALTH

DentaQuest will use a program of assertive Provider outreach to rural areas where services may be less available than in more Urban areas. We understand that a personalized approach to recruitment is a must, especially in the rural counties of Iowa. In-person introductions are more likely to result in a contract than a phone call from a corporate representative. We will host in-person seminars and create frequently asked questions and Iowa-specific training materials.

A great deal of time during our high-touch recruitment process will be dedicated to in-depth education on the ways we streamline administrative tasks and dispel the myth that participating in a Medicaid program is unnecessarily bureaucratic. We will share information on our:

- **Administrative Ease through Simple and Modern Tools to Manage Their Medicaid Patient Base.** Providers will learn about our secure Provider portal, which allows them to manage all aspects of their participation in our plan.
- **Timely Claims Payments.** Timely and accurate claims payments can go a long way to ensure continued satisfaction and participation. We process 93% of claims within seven calendar days of receipt, and our processing and payment accuracy rates are more than 99.6%.
- **In-state Provider Relations Support.** Each office will be assigned to a dedicated Provider Relations Representative who will serve as a trusted business partner, providing one-to-one hands-on training and support, as well as assisting with more complex issues or concerns.
- **Programs that DentaQuest offers to support Member accountability** such as our Broken Appointment program, which educates Members on calling ahead if they need to move or cancel their appointment.

I-Smile Coordinators have intimate knowledge of their regions, inclusive of which Providers are willing to accept Medicaid/CHIP. This is especially true among the rural-based I-Smile Coordinators since there are fewer practicing dentists in these areas compared to more populated, larger cities. Given the longstanding relationships the I-Smile Coordinators have with practicing dentists in their regions, DentaQuest will enlist their assistance and support in making introductions with Providers who may be undecided about joining our network, and/or Providers who typically only accept Medicaid Members on a case-by-case basis. We proposed this idea to several I-Smile Coordinators we met with, and all expressed enthusiasm to help us with this initiative.

Given the historically low rates of actively accepting Providers in several rural areas of Iowa, as well as low Medicaid participation rates in general, additional care delivery options are necessary beyond traditional brick-and-mortar dental offices to ensure Members can access care. DentaQuest has experience meeting network adequacy requirements in creative ways and is planning to bring these best practices to Iowa.

### Leveraging Alternative Care Locations

We strive to meet Members where they are – whether that be at their physician’s office, at school, or other convenient places near their homes. DentaQuest has been successful in deploying unique solutions to increase alternative settings:

- **Bringing care to Members by Deploying Strategic Mobile Dental Partnerships.** We will work with Iowa Primary Care Association and the FQHCs that do not have dental clinics to establish set and predictable schedules for a mobile dental group to bring oral health care to Members and provide their staff with education on the availability of teledentistry services. We already have a commitment from our national partner, Solvere Health, to establish operations in Iowa at our request.

Solvere recently entered the New Hampshire market after DentaQuest began administering the state’s Medicaid adult dental program.

- **Contracting with existing DentaQuest Medicaid Providers in contiguous states.** DentaQuest has fully owned and operated Medicaid dental networks in bordering states including Illinois, Missouri, and Wisconsin. We will invite Providers within these networks who would fall within the Iowa network adequacy mileage standards to participate in our network.
- **Teledentistry coverage to provide care support 24/7.** As part of our comprehensive VAS offerings, all our Members will have access to teledentistry services. DentaQuest has designed two teledentistry bundled payment models – one focused on dental emergencies, and the other focused on prevention – that allow for synchronous and asynchronous encounters.

While any of our Providers will be able to provide these services, we will provide Members with access to Iowa licensed and credentialed Providers through our partnership with Teledentistry.com. Using a mobile phone, Members will be able to access an Iowa licensed and credentialed Provider 24/7 who can conduct a limited oral evaluation, prescribe

#### WHAT THEY’RE SAYING ABOUT DENTAQUEST...

“Solvere embraces any and all opportunities to work with DentaQuest. The relationship was initiated at our inception, nearly 20 years ago, and with each state we add, the service to the Members grows in excellence. Iowa will be no different.

There is no implementation without planning – that is where our partnership stands out. We are confident the planning to go into the Iowa service build will render tremendous results for the state’s Medicaid Members. We’re ready!!”

- Edward Lorch, Managing Partner with Solvere Health

medication, and make appropriate referrals to a PCP. Teledentistry will be a useful tool for Members in rural areas, and for those with dental emergencies. DentaQuest will help facilitate the use of teledentistry to prepare Members with SHCN and their parent/caregivers for an in-person visit. This not only helps to quell any fears the Member or parent/caregiver may have about the upcoming appointment, but it can give the Provider insight into the Member's needs prior to the in-person appointment.

### **Identifying Higher Performing Providers**

DentaQuest focuses on quality, not just quantity of its Providers. Providers selected for our network must be adept at serving the Medicaid population and we focus on higher-performing Providers. Simply adding dentists to a network will not yield improved access, especially in rural areas and HPSAs.

We use proprietary statistical modeling to identify “higher performing” Providers compared to their peers and assign Members who do not actively select a PCP to these Providers. Key attributes of higher-performing Providers include:

- A strong track record of getting Members in for care
- Performing the right kind of care, and the appropriate mix of care (high rates of preventive care but they treat underlying dental disease through restorative care)
- Demonstrate stable costs for care
- Minimal service failures (for example, if a crown is expected to last at least five years, the Provider's quality of work is high if the crown in fact lasts five years or more)

In a three-year study for one market, DentaQuest found that Members who were assigned to higher-performing Providers experienced an increase in access to care by 18.5% and a decrease in costs by 6.5% compared to Member peers who were not assigned to higher-performing Providers.

### **NON-DISCRIMINATION AND WRITTEN NOTICE WHEN DECLINING ENROLLMENT (E.2–E.3.01)**

DentaQuest does not discriminate against any Providers (limiting their participation, reimbursement, or indemnification) who is acting within the scope of their license or certification under applicable State law, solely on the basis of that license or certification.

All Providers who are not accepted into our Network will receive a written notification with the reason for our decision. In some cases, Providers may have a right to appeal the decision. This information and how to appeal the process will be included in the written notification.

### **POLICIES AND PROCEDURES—SELECTION AND RETENTION OF PROVIDERS (E.3.02)**

DentaQuest will provide the Agency with written policies and procedures for the selection and retention of Providers to demonstrate our compliance with the CFR as it pertains to:

- Credentialing and re-credentialing requirements
- Non-discrimination
- Excluded Providers
- State requirements

### **CREDENTIALING POLICIES AND PROCEDURES (E.3.03)**

DentaQuest maintains structured policies and standard operating procedures that reflect a refinement of our operations of over 30 years serving Medicaid populations. We align with new

and existing Contracts as they tend to rely heavily on the CMS Code of Federal Regulations (CFR). State-specific requirements and nuances are captured as an exhibit of the primary policies and procedures.

We will implement, and adhere to written policies and procedures, subject to Agency review and approval, related to Provider credentialing and re-credentialing, which will include standards of conduct that articulate our understanding of the requirements and that direct and guide DentaQuest's and Subcontractors' compliance with all applicable federal and State standards related to Provider credentialing, including those required in 42 C.F.R. Parts 438 and 455, Subpart E. Figure 23-E provides an overview of topics addressed in our credentialing policies and procedures.

**Figure 23-E: DentaQuest's Comprehensive Credentialing Policies and Procedures cover a wide range of topics**

1. A training plan designed to educate staff in the credentialing and re-credentialing requirements (i)
2. Provisions for monitoring and auditing compliance with credentialing standards (ii)
3. Provisions for prompt response and corrective action when non-compliance with credentialing standards is detected (iii)
4. A description of the types of Providers that are credentialed (iv)
5. Methods of verifying credentialing assertions, including any evidence of prior Provider sanctions (v)
6. Prohibition against employment or contracting with Providers excluded from participation in federal health care programs (vi)
7. Process to recredential all Providers every three years
8. Initial/Recredentialing/Re-Apply/Reinstatement
9. Provisional Credentialing
10. Notifying Providers of Application Discrepancies
11. Credentials Committee Review
12. Enrollment into the Claims Processing System
13. Confidentiality and Storage of Credentialing Files
14. Ongoing monitoring; addressing adverse findings
15. Out of network Providers
16. Basis for Site Reviews, scope of site reviews, and corrective action plans for site reviews
17. Procedures for Implementing Provider Discipline and possible disciplinary actions
18. Credentialing oversight of sub-delegations

## **UNIFORM CREDENTIALING AND RE-CREDENTIALING POLICY— FOLLOWING STATE POLICIES FOR ALL PROVIDERS (E.3.04)**

As appropriate, all DentaQuest contracts with network Providers will follow the State's uniform credentialing and re-credentialing policy that addresses acute, primary, behavioral, substance use disorder, and LTSS Providers.

## **ADDITIONAL CREDENTIALING AND RE-CREDENTIALING PROCESSES (E.3.05-E.3.15)**

DentaQuest's credentialing and re-credentialing process for all contracted Providers meets the guidelines and standards of its accreditation and is in compliance with all State and Federal rules and regulations. Our credentialing program, which has been NCQA certified since 2014,



adheres to the highest level of standards through rigorous initial vetting, ongoing monthly monitoring of Provider credentials, and re-credentialing all Providers every three years.

Our process meets URAC, Centers for Medicare and Medicaid Services, and state, and federal requirements. We described our credentialing process in response to SOW Section E.1.29 above, and we include our compliance with SOW Section E.3.05 through E.15 in Figure 24-E below.

Figure 24-E: Credentialing Compliance

Requirement	Compliance with Requirement
E.3.05. Credentialing and Recredentialing Requirements	Our credentialing and re-credentialing process for all contracted Providers, which we describe in our response to SOW Section E.1.29, meets the guidelines and standards of the accrediting entity through which we attain accreditation and complies with all State and Federal rules and regulations.
E.3.06. Licensed & Non-Licensed Providers	We assure each Provider's service delivery site or services meet all applicable requirements of Iowa law and have the necessary and current licenses, certification, accreditation, and/or designation approval per State requirements. When individuals providing services are not required to be licensed, accredited or certified, we ensure, based on applicable State licensure rules and/or Program standards, that they are appropriately educated, trained, qualified, and competent to perform their job responsibilities.
E.3.07. Facility Requirements	We assure all facilities including, but not limited to, hospitals and dental offices, are licensed as required by the State.
E.3.09. Obligation to Follow Documented Processes	In all contracts with our network Providers, we follow a documented process for credentialing and recredentialing of network Providers.
E.3.10. Non-Discrimination and E.3.11. Provider Selection Obligations	In all contracts with network Providers, our Provider selection policies and procedures do not discriminate against particular Providers that serve high-risk populations or specialize in conditions that require costly treatment, and we comply with any additional Provider selection requirements established by the State.
E.3.12. Contractor Limitations on Provider Network	DentaQuest acknowledges that under this Contract, it is not required to contract with more Providers than necessary to meet the needs of its Members.
E.3.13. Varying Reimbursements	DentaQuest acknowledges that under this Contract, it is not precluded from using different reimbursement amounts for different specialties or for different practitioners in the same specialty.
E.3.14. Maintaining Quality and Cost Controls	DentaQuest acknowledges that under this Contract, it is not precluded from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to Members
E.3.15. Credentialing Obligation	As a Medicaid DBA in 21 states, we are experienced in demonstrating that our network Providers are credentialed as required under 42 C.F.R. § 438.214, and we are fully prepared to do this in Iowa.

## CREDENTIALING OBLIGATIONS; NON-COMPETITIVE PROVIDER ARRANGEMENTS; IOWA MEDICAID PROVIDERS; AND WRITTEN NOTICE OBLIGATION (E.3.15-E.3.19)

DentaQuest works with almost 40,000 Medicaid dental Providers across the country, and under no circumstances do we ever discourage them from accepting other carriers or otherwise limit them from providing services on behalf of another Contractor. The same will hold true in Iowa. DentaQuest agrees to not limit any Providers from providing services to any other IDWP and Hawki Dental program Contractor, and we will make a concerted effort to assure Iowa Medicaid Providers are part of our network.

As we noted earlier in this Section, our recruitment plan to establish our Iowa network includes reaching out to the existing IDWP and Hawki dental Providers to solicit their participation – and this process has already started. We will actively work to ensure all of these Providers join our network within the first six months of our entry into the market.

Aside from the requirements in SOW Section E.3.18, if we decline to include individuals or groups of Providers in our network, we will give the affected Providers and the Agency written notice of the reason for the decision.

## ANTI-GAG OBLIGATIONS AND PROHIBITIONS AGAINST PUNITIVE ACTION (E.4)

DentaQuest will not prohibit or restrict Providers acting within the lawful scope of practice, from advising or advocating on behalf of Members who are their patients, regarding the following:

- The Member's health status, medical/dental care, or treatment options, including any alternative treatment that may be self-administered.
- Any information the Member needs to decide among all relevant treatment options.
- The risks, benefits, and consequences of treatment or non-treatment.
- The 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.

We will not take punitive action against a Provider who either requests an expedited resolution or supports a Member's Appeal.

## NETWORK ADEQUACY STANDARDS (E.5)

DentaQuest administers Medicaid and CHIP dental benefits for 30 million Members across 21 states, each with their own network adequacy standards that require close monitoring. We detailed this experience throughout our response to SOW Section E.1 Network Adequacy. Through this experience, we have refined a thorough process and monitoring plan to assure we live up to the letter and the spirit of the network adequacy standards outlined in this RFP, including the following items below, which we describe in our response to SOW Sections E.1.21 and E.1.22:

- DentaQuest and its network Providers will meet the State standards for timely access to care and services, considering the urgency of the need for services.
- DentaQuest's network Providers will offer hours of operation that are no less than the hours offered to commercially enrolled Members or are comparable to Medicaid FFS, if the Provider serves only Medicaid and/or CHIP Members
- DentaQuest will make services available 24 hours a day, seven days a week, when medically necessary

- DentaQuest will establish mechanisms to assure its network Providers comply with the timely access requirements
- DentaQuest will monitor network Providers regularly to determine compliance with the timely access requirements
- DentaQuest will take corrective action if it, or its network Providers, fail to comply with the timely access requirements

We will ensure that Providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid and/or CHIP Members with physical or mental disabilities. We will adhere to the quantitative Network Adequacy standards developed by the State in all geographic areas in which it operates for the following Provider types, which are applicable to dental:

- Adult PCPs
- Pediatric PCPs
- Adult specialist Providers
- Pediatric specialist Providers
- Hospitals
- 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

We acknowledge and will comply with the State-developed Provider Network standards for exceptions to the Provider Network adequacy obligation in Special Contract Exhibit C.

## PROVIDER NOTIFICATION OF GRIEVANCES AND APPEALS RIGHTS (E.6)

DentaQuest will inform Providers and Subcontractors, at the time they enter into a contract, about:

- Member grievance, appeal, and fair hearing procedures and timeframes as specified in 42 C.F.R. § 438.400 through 42 C.F.R. § 438.424 and described in the grievance and appeals section
- Member's right to file grievances and appeals and the requirements and timeframes for filing
- The availability of assistance to the Member with filing grievances and appeals
- Member's right to request a State Fair Hearing after we have made a determination on a Member's appeal which is adverse to the Member
- Member's right to request continuation of benefits that we may seek to reduce or terminate during an appeal or State Fair Hearing filing, if filed within the allowable timeframes, although the 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 Member
- Providers and Subcontractors not having a right to request a state fair hearing to address a payment dispute between the Provider or Subcontractor and DentaQuest after services have been rendered

This information will be reviewed during initial enrollment, and periodically thereafter. These requirements will be included in the Provider Manual for easy reference.

## BALANCE BILLING (E.7)

DentaQuest provides training at the time of initial enrollment, and periodically throughout the year on our policy that prohibits balancing billing. Prohibition against balance billing requirements is outlined in the Provider Agreement and in our Provider Manual.

Members are instructed to contact DentaQuest if they receive a bill. Our CSRs are trained to validate the Member’s eligibility and coverage and review claims history. No matter if there is a claim on file, the CSR is instructed to conduct a three-way call with the Member and the Provider’s office to review the claim and inform the Provider that the Member may not be billed for covered dental services. The Provider will be coached on how to submit their claim and resolve rejected claims issues and will be directed back to their Contract, the Provider Manual, and their Provider Relations Representative for additional information. The CSR will instruct the Member to contact DentaQuest if they continue to receive bills for the date of service and/or any services in question.

## DENTAQUEST’S APPROACH TO PROVIDER INCENTIVE PLANS AND VBP (E.8)

DentaQuest is excited to bring its industry leading Value-Based Purchasing Program and associated Alternative Payment Models (APMs) to the state of Iowa. We adopted the Quadruple Aim of reducing costs while improving health, improving the patient experience, and improving Provider satisfaction. VBP delivery and reimbursement strategies help us achieve the Quadruple Aim by promoting population health and **incentivizing value over volume**. We are committed to helping the industry move from a surgical model to one that focuses on effective, evidence-based preventive care and early detection of dental disease. To that end, we have adopted the framework of the Health Care Payment Learning and Action Network (HCP-LAN) to track our progress in transitioning to APMs. We use this framework to define payment methodologies by category, measure progress, and plan for continued growth.

### Leadership and Expertise

Dr. Steven Barefoot, Associate Director of Clinical Value-Based Purchasing leads DentaQuest’s strategic and programmatic approach to VBP. Dr. Barefoot provides clinical leadership to develop new care programs, manages the design of quality measures, and works closely with Providers in our APMs to ensure they are aligned with the goals. Dr. Barefoot has clinical experience delivering patient care in private practice, as part of an HMO dental clinic, via mobile dentistry serving mostly Medicaid schoolchildren, and with other volunteers caring for rural communities in Honduras. His 30-year career in dentistry is complemented by a series of non-dental endeavors that include medical research at Methodist Hospital of Indiana and business development, analysis, and analytics in a range of areas. He serves as DentaQuest’s representative to the DQA, an organization that develops and validates dental quality measures.

DentaQuest has more experience than any other dental benefits administrator in implementing Medicaid-focused, evidence-based VBP models that use DQA measures. Figure 25-E below provides a snapshot of our active VBP programs. In total, more than **3.1 million Members are served through Providers participating in our VBP programs**.

Figure 25-E: DentaQuest’s Unmatched VBP Experience

VBP Model	Example of DQA Validated Measurements Used	HCP-LAN Category	Active DentaQuest State with Model
Non-financial incentives, including FFS fee schedule and recognition	Access Rate; Topical Fluoride; Sealants (ages 6-9 and 10-14)	2C	Florida
100% FFS fee schedule plus incentive	Access Rate; Topical Fluoride; Sealants (ages 6-9 and 10-14) Comprehensive oral evaluations; periodic oral evaluations; adult prophylaxis	2C	Texas, Michigan

Hybrid: Reduced FFS fee schedule plus partial capitation plus incentive	Access Rate; Topical Fluoride; and Sealants (ages 6-9 and 10-14)	2C	Florida, Arizona, Louisiana, New York, Texas
Full capitation plus incentive	Access Rate; Topical Fluoride; Sealants (ages 6-9 and 10-14)	2C	Florida
Capitation and Pay for Performance	Gross capitation vs encounter data; Children Preventive Utilization Ages 1-5 and 6-14; Referral vs. capitation; Diabetic Adult Member; Oral Evaluations	4N and 2C	Oregon

With our broad experience deploying evidence-based VBP programs across the country, we are confident we will demonstrate the effectiveness of value-based reimbursement in Iowa.

### What Makes DentaQuest’s VBP Programs Unique?

DentaQuest’s VBP programs were designed using time-tested best practices from medical models that have proven successful. Figure 26-E provides an overview of key elements of our VBP model and why they are important for success.

Figure 26-E: Best Practices for Success

DentaQuest VBP program feature	Why is this feature important to the success of a VBP program?
<b>Uses the Patient-Centered Dental Home model</b>	<p>Having a fully functioning Patient-Centered Dental Home program is the foundation of all DentaQuest’s VBP programs. It is the mechanism by which Providers are assigned responsibility for their panel of Members. Providers can use their Provider Portal to determine who has not received services or who is due for follow-up services. The former drives access and the latter encourages preventive services.</p> <p>Maintaining an effective PCDH model is not trivial. DentaQuest’s model has repeatedly demonstrated that it is an effective tool for assigning and reassigning Members based on transparent algorithms.</p>
<b>Assesses Providers using validated measures by the Dental Quality Alliance (DQA)</b>	<p>DQA measures are nationally accepted through rigorous validation and testing.</p> <p>A VBP program that does not rely on independent, third-party validation of its proprietary measures cannot be certain of what is actually being measured. Without such certainty, attributing significance to any findings is not warranted.</p>
<b>The measures are tied to increasing access and preventive services</b>	<p>A foundational principle of DentaQuest VBP programs is that they must be designed to increase access and increase preventive services.</p> <p>To that end, all programs have a performance measure for access, fluoride, and sealants.</p> <p>VBP programs lacking a mechanism to increase access or preventive services will be of limited value in improving the oral health of Medicaid Members.</p>
<b>Sets performance thresholds based on the DQA measures</b>	<p>DentaQuest’s VBP programs provide incentives based on specific, transparent performance thresholds. The thresholds are designed so a Provider can earn none, part, or all the points for a specific measure.</p> <p>Thresholds for DentaQuest’s performance measures are set by analyzing aggregate network performance and then assigning percentage of incentive</p>



	<p>attainment (5%, 50%, 75%, 100%) based on network percentiles. This ensures that threshold targets are evidence-based, fair, and attainable.</p> <p>Since it is not an “all or none” design, DentaQuest believes our VBP program maximizes participation, even for those Providers who may earn only part of the incentive.</p>
<p><b>Provides transparent feedback and updates on Provider’s performance</b></p>	<p>Ongoing feedback is necessary to assure Providers can track their success and make meaningful behavior changes to positively impact their success in VBP programs. Without a scorecard to know how they are performing; Providers will have no idea of how they are doing or in which areas they need to improve. This is especially important since DentaQuest VBP programs provide incentives based on performance measures. The VBP scorecards report not only performance, but how much progress is being made toward the various performance thresholds.</p> <p>Producing VBP scorecards is not a trivial process. There are a multitude of back-end, interdependent processes that must function reliably to produce periodic scorecards. The DentaQuest Windward system has repeatedly demonstrated that it is capable of accomplishing this task.</p>
<p><b>Places no administrative barriers on the Provider and office</b></p>	<p>One of the barriers Providers report that dampens their interest to participate in VBP programs is the concern over how much additional administrative time will be needed. Dental offices trying to maximize their operating efficiency to treat more patients are hesitant to fill out any additional forms for their VBP participation. Even if is a simple paper form or an electronic form on a Provider Portal, additional appointment time will be consumed.</p> <p>DentaQuest’s VBP programs are based solely on submitted claims data, designed to ensure there are no administrative hurdles to maximizing program participation.</p>

## DENTAQUEST’S PROPOSED VBP PROGRAM FOR IOWA (E.8.03)

In developing our proposed design for the Iowa VBP program, it was critical for DentaQuest to consider the following factors in the plan development:

- Iowa’s Provider experience with and knowledge of VBP.** Based on our initial research, we understand that the incumbent DBAs have offered some financial incentives to Providers, but these are not tied to measurable improvements in outcomes. Therefore, the overall concept of VBP will be new for the majority of Providers, and we recognize the need for significant up-front education and Provider buy-in. A no-downstream-risk option will be best to start with for our Providers.
- Population served.** Because Iowa has a comprehensive adult benefit in addition to the federally mandated child benefit, DentaQuest augmented its standard performance measures for Iowa to include appropriate adult service measures.
- Need for baseline.** Because DentaQuest is a new entrant into the state, we will need to establish baseline data for our performance thresholds to ensure a fair and equitable program.

## VBP Program Approach and Initiatives

With these considerations in mind, DentaQuest proposes a three-phased approach to launching our VBP program in Iowa, which is detailed below. We will submit the final plan to the Agency prior to implementing it for approval.

<b>Phase I</b> Establish Patient-Centered Dental Home, baseline data collection; VBP program socialization	<b>Phase II</b> Launch VBP program and Provider Incentives	<b>Phase III</b> Introduce more sophisticated VBP program models
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**Phase I: Patient-Centered Dental Home assignment, baseline data collection, and VBP program socialization**

*Timeframe: Months 0-12*

DentaQuest will implement a Patient-Centered Dental Home program to deliver primary dental care effectively and holistically to our IDWP and Hawki Members. As noted above, PCDH is a critical element to our VBP program and we understand that there will be a learning curve for the existing Providers who participate in Medicaid and CHIP today.

Our PCDH model introduces a level of accountability that may be different from what participating general and pediatric dentists are accustomed to under the existing program. In our experience, we find some PCPs experience uncertainty about their ability to succeed under the additional accountability of the PCDH model, but our proven high-touch support model helps PCPs adapt their approach to care, leading to improved member outcomes. Our support includes intensive training, hands-on education, and local support by the Provider Relations Representative. DentaQuest’s PCDH training will consist of the following topics:

- Member assignment process
- Delivering Medically Necessary dental services
- Responsibilities for delivering primary dental care and follow-up care
- How to refer Members for specialty care
- Engaging with Member’s family/support system in healthcare decision-making
- Providing enhanced access to care, such as extended office hours and same-day appointments
- Evidence-based dentistry guidelines and clinical decision supports
- Coordinating and facilitating continuity of care with specialty Providers
- Providing access to care 24 hours a day, 7 days a week directly or through coverage arrangements with other Providers
- Participating in quality improvement and voluntary performance measures

**Our Provider Portal is an essential tool for achieving success as a PCDH.** Therefore, our PCDH Provider training program will educate Providers and their staff on how to access assignment rosters and how to identify assigned Members who are behind on preventive services through the Provider Portal. The rosters are updated hourly with the latest Member assignments. The data is housed in our Windward system, which feeds directly into the Provider Portal.

To view newly assigned Members, the Provider would simply need to sort their Panel Roster list to view their newest assignments. They have the option to filter newly added Members by date range. **Our goal is to set up PCPs for success – in their role as a PCDH, and ultimately in our VBP program.**

**VBP Measures for Iowa**

DentaQuest uses performance measures based on Dental Quality Alliance standard measures, which assures the measures have been appropriately validated. To ensure the integrity of our program, DentaQuest requires a full year’s worth of data for all Providers to determine the network average value for each performance target. (In most cases this data is not normally distributed, so it is either filtered to remove outliers to reduce the skew or the network median is used.) Percentiles are determined for each measure as a basis for determining thresholds. The data is inspected by a licensed dentist to make adjustments to ensure the thresholds have a sound clinical basis. DentaQuest’s proposed measures for Iowa include:

**Evidenced-based Child Measures**

1. Access rate
2. Topical fluoride
3. Sealants for children ages 6-9
4. Sealants for children ages 10-14

**Evidence-based Adult Measures**

1. Access rate
2. Adult prophylaxis
3. Periodontal evaluation in adults with periodontitis

This baseline data will ultimately transform into threshold targets that we will measure the Providers against in Phase II to earn VBP incentives.

During Phase I, we will issue a confidential **Provider Performance Report** with each PCP office to prepare them for our VBP program. The Provider Performance Report will outline each office’s results across the key quality measures identified above. Our goal is to familiarize PCPs with this report, which will be issued quarterly as part of the VBP program. There will be no form of incentive during Phase I.

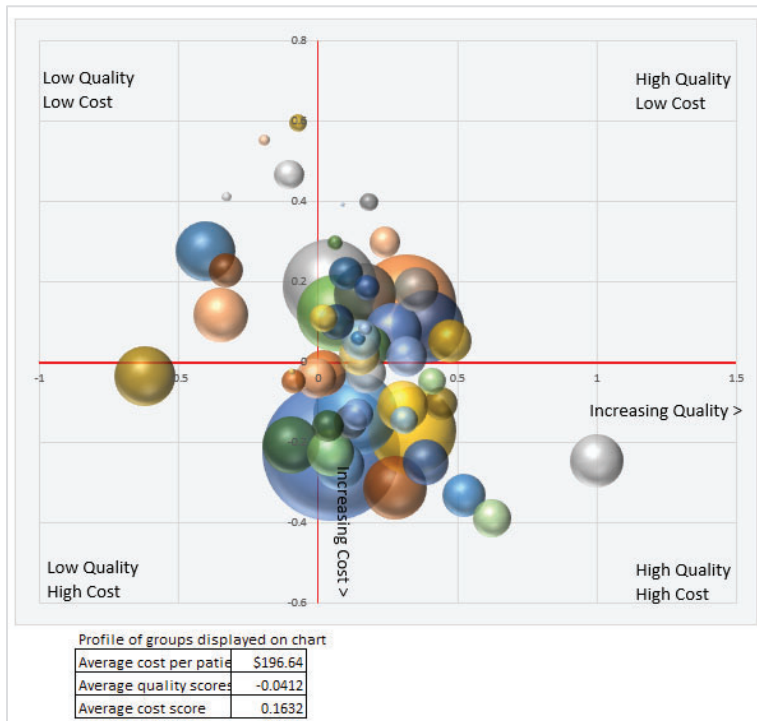
**Using Predictive Modeling to Identify a Provider’s Likelihood of Success**

DentaQuest has developed a rigorous process to identify Providers with the greatest likelihood of success in a VBP model.

Looking at a location’s claim history, we can determine their cost per Member per month as well as their overall quality as determined by our proprietary statistical modeling tool, the Ensemble Model. A bubble chart is then used to visualize locations in terms of cost, quality, and size. A location that is likely to be successful in our VBP program will have a reasonable number of assigned Members that corresponds to the size of the bubble in Figure 27-E.

The location will have a quality score and a cost score that are not extreme. Typically, this means scores that are no more than one standard deviation from the mean score. The rationale for this selection approach is that a location that is already providing

Figure 27-E: Ensemble Model helps us identify Providers who are likely to be successful in VBP programs.



outstanding service at a low cost would likely not benefit from a VBP. At the other extreme are groups providing poor service at a high cost. A VBP is not likely to nudge them towards better performance when a behavior management intervention may be more appropriate.

Despite the robustness of this analytical approach, a location is not invited to participate in our VBP program until input is received from our Provider Relations team Members who will have first-hand knowledge of the location’s operation.

Based on all available information, a simple go/no-go form is completed that generates a location score. The score is then used to inform, but not determine, the decision to approach the location to participate in a VBP program.

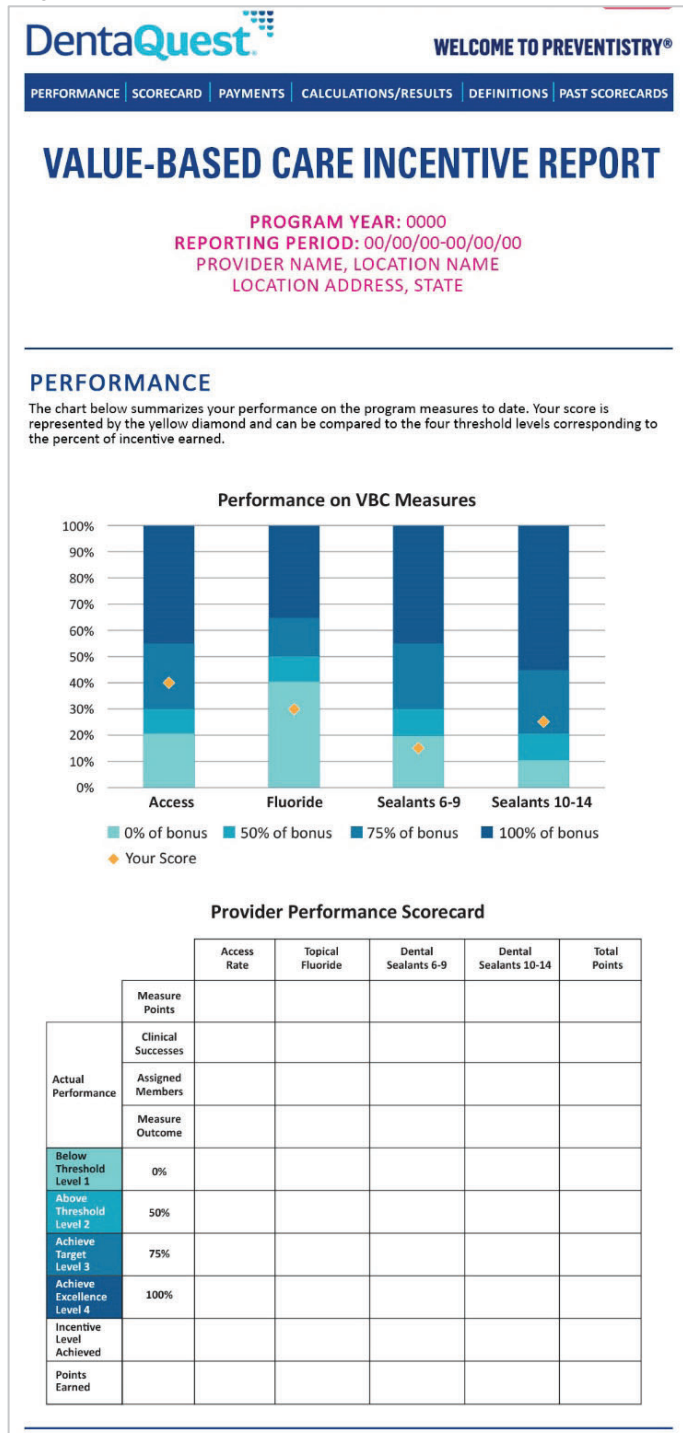
**Phase II: Launch VBP program and incentives**  
*Timeframe: Months 13-24*

After the first year of our administration of the program, DentaQuest will invite Providers to participate in the VBP program. Providers have varying levels of risk tolerance – especially in a state like Iowa where this concept is very new. Therefore, our VBP program will include no downstream risk.

While the Provider Performance Report in Phase I simply includes information on how the Provider is performing on the selected measures, the report in Phase II will include:

- Thresholds for DentaQuest’s performance measures. We assign points to each individual measure and a Provider can earn between zero and 100% of those points. That means that the incentive is not an “all or nothing” proposition. Providing a continuum of incentive payouts is a way to enable any participating location to achieve some success, even if it is not 100%. The thresholds are based on the performance of the network ensuring they are fair and achievable.
- An indicator to show the Provider where their performance measures against the threshold, which is based on the overall performance of the network to ensure fairness and achievability. For example, Figure 28-

Figure 28-E: Sample Provider Performance Report



E shows that the Provider is at 75% of the bonus points for access and sealant placement for 10-14-year-olds, but needs to increase their fluoride and sealant placement for 6-9-year-olds to earn incentives on those measures.

If the VBP Provider Performance Report indicates the PCP is not meeting goals, we will reach out to offer assistance. Our Iowa Dental Director, in collaboration with our Associate Director of VBP, can proactively meet with these offices to help them identify specific interventions for their practice. Our Provider Relations Representative will have a performance metric review as a standing agenda item for any regularly scheduled visit.

### ***Rewarding High-Quality Performance***

DentaQuest will offer Iowa Providers a wide range of incentives based on their VBP program performance. If the VBP program contains an APM, then participating Providers may be eligible for an incentive payment.

DentaQuest has implemented APMs that span the HCP-LAN categories. This includes FFS plus incentives and capitation. We have combined APM elements from different categories to create the DentaQuest Hybrid APM, which was developed as a response to the direct financial impact that the public health emergency was having on our Providers in 2020. Our goal was to provide immediate financial assistance to Providers through an APM that incorporated a capitation component. The Hybrid APM has three elements:

1. Capitation
2. FFS paid at 50% of the standard fee schedule
3. An incentive payment based on performance on evidence-based clinical measures targeting access and preventive services.

Because the Hybrid APM provides a diversified revenue stream, it has continued to enjoy popularity, even as we have emerged from the public health emergency. The broad appeal of the Hybrid Model is evidenced by its adoption by individual dental groups as well as by large DSOs.

Our VBP program incentives include a number of non-financial incentives such as:

- **Public Recognition for the Provider.** Office locations performing in the top 1% of the network will receive a wooden plaque citing their achievement. It is expected that offices will leverage this award by posting in their waiting room. Locations in the top 5% and top 10% will receive paper certificates with an acrylic frame – suitable for display on their wall.

In addition to the physical rewards, DentaQuest will publish a list of top performers on our website. Comparison to a peer group has been recognized as a powerful influencer of behavior.

- **Front Office Staff Recognition.** Meeting quality goals is a team effort – and it is often the front office staff who are assessing the office's Member assignment roster, and then subsequently conducting outreach to get Members in for care. Therefore, recognition for front office staff is critical. Recognition for front office staff may include catered lunches and gift baskets, as well as visits from our Iowa Dental Director to publicly recognize the front office team will be part of this recognition.
- **Express Pass for Service Authorizations.** This status allows Providers who demonstrate high performance, and low clinical denial rates the ability to bypass clinical review on certain procedure codes.



- **Enhanced Member Assignment.** Higher-performing Providers meeting key metrics may be rewarded additional assignments of Members who do not actively select a PCDH, or reassignments of Members who were served by terminated Providers.
- **Dedicated Service Line.** PCDH Providers who meet or exceed quality and cost performance goals may be given a special toll-free number for more immediate access to a dedicated Provider Relations Representative.

**Phase III: Introduce PCPs to more Sophisticated VBP Programs**  
*Timeframe: Month 25 and beyond*

By Phase III, we anticipate several Providers will have achieved success in our VBP program. We will analyze their performance data to re-evaluate, refresh, and set more ambitious goals within the Provider Performance Report. As scores for the Provider metrics improve, we will increase quality metric goals to promote targeted and continued improvement.

**Approach to Data Sharing**

DentaQuest’s VBP programs are based solely on submitted claims data, designed to ensure there are no administrative hurdles to maximizing program participation. DentaQuest will share confidential data on each Provider location’s performance each quarter. This information is delivered through the VBP Provider Performance Report. We send the reports via email, with a link to a secure site that presents the confidential scorecard sections in a tabbed layout. Please see Figure 28-E for a snapshot of the Provider Performance Report.

**Barriers to Implementing VBP Program**

DentaQuest has proactively addressed the common barriers to implementing VBP using lessons learned from other state programs. For example, we are implementing VBP through a phased approach, because we understand the learning curve that comes with implementing a Patient-Centered Dental Home program. As another example, we do not introduce risk-based VBP programs before starting out with non-risk APMs. Should we introduce any risk-based or sharing arrangements, DentaQuest will notify the Agency prior to implementing them with the Provider.

**Sharing Outcomes with the State**

DentaQuest will share performance outcomes including claims data and lists of attributed Members with the state semiannually or more frequently for the Members who are attributed to the Providers in the VBP arrangements.

DentaQuest is prepared to demonstrate how our VBP program is designed to improve Member outcomes through increased utilization of dental care and preventive care specifically.

**DENTAQUEST’S COMMITMENT TO COMPLIANCE WITH STATE VBP REQUIREMENTS (E.8.01-E.8.02 AND E.8.04)**

The VBP model that DentaQuest described in response to SOW Section E.8.03 will meet all RFP requirements. A summary of our commitment for each item appears in Figure 29-E.

Figure 29-E: Ensuring compliance with VBP requirements

SOW Requirement	DentaQuest’s Commitment to Meet the Requirement
E.8.01. Restriction on Reducing or Limiting Services.	In compliance with state and federal regulations, under no circumstances does DentaQuest directly or indirectly incentivize Providers or groups reduce or limit Medically Necessary Services to Members.

E.8.02 Stop-Loss Protection	Because VBP is such a new concept for dental Providers, DentaQuest does not plan to offer VBP risk models until Iowa Providers are extremely comfortable with non-risk VBP models. Participation in any risk based APM is at the discretion of the Provider. Even under our risk based VBP models, we do not put dentists at substantial financial risk for services not provided by them. We understand if this changes, we would need to ensure that the group has adequate stop-loss protection.
E.8.04.a VBP based on utilization and delivery of services	DentaQuest confirms its VBP model will leverage utilization data from its Iowa network Providers.
E.8.04.b VBP uses same terms of performance	One of the benefits of DentaQuest's VBP approach is that it was designed with transparency, fairness, and achievability in mind. All participating Providers in our VBP program will be assessed on the same terms of performance. That is why establishing our benchmarks in the first year of the program is critical for the VBP program moving forward.
E.8.04.c VBP advances quality strategy and E.8.04.d VBP evaluation plan aligned to quality strategy	Our VBP program is designed to help us achieve increases in dental service utilization and preventive dental service utilization; both of which are quality strategies for Iowa.
E.8.04.e VBP cannot be a condition for network participation	DentaQuest plans to approach Providers with a high likelihood of success in our VBP program. However, no Provider must participate and participation is not a condition to be in our network.
E.8.04.f VBP may not be renewed automatically	DentaQuest confirms that its VBP programs are not renewed automatically.

## NETWORK REQUIREMENTS INVOLVING IHCPs AND IMCES (E.9)

DentaQuest has identified and contacted the one tribal dental clinic located in Iowa – Meskwaki Nation Dental Clinic. The clinic intends to contract with DentaQuest after the Contract award. This clinic receives an encounter rate, which DentaQuest will accommodate.

The Great Plains Area Office in Aberdeen, South Dakota, works in conjunction with its 19 Indian Health Service Units and Tribal managed Service Units to provide health care to approximately 130,000 Native Americans located in North Dakota, South Dakota, Nebraska, and Iowa. DentaQuest will offer a Contract to this group for any of its dental clinic locations in the neighboring states.

DentaQuest agrees to pay IHCPs, whether participating or not, for covered services provided to eligible Indian enrolled Members at a negotiated rate with the IHCP or, in the absence of a negotiated rate, at a rate not less than the level and amount of payment we would make for the services to a participating Provider that is not an IHCP. DentaQuest will allow Indian enrolled Members to obtain covered services from out-of-network IHCPs from whom the Member is otherwise eligible to receive such services and permit an out-of-network IHCP to refer an Indian Member to a Provider.

## DENTAQUEST'S COMPLIANCE WITH SECTION E REQUIREMENTS

DentaQuest confirms that it will adhere to all requirements in Section E, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR citations noted in Section E.

# **SECTION F COVERAGE**

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

## COVERED AND EXCLUDED POPULATIONS (F.01 AND F.02)

DentaQuest currently serves more than 30 million Medicaid and CHIP Members across 21 states and brings the experience and capacity necessary to provide covered dental services throughout Iowa without regional coverage variations to all covered populations. DentaQuest has experience covering every one of the populations to be included in the program including:

- American Indian/Alaskan Native
- CHIP
- Children under 19
- Children in Foster Care, Subsidized Adoptions or Guardianship
- Former Foster Children
- Home and Community-Based Services
- Independent Foster Care Adolescents
- Infants under Age 1
- Institutionalized
- Medicaid Adults (Iowa Health and Wellness Plan)
- Kids with Special Needs
- Medicaid for Employed People with Disabilities
- Non-IV-E Adoption Assistance
- Parents and Other Caretaker Relatives
- Pregnant Women
- Reasonable Classifications of Individuals under Age 21
- SSI Recipients
- State Supplementary Assistance
- Transitional Medical Assistance

### DENTAQUEST'S RELEVANT EXPERIENCE

Examples of states where DentaQuest has served some of the unique populations covered under this Contract:

- ★ **American Indian/Alaskan Native**  
Voluntarily enrolled Members in Colorado, Oregon, Tennessee, Texas, and beginning next year, Oklahoma
- ★ **CHIP Members** in Colorado, Florida, Illinois, Louisiana, Massachusetts, Oregon, South Carolina, Tennessee, Texas, Virginia
- ★ **Children in Foster Care** in Michigan and Texas
- ★ **Former Foster Children** in Florida, Massachusetts, Oregon and Texas
- ★ **Home and Community-Based Services** Members in New York
- ★ **Kids with Special Needs** in Florida and Tennessee
- ★ **Medicaid for Employed People with Disabilities** in Tennessee
- ★ **Pregnant Women** in Colorado, Florida, Illinois, Massachusetts, and Tennessee

We understand there will be no regional coverage variations.

In addition to understanding the covered populations, we have experience managing such populations under fully capitated arrangements. Last year, DentaQuest and its related entities were financially responsible for over \$1.6 billion in Medicaid and CHIP claims through risk-based relationships with MCO and state agency clients. In addition to our experience under direct contracts with eleven state Medicaid and CHIP agencies, we hold risk and non-risk-based contracts with Medicaid MCO clients in 16 states. Through our Medicaid agency and MCO contracts, we serve 15 million children and 15.8 million adults. Approximately 56% of our membership is covered through a risk-based contract.

DentaQuest acknowledges that the following populations are excluded from this program:

- Non-qualified aliens receiving time-limited coverage of certain Emergency Medical Conditions

- Beneficiaries who have a Medicaid eligibility period that is retroactive
- Persons eligible for the PACE who voluntarily elect PACE coverage
- Persons enrolled in HIPP
- Persons deemed Medically Needy
- Persons incarcerated and ineligible for full Medicaid Benefits
- Persons presumed eligible for services (i.e., Presumptive Eligibility)
- Persons residing in the Iowa Veteran's Home
- Effective July 1, 2017, beneficiaries who are eligible only for the Family Planning Waiver
- Persons eligible only for the Medicare Savings Program
- Alaskan Native and American Indian populations may enroll voluntarily

#### 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 an out-of-network provider when necessary.

## EMERGENCY AND POST-STABILIZATION OBLIGATIONS AND CLAIMS (F.1.01-F.1.02)

DentaQuest recognizes that emergencies happen, and that Members may require emergency care from the closest dental professional able to meet their needs, whether or not that professional is in our network.

We define emergency dental care as services to treat situations which involve pain, swelling, infection, uncontrolled hemorrhage, or traumatic injury such that a prudent layperson, possessing an average knowledge of health and medicine, believes immediate medical care is required.

### Member Awareness of Emergency Dental Services

DentaQuest will ensure Members understand what to do in a dental emergency, and what benefits are covered in our Day 1 communications – inclusive of our **New Member Welcome Packet** and **Member Handbook**. DentaQuest posts Member Handbooks on our public website to ensure they are easily accessible. We will include the following information in our Iowa Member Handbook:

- What to do during a dental emergency – both when in state and out of state, or otherwise need help finding a participating dentist for urgent or emergent dental conditions
- How emergency care is provided
- What constitutes an Emergency Dental/Medical Condition
- What constitutes an Emergency Service
- Prior Authorization is not required for Emergency Services
- Member has a right to use any dentist for emergency care

Our Customer Service Representatives (CSR) are also trained to orient Members and Providers on DentaQuest emergency dental benefits if they call our 24/7 Dental Call Line related to a dental emergency.

As an additional avenue for care during an urgent or emergency dental care situation, DentaQuest will provide proactive education to Members regarding the availability of the free-to-use **Teledentistry.com**. Members will be able to access a state licensed participating Provider 24/7 who will conduct a limited oral evaluation, prescribe medication (no opioids), and make an appropriate referral, including to the emergency department when necessary.



We will also share flyers on the availability of this service with our community partners who engage most often with our Members.

### **Provider Awareness of Emergency Dental Services**

DentaQuest plans to implement its Patient-Centered Dental Home (PCDH) program in Iowa. As part of our model, PCPs – which includes all general and pediatric Providers – are designated as Patient-Centered Dental Homes. PCPs receive extensive training on their role as a PCDH and how to ensure their assigned Members have access to emergency dental care. As a best practice, we encourage PCPs to include instructions on their website and voicemail messaging systems for what to do in an emergency, should Members need care after hours.

DentaQuest will leverage the following communication tools to ensure Providers understand Emergency Dental Services provisions:

- DentaQuest's Provider Manual will include a section on Emergency Treatment and guidance about payment of claims related to Emergency Dental Services, including coverage for Out-of-Network Providers. The Manual is posted on our public website, making it accessible for both participating and Out-of-Network Providers.
- Providers may also contact their assigned Provider Relations Representative for questions related to Emergency Dental Services.
- Participating and Out-of-Network Providers who need information about DentaQuest coverage and payment for emergency dental services can also obtain details related to claims and payment on our website or by contacting our 24/7 DentaQuest Dental Call Line.

### **Payment Obligations and Review of Emergency Claims**

Our DentaQuest Utilization Management Department holds responsibility for ensuring that all dental services are necessary, appropriate, and delivered in the most appropriate and cost-effective setting. For emergency services, that setting is the one in which a Member experiencing an emergency can be most rapidly and appropriately treated. DentaQuest understands and accepts full responsibility for coverage and payment of Emergency Services and Post-Stabilization Care Services in full compliance with 42 C.F.R. 438.114(b), 42 C.F.R. 422.113(c), and 42 C.F.R. 457.1228.

#### ***Accurately Processing Emergency Claims***

For Emergency Services, DentaQuest waives the need to prior authorize a service, and reviews the claim retroactively. Clinical Review Specialists approve claims based on the necessity of the services according to whether a prudent layperson with an average knowledge of health and medicine would agree that immediate medical care was required. When a Clinical Review Specialist's initial review indicates the service should be denied, the case is routed to a Dental Consultant for review, as only a licensed dentist is permitted to make an adverse determination.

DentaQuest makes Emergency Service payment based on the factors unique to each Member's needs and circumstances, not based on lists of diagnoses or symptoms. Our Utilization Management (UM) review will not deny or pay less than the allowed amount for the Current Dental Terminology (CDT) code on the claim without a clinical record review to determine if the prudent layperson standard was met. Our Clinical Review Specialists make coverage decisions for Emergency Services based on the severity of the Member's self-reported symptoms at the time they presented for emergency dental care, even if the condition turned out to be non-emergency in nature.

At DentaQuest we do not impose restrictions on coverage of Emergency Services more restrictive than those permitted by the prudent layperson. Our retroactive review of emergency

claims also aligns with standards set by the American Dental Association Emergency Dental Condition Guidelines.

### **OBLIGATION TO PAY FOR SCREENING (F.1.03)**

DentaQuest will pay for dentally related Emergency Medical Care for Emergency Medical Conditions discovered during emergency screening and examination. Examples include payment for palliative treatment of dental pain in addition to a limited oral evaluation, radiographs, or other diagnostic procedures in order to treat soft tissue infections or smooth a fractured tooth, when there is no other specific procedure code that defines the treatment. Application of a desensitizing medicament is also payable on a per visit basis for tooth or root sensitivity.

DentaQuest will pay for all Emergency Services which are medically necessary until the dentally related or caused emergency is stabilized.

### **NON-CONTRACTED PROVIDER PAYMENT OBLIGATION (F.1.04)**

In the event that Emergency Dental Care is provided to a Member by a non-enrolled Provider, DentaQuest will pay the non-contracted and/or non-Iowa Medicaid Enrolled provider for emergency services based on the payment amount that DentaQuest would have paid had the service had been provided under the Iowa fee-for-service Medicaid program.

### **PAYMENT OBLIGATIONS AND RESTRICTIONS FOR EMERGENCY DENTAL CARE (F.1.05-1.06)**

Our DentaQuest claims processing approach and our monitoring practices will be implemented to ensure that all claims, including those for Emergency Dental Services, are paid and processed in accordance with Iowa's requirements.

When Emergency Dental Care claims are pended for retroactive clinical review, our core operating system, Windward, routes these claims into a queue accessible to our Clinical Review Specialists and Dental Consultants. Windward will be configured with claims processing rules for procedure coverage, frequency, allowance, and clinical requirements related to Emergency Dental Claims.

DentaQuest's UM team has dedicated workflow coordinators who are responsible for assigning specific Clinical Review Specialist and Dental Consultants to these queues, and for ensuring they are addressed within contractual timeframes.

Our retroactive review of Emergency Dental Claims will be conducted to ensure that:

- Coverage and payment for Emergency Services is provided to Members regardless of whether the Emergency Dental Service Provider is Iowa Medicaid enrolled or has a contract with DentaQuest.
- Payment for treatment is not denied 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.
- Payment is not denied for dental treatment obtained when a DentaQuest Provider or Plan Representative instructed the Enrolled Member to seek Emergency Services.

DentaQuest will ensure that our Clinical Review Specialists and Dental Consultants are trained to comply with Iowa's Medicaid Provider Enrollment screening guidelines. These guidelines

require payment for claims for non-Medicaid enrolled Providers to be paid for Emergency Medical Conditions discovered during emergency screening and examination.

As described above, our manual claims processing for retroactive individual review of Emergency Service claims, based on the circumstances presented by each Member, will ensure that we do not limit what constitutes a dentally related Emergency Medical Condition based on lists of diagnoses or symptoms. As well, we will not refuse to cover Emergency Services based on circumstances such as the emergency room, the Provider, facility, hospital, or fiscal agent not notifying the Enrolled Member's PCP, Contractor, or applicable state entity of the Member's screening and treatment within ten (10) Days of presentation for Emergency Services.

## RESTRICTION ON HOLDING PATIENT LIABLE FOR EMERGENCY DENTAL SERVICES (F.1.07)

DentaQuest has implemented an array of policies, procedures, and systems to make certain that our Members are not held liable for payment of subsequent screening and treatment necessary to diagnose or stabilize a specific dentally related Emergency Medical Condition.

If we need to place the Member with an Out-of-Network Provider through our Single Case Agreement (SCA) process, a Provider Relations Representative will ensure that the dentist understands they may not balance bill the Member for services.

In the unlikely event that policy violations occur, we take immediate action to reimburse the Member and trace the issue back to resolve any possible gaps in our system functionality and oversight.

## EMERGENCY AND POST-STABILIZATION CARE, SERVICES AND PAYMENT (F.1.08-F1.13)

DentaQuest does not require Prior Authorization for Emergency Services required for life or health threatening conditions, regardless of whether these services are provided by a contract or non-contract Provider, in accordance with 42 C.F.R. 438.114. We embrace the prudent layperson's definition of an emergency.

In the instance where a Provider insists on submitting a request for authorization for an emergency, DentaQuest will provide a decision within 72 hours of the request, but we typically process these much faster - within hours of receipt.

Our Post-Stabilization Care Services are covered and reimbursed until the attending emergency physician, or the Provider treating the Member determines that the Member is sufficiently stabilized for transfer or discharge.

DentaQuest will accept the determination of the attending emergency physician - or the Provider treating the Member - about the point at which the Member is sufficiently stabilized for transfer or discharge.

Our UM policies and practices ensure that our coverage for Post-Stabilization Care Services obtained within or outside our contracted network are:

- Pre-approved by DentaQuest
- Not pre-approved by a DentaQuest Provider or representative but administered to maintain the Member's stabilized condition within one hour of a request to DentaQuest for pre-approval of further Post-Stabilization Care Services, or
- Administered to maintain, improve, or resolve the Member's stabilized condition without preauthorization, and regardless of whether the Member obtains the services within our

network when the DentaQuest UM department either did not respond to a request for pre-approval within one hour, could not be contacted, or the representative and the treating physician or dentist could not reach agreement concerning the Member's care and a DentaQuest Dental Consultant was not available for consultation.

DentaQuest's post-stabilization coverage will include all medical and dental services that may be necessary to assure, within reasonable medical probability, that no material deterioration of the Member's condition is likely to result from, or occur during, discharge of the Member or transfer of the Member to another facility.

DentaQuest will limit charges to Members for Post-Stabilization Care Services to an amount no greater than what DentaQuest would charge the Member if the Member obtained the services through the Contractor.

DentaQuest's financial responsibility for Post-Stabilization Care Services if they have not been pre-approved ends in the following circumstances:

- A Contractor physician with privileges at the treating hospital assumes responsibility for the Member's care
- A Contractor physician assumes responsibility for the Member's care through transfer
- A Contractor representative and the treating dentist/physician reach an agreement concerning the Member's care
- The Member is discharged

## SECOND OPINIONS (F.4.02)

A second opinion for the evaluation of the appropriateness of care recommended by a Provider may be indicated in some situations. While a second opinion request by a Member is generally initiated through the Grievance process, the Member can get a second opinion, without filing a formal Grievance.

Members who desire second opinions regarding diagnosis or treatment of a dental condition may obtain such from network Providers if available or from non-network Providers if no network Provider is available within practicable circumstances, at no cost to the Member.

As part of the Grievance process, all patient information, pertinent Provider information and patient records are collected and reviewed by a Dental Consultant. DentaQuest will allow and cover a second opinion from a qualified health care professional, within or outside of the network, at no cost to the Member. Second opinions must be coordinated through DentaQuest for coverage. Our approach to second opinions complies with 42 C.F.R. 438.206(b)(3) and 42 C.F.R.457.1230(a).

## OUT-OF-NETWORK CARE COORDINATION (F.4.03-F.4.04)

DentaQuest understands its role in coordinating care for its Members within network adequacy standards. Despite best efforts, there are times when in-network care is not available. This may be a result of the geographic location, an absence of participating Providers, or the Member may have a complex special health care need. In such situations, DentaQuest will work to secure an out of network Provider for the Member through our Single Case Agreement (SCA) process.

The goal is to secure a SCA with another Medicaid-enrolled Provider. That said, when there is no Medicaid-enrolled Provider willing or able to render the care, DentaQuest will secure a different non-Medicaid enrolled Out-of-Network Provider option.

Upon locating and securing the Out-of-Network Provider, DentaQuest will provide formal documentation outlining our agreement, including language that the dentist is responsible for rendering care under the IDWP or Hawki Dental program guidelines and is further prohibited from balance billing the Member. The SCA will also outline the services to be rendered and associated fees, and provide all necessary information (i.e., payment process, effective date range of the SCA, and Member information). Our Provider Relations Representative will negotiate the SCA rate with the Out-of-Network Provider prior to any services being rendered.

Our Member Placement team is responsible for serving as the single point of contact for Members needing care through a SCA. A Member Placement Specialist will reach out to the Member to provide them with updates on their SCA, such as when we locate an Out-of-Network Provider who agrees to see them. The Member Placement Specialist will also offer assistance with scheduling the appointment to coordinate the out-of-network care.

We understand that the Out-of-Network Provider may not be familiar with DentaQuest's processes, and we ensure that the Provider Relations Representative is there each step of the way. They will assist that office with submitting any Prior Authorization requests and claims and ensure the office knows about the required documentation (e.g., narrative, X-rays, etc.) that needs to accompany the request. It is always our goal to convert the Out-of-Network Provider to a participating Provider by providing this hands-on support to demonstrate the ease of working with DentaQuest. As such, the Out-of-Network Provider will be invited to join our network.

## OUT-OF-NETWORK CARE FOR DUALS (F.4.05)

When a Member is a Dual Eligible and requires services that are covered under the Contract but are not covered by Medicare, and the services are ordered by a Medicare dentist who does not participate in our network, DentaQuest will work to locate a participating Provider to render the services.

## PROTECTING MEMBERS FROM FINANCIAL BURDEN: OUT-OF-NETWORK COORDINATION OF PAYMENT, LIMITS, AND PROVIDER RESTRICTION ON BILLING (F.4.06-F.4.08)

DentaQuest is committed to protecting Members from financial burden. We will coordinate payment with Out-of-Network Providers and ensure that Members are not charged for costs that exceed those for the dental services had the services been provided by a Provider who is in our DentaQuest network, in compliance with 42 C.F.R. 438.206 and 42 C.F.R. § 457.1230(a).

DentaQuest will pay Out-of-Network Providers no less than 80% of the rate of reimbursement to in-Network Providers, with the exception of Single Case Agreements and other arrangements established with Out-of-Network Providers on behalf of specific Member needs or services.

If Out-of-Network Provider treats a Member through our Single Case Agreement (SCA) process, our Provider Relations Representative will inform that dentist they may not balance bill the Member for services.

Our Provider Agreement and Provider Manual outline our policy that prohibits DentaQuest Providers from billing Members for all or any part of the cost of a treatment service, except as allowed for Title XIX cost sharing.

## MORAL OBJECTIONS, INFORMATION REQUIREMENTS, AND ADVANCE NOTICE (F.5.01-F.5.03)

DentaQuest does not object to providing, reimbursing for, or providing coverage of any counseling or referral services because of an objection on moral or religious grounds.



Should an objection occur in the future, DentaQuest will furnish information about the services it does not cover to the Agency with its application for a Medicaid contract, or at the time that we adopt such a policy, allowing the Agency 30 days before implementing any related restriction on services. DentaQuest will provide information about any such restricted services to all Members at least 90 days before implementing the policy.

## AMOUNT, DURATION AND SCOPE - REQUIREMENTS RELATED TO FFS EQUIVALENCE, SUFFICIENCY, AND NON-ARBITRARY REDUCTIONS OR LIMITS (F.6-F.6.06)

DentaQuest will identify, define and specify the amount, duration, and scope of each service that we are required to offer in accordance with State and Federal guidelines. This information is documented in our Provider Manual. In alignment with the SOW requirements DentaQuest:

- Will provide dental services for adults and for those under age 21 in an amount, duration and scope equivalent to the same services provided under FFS Medicaid, unless otherwise specified in an approved Agency Plan waiver or, if applicable, CHIP.
- Leverages its UM Program to ensure that services are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.
- 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 Member.
- At times may place appropriate limits on a service based on criteria applied under the Medicaid State Plan (MSP), the CHIP State Plan, as applicable, and/or the Iowa Administrative Code, such as Medical Necessity or as otherwise permitted under an approved State Plan waiver.
- Will comply with requirements outlined and set forth in 42 CFR 440.230 in authorizing and covering benefits and services.
- Will comply with 42 CFR 438.210(e), in that compensation for our clinical reviewers is not tied to incentivizing the individual to deny, limit, or discontinue Medically Necessary services to any Member.

DentaQuest will cover benefits and develop UM criteria in accordance with:

- Iowa rules, regulations, and SOW provisions
- Evidence-based guidelines published by nationally recognized associations including but not limited to the American Dental Association (ADA), the American Academy of Pediatric Dentistry, the American Endodontic Society, the Academy of General Dentistry, the American Orthodontic Society, and the American Association of Oral and Maxillofacial Surgeons
- Clinical research from organizations such as the National Institutes of Health
- Information contained in the current Code of Dental Terminology published by the ADA
- Information from practicing dentists, dental schools, and other dental-related organizations

Our core operating system, Windward, is highly configurable with claims processing rules that can be deployed based on a combination of our standard requirements for maintaining clinical and financial program integrity, as well as Iowa's specific benefit requirements for procedure coverage, frequency, allowance, and clinical requirements.

Our policies and procedures, staff training, and audit review criteria prohibit staff from arbitrarily denying, reducing, or discontinuing benefits; and prohibit DentaQuest from offering financial incentives to staff, subcontractors, and Providers for doing so.

## MEDICAL NECESSITY AND ENSURING THE AMOUNT, SCOPE, AND DURATION OF SERVICES (F.6.07-F.6.09)

DentaQuest will make a determination of medical necessity based on the individual circumstances of each Member and their medical history, in accordance with the State and Federal laws and regulations and without utilization control guidelines or other quantitative coverage limits, either explicit or de facto.

Our customized proprietary clinical algorithms associated with each service will be subject to clinical review. A clinical algorithm constitutes a series of "yes or no" decision points to drive toward a clinical decision on whether to approve or deny a service. When our DentaQuest Clinical Review Specialist completes the initial review, the algorithm will guide decision making, using the submitted treatment plan and documentation to answer the series of "yes or no" questions, ultimately leading to a determination of whether the request meets the medical necessity criteria for the service. If the request meets Medical Necessity, the Clinical Review Specialist documents the review and approval in our system which generates the approval notice.

If the Clinical Review Specialist's review results in a determination that the request does not meet the Medical Necessity criteria, the Clinical Review Specialist routes the request to a Dental Consultant who reviews the request and applies clinical judgement as needed, when Member specific circumstances may support approval despite the algorithm outcome. Based on this review, the Dental Consultant makes a final determination about whether the request meets medical necessity criteria, and whether to approve or deny the request. Only a Dental Consultant may conduct a clinical denial.

Our UM team consists of 140 Clinical Review Specialists who have backgrounds in dental hygiene and dental assisting or have graduated from an accredited dental assisting program. We also employ and contract with a staff of 44 Dental Consultants representing a range of specialties who on average bring 20+ years of clinical experience.

## LICENSED PROFESSIONALS-UM (F.6.08)

At DentaQuest, appropriately licensed professionals supervise all medical necessity decisions. Clinical Review Specialists are responsible for initial review of benefit decisions that require medical necessity review to determine if the request is compliant with the allowed contracted service codes. During initial clinical reviews, access to consultation with a Dental Consultant is available by telephone, email, and internal chat tools. Clinical Review Specialists and non-clinical staff may not deny any medical necessity cases. Requests that do not meet clinical requirements are referred to a Dental Consultant for review and determination of coverage.

Dental Consultants are responsible for monitoring benefit decisions that have been initially reviewed by a Clinical Review Specialist to ensure they are made in a consistent, fair, and equitable manner. Dental Consultants are appropriately licensed to make medical necessity denials. Dental Consultants, Clinical Review Specialists, and non-clinical staff may not deny any medical necessity cases.

## Adherence to Recommendations from Evidence-based Organizations

DentaQuest has developed, implemented, and adheres to written clinical criteria and procedures to assist in making medical necessity determinations. We base this on best practice guidelines published by various dental specialty organizations, including:

- The American Academy of Pediatric Dentistry
- The Academy of General Dentistry
- The American Endodontic Society
- The American Orthodontic Society
- The American Association of Oral and Maxillofacial Surgery

## Professional Qualifications Required for Service Denials

Requests that do not meet clinical requirements are referred to a Dental Consultant for review and determination of coverage. Dental Consultants who are appropriately licensed to make medical necessity denials are also of the same or similar specialty as the treating provider. They may represent oral surgery, endodontics, pediatric dentistry, orthodontics, general dentists, periodontics, or other specialists. “Same specialty” refers to a Provider with similar credentials and licensure as those who typically treat the condition or health problem. “Similar specialty” refers to a Provider who has experience treating the Enrolled Member’s condition or disease.

## APPROPRIATE LIMITS ON SERVICES (F.6.09)

Clinical algorithms have been developed for the 2023 dental codes to provide consistent and reliable benefit determinations. The algorithms are based on established clinical guidelines and criteria, dental education curricula, dental specialty guidelines, as well as state program guidelines. Clinical algorithms that are used to make medical necessity determinations are proprietary to DentaQuest for the following service areas:

- Diagnostic Services
- Preventive Services
- Restorative Services
- Endodontic Services
- Periodontic Services
- Oral and Maxillofacial Surgical Services
- Orthodontic Services
- Adjunctive General Services

## PRIOR AUTHORIZATIONS (F.6.10)

DentaQuest agrees that if the Agency redistributes membership within either the IDWP or Hawki Dental programs following open enrollment, DentaQuest will honor existing service 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 a Member transitions to the Contractor from another source of coverage. DentaQuest will also honor existing exceptions to policy granted by the Director for the scope and duration designated.

At all other times, DentaQuest will honor existing authorizations for a minimum of 30 days when a Member transitions to us from another source of coverage, without regard to whether services are being provided by contract or non-contract Providers.

DentaQuest will obtain Agency approval for policies and procedures to identify existing Prior Authorizations at the time of enrollment. DentaQuest may ultimately be in a position where we will need to transfer Members to another plan or to FFS. Our UM department will implement and adhere to the Agency-approved policies and procedures. Additionally, when a Member transitions to another Program Contractor, our policies and procedures will outline the obligations and actions for which we are responsible, including any current Service

Authorizations, utilization data and other applicable clinical information such as disease management or Care Coordination notes.

## TRANSITION OF NEW MEMBERS (F.6.11)

DentaQuest ensures there are processes in place to support continuity of care for Members and Providers during transition. We use a suite of best practices including:

- Helping each Member select a PCP while honoring cultural, linguistic, location, and other preferences
- Identifying all existing service authorizations made prior to enrollment with DentaQuest
- Ensuring Provider payment and care continuity until the authorization period has ended
- Allowing Members with an existing relationship with an in-network Provider to retain that relationship
- Deploying policies and procedures necessary to continue to pay pre-existing and out-of-network Providers for medically necessary covered services until we receive a copy of the medical record and can safely transfer Members to a Provider

DentaQuest policies and procedures also allow Members the flexibility necessary to complete all existing courses of medically necessary services during a transition. If a Member is receiving care from an Out-of-Network Provider at the time they join DentaQuest, we offer multiple strategies to provide continuity of care for that Member, such as:

- Identifying and honoring all existing courses of treatment
- Identifying and honoring all existing prior authorizations for covered services
- Inviting the Provider to join our network
- Establishing a Single Case Agreement with the Provider
- Assisting the Member in identifying a new Provider with consideration of cultural and linguistic needs, other preferences, and Member choice

## CHRONIC CONDITIONS & LTSS – NEED FOR SERVICES (F.6.12)

DentaQuest understands it may place appropriate limits on a service for utilization control in cases where the services supporting individuals with ongoing or chronic conditions or who require LTSS are authorized in a manner that reflects the Member's ongoing need for such services and supports, in compliance with 42 C.F.R. 438.210(a)(4)(ii)(B) and 42 C.F.R. § 457.1230(d).

## COVERED SERVICES AND BENEFIT PACKAGES (F.6.15-F.6.18)

DentaQuest agrees to provide Medically Necessary benefits and services to Members in accordance with 42 C.F.R. 438.210 and will not avoid costs for services covered in the Contract by referring Members to publicly supported health care resources.

DentaQuest will ensure that services are provided consistent with the United States Supreme Court's Olmstead decision and will promote the Agency's goal of serving individuals in community integrated settings.

DentaQuest agrees to provide benefits in accordance with the Member's eligibility group including IDWP and Hawki.

## CHANGES IN COVERED SERVICES (F.6.22)

DentaQuest acknowledges that the Agency will provide DentaQuest with 90 days' advanced written notice preceding any change in covered services under the Contract unless such change is pursuant to a legislative or regulatory mandate, in which event, the Agency will use best efforts to provide reasonable notice to DentaQuest. In the event the Agency provides less than

90 days' advanced written notice to DentaQuest, we will comply with the change in covered services within 90 days from the date the notice is given.

When covered services change or guidelines are updated, we will ensure our Member and Provider resources accurately reflect those changes. The information will be accessible on our public website, in the Member and Provider Manuals, on our Member and Provider Portals, and other communications, in addition to providing hard copies upon request.

We will also advise of updates in our Provider Newsletter or through a fax blast. Our Provider Manual contains specific information on clinical criteria, outlining exactly what is needed to demonstrate medical necessity for any given service. Changes to these criteria will be reflected in the Provider Manual and our Provider Relations Representatives will provide initial and ongoing education. If a particular change is significant and its effects are widespread, our Iowa Dental Director will conduct webinars and in-person training sessions as needed to ensure understanding.

## INTEGRATED CARE (F.6.23)



### MEDICAL DENTAL INTEGRATION

We recognize the vital role that non-dental health care professionals play in increasing access to dental services, especially for young children who visit pediatricians and family physicians earlier and more frequently than dentists. DentaQuest's planned approach to integrating dental health care into the overall healthcare delivery system includes

those described below.

**Collaborating with the I-Smile Coordinators.** We look for opportunities to support the work I-Smile Coordinators are already involved with across several initiatives they are responsible for coordinating. Examples include:

- Cavity Free Iowa
- Maternal oral health education
- Agency's school-based program
- I-Smile Silver to support older Members and their oral health needs

**Collaborating with the MCOs.** We will coordinate various outreach efforts with the HealthLink MCO plans. DentaQuest has existing relationships with Molina, Anthem, and Centene, as we serve as their dental benefits subcontractor across several states. Some of the ways we work with MCOs in other states that we will bring to Iowa include:

- Collaborating with MCOs in unique ways, such as bringing mobile dental services to a high-volume medical PCP office on a clinic day
- Providing education on oral health competencies for PCPs on prevention, assessments, and risk factor identification
- Providing oral health and medical-dental integration educational materials to share with their Members (example in Figure 1-F)
- Formalizing dental care referral processes with referral forms, dental PCP acknowledgement of the referral, and regular referral treatment reports
- Collaborating with MCOs to recruit medical PCPs and help design innovative ways to engage them in applying fluoride varnish
- DentaQuest has experience developing unique programs that integrate medical and dental data to produce targeted care coordination. For example, we worked in collaboration with one of our Medicaid MCO partners in Michigan to implement a **Chronic Condition**



**Outreach and Education Program** for Members with diabetes. Through this program, Members are risk-stratified according to a proprietary algorithm. Regularly scheduled outreach and education activities include:

- Providing education on the importance of oral health and maintaining a healthy diet, including, but not limited to, letters, postcards, live calls, and automated calls (Figure 2-F).
- Providing medical Providers with diabetic-oral health connection education.
- Providing dental Providers details about the program and occasional rosters of diabetic patients who need visits. Dental offices are encouraged to contact these Members for outreach.

Results indicate our Chronic Conditions program is having a statistically significant positive impact, increasing dental visits by 40.76% compared to no education or outreach ( $p < 0.05$ ).

**Working with Medical Primary Care Physicians.** We engage medical primary care physicians (PCPs) to promote dental services for special populations, including pregnant Members and Members with chronic conditions through medical/dental integration programs that focus on the link between the mouth and the body in areas where oral health is associated with systemic conditions.

Additionally, we know that young children are much more likely to have several medical screenings in their first years of life as compared to dental screenings. For that reason, we leverage medical PCP relationships to refer Members for dental care. As a best practice, we supply Medicaid medical PCPs with mock prescription pads to use as an easy referral mechanism for their Members (Figure 3-F).

These pads include a message encouraging the Member to call DentaQuest for help finding a dental Provider and reinforces the importance of regular preventive care. These referrals, from a Member's trusted medical PCP, help DentaQuest connect with Members who may not otherwise respond to our direct contact attempts.

Sample materials that we use in other state Medicaid programs for integrated care efforts appear on the next several pages (Figures 1-F through 4-F). DentaQuest ensures that all written Member communications are available in English and the Prevalent non-English language (typically Spanish in most states) across the continuum of its materials. We have provided a sample of medical-dental education in English and Spanish in Figure 4-F.

## VAPING AND TEEN ORAL HEALTH

Some people believe that vaping is harmless compared to smoking cigarettes, but that's not true.

E-cigs (also called vape pens, tank systems and mods) are electronic nicotine devices that turn a "vape juice" into a mist that is inhaled. Vaping was created as a tool to help smokers quit cigarettes. It wasn't meant for long-term use.

**Vaping can cause health issues including:**

- Infections
- Breakouts and early wrinkles in the skin
- Lung injury
- Increased risk for heart disease and stroke
- Brain development harm
- A greater likelihood of becoming addicted to other drugs in the future

Vaping can also ruin your smile by causing gum disease and tooth decay/loss. Also, it causes teeth stains and dry mouth.

**Know the facts and protect your overall health.**

**If you are enrolled in Louisiana Medicaid, we can help you set up a visit or find a dentist. Call DentaQuest at 1-800-685-0143.**

DentaQuest

This information is available at no-cost in other formats and languages. For help, call 800-685-0143 (TTY: 800-466-7566)

DentaQuest complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-685-0143 (ATS: 800-466-7566).


ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-685-0143 (телефайн: 800-466-7566).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-685-0143 (TTY: 800-466-7566).


ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-685-0143 (TTY: 800-466-7566).

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Figure 1-F: Educational Handout - Effects of vaping on oral and overall health




High blood sugar levels and some diabetic medications can affect your mouth. Infections and dry mouth are the most common signs of diabetes. You can prevent these problems.



**Eat Well.**  
Try to fill half your plate with vegetables.



**Manage your Blood Sugar.**  
Check your sugar and take medication as directed by your provider.



**See your Dentist.**  
Get a dental checkup every 6 months.

By getting regular dental exams, problems can be found and treated before you even notice them. Exams also help protect your mouth from future issues. Are you ready to take action to protect your mouth?  
Call DentaQuest to find a provider near you or to find answers about your dental coverage.

DentaQuest

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Figure 2-F: Sample Chronic Conditions Outreach Education

## IT'S TIME FOR YOU TO VISIT THE DENTIST!

Children need to see the dentist every 6 months.

Call DentaQuest at 1-XXX-XXX-XXXX if you need help finding a dentist or setting up an appointment.

You can also visit [www.DentaQuest.com](http://www.DentaQuest.com).



dwpp dental wellness plan

DentaQuest

SAMPLE

Figure 3-F: Sample mock prescription tear-off pad with dental referral and contact information

**ORAL HEALTH MATTERS**



**PREGNANT WOMEN**

**Do you know the health of your gums affects the health of your unborn baby?**

Research shows that a pregnant woman with gum disease has a higher chance of having a baby too small.<sup>1</sup>

Pregnant women should see a dentist at least one time during pregnancy. Necessary treatment can be provided throughout pregnancy.

Pregnant women should see a dentist at least one time during pregnancy.

<sup>1</sup>Offenbacher, Steven, "Periodontal Infection as a Possible Risk Factor for Preterm Low Birth Weight" Journal of Periodontology 1996 October; 67 (10 Suppl): pp. 1103-1113.

**LA SALUD BUCODENTAL ES IMPORTANTE**



**MUJERES EMBARAZADAS**

**¿Sabía que la salud de sus encías afecta la salud del bebé que lleva dentro?**

La investigación muestra que una mujer embarazada con enfermedad en las encías corre mayor riesgo de tener un bebé demasiado pequeño.

Las mujeres embarazadas deben ver al dentista cuando menos una vez durante el embarazo. Es posible dar el tratamiento necesario durante la gestación.

Las mujeres embarazadas deben ver al dentista cuando menos una vez durante el embarazo.

<sup>1</sup>Offenbacher, Steven, "Periodontal Infection as a Possible Risk Factor for Preterm Low Birth Weight" (La infección periodontal como posible factor de riesgo de bajo peso y nacimiento prematuro) Journal of Periodontology Octubre de 1996; 67 (10 Supl): p. 1103-1113.

**Gum Disease**

- When you are pregnant, you have a higher risk of gum disease.
- Gum disease doesn't hurt, so you might not know you have it.
- If your gums bleed when you brush, you may have gum disease.
- The best way to prevent gum disease is to brush and floss your teeth every day.
- If you have gum disease, your dentist can help you get it under control.

**La Enfermedad de las Encías**

- La enfermedad periodontal no produce dolor, por lo que usted podría pensar que no tiene nada malo en las encías.
- Si sus encías sangran cuando se cepilla los dientes, es probable que haya alguna enfermedad en ellas.
- Con el embarazo, usted corre mayor riesgo de tener enfermedad periodontal. La mejor manera de reducir las probabilidades de enfermedades en las encías es cepillarse los dientes cuando menos una vez al día, aunque es mejor hacerlo dos veces.
- Si cree tener enfermedad periodontal, consulte a su dentista. Este tipo de afecciones son fáciles de tratar.

Figure 4-F: English and Spanish versions of medical-dental integration education

## QUANTITATIVE TREATMENT LIMITS & NON-QUANTITATIVE TREATMENT LIMITS (F.6.24)

DentaQuest will provide all Medically Necessary Services in a manner that is no more restrictive than the State Medicaid program, including Quantitative and Non-Quantitative Treatment Limits (QTL) (NQTL), as indicated in State statutes and regulations, the MSP, and other State policies and procedures in compliance with 42 C.F.R. 438.210(a)(5)(i).

## EARLY AND PERIODIC SCREENING, DIAGNOSTIC TREATMENT (EPSDT) SERVICES (F.6.25)

DentaQuest provides comprehensive dental services to 15 million Medicaid and CHIP children, helping states achieve their oral health care and health equity goals in meaningful, sustainable ways. Non-dental healthcare professionals have a key role in increasing utilization of preventive dental services because young children visit pediatricians and family physicians earlier and more frequently than they visit dentists. EPSDT screenings begin at age one and are critical to identifying service needs and intervening early to mitigate identified dental conditions. In Iowa, we will use time-tested strategies combined with innovative initiatives to improve the EPSDT screening visit rate.

### Partnering with Local Agencies for Screenings (a)



#### KEY PARTNERSHIPS

DentaQuest is excited to bring best practices from other state Medicaid programs to Iowa with the goal of supporting and enhancing the already impressive care coordination infrastructure offered through the Care for Kids and the I-Smile Programs.

Prior to the release of the RFP, DentaQuest contacted the 15 I-Smile Coordinators and met with the eight who responded to this outreach. These meetings were invaluable and gave us extensive details of the critical role of I-Smile Coordinators in Iowa's 99 counties, as well as how they work with Maternal Health, Screening Center, and Public Health agencies. Based on these discussions, we understand that conducting EPSDT screenings is one of their responsibilities.

While there are still many more discussions to be had with the I-Smile Coordinators and local agencies in the state, our initial best thinking on how we can support EPSDT screenings includes:

- Providing the **I-Smile Coordinators with access to our Provider Portal**. Using the Portal, the Coordinators can submit referrals for Members who require additional follow up care or who may qualify for additional support through our Case Management program directly to DentaQuest's care coordination team. Through the Provider Portal, the I-Smile Coordinator can also look up the Member's record to view their PCP assignment. This will allow the I-Smile Coordinator to quickly identify the Member's PCDH and have all of the Provider's contact information on hand.
- Providing **oral health educational materials and oral health kits** to give to families after conducting screenings. This will include education on how to prevent early childhood caries, and the importance of preventive care such as fluoride varnish and sealants.
- Providing **staffing support at larger health screening events**. This could include registered dental hygienists or DentaQuest's Member Outreach and Care Coordinators depending on the needs for the screening event.
- **Collaborating on ideal screening events and locations for mobile dental units to attend**. This would allow Members to be seen by a dentist immediately for urgent issues in



addition to receiving important preventive services. DentaQuest will work directly with its mobile dental participating Provider groups to coordinate attending the events.

- **Promoting events through social media, websites, and flyers** (Figure 5-F).

**Services (b)**

DentaQuest adheres to all EPSDT program requirements including ensuring coverage for dental care needed for relief of pain, infection, restoration of teeth, and maintenance of dental health; emergency, preventive, and therapeutic services for dental disease that, if left untreated, may become acute dental problems or cause irreversible damage to the teeth or supporting structures; and orthodontic services to the extent necessary to prevent disease and promote oral health, and restore oral structures to health and function. Applicable services with limits can be exceeded based on medical necessity and/or provided outside of periodicity schedule.

Under the following circumstances, DentaQuest will cover out-of-state services under EPSDT:

- Emergency treatment
- Health endangerment if required to travel home to Iowa
- State determination that the needed services are more readily available in another state
- When it is a general practice of the locality to use the services of an out-of-state provider (e.g., in areas that border another state)

DentaQuest will consider the child’s quality of life when covering services in the most cost-effective mode if a less expensive service is equally effective and available.

**Transportation (c)**

We encourage all our Members to contact us any time they need help accessing a Provider, including appointment scheduling assistance and arranging for non-Emergency Transportation in coordination with the Member’s MCO as needed, for our EPSDT and all eligible beneficiaries.

**Reports and Records (d)**

DentaQuest monitors appropriate utilization of services on a regular basis. Our HIPAA-compliant Windward system fully integrates all Member dental encounter data to create a unique, trackable, and reportable record for every Member. This record serves as our primary means of dental data collection for EPSDT services inclusive of dental screenings and fluoride varnish application.



Figure 5-F: Oral Health Screening Event Promotional Flyer



DentaQuest maintains a comprehensive suite of macro and micro tools that permit us to routinely assess and report on our progress toward meeting goals. We generate innovative business intelligence at the macro level for the entire Member population such as:

- **CMS Annual EPSDT Participation:** Official Annual EPSDT dental measure logic comparing actual performance to DentaQuest and Agency goals.
- **Simple Access Rates:** Flexible reporting calculated by dividing total eligible Members by the number who received specific dental services to assess progress toward meeting dental quality measure goals and report trends.
- **HEDIS NCQA Measures:** On-demand reports on the National Committee for Quality Assurance's (NCQA) Oral Evaluation, Dental Services (OED) and Topical Fluoride for Children (TFC) measures. OED measures Medicaid Members under 21 who received a comprehensive or periodic oral evaluation with a dental Provider, while TFC measures Medicaid Members ages one to four who received at least two fluoride varnish applications.
- **Hot Spot Mapping Tool:** Visualization of service utilization through heat maps across geographies to identify high-priority areas where Members are eligible and due for services, in alignment with our quality measurement goals, so we can conduct targeted outreach.

At the micro level, we measure every direct-to-Member EPSDT outreach campaign, such as outbound calls or postcards, to assess its effectiveness in improving dental performance measures once the campaign is complete. We can determine what percentage of the Members we contact as part of the campaign had a preventive dental visit, and we can drill down by unique Member level to know what service was received, when it was received, and which Provider performed it. Reporting possibilities are numerous since claims data is always accessible in our enterprise data warehouse.

DentaQuest will ensure that all requested records, including dental and peer review records, will be available for inspection by State or Federal personnel or their representatives. DentaQuest will record dental screenings and examination related activities and will report those findings in an Agency approved format at a frequency approved by the Agency.

## Outreach (e)



### FOCUS ON PREVENTION

DentaQuest has developed an array of outreach, monitoring, and evaluation strategies for EPSDT that optimizes collaboration with local community stakeholders and public health agencies. To educate Members on the importance of receiving EPSDT screenings and increase Member

awareness of and access to oral health and applicable EPSDT services, DentaQuest will rely on a variety of programs and initiatives:

- **New Member Welcome Program.** As featured earlier in the section, DentaQuest goes above and beyond to welcome and orient new Members on the availability of dental benefits, help them schedule their first dental appointment, and complete an Initial Oral Health Risk Screening.
- **Smiling Stork Program.** DentaQuest's Smiling Stork Program will provide education to Providers and pregnant Members on the potential link between low-birth-weight deliveries and oral health disease. Upon identifying a Member's pregnancy through the eligibility file, DentaQuest will send the Member two brochures: one about caring for her mouth during pregnancy and encouraging her to see her dentist, and one that provides education on caring for her young child's mouth and teeth. Smiling Stork also reassures Members that dental care is safe to have during pregnancy. Providers also receive information describing

the Smiling Stork program objectives and how they can collaborate with us to build trusting relationships with Members who are pregnant.

- Healthy Beginnings.** The DentaQuest Healthy Beginnings program promotes prevention, proper nutrition, and early detection of early childhood caries by targeting all Members under age two. It educates parents of young children on the importance of establishing a Patient-Centered Dental Home and how to reduce early childhood caries. Following the birth of new Members, and for their first and second birthdays, we mail a birthday card (Figure 6-F) to the Member's home that includes age-appropriate dental care instructions, tips on preventing early childhood caries, and information on how to locate a dental home Provider. We also contact families to help them set up their child's first dental appointment and work closely with medical PCP offices to provide education and information on the importance of early dental care.



Figure 6-F: Healthy Beginnings birthday card

- Tailored Communications.** DentaQuest will customize our EPSDT outreach to ensure that we effectively reach populations facing the greatest health disparities in Iowa. As an example, in Tennessee and Texas, we customized our approach to meet the language and cultural needs of Hispanic migrant farm workers using a fotonovela, a small pamphlet similar to comic book format (with photographs instead of illustrations).
- Education on Oral Health Competencies for Medical PCPs.** DentaQuest educates PCPs and pediatricians about prevention, dental health assessments, and risk factor identification, and supplies mock prescription pads to medical PCP offices to make referrals to DentaQuest easy. We also provide PCPs and pediatricians with formalized dental care referral processes and referral forms, facilitate PCDH Provider acknowledgement of referrals for EPSDT, and support regular referral treatment reports.
- Gaps in care notifications and outreach.** As mentioned above, our approach begins by analyzing internal data sets, including using tools such as heat maps and uplift targeting, to determine the greatest opportunity to “move the needle.” Then, for Members within the sub-population who have an identified gap in care, such as missing an EPSDT screening, we will contact the Member by phone or mail to remind them of the importance of receiving regular preventive care. Additionally, any time a Member who is behind on their dental visits calls our Contact Center; they will be notified by our IVR that they are past due for care. We will advise them to contact DentaQuest if they need help finding a PCP or scheduling an appointment. During calls, we will also ask if they are experiencing barriers to accessing care such as lack of transportation, so we can help resolve or mitigate the barriers faced.
- Supporting the I-Smile School-Based Dental Care programs.** Our goal is to complement the existing infrastructure that I-Smile has developed for the Iowa's school-based program. We are skilled and have experience managing all aspects of school-based programs and can provide different levels of support depending on each regional I-Smile Coordinator's needs.
- Providing oral health education at community events.** As referenced above, DentaQuest's local outreach team will participate in and support community events across

Iowa. In addition to providing oral health education, our team will help Members locate a dentist and provide oral health supplies to use at home.

## Incentivizing Positive Outcomes

Our DentaQuest **Healthy Behaviors Member Incentives**

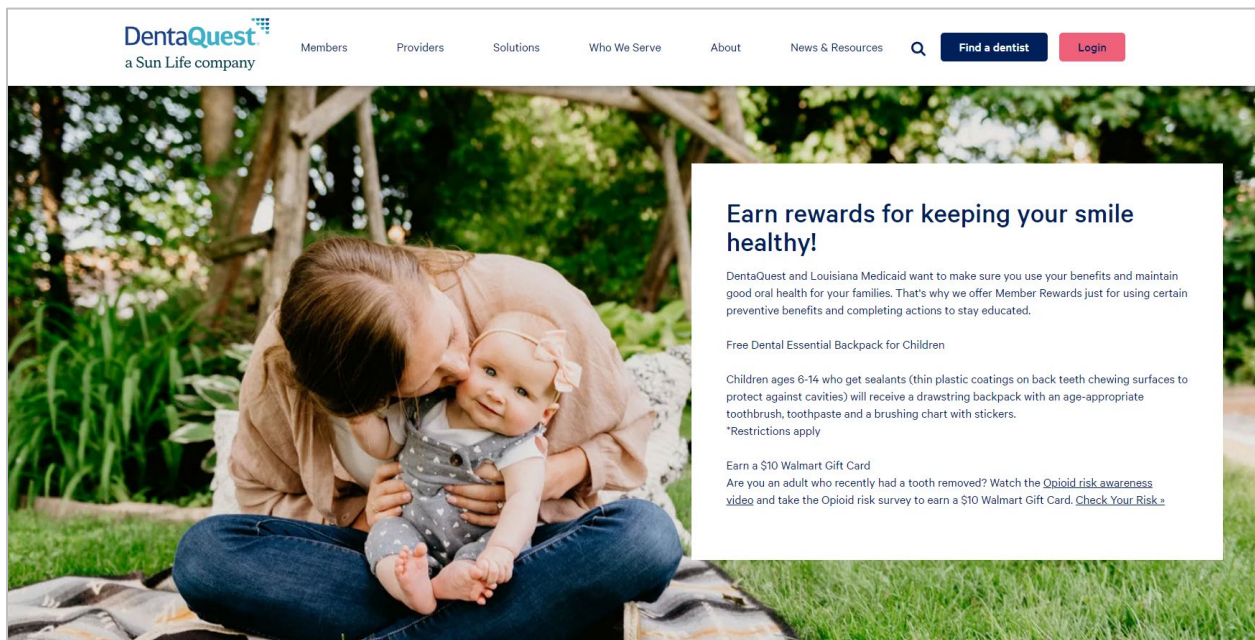


Figure 7-F: Website Information on our Healthy Behaviors Incentives for Louisiana Medicaid

## PRIOR AUTHORIZATION – EPSDT (F.6.26)

DentaQuest’s integrated authorization-to-claim adjudication process captures clinical history, quantity of services, and pricing allowances. Windward requires the selection of an eligibility period prior to processing, allowing the verification of eligibility. Member plan benefits are linked to each individual Member, confirming that only covered benefits are authorized. Auto-denials for exceeding benefit limitations is disabled for Medicaid Members under age 21. Such requests are routed to a queue for EPSDT review. DentaQuest will review EPSDT services prior to denial for medical necessity on a case-by-case basis to assure services that require Prior Authorization are reviewed according to EPSDT federal requirements for covering medically necessary services prior to denial.

Our goal is always to minimize barriers to care for Members and Providers. Therefore, we make it easy for Providers to request an EPSDT review for services. Any prior authorization received for non-covered benefits and services that exceed benefit limitations are systematically routed to our UM department for EPSDT review. Providers need only include appropriate documentation justifying medical necessity with their request.

Page contains confidential information

For example, a Provider may be treating a child with special needs who struggles to perform proper oral hygiene at home because of a physical or mental disability. As a result, the Provider would like to conduct periodic exams and dental cleanings every three months, which exceeds the current benefit limitations in Iowa. The Provider would submit a prior authorization request that includes a narrative describing why the Member needs an exam and cleaning every three months.

## SUFFICIENCY OF SERVICES (F.6.28)

DentaQuest will provide all Medically Necessary Services in a manner that addresses the prevention, diagnosis, and treatment of each Enrolled Member's disease, condition, and/or disorder that results in health impairments and/or disability.

## AGE-APPROPRIATE GROWTH AND DEVELOPMENT (F.6.29)

DentaQuest will provide all covered services to ensure that our youngest Members achieve age-appropriate growth and development. Comprehensive dental services are especially vital for Members who experience developmental delays and disabilities.

## FUNCTIONAL CAPACITY (F.6.30)

DentaQuest will cover services related to the ability for a Member to attain, maintain, or regain functional capacity under the auspices of Medically Necessary Services in compliance with 42 C.F.R. 438.210(a)(5)(ii)(C).

## IN LIEU OF SERVICES (F.6.33)

In cases where alternative services may be a better option to support a Member's oral health and well-being, DentaQuest may recommend that a Provider supply a service "in lieu of" what was submitted and available as part of the standard benefit. For example, a Provider may request a fixed bridge or dental implants in lieu of a partial and removable denture.

We will develop criteria to determine Member scenarios that would qualify for an "in lieu of" service. Scenarios could include failure to thrive, eat, speak, or chew due to missing teeth. Members would also have to go through a thorough dental examination to ensure that the health of their bones and gums could support an alternative service.

DentaQuest will only cover services or settings for Members that are in lieu of those covered under the State Plan if:

- The Agency determines that the alternative service or setting is a medically appropriate substitute for the covered service or setting under the State Plan
- The Agency determines that the alternative service or setting is a cost-effective substitute for the covered service or setting under the State Plan
- The Enrolled Member is not required by DentaQuest to use the alternative service or setting
- The approved in lieu of services are authorized and identified in the Contract
- The approved in lieu of services are offered to Members at the option of the Contractor

## PROVIDER PREVENTABLE CONDITIONS (F.7.01-F.7.04)

DentaQuest will not make payments to Providers for Provider-Preventable Conditions that meet the following criteria:

- Are identified in the State Plan
- Have been found by the State, based upon a review of medical literature by qualified professionals, to be reasonably preventable through the application of procedures supported by evidence-based guidelines



- Have a negative consequence for the beneficiary
- Are auditable.

We will require all Providers to report Provider-Preventable Conditions associated with claims for payment or Member treatments for which payment would otherwise be made and report all identified Provider-Preventable Conditions in a form and frequency as specified by the Agency. DentaQuest will comply with any future additions to the list of non-reimbursable Provider-Preventable Conditions.

## COST SHARING (F.8)

DentaQuest understands the federal and State requirements for managing cost sharing and has the system capabilities, and experienced staff to support and manage Members' cost sharing. DentaQuest's systems currently enable and support cost sharing for millions of Members. Our systems and processes capture Member characteristics and apply configured rules regarding which Members and which services are subject to cost sharing. Our core platform, Windward, recognizes characteristics of cost share Members such as age or eligibility category and use those characteristics to command a cost sharing identifier as well as exempt Members, by reflecting an exempt indicator in Windward.

DentaQuest Enrollment, Contact Center, and Claims Departments work collaboratively to ensure a seamless and integrated process. Our policies and procedures detail protocols and standards to support the accuracy of Member benefit, coverage, and eligibility information; ensure cost sharing accuracy; and eliminate claims processing errors. Our goal is to eliminate abrasion and operate a process that aligns with State and Federal contractual requirements.

Our Contact Center staff, being Member-facing, play a critical role in our process. DentaQuest Contact Center staff receive calls regarding a variety of Member concerns, and are able to address questions regarding eligibility, coverage, and cost sharing. The Windward platform enables an automated, efficient, and adjustable solution for our enrollment and eligibility processes. Our experienced team in conjunction with our policies, procedures, and technology platform have proven to be effective and adaptable to meet cost sharing regulatory requirements and are equipped to incorporate updates and changes as necessary.

## RESTRICTION ON COST SHARING (F.8.01)

DentaQuest will limit any cost sharing imposed on Members except for those permitted in in Medicaid FFS regulations found at 42 C.F.R. § 447.50 through 42 C.F.R. § 447.82, all applicable State Plan obligations, and any approved waivers of the Iowa State Plan.

DentaQuest's eligibility and enrollment solution efficiently loads Member data into Windward. DentaQuest will accept information from the Agency on the 834-file indicating an individual is exempt from cost sharing if the 834 includes a cost sharing indicator on the file, such as a "Y" for subject to cost sharing, and an "N" for exempt from cost sharing. Alternately, Windward is configured to recognize characteristics of cost share exempt Members, such as age or eligibility category, and use those characteristics to toggle on a cost share exempt indicator in Windward.

Once this indicator is set in Windward, it will be available to Providers via the Provider portal when they check eligibility, our Contact Center staff, and to Members via the Member portal. The information in Windward will be used by claims adjudication and pricing processes to ensure that the paid amount of a claim is not cut back by a cost sharing amount that would have otherwise been applied to the claim payment if the Member were not cost share exempt.



## **COST SHARING, CONTRACTOR, PROVIDERS AND SUBCONTRACTORS (F.8.02)**

DentaQuest and all Providers and Subcontractors will not require any cost sharing responsibilities for covered services except to those cost sharing responsibilities that are required and are in accordance with laws and regulations. DentaQuest will ensure no cost sharing is imposed on covered dental services through Provider education and contract provisions, Member education, and Windward system configuration.

## **PUBLIC NOTICE (F.8.03)**

We educate Providers and Members about the groups of individuals who are subject to the cost sharing charges, about their responsibilities and requirements for cost sharing charges, consequences of non-payment, cumulative cost-sharing maximum, and mechanisms for making payments. We understand all copay requirements were paused in Iowa during the Public Health Emergency. Should they resume, DentaQuest will ensure all cost sharing information is shared with Providers and Members, as outlined below.

### **Educating Providers on Cost Sharing Requirements**

We will include Providers' obligations related to Member cost sharing in our Provider contracts, including information about cost share exempt Members and cost share exempt services. Our Provider Representatives, who provide initial and ongoing education and support to our Providers, will reinforce this information, and make sure Providers know how to tell whether a service or Member is cost share exempt. Our Provider website will include general information about the categories of Members that are cost share exempt, and the services that are cost share exempt. And when Providers check Member eligibility in the Provider portal, the portal's query response will include information on whether the Member is subject to cost sharing or not.

### **Educating Members on Cost Sharing Requirements**

DentaQuest's Member materials, including our Member Handbook and information on our website will include information about what services and categories of Members are subject to cost sharing, and will advise Members how to check their status using the Member portal at any point in time, or by calling the Contact Center. We will also inform Members of their Grievance and Appeals rights if they believe they have been inappropriately subjected to cost sharing.

## **COPAYMENTS (F.8.06)**

DentaQuest will impose copayments, if required by the Agency, on Iowa Dental Wellness Plan participants (according to the State's 1115 waiver) and Hawki enrolled Members in accordance with the State's CHIP plan. We understand all copay requirements were paused during the Public Health Emergency. Should they resume, DentaQuest will develop policies and procedures that will outline the provisions set forth by the Agency and ensure system capabilities that will align and sustain copayments requirements for specific plan participants and programs.

Our core system, Windward, supports more than 1,000 unique benefit packages for our Medicaid state agency and Managed Care Organization (MCO) partners. Windward tracks and administers different Medicaid benefit packages, copays, and premiums through customized configurations tied to groups, networks, treatments, time periods and Members. Windward stores and retrieves information on copayments during claims adjudication.

## EXEMPT POPULATION (F.8.07)

DentaQuest will configure its system to ensure copayments are not imposed on the exempt populations included under SOW Section F.8.07 in accordance with 42 C.F.R. § 447.56. DentaQuest's core system, Windward, will capture enrollment, eligibility and benefit portfolio information including copayments, and premiums. Windward provides a comprehensive Member specific benefit plan based on the appropriate State program, reflecting the specific services, coverage limitations, and restrictions for each Member.

## EXEMPT SERVICES (F.8.08)

DentaQuest will configure its system to ensure copayments are not imposed for services as indicated in SOW Section F.8.08, as well as ensuring copayments are not imposed on emergency services. Windward will reflect copayments based on and specific to the dental procedure codes and will adjust the responsibility to zero dollars for the following exempt services.

- Dental services provided during pregnancies
- Preventative services provided to children under 21 years of age covered under EPSDT
- Emergency Services
- Provider preventable services defined under 42 C.F.R. § 447.26(b)

## INABILITY TO PAY (F.8.10)

DentaQuest will have a documented process to educate Providers and assist Members who report being denied services due to inability to pay. DentaQuest's process and procedure will be detailed in the Provider Manual. Providers will also be advised and trained on this process during onboarding training, and during in-person refresher education provided by Provider Representatives. Providers will be instructed and directed not to deny care or service to any Member due to inability to pay. We will also advocate for and assist Members who report they were denied care for inability to pay by contacting the Provider to reorient them on our policy and procedures, helping the Member schedule a new appointment, and making sure the Provider is aware of their contractual obligation to deliver service irrespective of a Member's ability to pay.

## CLAIMS PAYMENT (F.8.11)

DentaQuest will reduce the payment to a Provider by the amount of the Member's copayment, 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). Our claims review audit protocol will include claims with Member copayments to ensure accurate processing.

## INDIAN PREMIUM EXEMPTION (F.8.13-14)

To ensure adherence we will configure Windward to exempt any Indian who is eligible to receive or has received an item or service furnished by an IHCP or through referral under contract health services from premiums and cost sharing.

As the largest Medicaid DBA in the country, DentaQuest has experience working with Urban Indian Organizations, Rural Health Clinics, FQHCs and other specialty Providers, and is fully cognizant of the unique needs of these entities. Our Provider Relations Representatives will be in the field interacting and building rapport with these Providers. We will work cooperatively with Indian Managed Care Entities (IMCEs) and IHCPs to ensure a collaborative and streamlined relationship. In preparation to deliver services in Iowa, we have identified one IHCP in Iowa – Meskwaki Dental Clinic – and will meet with them to understand any concerns or challenges,

and to identify a strategic approach to ensure a seamless process and collaboration to serve impacted Members.

## MORAL OBJECTIONS (F.8.15.01)

DentaQuest does not object to providing, reimbursing for, or providing coverage of, counseling for, or referral for any covered services based on moral or religious grounds. We do not intend to restrict access to any covered services based on moral or religious grounds. We understand and acknowledge that we are required to notify the Agency within 30 days and all Members within 90 days before implementing any such policy.

## MEMBER RIGHTS (F.16.01-08)

DentaQuest will ensure that Member Rights for the IDWP and Hawki Dental programs are clearly outlined in our Member Handbook and in our Provider Manual. The Member Rights statement will comply with all requirements outlined in SOW F.16.01–F.16.08 and include:

- Right to receive information on DentaQuest and the plan into which the Member is enrolled
- Right to be treated with respect and with due consideration for the Member's dignity and privacy
- Right to participate in community - that DentaQuest will not restrict the Member's right to fully participate in the community and to work, live and learn to the fullest extent possible
- Right to receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand
- Right to participate in decisions regarding the Member's health care, including the right to refuse treatment
- Right to be free from restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Right to request and receive a copy of their Dental Records at no cost, and to request that they be amended or corrected
- Right to exercise their rights without DentaQuest or its Network Providers treating the Member adversely

## EXCEPTIONS TO POLICY (F.16.09)

DentaQuest understands that Members can request an item or service not covered by the State or by DentaQuest. DentaQuest will review exception requests with consideration of Members' specific health care needs and unique circumstances but will not grant exceptions to federal or State law or regulations. If DentaQuest grants an exception to our own policies, we will not refer to these actions as an exception to policy as defined in Administrative Rule.

DentaQuest always accepts additional information when considering an exception to a clinical guideline. In processing exception requests DentaQuest will follow all State and Federal regulatory requirements when we determine to approve, deny, reduce, or terminate a Member's services and acknowledges that such cases remain 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.

We understand that we can forward requests for exceptions to the Agency for consideration and acknowledge that exception to policy is a last resort request and is not appealable to the extent the request is for services outside of State Plan or waiver benefits. We will adhere to the State

policy regarding waivers of administrative rules, if referred to as exceptions to policy granted in individual cases upon the DHHS Director’s own initiative or upon request. We are aware and understand that such waivers and exceptions to Medicaid policy are only specifically granted by the DHHS Director with the recommendation of the Medicaid Director and the Department issues written decisions for all requests for an exception to policy. DentaQuest is not responsible for decisions regarding exceptions to policy under State rule and will not present ourselves as such and shall not use the terms “exception to policy” to describe our internal medical necessity review decisions when communicating with Members.

## TELEDENTISTRY (F.17.01)

DentaQuest’s teledentistry program is built on the foundation of making dental care more accessible through teledentistry platforms.



**IMPROVING  
ACCESS TO CARE**

We use teledentistry to increase access and overcome access barriers in our various markets. Our teledentistry program offers Members flexibility and convenience by removing access barriers such as transportation or time off from work, and it has supported improvements in utilization and dental care access.

We will offer innovative Value-Added Services (VAS) providing bundled payment models – one focused on dental emergencies, and the other focused on prevention – that allow for synchronous and asynchronous encounters. These models provide our Members access to teledentistry services. While any of our Providers will be able to provide these services, we will also give Members access to Iowa licensed and credentialed Providers through our partnership with [Teledentistry.com](https://www.teledentistry.com).

We use Teledentistry.com. to expand Member access to care and increase the availability of services. Improved access to care allows our Members, especially those in rural areas, to reach dental offices without having to travel for hours to attain care. Teledentistry.com also makes in-office visits more available. With the reduced amount of time needed for in-person visit, Providers have more capacity and flexibility to accommodate in-office visits when an in-person appointment is needed such as for a dental cleaning or, X-rays.

Using a mobile phone, Members will be able to access a Provider 24/7 who can conduct a limited oral evaluation, prescribe medication, and make an appropriate referral to a dental home. Teledentistry will be a useful tool for Members in rural areas, as well as those with dental emergencies. Additionally, DentaQuest will help facilitate the use of teledentistry to prepare Members and their parent/caregivers for an in-person visit. This not only helps to quell any fears the Member or parent/caregiver may have about the upcoming appointment, but it can also give the Provider insight into the Member’s needs prior to the in-person appointment.



DentaQuest maintains a national relationship with Teledentistry.com and will offer this service in Iowa for our Members.

We acknowledge and understand that an in-person contact between a dental health care professional and a Member is not required as a prerequisite for payment for otherwise-covered

services appropriately provided through telehealth 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). Dental health care services provided through in-person consultations or through telehealth shall be treated as equivalent services for the purposes of reimbursement. DentaQuest will not impose additional payment for telehealth components of services associated with the underlying service being rendered. Our payment procedures treat a service rendered via telehealth as the same as payment made for that service when rendered in an in-person setting.

## **DENTAQUEST'S COMPLIANCE WITH SECTION F REQUIREMENTS**

DentaQuest confirms that it will adhere to all requirements in Section F, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR citations noted in Section F.



# **SECTION G**

## **QUALITY, CARE**

### **COORDINATION, AND UM**

Please explain how you propose to execute Section G in its entirety and describe all relevant experiences.

## DENTAQUEST'S APPROACH TO EXECUTING QUALITY, CARE COORDINATION, AND UM

Partnering with DentaQuest to provide dental care for Iowans is a low-risk decision for the Agency. Our experience and demonstrated success in implementing and operating evidence-based quality, care coordination, and UM programs will help Iowa accomplish its strategic goals of improving access to care through enhanced network adequacy and telehealth; decreasing high-cost care through increased preventive care services; improving oral health equity among Medicaid Members through community partnerships and focused solutions for vulnerable populations; and improving coordination with HealthLink MCO and medical/dental integration through intentional collaboration and data sharing.

DentaQuest will describe how our innovative, evidence-based programs will improve access to high-quality oral health services for Iowa Members through effective oral health screening, assessment, and coordination of services. Our unique Patient-Centered Dental Home (PCDH) program is a key part of our solution ensuring every Member is assigned to a Primary Care Provider (PCP) who promotes preventive care.

## ANNUAL EQRO AND PROCESS TO WORK WITH THE EQRO (G.1-G.2)

External Quality Review Organization (EQRO) organizations contracted by the Agency play a crucial role in evaluating quality, verifying data, and improving methods within the contractor's organization. Annual, external, independent EQRO reviews are conducted to ensure quality, timeliness, and access to services by Members. Within dictated timeframes, the EQRO and DentaQuest strive to enhance services for Members through data-driven efforts and constant improvement for better customer experiences. We will respond to recommendations made by the EQRO including designing, implementing, and validating Performance Improvement Projects (PIPS) in the timeframes requested.

### Working with the EQRO

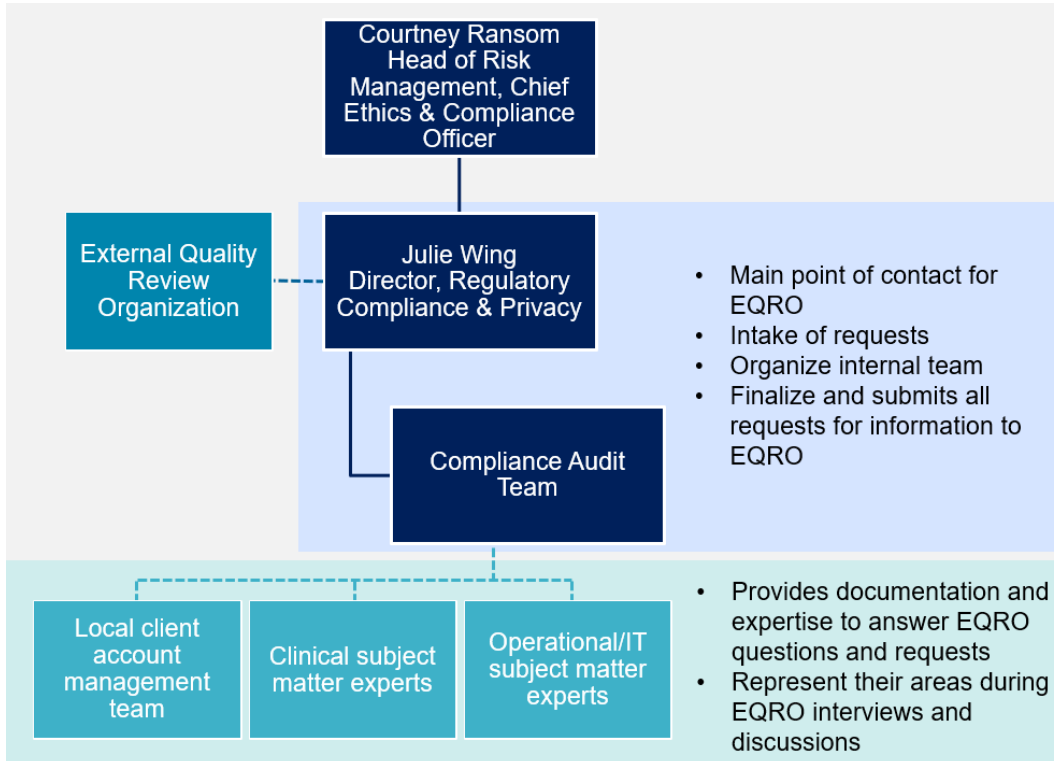
Julie Wing is DentaQuest's Director of Regulatory Compliance and Privacy, and she retains oversight of the DentaQuest audit team, which works closely with EQROs on all audits and data requests (Figure 1-G). Julie reports to Courtney Ransom, Head of Risk Management, Chief

## DENTAQUEST'S RELEVANT EXPERIENCE

- ★ DentaQuest maintains fully operational NCQA-compliant QM/QI and UM programs across 21 states
- ★ We provide effective care coordination services to Members across the 21 states we serve, and provide our intensive Case Management program for Medicaid Members in Florida, Louisiana, New Hampshire, New York, and Virginia.
- ★ DentaQuest's Patient-Centered Dental Home model leveraging proprietary profiling frameworks demonstrates our ability to achieve improved cost and quality health outcomes for Members. In Tennessee, we increased access to care for Members by 18% while reducing costs by 6.5%.
- ★ There are currently more than 19 million DentaQuest Members served through our PCDH model across 16 states on behalf of 32 state Medicaid Agency and MCO clients. Nearly 21,000 DentaQuest PCPs are serving as PCDHs.
- ★ DentaQuest reviewed and determined a combined 5 million service authorizations in 2021 and 2022 and we met or exceeded our timeliness.

Ethics & Compliance Officer. The audit team is responsible for the intake process to ensure complete and timely responses to data requests by dedicated subject matter experts (SMEs) in each operational area. They work in collaboration with clinical and operational SMEs to answer each audit question thoroughly and provide the information requested in the required format. The local Iowa account management team will work closely with the audit team to provide market and Iowa-specific expertise.

Figure 1-G: DentaQuest’s compliance team serves as our single point of contact for EQRO interactions



DentaQuest values the EQRO partnership in assessing and improving the quality, timeliness, and access to healthcare services for Medicaid and CHIP Members. We incorporate findings, suggestions, and recommendations from the EQRO into our QAPI each year.

DentaQuest conducts annual PIPs following guidelines at 42 CFR §438.330 for several state Medicaid agencies. We develop PIPs with the goal of achieving and sustaining statistically significant improvement. All PIPs follow the CMS protocol for implementation, which includes guidelines for developing, monitoring, and reporting. Our standard process is described later in this section of our response to SOW Section G.5.19.

## PROCEDURES ENSURING MEMBERS HAVE ONGOING SOURCES OF CARE APPROPRIATE TO THEIR NEEDS (G.2.01-G.2.02)



### PATIENT-CENTERED DENTAL HOME

**The PCDH is DentaQuest’s primary means of ensuring Members have an ongoing source of care appropriate to their needs.** All our PCPs (general and pediatric dentists) will be considered PCDH Providers and serve as the Member’s “home base” for all their oral care needs.

DentaQuest’s program honors the AAPD’s definition of a PCDH as “the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a

comprehensive, continuously accessible, coordinated, and family-centered way". We establish a PCDH for Members no later than 12 months of age and include referral to dental specialists when appropriate.

PCDH assignments are based on Member choice, but for Members who do not select a PCP our auto-assignment algorithm drives Members to higher-performing Providers, particularly Providers who ensure their patients receive preventive care according to the periodicity schedule.

PCDHs play an important role in promoting the significance of Members' first dental visit and EPSDT screenings starting at age one. They educate and motivate Members to obtain recommended services.

### **Member Self-Selection of their PCDH PCP**

As part of DentaQuest's New Member Welcome Program, DentaQuest conducts a welcome call, which gives us an opportunity to provide education on the importance of selecting a PCDH Provider.

During the call, Members are encouraged to select a PCP to serve as their PCDH. They are free to select any participating PCP in our network, regardless of the Provider's reimbursement arrangement with us. For Members with an established Provider who is not part of the network, DentaQuest will conduct targeted outreach to invite them to participate in our network. Our staff will assist the Member in selecting a PCP and updating the information our Windward system.

### **PCP Auto-Assignment Process**

DentaQuest auto-assigns all Members who do not actively select a PCP using a transparent auto-assignment algorithm. Our auto-assignment algorithm considers the following factors when making assignments:

- Member age and gender
- Member address
- Previous or current relationship the Member's family has with a PCP
- Member's special health care needs, if known
- Current or past PCP relationship, if known
- Provider panel status (open or closed)

If a member **has received treatment within the last 12 months**, they will be automatically assigned to their previous PCP.

If a member has no treatment history but is linked to a family member with a PCP, they'll be assigned to the same PCP.

If a Member has **no treatment history** and **no family Members assigned to a PCP**, they are auto assigned to a PCP within their geographic location and time/distance standards.

If the Member cannot be auto assigned, a Dental Home Analyst manually assigns the Member to a PCP, following the same logic described above.

### ***Strategic Assignment to Higher Performing Providers Fosters Increased Utilization***

DentaQuest's PCDH model differs from other dental benefits administrators (DBAs). When we make a PCP auto-assignment, we focus on assigning Members to higher performing Providers.

We identify top-performing Providers using our proprietary **Ensemble Model** to score PCPs against their peers for quality, cost, and outcome of care. The following three models are blended to create the Ensemble Model:

- The **Cost and Process Quality Model** provides cost and process quality information for a PCP using DQA measures adjusted by patient risk.
- The **Utilization Intensity Model** measures the intensity of treatment for PCPs through procedure codes, ratios, and grouping. It includes 31 procedure codes, 10 general dentist ratios, 15 pediatric dentist ratios, and 4 procedure code groupings.
- The **Outcomes Model** provides quality information for a PCP by accounting for reliability of specific procedures over time (longitudinal data). This model uses 54 measures or ratios developed by a team of dentists, clinical leaders, data scientists, and statisticians.

We rank PCPs on their overall performance and assign each a score between +1 to -1. Those PCPs at the top of the spectrum (scoring closest to +1) demonstrate the highest level of quality performance, whereas those PCPs scoring closer to or at -1 (the lowest score) warrant greater scrutiny.

It is important to keep in mind DentaQuest makes strategic assignments to higher-performing PCPs **within the context of specific state requirements and honoring existing Provider-Member relationships**. And we never tie Provider payment to Member assignment.

Our Iowa Members will be automatically assigned to their existing PCP if they are in our network to foster continuity of care. For Members with no established relationship, we will assign them to a higher-performing PCP within the confines of the Agency's network access requirements.

### KEY ATTRIBUTES OF HIGHER PERFORMING PCPS

- ✓ A strong track record of getting Members in for care
- ✓ Performing the right kind of care, and the appropriate mix of care (high rates of preventive care but they treat underlying dental disease through restorative care)
- ✓ Demonstrate stable costs of care
- ✓ Minimal service failures (e.g., if a crown is expected to last at least five years, the Provider's quality of work is high if the crown in fact lasts five years or more)

**Higher performing PCPs in our PCDH Programs across the country prove time and again they are *more effective at getting Members in for dental care*.** In New York, for example, we reassigned Medicaid Members without a dental visit in the previous two years to higher-performing Providers identified through our Ensemble Model. In one year, 29% of these targeted Members had a dental visit with their new higher performing Provider. This increase was experienced despite the Public Health Emergency, which caused New York dental offices to be shut down for more than two months in 2020.

### Provider Training

Our PCDH model introduces a level of accountability that may be different from what participating general and pediatric dentists are accustomed to under the existing program. In our experience, we find some PCPs experience uncertainty about their ability to succeed under the additional accountability of the PCDH model, but our proven high-touch support model helps PCPs adapt their approach to care, leading to improved member outcomes. Our support includes intensive training, hands-on education, and local support by the Provider Relations Representative. DentaQuest's PCDH training will consist of the following topics:

- Member assignment process
- Delivering Medically Necessary dental services
- Responsibilities for delivering primary dental care and follow-up care
- How to refer Members for specialty care
- Engaging with Member's family/support system in healthcare decision-making



- Providing enhanced access to care, such as extended office hours and same-day appointments
- Evidence-based dentistry guidelines and clinical decision supports
- Coordinating and facilitating continuity of care with specialty Providers
- Providing access to care 24 hours a day, 7 days a week directly or through coverage arrangements with other Providers
- Participating in quality improvement and voluntary performance measures

### Information Requirements - Notifying Members and Providers of the PCP Assignments (G.2.02)

DentaQuest informs new Members of their PCP assignment through the New Member Welcome Packet, which is mailed to the head of household, within ten business days of receiving the enrollment record. The Member will be able to access their PCP assignment information on the Member Portal and our Contact Center and other Member-facing staff can view the Member's PCP assignment at any time for sharing if the Member calls in.

DentaQuest notifies PCPs of the assignment via their Panel Roster, which is available on the Provider Portal. Rosters are updated **hourly** with the latest Member assignments. The data is housed in Windward and feeds into the Provider Portal. To view newly assigned Members, the Provider would simply sort their Panel Roster list to view their newest assignments. They have the option to filter newly added Members by date range.

### The Process to Update PCP Assignment

To prevent barriers to care for Members and ensure there are no administrative burdens for our PCPs serving as PCDHs, **DentaQuest never requires its Members or Providers to notify us when a Member wishes to switch PCPs.**

To ensure the Member's PCDH PCP assignment is accurately reflected in our Windward system, DentaQuest's Dental Home team proactively analyzes claims data each month to identify Members who switched PCPs and updates the assignment in our system.

#### G.2 Care Coordination

- 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.
- 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).

## CARE COORDINATION (G.2)

*Please note: DentaQuest's response to this RFP prompt will address the following SOW sections, but not necessarily in sequential order: G.2.06-G.2.21.*

Members, particularly those with special health care needs or low levels of health literacy, may be overwhelmed by considerations for their oral health or the health of their child(ren) and are uncertain where to go for care. DentaQuest's proven process of care coordination provides an entire ecosystem of partners in care (dentists, DentaQuest staff, and community partners), benefits, and value-added services tailored to the individual needs and preferences of the Member, including those with special needs (Figure 2-G).

**DentaQuest’s Patient-Centered Dental Home Providers are at top of our care coordination ecosystem since every Member will be assigned to a PCP.**

Members are encouraged to select a PCP who will serve as their PCDH, which will be their ongoing source of appropriate care. We will assign Members to a PCP who do not actively select one and encourage them to engage and form a relationship with their PCP.

Depending on the Member’s individual needs and risk level, additional care coordination is available from our local Member Outreach and Care Coordinators and Case Managers, I-Smile Coordinators, and other community supports.

DentaQuest’s team takes ownership of coordinating with other Contractors, FFS Medicaid and Community supports via our comprehensive Care Coordination and Case Management Program.

Figure 2-G: Iowa Partners in Care

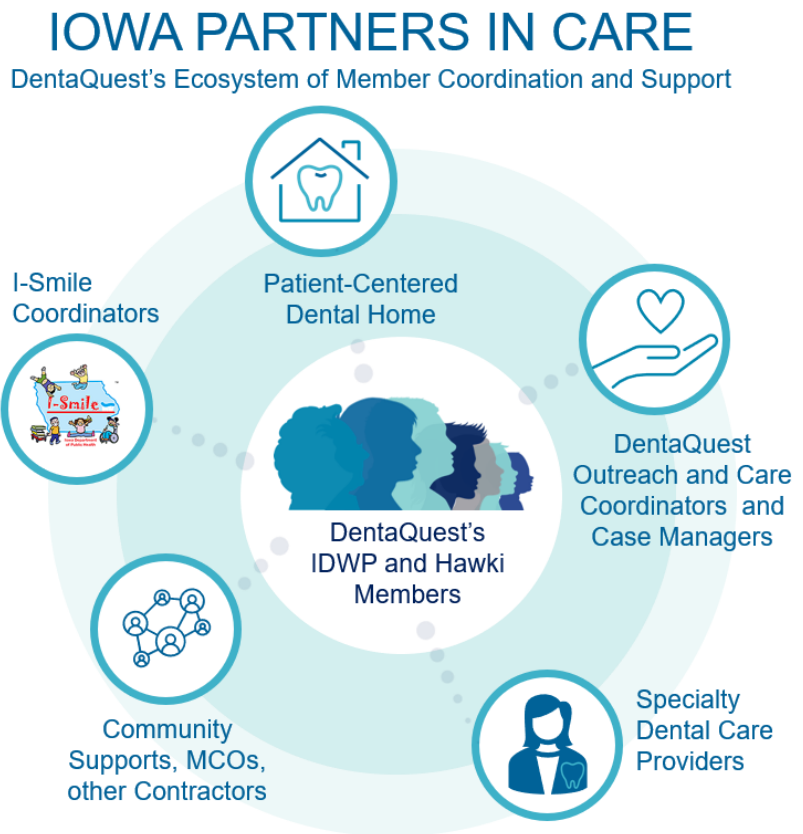


Figure 3-G provides a high-level overview of DentaQuest’s care coordination process, with detailed descriptions of each step immediately following.

Figure 3-G: DentaQuest’s Care Coordination Process



## CARE COORDINATION STEP 1: UNDERSTANDING IOWA MEMBER NEEDS

### Completing Timely Initial Oral Health Risk Screenings Using Agency-Approved Oral Health Equity Self-Assessment Tool (G.2.09-G.2.13)

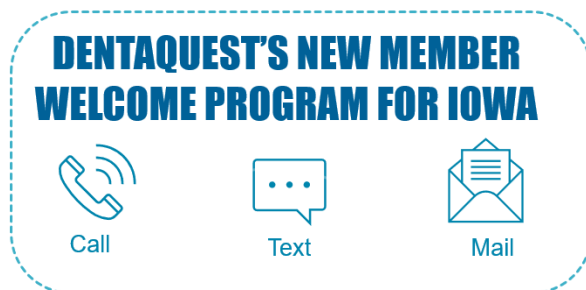
One of the primary means of understanding what type of care coordination support each Member needs is through the completion of an Initial Oral Health Risk Screening.

#### **Conducting Screenings for Adults and Coordinating Follow Up for Children (G.2.10)**

DentaQuest will be responsible for conducting Initial Oral Health Risk Screenings for newly enrolled Members ages 21 years and over and for Members who have not been enrolled in the prior 12 months. We acknowledge the important role we will serve in coordinating care for Members under 21, following the assessment and care coordination services provided under the Maternal Child and Adolescent Health programs. It is our understanding from meeting with several I-Smile Coordinators they facilitate such initial screening work. The I-Smile Coordinators will have access to our Provider Portal, which will allow them to electronically submit requests for care coordination support from DentaQuest. These referrals are routed to our Care Coordination and Case Management team to conduct a Comprehensive Risk Assessment.

#### **Best Efforts to Conduct Timely Screenings (G.2.09) and Screening Methods (G.2.12)**

DentaQuest's **best efforts to conduct an initial screening** with Members within their first 90 days will be comprised of a welcome call (three attempts), text messages, and via mail. Our Member Outreach and Care Coordinators will routinely offer all DentaQuest Members assistance with completing their Initial Oral Health Risk Screening during any in-person encounters.



We will begin contacting all new Members by phone and text message **within 30 days of receiving their eligibility file**. The purpose of the Welcome Call is to make sure Members know about and understand their dental benefits and help them complete their Initial Oral Health Risk Screening using our Agency-Approved **Oral Health Equity Self-Assessment Tool**, which will align with requirements in the SOW Section G.2.11 and will serve as the primary means of identifying Members who may benefit from care coordination support. We will provide information on our Patient-Centered Dental Home program, and help Members arrange an initial visit with their PCP for a baseline oral health assessment and other preventive services, including an assessment or screening of the Member's potential risk, if any, for specific diseases or conditions. We refer Members with special needs and barriers to care to our Care Coordination and Case Management Program for additional assessment and assistance.

If we are unable to connect with a Member upon initial outreach, we make an additional two attempts, each on different days and at different times of the day. We follow the same approach for our Medicaid Members in Florida and Michigan.

Our text message communication will provide links to complete the Initial Oral Health Risk Screening, our Find-A-Dentist online search tool, and to DentaQuest for assistance in scheduling an appointment. Our Welcome packet, mailed to every household upon enrollment, will contain a quick reference guide with a QR code linking to the electronic version of the Oral Health Equity Self-Assessment Tool.

DentaQuest will offer a Value-Added Service incentive to encourage adult Medicaid Members to complete their risk assessment within 90 days of enrollment. The incentive, a \$15 gift card, can be used to purchase oral health and over-the-counter products, and/or healthy foods like fruits and vegetables.

### **ADJUSTING OUR APPROACH TO INCREASE SUCCESS IN SCHEDULING DENTAL APPOINTMENTS**

DentaQuest is a strong proponent of leveraging best practices we have seen work, time and again across different state Medicaid/CHIP programs. But equally important is the ongoing analysis of our approaches to ensure they are producing the desired results. The following example showcases our ability to recognize when we are falling short in achieving a goal, and subsequently shift our approach to realize different results.

Like the requirement in Iowa, DentaQuest proactively contacts Members due for a preventive dental visit for the Texas Medicaid dental program. Our Customer Service Representatives (CSR) assist Members with real time appointment scheduling. We regularly measure outcomes by comparing the list of Members we called to appointments scheduled, as well as scheduled appointments to claims data. At one point, our team was finding it difficult to convert the phone call into a scheduled appointment. Parents/guardians were citing similar barriers, including school attendance and work conflicts, and indicate they would schedule the appointment themselves.

However, our claims analysis revealed many of the children within these families were still past due for preventive services the following month. In response, we evaluated our call script and realized it may be possible to mitigate the two most common barriers. The first was by providing CSRs with the school schedules for their assigned regions. If a parent/guardian said school attendance was a barrier, the CSR would **check the calendar for school holidays** and suggest scheduling the appointment on that day. Secondly, we addressed the parents' work schedule barrier by proactively identifying a list of **Providers who regularly see patients outside of normal business hours**, such as evenings and weekends. This allowed the CSR to quickly identify an option that would work within the parent/guardian's schedule.

After making these changes to our approach, we experienced a 33% increase in successfully converting calls to appointments and achieved increases in subsequent preventive dental visit encounters.

### ***Oral Health Equity Self-Assessment Tool (G.2.11)***

DentaQuest has an existing NCQA-compliant Oral Health Equity Self-Assessment Tool for screening Members for any oral health needs and social determinants of health (SDOH) that may impact their health outcomes. DentaQuest has reviewed the Agency's specific tool and confirms our tools are similar in terms of the questions being asked. We understand the Agency prefers to use a standardized tool across Program Contractors, and we commit to collaborating with the Agency and the other Program Contractor(s) to gain alignment on a single tool. DentaQuest will follow the Agency's approved file exchange format and requirement specification documents to ensure uniform reporting across contractors.

### ***Completion of Initial Oral Health Risk Screening (G.2.13)***

DentaQuest will report quarterly on the percentage of new Members who have been assigned to us for at least 90 days, with a completed Initial Oral Health Risk Screening, against our target of at least 70%. Detail will be provided to the Agency if desired on our three or more attempts for Members not successfully screened in 90 days. In addition to our minimum of three attempts, we will leverage our relationships with PCPs, MCOs, PIHPs, and PAHPs, to ensure we complete Initial Oral Health Risk Screenings when we have not been successful in reaching the Member.

## **Utilizing Claims Review, Member and Caregiver Requests, and Dentist Referrals to Identify Members for Care Coordination (G.2.20)**

In addition to identifying Members eligible for the Care Coordination program through the initial oral risk screening, DentaQuest uses Claims Review, Member and Caregiver Requests, and Dentist referrals as required by the Agency. To enhance our methods of identification of Members the following options are available:

- I-Smile Coordinator referrals
- Predictive modeling and stratification of needs
- Referrals from community groups that offer specific social support to Member populations
- Providers, community health workers, and the Member's MCO
- External data sources and hot spot mapping
- Internal DentaQuest referrals

### ***Claims Review***

DentaQuest maintains an extensive data repository of claims data and we use this data to assess and characterize and trend the oral health of a population. Certain CDT codes are associated with a high risk of oral disease. DentaQuest has created a mapping of CDT codes to high, medium, and low risk and the Dental Quality Alliance (DQA) uses a set of CDT codes to identify elevated risk in their quality measures. DentaQuest can compare its Iowa Members' claims history against these CDT codes sets to identify Members who are high-risk and then conduct proactive outreach to assess their need for additional care coordination or a higher level of support through care management.

### ***Member and Caregiver Requests***

Members and their caregivers are welcome and able to communicate with DentaQuest to be identified for the Care Coordination program. Through motivational interviewing and similar techniques, our trained staff can determine what resources and ongoing methods would be needed to ensure the Member receives the best care and if they are eligible for care coordination through their Initial Oral Health Risk Screening.

### ***Dentist Referrals***

DentaQuest's PCPs are trained to identify and refer Members who require care coordination support to us. They can reach out to their Provider Relations Representative, submit a request via the Provider Portal, or call us to refer the Member.

### ***Referrals from I-Smile Coordinators***

DentaQuest will provide the I-Smile Coordinators with access to our Provider Portal for streamlined support from our team. Using the Portal, the **Coordinators can submit referrals for Members who require additional follow-up care or who may qualify for additional support through our Case Management program.**

These requests for support be routed directly to our Care Coordination and Case Management team. Through the Provider Portal, the I-Smile Coordinator can look up the Member's record to view their PCP assignment. This will allow the I-Smile Coordinator to quickly identify the Member's PCDH and have all the Provider's contact information on hand.



## CARE COORDINATION STEP 2: STRATIFY MEMBERS BASED ON RISK AND LEVEL OF NEED

After completing the Initial Oral Health Risk Screening, all Members who indicate any of the following on the Oral Health Equity Self-Assessment are flagged for a more in-depth assessment by a member of our Care Coordination and Case Management team to determine if they are a candidate for additional support:

- Tooth pain
- Emergency room usage for dental problems
- Last dental visit was more than a year ago
- Brushing habits
- Special needs
- Pregnancy
- Health problems
- Fear/anxiety of going to the dentist
- Specific barriers/SDOH

Once flagged, a DentaQuest Member Outreach and Care Coordinator conducts an interview with the Member and/or parent/caregiver to fully assess their needs and conduct risk stratification. We use an algorithm to calculate needs minus existing supports to determine a Member's risk level. A Member with **higher needs** but with **high support** could still be considered **low risk**. In contrast, a Member with **high needs** and **low support** could mean **high risk**. The data and information used to determine risk stratification is validated and adjusted by Care Coordination and Case Management staff based on additional qualitative information shared by the Member.

Upon completion of the interview, the Member's stratification falls into one of three risk levels:

- **Level 1 low risk** – includes Members experiencing few barriers to care and requiring minimal assistance to navigate the care delivery system.
- **Level 2 medium risk** – includes Members who have dental, medical, and/or social risk factors impacting their oral health or likely to impact it in the future.
- **Level 3 high risk** – includes Members who have special, intensive, or complex needs and will be enrolled in Case Management.

Members within risk levels 1 and 2 may qualify for care coordination activities such as educational support, community resources, scheduling assistance, appointment reminders, certain targeted outreach programs, and transportation assistance. Level 3 will be enrolled in the Case Management program and assigned to a Case Manager.

## CARE COORDINATION STEP 3: PROVIDE RIGHT LEVEL OF SUPPORT BASED ON MEMBER RISK LEVEL

### DentaQuest's Care Coordination and Case Management Program (G.2.21)

DentaQuest's **Care Coordination and Case Management Program** facilitates early identification of Members with special dental health care needs, including the need for specialty providers, and Members who may need help accessing services and coordinating care between the medical and dental delivery systems. We identify, assess, and implement targeted interventions for Members based on their level of need. For Members with complex dental health issues,

#### DENTAQUEST'S PROGRAM MEETS ALL AGENCY PROGRAM REQUIREMENTS:

- ✓ Community resource referral to address social determinants of health identified via the Oral Health Equity Self-Assessment tool (i)
- ✓ Disease management, including coordination of dental care during nursing and inpatient facility placement (ii)
- ✓ Programs to target Members underusing, overusing and/or abusing services (iii)
- ✓ Special accommodations (sedation, dental anxiety, transportation) (iv)
- ✓ Transition planning (v)

a combination of clinical and non-clinical staff trained in techniques such as motivational interviewing engage Members to improve access, self-management, and oral health outcomes through comprehensive assessment and Care Planning.

Our Care Coordination and Case Management Program was designed around what DentaQuest calls its CARE philosophy (Figure 4-G) – to connect, assess, respect, and educate our Members.



Figure 4-G: DentaQuest’s CARE Philosophy

CONNECT	ASSESS	RESPECT	EDUCATE
Fostering trust and a strong partnership with Members through <b>compassionate and effective communication.</b>	Assessing the Member’s objectives and collaborating with them to develop a <b>personalized Care Plan that is achievable and tailored to their individual needs</b> and desires.	<b>Prioritizing the Member’s needs and concerns</b> , approaching each case with personalized solutions, actively listening to, and understanding their unique situation, communicating with kindness and empathy, and involving them in the decision-making process.	Empowering Members with the knowledge and skills to maintain optimal oral and overall health through <b>education on proper care techniques, clear communication, and guidance</b> on their ongoing oral health journey.

Our program for Care Coordination and Case Management enables collaboration across the entire plan, as well as with external stakeholders involved in the Member’s care, to ensure the Member receives the best possible outcomes. Members of the care team may include but are not limited to (in addition to dental Providers) MCOs, medical practitioners, and community partners. We assess and address other areas of need for Members with special healthcare needs to identify any ongoing special conditions requiring a course of treatment or regular care monitoring as this may impact their oral health.

Figure 5-G below provides an overview of each risk level, including general attributes of Members who fall into that risk level, potential interventions, and frequency of contact.

Figure 5-G: We Provide the Right Level of Support Based on Member Risk Level

Level 1 – Low Risk   Qualifies for Care Coordination Programs	
	<p><b>General Attributes of Members considered Low Risk</b></p> <p>Low Risk Members are experiencing few barriers to care and require minimal assistance to navigate the care delivery system. Their dental health is important and their dental IQ is high. Dental care is a priority for these Members. They are generally in good oral health with no major changes anticipated soon.</p>
<p><b>Potential Care Coordination Interventions</b></p> <p>All Members will have access to our Level 1 interventions, which focus on prevention, education, and achieving optimal oral health behaviors. Interventions include:</p> <ul style="list-style-type: none"> <li>• Referral to assigned PCDH</li> <li>• Assistance with finding a specialty care Provider</li> <li>• Community resource referrals to address social determinants of health</li> </ul>	

- Special accommodations (sedation, dental anxiety, transportation)
- Transition planning
- Appointment scheduling assistance
- Education about dental benefits
- Reminder regarding overdue preventive services

**Contact Frequency**

Members considered low risk will be contacted 1-2 times per year at a minimum. The method of contact will vary depending on the intent of message and education or action necessary to change behavior or attain optimal health. Members may contact customer service at any time for assistance.

**Level 2 – Medium Risk | Qualifies for Care Coordination Programs**

**General Attributes of Members considered Medium Risk**



Level 2 Members have dental, medical, and/or social risk factors impacting their oral health or likely to impact it in the future. These Members may perceive dental health as important but not a priority and thus may be non-compliant and in need of additional intervention to encourage and educate on the importance of oral health and periodicity of dental care. This category may include Members requiring disease management, including coordination of dental care during nursing and inpatient facility placement.

This category includes **pregnant Members**, who require assessment for periodontal disease to reduce risk of having a low birth weight baby and Members with diabetes (who require assessment and treatment of periodontal disease to reduce the risk and severity of diabetes); **Members using the ED for dental care or missing scheduled dental visits**, Members with other risk factors such as **obesity, tobacco use and history of cancer**; who would benefit from behavior modification and education around seeking care early to reduce higher cost treatment needs resulting from delayed preventive or restorative care; **Members experiencing anxiety or fear of dental visits**; many individuals with **Special Healthcare Needs (SHCN)**; and **Members exhibiting unhealthy behaviors or significant barriers to care** (e.g., housing instability, food insecurity, language barriers).

Members in this risk category will benefit from additional services to assist with finding Providers experienced in caring for Members with SHCN, behavioral modification service and sedation services. Most Members in this category will receive targeted programmatic outreach. Members who are not enrolled in a program (Members who have not had a preventive visit) will benefit from education, assistance with appointment scheduling.

**Potential Care Coordination Interventions**

Interventions at this level include and are not limited to:

- All Level 1 interventions **plus**
- Programs to target Members underusing, overusing and/or abusing services. Examples of these programs include Smiling Stork (pregnant people), Chronic Conditions Management, Healthy Beginnings (establish good oral health habits for ages 0-3), Emergency Dental Redirect (hospital ED usage for dental)

**Contact Frequency**

Contact frequency to Members participating in programmatic outreach will vary according to program guidelines. This information is contained in our Oral Health Literacy and Outreach Plan. Frequency of contact for Members not enrolled in a specific outreach program will vary based on the needs identified data sources; change in social determinants of health; requested by Provider; referrals (MCO, community agency, customer service, DentaQuest staff Member) and at minimum, once per year.

Level 3 – High Risk | Qualifies for Care Coordination *and Care Coordination Programs*

**General Attributes of Members considered High Risk**



These Members have intensive or complex needs, and include Members who have one or more of the following attributes:

- Certain SHCN
- Severe behavioral health disorders
- Physical health conditions that require extra accommodations
- Poorly managed chronic medical conditions, such as diabetes
- Excessive early childhood caries
- Complex medical dental conditions (e.g., cleft palate)

Members are stratified as high risk if they are experiencing homelessness or are in the foster care system. This category may include Members requiring disease management, including coordination of dental care during nursing and inpatient facility placement.

**Potential Care Coordination and Case Management Interventions**

Members in this risk category will be enrolled in our Case Management program. Interventions at this level include and are not limited to:

- All Level 1 and Level 2 interventions
- *plus*
- Comprehensive assessment: oral and social determinants of health
- Development of Individualized Care Plan
- Monitoring of progress and personalized follow up to attain established goals
- Employing strategies to minimize barriers to care through connection to community services, referrals and/or Providers to assist with health needs
- Advocacy to needed services such as Providers and community linkages
- Identification of services needed in addition to covered benefits such as quarterly dental exams for Members who have difficulty with home care allowing for tailoring of periodicity of treatment to meet needs of Members
- Assistance with improving health literacy and developing self-management skills
- Assistance and coaching with incorporating healthy behaviors into lifestyle; lifestyle management support

**Contact Frequency**

The Member’s Person-Centered Care Plan will delineate the frequency of outreach and will vary depending on each Member’s needs. However, the assigned Case Manager will be required to check in at least monthly once the Care Plan has been established.

**Case Management will Support our Members with the Highest Levels of Risk**

Members who are stratified as high risk will undergo a **Comprehensive Oral Health Risk Assessment** designed to identify social determinants of health assessment covering areas pertaining to health, culture, race and ethnicity, health literacy, support systems, environment, physical limitations, and transportation needs. Other vision, hearing, or cognitive functions that may impact participation in their care are assessed. This Comprehensive Oral Health Risk Assessment gives the Case Manager a baseline of data through which they can develop the Care Plan and goals.

The **Care Plan** is a **person-centered** and formal document mapping out interventions, actions, treatment preferences and timeframes to achieve mutually identified goals. The Case Manager will facilitate and empower the Member to determine goals, actions, and interventions. Goals will be measurable, and outcome-based to progress to a state of improved overall health. All outcome-based and measurable goals will be mutually established with the Member/guardian,

and Case Manager during the Care Planning process and include clear definition with a concise measurable outcome. Figure 6-G provides an overview of critical elements contained in the Care Plan, which aligns to the requirements outlined in SOW Section G.2.21.

Figure 6-G: Critical Elements contained in the Person-Centered Care Plan

Care Plan Element	Details
Interventions, actions, treatment preferences, and timeframes to achieve Member goals	<ul style="list-style-type: none"> <li>Members have short and long-term person-centered goals developed based on what they want for their own health.</li> <li>Goals are specific, measurable, action-based, realistic, and time-bounded.</li> <li>Each goal is associated with specific interventions or actions designed to help the Member achieve their goal(s).</li> <li>Members and Caregivers play an active role in selecting treatments and treatment Providers, and establishing Care Plan priorities.</li> </ul> <p><i>Goal Examples: "I will set an appointment with my dentist for the next month and arrive on time." "I will brush my teeth twice a day and floss once a day (everyday) to improve my dental health."</i></p>
Referrals to community resources to address social determinants of health	<ul style="list-style-type: none"> <li>As discussed above, DentaQuest screens for SDOH and makes referrals to community resources that provide solutions to those needs.</li> <li>Case Managers monitor whether the referral to community resources was acted on and whether the need was effectively addressed.</li> </ul> <p><i>Example: The Member's screening reveals food and housing insecurity. The case manager assesses other areas of SDOH while completing the questionnaire, then contacts the local housing authority and food bank connects the Member as well, and potentially identifies other community resources to assist with food and housing, two aspects of SDOH.</i></p>
Disease management interventions, including coordination of dental care during nursing and inpatient facility placement	<ul style="list-style-type: none"> <li>The Care Plan incorporates disease management considerations such as the impact of chronic conditions on a Member's oral health and the need to coordinate services with other contractors (e.g., MCO or FFS Medicaid).</li> <li>The Care Plan addresses case manager collaboration with nursing facilities and inpatient facilities for needed dental care while the Member is in one of these placements.</li> </ul>
Strategies to engage and promote services to Members underusing services	<ul style="list-style-type: none"> <li>Education is a primary intervention to promote services as Members often lack an understanding of the importance of regular preventive oral health services.</li> <li>Other strategies include identifying and providing solutions for barriers to care such as transportation, childcare, and extended hours of service.</li> <li>Educational Tools: Resources/reading materials in Welcome packet, information on DentaQuest website, education provided by Care Coordination/Case Management staff</li> </ul>
Strategies to educate and mitigate Members overusing and/or abusing services	<ul style="list-style-type: none"> <li>These strategies include case management coaching to redirect Members who are overusing services and providing alternatives to overuse or inappropriate use.</li> <li>The PCP may play an important role in correcting overuse of services as they provide guidance and recommendations to the Member for appropriate care.</li> </ul>
Implementation of special accommodations for Member needs including	<ul style="list-style-type: none"> <li>Case Managers will work with the PCP to address special accommodation needs specific to the needs of the individual Member and their family.</li> </ul>



sedation, dental anxiety, transportation	<ul style="list-style-type: none"> <li>• Teledentistry is a unique option for those Members with dental anxiety as it gives them an opportunity to become more comfortable prior to attending their in-person appointment.</li> </ul>
Transition planning for Members admitted to facilities or to transition Members from or to another DBA.	<ul style="list-style-type: none"> <li>• Case managers work with discharge planners of facilities to ensure the Member's oral health care needs are addressed and needed services are in place upon discharge including prescriptions and follow-up appointments.</li> <li>• When Members with special health care needs transition into or out of DentaQuest, the Case manager will endeavor to exchange information and perform a warm handoff to the receiving or releasing DBA to ensure continuity of care.</li> </ul>

As important partners in the Member's oral health care, Case Managers are in frequent contact with Members and/or their caregivers. During initial contacts, the Case Manager works to resolve identified barriers to care that interfere with compliance. For example, the Case Manager will connect the Member or the caregiver to interpreter services if needed to better access care.

In developing the Care Plan, the Case Managers may find Members have behaviors putting them at risk of developing dental problems. Once the Member commits to making a change, the Case Manager will help them develop a plan for change and facilitate engagement and treatment adherence by applying self-management tools. Associated support and strategies include goal setting and collaborative decision-making; education specific to the Member's condition; consideration of literacy and cultural attributes; training on home care skills and techniques; and follow-up. The Case Manager will also use motivational interviewing techniques, self-management strategies, and teach-back methods to engage the caregiver and establish a trusting relationship. The Member will remain in Case Management until their goals are achieved.

### DENTAQUEST'S CASE MANAGEMENT PROGRAM SUPPORTS MEMBERS WITH SPECIAL NEEDS

Mateo is an 18-year-old with cerebral palsy and an intellectual disability whose is cared for by his mother, Lourdes, who speaks only Spanish. He requires a wheelchair for mobility and needs physical assistance brushing his teeth. Lourdes assumed Mateo could only be seen for dental care under anesthesia in a hospital setting, and he had not seen a dentist in four years. His diet included sugary drinks and snacks, and he had signs of possible dental decay.

Using our Initial Oral Health Risk Assessment, Mateo was identified as at-risk by DentaQuest's Case Management staff. As a result, he was placed on a targeted outreach list and Aileen, a Case Manager, called him to assist with dental care. Aileen is fluent in Spanish and easily communicated with Lourdes, who was pleasantly surprised Mateo's dental plan had proactively contacted them. Aileen conducted a comprehensive assessment, developed an individualized, Care Plan, and found a general dentist nearby who could potentially see Mateo. Aileen then arranged for a teledentistry visit to:

- Allow the Provider to conduct a limited oral evaluation and determine if the dental office was equipped to receive Mateo
- Discuss whether anesthesia was necessary and consider the possibility of using nitrous to avoid anesthesia risk.

The teledental visit paved the way to Mateo having a comprehensive dental appointment including check-up, cleaning, and restorations - in a single visit, and using nitrous in the clinic rather than anesthesia in a hospital.

Aileen worked with Lourdes to improve Mateo's oral health routine at home and reduce his sugary diet. She educated Lourdes on oral health tips based on Mateo's physical disability, including specific brushing techniques, specialty brushes, behavioral techniques, etc. Aileen was able to coordinate Personal Care services at home for Mateo through his MCO, which allowed Lourdes to have more time to tend to her own needs.

Please note: Names have been changed to protect Member privacy.

Each Member's integrated Care Plan reflects how their goals will be achieved, removing identified barriers to care including health literacy and transportation barriers. The Care Plan interventions will include strategies and interventions to ensure timely access to needed specialty Providers and assist in making appointments. Through a comprehensive, integrated Care Plan which incorporates collaboration with Providers, MCOs, and other involved parties, the Case Manager prevents duplication and/or fragmentation of services, which negatively impacts the Member's experience and the cost of care.

### ***Ongoing Care Plan Monitoring and Reassessing***

DentaQuest's Case Managers are responsible for monitoring and reassessing Members enrolled in Case Management. This is an active and ongoing process through which the Case Managers review and evaluate aspects of the planning phases to determine where gaps within service and/or the program exist, along with evaluating the overall progress of case management and care coordination effectiveness.

The Case Manager and Member evaluate the Care Plan and make updates at least every six months or when there are changes in the Member's condition or health status. During follow-up meetings with the Member, the Case Manager measures progress toward goals and evaluates the effectiveness of the interventions. These follow-up conversations provide support to the Members and caregivers and determine if the Member has been provided with the appropriate level of support.

If there is a lack of progress toward goals and/or outcomes and strategies are not effective, the individualized Care Plan is modified. Modifications can include adding, changing, or removing interventions, revising goals, or adding additional strategies and supports to assist the Member in progressing toward meeting their goals.

Progress, contact, activities, and revisions will be well documented and communicated to the Member and their caregiver/family in addition to other relevant participants (i.e., MCO, Providers) if applicable. Follow-up and monitoring intervals are mutually agreed upon during this process.

Once goals have been met, and the risk assessment score indicates there is no longer a need for complex case management, the Member will be moved into a lower risk category.

### ***Involved Parties (G.2.23)***

Across all risk levels, DentaQuest's team will engage with the following parties to support the unique needs of our Members:

- PCPs and specialty dental care Providers
- Other Program Contractors
- Community Stakeholders
- I-Smile Coordinators
- IA Health Link MCOs and their Case Managers
- Caregiver/parents
- Medical PCPs

### **Referrals Following Initial Oral Health Risk Screening to Address SDOH (G.2.17) and Coordinating with Community Supports (G.2.08)**

DentaQuest understands social factors such as housing instability, food insecurity, lack of transportation, lack of utilities, and interpersonal safety play a critical role in a Member's health and ability to access care. As such, and as noted in the Figures 5-G through 7-G above, **all risk**

## levels qualify for referral support to the PCDH, community supports, and appointment scheduling assistance.

DentaQuest’s Outreach and Care Coordinators and Case Managers will have access to a repository of local, vetted community-based organizations that can provide additional wrap-around support to Members and their families for a variety of clinical (e.g., dental care not covered by Medicaid) and health-related social needs (e.g., nutrition assistance, rental assistance, housing supports). Through these clinical-community partnerships, DentaQuest becomes a part of each organization’s service network, strengthening the system of support for Members and their families. DentaQuest serves as a point of contact and entry point for Members experiencing dental-related issues and participates in service partners’ events and trainings. We have prioritized identifying community organizations serving Members in Iowa today including:

- Lifelong Smiles Coalition – Iowa
- Latino Native American Cultural Center
- Iowa Food Bank Association: Feeding Iowa
- Central Iowa Shelter and Services
- Iowa Family Services
- Free Clinics of Iowa
- Mid Iowa Health Foundation
- 211 Iowa (United Way of Central Iowa)
- Iowa Area Agencies on Aging
- Siouxland District Health Department
- Intercultural Center of Iowa
- CultureALL
- Multicultural Family Center
- Oral Health Iowa
- Iowa Department of Public Health
- Iowa Health Care Association
- Iowa Primary Care Association
- Minority and Multicultural Health Advisory Council
- American Home Finding Association
- Head Start
- North Iowa Community Action Organization
- Elkader Visiting Nurse Association
- Crawford County Home Health Hospice & Public Health
- Webster County Health Department
- FAMILY, Inc.
- Lee County Health Department
- Mid-Iowa Community Action, Inc.
- Johnson County Public Health
- Black Hawk County Health Department
- EveryStep
- Scott County Health Department
- Early Childhood Iowa
- Healthiest State Initiative
- Iowa CareGivers Association
- Iowa Dental Hygienists’ Association
- Iowa Dental Association
- Iowa Department of Education
- Iowans for Oral Health



### COMMUNITY COLLABORATION

We will identify designated **Cultural Ambassadors** at each organization who will serve as an extension of DentaQuest and the Agency’s programs. Each Cultural Ambassador will receive training on the Medicaid and CHIP benefits, how to refer Members in need of dental care to DentaQuest, and the support services we offer such as care coordination and case management. Cultural Ambassadors will be asked to refer Members who may need additional support because of SDOHs or other barriers to DentaQuest for further assessment, including potential enrollment in our more intensive Case Management Program.

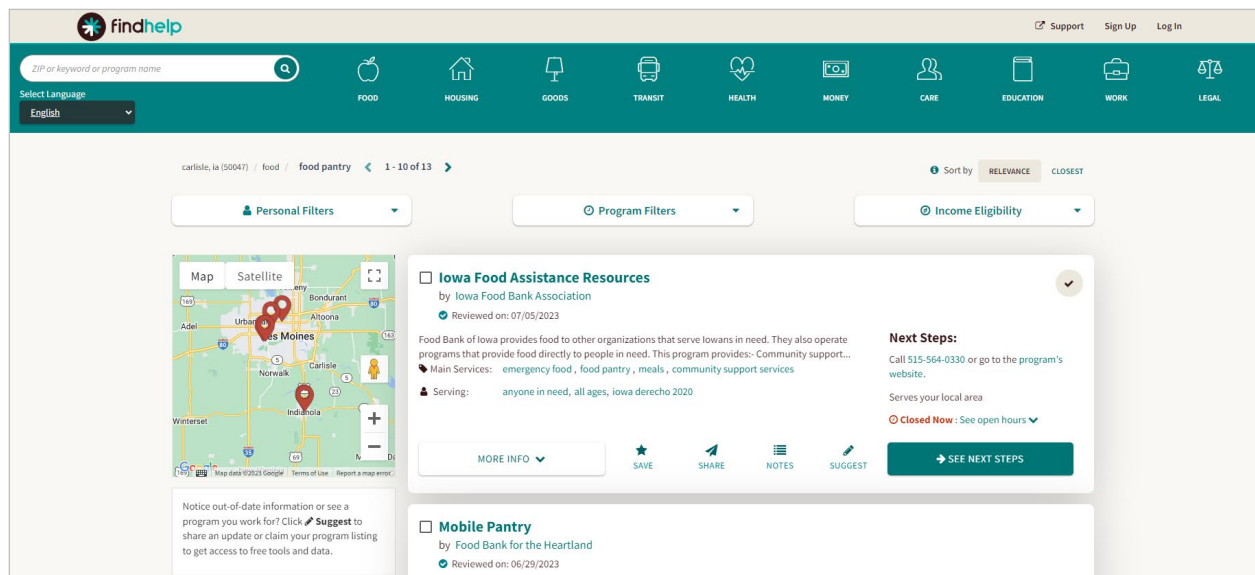
DentaQuest leverages the [findhelp.org platform](https://findhelp.org), a free, web-based national network of verified social care Providers with at least 1,200 resources in each county, to connect Members to social services and supports in their own community. Our Care Coordination and Case Management team will have access to this platform to proactively scan for social care resources across Iowa and engage with social care providers to ensure successful, timely referral of Members with unmet needs.



Our Care Coordination and Case Management team will have access to this platform to proactively scan for social care resources across Iowa and engage with social care providers to ensure successful, timely referral of Members with unmet needs.

Figure 7-G provides an example from findhelp.org of where to locate a food pantry in the Des Moines area.

Figure 7-G: Example of the findhelp.org tool



Our goal is always to reduce Member and Caregiver anxiety related to receiving additional needed care and support through our high-touch, person-centered care coordination, and case management services. Members and Caregivers are a part of the referral process, encouraging them to take an active role in Provider selection considering their preferences and needs.

DentaQuest’s Care Coordination and Case Management team will closely **track and document the support services we provide to our Iowa Members in our Windward system**. As part of our program, Case Managers follow up with Members after referrals to community support services. These interactions are then documented and help the Case Manager and Member assess if we need to update interventions in the Care Plan to ensure the Member can achieve their goals.

### COORDINATING WITH COMMUNITY SUPPORTS FOR OUR MEMBERS

*“One day I returned a Member’s call who had left a message for our Case Management team. Deshawn needed assistance scheduling a dental appointment due to end-stage renal disease and other chronic medical conditions. I located a dental office that was conveniently located for Deshawn and called the staff to expedite his appointment due to his medical condition. I helped Deshawn make an appointment and he was successfully treated for his dental pain.*

*In a later conversation, while discussing Deshawn’s year-long Care Plan, he revealed he was homeless, receiving \$760 monthly as SSI income, and on the Plan 8 housing waiting list for the past year. Deshawn was on another waiting list: an organ transplant list. Understanding how crucial stable housing was for him, I immediately called the Salvation Army, Hillsborough Homeless Coalition, Good Samaritan, and St. Vincent DePaul, but to no avail. I searched for rooms and studios in his price range and called several landlords to consider him as a tenant. Later that week Deshawn called to thank me - one of my leads had resulted in him now having a room of his own for the first time in more than year!”*

- Aileen, DentaQuest Case Manager

Please note: Name has been changed to protect Member privacy.

**Coordinating with Other Contractors and FFS (G.2.06-G.2.07)**

Our Care Coordination and Case Management team will closely monitor, track, and document the services and supports provided to our Members, and conducts warm transfers to such groups as appropriate. Follow-up is conducted with the Member after referrals are made to ensure we close the loop on the referral.

***Coordinating with Other Contractors***

DentaQuest's process for coordinating care with other MCOs, prepaid inpatient health plans, (PIHP), and PAHP is accomplished through population health and case management approaches. Our population health approach partners with MCOs, PIHPs, and PAHPs to educate the MCOs, Providers, and Members about optimal dental care. We will partner with other contractors to make website links and information about recommended dental care available on their websites and in their Member education materials, playing our part in educating Members about dental services and best practices. We will coordinate Member outreach for special populations such as pregnant Member outreach, providing MCOs with dental pregnancy kits, and participating in baby showers with MCOs.

For example, in Virginia, our outreach team works closely with the **Medicaid MCOs to participate in their baby showers for expectant Members**. We provide each of the MCOs with 300 oral health kits, as well as attend the showers to provide oral health education to attendees. It gives us the opportunity to help these Members understand the availability of dental benefits during pregnancy and locate a Provider in their area. Strategies like this can be leveraged and tailored to the needs and populations of Iowa.

We engage primary care physicians contracted with MCOs to promote dental services for pregnant people through medical-dental integration programs that focus on the link between the mouth and the body in areas where oral health is associated with systemic conditions, including adverse pregnancy outcomes. As pregnant patients visit their primary care office or OB/GYN for medical treatment, there is an opportunity for these professionals to address oral health by assessing oral health risks, referring to a dentist, and reinforcing at-home oral health care messaging.

When Members are identified as needing care coordination or case management, our processes include coordinating care with medical MCOs to provide integrated care. For example, we work with MCOs to share information with their medical Providers on the connection between oral health and certain chronic conditions, and to identify Members with chronic conditions. MCOs can refer Members to our case management program when they identify a Member with special needs and then our case managers work collaboratively with the MCO Case Manager for an integrated Care Plan. We set expectations with PCPs for the coordination of integrated care and share rosters of Members' chronic conditions who have potential gaps in care. The PCP can then reinforce messaging about clinical best practices for the management of chronic conditions.

***Coordination with FFS Medicaid***

We work with FFS Case Managers in the same manner we work with other MCOs, PIHPs and PAHPs. Our goal is to provide streamlined, non-duplicative care to Members. Our assessments may identify potential medical needs which may require additional services provided under FFS Medicaid.



**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.

## PROCESSES TO IDENTIFY MEMBERS WHO ARE NOT ACCESSING THEIR BENEFITS

DentaQuest understands proactive, regular dental care is critical to improving oral health outcomes and targeted outreach is successful in increasing compliance. We leverage several methods to identify Members who are not accessing their benefits, including:

- **Mining our Claims Data.** To ensure Members have access to care and are receiving necessary services to improve oral health and actively engage in preventive measures, we monitor, track, and trend utilization data. Each month, we generate reports to identify Members who are behind on the periodicity schedule and leverage uplift targeting to determine the greatest opportunity to “move the needle.” We use this information to contact Members by phone, text, and mail, to remind them of the importance of receiving regular preventive care and help in identifying their PCDH or with scheduling an appointment.

In Virginia, we identified particularly low utilization among Members ages 1-18 in certain areas of the state. We initiated an outreach campaign, reaching more than 100,000 Members through calls and mailings. Among these targeted Members, nearly 45% had a dental visit after our intervention.

- **Referrals from I-Smile Coordinators, Community Health Workers, Promotoras, community organizations, MCOs, and other external stakeholders.** DentaQuest understands many Members benefit from services provided through various social supports, community-based organizations, and government organizations. Such groups often see these Members face to face and interact with them more frequently compared to DentaQuest. Therefore, we will leverage these relationships to help us communicate to our Members on the availability of benefits, how to access care, and the importance of regular preventive dental care, and to receive referrals from these groups when Members are not accessing care.

An example from our experience as a DBA for the Texas Medicaid Program illustrates how we work to find difficult to reach Members. Under the Texas Medicaid Program, children from migrant farmworker families are eligible to receive accelerated Medicaid dental services before their family leaves the area. DentaQuest goes to great lengths to ensure these families are **proactively identified**, as we do not receive the information on our eligibility file. In addition to conducting targeted outreach to possible migrant farmworker families through phone and mail, we regularly work with more than **300 community-based organizations** to identify Members who may be a part of migrant farmworker families to ensure they access their benefits.

- **Referrals from Medical PCPs.** DentaQuest regularly develops relationships with medical PCPs as another touchpoint for Member engagement. We know young children are much more likely to have several medical screenings in their first years of life as compared to dental screenings. For this reason, we leverage PCP relationships to refer Members for dental care. As a best practice, we supply Medicaid PCPs with mock prescription pads to use as an easy referral mechanism for their Members. These pads include a message encouraging the Member to call DentaQuest for help finding a dental Provider and reinforces the importance of regular preventive care. These referrals, from a Member’s

trusted PCP, help DentaQuest connect with Members who may not otherwise respond to our direct contact attempts.

## Strategies to Ensure Members remain Engaged in Care Coordination and Case Management

In addition to identifying Members who are not accessing their benefits through the methods outlined above, we use the following techniques and training to promote high levels of engagement among Members enrolled in our Care Coordination and Case Management program.

### **Motivational Interviewing**

DentaQuest staff (both clinical and non-clinical staff) trained in motivational interviewing techniques engage Members with the goal of promoting self-management, improving oral health outcomes, and containing costs. This approach is particularly valuable in promoting treatment adherence and behavior change. We train our Case Managers in motivational interviewing techniques, including expressing empathy, focusing on strengths and previous successes to show change is possible, understanding Members' and their caregivers' motivations and readiness to change, and guiding them to making a commitment to change. When working with younger and adolescent populations, we train them on engaging both the Member and their parents/guardians to help both parties understand the child's motivation and expressed goals of the program.

Case Managers may use techniques such as the **“OARS” method** to establish trust and initiate a conversation about change. “OARS” stands for:

- Open-ended questions – ask questions requiring more detailed, thoughtful answers
- Affirmations – recognize the individual's positive attributes and strengths
- Reflective listening – express empathy and show understanding of the family's perspective
- Summaries – communicate key elements of the discussion

### **Self-Management Support**

To help Members and their caregivers achieve their Care Plan goals, our Case Managers use self-management tools and supports, which often includes several of the following:

- Engaging the Member and their family or social support in goal setting
- Engaging in ongoing collaborative decision making
- Providing education and skills training specific to the Member's condition and in a culturally appropriate way
- Offering home care skills and techniques
- Making referrals to community-based resources as appropriate
- Where appropriate and feasible, involving the Member's whole care team in the planning and goal setting process
- Conducting regularly scheduled outreach to the Member via their preferred communication method to check in and provide ongoing affirmations and support

**CASE MANAGEMENT SUCCESS: SELF-MANAGEMENT IN ACTION**

James, a 39-year-old Member, called DentaQuest for assistance in finding a dentist. During the call, he reported a history of unstable housing, mental illness, and substance abuse. The only past services James had been able to receive were extractions for symptomatic teeth. James did not have his own transportation and was reluctant to use the MCO transportation benefit because he was not sure how to access the services.

A DentaQuest Case Manager helped James identify a Provider, schedule a new patient examination appointment, and arrange transportation for James through his MCO.

With ongoing coaching from his DentaQuest Case Manager, James has since scheduled his follow-up appointments and made transportation reservations on his own. James will need two to three more visits for restorative care and dentures but is now fully engaged in managing his own oral health.

Please note: Name has been changed to protect Member privacy.

**Trauma-Informed Care Approach**



**IMPROVING ORAL HEALTH EQUITY**

DentaQuest incorporates a Trauma Informed Care approach when we engage with Members. The hallmark of both care coordination and case management is engaging Members in collaborative conversations to assess their needs and understand their potential anxieties or concerns to provide guidance and facilitate access to the care and services they need.

Our Member Outreach and Care Coordinators and Case Managers engage Members with the understanding they may be experiencing trauma or have long term impacts from prior unaddressed trauma. Our approach seeks to uncover and mitigate trauma related barriers such as co-occurring medical conditions, and potential mistrust and fear of dentists and dental treatments. Our outreach team will be prepared to support Members, including providing referral sources and education and guidance to empower Members to advocate for themselves.

DentaQuest’s approach to Care Coordination and Case Management incorporates the Center for Disease Control and Prevention’s **6 Guiding Principles to a Trauma Informed Approach**: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment (voice and choice), and cultural, historical, and gender issues.

Our Case Managers establish trust and subsequently develop a full understanding of each Member’s condition and potential barriers to care, including psychological and emotional factors resulting from past or current trauma. As part of our person-centered approach, we establish a collaborative relationship with the Member and will refer to counseling or support groups as needed, remaining engaged to track the Member’s experience with those services. We empower individuals by providing on-going education and support to ensure the promotion of healthy behaviors and improvement in overall well-being.

**G.2 Care Coordination**

**d) Describe how you will track and monitor your care coordination program.**

**TRACKING AND MONITORING IN CARE COORDINATION (G.2.25)**

**Tracking**

We use our Windward system for care coordination and case management to electronically track all communications and activities with Members. We integrate information about Members

to facilitate positive Member outcomes through Care Coordination. All electronic information related to the Member record is saved in our system in accordance with our records retention policy, which is to preserve and maintain all records for a minimum of 10 years from the expiration of the contract. If records are related to a case in litigation, then these records are retained during litigation and for a period of seven years after the disposition of litigation. Windward allows our team to:

- Track the results of the Member's Initial Oral Health Risk Screening
- Track Member outcomes
- Search for Member records by Member ID, name, or DOB
- Create and update a Case Management case
- Track all follow-up actions
- Document notes in a free-form text box
- Review all note history
- Attach files and documents to the Member record
- View and review dental claims and authorizations
- Make referrals to our Grievances and Appeals department
- Share Care Coordination information with the Member, their authorized representatives, and all relevant treatment Providers

Leveraging Windward, our Care Coordination and Case Management team focuses on early identification of Members who may need help accessing services, breaking down barriers to care, and bridging the historical divide between dental and medical delivery systems. The team consists of clinical and non-clinical staff to engage Members with the goal of improving oral health outcomes. Using Windward, our Care Coordination and Case Management team will:

- Ensure timely access to care, including appointment assistance and locating specialty Providers, Providers with sedation or anesthesia capabilities, and those experienced in caring for Members with complex needs.
- Coordinate with partners involved in Members' care, including medical and dental Providers, MCOs, and community-based organizations to promote oral and systemic health, create new lines of communication, and address Member health needs.
- Use a continuous quality improvement method to evaluate the effectiveness of our Case Management and Care Coordination program and initiate improvements as needed to achieve desired outcomes.

Our Case Managers use Windward to document and track all Members who are enrolled in Case Management. Upon searching and validating the Member's information, the Case Manager documents:

- Source – who is requesting assistance (i.e., Member, parent/guardian, Case Manager)
- Date the request was initiated and date the case was assigned to Case Manager
- Risk stratification level
  - Level 0 - not able to speak with the Member
  - Level 1 - no/few barriers to care
  - Level 2 - may be non-compliant with routine dental care
  - Level 3 – the presence of complex medical or behavioral care needs and/or severe barriers to care

We use this system for all notes and follow-ups, as well as any relevant attachments such as Oral Health Needs Assessment Screening, Comprehensive Oral Health Risk Assessment, PHI forms, emails, Care Plans, and unable-to-contact letters.

## Reporting

DentaQuest will evaluate the requirements of the Iowa Reporting Manual, compare them to existing reports, make required changes, and submit regular reports regarding the Initial Oral Health Risk Screening, Care Coordination selection criteria, strategies, and Outcomes of Care Coordination programs as required. We can use these data as part of developed interventions specific to Iowa populations to improve care, determine barriers, successes, and opportunities for improvement.

## MONITORING CARE COORDINATION PROGRAM EFFECTIVENESS (G.2.27)

We will continuously measure and evaluate the effectiveness of our Iowa Care Coordination and Case Management program and use those learnings to assess and adjust our approach. Case Managers remediate all case-specific findings identified, and through our quality monitoring process, we track and trend findings to identify systemic issues of poor performance, non-compliance, or opportunities to improve. We use the Plan/Do/ Check/Act (PDCA) process in our quality management program to systematically improve our Care Coordination and Case Management program by reporting measurable impact to our Quality Improvement Committee (QIC). One of our core techniques is to monitor the Members whom we contact, the mode of the communication, and the resultant utilization of any dental visit or preventive care.

Complementing this quantitative evaluation, we will request qualitative feedback through listening sessions and patient satisfaction surveys and adjust our approach accordingly.

DentaQuest uses the following mechanisms to evaluate the effectiveness of care coordination and case management programs:

- Monitor utilization to assess whether Members are getting recommended services
- Monitor grievances and appeals to assess whether Members have expressed dissatisfaction via grievance and appeals indicating a need for adjustments to our care coordination.
- Monitor Member satisfaction survey results to assess whether Members are satisfied with their dental plan and have received the information and help they need
- Monitor oral health behaviors for Members in our Case Management Program.

In compliance with SOW Section G.2.27, the Manager of Case Management will review and audit a sample Case Manager chart as needed based on program metrics and status reports and at a minimum audit a sample of cases quarterly. The Audit team will evaluate the quality and completeness of documentation, appropriateness of interventions, Member progress toward meeting their goals, and Member success.

In addition, our Case Management program is evaluated annually to determine plan achievements, outcomes, barriers, limitations, and recommendations for improvement. We include data analysis on metrics and other relevant areas in this annual evaluation to identify areas requiring improvement. Lastly, we evaluate the process, accountability, and program structure for effectiveness and efficiency. Any changes or modifications resulting from the annual review will be reflected and incorporated in the Case Management Program Description. Case Management activities, metrics, and process improvements will be reported through the Quality Oversight Committee. This committee provides a forum for key leaders to provide feedback and insight and lend diversity of thought and oversight to ensure the successful management of the Case Management Program.



DentaQuest’s Case Management and Care Coordination program has demonstrable results. We regularly perform risk assessments on Members through surveys and identify “Level 3” candidates who are most at risk because they engage in activities that have led to a disproportionate amount of tooth decay, such as not brushing their teeth or consuming a high level of sweets and soda. We work with these individuals to develop a course of care to improve their health practices and literacy over the course of a year. Annually, we reassess Member’s progress towards meeting their goals and the need for continued case management. DentaQuest’s Case Management program results have been successful in helping Members and caregivers improve their ability to manage their own care.

 **HIGH SUCCESS RATE**

Among the Members enrolled in DentaQuest’s Case Management program, approximately 70% have “graduated,” meaning they have achieved a high level of health and self-care and they no longer need the program’s support services.

**INFORMATION SHARING (G.2.29)**

DentaQuest will share the results of Member identification and assessment needs with the Agency, other MCOs, PIHPs, and PAHPs serving the Member to improve collaboration and prevent duplication of services and fragmentation of the Member experience.

As a holistic oral health organization, we are committed to enhancing the integration of medicine with dentistry and transparency between entities serving the Member. We view the exchange of Member health information as a vital component to helping bridge gaps in information availability.



**KEY PARTNERSHIPS**

Through our Case Management Program, we establish bi-directional relationships with MCOs, dental and medical Providers, and state Agencies to support our Members. We work closely with a myriad of community and social support Providers such as homeless shelters, housing supports, food banks, after-school programs, WICs, and Head Starts programs, to name a few. DentaQuest has data-sharing agreements with MCOs where we receive diabetic Member lists and ED data which we use to educate Members and facilitate dental visits when appropriate.

To optimize coordination with the IDWP and Hawki Dental program Contractors, MCOs, state agencies and authorized partners, we will propose a standardized tool and process for coordinating services, including:

- **Monthly calls and data sharing** with each MCO and state Agency to manage Members with medical and dental co-occurring conditions, identify gaps in care, and identify high-risk Members who are pregnant, have chronic conditions, or have visited the ED for dental care
- A **single point of contact with the MCOs** for more frequent communications with our Public Dental Health Coordinators to consult on individual cases, as needed
- Agreement on **shared metrics to monitor the effectiveness of our coordination processes**, such as HEDIS measures, DQA measures, and referrals opened, closed, and completed
- A **single point of contact with each state Agency**, as relevant, to encourage Members to participate in oral health care and enhance Members’ engagement in treatment

## HEALTH RECORDS SHARING (G.2.30)

From a dental Provider standpoint, DentaQuest has an obligation to maintain a high performing, engaged network which is critical to managing program costs and ensuring the delivery of high-quality dental care. DentaQuest will ensure through contracts, audits, and incentives that Providers maintain and share a Member health record in accordance with Professional Standards. We take steps to ensure Providers have the tools, information, educational resources and support they need to effectively serve Members including the requirements for health record management.

By accessing our Provider Portal, Providers can find helpful resources, submit claims and authorization requests, check the status of a claim or authorization, access Dental Home rosters, and check Member eligibility and coverage. In addition, each Provider region will have a dedicated Provider Relations Representative to answer questions, be a resource, and provide information and education. Meetings and additional focused training with Providers may be held as well to update them on procedures, new services, or various incentives.

## MEDICAL RECORDS (G.2.31)

DentaQuest will work with the Iowa Agency to develop, implement, and adhere to policies, procedures and contractual requirements for Participating Provider Medical Records content and documentation in compliance with the contract. Upon approval, the policies and procedures will be disseminated to Network Providers through the Provider Portal and our website. The expectations will be updated in our Provider Manual. We ensure our records and those of our Providers document all medical services our Members receive in the medical records as outlined in the contract. Network Providers will follow all policies and procedures per contractual requirements.

Providers maintain Members' Medical Records in a detailed and comprehensive manner that conforms to good professional medical practice, permits effective professional medical review and medical audit processes, and facilitates an accurate system for follow-up treatment. Medical Records are required to be legible, signed, dated, and maintained as required by law. We assure Participating Providers document all medical services the Member receives in accordance with law and consistent with utilization control requirements in 42 C.F.R. Part 456 through targeted medical record reviews.

DentaQuest has established policies and procedures regarding the requirements that can be tailored to the needs of the Iowa Agency and its contract requirements. We will collaborate and work with Iowa to develop the best plan to comply with SOW Section G.2.31 and ensure their policies and procedures are developed and followed, communicated, and medical services documented appropriately with legibility and complying legalities.

## MAINTENANCE AND RETENTION OF RECORDS (G.2.32)

DentaQuest uses Windward as our medical records system, and it meets all Iowa requirements as reflected in Figure 8-G. All electronic information related to the Member record is saved in our system in accordance with our records retention policy, which is to preserve and maintain all records for a minimum of 10 years from the expiration of the contract. If records are related to a case in litigation, then these records are retained during litigation and for a period of seven years after the disposition of litigation.

All-inclusive training is provided to those who will be handling medical records including information regarding the maintenance and retention of records. Policies and procedures are referenced in the training and are available on the company intranet. All DentaQuest record

maintenance and retention will function within contractual requirements and state and federal expectations.

Figure 8-G: DentaQuest Meets Iowa Medical Record Requirements

Requirement	DentaQuest Systems Management
I. Identifies each medical record by State Identification Number	Each record is associated with Iowa’s unique identification number allowing records to be identified and isolated with a simple search or reported as needed.
II. Identifies the location of every medical record	Medical records are associated with submitted claims and authorization requests for the specific Member. Records are stored electronically in Windward and are tied to the unique claim and authorization identifiers.
III. Places Medical Records in a given order and location;	
IV. Maintains the confidentiality of Medical Records information and releases the information only in accordance with applicable law	DentaQuest policies and procedures prohibit access to protected health information by anyone without a legitimate need for the information. In Windward, confidentiality and security are protected through role-specific user credentials, which limit access to the information.
V. Maintains inactive Medical Records in a specific place	Medical Records are not deleted but inactivated and stored according to medical record retention requirements.
VI. Permits effective professional review in medical audit processes	Professional review for medical audit is facilitated by the ease of searching for and reporting data in Windward using the State Identification Number for the Member, the Provider Identification Number, or other specific data such as Provider type.
VII. Facilitates an adequate system for follow-up treatment including monitoring and follow-up of off-site referrals and inpatient stays	DentaQuest has existing processes and care coordination alerts for monitoring Members for appropriate quality of care milestones including appropriate preventive care, transition of care processes following inpatient stays, completion of referrals, and over or under-use of services.

## HIPAA COMPLIANCE (G.2.33)

DentaQuest will leverage our existing proprietary Windward system to manage all operational processes including claims and encounter processing, utilization management, and quality management, in accordance with the confidentiality requirements in 45 C.F.R. § parts 160 and 164. All staff and contractors with access to protected health information participate in initial and annual training regarding confidentiality and HIPAA requirements, demonstrating competence through knowledge assessment.

## DENTAQUEST’S TRANSITION OF CARE POLICY (G.2.34)

DentaQuest’s Transition of Care Policies and Procedures comply with 42 C.F.R. § 438.62(b)(1) and 42 C.F.R. § 457.1216 to meet the Agency’s requirements for activity and data sharing among plans when a Member transitions from one DBA to another or between fee-for-service (FFS) and DentaQuest. We will ensure Iowa requirements are followed to continue access to services for Members as well as provide smooth transitions. To facilitate these transitions, the following best practices will be upheld:

- Helping each Member select a PCP while honoring cultural, linguistic, location, and other preferences

- Identifying all existing service authorizations made prior to enrollment with DentaQuest
- Ensuring Provider payment and care continuity until the authorization period has ended
- Allowing Members with an existing relationship with an in-network Provider to retain their relationship
- Deploying policies and procedures necessary to continue to pay pre-existing and out-of-network Providers for medically necessary covered services until we receive a copy of the medical record and can safely transfer Members to an in-network Provider.

We will work in tandem and as contractually compliant with the Agency, Members, and Providers to ensure Members are receiving appropriate and medically necessary care during the transition period. All transitions will align with Agency and federal contracts. DentaQuest has been through many transitions, and our experience in the business, familiarity with contracts, willingness to collaborate, and our suite of best practices above allow us to provide smooth transitions and continuity of care.

### DENTAQUEST'S CONTINUITY OF CARE POLICY (G.2.35)

Processes are in place to ensure continuity of care and support for Members and Providers during program transitions. In alignment with Iowa state requirements, DentaQuest adheres to processes that offer Members flexibility and have access to their current treatment Provider and medically necessary services during a transition. If a Member is receiving care from a non-participating Provider when they join DentaQuest, we offer multiple strategies to provide continuity of care for the Member, such as:

- Identifying and honoring all existing courses of treatment by allowing Members access to services consistent with the services they previously had and retaining their current Provider for 90 days if that Provider is enrolled in Iowa Medicaid
- Identifying and honoring all existing prior authorizations for covered services
- Inviting the Provider to join our network
- Establishing a Single Case Agreement with the Provider
- Assisting the Member in identifying a new Provider with consideration of cultural and linguistic needs, other preferences, and Member choice

When Members are receiving services from a non-contracted Provider, the Member is referred to appropriate in-network Providers and are assisted with the transition to the new Provider following the completion of the continuity of care period. The Member's new Provider(s) can obtain copies of the Member's Medical Records, as appropriate, which is required in our contracts with network Providers.

When Members transition from DentaQuest, we fully and in a timely manner comply with requests for historical utilization data from the new entity in compliance with federal and state law.

DentaQuest commits to comply with all necessary procedures as specified by CMS to ensure continued Access to services preventing serious detriment to the Member's health or reduced risk of Hospitalization or institutionalization including (i) during initial program implementation; (ii) initial enrollment with the DentaQuest; (iii) during transitions between former Program Contractors and DentaQuest during the first 90 days of a Member's enrollment; and (iii) at any time for cause.

## HONORING EXISTING PRIOR AUTHORIZATIONS (G.2.36)

During our transition period, the first two years of the Contract, DentaQuest commits to honoring all existing prior authorizations for contract or non-contract Providers for a minimum of 90 days. This is included for Members transitioning into DentaQuest from another source of coverage, as well as any exceptions to policy granted by the Director. When a Member transitions out to another Program Contractor, DentaQuest will provide to the receiving entity any current service authorization, utilization history, and any assessment or Care Plan information available. Having 30 years of experience in serving Members, collaborating with state and MCO entities, as well as transitioning care, we have systems in place to ensure Members receive appropriate care while honoring existing prior authorizations (if applicable) while following guidelines set forth by the Iowa Contract.

## TRANSITION PERIOD OUT OF NETWORK CARE (G.2.37)

DentaQuest is prepared to support Members through their 90-day transition period by allowing the Member to continue to access an Out-of-Network Provider. When a Member is using a non-contracted Provider, our Provider contracting team will reach out to the Provider to offer a DentaQuest contract. In the event the Provider declines to enroll in the DentaQuest network, we will negotiate a Single-Case Agreement to meet the needs of the Member and ensure continuity of care. Out-of-Network Providers will be reimbursed a percentage of the network rate unless otherwise agreed upon through a Single Case Agreement. We will then work with the Member on transitioning to a contracted in-network Provider after the 90-day transition period. We will comply with Agency requirements and will ensure Members are able to access their out-of-network Providers appropriately according to contractual requirements.

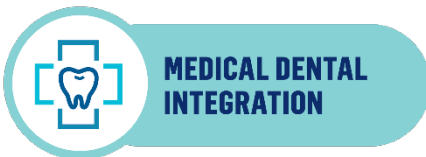
## SPECIAL NEEDS TREATMENT PLANS (G.2.41)

DentaQuest identifies Members with special health care needs (SHCN) through an Oral Health Needs Assessment Screening and through evaluation of data from data-sharing agreements we will establish with HealthLink MCOs. In addition to identifying Members who have not had a dental screening, we identify other needs or barriers to accessing care and refer the Member to the Case Management Program for additional assessment, assistance for collaborative care, and a person-centered Care Plan. Members and Providers are educated on the importance of routine oral health care as well as comorbidities that could impact the Member's oral health.

For example, diabetes is a chronic disease impacting many aspects of health, including dental health. In Colorado, DentaQuest established a customized outreach and education for this specific population. In 2019, the state began covering the CDT code D0411, which allows dental Providers to conduct in-office diabetes screenings via finger-stick HbA1c glucose testing.

In response, we launched our program to educate Members with diabetes on the connection between blood sugar levels and increased periodontal disease as well as increased dental utilization. Providers were educated on the HbA1c testing CDT code. Program strategies included:

- Providing educational information on the connection between blood sugar management and oral disease at community events
- Collaborating with the state's Regional Accountable Care Entities on providing education to their Members through events, newsletters, and text campaigns
- Sending 700 Provider education packets on how to use the new CDT code D0411





- Creating a video tutorial for Providers on how to use the D0411 code
- Using our hot spot mapping tool to identify Members with diabetes and without a dental visit to conduct targeted outreach

The Initial Oral Health Risk Screening identifies Members in stratification levels (Levels 1-3) who may need additional support (including those Members who have SHCN) and flags them for more in-depth assessments by our Care Coordination and Case Management team. This individualized assessment based on the questions answered helps develop a person-centered Care Plan targeting not only dental needs, but social, medical, and/or more intensive or complex needs the Member may have that could impact getting and receiving appropriate dental care.

By planning and coordinating with our Case Management team, we develop a person-centered approach with individualized goals to support the Member and meet them where they are. The Care Plan is a formal document that includes interventions, actions, treatment preferences, and timeframes to achieve mutually identified goals that are measurable and outcome-based to progress toward improved health outcomes.

Our collaborations with Iowa HealthLink, MCOs will enable and encourage the MCO to refer Members with needs to our Care Coordination and Case Management program and visa-versa. When reasonable, other parties of the care team such as Providers, the MCO care team, and community-based organizations will be included in meetings to support the Member and discuss services and support to ensure coordination of care. The Case Manager will be in frequent contact with the Member and/or caregivers as they are important partners in their oral healthcare.

When completing the Care Plan, we find Members have self-limiting behaviors putting them at risk of dental problems and/or prohibit them from achieving their goals (such as smoking). In these instances, the Case Manager provides education, and when the Member is ready and committed to making a change, the Case Manager facilitates engagement, a treatment plan, and adherence. We tailor interventions, decision-making, and education to the Member's condition, needs, literacy, and goals. Our case managers utilize motivational interviewing, self-management strategies, and teach-back methods to engage the Member and caregiver and establish a trusting relationship. Members remain in case management until goals are achieved.

## **SPECIAL HEALTH CARE NEEDS PLAN OBLIGATIONS (G.2.43)**

DentaQuest develops Quality Assurance and Utilization Review standards inclusive of Members with special healthcare needs. These standards are reviewed and updated as needed for individualized prevention and treatment services for this population and developed in alignment with Iowa's Quality Assurance and Utilization Review Standards to meet contractual requirements.

## **SPECIALIST DIRECT ACCESS (G.2.44)**

DentaQuest has the capability and capacity as demonstrated through previous contracts to recruit and develop a comprehensive network of Providers for Members including specialists for direct access as appropriate. Upon enrollment, Members are informed they can select any participating Provider or pediatric dental specialist (applicable to children and Members with SHCN) to serve as their PCP. With DentaQuest, there are no restrictions when it comes to accessing care for Members. Members do not need to contact us for approval to see a participating PCP or any participating Provider, including specialists. To access specialist care, the Member may contact the specialist directly or ask for support by contacting our Customer Service line. When Case Management is involved in the care of a Member, the case manager

provides any needed support in getting an appointment or facilitating transportation to the appointment.

## OVERVIEW OF DENTAQUEST'S UTILIZATION MANAGEMENT PROGRAM (G.3.01)

DentaQuest's mission is to "Improve the Oral Health of All." DentaQuest has developed, operates, and maintains UM programs in 21 Medicaid states and will do so for Iowa by leveraging proven program structure and processes, and making changes specific to the needs of Iowa.

Our UM program description summarizes procedures, processes, and standards governing our programs. Iowa-specific policies and procedures will augment this document and guide the program implementation. DentaQuest is accredited by the Utilization Review Accreditation Commission (URAC), ensuring full compliance with URAC requirements. DentaQuest has achieved NCQA certification in UM as well as in credentialing and re-credentialing. DentaQuest does not use an external third-party subcontractor for UM. Our UM focus is on the promotion of oral health and ensuring all dental services are necessary, appropriate, and delivered in the most appropriate and cost-effective setting as we do in other state Medicaid programs.

Our UM department works toward accurate administration of each contract through appropriate review of dental services. With the effective administration of UM policies and procedures, DentaQuest can assure UM decisions are made in a fair and consistent manner and required services are not arbitrarily denied or reduced in amount, duration, or scope solely because of the diagnosis, type of illness, or condition. Our UM strategies, the program description, and policies, including the identification of criteria, will be submitted to the Agency for approval prior to implementation or change. Following approval, we will notify Providers 30 days prior to implementation or subsequent change.

DentaQuest leverages its **Windward system** to monitor the utilization of services, including automated service authorization for denials, service limitations, and reduction of authorizations.

## DENTAQUEST'S UM POLICIES AND PROCEDURES (G.3.02)

The Vice President of Clinical Management, a licensed senior-level dentist, is responsible for the oversight of the Utilization Management program and is responsible for the implementation and ongoing review of the policies and procedures relating to all clinical decision-making. Although there are no published criteria for dental services, DentaQuest has adopted the generally accepted principles of diagnosis and treatment modalities taught in all American dental schools and postgraduate dental programs. The resulting criteria are objective and include clinical evidence-based, peer-reviewed information.

To ensure best practices and the most up-to-date services, we incorporate CMS guidelines, state Medicaid guidelines, educational literature, and best practice guidelines by dental specialty organizations to guide and support our policies and procedures. The criteria engage practicing Providers in review and adoption through the Utilization Management Committee, which has practicing network Providers as members of the committee. The criteria and policies and procedures are reviewed and updated annually and as appropriate according to changing clinical evidence and contractual requirements.

Our policies, procedures, and training require criteria be applied based on individualized needs of the Member and consider the capabilities of the local delivery system where the Member lives.

## DENTAQUEST'S UTILIZATION MANAGEMENT PROGRAM ELEMENTS (G.3.03)

Upon award, DentaQuest will have an exclusive UM work plan, program description, policies and procedures, and evaluation processes which will be modified to be exclusive to the Iowa contract and submitted for approval by the Agency within 15 days of contract execution. The initial submission will include a work plan for implementation with time frames and accountable personnel. Once the Agency provides its comments and recommendations, within 15 days we will submit a final work plan. We will implement and adhere to the approved work plan unless changes are approved in advance by the Agency. We will adhere to requirements set forth by the State of Iowa to ensure compliance and alignment with internal practices. DentaQuest will demonstrate our data selection criteria, algorithms, and any additional elements requested that are used within the program to the Agency for their understanding and approval.

### **DentaQuest Assures Appropriate Dental Care**

DentaQuest uses data from all available sources including claims, screening and assessment results, and authorization information to monitor the appropriateness of dental care for Members. We analyze data trends to identify opportunities to improve the cost, quality, and accessibility of high-quality Dental care including monitoring for excess utilization of high-cost services such as emergency care for dental care, monitoring for appropriate use of preventive care, and monitoring Providers for high quality, cost-effective care. Prior to implementing existing or new programs in Iowa, DentaQuest will share the data surveillance processes used and the specific elements of our programs to monitor and improve dental care for Members.

### **Analyzing Emergency Services Utilization and Diversion Efforts**

According to the Iowa Public Health Tracking portal, in 2021 there were more than 8,300 visits to hospital emergency departments in Iowa for oral health-related issues.

DentaQuest understands this is a complex problem, and cross-functional collaboration between the Agency, the DBAs, Members, MCOs, and dental and medical Providers is necessary to make meaningful changes.

DentaQuest will implement a multi-dimensional approach to reduce ED use and encourage Members to seek care from their PCP. Our approach encompasses prevention strategies, offering access to more appropriate and cost-effective alternatives, and outreach to change Member behaviors. Our approach to reducing unnecessary ED use includes:

- Reducing demand for ED services through outreach and education
- Providing and promoting effective alternatives to hospital EDs including a dental home assignment, and the availability of a virtual visit via Teledentistry.com
- Coaching change behaviors of Members visiting EDs for non-traumatic dental care (NTDC) through our Emergency Dental Redirect Program and our Case Management Program

Each element of our approach is described in greater detail below.

### ***Reducing Demand for Hospital ED Services through Outreach and Education on the Importance of Preventive Care***

DentaQuest will communicate the availability of dental benefits for adults and children through several different channels, including the new Member Welcome Program, at events in the community, through our community partners, and through our PCPs. Our Member Handbook will contain information on what to do in an emergency, including when to call the PCP, how to get emergency care, and the right to access emergency care out-of-network. DentaQuest will

work with Iowa MCOs to educate their staff, including Disease Managers and Case Managers on the available dental benefits and how to access routine and urgent dental care.

### ***Providing and Promoting Effective Alternatives to Hospital EDs***

- ***Patient-Centered Dental Home Program.*** All Members will be assigned to a PCP who will serve as their dental home. Having a consistent source of dental care is the strongest predictor of a dental visit in a 12-month period.
- ***Teledentistry.com.*** We will leverage Teledentistry.com to serve as our 24/7 solution for ED avoidance. Members will receive information on the availability of the service and education on how to access it via our website. Teledentistry.com uses an evidence-based triage protocol to assess the Member's dental situation. The licensed and credentialed Provider will have the authority to prescribe antibiotics and/or non-opioid painkillers to address the Member's immediate needs – which is the same solution any ED would provide but at a significantly lower cost to the Medicaid system. The Teledentistry.com Provider will refer the Member to a participating PCP for follow up care.

### ***Coaching Change Behaviors of Members Visiting EDs for NTDC***

While our goal is to avoid hospital ED usage for NTDC, we realize we will not be able to reach every Member and there will still be situations when it occurs. To prevent Members from making reoccurring trips to the ED, we will implement our Emergency Dental Redirect Program.

When we identify a high utilizer of NTDC emergency services through claims data, the state HIE, or other data sources, we will contact the Member to help them schedule an appointment with their PCDH Provider. We will provide education on what to do in an emergency, when to call the PCDH Provider, how to get emergency care, and the right to access emergency care out-of-network.

DentaQuest implemented this program for its Florida Medicaid program. From October 1, 2019, through March 31, 2020, 380 of our Florida Medicaid Members visited the ED for non-traumatic dental issues. We contacted 100% of those Members within 14 days and monitored for follow-up activity by the Member. Forty percent of the Members followed up with their PCP following their use of the ED for non-traumatic dental issues, and our outreach to them.

A Case Manager will engage our highest-risk Members with the goals of solving problems, encouraging self-management, and improving oral health literacy. They will break down barriers to accessing care, including scheduling appointments for needed services and assisting with transportation options.

### **Monitoring Member Utilization for Dental Related Illness and Outpatient Dental Surgeries**

Utilization is measured according to nationally recognized dental associations such as DQA, NCQA HEDIS dental measures, federal guidelines, and state guidelines. Using nationally established guidelines introduces uniform specifications to allow comparisons from a local level to a national level. In all cases, having measurements in place allows us to gauge the care Members are receiving and implement programs and initiatives when improvement opportunities are noted.

DentaQuest monitors Member utilization trends across service settings to identify opportunities to positively impact the cost and quality of dental care for our Members. Having experience providing oral health services to Medicaid Members across 21 states, we will identify trends and

emerging trends that help us focus on problem areas and offer best practices to be considered for Iowa. Millions of dollars are spent each year on dental procedures performed under anesthesia in outpatient dental facilities. Our findings indicate:

- Many dental procedures performed in an outpatient dental facility could be performed with less expense and less patient and family stress in the dental office setting, versus an outpatient facility setting.
- Although some patients require general anesthesia due to special needs, most otherwise healthy children do not require general anesthesia for dental procedures. Local anesthesia is not only more cost-effective, but the risk for poor health outcomes and side effects is substantially lower.
- Prevention is key. It is critical to connect Members with their PCDH and ensure they receive regular preventive care, addressing emerging issues before they get worse.

### ***Ensuring High-Quality Care in the Most Appropriate Setting***

DentaQuest will leverage the following strategies to promote appropriate care settings:

- **PCDH.** Our strategy to ensure Members receive necessary care in the most appropriate setting starts with assigning all Members to a PCDH and using every available opportunity to encourage preventive care including Member and caregiver education, Member and Provider incentives, partnering with MCOs and community organizations to promote regular preventive oral health care, and providing PCDHs with tools to engage Members – such as “gap in care” lists. Two of our preventive health programs are:
  - **Healthy Beginnings.** DentaQuest’s Healthy Beginnings promotes prevention, proper nutrition, and early detection of early childhood caries by targeting all Members under age two. Following the birth of new Members, and for their first and second birthdays, a birthday card is mailed to the Member’s home. It includes age-appropriate dental care instructions, tips on preventing early childhood caries, and information on how to locate a dental home Provider. We will contact families to help them set up their child’s first dental appointment. We work closely with medical PCP offices to provide education and information on the importance of early dental care.
  - **Smiling Stork.** Our Smiling Stork program provides education to Providers and pregnant Members on the potential link between low-birth-weight deliveries and oral health disease. Upon identifying a Member’s pregnancy through the eligibility file, DentaQuest will send the Member two brochures: one about caring for her mouth during pregnancy and encouraging her to see her dentist and one who provides education on caring for her young child’s mouth and teeth. Providers will receive information describing program objectives and how they can collaborate with us to build trusting relationships with Members who are pregnant.
- **UM Review and Guidance to Providers.** Our UM criteria for appropriate treatment of dental illnesses include consideration of the appropriate use of general anesthesia and the appropriate setting for care, providing peer-to-peer consults as needed.
- **Promote In-Office General Anesthesia.** When general anesthesia is clinically appropriate for the Member, it may be possible to perform the procedure in the dental office under general anesthesia using Dental Anesthetists or Nurse Anesthetists. In Indiana, for example, recent legislation allows for Nurse Anesthetists in an office clinic setting - which we will explore with Iowa as Dental Anesthetists may not be available.



**Monitoring Provider Utilization and Trends for Operating Outside Peer Standards**

DentaQuest operates a robust Provider profiling program and Utilization Oversight Program to identify and address Providers who are operating outside of peer standards.

***Provider Profiling Program***



***Utilization Oversight Program***

DentaQuest leverages its Utilization Oversight Program (UOP) to identify Provider outliers – those that exhibit either under or over-utilization of services and then implement several strategies to correct negligence.

Our UOP detects outliers using a statistically valid “peer-to-peer” methodology. We compare a Provider’s treatment outcomes to peers in the same geographic area rendering treatment to the same population. Our analysis uses quality outcome measures for service life, sequence of care, and patterns for claims, for all Provider types. Our Data Analytics team identifies and analyzes current conditions against benchmarks they reassess every six months. Utilization metrics and procedures monitored include those listed in Figure 9-G.

Figure 9-G: Utilization Oversight Program Metrics/Procedures Monitored

	Over-Utilization	Under-Utilization
Utilization Metrics	<ul style="list-style-type: none"> <li>• Cost per encounter</li> <li>• Cost per Member, per calendar year</li> <li>• Services per 100 encounters</li> <li>• Services per 100 Members, per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• % of children with at least 1 cleaning per year</li> <li>• % of children with at least 1 fluoride application per year</li> <li>• % of children ages 6-9 with at least 1 sealant applied per year</li> </ul>
Procedures	<ul style="list-style-type: none"> <li>• All Services (all codes)</li> <li>• Basic Restorations (D2140 – D2394)</li> <li>• Stainless Steel Crowns (D2930 – D2934)</li> <li>• Pulpotomies (D3220)</li> </ul>	

We will send reports to Providers with outlier utilization demonstrating which of their practices differs from comparable Providers and their practices. We look at whether identified outlier issues should trigger a larger investigation into the Provider’s treatment patterns. When an investigation is warranted, we request a significant sample of records that are reviewed by the PIU and clinical investigators. If their review indicates the need for remedial action or a corrective action plan, we notify the Provider in writing of the results of the review and of the Provider’s opportunity to respond. An internal referral to the Peer Review Committee may occur at any time during the review or investigation if we believe a significant quality of care issue warrants immediate action. If a Provider’s behavior does not change, DentaQuest may take additional remedial actions to influence behavior change including, but not limited to:

- Conducting educational office visits
- Subjecting the outlier Provider to enhanced prepayment reviews (except for emergencies)
- Conducting focused clinical chart audits
- Eliminating new Member assignments and/or decreasing current assignments by moving Members to higher performing Providers

We notify Providers in writing of the remedial actions to be taken, the duration of the remedial action period, and the Provider’s appeal rights.

### DENTAQUEST’S UOP IN ACTION

DentaQuest is the single DBA of the Massachusetts’s Medicaid dental program. Our SIU initiated an analysis of Providers participating in this program who were high utilizers of radiographic exposure. After analyzing the practice patterns of like specialty Providers, we identified 55 Providers/Provider groups whose utilization was statistically and significantly above the acceptable threshold as compared to their peers. We conducted data analysis for a 12-month period, looking at patterns of billing multiple radiographs (D0220 and D0230) at recall appointments.

We notified the 55 Providers of their practice pattern variation, acknowledging radiographs are a valuable tool in the diagnosis and treatment of dental disease. The notice referred Providers to the American Academy of Pediatric Dentistry Guidelines on Prescribing Dental Radiographs, which advises every effort must be made to minimize exposure. We asked Providers to revisit their protocols for performing radiographs with a reminder that written documentation in the patient record must include language to support the medical necessity for the exposure.

**Results Achieved.** Many demonstrated an immediate behavior change. After a 12-month cycle, all 55 had decreased utilization of the applicable codes, reducing radiographic exposure in children, and saving \$1.25M in unnecessary services.

## INTEGRATED UM AND QUALITY MANAGEMENT AND IMPROVEMENT PROGRAM (G.3.04)

DentaQuest's Utilization Management Program is structured as a component of our Quality Management and Improvement Program (QM/QI). Our program is integrated and collaborates with various plan-wide entities to ensure high quality and continuous improvement in all operational functions. As quality is a fundamental aspect and drives all areas, the QI program supports the UM program with responsibilities to ensure applicable standards set forth by appropriate accreditation agencies (i.e., URAC, NCQA), partner health plans, and state and federal regulatory agencies are followed. QI and appointed staff are responsible for the implementation and ongoing review of the policies and procedures as well as clinical decision-making. This collaboration is paramount to our success throughout our program, services, and various state plans, including Iowa.

### **Systems to Identify Issues and Facilitate Program Management and Improvement**

Our QM/QI is multidisciplinary and designed to support and achieve DentaQuest's mission. The purpose of QM/QI is to monitor, evaluate, and take appropriate actions to improve the provision of quality dental care services for Members, to ensure patient safety, and increase Member access to dental services. Each year DentaQuest updates its QM/QI Program Description and Quality Work Plan and performs an annual evaluation of program effectiveness that includes oversight of utilization management, care coordination, network adequacy, Member and Provider satisfaction, complaints, grievances, and appeals. Key areas of focus include:

- Identifying instances of over- and under-utilization of dental emergency and limited exam services and other dental health care services
- Identifying aberrant Provider practice patterns
- Evaluating the efficiency and appropriateness of service delivery
- Facilitating program management and long-term quality
- Identifying and addressing critical quality of care issues and resolving confirmed quality issues
- Monitoring and evaluating dental care outcomes
- Monitoring and evaluating primary care Providers to assess the level of preventive care provided to Members
- Developing and delivering Provider and Member education regarding dental disease prevention.
- Monitoring and evaluating the level of customer service provided to clients and Members of the Plan.
- Identifying and monitoring trends.
- Assessing Provider performance and remediating or terminating, if necessary.
- Evaluating over-and under-utilization of dental care services.
- Monitoring availability, accessibility, coordination, and continuity of care.
- Developing standards, criteria, and practice guidelines.
- Developing and implementing a system for conducting quality of care studies and reporting performance measures.
- Assessing Provider and Member satisfaction.

### ***UM Collaborates with Care Coordination to Improve Continuity of Care***

Utilization Management and Care Coordination participate as part of the multidisciplinary quality management process, each playing an important role in evaluating trends, identifying opportunities for improvement, and designing interventions to positively impact Members' oral health outcomes. Clinical services for Members are assessed through:

- Chart audits (including clinical studies, and quality reviews) that monitor documentation and care provided in dental records
- Member satisfaction surveys, where indicated by plan and appropriate Member eligibility data is available
- Complaints and Grievances and appeals data
- Utilization Management and data analysis
- Feedback to Providers and Members on quality improvement activities
- Evaluation of continued access of care for Members

At the individual Member level, UM staff and Case Managers collaborate for Members enrolled in our Case Management program. Interdepartmental coordination often occurs when the Case Manager needs to investigate an authorization that has resulted in a denial. The Case Manager will investigate the reason for denial and intercede on behalf of the Member to obtain the information necessary to complete the service approval. The Case Management staff support a system of care to communicate and coordinate services between DentaQuest UM staff, the Member's dental Provider, MCO, medical Provider, and the Member. Case Managers provide the necessary support to facilitate bi-directional communication between all organizations working to serve the Member. These efforts help to increase access to care and reduce delays in authorizing medically necessary care.

## UTILIZATION MANAGEMENT COMMITTEE (G.3.05)

The Utilization Management Committee provides a forum for collaboration among interdisciplinary leaders to discuss department performance and determine interdisciplinary collaboration to enhance or improve performance. A subcommittee of the Quality Improvement Committee, the Utilization Management Committee meets monthly, and its information is essential to determine strategy, provide direction, and if necessary, initiate corrective action. The Vice President of Clinical Management chairs the Utilization Management Committee for the Enterprise and the Iowa Dental Director is responsible for the Iowa Dental UM program.

The Utilization Management Committee is responsible for:

- Monitoring Providers' requests for rendering dental health care services to Members through a review of UM authorization trends
- Monitoring the medical appropriateness and necessity of dental health care services provided to Members through evaluation of authorizations, denials, and appeals
- Reviewing the effectiveness of the Utilization Review process through quarterly monitoring and annual program evaluation, making changes to the process as needed
- Developing policies and procedures for UM that conform to industry and accreditation Standards including NCQA and URAC
- Assessing access to care for dental services, including within the Iowa's Dental Health Professional Shortage Areas and providing solutions to improve access
- Developing Key Performance Indicators (KPI) defining the performance and effectiveness of key functional business areas
- Quarterly review of KPIs and service indicator performance for all functional areas
- KPI and service indicator performance over the period to identify trends
- Evaluating the performance, activities, and follow-up actions of KPIs
- Identifying deficiencies, issues, and processes that impact the quality of care for Members and taking necessary action

- Recording meeting activities and ensuring action items are addressed
- Developing procedures to ensure follow-up has taken place to evaluate program activities
- Collaborating with stakeholders including but not limited to, Providers, beneficiaries, and state agencies
- Reporting Utilization Management Subcommittee meeting activities to the Quality Improvement Committee

The Utilization Management Committee is responsible for reviewing changes and updates throughout the Utilization Management Department on a quarterly basis to ensure consistent interdepartmental communication and awareness.

### Participation in Clinical Advisory Committee and Monthly IME Medical Director meetings

Our Iowa Dental Director will participate in quarterly Clinical Advisory Committee (CAC) and monthly IME Medical Director meetings as is the practice in other markets. In these meetings, the Director uses their expertise to provide recommendations for clinical criteria to ensure clinical policies are implemented consistently. Additionally, they will share critical information from the CAC and IME Medical Director meetings internally to ensure policies and procedures are implemented as agreed upon by the clinical team. DentaQuest participates in the CAC but is not a voting Member of the CAC.

### COVERAGE AND AUTHORIZATION OF SERVICES (G.3.06)

Inherent to all UM programs is the need to assure coverage decisions and authorization of services are completed consistently and according to evidence-based best practices. Leveraging our highly effective UM programs that cover 21 Medicaid states, DentaQuest has established policies and procedures for processing requests for services and applying clinical criteria that will form the base for our Iowa operations. Our existing policies and procedures will be modified for Iowa, in alignment with the Agency contract, and submitted to the Agency for approval or modification. We do not use subcontractors for UM. Our rigorous processes to ensure consistent application of review criteria include training, inter-rater reliability audits, and quality and leadership oversight. We affirm our review criteria will be no more restrictive than the state Medicaid FFS program or the State Plan amendment. We will have sufficient experienced and trained staff to interpret and apply criteria to service requests following our best practices in staff recruitment and training as described below. Peer consultation is available for a requesting Provider when services are denied or otherwise limited in scope, frequency, or duration.

### The Process to Ensure and Monitor for Consistent Application of Criteria

DentaQuest promotes consistency in the application of clinical guidelines through staff training, tools, and review procedures. Our multifaceted approach to ensure consistent application of criteria is outlined in Figure 10-G.

Figure 10-G Approach to ensure consistent application of criteria

<b>Rigorous Clinical Training</b>	DentaQuest’s comprehensive clinical training program includes education on recognition of appropriate clinical criteria; interpreting radiographs, Member charts, and models; market-specific requirements; and Windward system use and application. Clinical Review Specialists must achieve at least 95% on a final exam. Upon passing the radiology certification training program Clinical Review Specialists work one-on-one with DentaQuest’s clinical trainers to learn the clinical review process. This includes state requirements, exceptions, and turnaround times.
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Clinical Algorithms	All services that require authorization review have an associated clinical algorithm that Clinical Review Specialists and Dental Consultants must use to assess medical necessity.
Inter-rater Reliability Evaluations (IRR)	All clinical staff are required to participate in IRR evaluations quarterly, exceeding NCQA’s requirement for annual IRR evaluation. IRRs audit a stratified random cohort sample of at least 10 Member cases. Our VP of Clinical Management selects cases with a level of complexity to test individuals’ ability to determine medical necessity using the appropriate codes and policies. Staff must pass IRR with at least a 90% consistency. If an individual is below the required level, they are required to attend training and be re-tested and meet the 90% consistency going forward.
Independent Audits	DentaQuest operates a separate Quality Assurance team, inclusive of Clinical Auditors to conduct independent audits. Monthly, Clinical Auditors randomly select and review a statistically significant number of authorizations for each Clinical Review Specialist and Dental Consultant. The audit includes approvals and denials to confirm the accuracy of clinical and administrative determinations, compliance with UM policies, and appropriate referrals to Dental Consultants. If a Clinical Review Specialist does not receive a score of at least 95%, they will receive additional, individualized training. Results are incorporated into performance reviews.

## MEDICAL NECESSITY DETERMINATIONS (G.3.07)

DentaQuest will use appropriately licensed professionals – specifically, licensed dentists to supervise all medical necessity decisions with accountability to the Iowa Dental Director who is accountable for all UM operations. Clinical Review Specialists who are dental hygienists and dental assistants are responsible for the initial review of benefits decisions that require medical necessity review to determine if the request is compliant with the allowed contracted service codes. Requests that do not meet clinical requirements are referred to a Dental Consultant (who is a licensed dentist with the same or similar specialty for the procedure requested) for review and determination of coverage.

Clinical Review Specialists who conduct initial clinical reviews have access to consultation with a Dental Consultant by telephone, email, and internal chat tools. Clinical Review Specialists and non-clinical staff may not deny any medical necessity cases.

A “same” or “similar specialty” is a healthcare Provider who has the appropriate training and experience in the field of dental care involved in a UM decision. “Same specialty” refers to a Provider with similar credentials and licensure as those who typically treat the condition or health problem. “Similar specialty” refers to a Provider who has experience treating the same problems, in addition, to experience treating similar complications of those problems. Contracted Dental Consultants may be utilized to assist in making determinations of medical necessity and appropriateness. A Dental Consultant will consult with other licensed board-certified specialists from appropriate clinical areas as necessary and as needed. External Dental Consultants may represent general and sub-specialty for a specific case. Dental Consultants are appropriately licensed to make medical necessity denials.

Medical Necessity is determined when the service is:

- Necessary to protect life, prevent significant illness or disability, or alleviate severe pain.
- Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not more than the Member needs. Consideration for individual cultures, race, ethnic background, religion, age, comorbidities, complications, the progress of treatment, psychosocial situation, and home environment is applied, when applicable,

considering characteristics of the local delivery system in a manner that respects the worth of the individual and protects and preserves the Member’s dignity.

- Consistent with generally accepted professional medical standards.
- Reflective of the level of service that can be safely furnished, and for which there is not equally effective, more conservative or less costly treatment available.
- Furnished in a manner not primarily intended for the convenience of the Member, the Member’s caretaker, or the Provider.

## PRIOR AUTHORIZATION REQUESTS (G3.09)

DentaQuest processes all prior authorization requests in accordance with established policies and procedures, 42 C.F.R. § 438.210 and related rules and regulations, which include but are not limited to provisions regarding decisions, notices, medical contraindications, and our failure to act timely upon a request.

### Prior Authorization Processes (a)

Figure 11-G provides an overview of DentaQuest’s service authorization process, which is followed for all prior authorizations and pre-payment reviews.

Figure 11-G: DentaQuest’s Service Authorization Review Process

Step	Process
1. Provider Submits Request	<p>We offer multiple ways to submit authorization requests and supporting documentation, including electronically, or by mail or fax.</p> <p>Providers may submit authorization requests and supporting documentation via our secure Provider Portal or via a clearing house, which uses our Trading Partner Portal to seamlessly interface with our Windward system. Through the Provider Portal, Providers may view the status of pending service authorizations at any time.</p> <p>Providers may review our Iowa Provider Manual for additional information related to service authorization requirements at any time. This manual is accessible online and on the Provider Portal.</p>
2. Entry into Windward System	<p>Depending on the type of submission, the authorization is scanned, imported, or keyed into Windward.</p> <p>Windward assigns a unique authorization number to the request. The following information is captured:</p> <ul style="list-style-type: none"> <li>• Provider name</li> <li>• Provider ID number</li> <li>• Member name</li> <li>• Member Medicaid ID number</li> <li>• Procedure code(s) requested</li> <li>• Requested units/visits</li> <li>• Requested service begin and end dates</li> </ul> <p>Standard and expedited requests are routed to separate queues in Windward to ensure the applicable processing times are met.</p>
3. Completing Initial Requests for Prior Authorization of Services	<p>DentaQuest’s integrated authorization-to-claim adjudication process captures clinical history, the number of services, and pricing allowances. Windward requires the selection of an eligibility period prior to processing, allowing the verification of eligibility. All Member plan benefits are linked to each individual Member, assuring that only covered benefits are authorized. Auto-denials for exceeding benefit limitations are disabled for Medicaid Members under age 21. Such requests are</p>

4. Windward Conducts an Auto-Review	routed to a queue for EPSDT review. Windward reviews the Provider eligibility. Any requests from ineligible Providers are systemically denied.
5. Notification of Review Decision	If auto-approved or denied, Windward captures the decision, information related to authorized begin and end dates, procedure code(s) authorized, and request disposition (approved, reduced or denied) for future reference. Our system automatically generates determination notices—one for the Provider and one for the Member. Adverse determinations include the reason for the denial, and applicable appeal rights. In addition, we post decisions in the Provider Portal.
6. Completing Initial Determinations of Medical Necessity	Once the request has gone through a series of edits checking for eligibility, coverage, and previous services in history, a Clinical Review Specialist conducts a preliminary review. If their review indicates the request meets medical necessity guidelines, the Clinical Review Specialist documents the review and approval in Windward, and Windward automatically generates an approval notice.
7. Manual Review by a Licensed Dental Consultant	If the Clinical Review Specialist’s review indicates the service does not meet medical necessity criteria, they assign the request to a licensed Dental Consultant in Windward. Each Dental Consultant is presented with a queue of such cases. The Dental Consultant examines the request, the proposed treatment plan, and documentation; the clinical criteria for medical necessity; and the Clinical Review Specialist’s review findings to make the determination to approve or deny the service. The Dental Consultant makes the final determination to approve or deny the service using a clinical algorithm specific to the requested service. We record the final disposition, clinical documentation, reason for denial, date of the decision, time frames for notification, and name of the Dental Consultant who made the decision for future reference in Windward.
8. Notifying Providers and Members of Prior Authorization Decisions	Upon entering the decision into Windward, the system automatically triggers the production of an approval or denial notice. Adverse determinations include the reason for the denial and applicable appeal rights and determinations of medical necessity. The determination is posted in the Provider Portal.

### Provider and Member Appeals and Expedited Appeals

DentaQuest notifies Members and Providers on their rights to file a standard or expedited appeal. The Member Handbook includes information about grievance, appeal (standard and expedited), and fair hearing procedures and timeframes. We inform Members that benefits DentaQuest seeks to reduce or terminate will continue if the Member files an appeal or a request for State Fair Hearing within the timeframes specified for filing, and that the Member may, consistent with state policy, be required to pay the cost of services furnished while the appeal or State Fair Hearing is pending if the final decision is adverse to the Member.

Provider appeal rights are documented in our Provider Manual. We ensure Providers are aware of the avenues offered to discuss their concerns or questions about UM determinations including how to access their assigned Provider Relations Representative and how to request a Peer-to-Peer discussion. If not satisfied, a formal appeal may be filed within 60 days from the EOB/claim denial notice.

#### **Notifying Providers and Members of Decisions on Appeals and Expedited Appeals**

Once a decision on the appeal is determined, and within one business day of the decision, we will send a written determination to the Provider using an Agency-approved template. The communication will contain a detailed reason for the decision, the clinical basis (as applicable), and a description of the next steps in their appeal rights including the right to a Medicaid Fair Hearing. A resolution will occur within **30 calendar days** from receipt of the appeal.

### Emergency and Post-Stabilization Care Services (b)

DentaQuest never requires prior authorization or PCP referral for any oral health Emergency Service regardless of whether these services are provided by a network or out-of-network Provider. Post-Stabilization Care Services are provided in accordance with 42 C.F.R. § 438.114.

### EPSDT Services (c)

DentaQuest does not require authorization or referral of any EPSDT service.

### The Transition of New Members (d)

For newly enrolled Members, DentaQuest honors existing treatment authorizations and Provider relationships regardless of Prior Authorization or referral requirements consistent with the Agency's continuity of care policy. Newly enrolled Members will be auto assigned to their existing PCP if the Provider is in our network to foster continuity of care. Members who are undergoing treatment may continue to use their existing Providers for the 90-day continuity of care period even if they are not in our network if that Provider is enrolled in Iowa Medicaid. Those Members will be referred to appropriate Providers of services who are in the network for ongoing care.

DentaQuest will seek historical utilization data from the prior dental contractor for newly enrolled Members transitioning into DentaQuest and will provide historical utilization and authorization record to the receiving dental contractor for Members transitioning out of DentaQuest in compliance with federal and state law. DentaQuest will comply with any other necessary procedures as specified by CMS to ensure continued access to services to prevent serious detriment to the Member's health or reduce the risk of hospitalization or institutionalization.

Subject to compliance with applicable federal and state laws and professional standards regarding the confidentiality of dental records, DentaQuest Providers are required to assist DentaQuest in achieving continuity of care for Members through the maximum sharing of Members' dental records. Within 30 days of a written request by the Member, the Provider must be able to send copies of the patient's dental records to any other dentist treating the Member. If the Provider holding the Member's records does not comply with the request, DentaQuest can step in to help facilitate the transfer to ensure the Member receives timely care. DentaQuest is rarely needed to mitigate such efforts, as this is the normal course of business for most dental offices.

### COMING SOON...A NEW TOOL TO MINIMIZE ADMINISTRATIVE BURDEN ON PROVIDERS

DentaQuest is consistently looking for ways to improve the efficiency of our UM processes. With this in mind, DentaQuest is designing a new enhancement to our prior authorization process, specifically to decrease the administrative burden for Providers and to decrease delays for Members to access needed care.

We are in the beginning stages of designing a **self-service clinical authorization feature** in our Provider Portal for use by Providers who have demonstrated a high degree of competence in our clinical medical necessity guidelines. These Providers will be identified through analysis of clinical approval and denial rates. This feature will allow Providers to conduct their own authorization review using our clinical algorithms. All required documentation would still be submitted, and approvals rates would be monitored retrospectively to ensure Provider trends fall within the network benchmark. We are confident this will be another valuable tool for our Providers.

## TRACKING AND REPORTING (G.3.10)

### Prior Authorization Tracking Requirements (a)

We track all prior authorization requests in our Windward system and all staff receive consistent training on documentation requirements for the system with established policies, procedures, and desk references to support that consistency. All prior authorization requests, whether entered online by the Provider or our internal staff, include the name and title of the submitter and the date and time of the submission. Each request receives a number for tracking and reference purposes. Every action is time-stamped to determine the timeliness of the determination decision for the request. We will report the number and percentage of approved and denied requests to the Agency and our internal Quality committees. All information will be produced by for the Agency’s review on demand.

### Prior Authorization Denials (b)

When DentaQuest must render a denial of benefits determination, we document pertinent information in our Windward system including the name and title of the caller or submitter, a timestamp of the date and time of call or submission, a clinical synopsis inclusive of history and timeframes of the Member’s illness or condition, diagnosis and treatment plan, and the clinical guidelines or other rationale supporting the denial. These key data are summarized in the notification to the Member and Provider in writing along with their appeal rights.

Figure 12-G contains views of Windward with key elements of the prior authorization highlighted to demonstrate how our system contains all relevant data tied to the unique prior authorization number. Figure 13-G provides a screenshot to demonstrate how Windward houses all related documents with the prior authorization.

Figure 12-G: Prior Authorization views in Windward system

No.	Claim Numbers	Date Submitted	User Id	Claim Status	Pend Queue	Audit Status	Claim Audit Detail	Select
1						Original Entry	<a href="#">View Claim Version</a>	<input type="checkbox"/>
2						Change	<a href="#">View Claim Version</a>	<input type="checkbox"/>
3						Change	<a href="#">View Claim Version</a>	<input type="checkbox"/>
4	202301351273800	06/16/2023 11:37:08	E004 - Dr. Lisa Fortunato	Denied		Change	<a href="#">View Claim Version</a>	<input type="checkbox"/>

Receipt Date	Clean Date	Entry Date	Claim Priority	Claim Number	Workflow Status	Claim Status	Sub Group Number	Sub Group Name
06/16/2023	06/16/2023	06/19/2023	Standard	202301351273800		Denied	6001442387	Plan Name – Medicaid adult

Claim Type	Member ID	Member Last Name	Member First Name	Member DOB	Treating Provider Last Name	Treating Provider NPI	Provider Billing NPI
Prior Auth	111111111	DOE	JANE	11/22/1989	ATKIN	1234567891	1987654321

Proc Pcy	Det Date	Final Dec Date	Ins Pymt Fee	Max Calc Fee	Mbr Resp Fee	PMR ID	Network	Paid Under CAP Amt	Alt Bank A/C	AOB PMR Payment Indicator	Service Area	Par Status Selector	AOB Determination Type	
3904	06/20/2023 16:40:04	06/20/2023 16:40:04	2124			PMR2388NP	P2388	N	N	O	P	I	I	X

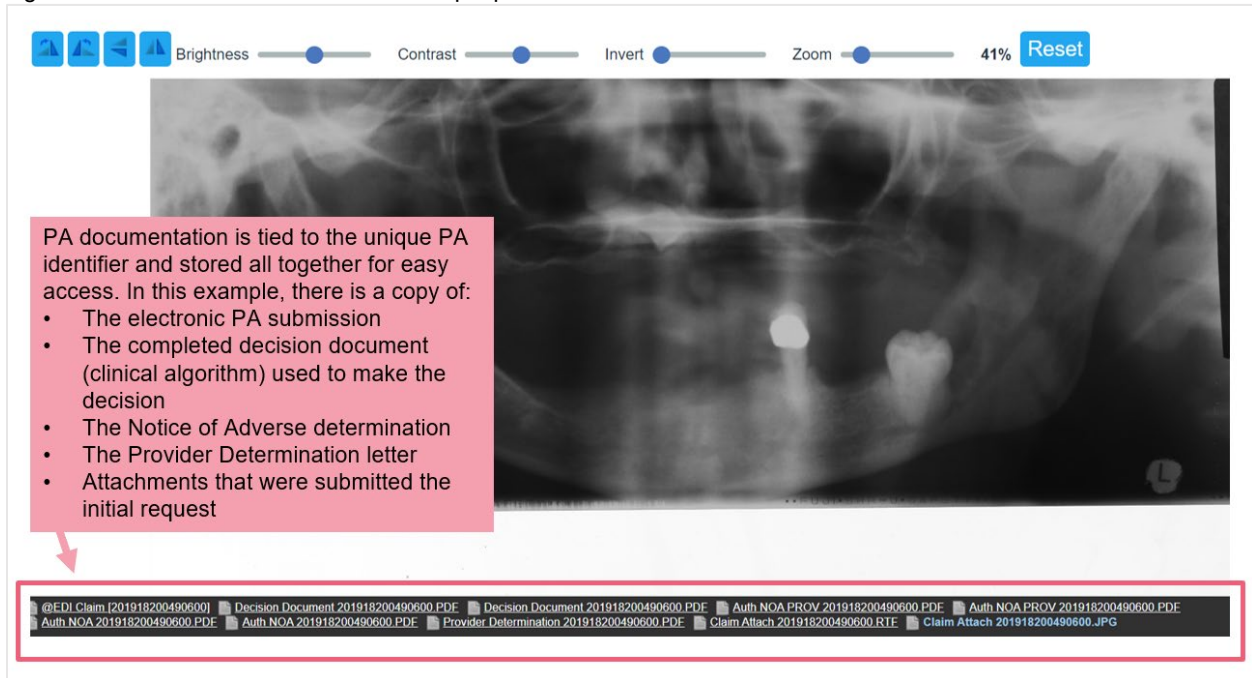
Per Dental Director review, service is denied. Bridges are covered to replace only 1 upper anterior tooth or only 2 adjacent lower anterior teeth. There cannot be any missing posterior teeth in the arch. Please refer to your ORM for covered benefits. (User)



Screenshot Key

- |   |                                      |
|---|--------------------------------------|
| 1. Dental Consultant who completed the review   | 4. Date authorization was received   |
| 2. Unique prior authorization identifier number | 5. Clinical denial reason            |
| 3. Provider name                                | 6. Date authorization was determined |

Figure 13-G: All documentation tied to unique prior authorization number



## POLICIES AND PROCEDURES (G.3.11)

DentaQuest utilizes comprehensive policies and procedures governing the service authorization process. These policies and procedures are modified for specific Iowa requirements and approved by appropriate UM/ Quality Committees and the Agency as required. Staff are trained on completed and approved policies and procedures initially and continually as updates are made.

## ENSURING CONSISTENT APPLICATION OF REVIEW CRITERIA (G.3.12)

DentaQuest’s UM team consists of 140 Clinical Review Specialists who have backgrounds in dental hygiene and dental assisting or have graduated from an accredited dental assisting program. We employ and contract with a staff of 44 Dental Consultants representing a range of specialties who on average bring 20+ years of clinical experience.

DentaQuest approach to ensure this staff maintains consistent application of review criteria includes five key elements:

1. A rigorous initial training program for both Clinical Review Specialists and Dental Consultants
2. Clinical algorithms to ensure alignment to Agency requirements
3. Interrater Reliability evaluations
4. On-going staff auditing
5. Policy to prohibit incentives to deny care (described in response to SOW Section G.3.21)

Each element is described in greater detail below.

## 1. Rigorous Initial Training

### ***Training for our Clinical Review Specialists***

DentaQuest’s comprehensive clinical training program includes education on recognition of appropriate clinical criteria; interpreting radiographs, Member charts, and models; market-specific requirements; and Windward system use and application. Our new UM training program was created by our Clinical Training department, which develops training updates at least monthly to address common Clinical Review Specialist inquiries, trends identified in IRR reviews and monthly audits, and changes in benefits, UM criteria, or covered populations.

New Clinical Review Specialists enter a three-day radiology certification training class. They must be able to recognize subcrestal decay, periodontal and dental abscesses, periodontal disease, bone loss, and furcation involvement. They learn the positions and types of impactions involved when tooth extraction is necessary, when general IV anesthetic should be approved for certain extractions, and how to determine the medical necessity of partial or full dentures.

Clinical Review Specialists must achieve a score of at least 95% on a final exam or will be unable to continue their employment with DentaQuest. Upon passing the radiology certification training program Clinical Review Specialists work one-on-one with DentaQuest’s clinical trainers to learn the clinical review process. This includes state requirements, EPSDT requirements, exceptions, and turnaround times.

Clinical trainers audit 100% of new Clinical Review Specialists’ work. Training is six months, or until the Clinical Review Specialist is proficient. A Clinical Review Specialist must consistently achieve at least a 95% score on all audits to be released from the training program.

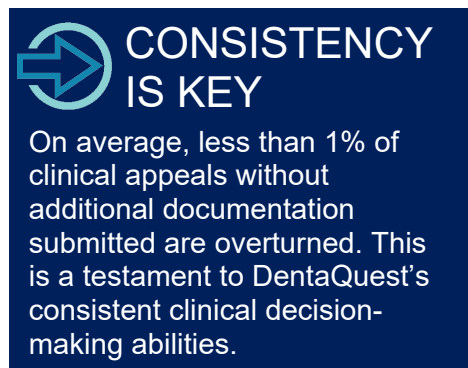
### ***Training for our Dental Consultants***

The Vice President of Clinical Management oversees the training of our Dental Consultants. Given all our Dental Consultants are licensed dentists, our training focuses on the state-specific clinical criteria and guidelines across all service categories, processes such as peer-to-peer calls; attending State Fair Hearings; and complaints, grievances, and appeals review. We provide training on our Windward system and functionality as well as state requirements, EPSDT requirements, exceptions, and turnaround times.

### ***Training on Iowa Medicaid Program Specifics***

DentaQuest will conduct training to educate our staff on Iowa requirements, local network, and local community resources. This training will include program-specific mandatory, voluntary, and excluded populations, geographic service areas, and program requirements and terminology. Our training will educate staff on cultural factors such as the prevalent language and demographics of the covered population, and Iowa-specific characteristics of our network.

We will document covered and non-covered services for the Medicaid program in our comprehensive Provider Manual that the Agency will review and approve during the implementation of the program. We train staff on how to navigate this manual and instruct them to use this comprehensive resource as the single source of truth for covered services. It is available in an easily searchable PDF.



**CONSISTENCY IS KEY**

On average, less than 1% of clinical appeals without additional documentation submitted are overturned. This is a testament to DentaQuest’s consistent clinical decision-making abilities.

## 2. Clinical Decision Support Algorithms to Ensure Alignment to Iowa Requirements

Clinical Review Specialists and Dental Consultants receive training on how to use our written criteria and decision support algorithms to apply clinical criteria to service authorization requests. Every service that requires clinical review has an associated algorithm aligning to unique state Medicaid medical necessity guidelines.

A clinical algorithm constitutes a series of "yes or no" decision points to drive toward a clinical decision on whether to approve or deny a service. Over the past two-and-a-half decades, we have created 1,000 client-specific algorithms to meet state and client requirements. Algorithms ensure DentaQuest makes consistent clinically sound decisions and fully in line with each state's unique medical necessity criteria and guidelines. An illustrative algorithm appears in Figure 14-G.

Figure 14-G: Illustrative Clinical Algorithm

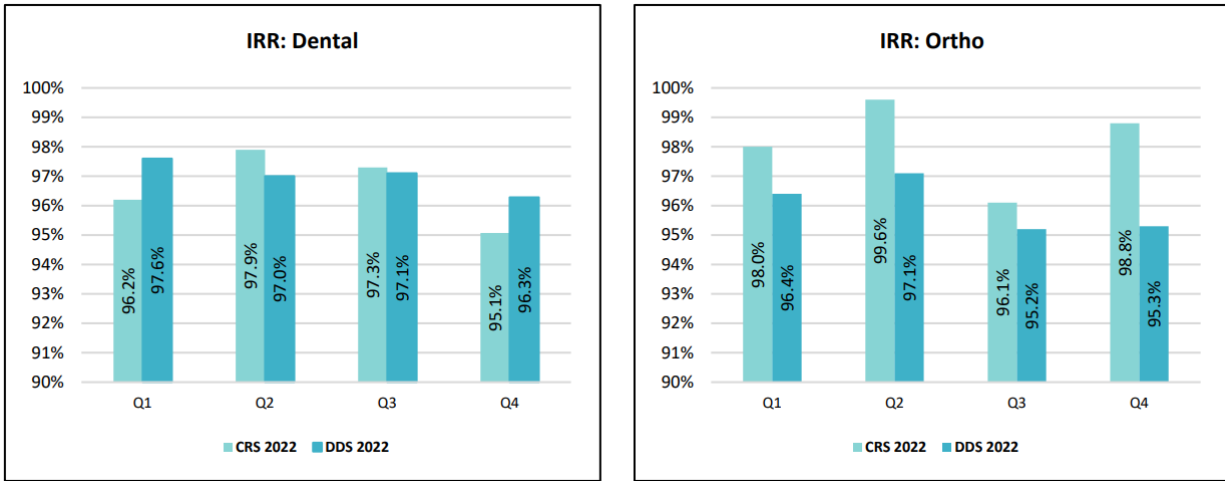
Crown Authorization Algorithm		
Validity Check	Decision	Action
1. Is there less than 50% bone support?	Y N	<b>Deny</b> Go to #2
2. Is there furcation involvement?	Y N	<b>Deny</b> Go to #3
3. Is there subcrestal decay (caries below the bone level)	Y N	<b>Deny</b> Go to #4
4. Does the tooth have an existing root canal fill?	Y N	Go to #5 Go to #6
5. Is there a clinically acceptable fill or is there a planned treatment?	Y N	Go to #6 <b>Deny</b>
6. Is there documentation or history indicating that a crown or bridge abutment was previously placed on this tooth?	Y N	Go to #7 Go to #8, 9, 10
7. Is the crown or bridge abutment defective or missing?	Y N	<b>Approve</b> <b>Deny</b>
8. If an anterior: Is there greater than 50% incisal edge involved (fractured/decayed) and/or 4 or more surfaces involved?	Y N	<b>Approve</b> <b>Deny</b>
9. If a bicuspid: Is there 1 cusp involved (fractured/decayed) and 3 or more surfaces involved/or planned root canal treatment?	Y N	<b>Approve</b> <b>Deny</b>
10. If a molar: Are there 2 cusps involved (fractured/decayed) and 4 or more surfaces involved/or planned root canal treatment?	Y N	<b>Approve</b> <b>Deny</b>

Our Clinical Review Specialists and Dental Consultants use a state and service specific algorithm for every clinical review. It is important to note only licensed Dental Consultants who have appropriate clinical experience in treating a Member's condition and who have no history of disciplinary actions or sanctions may render an adverse benefit determination.

## 3. Inter-rater Reliability (IRR) Evaluations

All clinical staff are required to participate in IRR evaluations quarterly, exceeding NCQA's requirement for annual IRR evaluation. IRRs audit a stratified random cohort sample of at least 10 Member cases. Our VP of Clinical Management selects cases with a level of complexity to test individuals' ability to determine medical necessity using the appropriate codes and policies. The goal is to identify areas where additional training is required, and in some cases, individual education. Staff must pass IRR with at least 90% consistency. As highlighted in Figure 15-G, DentaQuest's Clinical Review Specialists and Dental Consultants (tested separately for non-orthodontia and orthodontia) surpassed this standard in all quarters of 2022.

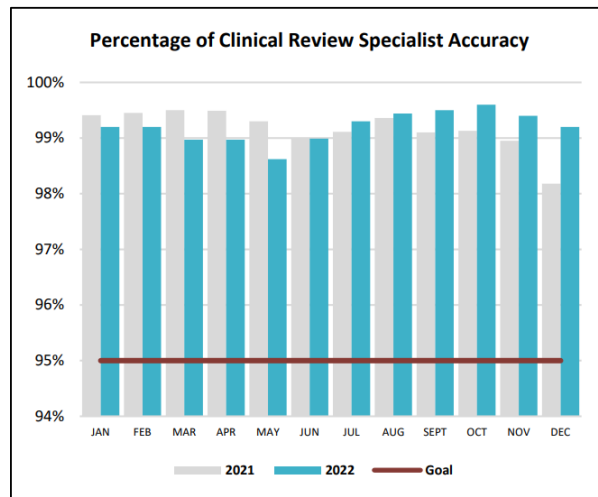
Figure 15-G: DentaQuest's UM team IRR scores surpass the 90% benchmark expectation



#### 4. Ongoing Auditing of Staff

DentaQuest operates a separate quality assurance team, inclusive of Clinical Auditors to conduct independent audits. Monthly, Clinical Auditors randomly select and review a statistically significant number of authorizations for each Clinical Review Specialist and Dental Consultant. The audit includes approvals and denials to confirm the accuracy of clinical and administrative determinations, compliance with UM policies, and appropriate referrals to Dental Consultants. If a Clinical Review Specialist does not receive a score of at least 95%, they will receive additional, individualized training. Results are incorporated into performance reviews. Figure 16-G provides the performance of our Clinical Review Specialist audits for

Figure 16-G: Audit results demonstrate above expectations for Clinical Review Specialists



the last two full years. In all months, the average was higher than the 95% benchmark.

#### REQUIRED PROVIDER CONSULT (G.3.13)

DentaQuest consults with the requesting Provider for medical services when appropriate, especially when there is a determination to deny a request or to approve a request for a limited scope or duration of service based on medical necessity. These determinations are made by a Licensed Dentist with appropriate expertise. Providers have a right to request a peer-to-peer discussion with a DentaQuest Dental Consultant following the denial of an authorization request. The denial notice includes the right to consultation and instructions for requesting one. Providers may call our toll-free line to request a conversation with the Dental Consultant who issued the adverse determination.

If the Provider can supply additional information to the Dental Consultant, they may reverse the determination. For example, in our Arizona market, we had 28 Peer-to-Peer consultation

requests out of 74,996 clinical denials in a single calendar year. Of the 28 requests, three resulted in a reversal of the initial decision as a result of the requesting Provider supplying additional information.

### **APPROPRIATE EXPERTISE (G.3.15)**

Licensed Dental Consultants are responsible for the monitoring of benefits decisions that have been initially reviewed by a Clinical Review Specialist to ensure they are made in a consistent, fair, and equitable manner. Clinical Review Specialists and non-clinical staff may not deny medical necessity cases. All medical necessity decisions that limit the amount, duration, or scope of a requested service are made by our Dental Consultants who are appropriately licensed and are of the same or similar specialty as the treating Provider. On a monthly basis, each Dental Consultant's denials are reviewed and audited by a Peer Dentist to confirm the accuracy of clinical and administrative determinations and must meet 95% quality metrics. If they do not receive a 95%, we will provide additional training.

### **TIMELY NOTICE OF AUTHORIZATION DECISIONS (G.3.17-G.3.18)**

#### **Notice**

DentaQuest has established processes designed to expeditiously make authorization decisions within Agency-established timeframes of 14 days for a standard request with a possible extension for another 14 days when the Member or Provider requests it or when we establish an extension that serves the Member's interests. When a Provider requests or our staff recognizes a need to expedite an authorization process based on the needs of the Member, we flag the request as expedited and follow our expedited request process.

#### **Exceptions to Notice Timeframe**

When a Member's condition may be negatively impacted by adhering to the standard timeframe, as determined by the Provider or our own assessment, we process the request using our expedited request process. This includes a special work queue that prioritizes the request above others not expedited, assuring a decision within 72 hours of the request for service.

#### **Process to Ensure Timely Authorization Decision-Making**

DentaQuest ensures timely and accurate review of authorization requests by establishing individual work queues in Windward for all incoming requests based on specific criteria such as turnaround time requirements. This ensures the most appropriate Clinical Review Specialist or Dental Consultant is assigned to review the request. We assign incoming requests a security level to route them to the correct work queue. Each Clinical Review Specialist and Dental Consultant has role-specific security assignments to ensure the appropriate actions are taken by the appropriate user before the authorization can be determined. Authorizations are then worked in a first-in-first-out manner.

Our Utilization Management Workflow Coordinators are responsible for ensuring determinations are completed in the required turnaround times. Coordinators monitor inventory reports each hour and assign requests to Clinical Review Specialists and Dental Consultants to ensure determinations are completed on time. UM leadership also maintains a report for all authorizations requiring medical necessity review to ensure timeframes are being met.



### PRIOR AUTHORIZATION PERFORMANCE METRIC (G.3.19)

We maintain an exceptional track record of timely authorization decision-making in states of similar size and/or scope to Iowa and have every confidence we will do so in Iowa. For example, in Texas, we consistently outperform Iowa’s Contract requirements as highlighted in Figure 17-G.

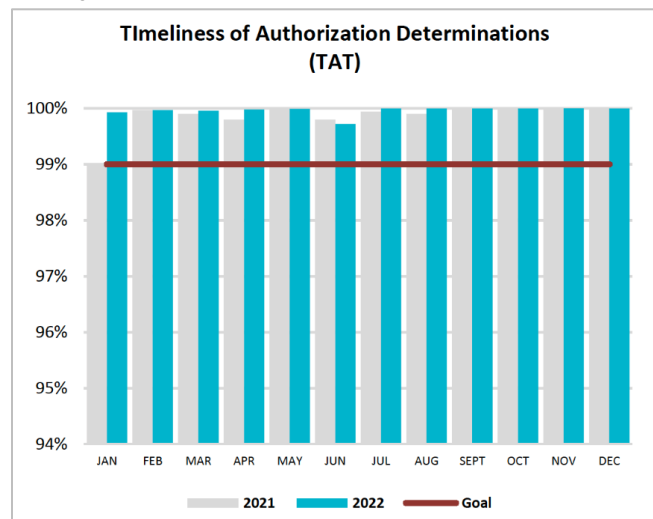
Figure 17-G: Timely Processing in Texas

Iowa Performance Standard	DentaQuest’s Texas Medicaid Performance in 2022
Standard service authorizations determined within 14 calendar days	Volume: 369,000 Average turnaround time of same calendar day
Expedited service authorizations determined within 72 hours of receipt	Volume: 47,000 Average turnaround time of 10 hours
Requests Meeting Timeliness Standard (99% required)	99.95%

Figure 18-G demonstrates that in both 2021 and 2022 **we met or exceeded our timeliness goal of 99% across all authorizations.**

For context, DentaQuest reviewed and determined a combined **5 million service authorizations in 2021 and 2022.**

Figure 18-G: DentaQuest’s exceptional track record for meeting authorization turnaround time requirements



### PROHIBITING INCENTIVES TO DENY CARE (G.3.21)

We maintain strict policies prohibiting the use of any form of incentive (for those individuals or entities who conduct UM activities) to deny Member care, including direct monetary compensation or indirect incentives such as hiring, promotions, or terminations. All clinical staff must sign an attestation at the time of hire and then again on an annual basis, stating no financial incentives or any other methods of non-monetary encouragement have been offered by any party that would adversely affect Medically Necessary services or benefit decisions. We maintain protections for whistleblowers and routinely promote our whistleblower policy throughout our facilities and our employee communications.

## DEVELOPMENT AND ADOPTION OF EVIDENCE-BASED PRACTICE GUIDELINES (G.4.01)

Unlike other health services, there are no nationally recognized published guidelines for dental services. In lieu of defined standards, DentaQuest develops its practice guidelines internally using evidence-based data, all of which will comply with the requirements 42 C.F.R. § 438.236(b)(1); 42 C.F.R. § 457.1233(c).

We establish practice guidelines and derive best practices using several different sources including:

- Evidence-based guidelines published by nationally recognized associations including: the ADA, the AAPD, the American Endodontic Society, the Academy of General Dentistry, the American Orthodontic Society, the American Association of Oral and Maxillofacial Surgeons, and the American Academy of Periodontology
- Clinical research from organizations such as the National Institute of Health
- Information contained in the current Code of Dental Terminology published by the ADA
- Information from practicing dentists, dental schools, and other dental-related organizations. For Iowa, this includes having Members on our Dental Advisory Committee.

We look to CMS's EPSDT requirements, nationally recognized dental associations, the ADA's Dental Quality Alliance, and peer-reviewed clinical research to establish best practices for our Providers. For example, as a best practice, we promote compliance with the AAPD's Dental Periodicity Schedule.

Dr. James Thommes, our VP of Clinical Management, leads the development of our evidence-based guidelines, and he will work closely with our Iowa Dental Director to establish our Iowa Practice Guidelines. Together, they will start by identifying any misalignment between our existing guidelines and the Agency's dental coverage and limitation guidelines for the Medicaid program. If they identify misalignment, we will use our standard processes and resources to either develop new guidelines or modify previously existing guidelines for the Iowa dental programs.

## GUIDELINES CONSIDER NEEDS OF MEMBERS AND HAVE NETWORK PROVIDER CONSULTATIVE INPUT (G.4.02-G.4.03)

We will take advantage of our Iowa Dental Advisory Committee, which will be comprised of participating Providers, sharing draft updates with them to gain input and recommendations for our consideration as we finalize the modified guidelines in advance of submission for approval. It is important to note our practice guidelines are not intended to be all-inclusive or absolute. DentaQuest will adopt practice guidelines that consider the needs of the Members. We encourage the receipt of additional information from Providers whenever they believe the Member's situation warrants special consideration, and we will adopt the practice guidelines in consultation with our network Providers. Once our guidelines are developed and approved, we publish them in our Provider Manual to promote full transparency. These guidelines are leveraged uniformly across claims disputes and service requests (prior authorization and retrospective reviews) to ensure consistency.

## PERIODIC REVIEW OF PRACTICE GUIDELINES (G.4.04)

We periodically review our practice guidelines against national trends and emerging clinical evidence and update them as appropriate. Our Peer Review Committee reviews our practice guidelines, and medical necessity criteria and algorithms at least annually or more often if

indicated by emerging information. Dr. Thommes facilitates the annual review of each guideline relevant to operational and utilization data, national trends, and any newly available research or national guidance. Based on this review, the Peer Review Committee makes recommended modifications and ultimately votes to approve or reject any proposed changes.

## FOLLOWING PRACTICE GUIDELINES (G.4.05)

DentaQuest decisions regarding UM, Member education, coverage of services, and other areas to which practice guidelines apply are consistent with practice guidelines. All services that require medical necessity review have an associated **clinical algorithm** Clinical Review Specialists and Dental Consultants must use to assess medical necessity. This process, along with IRR and ongoing audits, ensures our clinical staff is following practice guidelines.

## DISSEMINATING PRACTICE GUIDELINES AND BEST PRACTICES (G.4.06)

DentaQuest has several methods to engage with our Providers to ensure, first and foremost, they understand the guidelines and best practices and how to access them, and secondly, they are adopting these guidelines and practices into their everyday work.

Our goal is to make it easy for Providers to find and understand our guidelines and evidence-based best practice recommendations. They will be accessible on our public website, in the Provider Manual, on our Provider Portal, and other Provider communications, in addition to providing hard copies upon request.

Our Provider Manual contains specific information on clinical criteria, outlining exactly what is needed to demonstrate medical necessity for any given service (Figure 19-G contains an example from our Texas Medicaid Provider Manual).

Figure 19-G: Example of DentaQuest’s Clinical Criteria for stainless steel crowns, published in our Texas Medicaid Provider Manual

<p><b>Criteria for Stainless Steel Crowns</b></p> <p>In most cases, authorization is not required. Where authorization is required for primary or permanent teeth, the following criteria apply:</p> <p><b>Documentation needed for authorization of procedure:</b></p> <ul style="list-style-type: none"> <li>• Appropriate radiographs showing clearly the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.</li> <li>• Treatment rendered under emergency conditions, when authorization is not possible, will still require that appropriate radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.</li> <li>• Narrative demonstrating medical necessity if radiographs are not available.</li> </ul> <p><b>Criteria</b></p> <ul style="list-style-type: none"> <li>• In general, criteria for stainless steel crowns will be met only for teeth needing multi-surface restorations where amalgams and other materials have a poor prognosis.</li> <li>• Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and two or more cusps.</li> <li>• Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma, and should involve three or more surfaces and at least one cusp.</li> <li>• Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and at least 50% of the incisal edge.</li> <li>• Primary molars must have pathologic destruction to the tooth by caries or trauma, and should involve two or more surfaces or substantial occlusal decay resulting in an enamel shell.</li> </ul> <p>An authorization for a crown on a permanent tooth following root canal therapy must meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Request should include a dated post-endodontic periapical radiograph.</li> <li>• Tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the dentist’s ability to fill the canal to the apex.</li> </ul> <p><small>DentaQuest USA Insurance Company, Inc March 1, 2023 Current Dental Terminology © American Dental Association. All Rights Reserved.</small></p>	<p style="text-align: right;">90</p> <p>DentaQuest USA Insurance Company</p> <ul style="list-style-type: none"> <li>• The filling must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.</li> </ul> <p>To meet criteria, a crown must be opposed by a tooth or dentures in the opposite arch or be an abutment for a partial denture.</p> <ul style="list-style-type: none"> <li>• The patient must be free from active and advanced periodontal disease.</li> <li>• The permanent tooth must be at least 50% supported in bone.</li> <li>• Stainless steel crowns on permanent teeth are expected to last five years.</li> </ul> <p>Authorization and treatment using stainless steel crowns will not meet criteria if:</p> <ul style="list-style-type: none"> <li>• A lesser means of restoration is possible.</li> <li>• Tooth has subosseous and/or furcation caries.</li> <li>• Tooth has advanced periodontal disease.</li> <li>• Tooth is a primary tooth with exfoliation imminent.</li> <li>• Crowns are being planned to alter vertical dimension.</li> <li>• Treatment Plan (prior-authorized, if necessary).</li> <li>• Narrative describing medical necessity for OR.</li> </ul>
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In addition to making this information available to Providers, our Provider Relations Representatives will provide initial and ongoing education on a range of issues including the UM Program, and resources available on and through the Provider website and Provider Portal. Provider Relations Representatives will visit each office at least annually, and practices have access to the representative via a direct line should an issue or question arise.

When we update or publish new guidelines, we make sure our Provider resources accurately reflect those changes. We will advise of updates in our Provider Newsletter or through a fax blast. If a particular change is significant and its effects are widespread, our Iowa Dental Director would conduct webinars and in-person training sessions as needed to promote understanding.

## QUALITY PROGRAM OBJECTIVES (G.5.01)

DentaQuest's Quality Management/Quality Improvement (QM/QI) is integrated throughout the organization and drives our planning, performance, and activities which ensure our Members receive the appropriate oral health care and service delivery options from Providers. Our QI Program objectives are as follows and include plan-wide involvement with multidisciplinary stakeholders:

- Establish and maintain a QM/QI and appropriate subcommittees with adequate Provider representation
- Monitor performance measures to determine outcomes of care and trends indicating areas requiring interventions for improvement and continued monitoring to assess interventions for effectiveness
- Establish and maintain a process for continuously monitoring over- and under-utilization of dental care and services
- Promote preventive dental health services, patient safety and quality of dental care provided to Members
- Monitor and evaluate the service delivery system including the Provider network
- Proactively assess the quality-of-care delivery to identify potential areas for improvements
- Develop and implement comprehensive quality management and performance improvement projects ("PIP") to address trends and deficiencies identified through monitoring activities, reviews of complaints, oversight of Provider activities, utilization management reviews, and Member and Provider satisfaction survey results
- Achieve compliance with federal, state, and accreditation requirements and goals
- Identify best practices for quality management and performance improvement
- Ensure the availability of culturally and linguistically appropriate service through systematic monitoring and improvement activities
- Allocate and distribute resources necessary to support quality improvement initiatives

To demonstrate plan-wide involvement, multidisciplinary meetings are held to discuss progress and outcomes ensuring contractual requirements are met and appropriate care is provided to not only meet objectives but serve our Members. Quality is a continuous, flowing entity and our staff is flexible and sensitive to the needs of appropriate evaluation and timely follow-through of programs and results, as well as measurable and realistic objectives that provide a picture of the real-time health of our Members.

## QI PROGRAM REQUIREMENTS (G.5.02)

DentaQuest's QM/QI meets the requirements of 42 C.F.R. Part 438 subpart E, and NCQA and URAC accreditation standards as demonstrated by our successful accreditation with each. Our Quality work plan and program evaluation will be exclusive to Iowa's Medicaid Oral Health program. We communicate our QM/QI to Providers through newsletter updates, the Provider manual, the Provider portal, and through initial and ongoing Provider training. We communicate the program to Members through Member materials and the Member website. We will submit our Quality Management program description and five-year work plan to the Agency for approval within sixty days after contract initiation. The Program materials will contain all required Program elements described in SOW G.5.02.a-n (Figure 20-G).

Figure 20-G: QI Program Requirements

Requirement	Program Element To Address Requirement
a. An annual and prospective five-year QM/QI work plan that sets measurable goals, establishes specific objectives, identifies the strategies and activities to be undertaken, monitors results and assesses progress toward the goals	DentaQuest will develop and submit an annual and prospective 5-year QM/QI plan based on the information collected from the analysis of population health needs and in collaboration with MCOs and community organizations such as the I-Smile Coordinators. Our annual work plan establishes the specific goals and objectives to be accomplished in the year and the strategies and activities to be implemented to accomplish those objectives. Each annual plan will reflect the overarching vision of the 5-year plan with incremental strategies to accomplish the longer-term goals. The work plan will be submitted to the Agency for approval, and we will work collaboratively with the Agency and the EQRO to incorporate changing needs and the Iowa population into our planning process.
b. Dedicated resources (staffing, data sources and analytical resources), including a QM/QI committee that oversees the QM/QI functions	DentaQuest's Quality Program Description will detail the dedicated resources needed to accomplish the goals of the QM/QI workplan including the committee structure that has oversight accountability for the quality program and all operational areas of the plan.
c. A process to monitor variation in practice patterns and identify outliers	DentaQuest routinely monitors Provider practice patterns and service utilization trends to identify Providers exhibiting best practice and those with potential need of coaching. Metrics used include cost, HEDIS quality metrics, frequency of ED and inpatient procedures, and percent of denials.
d. Strategies designed to promote practice patterns that are consistent with evidence-based clinical practice guidelines through the use of education, technical support, and Provider incentives	DentaQuest strategies to promote evidence-based practice patterns include transparent communications with Providers about evidence-based clinical guidelines used and high touch support for Providers. Support is provided through group and individual training, financial and nonfinancial incentives for high performing dental homes, and one-on-one technical support for practices with questions, concerns, or evidence they are struggling with program requirements- such as high denial rates.
e. Analysis of the effectiveness of treatment services, employing both standard measures of symptom reduction/management, and measures of functional status	DentaQuest uses advanced analytics to assess treatment effectiveness that includes standard measures such as services per 1,000 and TDENT.
f. Written policies and procedures for quality improvement including	DentaQuest has NCQA compliant processes for the development of policies, procedures, and program documentation. For



Requirement	Program Element To Address Requirement
methods, timelines, and individuals responsible for completing each task	example, the Quality Program Description and our Case Management program description overview and detail the specific quality methodologies followed, the timelines established for each program and/or intervention and the specific individuals responsible for tasks and for oversight of each intervention.
g. System for monitoring services, including data collection and management for clinical studies, internal quality improvement activities, assessment of special needs populations and other quality improvement activities found valuable by the Contractor or required by the Agency	DentaQuest monitors each provided service and operational area using defined performance indicators. Each Quality Committee meeting is dedicated to reviewing performance metrics for specific operational areas as well as reviewing and approving individual clinical studies, population needs assessment, including Members with special health care needs, and defining, implementing, and monitoring process improvement projects. Goals or benchmarks are set against which we measure performance and develop interventions to improve areas where opportunities exist for better Member outcomes.
h. Incorporation of clinical studies and use of HEDIS rate data, dental health care quality measures for Medicaid-eligible adults described in Section 1139B of the Social Security Act, using the survey tool identified by the Agency and data from other similar sources to periodically and regularly assess the quality and appropriateness of care provided to Members	<p>DentaQuest measures the quality and appropriateness of care for Members using surveys to assess Member satisfaction with their dental plan and to determine if they received the information and help they need. Our survey is telephonic and targeted to Members who had a dental visit in the past year. To achieve a representative sample, the total desired number of completions is 100 per client/plan type.</p> <p>It is managed jointly by DentaQuest and a third-party research vendor, though all data collection and tabulation are handled by the third-party vendor.</p> <p>The survey questions were developed by subject matter experts in the dental care industry, using NCQA standards, as well as key metrics for assessing the Member experience. Members provide feedback on the dental care they received, customer service support, appointment availability, self-assessment of oral health, and prior authorizations.</p> <p>We perform an analysis by running demographic segment cross-tabulations and significance testing is performed at the 95% confidence level. A final report of survey results is available from the prior year on January 31 with a trend analysis for multi-year studies. The final report includes an executive summary, methodology, statistical significance where applicable, and results are reported in total as well as by specific segments, when applicable. A summary of results is shared with DentaQuest's Quality Improvement Committee where opportunities for improvement are identified, and initiatives implemented.</p>
i. Submit a report on any performance measures required by CMS	DentaQuest will submit required reports on CMS-416 EPSDT performance measures as required by CMS as we currently do in other Medicaid Markets.
j. Implement utilization of and report on all quality measures required by the Agency, as described in Section N, including, but not limited to quarterly health	DentaQuest confirms it will report on all quality measures required by the Agency as described in SOW Section N.

Requirement	Program Element To Address Requirement
outcomes and clinical reports, and the measures within Agency-approved value-based purchasing contracts	
k. Procedures for collecting and assuring accuracy, validity and reliability of performance outcome rates consistent with best practice protocols developed in the public or private sector	DentaQuest adheres to all nationally set methodologies, such as the Dental Quality Alliance, HEDIS, and CMS-416 to collect and assure accurately, validated and reliability of outcomes rates.
l. Procedures for a Provider pay-for-performance program	DentaQuest has proposed procedures for a value-based pay-for-performance program thoroughly detailed in our response in SOW Section E.
m. Member incentive programs aligned with the Healthiest State Initiative and other quality outcomes	DentaQuest uses Member incentive programs designed to reward Members for accessing preventive care in alignment with the Healthiest State Initiative and Iowa's stated goals.
n. Procedures to assess Member satisfaction not already defined.	In addition to assessing Member satisfaction through annual surveys, we leverage specific surveys to determine opportunities for improvement such as surveys to assess satisfaction with case management or the customer support line.

## MEMBER INCENTIVE PROGRAMS (G.5.03-G.5.04)

DentaQuest's experience designing and implementing Value-Added Services (VAS) for five state Medicaid programs (Florida; Louisiana; New Hampshire; Texas; and going live in 2024, Oklahoma) informs our approach for Iowa.

DentaQuest views Member incentive programs as one element of a robust, multi-program strategy to help increase the number of Members receiving preventive care. DentaQuest will be offering its Iowa Members several incentives to reward healthy behaviors, as well as actual CDT code benefits, as highlighted in Figure 21-G.

Figure 21-G: DentaQuest's Proposed VAS for Iowa

Member Incentive	Description
Healthy Behaviors Incentive – \$20 gift card for preventive visit/sealant placement	To promote preventive care, child and adult Members who receive a preventive dental visit within the first 90 days of enrollment, or child Members ages 6-14 who receive a dental sealant will be eligible for a \$20 gift card that can be used to purchase oral health and over-the-counter products or healthy foods like fruits and vegetables.
Healthy Behaviors Incentive – \$15 gift card for completing Initial Oral Health Risk Screening	Completing the Initial Oral Health Risk Screening is critical to ensuring DentaQuest can provide the right level of support and coordination to each Member. Adult Medicaid Members who complete their risk assessment within 90 days of enrollment will receive a \$15 gift card, which can be used to purchase oral health and over-the-counter products and healthy foods like fruits and vegetables.

<p>Healthy Behaviors Incentive – \$15 gift card for participating in opioid safety education</p>	<p>With this VAS, we aim to promote responsible pain management and reduce the risk of Members becoming newly addicted to opioids. Adult Members who have a tooth extraction will be eligible to receive a \$15 gift card after completing an online assessment and watching a video on opioid safety and alternative pain management options for acute pain (e.g., NSAIDs and acetaminophen). The gift card can be used to purchase oral health and over-the-counter products and/or healthy foods like fruits and vegetables.</p>
<p>Healthy Behaviors Incentive – \$50 gift card for receiving two preventive dental visits in a 12-month period</p>	<p>Members will be rewarded with a \$50 gift card for receiving two preventive dental visits in a 12-month period. Child and adult Members are eligible for this incentive. The gift card can be used to purchase oral health and over-the-counter products and/or healthy foods like fruits and vegetables.</p>
<p>Enhanced preventive benefits for high-risk and pregnant populations</p>	<p>For Members who qualify as high risk or are pregnant, we will cover one additional Adult prophylaxis (D1110), Topical application of fluoride varnish (D1206), Topical application of fluoride (D1208), Scaling in presence of generalized moderate or severe gingival inflammation (D4346), and Periodontal Maintenance (D4910). High risk Members may include those with diabetes or heart disease.</p>
<p>Curodont™ Repair Fluoride Plus, a new minimally invasive option</p>	<p>Curodont Repair Fluoride Plus naturally rebuilds and repairs enamel at the first sign of an early-stage cavity - without drilling or staining. This non-invasive, easy-to-use treatment uses a proprietary peptide to help teeth naturally remineralize. Unlike fluoride, which only promotes remineralization on the tooth's surface, Curodont uses calcium, phosphate, and other minerals found in the patient's own saliva, to rebuild down to the depth of the lesion.</p> <p>There are no injections, and the procedure can be completed in under 10 minutes providing a positive experience for the Member. The procedure is simple, requiring minimal training on its use. Because there is no drilling, other dental professionals such as hygienists can typically apply it freeing up time for dentists to do more complex procedures for other patients.</p> <p>The ADA will be assigning Curodont its own CDT code in 2024, which DentaQuest will cover through this VAS.</p>
<p>Teledentistry Bundled Payments</p>	<p>As part of our comprehensive VAS offerings, all our Members will have access to teledentistry services. DentaQuest has designed two teledentistry bundle payment models – one focused on dental emergencies, and the other focused on prevention – that allow for synchronous and asynchronous encounters.</p> <p>While any of our Providers will be able to provide these services, we will provide Members with access to Iowa licensed and credentialed Providers through our partnership with Teledentistry.com. Using a mobile phone, Members will be able to access a Provider 24/7 who can conduct a limited oral evaluation, prescribe medication, and make appropriate referral to a dental home. Teledentistry will be a useful tool for Members in rural areas, as well as those with dental emergencies.</p> <p>For the preventive service bundle, teledentistry.com will prescribe fluoride varnish and guide the parent/caregiver in applying it to their young child's teeth during a virtual visit. DentaQuest will cover the fluoride varnish application (D1206) as part of this VAS.</p>

In alignment with the SOW, DentaQuest understands the Agency will evaluate our proposed VASs prior to implementation and that its approval does not confirm the legality of any VAS. We understand VASs will be provided at no additional cost to the Agency, nor are they reportable as

allowable medical or administrative expenses. Lastly, we do not pass on the costs of our VASs to Providers. DentaQuest adheres to all these guidelines in the states where it offers VASs.

**Member Incentive Program Payment Restrictions**

As mentioned above, DentaQuest has a variety of Member Incentives. DentaQuest complies with all federal and state regulations and contractual requirements including 42 C.F.R. § 438.104; 42 U.S.C. § 1320a-7b (Anti-Kickback Statute); 42 U.S.C. § 1395nn (Stark law).

**QI COMMITTEE (G.5.05)**

DentaQuest has structured QI committees that meet regularly to discuss and review metrics and trends regarding the quality of service to Members and evaluate progress toward goals. These committees meet regularly throughout the year with advanced planning and notice to attendees and the Agency. The Quality Improvement Committee (QIC) meets at least quarterly. Written meeting minutes are logged at all meetings and available upon approval at subsequent meetings.

The QIC and various subcommittees work independently and collaboratively to establish and review KPIs and other quality measures. Representation across other departments promotes collaboration across the organization. The QIC directs, reviews, analyzes, and evaluates the progress and results of the quality activities, publishes the findings for appropriate staff and departments, directs and analyzes periodic reviews of customer service utilization patterns, oversees the activities for the utilization review programs, and evaluates the plan annually. The QIC reviews and approves the QM/QI Description, Work plan, program evaluation, and Performance Improvement Projects (PIPs) before submission to the Agency. Figure 22-G below demonstrates the various committees, Members, meeting frequencies, and responsibilities.

Figure 22-G: DentaQuest’s Quality Committees

Executive Committee	
Chair	DentaQuest’s organizational Chief Executive Officer
Members	Senior Management
Meeting frequency	Quarterly
Responsibilities	Governing body of our organization responsible for all quality improvement activities and ensuring they are incorporated into all processes throughout the organization
Quality Improvement Committee (QIC)	
Chair	Dental Director, Director, Compliance & Quality
Members	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">                     Includes, but is not limited to management from the following departments:                     <ul style="list-style-type: none"> <li>• Clinical Management</li> <li>• Utilization Management</li> <li>• Customer Service</li> <li>• Fraud Prevention and Recovery</li> <li>• Operations</li> <li>• Chief Ethics and Compliance Officer</li> <li>• Provider Operations</li> </ul> </div> <div style="width: 35%;"> <ul style="list-style-type: none"> <li>• Grievances and Appeals</li> <li>• Client Engagement</li> <li>• Provider Engagement</li> <li>• Claims</li> <li>• Quality Management Director</li> <li>• Provider Enrollment and Credentialing</li> <li>• Providers</li> </ul> </div> </div>
Meeting frequency	At least quarterly
Reporting	Reports to Executive Committee and Board of Directors
Responsibilities	<ul style="list-style-type: none"> <li>• Develops and implements written QM/QI plan</li> <li>• Ensures all quality improvement initiatives indicated on the work plan are completed</li> <li>• Provides oversight and guidance to other subcommittees and directs them in specific improvement areas</li> <li>• Ensures all aspects of the QI and UM programs meet compliance with NCQA, URAC, and other accreditation and regulatory and/or contracted bodies</li> <li>• Publicizes findings for appropriate staff and departments</li> <li>• Reports findings and recommendations to executive management</li> </ul>

	<ul style="list-style-type: none"> <li>• Works with the QIUM to design and perform appropriate interventions and measure change</li> <li>• Establishes and approves quality and service indicators and performance goals</li> <li>• Monitors reports of quality improvement activities, identify performance that does not meet set goal, and develop corrective actions, as necessary</li> <li>• Approves quality improvement projects to undertake</li> <li>• Monitors progress in meeting quality improvement goals</li> <li>• Performs annual review of program descriptions, clinical guidelines, and work plans</li> <li>• Evaluates the effectiveness of the quality management program annually</li> <li>• Conducts quarterly review of KPIs and service indicator performance for functional areas</li> <li>• Monitors and reviews KPI and service indicator performance over time to identify trends</li> <li>• Evaluates the performance, activities, follow up actions of KPIs</li> <li>• Identifies deficiencies, issues, and processes that impact quality of care and acts</li> </ul>
<b>Quality Improvement Utilization Management Subcommittee (QIUM)</b>	
Chair	VP, Clinical Management
Members	Includes, but is not limited to, management from the following departments: <ul style="list-style-type: none"> <li>• Quality Improvement</li> <li>• Provider Operations</li> <li>• Credentialing</li> <li>• Customer Service</li> <li>• Claims</li> <li>• Grievances and Appeals</li> <li>• Fraud, Prevention and Recovery</li> <li>• Utilization Management</li> <li>• Client Engagement</li> </ul>
Meeting frequency	Monthly
Reporting	Reports to QIC
Responsibilities	<ul style="list-style-type: none"> <li>• Develops KPI metrics defining the performance and effectiveness of key functional business areas</li> <li>• Conducts monthly review of KPIs and service indicator performance for UM</li> <li>• Monitors and reviews KPI and service indicator performance over time to identify trends</li> <li>• Evaluates the performance, activities, follow up actions of KPIs</li> <li>• Identifies deficiencies, issues, and processes that impact quality of care and acts</li> <li>• Records meeting activities and ensures action items are addressed until resolution</li> <li>• Develops procedures to ensure follow up has taken place to evaluate program activities</li> <li>• Collaborates with stakeholders including Providers, Members, and state agencies</li> </ul>
<b>Delegation Oversight Subcommittee</b>	
Chair	Director, Compliance & Quality
Members	<ul style="list-style-type: none"> <li>• Provider and Enrollment Credentialing Specialist</li> <li>• Supervisor, Utilization Management Support</li> <li>• Director, Business Optimization</li> <li>• Manager, Scanning and Intake</li> <li>• Director, Information Technology Security</li> <li>• Regional Director, Provider Engagement</li> <li>• Director, Provider Operations</li> </ul>
Meeting frequency	Quarterly
Reporting	Reports to QIC
Responsibilities	<ul style="list-style-type: none"> <li>• Interdisciplinary forum that monitors and evaluates subcontractors</li> <li>• Monitors and reports on subcontractor performance</li> <li>• Determines corrective actions and ensure follow up</li> </ul>
<b>Credentialing Subcommittee</b>	
Chair	Vice President, Clinical Management
Members	<ul style="list-style-type: none"> <li>• Dental Consultants</li> <li>• Vice President, Fraud Prevention and Recovery</li> <li>• Credentialing Specialists</li> </ul>
Meeting frequency	At least bi-weekly



Reporting	Reports to QIC
Responsibilities	<ul style="list-style-type: none"> <li>Provides a professional and qualified group of practitioners for our various networks using the approved standards through due process.</li> <li>Conducts investigation of all Provider credentials</li> <li>Approval of Providers to participate in the plan</li> <li>Administering the credentialing policies</li> <li>Conducts initial credentialing, re-credentialing, and reconsideration reviews</li> <li>Reviews any Medicare/Medicaid, and/or state licensing actions against any Provider that occurs in the interim between the credentialing cycles</li> </ul>
Peer Review Subcommittee	
Chair	Vice President, Clinical Management
Members	<ul style="list-style-type: none"> <li>Dental Consultants</li> <li>Senior Clinical Investigators</li> <li>Clinical Investigators</li> </ul>
Meeting frequency	Meets quarterly, or as necessary
Reporting	Reports to QIC
Responsibilities	<ul style="list-style-type: none"> <li>Reviews and assesses Provider performance and utilization to support the delivery of quality services to Customers</li> <li>Reviews compliance with performance standards, survey results, and grievances and appeals and recommends action</li> </ul>

## DENTAQUEST ESTABLISHES, IMPLEMENTS AND EVALUATES QAPI PROGRAM (G.5.06, G.5.18, G.5.26)

Quality Improvement is the framework for which improvements within the DentaQuest organization are identified, built, monitored, and evaluated. Our QAPI program is comprehensive in that it is collaborative, involving plan-wide departments and multidisciplinary staff who value the foundation quality improvement brings to our successful program. By ensuring QI is a cornerstone of our organization, we provide quality dental healthcare services, ensure patient safety, and improve access to dental services for our Members. Annually, the QI Program Description and Work Plan are developed, reviewed, and then approved through our QI Committee structure and include QI services planned for our internal and external stakeholders as well as our Members and Providers.

Through our program, we are consistently evaluating and re-evaluating performance to ensure effectiveness and overcome any barriers we may face. By utilizing clinical performance measures such as DQA and CMS-416, and additional quality measures, we track, trend, and monitor results to assess performance to goals. Through mutual efforts of various stakeholders, we address health disparities and improve health care deficiencies by implementing interventions that target appropriate Member populations. From these data, we assess needed changes or monitoring for implementation in our QAPI program.

For the 2022 QAPI Evaluation, wellness activities were reviewed to encourage Members with postcard mailings, targeted education, call campaigns, and Provider-based interventions to encourage dental services and oral health care. Member and Provider satisfaction surveys are reported in the annual evaluation with year-over-year reporting of results with recognition of success and/or areas for improvement. As directed by Agency, DentaQuest will submit measures and report on its performance. Various data including claims and appeals and grievances are reported within the QAPI evaluation with year-over-year data and will be discussed below.

## PIP CLINICAL AND NON-CLINICAL AREAS (G.5.07)

We carefully design clinical and non-clinical PIPs to achieve and sustain statistically significant improvement in areas that either address Agency priorities or where interventions will result in

improved satisfaction or improved oral health outcomes (with measures centered around PDENT, DQA initiatives, and HEDIS). We also select PIP topics based on state Medicaid Agency requests or to align with their program goals.

All PIPs follow CMS implementation protocol based on development, monitoring, and reporting. Once a successful PIP is established, our QIC discusses and approves the changes to be implemented. The QIC performs an annual evaluation of the PIP. Many of our successful PIPs are being evaluated for potential implementation across our other state Medicaid and CHIP programs, which is a benefit of working with a DBA with significant experience and best practices to share. In Iowa, our in-state clinical team, led by our Iowa Dental Director, will help create, design, and implement meaningful projects for our Member populations.

### **Definition of PIP Aim and Goals**

Once we identify a PIP focus area, we analyze it and craft a clearly defined initial aim statement identifying the target population and include feasible, yet ambitious and measurable goals. We then identify measurable quality indicators to track over time. We pull baseline data to use as a comparison during the evaluation phase of the project. Scientific principles and research practices govern these steps to ensure the validity of the data. We establish monitoring intervals based upon the study topic and the timeline established during the definition phase and include interim evaluations so we may change course if the interventions are not effective.

### **Development of PIP Intervention**

An analysis of all factors is the next critical step toward developing and designing an effective intervention. Components of the analysis include data, process design, surroundings, culture, education, and access to care. This provides additional insight into the root cause and can reveal key relationships among the different variables. Using this analysis, we develop an intervention that includes actions that, based on our nationwide experience and inputs from Providers and key community stakeholders, we expect to result in improvements over the prescribed time. We then update our aim statement to specify the intervention.

### **PIP Evaluation**

To determine success, we evaluate the intervention and whether we have attained the goals set when defining the project. This evaluation applies methodologies consistent with statistically valid and scientifically based principles of quantitative and qualitative analysis. Once this phase is complete, the results are presented to the Quality Improvement Committee (QIC) for discussion. Should the interventions not demonstrate success, we initiate the PDCA cycle to ensure ultimate effectiveness and sustainability over time. Once success has been established, we implement the required changes upon discussion and approval by the QIC. We include an evaluation of the PIP in the annual QI evaluation regardless of the project outcome. This allows for incremental progress for PIPs that span more than one year. At DentaQuest, most PIPs last two to three years.

### **PIP Sustainability Analysis**

The final phase is the control phase, which consists of monitoring and evaluating whether the improvement has been sustainable. Once success is attained, the project is presented to the QIC, and a final report is generated. Figure 23-G below describes a PIP for increasing oral evaluations in Texas.

Figure 23-G: DentaQuest Improves Oral Health for Children in Texas

### INCREASING ORAL EVALUATIONS FOR YOUNG CHILDREN IN TEXAS

The Southeast and Gulf Coast Counties in Texas have historically low Medicaid dental utilization. The rates of children ages 6-35 months of age had particularly low utilization compared to the state average. DentaQuest implemented a Performance Improvement Project to increase utilization of oral evaluations (D0145) among this targeted demographic.

We leveraged the following interventions as part of the PIP:

- Conducted an **outbound call campaign** to parents of Medicaid Members ages 6–35 months in the target area to provide education and information about the importance of receiving an oral evaluation and **assisted with scheduling an appointment** with their PDP
- Performed **targeted community outreach** with Child Care Management Services daycare facilities and preschools in socioeconomically disadvantaged segments of the targeted regions to provide oral health education and materials to promote the importance of early and periodic dental care.
- Conducted **Provider education** to First Dental Home Providers to conduct outreach to, and schedule appointments with these targeted Members for their oral evaluation.

Using a 0.05 (or 95%) confidence interval in our calculations, DentaQuest has enhanced and **achieved a statistically significant level** of improvement – we experienced a **1.25% increase in the number of qualifying Members** who received a D0145 service during the first year of the project.

### PERFORMANCE MEASUREMENT DATA (G.5.08)

DentaQuest’s comprehensive QAPI program utilizes various nationally recognized dental associations such as DQA, NCQA, HEDIS, federal and state guidelines, and client-specific measures to assess performance, measure, analyze, and report data. These data are tracked to ensure Members have access to and receive appropriate services to quality dental services. By tracking and trending these measures through qualified methods, we monitor utilization including over and under-utilization, and implement interventions as necessary to improve Member outcomes.

DentaQuest regularly collects and submits performance measurement data to our state Medicaid agency clients. Depending on our goals, and the state requirements, DentaQuest may report one or many of the measures featured in Figure 24-G below. We typically assess our PIPs and other quality improvement efforts against a measure or measures featured here.

Figure 24-G: Dental Quality Measures to Assess PIP Performance

Source	Measure	Description of Dental Quality Measure
DQA	Oral Evaluation	Percentage of children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year
	Topical Fluoride for Children	Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications within the reporting year
	Sealant Receipt on Permanent 1st Molar	Percentage of enrolled children, who have ever received sealants on a permanent first molar tooth: (1) at least one sealant and (2) all four molars sealed by 10th birthdate
	Sealant Receipt on Permanent 2nd Molar	Percentage of enrolled children, who have ever received sealants on a permanent second molar tooth: (1) at

		least one sealant and (2) all four molars sealed by the 15th birthdate
	Usual Source of Services	Percentage of children enrolled in two consecutive years who visited the same practice or clinical entity in both years
	Care Continuity	Percentage of children enrolled in two consecutive years who received a comprehensive or periodic oral evaluation in both years
	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Number of emergency department visits for caries-related reasons per 100,000 Member months for all children
	Follow-Up after Emergency Department Visits for Dental Caries in Children	Percentage of ambulatory care sensitive Emergency Department (ED) visits for dental caries among children 0 through 20 years in the reporting period for which the Member visited a dentist within (a) 7 days and (b) 30 days of the ED visit
CMS-416 EPSDT Report	Total Eligibles Receiving Any Dental Services	Percentage of Medicaid-eligible children with 90 days continuous enrollment who had at least one dental service
	Total Eligibles Receiving Preventive Dental Services	Percentage of Medicaid-eligible children with 90 days continuous enrollment who had at least one preventive dental service
	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Percentage of Medicaid-eligible children ages 6-9 and/or 10-14 with 90 days continuous enrollment who received a sealant on a permanent molar tooth

## OVER/UNDER-UTILIZATION DETECTION (G.5.09)

Central to the definition of quality care is avoiding over-treatment/utilization. The most effective first step to identify potential over-treatment/utilization is to compare the practice patterns of similar Providers in the same geographic location to identify those Providers who perform outside the norm when compared to their peers, or “outliers.” Once we identify a pattern of excessive utilization has been identified using claims data, our next step would be performing a quality review by in-house DentaQuest Dental Consultants with oversight by the Iowa Dental Director. The purpose of this review is to allow a peer evaluation of the data and actual submitted claims to determine appropriateness and/or necessity. In cases where care provided is deemed non-medically necessary, or inappropriate, DentaQuest takes remedial action.

Equally important to monitoring over-utilization is under-utilization, which is common in Medicaid dental programs. Preventing disease is the foundation of quality care, and it is important to ensure the care rendered by Providers includes the necessary and appropriate preventive services. The most effective method to identify potential under-utilization is to compare the practice patterns of similar Providers to identify outliers. When then provide these outliers with reports on their use of preventive services with information on how it differs from comparable Providers and practices.

### Identifying Over and Under Utilization Trends through Data Analytics

DentaQuest employs several programs and associated reports to identify over- and under-utilization of services, a sampling of which are highlighted in Figure 25-G.

These reports are used in a variety of different capacities within our organization, including Provider Performance Management, Provider Relations Representatives, UM, Quality, and FWA.

Figure 25-G: Sampling of Data Reports to Identify Over and Under Utilization Trends

Report	Purpose of the Report	Identifies Under or Over Utilization	Frequency Generated
Benchmark report	Shows the select Provider/location's utilization of a code per 100 patients compared all Providers/locations in the same network treating the same population of patients per 100 patients	Over utilization/ potential FWA. The variation percentage shows if the Provider is an outlier from their peers.	As needed
Benefit cost report – Provider level	Shows a Provider's utilization on a per code basis during the select timeframe. It shows the number of Members, number of services and the paid dollar amount for that code.	Over utilization/ potential FWA	As needed
Grievances and Appeals data	Reviews Member complaints received by our Grievances and Appeals team to determine if complaints coincide or support outlier findings	Over utilization	Weekly Daily
Claims detail Report	Combines claims data to determine outliers from the market utilization: data by code set by market, network overview, entity detail, review Provider specialty breakdown, review individual Provider and entity data	Both	Weekly Daily
Claims report	Report can be generated by multiple data points and looks at: utilization patterns and consider cost verse outcome, standards and normalized practices within the dental community, benefits allowed within that market/program, and outliers in treatment code categories compared to the market	Both	Daily
Code comparison reports per Provider	Compares the billing of one select code with another select code on different and/or same dates of service.	Over utilization/ potential FWA	As needed
Dental Home assignment information	This data helps to determine if Members assigned to the location are receiving preventive care and follow up treatment	Under utilization	Weekly Daily
FWA alert report	This report is provided on a quarterly basis by Dental Analytics and provides a peer comparison of outliers by code, code group or code comparison.	Over utilization/ potential FWA	Quarterly
Key Provider report	This report can be generated by multiple data points. Utilize this data to understand market and determine entities in the high, medium, and low financials	Both	Weekly Daily
Multi-use claims summary report	Provides a high-level overview of the dollars paid to a Provider at a specific location or all their affiliated locations	Over utilization/potential FWA	As needed
Multi-use claim detail report	Provides an in depth look at a Provider's utilization including claim numbers check numbers	Over utilization/ potential FWA	As needed
Patient history report	Identifies the entire history of billed charges for a select Provider during a select timeframe	Over utilization/ potential FWA	As needed
Service mix dashboard	Power BI dashboard that combines data from the Regional Driver Dashboard and 5 to10 metrics from the UAP report, Network Overview, Claims Metrics, and Claims Detail	Both	Weekly Daily



Single patient history report	Identifies billed services for a specific patient during a set timeframe	Over utilization/ potential FWA	As needed
Top 50 highest volume Providers report	Shows the top producing Providers per state, market and/or client and the dollars paid during the select timeframe.	Over utilization/ potential FWA	As needed
Utilization alert program (UAP) report	Measures Service Life, Sequence of Care, and Pattern of Care	Over utilization	Quarterly
Value based scorecards	To review utilization and cost verses outcome metrics	Both	Weekly Daily

## Possible Actions Based on Findings

When Providers are afforded support and effective communication, a long-term partnership can be established to align on common goals of quality, appropriate care, and improved oral health outcomes. Through analysis of utilization data and sharing feedback with Providers, we can work together to improve the quality of the program. When non-medically necessary care can be prevented and preventive care can be encouraged, the better patient outcomes result.

For example, our Iowa Dental Director may need to contact and stress the importance of providing regular, consistent preventive care and services to a Provider who under-utilizes preventive procedures. This peer-to-peer interaction allows both DentaQuest and the Provider to learn more about each other, share information, and work together to improve outcomes. Once brought to their attention, the Provider may have a better understanding as to why and how the Members they treat will benefit from the increased attention placed on prevention. The Provider may realize a practice focused on prevention often results in a healthier day-to-day work environment benefiting the Provider and their team.

Depending on the outcome of our initial findings, DentaQuest may enact one or more of the following measures to help the Provider come in line with community standard norms and/or address the severity of the issues identified.

- **Provider education:** This may be in the form of written letters, phone calls, or face-to-face visits with the Iowa Dental Director and their Provider Relations Representative to discuss their performance. We understand the value and impact peer-to-peer discussions can have, and Providers are always welcome to request a meeting with our Iowa Dental Director.
- **Pre-payment review:** We may temporarily require the Provider to submit specific services for pre-payment review to ensure services are medical necessary. The Provider will receive notification of this new requirement well in advance of it being implemented.
- **Referral to the Peer Review Committee or Credentialing Committee:** If our initial communication with a Provider fails to produce desired behavior changes, the DentaQuest Peer Review Committee will contact the Provider and reinforce the original recommendation or suggest additional changes. Clinical review of the Provider's actual treatment patterns, in conjunction with details on the past efforts to support the Provider will be reviewed by the Peer Review Committee. During this process, the final objective is the same, to give the Provider the support they need to modify their pattern of behavior. There may be situations in which a Provider is non-responsive to any recommendations. In these situations, potential removal of a Provider is discussed with the client and a joint course of action is pursued.
- **Referral for a full-scale FWA investigation:** Our SIU, comprised of clinical and non-clinical staff, will assess the preliminary data, and determine if a FWA investigation into the Provider's behavior is warranted.

- **Referral to law enforcement, client, or disciplinary board** depending on the findings.
- **Suspending new Member assignments to the office** until the Providers align with the necessary evidenced-based best practices or guidelines
- **Implementing a formal corrective action plan**, which outlines explicit steps and expectations, including a timeframe for completion.
- **Termination:** Depending on the severity of the deviations and/or the previous actions taken to help the Provider come in line with community standard norms, the Provider may be terminated from our network. This decision is rendered by our Peer review Committee.
- **Credible allegations of fraud (CAF) are reported immediately to the Agency.** We suspend Member assignments to Provider with CAF until the CAF is fully investigated.

All over- and under-utilization findings are reported through our QI/QM Program structure via the appropriate subcommittees.

## ASSESSING QUALITY OF CARE FOR MEMBERS WITH SPECIAL HEALTH CARE NEEDS (G.5.10)

DentaQuest assesses the quality and appropriateness of dental care for Members with SHCN who may need specialty services or additional support. Services can include education and goal setting to achieve optimum oral health, care coordination, and the development of self-management goals.

For example, in addition to typical interventions (e.g., transportation), we employ and evaluate strategies for Members with mobility needs, cognition issues, developmental delays, and other SHCN including:

- Maintaining a network of experienced Providers who have the capabilities to provide specialty care to these Members.
- Teaching caregivers about the importance of oral health.
- Improving oral health literacy and constructing Care Plans with progressive goals designed to empower Members to integrate oral health practices into Activities of Daily Living, navigate the system, access dental benefits, and other support systems.
- Facilitating enrollment in specialty programs.
- Assessing the need for sedation or anesthesia, whether was provided in a safe and cost-effective manner and properly authorized.
- Combining dental treatment needs with other medical procedures for patient convenience and cost-effectiveness.
- Recruiting and training PCPs to apply fluoride varnish.
- Identifying proactive treatments to help achieve and maintain oral health such as Silver Diamine Fluoride treatments.
- Developing partnerships through our Cultural Ambassador Program.
- Expanding access to care by bringing dental services to the patient such as involving the pediatrician in providing fluoride varnish treatments, finding a dentist with portable equipment to visit the home, telemedicine, and conducting oral health screenings using mobile technologies.

We evaluate the effectiveness by monitoring how many Members are converted to lower risk, and Members demonstrating improvement in oral health and social determinants year-over-year. Outreach and Care Coordinators conduct reviews and audits to assess metrics and progress toward our and the Agency's goals, determining whether we are meeting the needs of high-risk Members.

## IMPROVING HEALTH OUTCOMES (G.5.19)

DentaQuest has years of experience in designing, implementing, monitoring, and evaluating PIPs to ensure improvements in health outcomes for Members. The most important area for us to see improvement is in health outcomes, improved quality of care, and satisfaction of our Members. In Iowa, we will continue to strive for excellence in our PIP creation to improve healthcare across the continuum.

### Experience in PIP Creation and Execution

DentaQuest designed a PIP to increase utilization of preventive services for Members ages 6–14 years in two regions of Texas which experience historically low utilization for this service type and for this age group. DentaQuest implemented several interventions to reach our targeted improvement goal including:

- Conducted outbound call campaign to the parents of Members ages 6–14 years in the target area to educate and provide information on the eligibility of preventive services and assist with scheduling an appointment.
- Performed targeted community outreach with school districts within socio-economically disadvantaged segments of the two regions to provide oral health education.
- Conducted Provider education using DentaQuest's Provider newsletter to specifically encourage PCPs to conduct outreach to schedule Members for eligible preventive services.

Using a 0.05 (or 95%) confidence interval in our calculations, DentaQuest achieved a statistically significant level of improvement: Members aged 6–14 years receiving at least one preventive service showed an increase from 56.68% to 57.36%, which represents a **0.68% increase in the number of qualifying Members** who received a preventive service.

## MONITORING CLINICAL PERFORMANCE MEASURES USING OBJECTIVE QUALITY INDICATORS (G.5.20)

DentaQuest employs evidence-based, objective quality indicators for its PIPs. These are typically selected from those that appeared in Figure 24-G in our response to SOW G.5.08.

The Dental Quality Alliance is the national gold standard for developing, testing, and publishing oral health quality measures. NCQA now uses the DQA dental measures. DentaQuest routinely uses DQA measures to monitor our program and Provider performance along with CMS-416 data for all state programs in which we participate. We can track additional clinical quality measures such as sealants, oral evaluations, topical fluoride treatments, care continuity, utilization of services, and treatment services. We analyze and react to this data to address healthcare disparities and improve healthcare deficiencies.

## INTERVENTIONS TO IMPROVE QUALITY AND ACCESS TO CARE (G.5.21)

Once DentaQuest identifies an opportunity for improvement, we engage multidisciplinary groups of internal and external stakeholders to develop interventions aimed at the identified barriers to care.

For example, in April 2020, we initiated a PIP in Michigan focusing on reducing dental health disparities among Black, non-Hispanic Medicaid Members. Tooth decay, if left untreated, can cause pain and infection, and can lead to problems with eating, speaking, and learning. Research shows overall, non-Hispanic Blacks, Hispanics, and American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States. For children and tooth decay, the greatest racial and ethnic disparity among children aged 3–5 years and aged 6–9 years is seen in Mexican American and non-Hispanic Black children<sup>1</sup>.

- Our study question was: Does targeted outreach to parents increase the percentage of Black/African American, non-Hispanic Members ages 2-3 who receive dental services?
- Study Indicators included the percentage of Black/African American, non-Hispanic Members utilizing dental services and CDT Codes D0100 - D9999
- Performance Goal: Increase the percentage of Black/African American, non-Hispanic Members utilizing dental services

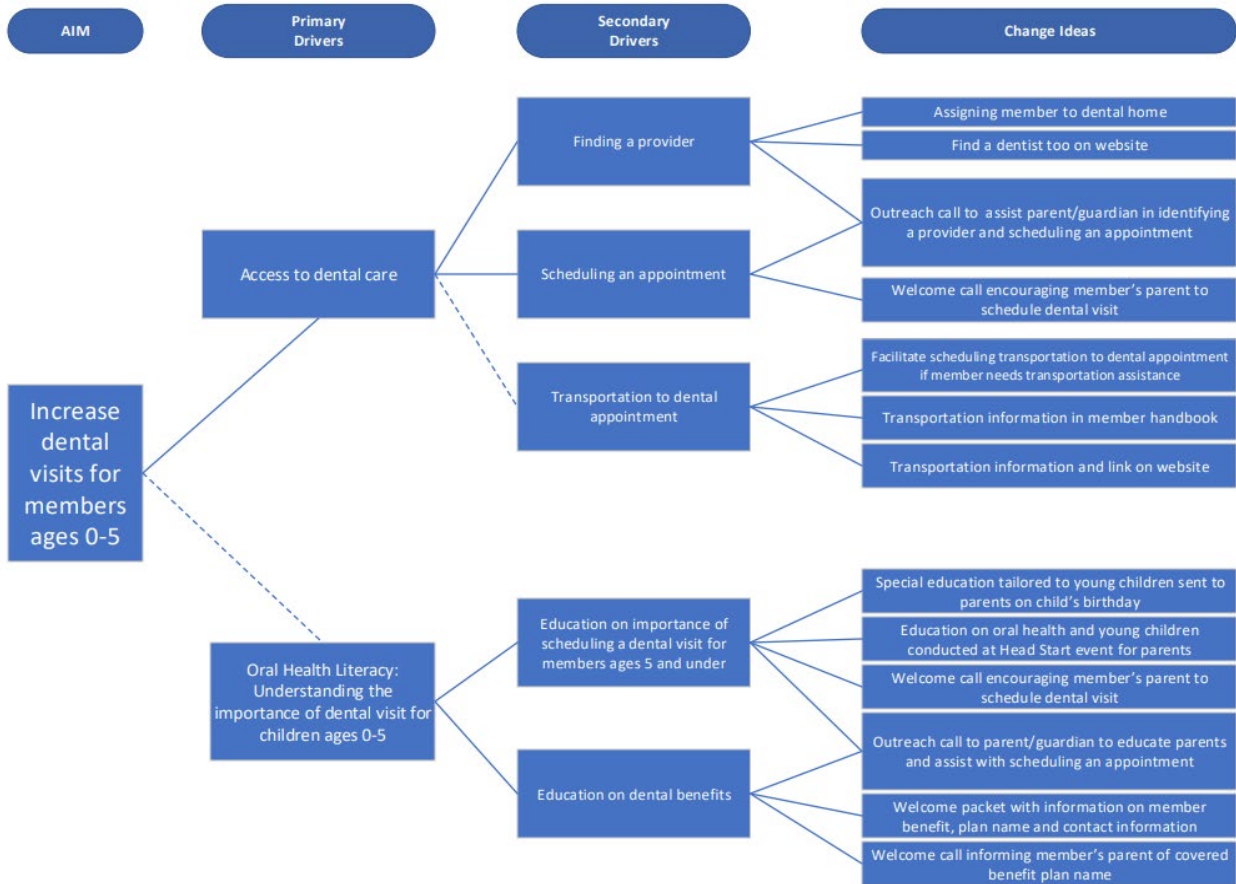
DentaQuest created a key driver diagram (Figure 26-G) based on national research and Medicaid trends to help us identify the primary drivers as oral health literacy and access to care. Once the primary drivers were identified, the secondary drivers that influence the primary driver were listed. Solid lines in the driver diagram indicate a strong relationship and dotted lines weaker. The diagram below notes potential change ideas that would influence the secondary driver.

Analysis of our specific Member population data showed the percentage of Black/African American, non-Hispanic Members ages 2-3 with a dental visit was 15.81%.

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<sup>1</sup> Centers for Disease Control. (2020, May 1). Oral Health. Retrieved from Disparities in Oral Health: [https://www.cdc.gov/oralhealth/oral\\_health\\_disparities/index.htm](https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm) [cdc.gov]

Figure 26-G: Key Driver Diagram



### Interventions to Achieve Improvement

We conducted a barrier analysis using the key driver diagram and identified interventions to overcome the barriers. The result of this analysis is in Figure 27-G below and ranked according to the barrier which has the greatest impact.

Figure 27-G: Top barriers and associated interventions to address

Rank	Barrier	Interventions
1	Low oral health literacy: do not know when child should start seeing dentist	<ul style="list-style-type: none"> <li>Outreach calls educating parent/guardian or Member on importance of dental visit their child and assistance scheduling a dental visit</li> <li>Educational presentation for parents: Head Start</li> <li>Education on oral health for 2–3-year-olds with anticipatory guidance sent to parent on child's 2<sup>nd</sup> birthday</li> </ul>
2	Perception of need: treatment mentality vs prevention mentality	<ul style="list-style-type: none"> <li>Outreach calls educating Member on importance of dental visit and assistance with scheduling appointment</li> </ul>
3	Unsure/unaware of dental benefits	<ul style="list-style-type: none"> <li>Welcome calls educating parent/guardian or Member on dental benefit</li> <li>Outreach calls to assist scheduling appointment notifying parent/guardian of Member that they have dental benefits</li> </ul>



4	Unable to identify or access a Provider	<ul style="list-style-type: none"> <li>• Outreach calls with assistance to locate a Provider and schedule an appointment</li> </ul>
5	Transportation to dental appointment	<ul style="list-style-type: none"> <li>• Outreach calls assisting Members with transportation if needed</li> </ul>

## EVALUATING EFFECTIVENESS AND SUSTAINING IMPROVEMENT (G.5.22 - G.5.23)

It is imperative each PIP and its interventions are evaluated continuously and as part of a final evaluation to determine effectiveness based upon the performance measures collected throughout the duration of the PIP. Based on these data, we can determine if there was a significant change (increase/decrease depending on what is being measured) that affects Member health outcomes. In addition to looking at Performance Measures, we look at the goals set within the project to determine if they were successful. If, for example, one was unsuccessful, the PDCA cycle will be initiated to maintain effectiveness and sustainability over time. After these changes are made, we re-evaluate and see that success has been established. We then implement the required changes upon discussion and approval by the QIC.

An evaluation of the PIP is included in the QI evaluation regardless of the project outcome. At DentaQuest, most PIPs last two to three years, so including them in the annual evaluation allows a year-over-year look-back. The control phase consists of monitoring and evaluating if the improvement in changes has been sustainable. Once sustainability and success are achieved, QIC is presented with the project and a final report is generated.

In the case of the PIP we showcased in our response to SOW Section G.5.21:

- **Evaluation of Intervention Effectiveness:** We saw a statistically significant increase (p-value of .00194) in dental visits for Black/African American, non-Hispanic children ages 2-3 years whose parent received an outreach call providing education and scheduling assistance. The overall effectiveness of the interventions resulted in an improvement of 5.61% from the baseline date to remeasurement (calculated June 1, 2021).
- **Actions to Sustain Improvement:** While there was a 5%+ increase from the baseline, there is still significant room for improvement, and racial disparities still exist. We know based on research that the 2-3 years old age range is a critical time for dental care to prevent oral health issues as children get older. We will continue making calls, educating parents, and providing assistance in scheduling dental appointments. As we progress through our improvement initiatives, we will track our improvements and evaluate the effectiveness of our efforts. This will ensure we are maintaining the gains we made with this initiative and if we are not, allow us to revisit our analysis and change our approach. We will continuously evaluate our efforts using the principles of quality management to ensure we have a maximum impact in decreasing the racial disparities adversely impact the Black/African American, non-Hispanic population.

## REPORTING PIP RESULTS (G.5.24)

DentaQuest will report to the Agency the status and results of each PIP per contract requirements as requested, but not less than once per year.

## MEDICARE ADVANTAGE ORGANIZATION OPTION (G.5.25)

DentaQuest acknowledges the Agency may permit a plan exclusively serving Dual Eligibles to substitute a Medicare Advantage Organization (MAO) Quality improvement project for one or more of the PIPs otherwise required.

## DENTAL QUALITY STRATEGY (G.5.28)

DentaQuest’s overall strategies are consistent with the state of Iowa’s Quality Strategy Plan goals of improving Network Adequacy and availability of services; Increasing recall and prevention services; Improving oral health equity among Medicaid Members; and Improving coordination and continuity of care between IA Health Link MCOs and enhance medical/dental integration. DentaQuest will submit our approach to each of these goals for Agency approval. In Figure 28-G, we provide a snapshot of the DentaQuest solutions that will support each of the Agency’s goals. Immediately after this chart, we have provided additional information on each proposed solution.

Figure 28-G: DentaQuest Solutions Supporting Iowa’s Quality Strategy Plan Goals

DentaQuest’s Solutions	Agency’s goals to help drive dental health equity, access, and outcomes			
	1. Improve Network Access	2. Increase Recall and Prevention	3. Improve Oral Health Equity	4. Improve Coordination & Continuity, Enhance Integration
1. High Quality Provider Network	★	★		
2. Patient-Centered Dental Home Program	★	★		★
3. Value-Based Purchasing Program	★	★		
4. Bringing Care to Member Communities	★	★	★	★
5. Oral Health Literacy and Outreach Program		★	★	★
6. Community Partnerships and Collaboration	★	★	★	★
7. Care Coordination and Case Management Program		★	★	★
8. Value-Added Services Including Incentives		★		★

**1. High Quality Provider Network.** DentaQuest is prepared to build a Medicaid/CHIP network that will provide access to the full range of dental benefits including preventive care and specialty services and offer alternative service delivery models to improve access to care. DentaQuest has a head start on its recruitment efforts, which began several months ago. We understand the importance of ensuring we have a robust, diverse network that can adequately serve all urban and rural counties across Iowa, and that has the ability to serve a diverse Medicaid population, including adults and children, and Members with special health care needs. The key features of our network recruitment, retention, and expansion approach include 1) Local High Touch Support for Providers 2) Administrative Efficiencies and 3) Rewarding and Recognizing Providers.

**2. Patient-Centered Dental Home Program.** While most DBAs offer a dental home program that assigns Members to a PCP, DentaQuest’s model is different in that we identify higher performing Providers through proprietary statistical modeling and assign Members who do not

actively select a PCP to these locations. Higher performing PCPs in our PCDH programs across the country prove time and again they are more effective at getting Members in for dental care. All general and pediatric dental Providers in our network will be considered PCPs and serve as a PCDH. In turn, DentaQuest will provide intensive training, hands-on education, and offer local support channels to ensure their success. Our PCDH model currently operates in 16 states on behalf of 32 state Medicaid Agencies and MCO clients. This represents more than 19 million DentaQuest Members and 21,000 Providers.

**3. Value-Based Purchasing (VBP) Program.** DentaQuest will implement a VBP model in Iowa that offers performance based incentives and prepares Providers for outcomes-based alternative payment models to improve preventive dental service utilization rates. Our VBP programs were designed using time-tested best practices from proven medical models. Our industry-leading models are operational in seven states, and 3.1 million Medicaid Members are receiving care from Providers who participate in a VBP with DentaQuest. Our model assigns responsibility to the PCDH for their panel of Members, provides high-tech solutions to help them manage their DentaQuest Members, assesses PCDH using measures validated by the Dental Quality Alliance, has aligned incentives to improve access and preventive service utilization, and provides timely and transparent feedback to Providers on their performance.

**4. Bringing Care to Member Communities.** Our goal is to meet Members where they are – whether at their physician’s office, at school, or other convenient places near their homes. DentaQuest has been successful in deploying unique solutions to increase alternative care settings and we will employ our best practices for IDWP and Hawki Dental programs’ Members. We will work with the Iowa Primary Care Association and the FQHCs that do not have dental clinics to establish schedules for a mobile dental group to bring oral health care to Members and provide their staff with education on the availability of teledentistry services. DentaQuest will work in partnership with the I-Smile Coordinators to ensure all non-dental FQHC locations have trained physicians and nurse practitioners actively participating in the Cavity Free Iowa fluoride varnish program.

**5. Oral Health Literacy and Outreach Program.**

DentaQuest will improve oral health literacy, outcomes and equity with our Preventistry® approach to oral health, which emphasizes education, accessibility, and early intervention and prevention to improve oral and overall health for Members. We will implement a combination of high touch interventions including our signature Care Coordination and Case Management Program, targeted Member education and incentives, and grass roots community-based outreach. Our high touch, locally driven approach will help us honor the unique culture, beliefs, and value systems of Medicaid populations across the state’s urban and rural geographies, and to address barriers to care unique to those geographies.



**6. Community Partnerships and Collaboration.** DentaQuest knows firsthand it “takes a village” to assist Medicaid/CHIP Members to get the right care and support at the right time. Consistent with our philosophy to meet Members where they are, we will work with community stakeholders and other entities who serve our Members to become ambassadors of the IDWP and Hawki Dental programs. Through our Iowa-based Cultural Ambassador Program, we will partner with community organizations serving various Member populations to provide training on how to educate their clients and communities on the importance of regular dental care, the availability of Medicaid dental benefits, and how to contact DentaQuest for assistance in accessing care for their client base. DentaQuest’s local Iowa Member Outreach and Care Coordinators will be at the forefront of our community-based work. They will be responsible for

developing relationships with the I-Smile Coordinators, social support agencies, and organizations like homeless shelters, women’s shelters, advocacy groups, schools, Head Start programs, and WIC offices. They will develop relationships with the three HealthLink MCOs to collaborate on medical-dental integration efforts.

**7. Care Coordination and Case Management Program.** Our program facilitates early identification of Members with special dental health care needs, including the need for specialty providers, and Members who may need help accessing services and coordinating care between the medical and dental delivery systems. We identify, assess, and implement targeted interventions for Members based on their level of need. For Members with complex dental health issues, a combination of clinical and non-clinical staff trained in techniques such as motivational interviewing engage Members to improve access, self-management, and oral health outcomes through comprehensive assessment and care planning.

**8. Value-Added Services including Member Incentives.** DentaQuest is offering several Value-Added Services (VAS) to enhance Member benefits and reward Members for taking an active role in their oral health care. All our VAS are aligned with Agency goals. DentaQuest plans to offer enhanced preventive dental benefits for high-risk and pregnant Members; Curodont Repair Fluoride Plus, which is a new minimally invasive option to treat early cavities; teledentistry bundled payment models; and gift cards to purchase oral health and other over the counter products to reward healthy oral health habits.

## VALUE-BASED PURCHASING (G.5.27 AND G.5.29)

DentaQuest is excited about the opportunity to bring its best thinking and programs to Iowa. Our Value-Based Purchasing program, which we have described in extensive detail in Section E.8 of our response, is one of many programs DentaQuest has leveraged for other state Medicaid programs. It will be customized to support Iowa’s program and overarching goals.

DentaQuest will implement its VBP program in three phases to ensure Provider support and buy-in.

<p><b>Phase I</b> Establish Patient-Centered Dental Home, baseline data collection; VBP program socialization</p>	<p><b>Phase II</b> Launch VBP program and Provider Incentives</p>	<p><b>Phase III</b> Introduce more sophisticated VBP program models</p>
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DentaQuest’s VBP program will compliment and work in parallel with other programs and initiatives to drive our success in achieving the Agency’s dental quality goals.

To improve the delivery of dental health care benefits and services to its Members via VBP programs, **our goal is to advance the quadruple aim – reducing costs while improving health outcomes, improving the patient experience, and improving Provider satisfaction.**

DentaQuest understands the Agency’s priority of increasing dental and preventive care utilization rates among children and adults, as evidenced by its pay-for-performance program outlined in Exhibit A. Dental plans are required to achieve the following goals to earn the capitation withhold:

1. 25% or more of adult Members access dental care services
2. 15% or more of adult Member access preventive dental care services
3. 45% or more of child Members (Medicaid and CHIP) access dental care services
4. 50% or more of child Members (Medicaid and CHIP) access preventive dental care services

Therefore, our VBP program measures will be aligned to help us achieve these goals. Figure 29-G shows the alignment of the Agency's goals to the evidence-based performance measures we are proposing for the Iowa VBP.

Figure 29-G: DentaQuest's VBP Program Aligns with Iowa's Goals

Agency's Goal		Evidence-based DQA measures used in DentaQuest's VBP program to support achieving the Agency's Goal
1. 25% or more of adult Members access dental care services	→	<ul style="list-style-type: none"> <li>• Access rate</li> <li>• Periodontal evaluation in adults with periodontitis</li> </ul>
2. 15% or more of adult Member access preventive dental care services	→	<ul style="list-style-type: none"> <li>• Adult prophylaxis</li> </ul>
3. 45% or more of child Members (Medicaid and CHIP) access dental care services	→	<ul style="list-style-type: none"> <li>• Access rate</li> </ul>
4. 50% or more of child Members (Medicaid and CHIP) access preventive dental care services	→	<ul style="list-style-type: none"> <li>• Topical fluoride</li> <li>• Sealants for children ages 6-9</li> <li>• Sealants for children ages 10-14</li> </ul>

### The Role of the Patient-Centered Dental Home and PCPs

DentaQuest will implement VBP through a phased approach, with our first step being assigning all Members – children and adults – to a PCP who will serve as their PCDH.

Having a fully functioning PCDH program is the **foundation of all DentaQuest's VBP programs**. We cannot begin our VBP program without first launching PCDH, because it is the mechanism by which Providers are **assigned responsibility for their panel of Members**. Providers can use their Provider Portal to determine who has not received services or who is due for follow-up services. The former drives access and the latter encourages preventive services.

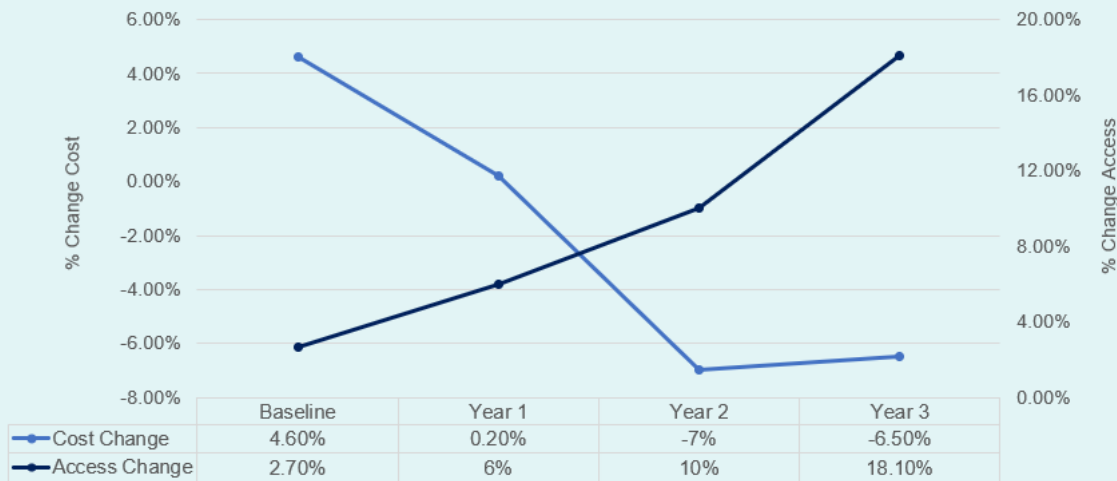
Maintaining an effective PCDH model is not trivial. DentaQuest's model has repeatedly demonstrated it is an effective tool for assigning and reassigning Members based on transparent algorithms. Figure 30-G includes a case study on the effectiveness of our PCDH model. Implementation efforts will include:

- Comprehensive PCDH training for all PCPs.
- Educating Members on the importance of the PCDH and how to select a PCP.
- Introducing personalized Provider Performance Reports giving Providers insight into their performance on evidence-based dental measures. Through these reports, Providers will understand what dental quality measures they will be assessed against.



Figure 30-G: DentaQuest’s PCDH Model has Proven Results to Increase Access, while Decreasing the Overall Cost of Care

Through our PCDH Program in Tennessee, DentaQuest realized an 18.1% increase in access for new Members assigned to PCPs who DentaQuest measured and deemed to be higher performing compared to their peers. After leveraging our Ensemble Model to assess Provider performance, we began assigning new Members without an existing Provider to higher performing locations and compared access and cost results to Members who were assigned to PCPs without taking the PCP’s performance into account. At 6-months, the pilot group’s access increased by 2.7%, and costs increased by 4.6%. This cost increase was expected because many Members were gaining access to dental care for the first time, and because higher performing locations have a track record of getting their Members in and providing appropriate care. At the 1-year mark, the pilot group’s access increased by 6%; and the cost leveled off (increase of .2%). At the 3-year mark, the pilot group’s access increased by 18% while costs decreased by 6.5%



**Types of Providers Eligible to Serve as a PCP**

DentaQuest’s VBP program is designed to increase access and preventive service utilization. Therefore, we consider all general and pediatric dental Providers to be PCPs.

**Panel Size Limits or Requirements**

There are no panel size limits or requirements associated with our model. Offices with higher Member volumes and those that readily adapt Provider Portal usage have historically been most successful in our VBP models.

**Proposed Policies and Procedures to Link Members to PCPs**

Our proposed policies and procedures to link Members to their PCP are as followed:

- 100% of Members will be assigned to a PCP. Member choice will always be priority – Members are free to see any participating Provider in our network at any time. They do not need to notify us proactively or retroactively when they switch PCPs, so long as the the office participates in our network. DentaQuest monitors PCP changes on the back end to prevent Member and Provider abrasion. If a Member does not choose a PCP, DentaQuest will use a transparent PCP auto-assignment process, which was described in response to SOW G.2.01-G.2.02.

- 100% of general and pediatric dental Providers will be considered PCPs and serve as PCDHs. PCPs will have access to their assigned Members via the Provider Portal. Provider payment is not tied to Member assignment to prevent any Provider dissatisfaction.

## CULTURAL COMPETENCE (G.6.01-G.6.03)

DentaQuest supports the Agency’s goals to promote the delivery of services in a culturally competent manner to all Members, including those with limited English proficiency (LEP) and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity. Our annually updated Iowa Cultural Competency Plan will include an ongoing evaluation of the cultural diversity of our Membership, a current demographic and cultural profile of our Members, and an assessment of Member needs and disparities. We will use this information to plan for and implement education activities to respond to the cultural and linguistic characteristics of our Membership.

### Promoting Cultural Competence

#### **Staff Training in Cultural Competence**

DentaQuest trains all employees to address the special health needs of Members who are poor, homeless, and/or are Members of historically marginalized populations. All staff and contractors receive training on cultural competency and non-discrimination upon hire and annually thereafter. The training addresses our role to ensure all Members can access the care they need in a way that honors and respects their beliefs and culture. Training includes how to assist individuals who have LEP, speak non-prevalent languages, as well as serving individuals who are deaf or hard of hearing. The training instructs staff to refer requests for American Sign Language (ASL) and language interpreter services provided in a dental office to an Outreach and Care Coordinator, who will arrange for an interpreter to attend the appointment on the Member’s behalf at no charge to the Member or Provider.

DentaQuest Member-facing staff such as Case Managers and Outreach and Care Coordinators participate in **Bridges Out of Poverty** training, presented by a LCSW from our affiliate Advantage Dental+. Staff learn to better understand the populations we serve, the circumstances they may have experienced growing up, and how their current life situation can impact their overall health. The course provides information on how we can better support these Members and address their specific barriers to care.

#### **Provider Training in Cultural Competence**

DentaQuest is committed to a diverse and inclusive culture, and we offer training for both our employees and for our contracted Providers. Because Medicaid and CHIP programs serve diverse populations, it is critical to ensure Providers have the tools and training to honor and respect existing differences between themselves, their staff, and Members. To that end, DentaQuest will provide cultural competency and non-discrimination training opportunities for all Providers. Our Provider Relations Representatives conduct initial Provider training within 30 days of contracting and credentialing. This training gives the office a detailed review of important topics including working with diverse populations and Members with special health

## DENTAQUEST DISTINCTION

DentaQuest earned a 95/100 in the Human Rights Campaign Foundation’s 2022 Corporate Equality Index, the leading benchmarking survey and report objectively measuring corporate policies and practices related to LGBTQIA+ workplace equality.

DentaQuest sponsors Out & Equal, the premier organization working exclusively on LGBTQIA+ workplace equality.

care needs, cultural competency, and how to access translation services, including American Sign Language.

DentaQuest offers specialty training opportunities for its Providers, such as **Trauma Informed Care and Oral Health Training**. This module introduces dental Providers to trauma informed care and its goals. The training covers:

- The impact of trauma on individual’s oral health habits and care seeking behavior
- Definition and examples of trauma
- Impacts of current and past undischarged trauma in general and oral health settings
- Identifying patients with current or past trauma
- Dental best practices for delivering trauma informed care
- Mandatory Reporting Responsibilities

***Partnering in the Community to Promote Cultural Competence***

Our state Medicaid experience in Colorado, Texas, Tennessee, and so many other states has taught us how building relationships with community partners is a foundational component to our approach for oral health education and promoting cultural competence. DentaQuest’s Outreach and Care Coordinators will be on the ground, in Iowa communities, attending local health fairs, forming partnerships with organizations such as schools, libraries, daycare facilities, Head Start programs, WIC offices, and other organizations that serve children.

Through our **Cultural Ambassador Program**, we will partner with community organizations serving different Member populations to provide focused training on how to provide culturally appropriate education on the importance of regular dental care, the availability of Medicaid dental benefits, and how to get in touch with DentaQuest for assistance in accessing care. During each calendar year, we will track how many organizations serve as Cultural Ambassadors, to make sure this network is constantly growing. We will continue to identify new opportunities for collaboration and partnership.

With our community partnerships and Cultural Ambassador Program, we will conduct and support local outreach activities to inform Members about the availability of dental services, decrease emergency department use of non-traumatic dental conditions, and increase the number of children receiving services. Our goal for Iowa will be to find meaningful ways to support, collaborate, and connect with the existing community resources Members are using today and in a culturally appropriate way.

***DentaQuest’s Experience Engaging with Members in a Culturally Competent Way***

Our work in Texas is a prime example of considering the unique needs of our Members, coupled with a strong understanding of the resources within their communities, to deliver population-specific health education that maximizes the effectiveness of our message and overall impact. Our educational efforts in Texas, through partnerships with organizations listed below, have focused on meeting our Hispanic Members where they feel safe and receptive to our engagement:

- **Metro Health Collaboration:** Our Outreach and Care Coordinators provide oral health education to the children before receiving dental screenings. We explain proper oral healthcare and what to expect during the screening.
- **Project Reach:** This is the teen parenting program in the Fort Worth Independent School District. Our Outreach and Care Coordinators provide personalized oral health information for pregnant teens or teen mothers. We explain how to properly care for teeth during pregnancy and how to care for the baby’s teeth after birth.

- **Texas A&M Colonia’s and AgriLife:** Through this educational collaboration, we provide oral health education to Members living in low-income, unincorporated housing areas on the Mexico border. This partnership allows us to identify Migrant Farm Worker families.
- **Region 7 Migrant Summit:** We have partnered with regional MCOs for the past several years to hold migrant summits during which families receive training on health topics and other issues. After the training sessions, there is an outdoor event featuring pony rides, bounce houses, and petting zoos.
- **San Antonio Housing Authority:** Our local Outreach and Care Coordinator has collaborated with this housing authority for several years to provide oral health education to residents at various apartment complexes.

**Ensuring Culturally Appropriate Care**

DentaQuest understands Members will have better engagement with their Provider and with their plan of care when their Provider can provide care with sensitivity, understanding, and respect for the Member’s culture. Members may select a preferred PCP upon enrollment reflecting their cultural preferences including gender, race, ethnicity, and spoken language, and can change their Provider on the basis of cultural preferences. We educate Members on their rights to select or change their PCP in Member materials including their right to file a grievance or appeal for any reason including the inability to receive culturally appropriate care.

**ACCREDITATION (G.7.01-G.7.03.)**

DentaQuest is accredited by the Utilization Review Accreditation Commission (URAC), the only entity offering full dental plan accreditation. DentaQuest achieved and maintains NCQA accreditation in UM and Credentialing and Recredentialing. We agree to maintain this accreditation for the life of the contract. Our policies and procedures follow accreditation and contract standards, and whenever they conflict, we follow the more stringent requirements.

We will inform the Agency should we receive any additional accreditation.

**Provision of Information**

DentaQuest will authorize URAC and NCQA to provide the Agency copies of our most recent accreditation review including our accreditation status, survey type and level, recommended actions and summaries of findings, and the expiration date of the accreditation.

**DENTAQUEST’S COMPLIANCE WITH SECTION G REQUIREMENTS**

DentaQuest confirms it will adhere to all requirements in Section G, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant C.F.R. citations noted in Section G.



# **SECTION H**

# **GRIEVANCES AND**

# **APPEALS**



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

DentaQuest has a long history of operating a Member-focused system to receive, track, resolve, and report on Grievances and Appeals in accordance with Federal and State requirements. As the single largest Medicaid/CHIP DBA in the country, DentaQuest currently serves more than 30 million Medicaid/CHIP Members in 21 states. On average, we resolve more than 140,000 appeals annually while meeting 96% of timely resolution requirements for our Medicaid/CHIP programs.

Our approach acknowledges that things do not always go right. To support these instances, we have developed, implemented, and continually maintain systems for Members and their representatives, and Providers, to submit Grievances, Appeals, or State Fair Hearing requests. We use this system to identify quality concerns, customer service concerns, and network adequacy issues; and to understand trends, assure timely access to covered medically necessary services, and improve our operations.

DentaQuest's extensive experience partnering with States and MCOs makes us uniquely prepared to deliver a comprehensive, compliant, and culturally appropriate approach that is easily understood by Members, Providers and Authorized Representatives. We are committed to a process that adheres to contractual responsibilities while equally attuned to Members' needs and concerns.

## GRIEVANCES AND APPEALS SYSTEM, AUTHORITY TO FILE (H.1.01-02)

DentaQuest recently invested more than \$2 million to build a customized Grievances and Appeals application that provides us with greater controls, customization, and consistency to exceed client expectations. Features of the system include:

- Configurable business rules by line of business and plan (delegation, levels of Appeal, etc.)
- Automated turnaround times based on plan requirements and case type
- Guided workflows that ensure process consistency
- Real-time dashboards to allow our staff and management to monitor up-to-the-minute performance
- Skills-based routing
- Alerts, prompts, and information presented to user to ensure accuracy and consistency
- Automated acknowledgement letters and improved controls on outbound correspondence

Ultimately, our new system increases efficiency and accuracy in case processing and will improve adherence to Iowa HHS and regulatory requirements – all of which lead to higher Member and Provider satisfaction.

Our Grievances and Appeals process is integrated into our Quality Improvement Program and our Quality Improvement Committee identifies trends that may require a corrective action plan such as quality concerns or network adequacy issues.

### DENTAQUEST'S RELEVANT EXPERIENCE

- ★ DentaQuest provides responsive grievances and appeals investigation and resolution for all of its Medicaid and CHIP programs.
- ★ We are primary delegated to perform grievances and appeals for 41 clients; and secondary for 62 clients.
- ★ On average we resolve more than 11,000 grievances and more than 140,000 appeals. Last year, we met 96% of timely appeal resolution requirements for our Medicaid/CHIP programs.

Our Grievances and Appeals department has experienced staff members, including front line, Member-facing staff, management team members, and leaders to ensure effective daily operations and oversight of departmental activities. Our experienced team, in conjunction with our technology platform and comprehensive Policies and Procedures Manual, has proven to be effective and adaptable to meet diverse Grievances and Appeals regulatory requirements and is equipped to incorporate updates and changes as necessary.

### DentaQuest’s Grievances and Appeals Process

Figure 1-H below outlines our process for managing Grievances and Appeals. We follow a systematic process that allows us to ensure consistency, tracking and reporting from receipt to resolution. Customer Service Representatives are the frontline for Member Grievances and Appeals and are trained to provide guidance in a manner that meets cultural and linguistic needs of Members, demonstrates professionalism, and provides efficient customer service.

Figure 1-H: DentaQuest’s Grievances and Appeals Process	
<p>Step 1: Record and Route</p>	<p>We accept Grievances and Appeals verbally through our Contact Center or in writing from Members and their Authorized Representatives, and with Member consent, their Providers. We assist Members throughout the entire process, but especially during the filing when we explain the process, the timeframes for completion and potential outcomes. We also provide auxiliary aids such as interpreter services or TTY/TTD services to Members who need reasonable communication accommodations to understand the process.</p> <p>We utilize a built-in workflow platform to route all cases received through our Contact Center to the Grievances and Appeals department, where the case is assigned to a G&amp;A Specialist.</p> <p>The G&amp;A Specialist logs the following information into our system:</p> <ul style="list-style-type: none"> <li>• Member information: Name; ID; product; DOB</li> <li>• Provider information: Office name; address; NPI</li> <li>• Appeal information: Date/time received; issue type; subject description; due date; source type</li> </ul> <p>In addition to logging this initial information, the G&amp;A Specialist will also document investigation information, the resolution (once made), and the Member notification, as the case progresses to completion.</p> <p>If the appeal has been flagged as “expedited,” the case will be immediately routed to a Dental Consultant to determine if it meets the criteria for an expedited Appeal. If a Provider submits an appeal on behalf of the Member who has requested an expedited appeal, we always treat it as an expedited appeal.</p>
<p>Step 2: Acknowledge</p>	<p>We send a written acknowledgement of the Grievance or Appeal within three business days of receipt. We send acknowledgement to the requesting Provider, if applicable. The acknowledgement letter will give the resolution timeline, specify that the Member or Provider can submit additional documentation, and provide contact information for the assigned G&amp;A Specialist. Furthermore, we support Members and their Authorized Representatives through each step to ensure they understand the process and are aware of applicable timeframes.</p>
<p>Step 3: Investigate</p>	<p>The G&amp;A Specialist, or Dental Consultant, investigates using information maintained in Windward, such as, the initial claim or preauthorization; all comments, documents, records, and other information submitted by the Member, or their Authorized Representative. The G&amp;A Specialist may request additional information from the Provider and Member. We document all steps including Member conversations, Provider interviews, and dates and times of conversations are automatically loaded in the system with the unique identifier of staff who</p>

	completed each task. If the Grievance or Appeal specifies a Provider, the G&A Specialist will contact the Provider immediately, no later than within two business days of receipt. Throughout the course of the investigation, the Provider can submit documentation to counter the Member’s Grievance and Appeal, or to support it if the Member and Provider are filing together.
Step 4: Resolve	For all Grievances and Appeals related to clinical matters and quality of care, one of DentaQuest’s licensed Dental Consultants determines resolution. The Dental Consultant determining the Appeal will not have had any role in determining the earlier claim and or prior authorization request. For Appeals related to a Member’s benefit, (non-medically necessary determinations) the G&A Specialist reviews the initial decision against the IDWP or Hawki benefit structure to assess whether the initial decision was accurate. Again, the G&A Specialist will not have had any role in determining the claim or prior authorization being appealed. Moreover, the G&A Specialist will not have a reporting relationship with the Dental Consultant who made the earlier determination. The investigation concludes with documentation in the system of whether to uphold or reverse the initial decision.
Step 5: Notify	Within one business day of decision and no later than regulatory specific timeframes, we send a written determination notice to the Member and Provider, if applicable. For Appeals, this contains a detailed reason, clinical rationale for the decision, and a description of Appeal rights including Medicaid Fair Hearing rights.
Step 6: Effectuate	If we determine that an initial decision was made in error, we reprocess the prior authorization or claim, or take other action as required by the decision. We work to remedy the root cause of the error identified, to avoid future impact on other Members or Providers. Remediation for such error may include but is not limited to root cause analysis and corrective action plan.

### DentaQuest’s State Fair Hearing Process

If the Appeal result upholds the initial decision, the Appeal resolution notice will include information about State Fair Hearing rights and Member continuation of benefits rights. If the Member timely requests a State Fair Hearing and continuation, DentaQuest pends the decision until the State Fair Hearing Officer makes a determination. Upon receipt of a State Fair Hearing request, we review the Member’s file history to ensure that the internal Appeal process has been exhausted. DentaQuest will create a case in the Grievances and Appeals System and attach all pertinent information within five calendar days. The G&A Specialist will ensure coordination and scheduling of appropriate DentaQuest personnel, such as a Dental Consultant, to participate in the State Fair Hearing. If the State Fair Hearing upholds the appeal resolution, the G&A Specialist will remove the pend and effectuate the initial decision, and may attempt recovery from the Member. If the Hearing decision overturns the Appeal resolution, the G&A Specialist will reprocess the authorization to reverse the initial decision, thereby continuing benefits.

### Providing Knowledgeable Staff

Upon hire, DentaQuest provides rigorous training for its G&A staff. Our team training program consists of web-based training and ongoing instructor-led courses on Grievances and Appeals regulatory requirements, and internal procedures. DentaQuest requires all staff to complete training courses on benefits, eligibility, coverage, services, Federal and State Grievances and Appeals regulations, and cultural competency. Staff affirmation of completed training is collected and stored in the DentaQuest’s myLearning Navigator system.

Managers hold all staff accountable through one-on-one meetings and performance reviews, using defined measures of success to assess performance. We monitor staff to stay on schedule with trainings and evaluate comprehension of the training.

In addition, DentaQuest's training team provides training sessions periodically throughout the year. These sessions cover essential topics such as Medicaid policies and procedures, systems training, end-to-end process training based on Grievances and Appeals job roles, and best practices. Trainings and best practices may also be initiated based on case audits, staff request, staff performance and departmental needs.

### ***Ongoing Staff Auditing to Ensure Quality***

DentaQuest maintains a separate Quality Assurance department responsible for auditing work performed in key business functions – including our Grievances and Appeals staff – to ensure that staff are complying with Contractual requirements, adhering to established best practices and business protocols, and that the quality of their work meets internal standards of excellence. All of our G&A Specialists are subject to these independent audits to ensure accurate handling of Member and Provider Grievances and Appeals.

A statistically relevant sample of Grievances and Appeals cases are gathered through random selection. The following key fields are reviewed for accuracy:

- **Case entry information:** review and verification that the information was entered correctly in our system
- **Case workflow:** review and verification that the department workflows and process were followed
- **Acknowledgement:** review and verification that the acknowledgement was completed timely
- **Internal case notes and information:** review and verification that internal notes are accurate and complete
- **Resolution:** review and verification that resolution was correct and complete
- **Case turnaround time:** review and verification that the case turnaround was met
- **Acknowledgement and resolution letters:** review and verification that the correct template was used and the letter was accurate and free of spelling and grammar issues
- **Administrative:** review and verification that all documents are date stamped

A final score is tallied and shared with Grievances and Appeals leadership, who are responsible for addressing any identified concerns.

## **ELIGIBILITY, EFFECTIVE DATE OF COVERAGE, PREMIUMS, COPAYMENTS AND EXCEPTIONS TO POLICY (H.1.03)**

DentaQuest will direct to the Agency any Grievances and Appeals we receive related to Member eligibility, including termination of eligibility, effective dates of coverage; determinations of premium, copayment; and exceptions to policy regarding services outside of State Plan Benefits.

DentaQuest staff, including Member Services (Contact Center) and Grievances and Appeals department staff, will be trained on the process of receiving and documenting Grievances and Appeals related to eligibility, effective date(s) of coverage, premiums, and exceptions to policy, and the process for routing them to the Agency.

In addition, for Grievances regarding disenrollment, we will complete our review in time for the disenrollment to be effective no later than the first day of the second month following the month in which the Member requests disenrollment. DentaQuest will take a neutral stance in the

review and will refer the Member to the state's enrollment agent in the event that the member wishes to proceed with disenrollment.

## SINGLE LEVEL CONTRACTOR APPEALS (H.1.04)

DentaQuest will offer only one level of appeals for IDWP and Hawki Members. If the appeal result upholds the initial decision, the appeal resolution notice will include information about State Fair Hearing rights and Member continuation of benefits rights while the Hearing is processed.

## PROVIDING ASSISTANCE (H.1.05)

When a Member indicates a desire to submit a Grievance or Appeal, our CSRs will assist Members with completing all applicable forms and other procedural steps related to filing the Grievance or Appeal. For Members who do not speak English wishing to file a Grievance, Appeal, or Fair Hearing request, we use a vendor that provides language interpretive services for more than 230 languages. When a Member with Limited English Proficiency calls needing assistance, DentaQuest will set up a three-way call with an interpreter. Once a Grievance or Appeal is initiated, an assigned G&A Specialist is responsible for the end-to-end process including coordinating the receipt of all documentation directly with the Provider office. The Member will not be required to gather any of this information.

DentaQuest recognizes that the Grievances and Appeals process can be lengthy and intimidating for Members, Authorized Representatives and Providers filing on behalf of Members. As such we have a collaborative process with Members, Authorized Representatives and Providers through education, engagement, and clear instructions. To ensure Members understand their rights to the Grievances and Appeals System, DentaQuest will provide education on the system in the following ways:

- **Member Welcome Call:** Members will receive a call from DentaQuest to be formally welcomed into our plan. We will provide an overview of our services, including the process to voice and report Grievances and Appeals decisions.
- **Materials in alternative formats:** Members will be provided Grievances and Appeals materials and information in multiple formats that meets their cultural and linguistic needs.
- **Adverse benefit determination notice:** The adverse benefit determination notice will detail the steps and action Member needs to take to file a Grievance or an Appeal.
- **Member Handbook:** This comprehensive Member resource outlines all aspects of DentaQuest benefits, policies, and services including how to report a Grievance and file an Appeal.
- **Customer Service Representative education vial the Contact Center:** DentaQuest CSRs are frontline staff, trained and equipped to verbally receive, document, and route Grievances and Appeals to our Grievances and Appeals department.
- **Toll-free TTD service line:** Allows DentaQuest to provide and meet communication needs of Members who need TTY/TDD services.

We educate our Providers about our Grievances and Appeals System, their obligations regarding this system, and assistance available to Members from DentaQuest. For Iowa, this information will be in our Provider Agreement, Provider Manual, and our other materials, as well as a topic during initial training.



## ACKNOWLEDGING APPEALS AND GRIEVANCES (H.1.06)

DentaQuest sends written acknowledgment notifications for Grievances and Appeals of adverse benefit determinations. For Iowa, we will send this acknowledgement within three business days of receipt. As applicable, this acknowledgement notice will also be issued to the requesting Provider. The acknowledgement letter will give the resolution timeline, specify whether the Member or Provider can submit documentation, and provide contact information for the assigned G&A Specialist.

## SEPARATION OF DUTIES, APPROPRIATE KNOWLEDGE OF DECISION MAKERS (H.1.07-08)

DentaQuest’s Grievance and Appeal System is enhanced and supported by a team of knowledgeable and expert personnel who coordinate, manage, investigate, and resolve Grievances and Appeals timely, efficiently, and accurately.

Grievances and Appeals fall into two categories: clinical and non-clinical. Our System requires that a licensed Dental Consultant review and have oversight of all clinical issues. Non-clinical issues involve administrative processes that do not require a review by an individual with a clinical background.

Figure 2-H provides an overview of key roles, how duties are separated, and the necessary knowledge required of our decision makers.

Figure 2-H: Overview of Dental Consultant and G&A Specialist duties

Role	Dental Consultants	G&A Specialist
Duties	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.	Primary assignee of Grievances and Appeals cases. Responsible for assigned cases from receipt to resolution. Initiate and drive the timeliness of cases, ensure documentation, coordinating and providing support to Member and Provider, providing written notices to the Member and Authorized Representative and engaging appropriate cross-functional personnel throughout the process. May render non-clinical decisions.
Appropriate knowledge	Licensed Dental Consultants have expertise in the field of dental medicine relevant to the services at issue. The Dental Consultant must be of the same or similar specialty implicated by the service at issue.	Three week intensive training program. Trained and educated in DentaQuest’s claims processing policies and other administrative policies including adherence to applicable State and Federal guidelines.
Decision-making authority	Has authority to make <b>clinical decisions when the decision involves:</b> <ul style="list-style-type: none"> <li>An Appeal of a denial based on lack of medical necessity.</li> <li>A Grievance regarding denial of expedited resolution of an Appeal.</li> <li>A Grievance or Appeal involving clinical issues.</li> </ul>	Has authority to make <b>non-clinical decisions.</b>  They are authorized to make non-clinical decisions when the following conditions are met: <ol style="list-style-type: none"> <li>Was not involved in any previous level of review or decision-making AND</li> <li>Is not a subordinate of any individual who was involved in a previous level of review or decision-making.</li> </ol>

	<p>They are authorized to make clinical decisions when the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. Was not involved in any previous level of review or decision-making AND</li> <li>2. Is not a subordinate of any individual who was involved in a previous level of review or decision-making.</li> </ol>	<p><b>Do not</b> have authority to make clinical decisions.</p>
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## FACTORS THAT ARE CONSIDERED DURING REVIEW (H.1.09)

DentaQuest’s Grievances and Appeals policies and procedures specify and allow Members and Authorized Representatives the opportunity to submit relevant information. Our policies and standard operating procedures require our G&A Specialists and decision makers to review, examine and consider all comments, documents, records, and other information submitted by a Member or their representative regardless of whether such information was submitted or considered in the initial adverse benefit determination. The assigned G&A Specialist and Dental Consultant investigate and make decisions on the Grievance or Appeal using information maintained in Grievances and Appeals System, such as the initial claim or preauthorization, and all comments, documents, records, and other information submitted by the Member or their Authorized Representative.

## GRIEVANCE REGARDING DISENROLLMENT (H.1.10)

DentaQuest will ensure appropriate review and timely disposition of Grievances regarding Disenrollment. Upon receipt of a Grievance concerning disenrollment, DentaQuest will complete review of the Grievance timely to allow the disenrollment to be effective no later than the first day of the second month following the month in which the Member requests Disenrollment or when DentaQuest refers the request to the State.

## DENTAQUEST GRIEVANCE SUPPORT (H.1.11)

As we do for all of our state Medicaid agency clients, DentaQuest will provide support to the Agency during the Iowa State Fair Hearing Process. Some of the ways we support our clients during the Fair Hearing process include:

- Appearing in person to provide factual and expert testimony to support the adverse decision made. A Dental Consultant attends on our behalf on clinical decisions.
- Submitting written documentation as evidence for justification for the determination at least three business days prior to the scheduled hearing.
- Delivering documentation via FedEx no later than one business day prior to the hearing for hearings that are scheduled less than three days after the request, and
- Participating via conference call.

For Iowa, we agree to provide all support as requested and noted during each stage of the grievance and appeal process, including but not limited to providing the necessary factual and expert testimony necessary to support DentaQuest’s position taken in relation to a Member’s claim, and providing any support required by the Attorney General’s Office regarding a judicial review proceeding arising out of the State Fair Hearing process. DentaQuest will absorb and ensure the responsibility for any award of attorneys’ fees and costs provided at any stage of State Fair Hearing or judicial review of a decision.

## NOTICE OF ADVERSE BENEFIT DETERMINATION REQUIREMENTS (H.2.01-H.2.07)

DentaQuest values Member communication and we realize how impactful service determination is for our Members and Providers. As such, we pay attention and apply strict diligence in ensuring that our notices of adverse benefit determination meet all applicable regulatory requirements. We also apply industry best practices, such as NCQA standards.

DentaQuest sends a notice of adverse benefit determination explaining the action taken or that we intend to take. When we deny authorization for a service, we mail a notice of adverse benefit determination. We understand and acknowledge that when a prior authorization for a service has been denied in whole or in part, for a service solely because the Claim does not meet the definition of a “Clean Claim” per 42 C.F.R. § 447.45(b), it is not an adverse benefit determination. All notices are written in easy-to-understand language and include the elements noted in Figure 3-H.

**Figure 3-H: Critical elements contained in DentaQuest’s notice of adverse benefit determination letters**

1. Reasons for the adverse benefit determination, including the right of the Member to be provided upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the Member’s adverse benefit determination. Such information includes medical necessity criteria, and any processes, strategies, or evidentiary standards used in setting coverage limits. (H.2.02)
2. An explanation of the Member’s right to request an appeal of DentaQuest’s adverse benefit determination, including information on exhausting the Contractor’s one (1) level of Appeal and the right to request a State Fair Hearing after receiving notice that the adverse benefit determination is upheld (H.2.03)
3. An explanation on the procedures for exercising the Member’s rights to Appeal (H.2.04)
4. An explanation on the circumstances under which an Appeal process can be expedited and how to request it (H.2.05)
5. An explanation on the Member’s right to have benefits continue pending the resolution of the Appeal, how to request that benefits be continued, and the circumstances, consistent with State policy, under which the Member may be required to pay the costs of continued services (H.2.06)
6. List of services requested
7. Identification of the Provider requesting the services
8. Date the request was received for the prior authorization
9. Identification and credentials of the Dental Consultant who made the clinical adverse determination decision
10. A statement to indicate the Provider may contact DentaQuest and discuss any clinical decision with the Dental Consultant involved in making the determination
11. Identification of any State citation as it relates to the reason for the denial, as applicable by State
12. An address to submit written requests and the toll-free number for verbal requests for a copy of the clinical criteria used to make the determination
13. Information on how to obtain the information in the notice of Action Letter in a language other than English
14. Language tag lines in the top 15 languages spoken in the State. The tag line instructs the Member on how to get the document translated into different languages
15. A non-discrimination notice that indicates DentaQuest does not discriminate. The notice also gives the Member information and instruction how to file a complaint with DentaQuest or with HHS if they feel they have been discriminated against

DentaQuest uses letter templates that satisfy content requirements, such as due process rights. We also conduct spot checks and routine audits of letters to ensure compliance with content requirements and identify improvement opportunities.

Our Utilization Management Workflow Coordinators work with Clinical Review Specialists and Dental Consultants to ensure that the appropriate notice of adverse determination template is used. UM leadership also conducts ongoing review of notices of adverse determination to identify opportunities, implement necessary training and interventions for process improvement.

### **TIMELY NOTICE OF ADVERSE BENEFIT DETERMINATION AND MAILING (H.3.01-H.3.02)**

DentaQuest will send the notice of adverse benefit determination at least 10 days before the date of action when the action is a termination, suspension, or reduction of previously authorized Medicaid covered services. When the Agency informs DentaQuest that action should be taken because of probable fraud by the Member, and the facts have been verified, if possible, through a secondary source, DentaQuest may mail the notice of adverse benefit determination as few as five days prior to the date of action. DentaQuest will cooperate with the Agency to ensure such scenarios are properly handled and documented.

### **MAILING OBLIGATIONS (H.3.03)**

DentaQuest will mail notices of adverse benefit determination by the date of the action when any of the following occur:

- a. The Member has died
- b. The Member submits a signed written statement requesting service termination
- c. The Member submits a signed written statement including information that requires service termination or reduction and indicates that Member understands what service termination or reduction will result
- d. The Member has been admitted to an institution where the Member is ineligible under the plan for further services
- e. The Member's address is determined unknown based on returned mail with no forwarding address
- f. The Member is accepted for Medicaid services by another local jurisdiction, state, territory, or commonwealth
- g. A change in the level of care is prescribed by the Member's Provider
- h. The notice involves an adverse determination with regard to preadmission screening requirements of section 1919(e)(7) of the Social Security Act
- i. The transfer or discharge from a facility will occur in an expedited fashion

### **NOTICE TIMING WHEN PAYMENT DENIED (H.3.04)**

DentaQuest will provide notice of adverse benefit determination on the date of determination when the action is a denial of payment.

### **NOTICE OF ADVERSE BENEFIT DETERMINATION TIMING FOR STANDARD AND EXPEDITED SERVICE AUTHORIZATIONS (H.3.05-H.3.13)**

DentaQuest has extensive experience performing and meeting timeliness of service authorizations for various states and is prepared to meet Iowa's adverse benefit determination timeliness including:

- For **standard authorization decisions**, as expeditiously as the Member’s condition requires within Agency-established timeframes that may not exceed 14 days following receipt of the request for service (H.3.05)
- For **Expedited service authorization decisions**, as expeditiously as the Member’s health condition requires and no later than 72 hours after receipt of the request for service (H.3.10)

DentaQuest has an exceptional track record of meeting and surpassing State expectations for both standard and expedited service authorization requests. For example, in Texas, we consistently outperform Iowa’s Contract requirements as highlighted in Figure 4-H.

Figure 4-H: Timely Processing in Texas

Iowa Performance Standard	DentaQuest’s Texas Medicaid Performance in 2022
Standard service authorizations determined within 14 calendar days	Volume: 369,000 Average turnaround time of same calendar day
Expedited service authorizations determined within 72 hours of receipt	Volume: 47,000 Average turnaround time of 10 hours
Requests Meeting Timeliness Standard (99% required)	99.95%

### Process to Ensure DentaQuest meets Adverse Benefit Determination Timing

We use our Windward system to seamlessly integrate our authorization process with our overall claims management function. Windward was designed to support the administration of Medicaid dental programs and is highly configurable to ensure DentaQuest can meet Iowa’s authorization requirements and timeframes, inclusive of those reflected in SOW Section H.3.

DentaQuest ensures timely and accurate review of authorization requests by establishing individual work queues in the Prior Authorization System for all incoming requests based on specific criteria. This ensures the most appropriate Clinical Review Specialist or Dental Consultant is assigned to review the request. Each Clinical Review Specialist and Dental Consultant has role-specific security assigned to ensure that the appropriate actions are taken by the appropriate user before the authorization can be determined and before notices are sent out. Authorizations are worked in a first-in, first-out manner.

Our Utilization Management Workflow Coordinators are responsible for ensuring determinations are completed and notices are sent in required turnaround times. Coordinators monitor inventory reports each hour and assign requests to Clinical Review Specialists and Dental Consultants to ensure that review of determinations and notices are completed and sent timely. UM leadership also monitors reviews to ensure that timeframes are being met.

### Extensions to Timelines

While rarely required due to DentaQuest’s efficient management of both standard and expedited service authorization review, DentaQuest understands that the Agency will allow DentaQuest up to 14 additional days to make a determination and provide notice in the following scenarios:

- If the Member or the Provider requests extension (H.3.06; H.3.11)
- If DentaQuest justifies a need for additional information and shows how the extension is in the Member’s best interest for the standard authorization (H.3.07; H.3.11)



DentaQuest will issue and carry out the determination as expeditiously as the Member's health condition requires and no later than the date the extension expires.

In the event we extend the timeframe, DentaQuest will provide the Member with written notice of the reason for the extension and inform the Member of their right to file a Grievance if the Member disagrees with the decision

When service authorization decisions are not reached within the applicable timeframes for either standard or expedited service authorizations, DentaQuest will provide notice on the date that the timeframes expire to both the Member and the Provider.

DentaQuest acknowledges that pursuant to 42 C.F.R. § 438.404(c)(5), untimely service authorizations constitute a denial, and are thus adverse benefit determinations.

## MEMBER RIGHTS TO FILE APPEALS AND GRIEVANCES (H.4.01)

DentaQuest values the voice of our Members and view the Grievances and Appeals system as an important pathway for Members to express their concerns with the services and care they receive. Our PPM and Member materials clearly define Member rights regarding matters of dissatisfaction and quality of care, including disputing denial of coverage or payment.

## EXTERNAL MEDICAL REVIEW (H.4.02)

DentaQuest regularly works with designated external review agents for other State Medicaid programs it serves. Final adverse determinations are subject to external appeal if:

- The service is clinical in nature and the internal appeal decision is adverse to the Member
- DentaQuest does not require the member to complete the external Appeal before requesting a State Fair Hearing
- The external Appeal is completed by an entity independent of DentaQuest and the state Medicaid Agency and the external review agent was not involved in the original determination under Appeal
- The external Appeal is offered without any cost to the Member
- The external Appeal does not extend the timeframes specified for the internal Appeal and does not disrupt the continuation of benefits
- Service is denied as out-of-network

We will work with the Agency if it chooses to offer and arrange for an external medical review that complies with 42 C.F.R. § 402(c)(1)(i)(B). We will adhere to the State's directive for the process and our obligation to comply as identified by the State.

## AUTHORIZED REPRESENTATIVES (H.4.03)

We leverage industry best practices such as adherence to NCQA's rigorous requirements, ensuring that each Member, their legally Authorized Representative, or Provider acting on behalf of the Member with written consent can file Appeals, Grievances, and State Fair Hearing requests after receiving notice of an adverse benefit determination. We assist Members through each step of the process, ensuring they understand applicable time frames and available communication methods.

When the Member chooses to assign a Representative, which may be a spouse, family member, attorney, Provider, POA, or guardian, DentaQuest will require the Member to provide written consent for the Representative to act on their behalf during the Appeal, including requesting the Appeal.

## PROHIBITION ON APPEALS REGARDING PROVIDER PAYMENT (H.4.04)

In situations where there is a payment dispute between DentaQuest and the Provider, a Provider cannot file an Appeal on behalf of the Member, and we will not suggest that the Provider is entitled to State Fair Hearing when the sole issue in the claimed Appeal is a payment dispute between DentaQuest and the Provider. We address these cases via a documented dispute resolution process.

## TIMEFRAMES FOR FILING APPEALS (H.5.01-H.5.04)

In accordance with all applicable C.F.R. citations, DentaQuest agrees to adhere to the following requirements:

- If DentaQuest fails to adhere to notice and timing requirements, the Member is deemed to have exhausted the Appeals process, and the Member may initiate a State Fair Hearing
- The Member is deemed to have exhausted the DentaQuest appeal process if DentaQuest has not resolved and provided notice to the affected parties within 30 days from the day DentaQuest receives the appeal
- DentaQuest will allow the Member to file an appeal within 60 days from the date on the adverse benefit determination notice
- DentaQuest will allow the Provider or Authorized Representative acting on behalf of the Member, as State law permits, to file an appeal to the Contractor within 60 days from the date on the adverse benefit determination notice

## RIGHT TO FILE ORALLY OR IN WRITING, INCLUDING BY AUTHORIZED REPRESENTATIVES (H.6.01-H.6.04)

DentaQuest initiates the Appeal process when a Member, their Authorized Representative, or a Provider acting on behalf of the Member with Member's written consent files an Appeal in writing or orally within 60 days from the date on the adverse benefit determination notice.

DentaQuest Customer Service Representatives are trained and equipped to immediately identify when a case is an Appeal. DentaQuest ensures that oral inquiries expressing dissatisfaction or seeking to appeal an adverse benefit determination are treated as Appeals. We document, track, monitor and report progress from receipt through disposition. Using our system's built-in workflow, Appeals are routed to our Grievances and Appeals department, where they are then assigned to a G&A Specialist.

In the case of oral Appeals, DentaQuest will provide the Member or Authorized Representative a written summary of the verbal Appeal for review. If additional information is needed to complete the Appeal, this is included in the acknowledgement letter. The date of the oral request will act as the date of receipt of the Appeal request. The turnaround time requirement for resolution will be calculated from that date.

## DENTAQUEST'S OBLIGATIONS DURING THE APPEAL PROCESS (H.6.05-H.6.08)

Upon receipt of the Appeal, the assigned G&A Specialist will issue an acknowledgement letter that contains the following information:

- The name, address and telephone number of the G&A Specialist designated to respond to the Appeal

- A statement to notify the Member of their right to submit documentation to support their Appeal request. This statement will include the timeframe in which the Member may submit the documentation for consideration in the resolution of the Appeal request. This also includes the ability to present evidence and testimony and make legal and factual arguments (H.6.05).
- **Exceeding the requirements outlined in H.6.06 and H.6.07**, DentaQuest proactively includes a copy of the Appeal case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by DentaQuest, in connection with the Appeal of the adverse benefit determination.
- If a resolution is reached before the written acknowledgement is sent, DentaQuest will include the resolution with the acknowledgement and only send one notice. A copy of the case file will also be provided.

DentaQuest considers the Member, their representative, or the legal representative of a deceased Member’s estate as parties to an Appeal.

To ensure compliance with established Appeals process, the DentaQuest Grievances and Appeals leadership team is involved in the daily operations of Appeals activities, by monitoring dashboards, documentation, and assignment to ensure compliance with regulatory requirements. Furthermore, ongoing case file audits are completed on Appeals files to monitor performance, identify gaps, and support performance improvement.

## EXPEDITED PROCEDURES, NOTICE OF TIME AVAILABILITY AND DENIALS OF EXPEDITED REQUESTS (H.6.09-11)

DentaQuest maintains an expedited Appeals process that complies with all relevant regulations and aligns to industry best practices. The process is summarized in Figure 5-H below.

Figure 5-H: DentaQuest’s Expedited Appeals Process	
<p>Step 1. Review request to confirm it qualifies as an expedited Appeal</p>	<p>DentaQuest determines whether an Appeal must be expedited (for a request from the Member) based on the medical or dental urgency of the condition, procedure, and that taking the time for a standard resolution could seriously jeopardize the Member’s life, physical or mental health, or ability to attain, maintain, or regain maximum function. DentaQuest can also determine whether an Appeal must be expedited when the Provider indicates (when making the request on the Member’s behalf or supporting the Member’s request) or based on our Dental Consultant’s assessment. Upon receipt of all Grievances and Appeals, our G&amp;A Specialists look for key words such as “expedited,” “pain,” “infection,” “trauma,” “injury,” or “accident” to determine if the case should be considered expedited.</p> <p>Additionally, the following services do not need to be reviewed by a Dental Consultant to determine if they should qualify as an expedited Appeal, as these services will never meet the criteria of an expedited Appeal because they do not directly relieve pain and/or a delay would not seriously jeopardize the Member’s life or health or ability to attain, maintain or regain maximum function.</p> <ul style="list-style-type: none"> <li>• Post-service claims, as service has already been provided</li> <li>• Services not covered</li> <li>• D0100–D0999 Diagnostic Services</li> <li>• D1000-D1999 Preventive Services</li> <li>• D2410-D2799 Crowns, Inlays, Onlays</li> <li>• D4000-D4999 Periodontal Services</li> <li>• D5000-D5899 Removable Prosthodontic Services</li> <li>• D5900-D5999 Maxillofacial Prosthetics</li> <li>• D6000-D6199 Implant Services</li> </ul>

	<ul style="list-style-type: none"> <li>• D6200-D6999 Fixed Prosthodontic Services</li> <li>• D8000-D8999 Orthodontic Services</li> </ul> <p>If the expedited Appeal request is denied, the request will follow the standard Appeal process. The G&amp;A Specialist will notify the Member verbally of the denial for the expedited request.</p>
Step 2: Investigate	The G&A Specialist, or Dental Consultant, investigates using information maintained in Windward, such as, the initial claim or preauthorization; all comments, documents, records, and other information submitted by the Member, or their Authorized Representative. The G&A Specialist may request additional information from the Provider and Member. They inform Members of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments in the case of an expedited appeal resolution.
Step 3: Resolve	The Dental Consultant determining the Appeal will not have had any role in determining the earlier claim and or prior authorization request. For Appeals related to a Member's benefit, (non-medically necessary determinations) the G&A Specialist reviews the initial decision against the IDWP or Hawki benefit structure to assess whether the initial decision was accurate. Again, the G&A Specialist will not have had any role in determining the claim or prior authorization being appealed. Moreover, the G&A Specialist will not have a reporting relationship with the Dental Consultant who made the earlier determination. The investigation concludes with documentation in the system of whether to uphold or reverse the initial decision.
Step 4: Verbal and written Notification	Within 72 hours of receipt, DentaQuest will provide verbal and written notification of the determination. DentaQuest makes reasonable efforts to provide such notification, defined as two or more attempts by phone. If the call goes to voicemail, the G&A Specialist will leave a message. The voice mail constitutes as a reasonable attempt to reach the member, but does not satisfy the verbal notification. At least one hour must pass between the calls to consider the second call a new attempt. The case will be documented to capture the date/times of all phone call attempts; results of the calls; and indicate if member was notified.

## TIMEFRAMES FOR RESOLVING APPEALS AND EXPEDITED APPEALS (H.7.01-06)

DentaQuest's G&A Manager is responsible for ensuring timely processing using our Grievances and Appeals System, and proven documented processes. All Appeals are recorded in the Grievances and Appeals System, investigated, analyzed, and resolved in compliance with 42 CFR §§ 438.400–410.

The Grievances and Appeals System captures all information regarding Grievances and Appeals, including those that drive timelines including description, Member, Provider, the date received, and whether the Appeal is standard or expedited.

Our Grievances and Appeals System increases efficiency and accuracy in processing by providing task alerts to ensure we meet turnaround times. The system also creates work queues by turnaround times to allow G&A Specialists to prioritize their work. This configuration removes manual processes like keying a due date or manually generating letters. These automated features improve case quality and adherence to turnaround times which all lead to higher client, Member, and Provider satisfaction. In addition, the system supports dashboards so management can track case timeliness in real-time.

DentaQuest also generates reports to ensure timely case resolution and notification including:

- **Open cases by specialist report:** Details the volume of open cases by G&A Specialist. (Specialists are required to generate this report daily to identify their active cases.)
- **Open cases by market report:** Details the volume of open cases by market.
- **Open case aging report:** Details the volume of open cases by market, listed in aging date ranges. The report divides data for standard or expedited Appeals.

DentaQuest will resolve each Appeal and provide notice as expeditiously as the Member's health condition requires, and no later than within 30 days of the day DentaQuest receives the Appeal for standard Appeals, and within 72 hours for expedited Appeals. DentaQuest may extend the timeframe for processing an Appeal by up to 14 days if the Member requests the extension, or if DentaQuest shows that there is need for additional information and that the delay is in the Member's interest upon State request. If DentaQuest extends the timeline for an Appeal not at the request of the Member, DentaQuest will:

- Make reasonable efforts to give the Member prompt oral notice of the delay
- Give the Member written notice, within two days of the reason for the decision to extend the timeframe
- Inform the Member of the right to file a Grievance if the Member disagrees with that decision
- Resolve the Appeal as expeditiously as the Member's health condition requires and no later than the date the extension expires

## NOTICE OF RESOLUTION FOR APPEALS (H.8.01-02)

DentaQuest will comply with all notice requirements. DentaQuest monitors and tracks all Appeals to ensure timely notice. The Grievances and Appeals System generates daily reports. G&A Specialists and the Management team use these reports to ensure timely case resolution and notification. DentaQuest's G&A Manager uses reports such as our **Open Cases Report** to identify the volume of cases, track timeline and monitor timely Grievance resolution.

We pay careful attention and apply strict diligence to ensure notices of resolution for Appeals meet all applicable regulatory requirements, in addition to leveraging and applying industry best practices such as NCQA standards. In the case of expedited Appeals, we attempt and make reasonable efforts to provide prompt oral notification to Members by telephone. Upon completion of the Appeal review, DentaQuest provides written notice of the resolution of the Appeals process:

- In a format and language that, at a minimum, meets applicable notification standards
- Include the results of the Appeal resolution
- Include the date of the Appeal resolution

For Appeal decisions not wholly in the Member's favor, DentaQuest will include the following in the written resolution notice:

## DENTAQUEST DISTINCTION

DentaQuest received and resolved nearly 3,500 Appeals in 2022 for the Florida Medicaid dental program.

100% of standard Appeals were processed within 30 days.

The average turnaround time to resolve expedited Appeals was less than 21 hours.



- The right to request a State Fair Hearing
- How to request a State Fair Hearing
- The right to request and receive benefits pending a hearing
- How to request the continuation of benefits
- Notice that the Member may, consistent with State policy, be liable for the cost of any continued benefits if the DentaQuest's adverse benefit determination is upheld in the hearing

## CONTINUATION OF BENEFITS (H.9.01-07)

DentaQuest will ensure continuation or reinstatement of benefits under the circumstances outlined in SOW Section H.9. We acknowledge and understand the inapplicability of the requirements set forth in SOW Section H.9 for Members receiving coverage pursuant to Iowa Code Ch. 514I (Hawki). Upon receipt of appeal, the G&A Specialist who enters the Appeal into the G&A System will also pend the decision to terminate, reduce, or suspend the service, allowing the Member to continue to access the service and for Providers to continue to submit claims and receive payment. Following the processing of an Appeal subject to continuation, if the Appeal is successful, the G&A Specialist will reprocess the authorization record in the G&A System to reverse the decision to terminate, reduce, or suspend the services.

If the Appeal result upholds the initial decision, the Appeal resolution notice will include information about State Fair Hearing rights and Member continuation of benefits rights while the Hearing is processed.

DentaQuest will continue the Member's benefits while an Appeal is in process if all the following occur:

- The Member files the request for an Appeal within 60 days following the date on the adverse benefit determination notice
- The Appeal involves the termination, suspension, or reduction of a previously authorized service
- The Member's 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 the later of the following:
  - Within 10 days of DentaQuest sending the notice of adverse benefit determination
  - The intended effective date of the Contractor's proposed adverse benefit determination

Following the processing of an Appeal subject to continuation, DentaQuest will continue to provide the benefits to the Member in accordance with the contractual requirements. If at the Member's request, DentaQuest continues or reinstates the benefits while the Appeal or State Fair Hearing is pending. The benefits will continue until one of the following occurs:

- The Member withdraws the Appeal or request for State Fair Hearing
- The Member does not request a State Fair Hearing and continuation of benefits within 10 days from the date DentaQuest sends the notice of an adverse Appeal resolution
- A State Fair Hearing decision adverse to the Member is issued

DentaQuest has the right to recover the cost of continued services furnished to the Member while the Appeal or State Fair Hearing was pending if the final resolution of the Appeal or State Fair Hearing upholds DentaQuest adverse benefit determination. We acknowledge and understand our obligation to pay for disputed services received by the Member while the Appeal was pending, unless the State policy and regulations refer to the State to cover the cost of such services, when the DentaQuest or State Fair Hearing officer reverses a decision to deny authorization of the services. DentaQuest will accordingly authorize or provide the disputed

services promptly, and as expeditiously as the Member’s health condition requires (but no later than 72 hours from the date we receive a notice reversing the determination) if the services were not furnished while the Appeal was pending and if the DentaQuest or State Fair Hearing officer reverses a decision to deny, limit, or delay services. DentaQuest G&A teams works collaboratively with the Utilization Management team to ensure prompt reversal of determination in these cases, by taking into consideration Member’s health condition and timeframe of when the notice or reversal was received.

In accordance with the notice obligation outlined in SOW Section H.9.07, we will notify the requesting Provider and give the Member written notice of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. DentaQuest ensures notices are sent out by establishing and configuring rules within its Windward system for all incoming requests based on regulatory requirements.

## PROCESSES FOR GRIEVANCES (H.10.01-07)

The Member Grievance process follows state, federal and references accreditation standards and includes the intake of Member concerns and complaints and their resolution in a satisfactory and timely manner. DentaQuest recognizes that Member experience is essential to our quality services. While our processes and systems are designed to support an optimal Member experience, we understand that there may be circumstances and scenarios that will lead to Member dissatisfaction. We take these occurrences seriously and ensure that Members are informed about how to file a Grievance and voice their complaints.

DentaQuest’s Policies and Procedures Manual details that a Member enrolled with DentaQuest may file a Grievance either orally or in writing at any time, only with DentaQuest. Our team uses the Grievances and Appeals System to document and generate communications for Grievance requests, investigations, resolutions, and to generate and support reporting needs. The Grievance process is closely linked to our Quality Improvement program and our Quality Improvement department oversees all reporting and outcome of Grievances through our Quality Improvement Committee.

Our experienced team, in conjunction with our Policies and Procedures Manual and technology platform, has proven to be effective and adaptable to meet diverse regulatory requirements and is equipped to incorporate updates and changes as necessary. All Grievances are recorded in the Grievances and Appeals System, and are subsequently investigated, analyzed, and resolved in compliance with 42 CFR §§ 438.400–410. The Grievances and Appeals System captures all information regarding Grievances including those that drive timelines including description, Member, Provider, the date received, whether the Grievance is standard or expedited, dates of reviews and review meetings, resolution and the date of resolution, and the date of notification.

Our Grievances and Appeals System increases efficiency and accuracy in processing by providing task alerts to ensure we meet turnaround times. The System also creates work queues by turnaround times to allow G&A Specialists to prioritize their work. This configuration removes key manual processes like keying a due date or manually generating letters.

### **DENTAQUEST DISTINCTION**

DentaQuest received and resolved nearly 600 Grievances in 2022 for the Texas Medicaid dental program.

100% of Grievances were resolved within 30 days.

The average turnaround time to resolve these Grievances was 14.5 days.

DentaQuest will resolve each Grievance and provide notice, as expeditiously as the Member's health condition requires, within 30 days from the date DentaQuest receives the Grievance. DentaQuest may extend the timeframe for processing a Grievance by up to 14 days if the Member requests the extension, or if DentaQuest shows that there is need for additional information and that the delay is in the Member's interest upon State request. If DentaQuest extends the timeline for a Grievance not at the request of the Member, DentaQuest will:

- Make reasonable efforts to give the Member prompt oral notice of the delay
- Give the Member written notice, within two days of the reason for the decision to extend the timeframe
- Inform the Member of the right to file a grievance if the Member disagrees with that decision

Upon completion of the Grievance review, DentaQuest provides written notice of the resolution of the Grievance within 30 days of receipt. The written notice will be in a format and language that, at a minimum, meets applicable notification standards in 42 C.F.R. § 438.408(d)(1); 42 C.F.R. § 438.10; 42 C.F.R. § 457.1260. These include:

- In a format and language that, at a minimum, meets applicable notification standards
- Include the results of the Grievance resolution
- Include the date of the Grievance resolution

## GRIEVANCE AND APPEAL RECORDKEEPING REQUIREMENTS (H.11.01-05)

DentaQuest will maintain records of Grievances and Appeals accurately in a manner and process that is accessible to the State and available upon request to CMS. We accept Grievances and Appeals verbally through our Contact Center or in writing from Members and their Authorized Representatives, and with Member consent, their Providers. We record them in our system, which captures all information regarding Grievances and Appeals including those that drive timelines including description of the reason, Member name, Provider, the date received, whether the Grievance or Appeal is standard or expedited, dates of reviews and review meetings, resolution details and the date of resolution at each level, and the date of notification.

DentaQuest will maintain documentation of Grievances and Appeals and hearings performance metrics and adhere to the following performance metrics for Grievances and Appeals:

- Resolve 100% of standard Grievances and Appeals within 30 days of receipt
- Resolve 100% of expedited Grievances and Appeals within 72 hours of receipt
- 100% of Appeals will be acknowledged within three business days

## DENTAQUEST'S COMPLIANCE WITH SECTION H REQUIREMENTS

DentaQuest confirms that it will adhere to all requirements in Section H, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR citations noted in Section H.

# **SECTION I**

# **PROGRAM INTEGRITY**

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

DentaQuest is committed to conducting its business with integrity and in accordance with all applicable Federal, State, and local laws.

To ensure we live up to that commitment, DentaQuest has an established **Corporate Compliance Program** modeled on principles established in the United States Sentencing Guidelines and the Office of the Inspector General Compliance Program Guidelines for similar organizations and in accordance with the seven effective elements of a Compliance Program pursuant to CMS' Compliance Program Policy and Guidance:

1. Ensuring that compliant written Policies and Procedures are in place
2. Compliance Officer and Corporate Compliance Committee Structure
3. Conducting Effective Training and Education
4. Developing Effective Lines of Communication
5. Auditing and Monitoring risk areas of DentaQuest
6. Enforcement and Discipline for any noncompliant behavior or misconduct
7. Corrective Actions for any non-compliance issues

The Compliance Program applies to all activities conducted by DentaQuest including, but not limited to, the operation of dental benefit plans that serve Medicaid, CHIP, and Medicare Advantage members as well as commercial plans that serve groups and individuals.

DentaQuest's Executive Leadership Committee is committed to an effective Compliance Program. This commitment is reflected both in the allocation of resources necessary to ensure that all levels of the organization participate in the Compliance Program and in communications and activities across the enterprise that reinforce our unqualified commitment to compliance with the law and the highest standards of ethical conduct.

### EXCLUDED PROVIDERS (I.1.01)

As a Medicaid dental benefits administrator (DBA) in 21 states, and working with nearly 40,000 dental Providers, we understand our role in ensuring we do not contract with Providers who are excluded from participating in federal health care programs.

Ongoing monitoring of our Providers is critical to ensuring the safety and wellbeing of our Members and the quality of care they receive. To that end, DentaQuest conducts ongoing monitoring of its Providers across a number of different aspects of performance.

#### Monthly State and Federal Database Checks

At the time of initial credentialing, and monthly thereafter, our entire Provider roster is checked against **State and Federal databases** including but not limited to:

#### DENTAQUEST'S RELEVANT EXPERIENCE

- ★ All employees and programs administered by DentaQuest adhere to our Corporate Compliance Program, which was modeled after CMS' seven effective elements
- ★ DentaQuest screens all employees and Providers each month against State and Federal databases for exclusions
- ★ DentaQuest maintains a fully operational Special Investigation Unit to investigate and address fraud, waste, and abuse
- ★ We are members of the National Health Care Anti-Fraud Association and the Healthcare Fraud Prevention Partnership.
- ★ Our Assistant Vice President of Fraud Prevention and Recovery serves as a Co-Chair of NHCAA's Dental Fraud Committee



- The National Provider Data Bank (NPDB). DentaQuest receives daily NPDB reports for Providers when a new report has been submitted
- State Boards of Licensure. State licensing boards are queried for sanctions, restrictions, expirations, and other actions taken against Providers' licenses
- Drug Enforcement Agency (DEA). The DEA licensing database is reviewed to ensure no adverse actions exist against Providers and licenses remain active
- Federal and State Exclusion Lists. DentaQuest conducts screenings at the time of initial application, and monthly thereafter of:
  - Office of the Inspector General, List of Excluded Individuals and Entities (LEIE)
  - General Services Administration, System of Award Management (SAM)
  - Social Security Administration Death Master File (SSADMF)
  - Office of Foreign Assets Control, Specially Designated Nationals And Blocked Persons List (SDN)
  - Medicare Opt Out Report
  - CMS Preclusion List
  - State Medicaid Exclusion lists

DentaQuest's Credentialing Committee is responsible for reviewing and validating any Medicare/Medicaid, and/or state licensing actions against any Provider that is identified during this review. The committee will determine the final course of action and consider any State or Federal guidelines as they make their final determination.

## EMPLOYEE AND SUBCONTRACTOR EXCLUSION CHECKS (I.1.02)

DentaQuest's Compliance department oversees the process to perform checks on all employees at the time of hire and monthly thereafter to ensure that prospective and current employees, temporary staff, independent contractors, vendors, and subcontractors are not excluded from participation in Federal health care programs.

Screenings include checking our employee and subcontractors against the following lists: OIG Exclusion List, GSA/SAM Exclusion List, U.S. Treasury Department Office of Foreign Assets List of Specially Designated Nationals and Blocked Persons, and Applicable State Exclusions Lists.

Additionally, DentaQuest's Human Resources department performs extensive background checks on all prospective new hires prior to hire or contracting and monthly thereafter as required, as follows:

- National criminal background checks
- OIG's List of Excluded Individuals/Entities (LEIE) exclusion checks
- GSA System of Award Management (SAM) exclusion checks
- Social Security Administration Death Master File
- Credit checks (if applicable)
- Professional and education checks
- Employment verification checks
- Fingerprinting and state-level sanction monitoring of principal staff
- Primary source verifications for dental and vision Provider consultants, including NPPES and state exclusion lists.

## NOTIFYING THE AGENCY OF ACTIONS AGAINST PROVIDERS (I.1.03)

DentaQuest agrees to 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. Such actions include, but are not limited

to, suspension actions, settlement agreements and situations where an individual or entity voluntarily withdraws from the network to avoid a formal sanction.

### SANCTIONED INDIVIDUAL PROHIBITION (I.1.04)

DentaQuest is not controlled by a Sanctioned Individual under section 1128(b)(8) of the Social Security Act.

### CONTRACTING PROHIBITIONS (I.1.05-I.1.11)

DentaQuest does not have a contract for the administration, management, or provision of medical services (or the establishment of policies or provision of operational support for such services) either directly or indirectly with:

- Any individual convicted of crimes described in section 1128(b)(8)(B) of the Social Security Act
- 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
- 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

In addition to the above, DentaQuest confirms it does 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 (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
- 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

### SUBMISSION OF DATA AND DOCUMENTS REQUIREMENTS, PROCEDURES AND REPORTING (I.2.01-I.2.21)

DentaQuest agrees to submit data, documents, and reporting to the Agency within the prescribed timeframes and in the Agency’s desired formats. Figure 1-I provides additional information.

Figure 1-I: Submission Requirements for this Contract

Requirement	DentaQuest’s Affirmation of Compliance
Encounter Data Submission Obligation (I.2.01)	DentaQuest will comply with the requirement to submit Encounter data. We have described our approach to Encounter data submission in further detail in response to SOW Section K.45.
Encounter Data HIPAA Compliance (I.2.02)	DentaQuest will ensure that Encounter data reports comply with the Health Insurance Portability and Accountability Act of 1996 security and privacy standards and that reports are submitted in the format required by the Medicaid Statistical Information System (MSIS) or format required by any successor system to the MSIS.
Data Supporting Actuarial Soundness (I.2.03)	DentaQuest will comply with the Agency’s request to submit data on the basis of which the State certifies the actuarial soundness of capitation rates paid, including base data that is generated by DentaQuest.

Data Supporting MLR Compliance (I.2.04)	DentaQuest will comply with the Agency's request to submit data on the basis of which the State determines our compliance with the MLR requirement.
Data Supporting Insolvency Protections (I.2.05)	DentaQuest will comply with the Agency's request to submit data on the basis of which the State determines that we have made adequate provision against the risk of insolvency.
Data Supporting Accessibility, Availability and Adequacy of Network (I.2.06)	DentaQuest will comply with the Agency's requirement to submit documentation described in 42 C.F.R. § 438.207(b) on which the Agency bases its certification that DentaQuest has complied with the Agency's requirements for availability and accessibility of services, including the adequacy of the Provider Network. We have described our approach to submitting such data in further detail in response to SOW Section E. 1.22
Ownership or Control Interest Data Submissions (I.2.07)	DentaQuest will comply with submission of required information for any person (individual or corporation) with ownership or control interest in the company.
Other Data and Information Requirements (I.2.08)	DentaQuest agrees to submit any other data, documentation, or information relating to the performance of the entity's obligations as required by the State or Secretary. This includes, but is not limited to, the submission of data including Provider type, name, address, date of birth and social security number.
Reporting Claims Information and Performance Targets (I.2.09)	DentaQuest will submit Claims processing and adjudication data. We will also identify specific cases and trends to prevent and respond to any potential problems relating to timely and appropriate Claims processing. Additionally, DentaQuest will meet the performance targets described in Section D.6, submit the data, and report to the Agency the top 10 most common reasons for Claim denial.
Impermissible Cost Avoidance (I.2.10)	DentaQuest guarantees that it will not avoid costs for covered services by referring enrolled Members to publicly supported health care resources.
Data, Documentation and Information Certifications (I.2.11)	DentaQuest guarantees that it will certify all data, documentation and information, ensuring that the data, documentation and information is accurate, complete and truthful, prior to it being sent to the Agency.
Prohibitions (I.2.12)	DentaQuest agrees to comply with all Prohibitions listed in Section I.2.12
Prohibited Affiliations (I.2.13)	DentaQuest agrees to comply with all Prohibited Affiliations listed in Section I.2.13.
Disclosures (I.2.14)	DentaQuest will disclose information, as required in section I.2.14
Continuation of Agreement in Certain circumstances (I.2.15)	DentaQuest understands and agrees, if it has a prohibited relationship with an individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities, the Agency may continue the existing agreement unless the Secretary directs otherwise.
Excluded Providers (I.2.16)	DentaQuest understands and agrees that it is prohibited from subcontracting with Providers who are excluded from participating in the IDWP or Hawki program due to Fraud and Abuse. Furthermore, DentaQuest agrees that it will check the databases detailed in SOW I.1.01 for Providers currently excluded by State and federal government every 30 days.
Medicaid Enrolled Provider Obligations (I.2.17)	DentaQuest will ensure that all Network Providers are enrolled with the State as Medicaid Providers. Our Provider enrollment process is detailed in response to SOW Sections E.1.29-E.1.30.
Excess Payment Reporting (I.2.18)	DentaQuest will report to the State within 60 days when it has identified capitation payments in excess of amount specified in the Contract.
Audited Financial Statements (I.2.19)	DentaQuest agrees to submit audited financial statements to the Agency on an annual basis. The statements will be audited in accordance with

	generally accepted auditing principles and generally accepted auditing standards.
Annual Independent Audit (I.2.20)	DentaQuest agrees to submit an annual financial audit report within six months following the end of the calendar year. The audit will be prepared using Statutory Auditing Principles as designed by the NAIC, and be prepared by an Independent Certified Public Accountant (CPA) approved as one of the Iowa Insurance Division's approved auditors. The audits format and content will include at least the following: <ul style="list-style-type: none"> <li>• TPL payments made by other third-party payers;</li> <li>• Receipts received from other insurers;</li> <li>• A breakdown of the costs of service provision, administrative support functions, plan management and profit;</li> <li>• Assessment of compliance with financial requirements of the Contract including compliance with requirements for insolvency protection, surplus funds, working capital, and any additional requirements established in Administrative Rules for organizations licensed as HMOs; and</li> <li>• A separate letter from the independent Certified Public Accountant addressing non-material findings, if any</li> </ul>
Quarterly Financing Report (I.2.21)	DentaQuest agrees to submit quarterly NAIC financial reports. A final reconciliation will be conducted by the same CPA contracted to conduct the annual audit and will be completed within 6 months of the end of the Contract year. The final reconciliation will be completed no sooner than 12 months following the end of the Contract year.

### DISCLOSURE (I.3)

DentaQuest agrees to disclose any persons or corporations with an ownership interest or control interest in DentaQuest that:

- Have direct, indirect, or combined direct/indirect ownership interest of five percent (5%) or more of the DentaQuest's equity
- Own five percent (5%) or more of any mortgage, deed of trust, note, or other obligation secured by DentaQuest if that interest equals at least five percent (5%) of the value of DentaQuest's assets
- Are an officer or director of an MCO organized as a corporation
- Are a partner in an MCO organized as a partnership

In accordance with SOW Section I.3.02, DentaQuest has included this information for both the Bidder (DentaQuest USA Insurance Company, Inc.) and the parent (DentaQuest, LLC) in Exhibits 3 and 4 respectively.

We agree to provide this information:

- When DentaQuest executes a contract with the State
- When the State renews or extends DentaQuest's contract
- Within 35 days after any change in ownership of DentaQuest

### COMPLIANCE PROGRAM AND REPORTING (I.5)

DentaQuest is committed to conducting its business with integrity and in compliance with all applicable Federal, State and local laws. To fulfill that commitment, DentaQuest has established an enterprise-wide Compliance Program. The DentaQuest Compliance Program has been

modeled on principles established in the United States Sentencing Guidelines and the Office of the Inspector General Compliance Program Guidelines for similar organizations.

DentaQuest’s Compliance Program is designed to maintain integrity and to detect fraud, waste, and abuse at all levels of the organization. Our Compliance Plan aligns to the requirements in SOW Section I.5, as further described below.

**Compliance Program Policies and Procedures (a)**

DentaQuest’s Code of Conduct and Policies and Procedures Manual guide the conduct of our directors, officers, employees, and independent contractors in carrying out their roles in our business, and to support our operations and the implementation of the Compliance Program. The Code of Conduct has been approved by the DentaQuest Board of Directors. Policies and procedures that relate to the Compliance Program are approved by the Compliance Committee. All other DentaQuest departments develop and maintain written policies and procedures that address areas of compliance risk within their department but that do not directly relate to the structure of the Compliance Program. The Code of Conduct & Ethics and Compliance Program policies and procedures are posted on DentaQuest’s intranet and are presented in Compliance Program training.

Each employee certifies by signing the Code of Conduct & Ethics, upon hire and annually thereafter, that they have read and will abide by its standards. The signed Code of Conduct & Ethics is retained in the employee’s personnel file.

DentaQuest has established a policy and process for the annual review of all Compliance Program policies and procedures to ensure that changes in Federal and State legal requirements and accepted standards of business ethics are reflected in the Code of Conduct and the Policies and Procedures Manual.

DentaQuest has also established a policy and process to ensure an annual review of the Compliance Program. The annual evaluation summarizes all goals, initiatives, program activities and monitoring outcomes over the past year.

**Compliance Officer and Committee Structure (b) and (c)**

DentaQuest’s **Head of Risk Management, Ethics & Compliance, Courtney Ransom**, is the focal point of compliance activities and is responsible for operating and monitoring the activities of the Compliance Program. She reports directly to DentaQuest’s CEO, and has unrestricted access to DentaQuest’s governing bodies, including but not limited to the Quality and Compliance Committee of the Board of Directors.

Our **Iowa-based Compliance Officer** will be supported by and work closely with the corporate team to ensure all elements of the IDWP and Hawki compliance plans are developed, implemented, and executed appropriately.

The Head of Risk Management, Ethics & Compliance’s primary responsibilities include, but are not limited to:

- Planning, implementing and monitoring operations of the Compliance Program
- Reporting on a regular basis to the Quality and Compliance Committee of the Board of Directors that has oversight of the DentaQuest Compliance Program. This committee is the Regulatory Compliance Committee of the Board of Directors

DentaQuest promotes a **culture of compliance** throughout the company by building processes, policies and training to support the enterprise’s compliance with applicable laws and the highest ethical standards, all in an atmosphere of professionalism, collegiality and mutual support.



- Working collaboratively with the DentaQuest Quality Improvement and Utilization Management Committee and sharing information on a regular basis, in particular on matters related to establishing methods to prevent, identify, and respond to fraud, waste, and abuse
- Recommending revisions to the Compliance Program in light of changes in DentaQuest needs and the law and policies of governmental programs and plans, including accreditation standards
- Developing and participating in training programs that focus on the elements of the Compliance Program and the compliance responsibilities of individuals to ensure that all employees understand and comply with the Code of Conduct & Ethics and Compliance Program policies and procedures
- Cooperating with financial management in coordinating internal compliance review and monitoring activities
- In accordance with the Compliance Program's policy on internal investigations, investigating instances of potential legal and ethical violations and developing recommendations with respect to the response to confirmed violations
- Participation with General Counsel in the appropriate reporting of self-discovered violations of program requirements

The DentaQuest Corporate Compliance Committee works in conjunction with and assists the Head of Risk Management, Ethics & Compliance in carrying out the functions and activities of the Compliance Program. The members of the Compliance Committee represent each of the major functional areas within the DentaQuest business and have the requisite seniority and experience within their respective departments and the DentaQuest organization to be effective as members of the Committee. The Committee benefits from having the perspective of individuals with varying responsibilities in the organization, such as operations, finance, audit, human resources, and clinical management as well as employees and managers of key operating units. The Compliance Committee meets on at least a quarterly basis.

Committee responsibilities include, but are not limited to:

- Identifying specific risk areas
- Assessing existing Compliance Program and Department policies and procedures that address these risk areas to determine needed changes and/or additions
- Working with appropriate departments to develop standards of conduct and policies and procedures to promote compliance with legal and ethical requirements
- Recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out DentaQuest policies
- Determining the appropriate strategies and approaches to promote compliance with program requirements and to detect any potential violations, such as through anonymous disclosure lines and other fraud reporting mechanisms
- Monitoring internal and external audits and investigations for the purpose of identifying deficiencies and implementing corrective action

DentaQuest has established a structured functional Compliance Program, including staffing and resources, to ensure compliance with governmental programs and plan requirements. We measure the adequacy of staffing and resources through the following:

- Full-Time Employees assigned to compliance functions
- Compliance matters and if they have been addressed timely

- Ensuring policies and procedures are implemented and being followed
- Documentation of reports to the Compliance Committee and Quality and Compliance Committee of the Board of Directors
- Status of Compliance Program Work Plan and any delays
- Tracking and monitoring of identified compliance risks
- Documentation and benchmarking data regarding discussions at Board level regarding budget

### **Compliance Plan – Conducting Effective Training and Education (d)**

The Head of Risk Management, Ethics & Compliance is responsible to ensure that DentaQuest provides appropriate education and training to all DentaQuest personnel, including its officers, employees, independent contractors, Board members and subcontractors to enable them to perform their responsibilities to DentaQuest, its customers and the individuals it serves with integrity and in compliance with all applicable laws.

All new and regular employees and individual independent contractors receive:

- General training with respect to the principles of the Compliance Program and their responsibilities to adhere to the Code of Conduct and the Compliance Program policies and procedures adopted to achieve the objectives of the Program
- Training with respect to fraud, waste, and abuse, including compliance measures with Section 6032 of the Deficit Reduction Act (DRA) of 2005
- Overview of the Federal DRA of 2005
- Overview of the Federal False Claims Act
- State False Claims Acts
- Medicare and Medicaid Patient Protection Act of 1987
- Stark Statute (42 USC 1395nn)
- Whistleblower Protections under such laws
- Fraud, Waste, and Abuse Policies and Procedures
- General training with respect to privacy and security of personal health information including HIPAA and HITECH laws
- General training with respect to cultural diversity and non-discrimination
- Annual retraining in each of these areas
- In-depth training in any or all of these areas that are relevant to the responsibilities of their position at DentaQuest.

Training is required of all new employees within 30 days of hire, and annually thereafter.

Presentations on compliance-related subjects may also be made at monthly Management Team meetings, at which managers are prepared to educate their staff with respect to the information presented.

The Board of Directors receives annual General Compliance training presented by the Head of Risk Management, Ethics & Compliance which may include:

- Confirmation of Code of Conduct awareness
- Compliance responsibility
- Disclosure of any conflicts of interest
- Agreement to comply with the standards

Completion of annual Board training activity is recorded in the meeting minutes.

### **Compliance Plan – Developing Effective Lines of Communication (e)**

DentaQuest supports effective lines of communication between all employees and the Head of Risk Management, Ethics & Compliance, and among DentaQuest, the individuals it serves, and

the Providers in its networks, including a process – such as a disclosure program – to receive complaints. If requested, DentaQuest will ensure protection of anonymity (to the extent possible) and in all cases will ensure protection against retaliation against any individual who reports potential misconduct.

The front-line supervisors or managers serve as a first line of communication for compliance-related issues. If the issue relates to an individual’s employment situation, employees are encouraged to talk with a representative of the Human Resource department. If for any reason an employee is uncomfortable with using either of these lines of communication, employees are encouraged to use the DentaQuest Alert Line, a service operated by an independent third party through whom they can communicate their concerns by telephone or on the internet on an identified or anonymous basis. Members and providers are informed of the availability of Fraud Hotlines that they may call to report concerns they may have about the administration of dental benefits by DentaQuest.

DentaQuest has adopted a non-retaliation policy that prohibits retaliation of any kind against any employee who reports suspected misconduct in good faith. The policy states that any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited, and any employee who commits or condones any form of retaliation will be subject to discipline, up to and including termination. The protection from retaliation is reinforced in numerous communications to employees. All employees are responsible for reporting actual or potential wrongdoing, including an actual or potential violation of law, regulation, policy, or procedure, within 24 hours of identification, and may be subject to disciplinary action if they fail to do so.

Communication is the key to ensuring that the DentaQuest reporting system is effective. All employees receive information on how to report concerns and our guidelines around such reporting, including:

- The Head of Risk Management, Ethics & Compliance maintains an “open-door policy” to allow individuals to report problems and concerns. She will act upon the concern in accordance with applicable policies and in the appropriate manner.
- The DentaQuest Alert Line and the Fraud Hotlines are designed to permit employees, and in the case of the Fraud Hotlines, Members and Providers, to report anonymously or in confidence, problems and concerns or to seek clarification of compliance-related issues from their managers or other members of DentaQuest management.
- Employees who report concerns in good faith will not be subjected to retaliation, retribution, or harassment.
- No employee is permitted to engage in retaliation, retribution, or any forms of harassment against another employee for reporting compliance-related issues.
- Employees cannot exempt themselves from the consequences of wrongdoing by self-reporting, although self-reporting may be considered in determining the appropriate disciplinary action.

### **Compliance Plan – Enforcement and Discipline (f)**

The Head of Risk Management, Ethics & Compliance is responsible for ensuring that reports of potential misconduct are investigated, and that appropriate action is then taken. It is essential to establish consistent and appropriate disciplinary policies for personnel, and to consistently apply sanctions for noncompliance in order for the disciplinary policy to be a deterrent. Disciplinary guidelines are well-publicized in training materials, handbooks and on the employee website. All levels of employees are subject to the same types of disciplinary action for similar offenses because the commitment to compliance applies to all personnel within the organization. Managers and supervisors may also be disciplined for failing to adequately instruct their staff or

failing to detect noncompliance with applicable policies and legal requirements where reasonable diligence would have led to the discovery of violations. Sanctions can include but are not limited to oral warnings, written corrective action plans, suspension or termination from employment or service.

Each situation is considered on a case-by-case basis to determine the appropriate response. The Head of Risk Management, Ethics & Compliance will consult with the HR department regarding an appropriate response to noncompliance. Appropriate disciplinary action arising from a violation of the Code of Conduct or Compliance Program policies or procedures will be determined by the HR department, in consultation with the Head of Risk Management, Ethics & Compliance, in a manner that is consistent in the treatment of similar incidents and in accordance with HR department policies and procedures. However, the imposition of any sanction must be regarded as a serious disciplinary step and even a first offense may warrant the most extreme penalty and loss of employment.

With respect to identified misconduct of DentaQuest independent contractors, vendors or agents, each situation is considered on a case-by-case basis to determine the appropriate response. In consultation with the Head of Risk Management, Ethics & Compliance, the appropriate member of DentaQuest senior management has a responsibility to determine how DentaQuest will respond in an appropriate and consistent manner, holding the contractor or vendor accountable for failing to comply with the applicable standards, policies and procedures.

Sanctions can include but are not limited to oral warnings, written corrective action plans, suspension, or termination from service.

### **Compliance Plan – Auditing and Monitoring (g)**

DentaQuest has the following auditing and monitoring mechanisms in place to ensure risks are escalated and compliance with Contract requirements is maintained:

- **Program Review and Evaluation.** At least annually, the Compliance department conducts a review and evaluation of the Compliance Program and reports the results to the Compliance Committee and the DentaQuest Executive Leadership Committee for approval. The evaluation includes the review of all the DentaQuest Privacy and Compliance policies, standards and practices. If recommendations for changes to the Compliance Program are approved by the Compliance Committee, they will be prioritized and implemented to the extent possible within available resources.

Employee surveys, management assessments, and periodic review of benchmarks, investigations, disciplinary action, overpayments and employee feedback will provide information for the Compliance Program evaluation. DentaQuest employee education and training efforts are routinely evaluated for effectiveness. Communications from employees are evaluated to assess the “tone at the top” and whether DentaQuest is perceived as truly supporting the goals of the Compliance Program, the adequacy of Compliance Program training, the options available to report concerns about misconduct, and the guidance provided by the Compliance Program policies and procedures. Any issues or problems identified with the Compliance Program will be promptly and thoroughly investigated and corrected to ensure compliance and reduce the risk of recurrence.

As part of its annual review, all investigations and, if substantiated, any responses to wrongdoing will be evaluated for scope and identifiable patterns. The Compliance department also reviews policies and procedures for corrective action and disciplinary procedures connected to violations of corporate compliance and ethical standards for ongoing applicability and effectiveness.

- **Statutory and Regulatory Compliance.** DentaQuest conducts ongoing monitoring for compliance in each department area. DentaQuest employs several monitoring techniques:
  - Various quality and service indicators which are tracked by the Service Outcomes Committee
  - Legal assessment of contractual relationships with plans, providers, and regulatory bodies
  - Management reporting
  - Client audits
  - Statement on Standards for Attestation Engagements (“SSAE”) 18 and associated independent assurance reports
  - Federal and State statutory review, monitoring, and change tracking

The monitoring process assesses compliance with Federal and State health care statutes, FFM requirements and guidelines, regulations and program requirements, accreditation standards, and payer rules. The monitoring process also reviews the process elements, including the dissemination of the standards, attendance of educational programs, and the documentation of internal investigations of alleged noncompliance. In instances where a department, process, policy, or procedure is found to be non-compliant, DentaQuest’s Compliance department and the responsible operational department will work to update and implement internal processes and work plans in order to ensure ongoing compliance with contractual obligations, State and Federal statutes, and FFM participation requirements.

All compliance records, including information received by DentaQuest, are maintained in a secure area for the period required by applicable law in accordance with the Document Retention Policy.

- **Regulatory Oversight Audits.** DentaQuest recognizes that State and Federal law require that, upon request, it must make available to all authorized Federal and State oversight agencies and their agents any and all administrative, financial and Member records and data relating to the delivery of items or services for beneficiaries of a State or Federal health program. DentaQuest will allow all authorized Federal and State oversight agencies and their agents reasonable and appropriate access to any place of business and all Member records and data, as required. Access shall be during normal business hours, except under special circumstances.

### Preparation and Submission of Annual Compliance Plan and Annual Work Plan (h and i)

DentaQuest agrees to comply with submission of an annual Compliance Plan and an Annual Program Integrity Work Plan by the date specified by the Agency. Both plans will follow the templates required by the Agency.

### COMPLIANCE REPORTING REQUIREMENTS (I.5.02 – I.5.06)

DentaQuest agrees to comply with the following reporting requirements:

#### Annual Reports

- Annual Report of Overpayments Identified and Recovered, specifying the overpayments due to fraud.

#### Quarterly Reports

- Cost Avoidance
- Program Integrity Activity
- Algorithms

#### Monthly Reports

- Overpayments Identified or Recovered, specifying the overpayments due to fraud
- Investigative Activities
- FWA Provider Notices
- Recovery
- Credible Allegation of Fraud
- IME Provider Action
- MCO Provider Action



- Single Case Agreements
- Requests for Program Integrity Information
- Total non-Program Integrity Recoveries

We provide similar reports for our other state Medicaid Agency clients. DentaQuest understands that the templates for the aforementioned reports will be set forth in a Reporting Manual published by the Agency and that all reports will be certified, as specified in the guidelines in SOW Section I.2.11. Furthermore, DentaQuest agrees to comply with certification requirements of the aforementioned reports.

## PROGRAM INTEGRITY MANAGER AND SPECIAL INVESTIGATION UNIT STAFFING (I.6)

DentaQuest agrees to comply with the staffing requirements for the Program Integrity Manager and the Special Investigations Unit set forth in Section A, including hiring such staff members in Iowa.

DentaQuest's corporate-wide Fraud Prevention and Recovery program is led by Assistant Vice President of Fraud Prevention and Recovery, Nicholas Messuri, JD, who oversees our fraud, waste, and abuse activities and the Special Investigation Unit, known as our Fraud Prevention and Recovery Unit (FPRU).

Nick is a proven collaborator and a former health care fraud prosecutor who served as Chief of the Massachusetts Attorney General's Office Medicaid Fraud Control Unit for 10 years. He is past President of the National Association of Medicaid Fraud Control Units and past Chair of the State Attorneys General Multistate False Claims Act Committee. Nick is a past Board Chair for the National Health Care Anti-Fraud Association's (NHCAA) Board of Directors, and currently serves on several NHCAA Committees, including as Co-Chair of NHCAA's Dental Fraud Committee.

In addition to Nick, our Fraud Prevention and Recovery Unit Associate Director, Kathlene Gruettner, has nearly 30 years of Medicare FWA investigation experience. Our FPRU is heavily supported by Dr. James Thommes, Vice President of Clinical Management who has more than 30 years of clinical and coding program integrity experience. Dr. Thommes provides verification of investigative findings, especially when clinically based assessments are needed to make judgements about medical necessity. When requested, Dr. Thommes is available to assist government investigators, offering expert dental opinion about the services in question. He is available to discuss with other entities the clinical details of a case, along with the strengths and possible defenses. He also has experience providing expert testimony on dental fraud, waste, and abuse.

DentaQuest's local Iowa Program Integrity Manager will report to Nick and have the support of our entire Fraud Prevention and Recovery Unit.

### DentaQuest's Program Integrity Staff

Our FPRU, comprised of highly trained professionals, is responsible for day-to-day implementation of the Fraud, Waste, and Abuse Plan and is at the forefront of investigations, responsible for initiating data mining, performing exposure assessments, prioritizing an audit plan, completing investigations and recoveries, and developing referrals. Through its utilization

## DENTAQUEST DISTINCTION

A testament to our FWA detection and investigative skills, DentaQuest's SIU was recognized by the **Tennessee Office of Program Integrity** in September 2022 for providing **the most FWA referrals accepted by law enforcement** among all of the managed care plans in the state.

oversight and corrective action programs, the FPRU uses state-of-the-art processes to reach and control as many outlier Providers as possible. It has a proven record of changing aberrant Provider utilization patterns and behavior through both investigation and education, and then measuring associated cost savings. Our investigative team is trained to apply the applicable clinical criteria when reviewing treatment records and radiographs for medical necessity and correct coding. This team is also trained in health care fraud investigative skills: working with data; interviewing witnesses, whistleblowers, and Providers; gathering and developing evidence; and assessing indicators that bear on the Provider's conduct and intent.

Our investigators regularly participate in trainings, conferences, and forums specific to investigating fraud, waste, and abuse. We believe regular collaboration and communication with anti-fraud agencies and organizations is one of the best ways to ensure that we remain "ahead of the curve" on our detection, prevention, and investigation efforts. This participation includes:

- Corporate Membership in the National Health Care Anti-Fraud Association (NHCAA)
- NHCAA NETS Webinars
- NHCAA Boot Camp for Health Care Fraud Investigators Training
- NHCAA Annual Training Conference
- CMS HealthCare Fraud Training

Our SIU regularly assists state Attorney General Medicaid Fraud Control Units by providing additional data and resources for cases referred to them by state Medicaid agencies or health plans; this is especially true when a DentaQuest investigation has uncovered a credible allegation of fraud. We typically assist these departments with questions related to dental coding nomenclatures and descriptors, utilization of codes, and program benefit limitations related to the utilization of current dental terminology codes for cases initiated by DentaQuest or by any other investigative process.

## PROHIBITS ON RECOVERIES AND PI UNIT COMMUNICATION (I.7.01-I.7.02)

DentaQuest understands that certain circumstances preclude our ability to recoup or withhold improperly paid (or due to be paid) funds to a Provider. These circumstances include:

- 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
- The funds have already been recovered by the RAC
- The issues, services, or Claims are the subject of a pending federal or State litigation investigation, or are being audited by the Iowa RAC

In all situations, prior to initiating a recoupment or recovery, DentaQuest will check with the Iowa Medicaid Recovery Unit to ensure that the recoupment or recovery are permitted.

## TREATMENT OF RECOVERIES (I.8.01 – I.8.05)

DentaQuest maintains rigorous processes for identify and recouping overpayments through:

- The completion of a fraud, waste, and abuse investigation, which determines if payment was made for services deemed inappropriate; not rendered; medically unnecessary; not consistent with the accepted standard of care; inconsistent with plan benefits; and/or not consistent with the guidelines of the ADA, the AAPD, or the AAOMS.
- Provider self-identifying and reporting the overpayment to DentaQuest. Providers are contractually obligated to self-identify and report the overpayment to DentaQuest immediately upon identification of having received an overpayment.

## DentaQuest's Established Processes for Recouping Overpayments

DentaQuest provides multiple written explanations to a Provider and/or location detailing and documenting the identified overpayment as the result of a SIU investigation. The notification includes the amount of the overpayment; the detailed listing of encounters affected, education and citations supporting the findings, internal appeal rights afforded by DentaQuest as applicable. The final determination letter includes information regarding how this overpayment recovery will be processed.

Future payments to the Provider are offset until the repayment has been resolved after the forty-fifth calendar day following the submission of the recoupment or reimbursement request to the health care Provider/location or after the health care Provider/location's rights to appeal have been exhausted. DentaQuest provides an explanation of benefits to the Provider in sufficient detail so the Provider can reconcile each recovered Member's bill.

If future payments are not available, the Provider/location is notified in writing the amount of the overpayment, why it was not correct, and the specific time frame for payment return.

In cases where there is clear evidence of fraud by the Provider/location and DentaQuest has investigated the claim in accordance with its fraud prevention plan, DentaQuest will refer this Provider/location to the appropriate agency and/or client contact in accordance with contractual obligations.

## Compliance with Iowa Requirements

DentaQuest agrees to adhere to all treatment of recovery stipulations outlined in this section of the SOW, including:

- The retention policies set forth in SOW Sections I.7 and I.9 for the treatment of all overpayments from DentaQuest to a Provider, including specifically the retention policies for the treatment of recoveries of overpayments due to fraud, waste or abuse
- Except as otherwise provided in this Section and SOW Sections I.7 and I.9, the requirement to recover improper payments and Overpayments attributable to Claims paid by DentaQuest Contractor, whether identified by DentaQuest or the Agency, for up to five years following the date the Claim was paid
- Except as otherwise provided in this Section and SOW Sections I.7 and I.9, DentaQuest will recoup and retain Overpayments attributable to Claims paid by DentaQuest
- Where a Provider Overpayment owed to DentaQuest is recovered by the RAC, the State, or the Federal government, by any means, including but not limited to False Claims Act lawsuits and investigations or any other State or Federal action or investigation, DentaQuest is not entitled to recoup, retain, or be reimbursed for any such Overpayment
- DentaQuest will comply with the process, timeframes, and documentation the Agency requires for payment of recoveries of Overpayments to the State in situations where DentaQuest is not permitted to retain some or all of the recoveries of Overpayment

## OVERPAYMENT AUDITS BY AGENCY OR DESIGNEE (I.9.01-I.9.08)

DentaQuest understands that the Agency or its Designee may audit our Claims data and that the audit may result in identifying a Provider Overpayment. In addition, DentaQuest understands that the Agency may recover all identified Provider overpayments from DentaQuest.

If the Agency chooses to engage a third-party to conduct the audit, DentaQuest would ask that the third-party sign a Business Associate Agreement to address corporate and Member privacy.

Most of these audits are now conducted virtually, but we are happy to host an on-site audit, if that is required.

We agree to comply with all procedures outlined in SOW Section I.9.

## PROVIDER SELF-REPORTING PROCEDURES (I.10)

Providers initiating refund may send a check with a letter explaining the Overpayment, EOP, and their own form to DentaQuest. Upon receipt, DentaQuest will review the unsolicited refund to determine if the Overpayment is related to activities of fraud, waste, or abuse versus administrative reasons. Examples of administrative reasons whereby it would be appropriate to return the funds include if the procedure was not done, or the wrong CDT was submitted, and the Provider plans to resubmit with the correct code.

DentaQuest will also review the applicable State and Federal databases and watch lists to determine if the Provider submitting the Overpayment refund is under active Federal or State investigation or prosecution.

In all instances the Provider will be required to return the Overpayment within 60 days of when the Overpayment was identified.

## IDENTIFYING AND REPORTING MEMBER CHANGES IN CIRCUMSTANCES (I.11.03)

We generally identify changes in Member circumstances based on information received from Providers, and from Members and their authorized representatives; and from returned undeliverable mail. Such changes include a change in a Member's residence or a death, or other changed circumstances that affect eligibility. We will report Member changes within five business days of learning of the change using a notification mechanism approved by the Agency.

## IDENTIFYING AND REPORTING PROVIDER CHANGES IN CIRCUMSTANCES (I.11.04-I.11.07)

We identify changes in Provider circumstances through multiple mechanisms:

- Re-credential Providers, completing a comprehensive review of Provider submitted information against which we perform primary source verification where able
- Screen Providers against federal exclusion databases at credentialing and monthly thereafter
- Accept updated information from Providers

When we identify changed Provider circumstances that may affect their eligibility to participate in the IDWP and/or the Hawki Dental programs, including termination of the Agreement with DentaQuest, we agree to provide the Provider's name, address and NPI to the Agency within 24 hours. This notification typically takes place via email, from the in-state Provider Partner to the Agency, but can also be completed via fax, if requested.

If a Provider terminates due to Program Integrity reasons, in addition to notifying the Agency, DentaQuest will notify Iowa's office of the Inspector General.

## VERIFICATION OF SERVICES (I.12.01)

DentaQuest maintains a well-established process to ensure services billed were actually provided and that the Member was satisfied. In compliance with requirements in SOW Section I.12.01, DentaQuest will provide EOB notices monthly to a sampling of Members.

The EOB will describe, in easy-to-understand language, service(s) furnished, Provider name, date of service, and payment amount. We will track and resolve any complaints received from Members in response to an EOB and will report the verification of service findings including number of surveys completed; services requested for validation; services validated; analysis of interventions; and surveys referred for further review.

If a Member indicates they are unable to verify the service, we will refer the case to our FPRU (the SIU per 42 CFR 438.608). An investigator will review the Provider's data and randomly select additional Members to request records from the Provider and conduct the necessary utilization review to determine any patterns of behavior. Upon detection of any potential Provider/entity fraud, waste and/or abuse, an audit expansion may be indicated. Accordingly, the FPRU will use the lead to fully data mine, investigate, and address all potential fraud, waste, or abuse issues, including reporting to the client, recovering Overpayments, and assessing the provider for implementation of a corrective action plan and other remedial actions.

## REVIEW AND AUDITS (I.12.02)

DentaQuest's FPRU investigates known or suspected fraud, waste, and abuse cases, tracks all cases in a centralized database, and continually updates this database documenting each step of the investigative process and ensuring all reviews, investigations, and referral processes are completed in a timely manner. In addition, we incorporate Correct Coding Initiative editing into our adjudication process. We identify cases from our fraud, waste, and abuse Alert Reports and other internal reports, referrals from Members, Providers, internal and external stakeholders (including our UM staff), law enforcement, and government agencies. The FPRU conducts a preliminary investigation to:

- Identify previous investigations of potential FWA by the Provider
- Identify previous training related to the potential misconduct
- Review all claims for the previous two years to identify past suspicious behavior
- Determine if the Provider's conduct is a violation of DentaQuest's Provider Agreement, and/or state or federal rules and regulations
- Determine if we have received or investigated any previous reports of inappropriate care or incidents of fraud, waste, and abuse
- If there has been any previous communications or educational training that may be relevant to the conduct in question
- Conduct a review of billing patterns and payment history to determine the scope and trend of the issue
- Review the policies and procedures related to the services under review

If preliminary investigation indicates likelihood of fraud or abuse, we send a written request to the Provider for Member records. We select records to ensure a representative sample. Clinical Investigators and Dental Consultants conduct a comprehensive administrative and clinical review to determine if the records are sufficient to evaluate utilization and quality of services, meet record keeping guidelines defined by the ADA and the State. The review also determines if services were medically necessary, rendered as billed, accurately coded, and met the accepted standards of care. Dental Consultants review all clinical determinations related to medical necessity, upcoding, and quality of care.

## INTERNAL CONTROLS TO PREVENT FWA (I.12.03)

DentaQuest ensures that all potential fraud, waste, and abuse tips are reviewed and investigated to determine whether a Credible Allegation of Fraud (CAF) exists warranting a referral to the Agency, the OIG, and/or the Bureau of Professional Ancillary Services.



We accept tips confidentially through the following avenues:

- Toll-free anonymous fraud hotline at 866.654.3433
- Visiting our website [dentaquest.com](http://dentaquest.com) and downloading a form to submit via mail or fax
- From the State directly
- Reported by our employees
- Self-reported by Providers

Additionally, DentaQuest maintains strong internal collaborations among key departments that lead to early identification of potential fraud, waste, or abuse. These departments include Utilization Management, Grievances and Appeals, Corporate Compliance, Client and Provider Engagement, Claims Operations, Credentialing, and Data Insights and Analysis. DentaQuest also maintains open pathways for employees, Customers, Providers, and vendors to report suspected fraud, waste, or abuse through anonymous reporting channels and hotlines. These communications promote compliance and program integrity, awareness, training, and monitoring.

### Pre-payment Processes to Prevent Fraud, Waste, and Abuse

DentaQuest employs a number of systematic pre-payment processes to prevent fraud, waste, and abuse including:

- **Prior Authorization and Pre-Payment Review.** DentaQuest will conduct reviews of all services that require clinical review either prior to services being rendered and/or prior to payment following the medical necessity criteria in accordance with the covered benefits as defined in the benefit limitations and published in the Provider Manual.
- **System Edits.** Dental-specific edits in our Windward system provide an important barrier against fraud and abuse. Each claim and authorization is subjected to more than 400 edits to detect the possibility of Provider fraud. Edits are developed by in-house clinical experts using a 30-year repository of Medicaid program Claims data available to determine optimal treatment patterns. DentaQuest will continue to add edits as new practice patterns are identified.
- **Base Edits.** The initial line of defense is base edits that analyze Claims and authorization requests. These edits identify the Provider, verify contract dates, check eligibility, and ensure all sections of the Claim are complete. If any of this information does not validate according to the edits, the Claim and/or authorization pended for additional review is denied. Base edits also compare the services on the current Claim against past Claims to check for duplication in the Member's Claims history, including a comparison of the total number of services on the Claim; service dates; procedure lines and codes; tooth, quad, arch, and surface; and any comments.
- **Procedure Rules.** Each Claim goes through 4,200 procedure code-based rules that provide definition for thousands of code review variations applicable to each rule scenario. The rules are designed to mirror the approach defined by CMS National Correct Coding Initiatives as well as standard clinical dental practice.

Our approach is constantly evolving and improving as we innovate; we adopt best practices from our industry and others, and anticipate and react to the changing environment. For example, DentaQuest applies the intelligence from retrospective investigations to up-front edits when new patterns of fraud, waste, and abuse emerge and when an edit can appropriately block payment for an impossible or inappropriately billed service.

## FALSE CLAIMS ACT POLICIES AND PROCEDURES (I.12.04)

DentaQuest maintains existing policies and procedures that address the False Claims Act and other Federal and State laws, including information about rights of employees to be protected as whistleblowers. DentaQuest will provide a copy of the policy to the Agency upon request. It addresses the following topics:

- Purpose and overview of Federal False Claims Act Penalties and Whistleblower Protections
- Penalties Under the False Claims Act
- Information on Administrative Remedies for False Claims and Statement Under the PFCRA codified at Chapter 38 of Title 31 of the United States Code
- False Claims Act Whistleblower Protections
  - Employment Protections for Whistleblowers and Other Employees
  - Certain Whistleblower Actions Barred
  - State Laws Pertaining to Civil or Criminal Penalties for False Claims and Statements
  - Applicability to Contractors and Agents

## RESPONDING TO CLAIMS OF FRAUD & ABUSE (I.12.05)

DentaQuest's FPRU investigates known or suspected fraud, waste, and abuse cases, tracks all cases in a centralized database, and continually updates this database documenting each step of the investigative process and ensuring all reviews, investigations, and referral processes are completed in a timely manner.

We identify cases from reports and referrals from Members, Providers, internal and external stakeholders (including our UM staff), law enforcement, and government agencies.

The FPRU conducts a preliminary investigation to:

- Identify previous investigations of potential fraud, waste, or abuse by the Provider
- Identify previous training related to the potential misconduct
- Review claims for the to identify past suspicious behavior
- Determine if the Provider's conduct is a violation of DentaQuest's Provider Agreement, and/or state or federal rules and regulations

If preliminary investigation indicates likelihood of fraud or abuse, we send a written request to the Provider for Member records. We select records to ensure a representative sample. Clinical Investigators and Dental Consultants conduct comprehensive administrative and clinical review to determine if the records are sufficient to evaluate utilization and quality of services, meet record keeping guidelines defined by the ADA and the State, and conform to risk management standards. Dental Consultants review all clinical determinations related to medical necessity, upcoding, and quality of care.

### Monitoring and Oversight

We may identify Providers as having under- or over-utilization that can be addressed through education and related activities. Such Providers will be referred to our Peer Review Committee for remediation, which may include prepayment review, routine focused clinical chart audits, and behavior modification and education. If the Peer Review Committee approves remediation, we notify the Provider of 1) the utilization identified as aberrant; 2) the remedial action required; 3)

## DENTAQUEST DISTINCTION

As publicly reported by the Texas HHSC OIG, DentaQuest was responsible for producing **nearly 84% of dental Provider fraud and abuse recoveries** for the state's Medicaid program in SFY 2021. The two other dental plans produced the remaining 16%.

the duration of the remedial action period; and 4) Appeal rights. The SIU then implements and monitors remediation, documenting correction, or referring Providers with continued aberrant behavior to the Peer Review Committee for additional action, up to and including termination from the network. If the Provider's aberrant behavior indicates potential fraud, waste, or abuse, the SIU initiates an investigation.

## DATA MINING (I.12.06)

To identify over- and under-utilization of services and detect potential cases of fraud, waste, or abuse, DentaQuest's FPRU reviews utilization data reports that cover various service measurements compared on a peer-to-peer basis within a given service area. These reports incorporate "community standards" of practice and identify gaps in preventive practice patterns, patterns of upcoding, treatment sequencing, re-treatment patterns, cost data patterns, and benchmark frequencies. When the report identifies an outlier, the Provider may be subject to audit and analysis. If initial data analysis detects a potential case of Provider fraud, waste, or abuse, DentaQuest's SIU conducts a preliminary investigation.

DentaQuest uses a three-part methodology to analyze utilization patterns and identify potential instances of over- and under-utilization. The process detects outliers in both Provider practice patterns and Member service utilization patterns.

- **Part 1: Detecting utilization outliers.** We use a statistically valid methodology to detect utilization outliers. This methodology is based on four key procedure codes, code sets, ratios, and payment patterns. According to statistical modeling, industry best practices, and our experience, these codes are linked to a high likelihood of fraud, waste, and abuse.
- **Part 2: Predicting fraud risk.** We use a predictive model to apply machine-learning techniques to actual results to assign each Provider a fraud risk score based on dynamically adapting criteria.
- **Part 3: Discovering evolving behaviors.** We use ongoing analysis-driven benchmarking and data mining to discover evolving behaviors and risk indicators. Outlier detection employs a standard technique for identifying outliers called the Tukey method, which is also used by the HHS Office of the Inspector General and is superior to standard deviation rules. Behavioral classification of Providers identifies outliers accurately by defining Provider peer groups not only by their stated specialty, but also by how they behave, based on the services billed. The scoring model is a continuing collaboration with data mining consultants who apply advanced modeling techniques similar to those used by US Homeland Security.

DentaQuest also uses these reports and data to identify issues related to the billing of specific CDT codes, which are often miscoded, upcoded or unbundled; and to identify medically unnecessary services and potential over-utilization (Sample reports highlighted in Figure 2-1). Our SIU staff maintain a strong day-to-day working relationship with the internal Dental Consultants who oversee DentaQuest's utilization management programs and up-front fraud, waste, and abuse denial edits. These unique collaborations address opportunities for improvements in the service authorization process. Data obtained from the utilization review process and fraud prevention audits are used to make improvements on the front end, effectively moving from a "pay and chase" approach to a more proactive and preventive one whenever possible.



Administrative Code § 79.2(249A), just as we do for all of our State Medicaid Agency clients. Figure 3-I provides examples of DentaQuest’s work with other state law enforcement.

Figure 3-I: DentaQuest’s track record of success in identify and referring fraud to the appropriate law enforcement

<b>ASSISTING THE TENNESSEE UNITED STATES ATTORNEY’S OFFICE</b>
<p>DentaQuest investigated, referred, and assisted the Tennessee’s United States Attorney’s Office in their <b>\$1.5 million health care fraud and abuse settlement agreement</b> with Cloudland Dental. This case centered on the inappropriate billing of services and misrepresentation of the treating dentist on the claim form. The dental office embarked on a scheme that allowed non-credentialed dentists to treat Tennessee Medicaid Members and submitted fraudulent claims as if a credentialed Provider had performed the services.</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p style="text-align: center; font-size: small; color: #0070c0;">PRESS RELEASE</p> <h2 style="text-align: center; color: #0070c0;">Dental Provider Agrees To Settle Allegations Of Improper Billing Of TennCare</h2> <hr style="width: 20%; margin: 10px auto;"/> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p style="font-size: x-small; color: #0070c0;">Tuesday, July 26, 2022</p> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">Share &gt;</div> </div> <div style="width: 45%; border-left: 1px solid #ccc; padding-left: 10px;"> <p style="font-size: x-small; color: #0070c0; margin: 0;"><b>For Immediate Release</b></p> <p style="font-size: x-small; color: #0070c0; margin: 0;">U.S. Attorney’s Office, Eastern District of Tennessee</p> </div> </div> <p style="font-size: x-small; color: #0070c0; margin-top: 10px;">KNOXVILLE, Tenn. – The United States Attorney’s Office announced today that Dr. Don Flanagan, D.D.S., and his affiliated companies, Dental Center, Inc. and Dental Center, P.C. d/b/a Cloudland Dental (“Cloudland Dental”), have agreed to pay \$1,500,000 to resolve allegations that they knowingly and improperly submitted false claims for dental services to TennCare in violation of the False Claims Act (“FCA”) and the Tennessee Medicaid False Claims Act (“TMFCA”). Franci Raines, who was formerly employed as Cloudland Dental’s Business Manager, also agreed to resolve similar allegations against her.</p> </div>
<b>ASSISTING THE TEXAS AG’S MFCU AND TEXAS US ATTORNEY’S OFFICE</b>
<p>DentaQuest’s SIU identified a spike in billings associated with a Provider at Floss Family Dental Care Clinic in Texas. Our initial 30-Member record investigation uncovered that services were being billed under this Provider’s name, but that care had not been rendered. Our contract with HHSC required an immediate allegation of fraud referral to the Texas IG and AG. We worked with the AG’s MFCU and then with the Texas US Attorney’s Office. Through their investigation, they uncovered a more significant scheme, involving kickbacks and <b>totaling approximately \$4.9 million in services</b> that were paid by both DentaQuest and MCNA (the other Medicaid dental DBA). The Texas US Attorney’s Office indicted the clinic operator and manager.</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p style="text-align: center; font-size: small; color: #0070c0;">PRESS RELEASE</p> <h2 style="text-align: center; color: #0070c0;">Three charged in \$6M pediatric dental fraud scheme</h2> <hr style="width: 20%; margin: 10px auto;"/> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p style="font-size: x-small; color: #0070c0;">Wednesday, June 14, 2023</p> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">Share &gt;</div> </div> <div style="width: 45%; border-left: 1px solid #ccc; padding-left: 10px;"> <p style="font-size: x-small; color: #0070c0; margin: 0;"><b>For Immediate Release</b></p> <p style="font-size: x-small; color: #0070c0; margin: 0;">U.S. Attorney’s Office, Southern District of Texas</p> </div> </div> <p style="font-size: x-small; color: #0070c0; margin-top: 10px;">HOUSTON - A superseding indictment has been unsealed charging an operator and two managers at a local dental clinic for their roles in a \$6 million Medicaid fraud and kickback scheme, announced U.S. Attorney Alamar S. Hamdani.</p> <p style="font-size: x-small; color: #0070c0; margin-top: 5px;">Authorities took Christian Agno Aquino, 42, Humble, into custody today. He is expected to make his initial appearance before U.S. Magistrate Judge Dena Hanovice Palermo at 2 p.m.</p> <p style="font-size: x-small; color: #0070c0; margin-top: 5px;">Also charged is Rene Gaviola, 67, and Ifeanyi Ndubisi Ozoh, 51, both of Houston. They were previously arrested on similar charges in August 2022. Ozoh and Gaviola are expected to make their appearances on the superseding indictment in Houston tomorrow.</p> </div>



#### ASSISTING THE ILLINOIS OIG, AG, AND THE UNITED STATES ATTORNEY'S OFFICE

Our SIU recently referred a **\$1.2 million fraud investigation** to our MCO clients in Illinois and worked with the OIG, AG, and the United States Attorney's Office. The defendant was arrested and indicted by the United States Attorney's Office. The defendant pled guilty to all counts alleging the submission of fraudulent bills for services that did not occur. Charges included:

- Nine counts of Health Care Fraud
- Three counts of Aggravated Identify Theft
- Asset forfeiture, including a \$1,000,000 personal money judgement and a residential real-estate property

## PROCEDURES FOR SUSPENDING PAYMENTS FOR CREDIBLE ALLEGATIONS OF FRAUD (I.13)

DentaQuest receives hundreds of tips per year, and each is vetted to determine if it is a Credible Allegation of Fraud (CAF). Upon receipt of an allegation, DentaQuest's FPRU works quickly to determine if the allegation is credible by conducting a preliminary investigation which includes:

- Identify previous investigations of potential fraud, waste, or abuse by the Provider
- Identify previous training related to the potential misconduct
- Review all claims for the previous two years to identify past suspicious behavior
- Determine if the Provider's conduct is a violation of DentaQuest's Provider Agreement, and/or State or Federal rules and regulations
- Determine if we have received or investigated any previous reports of inappropriate care or incidents of fraud, waste, or abuse
- If there has been any previous communications or educational training that may be relevant to the conduct in question
- Conduct a review of billing patterns and payment history to determine the scope and trend of the issue
- Review the policies and procedures related to the services under review

If the FPRU investigator determines potential fraud, waste, or abuse is supported, they will proceed with the full-scale investigation process. The investigative process is designed to uncover whether services were appropriately coded and billed, medically necessary and performed within the standard of care.

Upon determining that there is a CAF, DentaQuest will inform the Agency. The Agency will provide final approval for suspending payment. The Agency or law enforcement may determine to not suspend payment or suspend payment only in part until the investigation is complete. The determination to suspend, not to suspend or partially suspend will be submitted in writing from the Agency to DentaQuest.

### Suspending Payments

Upon receiving written notification to place a CAF hold on a Provider or entity from a State Medicaid Agency or from a client, our FPRU conducts a review of the notification, which must include at a minimum: a copy of the letter sent by the State Medicaid Agency to the Provider or entity informing them of their placement on a CAF hold, CAF hold effective date, and Applicable Tax Identification Number(s), individual NPI number(s) and all business NPI number(s) associated with the CAF hold. After completing this review, staff will forward the hold information to our Provider Enrollment department with instructions for application of the hold. All claims adjudicated during the hold will be held in the payable state. The hold will remain in place until we receive notification from the Medicaid Agency or client to lift the hold.

### **Notifying the Provider**

In addition to the steps noted above, DentaQuest will notify the Provider of the payment suspension that comports with 42 C.F.R. § 455.23 and retain the suspension for the time designated in that provision. The notice will also indicate that payments are being withheld in accordance with 42 C.F.R. § 455.23 and it will also provide information on the Grievances process for Providers.

DentaQuest makes no payment suspensions pertaining to CAF without first consulting with the MFCU. Additionally, for Iowa, we will have the added step of consulting with the Agency after discussing with the MFCU. We agree to maintain all materials related to payments suspension for five years as required by 42 C.F.R. § 455.23(g).

### **Lifting Suspensions**

DentaQuest will await notification from the State before lifting a payment suspension. Upon notification, DentaQuest will lift the suspension and release payments to the Provider.

### **Evaluating DentaQuest's Program Integrity Performance**

DentaQuest understands that the Agency will evaluate our Program Integrity performance based upon a set of standards developed by the Agency.

## **DENTAQUEST'S COMPLIANCE WITH SECTION I REQUIREMENTS**

DentaQuest confirms that it will adhere to all requirements in SOW Section I, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR citations noted in SOW Section I.

# **SECTION J**

# **GENERAL TERMS AND**

# **CONDITIONS**

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

DentaQuest currently serves more than 30 million Medicaid and CHIP Members across 21 states and brings the experience and capacity necessary to provide covered dental services throughout Iowa without regional coverage variations to all covered populations. DentaQuest has experience covering every one of the populations to be included in the program.

This experience has enabled us to develop enterprise systems and processes that comply with national standards including the CFR, NCQA, and URAC, while customizing implementations to account for state-by-state variation.

The bidder's immediate parent, DentaQuest, LLC<sup>1</sup>, has been NCQA certified for Credentialing/Recertification since 2014, received NCQA Utilization Management certification in 2023. DentaQuest, LLC also achieved URAC accreditation effective January 2022. URAC is the only accrediting body that provides full organizational accreditation for DBAs.

## GENERAL TERMS AND CONDITIONS (J.1.01- J.1.04)

### Inspection and Audit Rights

DentaQuest acknowledges that the State of Iowa, including, but not limited to, the Iowa Department of Health and Human Services, the State Auditor and Inspector (SA&I), the Iowa Department of Inspections and Appeals, and CMS, the Office of the Inspector General (OIG), and the Comptroller General, and their designees have, at any time, the right to inspect certain materials. Additionally, the Secretary and the State of Iowa, or any person or organization designated by either, shall also have the right to audit and inspect any books or records of DentaQuest and of any subcontractors, subsidiaries, or affiliates.

Inspection activities include but are not limited to:

- Inspect and audit any records or documents of DentaQuest or subcontractors; and
- Inspect the premises, physical facilities, and equipment where Medicaid-related activities are conducted.

Additionally, the entities named above also have the right to audit and inspect any books or records of DentaQuest and of any subcontractors, subsidiaries, or affiliates that pertain to the ability of the DentaQuest to bear the risk of financial losses and services performed or payable amounts under the Agency Contract. The Agency and any of the designee's right to audit, as

### DENTAQUEST'S RELEVANT EXPERIENCE

- ★ 30 years' experience managing Medicaid and CHIP programs in accordance with CFR and state-specific regulations
- ★ Operations compliant with Medicaid State and Federal requirements in 21 states
- ★ NCQA certified for Credentialing/Recertification and Utilization Management
- ★ Full organizational accreditation through URAC, a gold standard for dental plan accreditation
- ★ Dedicated Compliance department to track regulatory changes, manage audits and corrective actions
- ★ Coordination of benefits (COB) process that makes every reasonable effort to ensure third party liability (TPL) is captured and pursued

<sup>1</sup> NCQA Certification for Credentialing, and URAC Accreditation applies to the origination entity (DentaQuest, LLC) and any of its subsidiaries within the same scope of business. Therefore, both NCQA certification and URAC accreditation applies to DentaQuest USA Insurance Company, Inc. as a subsidiary of DentaQuest, LLC administering dental benefits.

expressed in this policy, will exist for 10 years from the final date of the Contract in accordance with the DentaQuest Records Retention Schedule and 45 C.F.R. Parts 160 through 164.

Our Compliance Department has a dedicated team that manages the audit process and submissions and is responsible for overseeing the audit response and ensuring all document and record requests are fulfilled. This Compliance team is supported by the Client Management team and the requisite operational area(s) dependent on the scope of the audit.

DentaQuest, its subcontractors and providers will produce all records, documents, or other confidential data requested as part of such inspection, review, audit, investigation, monitoring, or evaluation. Copies of records and documents, which include but are not limited to financial records, dental records, and billing records will be made at no cost to the requesting agency.

The records include but are not limited to:

- **Member Services.** DentaQuest will make available all records related to services rendered to Members, and the quality, appropriateness, and timeliness of such service.
- **Financial Records.** All relevant financial records and statistical data that the DentaQuest's clients, government health programs, and any other authorized governmental agency may require, including books, accounts, journals, ledgers, and all financial records relating to capitation payments, third party health insurance recovery, and other revenue received. Appropriate financial records to document fiscal activities and expenditures, including records relating to the sources and application of funds and to the capacity of DentaQuest or its subcontractors, including its participating providers, if applicable.
- **Fraudulent Activity.** All documents concerning provider or enrollment fraud.
- **Subcontractor Agreements.** DentaQuest will maintain appropriate records identifying every contract with a subcontractor, including all agreements arising out of said subcontract.
- **Claims Reporting System.** DentaQuest will provide the requesting agency with the capability to access accurate, timely, and complete confidential data, including any record of a paid claim or encounter, or a denied claim or encounter. Upon request, the DentaQuest, its subcontractors, and providers will provide and make staff available to assist in such inspection, review, audit, investigation, monitoring or evaluation, including the provision of adequate space on the premises to reasonably accommodate the requesting government agency, MFCU or other State or federal agencies.

### ***Audit Timeframe***

DentaQuest understands the right to inspect and audit any records or documents of DentaQuest, its subcontractors and Providers will extend for a period of 10 years from the final date of the client Contract period or from the date of completion of any audit, whichever is later. DentaQuest will grant access during regular business hours to health service and financial records related to a health service billed to the program in accordance with 42 C.F.R. § 438.3(h); 42 C.F.R. § 457.1201(g).

### ***Storage Fees***

In accordance with its Records Retention Schedule, DentaQuest will be responsible for all storage fees associated with all records maintained to comply with client contractual requirements. DentaQuest is also responsible for the destruction of all records that meet the retention schedule requirements pursuant to client contracts and internal records maintenance processes.



## SUBCONTRACTOR AUDIT AND SCOPE (J.1.05 AND J.1.06)

DentaQuest will maintain and require its subcontractors, including its participating providers, to maintain appropriate records relating to DentaQuest's performance, services, activities, or work for its clients, government health programs and program integrity functions for 10 years from the final date of the Contract period or from the date of completion of any audit, whichever is later. DentaQuest's clients, CMS, Medicaid Fraud Control Unit (MFCU), the Office of the Inspector General, the Comptroller General, and their designees, have the right, at any time, to inspect and audit any records or documents of DentaQuest or its subcontractors, and, at any time, to inspect the premises, physical facilities, and equipment where activities or work related to delegated services is conducted. The scope of audit rights for subcontractors is the same as for DentaQuest, and this is stipulated in all subcontractor agreements.

## GRIEVANCE AND APPEAL RECORDS (J.1.07)

DentaQuest's system maintains all records of grievances and appeals. The following information is captured in our system:

- 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 at each level of the appeal or grievance, if applicable.
- Date of resolution at each level, if applicable.
- Name of the covered person for whom the appeal or grievance was filed.

All applicable grievance and appeals records for enrolled members, as specified in 42 C.F.R. § 438.604, (except 438.604(a)(2)), 438.606, 438.608, and 438.610 are retained for a period of no less than ten years, in accordance with our Records Retention policy. Additionally, all provider agreements and subcontracts include this stipulation. DentaQuest maintains a highly effective and efficient grievance and appeals system.

## COMPLIANCE WITH STATE AND FEDERAL LAWS (J.2.01)

DentaQuest complies with all State and Federal laws and regulations including (and not limited to):

- Title VI of the Civil Rights Act (CRA) of 1964
- The Age Discrimination Act of 1975
- The Rehabilitation Act of 1973
- Title IX of the Education Amendments of 1972 (regarding education programs and activities)
- The Americans with Disabilities Act
- Section 1557 of the PPACA.

DentaQuest has an established Compliance team staffed with industry experts who oversee our Compliance programs. This is a full-time and ongoing effort. While many layers of administrative monitoring and oversight are conducted daily at DentaQuest, our Compliance programs were designed to ensure each department understands their role in this effort and that service excellence and adherence to all laws, regulations, and client requirements are continually upheld.

DentaQuest tracks federal regulation and legislation pertaining to Medicare, Medicaid, commercial, CHIP, and the exchanges, along with key issues related to dental oral health. We leverage FiscalNote's participation in various dental trade organizations to ensure that all laws and regulations are captured and communicated to the appropriate internal operational units on a regular basis.

Our government affairs staff regularly convenes with internal and external stakeholders to evaluate federal regulatory and legislative changes and works closely with our legal and client service departments to ensure DentaQuest compliance with changing federal regulation. During the proposal and enactment of new legislation or regulations, the government affairs staff works with the compliance department to ensure appropriate understanding and operationalization of any change or issue within DentaQuest.

DentaQuest employs various auditing methods to monitor daily business functions and employee activity to ensure compliance with statutory requirements and contractual obligations. Contractual requirements are communicated to impacted departments by the new business strategy and implementation department, and daily regular employee and system reviews ensure business activities are meeting those contractual requirements along with State and Federal statutory requirements.

We conduct ongoing monitoring for compliance in each functional area using the following monitoring techniques:

- Internal compliance-operations workgroups
- Legal assessment of contractual relationships with plans, providers, and regulatory bodies
- Management reporting
- Client audits
- SSAE 16 and associated independent assurance reports
- State and Federal statutory review, monitoring, and change tracking

Monitoring includes assessment of compliance with State and Federal health care statutes, exchange requirements and guidelines, regulations and program requirements, and payer rules. The monitoring process also includes reviewing the process elements, such as the dissemination of standards, attendance of educational programs, and the documentation of internal investigations of alleged non-compliance. In any instance where a department policy or procedure is found to be non-compliant, DentaQuest's compliance department works with the appropriate operational areas to update and implement internal processes and work plans to ensure ongoing compliance with contractual obligations and CMS regulations.

## ENROLLED MEMBER RIGHTS (J.2.02)

DentaQuest understands how critical it is to support Providers in delivering care that honors and respects differences that may exist between themselves and their staff, and Members. To that end, we provide comprehensive cultural competency, non-discrimination, health equity, and implicit bias training that covers a host of topics including Member rights for Providers and all employees.

Member rights are posted in the Member Handbook, the Provider Manual and in the Member section of the state-specific webpage.

### **J.3 Subcontracts**

**a) Summarize your proposed subcontracts, including any with parent companies, and key work to be delegated under the subcontracted relationship.**

## PROPOSED SUBCONTRACTS

DentaQuest, LLC – headquartered in Wellesley Hills, MA – will serve as the subcontractor to the bidder (DentaQuest USA Insurance Company, Inc.). The services to be furnished include, but are not limited to Member eligibility, utilization management, credentialing, claims processing, customer service, utilization management, complaints, grievances and appeals, fraud, waste and

abuse investigations and analyses, compliance, financial management, Member engagement, information technology support and legal support.

The bidder is a wholly owned subsidiary of the subcontractor, which owns and manages the DentaQuest organization, comprised of companies that hold insurance, third party administrator and similar licenses in nearly every state in the country.

DentaQuest, LLC also uses outside vendors to optimize our operations and the manner in which we provide top-tier service to our clients and their Members. While the specific contractual scope of services might impact whether or not we use a specific vendor, services we might outsource include printing and mailing, member outreach and engagement calls, web hosting services, and translation services. All these activities are coordinated and managed internally to appear seamless to our Members and providers. DentaQuest is happy to provide more detailed information on its vendor relationships upon request.

#### **J.3 Subcontracts**

**b) Indicate if any of the subcontracts are expected to be worth at least five percent (5%) of capitation payments under this contract.**

### **SUBCONTRACTS WORTH AT LEAST 5%**

DentaQuest, LLC is the only subcontractor receiving more than five percent of capitation payments under this contract.

#### **J.3 Subcontracts**

**c) Describe the metrics used to evaluate prospective subcontractors' abilities to perform delegated activities prior to delegation.**

### **METRICS TO ENSURE SUBCONTRACTORS' ABILITIES TO PERFORM**

DentaQuest, LLC is the largest, most experienced DBA in the nation. DentaQuest has been administering Medicaid and CHIP dental programs since 1993. DentaQuest, LLC and its affiliate companies manage dental benefits for 30 million Medicaid and CHIP Members in 21 states.

As the direct parent entity of the bidder, the subcontractor provides management services to the bidder through an Inter-Company agreement. The Inter-Company agreement specifically addresses the scope and standards for the services (such as IT, HR, Provider Relations) that the subcontractor performs on behalf of bidder. Per the terms of the Inter-Company agreement, the bidder retains ultimate oversight, control, and responsibility for all functions and services that the subcontractor provides to bidder. Quality assurance measures are maintained and ensured by common management of both subcontractor and its subsidiary, bidder.

Although the bidder retains sole and ultimate responsibility for compliance with the Inter-Company agreement and oversight of the major subcontractor's performance, the bidder's executive leadership team and staff who are charged with fulfilling these requirements are all employed by the major.

Major subcontractor is one of the leading and most experienced Medicaid DBAs in the nation and has years of experience complying with CMS regulations on subcontractor delegation and screening for exclusion from participating in any federal or state health care program. Additionally, major subcontractor will be held to the metrics outlined in the Contract.

## SUBCONTRACTS (J.3.01 AND J.3.02)

The bidder is a wholly owned subsidiary of the subcontractor, which owns and manages the DentaQuest organization, comprised of companies that hold insurance, third party administrator and similar licenses in nearly every state in the country.

As the direct parent entity of the bidder, the subcontractor provides management services to the bidder through an Inter-Company agreement. The Inter-Company agreement specifically addresses the scope and standards for the services (such as IT, HR, Provider Relations) that the subcontractor performs on behalf of bidder. Per the terms of the Inter-Company agreement, the bidder retains ultimate oversight, control, and responsibility for all functions and services that the subcontractor provides to bidder. Quality assurance measures are maintained and ensured by common management of both subcontractor and its subsidiary, bidder.

The subcontractor is one of the leading and most experienced Medicaid DBAs in the nation and has years of experience complying with CMS regulations on subcontractor delegation and screening for exclusion from participating in any federal or state health care program. Additionally, subcontractor will be held to the metrics outlined in the Contract.

## SUBCONTRACTOR QUALIFICATIONS (J.3.03)

DentaQuest, LLC – headquartered in Wellesley Hills, MA – will serve as the subcontractor to the bidder. The services to be furnished include, but are not limited to Member eligibility, utilization management, credentialing, claims processing, customer service, utilization management, complaints, grievances and appeals, fraud, waste and abuse investigations and analyses, compliance, financial management, Member engagement, information technology support and legal support.

The bidding entity, DentaQuest USA Insurance Company, Inc. is a wholly owned subsidiary of DentaQuest, LLC, (“DQ LLC”) which owns and manages the DentaQuest organization, comprised of companies that hold insurance, third party administrator and similar licenses in nearly every state in the country. DQ LLC, which is serving as the subcontractor to the bidder provides similar administrative and management services for all its affiliated benefits companies. Although the bidding entities retain sole and ultimate responsibility for compliance with the contract and oversight of DQ LLC’s performance of the services in connection with the Contract, the Executive Leadership team and staff assigned to the project work who are charged with fulfilling the Contractual requirements. Because of the common administration and management of the DentaQuest companies by one management organization, in this response we refer to DentaQuest and its subsidiaries collectively as “DentaQuest” or the “DentaQuest organization” and provide information with respect to the qualifications of the DentaQuest organization as a whole to perform the services and meet the requirements described in the RFP.

DentaQuest, LLC is the largest, most experienced DBA in the nation and has extensive experience managing contract requirements like those outlined in the Agency Contract. The employees who will work directly on this Contract are employees of DentaQuest, LLC and will work with the Key Staff outlined in Section A to ensure contract requirements are met. The day-to-day operational staff will be performing all management and administrative services outlined in the Contract.

## SUBCONTRACTOR DELEGATION AND OVERSIGHT (J.3.04, 3.05, 3.06)

The bidder is a wholly owned subsidiary of the subcontractor, which owns and manages the DentaQuest organization, comprised of companies that hold insurance, third party administrator and similar licenses in nearly every state in the country.

As the direct parent entity of the bidder, the subcontractor provides management services to the bidder through an Inter-Company agreement. The Inter-Company agreement specifically addresses the scope and standards for the services (such as IT, HR, Provider Relations) that the subcontractor performs on behalf of bidder. Per the terms of the Inter-Company agreement, the bidder retains ultimate oversight, control, and responsibility for all functions and services that the subcontractor provides to bidder. Quality assurance measures are maintained and ensured by common management of both subcontractor and its subsidiary, bidder.

### **Subcontractor Oversight**

The Delegation Oversight Committee, chaired by the compliance and quality director and comprised of a cross-section of interdisciplinary leadership, monitors and evaluates subcontractor agreements and performance. This forum also determines corrective action needed and ensures follow-up and closed-loop communications processes are followed. BAAs are negotiated and executed between the vendor and DentaQuest's Compliance and Legal departments.

In monitoring performance across the subcontractor, bidder leverages this process which is inclusive of individual department leadership accountability for performance, including:

- Understanding contractually defined metrics
- Overseeing processes and policies to ensure metrics are achieved
- Implementing methods for tracking performance against metrics
- Managing an escalation process to notify the Compliance department of significant issues, concerns, or instances of non-compliance
- Developing and implementing corrective actions

DentaQuest maintains a process to audit and/or monitor this performance throughout the organization, including those performed by First-Tier, Downstream, and Related entities, for compliance with regulatory guidance, compliance with contractual terms, compliance with applicable State and Federal laws, and adherence to internal PPM in order to identify potential or actual compliance and/or Fraud, Waste, and Abuse risks.

### ***Monthly Department Leadership Meeting to Review Performance***

Department leaders and members of DentaQuest's executive leadership team meet monthly to discuss existing Enterprise Compliance Risks (ECRs), during which team leaders can share other compliance risks or concerns arising within their departments. The Head of Risk Management, Ethics & Compliance and the Compliance staff will meet with departments leaders to review any newly raised concerns, to ensure:

- DentaQuest is monitoring all compliance issues or concerns pertaining to any legal or regulatory matters, including but not limited to any HIPAA, HITECH, and state or federal health care programs,
- The organization is aware of any compliance concerns and any other legal or regulatory compliance concerns.

The Compliance department will discuss any identified compliance concerns or issues with the affected department leader to determine the process and/or procedural changes that should be implemented to prevent future occurrences, including the training required for staff to implement better practices.



***Ad hoc Meetings***

Should a department be determined to be out of compliance with statutory and regulatory expectations, the Compliance department will immediately review the noncompliance with the department.

DentaQuest recognizes that the Agency reserves the right to review and approve any subcontracts, and that all subcontracts are to be accessible and provided within three days of a request and agrees to comply with such a request. All material changes to a previously approved subcontract will be submitted in writing to the Agency at least 60 days prior to the effective date of the proposed subcontract amendment. We also understand that the Agency has the right to remove a subcontractor for good cause, and our subcontractor agreement acknowledges the Agency has the right to revoke or assign remedies if it determines the subcontractor's performance is not satisfactory.

**Ensuring Ongoing Collaboration with Subcontractor**

As mentioned above, DentaQuest, LLC is the largest, most experienced DBA in the nation and has extensive experience managing contract requirements like those outlined in the Contract. The key staff outlined in Section A of this proposal will ensure Contract requirements are met, and the day-to-day operational staff will be performing all management and administrative services outlined in the Contract.

**Enforcement Policies used for Subcontractor Non-performance**

DentaQuest will conduct remediation efforts via corrective actions plans (CAP). While CAPs are typically issued by external parties, including clients or regulatory bodies, we may also issue CAPs internally to proactively address a known risk. CAPs can be issued for both serious non-compliance issues and minor infractions. Compliance oversees the intake, response to, tracking, and closure of all CAPs issued to the organization via our Compliance 360 tool. The Compliance team coordinates internal operational SMEs to move the organization to compliance and facilitates communications/closure with the issuing entity. Compliance will monitor CAPs from initiation through 90 days post-closure to ensure full remediation of CAP.

**SUBCONTRACTOR AUDIT/INSPECTION (J.3.07)**

DentaQuest requires all subcontractors, per the subcontractor agreement, to agree that Agency, CMS, US Department of Health and Human Services (HHS) Inspector General, 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 subcontractor's Contractor) for up to 10 years beyond the end of contract. Audit and inspection right pertain to any aspect of services and activities performed, or determination of amounts payable under DentaQuest's contract with the Agency.

**SUBCONTRACTOR PREMISES ACCESS (J.3.08)**

DentaQuest, through the subcontractor agreement, requires subcontractors to make available, for the purposes of an audit, evaluation, or inspection by the Agency, CMS, the DHHS Inspector General, the Comptroller General or their Designees, its premises, physical facilities, equipment, books, records, contacts, computer or other electronic systems related to its Members.

**TEN YEAR AUDIT RIGHT (J.3.09)**

Our subcontractor agreements require subcontractors agree that the right to audit by the Agency, CMS, the DHHS Inspector General, the Comptroller General or their Designees, will

exist through 10 years from the final date of the Contract period or from the date of completion of any audit, whichever is later.

### FRAUD-AUDIT AT ANY TIME (J.3.10)

DentaQuest includes in its subcontractor agreement provisions stating that if the Agency, CMS, or the HHS Inspector General determine that there is a reasonable possibility of fraud or similar risk, the Agency, CMS, or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.


#### J.4 Third Party Liability 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.

### TPL ACTIVITIES

As an experienced DBA, DentaQuest understands Medicaid, by law, must be the payer of last resort. We coordinate benefits in accordance with 42 C.F.R. 433 Subpart D and 42 C.F.R. § 447.20. We have developed an effective coordination of benefits (COB) process that makes every reasonable effort to ensure third party liability (TPL) is captured and pursued. We conduct cost avoidance and recovery efforts in Windward tailoring our program based on state-specific requirements. We use systematic methodologies and multiple data sources through our Windward system, to:

- Identify and flag claims with TPL for manual intervention
- Manage denials, COB, and payments to Providers with consistently applied logic and procedures
- Recover payments, as specified by the Contract, and make sure claims are accurately settled



**DENTAQUEST ENSURES MEDICAID IS THE PAYER OF LAST RESORT.**

DentaQuest's TPL activities save its State Medicaid Agency clients between 1 and 4% of their total claims payments.



### SUBCONTRACTOR TPL DELEGATIONS (J.4.01)

DentaQuest confirms it does not delegate TPL to an outside Subcontractor.

### TPL RESPONSIBILITY (J.4.02)

DentaQuest understands that pursuant to law, the Agency is the payer of last resort for all covered services. To the extent of medical assistance paid by DentaQuest, the Agency assigns all of its rights to recover for such medical assistance against liable third parties under Iowa Code Ch. 249A, including but not limited to the rights of the Agency under Iowa Code §§

249A.37 and 249A.54. DentaQuest, upon request of the Agency, will release the assignment to the Agency.

As such, DentaQuest will exercise its full assignment rights, where appropriate and in adherence to its PPM and in alignment with the most recent Agency Medicaid TPL Action Plan and CMS Coordination of Benefits and Third-Party Liability in Medicaid to ensure those liable third parties pay for services rendered by Members and cost avoid and/or recover such payments from the third party. We conduct cost avoidance and recovery efforts in Windward with systematic methodologies that identify and flag claims and tailor our program based on program requirements.

## HOW TPL WILL BE IDENTIFIED/SOURCES OF TPL (J.4.02)

It is possible for Medicaid Members to have one or more additional sources of coverage for health care services through Medicare or TRICARE; worker's compensation; homeowner's insurance; automobile liability insurance; non-custodial parents or their insurance carriers; or settlements or court award for casualty/tort claims.

To identify TPL, DentaQuest uses several data sources and methods:

- Monthly Member information received from the Agency
- COB indication on the claim form submitted by the Provider
- COB indication on the Member eligibility/enrollment file
- EOBs from the other insurance plan(s) attached to the claim form
- Reports containing certain CDT procedure codes that identify claims qualifying for cost recovery

All third-party payment information is tracked in our Windward system and resulting remittances are based on the presence of the reported COB/TPL. If a Provider indicates in line 4 of the ADA Claim form that there is other coverage, lines 5-11 ask for the following information:

- Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)
- Date of Birth (MM/DD/CCYY)
- Gender
- Policyholder/Subscriber ID (SSN or ID#)
- Plan/Group Number
- Patient's Relationship to Person Named in #5
- Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## TPL DATA (J.4.03)

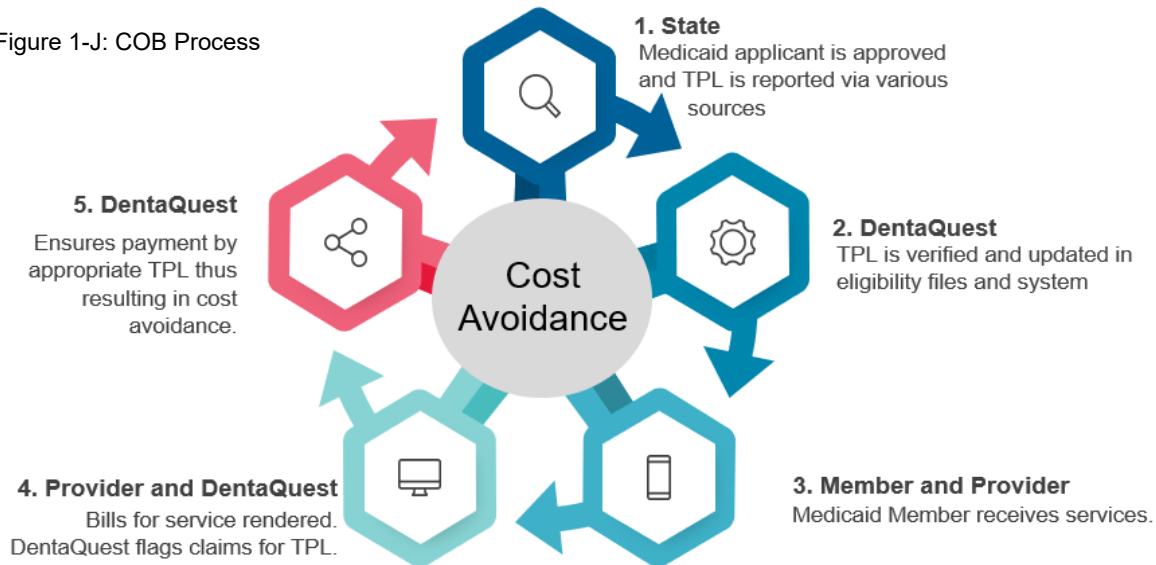
DentaQuest has effective COB policies and procedures to ensure TPL is captured and pursued, in accordance with 42 C.F.R. § 438.208(b). We follow stringent privacy rules in accordance with the confidentiality requirements stated in 45 C.F.R. Parts 160 and 164 and share information about Members with other payors in accordance with all applicable privacy and confidentiality laws and regulations.

We produce reports weekly through Windward that includes any new or updated TPL information for our Members and will provide such reports to the Agency as requested. Data captured and updated includes the Member's full name, Social Security Number of the policy holder, full insurance company name, group number, name of policy holder's employer (if known), insurance carrier identification number, and type of policy and coverage. DentaQuest will follow the Agency approved strategies and methodologies to ensure the collection and maintenance of current TPL data.

## COST AVOIDANCE (J.4.04)

DentaQuest employs an optimized Coordination of Benefits (COB) process, as highlighted in Figure 1-J, which highlights the sequential steps taken by the Agency, DentaQuest, and the Provider and Members.

Figure 1-J: COB Process



### DentaQuest’s Windward system is configured to maximize cost avoidance

DentaQuest’s custom-built Windward system was designed with Medicaid programs in mind. As such, Windward:

- Establishes rules that review coordination of benefit status (available alternate payer), payment order, and associated actions to properly handle COB business requirements.
  - For example: a Member has indication of another (primary) insurance carrier available as part of their enrollment profile. A claim is submitted for covered dental services but there is no primary carrier benefit statement or denial notice submitted with the claim. The COB rules would deny the service due to lack of a primary payer decision. Alternative outcomes could include suspending the claim and holding for receipt of the other payer’s claim decision or performing a pay-and-chase process.
- Maintains system methodology to ensure no more than the total plan allowance, Provider billed or Usual and Customary charge amount is paid when multiple insurance coverage is available to cover a dental service.
- Has the capability to automatically generate notifications and written recovery requests as requested by the Claims Processor, when potential TPL is identified, including second and third requests, if needed.
- Can apply and credit post-payment recoveries, which become part of the information available to Claims Processors on future claims.
- To meet Federal and State requirements and facilitate efficient TPL processing, Windward:
  - Stores and retrieves information on deductibles and copayments
  - Tracks deductibles and denies claims when deductibles are met
  - Associates resubmitted claims with the original denied claim.

## Processing Claims with COB

We capture COB information at the claim level when the claim is entered. Windward will suspend the claim into an electronic queue for manual review so we can gather additional information to determine what has been paid and calculate the balance payable.

## Ensuring Providers Following Probable Existence of TPL

In accordance with with 42 C.F.R. § 433.139, whenever DentaQuest is billed first for a Member with other available insurance resources, the claims are denied and returned to the Provider who is required to bill and collect from liable third parties. Our Provider Agreement clearly outlines the Provider’s responsibilities for coordinating benefits, identifying TPL and the circumstances in which they should pursue payment from third parties prior to submitting a claim to DentaQuest. We provide information on the Provider’s role in coordinating benefits in the Provider Manual. An excerpt from our Louisiana Medicaid Provider Manual appears in Figure 2-J.

Figure 2-J: DentaQuest’s guidance to Providers on COB from the Louisiana Medicaid Provider Manual.

**2.03 Coordination of Benefits**  
 Louisiana Medicaid is the payer of last resort. Dental claims for payment by DentaQuest must be submitted to the primary dental insurance (when applicable) prior to submission to DentaQuest for payment.

Participating Providers are responsible for billing applicable primary insurance prior to submitting a claim for payment by DentaQuest and ensuring that Medicaid is the payer of last resort.

Always submit the primary payment on the claim submitted. Please confirm that this has been completed prior to submitting claims to DentaQuest to avoid delayed reimbursement. In Accordance with Louisiana Medicaid program requirements, DentaQuest payment for a covered service is considered payment in full. Participating providers are required to accept DentaQuest's payment as payment in full.

Additionally, If TPL applies but we cannot determine the appropriate, accurate payment, we give notice to the Provider to collect additional information for payment to be appropriately calculated.

DentaQuest does not deny Provider claims based on untimely filing when a Provider is pursuing payment from a third party. In this situation, the timeframes for filing a claim begin on the date the third party completes resolution of the claim.

## Post-Payment Recovery

DentaQuest follows our established procedures for post-payment recovery where there was no probable existence of TPL. DentaQuest will review the Member’s history for any paid claims for possible recovery from the same third-party source. We also use TPL information for the subrogation process, seeking reimbursement, reporting, and refunding a subrogation payment or lien settlement to the Agency. We use our best efforts for reimbursement, make notes in the file, and credit subrogation payment to the correct internal account.

## PROVIDER EDUCATION (J.4.05)

DentaQuest is committed to making sure our Providers receive accurate and timely payments. We train Providers on Medicaid eligibility, prior authorization requirements, and benefits at the outset of the Contract, including how to collect and access Member TPL information. If



Providers feel they have received a denial or partial payment in error, our Claims Processing team, our TPL staff, and our Provider Relations Representatives work to resolve the issue. If the TPL information is outdated, Providers can submit the denial from the other insurance, showing the Member is no longer eligible. We then work with our Eligibility team to remove the TPL, reprocess the claim, and inform the Agency to remove the TPL indicator.

## **COST AVOIDANCE REQUIREMENTS (J.4.06) AND COST AVOIDANCE EXCEPTIONS (J.4.07)**

DentaQuest's cost avoidance activities do not prevent Members from receiving medically necessary services in a timely manner. If insurance coverage information is not available or if a cost avoidance exception exists, we make the payment and make a claim against the third party, if we have determined that the third party may be liable. When cost avoidance exceptions exist, following provider reimbursement, DentaQuest actively seeks reimbursement from responsible third parties and adjusts claims accordingly. Cost avoidance exceptions, in accordance with 42 C.F.R. § 433.139 include:

- Claims for coverage derived from a parent whose obligation to pay support is being enforced by the Agency Title IV-D Agency
- Claims for preventive pediatric services (including EPSDT) that are covered by Medicaid.

## **COLLECTION AND REPORTING (J.4.08)**

DentaQuest will identify, collect, and report TPL coverage and collection information to the Agency. We understand that TPL information is a component of capitation rate development, and therefore, will maintain records regarding TPL collections and report these collections to the Agency in the timeframe and format determined by the Agency.

DentaQuest agrees that it will not collect more than it has paid out for any Claims with a liable Third Party.

As noted in response to SOW Section J.4.03, DentaQuest will provide the Agency or its Designee information on Members who have newly discovered Health Insurance, in the timeframe and manner required by the Agency.

DentaQuest ensures Members and Providers have instructions on how to update TPL information via the Member and Provider Portals.

### **Reporting on our TPL Efforts**

DentaQuest will report on our reasonable efforts to seek, collect, and/or report TPL and recovery in a format and on a schedule that meets the Agency's needs. Information may include collections and claim information in the encounter data, retrospective findings in the encounter adjustments, and savings from COB efforts. We will also provide an annual report of all health insurance collections with any Form 1099s received and summaries of claims costs avoided or payment recoveries. Reported information includes, and is not limited to:

- Monthly amounts billed and collected, current and year-to-date
- Recoveries and unrecoverable amounts by carrier, type of coverage, and reason (quarterly)
- TPL activity reports (quarterly)
- Internal reports used to investigate possible TPL when paid claims contain a TPL amount and no resource information is on file
- Monthly quality assurance sample to the Agency verifying the accuracy of the TPL updated applied during the previous month
- Monthly pay-and-chase carrier bills

## COORDINATION OF BENEFITS AGREEMENT OBLIGATIONS (J.4.09)

DentaQuest will enter into a Coordination of Benefits (COB) agreement with Medicare and participate in the automated claims crossover process, including sending eligibility information to CMS and receiving data for processing supplemental insurance benefits from the Benefits Coordination & Recovery Center. Our COB PPM will reflect the dual processes for Medicare and Medicaid.

## COORDINATION WITH MEDICARE (J.4.10)

DentaQuest will provide medically necessary covered services to Members who are enrolled in Medicare and will ensure services covered and provided are not charged to Members who are dually eligible for Medicare and Medicaid. Our COB PPM for coordinating with Medicare payers, Medicare Advantage Plans and Medicare Providers, and documents related to COB activities reside in Windward.

## LESSER OF LOGIC (J.4.11)

We understand that the financial obligation of Iowa Medicaid for services is based on Medicare and all other third-party insurer amounts, not the Provider's charge. Our PPM will ensure that the total reimbursement for any reimbursable Medicare Claims is the lesser of 1) the cost sharing (deductible and coinsurance) that would have been owed by the Medicare beneficiary, absent Medicaid eligibility or 2) the difference between the sum of what Medicare and all other third-party insurers paid and the Medicaid fee for the same services or items.

## SANCTIONS (J.5.09)

DentaQuest is aware of the requirements in 42 C.F.R. § 438.702(b) and 42 C.F.R. § 457.1270 and understands the Agency may impose penalties and sanctions such as, but not limited to monetary penalties, suspension of new enrollment, suspension of payment and disenrollment of members.

## TERMINATION (J.6)

DentaQuest has never had a Contract terminated for failure to meet or carry out applicable Contract requirements those outlined in the Social Security Act. DentaQuest confirms its understanding that if it were to fail to meet Contract requirements outlined in the Social Security Act it could be subject to contract termination.

## INSOLVENCY (J.7.01 – J.7.04)

DentaQuest will not hold IDWP and Hawki Dental program Members' liable for our debts if we become insolvent, nor will Members be held liable for covered services provided for which DentaQuest does not receive payment from the Agency or for which DentaQuest does not pay the Provider that furnished the service under a Contractual, referral, or other arrangement.

Additionally, Members will not be held liable for covered services furnished under a Contract, referral, or other arrangement to the extent those payments are in excess of the amount the Member would owe if DentaQuest covered the services directly.

DentaQuest will provide the Agency assurances that its provision against the risk of insolvency is adequate to ensure Members will not be liable for our debt if we become insolvent.

## FINANCIAL STABILITY (J.7.06)

DentaQuest is financially stable and will maintain a financially strong operation in accordance with all State and Federal laws, regulations, and guidance during the term of the Contract,

including any extensions. DentaQuest is working to obtain its license in Iowa and agrees to maintain good standing and comply with all applicable insurance regulations, rules regarding deposit requirements (Iowa Admin. Code r. 191-40.12) and reporting requirements (at Iowa Admin. Code r. 191-40.14).

As requested per item 3.2.7 Financial Statements of the RFP, DentaQuest is providing audited financial statements for the last three years for the bidder and ultimate controlling parent of the bidder. These can be found in the Financial Statements binder and on the supporting USB drive. We commit to notifying the Contract Monitor immediately of any liabilities that threaten our financial ability to perform the duties of the Contract and of any discussions of filing for bankruptcy.

Our financial stability is continuously monitored by the finance department, with the statutory reporting and taxation team and the financial analysis and reporting team working in concert. Monitoring activities include, but are not limited to:

- Daily monitoring of liquidity and operating account balances
- Monthly cash reconciliation
- Quarterly cash flow and capital forecasting
- Quarterly preparation and review of unaudited financial statements
- Periodic capital reporting as required by client or statutory obligations

#### **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?**

### **REINSURANCE (J.7.07)**

DentaQuest USA Insurance Company, Inc. maintains a strong capital base as is customary in the dental insurance industry. Given the short tail on dental claims processing and settlement, and limits on claim maximums, DentaQuest USA Insurance Company, Inc. assumes and retains 100% of the financial risk for claim payments, and therefore does not utilize any policies of reinsurance or stop-loss.

### **MEMBER LIABILITY ON UNPAID CLAIMS AND ABM (J.7.08)**

We understand that Medicaid Members can be held liable for services provided that normally are covered services under the Contract, but which were provided to a Member who has met or exceeded their annual maximum benefit (ABM). Members may only be held liable for such services if they are informed of the liability before services were delivered and expressly accepted the liability in writing, noting that the Member would be accepting liability because of exceeding the ABM.

### **CONTRACTUAL NON-COMPLIANCE – DISASTER RECOVERY (J.8.01)**

DentaQuest has comprehensive Business Continuity and Disaster Recovery Plans with distinct protocols in place to ensure data is securely protected on redundant systems and that operations will continue seamlessly within 24 hours in the event of an incident or disaster. DentaQuest reviews and updates the Disaster Recovery Plan (DRP) annually.

Our DRP and Business Continuity Plan (BCP) are separate and distinct but interrelated. Both relate to handling emergency preparedness and disaster recovery. These Plans cover the restoration of software, current master files, and hardware backup. Our DRP outlines the processes, procedures, and management actions to be taken if a disaster occurs to information

systems or telecommunications, while the BCP outlines the processes, procedures, and management actions to be taken if an interruption or disaster occurs to facilities or departments.

Both Plans align with the most current version of the National Institute of Standards and Technology Contingency Planning Guide for Federal Information Systems, *Special Publication 800-34*, and both Plans also have specific operational and system redundancies in place.

We test the DRP twice annually. We test notification processes; emergency and security responses; command center activation and exercise; convening of the emergency management team; decision processes; damage assessment; data, hardware and software recovery; telecommunications recovery; recovery of functional systems using off-site data; and validation of recovered applications and data. These tests simulate disaster scenarios and exercise our DRP to ensure readiness to deploy and identify and mitigate risks.

We understand that a failure to restore operations will result in the Agency transferring Members to another contractor, to assign operational responsibilities to another contractor or to assume operational responsibilities that will require DentaQuest to pay the difference between the capitation rates that would have been paid to us and the actual rates being paid to the replacement contractor as well as any costs the Agency incurs associated with the failure to restore operations following a disaster.

## NON-COMPLIANCE WITH REPORTING REQUIREMENTS (J.8.02)

DentaQuest recognizes that non-compliance with reporting requirements will be subject to liquidated damages as described in the Contract Exhibit rate sheet; If the non-compliance impacts the Agency's ability to monitor DentaQuest's solvency and our financial position and requires the Agency to transfer Members to another contractor, DentaQuest will be required to pay the Agency the difference between the capitation rates that would have been paid to DentaQuest and the actual rates being paid to the replacement contractor. Also, DentaQuest will be responsible for paying any cost the Agency incurs transferring Members. Further, the Agency has the right to withhold capitation payments or require corrective action until DentaQuest provides satisfactory financial data.

## NON-COMPLIANCE WITH PROVIDER NETWORK REQUIREMENTS (J.8.04)

DentaQuest will submit a Network Geographic Access Report or other information required to be collected by the Agency, as outlined in the Reporting Manual. DentaQuest understands that if the Agency determines that we have not met the Contract's network access standards, a Corrective Action Plan must be submitted within 10 business days following notification by the Agency.

If the Agency determines that DentaQuest is not compliant with Provider network requirements, we will submit monthly Network Geographic Access Reports and other information required by the Agency until compliance is demonstrated for 60 consecutive days. We understand that the Agency may also require DentaQuest to maintain an open network for the Provider type for which the network is noncompliant.

Should DentaQuest be non-compliant for three consecutive months as a result of failure to meet network access standards, the Agency has the right to immediately suspend auto-enrollment of Members with DentaQuest until compliance with network standards is successfully demonstrated.

## NON-COMPLIANCE WITH ACCREDITATION REQUIREMENTS (J.8.05)

DentaQuest's Provider credentialing and recredentialing process adheres to NCQA standards of credentialing as they apply to dentistry. DentaQuest has maintained NCQA certification in credentialing and recredentialing since 2014. Additionally, DentaQuest received NCQA Utilization Management certification in 2023.

DentaQuest acknowledges that attaining and maintaining accreditation through NCQA is required, and that if accreditation is not attained and maintained in the required timeframe, we must submit a formal corrective action plan for Agency review and approval.

## NON-COMPLIANCE WITH READINESS REVIEW REQUIREMENTS (J.8.06)

DentaQuest understands that failure to pass the Readiness Review at least 30 days prior to scheduled Member enrollment may delay enrollment of Members and may require other remedies including but not limited to Contract termination, and that DentaQuest will be responsible for costs incurred by the Agency for the delay.

**We have never failed to meet full compliance in a Readiness Review.** Readiness Review is a standard component of DentaQuest's implementation project life cycle, and we are prepared to meet the requirements outlined in the Contract. Each functional area will define specific criteria for operational readiness based on review of the Contract and established DentaQuest standards. Shortly after implementation kick-off, we will begin weekly internal touch-point meetings with the entire cross-functional team to prepare for Readiness Review. During these meetings, we assess progress on the activities contained in the Master Clinical Requirements Document and identify and remediate any risks to meeting the operational Go-Live date. During Readiness Review preparation, we will produce the documentation specified by the Agency to assist in conducting the review. We will make key staff available on the dates and times specified by the Agency to support Readiness Review, including the staff needed to provide a demonstration of systems readiness.

## NON-COMPLIANCE REMEDIES (J.8.07)

DentaQuest understands – and aligns with – the Agency's primary goal of ensuring quality care is delivered to Members. To measure this shared goal, the Agency monitors quality and performance standards included in the Contract and working collaboratively with us to maintain and improve programs, and not impair our stability.

We also understand the Agency will issue DentaQuest a written notice of non-compliance if we fail to meet performance requirements or reporting standards set forth in the Contract or other standards established by the Agency. Written notice of non-compliance will be provided by the Agency within 90 calendar days of the Agency's discovery of non-compliance. DentaQuest would work through a corrective action process to address the notice of non-compliance.

If a corrective action clause is not exercised by the Agency, this decision shall not be construed as a waiver of the Agency's right to pursue future assessment of that performance requirement and associated damages, including damages that may be retroactively assessed per the terms of the Contract.

## CORRECTIVE ACTIONS (J.8.08)

DentaQuest recognizes that the Agency may require corrective action plans (CAPs) to enforce contractual obligations or implement sanctions if requested services are not provided. Compliance oversees the intake, response to, tracking, and closure of all CAPs issued



DentaQuest via our Compliance 360 tool. The Compliance team coordinates internal operational SMEs to move the organization to compliance and facilitates communications/closure with the issuing entity. Compliance will monitor CAPs from initiation through 90 days post-closure to ensure full remediation of CAP.

We understand non-corrective actions by be instituted by the Agency in any sequence and include, but are not limited to:

- Written warning
- Formal corrective action plan
- Withholding capitation payments
- Suspending auto-assignment
- Assigning the Members' responsibilities to another contractor
- Appointing temporary management of DentaQuest's plan
- Contract termination

DentaQuest will employ a holistic, and cross-functional approach to monitor our performance against standards of the Contract. Our approach includes individual department monitoring, and monitoring by our Compliance department.

DentaQuest strives to be proactive in identifying and correcting deficiencies in program performance. Our goal is to identify risks that may prevent us from meeting a performance standard and taking action to correct it before the risk is realized and becomes an instance of non-compliance. Each department operates a structured process to identify and correct deficiencies before they become bigger problems.

DentaQuest holds its individual department leaders accountable for their teams' performance. Their accountability spans several deliverables, including:

- Understanding contractually defined **metrics** or developing metrics to ensure their department meets the program standards. Department leaders are made aware of program standards during the RFP process, the initial contracting period, and during the implementation period.
- Developing new or modifying existing PPM, and/or increasing staff to **ensure the metrics are achieved**. Often, we are able to leverage existing PPM with minor modifications to align with the Agency's performance standards. As part of this step, the department leader will socialize the standards with their team responsible for achieving the metrics and conduct any needed training on IDWP and Hawki Dental programs and processes to achieve compliance.
- Developing methods for **tracking performance** against metrics. Based on the standards, we create monthly, quarterly, and annual reports to track, trend, and report on each standard to measure and ensure compliance. Each department will memorialize their plan for ongoing auditing to proactively detect, resolve, and avoid program standard deficiencies or insufficiencies. As part of tracking performance for certain standards, DentaQuest's independent quality assurance auditing team may be responsible for such oversight. This team shares all audit findings with applicable department leadership for review and action.
- Developing an **escalation process to notify the DentaQuest Compliance department, and the Iowa Contract Governing Body**. Each department has the ability to employ a specific escalation process based on their needs, but every department is required to have one. Depending on the performance standard, escalation may happen at various points in the measurement period to allow for course correction.

- Establishing a process for **developing and implementing corrective actions** when deficiencies are identified. DentaQuest defines any performance issues as Enterprise Compliance Risks (ECR), which may be identified internally or externally. These ECRs could result in impact to the organization via an externally issued corrective action plan (CAP), fine, or legal/ regulatory action. Depending on the nature of the deficiency, corrective action may include, but is not limited to targeted training for specific staff; department-wide retraining; identifying and correcting a systemic issue in our MIS, or within a department process; and/or adding temporary staff until compliance is once again achieved. The corrective actions will be developed in coordination with the Compliance department, described in greater detail later in this answer.

## LIQUIDATED DAMAGES (J.8.09)

DentaQuest recognizes that if we fail to meet performance requirements or reporting standards stipulated in the Contract, or any other standards required by the Agency, we will pay the Agency its actual or liquidated damages according to the following provisions:

- Failure to meet specified performance or reporting requirements will result in DentaQuest paying the Agency according to the agreed liquidated damage values in the Special Contract Exhibit rate sheet.
- Failure to provide requested services may result in the Agency imposing remedies, and in most cases, liquidated damages will be based on these provisions. The Agency reserves the right to require corrective action or assess damages at any point in the future, should it choose to not assess damages for an initial infraction or deficiency.
- The Agency will notify DentaQuest of liquid damages due and DentaQuest will pay the Agency the full amount due within 10 business days of receipt of the Agency's notice. At its sole discretion, the Agency may elect to offset any amount of liquidated damages due against capitation payment otherwise due to DentaQuest according to the Contract.

## DENTAQUEST'S COMPLIANCE WITH SECTION J REQUIREMENTS

DentaQuest confirms that it will adhere to all requirements in Section J, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR citations noted in Section J.

# **SECTION K**

# **HEALTH INFORMATION**

# **SYSTEMS AND ENROLLEE**

# **DATA**

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

## HEALTH INFORMATION TECHNOLOGY AND ENROLLED MEMBER DATA (K.01)

DentaQuest’s Management Information System (MIS) represents best in breed technology designed and refined by nationally leading experts in dental services for Medicaid and CHIP populations. It capitalizes on the bandwidth of our national footprint to offer powerful and fully integrated technology solutions that support the efficient provision of quality dental services to more than 30 million Medicaid and CHIP Members across 21 states today.

Our MIS is fully operational and integrated. It is aligned with the functionality requirements of the SOW Section K and is maintained in full compliance with all requirements of the Health Insurance Portability and Accountability Act (HIPAA), requirements set forth in the Health Information Technology for Economic and Clinical Health Act (HITECH) in 42 U.S.C. 17931, Section 6504(a) of the Patient Protection and Affordable Care Act (ACA), and all other applicable State and Federal laws and regulations.

Through our MIS, we can capture, synthesize, and utilize data from the State, Providers, Members, and internal systems to produce actionable information that allows us implement initiatives to improve the quality and efficiency of health care delivery. We manage our MIS internally through a team of highly skilled and committed professionals who are experienced in leveraging our MIS to deliver data driven solutions to our clients. We continuously assess and upgrade our system to ensure it meets our client’s needs.

We understand that the Agency may require DentaQuest to establish additional health information technology (HIT) initiatives and we will comply with the implementation of any such initiatives. Furthermore, DentaQuest looks forward to working with the Agency to provide support in the development, implementation, and assessment of critical oral health initiatives.

### **DentaQuest MIS Supports Quality and Efficiency of Health Care Delivery**

DentaQuest’s MIS supports data driven initiatives that leverage data to improve care coordination, promote better health outcomes and improve quality of care, and decrease duplication of services. We continually enhance our MIS to ensure administrative and financial adjudication accuracy, fast turnaround for clean claims, cost avoidance, and third-party recovery with strong edits to detect fraud, waste, and abuse.

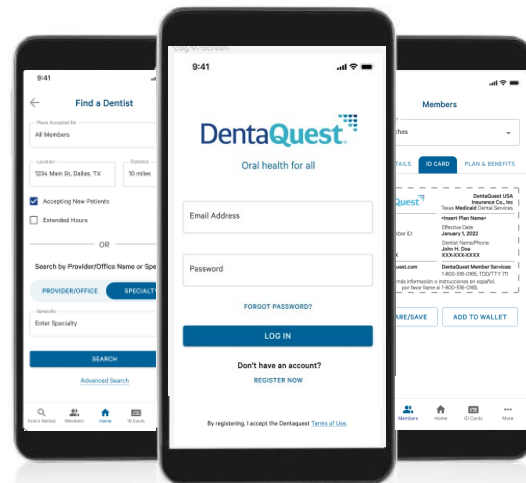
## DENTAQUEST’S RELEVANT EXPERIENCE

- ★ DentaQuest’s MIS supports over 30 million Medicaid and CHIP Members in 21 states across the country
- ★ Annually, DentaQuest processes over 24 million Real Time Eligibility Transactions (EDI 270/271), 36 million electronic claims (EDI 837), and sends over six million Electronic Remittance Advices (EDI 835)
- ★ DentaQuest is the only DBA in the country to reconcile encounter data directly with 10 state MMIS. We prepare encounter data that complies with 11 other state MMIS on behalf of our MCO clients, and we have 147 encounter data exchanges in production today.
- ★ DentaQuest currently receives 200 daily enrollment files using the HIPAA 834 version 5010 file format. We process 10 billion enrollment records annually, or about 23,000 records per minute during operational hours
- ★ Last year we processed 24 million Medicaid dental claims – almost 93% of which were processed within seven days of receipt.

Our MIS is designed specifically for publicly sponsored programs and will fully support the Agency is meeting its program goals of ensuring all Members equitable access to high quality services through data driven interventions by:

- Evaluating the distribution of oral health risk, service use, resources, and costs across geographic areas, as well as socioeconomic and demographic population subgroups to identify disparities in oral health outcomes by using health equity analytics.
- Supporting secure bi-directional information exchange that support quality improvement and the provision of benefits in a coordinated manner.
- Identifying the oral health challenges and barriers to care and assistance. This applies to the entire population or segments of the population and then developing interventions, including oral health education activities, to address those challenges and barriers. This includes leveraging our hotspot mapping tool to identify minority and underserved populations residing in rural or urban areas that may be experiencing health disparities. We can overlay this external data against our internal data on Iowa utilization patterns of Members by race, age, location, and types of utilization (preventive, restorative, etc.) and subsequently implement targeted initiatives, including outreach and education.
- Empowering Members to be actively involved in their own care and maximizing Member access through digital solutions that optimize the Members' experience using an array of digital channels that augment our written materials and Member Services. We provide a state-specific HIPAA compliant Member Portal optimized for smartphone use, a mobile app, social media pages including on Facebook, Twitter, Instagram, and LinkedIn, and secure emailing and text messaging.
- Leveraging our dental analytics team to create more strategic and customized direct-to-Member outreach initiatives. We have also invested significantly in predictive and descriptive analysis to identify ways to improve quality, efficiency, and return on investment. DentaQuest's areas of focus use data, dynamic analytics, and well-defined clinical business rules to identify the factors driving cost and variance in Provider performance and Member outcomes.
- Utilizing advanced analytics to monitor and analyze key quality and performance metrics, improve Member outcomes, ensure Member safety, and detect both over- and under-utilization of services.

**DENTAQUEST  
DISTINCTION**  
DentaQuest invests an average of **\$75,000,000** annually into our technology solution to ensure it remains ahead of state needs and expectations.





- Supporting a range of innovative Provider payment models that incentivize value over volume and promote the delivery of services according to evidence-based guidelines.
- Maintaining sophisticated dental-specific edits to identify potential or actual compliance and/or fraud, waste, and abuse risks. More than 400 claims system edits are applied to each claim to detect possible fraud and abuse.

## MIS SUPPORTS THE COLLECTION, ANALYSIS, INTEGRATION, AND REPORTING OF DATA (K.02)

As the largest Medicaid dental benefits administrator (DBA) in the country, DentaQuest is intimately familiar with operating in a way that is compliant with CMS and HIPAA standards and requirements. Our systems are compliant with 42 C.F.R. § 438.242 and 42 C.F.R. § 457.1233(d) and collects, analyzes, integrates, and reports data as indicated in the SOW. We will make all information and data collected by our MIS available in a usable and specified format to the Agency and, upon request, to CMS in accordance with 42 C.F.R. § 438.242(b)(4). Pursuant to 42 C.F.R. § 438.242(b)(1). We will also comply with Section 6504(a) of the ACA.

To protect the privacy and security of data, we have industry standard frameworks such as HITRUST and ITIL in place. HITRUST was implemented as a healthcare-specific information security framework and has been the only dedicated framework for the healthcare industry. DentaQuest's claims adjudication system, and related processes became HITRUST and NIST CSF certified in 2019. DentaQuest's HITRUST certification addresses 19 different domains and 630 security indicators.

### DentaQuest MIS Hardware and System Architecture

DentaQuest has a comprehensive MIS platform specific for dental benefits management that supports all functions related to the delivery of high-quality dental services and the use of our dental program data. Our IT team regularly evaluates and updates our infrastructure and application architectures to leverage best in breed technology. They use a healthy balance of off the shelf and custom solutions designed to maximize our ability to efficiently meet and exceed expectations in this ever-changing marketplace of government-sponsored program operations. **We use established and best practice approaches to key components such as scalability, modularity, integration, service-oriented architecture, and software development lifecycle.** Wrapping around this architecture is a comprehensive suite of security controls and software. All of this is built on a reliable and fault tolerant infrastructure with a full disaster recovery environment located more than 500 miles from our production data center.

Our fully scalable MIS includes several seamlessly integrated platforms that operate without manual intervention and support all core business functions of our organization. These systems (Figure 1-K) will be interoperable with Agency systems and conform to standards and specifications set by the Agency.

Figure 1-K: DentaQuest's MIS

System	Description of Core Functionality
Windward core management system	Windward is DentaQuest's proprietary core management system. It contains distinct modules that support each aspect of program administration with web-based interfaces, making it easy for us to deploy the system to individual users without having to install local software. Modules support claims, encounter processes/reconciliation, operations, benefits tracking/limitations, Member enrollment and eligibility,

	encounter/claims processing, third party recovery sub-system, interface systems, customer service, client configuration, care coordination and case management, grievances and appeals, Provider data management, and utilization management.
Oracle financial system	We use Oracle® E-Business Suite, including accounts payable, accounts receivable, cash management, fixed Asset, general ledger, incentive compensation, and procurement, along with Oracle revenue management and billing, provide extensive financial management and back-end billing capabilities.
Aldera and Salesforce	We use both Aldera and Salesforce to host several web portals and document and track customer service calls, as well as provide application of submitting claims, validating Member eligibility, and locating a dentist.
Cactus Provider Management	We use Cactus Provider Management for automated credentialing, privileging, and Provider enrollment functions.
Data warehouse and reporting system	DentaQuest uses a variety of tools to achieve high-quality reporting solutions through multiple venues, including Microsoft® Reporting Services, geo-mapping reports, Cognos® ReportNet®, and SAS® Analytics. The reporting architecture underlying our enterprise system fully supports end users to access the information they need in a timely manner. Our enterprise and reporting systems are built on MS SQL Server® 2016 technologies and the Microsoft .Net framework.

**Through these systems, we will capture, synthesize, and utilize data from the Agency, Providers, Members, and internal systems to produce actionable information that communicates Member outcomes, Provider performance, and our own performance related to Agency goals.**

We will work directly with the Agency and its contractors to validate that our MIS solution integrates into the Agency’s components using standard Application Programming Interface (API). Our current system already meets the requirements listed below for other state agencies, and our Iowa system will also:

- Process transactions according to Agency-defined business rules, and securely maintain privacy of all Members
- Securely collect and maintain demographic data related to Members and Providers
- Interface and communicate with the Agency and its designee systems via a secure protocol with encryption governed in adherence with Agency security policies
- Successfully and securely interface, integrate and exchange files with the Agency and all its designees with no more than a 0.01% file or transmission failure rate
- Maintain telecommunications with an uptime at or above 99.99% outside of planned maintenance downtimes
- Perform data cleansing & validation to assure a random sampling data error rate of under five percent
- Include all ANSI ASC X12N batch transaction types related to dental transactions

We are currently working with various states to integrate our system into the MARS-E compliant framework to meet CMS MITA requirements, and we will assure appropriate protections of shared Personally Identifiable Information (PII) in accordance with 45 CFR §155.260.

Additionally, we will adhere to all applicable published Agency security policies and transmit via

Secure File Transfer Protocol (SFTP) all data relevant for analytical purposes on a regular schedule to the Agency.

We will make timely updates and changes to reflect the evolving needs within the Agency and per Agency requests, including adding data elements, sharing information with key stakeholders, and developing new reports on system performance, as needed. We will meet with the Agency and its partners through workgroups and regular calls to identify and implement these emerging needs, as they arise, and evolve our systems accordingly.

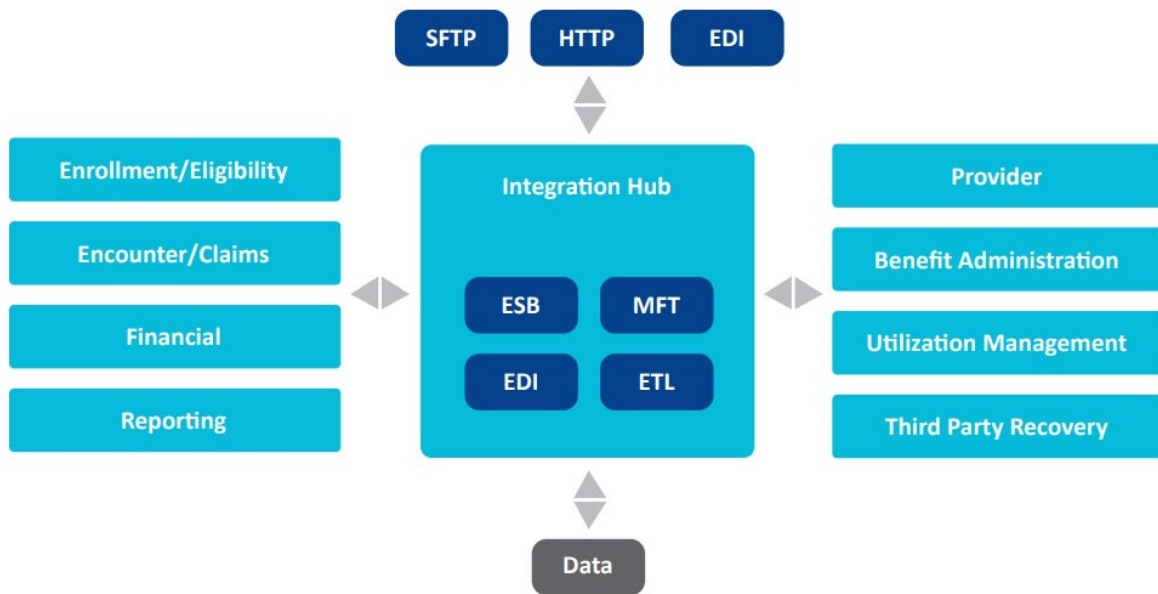
DentaQuest will notify the Agency in writing and by email no later than 180 calendar days prior to any major systems change to our MIS. We will also fully participate in and comply with desk reviews and readiness reviews as appropriate.

**Required Interfaces**

Our Windward core management system is a custom.Net platform for policy, Member, and claims management. The internal interfaces between Windward, portals, financial, reporting, and other auxiliary systems includes a combination of Biztalk server for claims intake, Informatica for reporting and Client Data Management, and primarily SQL Server SSIS for integration between the remaining systems. Figure 2-K presents a diagram with our internal interfaces and external interfaces.

At the center of the diagram is our integration hub, which utilizes Electronic Data Interchange (EDI), an enterprise service bus (ESB), managed file transfer (MFT), and extract, transform, load (ETL) to interface securely with our external partners and internal systems. Our internal system interfaces are identified by the bubbles to the right and left of our integration hub in the diagram, and our interfaces with external partners, including state Medicaid Management Information Systems (MMIS), HIEs, and other state systems, are identified in the diagram by the bubbles to the top and bottom of our integration hub. Additionally, through readiness review, we will demonstrate our data analysis and ability to interface with Agency systems while always keeping medical information confidential through security protocol and heightened sensitivity.

Figure 2-K. Interface Diagram



**Reporting Tools and Data Analytics Capabilities**

DentaQuest has the ability to acquire, extract, translate and load data into various data repositories (data warehouses, data marts, etc.) in support of operational and Agency specific reporting and analytical needs of the business.

DentaQuest uses a variety of tools to achieve high-quality reporting solutions through multiple venues, including Microsoft® Reporting Services and Power BI, geo-mapping reports, Cognos® ReportNet®, and SAS® Analytics. Our enterprise and reporting systems are built on MS SQL Server® 2018 databases and operate with the Microsoft Visual Studio® .Net Framework.

Our sound business intelligence (BI) platform is designed for the needs of Medicaid dental programs and will be tailored to the specific needs of Iowa Members. We have a transparent and real-time browser-based enterprise data warehouse powered by Informatica and Microsoft SQL Server that is leveraged by our data and report analysts for creating complete, timely, and accurate reports. Operating 100% within in-house database solutions, we capitalize on the newest, fastest analytic databases to get real and accurate results. We leverage a variety of tools to achieve timely and accurate reporting solutions through reporting platforms, including Microsoft® Reporting Services 2016, geo-mapping reports, Cognos® Report Net, Power BI, Cloudera Hadoop Big Data Analytics, and SAS® Analytics.

The reporting architecture underlying our enterprise system ensures that operational users can timely access the information they need, and it captures meta data and metrics with real time processes that provide up to date and accurate data with our billing processes. We perform a triangular testing of data as it comes from Windward. Once this data moves into our data warehouse, we perform a testing of data quality every single day to ensure that our reporting and warehouse is accurate and complete. At the completion of every month, we align the data from our claims with our payment cycles coming from the general ledger for accuracy of reporting. Our reporting team also reviews reports for accuracy before submission to our other state partners, and we will do the same before submission to the Agency.

**Standard Out of the Box Reporting and Ad Hoc Reporting Capabilities**

Our standard out of the box reporting includes reports to monitor standard operations, client and regulatory reporting, and CMS requirements. We have several hundred standard reports for our Medicaid and CHIP business lines, and we have experience customizing ad hoc reports for our current state agency partners based on specific requirements, including CMS requirements. This experience with numerous ad hoc reports for our current state partners prepares us well for creating this type of report in the changing CMS environment.

We can also build self-service reporting capabilities with accessible self-run reports through the Client Portal, allowing the Agency to slice and dice data. These dashboards may include descriptive, analytical, and predictive modeling that provide descriptive dental information to plans after mining and analysis. Our lightweight open architecture also makes it easy for developers to build, deploy, and iterate custom data applications using Microsoft Power BI reporting quickly and flexibly. We have built many requests for evidence (RFE) ad hoc reports in three business days or less as our state partners need claims history to be provided for investigations. Additionally, we have also built executive level summary reports with key cost metrics data as needed by our clients in certain markets.

## DENTAQUEST'S MIS IS A HUB FOR ALL AREAS OF INFORMATION (K.03)

DentaQuest's fully integrated Windward MIS can collect, analyze, integrate, and report data about utilization, claims, grievances and appeals, and disenrollment for loss other than Medicaid eligibility, as well as other key program areas, in accordance with 42 CFR §§ 438.242(a) and 457.1233(d).

Our MIS is fully integrated with all subsystems and throughout our entire health information ecosystem. It manages and reports data through secure internal and external API interfaces while facilitating HIPAA-compliant information sharing among stakeholders, which will simplify interactions with the Agency, Providers, and other oversight agencies. As described above, we will also offer the Agency direct access to information through our Client Portal.

## COMPLIANCE MANAGEMENT AND OVERSIGHT (K.04)

DentaQuest complies with § 6504(a) of the Affordable Care Act, which requires that State claims processing and retrieval systems can collect the data elements necessary to enable the mechanized claims processing and information retrieval systems in operation by the State to meet the requirements of § 1903(r)(1)(F) of the Social Security Act as well as 42 CFR §§ 438.242(b)(1) and 457.1233(d).

Our Windward system accepts claims in all standard formats, as described in K.08 below. **In 2022, we processed more than 24 million Medicaid dental claims with financial and processing accuracy rates more than 99.6%.**

DentaQuest maintains separate configurations in Windward for each program we administer. This allows us to add new business rules quickly and nimbly or adapt existing rules for changes in laws, policies, or regulations. Distinct modules support each administrative aspect with web-based interfaces, making it easy to deploy to individual users without installing local software.

## CLAIMS ENCOUNTERS MANAGEMENT SYSTEM FOR ENCOUNTER DATA COMPLIANCE (K.05)

DentaQuest will leverage our HIPAA-compliant **Windward system** to effectively perform our claims and encounter functions. We will collect encounter data on Member and Provider characteristics as specified by the Agency and on all services furnished to Members in accordance with 42 CFR §§ 438.242(b)(2) and 457.1233(d). DentaQuest is the only dental administrator in the country to reconcile encounter data directly with 10 state MMIS. We prepare encounter data that complies with 10 other state MMIS on behalf of our MCO clients, and we have 147 encounter data exchanges in production today. We have been providing and reconciling encounter data for our clients for the past 30 years.

Each operational area within DentaQuest uses reports and/or tools to monitor their respective areas to ensure we meet the Agency's required key performance indicators and other Contractual obligations. This spans across our entire organization, including claims, customer service, encounter data processing, utilization review/management, grievances and appeals, and Provider credentialing. We bring together all relevant data to give us a holistic view of the Agency's' encounter data at every stage of the process, and in real-time through our custom-built **Encounter 360 dashboard** (described in detail in the response to SOW Section K.45). Utilizing the dashboard, our Client Data Management team can view historic and cumulative acceptance rates, and review sent outbound and inbound response file details.



## DENTAQUEST ASSURES ACCURATE AND TIMELY DATA (K.06)

DentaQuest's claims/encounter management process is focused on exceeding expectations for timeliness and accuracy, as well as meeting all contractually required claim processing policy and procedures unique to each state Medicaid program it serves. We will leverage its Windward system to effectively perform claims and encounter functions for the Agency.

We will verify the accuracy and timeliness of data reported by Providers, including data from network Providers compensated on the basis of capitation payments, in accordance with 42 CFR §§ 438.242(b)(3)(i) and 457.1233(d). (Please note that DentaQuest is planning to pay Iowa Providers on a fee-for-service (FFS) basis.) We will track, trend, and monitor encounters for timeliness and accuracy, among other variables, using our Encounter 360 Tool.

**Promoting Timely Payments through Provider Education.** We require Providers to submit claims for payment within 180 days from the date of service. Our Provider Relations Representatives will educate Providers on the timely filing limits for the Agency, and this will occur during initial onboarding to our Network. We also outline important information, including how to submit accurate claims, in our welcome letter to all new Providers.

To encourage timeliness, Providers may also submit claims using DentaQuest's HIPAA-compliant secure Provider Portal, using their practice management software through an EDI 837 file, or through a clearinghouse. Additionally, Providers who enroll in the EFT option have claims payments directly deposited into their bank account. EFT improves payment turnaround times and eliminates the possibility of lost or stolen checks.

**Incentives to Promote Timely and Accurate Data Submissions.** DentaQuest pays Providers on a fee-for-service basis (and not via a capitated payment), incentivizing them to submit timely and accurate data to receive prompt payment. In addition, to receive payment, claims must include all Codes on Dental Procedures and Nomenclature (CDT codes) (unlike capitation), assuring comprehensive and accurate data.

## DENTAQUEST SCREENS DATA FOR COMPLETENESS, LOGIC, AND CONSISTENCY (K.07)

DentaQuest will ensure data we receive from Providers is accurate and complete by screening it for completeness, logic, and consistency in accordance with 42 CFR §§ 438.242(b)(3)(ii) and 457.1233(d).

Our encounter data quality validation process ensures accurate and complete encounter data submission begins when Providers submit service data to DentaQuest through a claim, long before encounter processing. DentaQuest employs specific intake measures and processes within Windward, which interrogates the submitted data in accordance with 42 CFR 438.242(b) and (c). This process reviews the claim for accuracy, duplication, Member eligibility, Provider information, and Member clinical history. These safeguards ensure that incomplete, duplicate, erroneous, or otherwise faulty claim submissions are categorized and adjudicated appropriately. The safeguards also benefit the encounter generation process by providing clean and prepared data, which is the foundation for accurate 837D encounter files submitted back to the Agency. We will also assist the Agency and its vendor with validation of encounter data in accordance with 42 CFR 438.818; and collect service information received from Providers in standardized formats.

### Assuring Coding Consistency Across Providers

DentaQuest has three primary ways of ensuring coding consistency across Providers:

- Education through the Provider Manual on covered codes

- Claims processing roles and edits to mirror Centers for Medicare and Medicaid Services' (CMS) National Correct Coding Initiative (NCCI)
- Denial reasons for coding issues that appear on Provider remittance advices

Providers are required to use the Code on Dental Procedures and Nomenclature (CDT Code), which is a systematic listing and coding of procedures and services published annually by the American Dental Association. We outline covered codes in a benefit table in our Provider Manual, which is accessible online. The Provider Manual gives the following information by code: description, age limitations, teeth covered, if review is required-either prior authorization or pre-payment review, benefit limitations, and documentation required for both prior authorization and pre-payment review. We make any CDT code changes or updates within 30 days. We also send a communication to all Providers, along with an amended contract, if needed.

### **Working with Providers to Comply with Correct Coding**

We require Providers to submit all claims using a CDT Code for each encounter listed on the claim. Windward, our claims processing system, includes more than 4,200 procedure code edits based on the CMS NCCI. These edits include system logic that will reject the portion of any claim that does not include a current CDT Code.

Initial pre-enrollment Provider training, as well as ongoing Provider training, thoroughly covers CDT Coding and its proper use, including how to avoid upcoding and other uses of codes that do not accurately reflect services rendered. In addition, our Provider Manual and contract clearly states that our claims processing system recognizes only dental services described using current CDT Codes or other services specifically defined as a covered benefit, and that the system rejects any other service codes submitted for payment. Our Provider Relations Representatives review the Provider Manual with Providers during initial and ongoing Provider training to ensure compliance.

To equip Providers with the information needed to submit claims with accurate CDT Codes, we provide the following information in our Provider Manual:

- A covered benefit table that, in addition to identifying covered benefits, criteria for coverage, and age and benefit limitations, identifies the ADA-approved service code the Provider must submit when billing a Medicaid service
- ADA contact information to purchase a complete copy of the CDT book

In addition, the Provider's remittance statement includes applicable denial reasons related to CDT Coding. Sample denial reasons include:

- "Per dental director review, please refer to the CDT for the appropriate procedure code. There appears to be a valid ADA code that is more appropriate for the treatment as described."
- "The submitted procedure code is not a current dental code or is not recognized. For benefit consideration, please resubmit using an appropriate procedure code and/or a narrative."
- "This code is either an invalid ADA code or may be considered a medical procedure (CPT code) and should be submitted to the Member's medical carrier."

By rejecting claims that do not include correct coding, our Provider network has significant incentives to resubmit a claim with accurate codes reflected. If the Provider has questions, they can call our Contact Center for assistance in resubmitting the claim and help finding information about the correct code to include.

## DATA COLLECTED AND REPORTED IN STANDARDIZED FORMATS (K.08)

DentaQuest will collect and share data from Providers in standardized formats in accordance with 42 C.F.R. § 438.242(b)(3)(iii) and 42 C.F.R. § 457.1233(d). We utilize Electronic Data Interchange (EDI) transactions that comply with the current HIPAA-mandated ASC X12 5010 version implementation guide as well as the federally mandated CAQH Core operating rules per Section 1104 of the Patient Protection and Affordable Care Act.

DentaQuest supports the following HIPAA-compliant transactions:

- Receipt and load of Member enrollment using the 834 Electronic Enrollment transaction
- Real Time 270/271 Eligibility Inquiry and Response and 276/277 Claims Status Inquiry and Response
- Receipt and load of claims using the 837D Claims Submission transaction with 999 Acknowledgement, 277CA Unsolicited Claims Status responses for each submitted transaction, and post-adjudication 835 Electronic Remittance Advice transactions; and
- Medicaid Encounter reporting using the 837D

DentaQuest will update our encounter processing functionality as needed, at no charge to the Agency, to maintain accuracy of dental claims, encounters, code sets, and adjustment processes to maintain compliance with X12 industry standards for information exchange as adopted by CMS.

## DATA AVAILABILITY FOR IOWA AND CMS (K.09)

DentaQuest will make all data we collect available to the Agency and, upon request, to CMS in accordance with 42 CFR §§ 438.242(b)(4) and 457.1233(d). The Agency will be able to access data relevant to care provided to Members, including encounters, care coordination, utilization management, and quality data, along with subcontractor data.

We will also make information directly available to the Agency through our HIPAA compliant Client Portal (described above). The Client Portal will allow the Agency secure access to all major files and data elements stored within our MIS system.

## HIPAA-COMPLIANT SYSTEM MANAGES ENROLLED MEMBER DATA (K.10.A–D)

In accordance with 42 CFR § 438.242(c)(1)–(4), 438.818; and 457.1233(d), DentaQuest's health information system:

- a. Collects and maintains sufficient Member encounter data to identify each Provider who delivered services or items to that Member. Our automated, integrated encounter data system uses this data to populate all the fields of the encounter claim including Member Medicaid ID, Provider NPI, claim type, place of service, revenue code, amount billed, amount paid, and procedure codes
- b. Permits submission of Member encounter data to the Agency as specified by CMS and the Agency based on program administration, oversight, and program integrity needs. We format our encounter data in accordance with the most current version of the HIPAA compliant 837D Companion Guide and Encounters Submission Guidelines. We will confirm during the implementation process that our systems are configured to the Agency-specific requirements and submit encounters according to the Agency's formatting, design, and submission standards

- c. Permits submission of all Member encounter data that the Agency is required to report to CMS. We understand that complete and validated encounter data is critical for the Agency to meet its CMS reporting and rate setting requirements and our system are configured to meet both state and CMS requirements, as described above.
- d. Complies with specifications for submitting encounter data to the Agency in standardized ASC X12N 837, and the ASC X12N 835 format as appropriate. We will submit claims to the Agency using standard ASC X12N 837 Remittance Advice as described above.

## DENTAQUEST ENCOUNTER DATA REFLECTS ACTUAL PROVIDER PAYMENTS (K.11)

DentaQuest will ensure that all encounter data reflects the amount we paid to the Provider, including the amount paid by any subcontractor.

Before we transmit encounters to the Agency, DentaQuest's quality assurance team performs an encounter validation process that examines the encounter file to ensure it accurately represents the data contained within our system, inclusive of the amount actually paid to the Provider and meets quality standards, HIPAA defined standards, and known contract-specific edits. This is a completely automated pre-submission validation that allows our Client Data Management team to analyze any encounter errors, categorize the encounter file services by error type, and communicate those to the appropriate internal teams (claims, eligibility, network, and credentialing) to perform the necessary corrective actions. Once corrected, impacted services will be packaged into an encounter file and submitted to the Agency.

## DENTAQUEST'S SYSTEMS SUPPORT ALL IDWP FUNCTIONAL AREAS (K.12)

DentaQuest's MIS currently operates in support of our 11 state Medicaid agency clients and 60 MCO clients with information processing needs similar to Contract requirements. Our MIS supports all required functionality, as noted in Figure 3-K.

**Figure 3-K: DentaQuest's System supports all requirements**

- a. Maintains a Member database that utilizes Medicaid State ID numbers which include eligibility span, enrollment history, and utilization and expenditure information.
- b. Includes the county of the Member's legal residency.
- c. Incorporates all clinical information described in SOW Section K. 30, including diagnoses, services authorized or denied, missed appointments, treatment planning, and joint treatment planning.
- d. Maintains information, monitors, and generates reports on state-determined performance indicators. This includes regularly scheduled reviews of performance indicators.
- e. Maintains data documenting receipt and distribution of the capitation payment.
- f. Maintains data on incurred but not yet reimbursed claims.
- g. Maintains data on claims processing and payment.
- h. Maintains clinical and functional outcomes data and data to support quality activities.
- i. Maintain data on clinical reviews, appeals, grievances and complaints and their outcomes in our Windward system. This includes logging information in narrative and standard categories to support analysis.
- j. Maintains data necessary for utilization review and management. We use this to assess dental spend and utilization patterns, including gaps in care and compliance with the periodicity schedule.

- k. Maintains the capacity to perform ad hoc reporting. DentaQuest will comply with any Agency turnaround times on ad hoc reports. As noted above, we also offer a self-service reporting option via our Client Portal, where users can generate their own reports and ad hoc analyses.
- l. Maintains data on all service referrals.
- m. Maintains all data as to be able to generate information specific to service type. We regularly use this data in developing performance action plans for under- and over-utilized services.
- n. Maintains all data in such a manner as to be able to generate information on Members by age. We use information on the Member's age for auto assignment, ensure adherence to periodicity and EPSDT schedules, and to inform our population health efforts.

We use the data points in Figure 3-K regularly to inform quality improvement, targeted initiatives, population health, and other programs. For example, following a rigorous analysis of associated data, DentaQuest developed a targeted PIP for Medicaid Members ages 15-18 located in an area of Georgia with high rates of dental treatment, but low rates of preventive dental care. The data analysis determined that this age range had the highest volume of dental treatment, but the fourth-lowest volume of preventive visits across six age bands. We also decided to focus on a specific county first, after reviewing the highest populated counties with the lowest compliance scores, to achieve the biggest impact.

We illustrate the specific systems and applications we are deploying to support the Agency in Figures 4-K and 5-K illustrate the specific systems and applications we are deploying to support the IDWP and Hawki Dental programs.

This includes all functional areas as well as other core systems and subsystems currently operational and integrated into DentaQuest's MIS and will be fully configured for Agency-specific requirements by Readiness Review.

Figure 4-K. Windward Application Modules

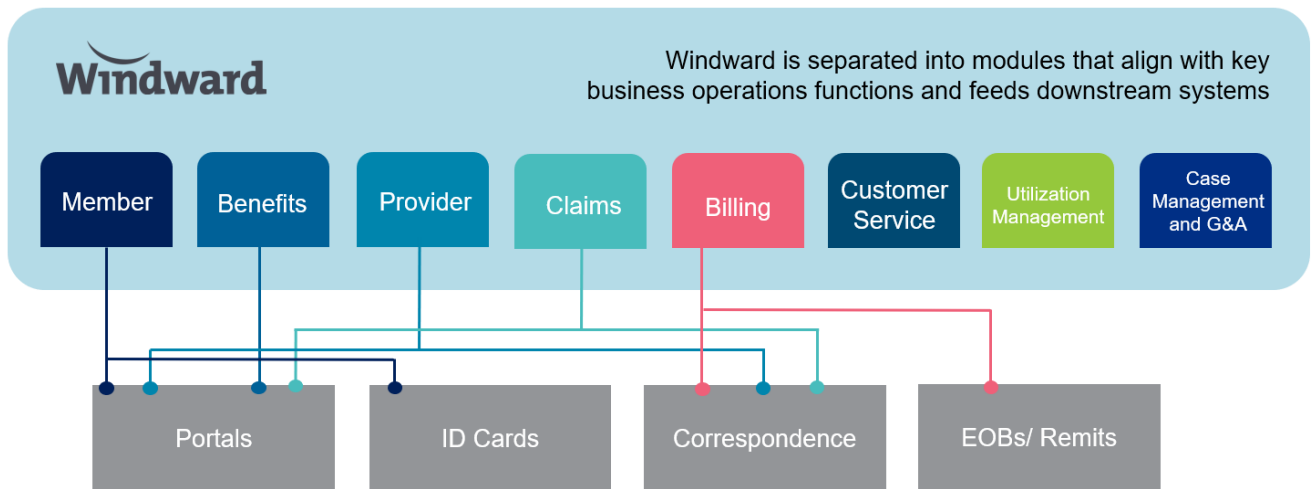
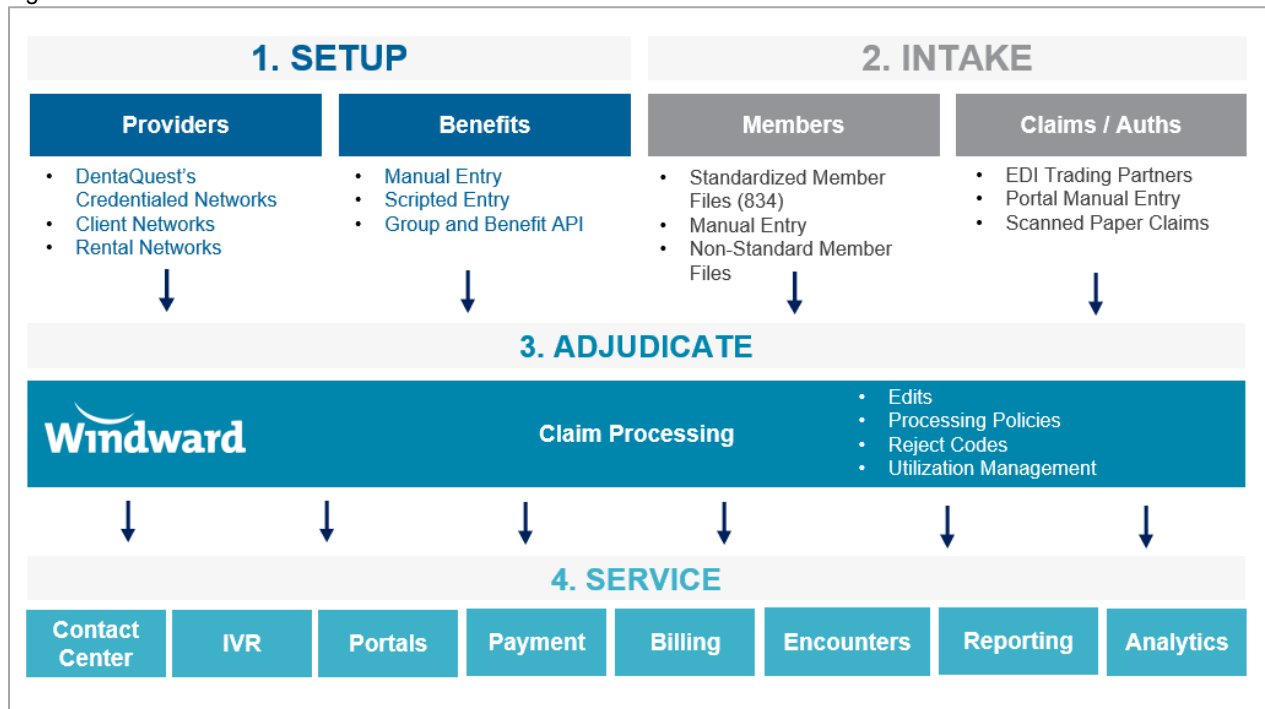




Figure 5-K. Windward Data Flow



### DENTAQUEST'S MIS MEETS REQUIREMENTS FOR ONLINE ACCESS, TIMELY PROCESSING, AND FILE UPDATES (K.13)

DentaQuest's MIS fully supports and will fully meet all requirements in the SOW, including providing online access, timely processing, and file update requirements as laid out in the SOW.

We offer secure online access for Members, Providers, and Clients through secure portals, including:

- **Provider Portal.** Our state-of-the-art, HIPAA-compliant and mobile-friendly Provider Portal includes a wide array of functionality related to eligibility, claims, authorizations, and remittances. It also provides “intervention alerts” to identify new Members.
- **Member Portal.** Our mobile optimized Member Portal provides customized and culturally appropriate information 24/7 at no cost. Members can view and print their identification card, verify eligibility, view demographic information, notices of action, and dental history, and more.
- **Client Portal.** Our client portal offers secure access to all major files and data elements within the information system via our secure, HIPAA compliant client portal, where the Agency and government agencies can log in and review data for the program's Membership.

Our MIS supports HIPAA-compliant transactions and will meet or exceed requirements to update enrolled Member, Provider, prior authorization, and claims processing files daily, and reference files and claims payment files weekly. Our system already meets the requirements listed in the SOW for other state Medicaid agencies.

### **Edits, Audits, and Error Tracking (a)**

DentaQuest will employ a comprehensive automated edits and audits to ensure we validate data and meet Contract requirements. We screen all data for accuracy, completeness, logic and consistency, and our system maintains audit trails that enable us to comply with audits for validity and completeness at any time. Our audit trails are supported by listings, transaction reports, update reports, transaction logs, and error logs, and we can facilitate auditing of individual records and batch audits.

We require Providers to submit all claims using Code on Dental Procedures and Nomenclature (CDT Code) for each encounter listed on the claim. Our Windward claims processing system includes more than 4,200 procedure code edits based on the Centers for Medicare and Medicaid Services National Correct Coding Initiative. These edits include system logic that will reject the portion of any claim that does not include a current CDT Code.

As part of our Quality Assurance and Performance Improvement (QAPI) program, we review key performance indicators in a compliance dashboard format on an ongoing basis and they are discussed during multidisciplinary Quality Improvement (QI) committee and subcommittee meetings that include staff from a variety of functional areas. This infrastructure identifies trends before they become significant problems, emphasizes the responsibility for quality improvement across different functional areas, and facilitates discussion and problem-solving.

DentaQuest will submit edit logic to the Agency and collaborate on application of new edits as necessary due to correct coding initiative and program changes.

### **System Controls and Balancing (b)**

DentaQuest's Windward MIS maintains a system of controls and balancing to ensure that all data input can be accounted for and that all outputs can be validated. We have automated controls in place to ensure. We maintain a PPM that assure our MIS operates as intended, that our data is reliable, and that we comply with all applicable State and Federal laws and regulations, as well as any Agency requirements. We maintain controls to ensure the complete and accurate processing of all data, from input through output, and assure the privacy and security of information.

### **Backup of Processing and Transaction Files (c)**

DentaQuest recognizes the importance of integrating our systems to ensure information is accessible to make necessary improvements to operations and workflows. We employ back-up times which will meet or exceed Agency requirements including:

- 24-hour back-up of eligibility verification, Enrollment/eligibility update process, and Prior Authorization processing
- 72 hour back up of claims processing
- Two-week back-up of all other processes

We describe our back-up processes and Recovery Point Objectives, Recovery Time Objectives in greater detail to SOW Section K.37.

Our Business Continuity Plan (BCP) ensures DentaQuest can continue to provide services to its clients and Members when unforeseen events cause a change in business conditions. We use a blended recovery strategy for the protection and operational continuity of critical business applications and supporting infrastructure. DentaQuest's production environment is in Phoenix, Arizona and our disaster recovery and non-production environment is in Waltham, Massachusetts. These data centers are SOX, PCI, and ISO 9002 Compliant; FDA approved;

and ISO 20000 certified. This dual data center solution provides DentaQuest with a secure foundation for information security infrastructure and disaster recovery.

## CLINICAL DATA USAGE TO SUPPORT MEMBERS AND PROVIDERS (K.14)

DentaQuest will utilize clinical data to manage and improve Member access and care as specified in the SOW. We comply with HIPAA standards and protocols by employing strict HIPAA privacy controls on all systems that contain clinical information to ensure confidentiality. Information is accessible only on a need-to-know basis. In addition to these technology controls, all staff participate in HIPAA and privacy training annually.

### Reporting Capabilities

We offer an internal self-service reporting option whereby users can generate their own reports through a Portal using data sets, filters, and visualization to answer their own questions and conduct flexible, ad hoc analysis. We have invested significantly in predictive and descriptive analysis to identify ways to improve quality, efficiency, and return on investment. DentaQuest's areas of focus use data, dynamic analytics, and well-defined clinical business rules to identify the factors driving cost and variance in Provider performance and Member outcomes, such as:

- Measuring Provider performance and Member outcomes across a variety of clinical and operational indicators, including HEDIS and other quality of care measures
- Identifying Provider performance outliers for our performance discussions with them
- Using predictive analytics to identify Members who could benefit from specific interventions based on analysis of gaps in care, dental utilization patterns, and co-occurring conditions

We provide examples of utilizing clinical data to manage Providers, assess Member care, develop new services, and implement Evidence-based practices below.

### Provider Management (i)

DentaQuest is committed to giving our Providers the support they need to thrive under our program. As part of our comprehensive **Internal Provider Dashboard**, we assess each Provider across several metrics such as percentage of claims and authorization denials, claim submission type (electronic vs paper) number and types of calls they are making into our Contact Center, appeal frequencies, and other metrics. These data points are analyzed using an algorithm, which then assigns a score to the Provider.

- A five-star Provider is one who is experiencing few challenges, has low claims denial rates, and their cost of care in line with expectations.
- A one-star Provider is one who is experiencing multiple barriers to participation such as high claims and authorization denials or making frequent phone calls to our Contact Center for assistance.

DentaQuest then provides targeted education and support to the one-star Providers who are experiencing administrative difficulties with our processes. Our Provider Relations Representatives would conduct targeted education and assistance with administrative areas and our Dental Director would lead any clinical discussions, as identified.

### Assessment of Member Care (ii)

DentaQuest collects and uses clinical data, as well as enrollment, utilization, and external data gathered through Oral Health Needs Assessment Screenings and Comprehensive Oral Health Risk Assessments to contribute to our population health strategies and initiatives.

We maintain an extensive data repository of claims data. This information can be used to assess and characterize the oral health of the population. For example, certain CDT codes are associated with a high risk of oral disease. DentaQuest has created a mapping of CDT codes to high, medium, and low risk and the Dental Quality Alliance (DQA) also uses a set of CDT codes to identify elevated risk in their quality measures. Changes in the percent of these high-risk codes in the population can provide insight into the trend of oral health in the population.

Beyond assessing levels of risk, DentaQuest uses CDT codes from claims data to evaluate service mix. Changes in this service mix over time can provide insight into the oral health trend of the population. For example, if the percentage of preventive services is increasing, then an inference could be the oral health of Members is improving.

### Developing New Services to Increase Access and Improve Cost Effectiveness (iii)

DentaQuest uses data from all available sources including claims, screening and assessment results, and authorizations to monitor the appropriateness of dental care for Members. We analyze data trends to identify opportunities to improve the cost, quality, and accessibility of high-quality Dental care. This includes monitoring for excess utilization of high-cost services such as emergency care for dental care, monitoring for the appropriate use of preventive care, and monitoring Providers for high quality, cost-effective care. Prior to implementing existing or new programs for the Agency, DentaQuest will share the data surveillance processes used and the specific elements of our programs to monitor and improve dental care for Members.

### Implementing Evidence-based Practices (iv)



#### MEDICAL DENTAL INTEGRATION

DentaQuest worked in partnership with its client the Bureau of TennCare to implement evidence-based best practices with its Medicaid dental network. Misuse of opioid medications is prevalent in the US and has resulted in adverse patient outcomes, including morbidity and mortality.

In Tennessee, there were 15,001 nonfatal overdose emergency department visits in 2016. In 2017, 1,268 Tennesseans died due to an overdose from a prescription opioid.

In January 2018, Tennessee implemented new measures for all Providers to reduce the effects of the opioid epidemic on Medicaid Members. The measures limited opioid prescriptions to a maximum dosage of 60 MMEs per day, with a five-day supply, later reduced to a three-day supply. After the first prescription fill, another 10 days can be granted only with prior authorization from the state.

To reinforce and further socialize the policy changes, DentaQuest created and rolled out a comprehensive dental Provider training on its rules and guidelines, as well discussed our planned approach to contacting “super prescribing” dental Providers.

TennCare provided prescription data, which DentaQuest then matched to claims and procedure records. Specific medication type and formulation were also reviewed. In addition to top-line review of trends by age, gender, provider type and procedure type, our analysis identified prescriptions that were significantly outside normal parameters. Prescriptions per 100 patients and total prescriptions were calculated across both years. Trends in type of opioid, and Provider specialty and type were calculated. Prescriptions were normalized using MME. MME standardizes opioid medication types and strengths to allows comparison across the spectrum of medications.

#### Results Achieved

455,152 patients aged 0-20 had a dental procedure in 2017 (baseline measurement year). 4.3% of dental patients received an opioid and there were 5.19 opioids prescriptions written per 100

patients. While the total number of patients receiving a dental service remained relatively steady in 2018, at 451,802, there was a **significant drop** in the number of opioid prescriptions. Of those patients, 2.8% received an opioid prescription, representing 2.86 opioids prescriptions written per 100 patients. **This represents a 34.5% reduction in patients receiving an opioid.** When stratified by age, similar trends were identified in the percentage of patients who received an opioid in each year analyzed.

## SYSTEM ADAPTABILITY (K.15)

DentaQuest understands that the Agency's technical requirements may have to be amended during the term of the Contract. We will adapt to any new technical requirements established by the Agency and agree to them in writing to them as required. DentaQuest will seek Agency approval for any DentaQuest initiated changes, and we will pay for any costs associated with such changes.

DentaQuest's Iowa Information Systems Manager has oversight and accountability to initiate projects as required to respond to Agency requests and configuration changes. These projects would be sponsored by Iowa plan leadership and implemented accordingly using our Agile development methodology until they are complete and fully tested.

We go through a full standard Software Development Life Cycle (SDLC) of testing prior to production of any new technical requirements. For example, a standard Windward release will have software quality assurance (SQA) Regression testing, SQA testing, User Acceptance testing (UAT), and Performance testing before approval to release to production. Our releases follow ITIL compliance and are represented on the Change Advisory Board (CAB) for approvals each week. Once we promote a change to production, users also conduct post-implementation testing to confirm the change was applied correctly into production. We require approval from the business owner or end-user and the production control staff to confirm the change has been properly implemented. For each change request, we can also schedule a readiness review with the Agency, if desired. Each review will include documentation and proof of compliance.

Our Change Management and Change Control Standard Operating Procedure governs modifications to our core production systems, and establishes standardized methods and processes to minimize the number and impact of incidents affecting end-users or the services we provide, including:

- A set of organizational objectives, standards, and principles to guide planning, decision making, prioritization, communication, accountability, documentation, and process
- A CAB that oversees and approves modifications to our core systems
- Different policies and procedures for Normal, Standard, and emergency changes, as well as new projects, system enhancements, and "hot fixes"
- A detailed workflow of steps in our change management process, beginning with the creation of a Change Request and ending with formal review and closure procedures

We will maintain vigorous communications with the Agency by promptly notifying and keeping them informed of any major upgrades, modifications, or application updates in our core systems (claims, eligibility/enrollment, service authorization, Provider data management) or conversions a minimum of 90 days prior to such a change

In addition to working closely with the Agency to ensure they are promptly notified and kept informed, we will work directly with Members and Providers to ensure they are notified and well informed. For Members, we will utilize our website, Member Portal, and our Member Services Contact Center to ensure Members have the information they need. As for Providers, we will



use our Provider Portal and leverage our Provider Relations Representatives, who work directly with Providers.

### INFORMATION SYSTEM PLAN (K.16)

DentaQuest will include our 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 aligned with 45 C.F.R. Parts 160, 162, and 164 and the HIPAA Security Rule at 45 CFR § 164.308 in our PPM. We publish our EDI Companion Guide, information on how to submit EDI transactions, and EDI website links online for our trading partners, and will publish the Agency’s EDI Companion Guide to further support transmission. **Currently, we collaborate with almost 100 EDI trading partners.**

DentaQuest’s data exchange plan includes established steps to support information exchange including a timeline with target dates. The plan also includes a detailed explanation of the following elements in Figure 6-K.

Figure 6-K: Information Security Plan Elements are aligned to SOW Section K.16



## INFORMATION SYSTEM STAFF TO SUPPORT THE AGENCY (K.17)

DentaQuest will assign dedicated resources to staff our technical Help Desk to monitor performance, identify and troubleshoot system issues, monitor data exchange activities, coordinate corrective actions for failed records or transactions, and support our trading partners and business associates.

Our Helpdesk will be available during normal state business hours. Further, should an issue arise during non-business hours, Department staff will have the contact information for the Project Director, who will be able to escalate any significant issues immediately.

The Help Desk will operate according to Agency requirements:

- Description of Help desk
- Monitoring System Performance
- Identifying and Troubleshooting Issues
- Monitoring Data Exchange Activities
- Coordinating Correction Actions for Failed Records or Transactions
- Supporting Trade Partners and Business Associates

## DENTAQUEST'S INFORMATION SYSTEM IS HIPAA COMPLIANT AND HITRUST AND SOC-2 CERTIFIED (K.18)

Recent news highlights the daily threat health care organizations face of ransomware and cyberattacks. Our clients and our Members rely on us to protect their most personal data – and we take that responsibility seriously.

Threat actors may use various attack vectors such as phishing, brute force attacks, or deploying malware to break through security layers. As both a **SOC-2** and **HITRUST**-certified company, DentaQuest employs a sophisticated **multi-layered approach** to data security (Figure 7-K).

DentaQuest has deployed **several layers of overlapping security protections** that can react and stop various threats. While no company is immune to a security breach, our system controls are scrutinized by the industry gold standards of SOC-2 and HITRUST controls.

As part of our industry-leading data security program, the Agency can be assured that we provide for the highest levels of privacy and security, including administrative procedures and safeguards, physical safeguards, and technical safeguards in accordance with 45 CFR §§ 164.308, 164.310, and 164.312.

Additionally, DentaQuest's security program ensures we maintain compliance with current and future

# DENTAQUEST DISTINCTION

## DENTAQUEST SURPASSES INDUSTRY STANDARDS FOR SECURITY

HITRUST certification requires assessment across a minimum of 450 requirements. DentaQuest has taken this a step further, as it is HITRUST certified against **more than 1,100 requirements**.

SOC-2 certification requires a minimum of three trust principles. Our security program is certified against **all five trust principles**.

Both certifications require a significant level of **outside validation and assurance annually** involving scrutiny of our systems and processes against these requirements.

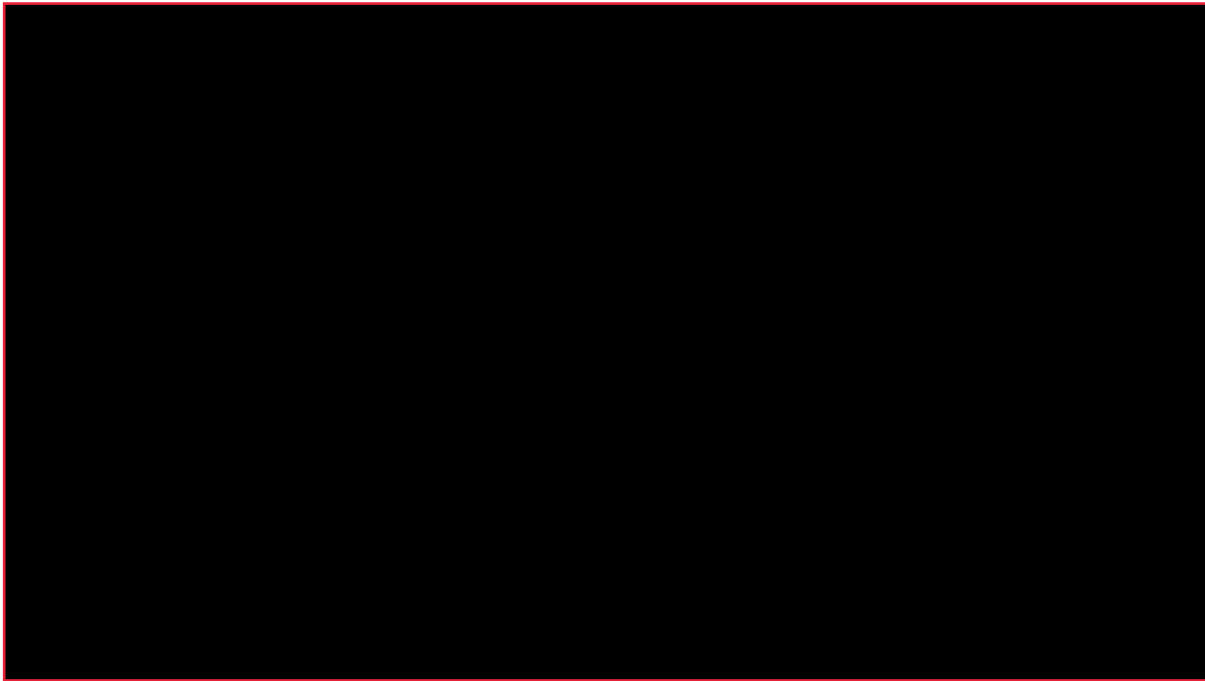


versions of HIPAA Transaction and Code Set requirements for electronic health information data exchange and Privacy and Security Rule standards as specified in 45 CFR Parts 160, 162, and 164. Any system or operational enhancements necessary to comply with new or updated standards will be made at no cost to the Agency.

**Administrative Procedures and Safeguards**



Figure 7-K: DentaQuest’s approach to securing your Member’s Data



The DentaQuest Security and Privacy program is based upon regulations, laws, and best practices frameworks including





### **Auditing Capabilities**

We will make our system information available to authorized representatives of the Agency and other State and Federal agencies to evaluate, through inspections or other means, the quality, appropriateness, and timeliness of our services performed. We will use controls to maintain information integrity, and these controls will be in place at all appropriate points of processing. Our controls will be tested in periodic and spot audits following a methodology we develop with the Agency. All of our systems have audit trails that allow information on source data files and documents to be traced through the processing stages until the information is ultimately recorded. The audit trails include:

- Unique log-on, date & time of actions, and ID of the system job that effected an action
- Date and identification stamp displayed on any on-line inquiry
- Ability to trace data from the final recording place back to the source data file or document

Our audit trails are supported by the following results reports: listings, transaction reports, update reports, transaction logs, and error logs, and we have the ability to facilitate auditing of individual records and batch audits. We review audit results and alerts to identify risks and events, taking appropriate corrective action when indicated.

Part of our auditing capabilities include data retention. DentaQuest will meet the Agency requirement of maintaining data online for no less than three years and retaining archived data for up to 10 years and ensuring that the data is retrievable.

### **Security Authorizations**

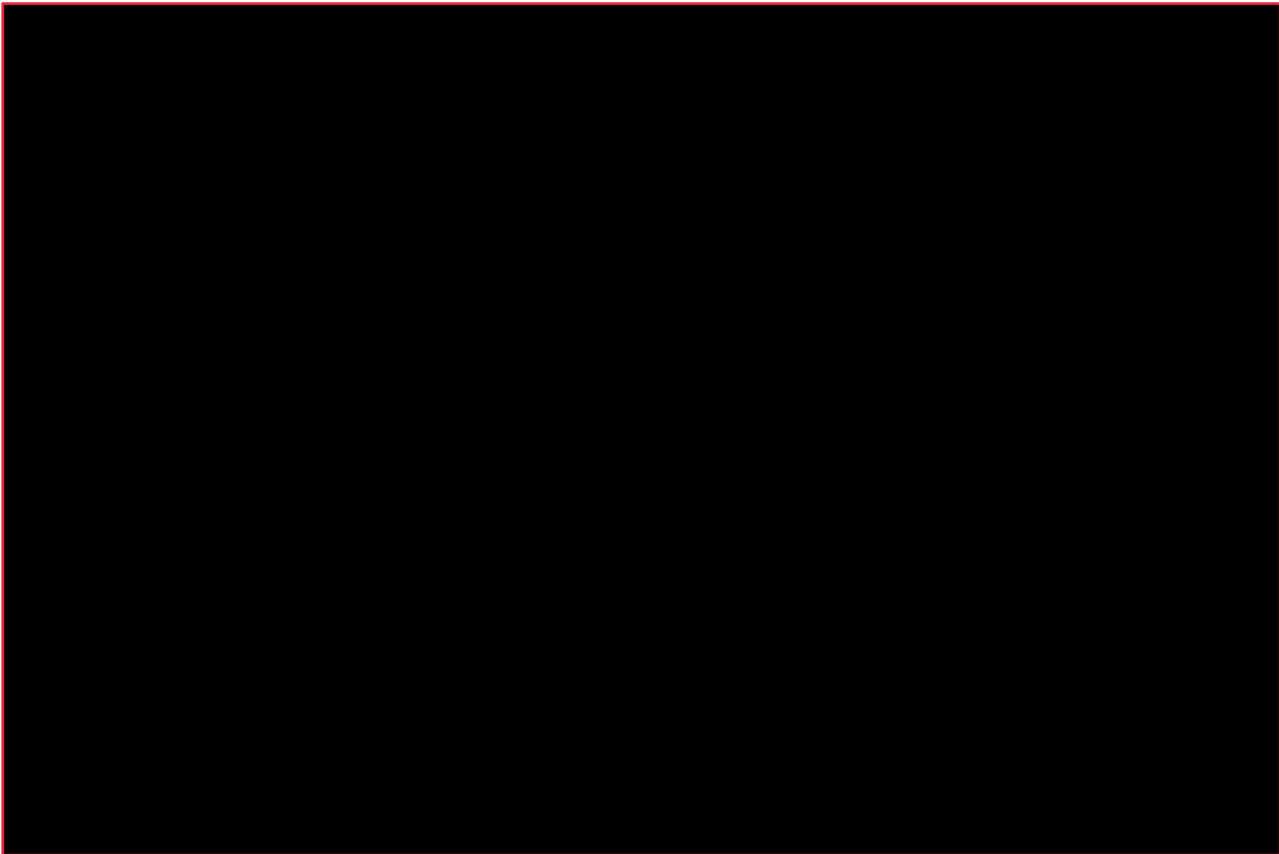




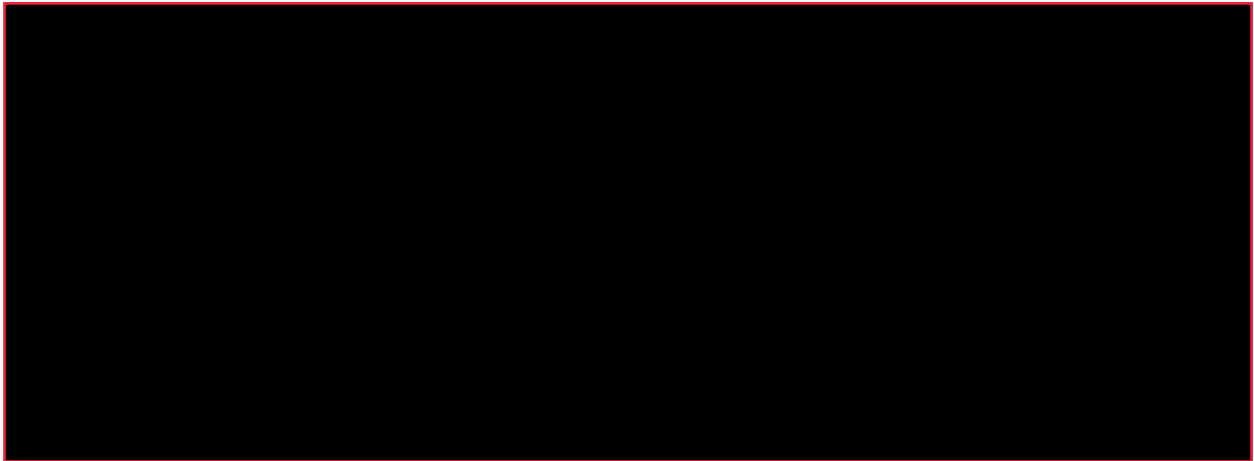
***Unique User Accounts and Passwords***



**Encryption Levels**



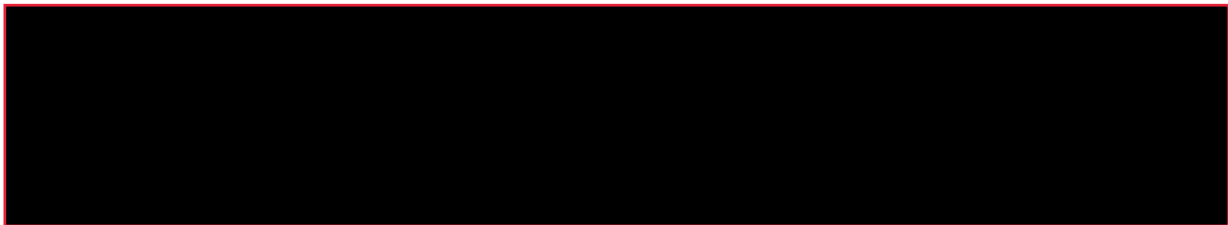




**Security Controls and Measures**



***Physical Safeguards***



***Preventing Unauthorized Network Access***





***Protecting Devices and Servers***



**Security Incident Response**

DentaQuest maintains a strong Incident Response Plan (IRP) which is updated annually and most recently in March of 2022. Our IRP assists our staff in categorizing specific incidents and has clearly defined common incident types such as phishing; theft/loss of IT assets; PII/PHI breach; acceptable use violations; cyber intrusion; ransomware; or malware.

The IRP applies to DentaQuest and its wholly owned subsidiaries. The IRP applies to all of DentaQuest’s employees, partners, business associates, vendors, contractors, and interns that handle DentaQuest information, or use DentaQuest IT assets. The IRP applies incidents including any data breach to any element of data or data system within the DentaQuest corporate environment.

The IRP contains criteria defining the potential severity of an incident with categorizations of low, medium, or high. Once the potential severity has been identified, the plan contains clear steps on how to coordinate remediation of the issue internally, with any affected Providers or Members, with the client (in this case the Agency) and any additional subcontractors and partners.

Once the immediate issue has been resolved, DentaQuest will complete a root cause analysis and identify process improvements to prevent incidents in the future. We test our IRP annually, so our staff and partners are familiar with the process if the IRP is needed at any future point.

**Process for Corrective Action if PHI/PII May have Been Compromised**

DentaQuest agrees to notify the Agency within one hour of discovery of an information security breach in alignment with Draft Contract Section 1.19.8. Further, DentaQuest will report all identified potential and confirmed breaches of unsecured PHI the Agency. Notification of the breach will include identification, if known, of each individual whose PHI was, or is reasonably believed to have been, disclosed. DentaQuest will report any such information not known at the time of initial notification as it is determined. DentaQuest will cooperate fully with the Agency in

investigating reported breaches, and meeting DentaQuest's and the Agency's obligations under HIPAA and any other security breach notification laws, including complying with any required regulatory filings due to the Breach.

### ***Notification of Individuals***

Within 60 days of discovery of a breach, DentaQuest will notify individuals whose unsecured PHI was disclosed, or reasonably believed to have been disclosed, in a manner consistent with HIPAA. The breach notice will be written in plain language and describe what happened, the date that it happened and the date it was discovered, the types of information disclosed, steps people can take to protect themselves from harm related to the breach, what DentaQuest and the Agency are doing to investigate the breach and mitigate the consequences, what DentaQuest and the Agency are doing to prevent future breaches, and how the individual can contact DentaQuest to ask questions or get additional information.

### ***Notification of Media, HHS, and Consumer Reporting Agencies***

When required under 45 CFR §164.406, DentaQuest will provide notice of the breach to the media. When required under 45 CFR §164.408, DentaQuest will provide notice of the breach to Secretary of the Department of Health and Human Services. If DentaQuest provides breach notice to more than 1,000 individuals, we will notify consumer reporting agencies that compile and maintain files on consumers on a nationwide basis of the breach notices.

### ***Provision of Credit Monitoring and Identity Theft Protection for Affected Individuals***

If the breach warrants it, DentaQuest will provide credit monitoring and identify theft protection for affected individuals.

### ***Use of Incident Response to Evaluate Breaches and Identify Needed Corrective Action***

We will follow our Incident Response to investigate and resolve the issue that led to the breach, whether it be a system deficiency, or intentional or unintentional breach caused by an employee. Once the immediate issue has been resolved, DentaQuest will engage in a root cause analysis and identify process improvements to prevent further incidents in the future.

### **Data Masking in Test and Production Environments**

We deploy a masking tool configured to mask specified data based on database connections to the environment and rulesets that govern the data being masked. Data masking applies to all Development and Testing environments where masking is implemented. Automated steps (SQL scripts) examine and trim the data, call into the data masking tool to mask the data using appropriate algorithms, and finally make the masked data available in specific environments.

### **Security Monitoring and Evaluation Activities: Operational and System**

Under the leadership and direction of DentaQuest's Information Security Officer, the Information Security team is responsible for continuous real-time monitoring of Information Security events throughout the organization, including correlated event analysis, managing the Security Incident Response, and planning any remediations.

### **Operational Security Monitoring**

We maintain strong processes and procedures to provide security and access management with controls to safeguard and prevent unauthorized access to information. Our systems prevent the alteration of finalized records and include an access management function that restricts access to varying hierarchical levels of system functionality and information. Our system controls are paired with policies and procedures to ensure that employees and subcontractors understand, and perform to, their data security obligations.

***Criminal Background Screening***

DentaQuest screens all employee candidates prior to employment, including conducting a criminal background screening with a 10-year lookback. DentaQuest does not employ individuals who have an unacceptable screening result. We rescreen employees no less than every five years to ensure continued acceptable screening results. We also require that subcontractors conduct background checks, including a criminal background check and an OIG check, on employees who provide on-site services to DentaQuest or have access to DentaQuest confidential information or systems. We also require that subcontractors sign DentaQuest's Business Associate Agreement, accepting unlimited liability for breaches of information; have a fully executed non-disclosure agreement or contract before data or sensitive information is exchanged; and comply with all applicable State and Federal data privacy laws.

***Security Awareness Training***

Prior to granting sensitive data access to any employee or subcontractor, we require that individuals undergo Security Awareness Training, and complete an attestation that they will adhere to DentaQuest's ISP and associated policies and procedures.

***Clean Desk Standards and Reviews***

As part of the standard business process, DentaQuest performs annual and ad hoc reviews, to ensure adherence with Clean Desk standards. We record the results of Clean Desktop reviews, including any violations in our Enterprise Governance, Risk and Compliance platform. We notify persons found in violation and their supervisors and management of violations observed.

***Contact Center Employee Security Monitoring***

Our Contact Center employees employ strict protocols for authenticating callers to ensure that all disclosures are allowable under HIPAA. For example, our Member Services Contact Center staff always follow processes for authenticating the Member and head of household (HOH) before providing assistance. The first step is to verify the Member by obtaining the Member's name, birth date, and Member ID. Once this is validated, the staff must verify that they are speaking with the HOH for children under the age of 18. Our Contact Center monitoring processes require that eight times per month, per representative, quality assurance auditors listen to calls and record representatives' desktop to ensure inquiries are being appropriately handled, including that the representative appropriately validated the caller and Member identify.

***System Security Monitoring***

DentaQuest's Information Security Plan outlines the standards and activities employed by DentaQuest for security monitoring including network, system, and user activity. Our Information Security team manages and monitors a comprehensive set of security management and monitoring systems including network intrusion prevention systems, host intrusion detection systems, wireless intrusion prevention systems, security incident and event monitoring systems, anti-virus and malware prevention systems, and vulnerability management systems.

DentaQuest's production systems, hosts and applications log all pertinent system and account events including successful access to systems, applications, and areas secured by badge access; failed authentication attempts; failed attempts to access system and application resources; and privileged account activity. The logs provide data to support comprehensive audits of the effectiveness of and compliance with security measures. We also employ risk-based event monitoring to detect inappropriate activity to the Information Security team.

As part of our Data Loss Prevention process our systems are configured to identify and, in many cases, prevent the following events and notify the individual and the Information Security team of the event:

- Emails containing sensitive data in the body or attachments
- Movement of sensitive data via SFTP, FTP, HTTP, HTTPS, or other network protocol
- Transfer of sensitive data to a removable media device
- Movement of sensitive data to local endpoints (whether corporate-owned mobile device, BYOD device, laptop, desktops, or server)

## Security and Privacy Training

DentaQuest's Security Awareness and Training Program provides security and privacy training to all employees, temporary employees, contractors, consultants, and vendors who have access to DentaQuest systems and applications within 10 days of hire and prior to their access to systems, applications and data, annually thereafter, and within a reasonable timeframe if there are changes in regulations or processes. The Training Program is in alignment with NIST 800-50 covering at a minimum the following topics:

- Phishing
- Social Engineering
- Physical Security
- Password Security
- Malware
- Removable Media
- Safe Web Browsing
- Mobile Device Security
- Working Remotely

DentaQuest employees, temporary employees, contractors, consultants, and vendors are required to attest to the adherence with the Information Security Plan prior to obtaining access to any information assets. Additional Security awareness training will be provided that is specifically tailored to workforce members' job functions.

All DentaQuest employees annually certify understanding of the ISP and participate in ISP training and awareness activities as required. Executive team members are responsible for working with the DentaQuest Information Security team to ensure controls are in place to safeguard data relied upon in order to perform a specific business function.

### ***Most Recent HITRUST CSF/R2 or Equivalent Audit, Findings, Actions***

In 2021, Ernst and Young conducted a SOC 1 Type 2 audit (covering October 1, 2020, through September 30, 2021) for DentaQuest. The report was unmodified. DentaQuest became HITRUST certified in 2018 and was recertified in 2021. This is valid for two years.

### ***Methodology for Asset Classification by Risk and Criticality***

Our ISP includes a standard for Asset Inventory. The standard outlines how we manage (inventory, track, and correct) all hardware devices on the network so that only authorized devices are given access, and unauthorized and unmanaged devices are found and prevented from gaining access. DentaQuest performs an annual security posture check of all assets in the inventory to identify risk level and criticality. We regularly evaluate our IT Asset Inventory process. DentaQuest management maintains a current network diagram that includes wireless networks and updates this whenever there are network changes and no less than every six months.

Each major system has specific information concerning the authorization for connection to other systems or sharing of information, including name of interconnected system, type of interconnections, description of how systems will interact, and specific security requirements for maintenance of system interaction. DentaQuest data and information assets are classified in accordance with its sensitivity and criticality within DentaQuest. This classification includes the following labels applied as necessary:



- Restricted – This includes any identifiable Member, patient, or workforce member data.
- Confidential – Data whose unauthorized disclosure, alteration or destruction could cause a significant level of risk to DentaQuest or its affiliates.
- Internal – This includes any information assets that are intended for internal use only.
- Public – This includes any information that may be made publicly available.

We classify each system in terms of risk and level of sensitivity of data. A description of system security controls applicable for each major system must accompany the asset inventory and include the security control name, include implementation status, position responsible for implementation of the security control, and implementation date or planned implementation date.

Every system owner is responsible to ensure that access to their system is granted based on the principle of least-privileged access. Additionally, system owners must recertify system access periodically. Frequency of review is based on risk, with annual reviews being the minimal necessary for the lowest risk systems.

### **Security Testing Prior to New System Implementation or Modification**

All material changes to any applications will include evidence of static and dynamic application scans, specifically looking for security vulnerabilities as described in Open Web Application Security Project (OWASP) methodologies. The Information Security Officer set levels for Static code configurations and dynamic application scan policies. Signoff is required for all material code changes prior to deployment into production. Material code changes includes new system implementations, enhancements, hot fixes, and other upgrades.

Once migrated to production, all applications are subject to DentaQuest's vulnerability management program which includes vulnerability and penetration testing of DentaQuest network segments, hosts, databases, and applications to help ensure security vulnerabilities are proactively identified and remediated in a timely manner.

### **COMPLIANCE WITH STATE LAW (K.19)**

For individual Medical Records and any other health and Enrollment information maintained with respect to Members, DentaQuest will comply with the Agency's procedures to abide by all applicable State and Federal 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 CFR §§ 457.1233(e) and 457.1110(a).

DentaQuest has implemented a comprehensive privacy program to assure compliance with all State and Federal 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. We maintain a comprehensive PPM to ensure the protection and confidentiality of protected health information that is created, received, maintained, or transmitted with regard to members and patients of the DentaQuest organization or an organization with whom DentaQuest has a Business Associate or other Contractual agreement.

DentaQuest will leverage its existing proprietary HIPAA compliant Windward System to manage all operational activities including claims and encounter processing, utilization management, and quality management. We have existing policies, procedures, and system security features in place to govern the access, use and disclosure of individually identifiable health information that identifies a particular Member, in accordance with the confidentiality requirements in 45 C.F.R. § parts 160 and 164. All staff and contractors with access to protected health information

participate in initial and annual training regarding confidentiality and HIPAA requirements, demonstrating competence through knowledge assessment.

## COMPLIANCE WITH STATE PROCEDURES (K.20)

DentaQuest will comply with State procedures in compliance with Subpart F of 42 CFR part 431. See 42 CFR §§ 457.1233(e) and 457.1110(b) for individual health and enrollment information maintained with respect to Members that identifies specific Members. DentaQuest provides for the physical and electronic security of all PHI and is compliant with the latest HIPAA Privacy and Security Rules.

## PROVISION OF TIMELY AND ACCURATE RECORDS (K.21)

For individual medical records and any other health and enrollment information maintained with respect to Members that identifies specific Members, DentaQuest will comply with State procedures to maintain the records and information in a timely and accurate manner in accordance with 42 CFR §§ 457.1233(e) and 457.1110(c).

Our HIPAA-compliant Windward system fully integrates all Member dental encounter data to create a unique, trackable, and reportable record for every Member. We are committed to protecting the privacy of our members' PHI and ensuring that we only use or disclose the minimum necessary information as permitted or required by federal or state law or client contract and ensure Members' meaningful access to that information.

Our comprehensive Records Management Program balances the cost and benefits of continued information retention versus the risk and liability of disposal. The policy provides for the identification, protection, and storage of vital records; the fast and efficient retrieval of business records; and the systematic disposition of information in the normal course of business. All electronic information related to the Member record is saved in our system in accordance with our records retention policy, which is to preserve and maintain all records for a minimum of 10 years from expiration of the contract. If records are related to a case in litigation, then these records are retained during litigation and for a period of seven years after the disposition of litigation.

## PURPOSES OF MAINTENANCE OR USE (K.22)

For individual medical records and any other health and enrollment information maintained with respect to Members that identifies Members, DentaQuest will comply with State procedures that specify, and make available to any Member requesting it, the purposes for which information is maintained or used in accordance with 42 CFR §§ 457.1233(e) and 457.1110(d)(1).

## PURPOSES OF DISCLOSURE (K.23)

For individual medical records and any other health and enrollment information maintained with respect to Members that identifies specific Members, DentaQuest will comply with State procedures that specify, and make available to any Member requesting it, to whom and for what purposes the information will be disclosed outside the State in accordance with 42 CFR §§ 457.1233(e) and 457.1110(d)(2).

All data sharing follows strict HIPAA protocols to ensure Members' PHI is protected and only shared when authorized. DentaQuest is committed to protecting the privacy of our members' PHI and ensuring that we only use or disclose the minimum necessary information as permitted or required by federal or state law or state contract and ensure our Members' meaningful access to that information.

Our HIPAA Privacy policy is available to Members on our public-facing Member website. This includes information on Member rights, such as to receive an accounting of how their health information was disclosed (excluding disclosures for treatment, payment, healthcare operations and some required disclosures, as well as disclosures that the Member authorizes). The website includes a link to an authorization form, where Members can revoke signed authorizations may be revoked at any time. Members may also request a printed copy of the information.

DentaQuest has a designated privacy officer who is responsible for the development and implementation of the privacy policies and procedures, which are reviewed annually for accuracy and to ensure they reflect current regulations, requirements, and processes. All staff are required to complete HIPAA training upon hire and annually thereafter. New employees placed in roles with access and/or exposure to PHI must complete this training prior to beginning their job duties. If any changes in regulations of processes occur, all staff are educated and/or trained on these changes within a reasonable timeframe.

## APPROACH TO TIMELY PROVISION OF INFORMATION TO MEMBERS (K.24)

For individual medical records and any other health and enrollment information maintained with respect to Members that identifies particular Members, DentaQuest will comply with State procedures that, except as provided by State and Federal law, ensure that each Member may request and receive a copy of records and information pertaining to the Member, and that a Member may request that such records or information be supplemented or corrected in accordance with 42 CFR §§ 457.1233(e) and 457.1110(e).

As noted above, we make our HIPAA Privacy Policy available to Members on our publicly available Member website. This includes information on how Members can request a copy of records and information pertaining the Member, as well as request additions or corrections to their health information. Members can also access their records online via our secure Member Portal, including their dental health history, assessment, visit summaries, and current and previous referrals.

## SUPPLEMENTING AND CORRECTING RECORDS (K.25)

For individual medical records and any other health and enrollment information maintained with respect to Members that identifies particular Members, DentaQuest will comply with Agency procedures that, except as provided by State and Federal law, ensure that each Member may request and receive a copy of records and information pertaining to the Member, and that a Member may request that such records or information be supplemented or corrected in accordance with 42 CFR §§ 457.1233(e) and 457.1110(e).

## INTERFACE WITH STATE SYSTEMS (K.26.A. AND K.26.B.)

DentaQuest can receive, process, and report data to and from the Agency's MMIS and the Agency's Title XIX eligibility system. Our MIS can electronically receive enrollment information from the Agency's Title XIX eligibility system through a secure file transfer process.

- **Agency MMIS.** DentaQuest confirms it has the capacity to submit encounter data to the Agency. We have described our experience, capabilities and process in response to SOW Section K.42. We strictly adhere to secure file transfer protocol (SFTP) and will connect with the State MMIS using VPN to transfer HIPAA-compliant files to an SFTP site. We also have dedicated connections to facilitate the secure transfer of files. We prepare encounter data that complies with 10 other state MMIS systems on behalf of our MCO clients, and we have

147 encounter data exchanges in production today. We have been providing encounter data to our clients for the past 30 years.

- **Agency Title XIX Eligibility System.** DentaQuest can electronically receive enrollment information from the Agency's Title XIX eligibility system through a secure file transfer process. We have described our experience, capabilities and process in SOW Section K.39.a. All eligibility data is automatically loaded in near real-time of receipt into our Windward operating system, ensuring that the data can be processed at any time, even if it was transmitted during non-traditional business hours.

## USING A COMMON IDENTIFIER TO LINK DATABASES AND SYSTEMS (K.27)

DentaQuest uses client supplied Member identifiers (ID). We store the Medicaid ID for encounters but do not use it as a Member ID. We can auto-generate a Member ID if needed. We do not store Social Security Numbers (SSN) for Medicaid clients. We use internal Member IDs, not SSNs, across all applications to link patient-level data. While we store SSNs, we do not use them other than to uniquely identify Members when required prior to discussing PHI.

## MAINTENANCE OF CLINICAL RECORDS FOR QUALITY ASSESSMENT AND EVALUATION (K.30)

DentaQuest maintains all necessary clinical information in our proprietary custom-built Windward platform. Windward has been tailored to accommodate business compliance for retaining clinical records to assist with authorizing and monitoring services. Clinical records are maintained to ensure the necessary data is available for quality assessment and other activities related to evaluation and verification of submitted claims accuracy

We confirm that, at the conclusion of the Contract, all clinical records maintained by DentaQuest will become the property of the Agency. At the request of the Agency, DentaQuest will transfer records to the Agency at no additional cost.

Copies of the clinical records are maintained by DentaQuest to the extent necessary based on our records retention schedule to support resolution of any litigation, claims, financial management, or audits performed pertaining to this Contract, whichever is longer. Records will be maintained in adherence to HIPAA Compliance Records Retention Policies as required by State and Federal law.

DentaQuest or our subcontractors who are contractually required, to maintained records and information to ensure that services are provided, and claims are accurately processed in accordance with the Contract, including all applicable State and Federal requirements. Records are retained as mentioned above based on our established record retention schedule.

As part of the maintenance of clinical records the following elements are captured in Windward as outlined below:

- **Diagnosis.** Documentation of diagnoses are not billed or utilized to process dental claims.
- **Services Authorized or Denied** are stored within Windward. All service authorizations requested receive a unique identifier. Any associated documentation, including the initial submission request, X-rays, photos, narratives, the clinical decision, name of decision maker, and the applicable determination letters (i.e. – notice of adverse determination letters) are linked according to the unique identifier. All denials include a specific reason for the non-authorization based on Iowa Administrative Code citations. Substitutions are offered as part of the denial, where applicable.

- **Missed Appointments** are documented and stored in Windward. The documentation of a missed appointment is tracked via a non-payable CDT code that the Provider submits. The attempts to follow up with the Member are documented in the call management module of our Windward system. All associated claims, authorizations, notes, and other pertinent Member information are accessible with a few clicks.
- **Treatment Planning** is documented and stored in Windward. There is a specific module within our Windward system that stores all Person-Centered Care Plans (treatment plans) for Members enrolled in our Case Management program.
- **Joint Treatment Planning** is part of the Person-Centered Care Plan for Members enrolled in our Case Management Program.

## SYSTEM PROBLEM RESOLUTION (K.31)

DentaQuest maintains plans for system problem resolution not related to a disaster, which will be incorporated into the PPM. We will work closely with the Agency, and when we are notified of system problems that are not a result of system unavailability, we will respond within the required Agency timeframe. Our system records any change to a software module or subsystem, and we will have procedures and measures for safeguarding against unauthorized modification to our systems. Our processes and procedures also confirm that we avoid scheduling any kind of systems unavailability, such as system maintenance, repair, or upgrade activities, during business hours or other critical hours. We will work closely with the Agency in advance of testing or upgrading initiatives and provide system access to allow the Agency to sufficiently test our system.

## ESCALATION PROCEDURES (K.32)

Although DentaQuest is committed to having the IDWP and Hawki Dental program run as smoothly as possible, there are instances when adverse events and issues occur and must be escalated. An adverse event or issue is different from the daily “ups and downs” of program management in that it may threaten the overall reputation of the Agency and its dental program in a very public way.

The first priority during any adverse event is to ensure the safety of Members and all affected personnel. Following the incident, DentaQuest will gather the facts and present them to the Agency in a timely fashion.

DentaQuest’s Problem Escalation Procedure (PEP) outlines the protocols for handling adverse issues that may threaten the reputation of the program. Decisive and prompt communication is critical in gaining control and getting things back to normal quickly and efficiently. The plan is designed to:

- Provide clear direction about who will serve as the DentaQuest “point person” during an adverse issue
- Reduce uncertainty
- Minimize liability
- Protect the program’s credibility
- Project a sense of control over the situation
- Protect relationships with affected groups

As an adverse event unfolds, DentaQuest’s Iowa CEO will be the single point of contact for the Agency. The Iowa CEO will be authorized and empowered to assemble critical DentaQuest personnel to address the issue. Additionally, the Iowa CEO will serve as the lead decision-maker and manager of the response team.



If necessary, the Iowa CEO will bring in DentaQuest corporate senior/officer personnel. The Iowa CEO will appoint key personnel and be held accountable for decisions regarding actions, messages, intervention strategies, and other related matters.

**Escalation Process**

The four steps of our proposed problem escalation process are detailed in Figure 8-K. During Step 2, the Iowa CEO will assemble a team made up of key staff from across the organization to develop an efficient plan for resolving the problem. This step includes determining the severity of the problem, assigning personnel and/or functional units to remedy the issues, and identifying milestones for ensuring the solution works and remains on track.

Figure 8-K: DentaQuest’s Problem Escalation Process



**RELEASE MANAGEMENT AND SYSTEM CHANGE MANAGEMENT INCLUDING MANAGING SEPARATE ENVIRONMENTS FOR DEVELOPMENT, TESTING, AND PRODUCTION (K.33-34)**

DentaQuest currently operates in 11 Medicaid and CHIP markets where we hold contracts directly with a state agency, and we assure that our systems in these markets conform to future State and Federal standards for encounter data exchange within 90 days prior to the new standard’s effective date. We will operate within this same timeframe in Iowa. We will maintain our MIS as reviewed and approved during the readiness review process, we will also submit an IT Maintenance and Operations plan for the Agency’s review and approval.

We will promptly correct any defects (e.g., performance, interface, syntax, etc.) identified and notify the Agency if the defects impact Provider or Member Portals or any functionality that supports the delivery of services. We will also submit a report of defect corrections to the Agency monthly or more frequently as needed.

If a system update or change is necessary, we will manage it through our change management process, which uses a standard **System Development Lifecycle (SDLC)** that covers planning, coordinating, implementing, and monitoring changes affecting any production platform in our IT infrastructure. Our change management processes and procedures are well-defined, documented, consistent, and measurable. They improve our change success rate; reduce the incidence of unplanned outages; and support prompt communications with the Agency and other stakeholders about planned system updates and any issues that may occur. As part of our standard process if a change or update is necessary, we will draft appropriate revisions for our documentation or manuals and present them to the Agency for review and approval 30 calendar days before we implement the upgrade or change. Our documentation revisions are completed electronically and will be available to the Agency in an easily accessible and near real-time format while our printed manual revisions will occur within 10 business days of the revision.

We will maintain ongoing communications with the Agency by promptly notifying and keeping them informed of any updates or releases to our systems. We will also participate in the Agency Information Technology Defect resolution meetings with the Agency's contracted MMIS vendor(s). When we identify a required system update, change, or fix, we will submit a written notice (including a problem overview, impact, and timeframe for implementing the correction) to the Agency within 10 calendar days of our identification of the required system update, change, or fix. We will also notify the Agency of changes to our system within our span of control 90 calendar days prior to the date of the change or within a timeframe specified and approved by the Agency. We document system change requests and review them to identify gaps between requested and current operations, and then we:

- Create, review, and approve a functional design
- Create a technical specification
- Code and test the change
- Approve test results that pass user acceptance criteria and assign change to a specific release

In addition to working closely with the Agency to ensure they are promptly notified and kept informed, we will work directly with our Members and Providers to ensure they are notified and well informed. For our Members, we will utilize our website, Member Portal, and our Member Services Contact Center to ensure Members have the information they need. As for Providers, we will use our Provider Portal and leverage our Provider Relations Representatives, who work directly with Providers.

DentaQuest maintains separate testing environments to validate changes prior to moving to production to ensure no impact to production. We go through a full standard SDLC of testing prior to production. For example, a standard Windward release will have Software Quality Assurance (SQA) Regression testing, SQA testing, User Acceptance testing (UAT), and Performance testing before approval to release to production. Our releases follow ITIL compliance and are represented on the Change Advisory Board (CAB) for approvals each week. Once we promote a change to production, users also conduct post-implementation testing to confirm the change was applied correctly into production. We require approval from the business owner or end-user and the production control staff to confirm the change has been properly implemented. For each change request, we can also schedule a readiness review with the Agency, if desired. Each review will include documentation and proof of compliance.

Our Change Management and Change Control Standard Operating Procedure governs modifications to our core production systems, and establishes standardized methods and processes to minimize the number and impact of incidents affecting end-users or the services we provide, including:

- A set of organizational objectives, standards, and principles to guide planning, decision making, prioritization, communication, accountability, documentation, and process
- A Change Advisory Board that oversees and approves modifications to our core systems
- Different policies and procedures for Normal, Standard, and emergency changes, as well as new projects, system enhancements, and “hot fixes”
- A detailed workflow of steps in our change management process, beginning with the creation of a Change Request and ending with formal review and closure procedures

## CONTINUITY OF OPERATIONS (K.35)

### Business Continuity Plan (BCP) (a)

DentaQuest maintains a consistent and effective Business Continuity Plan (BCP) and Disaster Recovery Plan (DRP). Both plans align with the most current version of NIST Contingency Planning Guide for Federal Information Systems, Special Publication 800-34, and both have specific operational and system redundancies in place. These plans allow for processes and resource capabilities ensuring continued functionality of critical business functions and processes through any Disaster.

The DRP outlines the processes, procedures and management actions to be taken if a disaster occurs to information systems or telecommunications at our Data Center in Phoenix, AZ – nearly 1,800 miles from our main operational center in Milwaukee, WI – with the goal of restoring operations within 24 hours. The DRP addresses outages resulting from localized or catastrophic disasters and supports all technical processes that may be impacted by the loss of central computing, communications, or facility.

The BCP strategy ensures the company can continue to provide services to its clients and Members when unforeseen events cause a change in business conditions. The BCP encompasses a risk assessment of non-IT operations including Contact Center, Claims and Authorization processing, Member enrollment and Provider operations as well as ancillary support functions such as vendor management, facilities and finance.

The BCP uses function-specific leaders to determine the best course of action in an emergency. A leader is appointed to oversee the response leveraging a local resource to assess and coordinate the best tactics. We leverage our technology including switching Contact Centers to shift operations and resources, if necessary, to support a timely continuation of operations. The remote workforce, exceeding 200 employees from all disciplines, supports operations.

We use a blended recovery strategy for the protection and operational continuity of critical business applications and supporting infrastructure for an event that affects the Phoenix, AZ Data Center. This strategy incorporates operational risk reduction measures, a dedicated disaster recovery site, replicated disk data protection and an internal recovery site component.

### General Responsibilities (b)

Both the DRP and the BCP are updated at a minimum annually but are updated more frequently if necessary to accommodate changes in the environment, or to address a situations and nuances encountered during the bi-annual testing.

The following responsibilities are included the plan as outlined in the following:

- Notification to the Agency of all disruptions to our normal business operations including the plan for resolution and timing for return to normal operations.
- Assurance of continued services to Members with minimal disruption.

- Continued accessibility and safeguard of data.
- Training of staff and stakeholders of all requirements outlined in our BCP and DRP to ensure compliance.
- DentaQuest conducts testing and assessments of our BCP and DRP, which will be approved by the Agency as outlined in our PPM. We will perform these activities as outlined below and report to the Agency the results of our assessments upon completion.

The baseline of the BCP is the bi-annual risk assessment, which is used to establish standards such as staffing levels and return time objectives for critical functions in an emergency. Bi-annual DRP testing simulates disaster scenarios to ensure readiness to identify and mitigate risks. We test the DRP twice annually, testing: notification processes; emergency and security responses; command center activation and exercise; convening of the Emergency Management Team; decision processes; damage assessment; data, hardware and software recovery; telecommunications recovery; recovery of functional systems using off-site data; and validation of recovered applications and data. These tests simulate disaster scenarios and exercise our DRP to ensure readiness to deploy and identify and mitigate risks.

## CONTINGENCY PLANNING AND EDUCATION (K.36)

### Disaster Recovery

DentaQuest maintains a consistent and effective Disaster Recovery Plan (DRP), which aligns with the most current version of NIST Contingency Planning Guide for Federal Information Systems, Special Publication 800-34, and both have specific operational and system redundancies in place. Our DRP was developed in accordance with and complies with requirements set forth in 45 C.F.R. § 164.308.

The DRP outlines the processes, procedures and management actions to be taken as a Data Backup plan if a disaster occurs to information systems or telecommunications at our Data Center in Phoenix, AZ – nearly 1,800 miles from our main operational center in Milwaukee, WI – with the goal of **restoring critical operations within 24 hours**. The DRP addresses outages resulting from localized or catastrophic disasters and supports all technical processes that may be impacted by the loss of central computing, communications, or facility.

We use a blended recovery strategy for the protection and emergency mode of operational continuity of critical business applications and supporting infrastructure for an event that affects the Phoenix, AZ Data Center. This strategy incorporates operational risk reduction measures, a dedicated disaster recovery site, replicated disk data protection and an internal recovery site component.

### BCP and DRP Testing

The baseline of the BCP is the bi-annual risk assessment, which is used to establish standards such as staffing levels and return time objectives for critical functions in an emergency. Bi-annual DRP testing simulates disaster scenarios to ensure readiness to identify and mitigate risks. We test the DRP twice annually, testing: notification processes; emergency and security responses; command center activation and exercise; convening of the Emergency Management Team; decision processes; damage assessment; data, hardware and software recovery; telecommunications recovery; recovery of functional systems using off-site data; and validation of recovered applications and data. These tests simulate disaster scenarios and exercise our DRP to ensure readiness to deploy and identify and mitigate risks.

DentaQuest can share the BCP and DRP test results with the Agency upon request. Both the DRP and the BCP are updated at a minimum annually but are updated more frequently if

necessary to accommodate changes in the environment, or to address a situations and nuances encountered during the bi-annual testing.

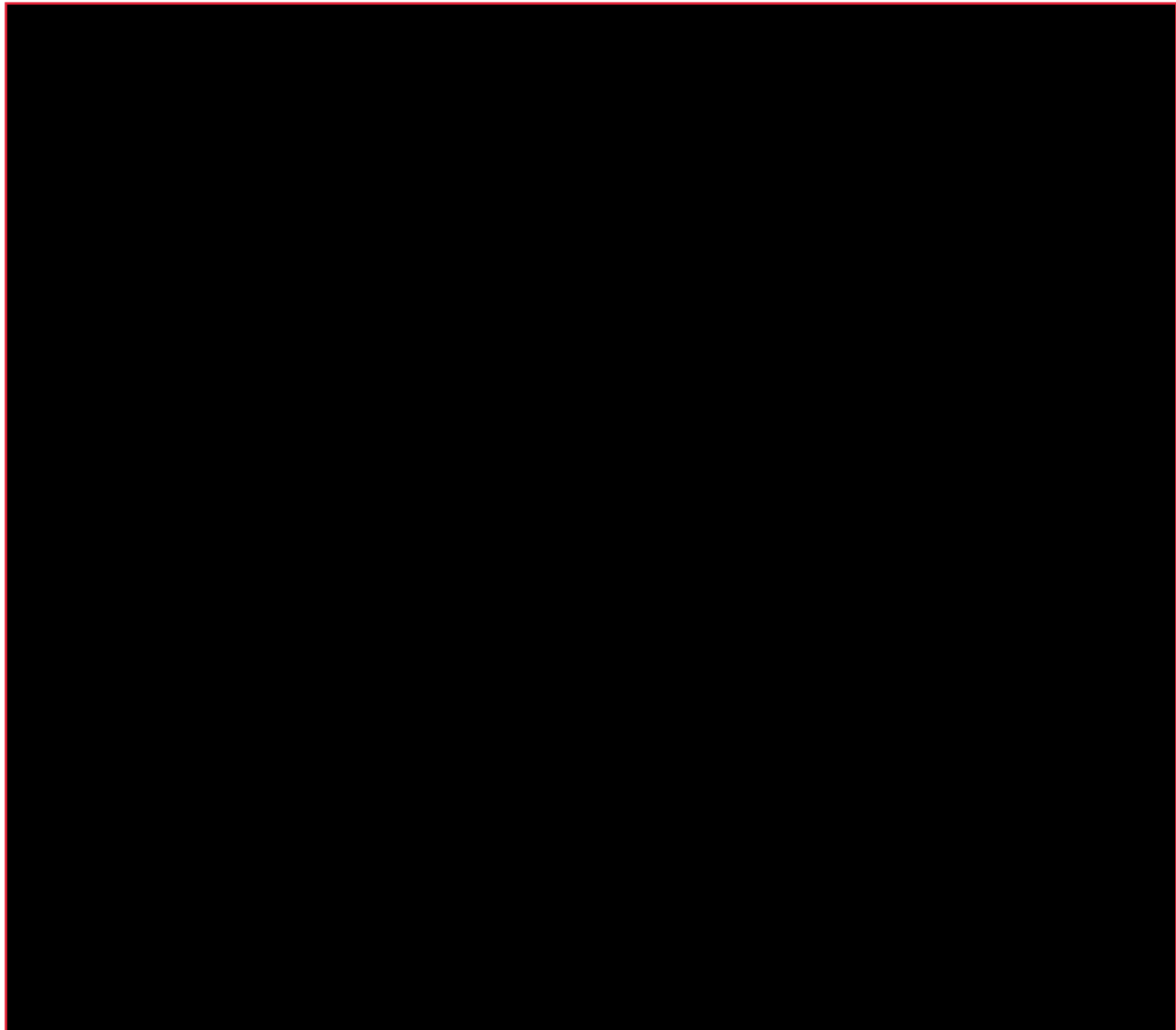
**Staff Security Training**

All employees are required to complete initial and annual computer and information security training and privacy and information security training, which covers HIPAA, HITECH, defining, identifying and validating PHI, how to handle sensitive data, computer and workspace security requirements, and how to report an incident.

**Security Model**

DentaQuest protects its critical data through a layered security approach described previously. Handling and processing of sensitive information takes place in work areas that are physically secured and protected against unauthorized access, interference, and damage. Access in and out of such areas is restricted using badges access and is logged.

**Physical Safeguards**







## PROCESSES FOR DATA AND SOFTWARE BACKUP AND STORAGE (K.37)

DentaQuest maintains full and complete back-up copies of its data and software, and exceeds the timelines described in Section K.13. DentaQuest's multi-level disaster recovery capabilities include three separate recovery strategies in case the primary strategy fails.

- Primary disaster recovery is to use replication between our Phoenix and Waltham data centers. Symmetrix Remote Data Facility/A is configured for asynchronous replication of large database servers where vSphere is used for replication of smaller application servers.
  - This method provides a **near 0 Recovery Point Objective and a potential 12-hour Recovery Time Objective** used to recover critical applications
- The second method of recovery is from the daily backups taken with EMC NetWorker. Every night EMC NetWorker takes a backup of all DentaQuest systems. This backup is written to a local Data Domain storage device in the Phoenix data center and replicated to a Data Domain Storage device in the Waltham Disaster recovery data center. In the event the Primary recovery method of replication is not available each system can be recovered from a local copy of the offline backup.
  - This method provides a **12-to-24-hour Recovery Point Objective and has a minimum of a 72-hour Recovery Time Objective.**
  - Backups are retained in Waltham for 45 days.
- The third method of recovery is from archived storage. Ten years of backups are retained in archived storage. Recovering from archived storage can take seven to 10 days (RTO).
  - Prior to 2019, monthly full backups were cloned to tape and stored in the Iron Mountain secure storage facility in Boyers PA.
  - Starting in 2019, monthly full backups are stored in Azure cloud archive storage. Using Azure policy, backup is retained for 1 year in cool storage and 9 years in archived storage.

DentaQuest's Business Continuity Plan (BCP) aligns with the most current version of NIST Contingency Planning Guide for Federal Information Systems, Special Publication 800-34, and both have specific operational and system redundancies in place. We maintain full and complete back-up copies of our data and systems on a continual basis, which includes logging the backup schedule and information for reference and reporting purposes.

The BCP strategy ensures the company can continue to provide services to its clients and Members when unforeseen events cause a change in business conditions. The BCP encompasses a risk assessment of non-IT operations including contact center, claims and authorization processing, Member enrollment and Provider operations as well as ancillary support functions such as vendor management, facilities and finance.

The BCP uses function-specific leaders to determine the best course of action in an emergency. A leader is appointed to oversee the response leveraging a local resource to assess and

coordinate the best tactics. We leverage our technology including switching Contact Centers to shift operations and resources, if necessary, to support a timely continuation of operations. The remote workforce, encompassing all disciplines, supports operations.

We use a blended recovery strategy for the protection and operational continuity of critical business applications and supporting infrastructure for an event that affects the Phoenix, AZ Data Center. This strategy incorporates operational risk reduction measures, a dedicated disaster recovery site, replicated disk data protection and an internal recovery site component.

## DATA EXCHANGE FACILITATES INFORMATION SHARING AND SIMPLIFIED INTERACTIONS (K.38)

DentaQuest will share all data with the Agency utilizing specified format required by the Agency, including but not limited to valid values that will be acceptable by each code field within the data exchange.

### MEMBER ENROLLMENT DATA EXCHANGE (K.39.A)

#### Receipt and Timely Loading of Member Eligibility Files

DentaQuest will accept Member eligibility files from the Agency based on the timeframe and frequency as determined by the Agency. Our eligibility and enrollment team will establish communication channels with the state to coordinate schedule changes due to holidays and other circumstances that affect the standard schedule.

#### Experience and Capability with Loading Eligibility Files

DentaQuest currently receives 200 daily enrollment files using the HIPAA 834 version 5010 file format. **We process 10 billion enrollment records annually, or about 23,000 records per minute during operational hours.** All eligibility data is automatically loaded in near real-time of receipt into our Windward operating system, ensuring that the data can be processed at any time, even if it was transmitted during non-traditional business hours.

We strictly adhere to secure file transfer protocol (SFTP) and will connect with the State MMIS using VPN to transfer HIPAA-compliant files to an SFTP site. We also have dedicated connections to facilitate the secure transfer of files.

All enrollment data is screened for completeness, logic and consistency, and our system maintains audit trails that enable us to comply with audits for validity and completeness at any time. Our audit trails are supported by listings, transaction reports, update reports, transaction logs, and error logs, and we can facilitate auditing of individual records and batch audits.

DentaQuest's enrollment data processes are documented and maintained in our policies and procedures, and regularly updated to ensure the accuracy and completeness of the data we submit to the Agency.

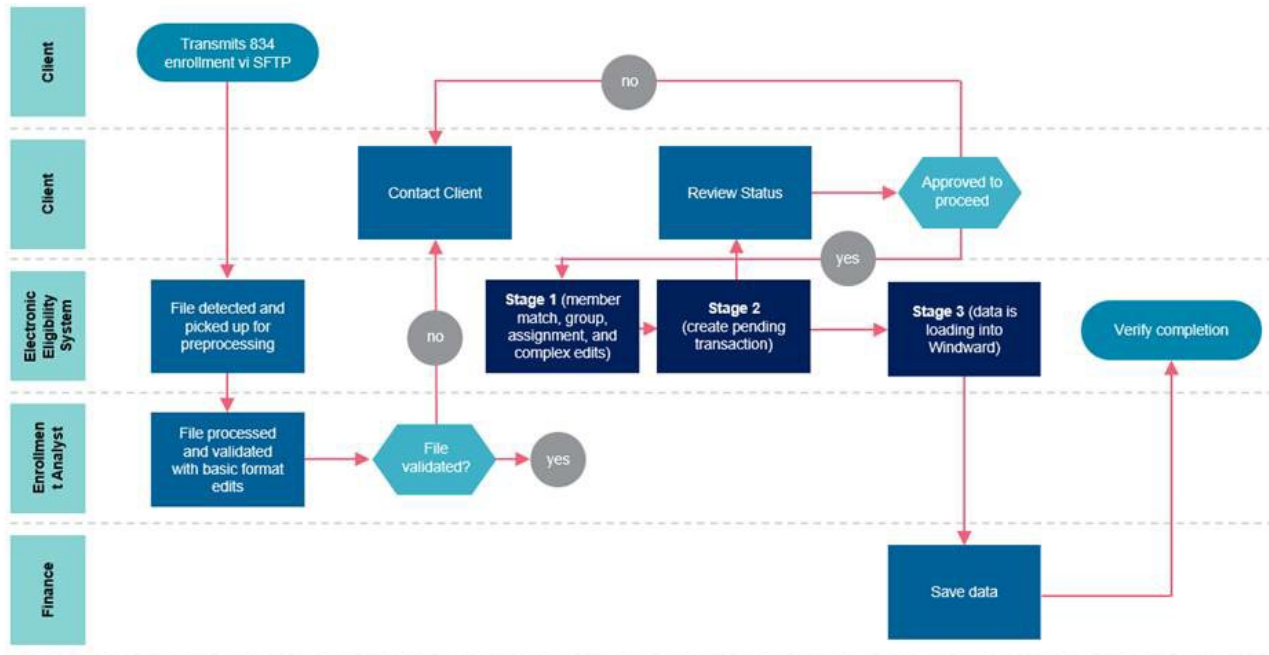
#### Enrollment Stages and Data Processing

Upon receipt of an eligibility file, it undergoes the following three-stage process described below, and highlighted in Figure 9-K.

- **Stage 1.** During this stage, the file undergoes data validation, Member validation and matching, and subgroup assignment.
- **Stage 2.** This stage compares each Member record against current data in our system to identify additions, terminations, and other updates. Our enrollment analysts investigate and resolve any fatal or informational errors. We will have a dedicated analyst assigned to Iowa who will work with our local team to resolve and correct any file discrepancies.

- Stage 3.** This stage applies the Member's updates in Windward. DentaQuest staff can see these updates immediately. We update the secure Provider Portal every evening, so changes are available on the next calendar day.

Figure 9-K: Workflow to Accept and Load Eligibility Data into Windward



DentaQuest utilizes Member enrollment data to perform all applicable business needs including by not limited to eligibility verification, claims processing, utilization management, and all other functionality that relies on Member eligibility for processing. No modifications to the Members record are made without explicit written approval from the Agency.

### RECONCILIATION PROCESS (K.39.B)

DentaQuest’s Windward system validates records in every step of the process, and our enrollment analysts who specialize in Medicaid plans. Our knowledgeable team have an average of eight years of experience processing, validating and reconciling eligibility files. Enrollment analysts work the error reports upon completion of the file and updates are available in the system immediately upon completion of the file load.

Member records that do not pass the validation process are sent to an error report. DentaQuest researches these Members and resolves errors (including merging duplicate records) immediately upon completion of the file load. Any unresolved errors will be reported back to the fiscal intermediary. If an entire file is rejected, DentaQuest reaches out to identified Agency contact to resolve the issue. In emergency situations, our enrollment team can manually add/update/terminate Members in Windward in real-time upon receipt of all required Member information.

On occasion, Medicaid agencies may retroactively add Members. When this occurs, Windward automatically updates the enrollment information after receiving the 834 file. Any claims falling within the retroactive eligibility period can be reprocessed and paid. Member records that do not pass the validation process are sent to an error report. DentaQuest researches these Members and resolves errors (including merging duplicate records) immediately upon completion of the file load. Any unresolved errors will be reported back to the fiscal intermediary. If an entire file is

rejected, DentaQuest reaches out to identified Agency contact to resolve the issue. In emergency situations, our enrollment team can manually add/update/terminate Members in Windward in real-time upon receipt of all required Member information.

If the Agency retroactively adds Members, Windward will automatically update the eligibility information after receiving the updated eligibility file. Any claims falling within the retroactive eligibility period can be reprocessed and paid.

## PROVIDER NETWORK DATA SHARING AND PROCESSES TO SUPPORT NETWORK MANAGEMENT (K.40)

DentaQuest uses Cactus Provider Management for automated credentialing, privileging, and Provider enrollment functions. Cactus stores all Providers credentials and tracks the credentialing cycle dates. Our credentialing and recredentialing process adheres to National Committee for Quality Assurance (NCQA) standards of credentialing as they apply to dentistry and align with the Agency requirements. We have maintained NCQA certification in credentialing and recredentialing since 2014, received NCQA Utilization Management certification in 2023. Our credentialing process also meets URAC, Centers for Medicare and Medicaid Services, state, and federal requirements. Providers are required to be re-credentialed every three years.

### Sharing Provider Network Data with the Agency

DentaQuest typically exchanges Provider data in a CSV or tab-delimited text but can accommodate other file types depending on the Agency's needs. These outbound files are produced on a cadence specified by each of our clients. Because it is an automated extract, we can accommodate daily, weekly, or monthly file exchanges.

### Keeping Provider Data Up to Date

Our Network Validation process is designed to comply with 42 Code of Federal Regulations §438.10 and other federal requirements governing Medicaid and Medicare. The policy ensures compliance with CMS requirements with respect to the base directory data for provider directories. The process includes:

- **Quarterly Outreach.** On a quarterly basis, DentaQuest mails a written request to each access location to request updated information regarding any changes in information regarding the location and the providers practicing at the location. The request includes notice to the provider that they are contractually obligated to keep their information up to date. The request includes location and provider information such as whether the provider is accepting new patients, speaks different languages or has completed cultural competency training.
- **Annual Outreach.** On an annual basis, DentaQuest mails a written request to each access location to request updated information regarding a larger number of data points including accessibility information (wheelchair access, bathrooms, equipment, etc.), provider training and experience (physical disability, chronic illness, HIV/AIDS, etc.)

Locations that report changes must submit an attestation. Upon receipt of reported changes with attestation, DentaQuest's Provider enrollment team enters updates into our system as expeditiously as possible. Quarterly updates are reflected in the provider directory within 30 days of receipt and standard updates occur within five business days from the date of the request.

**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.

**CLAIMS PROCESSING (K.41)**

**Windward – DentaQuest’s Adjudication System**

DentaQuest’s claim management process is focused on exceeding expectations for timeliness and accuracy, as well as meeting all contractually required claim processing policy and procedures unique to each state. DentaQuest will leverage its existing proprietary HIPAA compliant **Windward system** to effectively perform claims function for the state of Iowa.

Windward was developed in-house in 2010 on a .NET/SQL platform. It is continuously enhanced to ensure administrative and financial adjudication accuracy, fast turnaround for clean claims, cost avoidance and third-party recovery with edits to prevent potential fraud, waste, and abuse (FWA).

DentaQuest maintains separate configurations in Windward for each of its State and MCO clients. This affords us the ability to add new business rules quickly and nimbly or adapt existing rules for changes in laws, policies, or regulations.

Distinct modules support each administrative aspect with web-based interfaces, making it easy to deploy to individual users without installing local software. Windward deploys claim rules based on standard DentaQuest requirements to maintain clinical and financial program integrity and enforce program requirements for procedure coverage, frequency, allowance, and clinical requirements.

DentaQuest confirms its policies and procedures for claims processing and adjudication comply with SOW Section K.41.

**CLAIMS PROCESSING CAPABILITIES GENERATE ACCURATE AND TIMELY CLAIMS PAYMENT (K.41.A)**

Meeting or exceeding claims payment timeliness standards is crucial to Provider satisfaction and ongoing participation in our network along with supporting all Members to our program. Our long history of meeting accuracy and timeliness metrics is due to our strong suite of technology offerings, fast and efficient claim adjudication automation, extensive claims processing expertise, appropriate allocation of staffing resources to meet program needs, and hourly monitoring of incoming claim volume and pending claim queues.

The ability to ensure timely and accurate payments begins during the implementation phase, where we define and document the Agencies expectations for these measures. In the case of the Agency’s SOW requirements:

**DENTAQUEST  
DISTINCTION**

**THE POWER OF OUR  
PEOPLE, PROCESSES AND  
TECHNOLOGY**

- In 2022, we processed 24 million Medicaid dental claims
- Almost 93% of these claims were paid within 7 days
- Nearly 80% of claims were auto adjudicated, requiring zero manual intervention
- Financial and processing accuracy rates in excess of 99.6%
- Windward can auto-adjudicate a claim in less than one second
- Windward supports more than 1,000 unique benefit plans for our Medicaid state agency and MCO clients



- 90% of clean claims must be paid within 30 calendar days of receipt
- 99% of clean claims must be paid within 90 calendar days of receipt

When States do not provide specific financial and processing accurate rate requirements, DentaQuest leverages its internal standard of 98% or higher for both.

These assumptions will be validated during the implementation process with the Agency and documented in our Master Client Requirements Document (MCRD), where we will maintain record of all specific system configuration requirements. Each State has its own MCRD, and it is updated throughout the life of the contract when new changes or program requirements are requested. Additionally, DentaQuest will conduct testing of its Windward system during implementation to confirm all specific claim requirements for the Agency are working properly. Windward processes claims in real time, placing every claim into an appropriate queue for processing based on the Agency’s specific requirements, such as timely processing.

## Claims Processing Approach

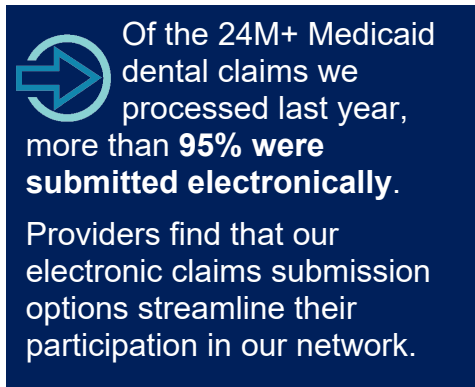
### **Step 1: Procedure for Receipt of Electronic and Paper Claims**

In-network Providers will have 180 days from the date of service to submit their claims. In accordance with SOW K.41.a, Out-of-Network Providers will have 12 months from the date of service.

Providers may submit claims using both electronic and non-electronic (paper) options. Our processes are designed for consistency and to promote administrative ease for our Providers. DentaQuest performs proactive outreach to Providers who submit on paper to encourage and educate them on the electronic claims options to help streamline their participation.

Providers may submit claims electronically using a standard internet connection and via our HIPAA-compliant secure, no-cost Provider Portal, the Provider’s practice management software through an EDI 837D file, or any major clearinghouse. Providers can submit claims via a batch process through a clearinghouse or as a Trading Partner with DentaQuest. We move claims entered through our secure Provider Portal four times daily into the staging area for processing. Windward validates claims submitted electronically through a clearinghouse or Trading Partner for completeness and accuracy of information.

DentaQuest accepts paper claims on the current version of the American Dental Association (ADA) claim form. Our centralized Intake and digital services department receives all paper and secure fax claims. Processors open the mail, prepare the claims, and scan them into separate batches. The scanning process assigns a digital control number, which becomes the claim number in Windward. Scanning creates an image of all documents received that becomes the item of record. These images undergo optical character recognition and are converted to readable text data to develop a HIPAA 837 EDI file. Because the optical character recognition process is over 99% accurate, almost all paper claims are processed without manual data entry. Any paper claims needing manual assistance before adjudication are queued and keyed from an image by trained DentaQuest queue specialists. The date of receipt will be the date stamp on the claim.



Of the 24M+ Medicaid dental claims we processed last year, more than **95% were submitted electronically**. Providers find that our electronic claims submission options streamline their participation in our network.

For both electronic and paper claim submissions, Providers may track the status of their claims online via our free Provider Portal, or they may call DentaQuest's Contact Center for resolution of claims questions.

### ***Step 2: Procedures for Adjudication of Electronic and Paper Claims***

Claims received are entered into Windward within 24 hours or less from date of receipt, and Windward attempts auto-adjudication immediately upon the claim entering the system. Any fluctuations in our auto-adjudication rates are investigated to ensure there are no systemic issues that need to be resolved.

Nearly all processing within Windward occurs automatically with most claims reaching a final adjudication status without requiring manual intervention. **Last year, DentaQuest auto-adjudicated approximately 80% of the 24 million Medicaid/CHIP claims we processed.**

This allows us to process claims more quickly and with greater accuracy through the consistent application of business rules. Each claim is subject to initial general processing edit phases, including: 1) Claim information steps; 2) Treatment procedure and benefit rules; 3) Procedure-based rules 4) Pricing and benefit accumulation; and 5) Adjudication and payment disposition.

Claims that pass these steps undergo another batch process the same evening to validate eligibility, age limits correspond to services provided, coverage period, service dates, benefits to be paid, and dental procedure rules and then adjudicate in Windward. Claims failing real-time validations automatically deny or suspend and require manual resolution by a claim processor if suspended. Windward will conduct a second attempt to auto adjudicate following the resolution of suspension edits.

### ***Step 2a: Manual Processing Workflow***

Claims that do not automatically adjudicate are handled via an in-process claims workflow process. The types of claims that require manual processing include orthodontia, retrospective clinical review, coordination of benefits, and third-party responsibility cost avoidance. Windward systematically routes these claims into queues and they are worked on a first-in, first-out basis. This process allows a claims processor to manually review a claim to determine the reason(s) it may have failed to adjudicate automatically and processes the claim accordingly for covered benefits.

When claims are pended for retrospective clinical review, Windward routes these claims into a queue accessible to our clinical review specialists and dental consultants to conduct review. DentaQuest's UM team has dedicated workflow coordinators who are responsible for assigning specific clinical review specialist and dental consultants to these queues, and for ensuring they are addressed within contractual timeframes.

Additionally, if a submitted claim form is missing information required for payment, the claim will deny for missing information, and Providers will be notified of the denial via a remittance statement.

### ***Step 3: Systematic Verification of Key Claim Information***

Windward automatically validates various elements of the claim. These include but are not limited to: Member and Provider eligibility; service authorization requirements; third-party liability; and duplicate claims or services. To ensure we do not pay duplicate claims, Windward examines the current claim against history using the Member identifier, group number, and Provider location identifiers. It compares services on the current claim against history, and total number of services on the claim; service dates; procedure lines and codes; tooth, quad, arch, and surface; and any comments. If it finds an exact match, it rejects with a duplicate error code and applies workflow routing rules for review or denial. If the header lines match but are not

exact, it rejects the claim with a potential duplicate error code and applies workflow routing rules for review.

In addition to validating elements of the claim described above, Windward applies hundreds of claims edits and procedural rules, inclusive of:

- **Fraud prevention edits:** Dental-specific edits in Windward provide an important barrier against fraud and abuse. Each claim and authorization is subjected to more than 400 edits to detect the possibility of Provider fraud.
- **Procedure rules:** Each claim goes through 4,200 procedure code-based rules that provide definition for thousands of code review variations applicable to each rule scenario. The rules are designed to mirror the approach defined by CMS National Correct Coding Initiatives as well as standard clinical dental practice.
- **Claims rules:** The system business rules are highly flexible and user configurable.

#### ***Step 4: Process Weekly Payments***

DentaQuest typically conducts one payment cycle per week for each program it manages. However, we have the capacity to run payment cycles more frequently to meet timely payment requirements. DentaQuest will ensure minimally one Provider payment cycle each week on the day determined and approved by the Agency.

DentaQuest issues payment via paper check and electronic funds transfer, depending on Provider election. We post our remittance advices as a PDF to our Provider Portal on the day of payment. For Providers electing to receive hard copy checks, we include the remittance advice with the check. We capture the date of the payment and the payment number for reporting, for both check and electronic funds transfer. Remittance advice information provided to Providers with payment are maintained within the system along with all claims documentation and history.

In accordance with the SOW, DentaQuest will provide to the Agency, a daily file of pre-adjudicated claims received the previous business day.

#### **Processes to Ensure Timely and Accurate Claims Processing**

Our process for successfully monitoring timely claims payment standards is a daily priority for the claims management team. We have designated team leads and supervisors who generate, monitor, and act upon reports that identify claims approaching timely payment limits. The two primary reports we use to monitor timely payment standards are our claims aging report and our queue inventory report.

These reports include both high-level and claim-level views and allow our claims management leadership to prioritize specific queues in Windward that contain those claims approaching timely payment limits. Team leads and supervisors continue to monitor these queues throughout the day in real time to ensure all priority claims are processed. Additionally, any expected fluctuations in our queue inventory would trigger an investigation and resolution.

#### ***Workforce Management and Training***

We maintain sufficient staffing and appropriate resources to achieve contractual compliance for claims processing. We forecast staffing needs to support claims volume based on average membership counts. We assume an average amount of claims per Member per year to identify the overall expected volume. We then use average claim processing rates (claims processed per hour) to determine the number of full-time equivalents required to support the claims volume.

We employ a comprehensive training program that includes new hire training and onboarding monitoring through which we audit 100% of the new Claims Processors' work for accuracy. Once a Claims Processor begins to work independently, a Lead Claims Processor will review 10–15 of their claims per day. Claims Processors work on basic claims for four to six months before being trained to handle more complex submissions.

**Calculating our Timely Processing Metrics**

Depending on State expectations, we generate reports weekly or monthly to assess our performance against each State's expected service level agreements.

- Our **claims turnaround report** summarizes the percent of claims processed within 30 calendar days and 90 calendar days. It calculates the days to pay from the clean receipt date and factors it as a percentage of all claims received for the given period.
- Our **processing accuracy rate report** summarizes the total number of service lines processed for the month and the total number of service lines adjusted due to DentaQuest error.
- Our **financial accuracy rate report** summarizes the total dollars paid and the total dollars that were adjusted due to DentaQuest's error.

**Reporting on our Results**

DentaQuest shares claims performance across our organization with several interested stakeholders, as well as with each State or MCO. Figure 10-K provides an overview of these reports.

Figure 10-K: Claims Performance Reports

Report	Purpose	Audience	Frequency
Claims accuracy report	Reports on the accuracy of both processing and financial accuracy	Operational leadership	Monthly
Claims turnaround report	Reports on claims processed within 30 and 90 calendar days	Operations leadership	Monthly
Clean claims report	Will report on Iowa claims processed in accordance with reporting needs defined in the implementation	Agency	Monthly

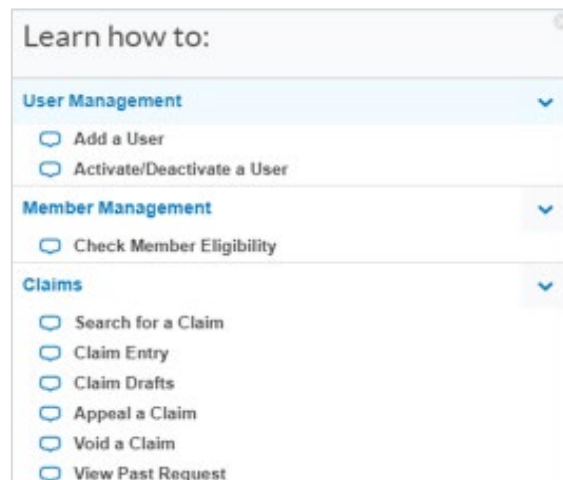
**CLAIMS DISPUTE PROCESSES ENSURE TIMELY RESOLUTION (K.41.B.)**

**Proactive Training to Prevent Claim Disputes**

DentaQuest designs dynamic, interactive, and customized Provider training programs to ensure alignment to state requirements and expectations for each of the state Medicaid/CHIP programs it manages.

Our training program for Providers will be inclusive of claims status review and the claims dispute process. Providers will learn about DentaQuest's overall claims flow process and receive hands on training on how to use our Provider Portal to submit claims, verify their status, conduct voids, submit requests for reconsideration, or dispute the claim outcome.

Figure 11-K: Online tutorials for the Provider Portal



Each training we provide – from new Provider training to ad hoc and annual trainings – includes a comprehensive review of the Provider Portal and all of its functions to promote this self-service option. Our Provider Portal also includes self-paced learning modules for those Providers looking for an even deeper dive into the available functionalities (Figure 11-K).

Additionally, Providers receive training on the importance of, and how to access the Provider Manual. The manual outlines the process for submitting claims, validating status, and a detailed section on the process for claims disputes. The Provider Manual, like the Provider Portal, is featured in the various training opportunities we offer.

### Addressing Provider Disputes

We understand that at times, Providers may not agree with DentaQuest’s claims decisions and they will have a right to dispute those decisions. As a first step, DentaQuest will ensure that Providers understand the various avenues we offer to discuss their initial concerns or questions. This includes reaching out to their assigned Provider Relations Representative, or by calling our Contact Center to speak with a claims specialist.

In the event the Provider is not satisfied with our explanation, they may file a dispute within 60 days from the date of the EOB/claim denial notice. Per SOW Section E.6.04, Providers will be made aware that they do not have a right to request a state fair hearing to address a payment dispute after the service has been rendered. Our process to receive, log, investigate, and resolve Provider disputes is outlined in Figure 12-K.

Figure 12-K: Provider Dispute Process

Step	Process
<b>1. Intake</b>	<p>DentaQuest will accept dispute requests orally or in writing. Upon receipt of the dispute, the case will be assigned to a grievances and appeals (G&amp;A) specialist who logs the case in our Windward system. The following data points are captured initially and/or throughout the process:</p> <ul style="list-style-type: none"> <li>• Date/time received</li> <li>• Source type</li> <li>• Product</li> <li>• User ID</li> <li>• Provider or office name</li> <li>• Office address</li> <li>• Provider NPI</li> <li>• Name, DOB, and ID of Member</li> <li>• Description of issue</li> <li>• Dates and nature of actions taken</li> <li>• Final resolution</li> </ul>
<b>2. Acknowledge</b>	<p>The G&amp;A specialist will send an acknowledgement letter to the Provider within five business days of receipt of the claim dispute. The letter will indicate we received the request, detail the timeline by which the Provider will receive a resolution, specify that the Provider can submit documentation to support their dispute, and provide contact information for the assigned G&amp;A specialist. A copy of this letter is contained in the case file.</p>
<b>3. Investigate</b>	<p>The G&amp;A specialist will investigate the claims dispute using information from the initial claim or prior authorization if applicable; all comments, documents, records, and any other information submitted by the Provider. We document all steps during the investigative phase. Documentation includes conversations with the Provider/office, and dates and times of conversations.</p> <p>Any clinical information related to the dispute will be reviewed by a dental consultant. The investigation concludes with a determination and documentation in Windward of whether the initial decision should be upheld or reversed.</p>
<b>4. Notification of Resolution</b>	<p>Once a resolution is determined, we will send a written determination to the Provider. The communication will contain a detailed reason for the decision, the clinical basis (as applicable). Resolution will occur within 30 calendar days from receipt of the dispute.</p>



<b>5. Effectuate</b>	If we determine that an initial decision was made in error, we will reprocess the claim, or take other action as required by the decision. We work to remedy the root cause of the error, to avoid future impact on other Providers.
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## COMPLIANCE WITH STATE AND FEDERAL CLAIMS PROCESSING REGULATIONS (K.41.C.)

DentaQuest’s claims processes comply with State and Federal claims processing regulations. We comply with the requirements related to claims forms as set forth in Iowa Admin. Code r. 441-80.2. DentaQuest requires Providers to submit claims on the latest ADA Claim form and for each Provider to have a National Provider identifier (NPI) number consistent with 45 C.F.R. § 162.410 and 42 U.S.C. § 1396u-2(d)(4).

DentaQuest agrees that any custom claim forms or payment methodology we plan to use with our Providers will be approved by the Agency and will be in a format assuring the submission of encounter data as required by the Contract.

## OUT-OF-NETWORK CLAIMS (K.41.D.)

DentaQuest will not require the Out-of-Network Providers to have a specific DentaQuest number to submit claims seeking reimbursement for services rendered to Members.

We understand that the non-participating Provider may not be familiar with DentaQuest’s processes, and we will ensure that the Provider Relations Representative is there for each step of the way. They will assist that office with submitting their claim and ensure the office knows the required documentation, such as narrative, X-rays, etc. that needs to accompany the request.

**K.41 Claims Processing**

**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.**

## COORDINATION AMONG CONTRACTORS (K.41.E.)

We are committed to working collaboratively with the Agency’s other Contractors to ensure a positive Member and Provider experience to the extent we are able to maximize efficiencies.

DentaQuest has experience working in partnership with other DBA Contractors in states that have more than one DBA, including in Florida, Louisiana, and Texas. Examples of how we have worked with the Agencies and other DBAs in those states include:

- Exchanging data on claims, benefit maximums, etc. to avoid service duplication.
- Worked collaboratively to establish a process to ensure longitudinal care for Members with cleft and craniofacial needs.
- Shared FWA investigation information on Providers that participate across the networks understands the need to ensure
- Use of the same Credentialing Verification Organization (CVO). As a best practice, many state Medicaid Agencies require their DBAs to use the same CVO to streamline credentialing for Providers. DentaQuest has experience working with specific CVOs across many states and can accommodate such a request should the Agency require it for this Contract.
- Developing aligned clinical criteria, with one of the most notable examples in Texas. Figure 13-K provides a summary of this example, and its applicability to Iowa.

Figure 13-K

### COORDINATING AMONG CONTRACTORS: TEXAS ORTHODONTIA EXAMPLE

Prior to moving the Medicaid dental benefit into dental managed care, Texas's FFS program was paying out more in orthodontic procedures than all other 49 state Medicaid programs combined.

The Texas Department of Health and Human Services ask DentaQuest and the two other DBAs, MCNA and Delta Dental of Texas, to collaborate on developing a new orthodontic policy that would establish clear clinical criteria for these services.

Our Vice President of Clinical Management, James Thommes, DDS, who has more than 35 years of clinical experience and 24 years of experience at DentaQuest helping states develop cost effective dental benefit models, and Vice President of Clinical Operations Angie Knuth took the lead in developing the criteria and gaining consensus from the other two DBAs. The joint policy was approved by the State and implemented by all three DBAs on March 1, 2012.

**In just 10 months, the cost of orthodontic care dropped by 82% - saving Texas taxpayers millions of dollars, while ensuring Members could access medically necessary orthodontic care.**

As noted during the Iowa Bidder's conference, the orthodontia benefit will now be part of this Contract. Additionally, based on what we learned during the fifth Iowa Dental Medicaid Referral Stakeholder Workgroup; the Agency is planning to update its orthodontia criteria by SFY 2025. DentaQuest would welcome the opportunity to lend its clinical expertise as we did for Texas, and collaborate with the other Program Contractor(s) and the Agency to develop aligned criteria.

### MEMBER COST SHARING (K.41.F)

Windward system configuration ensures that all cost sharing is automated and clearly indicated on the Providers explanation of payment received where applicable.

DentaQuest will accept information from the Agency on the 834-file indicating an individual is exempt from cost sharing if the 834 includes a cost sharing indicator on the file, such as a "Y" for subject to cost sharing, and an "N" for exempt from cost sharing. Alternately, Windward is configured to recognize characteristics of cost share exempt Members, such as age or eligibility category, and use those characteristics to toggle on a cost share exempt indicator in Windward.

Once this indicator is set in Windward, it will be available to Providers via the Provider Portal when they check eligibility, our Contact Center staff, and to Members via the Member Portal. The information in Windward will be used by claims adjudication and pricing processes to ensure that the paid amount of a claim is not cut back by a cost sharing amount that would have otherwise been applied to the claim payment if the Member were not cost share exempt.

#### **K.41 Claims Processing**

**Explain how you ensure that claims are reimbursed accurately according to provider contracted rates as well as applicable State and federal policy.**

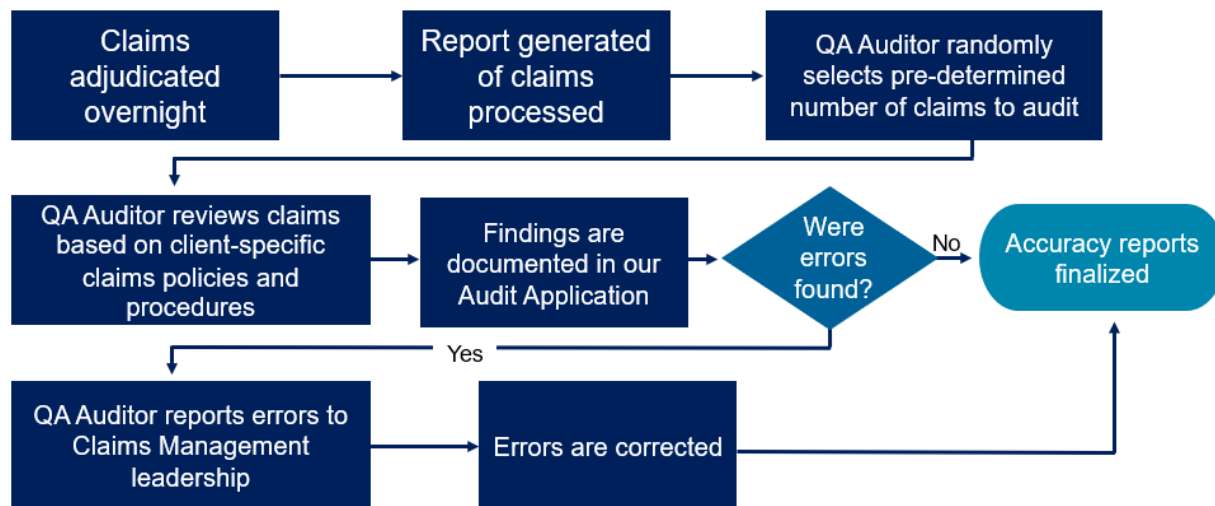
### CLAIMS AUDITS ENSURE CLAIMS ARE REIMBURSED ACCURATELY ACCORDING TO PROVIDER CONTRACTED RATES AND APPLICABLE STATE AND FEDERAL POLICY (K.41.G)

DentaQuest understands the Agency may conduct random sample audits of our claims, and we will comply with any such data requests. In addition, DentaQuest employs its own claims auditing process to validate that claims are reimbursed accurately according to the Provider contracted rates and in aligning with applicable State and Federal policy. Our auditing process

also ensures our team is meeting service levels and operational performance standards established by the Agency and/or in alignment with applicable State and Federal regulations.

To ensure the highest of levels of integrity of our business operations, DentaQuest employs a separate and distinct quality assurance audit team from our claims operations to regularly audit our claims. The claims auditing process is highlighted in Figure 14-K.

Figure 14-K: Claims Auditing Process



Our QA auditors review the following data elements:

- Header and detailed level elements to ensure claim payments are accurate based on applicable fee schedules
- Claim edits and rules, benefit plans, claim history and COB calculations
- Member data for eligibility for services
- Provider data to ensure eligibility for payment
- Claim documentation to ensure proper documentation with substantive systematic or hand typed notes, when applicable, to explain processing

QA auditors review all “touches” of the claim and verify for accuracy and all service lines to ensure that the amount paid is in accordance with the payment fee schedules loaded for a specific dental program and Provider.

DentaQuest’s QA team utilizes our Claims Audit Application to systematically select, track, document, and report on audits.

### Methodology for Auditing Claims

Auto-adjudicated, manually processed, and new and adjusted claims are subject to audit. The QA auditor selects a statistically relevant sample of claims through random sampling techniques. Claims are audited post-adjudication but prior to payment. Errors found during the audit process are corrected prior to payment.

DentaQuest’s claims auditing process allows for customized methodology to audit using unique program attributes or specific State requirements. For example, if we were serving a program that had copays and coinsurance, we could easily filter those claims and then randomly select our sample. Another State may wish to have every high dollar claim (higher than \$750) audited.

This can be accommodated as well. Figure 15-K outlines the various fields we can sort by for specific auditing needs.

Figure 15-K Available fields for claims auditing		
• Claim number	• CDT code billed	• Number of lines
• Tooth #, surface	• Service status	• Processing policy
• Reject code	• Claim comments	• Submission type
• Coinsurance	• Copay	• Annual maximums
• Member DOB	• Date billed	• Date of service
• Clean claim receipt date	• Paid date	• Billed amount
• Fee schedule code	• Allowed amount	• Paid amount
• Patient responsibility	• Deductible	• COB amount

### Process for Implementing Corrective Actions Resulting from an Audit

When QA auditors identify errors, they document the details in our Claims Auditing Application. The auditor notifies the claims management team of errors that same day by sharing our Claims Error Report. Claims management is responsible for correcting and reporting each incident back to the quality assurance department.

The claims management team assesses the cause of each error and develops a corrective action, which will be dependent based on the cause of the error(s). Corrections may include actions such as modifying Windward configuration or programming logic, data correction and reprocessing of a claim, modifying Provider materials, and working with Provider Relations to educate Providers about billing mistakes.

Our QA leadership team meets regularly with the claims management team to share tracking and trending reports. The standing agenda includes top error trends, tracking and trending, root cause analysis and corrective action, and action items and questions. Error trends are delineated between system errors and individual claims processors errors.

The claims management team determines the appropriate course of corrective action based on several factors, such as length of experience, severity of error, variance from acceptable performance, and length of underperformance. The claims management team works closely with their HR partner to ensure fair and equitable action is taken contingent on an individual's circumstances. Regardless of the severity of action taken, underperforming claims processors are subject to weekly meetings with their supervisor to review their performance. Continued underperformance will result in escalated levels of corrective action up to and including termination.

**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.**

### ENCOUNTER CLAIM SUBMISSION (K.42)

DentaQuest is the only DBA in the country to reconcile encounter data directly with 11 state MMISs. We prepare encounter data that complies with 10 other state MMIS on behalf of our MCO clients, and we have 147 encounter data exchanges in production today. We have been providing and reconciling encounter data for our clients for the past 30 years. This experience will ensure we build encounter data files that comport with the dental file layout determined by the Agency.

Our extensive encounter data experience will allow us to submit HIPAA compliant X12 837D encounter files with our paid amounts provided to the Agency, and the data will include all

covered, not covered, and denied services with servicing Provider data. Our encounter data will be certified and submitted in accordance with 42 C.F.R. § 438.606, and the data will include fully adjudicated claims from the previous seven days as well as any corrections from previous encounter submissions.

Reconciling encounter data accurately is a complex process, and each state MMIS has unique needs. As part of the implementation process, DentaQuest will submit an encounter work plan that describes the generation, submission, and encounter response file process and outlines the actions we take to identify anomalies and evaluate and improve our encounter submissions. We will meet with the Agency and its fiscal agent to gather requirements, including but not limited to the following:

- Naming conventions of testing and production files
- Method of file transfer (e.g., FTP or other type of mechanism)
- Encounter file format requirements
- Submission and frequency schedule
- Delivery method and details

Prior to performing testing with the Agency, we will perform a series of internal test cycles to correct any configuration or software errors. We will work with the Agency to generate test files and perform testing according to the Agency's schedule and procedures. Rigorous testing before the contract start date enhances our encounter data submission process by making sure that it meets the Agency's file format specifications and other requirements, passes all reviews and accuracy standards, and is certified for production.

DentaQuest supports the following secure data transfer methods, and we will implement the method directed by the Agency:

- FTP – We offer a secure FTP site for data transmission. It is password protected, and each user has a unique ID and password, which we update every 90 days. We encrypt files using PGP, which is an industry standard.
- Encrypted e-mail – Secure e-mail interchange via Transport Layer Security
- Web services site – We can provide a secure website to transmit data. The Internet connection to our website is protected by 128-bit SSL encryption using a certificate. Users must complete a Security Request Form before we will assign a username and password.

DentaQuest will obtain Agency approval for the PPM that supports the encounter Claim reporting and submissions. We will follow the Agency-approved policies and procedures in addition to any standards defined for file structure and content definitions. DentaQuest will update the PPM based on any changes to these standards when received prior to the effective date where applicable when received within 90 days prior to the effective date of the change.

## DEFINITION OF USES OF ENCOUNTER CLAIMS (K.43)

DentaQuest understands the utmost importance of capturing and submitting complete encounter data. This will ensure that the Agency can use encounter data to calculate future capitation rates, with alternative data sources utilized as appropriate to meet actuarial and federal standards. We understand encounter claims data may also be a source used by the Agency to calculate certain liquidated damages assessed to DentaQuest.

To that end, as it does for all of its Medicaid clients, DentaQuest will submit encounter data for every service rendered to a Member for which we either paid or denied reimbursement, ensuring that the data provides reports of individual patient encounters with our network, and ensure these claims contain fee-for-service equivalent detail as to procedures, place of service, units of service, billed amount, reimbursed amounts, and Providers' identification numbers.



Here is a partial list of available fields that can be deployed:

- Member ID
- Medicaid ID
- Date of Service
- Claim Number
- Service Line Number
- Receipt Date
- Paid Date
- Procedure Code
- Tooth Code
- Tooth Surface
- Dental Quadrant
- Quantity
- Allowed Amount
- Charged Amount
- Coinsurance (if any)
- Other Carrier Amount
- Paid Amount
- Billed Amount
- Adjusted Amount
- Check Number
- Frequency Type Code
- Claim Status Code
- Prior Authorization Number
- Revenue Code
- Provider Medicaid ID
- Provider First Name
- Provider Last Name
- Provider License
- Billing Provider NPI
- Billing Provider Address
- Rendering Provider NPI
- Service Office Name
- Service Office Address

**K.42 Encounter Claim Submission – K.45 Encounter Claims Policies**

**b) Describe how you will work internally to identify encounter data abnormalities or quality issues prior and subsequent to submission to the State.**

## DENTAQUEST WORKS INTERNALLY TO IDENTIFY ENCOUNTER DATA ABNORMALITIES OR QUALITY ISSUES

DentaQuest has established processes to identify and correct encounter data abnormalities or quality issues prior to submitted the file to the State, as well as address abnormalities, quality issues, and errors after we submit the file.

### Process to Prepare, Quality Check, and Address Errors in Encounter Data Prior to Submission to the State

Our encounter data submission process commences with the extraction of data from Windward. All claims data is extracted and loaded in a staging table for validation. Pre-validation checks include comparisons of the Provider data to the master file for accuracy, checks for complete and accurate Member data, and checks against the paid dates and other data sources. Our automated, integrated encounter data system uses this data to populate all the fields of the encounter claim including Member Medicaid ID, Provider NPI, claim type, place of service, revenue code, amount billed, amount paid, and procedure codes.

#### **Quality Assurance and Validation Process**

Once the encounter file is created, the data is processed for HIPAA validation and other quality checks. DentaQuest uses Edifecs, an industry-leading tool set, for HIPAA/SNIP-level validation. We have the capability to perform up to Level 7 SNIP validation. After the staging process, we will transmit the encounter data to the Agency using its secure FTP site. Data submitted regarding a Provider interaction will include the appropriate NPI and service location code, and encounter data will be submitted for paid, denied, corrected, voided, and zero dollars paid claim types. Data for 100% of encounters will be submitted to the Agency within three business days of adjudication, and once submitted, our system will automatically send an email notification to the Agency staff that the file has been posted.

### **Validating and Monitoring Data Completeness Before Submission**

Before we transmit encounters to the Agency, DentaQuest's quality assurance team performs an encounter validation process that examines the encounter file to ensure it accurately represents the data contained within our system and meets quality standards, HIPAA defined standards, and known contract-specific edits. This is a completed automated pre-submission validation that allows our Client Data Management team to analyze any encounter errors, categorize the encounter file services by error type, and communicate those to the appropriate internal teams (claims, eligibility, network, and credentialing) to perform the necessary corrective actions. Once corrected, impacted services will be packaged into an encounter file and submitted to the Agency.

By reviewing the data prior to submission, DentaQuest can detect encounter errors and categorize the encounter file services by error type. We then coordinate with internal teams to take the most appropriate corrective action.

Our goal is to do all appropriate due diligence prior to submitting an encounter file so the accuracy level of data transmitted to the Agency will be consistently high. The encounter response files DentaQuest processes include, but are not limited to, 999, 997, 277, 277ca, 835, and proprietary formats.

### **Process to Correct Encounter Data Abnormalities or Quality Issues Subsequent to Submission to the State**

Upon receipt of encounter response files, DentaQuest's Client Data Management team will be able to see the specific services that were accepted, rejected, or otherwise flagged by the State and adjust our processes accordingly to ensure that our encounter file submission and subsequent processing is continuously improving and meeting the expectations of the State.

The Client Data Management team analyzes encounter errors, categorizes encounter file services by error type, communicates to the appropriate internal teams (claims, eligibility, network, and credentialing), and performs any necessary adjustments. Specifically, the Client Data Management team takes the following steps to address errors:

- Using automated tools, sort encounter data errors by rejection error type (claims, Member, or Provider)
- The Client Data Management team e-mails the list of encounter rejections associated with their assigned error types to Member Eligibility (Enrollment), Claims Operations, Provider Services, and Provider Operations. Representatives from these areas can also use Encounter 360, our centralized encounter dashboard, to access their errors. The reconciliation of encounter response files is a shared process and requires close coordination among these teams.
- The responsible team reviews each rejected encounter and determines what caused the rejection.
- The identified issue is resolved. Each team is responsible for correcting data within a set timeframe to ensure that DentaQuest meets any service level agreement. DentaQuest's Encounter 360 alerts the Client Data Management team the issue has been corrected.
- The Client Data Management team resubmits the previously rejected encounters so that any underlying corrections made to the data supporting the claim can be updated on the encounter to achieve an acceptance by the State.

Once corrected, impacted services are packaged into a single encounter file and submitted. Our Windward system automatically pulls resubmissions into the next scheduled run of the file. Each

individual claim is compared against response data, for claims that we have an accepted response. A Frequency Type 7 is used for an adjusted claim, and Type 8 for a voided claim. If there is not a record of an accepted response on a claim, it will be sent out as Frequency Type 1 and reflect the paid amount in adjudication. Resubmissions for claims with data corrections also follow the same logic.

## REPORTING FORMAT AND BATCH SUBMISSION SCHEDULE (K.44)

DentaQuest will submit its encounter data to the Agency in the electronic format that adheres to the data specialization set forth by the Agency and in any state or federally mandated electronic Claims submission standards. Based on our initial research of the IDWP and Hawki Dental programs, we understand that the Agency requires its DBAs to utilize the X12 837D encounter files, which is what most other Medicaid Agencies require of us. That said, DentaQuest can support multiple methods for the exchange of encounter data, including proprietary formats.

DentaQuest understands the Agency has the following requirements, which DentaQuest agrees to meet:

- All encounter data shall be submitted by the 20<sup>th</sup> of the following month (i.e., subsequent to the month for which data are reflected).
- All corrections to the monthly encounter data submission shall be finalized within 45 days from the date the initial error report for the month was sent to the Contractor or 59 days from the date the initial encounter data were due.
- The error rate for encounter data cannot exceed one percent. The source of the error can be identified by system edits and/or analysis of the encounter data.

DentaQuest understands the Agency will notify DentaQuest of changes made to calculate encounter data timeliness, accuracy, and quality 60 days prior to implementation.

Figure 16-K provides a sampling of DentaQuest’s ability to submit accurate and timely encounter data.

Figure 16-K: DentaQuest’s Track Record of Successfully Meeting Encounter Submission Requirements

Metric	Texas Medicaid	Georgia Medicaid
Encounter submission acceptance rate	100%	100%
Percent of encounter data submitted in accordance with contractual timeframes	100%	100%
Percent of accurate encounter data	99.93%	99.69%

**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.**

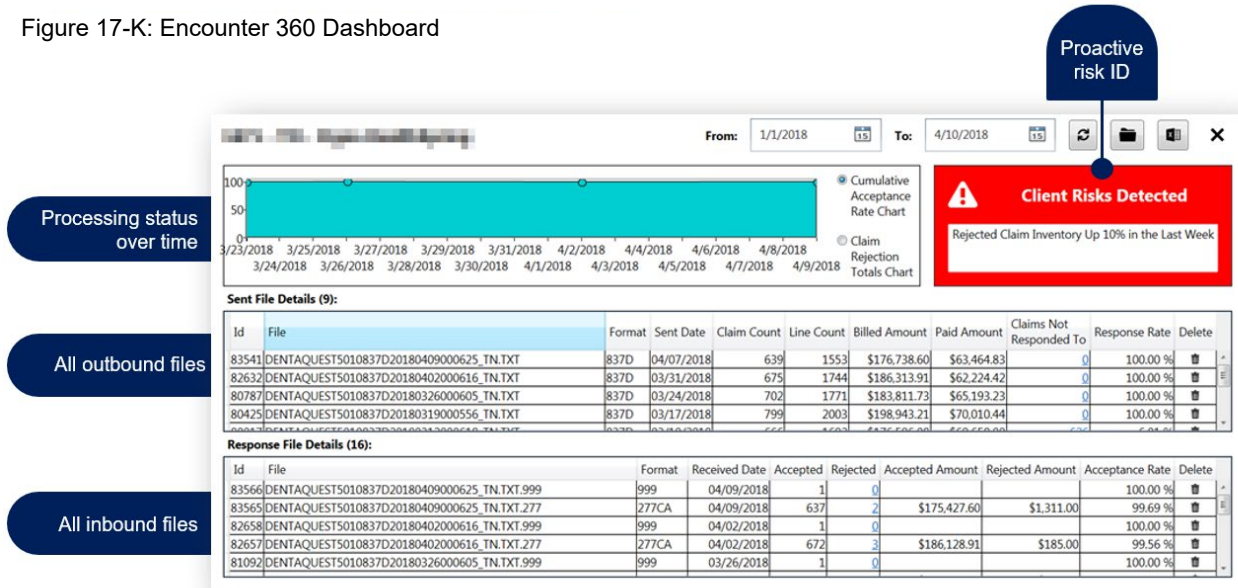
## DENTAQUEST ENSURES THAT ENCOUNTER DATA QUALITY AND TIMELINESS ISSUES ARE PROMPTLY ADDRESSED (K.45)

DentaQuest uses our custom-built Encounter 360 dashboard to track, trend, and monitor encounters, including acceptance rates. Like its name implies, Encounter 360 gives us a holistic view of the Agency’s encounter data at every stage of the process, and in real-time. Our Client

Data Management team can view the following information on a single screen by specific dental program:

- Historic and cumulative acceptance rates
- Sent outbound file details, including the ID, file name, format, sent date, claim count, line count, billed amount, and paid amount
- Inbound file details (response files), including ID, file name, format, received date, number of claims accepted, number of claims denied, accepted dollar amount, rejected dollar amount, and acceptance rate
- Special features monitor both warnings and fatal error reports and facilitate additional reporting to drill down and inform root cause analysis if an issue is identified. The dashboard will also alert the Client Data Management team when our acceptance rates fall below the Agency service level agreement, so the appropriate steps are taken within a timeframe that complies with service level agreement around encounter data corrections. Encounter 360 is also used to facilitate both rejected claims review and resubmissions. Figure 17-K provides a screenshot of the dashboard.

Figure 17-K: Encounter 360 Dashboard



### Agency Oversight Efforts to Ensure Accurate Encounter Data

DentaQuest understands that the Agency reserves the right to monitor encounter claims for accuracy against our internal criteria as well as State and Federal requirements and that the Agency will regularly monitor our accuracy by reviewing the DentaQuest’s compliance with its internal policies and procedures for accurate encounter Claims submissions and by random sample audits of claims.

Further, we understand the Agency will implement a quarterly Encounter Utilization Monitoring report and review process which will be implemented in the first quarter following the Contract effective date. DentaQuest agrees to submit timely and accurate reports in the format and timeframe designated by the Agency as well as investigate root cause of report inaccuracies and submit a revised report in the timeframe designated by the Agency. DentaQuest will fully comply with requirements of these audits and provide all requested documentation, including, but not limited to, applicable Medical Records and Prior Authorizations. DentaQuest

understands the Agency will require DentaQuest to submit a Corrective Action Plan and will require non-compliance remedies for our failure to comply with accuracy of these reporting requirements.

***Examples of DentaQuest's Hands-On Approach to Conduct Root Cause Analysis for Encounter Data Issues***

- **Example 1.** Florida transitioned their Medicaid dental benefit from a standalone dental managed care program into overall managed care program several years ago. As a result of the transition, many of the MCOs and their dental subcontractors (as applicable) experienced challenges with encounter data.

Across six of the seven MCOs DentaQuest administered dental benefits for at that time, DentaQuest's encounter acceptance rate was anywhere between 61-92%. Only one of our MCO clients had a 100% acceptance rate.

DentaQuest was placed on a Corrective Action Plan by Magellan Complete Care. DentaQuest, with approval from Magellan Complete Care, reached out to Hewlett-Packard (HP), the fiscal intermediary, to set up a meeting. A member of our Client Data Management team flew from Wisconsin to meet with HP and Magellan Complete Care, where we conducted a root cause analysis. We identified three primary issues:

- DentaQuest needed to complete registration with Florida Medicaid as a "99 – Billing Agent" to represent each MCO it served.
- NPI crosswalk-related denials
- DentaQuest was using Windward to match data, but we should have been using the Agency's Provider Master List file.

To correct these issues, we took the following steps:

- DentaQuest's Provider Relations team conducted an expansive Provider data "cleanup" effort by contacting every Provider that was linked to failing encounter data. Providers were asked to either provide DentaQuest with updated data or, in some cases, required to re-register with the state.
- DentaQuest's "99 – Billing Agent" account was made active and linked to the MCOs.

DentaQuest achieved an acceptance rate of 97% within four months of implementing these corrective actions. Magellan Complete Care continued the Corrective Action Plan for the remainder of the year to ensure that our service levels remained at 95% or higher, and we demonstrated sustained success.

- **Example 2.** Ohio recently launched a "One Front Door" initiative requires that all Medicaid Provider data (across all services – medical, dental, etc.) on submitted claims be reviewed by the fiscal intermediary for accuracy and alignment to the state's MMIS, *before* the claims can be processed and paid. This process increases the number of rejected claims. We had a 67% acceptance rate when the Ohio Department of Medicaid launched this process earlier this year.

To address this, DentaQuest validated and confirmed that its processes were in full compliance with Ohio Department of Medicaid requirements to reject claims prior to processing if the Provider's data does not match the state MMIS. We understand the critical importance of prompt payments and were prepared to proactively address Provider concerns over rejected claims. This preparation included:



- Initial and ongoing networkwide communications such as FAQs, and training on how to validate Provider data on the state's portal to ensure it is aligned to what appears on their claims
- Extensive training of our Provider Relations staff and Customer Service Reps to serve as subject matter experts for resolving data mismatch issues

Once "One Front Door" began, we started ongoing and frequent data mining to identify Providers with rejected claims, which allows us to conduct targeted, one-on-one training to those offices. This includes real-time support to offices as they update their information to resubmit their claims for acceptance and payment.

Our most recent weekly acceptance rates are greater than 95%.

## **Encounter Data Completeness**

DentaQuest has an existing system in place to monitor and report on the completeness of claims and encounter data received from Provider to ensure Providers submit corresponding Claim or encounter data with claim detail identical to that required for fee-for-service claims submissions. First, DentaQuest does not plan to pay its Iowa Providers under a capitated model. Therefore, there is already a strong underlying financial motivator to ensure Providers submit complete claims. DentaQuest balances the goals of ensuring Member access and Provider satisfaction with the Agency's need to receive accurate, timely, and complete encounter data. Unless a claim is rejected for another reason related to our claims payment rules, such as incorrect coding or other edits, we do not immediately deny claims as the result of a Provider's failure to submit accurate encounter data or missing key fields.

### ***Working with Providers to Ensure Data Completeness***

Our Provider onboarding and training process includes basic information about encounter data submissions, including step-by-step instructions for individual versus group Providers. Most of our Providers understand the importance of populating key fields accurately.

Because most Providers submit complete and accurate encounter data, we generally focus resources and training on the small fraction of Providers who consistently fail to submit encounters as required by the Agency. For these Providers, we provide additional support in the form of in-person or telephonic contact by our Provider Relations Representatives and letters or other written notices identifying concerns about missing key fields and how to comply with requirements.

When communicating with non-compliant Providers, we emphasize the Agency's need for timely, accurate, and complete encounter data to perform proper program oversight, ensure quality, and set actuarially sound capitation rates. We also routinely make the connection that accurate capitation rates ultimately affect Providers in the form of DentaQuest's reimbursement rates.

We work proactively with Provider to ensure compliance; however, if a Provider is not performing satisfactorily, we act swiftly to ensure that deficiencies are remedied. We increase our monitoring activities and implement a corrective action plan. Specifically, we notify the Provider of the corrective action with written communications and by scheduling a Performance Review Meeting. The Provider must attend the meeting and respond, within a pre-determined timeframe, with a "get well" action plan. We continue to meet frequently and monitor progress until all issues have been resolved satisfactorily.

We reserve the right to suspend - or with appropriate Provider notice, ultimately deny - payment for Providers who fail to provide updated encounter information after a reasonable period (for

example, 90 days from initial request) or consistently fail to populate key fields. This corrective action is very effective in encouraging Providers to submit updated and accurate encounter data. DentaQuest will send a letter to the Provider explaining in detail the importance of maintaining updated encounter information and the potential consequences of failure to do so.

With claims suspension, we also freeze the Provider's access to our Provider Portal. Precluding access to this system becomes a significant administrative burden to the Provider because Providers use the system to submit claims and prior authorizations, verify Member eligibility and history, and perform other important tasks.

Frequent recurrence, failure to improve performance in required timeframes, and significant breaches may result in contract termination. In the event we terminate a Provider, we follow a formal termination and transition process to ensure continuity of care for Members. This process includes, but is not limited to, advance notice to Members, identifying alternative Providers, and thorough analysis of potential short-term impact on our network.

### **Verifying Services**

DentaQuest leverages a verification of services process to ensure Providers are not submitting claims or encounter data for services that were not provided. DentaQuest will provide EOB notices monthly to a sampling of Members.

The EOB will describe, in easy-to-understand language, service(s) furnished, Provider name, date of service, and payment amount. We will track and resolve any complaints received from Members in response to an EOB and will report the verification of service findings including number of surveys completed; services requested for validation; services validated; analysis of interventions; and surveys referred for further review.

If a Member indicates they are unable to verify the service, we will refer the case to our SIU. An investigator will review the Provider's data and randomly select additional Members to request records from the Provider and conduct the necessary utilization review to determine any patterns of behavior. Upon detection of any potential Provider/entity fraud, waste and/or abuse, an audit expansion may be indicated.

### **Agency Oversight Efforts to Ensure Complete Encounter Data**

DentaQuest understands the Agency may require DentaQuest to demonstrate, through report or audit, that our monitoring system is in place and that we regularly monitoring the completeness of claims and encounter data to ensure we are meeting the Agency completeness requirements.

## **PRIOR AUTHORIZATION TRACKING REQUIREMENTS FOR APPROVALS AND DENIALS (K.46-47)**

### **Prior Authorization Tracking**

We track all prior authorization requests in our Windward system and all staff receive consistent training on documentation requirements for the system with established policies, procedures, and desk references to support that consistency. All prior auth requests, whether entered online by the Provider or our internal staff include the name and title of the submitter and the date and time of the submission. Each request receives a prior authorization number for tracking and reference purposes. Every action is time-stamped to determine the timeliness of the determination/ decision for the request. We will report to our internal quality committees and to the Agency, the number and percent of requests that are approved or denied.

Prior Authorization Denials

When DentaQuest renders an adverse benefit determination, we document pertinent information in our Windward system including the name and title of the caller or submitter, a timestamp of the date and time of call or submission, a clinical synopsis inclusive of history and timeframes of the enrolled Member’s illness or condition, diagnosis and treatment plan, and the clinical guidelines or other rationale supporting the denial. These key data elements are summarized in the notification to the Member and Provider in writing along with their appeal rights.

Figure 18-K contains views of Windward with key elements of the prior authorization highlighted to demonstrate how our system contains all relevant data tied to the unique prior authorization number.

Figure 18-K: Prior authorization views in Windward

The screenshot displays three tables from the Windward system. The first table is a list of claims with callout 1 pointing to the user ID 'E004 - Dr. Lisa Fortunato'. The second table shows claim details with callout 4 on the receipt date and callout 2 on the claim number. The third table shows member and provider information with callout 3 on the provider name 'ATKIN'. The fourth table shows a detailed denial reason with callout 6 on the date and callout 5 on the clinical code '2124'. Below the tables is a text box with the denial rationale.

No.	Claim Numbers	Date Submitted	User Id	Claim Status	Pend Queue	Audit Status	Claim Audit Detail	Select
1						Original Entry	<a href="#">View Claim Version</a>	<input type="checkbox"/>
2						Change	<a href="#">View Claim Version</a>	<input type="checkbox"/>
3						Change	<a href="#">View Claim Version</a>	<input type="checkbox"/>
4	202301351273800	06/16/2023 11:37:08	E004 - Dr. Lisa Fortunato	Denied		Change	<a href="#">View Claim Version</a>	<input type="checkbox"/>

Receipt Date	Clean Date	Entry Date	Claim Priority	Claim Number	Workflow Status	Claim Status	Sub Group Number	Sub Group Name
06/16/2023	06/16/2023	06/19/2023	Standard	202301351273800		Denied	6001442387	Plan Name – Medicaid adult

Claim Type	Member ID	Member Last Name	Member First Name	Member DOB	Treating Provider Last Name	Treating Provider NPI	Provider Billing NPI
Prior Auth	111111111	DOE	JANE	11/22/1989	ATKIN	1234567891	1987654321

Proc Pcy	Det Date	Final Dec Date	Ins Pymt Fee	Allow Calc Fee	Max Mbr Resp Fee	PMR ID	Network	Paid Under CAP	Alt Bank A/C	AOB PMR Payment Indicator	Service Area	Par Status Selector	AOB Determination Type		
3904	06/20/2023 16:40:04	06/20/2023 16:40:04				2124	PMR2388NP	P2388	N	N	O	P	I	I	X

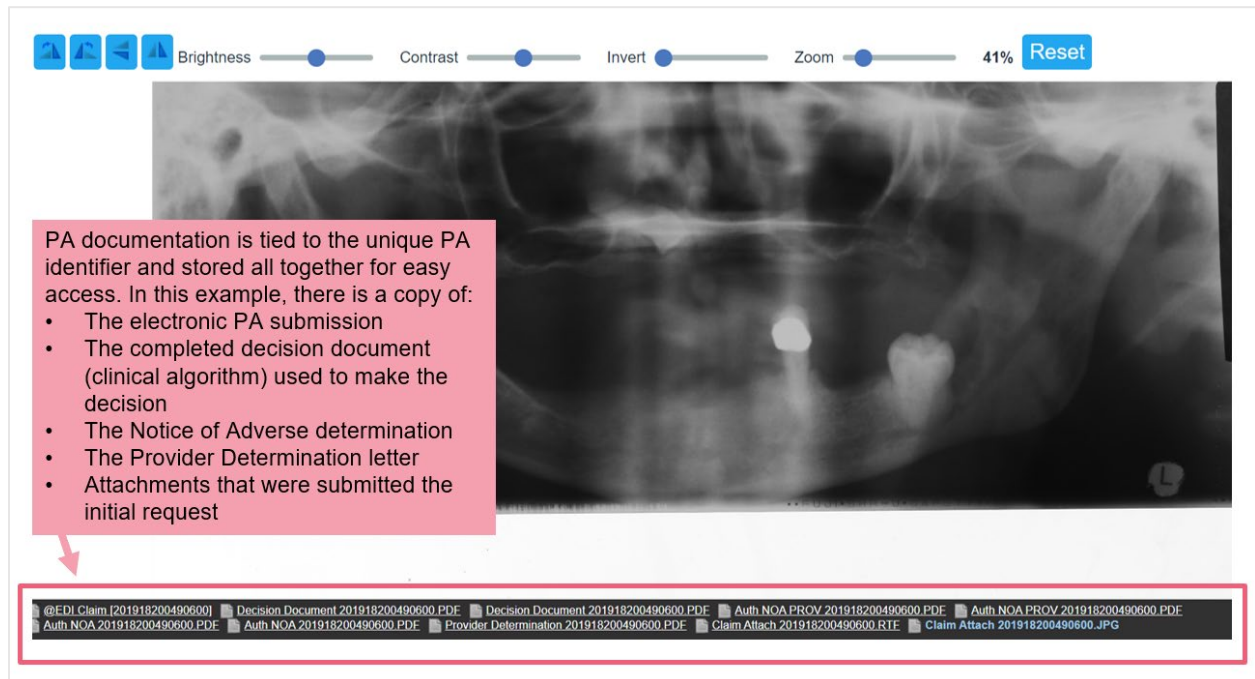
Per Dental Director review, service is denied. Bridges are covered to replace only 1 upper anterior tooth or only 2 adjacent lower anterior teeth. There cannot be any missing posterior teeth in the arch. Please refer to your ORM for covered benefits. (User)

Screenshot Key for 18-K above

- 1. Dental Consultant who completed the review
- 2. Unique prior authorization identifier number
- 3. Provider name
- 4. Date authorization was received
- 5. Clinical denial reason
- 6. Date authorization was determined

Figure 19-K provides a screenshot of how Windward houses all related documents with the prior authorization.

Figure 19-K: All relevant documents are stored in one area in Windward and is tied to the unique prior authorization number.



## APPLICATION PROGRAMMING INTERFACE (K.48)

In accordance with applicable regulatory guidance, DentaQuest is on target with implementation of the CURES Act capabilities. We are approaching the project in two consecutive phases.

### Phase I included the CURES Act - Patient Access application programming interface (API) and the Provider Directory API

API was launched on January 1, 2021. Using the CURES Act – Patient Access API and the Provider Directory API – patients will have access to information about their health care through a secure and timely exchange of health information. The Patient Access API allows patients, using third-party applications, to access their clinical and payment-related information including details of the encounter, adjudication results, and payment transaction outcomes because of coverage by an insurance plan. We are building the endpoints using Dell Boomi (integration) software to integrate the data from our core management system, Windward, for the Fast Healthcare Interoperability Resources (FHIRs) APIs.

### Phase II of our full implementation includes the CURES Act - Payer-to-Payer Data Exchange component

Phase II is on target to be completed by 2023. This Payer-to-Payer Data Exchange will allow, at the patient's request, the patient to take their information with them as they move from payer to payer over time to help create a cumulative health record with their current payer. Key aspects of the CURES Act and our approach to meet each requirement is outlined in Figure 20-K.

Figure 20-K

API 42 CFR 431.60 Requirements	DentaQuest Approach to Meet Requirement through its FHIR API
Data concerning adjudicated Claims, including Claims data for payment decisions that may be Appealed, were Appealed, or are in the process of Appeal, and provider remittances and beneficiary cost-sharing pertaining to such Claims, no later than one (1) business day after a Claim is processed	All claims data will be synced from our Windward system on a daily basis to ensure we achieve the timeliness requirement.
Encounter data, including encounter data from any Network Providers the Contractor is compensating on the basis of Capitation Payments and adjudicated Claims and encounter data from any subcontractors no later than one business day after receiving the data from Providers	Our FHIR API exposes the “explanation of benefits” endpoint, which is the FHIR standard.
Clinical data, including laboratory results, if the Contractor maintains any such data, no later than one business day after the data is received by the State	This would be contained with the claims data, which will be synced from our Windward system on a daily basis to ensure we achieve the timeliness requirement.
Implementation and maintenance of a publicly accessible standards-based API as described in 42 CFR 431.70, which must include all of the provider directory information specified in 42 CFR 438.10(h)(1) and (2)	DentaQuest will ensure the endpoints are available to the Agency to allow for querying based on requests to its own public endpoint.

## ENROLLED MEMBER EDUCATION AND OUTREACH (K.49)

DentaQuest’s HIPAA-compliant Windward system fully integrates all Member dental encounter data to create a unique, trackable, and reportable record for every Member. This record serves as our primary means of dental data collection for reporting. Additionally, our case management module resides within the Windward system, where we can store and generate reports on all associated documentation.

The Member record includes documentation such as health risk assessment results, PHI forms, email correspondence, plans of care, comprehensive oral health risk assessment results, and unable to contact letters.

DentaQuest maintains a comprehensive suite of macro and micro tools that permit us to routinely assess and report on our quality improvement. We generate innovative business intelligence at the macro level for the entire Member population, and at the micro level, we measure every direct-to-Member outreach campaign, such as outbound calls or postcards, to assess its effectiveness in improving dental performance measures once the campaign is complete. We can provide reports by race, ethnicity, or other relevant demographics as directed by the Agency, and our quality reports will include the reports listed in the reporting template. Figures 21-K and 22-K provides examples of the types of reports we produce based on the Member data contained in Windward.



Figure 21-K: Example of Member access rates by year

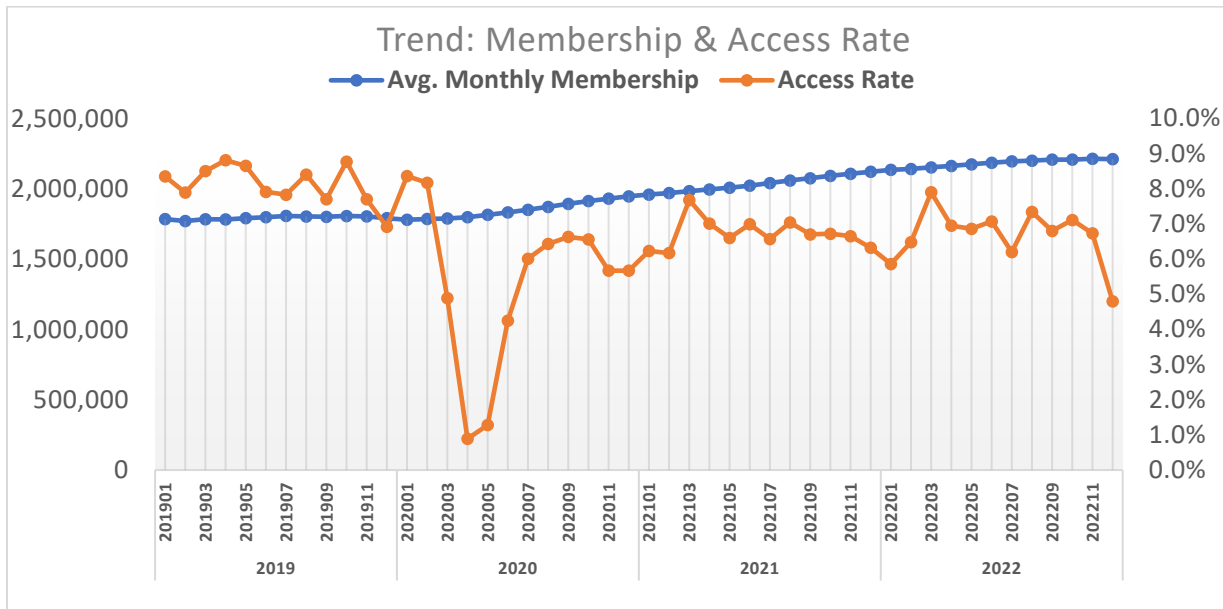
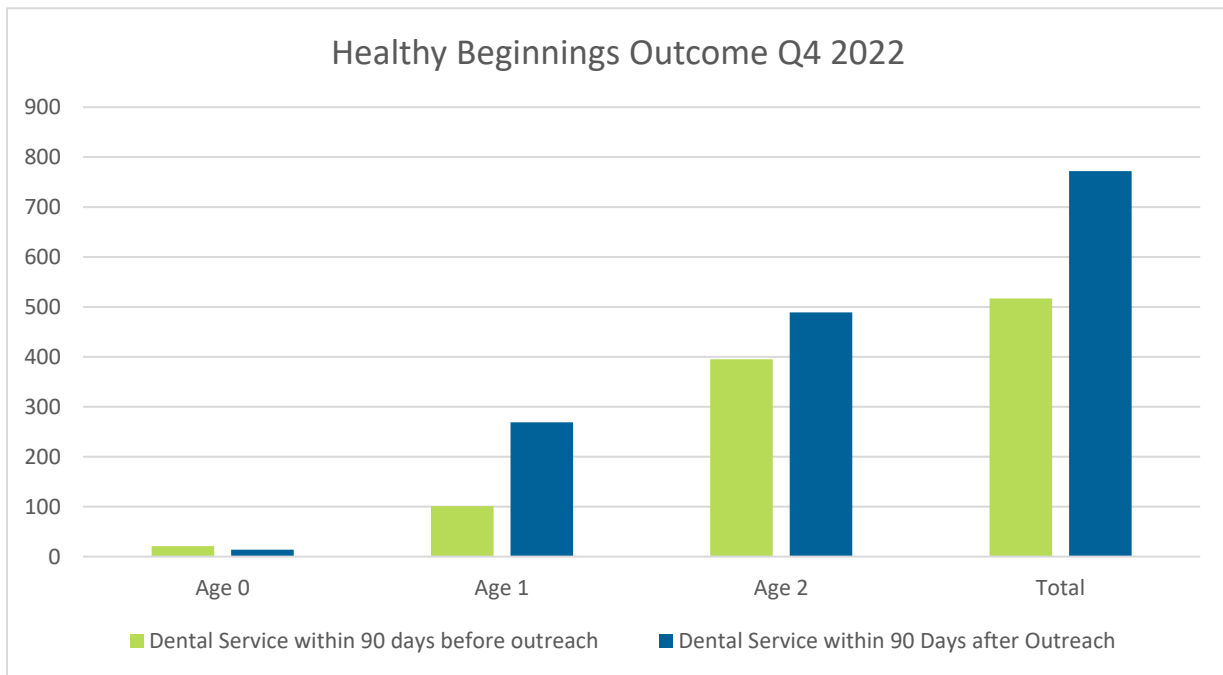


Figure 22-K: Example of outcome effectiveness report to assess if our Member interventions made an impact in utilization



Additionally, to ensure PCPs can deliver primary dental care following evidence-based dentistry guidelines, they will be able to access their Member assignments directly on our secure Provider Portal. The Provider Portal provides “intervention alerts” to identify Members who are due for a preventive service visit (Figure 23-K). We encourage PCPs to conduct proactive outreach using these alerts as a helpful tool.

Figure 23-K: Intervention alert on Provider Portal to easily identify Members behind on preventive services



## DENTAQUEST'S COMPLIANCE WITH SECTION K REQUIREMENTS

DentaQuest confirms that it will adhere to all requirements in Section K, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR citations noted in Section K.

# **SECTION M**

# **TERMINATION**

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

DentaQuest understands the importance of facilitating a smooth hand-off when a Contract expires or ends. **Our most important priority during a transition is to ensure that Members do not experience a disruption in care.** With that top priority in mind, DentaQuest will develop and submit a Transition Plan 180 days before Contract expiration that will emphasize the proactive steps we will take to minimize any disruption in services to Members and Providers. Our plan will provide a high-level overview of the system and operations, and our approach to transfer knowledge and ensure archival and retention of knowledge assets.

DentaQuest has extensive experience facilitating large system transitions and has learned that flexibility and effective communication are the most critical success factors. Our Transition Plan will be comprised of three major segments of effort: Transition, Runout, and Post Contract Operations. Our Transition and Runout Plan will focus on fulfilling all obligations to Members, Providers, the Agency, and the successor contractor while ensuring minimal disruption. Our collaborative and cooperative management approach with the Agency will provide the following Transition services during the transfer of the contractor's operations:

- Assembling a Transition Team that will be responsible for Transition project and quality management activities
- Approved detailed methodology that will be utilized to ensure the complete review, certification, and acceptance of the Transition
- A detailed Transition project plan
- A detailed description of the procedures and processes for Transition operations

## CONTRACTOR'S TERMINATION DUTIES (M.01)

Upon notification of termination of the Contract for any reason, including nonrenewal at the end of a Contract term, we will work closely with the Agency and any successor contractor on a seamless and smooth transition of services, responsibility, and relevant data. Should a reason for termination be activated, DentaQuest will follow and comply with an Agency-approved Transition Plan that will guide parties through the transition period.

Activities within the transition phase assist the Agency in the transfer of the contractor's operations to the Agency or successor at the end of Contract Operation Period or upon termination of the Contract and fulfillment of runout obligations. We have established methodology and procedures that will provide a smooth transition with no service delivery or stakeholder disruption.

## AUTHORITY TO WITHHOLD (M.02)

DentaQuest acknowledges that the Agency retains authority to withhold the final capitation and any other payments due until we have received the Agency's approval of our Transition Plan and completed the activities therein as well as any additional activities requested by the Agency. We understand the Agency has the sole discretion to determine when and whether we have satisfactorily completed the activities set forth in the Transition Plan.

## TRANSITION PERIOD OBLIGATIONS (M.03)

DentaQuest commits to working in good faith with the Agency and its employees, agents, and independent contractors during the Transition Period. Additionally, we will cooperate with and supply program information to the Agency or any successor Program Contractors who receive Agency assignments of enrolled Members.

We will submit our written Transition Plan for approval in a timeframe identified by Agency following a triggering event or Notice of Termination, and within 180 days before contract expiration date. We understand that changes to our plan may be required and we will be responsible for maintaining an updated plan during the course of the transition.

### Transition Activities Liaison

Our Iowa CEO will oversee the activities of our team, including the dedicated Transition Activities Liaison. They will be fully supported by the Project Management Office and every department within our organization. Upon notice of a Contract termination or expiration, our Iowa CEO will convene key decision makers to review our draft and finalize it into a formal project plan. We will work closely with the Agency to identify the specific action items, deliverables, and scope requirements for the Transition Plan. Figure 1-M provides a high-level view of our proposed process, which can be tailored to meet the Agency’s needs.

Figure M-1: Transition Plan Process Overview

Process Step	Description
1. Establish Project Management Office	Upon notice of Contract termination or expiration, we will establish communication protocols with the Agency, finalize our internal project team – including identifying the Transition Activities Liaison – and define a meeting schedule with external stakeholders as necessary. We will also request project progress and process monitoring reporting requirements from the Agency.
2. Formalize the Work Plan	<p>We will work with the Agency and their contractors to establish a timeline for key activities and milestones; clarify expectations for the content and format of the Transition Plan requirements; and identify any key interdependencies and processes for communicating project risks, questions, and progress. We will submit a detailed final Transition Plan to the Agency, which will include activities related to:</p> <ul style="list-style-type: none"> <li>• Utilization management</li> <li>• Member Services</li> <li>• Claims</li> <li>• MIS/IT</li> <li>• Communications</li> <li>• Network/Contracting</li> <li>• Provider Services</li> <li>• Quality &amp; reporting</li> <li>• Records retention</li> <li>• Post-Turnover</li> <li>• Grievances and Appeals</li> <li>• Contact Center</li> <li>• Finance</li> <li>• Compliance</li> <li>• Transfer of data/IP</li> </ul>
3. Operationalize Transition	We will transfer all required data and information, train Agency and the subsequent contractor’s staff in necessary components of our business process, coordinate closely with the Agency and subsequent contractors, and as necessary, communicate with Members and Providers regarding transition activities.
4. Post Transition Functions	After our last day of contract operations, DentaQuest will continue necessary administrative functions, such as keeping our Provider hotline number live for 30 days, provide technical assistance for claims run out, and transition any Grievances and Appeals as appropriate. DentaQuest will coordinate with the Agency which specific functions will remain available and their timeline to support a seamless transition. Within 30 calendar days of the transition, DentaQuest will provide the Agency with a report that documents the completion and results of the transition activities.



During the Transition Phase, DentaQuest will continue to manage the day-to-day operational activities required under the contract to continue administering the program.

### Key Transition Plan Tasks

DentaQuest has highlighted key tasks that will comprise our Transition Plan in Figure 2-M, which align to the requirements outlined in SOW Section M.03.

Figure 2-M: Draft Transition Plan

Task	Description
<b>Transition Planning &amp; Termination</b>	
<b>Transition Team</b>	Team will include DentaQuest resources, Agency stakeholders, and designee.
<b>Internal Termination Documents</b>	Transition Plan is submitted via email to the DentaQuest Operations/Business team for review. A work order is then submitted with the termination document to validate that the Plan is terminated from the DentaQuest system on the termination date.
<b>Internal Termination Communication</b>	A communication plan is created by Member Engagement and distributed to DentaQuest departments. The communication plan will include details of any Agency requirements.
<b>Quality Assurance</b>	A Project Manager is assigned, and all aspects of the Transition Plan are managed through the Project Management methodology by tracking required deliverables and milestones.
<b>Provider/Member Notifications</b>	
<b>Written Notification to Providers</b>	DentaQuest will notify all Providers at least 30 days prior to the termination. The letter will include information on the Contract termination or expiration and the process by which Members will continue to receive dental care. The letter will be submitted to the Agency for approval prior to distribution.
<b>Written Notification to Members</b>	Upon Agency request, DentaQuest will send notification to Members via a letter at least 30 days prior to the termination. Letters will be submitted to the Agency for approval prior to mailing.
<b>Continuity of Care for Members</b>	
<b>Authorization Requests</b>	Any authorization request received prior to the termination date will be processed according to DentaQuest's standards and turnaround times. Authorizations received after the termination date will be entered into the system and denied with a processing policy that states, "The group coverage Plan is terminated, and DentaQuest no longer administers benefits for this group dental Plan."
<b>Ongoing treatment and Prior Authorization Files</b>	DentaQuest will arrange for the orderly transfer of patient care and patient records to Providers who will assume care for the Member. For those Members in a course of treatment for which a change of Providers could be harmful, DentaQuest will continue to provide services until that treatment is concluded or appropriate transfer of care can be arranged. We will transfer all applicable clinical information on file, including but not limited to approved and outstanding Prior Authorization requests and a list of Members in Care Coordination, to the Agency and/or the successor contractor in the timeframe and manner required by the Agency.
<b>Care Coordination</b>	Coordinate the continuation of care for Members who are undergoing treatment for an acute condition.

<b>Authorizations Received After Termination Date</b>	Authorizations received after the termination date will not be sent back to Providers. Authorizations will be entered into the system and denied with a processing policy that states, "The group coverage Plan is terminated, and DentaQuest no longer administers benefits for this group dental Plan."
<b>Complaints and Appeals</b>	
<b>Complaints and Appeals Received After Termination Date</b>	For claims, Providers will have a pre-defined number of days from the date of the denial to appeal the decision. Appeals received after this date will be denied as untimely filing. Members have a pre-defined number of days from the date of the claim or authorization denial to appeal the decision. Appeals received after the date of the denial will be denied as untimely filing.
<b>Appeals Run Out</b>	DentaQuest will remain responsible for resolving Member Grievances and Appeals with respect to dates of service prior to the day of Contract expiration or termination, including Grievances and Appeals filed on or after the day of Contract termination or expiration but with dates of service prior to the day of Contract termination or expiration.
<b>Discontinue Complaints/Appeals Communication</b>	DentaQuest will stop generating all Member and Provider acknowledgement and resolution letters in accordance with the Agency-defined date.
<b>Customer Service</b>	
<b>Provider/Member Communication</b>	Upon the Plan's termination, Members and Providers will be given information regarding their new Plan vendor/administrator.
<b>Deactivation of Dedicated Line</b>	The Member- and Provider-dedicated lines will be deactivated as of the Plan termination date. A message will be recorded on the lines instructing Members and Providers how to reach their Plan administrator.
<b>Claims</b>	
<b>Claim Submission Deadline</b>	Providers will have 12 months from the date of service to submit all outstanding claims for processing and payment decisions. DentaQuest understands it will remain financially responsible for 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.
<b>Final Adjudication Cycle</b>	Final claims adjudication will occur when the Agency-defined claims run-out date is reached.
<b>Claims Received with Dates of Service After the Plan Termination</b>	Claims received with dates of service after the Plan termination will be denied for the following reason: "The group coverage Plan is terminated, and DentaQuest no longer administers benefits for this group dental Plan."
<b>Discontinuation of Claims Communication</b>	DentaQuest will stop generating all Member and Provider claim denial letters/EOBs by the Agency-defined date and/or until all claims are processed.
<b>Claims/Clinical History Files</b>	
<b>Claims/Clinical History File Layout</b>	DentaQuest will produce the Claims and/or clinical history files in the standard DentaQuest layout unless a request is received from the Agency and agreed upon for a specific format.
<b>Claims/Clinical History File Due Dates</b>	DentaQuest will deliver the first Claims and/or clinical history file at least 15 days prior to the Plan termination. Subsequent files will be delivered after each adjudication period.

<b>Reporting</b>	
<b>Due Date for Final Reports</b>	Reporting package will continue to be delivered to the Agency according to the current schedule and will stop once all functional/operational areas have completed their transition/termination process.
<b>Performance Data</b>	DentaQuest will provide all pre-termination performance data, including but not limited to any Agency-identified survey tool and HEDIS.
<b>Encounter Data</b>	
<b>Action plan for outstanding issues</b>	DentaQuest will provide the Agency with a summary of all outstanding Encounter data issues and an action plan to correct the issues.
<b>Claims incurred data</b>	We will submit encounter data to the Agency for all Claims incurred before the Contract termination or expiration date according to established timelines and procedures and for a period of at least 15 months after Contract termination or expiration.
<b>Submit Final Interface Files</b>	Date of final interface files will be based on the current submission frequency and schedule unless a different agreement is reached with the Agency.
<b>Final Encounter File Submission</b>	Date of the final Encounter file submission will be based on the final adjudication cycle.
<b>Capitation Payments</b>	
<b>Overpayments</b>	DentaQuest will report any capitation or other Overpayments made by the Agency within 30 days of discovery and cooperate with investigations by the Agency or its Subcontractors into possible Overpayments made during the Contract term. DentaQuest agrees to return any capitation or other Overpayments, including those discovered after Contract expiration, to the Agency within 14 days of reporting the Overpayment to the Agency.

## Financial Responsibility

DentaQuest will continue to serve or arrange for provision of services to enrolled Members for up to 45 days from the date of the Contract termination or until enrolled Members are successfully transitioned to another contractor. We will maintain financial responsibility for Claims with dates of service through the Contract termination date or expiration date, including Claims submitted within established time limits. We will also maintain financial responsibility for services rendered through the termination date and for which payment is denied by DentaQuest and subsequently approved upon Appeal or State Fair Hearing.

## POST-TRANSITION OBLIGATIONS (M.04)

DentaQuest understands that termination or expiration of the contract does not discharge the service obligations or items furnished prior to termination or expiration, nor does it discharge payment obligations to DentaQuest, our subcontractors or Providers. We acknowledge and agree to the obligations set forth, including:

- Appointing a liaison for post-transition
- Planning for and providing the Agency all records related to activities undertaken pursuant to the contract no later than 30 days after the request
- Participating in the External Quality Review, as required by 42 CFR Part 438, Subpart E, for the final year of the Contract.

- Remaining responsible for resolving Member Grievances and Appeals related to dates of service prior and up to the date of termination
- Maintaining financial requirements as described in the Contract as of the date of termination notice, fidelity bonds and insurance until the Agency provides written notice all obligations of the contract have been fulfilled.
- Maintaining claims processing functions for a minimum of 12 months in order to complete adjudication of all timely claims for services delivered prior to the contract termination or end date.
- Cooperate with any audits conducted by the Agency, CMS, the Office of Inspector General, and their designees, as outlined in Contract Section J.1.02 and in accordance with 42 CFR 438.3 (h).

### Reports

Required reports related to termination responsibilities and obligations will be submitted every 30 days or as requested by the Agency. A final report describing the details of the Transition Plan and any needed revisions to ensure a successful transition will be provided as requested.

### DENTAQUEST'S COMPLIANCE WITH SECTION M REQUIREMENTS

DentaQuest confirms that it will adhere to all requirements in Section M, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR citations noted in Section M.

# **SECTION N**

# **REPORTING**



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

DentaQuest has invested in a state-of-the-art business intelligence platform to bring flexible, timely analysis to our State Medicaid Agency and MCO clients to ensure that performance monitoring and data analysis support the delivery of the highest quality care to Members.

Specific to the reporting requirements detailed in Section N, DentaQuest uses a sophisticated business intelligence platform, including our transparent, real-time, browser-based enterprise data warehouse, to create standard, custom reporting and analysis to meet the needs of clients. Our data and report processes are supported by our technical developers who have extensive experience with Medicaid and CHIP data. The team handles thousands of requests for ad hoc reports, new reports, and report enhancements every year, in addition to managing all standard reporting for our clients.

### Reporting Tools

DentaQuest maintains complex analytics and reporting processes to ensure State Medicaid Agencies are aware of our program performance relative to State and Federal regulatory requirements, as well as trends in the marketplace.

We use a variety of tools to achieve high-quality and accurate reporting solutions including, Microsoft® Reporting Services 2016, geo-mapping reports, Cognos® Report Net, PowerBI, Cloudera Hadoop Big Data Analytics, and SAS® Analytics. The reporting architecture underlying our enterprise system ensures end users can access the information they need in a timely manner. Our enterprise and reporting systems are built on MS SQL Server® 2016 databases and operate with the Microsoft Visual Studio® .Net Framework. We also capture meta data and metrics in real time, so our billing processes are accurate.

## REPORTING TO ENSURE QUALITY CARE IS DELIVERED TO MEMBERS (N.01)

DentaQuest understands that performance monitoring and data analysis are critical components in assessing our performance, maintaining and improving the quality of care delivered to Members. We collect and use multiple data sources to monitor, analyze and evaluate key performance indicators (KPI) and key quality activities. The data comes from a variety of sources such as internal operational area; complaint, grievance, and appeals tracking; quality of care; patient safety; and access and availability of services reports.

DentaQuest has reviewed Exhibit A regarding the pay-for-performance program, and understands that accurate reporting is necessary to validate the key performance standards pertaining to:

- **Dental Care Utilization.** DentaQuest confirms it has a number of standardized reports that can be leveraged as a starting point to develop this report. This includes reports that are already designed to use Dental Quality Alliance or CMS-416 reporting logic and methodology for calculating utilization rates.

### DENTAQUEST'S RELEVANT EXPERIENCE

- ★ DentaQuest provides customized reporting packages for each of the State Medicaid Agencies and MCOs it serves
- ★ We distribute 8,000 unique reports to our State Agency and MCO clients each month
- ★ There are 473 reportable data elements in our Windward system and Enterprise data warehouse

- **Preventive Care Utilization.** DentaQuest confirms it has a number of standardized reports that can be leveraged as a starting point to develop this report. This includes reports that are already designed to use Dental Quality Alliance or CMS-416 reporting logic and methodology for calculating preventive utilization rates.
- **Initial Oral Health Risk Screening.** DentaQuest confirms it has a number of standardized reports that can be leveraged as a starting point to develop this report. DentaQuest is required to report on the number of initial oral health risk screenings completed for other state Medicaid programs, including Michigan, Louisiana, and Florida.
- **Encounter Data Reconciliation.** DentaQuest leverages its custom-built Encounter 360 tool to validate, submit, log, and track reconciliation of encounter data. More information on this tool is featured in our response to SOW Section K.45. Specifically for the Agency, Encounter 360 will enable us to:
  - Submit our encounter data by the 20<sup>th</sup> of the month subsequent to the month for which data is reflected
  - Facilitate corrections to the monthly encounter data submission and finalize those corrections within 45 Days from the date the initial error report for the month was sent to us or 59 Days from the date the initial encounter data was due
  - Monitor errors rates to ensure the rate does not exceed one percent.
  - Ensure the submitted encounter data matches the Claim detail.
- **Timely Claims Processing.** DentaQuest confirms it has a number of standardized reports that can be leveraged to demonstrate our compliance with timely claims processing requirements for Iowa.

Additionally, DentaQuest understands the Agency intends to issue a Dental Reporting Manual that includes specific templates that the DBAs will use to report data. DentaQuest confirms that it will adhere to all Agency-specific reporting templates.

## IOWA REPORTING REQUIREMENTS (N.02)

DentaQuest has reviewed the Iowa Managed Care Reporting Manual and Reporting Manual Calendar that the Agency made available in the bidder's library. We understand that these materials are currently being used in Iowa HealthLink, and the final Dental Reporting Manual is expected to follow that version and function similarly.

Based on our review of the Manual, we can confirm that DentaQuest has experience producing similar reports across its State Medicaid business. Figure 1-N showcases the unique reports and their frequency that we produce for the State of Texas and Figure 2-N showcases the same information for the State of Virginia. These two examples demonstrate the differences in reports that DentaQuest can accommodate for the unique needs of each State Medicaid Agency we work with. Similar to what the Agency is proposing, in Texas, all DBAs and MCOs are required to use State-provided templates. The state publishes the templates, and instructions in the Uniformed Managed Care Manual.

**Figure 1-N: Unique Medicaid State Agency Reporting Package – State of Texas Medicaid and CHIP**

<b>Monthly</b>	<p><b>Contact Center</b></p> <ul style="list-style-type: none"> <li>• Provider Hotline Report (Caid &amp; CHIP)</li> <li>• Member Hotline Report (Caid &amp; CHIP)</li> </ul> <p><b>Utilization Management and Review</b></p> <ul style="list-style-type: none"> <li>• Dental Anesthesia Prior Authorization Report (Caid only)</li> <li>• FWA MCO Open Case List Report</li> </ul> <p><b>Complaints and Appeals</b> Member &amp; Provider Complaints (Caid &amp; CHIP) Member Appeals (Caid &amp; CHIP)</p>	<p><b>Claims and Encounters</b></p> <ul style="list-style-type: none"> <li>• Claims Summary Report (Caid &amp; CHIP)</li> <li>• Third Party Recovery Report (Caid only)</li> <li>• Third Party Recovery Referral Form (Caid only)</li> <li>• Encounter data</li> </ul> <p><b>Overall Contract Performance</b></p> <ul style="list-style-type: none"> <li>• 30 Day Submission Non-Compliance Summaries (Caid &amp; CHIP)</li> <li>• 45 Day Submission Non-Compliance Summaries (Caid &amp; CHIP)</li> </ul> <p><b>Historically Under-Utilized Businesses Report</b></p>
<b>Quarterly</b>	<p><b>Financial and Insurance</b></p> <ul style="list-style-type: none"> <li>• Financial Statistical Report Quality Improvement/Admin</li> <li>• Financial Statistical Report (Caid &amp; CHIP)</li> <li>• TDI Filing Report</li> </ul> <p><b>Claims and Encounters</b></p> <ul style="list-style-type: none"> <li>• Claims Lag Report (Caid &amp; CHIP)</li> <li>• Third Party Recovery Lag Report (Caid &amp; CHIP)</li> </ul>	<p><b>Provider Network</b></p> <ul style="list-style-type: none"> <li>• Provider Termination Report (Caid &amp; CHIP)</li> <li>• Out of Network Utilization Report (Caid &amp; CHIP)</li> </ul> <p><b>Overall Contract Performance</b> Quarterly Submission Non-Compliance Summaries (Caid &amp; CHIP)</p> <p><b>Frew Quarterly Monitoring Report (Caid only)</b></p> <p><b>TexMedCentral Access List</b></p>
<b>Annually</b>	<p><b>Overall Contract</b></p> <ul style="list-style-type: none"> <li>• MCO Disclosure Statement</li> <li>• Legal and Other Proceedings and Related Events Report</li> <li>• Affiliate Report</li> <li>• Material Subcontractor Monitoring Calendar</li> </ul> <p><b>Financial and Insurance</b></p> <ul style="list-style-type: none"> <li>• 90 Day Financial Statistical Report (Caid &amp; CHIP)</li> <li>• 90 Day Financial Statistical Report Quality Improvement/Admin</li> <li>• 334 Day Financial Statistical Report (Caid &amp; CHIP)</li> <li>• 334 Day Financial Statistical Report Quality Improvement/Admin</li> <li>• TDI Filing Report</li> <li>• Fidelity Bond</li> <li>• Performance Bond</li> </ul>	<p><b>Annual Plans and/or Reports</b></p> <ul style="list-style-type: none"> <li>• Farm Worker Children Annual Report</li> <li>• Fraud and Abuse Compliance Plan</li> <li>• QAPI Program Annual Summary</li> <li>• MIS Deliverables Checklist</li> <li>• Risk Management Plan</li> <li>• Security Plan</li> <li>• Systems Quality Assurance Plan</li> <li>• Business Continuity Plan</li> <li>• Disaster Recovery Plan</li> <li>• Joint Interface Plan</li> <li>• TPL Action Plan</li> <li>• Annual Review of Prior Authorization Requirements</li> </ul> <p><b>Exclusionary Screening Report</b></p> <p><b>Provider Verification Report (Caid &amp; CHIP)</b></p> <p><b>Alternative Payment Model Report</b></p>

Figure 2-N Unique Medicaid State Agency Reporting Package – State of Virginia Medicaid

Figure 2-N Unique Medicaid State Agency Reporting Package – State of Virginia Medicaid	
<b>Monthly</b>	<p><b>Provider Network and Data</b></p> <ul style="list-style-type: none"> <li>• Virginia Network Analysis</li> <li>• Overview of Dental Network</li> <li>• Network Provider Terminations</li> <li>• CURES Act Screening Provider/Locations</li> <li>• GEO Access Reports</li> <li>• Dental Provider Listing</li> <li>• Dental Network Report</li> </ul> <p><b>Contact Center</b></p> <ul style="list-style-type: none"> <li>• Request a Dentist Report</li> <li>• Provider Calls - Time Intervals</li> <li>• Member Calls - Time Intervals</li> <li>• Call Wait Times - Providers</li> <li>• Call Wait Times - Members</li> <li>• Call Response Time - Providers</li> <li>• Call Response Time - Members</li> </ul> <p><b>Utilization Management and Review</b></p> <ul style="list-style-type: none"> <li>• Prepayment Review Report</li> <li>• Prior Authorization Summary Report</li> <li>• Monthly Dental Summary</li> <li>• Program Integrity and Audit Report</li> </ul> <p><b>Member Handbook</b></p> <p><b>Claims and Encounters</b></p> <ul style="list-style-type: none"> <li>• Claims Activity Report</li> <li>• Claims Lag</li> <li>• Batch Claims</li> <li>• Subrogation Recoveries</li> <li>• Recoupment Report</li> <li>• Encounter Certification Form</li> </ul> <p><b>Complaints and Appeals</b></p> <ul style="list-style-type: none"> <li>• Provider Case Summary</li> <li>• Member Complaint Log</li> <li>• Member Case Summary</li> <li>• Provider Complaint Log</li> </ul> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li>• Account Receivable Consolidated</li> <li>• Account Reconciliation</li> <li>• Bank Statements 4624 and 4673</li> <li>• Stale Dated Check Report</li> <li>• Negative Balance Report</li> </ul> <p><b>Dental Service Utilization</b></p> <ul style="list-style-type: none"> <li>• Pregnant Women Utilization Report</li> </ul>
<b>Quarterly</b>	<p><b>Provider Network and Data</b></p> <ul style="list-style-type: none"> <li>• Enrolled Participating Providers</li> <li>• Corrective Action Assistance Report</li> </ul> <p><b>Utilization Management and Review</b></p> <ul style="list-style-type: none"> <li>• Prepayment Review Report</li> <li>• Program Integrity and Audit Report</li> </ul> <p><b>Contact Center</b></p> <ul style="list-style-type: none"> <li>• Member Call Log</li> <li>• Provider Call Log</li> <li>• Quarterly Appointment Surveys</li> </ul> <p><b>Claims and Encounters</b></p> <ul style="list-style-type: none"> <li>• FQHC Encounter Report</li> <li>• Potential Dual Eligibility</li> </ul> <p><b>Dental Service Utilization</b></p> <ul style="list-style-type: none"> <li>• Pregnant Women Utilization Report</li> <li>• Adult Utilization Report</li> <li>• Pediatric Participation ages 0-20</li> <li>• Pediatric Participation ages 3-20</li> </ul> <p><b>Small Women Owned Minority Business Report</b></p>
<b>Semi Annually</b>	<p><b>Provider Network and Data</b></p> <ul style="list-style-type: none"> <li>• Appointment Access</li> </ul> <p><b>Overall Program Metrics</b></p> <ul style="list-style-type: none"> <li>• Report Card Analysis</li> <li>• Report Card</li> </ul> <p><b>Small Women Owned Minority Business Report</b></p> <p><b>Member Outreach</b></p> <ul style="list-style-type: none"> <li>• Executive Summary – Outreach Activities</li> <li>• Outreach Activity Report</li> </ul> <p><b>Dental Service Utilization</b></p> <ul style="list-style-type: none"> <li>• Pregnant Women Utilization Report</li> <li>• Adult Utilization Report</li> </ul>
<b>Annually</b>	<p><b>Provider Network and Data</b></p> <ul style="list-style-type: none"> <li>• Annual Overview Dental Network</li> <li>• Geo Access – All Providers</li> <li>• Geo Access – Oral surgeons</li> <li>• Geo Access – Orthodontists</li> <li>• Geo Access – Pedodontist</li> <li>• Medicaid Provider Report</li> <li>• Enrolled Participating Providers SFY</li> </ul> <p><b>Overall Program Metrics</b></p> <ul style="list-style-type: none"> <li>• Annual Summary Report</li> <li>• Annual Summary Report Analysis</li> </ul> <p><b>Audited Financial Statements</b></p> <p><b>Claims and Encounters</b></p> <ul style="list-style-type: none"> <li>• Annual Paid Claims</li> </ul> <p><b>Member Outreach</b></p> <ul style="list-style-type: none"> <li>• Executive Summary – Outreach Activities</li> <li>• Outreach for SFY</li> <li>• Member Report</li> <li>• Member Maps</li> </ul> <p><b>Dental Service Utilization</b></p> <ul style="list-style-type: none"> <li>• Executive Summary Periodicity Schedule</li> <li>• Periodicity Schedule Report</li> <li>• HEDIS Annual Dental Visit</li> <li>• Pregnant Women Utilization Report</li> <li>• Adult Utilization Report</li> </ul>

DentaQuest will comply with all reporting requirements and submit the requested data completely, accurately, and in a timely manner and required formats. If required by the Agency, we are prepared to work with and submit data to third-party data warehouses or analytic vendors, as part of our collaborative and flexible approach. DentaQuest has a PPM and mechanisms in place to ensure the accuracy of all data submitted to the Agency.

### IMPLEMENTATION AND OPERATIONAL REPORTING (N.03)

DentaQuest understands that the Agency may require DentaQuest to provide more frequent reporting during the implementation and early operational timeframe following our entry into the Iowa Dental Wellness Plan and Hawki Dental programs, or as otherwise directed by the Agency, to monitor program implementation; permit adequate oversight and correction of problems as necessary; and ensure satisfactory levels of Member and Provider services.

DentaQuest provides standard and optimized reporting during the implementation period to demonstrate our compliance with the Agency’s needs and expectations. Figure 3-N contains a sample implementation report that provides a status overview on key deliverables, risks, mitigation efforts, etc.

Figure 3-N: Implementation Status Report Sample

Task Name	Health	Start Date	End Date	Completion Progress	Comments
State Name Implementation Status	●				
Contract	●	04/01/22	07/14/22	100%	Complete
Kickoffs	●	04/08/22	05/13/22	100%	Complete
Configuration	●	05/12/22	06/17/22	100%	Complete
Business Operations Functionality	●	04/01/22	09/01/22	80%	Business Requirements: - DentaQuest received edited CG&A Client Requirements Document (CRD) from DCHP. SME is reviewing edits. - DentaQuest providing CG&A Letters for review. - Based on the meeting Tuesday Aug/09, BRD sections CG&A & Correspondence will need to be updated for DCHP review and approval. - DCHP provided edits to Provider Network section of BRD, DentaQuest is reviewing edits for updates to BRD. - RISK: DentaQuest will be providing UMPreservice Letters & Templates early next week. State requires minimum of 15 days for review. Tentative approval would be the week of go-live before system configurations begin. DentaQuest is working on mitigation strategy to reduce impact to go-live. - RISK: DentaQuest is listed as primary for Provider and Member CG&A Delegation; DCHP requested to be primary for Member CG&A. CG&A CRD was returned to DentaQuest with edits removing all UM and Appeals language. No concern for operational processes, but are reviewing contract with DentaQuest legal counsel. - RISK: DCHP has requested a UM and Letters meeting with DentaQuest to align on UM services and materials being provided on Aug/09. Meeting is requested 3 weeks before go-live with short notice availability. DentaQuest has indicated to the Subject Matter Experts in Correspondence, Client Engagement, Complaints (Grievances & Appeals, and UM this is a high-priority attendance meeting with DCHP.
File Exchanges	●	04/15/22	09/01/22	90%	- Round 1 End to End testing complete; submitted 837D Test Encounter file to DCHP for approval by Aug/05. - Claims Flat File development in progress; test file will be submitted to DCHP for approval on Aug/10. - Provider Directory file development in progress.
Web/Portals	●	05/12/22	08/31/22	100%	- Provider Portal Testing Complete Aug/05 - Provider Portal will go live Aug/31.
Testing: Claims/Encounter/⟨Accumulator⟩	●	06/30/22	08/22/22	100%	- DQ Round 1 of End-to-End testing has started Jul/15 and is in progress. - Test Encounter files will be provided to DCHP for review and approval during two rounds of testing; Round 1: Jul/27-Aug/02, Round 2: Aug/16-Aug/17. - DCHP will provide 2nd Round Test Membership File to DentaQuest by Jul/29.
Go live	●	06/13/22	09/02/22	100%	On Track.
Closure Deliverables	●	09/02/22	10/14/22	0%	
Operational and Technical Readiness Review	●	07/18/22	08/01/22	100%	- DentaQuest received Encounter/Eligibility Attestation completed and returned to DCHP on Jul/28.
Pre-Delegation Audit	●	08/01/22	08/10/22	0%	RISK: Provided initial Pre-Delegation Audit response on Jul/08. DCHP requesting 2nd Pre-delegation Audit with 6 day turnaround time. DentaQuest's recommended lead-time is 30 days, as mentioned with the initial Pre-Delegation Audit request. Client Engagement is working with Compliance and Subject Matter Experts to complete the requested documents.

We agree to comply with Agency requests for additional reporting during the implementation, the early operational timeframe, or during ongoing operations. Given DentaQuest’s extensive repository of reports, we are certain we can provide the Agency with the assurances it might need at any given point in time.

Here is a small sampling of some of the reports we can provide at any time during our implementation or ongoing operations, in addition to those reports we will develop to comply with the Agency’s Reporting Manual:

- Appeals Report
- ASC X12 Type 3 Technical Reports with Companion Guides



- Claims Processing and Rejection Report
- Complaint Resolution Report
- Contact Center Report
- Financial Statements
- Geo-access reporting and Provider network analysis reports
- List of Pending Internal Appeals
- Member and Provider Issue Report
- Monitoring and reporting of issue resolution
- Orthodontia Report
- Prior Approval Requests
- Provider Outreach Report
- Staffing recruitment reports and updates
- Suspected Fraud, Waste, and Abuse

DentaQuest will tailor our reporting in this area to meet the Agency's needs and priorities.

## OTHER REPORTING AND CHANGES (N.04)

DentaQuest has extensive experience successfully meeting regular and ad hoc reporting requirements. We understand the Agency provides reasonable advance notice but may request ad-hoc reports at any time, and our systems and staff are prepared to be responsive to requests for ad hoc reports. We always tailor our reports to the needs of the Agency as described in the Reporting Manual, but we understand that as program needs and priorities evolve, new reports may be required to ensure the quality of services provided and compliance with the contract.

## AUDIT RIGHTS AND REMEDIES (N.05)

We understand that the Agency reserves the right to audit reported data at any time, and we consistently maintain all required supporting data. In the event that the Agency requires a Corrective Action Plan (CAP), or other remedies as specified in Special Contract Exhibits, Exhibit A, our Compliance department oversees the intake, response to, tracking, and closure of all CAPs issued to us via our Compliance 360 tool. The Compliance team coordinates internal operational SMEs to move DentaQuest to compliance and facilitates communications/closure with the Agency. Compliance will monitor CAPs from initiation through 90 days post-closure to ensure full remediation of CAP. DentaQuest has not been found by a contracting party to be in material breach of or had any of our dental services Contracts terminated in the past five years. No CAPs or sanctions were the subject of an administrative proceeding or litigation.

## MEETING WITH THE AGENCY (N.06)

DentaQuest will be responsive and collaborative with the Agency to review any data submissions together as needed and mutually agreed upon, as well as in providing written responses in a timeline manner. Communication with the Agency is an urgent priority, particularly as it relates to performance monitoring. We have developed robust internal quality processes to prevent, identify, and address any issues and ensure compliance with performance reporting requirements, and we value Agency partners' feedback as we work continuously to enhance our systems and strategies.

a) Description of how you propose to work with the Agency to ensure quality data is received in a timely fashion.

## ENSURING DATA IS PROVIDED TO THE AGENCY IN A TIMELY FASHION

We recognize our obligations to certify the accuracy, completeness, and truth of the data, documentation, and information we submit to the State. Our Iowa CEO will have the ultimate responsibility for ensuring accurate and timely submission of reports. Our reporting team generates the reports prior to the due date to allow for quality review. The Iowa CEO will submit the reports to the Agency on or prior to their due date.

### Monitoring and Evaluating Report and Data Submission Accuracy and Timeliness

Our reporting team is responsible for generating all weekly, monthly, quarterly, and annual contractually required reports. This team generates reports prior to the due date to allow for quality review. Data is loaded into our enterprise data warehouse so we can report on data quality after its cleaned and staged for reporting. This internal quality control process ensures standard or ad hoc reports respond to specific requirements accurately and thoroughly, are logically organized and uniformly formatted, and do not have spelling or grammatical errors.

We use a system of internal quality controls for electronic data transmitted to our State Agency clients and all related reporting. We use QuerySurge, a third-party tool, to validate the quality of data and perform triangulation of this data against our claims adjudication source, Windward. We identify errors in source data and provide error files through client file exchange process.

Once generated, reports are placed into a review queue that are accessible to the Iowa CEO to perform a quality assessment of the report format and content prior to sending to the State. Upon approval, the reports will be ready to either post via a secure FTP site or send via email.

### Addressing Reporting Issues in a Timely Manner

Because DentaQuest invests in defining and testing business requirements for required reports, it is rare that we are unable to submit an accurate report or data submission within the required timeframe. However, in the unlikely event we feel the data will be inaccurate, our Iowa CEO will notify the Agency of our expected timeframe for submission, the reason for the delay, and the remediation process. Once the Agency has agreed to a revised timeline, the Iowa CEO will be responsible for monitoring progress and making available all required resources to meet the amended timeline. They will ensure that the underlying root cause of the delay is thoroughly addressed, and a solution is put in place to avoid future delays in submission.

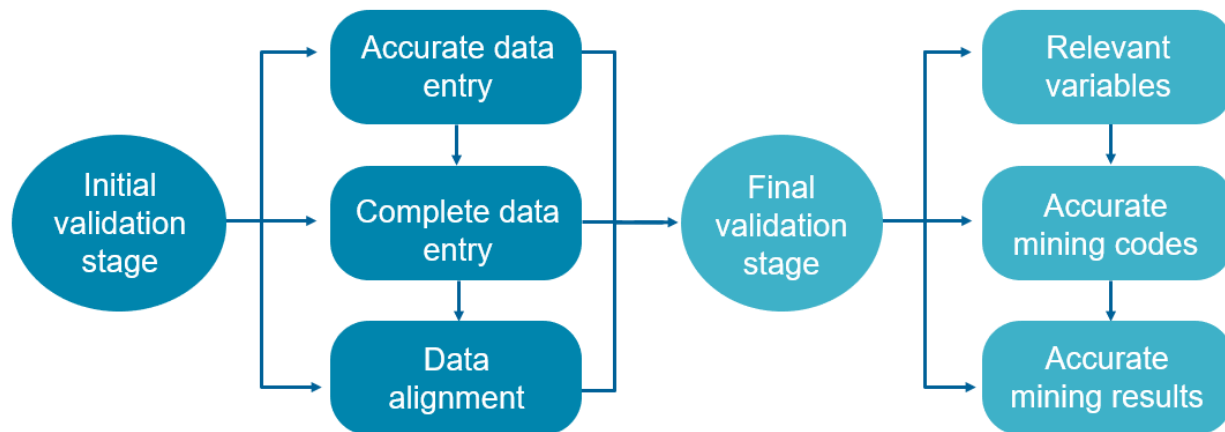
DentaQuest defines any performance issues as Enterprise Compliance Risks (ECR), which may be identified internally or externally. These ECRs could result in impact to the organization via an externally issued corrective action plan (CAP), fine, or legal/ regulatory action. Depending on the nature of the deficiency, corrective action may include, but is not limited to targeted training for specific staff; department-wide retraining; identifying and correcting a systemic issue in our MIS, or within a department process; and/or adding temporary staff until compliance is once again achieved. The corrective actions will be developed in coordination with the Compliance department.

b) Describe your approach to data quality assurance.

## DENTAQUEST'S APPROACH TO DATA QUALITY ASSURANCE

DentaQuest couples a thorough software development lifecycle approach to report design with attention to quality control during production to generate accurate, complete, timely, and useful reports and data submissions. We employ a triangular methodology of data validation by comparing source and target with monthly generated independent invoicing files for accuracy as illustrated in Figure 4-N.

Figure.4-N: Our Comprehensive Data Validation Process



Our data validation process includes:

- **Data Checking.** Validation of all transactional source systems data against the current data structure specifications as defined in the current data dictionary.
- **Query/Code Checking.** Monitoring of all transformation and processing jobs to assure successful completion.
- **Consistency Check.** Data load validations to confirm successful loading of data at relevant intervals as determined by data load frequency requirements.

We will only deploy, certify, and release data for external reporting when it meets all these checks. In addition, we validate all information against payments during closure of the month.

Our team implements reports through a variety of Business Intelligence Applications, all of which enable the business users to execute predeveloped reports. Business users leverage a series of parameters which are passed into the reporting application and to the source code to render results. Business users are not able to alter the parameters or data during execution; they are driving results through these parameter selections. Data is then verified by business user through a variety of sample/edit checks and then presented to the Agency.

**c) Describe your ability to adjust to dynamic and ad hoc data and reporting requests as may be required by the Agency.**

## COLLABORATIVE APPROACH TO DYNAMIC AND AD HOC DATA MONITORING AND REPORTING

Our regular basis reporting includes reports to monitor standard operations, regulatory reporting, and CMS requirements. We create a customized set of reports based on each state's Reporting Manual and have experience creating ad hoc reports based on specific requirements, including CMS requirements. Our lightweight open architecture makes it easy for developers to build, deploy, and iterate custom data applications using Microsoft Power BI Reporting quickly and flexibly. For example, we have built many requests for evidence ad hoc reports in three business days or less, as our state partners need claims history to be provided for investigations. Additionally, we have built executive level summary reports with key cost metrics data as needed for State Medicaid agencies.

We can produce both system-generated and manual reports to maximize efficiency and effectiveness for the Agency. We try to minimize the number of manual reports we produce to mitigate human error, maximize efficiency, and share best reporting practices across our many clients. As noted, DentaQuest uses a variety of tools to achieve high-quality reporting solutions and collects data from many sources that is aggregated and analyzed in Windward, our Enterprise data warehouse, and our third-party data sets. Our process will not only meet the Agency's reporting requirements and provide program performance information but will also provide insight into opportunities to optimize performance. We will capture data from Providers, Members, and internal systems to synthesize into actionable information focused on Member outcomes, Provider performance, and our own performance related to the Agency's goals.

We understand that failure to meet performance targets will result in corrective actions as outlined in Special Contract Exhibits, Exhibit A.

### **DentaQuest can nimbly adjust to ad hoc reporting requests from the Agency**

DentaQuest's Business Intelligence team will produce ad hoc reports, as requested. When a report is requested, the team will log in the request, set the prioritization and estimate the timing to produce the request in alignment with the Agency's needs. Depending on the complexity of the request and other ongoing reporting priorities, a typical ad hoc request takes approximately nine business days. We may suggest a similar report from our library of system-generated reports that may address the Agency's needs, if the matter is urgent.

Once a plan has been set to produce the ad hoc report, our team will follow a process that mirrors the process for developing system-generated reports. We will define the reporting need and requirements, validate the report with the Agency, and test the output of the report. We will also discuss with the Agency whether there will be an ongoing need for this report or similar reports, so that we can thoroughly document requirements and add it to the production schedule.

### ILLINOIS MEDICAID AD HOC REPORT EXAMPLE

In 2020 as part of the federal CARES Act Provider Relief Fund, we developed an ad hoc payment report to determine which Providers were eligible to receive a portion of the federal funds available. The report was designed using predetermined eligibility criteria, as set by federal and state requirements. Using claims data, we identified the Providers that met the criteria. Once the State Agency reviewed and approved the final Provider report and corresponding payment amounts, DentaQuest implemented a one-time process to ensure distribution of funds. As part of this collaboration, just under \$11M in funds was distributed to 76 network Providers. The full process for development of the ad hoc report, approval by the Agency, and distribution of funds took approximately six weeks.

### DENTAQUEST'S COMPLIANCE WITH SECTION N REQUIREMENTS

DentaQuest confirms that it will adhere to all requirements in Section N, including those described above, as well as any requirements not explicitly described above. This includes adherence to all relevant CFR citations noted in Section N.



# **TAB 3 EXHIBITS**

**EXHIBIT 1: RESUMES**

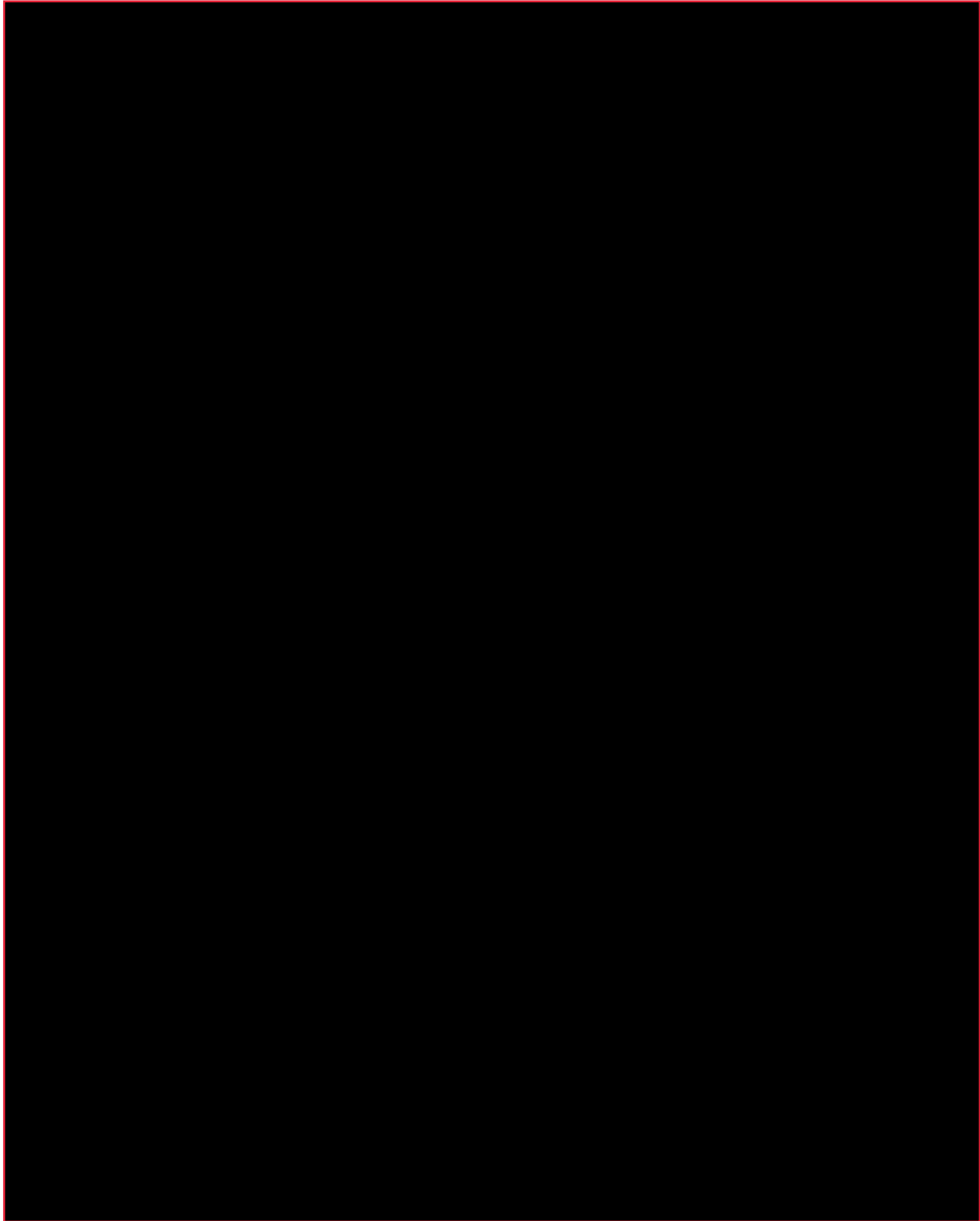
**EXHIBIT 2: DRAFT IMPLEMENTATION PLAN**

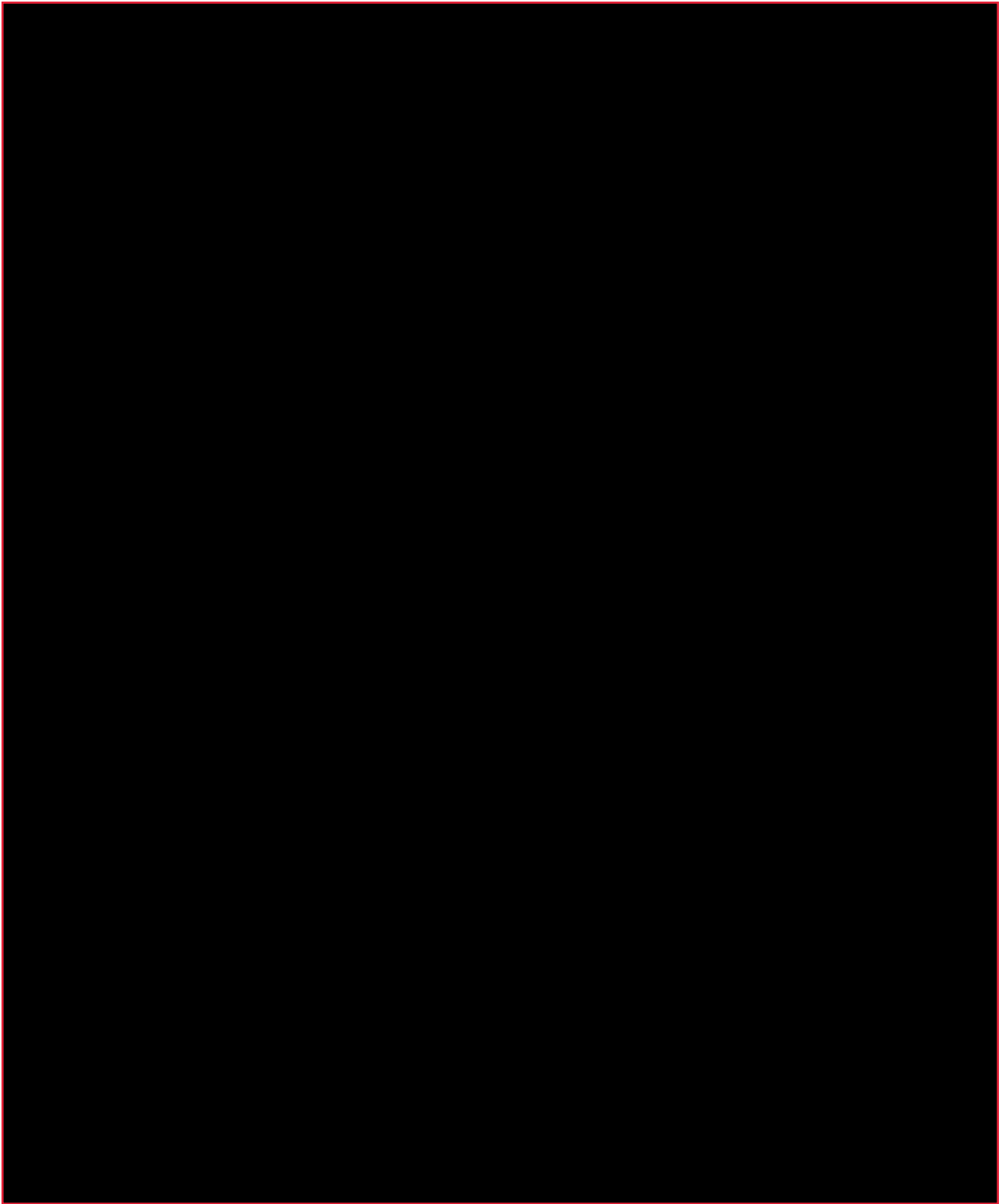
**EXHIBIT 3: OWNERSHIP DISCLOSURE – BIDDER**

**EXHIBIT 4: OWNERSHIP DISCLOSURE –  
SUBCONTRACTOR**

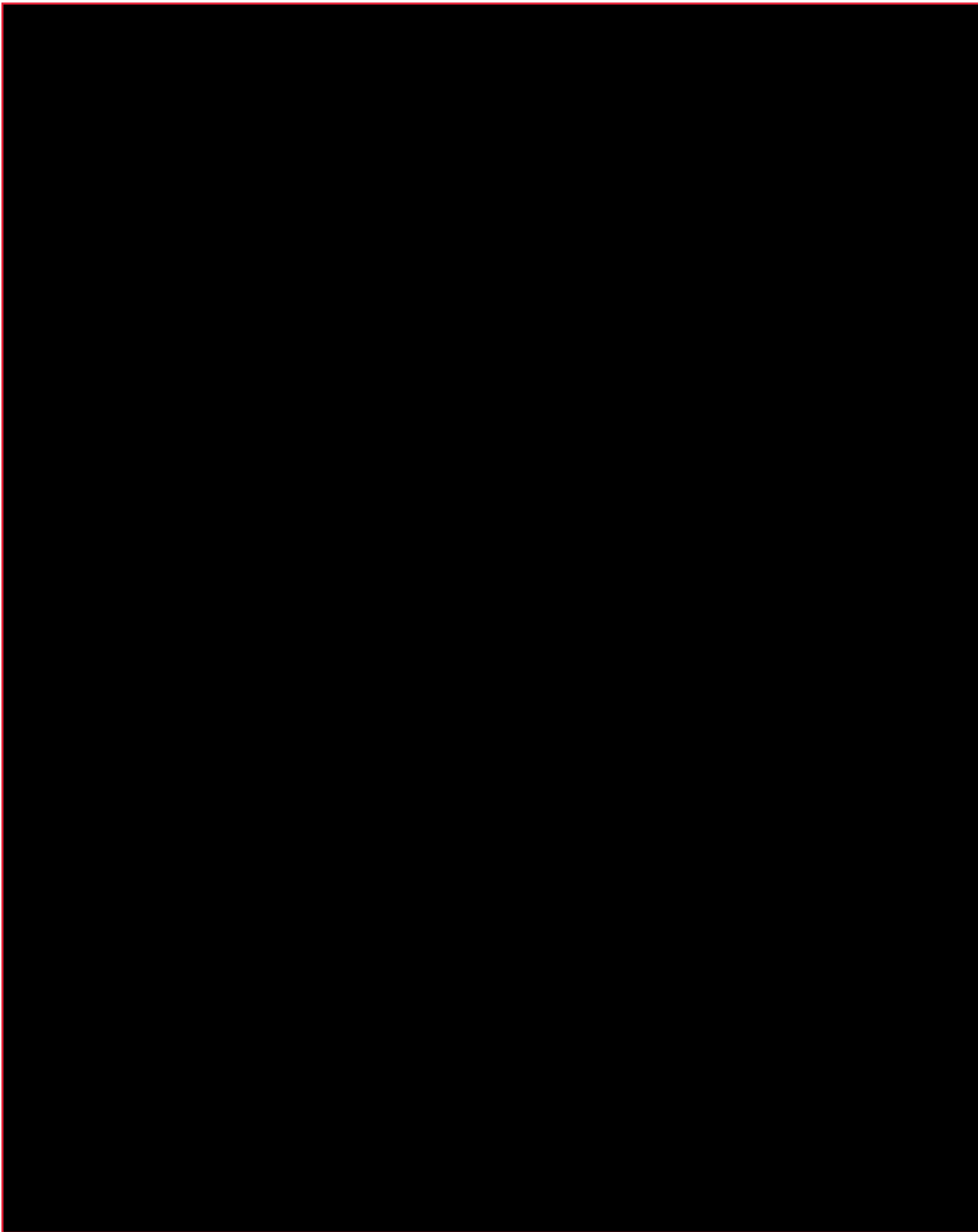
# **EXHIBIT 1**

# **RESUMES**





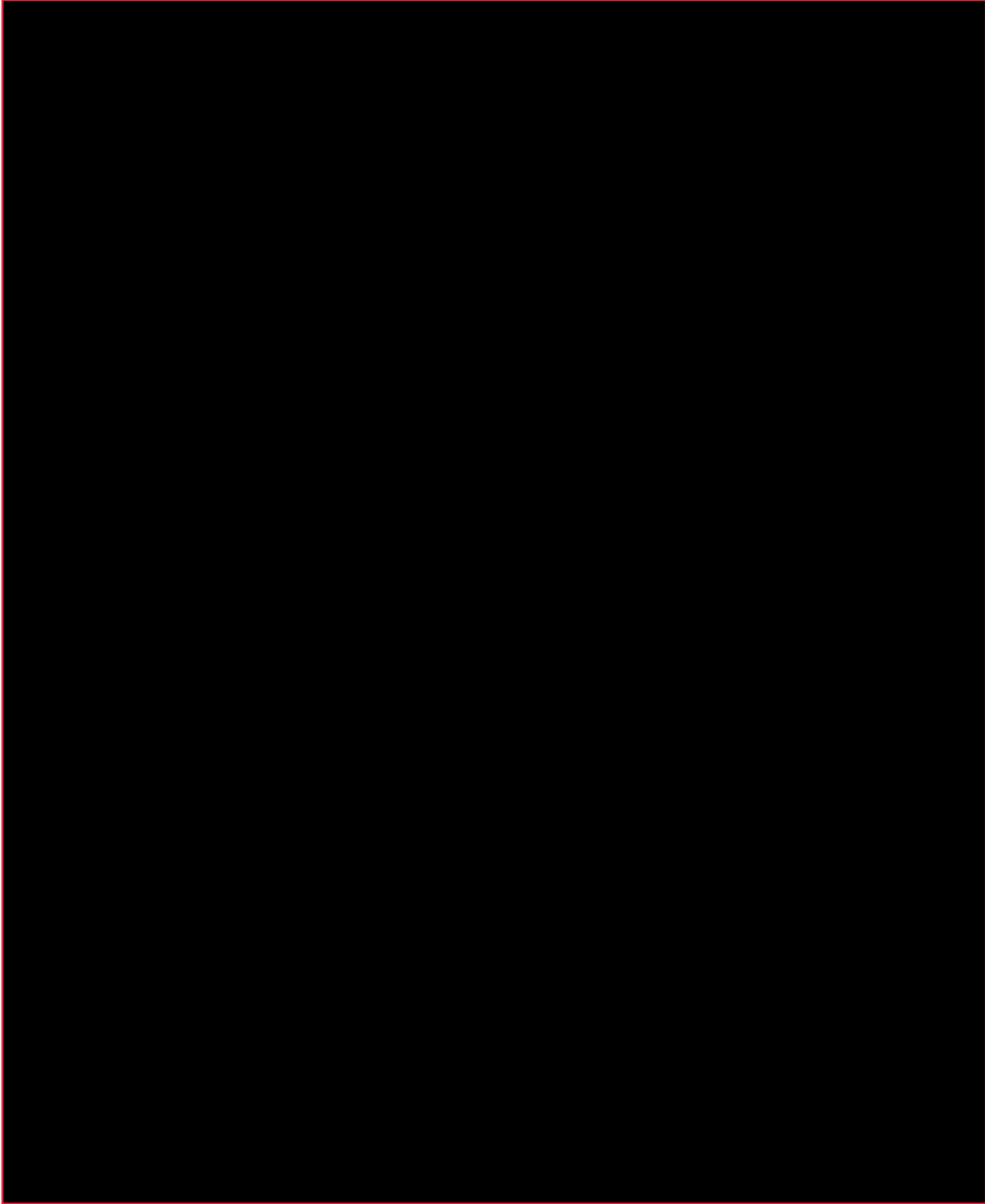
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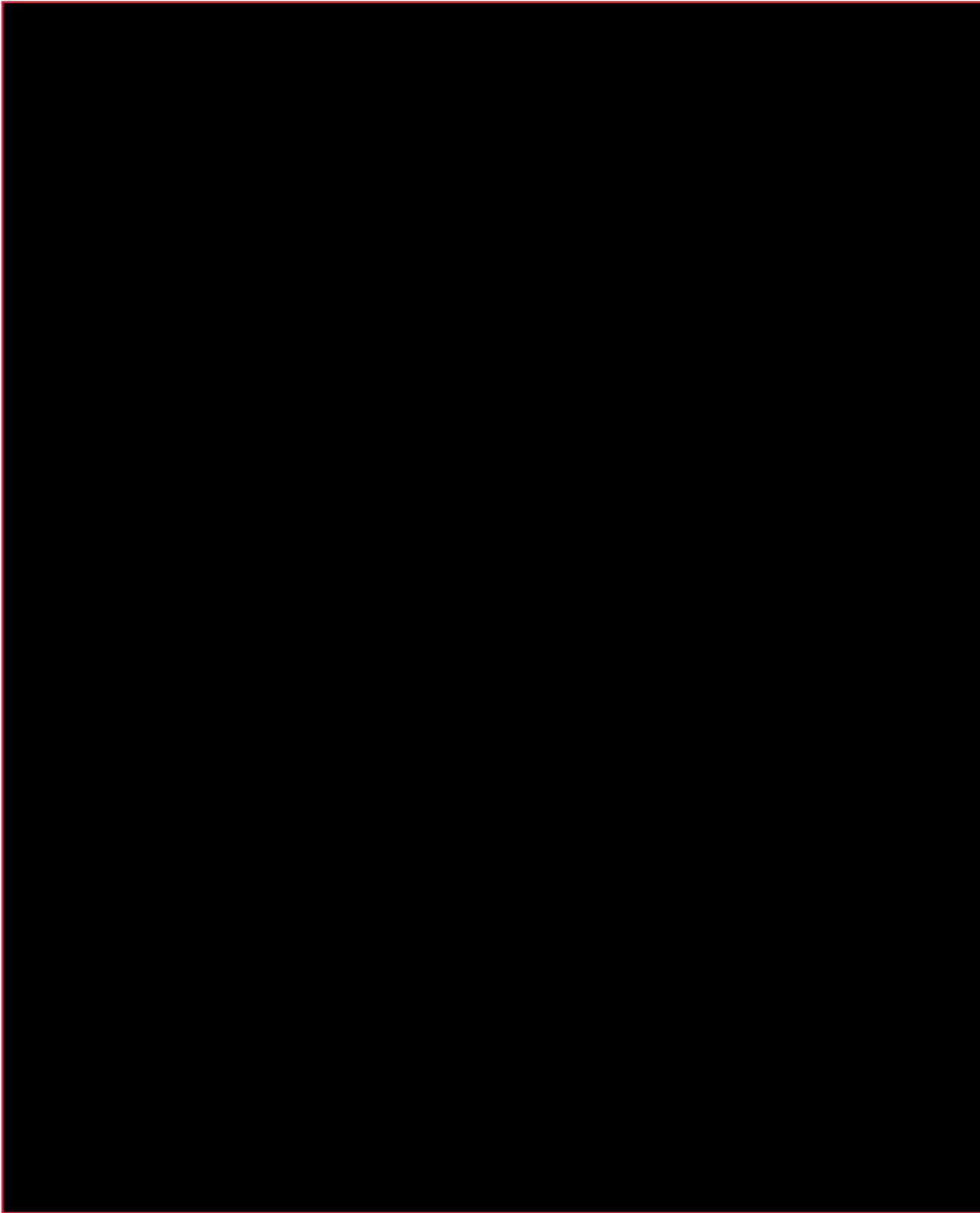


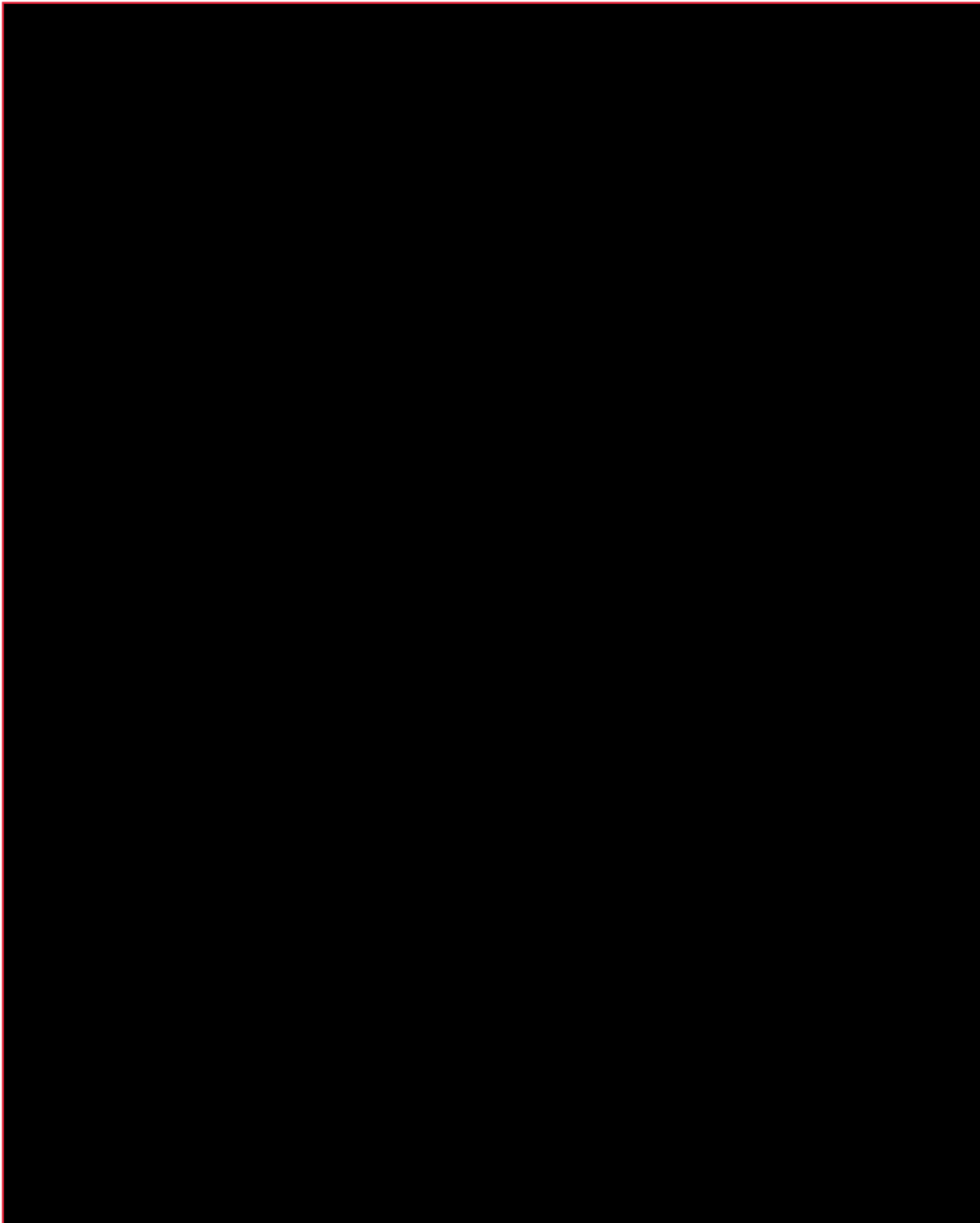




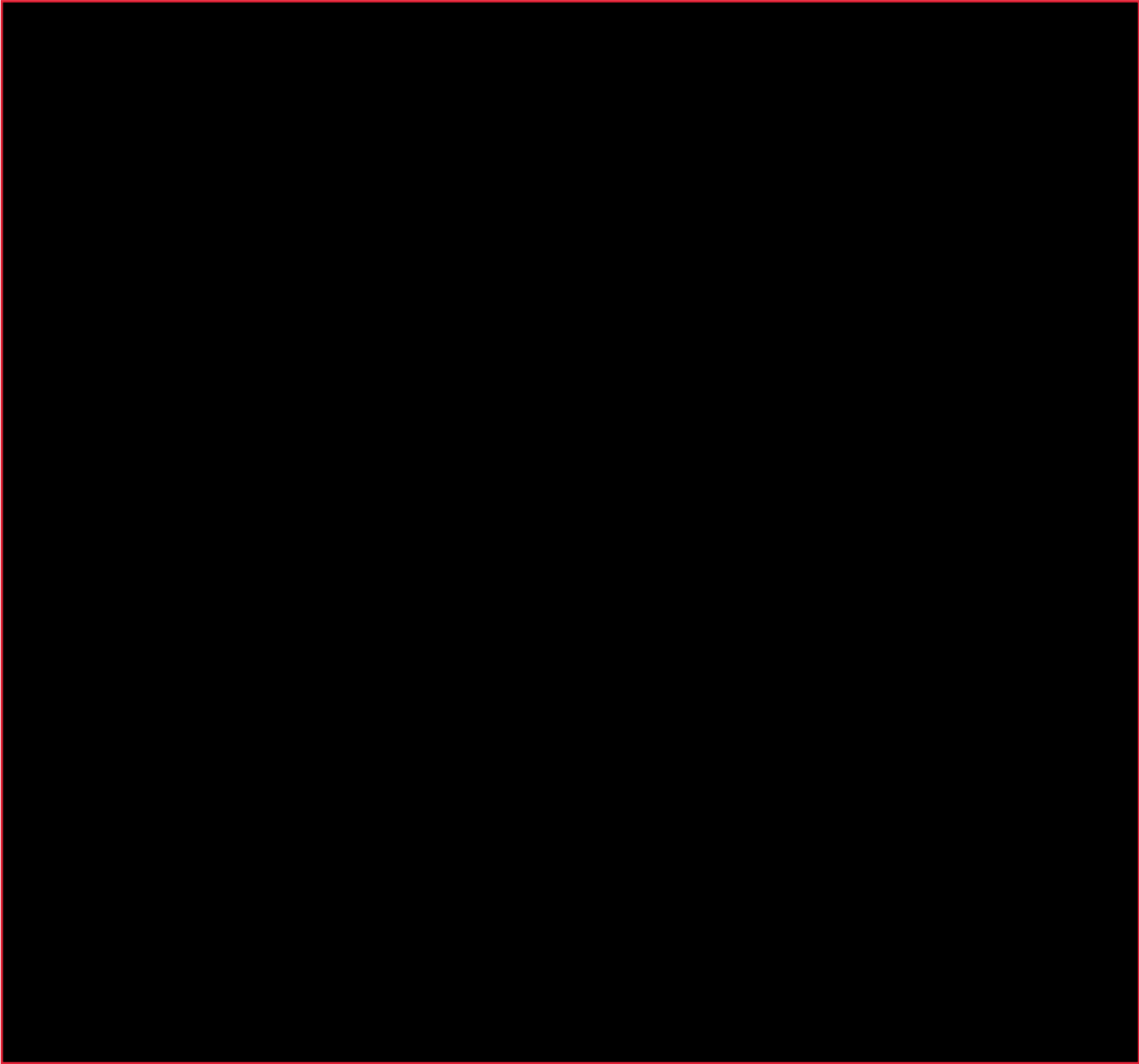
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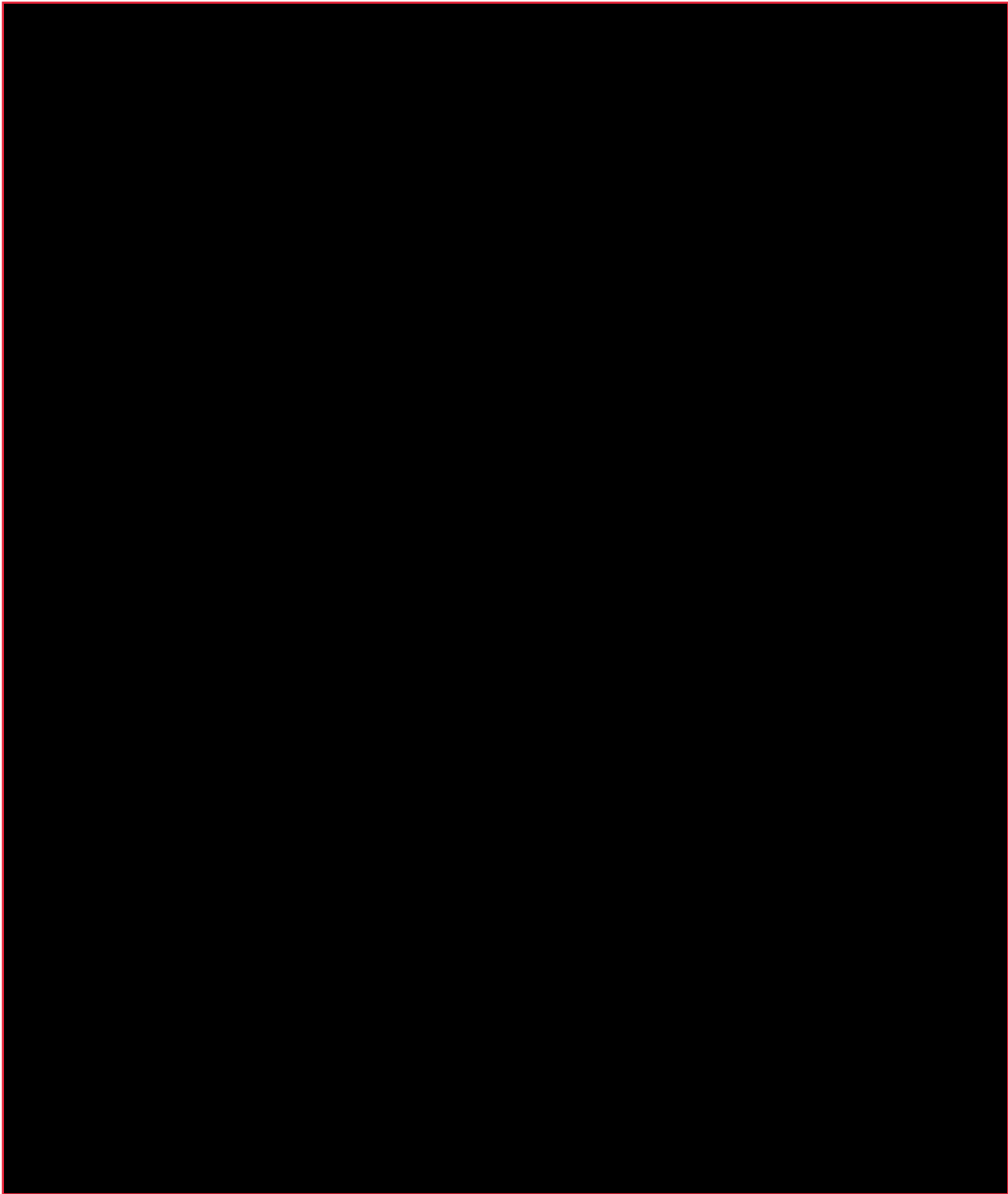




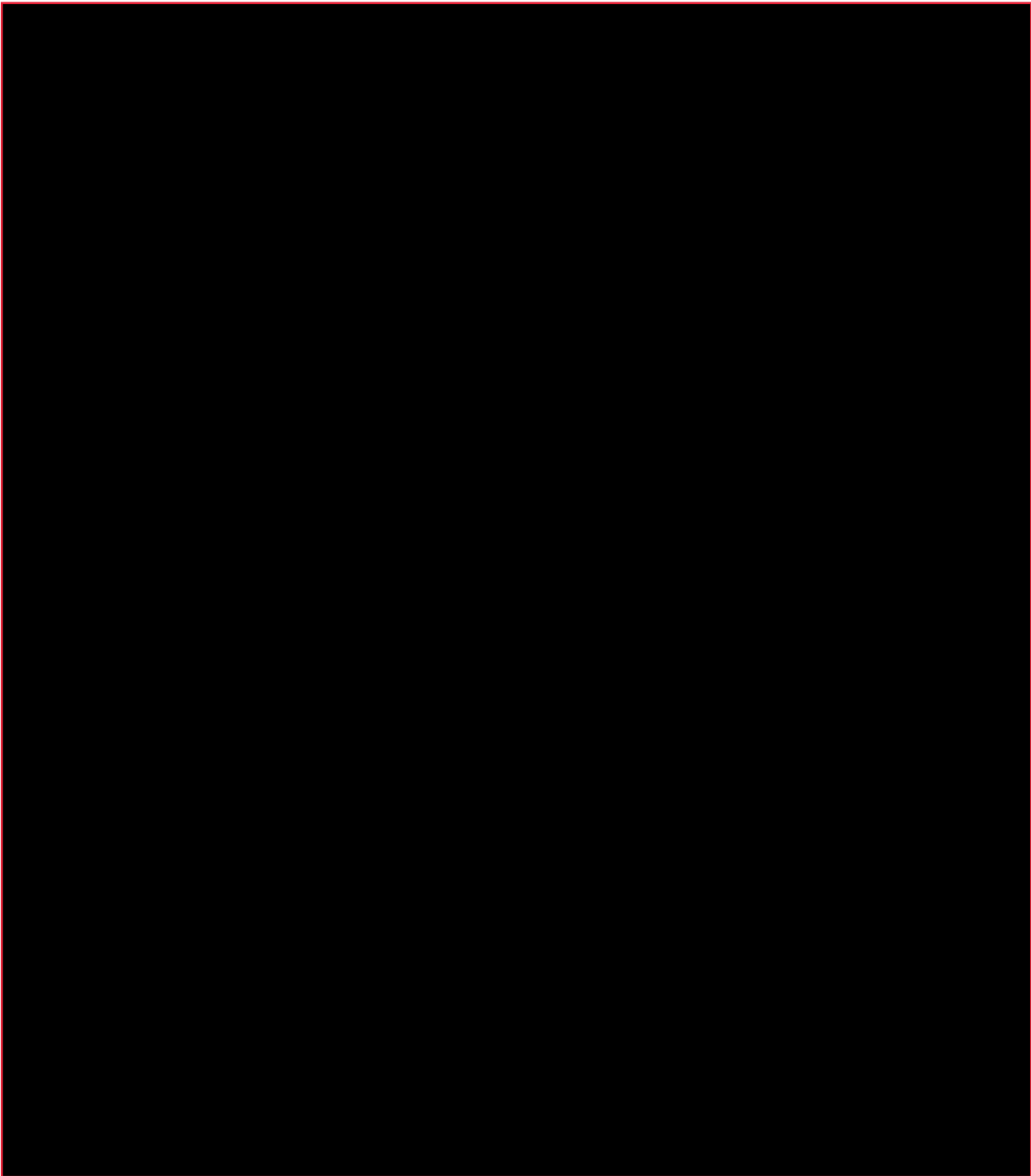




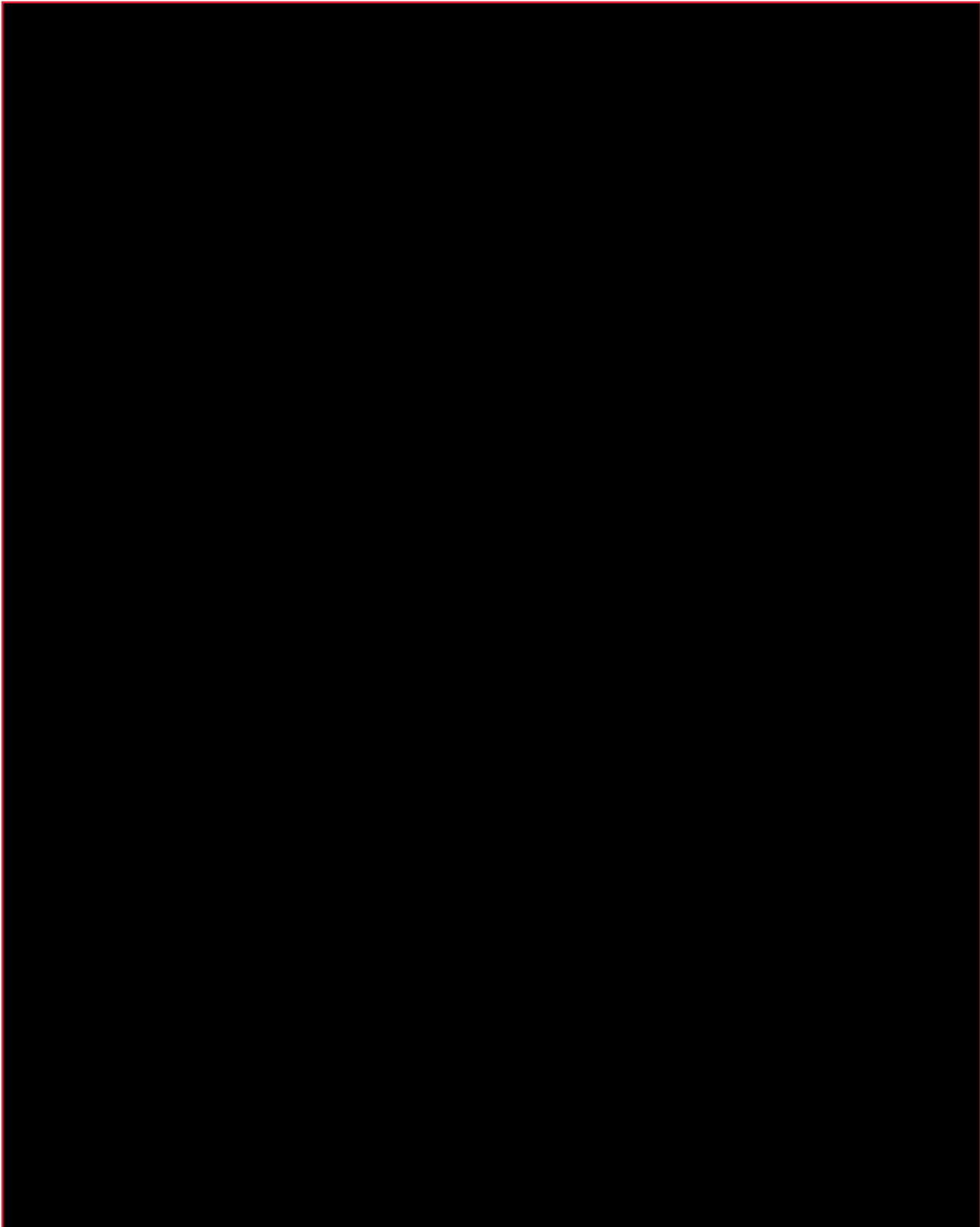
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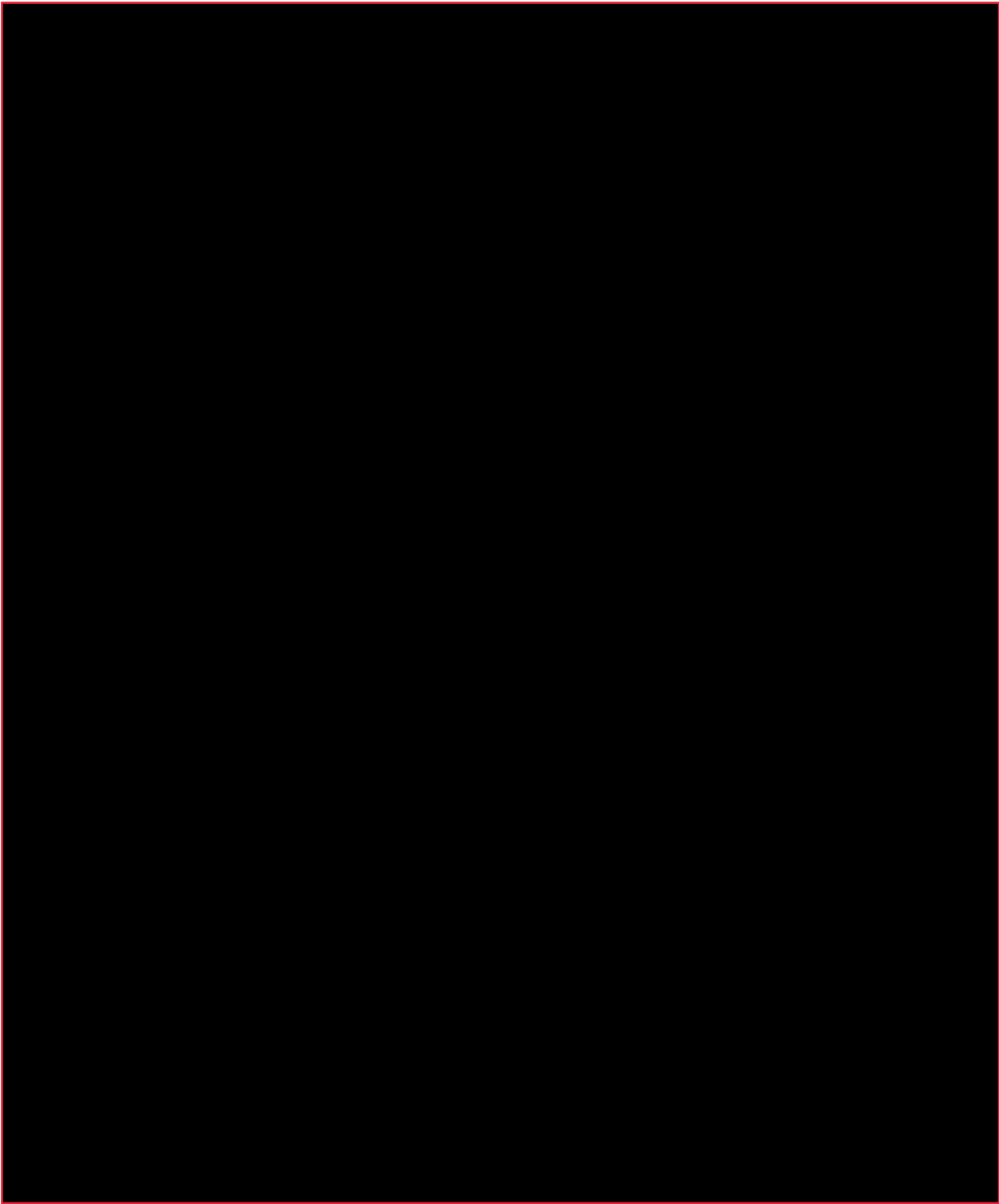
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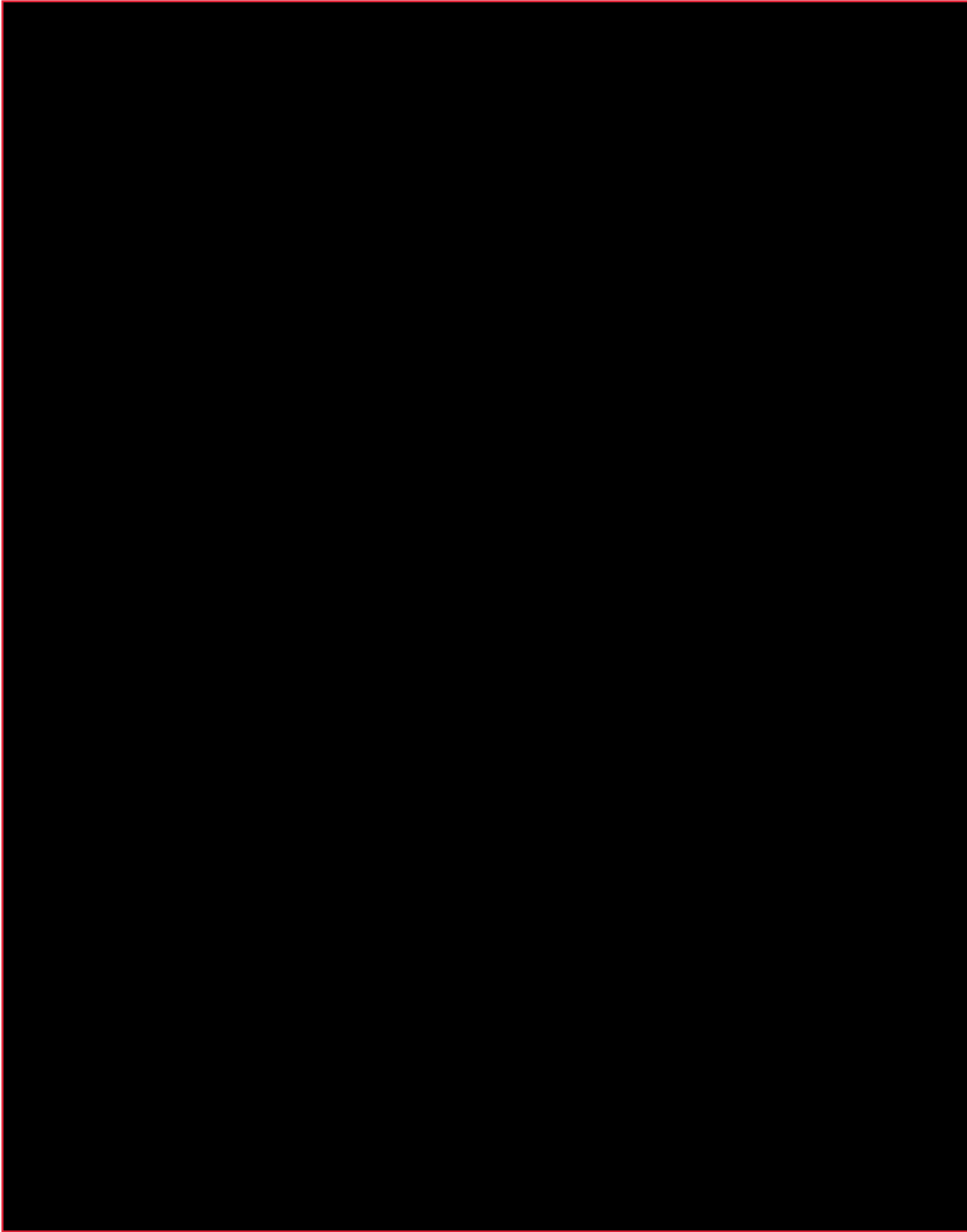
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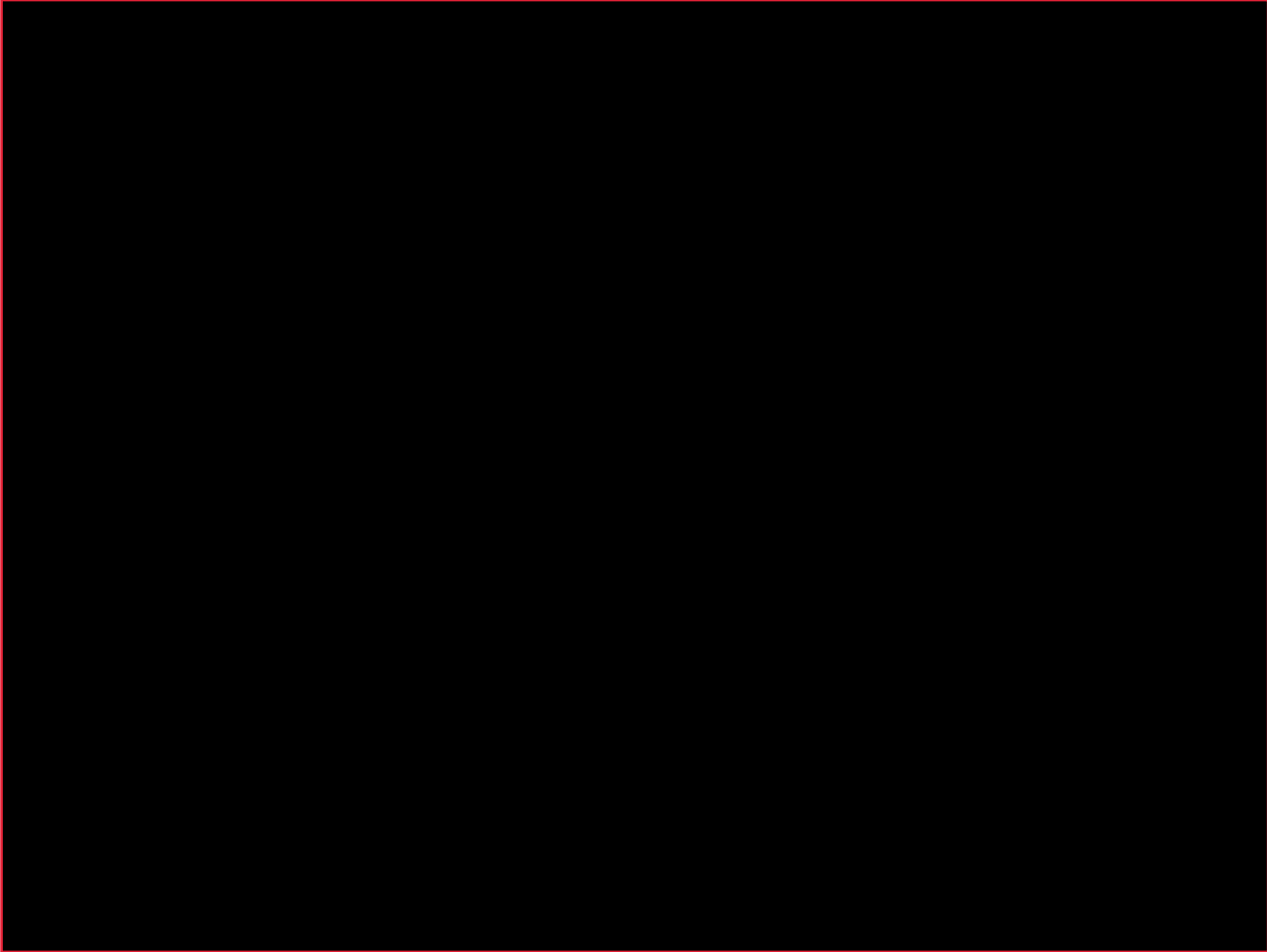


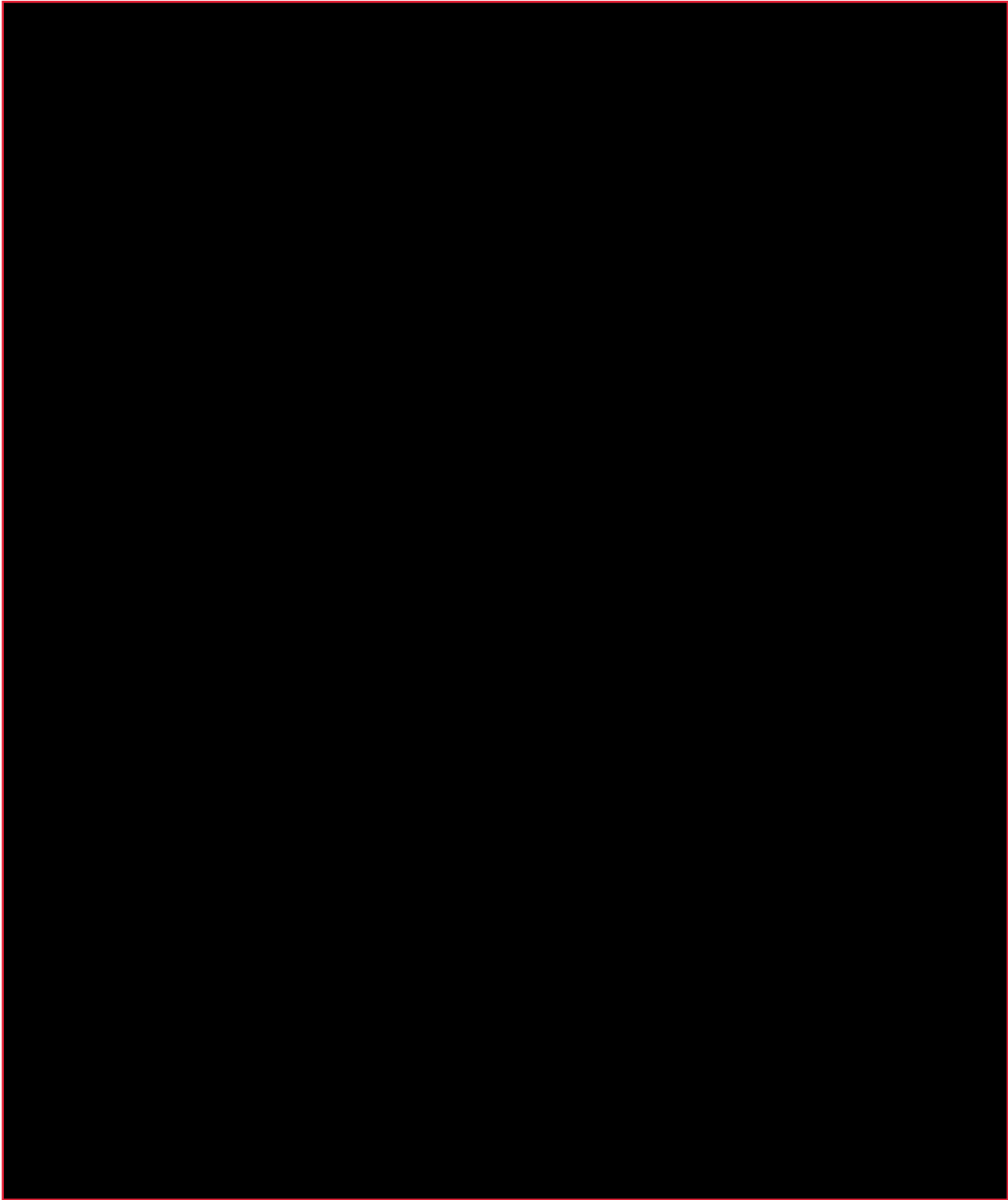
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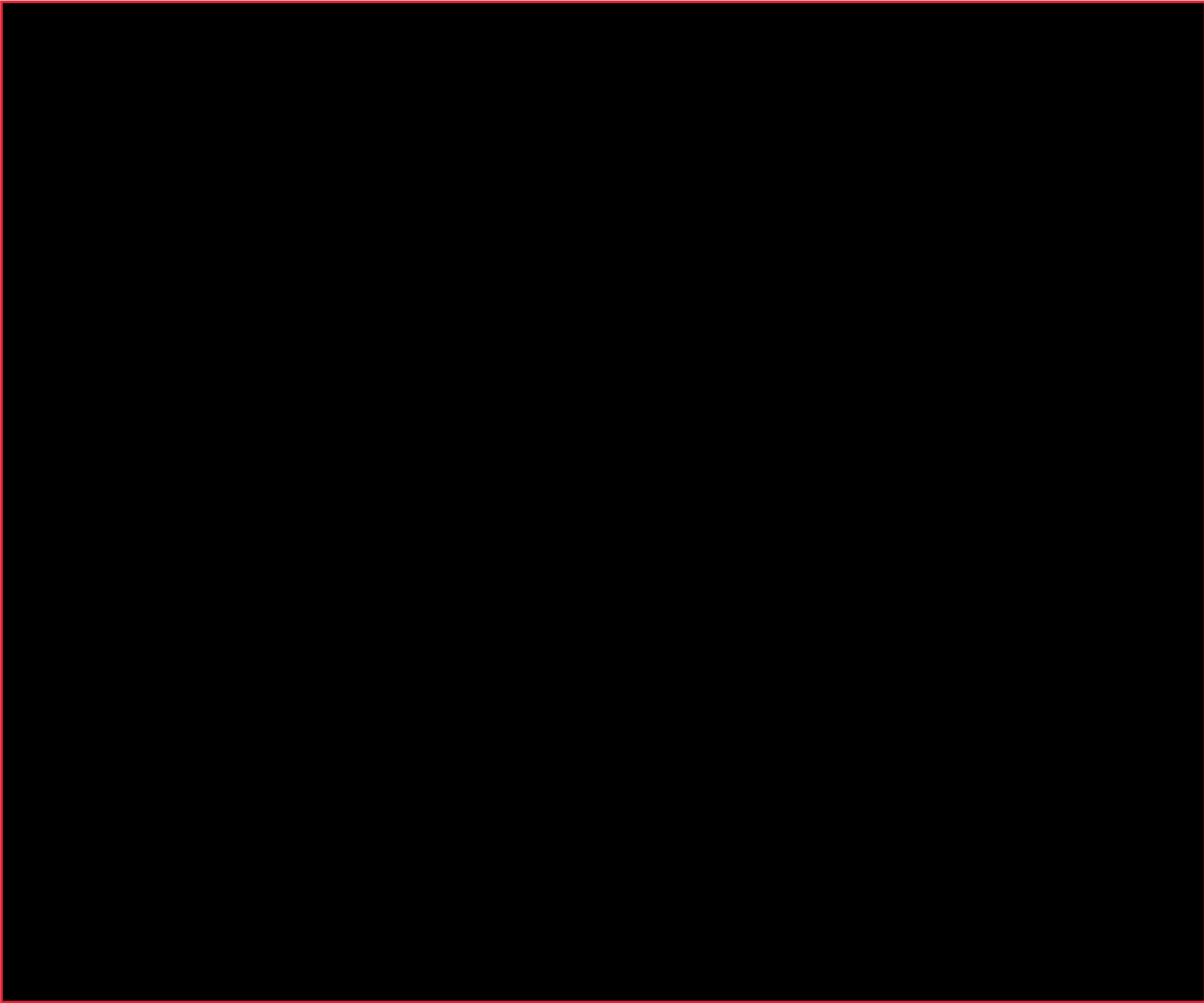
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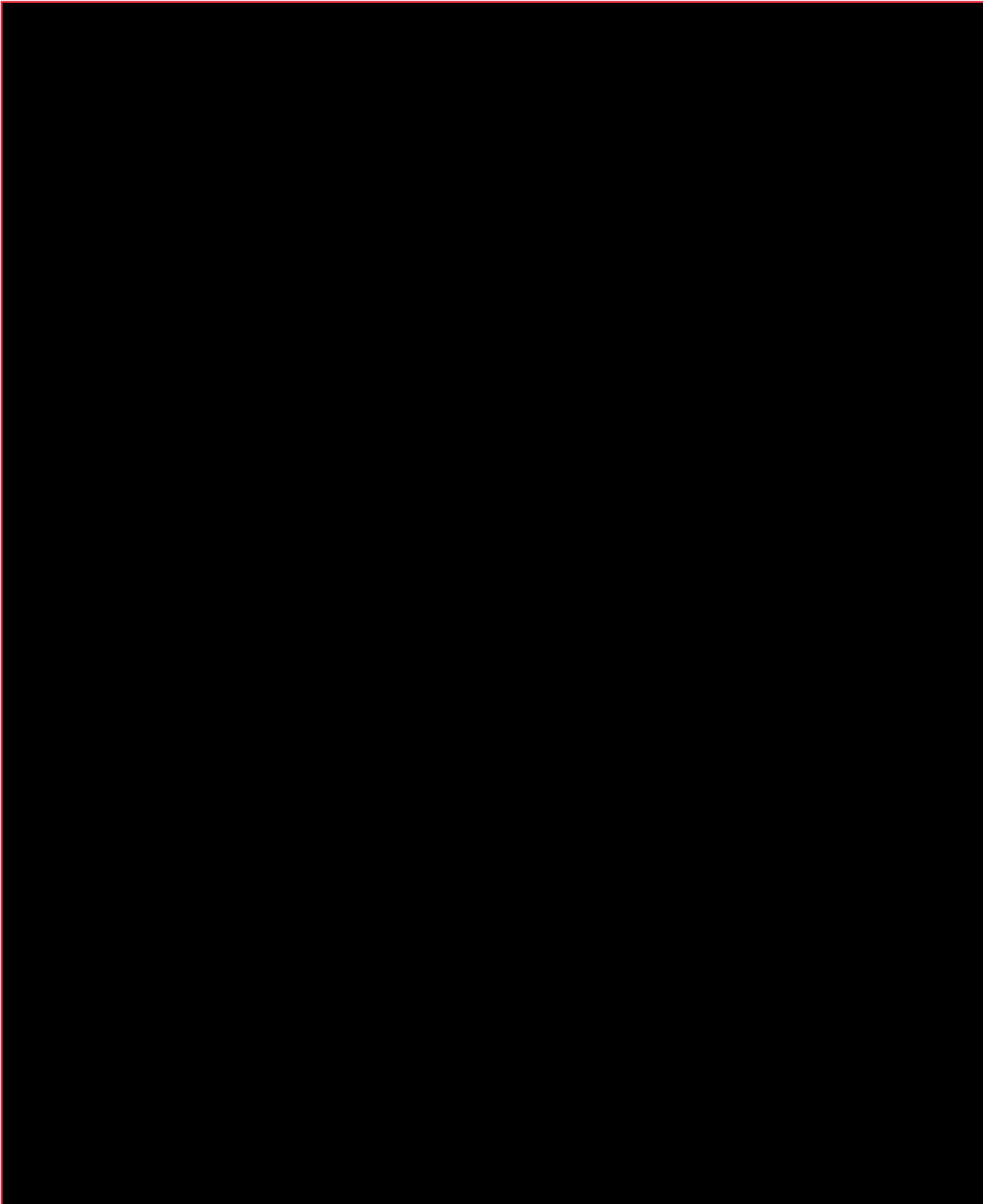




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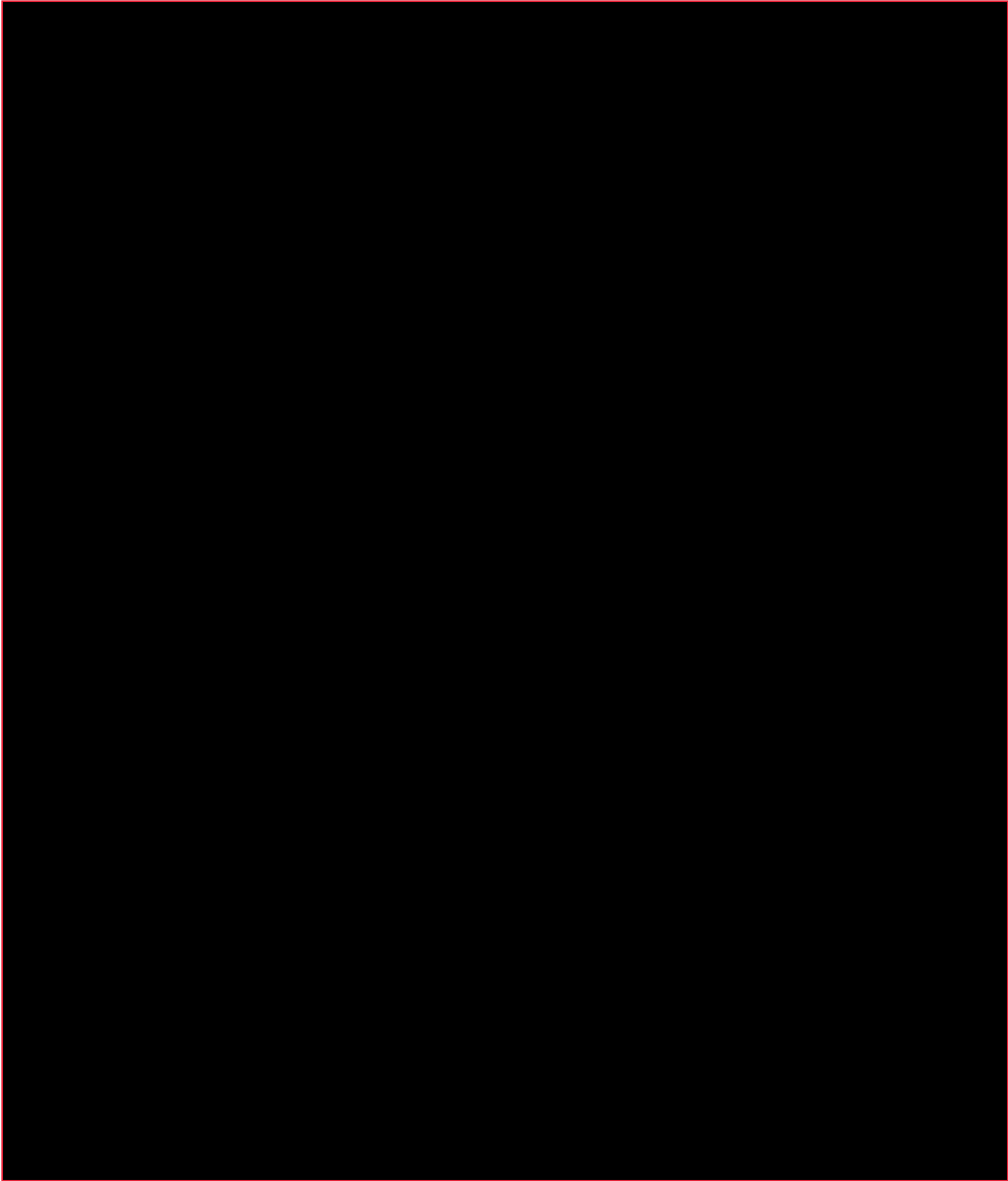
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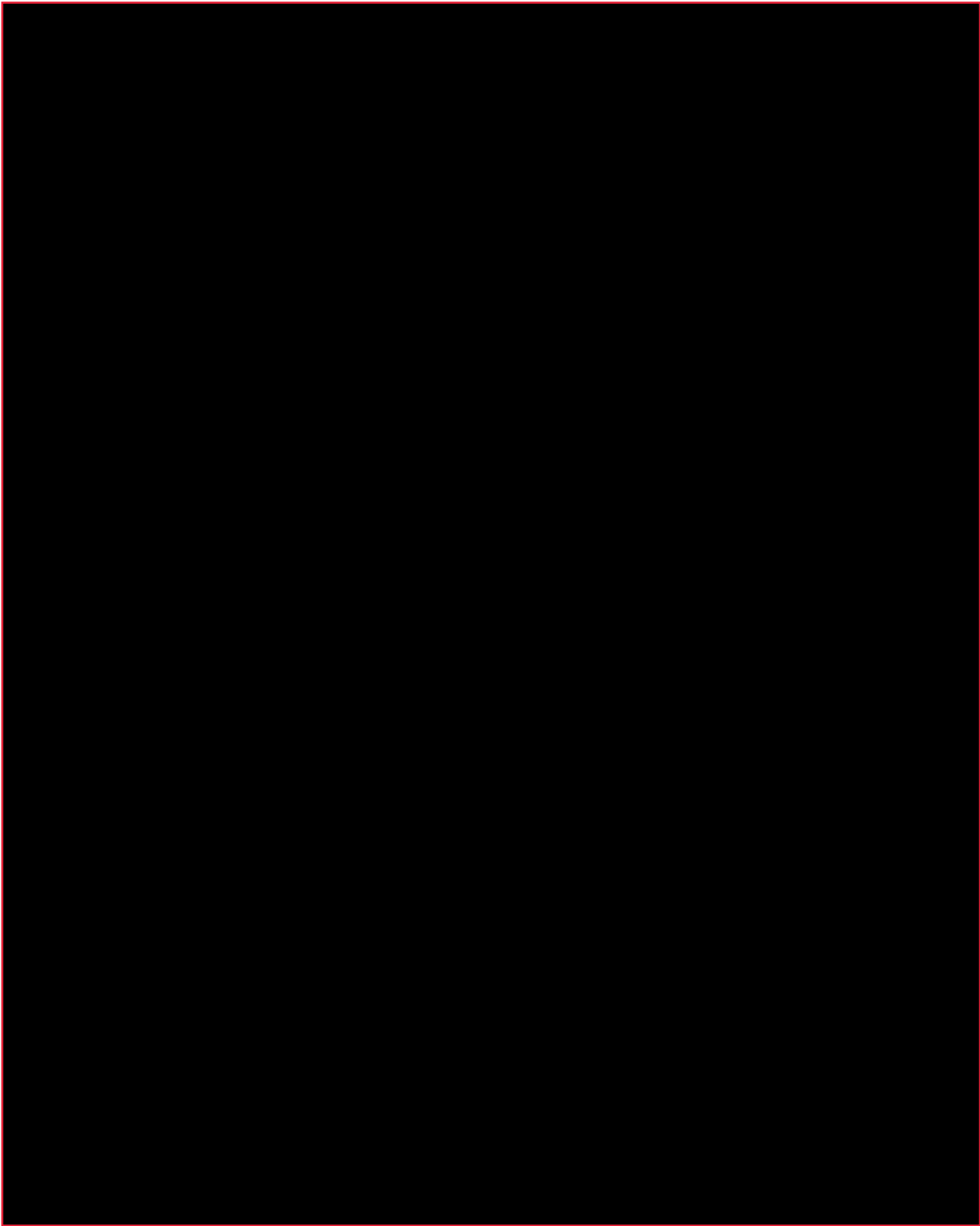
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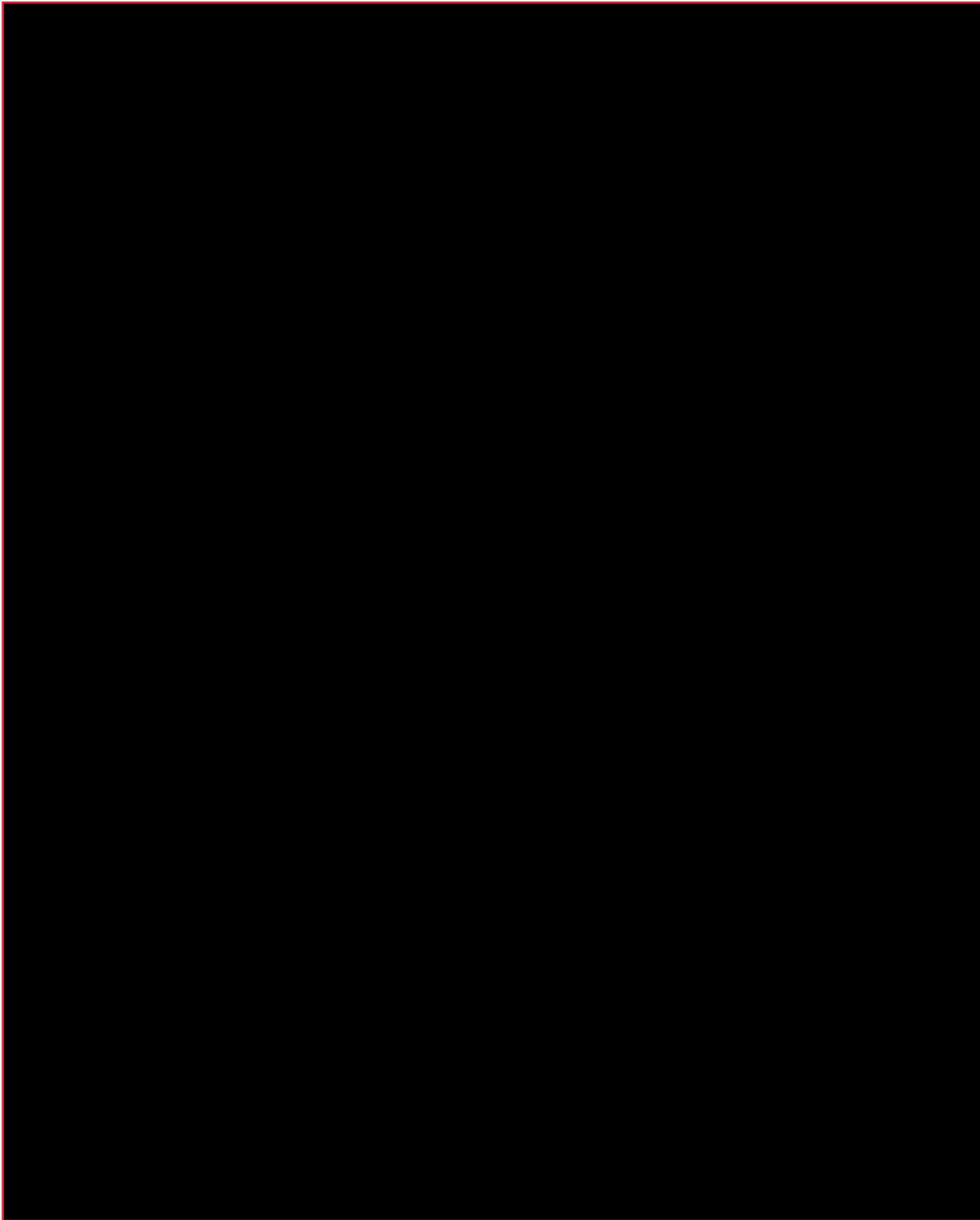
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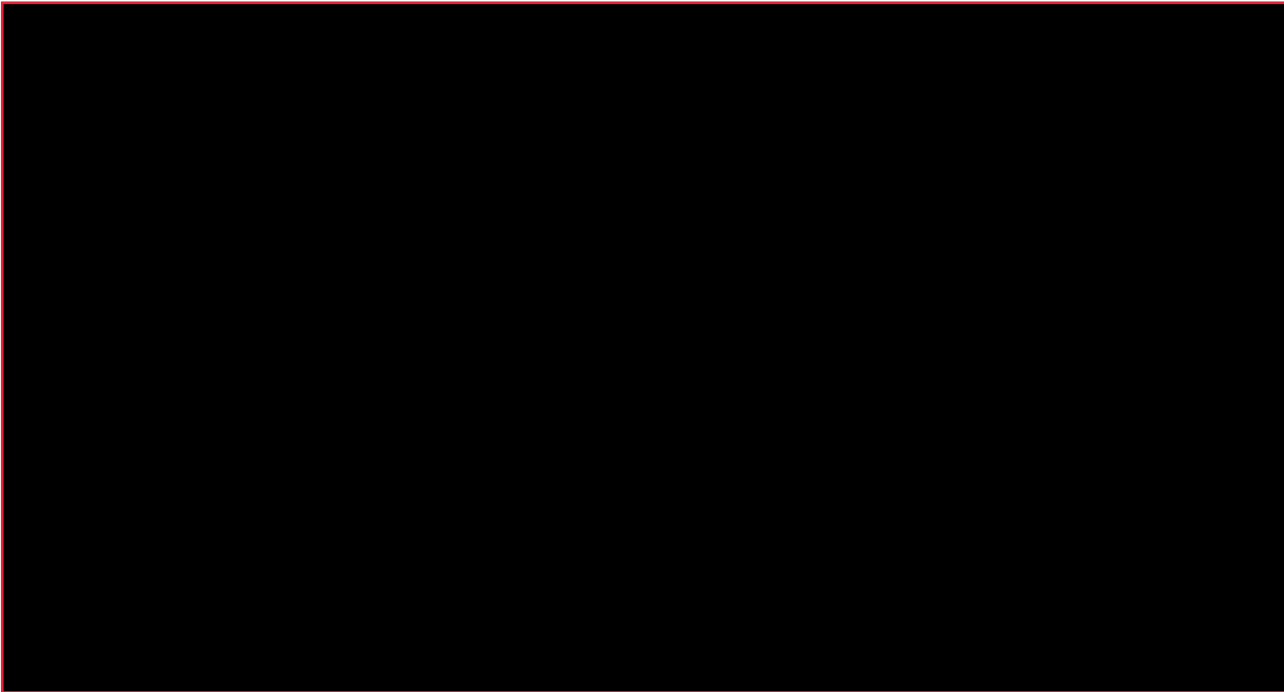


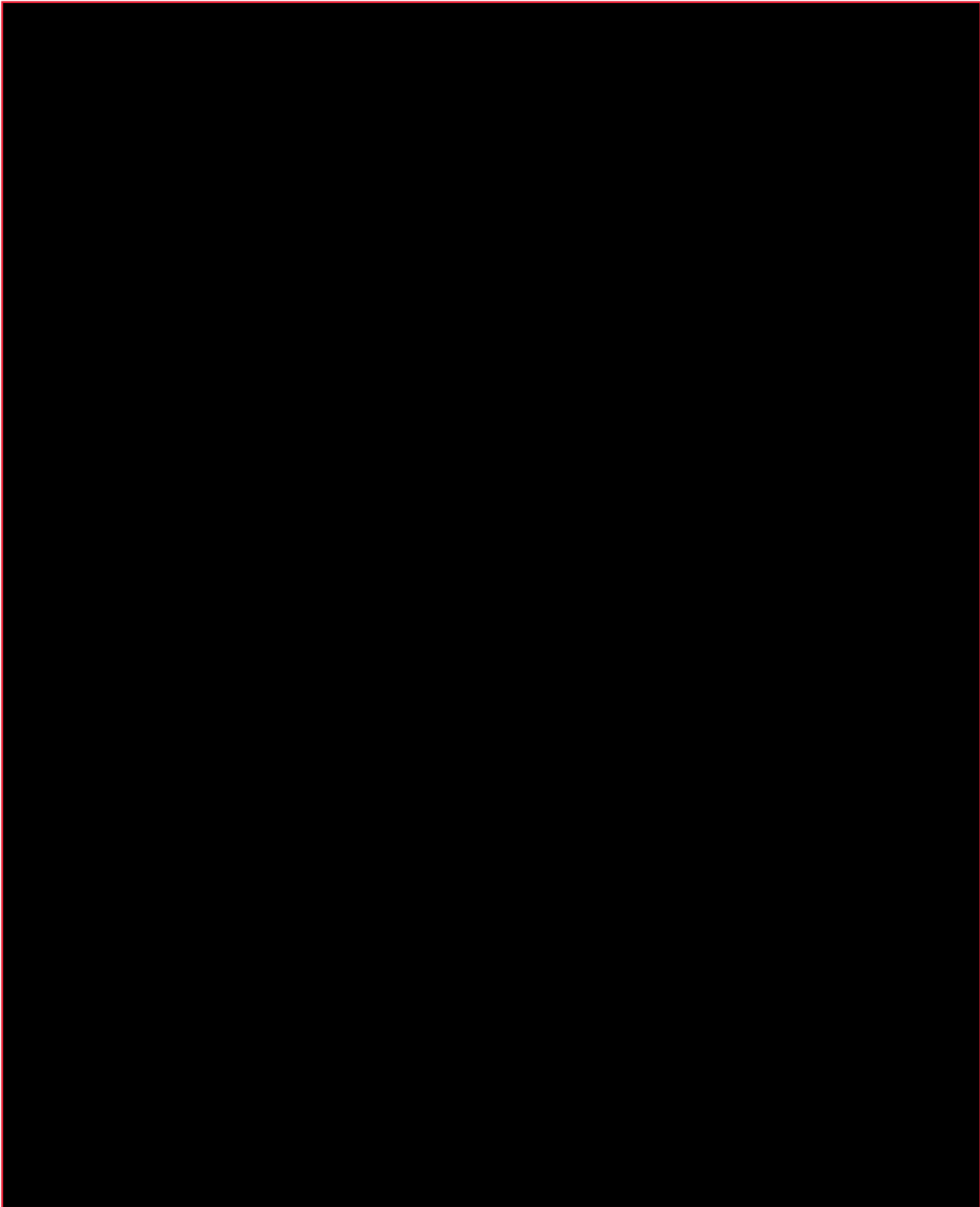




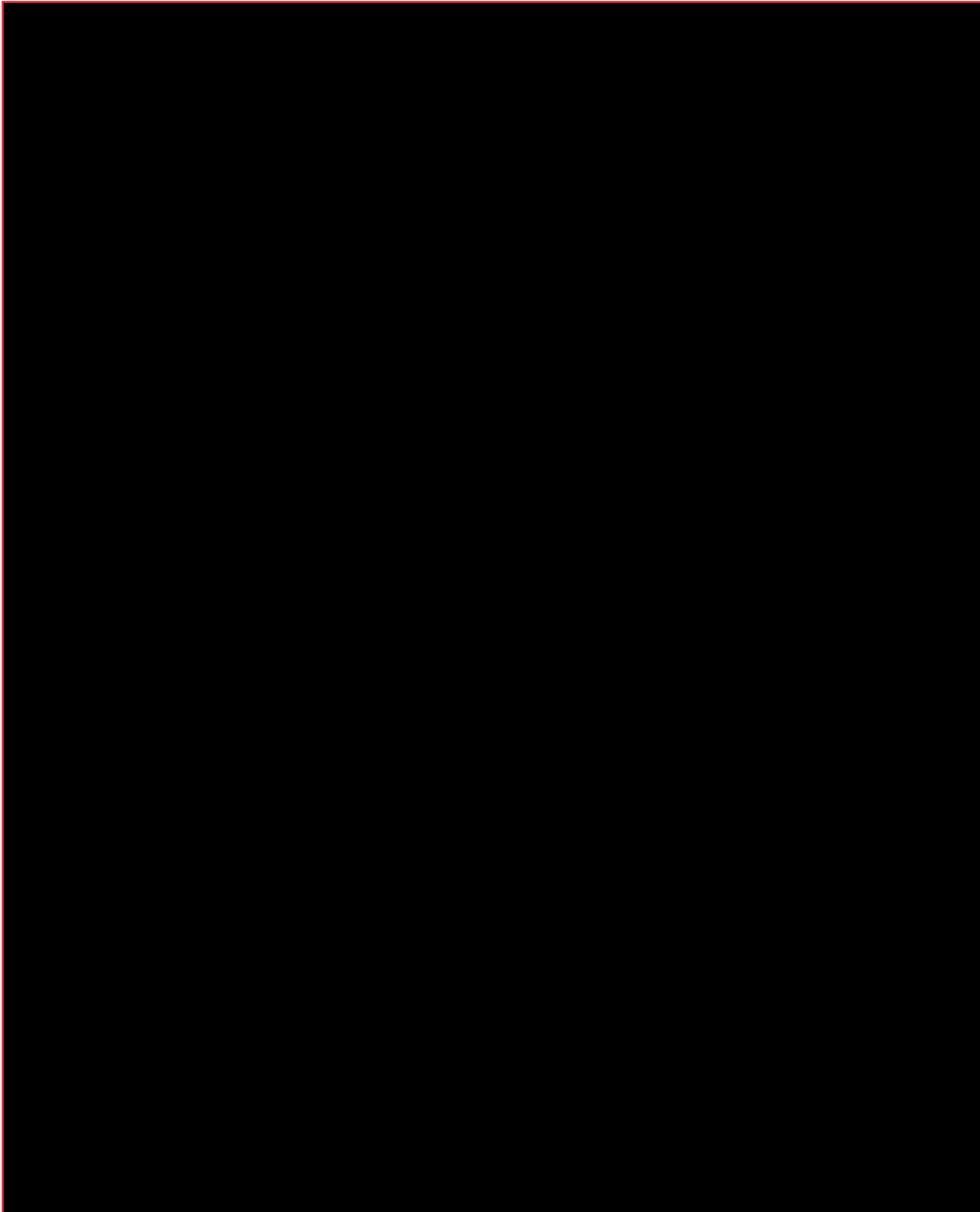


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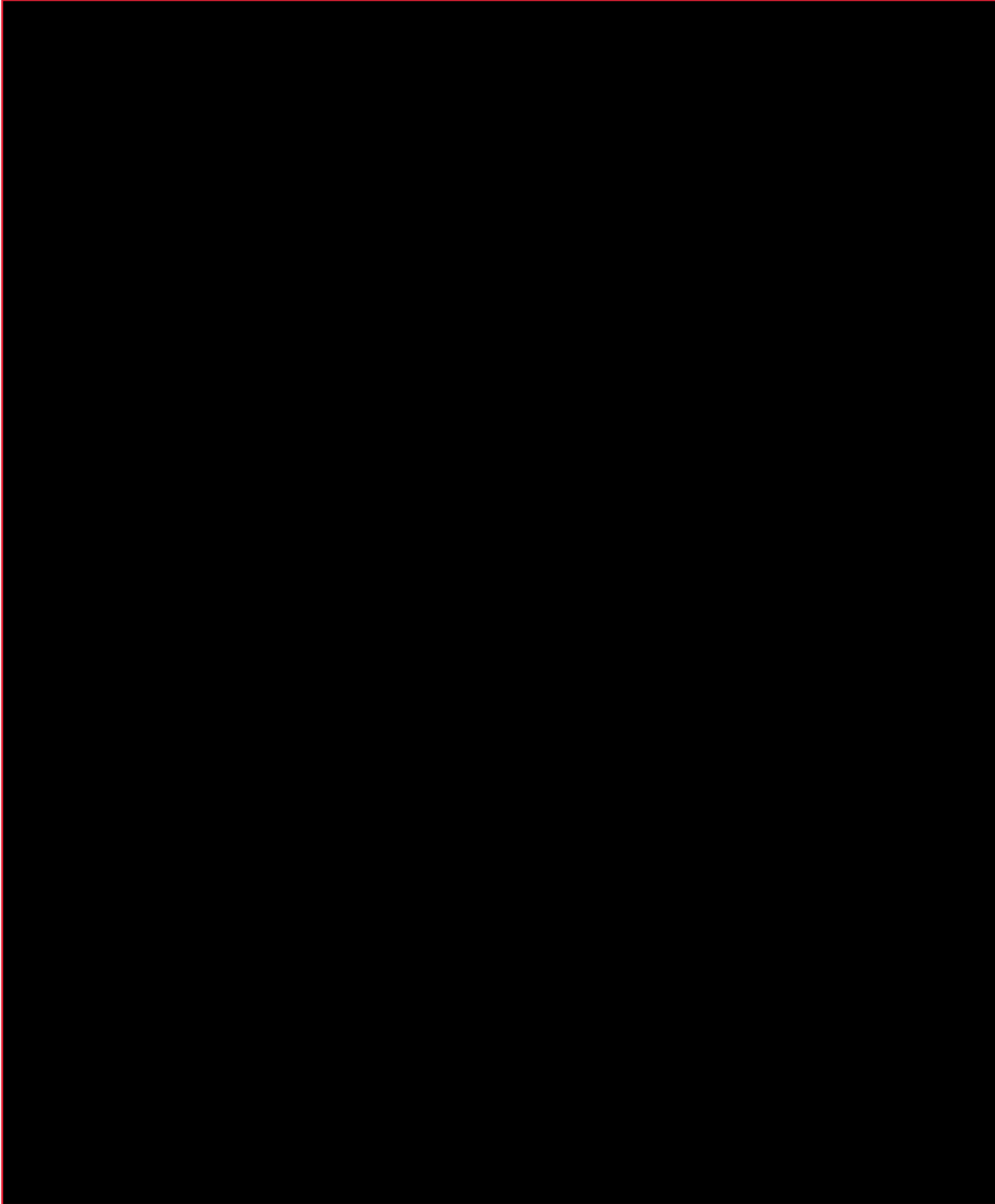








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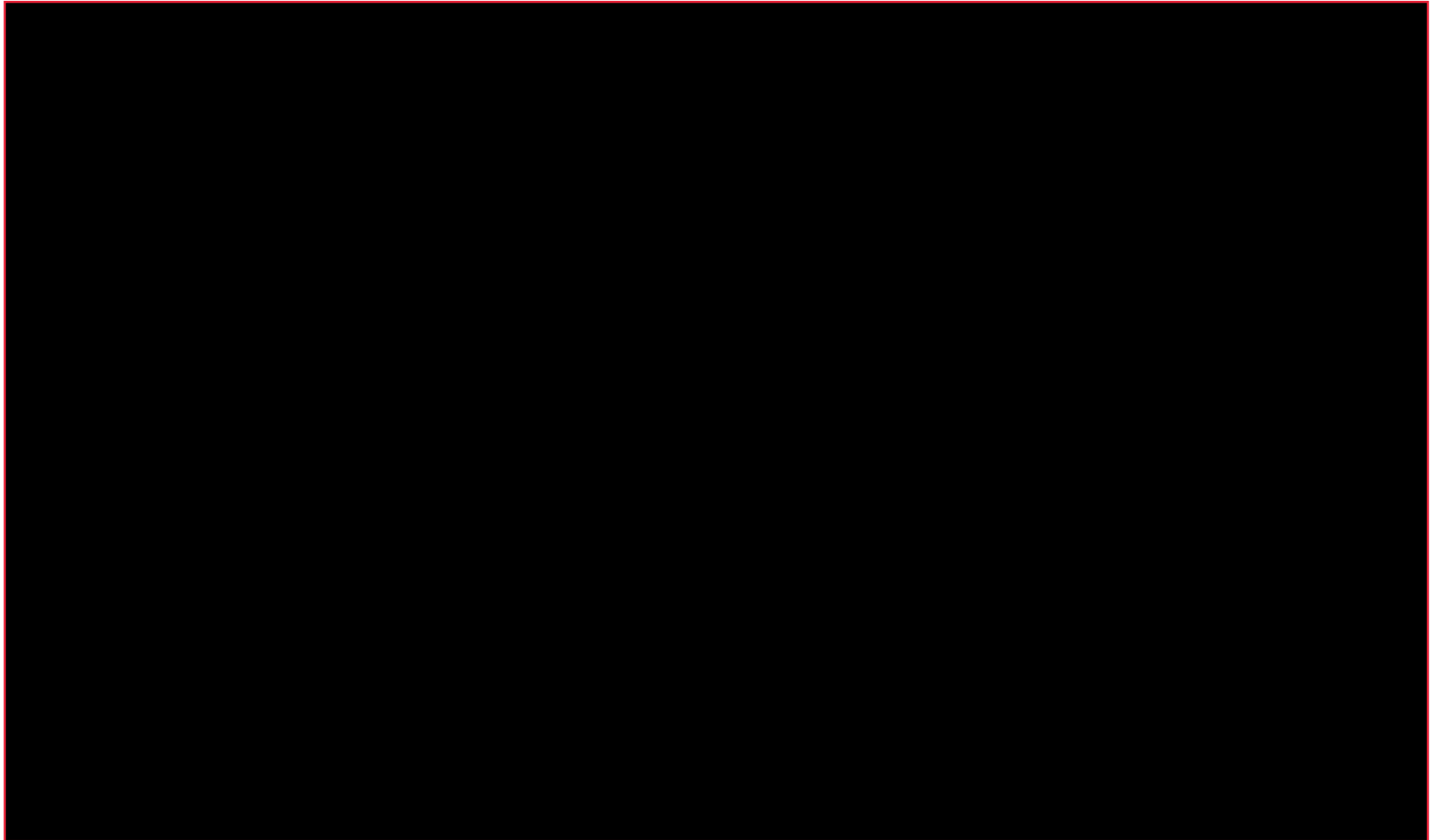
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# **EXHIBIT 2**

# **DRAFT IMPLEMENTATION**

# **PLAN**

DentaQuest Draft Implementation Plan for  
IDWP and Hawki Dental programs





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# **EXHIBIT 3**

# **OWNERSHIP**

# **DISCLOSURE - BIDDER**

**Ownership and Disclosure Information for SOW Section I.2.07**  
Bidder: DentaQuest USA Insurance Company, Inc.

**a. The name and address of any person (individual or corporation) with an ownership or control interest in the managed care entity and its Subcontractors. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address. Pursuant to 42 CFR 455.100-104**

Name and Title (if Person)	Address (Street/City/Zip)	% Ownership Interest
Sun Life Financial Inc.	1 York Street Toronto, Ontario M5J 0B6 Canada	100%
Sun Life Assurance Company of Canada	1 York Street Toronto, Ontario M5J 0B6 Canada	100%
Sun Life (Bermuda) Finance No.2 LLC	Victoria Place 5th Floor 31 Victoria Street Hamilton HM 10Bermuda	100%
Sun Life Global Investments Inc.	1 York Street Toronto, Ontario M5J 0B6 Canada	100%
Sun Life 2007-1 Financing Corp.	1 York Street Toronto, Ontario M5J 0B6 Canada	100%
Sun Life (Luxembourg) Finance No. 2 SARL	8-10 Avenue de la Gare Luxembourg City L-1610 Luxembourg	100%
Sun Life (Luxembourg) Finance No. 1 SARL	8-10 Avenue de la Gare Luxembourg City L-1610 Luxembourg	100%
Sun Life Assurance Company of Canada – U.S. Operations Holdings, Inc.	96 Worcester St, Wellesley, MA 02481	100%
DentaQuest Group, Inc.	96 Worcester St, Wellesley, MA 02481	100%
DentaQuest, LLC	96 Worcester St, Wellesley, MA 02481	100%
Brett Bostrack, President & Director	1440 E. Fairy Chasm Road, Bayside, WI 53217	<5%
Miles Yakre, Treasurer	5912 Edgewater Drive, Overland Park, KS 66223	<5%
Colleen Kallas, Secretary	13004 Delmar Street, Leawood, KS 66209	<5%
Scott Davis, Director	4 Magnolia Way, Winchester, MA 01890	<5%
Kamila Chytil, Director	5527 Vanderbilt Ave., Dallas, TX 75206	<5%
Neil Haynes, Director	10 Nouvelle Way, Unit T-623, Natick, MA, 01760	<5%
Robert Lynn, Director	10045 Heather Lane, #204, Naples, FL 34119	<5%

**b. The date of birth and Social Security Number (SSN) of any individual with an ownership or control interest in the Contractor and its Subcontractors. Pursuant to 42 CFR 455.100-104**

Name & Title	Date of Birth	SSN	Ownership Interest
			<5%
			<5%
			<5%
			<5%
			<5%
			<5%
			<5%

**c. Other tax identification number of any corporation with an ownership or control interest in the Contractor and any Subcontractor in which the Contractor has a five percent (5%) or more interest.**

None

**d. Information on whether an individual or corporation with an ownership or control interest in the Contractor is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling.**

None


**e. Information on whether a person or corporation with an ownership or control interest in any Subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling.**

None

**f. The name of any Other Disclosing Entity in which an owner of the Contractor has an ownership or control interest.**

Name of other disclosing entity
Advantage Dental Services, LLC
DentaQuest IPA of New York, LLC
DentaQuest of Arizona, LLC
DentaQuest of Florida, Inc.
DentaQuest of Georgia, LLC
DentaQuest of Illinois, LLC
DentaQuest of Iowa, LLC
DentaQuest of Kentucky, LLC
DentaQuest of Maryland, LLC
DentaQuest of Minnesota, LLC
DentaQuest of New Jersey, LLC
DentaQuest of New York, LLC
DentaQuest of Tennessee, LLC
DentaQuest of New Mexico
DentaQuest National Insurance Company, Inc.
Oregon Community Dental Care
Pacific Dental Network, Inc.

**g. The name, address, date of birth, and SSN of any managing employee of the Contractor. Pursuant to 42 CFR 455.100-104**

Name of Person	Date of Birth	SSN	Address	City, State and Zip	Title
					President & Director, DentaQuest USA Insurance Company, Inc.
					Treasurer, DentaQuest USA Insurance Company, Inc.
					Secretary, DentaQuest USA Insurance Company, Inc.


	Director, DentaQuest USA Insurance Company, Inc.
	Director, DentaQuest USA Insurance Company, Inc.
	Director, DentaQuest USA Insurance Company, Inc.
	Director, DentaQuest USA Insurance Company, Inc.
	President, Dental, and Manager, Board of Managers, DentaQuest, LLC

# **EXHIBIT 4 OWNERSHIP DISCLOSURE - SUBCONTRACTOR**






**Ownership and Disclosure Information for SOW Section I.2.07**  
Subcontractor: DentaQuest, LLC

**a. The name and address of any person (individual or corporation) with an ownership or control interest in the managed care entity and its Subcontractors. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address. Pursuant to 42 CFR 455.100-104**

Name and Title (if Person)	Address (Street/City/Zip)	% Ownership Interest
Sun Life Financial Inc.	1 York Street Toronto, Ontario M5J 0B6 Canada	100%
Sun Life Assurance Company of Canada	1 York Street Toronto, Ontario M5J 0B6 Canada	100%
Sun Life (Bermuda) Finance No.2 LLC	Victoria Place 5th Floor 31 Victoria Street Hamilton HM 10Bermuda	100%
Sun Life Global Investments Inc.	1 York Street Toronto, Ontario M5J 0B6 Canada	100%
Sun Life 2007-1 Financing Corp.	1 York Street Toronto, Ontario M5J 0B6 Canada	100%
Sun Life (Luxembourg) Finance No. 2 SARL	8-10 Avenue de la Gare Luxembourg City L-1610 Luxembourg	100%
Sun Life (Luxembourg) Finance No. 1 SARL	8-10 Avenue de la Gare Luxembourg City L-1610 Luxembourg	100%
Sun Life Assurance Company of Canada – U.S. Operations Holdings, Inc.	96 Worcester St, Wellesley, MA 02481	100%
DentaQuest Group, Inc.	96 Worcester St, Wellesley, MA 02481	100%
Steven Pollock, President, Dental, and Manager, Board of Managers		<5%
Miles Yakre, Treasurer		<5%
Colleen Kallas, Secretary		<5%
Brett Bostrack, Manager, Board of Managers		<5%
Scott Davis, Manager, Board of Managers		<5%
Neil Haynes, Manager, Board of Managers		<5%
Robert Lynn, Manager, Board of Managers		<5%
Sun Life Financial Inc.		100%

**b. The date of birth and Social Security Number (SSN) of any individual with an ownership or control interest in the Contractor and its Subcontractors. Pursuant to 42 CFR 455.100-104**

Name & Title	Date of Birth	SSN	Ownership Interest
			<5%
			<5%
			<5%
			<5%
			<5%
			<5%

Name & Title	Date of Birth	SSN	Ownership Interest
[REDACTED]			<5%

c. Other tax identification number of any corporation with an ownership or control interest in the Contractor and any Subcontractor in which the Contractor has a five percent (5%) or more interest.

None

d. Information on whether an individual or corporation with an ownership or control interest in the Contractor is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling.

None

e. Information on whether a person or corporation with an ownership or control interest in any Subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling.

None

f. The name of any Other Disclosing Entity in which an owner of the Contractor has an ownership or control interest.

Name of other disclosing entity
Advantage Dental Services, LLC
DentaQuest IPA of New York, LLC
DentaQuest of Arizona, LLC
DentaQuest of Florida, Inc.
DentaQuest of Georgia, LLC
DentaQuest of Illinois, LLC
DentaQuest of Iowa, LLC
DentaQuest of Kentucky, LLC
DentaQuest of Maryland, LLC
DentaQuest of Minnesota, LLC
DentaQuest of New Jersey, LLC
DentaQuest of New York, LLC
DentaQuest of Tennessee, LLC
DentaQuest of New Mexico
DentaQuest National Insurance Company, Inc.
Oregon Community Dental Care
Pacific Dental Network, Inc.

g. The name, address, date of birth, and SSN of any managing employee of the Contractor. Pursuant to 42 CFR 455.100-104

Name of Person	Date of Birth	SSN	Address	City, State and Zip	Title
[REDACTED]					President, Dental, and Manager, Board of Managers, DentaQuest, LLC
[REDACTED]					Treasurer, DentaQuest, LLC
[REDACTED]					Secretary, DentaQuest, LLC

	Manager, Board of Managers, DentaQuest, LLC
	Manager, Board of Managers, DentaQuest, LLC
	Manager, Board of Managers, DentaQuest, LLC
	Manager, Board of Managers, DentaQuest, LLC
	Chief Operating Officer, DentaQuest, LLC



# TAB 4

# BIDDER'S EXPERIENCE

### 3.2.4.1 LEVEL OF TECHNICAL EXPERIENCE

**3.2.4.1 Level of technical experience in providing the types of services sought by the RFP.**

DentaQuest's technical experience is unmatched in the industry. For the last 30 years, DentaQuest has delivered results for state Medicaid Agencies and Managed Care organizations alike. Our technical expertise will bring immediate value to the Agency and its Members and Providers on Day 1 of our Contract through optimized administration and innovative program offerings.



#### MEDICAID/CHIP EXPERIENCE SECOND TO NONE

DentaQuest currently serves more than 30 million Medicaid/CHIP Members in 21 states. **To put that figure into perspective – nearly 1 in 3 Medicaid Members nationally are served by DentaQuest.**

This experience includes contracts directly with state Medicaid and CHIP Agencies, and 60 contracts with Medicaid MCOs, including both capitated risk-based programs and non-risk arrangements.

Through our extensive experience we have developed enterprise systems and processes that comply with national standards including the CFR, NCQA, and URAC, while customizing implementations to account for state-specific requirements. We are NCQA-certified for Credentialing/ Recredentialing (since 2014) and Utilization Management (2023), and have achieved URAC accreditation effective January 2022. URAC is the only accrediting body that provides full organizational accreditation for dental benefits administrators. DentaQuest has committed to achieving industry certification and accreditation to demonstrate through third-party validation that our knowledge, infrastructure, and processes adhere to industry best practice standards.

Our experience surpasses that of any other organization that might hope to serve Iowa Members for their oral health needs, and provides evidence that the Agency can rely upon DentaQuest to provide Iowa with an efficient implementation of the services requested in the SOW including:

- **A high-touch and customized plan to establish and manage our inclusive network of primary care and specialty dentists.** DentaQuest's team has invested time and resources into meeting with critical oral health stakeholders in Iowa. Additionally, we have already launched our recruitment campaign. This early work has provided us with critical insights into the unique challenges faced by Iowa Members as they look to access dental care. Having built compliant Medicaid networks in 21 states already, we know what it takes and will rely on time-tested processes to deliver on our commitments.
- **A unique, effective Patient-Centered Dental Home model:** DentaQuest has built on the evidence-based practice of using a Patient-Centered Dental Home model as the foundation for ensuring Member access to high-quality oral health care, by assigning Members who do

#### DENTAQUEST'S TECHNICAL EXPERTISE: THREE CRITICAL ELEMENTS



1. MEDICAID/CHIP DBA EXPERIENCE SECOND TO NONE



2. FINDING UNIQUE SOLUTIONS TO UNIQUE CHALLENGES



3. BALANCING PROGRAM COSTS WHILE IMPROVING QUALITY

not self-select their Primary Care Provider (PCP) to higher-performing Providers. We identify top-performing Providers using our proprietary Ensemble Model to score PCPs against their peers for quality, cost, and outcome of care. We have been able to create this innovative model largely because of our vast experience and investment in predictive analytics.

- **Proven, established care coordination and case management:** Our established, documented utilization management and care coordination programs go beyond SOW requirements and provide high-touch person-centered case management services to Members with special health care needs. Our experience providing care coordination and case management across various populations has resulted in established processes for performing initial oral health screenings, developing a self-assessment for SDOH needs, comprehensive oral health assessment processes for complex needs, and case management strategies for improving health outcomes for Members with oral health or SDOH needs.
- **Standards-based utilization management procedures, minimizing administrative burdens for Providers:** Consistent, reliable utilization management is an important process for ensuring Members receive access to needed dental services in the most appropriate setting. DentaQuest leverages our experience providing utilization management in 21 states to inform the evolution of our procedures, ensuring Providers receive training and can efficiently submit and track the status of service requests, with access to peer review as needed.
- **Comprehensive Information Systems:** DentaQuest's experience is supported by comprehensive information management systems for benefits administration, Claims adjudication, Member and Provider data management, analytics, and reporting. We use industry-standard frameworks such as HITRUST and ITIL to ensure the privacy and security of our Member and Provider data. HITRUST was implemented as a healthcare-specific information security framework and has been the only dedicated framework for the healthcare industry. DentaQuest's Claims adjudication system, and related processes became HITRUST and NIST CSF certified in 2019. Nineteen different domains and 630 security indicators are addressed through DentaQuest's HITRUST certification.



## EXPERIENCE DEVELOPING CUSTOMIZED SOLUTIONS FOR UNIQUE CHALLENGES

We are eager to establish innovations and programs that change the course of oral health care in Iowa. Throughout our response, we describe in detail how our programs and solutions will be deployed in Iowa. Below we highlight examples of programs we have implemented in other states to demonstrate our commitment to developing customized solutions for unique challenges faced by State Medicaid programs.

### Example 1: Increasing medical PCPs participating in Tennessee's Fluoride Varnish Program

DentaQuest is a leader in building collaborations between medical and dental professionals. For example, DentaQuest has played a prominent role in the success of Tennessee's Non-Traditional Provider Fluoride Varnish Program. When we first took over the program in 2013, only **four non-traditional Providers** actively participated and were billing for services rendered.



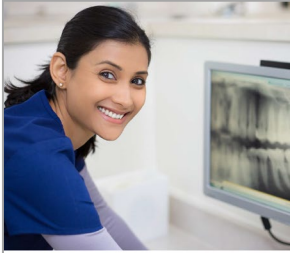

After six years, we increased participation to 480 non-traditional Provider access points (324 unique Providers) across the state. These non-traditional Providers delivered a combined total of 61,916 screenings/ fluoride services to 30,685 TennCare Members in 2019. This program has sustained over time, and continues to provide this important preventive service to children across the state.

We work closely with the Tennessee Chapter of the American Academy of Pediatrics to identify new initiatives, recruitment opportunities, and partnerships to help us continue to improve through this important program and promote medical/dental collaboration. We also analyze claims data to identify the non-traditional Providers that outperform their peers in providing fluoride varnish services. We ask these medical PCPs to become "Oral Health Champions" and offer peer-to-peer learning opportunities for lower performers or non-participating medical PCPs to provide education and support.

Our Welcome Kit (Figure A-3.2.4) includes a variety of helpful resources for non-traditional Providers, including an introduction letter; ADA claim form and instructions; fluoride brochure; tooth easel; varnish billing instructions; varnish supply sheet; Provider portal training; and a caries risk assessment tool.

To facilitate collaboration between medical PCPs in the program and our dental network, we created tear-off "Rx Pads" for PCPs and caregivers. These pads include instructions for how to contact DentaQuest for help locating a Provider and reinforcing the need to receive regular dental check-ups.

Figure A-3.2.4: Medical PCP Outreach and Education Materials in Tennessee

**FLUORIDE VARNISH TRAINING FOR HEALTH-CARE PROFESSIONALS (CERTIFICATE AVAILABLE)**

If you have questions please contact DentaQuest at 1-855-418-1623 or email [Non-TraditionalMedicalFluorideVarnish@greatdentalplans.com](mailto:Non-TraditionalMedicalFluorideVarnish@greatdentalplans.com)

**APPROVED SELF-ADMINISTERED WEB-BASED TRAININGS**

- Required - Smiles for Life Course 6: <http://www.smilesforlife.org>
- Recommended - Smiles for Life Course 2: <http://www.smilesforlife.org>

Program Effective Date: January 2014

DC866

**WHAT YOU NEED TO KNOW ABOUT FLUORIDE VARNISH IN A MEDICAL SETTING.**

DentaQuest

**HEALTHY MOUTH = HEALTHY CHILD**

Very young children usually see a primary care provider more than eight times for well-child care before their first visit to a dentist.

- Because early intervention is so important to the prevention of dental disease, primary care providers are in a unique position to identify existing problems and provide guidance to parents.

**WHAT IS FLUORIDE VARNISH?**

Fluoride varnish (5% sodium fluoride) has been used for decades to help prevent tooth decay and its use is increasing in the United States. Varnish comes in tubes for multiple applications using a cotton swab, or as a prepackaged single dose with a small disposable applicator or brush. Fluoride varnish lowers caries-causing oral bacterial levels and repairs and strengthens teeth.

**WHY CONSIDER FLUORIDE VARNISH IN THE MEDICAL SETTING?**

1. You and fluoride varnish are the first weapons of defense against dental caries.
2. No dental cleaning is needed before application.
3. It is safe and well tolerated by infants, children, and children with special healthcare needs.
4. It takes two minutes to apply, and dries immediately upon contact with saliva.
5. No special dental equipment is needed.
6. Little training/skill is needed to apply fluoride varnish.

**WHAT ARE THE MEMBER LIMITATIONS AND RESTRICTIONS?:**

- Available for TennCare<sup>SM</sup> eligible members six months - five years of age.



- Required to complete both a dental screening D0190 and fluoride varnish application D1206 at the same visit.
- Reimbursable at \$20.50 per fluoride application and \$12.00 per dental screening.
- Each enrollee is permitted two (2) visits per year.

**WHO CAN PARTICIPATE?**

- Primary Care Physicians
- Pediatricians
- Physician Assistants
- Nurse practitioners

**TIPS TO SHARE WITH PARENTS TO PREVENT TOOTH DECAY IN CHILDREN:**

- It's recommend that children are seen by a dentist by the age of 1.
- Wipe baby's gums with a wet cloth after feeding, even before baby's teeth appear.
- Do not put baby to bed with a bottle.
- Brush twice a day for at least two minutes with a soft bristled toothbrush.
- Visit the dentist for a routine exam every 6 months, or as determined by your dentist.
- Give your children healthy snacks such as fruits and vegetables.



**WHAT THIS MEANS FOR IOWA**

In Iowa, we will leverage our experience collaborating with traditional and non-traditional Providers and community organizations to collaborate with I-Smile Coordinators, Providers, HealthLink MCOs, and other community organizations to advance the goals of the Agency for improved medical/dental integration and improved oral health outcomes for Members. We will collaborate with I-Smile Coordinators to train Providers through Cavity Free Iowa, providing our

experiential learnings and best practices to support their efforts. Additionally, we will collaborate with stakeholders to recruit Provider participation in areas of Iowa with low participation in the Cavity Free Iowa program, leading to the expansion of their efforts.

### Example 2: Improving Access to Oral Healthcare Including Preventive and Restorative Services

Improving access to covered dental services, including preventive and restorative services, defines our experience as a Medicaid dental benefits administrator (DBA). We work shoulder to shoulder with our State Agency partners to improve access according to State goals, in some cases following class action lawsuit against states that require improvements year over year. For example, during our original tenure as the TennCare DBA, we helped the Bureau of TennCare increase the dental screening ratio from 59% in 2005 to 80% in 2009, meeting its *John B. v. Goetz* consent decree.

We helped the MassHealth Dental Program achieve similar success. In the *Health Care for All v. Romney* class action lawsuit, Judge Rya Zobel ruled that children covered by the MassHealth Dental Program encountered “extraordinary difficulty” in obtaining timely dental care, and that the program violated federal Medicaid law. At the time, barely a third of Medicaid-eligible children in Massachusetts were being treated by a dentist. The judge ordered several changes, including requiring MassHealth to contract with a DBA to manage the program. We were subsequently awarded the contract through a competitive bidding process and worked closely with MassHealth to turn the program around.

Our approach to increase access and utilization of preventive and restorative services for MassHealth Members during our original contract term is outlined in Figure B-3.2.4. Progress was closely monitored by State leaders and the courts, but with our leadership, dedication, and new programming, the State emerged from the lawsuit in 2011.

Figure B-3.2.4: Strengthening the MassHealth Dental Program through Improved Access

Focus Area	Description	Outcomes
Network Development	<p>Build a solid foundation with a satisfied network by:</p> <ul style="list-style-type: none"> <li>Implementing State’s increased Provider fee schedule.</li> <li>Offering administrative efficiencies and reduced burden through advanced technology, streamlined business processes, and a highly accessible Provider Representative team.</li> <li>Partnering with Massachusetts Dental Society as part of recruitment efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Increased the number of dentists participating in MassHealth by 64.2%, and the number of access points by 87%.</li> <li>Increased the number of specialty Providers by as much as 820%, depending on the specialty.</li> </ul>
Member Utilization	<p>Increase utilization through enhanced outreach and new partnerships by:</p> <ul style="list-style-type: none"> <li>Giving Providers tools and resources to identify Members needing dental sealants and close gaps.</li> <li>Contacting Members with no dental visits to encourage them to see a dentist.</li> <li>Implementing the state’s medical PCP Fluoride Varnish Program.</li> <li>Providing oral health education to community organizations serving Members.</li> <li>Implementing the state’s Public Dental Health Hygienist Program, which facilitates the provision of preventive services outside of a dental office.</li> </ul>	<ul style="list-style-type: none"> <li>Increased the percentage of children receiving any dental service (including preventive and restorative services) from 36.67% in FY 2006 to 55.31% in FY 2013.</li> <li>Recruited and trained 240 PCPs to participate in the Fluoride Varnish Program.</li> <li>Over 10,000 unique Members receiving care under the Public Health Dental Hygienist Program, a 268% increase.</li> </ul>

Now in the second term of our contract with MassHealth, DentaQuest continues to look for new ways to improve the utilization of preventive services and right-size the provision of restorative services through school-based dental initiatives, emergency room for non-traumatic dental diversion programs, and new outreach programs targeting distinct populations with identified needs.



## WHAT THIS MEANS FOR IOWA

DentaQuest will implement its programs and best practices to improve access to preventive care and restorative services for Iowa Members. This will include programs to educate Providers, community organizations, and Members on the importance of proactive preventive care and the dental benefits available.

For example, our **Healthy Beginnings** program will educate parents of young children on the importance of establishing a Patient-Centered Dental Home and how to reduce the likelihood of developing early childhood caries. Healthy Beginnings promotes prevention, proper nutrition, and early detection of early childhood caries by targeting all Members under age two. Following the birth of new Members, and for their first and second birthdays, we will mail a birthday card to the Member's home that includes age-appropriate dental care instructions, tips on preventing early childhood caries, and information on how to locate a dental home Provider. We will also contact families to help them set up their child's first dental appointment.

Among the best practices DentaQuest will bring to Iowa, we will **provide education on oral health competencies for medical PCPs** on prevention, assessments, and risk factor identification; formalize dental care referral processes with referral forms, Patient-Centered Dental Home Provider acknowledgment of the referral, and regular referral treatment reports; and supply mock prescription pads to medical PCP offices to make referrals to DentaQuest easy.

Through our **Cultural Ambassador Program**, we will partner with community organizations serving different Member populations to provide targeted training on how to provide culturally appropriate education on the importance of regular dental care, the availability of Medicaid dental benefits, and how to get in touch with DentaQuest for assistance in accessing care. During each calendar year, we will track how many organizations serve as Cultural Ambassadors, to make sure this network is constantly growing, and we continue to identify new opportunities for collaboration and partnership.

With our community partnerships and Cultural Ambassador Program, we will conduct and support local outreach activities to inform Members about the availability of dental services, decrease emergency department use of non-traumatic dental conditions, and increase the number of children receiving services. Our goal for Iowa will be to find meaningful ways to **support, collaborate, and connect with the existing community resources** that Members are using today and in a culturally appropriate way.

### Example 3: Opioid Prevention Innovation via DentaQuest and TennCare Collaboration

DentaQuest worked in partnership with its client the Bureau of TennCare to implement evidence-based best practices with its Medicaid dental network. Misuse of opioid medications is prevalent in the US and has resulted in adverse patient outcomes, including morbidity and mortality. In Tennessee, there were 15,001 nonfatal overdose emergency department visits in 2016. In 2017, 1,268 Tennesseans died due to an overdose from a prescription opioid.

In January 2018, Tennessee implemented new measures for all Providers to reduce the effects of the opioid epidemic on Medicaid Members. The measures limited opioid prescriptions to a

maximum dosage of 60 MMEs per day, with a 5-day supply, later reduced to a 3-day supply. After the first prescription fill, another 10 days can be granted only with prior authorization from the State.

To reinforce and further socialize the policy changes, DentaQuest created and implemented a comprehensive dental Provider training on the rules and guidelines, as well as discussed our planned approach to contacting “super prescribing” dental Providers.

TennCare provided prescription data, which DentaQuest then matched to claims and procedure records. Specific medication types and formulations were also reviewed. In addition to top-line review of trends by age, gender, Provider type, and procedure type, our analysis identified prescriptions that were significantly outside normal parameters. Prescriptions per 100 patients and total prescriptions were calculated across both years. Trends in type of opioid, and Provider specialty and type were calculated. Prescriptions were normalized using MME. MME standardizes opioid medication types and strengths to allow comparison across the spectrum of medications.

**Results Achieved**

455,152 patients aged 0-20 had a dental procedure in 2017 (baseline measurement year). 4.3% of dental patients received an opioid and there were 5.19 opioid prescriptions written per 100 patients. While the total number of patients receiving a dental service remained relatively steady in 2018, at 451,802, there was a **significant drop** in the number of opioid prescriptions. Of those patients, 2.8% received an opioid prescription, representing 2.86 opioid prescriptions written per 100 patients. **This represents a 34.5% reduction in patients receiving an opioid.** When stratified by age, similar trends were identified in the percentage of patients who received an opioid in each year analyzed.



**WHAT THIS MEANS FOR IOWA**

We will work with the Agency to implement a similar model leveraging our collaboration with HealthLink MCOs, and hospital and emergency department Providers to limit opioid prescribing. We will leverage our data analytics to identify and address opioid misuse and roll out a Provider training initiative with special attention on “super-prescribing” dentists.

**Example 4: Improving Access for Florida Medicaid through Care Delivery**

While DentaQuest is widely known for its dental benefits administration leadership, the DentaQuest organization is also affiliated with oral health delivery sites in several states through Advantage Dental+ to address historical network access issues. For example, DentaQuest has administered Medicaid/CHIP dental programs in Florida for the past 20+ years. Medicaid Members living in the Panhandle have experienced access to care issues due to Provider shortages and a lack of willingness of dentists in these areas to participate in Medicaid. This region has 25% lower access rates than Florida’s statewide average.

To address access to care issues in this region, DentaQuest and Advantage Dental+ presented a plan to establish dental practices in the Panhandle to the Florida Agency for Healthcare Administration in 2021.

In 2022, we opened four Advantage Dental+ practices in Crestview, Pace, Ft. Walton Beach, and Pensacola. The practices have as many as 10 dental chairs and collectively started with approximately 40 staff, including 5 dentists, to meet this region’s care needs. At capacity, each location will serve 10,000 patients annually with the exception of Pensacola, which will serve 18,000 annually.



The physical practices will be augmented by enhanced teledentistry capabilities, which will be rolled out in 2023. DentaQuest has leveraged learnings from Advantage’s teledentistry practice models in Oregon to optimize telehealth solutions. The final phase of the delivery system is community-based care services (school-based hygiene programs and mobile solutions), which will be deployed in late 2023.



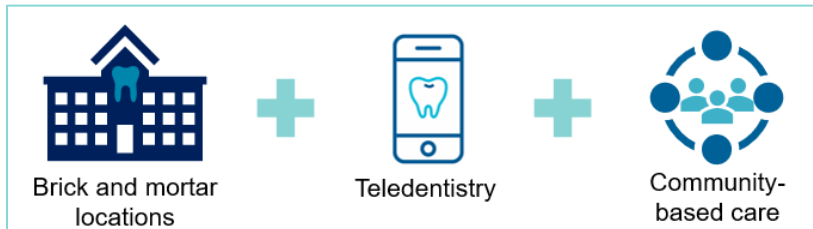
## WHAT THIS MEANS FOR IOWA

DentaQuest is committed to bringing long term and sustainable solutions to address access to care issues to Iowa. In working with our care delivery affiliate, Advantage Dental+, we have identified underserved counties in Iowa where Advantage Dental+ could establish oral health practices to bring care to Members and communities that need it most. This represents a significant investment and undertaking, but one we are willing to make for the state of Iowa if we are able to come to an agreement on the targeted areas of need. **No other bidder can offer this solution to the Agency**, and we are excited to share more information on our plans and to align with the Agency on the right locations for the dental practices.

We have already conducted a preliminary review of publicly available data, including: Member distribution; licensed and practicing dental provider distribution; Medicaid Providers accepting new patients; child Medicaid utilization rates; and general population density information to identify potential areas to establish the practices.

Two counties – **Black Hawk and Woodbury** – would be ideal locations given all of the factors that go into selecting sustainable locations for practices. Of note, both counties have below average utilization rates for children ages 1-20 enrolled in Medicaid. And many of the contiguous counties are also below State averages. The practices would be part of a “hub and spoke” model, which provides primary brick and mortar offices, that serve as the “hub,” while the “spokes” are comprised of various technologies and tactics that can “travel” from the hub. Teledentistry and mobile units are such examples of traveling technologies and our complete analysis will be inclusive of these creative options as appropriate.

It is important to note that this assessment is preliminary, and we will work collaboratively with the Agency to align on the best possible locations for the practices. We also need to better understand the membership distribution to



Advantage Dental+ Hub and Spoke Model to expand access to care

validate our assumptions. Once we have all of the necessary data points, and full alignment between DentaQuest and the Agency, we can begin planning our approach to establish the practices. It takes approximately a year to operationalize a practice from start to finish. We look forward to discussing our proposed solution with Agency in more detail should we be selected as a Contractor.

### Example 5: Value Based Payment Models (VBP)

DentaQuest has more experience than any other dental benefits administrator in implementing Medicaid-focused, evidence-based VBP models that use Dental Quality Alliance (DQA) measures. Figure C-3.2.4 below provides a snapshot of our active VBP programs. In total, more than **3.1 million Members are served through Providers participating in our VBP programs.**

Figure C-3.2.4: DentaQuest's VBP Experience

VBP Model	HCP-LAN Category	DentaQuest Networks with this VBP Model
Non-financial incentives, including FFS fee schedule and recognition	2C	Florida
100% FFS fee schedule plus incentive	2C	Texas, Michigan
Hybrid: Reduced FFS fee schedule plus partial capitation plus incentive	2C	Florida, Arizona, Louisiana, New York, Texas
Full capitation plus incentive	2C	Florida
Capitation and Pay for Performance	4N and 2C	Oregon

### How DentaQuest's VBP Programs Are Different

DentaQuest's VBP programs were designed using time-tested best practices from medical models that have proven success. Our experience implementing VBP has informed our best practices. Key features include:

- **Uses the Patient-Centered Dental Home model:** Having a fully functioning Patient-Centered Dental Home program is the foundation of all DentaQuest's VBP programs. It is the mechanism by which Providers are assigned responsibility for their panel of Members.
- **Assesses Providers using validated measures by the DQA:** DQA measures are nationally accepted through rigorous validation and testing. A VBP program that does not rely on independent, third-party validation of its proprietary measures cannot be certain of what is actually being measured. Without such certainty, attributing significance to any findings is not warranted.
- **Measures are tied to increasing access and preventive services:** A foundational principle of DentaQuest VBP programs is that they must be designed to increase access and increase preventive services. To that end, all programs have a performance measure for access, fluoride, and sealants. VBP programs lacking a mechanism to increase access or preventive services will be of limited value in improving the oral health of Medicaid Members.
- **Performance thresholds are based on the DQA measures:** DentaQuest's VBP programs provide incentives based on specific, transparent performance thresholds. The thresholds are designed so a Provider can earn none, part, or all the points for a specific measure.
- **Provides transparent feedback and updates on Provider's performance:** Ongoing feedback is necessary to assure Providers can track their success and make meaningful



behavior changes to increase their success in VBP programs. Without a scorecard to know how they are performing; Providers will have no idea of how they are doing or in which areas they need to improve. This is especially important since DentaQuest VBP programs provide incentives based on performance measures. The VBP scorecards report not only performance but also how much progress is being made toward the various performance thresholds.

- **Places no administrative barriers on the Provider and office:** One of the barriers Providers report that dampens their interest in VBP programs is the concern over how much additional administrative time will be needed. Dental offices trying to maximize their operating efficiency to treat more patients are hesitant to fill out any additional forms for their VBP participation. Even if it is a simple paper form or an electronic form on a Provider Portal, additional appointment time will be consumed.



### WHAT THIS MEANS FOR IOWA

We will work with the Agency to review our proposed strategy for VBP implementation in Iowa, make needed changes to achieve Agency approval and implement the program using a three-phase approach.

- Phase I, in the first 12 months of the contract, will focus on establishing Patient-Centered Dental Homes, establishing baseline data on which to develop goals and educating the Provider community on the VBP program and how they can enhance their revenue by participating.
- Phase II, in the next 12 months, will implement Provider incentives using established DQA measures with feedback report cards to familiarize Iowa dentists with how DentaQuest provides information to support their performance. Incentives will include financial rewards like bonuses, and nonfinancial rewards including our Provider recognition program.
- In Phase III, beginning the third year of the contract, DentaQuest will begin to introduce more sophisticated VBP models based on Provider readiness and with collaboration with the Agency.



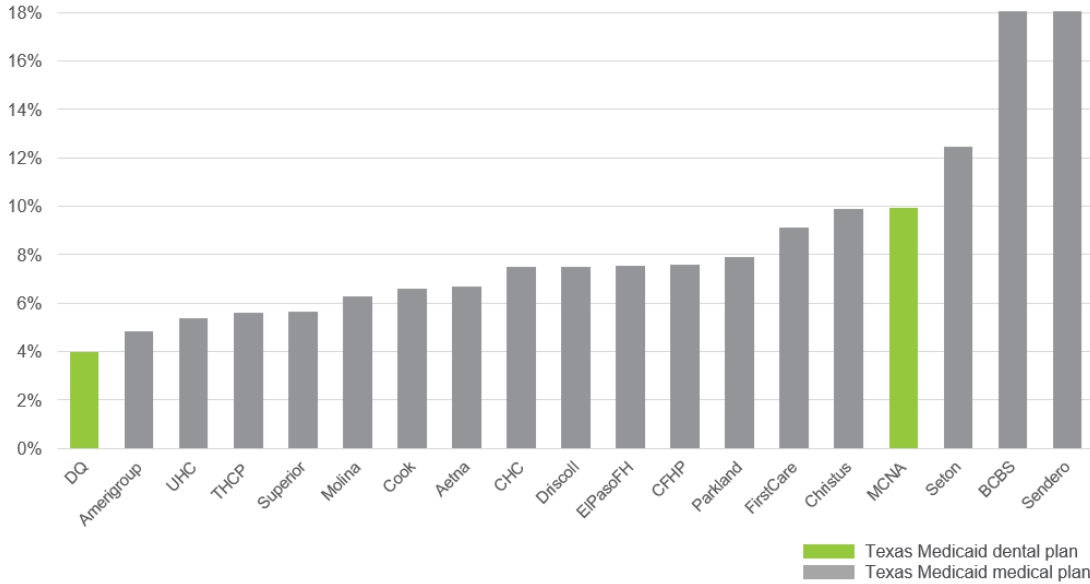
### BALANCING MEDICAID PROGRAM COSTS WHILE IMPROVING QUALITY

DentaQuest has a proven track record of balancing administrative costs while simultaneously improving quality and Member outcomes, as demonstrated by our experience in Texas.

The Texas Health and Human Services Commission publishes reports on each medical and dental managed care plan's expenses and revenues. **DentaQuest leads the way – across all managed care plans, dental AND medical – in having the lowest administrative rates.**

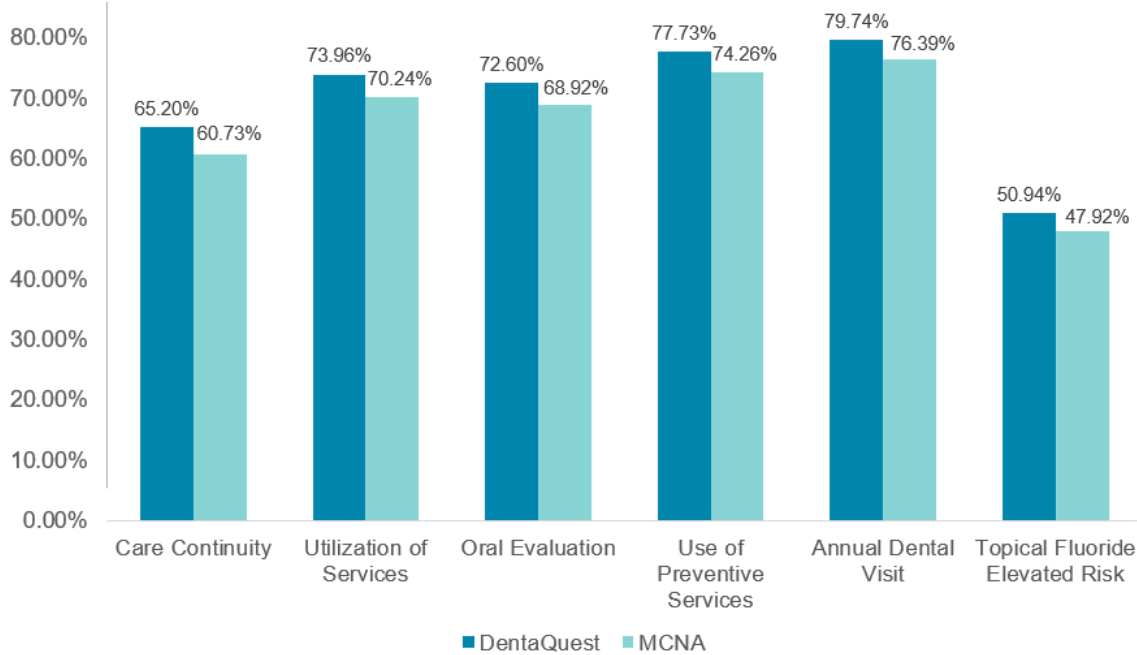
Figure D-3.2.4 provides a comparison of our administrative expenses to net revenue for the Texas Medicaid program. DentaQuest and MCNA were the only two dental plans for this particular measurement year, and **our administrative expenses to net revenue were nearly six percentage points less** than MCNA's. We also had the majority of the state's membership enrolled in our plan. DentaQuest's fiscal responsibility equates to a savings of **\$40,000,000** to the taxpayers of Texas.

Figure D-3.2.4: Medicaid Administrative Expense as a Percentage of Net Revenue across Medical and Dental Plans serving the Texas Medicaid Program



In addition, DentaQuest’s dental quality scores are **consistently higher** than MCNA’s as demonstrated in Figure E-3.2.4.

Figure E-3.2.4: Dental Quality of Care Performance Among Dental Plans for Texas Medicaid.



We attribute our ability to keep administrative costs low without sacrificing the quality of our program to the following factors:

1. Employing the right balance of automation using our Windward system and other technology with a focused high-touch approach in the state

2. The program's fixed costs are spread over a large range through economies of scale
3. Designated leadership within that the state helps build efficiency and reduce overhead:
  - We have an experienced in-market team that has designated focus on Programs, Providers and Members
  - Additional diverse staff provides a layered approach and deep understanding of all program aspects

**We are ready and excited to bring our technical expertise and experience to Iowa to make a difference in the lives of your Members and Providers.**

### 3.2.4.2 SIMILAR SERVICES WITHIN THE LAST FIVE YEARS

**3.2.4.2.1. Identify in table format all of your publicly-funded dental managed care contracts for Medicaid, CHIP, and other low-income populations within the last five (5) years. The Bidder should submit information relevant to the Bidder as well as any holding company, parent company, subsidiary, or intermediary company of the Bidder. For each prior experience identified, provide a brief description of the following (including if the experience identified is direct experience or from a parent company):**

- a. Name of your plan and the State in which you provided services;**
- b. Scope of work and covered benefits;**
- c. Duration of the contract;**
- d. Start and end dates of contract as originally entered into between the parties, including any alteration(s) to the timeframe. If the timeframe was altered, provide the reason(s) for the alteration(s);**
- e. Total value of the Contract at the time it was executed and any alteration(s) to that amount. Provide reason(s) for the alteration(s);**
- f. Contact name, phone number, and email address;**
- g. Number of members served by population type;**
- h. Annual contract payments and description if payment was capitated;**
- i. Any improvements made in utilization trends and quality indicators;**
- j. Overall NCQA rating (if applicable);**
- k. Accreditation information;**
- l. How the contract emphasizes member choice, access, safety, independence, and responsibility; and**
- m. The role of subcontractors, if any.**

Bidder has provided this information for all Medicaid and CHIP Contracts held by Bidder, its parent company, subsidiary and affiliates for the State Medicaid/CHIP Agency Contracts it holds beginning on the next page. Information on Contracts with our MCO clients are located in Exhibit 5. Please note, the the holding company and owner of Bidder's direct parent, DentaQuest Group, Inc. has no insurance or administrative licenses or staff, and therefore has no responsive information to include. Bidder does not have any intermediaries.

a. Name of your plan and the state in which you provided services	Client: Colorado Department of Health Care Policy and Financing State: Colorado
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	Medicaid 8 years; CHIP 4 years
d. Start and end dates	Medicaid - 7/1/2015-Current CHIP - 7/1/2019-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	Yvonne Castillo (303) 866-3467 Yvonne.castillo@state.co.us
g. Number of members served by population type	<b>Total Membership:</b> 1,683,349 <b>Adult:</b> 972,374; <b>Child:</b> 666,810; <b>CHIP:</b> 44,165; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	Medicaid - \$13,276,353.00 (Non-capitated) CHIP - \$14,266,631.00 (Capitated)
i. Improvements made in utilization trends and quality indicators	Despite the challenges of the Public Health Emergency, Colorado's PDENT average for FFY2020 was 7 <sup>th</sup> highest in the nation at 46.6% (national average 39.9%) Successfully implemented our dental home program for both their Medicaid ASO and CHIP programs In FY 2021, DentaQuest carried out 36 virtual presentations and participated in over 15 community events. DentaQuest distributed 133,278 new Member welcome packets and reached out to 2,239 households Increased HEDIS ADV rate from 58.04% in FY 2015 to 61.43% in FY 2018 From FY 2016 – FY 2018, the number of active billing dental Providers serving the Medicaid population steadily increased from 1640 to 1887, representing a 15% increase
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Commonwealth of Virginia Department of Medical Assistance Services State: Virginia
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	18 years
d. Start and end dates	7/1/2005-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	Justin Gist (804) 638-8765 justin.gist@dmas.virginia.gov
g. Number of members served by population type	<b>Total Membership:</b> 2,072,399 <b>Adult:</b> 1,092,572; <b>Child:</b> 943,196; <b>CHIP:</b> part of child membership total; <b>Pregnant:</b> 36,631; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	\$12,911,131.00 (Non-capitated)
i. Improvements made in utilization trends and quality indicators	<ul style="list-style-type: none"> <li>Significantly increased utilization of services through outreach, education, and an expansive network. Utilization among children ages 3-20 has increased by 33 percentage points between 2005 and 2019.</li> <li>More than tripled the size of the Provider network. Starting with only 620 Providers in 2005, we have more than tripled the network size to 1,895 Providers. DentaQuest accomplished this growth leveraging the same Provider reimbursement fee schedule that has been in place since 2005. 81% are actively submitting claims, and 86% are accepting new patients. Importantly, our Provider network consistently reports high levels of satisfaction with DentaQuest, our service, and the support from our local Provider Engagement team.</li> <li>We were proud to be featured alongside the DMAS, the Virginia Health Catalyst in the ADA's Dental Quality Alliance Quality Innovators Spotlight on the Virginia Oral Health Learning Collaborative. We were asked to participate in the spotlight event as a result of our work with these groups to improve the health of Medicaid children in Virginia. We demonstrated how a state Medicaid program effectively engaged stakeholders to leverage resources and work collaboratively toward a common care goal.</li> <li>Seamlessly implemented a comprehensive adult Medicaid benefit in July 2021. More than 100,000 adults accessed care in first six months of the new comprehensive benefit, totaling \$46,000,000 in paid claims.</li> <li>HEDIS Annual Dental Visit rate for 2020 is 63.73%; well above the national average of 55.46%.</li> <li>Attend an average of 100+ community events annually across the Commonwealth</li> </ul>
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE 18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> URAC accreditation, NCQA certification, HITRUST & NIST and SOC 1 Type 2 SSAE 18 certifications are national designations.
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>



a. Name of your plan and the state in which you provided services	Client: Florida Agency for Health Care Administration State: Florida
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; case management; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start and end dates	12/1/2018-Current
e. Total value of contract at time of execution	\$589,729,746.00
f. Contact name, phone number, and email address	Jenny Courtney (850) 412-4067
g. Number of members served by population type	<b>Total Membership:</b> 1,899,362 <b>Adult:</b> 710,487; <b>Child:</b> 1,186,038; <b>CHIP:</b> 2,837; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	\$180,676,531.00 (Capitated)
i. Improvements made in utilization trends and quality indicators	<ul style="list-style-type: none"> <li>DentaQuest implemented a comprehensive person-centered Care Coordination and Case Management Program to support high-risk Members with co-morbidities, who face significant barriers to care as a result of social determinants of health, and/or who have other special needs that may complicate their overall health care experience. Our program leverages best practices such as motivational interviewing, developing customized care plans, self-management, and family and MCO partner engagement.</li> <li>DentaQuest has the largest market share serving almost 43% of the state's Medicaid population. Two competitors serve the remaining membership; one with 33% of the market share, and the other with 24%.</li> <li>Despite the challenges of the Public Health Emergency, DentaQuest's dental quality scores were higher than the two other DBAs. Our PDENT average for FFY 2020 was a full 2.5 percentage points higher than the next closest DBA.</li> <li>Our CAHPS 2021 Child Member Satisfaction Survey indicated that 86% are satisfied with our dental plan and 93% would recommend DentaQuest to people who want to join.</li> <li>While DentaQuest is widely known for its DBA leadership, the DentaQuest organization is also affiliated with oral health delivery sites across several states through our affiliate Advantage Dental +. Members living in the Panhandle of the state have experienced significant access to care issues for decades. DentaQuest's leadership team met with AHCA to propose a solution to establish Advantage Dental + Oral Health Centers in the Panhandle.</li> </ul>
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their dental plan (choice between DentaQuest and two other plans)</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	<p>DentaQuest subcontracts a limited number of subdelegated services:</p> <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Florida Healthy Kids Corporation State: Florida
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	23 years
d. Start and end dates	1/1/2001-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	Lindsay Lichti (850) 701-6105 Lichtil@healthykids.org
g. Number of members served by population type	<b>Total Membership:</b> 39,139 <b>Adult:</b> 0; <b>Child:</b> 0; <b>CHIP:</b> 39,139; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	\$8,498,454.00 (Capitated)
i. Improvements made in utilization trends and quality indicators	<ul style="list-style-type: none"> <li>• In 2019 our HEDIS ADV rate was 62.92%, a full 3.71 percentage points higher than the next closes DBA in the program</li> <li>• 99.98% of members in urban areas have access to a primary dental provider within 20 miles driving time and 99.5% of members have access to a primary dental provider within 20 minutes driving time</li> <li>• 97.1% of members in rural areas have access to a primary dental provider within 30 miles driving time and 96.9% of members have access to a primary dental provider within 30 minutes driving time</li> <li>• 2022 member satisfaction survey results show 100% of members who used the automated options when calling DentaQuest Contact Center found the information helpful; 98% of members surveyed were satisfied with their dentist and 96% were satisfied with the dental care they received</li> </ul>
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their dental plan (choice between DentaQuest and two other plans)</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Illinois Department of Healthcare and Family Services State: Illinois
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	24 years
d. Start and end dates	3/1/1999-Current DentaQuest was just reawarded this contract once again through a competitive bidding process
e. Total value of contract at time of execution	\$108,476,000.00
f. Contact name, phone number, and email address	Christina McCutchan (217) 524-7185 christina.mccutchan@illinois.gov
g. Number of members served by population type	<b>Total Membership:</b> 893,247 <b>Adult:</b> 685,622; <b>Child:</b> 207,625; <b>CHIP:</b> part of child membership total <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	\$3,827,594.00 (Non-capitated)
i. Improvements made in utilization trends and quality indicators	<ul style="list-style-type: none"> <li>Members in urban areas have access to three primary care dental providers within an average distance of 2.2 miles (requirement is 1 PDP in 30 miles)</li> <li>Members in rural areas have access to three primary care dental providers within an average distance of 14 miles (requirement is 1 PDP in 60 miles)</li> <li>In 2022, DentaQuest's prior authorization process saved the State of Illinois \$8.7 million dollars through rigorous program oversight</li> <li>In 2022, DentaQuest processed more than 300,000 dental claims for the State of Illinois Medicaid Dental Program and 93% were processed within 7 calendar days, surpassing the contract requirement of 90% in 30 days. The financial accuracy rate for claims processing was 99%.</li> <li>During the 2018-2019 school year (prior to the PHE), nearly 34,000 children received dental care in a school-based setting. The school-based services program resumed in the 2022-2023 school year and we expect utilization to ramp back up in the coming school year.</li> </ul>
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Louisiana Department of Health State: Louisiana
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	3 years
d. Start and end dates	1/1/2021-Current
e. Total value of contract at time of execution	\$355,700,072.00
f. Contact name, phone number, and email address	Stacy Guidry (337) 857-6115 Stacy.Guidry@la.gov
g. Number of members served by population type	<b>Total Membership:</b> 970,699 <b>Adult:</b> 539,261; <b>Child:</b> 431,438; <b>CHIP:</b> part of child membership total; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	\$130,254,346.00 (Capitated)
i. Improvements made in utilization trends and quality indicators	<ul style="list-style-type: none"> <li>We have increased the size of our network by 10% since going live in 2021</li> <li>Our Member satisfaction survey results indicate that 96% of Members are satisfied with DentaQuest</li> <li>Donated over \$250,000 across several organizations for Hurricane IDA relief including the Louisiana Dental Association, National Dental Association, the State Hurricane Relief fund, and Gaitway Therapeutics</li> <li>We are currently collaborating with LDH on teledentistry, programs for adults with intellectual and development disabilities, and on a comprehensive adult dental Medicaid benefit</li> </ul>
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their dental plan (choice between DentaQuest and another plan)</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	<p>DentaQuest subcontracts a limited number of subdelegated services:</p> <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Massachusetts Executive Office of Health and Human Services State: Massachusetts
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	17 years
d. Start and end dates	8/1/2006-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	Tuyen Vu (617) 847-6545 <a href="mailto:tuyen.vu@mass.gov">tuyen.vu@mass.gov</a>
g. Number of members served by population type	<b>Total Membership:</b> 3,032,936 <b>Adult:</b> 2,085,169; <b>Child:</b> 947,767; <b>CHIP:</b> part of child membership total; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	\$13,791,497.00 (Non-capitated)
i. Improvements made in utilization trends and quality indicators	<ul style="list-style-type: none"> <li>• The Commonwealth of Massachusetts was subject to a class action lawsuit, Health Care For All v. Romney. The state was found in violation of federal Medicaid law as a result of significant barriers to dental care, and low utilization rates for services among Medicaid-eligible children. The judge ordered Massachusetts to bring the MassHealth children's dental program into compliance with federal law and appointed a neutral court monitor to make sure the necessary changes were made. As part of the lawsuit, MassHealth was required to secure a DBA to manage the program. In 2005, DentaQuest successfully won this contract through a competitive bidding process. By 2011, as a result of DentaQuest and MassHealth's immense collaboration, the Commonwealth was remedied of the class action suit and free to function without a neutral monitor. This was accomplished by: <ul style="list-style-type: none"> <li>○ Increasing the size of the network by 87% in five years</li> <li>○ Providing administrative efficiencies to the dental network, such as a free Provider Portal, fast and accurate claims and authorization processing, and a Broken Appointment program</li> <li>○ Operationalizing the state's PCP Fluoride Varnish program</li> <li>○ Operationalizing the state's Public Health Dental Hygienist Program</li> </ul> </li> <li>• 96% of Members are satisfied with the dental care they receive</li> <li>• Implemented and serve as the DBA for the state's adult safety net dental program</li> </ul>
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	<p>DentaQuest subcontracts a limited number of subdelegated services:</p> <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: New Hampshire Department of Health and Human Services State: New Hampshire
b. Scope of work and covered benefits	DentaQuest is the material subcontractor to Northeast Delta Dental, providing full dental benefits administration services. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	3 months
d. Start and end dates	4/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	Sarah Finne (603) 271-9217 sarah.a.finne@dhhs.nh.gov
g. Number of members served by population type	<b>Total Membership:</b> 115,628 <b>Adult:</b> 115,628; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	\$3,227,745.00 (Capitated)
i. Improvements made in utilization trends and quality indicators	Contract just started; therefore no results to share yet.
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>



a. Name of your plan and the state in which you provided services	Client: South Carolina Department of Health and Human Services State: South Carolina
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	17 years
d. Start and end dates	1/1/2007-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	Gerta Ayers (803) 898-1427 Hekingerta.Ayers@scdhhs.gov
g. Number of members served by population type	<b>Total Membership:</b> 1,331,830 <b>Adult:</b> 516,676; <b>Child:</b> 815,154; <b>CHIP:</b> part of child membership total; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	\$8,024,711.00 (Non-capitated)
i. Improvements made in utilization trends and quality indicators	<ul style="list-style-type: none"> <li>In our first year as program administrator, DentaQuest saved the state of South Carolina almost \$10M, which represented nearly 10% of the state's annual Medicaid dental expenditures. This was accomplished through our propriety system edits, utilization management program, and strong network surveillance methods.</li> <li>South Carolina Medicaid Members have exceptional access to care: <ul style="list-style-type: none"> <li>Urban Members have access to three PCPs within an average distance 3.6 miles (requirement one PCP in 30 miles)</li> <li>Rural Members have access to three PCPs within an average distance of 5.4 miles (requirement one PCP in 60 miles)</li> </ul> </li> <li>DentaQuest is a proud partner of South Carolina's annual Dental Access Days (DAD), a day-long free clinic that provides dental care to individuals in need, since its inception in 2009. We provide financial support and local staff volunteers at each year's event to help DAD provide almost \$1,000,000 in dental care to 950 patients.</li> <li>Our Provider satisfaction survey results are high, with 92% of Providers reporting being satisfied with their DentaQuest Provider Representatives</li> <li>DentaQuest regularly provides consultative benefit design to help appropriately manage and maximize available program dollars. Examples of our work includes helping the state design a comprehensive adult dental benefit program; designing a new EPSDT orthodontic benefit; and recommending 38 CDT codes in lieu of 390 different CPT codes that were no longer going to be covered.</li> <li>The State's PDENT rate has increased from 48% in 2009 to 51% in 2019.</li> </ul>
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE 18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> URAC accreditation, NCQA certification, HITRUST & NIST and SOC 1 Type 2 SSAE18 certifications are national designations.
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: State of Tennessee, Department of Finance and Administration, Division of Health Care Finance and Administration (CoverKids) State: Tennessee
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	Medicaid – 17 years; CHIP - 15 years
d. Start and end dates	Medicaid 10/1/2002 – 9/30/2009; 10/1/2013 – Current CHIP - 3/20/2008-Current
e. Total value of contract at time of execution	Medicaid – \$18,036,000.00 CHIP – This information was not included in initial contract.
f. Contact name, phone number, and email address	Dr. Crystal Manners 615.687.5013 crystal.D.Manners@tn.gov
g. Number of members served by population type	<b>Total Membership:</b> 1,820,669 <b>Adult:</b> 731,645; <b>Child:</b> 1,012,531; <b>CHIP:</b> 30,248; <b>Pregnant:</b> 46,245; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	Medicaid - \$6,707,713.00 (Risk Share) CHIP - \$7,456,209.00 (Capitated)
i. Improvements made in utilization trends and quality indicators	<ul style="list-style-type: none"> <li>Between 2013-2018, DentaQuest saved the state 15% in claims costs and increased access by 7.7% for the Medicaid program</li> <li>Through our unique Patient-Centered Dental Home Program, DentaQuest realized an 18.1% increase in access for new Members assigned to a primary dental Provider, while simultaneously reducing costs by 6.5%. This was achieved through assigning Members to higher performance dental Providers identified through our proprietary statistical modeling tool.</li> <li>TennCare and DentaQuest worked together to educate Providers on how to reduce opioid usage and specifically work with Providers that were prescribing more opioids than the network average. These efforts helped to reduce opioid prescription writing by TennCare dental Providers by 45.2% and led to a 34.5% reduction in patients receiving an opioid.</li> <li>Member satisfaction ratings are exceptionally high: nearly 98% of TennCare Members were satisfied with the care received; 97% were satisfied with their benefits; and 99% were satisfied with our plan.</li> <li>Our school-based outreach efforts target schools in which 50% or more of the student body is receiving free or reduced lunch. During 2018-2019 school year, we provided 334 outreach programs in 265 schools and 69 community projects. This included oral health education for the children who were going to be receiving dental screenings.</li> </ul>
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> URAC accreditation, NCQA certification, HITRUST & NIST and SOC 1 Type 2 SSAE18 certifications are national designations.
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Texas Health and Human Services Commission (Medicaid and CHIP) State: Texas
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	11 years
d. Start and end dates	3/1/2012-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	Stephanie Stephens (512) 424-1906 Stephanie.Stephens01@hhs.texas.gov
g. Number of members served by population type	<b>Total Membership: 2,279,591</b> <b>Adult: 0; Child: 2,257,130; CHIP: 22,461; Pregnant: 0; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	\$831,954,676.00 (Capitated)
i. Improvements made in utilization trends and quality indicators	<ul style="list-style-type: none"> <li>• Texas ranks first in the nation for the percentage of Medicaid-eligible children receiving a dental service and second in the nation for the percentage of children with a preventive dental service. DentaQuest has the highest CMS-416 dental service and preventive dental service scores among the three DBAs, meaning our performance brings up the state average.</li> <li>• DentaQuest has proudly been the number one DBA choice during the Member self-selection period every month since January, 2013. For example, the most recent reporting period shows 53% of Members who self-selected their DBA chose DentaQuest over the other two DBAs.</li> <li>• At the time of DentaQuest's initial RFP submission for the program in 2011, we had a network of 2,020 unique Providers. Upon contract award, we worked tirelessly to grow and onboard our network. By the end of 2012 we had more than doubled its size to 4,456 Providers. Today, 5,812 unique Providers participate with us. Our network complies with all state adequacy standards, and we have never had to issue an out-of-network single case agreement.</li> <li>• As publicly reported by the Texas HHSC OIG, DentaQuest was responsible for producing nearly 84% of dental Provider fraud and abuse recoveries for the state's Medicaid program in SFY 2021. The two other dental plans produced the remaining 16%.</li> <li>• Member satisfaction ratings are exceptionally high: Our most recently survey reports 100% of Members were satisfied with their dentist; 100% were satisfied with the dental care received; and 100% were satisfied with our plan.</li> </ul>
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE 18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their dental plan (choice between DentaQuest and two other plans)</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

**3.2.4.2.2 Identify and describe any 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 (5) years.**

Neither the Bidder nor its holding company, parent company, subsidiary, or affiliates have ever been debarred, suspended, or sanctioned within the last five years.

For regulatory actions and monetary and non-monetary penalties related to services similar to those sought by this RFP, please see response to 3.2.4.2.3.

Bidder has no intermediary companies.

**3.2.4.2.3. Identify and describe any 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, or the Substance Abuse Use Prevention and Treatment Block Grant.**

Bidder, together with its parent organization, affiliates, and subsidiaries (hereinafter “Bidder Organization”) is a large organizational enterprise with many clients, Members, products, and relationships and subject, at times, to CAPs and/or sanctions in the ordinary course of business operations, the amount and nature of such CAPs and sanctions are commensurate and consistent with Bidder Organization’s size and scope.

In 2022, the Bidder’s Organization served 32,000,000 Members (inclusive of Medicaid/CHIP, Medicare Advantage, and small and large group). The volumes of transactions performed by Bidder Organization over the past decade is in a league of its own. To provide context to the Agency, Figure F-3.2.4 provides the estimated number of transactions performed in the last five years compared to the number of CAPs/sanctions issued in the same time period.

F-3.2.4: Volumes of work performed by Bidder Organization

Operational area	Bidder Organization’s estimated transactions over the last five years	Estimate % of overall volume subject to CAP or sanction
Contact Center	10,000,000 Member calls taken 275,000,000 Provider calls taken	0.0002%
Claims	200,000,000 dental claims processed	0.000012%
Credentialing	52,000 applications processed	0.01475%
Grievances and Appeals	675,000 cases reviewed	0.0037%
Eligibility	22,500,000,000 Member records processed	0.00000001%
Encounter data	79,000,000 encounter records submitted to an MMIS or MCO	0.00002%
Letters (Member and Provider Notice of Action, claim denials and G&A dispositions)	38,500,000 letters sent	0.00025%
Reporting	97,000 reports delivered to our clients	0.01905%
Service authorizations	132,500,000 authorizations reviewed	0.0001%

**We are hopeful that the Agency considers this information as it reviews the disclosures and evaluates Bidder Organization's response equitably and in context of this unmatched experience.**

In order to preserve the integrity of its disclosures and to allow time for notices to be received and reviewed in order to be included in its disclosures, Bidder has reported all actions received as of July 7, 2023, but is happy to provide additional disclosures, to the extent any occur, upon request. To the best of its knowledge, and based upon a thorough review of its available data, Bidder's data contained in Exhibit 6 represents any letter of deficiency issued by or corrective actions requested or required by any federal or state regulatory entity within the last five years that relates to Medicare, Medicaid, CHIP, or the Substance Abuse Use Prevention and Treatment Block Grant for Bidder Organization for dates between July 7, 2018 through July 7, 2023.

### **3.2.4.3 OWNERS, OFFICERS, PARTNERS, STAFF WITH ABUSE REPORT OR CONVICTED OF FELONY**

**3.2.4.3 List any details of whether the bidder or any owners, 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 the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.**

None of the Bidder's and Subcontractor's owners, officers, primary partners and staff providing services covered in this RFP have been convicted of a felony. To the best of the Bidder's and Subcontractor's knowledge, none of the owners, officers, primary partners and staff providing services covered in this RFP have had a founded child or dependent adult abuse report.

### 3.2.4.4 LETTERS OF REFERENCE

3.2.4.4 Letters of reference from at least three (3) of the Bidder’s previous clients knowledgeable of the Bidder’s performance in providing services similar to those sought in this RFP, including a contact person, telephone number, and email address for each reference. It is preferred that letters of reference are provided for services that were procured in a competitive environment. The State does not wish to receive form letters of reference that do not elaborate on the Bidder’s performance under the specific relationships addressed in the reference letter. Persons who are currently employed by the Agency are not eligible to be references.

Letters of reference may be included behind Tab 4 and/or sent from the reference directly to the Issuing Officer. Letters of references sent directly to the Issuing Officer must be received by the Bid Proposal due date and time specified in the Procurement Timetable. Note that it is the Bidder’s responsibility to ensure that any letter of reference sent directly to the Issuing Officer is received on time and in accordance with the Procurement Timetable. The Issuing Officer will not send confirmation emails that a reference letter may have been submitted on behalf of a Bidder. For letters of reference sent directly to the Issuing Officer, references should use the following file name structure: “[Bidder’s name] – Letter of reference – RFP MED 24-004”.

Please find three letters of reference from the following individuals in Exhibit 7.

DentaQuest’s Client	Contact Name	Telephone Number	Email Address
Virginia Department of Medical Assistance	Justin Gist, Dental Program Manager	804-638-8765	<a href="mailto:justin.gist@dmas.virginia.gov">justin.gist@dmas.virginia.gov</a>
Presbyterian Health Plan, Inc.	[REDACTED]		
Independent Living Systems, LLC	[REDACTED]		



### 3.2.4.5 EXPERIENCE MANAGING SUBCONTRACTORS

#### 3.2.4.5 Description of experience managing subcontractors, if the Bidder proposes to use subcontractors.

As one of the largest, most experienced DBA in the country the Bidder and its Subcontractor DentaQuest, LLC have nearly three decades experience managing subcontractors and outside vendors which are used to provide economies of scale and improve efficiency of operations.

DentaQuest has an established vendor management program and quality assurance measures in place to ensure its Subcontractors and external vendors maintain performance standards in compliance with the work related to its client contracts.

#### ENFORCEMENT POLICIES USED FOR SUBCONTRACTOR NON-PERFORMANCE

DentaQuest will conduct remediation efforts via corrective actions plans (CAP). While CAPs are typically issued by external parties, including clients or regulatory bodies, we may also issue CAPs internally to proactively address a known risk. CAPs can be issued for both serious non-compliance issues and minor infractions. Compliance oversees the intake, response to, tracking, and closure of all CAPs issued to the organization via our Compliance 360 tool. The Compliance team coordinates internal operational SMEs to move the organization to compliance and facilitates communications/closure with the issuing entity. Compliance will monitor CAPs from initiation through 90 days post-closure to ensure full remediation of CAP.

#### ENSURING ONGOING COLLABORATION WITH SUBCONTRACTOR

As mentioned above, DentaQuest, LLC is the largest, most experienced DBA in the nation and has extensive experience managing contract requirements like those outlined in the Contract. The Key Personnel assigned to the Contract will ensure contract requirements are met, and the day-to-day operational staff will be performing all management and administrative services outlined in the Contract.

#### SUBCONTRACTOR OVERSIGHT

The Delegation Oversight Committee, chaired by the Compliance and Quality Director and comprised of a cross-section of interdisciplinary leadership, monitors and evaluates subcontractor agreements and performance. This forum also determines corrective action needed and ensures follow-up and closed-loop communications processes are followed. BAAs are negotiated and executed between the vendor and DentaQuest's Compliance and Legal departments.

In monitoring performance across the Subcontractor, Bidder leverages this process which is inclusive of individual department leadership accountability for performance, including:

- Understanding contractually defined metrics
- Overseeing processes and policies to ensure metrics are achieved
- Implementing methods for tracking performance against metrics
- Managing an escalation process to notify the Compliance department of significant issues, concerns, or instances of non-compliance
- Developing and implementing corrective actions

DentaQuest maintains a process to audit and/or monitor this performance throughout the organization, including those performed by First-Tier, Downstream, and Related entities, for compliance with regulatory guidance, compliance with contractual terms, compliance with

applicable federal and state laws, and adherence to internal policies and procedures in order to identify potential or actual compliance and/or Fraud, Waste, and Abuse risks.

### **Monthly Department Leadership Meeting to Review Performance**

Department leaders and members of DentaQuest's Executive Leadership team meet monthly to discuss existing Enterprise Compliance Risks, during which team leaders can share other compliance risks or concerns arising within their departments. The Head of Risk Management, Ethics & Compliance and Compliance staff will meet with departments leaders to review any newly raised concerns, to ensure:

- DentaQuest is monitoring all compliance issues or concerns pertaining to any legal or regulatory matters, including but not limited to any HIPAA, HITECH, and state or federal health care programs,
- The organization is aware of any compliance concerns and any other legal or regulatory compliance concerns.

The Compliance department will discuss any identified compliance concerns or issues with the affected department leader to determine the process and/or procedural changes that should be implemented to prevent future occurrences, including the training required for staff to implement better practices.

### **Ad hoc Meetings**

Should a department be determined to be out of compliance with statutory and regulatory expectations, the Compliance department will immediately review the noncompliance with the department.

### 3.2.4.6 TERMINATIONS, LITIGATIONS, AND INVESTIGATIONS

3.2.4.6 Bid Proposals must indicate whether any of the following conditions have been applicable to the Bidder, or a holding company, parent company, subsidiary, or intermediary company of the Bidder during the past five (5) years that relate to services contemplated by this RFP unless otherwise noted. Bidders are instructed to err on the side on inclusion as Bid Proposals may be disqualified for failures to submit complete information. If any of the following conditions are applicable, then the Bidder shall state the details of the occurrence. If none of these conditions is applicable to the Bidder, the Bidder shall so indicate.

- List any contract for services that was terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the contract provisions.
- List any occurrences where the entity has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default.
- List any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the entity under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP. Include the estimated cost of that incident to the entity with the details of the occurrence.
- List any settlements entered into by the entity under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP. Include the terms and estimated cost of the settlement with the details of the occurrence.
- List and summarize any current pending or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP. Bidders may limit disclosure of these matters to a material threshold established by GAAP requirements.
- List any irregularities that have been discovered in any of the accounts maintained by the entity on behalf of others. Describe the circumstances of irregularities or variances and detail how the issues were resolved.
- List any details of whether the entity or any owners, 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 the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony. Staff providing services shall include anyone having contact with members or member data.

**Note:** Failure to disclose information about the matters in this section may result in rejection of the Bid Proposal or in termination of any subsequent contract. The subject matter in the seventh (7th) unnumbered bullet of this subsection is a continuing disclosure requirement. Any such matter commencing after submission of a Bid Proposal, and with respect to the successful bidder after the execution of a contract, shall be disclosed in a timely manner in a written statement to the Agency. For purposes of this subsection, timely means within thirty (30) days from the date of conviction, regardless of appeal rights.

Please note for the disclosures associated with 3.2.4.6, Bidder is disclosing matters for its direct parent, affiliates, and subsidiaries. The the holding company and owner of Bidder's direct parent, DentaQuest Group, Inc. has no insurance or administrative licenses or staff, and therefore has no responsive matters to disclose. Bidder does not have any intermediaries. Affiliates of Bidder have been included in the interest of transparency and completeness.

#### 3.2.4.6 SUBPART 1: TERMINATED CONTRACT SERVICES

Figure G-3.2.4 below includes the Contracts terminated over the last five years for Bidder, and its parent company, subsidiary, and affiliates.

Figure G-3.2.4: Terminated Contracts

Client	Contract Duration	Termination Reason
Paramount Advantage Ohio	6/1/2013 – 1/31/2023	Client no longer holds the contract with the state Medicaid Agency.
Oregon Health Authority	1/1/1994 – 12/31/2022	Program no longer exists; OHA discontinued direct state contracts with dental plans.

Client	Contract Duration	Termination Reason	
		Advantage Dental is successfully serving those members through CCO contracting lines.	
Cigna HealthSpring (Texas)	9/1/2013 – 12/31/2021	Client brought dental administration in-house	
EmblemHealth (New York)	1/1/2017 – 12/31/2021	Lost via competitive procurement	
Magellan Complete Car	8/1/2017 – 12/31/2021	Client no longer offers the value-added adult dental benefit. Adults now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract. DentaQuest is the DBA of that Contract.	
Healthkeepers, Inc.	8/1/2017 – 6/30/2021		
Meridian Health Plan of Illinois	12/1/2016 – 1/31/2021	Client brought dental administration in-house	
Amerigroup District of Columbia	10/1/2017 – 9/30/2020	Client no longer holds the contract with the state Medicaid Agency.	
Aetna Better Health (New Jersey)	1/1/2015 – 4/3/2020	Client transitioned to new dental vendor	
Humana Health Plan, Inc. (Florida)	6/1/2014 – 1/31/2019	Per state legislation, the dental benefit was carved out of this client's overall managed care contract into a separate dental managed care program. DentaQuest is one of the DBAs now serving the dental managed care program in the state	
Magellan Complete Care (Florida)	7/1/2014 – 1/31/2019		
Molina Healthcare of Florida	12/1/2013 – 1/31/2019		
Simply Healthcare Plans (Florida)	6/1/2010 – 1/31/2019		
Cook County Health & Hospitals System (Illinois)	7/1/2014 – 9/30/2019		Lost via competitive procurement
Montefiore HMO, LLC (New York)	11/1/2013 – 12/31/2019	Evergreen contract not renewed and client transitioned to new dental vendor	
Primary Health of Josephine County (Oregon)	10/1/2013 – 12/31/2019	Program no longer exists	
Willamette Valley Community Health (Oregon)	7/1/2014 – 12/31/2019	Program no longer exists	
Amerigroup of Maryland	1/1/2011-12/31/22	All of these clients were offering an adult dental benefit since the state did not have a comprehensive Medicaid dental benefit for adults. That changed as of 1/1/23 – adults in Maryland now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract.	
CareFirst BCBS	2/1/2013-12/31/22		
Jai Medical Systems	7/1/2013-12/31/22		
Kaiser Permanente	6/1/2014-12/31/22		
Maryland Physicians Care	6/1/1997-12/31/22		
Priority Partners	10/1/2013-12/31/22		
Care1st Health Plan	10/1/2019-11/30/2022		Client brought dental administration in-house

### 3.2.4.6 SUBPART 2: NOTICE OF CONTRACT DEFAULT

Neither the Bidder, nor its parent company, subsidiary, or affiliates have been subject to default or has received notice of default or failure to perform on a contract.

### 3.2.4.6 SUBPART 3: DAMAGES, PENALTIES, DISINCENTIVES ASSESSED, OR PAYMENTS WITHHELD

In response to “damages and penalties,” Bidder has reported all damages and penalties in Exhibit 6. To the best of its knowledge, and based upon a thorough review of its available data, Bidder’s data contained in this Exhibit represents the damages or penalties under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP for dates between July 7, 2018 through July 7, 2023. Where applicable, Bidder has included the estimated cost of each incident with the details of the occurrence.

In response to “disincentives assessed, or payments withheld, or anything of value traded or given up by the entity under any of its existing or past contracts as it relates to services

performed that are similar to the services contemplated by this RFP," Bidder discloses the following:

- DentaQuest USA Insurance Company, Inc. (DentaQuest USA) holds the Medicaid and CHIP contract with the Texas Health and Human Services Commission (HHSC). The contract includes a Pay for Quality Program whereby DentaQuest USA must hit certain utilization metrics. If DentaQuest USA does not meet these metrics, it must give back a percentage of its capitation payment to HHSC. For calendar year 2022, DentaQuest USA anticipates returning approximately \$500,000.00 for the measurement period. In calendar years 2021, 2020, and 2018 no money was returned to HHSC. For calendar year 2019, DentaQuest USA paid \$1,354,657.00 back to HHSC. The final calculation for the 2023 calendar year will not take place until the third quarter of this year.
- DentaQuest USA holds the Medicaid and CHIP with the Colorado Department of Health Care Policy and Financing (HCPF). The contract includes a bonus payment for hitting access metrics. For calendar year 2022, DentaQuest USA earned a bonus of \$340,000.00 for meeting the metric. This is the first year DentaQuest USA has qualified for the bonus payment under the contract. The final calculation for the 2023 calendar year will not take place until 2024.
- DentaQuest of Florida, Inc. holds the Medicaid contract with the Florida Agency for Health Care Administration. This contract includes a bonus payment for hitting an annual dental visits metric. For fiscal years 2022, 2020 and 2019 DentaQuest of Florida, Inc. was unable to meet the dental visit metric due to Covid-19. The final bonus calculation for the 2023 fiscal year will not take place until the fourth quarter of 2023. The first bonus calculation under the contract took place in 2019.
- DentaQuest, LLC holds a contract with Meridian Health Plan of Michigan, Inc. for the administration of Medicaid and dual eligibility benefits. As of October 1, 2022, the contract requires that DentaQuest, LLC hit a utilization target for the 2023 state fiscal year. The final calculation to determine if the utilization target was met will take place in the fourth quarter of 2023.
- DentaQuest USA holds the Medicaid and CHIP contract with the Tennessee Division of TennCare. The contract requires that DentaQuest USA hit certain utilization metrics annually. If DentaQuest USA does not meet these metrics, it will not receive a bonus. If there is program cost overrun, then DentaQuest USA may potentially have to pay the state a rebate. For calendar year 2022-2023, DentaQuest USA anticipates receiving a bonus of approximately \$3,000,000.00 for the measurement period, however, the final calculation will not take place until the third quarter. For calendar year 2021-2022 DentaQuest USA received a bonus of \$749,423.17 for the measurement period. For 2020-2021, DentaQuest USA received a bonus of \$2,524,027.04. For 2019-2020, DentaQuest USA received a bonus of \$3,978,573.00. For 2018-2019 DentaQuest received a bonus of \$99,562.00.

In order to preserve the integrity of its disclosures, Bidder has reported all responsive matters for Bidder, or a holding company, parent company, subsidiary, intermediary, or affiliate, as of July 7, 2023, but is happy to provide additional disclosures, to the extent any occur, upon request.

### 3.2.4.6 SUBPART 4: SETTLEMENTS

Bidder's organization, including its holding company, parent company, affiliates, subsidiary and intermediaries, is a large organizational enterprise with many clients, members, products and relationships. As a result, entities within Bidder's Organization are at times subject to litigation

and settlements. The amount and nature of such settlements and related issues are commensurate and consistent with the size and scope Bidder's organization. Bidder states that, to the best of its knowledge, and based upon a thorough review of its available data, the attached Exhibit 8 represents responsive settlements entered into by Bidder, or a holding company, parent company, subsidiary, affiliate, or intermediary company of Bidder from July 7, 2018 to July 7, 2023.

In order to preserve the integrity of its disclosures and to allow time for notices to be received and matters to be finalized or settled in order to be included in its disclosures, Bidder has reported all responsive matters as of July 7, 2023, but is happy to provide additional disclosures, to the extent any occur, upon request.

### **3.2.4.6 SUBPART 5: LITIGATION, ADMINISTRATIVE OR REGULATORY PROCEEDINGS**

Bidder states that, to the best of its knowledge, and based upon a thorough review of its available data, neither Bidder nor its holding company, parent company, affiliates, subsidiaries, or intermediary companies have any current pending or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP, which meet the material threshold established by GAAP requirements.

### **3.2.4.6 SUBPART 6: IRREGULARITIES**

Neither Bidder nor its holding company, parent company, affiliates, or subsidiary have any account irregularities to disclose. In the ordinary course of business these entities do reconcile accounts with their clients and providers, which occasionally requires true ups in discrepancies in one direction or the other. If the Agency has any questions concerning this response, Bidder will provide additional information upon request. There are no intermediary entities between Bidder and its subsidiary or its direct parent.

### **3.2.4.6 SUBPART 7: CHILD ABUSE OR FELONY CONVICTIONS**

None of the Bidder's and Subcontractor's owners, officers, primary partners and staff providing services covered in this RFP have not been convicted of a felony. To the best of the Bidder's and Subcontractor's knowledge, none of the owners, officers, primary partners and staff providing services covered in this RFP have had a founded child or dependent adult abuse report.

Bidder acknowledges that the subpart of the question is a continuing disclosure requirement and that any such matter commencing after submission of a Bid Proposal, and with respect to the successful bidder after the execution of a contract, shall be disclosed in a timely manner in a written statement to the Agency. We understand that for purposes of this subsection, timely means within 30 days from the date of conviction, regardless of appeal rights.



# **TAB 4 EXHIBITS**

**EXHIBIT 5: DENTAQUEST'S MCO CLIENT LIST**

**EXHIBIT 6: REGULATORY ACTIONS, SANCTIONS,  
DISCLOSURES OF LETTER OF DEFICIENCY,  
CORRECTIVE ACTIONS, DAMAGES AND/OR  
PENALTIES**

**EXHIBIT 7: REFERENCE LETTERS**




**EXHIBIT 8: SETTLEMENTS**

# **EXHIBIT 5**

## **MANAGED CARE**

### **ORGANIZATION CLIENTS**




a. Name of your plan and the state in which you provided services	Client: Aetna Better Health State: Michigan
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	8 years
d. Start and end dates	1/1/2016-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership: 21,553</b> <b>Adult: 21,004; Child: 0; CHIP: 0; Pregnant: 549; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Aetna Better Health State: Illinois
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	3 years
d. Start and end dates	12/1/2020-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 413,712 <b>Adult:</b> 227,126; <b>Child:</b> 181,456; <b>CHIP:</b> 0; <b>Pregnant:</b> 4,844; <b>Parent:</b> 0; <b>Foster:</b> 286
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Aetna Better Health of Texas State: Texas
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	2 years
d. Start and end dates	9/1/2021-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership: 28,591</b> <b>Adult: 11,344; Child: 0; CHIP: 873; Pregnant: 16,374; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Aetna of Louisiana State: Louisiana
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	8 years
d. Start and end dates	2/1/2015-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 86,996 <b>Adult:</b> 86,996; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>






a. Name of your plan and the state in which you provided services	Client: Affinity Health State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	6/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 261,217 <b>Adult:</b> 151,076; <b>Child:</b> 95,603; <b>CHIP:</b> 14,538; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: AllCare Health Plan State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	4/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 27,469</b> <b>Adult: 18,436; Child: 6,290; CHIP: 0; Pregnant: 304; Parent: 2,237; Foster: 202</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Amerigroup Community Care State: Texas
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	9/1/2013-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 70,868 <b>Adult:</b> 70,868; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Amerigroup of Georgia State: Georgia
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	7 years
d. Start and end dates	7/1/2016-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 595,548 <b>Adult:</b> 79,862; <b>Child:</b> 406,914; <b>CHIP:</b> 55,012; <b>Pregnant:</b> 38,707; <b>Parent:</b> 0; <b>Foster:</b> 15,053
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Amerihealth State: Ohio
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 months
d. Start and end dates	2/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 68,894 <b>Adult:</b> 44,111; <b>Child:</b> 24,783; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Anthem BCBS State: Ohio
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 months
d. Start and end dates	2/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 266,607 <b>Adult:</b> 150,441; <b>Child:</b> 116,166; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>



a. Name of your plan and the state in which you provided services	Client: Anthem Blue Cross and Blue Shield State: Wisconsin
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	7 years
d. Start and end dates	5/1/2016-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 71,992 <b>Adult:</b> 39,406; <b>Child:</b> 32,586; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Anthem Blue Cross Blue Shield State: Indiana
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	8 years
d. Start and end dates	2/1/2015-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 763,196 <b>Adult:</b> 413,164; <b>Child:</b> 337,042; <b>CHIP:</b> 12,241; <b>Pregnant:</b> 749; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Anthem Kentucky Blue Cross Blue Shield State: Kentucky
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	1/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 179,618 <b>Adult:</b> 115,819; <b>Child:</b> 60,689; <b>CHIP:</b> 3,110; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Banner University Family Care State: Arizona
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	12 years
d. Start and end dates	1/1/2012-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 311,064 <b>Adult:</b> 181,425; <b>Child:</b> 129,639; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Blue Cross Blue Shield State: Texas
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start and end dates	9/1/2018-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 10,328 <b>Adult:</b> 9,566; <b>Child:</b> 0; <b>CHIP:</b> 762; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>



a. Name of your plan and the state in which you provided services	Client: Blue Cross Blue Shield of Illinois State: Illinois
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	3/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 684,893 <b>Adult:</b> 361,123; <b>Child:</b> 323,770; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>









a. Name of your plan and the state in which you provided services	Client: Blue Cross Blue Shield of Michigan State: Michigan
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start and end dates	10/1/2018-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 360,438 <b>Adult:</b> 0; <b>Child:</b> 360,438; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Blue Cross Community Centennial State: New Mexico
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	15 years
d. Start and end dates	10/1/2008-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 297,944 <b>Adult:</b> 172,043; <b>Child:</b> 125,901; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Blue Cross Complete of Michigan State: Michigan
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	1 month
d. Start and end dates	6/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 226,283</b> <b>Adult: 226,283; Child: 0; CHIP: 0; Pregnant: 0; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Boston Medical Center Health Net Plan State: Massachusetts
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	8 years
d. Start and end dates	1/1/2016-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 2,126 <b>Adult:</b> 2,126; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: CareSource State: Ohio
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	3 years
d. Start and end dates	5/1/2020-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 1,408,057 <b>Adult:</b> 672,648; <b>Child:</b> 735,409; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: CenterLight State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 months
d. Start and end dates	1/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 6,696 <b>Adult:</b> 6,696; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>






a. Name of your plan and the state in which you provided services	Client: Centers Plan for Healthy Living Medicaid State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 months
d. Start and end dates	1/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 50,386 <b>Adult:</b> 50,386; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Columbia Pacific CCO State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	4/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 10,011 <b>Adult:</b> 5,890; <b>Child:</b> 3,099; <b>CHIP:</b> 0; <b>Pregnant:</b> 120; <b>Parent:</b> 772; <b>Foster:</b> 130
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Dell Children's Health Plan (DCHP) State: Texas
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	1 years
d. Start and end dates	9/1/2022-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 4,997 <b>Adult:</b> 4,444; <b>Child:</b> 0; <b>CHIP:</b> 553; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Driscoll Children's Health Plan State: Texas
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	11 years
d. Start and end dates	9/1/2012-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 34,392 <b>Adult:</b> 9,963; <b>Child:</b> 0; <b>CHIP:</b> 99; <b>Pregnant:</b> 24,330; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Eastern Oregon CCO State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	7/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 51,856 <b>Adult:</b> 25,463; <b>Child:</b> 20,878; <b>CHIP:</b> 0; <b>Pregnant:</b> 743; <b>Parent:</b> 4,082; <b>Foster:</b> 690
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Extended MLTC State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	1 years
d. Start and end dates	11/1/2022-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 5,652 <b>Adult:</b> 5,652; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>









a. Name of your plan and the state in which you provided services	Client: Fidelis State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	21 years
d. Start and end dates	5/1/2002-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 1,932,768 <b>Adult:</b> 1,053,198; <b>Child:</b> 753,115; <b>CHIP:</b> 126,455; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Hamaspik CHOICE, Inc State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	11/1/2013-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership: 2,893</b> <b>Adult: 2,893; Child: 0; CHIP: 0; Pregnant: 0; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

Page contains confidential information




a. Name of your plan and the state in which you provided services	Client: Health Share of Oregon State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	7/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 103,212 <b>Adult:</b> 61,299; <b>Child:</b> 32,712; <b>CHIP:</b> 0; <b>Pregnant:</b> 1,127; <b>Parent:</b> 7,080; <b>Foster:</b> 994
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Healthfirst State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	19 years
d. Start and end dates	3/1/2004-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 1,343,549 <b>Adult:</b> 750,643; <b>Child:</b> 521,547; <b>CHIP:</b> 67,891; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 3,468
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Healthy Blue State: Missouri
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	3 years
d. Start and end dates	3/11/2020-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	<p>DentaQuest subcontracts a limited number of subdelegated services:</p> <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Healthy Blue Louisiana State: Louisiana
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	8 years
d. Start and end dates	2/1/2015-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 186,301 <b>Adult:</b> 186,301; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>






a. Name of your plan and the state in which you provided services	Client: Humana State: Ohio
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 months
d. Start and end dates	2/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 79,857</b> <b>Adult: 51,284; Child: 28,573; CHIP: 0; Pregnant: 0; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Humana Health Plan, Inc. State: Illinois
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	3/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 16,895 <b>Adult:</b> 16,895; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Humana of Louisiana State: Louisiana
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 months
d. Start and end dates	1/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 62,536 <b>Adult:</b> 62,536; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: iCircle MLTC State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 months
d. Start and end dates	1/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 3,489 <b>Adult:</b> 3,489; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Independent Care Health Plan State: Wisconsin
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	4 years
d. Start and end dates	6/1/2019-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 36,896 <b>Adult:</b> 29,540; <b>Child:</b> 7,356; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: InterCommunity Health Network State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	10/1/2013-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 30,596 <b>Adult:</b> 18,109; <b>Child:</b> 9,732; <b>CHIP:</b> 0; <b>Pregnant:</b> 330; <b>Parent:</b> 2,088; <b>Foster:</b> 337
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>









a. Name of your plan and the state in which you provided services	Client: Jackson Care Connect State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	1/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 19,165 <b>Adult:</b> 11,266; <b>Child:</b> 5,844; <b>CHIP:</b> 0; <b>Pregnant:</b> 1,599; <b>Parent:</b> 253; <b>Foster:</b> 203
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: MDwise State: Indiana
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	8 years
d. Start and end dates	5/1/2015-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 407,826 <b>Adult:</b> 163,915; <b>Child:</b> 228,223; <b>CHIP:</b> 0; <b>Pregnant:</b> 15,688; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Mercy Care State: Arizona
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	1/1/2015-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 472,299 <b>Adult:</b> 232,964; <b>Child:</b> 239,335; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Meridian Health Plan of Michigan State: Michigan
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	7 years
d. Start and end dates	11/1/2016-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 188,555 <b>Adult:</b> 169,167; <b>Child:</b> 7,369; <b>CHIP:</b> 0; <b>Pregnant:</b> 12,019; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: MetroPlus (Medicaid and CHIP) State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 months
d. Start and end dates	1/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 535,557 <b>Adult:</b> 292,784; <b>Child:</b> 213,820; <b>CHIP:</b> 28,947; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 6
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Molina Complete Care State: Arizona
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start and end dates	10/1/2018-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 49,348 <b>Adult:</b> 28,803; <b>Child:</b> 20,545; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

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a. Name of your plan and the state in which you provided services	Client: Molina Healthcare State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	2 years
d. Start and end dates	11/1/2021-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 77,004 <b>Adult:</b> 41,194; <b>Child:</b> 30,680; <b>CHIP:</b> 5,130; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Molina Healthcare State: Michigan
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	4 months
d. Start and end dates	3/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 231,878</b> <b>Adult: 231,878; Child: 0; CHIP: 0; Pregnant: 0; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

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a. Name of your plan and the state in which you provided services	Client: Molina HealthCare of Illinois State: Illinois
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 months
d. Start and end dates	1/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 365,141 <b>Adult:</b> 193,736; <b>Child:</b> 171,405; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




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a. Name of your plan and the state in which you provided services	Client: Molina Healthcare of Texas State: Texas
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	2 years
d. Start and end dates	7/1/2021-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 160,981 <b>Adult:</b> 160,981; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

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a. Name of your plan and the state in which you provided services	Client: My Choice Wisconsin State: Wisconsin
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	2/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 17,997 <b>Adult:</b> 11,090; <b>Child:</b> 6,907; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

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a. Name of your plan and the state in which you provided services	Client: Nascenia Health Inc State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 months
d. Start and end dates	1/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 4,141 <b>Adult:</b> 4,141; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

Page contains confidential information






a. Name of your plan and the state in which you provided services	Client: PacificSource Community Solutions State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	7/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 134,408 <b>Adult:</b> 75,464; <b>Child:</b> 45,906; <b>CHIP:</b> 0; <b>Pregnant:</b> 1,732; <b>Parent:</b> 10,046; <b>Foster:</b> 1,260
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>



Page contains confidential information

a. Name of your plan and the state in which you provided services	Client: Partners Health Plan State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	2 years
d. Start and end dates	1/1/2022-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 1,680 <b>Adult:</b> 1,680; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Passport Health Plan State: Kentucky
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	2 months
d. Start and end dates	5/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 344,376 <b>Adult:</b> 188,645; <b>Child:</b> 153,608; <b>CHIP:</b> 2,123; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Presbyterian Centennial State: New Mexico
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	22 years
d. Start and end dates	7/1/2001-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 425,761 <b>Adult:</b> 231,693; <b>Child:</b> 194,067; <b>CHIP:</b> 0; <b>Pregnant:</b> 1; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Prime Health State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 months
d. Start and end dates	1/1/2023-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership: 579</b> <b>Adult: 579; Child: 0; CHIP: 0; Pregnant: 0; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Senior Health Partners MLTC State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	8 years
d. Start and end dates	4/1/2015-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 9,159 <b>Adult:</b> 9,159; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>






a. Name of your plan and the state in which you provided services	Client: Superior Health Plan State: Texas
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	2/1/2013-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 237,404</b> <b>Adult: 90,714; Child: 0; CHIP: 0; Pregnant: 100,050; Parent: 0; Foster: 46,640</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>



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a. Name of your plan and the state in which you provided services	Client: Trillium Community Health Plan State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	1/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 29,953 <b>Adult:</b> 20,653; <b>Child:</b> 7,078; <b>CHIP:</b> 0; <b>Pregnant:</b> 248; <b>Parent:</b> 1,718; <b>Foster:</b> 256
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Tufts Health Unify State: Massachusetts
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	17 years
d. Start and end dates	11/1/2006-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 3,840 <b>Adult:</b> 3,840; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>




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a. Name of your plan and the state in which you provided services	Client: Umpqua Health Alliance State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	1/1/2014-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 41,710</b> <b>Adult: 24,082; Child: 13,277; CHIP: 0; Pregnant: 481; Parent: 3,153; Foster: 717</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: UnitedHealthcare Community Plan of Ohio State: Ohio
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	18 years
d. Start and end dates	10/1/2005-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 398,847 <b>Adult:</b> 234,832; <b>Child:</b> 164,015; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Western Oregon Advanced Health State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	7/1/2013-Current
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 30,076 <b>Adult:</b> 18,507; <b>Child:</b> 8,682; <b>CHIP:</b> 0; <b>Pregnant:</b> 276; <b>Parent:</b> 2,167; <b>Foster:</b> 444
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>






a. Name of your plan and the state in which you provided services	Client: Aetna Better Health State: New Jersey
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start years and end dates	1/1/2015-4/30/2020 Client transitioned to new dental vendor
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 61,389 <b>Adult:</b> 58,159; <b>Child:</b> 3,231; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	<p>DentaQuest subcontracts a limited number of subdelegated services:</p> <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Amerigroup District of Columbia State: District of Columbia
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	3 years
d. Start years and end dates	10/1/2017-9/30/2020 Client no longer holds the contract
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 47,299</b> <b>Adult: 47,299; Child: 0; CHIP: 0; Pregnant: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Cigna HealthSpring State: Texas
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	8 years
d. Start years and end dates	9/1/2013-12/31/2021 Client brought dental administration in-house
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 23,239 <b>Adult:</b> 23,239; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Cook County Health & Hospitals System State: Illinois
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start years and end dates	7/1/2014-9/30/2019 Lost via competitive procurement
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 332,715 <b>Adult:</b> 165,501; <b>Child:</b> 167,214; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: EmblemHealth State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start years and end dates	1/1/2017-12/31/2021 Lost via competitive procurement
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 153,173 <b>Adult:</b> 87,004; <b>Child:</b> 56,179; <b>CHIP:</b> 9,990; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Healthkeepers , Inc. State: Virginia
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	4 years
d. Start years and end dates	8/1/2017-6/30/2021 Client no longer offers the value-added adult dental benefit. Adults now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract. DentaQuest is the DBA of that Contract.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 217,340 <b>Adult:</b> 217,340; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>








a. Name of your plan and the state in which you provided services	Client: Humana Health Plan, Inc. State: Florida
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start years and end dates	6/1/2014-1/31/2019 Per state legislation, the dental benefit was carved out of this client's overall managed care contract into a separate dental managed care program. DentaQuest is one of the DBAs now serving the dental managed care program in the state.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 282,040 <b>Adult:</b> 91,351; <b>Child:</b> 190,690; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Magellan Complete Care State: Florida
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start years and end dates	7/1/2014-1/31/2019 Per state legislation, the dental benefit was carved out of this client's overall managed care contract into a separate dental managed care program. DentaQuest is one of the DBAs now serving the dental managed care program in the state.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 78,751 <b>Adult:</b> 61,885; <b>Child:</b> 16,866; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Magellan Complete Care State: Virginia
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	4 years
d. Start years and end dates	8/1/2017-12/31/2021 Client no longer offers the value-added adult dental benefit. Adults now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract. DentaQuest is the DBA of that Contract.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 77,314</b> <b>Adult: 77,314; Child: 0; CHIP: 0; Pregnant: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Meridian Health Plan of Illinois State: Illinois
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	4 years
d. Start years and end dates	12/1/2016-1/31/2021 Client brought dental administration in-house
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 849,189 <b>Adult:</b> 374,215; <b>Child:</b> 474,974; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Missouri Care Health Plan State: Missouri
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	11 years
d. Start years and end dates	9/1/2008-3/31/2019 Client transitioned to new dental vendor, but re-contracted with DentaQuest a year later (Healthy Blue Missouri).
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 270,692 <b>Adult:</b> 31,626; <b>Child:</b> 219,191; <b>CHIP:</b> 0; <b>Pregnant:</b> 6,393; <b>Foster:</b> 13,483
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Molina Healthcare of Florida State: Florida
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start years and end dates	12/1/2013-1/31/2019 Per state legislation, the dental benefit was carved out of this client's overall managed care contract into a separate dental managed care program. DentaQuest is one of the DBAs now serving the dental managed care program in the state.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 339,320 <b>Adult:</b> 99,458; <b>Child:</b> 239,862; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>









a. Name of your plan and the state in which you provided services	Client: Montefiore HMO, LLC State: New York
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 years
d. Start years and end dates	11/1/2013-12/31/2019 Evergreen contract not renewed and client transitioned to new dental vendor
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 1,684 <b>Adult:</b> 1,684; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Oregon Health Authority State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	29 years
d. Start years and end dates	1/1/1994-12/31/2022 Program no longer exists; OHA discontinued direct state contracts with dental plans. Advantage Dental is successfully serving those members through CCO contracting lines.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 24,375 <b>Adult:</b> 11,118; <b>Child:</b> 9,658; <b>CHIP:</b> 0; <b>Pregnant:</b> 638; <b>Foster:</b> 671
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recertification and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Paramount Advantage Ohio State: Ohio
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start years and end dates	6/1/2013-1/31/2023 Client no longer holds the contract
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 250,275</b> <b>Adult: 135,348; Child: 114,927; CHIP: 0; Pregnant: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Primary Health of Josephine County State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	6 years
d. Start years and end dates	10/1/2013-12/31/2019 Program no longer exists
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 3,329 <b>Adult:</b> 2,554; <b>Child:</b> 775; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>



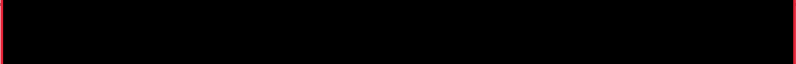
a. Name of your plan and the state in which you provided services	Client: Simply Healthcare Plans State: Florida
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start years and end dates	6/1/2010-1/31/2019 Per state legislation, the dental benefit was carved out of this client's overall managed care contract into a separate dental managed care program. DentaQuest is one of the DBAs now serving the dental managed care program in the state.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 91,277 <b>Adult:</b> 46,437; <b>Child:</b> 44,840; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Willamette Valley Community Health State: Oregon
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	5 years
d. Start years and end dates	7/1/2014-12/31/2019 Program no longer exists
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 20,595 <b>Adult:</b> 11,606; <b>Child:</b> 8,989; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>1. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>2. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>3. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>4. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>






a. Name of your plan and the state in which you provided services	Client: Amerigroup of Maryland Community Care State: Maryland
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	13 years
d. Start and end dates	1/1/2011-12/31/22 Client no longer offers the value-added adult dental benefit. Adults now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 126,218 <b>Adult:</b> 126,218; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<ol style="list-style-type: none"> <li>URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</li> <li>NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</li> <li>HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</li> <li>SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</li> </ol> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: CareFirst BCBS State: Maryland
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	2/1/2013-12/31/22 Client no longer offers the value-added adult dental benefit. Adults now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership:</b> 49,392 <b>Adult:</b> 49,392; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	<p>5. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022.</p> <p>6. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014.</p> <p>7. HITRUST &amp; NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years.</p> <p>8. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.</p> <p>URAC accreditation, NCQA certification, HITRUST &amp; NIST and SOC 1 Type 2 SSAE18 certifications are national designations.</p>
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>




a. Name of your plan and the state in which you provided services	Client: Jai Medical Systems State: Maryland
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	7/1/2013-12/31/22 Client no longer offers the value-added adult dental benefit. Adults now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 20,198</b> <b>Adult: 20,198; Child: 0; CHIP: 0; Pregnant: 0; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	9. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022. 10. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014. 11. HITRUST & NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years. 12. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.  URAC accreditation, NCQA certification, HITRUST & NIST and SOC 1 Type 2 SSAE18 certifications are national designations.
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Kaiser Permanente State: Maryland
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	9 years
d. Start and end dates	6/1/2014-12/31/22 Client no longer offers the value-added adult dental benefit. Adults now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 70,671</b> <b>Adult: 70,671; Child: 0; CHIP: 0; Pregnant: 0; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	13. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022. 14. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014. 15. HITRUST & NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years. 16. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.  URAC accreditation, NCQA certification, HITRUST & NIST and SOC 1 Type 2 SSAE18 certifications are national designations.
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Maryland Physicians Care State: Maryland
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	26 years
d. Start and end dates	6/1/1997-12/31/22 Client no longer offers the value-added adult dental benefit. Adults now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	[REDACTED]
g. Number of members served by population type	<b>Total Membership:</b> 130,936 <b>Adult:</b> 130,936; <b>Child:</b> 0; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
h. Annual contract payment and if payment was capitated	[REDACTED]
i. Improvements made in utilization trends and quality indicators	[REDACTED]
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	17. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022. 18. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014. 19. HITRUST & NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years. 20. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.  URAC accreditation, NCQA certification, HITRUST & NIST and SOC 1 Type 2 SSAE18 certifications are national designations.
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>

a. Name of your plan and the state in which you provided services	Client: Priority Partners State: Maryland
b. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
c. Contract duration	10 years
d. Start and end dates	10/1/2013-12/31/22 Client no longer offers the value-added adult dental benefit. Adults now have comprehensive dental benefits and were transitioned into the state's ASO carve out contract.
e. Total value of contract at time of execution	This information was not included in initial contract.
f. Contact name, phone number, and email address	
g. Number of members served by population type	<b>Total Membership: 155,116</b> <b>Adult: 155,116; Child: 0; CHIP: 0; Pregnant: 0; Parent: 0; Foster: 0</b>
h. Annual contract payment and if payment was capitated	
i. Improvements made in utilization trends and quality indicators	
j. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
k. Accreditation information	21. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission ("URAC"), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022. 22. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014. 23. HITRUST & NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years. 24. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.  URAC accreditation, NCQA certification, HITRUST & NIST and SOC 1 Type 2 SSAE18 certifications are national designations.
l. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>Members have a choice to self-selection period to proactively choose their MCO</li> <li>DentaQuest permits Members to self-select their dental home Provider</li> <li>DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
m. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>Provider check remittance, generating and mailing</li> <li>OCR claim development and outreach materials</li> <li>Outreach phone calls</li> </ul>



n. Name of your plan and the state in which you provided services	Client: Care1st Health Plan State: Arizona
o. Scope of work and covered benefits	DentaQuest provides dental benefits administration services for this client. The scope of work includes: assisting Members in accessing dental care; claims processing; submitting timely encounter data; providing responsive customer service to Members and Providers; loading Member eligibility; facilitating utilization management; preventing and monitoring for fraud, waste and abuse; Provider recruitment and retention; Provider enrollment and credentialing; grievances and appeals; reporting; quality management and improvement; and data analytics.
p. Contract duration	3 years
q. Start and end dates	10/1/2019-11/30/2022 Client brought dental administration in house
r. Total value of contract at time of execution	This information was not included in initial contract.
s. Contact name, phone number, and email address	
t. Number of members served by population type	<b>Total Membership:</b> 85,518 <b>Adult:</b> 50,577; <b>Child:</b> 34,941; <b>CHIP:</b> 0; <b>Pregnant:</b> 0; <b>Parent:</b> 0; <b>Foster:</b> 0
u. Annual contract payment and if payment was capitated	
v. Improvements made in utilization trends and quality indicators	
w. Overall NCQA Rating	This is not applicable for a dental benefits administrator.
x. Accreditation information	25. URAC: We achieved full organizational accreditation through the Utilization Review Accreditation Commission (“URAC”), the only accrediting body that provides full organizational accreditation for Dental Benefits Managers, effective January 2022. 26. NCQA: DentaQuest is National Committee for Quality Assurance (NCQA) certified for Credentialing/Recredentialing and has been since 2014. 27. HITRUST & NIST: DentaQuest became HITRUST and NIST CSF certified in late 2018. We received HITRUST recertification in 2021, which is valid for 2 years. 28. SOC 1 Type 2 SSAE18: DentaQuest is SOC 1 Type 2 certified.  URAC accreditation, NCQA certification, HITRUST & NIST and SOC 1 Type 2 SSAE18 certifications are national designations.
y. How contract emphasizes member choice, access, safety, independence, and responsibility	<ul style="list-style-type: none"> <li>• Members have a choice to self-selection period to proactively choose their MCO</li> <li>• DentaQuest permits Members to self-select their dental home Provider</li> <li>• DentaQuest is required to meet state-specific network adequacy and access requirements and validate appointment availability requirements are being met</li> <li>• DentaQuest ensures patient safety through a number of mechanisms including but not limited to: monitoring of grievances, quality of care and utilization data; requiring all participating Providers to undergo our NCQA certified credentialing process; and leveraging standardized clinical guidelines to promote uniformity and adherence to industry best practices</li> </ul>
z. Role of subcontractors, if any	DentaQuest subcontracts a limited number of subdelegated services: <ul style="list-style-type: none"> <li>• Provider check remittance, generating and mailing</li> <li>• OCR claim development and outreach materials</li> <li>• Outreach phone calls</li> </ul>

**EXHIBIT 6**  
**REGULATORY ACTIONS,**  
**SANCTIONS, DISCLOSURES OF**  
**LETTER OF DEFICIENCY,**  
**CORRECTIVE ACTIONS, DAMAGES**  
**AND/OR PENALTIES**

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition
A1	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	January 2020	Sanction	Failure to Comply with Provider Network Standards	\$2,000	Closed	Resolved
A118	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	April 2022	Sanction	Failure to Comply with Provider Network Standards	\$6,000	Closed	Resolved
A119	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	April 2022	Sanction	Failure to Comply with Provider Network Standards	\$17,000	Closed	Resolved
A132	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	August 2019	Sanction	Encounter File Accuracy	\$3,000	Closed	Resolved
A138	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	August 2020	Sanction	Untimely or Inaccurate Reporting	\$1,000	Closed	Resolved
A139	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	August 2020	Sanction	Untimely or Inaccurate Reporting	\$55,000	Closed	Resolved
A155	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	December 2019	Sanction	Encounter File Accuracy	\$1,000	Closed	Resolved
A156	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	December 2019	Sanction	Failure to Comply with Provider Network & Online Directory	\$2,000	Closed	Resolved
A157	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	December 2019	Sanction	Network Accuracy	\$2,000	Closed	Resolved
A195	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	February 2021	Sanction	Failure to Comply with Provider Network Standards	\$250	Closed	Resolved
A196	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	February 2021	Sanction	Failure to Comply with Provider Network Standards	\$1,000	Closed	Resolved
A237	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	July 2019	Sanction	Network Accuracy	\$1,000	Closed	Resolved
A238	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	July 2019	Sanction	Missed Claims SLA	\$10,000	Closed	Resolved
A249	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	July 2021	Sanction	Failure to Timely Submit a Fair Hearing Evidence Packet ( 21-FH0087)	\$1,000	Closed	Resolved
A250	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	July 2021	Sanction	Insufficient Network	\$2,500	Closed	Resolved
A317	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	March 2020	Sanction	Untimely Client Response	\$2,500	Closed	Resolved
A318	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	March 2020	Sanction	Untimely Client Response	\$2,500	Closed	Resolved
A323	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	March 2021	Sanction	Untimely Client Response	\$2,500	Closed	Resolved
A324	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	March 2021	Sanction	Failure to Update Online Provider Directory (August 2020)	\$3,000	Closed	Resolved
A330	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	May 2019	Sanction	Network Accuracy	\$2,000	Closed	Resolved
A407	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	October 2021	Sanction	Failure to File Timely Reports	\$700	Closed	Resolved
A408	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	October 2021	Sanction	Failure to File Accurate Reports	\$10,000	Closed	Resolved
A425	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	September 2020	Sanction	Network Accuracy	\$15,000	Closed	Resolved
A430	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	September 2021	Sanction	Failure to File Accurate Reports	\$1,000	Closed	Resolved
A431	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, Inc.	September 2021	Sanction	Failure to File Accurate Reports	\$6,000	Closed	Resolved
A471	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, LLC	November 2022	Sanction	Failure to comply with any of the standards for timely service authorization for May, June and July 2021.	\$25,000	Closed	Resolved
A472	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, LLC	December 2022	Sanction	Failure to File Accurate Reports (Enrollee Complaints, Grievances, and Appeals Report – Q4 2021)	\$2,000	Closed	Resolved
A476	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, LLC	February 2023	Sanction	Failure to Provide Covered Services within the Timely Access Standards (Appointment Wait Times - Q3 2021)	\$41,000	Closed	Resolved
A479	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, LLC	February 2023	Sanction	Failure to File Reports Timely (Enrollee Complaints, Grievances and Appeals Report – January 2023)	\$500	Closed	Resolved
A480	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, LLC	March 2023	Sanction	Failure to Comply with Provider Network Requirements (Ratio, Weekend Hours and After Hours) and File Accurate Reports (Q3 2021)	\$17,000	Closed	Resolved
A482	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, LLC	April 2023	Sanction	Liquidated Damages for Failure to File Accurate Reports (Provider Complaint Report - Q1 2022)	\$1,000	Closed	Resolved
A571	FL	Agency for Health Care Administration (AHCA)	DentaQuest of Florida, LLC	April 2023	Sanction	Liquidated Damages for Failure to Comply with Grievance and Appeal System Requirements (Enrollee Complaints, Grievances and Appeals Report – Q1 2022)	\$700	Closed	Resolved
A208	CO	CO Dept. of Health Care Policy & Financing	DentaQuest USA Insurance Company, Inc.	January 2020	CAP	Additional policy and procedure content specific to CO requirements being requested for Complaints, Appeals and Grievances. Additional updates to letter content and Member Handbook	N/A	Closed	Policy revisions, Letter Content and Member Handbook content updated and submitted for review.
A322	CO	CO Dept. of Health Care Policy & Financing	DentaQuest USA Insurance Company, Inc.	March 2021	CAP	Complaints & Grievances Policy and Procedure updates required. Member Handbook updates required.	N/A	Closed	Reviewed and updated policies and procedures and member handbook to ensure adherence to findings from the audit and continued process improvements.

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition
A112	VA	Department of Medical Assistance Services	DentaQuest, LLC	April 2019	Sanction	Missed Call Center Metrics	\$4,600	Closed	Resolved
A113	VA	Department of Medical Assistance Services	DentaQuest, LLC	April 2019	CAP	Did not meet Service Level Agreements for Call Center Operations.	N/A	Closed	Increase available staff. Escalate technical issues to find quick solutions.
A144	VA	Department of Medical Assistance Services	DentaQuest, LLC	August 2020	CAP	Did not meet Service Level Agreements for Call Center Operations.	N/A	Closed	Increase available staff. Escalate technical issues to find quick solutions.
A210	VA	Department of Medical Assistance Services	DentaQuest, LLC	January 2020	CAP	Payment made to providers not enrolled; provider not screened using risk-based criteria prior to claim payment date	N/A	Closed	DentaQuest has verified that no payment was made on behalf of DMAS to an entity or individual who was excluded from participation in federal health programs. Provider Operations Management retrained staff on the VA Provider Verification tracking process and form.
A245	VA	Department of Medical Assistance Services	DentaQuest, LLC	July 2019	Sanction	Missed Call Center Metrics	\$4,000	Closed	Resolved
A283	VA	Department of Medical Assistance Services	DentaQuest, LLC	June 2019	Sanction	Missed Call Center Metrics	\$4,000	Closed	Resolved
A332	VA	Department of Medical Assistance Services	DentaQuest, LLC	May 2019	Sanction	Missed Call Center Metrics	\$500	Closed	Resolved
A378	VA	Department of Medical Assistance Services	DentaQuest, LLC	November 2020	Sanction	Claims Adjudication Error	\$40,990	Closed	Resolved
A405	VA	Department of Medical Assistance Services	DentaQuest, LLC	October 2020	Sanction	Untimely or Inaccurate Client Response	\$1,000	Closed	Resolved
A40	FL	Florida Healthy Kids	DentaQuest of Florida, Inc.	July 2021	CAP	Additional content needed in Policies and Procedures for UM and CGA	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit.
A133	FL	Florida Healthy Kids	DentaQuest of Florida, Inc.	August 2019	CAP	Requested revisions to the UM Program description, and missed turnaround time for prior authorization determinations on one case reviewed.	N/A	Closed	Provided evidence of updates to the UM Program Description and updated Turnaround time metrics for the FL Healthy Kids contract to ensure timely determinations.
A170	FL	Florida Healthy Kids	DentaQuest of Florida, Inc.	December 2020	CAP	Additional policy and procedure content being added for member materials and credentialing.	N/A	Closed	This Corrective Action Plan is still under review in the organization.
A411	FL	Florida Healthy Kids	DentaQuest of Florida, Inc.	September 2018	CAP	Request to update policies and procedures and member handbooks regarding grievance procedures. Need to update some practice guidelines for dental services. Need to update Provider Services Agreement to include the requirements to refund overpayments within 60 days.	N/A	Closed	Policy was revised and implemented. Practice guidelines were updated. Provider Services Agreement updated to include requirements.
A147	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	August 2022	Sanction	Failure to File Accurate Reports	\$110,000	Closed	Resolved
A197	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	February 2021	CAP	Failure to comply with key personnel requirements for Dental Director position.	N/A	Closed	Resolved
A198	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	July 2021	CAP	Claims and Encounter Management, Provider Services, Enrollee Services] Performance under the current contract.	N/A	Closed	Resolved
A261	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	Failure to File Timely Reports	\$75,000	Closed	Resolved
A354	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	May 2022	Sanction	Failure to File Timely Reports	\$330,000	Closed	Resolved
A410	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	October 2022	Sanction	Failure to File Accurate Reports	\$50,000	Closed	Resolved
A441	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	September 2022	Sanction	Failure to meet clinical performance measures specified in the Contract.	\$200,000	Closed	Resolved
A473	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	January 2023	Sanction	Failure to Meet Encounter Data Submission Requirements – September 2022	\$50,000	Closed	Resolved
A536	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	April 2023	CAP	Availability of Services Policy & Procedure Updates	N/A	Open	Updated Policies and Procedures
A537	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	April 2023	CAP	Assurances and Adequate Capacity and Services Policy & Procedure Updates	N/A	Open	Updated Policies and Procedures
A538	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	April 2023	CAP	Coverage and Authorization of Services/Utilization Management Policy & Procedure Updates	N/A	Open	Updated Policies and Procedures
A539	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	April 2023	CAP	Provider Selection Policy & Procedure Updates	N/A	Open	Updated Policies and Procedures
A540	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	April 2023	CAP	Enrollee Rights and Protection Policy & Procedure Updates	N/A	Open	Updated Policies and Procedures
A541	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	April 2023	CAP	Grievance and Appeal Systems Policy and Procedure Updates	N/A	Open	Updated Policies and Procedures
A542	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	April 2023	CAP	Quality Assessment and Performance Improvement Program Policy and Procedure Updates	N/A	Open	Updated Policies and Procedures
A547	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	May 2023	CAP	Failure to Assign Enrollees to Appropriate Program	N/A	Open	This CAP is presently under dispute as DentaQuest does not believe it received correct effective dates to enroll the members in question in the 21 and over program.
A572	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	March 2022	Sanction	Failure to comply with DBPM staffing requirements specified in the Contract.	\$2,000	Closed	Resolved
A573	LA	Louisiana Department of Health	DentaQuest USA Insurance Company, Inc.	May 2023	Sanction	Failure to Meet Encounter Data Submission Requirements – January 2023	\$50,000	Closed	Resolved
A579	OR	Oregon Health Authority	Advantage Dental Services, LLC	July 2021	CAP	Training Documentation	N/A	Closed	Updated training log.
A580	OR	Oregon Health Authority	Advantage Dental Services, LLC	July 2021	CAP	Attestation Signatures	N/A	Closed	Updated provider survey.
A581	OR	Oregon Health Authority	Advantage Dental Services, LLC	July 2021	CAP	Practice Guidelines Review Documentation	N/A	Closed	Review was implemented.

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition
A106	TN	TennCare	DentaQuest USA Insurance Company, Inc.	July 2020	Sanction	Encounter File Accuracy	\$1,400	Closed	Resolved
A107	TN	TennCare	DentaQuest USA Insurance Company, Inc.	September 2020	Sanction	Untimely Report	\$200	Closed	Resolved
A111	TN	TennCare	DentaQuest USA Insurance Company, Inc.	April 2019	Sanction	Inaccurate Provider Directory	\$5,000	Closed	Resolved
A126	TN	TennCare	DentaQuest USA Insurance Company, Inc.	August 2018	Sanction	Late delivery of report	\$100	Closed	Resolved
A127	TN	TennCare	DentaQuest USA Insurance Company, Inc.	August 2018	Sanction	Late delivery of report	\$100	Closed	Resolved
A128	TN	TennCare	DentaQuest USA Insurance Company, Inc.	August 2018	Sanction	Untimely Notification	\$500	Closed	Resolved
A129	TN	TennCare	DentaQuest USA Insurance Company, Inc.	August 2018	Sanction	Untimely Notification	\$500	Closed	Resolved
A130	TN	TennCare	DentaQuest USA Insurance Company, Inc.	August 2018	Sanction	Untimely Notification	\$1,500	Closed	Resolved
A131	TN	TennCare	DentaQuest USA Insurance Company, Inc.	August 2018	Sanction	Untimely Notification	\$2,000	Closed	Resolved
A136	TN	TennCare	DentaQuest USA Insurance Company, Inc.	August 2019	Sanction	Untimely or Inaccurate Client Response	\$1,500	Closed	Resolved
A141	TN	TennCare	DentaQuest USA Insurance Company, Inc.	August 2020	Sanction	Untimely or Inaccurate Client Response	\$200	Closed	Resolved
A145	TN	TennCare	DentaQuest USA Insurance Company, Inc.	August 2021	CAP	The prompt pay results indicated that DentaQuest - was not in compliance with prompt pay requirements for June 2021.	N/A	Closed	Enhanced monitoring of the Auto-Adjudication Queue
A161	TN	TennCare	DentaQuest USA Insurance Company, Inc.	December 2019	Sanction	Inaccurate Provider Directory	\$5,000	Closed	Resolved
A173	TN	TennCare	DentaQuest USA Insurance Company, Inc.	February 2019	Sanction	Untimely or Inaccurate Client Response	\$100	Closed	Resolved
A179	TN	TennCare	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	Untimely or Inaccurate Client Response	\$100	Closed	Resolved
A199	TN	TennCare	DentaQuest USA Insurance Company, Inc.	February 2021	Sanction	Late ORR response	\$100	Closed	Resolved
A220	TN	TennCare	DentaQuest USA Insurance Company, Inc.	January 2022	CAP	Missed Member Written Notification	N/A	Closed	Training and documentation regarding deficiency and remedial action will be provided to all clinical review specialists
A233	TN	TennCare	DentaQuest USA Insurance Company, Inc.	July 2018	Sanction	Encounter File Accuracy	\$300	Closed	Resolved
A234	TN	TennCare	DentaQuest USA Insurance Company, Inc.	July 2018	CAP	Untimely notification of complaint and appeal resolution in some cases reviewed.	N/A	Closed	The specialist has been terminated for on-going quality issues. Running a bi-weekly report to ensure the resolution letter is attached.
A235	TN	TennCare	DentaQuest USA Insurance Company, Inc.	July 2018	CAP	Did not meet timeliness of complaint and appeal resolution notification in two files reviewed.	N/A	Closed	The specialist has been terminated on-going quality issues. Created a new policy for timeliness of complaint and appeal resolution. Audit of all complaint cases.
A242	TN	TennCare	DentaQuest USA Insurance Company, Inc.	July 2019	Sanction	Encounter File Accuracy	\$100	Closed	Resolved
A243	TN	TennCare	DentaQuest USA Insurance Company, Inc.	July 2019	Sanction	Encounter File Accuracy	\$100	Closed	Resolved
A247	TN	TennCare	DentaQuest USA Insurance Company, Inc.	July 2020	Sanction	Untimely or Inaccurate Client Response	\$100	Closed	Resolved
A262	TN	TennCare	DentaQuest USA Insurance Company, Inc.	July 2022	CAP	Policy and Procedure updates needed for Network department and Member letter template content updates	N/A	Closed	Updated Policy & Procedure as well as letter template
A277	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2019	Sanction	Inaccurate Provider Directory	\$5,000	Closed	Resolved
A278	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2019	CAP	Untimely case completion and member notification on appeals.	N/A	Closed	Additional internal controls for monitoring and leadership oversight for timely case completion and notification on member appeals.
A279	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2019	CAP	Untimely appeal resolution	N/A	Closed	Upon review of this case it was determined that there was an administrative oversight when pulling the file together missing evidence of timely resolution. Evidence provided to client.
A280	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2019	CAP	Provider availability does not meet network standards. Member handbook should state that members have the ability to request a hard copy provider directory. Provider directory must include office hours.	N/A	Closed	Upon review of the provider access issue it was found that report submitted to client was mis-classified, no network access issue exists for this county. Applicable updates made to member handbook for the right to request hardcopy provider directory. Applicable updates made to the provider directory to include office hours for providers.
A286	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2020	CAP	One case reviewed where complaint was resolved untimely	N/A	Closed	The specialist incorrectly applied the incorrect Turn around time to this case. Additional training and coaching was provided to the specialist.
A287	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2020	CAP	One resolution letter sent with the incorrect member name.	N/A	Closed	This was human error. The mistake was identified and a corrected letter was generated and sent outside of the contractual turn around time. Additional training and coaching was provided to the specialist.
A294	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2021	CAP	Provider Office Reference Manual Update	N/A	Closed	The Provider Office Reference Manual (ORM) modified
A295	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2021	CAP	Failure to Comply with Provider Network Standards	N/A	Closed	Network Team analyze the quarterly report and work to recruit orthodontists in County for the network.
A296	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2021	CAP	Ensure that dental appointment notices are distributed annually	N/A	Closed	Dental appointment notices will be distributed at least once every twelve months to all members who did not receive dental services in the previous 12 months without exception.
A298	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	Failure to submit a Provider Enrollment File that meets TennCare's specifications as required by Contract Sections A.22 and A.148.	\$375	Closed	Resolved
A299	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2022	CAP	Failure to Comply with Provider Network Standards	N/A	Closed	The DQ Network team currently has recruitment projects in place for the state of Tennessee targeting key counties and specialties
A312	TN	TennCare	DentaQuest USA Insurance Company, Inc.	March 2019	Sanction	Untimely or Inaccurate Client Response	\$100	Closed	Resolved
A313	TN	TennCare	DentaQuest USA Insurance Company, Inc.	March 2019	Sanction	Untimely Notification	\$1,500	Closed	Resolved
A319	TN	TennCare	DentaQuest USA Insurance Company, Inc.	March 2020	Sanction	Untimely or Inaccurate Client Response	\$100	Closed	Resolved
A325	TN	TennCare	DentaQuest USA Insurance Company, Inc.	March 2021	Sanction	Late deliverable - 12 days	\$1,200	Closed	Resolved
A326	TN	TennCare	DentaQuest USA Insurance Company, Inc.	March 2021	Sanction	Late deliverable - 13 days	\$1,300	Closed	Resolved
A355	TN	TennCare	DentaQuest USA Insurance Company, Inc.	May 2022	Sanction	Failure to submit a Provider Enrollment File that meets TennCare's specifications as required by Contract Sections A.22 and A.148.	\$250	Closed	Resolved
A361	TN	TennCare	DentaQuest USA Insurance Company, Inc.	November 2018	Sanction	Untimely Notification	\$1,500	Closed	Resolved
A362	TN	TennCare	DentaQuest USA Insurance Company, Inc.	November 2018	Sanction	Untimely Notification	\$1,500	Closed	Resolved
A363	TN	TennCare	DentaQuest USA Insurance Company, Inc.	November 2018	Sanction	Untimely Notification	\$1,500	Closed	Resolved
A364	TN	TennCare	DentaQuest USA Insurance Company, Inc.	November 2018	Sanction	Untimely Notification	\$1,500	Closed	Resolved
A365	TN	TennCare	DentaQuest USA Insurance Company, Inc.	November 2018	Sanction	Untimely or Inaccurate Client Response	\$2,250	Closed	Resolved
A370	TN	TennCare	DentaQuest USA Insurance Company, Inc.	November 2019	Sanction	Untimely or Inaccurate Client Response	\$200	Closed	Resolved
A371	TN	TennCare	DentaQuest USA Insurance Company, Inc.	November 2019	Sanction	Untimely or Inaccurate Client Response	\$200	Closed	Resolved
A398	TN	TennCare	DentaQuest USA Insurance Company, Inc.	October 2019	Sanction	Encounter File Accuracy	\$100	Closed	Resolved
A399	TN	TennCare	DentaQuest USA Insurance Company, Inc.	October 2019	Sanction	Untimely or Inaccurate Client Response	\$25,000	Closed	Resolved
A415	TN	TennCare	DentaQuest USA Insurance Company, Inc.	September 2018	Sanction	Untimely Notification	\$500	Closed	Resolved
A416	TN	TennCare	DentaQuest USA Insurance Company, Inc.	September 2018	Sanction	Untimely Notification	\$1,500	Closed	Resolved
A423	TN	TennCare	DentaQuest USA Insurance Company, Inc.	September 2019	Sanction	Inaccurate Provider Directory	\$5,000	Closed	Resolved

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition
A442	TN	TennCare	DentaQuest USA Insurance Company, Inc.	September 2022	Sanction	Failure to submit a Provider Enrollment File that meets TennCare's specifications as required by Contract Sections A.22 and A.148.	\$250	Closed	Resolved
A451	TN	TennCare	DentaQuest USA Insurance Company, Inc.	January 2023	CAP	In accordance with Provider Network Requirements, of the Dental Benefits Management Agreement, the following deficiency has been identified: 1:2,000 contractual ratio requirement.	\$50,000	Open	Continue enhancement of the network by launching the network strategy plan in targeted areas based on data, provider and member feedback: 1.Network strategy additional prospect identification 2.Launch outreach to participate
A477	TN	TennCare	DentaQuest USA Insurance Company, Inc.	January 2023	Sanction	Failure to meet network adequacy of 1:2000 general dentists to members. January 2023	\$25,000	Closed	Resolved
A478	TN	TennCare	DentaQuest USA Insurance Company, Inc.	February 2023	Sanction	Failure to meet network adequacy of 1:2000 general dentists to members. February 2023	\$25,000	Closed	Resolved
A483	TN	TennCare	DentaQuest USA Insurance Company, Inc.	March 2023	Sanction	Failure to meet standards for correct phone numbers and panel status during Provider Data Validation Q4 2022.	\$10,000	Closed	Resolved
A560	TN	TennCare	DentaQuest USA Insurance Company, Inc.	May 2023	CAP	Network Adequacy	N/A	Open	Network team completed additional analysis to identify any current areas of deficiency. For the areas identified, licensed providers with Medicaid ID will be targeted to join all three networks. For those counties that do not currently have a licensed dental provider within the 60-mile radius or with county lines (ex: Lake County), Network team will utilize universe lists of licensed providers within drive time/mileage to recruit and meet access requirements.
A561	TN	TennCare	DentaQuest USA Insurance Company, Inc.	May 2023	CAP	Provider Contracts	N/A	Open	The network team met with provider operations leadership and confirmed they have a process in place now within their department to review and execute all provider contracts.
A563	TN	TennCare	DentaQuest USA Insurance Company, Inc.	April 2023	Sanction	Missed Network Adequacy SLA	\$25,500	Closed	Resolved
A564	TN	TennCare	DentaQuest USA Insurance Company, Inc.	April 2023	Sanction	Untimely or Inaccurate Client Response	\$500	Closed	Resolved
A565	TN	TennCare	DentaQuest USA Insurance Company, Inc.	May 2023	Sanction	Missed Network Adequacy SLA	\$25,000	Closed	Resolved
A566	TN	TennCare	DentaQuest USA Insurance Company, Inc.	May 2023	Sanction	Missed Network Adequacy SLA	\$25,000	Closed	Resolved
A567	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2023	Sanction	Missed Network Adequacy SLA	\$25,000	Open	Network Development and Network Management are continuing to work with CE to reconcile this gap, and have a strategic plan in place.
A568	TN	TennCare	DentaQuest USA Insurance Company, Inc.	June 2023	Sanction	Missed Network Adequacy SLA	\$25,000	Open	Network Development and Network Management are continuing to work with CE to reconcile this gap, and have a strategic plan in place.
A114	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	April 2020	CAP	Agreed Upon Procedures (AUP) The MCO was not compliant for elements of the AUP in the FSR. Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness. Enhanced accounting for vendor costs and implemented a monthly review to validate all system access.
A117	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	April 2021	CAP	Member Complaints The DMO failed to resolve Member Complaints within 30 days of receipt.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A120	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	April 2022	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A142	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	August 2020	CAP	Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A146	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	August 2021	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A163	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	December 2019	CAP	Claims Processing The DMO failed to notify providers of a claims processing limitation. Agreed Upon Procedures (AUP) The MCO was not compliant for elements of the AUP in the FSR. Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A164	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	December 2019	Sanction	The dental contractor must submit monthly, Claims Summary Reports to HHSC by Program, by the last day of each month following the reporting period. 1 Day Late; Second Occurrence	\$250	Closed	Resolved
A165	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	December 2019	Sanction	The dental contractor must submit monthly, Claims Summary Reports to HHSC by Program, by the last day of each month following the reporting period. 1 Day Late; Second Occurrence	\$250	Closed	Resolved
A166	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	December 2019	Sanction	The MCO must respond to the Office of Inspector General request for information in the manner and format requested -- Investigation 2017D03317; 8 days inaccurate; Second Occurrence	\$1,000	Closed	Resolved



Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition
A171	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	December 2020	CAP	Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A180	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	Dental Contractor must file four quarterly ad two annual FSRs for each complete State Fiscal Year, in the format and timeframe specified by HHSC in UCMC Chapter 5.3.1. Dental Contractor must submit a Claims Lag Report on a quarterly basis by the last day of the month following the reporting period. The report must disclose the amount of incurred claims each month and the amount paid each month on a contract to date basis. The report must be submitted in accordance with UCMC Chapter 5.6.2	\$250	Closed	Resolved
A181	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	Dental Contractor must submit TPL/TPR reports in accordance with the format developed by HHSC UCMC Chapter 5.3.4. HHSC will require the Dental Contractor to submit TPL/TPR reports no more often than quarterly. TPL/TPR reports must include total dollars of costs avoided, and total dollars recovered from third party payers through the Dental Contractor's coordination of benefits and subrogation efforts during the quarter.	\$250	Closed	Resolved
A182	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$3,750	Closed	Resolved
A183	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$9,750	Closed	Resolved
A184	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$10,500	Closed	Resolved
A185	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$10,875	Closed	Resolved
A186	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$12,375	Closed	Resolved
A187	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$13,125	Closed	Resolved
A188	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$18,750	Closed	Resolved
A189	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$26,625	Closed	Resolved
A190	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$1,500	Closed	Resolved
A191	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$1,500	Closed	Resolved
A192	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$1,500	Closed	Resolved
A193	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	CAP	Agreed Upon Procedures (AUP) The MCO was not compliant for elements of the AUP in the FSR. Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness. Enhanced accounting for vendor costs and implemented a monthly review to validate all system access.
A194	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$2,250	Closed	Resolved
A200	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2021	CAP	Member Complaints The DMO failed to resolve Member Complaints within 30 days of receipt. OIG Audit (Contract Compliance) The DMO failed to appropriately perform an MCO Administrative Service.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A201	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	February 2022	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition
A209	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2020	CAP	Claims Processing The DMO failed to notify providers of a claims processing limitation. Agreed Upon Procedures (AUP) The MCO was not compliant for elements of the AUP in the FSR. Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness. Enhanced accounting for vendor costs and implemented a monthly review to validate all system access.
A212	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2021	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A213	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2021	CAP	Member Complaints The DMO failed to resolve Member Complaints within 30 days of receipt. OIG Audit (Contract Compliance) The DMO failed to appropriately perform an MCO Administrative Service.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A214	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2021	Sanction	FSR1 Days Inaccurate - Fifth occurrence	\$750	Closed	Resolved
A215	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2021	Sanction	Member complaints-98% resolved within 30 days 5th occurrence	\$250	Closed	Resolved
A216	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2021	Sanction	Member Appeals-98% resolved within 30 days 3rd occurrence	\$375	Closed	Resolved
A217	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2021	Sanction	Provider Complaints-98% resolved within 30 days 2nd occurrence	\$250	Closed	Resolved
A218	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2021	Sanction	Member Appeals-98% resolved within 30 days 4th occurrence	\$375	Closed	Resolved
A219	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2021	Sanction	Member complaints-98% resolved within 30 days 2nd occurrence	\$250	Closed	Resolved
A221	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2022	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A222	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2022	Sanction	The Dental Contractor must resolve at least 98% of Member Complaints within 30 calendar days.	\$250	Closed	Resolved
A223	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2022	Sanction	The Dental Contractor must resolve at least 98% of Member Complaints within 30 calendar days.	\$250	Closed	Resolved
A224	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2022	Sanction	The Dental Contractor must resolve at least 98% of Member Appeals within 30 calendar days	\$500	Closed	Resolved
A225	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2022	Sanction	Q2 2021 The DMO must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals.HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Expedited Appeals January 77%	\$500	Closed	Resolved
A226	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2022	Sanction	Q2 2021 The DMO must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals.HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Expedited Appeals February 67%	\$500	Closed	Resolved
A227	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2022	Sanction	Q2 2021 The DMO must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals.HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Expedited Appeals December 97%	\$125	Closed	Resolved
A228	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2022	Sanction	Q2 2021 The DMO must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals.HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Expedited Appeals January 96%	\$125	Closed	Resolved
A229	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2022	Sanction	Q2 2021 The DMO must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals.HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Expedited Appeals February 89%	\$250	Closed	Resolved

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A248	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2020	CAP	Agreed Upon Procedures (AUP) The MCO was not compliant for elements of the AUP in the FSR. Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness. Enhanced accounting for vendor costs and implemented a monthly review to validate all system access.
A251	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A252	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	Sanction	Member complaints-98% resolved within 30 days 5th occurrence	\$250	Closed	Resolved
A253	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	Sanction	Failed Member Dental Contractor Internal Appeals 98% - 4th occurrence Month 1	\$500	Closed	Resolved
A254	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	Sanction	Failed Member Dental Contractor Internal Appeals 98% - 4th occurrence Month 2	\$500	Closed	Resolved
A255	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	Sanction	Provider Complaints-98% resolved within 30 days 3rd occurrence	\$250	Closed	Resolved
A256	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	Sanction	Failed Member Dental Contractor Internal Appeals 98% - 5th occurrence Month 1	\$500	Closed	Resolved
A257	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	Sanction	Failed Member Dental Contractor Internal Appeals 98% - 5th occurrence	\$500	Closed	Resolved
A258	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	Sanction	Member complaints-98% resolved within 30 days - 3rd occurrence Month 2	\$250	Closed	Resolved
A259	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	Sanction	Claims Lag Reports to be submitted by the last day of the month following the period - 3rd occurrence	\$500	Closed	Resolved
A260	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2021	Sanction	The MCO must respond to Office of Inspector General request for information in the manner and format requested - 7th occurrence SFY2018 AUP	\$8,250	Closed	Resolved
A263	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	CAP	The MCO was not compliant for elements of the AUP in the FSR.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness. Enhanced accounting for vendor costs and implemented a monthly review to validate all system access.
A264	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	At least 80% of calls must be answered by hotline staff within 30 seconds.HHSC may assess up to \$100 for each percentage point below the standard, per hotline, and per Program that the Dental Contractor fails to meet the requirements for a monthly reporting period for any Dental Contractor's operated hotlines. Q4 2021	\$600	Closed	Resolved
A265	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	The MCO must operate a toll-free hotline that Providers can call 24 hours a Day, 7 Days a week. Call abandonment rate: The Call abandonment rate must be 7% or less.HHSC may assess up to \$100 for each percentage point below the standard, per hotline, and per Program that the Dental Contractor fails to meet the requirements for a monthly reporting period for any Dental Contractor's operated hotlines. Q4 2021	\$400	Closed	Resolved
A266	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	The average hold time must be two minutes or less for their provider hotline.HHSC may assess up to \$100 for each percentage point below the standard, per hotline, and per Program that the Dental Contractor fails to meet the requirements for a monthly reporting period for any Dental Contractor's operated hotlines. Q4 2021	\$300	Closed	Resolved
A267	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	The Dental Contractor must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals.HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Q4 2021	\$500	Closed	Resolved
A268	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	The Dental Contractor must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals.HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Q4 2021	\$500	Closed	Resolved
A269	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	At least 80% of calls must be answered by hotline staff within 30 seconds for their member hotline.HHSC may assess up to \$100 for each percentage point below the standard, per hotline, and per Program that the Dental Contractor fails to meet the requirements for a monthly reporting period for any Dental Contractor's operated hotlines. Q4 2021	\$600	Closed	Resolved

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition
A270	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	The MCO must operate a toll-free hotline that Providers can call 24 hours a Day, 7 Days a week. Call abandonment rate: The Call abandonment rate must be 7% or less.HHSC may assess up to \$100 for each percentage point below the standard, per hotline, and per Program that the Dental Contractor fails to meet the requirements for a monthly reporting period for any Dental Contractor's operated hotlines. Q4 2021	\$400	Closed	Resolved
A271	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	The average hold time must be two minutes or less for their provider hotline.HHSC may assess up to \$100 for each percentage point below the standard, per hotline, and per Program that the Dental Contractor fails to meet the requirements for a monthly reporting period for any Dental Contractor's operated hotlines. Q4 2021	\$200	Closed	Resolved
A272	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	All reports and Deliverables must be submitted timely and be accurate and complete according to the timeframes and requirements stated in the Contract and the UMCM. HHSC may assess up to \$250 Per each calendar day of noncompliance per Program. Q4 2021	\$188	Closed	Resolved
A273	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	July 2022	Sanction	The Dental Contractor must resolve at least 98% of Member Complaints within 30 calendar days from the date the Complaint is received by the Dental Contractor.HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Q4 2021	\$63	Closed	Resolved
A281	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2019	Sanction	FSR1 Days Inaccurate - Fifth occurrence	\$7,500	Closed	Resolved
A282	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2019	Sanction	Untimely or Inaccurate Client Response	\$63	Closed	Resolved
A288	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$3,000	Closed	Resolved
A289	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2020	Sanction	MCO must respond to any Inspector General request for information in the manner and format requested.	\$2,250	Closed	Resolved
A290	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2020	CAP	Agreed upon procedures upon the MCO was not compliant for elements of the AUP in the FSR. Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days. SFY 20 Third Party Performance Audit The DMO failed to perform an MCO Administrative Service	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness. Enhanced accounting for vendor costs and implemented a monthly review to validate all system access.
A291	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2020	Sanction	Member appeals - 98% resolved within 30 days	\$125	Closed	Resolved
A292	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2020	Sanction	Member appeals - 98% resolved within 30 days	\$250	Closed	Resolved
A293	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2020	Sanction	Member appeals - 98% resolved within 30 days	\$250	Closed	Resolved
A297	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2021	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A300	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	The average hold time must be two minutes or less for their provider hotline.HHSC may assess up to \$100 per month, per hotline, and per Program for each 30 second time increment, or portion thereof, by which the average hold time exceeds the maximum acceptable hold time. SFY 2021 Q3 March 2:22	\$25	Closed	Resolved
A301	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	The average hold time must be two minutes or less for their provider hotline.HHSC may assess up to \$100 per month, per hotline, and per Program for each 30 second time increment, or portion thereof, by which the average hold time exceeds the maximum acceptable hold time. SFY 2021 Q3 March 2:22	\$25	Closed	Resolved
A302	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	The average hold time must be two minutes or less for their provider hotline.HHSC may assess up to \$100 per month, per hotline, and per Program for each 30 second time increment, or portion thereof, by which the average hold time exceeds the maximum acceptable hold time. SFY 2021 Q3 April 2:34	\$50	Closed	Resolved

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition
A303	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	The average hold time must be two minutes or less for their provider hotline.HHSC may assess up to \$100 per month, per hotline, and per Program for each 30 second time increment, or portion thereof, by which the average hold time exceeds the maximum acceptable hold time. SFY 2021 Q3 April 2:34	\$50	Closed	Resolved
A304	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	The average hold time must be two minutes or less for their provider hotline.HHSC may assess up to \$100 per month, per hotline, and per Program for each 30 second time increment, or portion thereof, by which the average hold time exceeds the maximum acceptable hold time. SFY 2021 Q3 May 2:18	\$50	Closed	Resolved
A305	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	The average hold time must be two minutes or less for their provider hotline.HHSC may assess up to \$100 per month, per hotline, and per Program for each 30 second time increment, or portion thereof, by which the average hold time exceeds the maximum acceptable hold time. SFY 2021 Q3 May 2:18	\$25	Closed	Resolved
A306	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	Call hold rate: At least 80% of calls must be answered by hotline staff within 30 seconds for their member hotline.HHSC may assess up to \$100 per month, per hotline, and per Program for each 30 second time increment, or portion thereof, by which the average hold time exceeds the maximum acceptable hold time. SFY 2021 Q3 March 71.54%	\$200	Closed	Resolved
A307	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	Call hold rate: At least 80% of calls must be answered by hotline staff within 30 seconds for their member hotline.HHSC may assess up to \$100 per month, per hotline, and per Program for each 30 second time increment, or portion thereof, by which the average hold time exceeds the maximum acceptable hold time. SFY 2021 Q3 March 71.54%	\$200	Closed	Resolved
A308	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2022	Sanction	The DMO must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals.HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. SFY 2021 Q3 72-Hour ExpeditedMarch 88.89%	\$500	Closed	Resolved
A314	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2019	Sanction	MCO must respond to any Inspector General request for information in the manner and format request - 15 days inaccurate	\$7,500	Closed	Resolved
A315	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2019	Sanction	Missed Complaints Grievances & Appeals SLA	\$63	Closed	Resolved
A316	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2019	Sanction	Encounter File Accuracy	\$5,000	Closed	Resolved
A320	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2020	CAP	Missed Complaints and Appeals timeframes	N/A	Closed	Monitoring of open cases by Complaints, Grievances and Appeals (CGA) management has been enhanced- Standard cases are resolved within the turnaround time and expedited cases are resolved within the applicable turnaround time.
A321	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2020	CAP	Agreed Upon Procedures (AUP) The MCO was not compliant for elements of the AUP in the FSR. Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness. Enhanced accounting for vendor costs and implemented a monthly review to validate all system access.
A327	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2021	CAP	Member Complaints The DMO failed to resolve Member Complaints within 30 days of receipt. OIG Audit (Contract Compliance) The DMO failed to appropriately perform an MCO Administrative Service. 2017 Agreed Upon Procedures (AUP) The DMO was not compliant for elements of the AUP in the FSR.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness. Enhanced accounting for vendor costs and implemented a monthly review to validate all system access.
A328	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2022	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A333	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	Member Complaints 98% resolved within 30 days - Third Occurrence- 91.5%	\$250	Closed	Resolved
A334	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	Member Complaints 98% resolved within 30 days - First Occurrence- 84.6%	\$125	Closed	Resolved
A335	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	Financial Statistical Reports (FSRs) must be submitted on time, accurate and complete. - Third Occurrence- 8 days inaccurate	\$4,000	Closed	Resolved

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A336	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	Financial Statistical Reports (FSRs) must be submitted on time, accurate and complete. - First Occurrence- 1 day inaccurate	\$500	Closed	Resolved
A337	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Fifth Occurrence- 2017D01884 15 Days Inaccurate	\$5,625	Closed	Resolved
A338	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Fifth Occurrence- 2018D00766 83 Days Inaccurate	\$31,125	Closed	Resolved
A339	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Fifth Occurrence- 2018D02093 83 Days Inaccurate	\$24,000	Closed	Resolved
A340	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Fifth Occurrence- 2018D0201468 83 Days Inaccurate	\$19,500	Closed	Resolved
A341	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Sixth Occurrence- 2018D02896	\$1,500	Closed	Resolved
A342	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	Member Appeals 98% resolved within 30 days Agreed Upon Procedures (AUP) The MCO was not compliant for elements of the AUP in the FSR.	N/A	Closed	Waived
A343	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	CAP	Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days. SFY 20 Third Party Performance Audit The DMO failed to perform an MCO Administrative Service	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness. Enhanced accounting for vendor costs and implemented a monthly review to validate all system access.
A344	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Sixth Occurrence- 2018D03350	\$2,250	Closed	Resolved
A345	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Sixth Occurrence- 2018D02774	\$15,375	Closed	Resolved
A346	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Sixth Occurrence- 2018D02063	\$3,000	Closed	Resolved
A347	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Sixth Occurrence- 2018D02358	\$13,125	Closed	Resolved
A348	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	IG- MCO must respond to any Inspector General request for information in the manner and format requested. - Sixth Occurrence- 2018D01672	\$31,500	Closed	Resolved
A349	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	Member appeals - 98% resolved within 30 days - Third Occurrence- 94.9%	\$250	Closed	Resolved
A350	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	Member appeals - 98% resolved within 30 days - Second Occurrence- 93.5%	\$125	Closed	Resolved
A351	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	Provider Complaints 98% resolved within 30 days. - First Occurrence- 0%	\$188	Closed	Resolved
A352	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2020	Sanction	Member Complaints 98% resolved within 30 days - Second Occurrence- 93.5%	\$250	Closed	Resolved
A353	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2021	CAP	Member Complaints The DMO failed to resolve Member Complaints within 30 days of receipt.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A356	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	May 2022	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A372	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	November 2019	CAP	Claims Processing The DMO failed to notify providers of a claims processing limitation. Agreed Upon Procedures (AUP) The MCO was not compliant for elements of the AUP in the FSR. Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A373	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	November 2019	Sanction	Untimely or Inaccurate Client Response	\$1,375	Closed	Resolved



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A376	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	November 2020	CAP	Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A379	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	November 2021	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A400	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	October 2019	CAP	Claims Processing The DMO failed to notify providers of a claims processing limitation. Agreed Upon Procedures (AUP) The MCO was not compliant for elements of the AUP in the FSR. Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A404	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	October 2020	CAP	Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A409	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	October 2021	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A417	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2018	CAP	Need to provide advance notice to providers regarding claims processing changes. Need to reprocess claims affected by lack of advance notice. Update language to claims system to reflect ORM advance notice. Provide weekly reporting on advance notice issues. Update ORM related to the change.	N/A	Closed	DentaQuest submitted a provider letter to HHSC for approval. The letter was approved and mailed to all participating providers. The providers' claims will be reprocessed to pay as they would prior to the change. ORM will be updated with language for 1/1/19.
A429	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2020	CAP	Member Complaints The MCO failed to resolve Member Complaints within 30 days of receipt. Member Appeals The MCO failed to resolve Member Complaints within 30 days of receipt. IG Audit (Contract Compliance) The MCO failed to appropriately perform an MCO Administrative Service. Provider Complaints The MCO failed to resolve at least 98% of Provider Complaints within 30 calendar days.	N/A	Closed	Reviewed policies and procedures to ensure adherence to findings from the audit and continued process improvements for timeliness.
A432	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2021	CAP	Member Appeals The DMO failed to resolve expedited member appeals within 72 hours.	N/A	Closed	Reviewed policies and procedures, continued process improvements for timeliness.
A433	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2021	Sanction	Failed Provider Appeals goal of 98% Q3 2020 - April 96.7%	\$438	Closed	Resolved
A434	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2021	Sanction	Failed Provider Appeals goal of 98% Q3 2020 - May 90.513%	\$438	Closed	Resolved
A435	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2021	Sanction	Failed Provider Appeals goal of 98% Q3 2020 - April 93.17%	\$438	Closed	Resolved
A436	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2021	Sanction	Failed Provider Appeals goal of 98% Q3 2020 - May 84.213%	\$875	Closed	Resolved
A437	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2021	Sanction	Failed Provider Appeals goal of 98% Q4 2020 - June 88.03%	\$4,250	Closed	Resolved
A438	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2021	Sanction	Failed Provider Appeals goal of 98% Q4 2020 - July 93.07%	\$4,250	Closed	Resolved
A439	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2021	Sanction	Failed Provider Appeals goal of 98% Q4 2020 - June 91.899%	\$4,250	Closed	Resolved
A440	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	September 2021	Sanction	Failed Provider Appeals goal of 98% Q4 2020 - July 93.87%	\$4,250	Closed	Resolved
A450	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	January 2023	CAP	CMDS-Failed to adjudicate within 72 hours.	N/A	Open	Manual processes have been removed as cases are now handled in the Salesforce application that was implemented in May 2022. F Enclosed is the Accounts Payable (AP) Process which details the process of receiving an invoice and the controls and procedures that are followed in order to properly process an invoice is illustrated. This process ensures that DentaQuest does not lack in supporting documentation and that DentaQuest has the appropriate and sufficient documentation for all audits, in order to determine allowability. Enclosed is the TX FSR Unallowable Expense Methodology policy which details out the adherence to the UMCM Cost Principles and control steps used to ensure that unallowable expenses have been reviewed before the FSR is produced. Also enclosed is the Expense Report Policy which outlines the process to ensure that expense reports have all supporting receipts, documentation, invoices related to the expense. The Director of Financial Planning implemented a phased-in training to ensure that the appropriate recording of expenses was achieved by all cost center managers.
A463	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2023	CAP	Lack of supporting documentation: Did not provide adequate or complete supporting documentation to the auditors - Detail Finding No. 1	N/A	Open	

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition
A464	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2023	CAP	Unallowable administrative expenses identified in Detail Finding No. 2.	N/A	Open	Enclosed is the Accounts Payable (AP) Process which details the process of receiving an invoice and the controls and procedures that are followed in order to properly process an invoice is illustrated. This process ensures that DentaQuest does not lack in supporting documentation and that DentaQuest has the appropriate and sufficient documentation for all audits, in order to determine allowability. Enclosed is the TX FSR Unallowable Expense Methodology policy which details out the adherence to the UMCM Cost Principles and control steps used to ensure that unallowable expenses have been reviewed before the FSR is produced. Also enclosed is the Expense Report Policy which outlines the process to ensure that expense reports have all supporting receipts, documentation, invoices related to the expense. The Director of Financial Planning implemented a phased-in training to ensure that the appropriate recording of expenses was achieved by all cost center managers.
A465	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2023	CAP	Non-Compliance in procedures and reporting accuracy per UMCM identified in Compliance Finding No. 1, disclosure of Value Added Service and Compliance Finding No. 2, timely filing of the Bonus Plan	N/A	Open	Finding No. 1 – VAS amounting to \$4,922 was incorrectly classified on FSR. The MCO will have implemented more detailed review of the final FSR's prior to submission to HHSC. Note that this did not impact the experience rebate calculation. Finding No. 2 - DentaQuest has been working closely with HHSC FRAC on alignment of the contractual expectations of bonus plan submissions, through a current desk review.
A466	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	March 2023	CAP	Executive compensation, executive bonuses and incentive compensation unallowed amounts. Detail Finding No. 3	N/A	Open	Finding No. 3 FSR included total compensation expense of \$55,500 that was over the FAR limit. The limitation will be corrected prospectively in SFY 2022 FSR reporting.
A474	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	December 2022	Sanction	The Dental Contractor must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals. HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Q1 2022 September 97%	\$500	Closed	Resolved
A475	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	December 2022	Sanction	The Dental Contractor must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals. HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the performance standard. Q1 2022 October 97%	\$500	Closed	Resolved
A550	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2023	CAP	Failed to meet performance standard for Member Appeals 72 hours.	N/A	Open	Currently Under Review.
A551	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	June 2023	CAP	Failed to meet performance standards for Member Complaints Resolved within 30 days.	N/A	Open	Currently Under Review.
A569	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	April 2023	Sanction	The Dental Contractor must resolve at least 98% of Member appeals within the specified timeframes for standard and expedited appeals. HHSC may assess up to \$500 per monthly reporting period and per Program if the Dental Contractor fails to meet the standard. - 72 Hours Expedited Member Appeals January 92%	\$500	Closed	Resolved
A570	TX	Texas Health and Human Services Commission	DentaQuest USA Insurance Company, Inc.	April 2023	Sanction	All reports and Deliverables as specified in the Contract and the UMCM. HHSC may assess up to \$250 per Day of noncompliance, per Program, and per MCO's Service Area if the monthly, quarterly, or annual report/Deliverable is not submitted or is late, inaccurate, or incomplete. - Member Complaints Report February 2 days inaccurate	\$250	Closed	Resolved

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition

Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition

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Internal Control #	State	Contract/Program	Contracting Entity	Date of Action (month/year)	Action Type	Description of Action Taken by Regulatory Body	Monetary Sanction (if applicable)	Status	Final Disposition

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\*Administratively Closed: In those instances in which the client does not provide official closure letters related to CAPs, we administratively close the CAP after the following has occurred: (1) All information requested by the client has been revised and provided to the client; (2) All issues identified by the client have been resolved; (3) Any fines or penalties associated with the findings have been paid; and (4) At least 90 days has elapsed

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# **EXHIBIT 7**

# **REFERENCE LETTERS**

To whom this may concern,

I am writing on behalf of Virginia's Smiles For Children dental program to recommend DentaQuest as the program administrator for your dental contract. DentaQuest has been our dental benefits administrator since 2005. Throughout this time, DentaQuest has made tremendous improvements to our program to better serve our members and support our providers. It is important to note that this year, DentaQuest retained our Smiles For Children contract via a competitive RFP process.

DentaQuest assisted in the implementation of our pregnant member benefit in 2015. This benefit has provided comprehensive care to pregnant members which is integral to the health and well-being of their newborn. Most recently, DentaQuest assisted with the benefit design and implementation of our adult dental benefit. This comprehensive benefit has provided our adult population with the opportunity to improve their oral health via preventive and restorative services. DentaQuest also played a large role in our recent 30% increase in provider reimbursement fees.

DentaQuest continuous to aid in improving our network adequacy through continuous provider outreach and education. DentaQuest has taken steps to ease the administrative burden that providers face with credentialing by offering the universal CAQH application for prospective providers. As of result of this and other initiatives aimed at improving provider participation, our Virginia provider population has seen tremendous growth over the last 12 months. DentaQuest also provides continuous member outreach to educate our members on the importance that oral health plays on overall health.

We believe that DentaQuest will serve your state in the same way they serve Virginia. Their attention to detail and commitment will undoubtedly aid and improve your program. It is because of their continually support and concerted efforts that we recommend DentaQuest to serve as your program administrator.

Thank you,

A handwritten signature in cursive script that reads "Justin Gist".

Virginia's Smiles For Children Dental Program

June 28, 2023

### **Presbyterian Health Plan and DentaQuest Partnership**

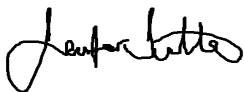
To whom it may concern,

DentaQuest and Presbyterian Health Plan (PHP) have been partners for over 25 years, since the inception of Medicaid Managed Care in New Mexico. Throughout that entire time, we have received excellent customer service from the entire operations team, as DentaQuest is delegated to manage the provider network, credentialing, claims processing, and to facilitate the prior authorization process with our Utilization Management (UM) team. They are also responsible for reporting.

Our UM team praises DentaQuest for having most prior authorization requests completed within a day. Claims processing is always above the standard, and their encounter acceptance rate is consistently high. Their entire operations team is very attentive and works with our teams to respond and resolve issues quickly.

Specifically, Mark Sanchez consistently goes above and beyond to personally work with us and providers to resolve all issues and concerns. He has built great relationships with both our PHP staff and with the dental community, as well as with the state. DentaQuest is not just a vendor, but a true partner and advocate of the program and the members we serve.

Sincerely,



Jennifer Turrietta | VP, Centennial Care  
Presbyterian Health Plan  
Office: 505.923.8345  
Fax: 505.923.5549  
[jturriet@phs.org](mailto:jturriet@phs.org)

To Whom It May Concern:

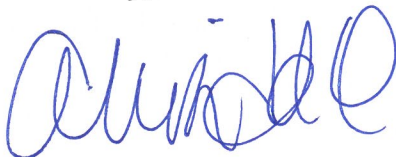
On behalf of Florida Complete Care (FC2), I am pleased to write this letter of support as DentaQuest pursues a contract for Iowa Medicaid.

Our partnership with DentaQuest has spanned over a two-year period. As a dental plan for both the Statewide Medicaid Dental Program and as an FDR for our Medicare Advantage Plan, DentaQuest collaborates with FC2 through many different channels to ensure our shared Medicaid and Medicare members receive high quality, coordinated, and person-centered care. Some examples of this collaboration include:

- Mobile Unit and facility integration
- Participating in the natural disasters and supporting individuals impacted by Hurricane Ian with dental kits.

Every day, we see firsthand how DentaQuest is working to improve their members' experience and care. We appreciate their ongoing partnership and leadership in the Medicare business.

Sincerely,



Abby Riddle

Independent Living Systems, LLC., Chief Operating Officer  
Florida Complete Care (FC2) Plan President

# **EXHIBIT 8**

# **SETTLEMENTS**

Case Name	Court	State	Docket Number	Date Filed	Litigation Disclosure Summary (if different from internal)	Settlement Amount
William Jones v. DentaQuest, LLC, et al.	Court of Common Pleas, Philadelphia County	PA	220102459	01/28/22	Plaintiff's Complaint alleged negligence and a breach of contract arising out of a DentaQuest's customer service representative's misinterpretation of the Plaintiff's insurance policy and coverage allowed. Plaintiff alleges he relied on this misinterpretation when seeking his dental treatment. Plaintiff sought \$75,000.00 which includes the estimated cost of a dental implant in addition to pain and suffering, emotional distress, and future medical damages. The parties settled the matter with no admission of fault or liability and the case was dismissed.	\$15,000.00
The Prudential Insurance Company of America v. DentaQuest, LLC, et al.	Middlesex County Superior Court of Massachusetts	MA	2181CV00935	04/26/21	Plaintiff filed a complaint against DentaQuest, LLC alleging that DentaQuest, LLC concealed and withheld \$996,425.00 payments due to Prudential for insurance policy premiums. The parties settled the matter with no admission of fault or liability, and the case was dismissed on or about January 18, 2022.	\$450,000.00
Harold Kamara, D.D.S, Clean Smiles Dental, PLLC, & Amigos Dentistry, PLLC v. DentaQuest USA Insurance Company, Inc.	District Court of Dallas County, TX	TX	DC-20-08884	06/29/20	Plaintiffs alleged that DentaQuest USA Insurance Company, Inc. breached its provider agreement with Dr. Kamara when it terminated him from its provider network on or about February 19, 2020. Dr. Kamara sought unspecified damages for his breach of contract claim, as well as declaratory and injunctive relief. The parties settled this matter with no admission of fault or liability and no payment of money. The case is now dismissed.	\$0.00
Marjorie Vanderpool v. DSM USA Insurance Company, Inc.	Miami County Superior Court 1	IN	52D01-2105-SC-000382	05/28/21	Plaintiff sought \$437 reimbursement for July and August 2020 claims plus \$97 in interest/court costs. DentaQuest sent payment in full for the amount of \$534.00 to Plaintiff and a Satisfaction of Judgment was filed on February 10, 2022.	\$534.00
Jennifer Dunlop v. DentaQuest of Florida, Inc.	Fourth District Court of Appeal	FL	19-2336	07/24/19	Jennifer Dunlop, a DentaQuest member, filed a complaint with the Florida Agency for Health Care Administration ("AHCA") alleging that DentaQuest of Florida, Inc. ("DQ of FL") wrongly denied dental services to her daughter. ACHA affirmed DQ of FL's denial on June 24, 2019. Ms. Dunlop filed an appeal with this court. DQ of FL settled with Ms. Dunlop with no admission of fault or liability and a voluntary notice of dismissal was filed on October 1, 2019.	\$250.00
Pediatric Smiles, Inc. v. DentaQuest of Florida, Inc.	The Circuit Court, Fourth Judicial Circuit, in and For Duval County, Florida	FL	16-2017-CA-003302-XXXX-MA	05/24/17	The plaintiff alleged that it was underpaid by approximately \$25,000 with respect to certain invoices that were submitted. The parties agreed to settle the matter in 2018 with no admission of fault or liability and the action was dismissed.	\$20,000.00
Mark Knighton v. DentaQuest of Maryland, LLC	District Court of Maryland for Anne Arundel County	MD	D-07-CV-19-014073	06/20/19	Plaintiff filed a small claims complaint on June 20, 2019, alleging he could not find an in network provider in his area, so he went to a local dentist to have work done. The matter settled with no admission of fault or liability and the case was dismissed with prejudice on October 7, 2019.	\$1,000.00





# TAB 5 PERSONNEL

### 3.2.5.1 TABLES OF ORGANIZATION

Illustrate the lines of authority in two (2) tables:

- One (1) showing overall operations
- One (1) showing staff who will provide services under the RFP

Inherent to successfully supporting a statewide Medicaid dental program is an acute understanding of the staffing levels and composition needed to effectively manage it in accordance with both the Agency’s expectations and the high standards that Iowa Providers and Members deserve. Our goal is to approach the administration of the IDWP and Hawki Dental programs strategically and thoughtfully, and in a way that best represents the needs of the Members and Providers.

Our proposed organizational structure seeks to achieve several goals:

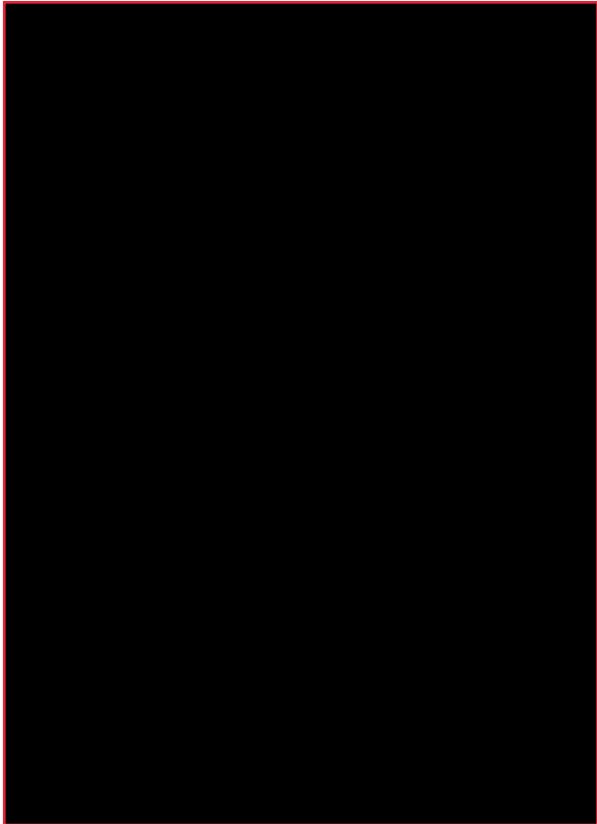
1. Hire, onboard and train highly qualified Iowans who will serve in appropriate Key Personnel and other Support Staff roles
2. Leverage the deep expertise of DentaQuest’s management/leadership personnel to ensure best practices and efficiencies are seamlessly channeled into the Iowa Contract
3. Ensure the state has clear channels of communication and understands who is accountable from DentaQuest to deliver on the requirements and expectations regarding this RFP

**We believe that people from the state are best suited to serve people in the state.** As such, we estimate that approximately 83 FTEs will be assigned to this contract – 66 of which will live and work in Iowa. **This means about 80% of the team will be comprised of Iowans.** Please see Exhibits 9 and 10 for two organizational charts labeled “Overall Operations” and “Staff Providing Services Under the RFP” respectively.

To successfully operate a program of the size and scope of the IDWP and Hawki Dental programs, DentaQuest has found that an inter-connected team, organized by contract needs and complexity, is most effective. As such, we have organized our teams as highlighted in Figure A-3.2.5.

Figure A-3.2.5: DentaQuest team structure

Team	Role/Primary Duties	Members
Corporate Executives	This team manages the entirety of The DentaQuest company. They are the ultimate authority on state Medicaid programs and will be consulted as appropriate for issues escalation and/or strategic guidance throughout the course of the Iowa contract.	<ul style="list-style-type: none"> <li>• Brett Bostrack, President &amp; Director (Chief Network Officer)</li> <li>• Miles Yakre, Treasurer (Chief Financial Officer, DentaQuest)</li> <li>• Colleen Kallas, Secretary (AVP &amp; Senior Counsel)</li> <li>• Scott Davis, Director (SVP &amp; Chief Legal Officer)</li> <li>• Kamila Chytil, Director (Chief Operating Officer)</li> <li>• Neil Haynes, Director (SVP &amp; Chief Financial Officer, Sun Life U.S.)</li> <li>• Robert Lynn, Director (Chief Sales Officer)</li> <li>• Steven Pollock, Manager, Board of Managers (President &amp; CEO of DentaQuest, LLC)</li> </ul>
Iowa Key Personnel	As prescribed by the contract, DentaQuest will	[REDACTED]

	<p>have 15 Key Personnel explicitly responsible for the Iowa contract. Initially we have named many <b>interim</b> experienced DentaQuest leaders. However, they will transition to Iowa as they are hired, trained, and onboarded. This team is accountable for all deliverables and requirements as stated throughout the contract and Scope of work. Interim leaders will transition to Key Corporate, Administrative, and Supervisory Personnel in due time.</p>	
<p>Key Corporate, Administrative, and Supervisory Personnel</p>	<p>Interim members of the Key Personnel team who have transitioned to supervisory roles for the Iowa contract to ensure that continuity and experience remain leveraged through the course of the contract.</p>	<p>See above. Interim staff will transition as new Iowa-based team members are hired, trained, and onboarded.</p>
<p>Support Staff</p>	<p>Experts in various functional areas and carry out the duties and requirements of this contract.</p>	<p>To be hired – 80% Iowa based</p>

### 3.2.5.2 NAMES AND CREDENTIALS OF KEY CORPORATE PERSONNEL

**Names and Credentials of Key Corporate Personnel.**

- Include the names and credentials of the owners and executives of your organization and, if applicable, their roles on this project.
- Include names of the current board of directors, or names of all partners, as applicable.
- Include resumes for all key corporate, administrative, and supervisory personnel who will be involved in providing the services sought by this RFP. The resumes should include: name, education, years of experience, and employment history, particularly as it relates to the scope of services specified herein. Resumes shall not include social security numbers.

### OWNERS; EXECUTIVES; AND KEY CORPORATE, ADMINISTRATIVE, AND SUPERVISORY PERSONNEL

#### Owners


The bidding entity, DentaQuest USA Insurance Company, Inc., is a wholly owned subsidiary of DentaQuest, LLC, (“DQ LLC”) which owns and manages the DentaQuest organization, comprised of companies that hold insurance, third party administrator and similar licenses in nearly every state in the country. Please see the entities’ organizational chart in Exhibit 11.




#### Executives

The executive level leadership for this contract is comprised of Corporate Executives/Board of Directors, who lead DentaQuest at large. They will be present throughout the contract for issues escalation and resolution, as well as strategic guidance as appropriate.




Figure B-3.2.5 below features our Corporate Executives who will be present throughout the contract for issues escalation and other strategic guidance as appropriate.

Figure B-3.2.5: DentaQuest team structure


Executive Team Member and Title	Role in the Project
<p><b>Steven Pollock, Chief Executive Officer</b></p> 	<p>Mr. Pollock is responsible for the successful management of all DentaQuest dental clients. Paramount in that is his work with the team of executive leaders to drive the forward-thinking offerings, technology and programs to enhance DentaQuest’s Medicaid, CHIP, Medicare and Exchange dental program administration.</p> <p>Mr. Pollock has guided the company through a period of significant and sustained growth – DentaQuest now manages dental and vision benefits for 30+ million Americans in 21 states and direct patient care through a network of more than 80 oral health centers in six states. And its membership and national provider footprint continue to grow.</p>

	<p>Under his leadership, DentaQuest developed a unique approach known as Preventistry® – an all-in strategy to make oral health care more affordable, accessible, innovative, and integrated into the broader health care system.</p>
<p><b>Kamila Chytil, Chief Operating Officer</b></p> 	<p>Ms. Chytil leads the Office of the COO, which includes 1,500 employees encompassing operations, information technology, marketing, and customer experience. Ms. Chytil’s team focuses on optimizing digital efforts, overall technology and a long-term approach to ensuring all areas of the business can continue operating effectively in a remote environment.</p> <p>Ms. Chytil is an accomplished, results-focused payments and analytics executive with more than 20 years of experience and a proven and well-documented record of contributions leading to revenue expansion and expense control. An excellent people leader offering a rare combination of advanced analytical skills and client relationship management, Kamila is known as a superb change agent with a talent for asking the right questions, developing teams and recruiting leaders with an equal desire to succeed.</p>
<p><b>Brett Bostrack, Chief Network Officer</b></p> 	<p>Mr. Bostrack’s team of nationally located network development, management and support staff work to ensure adequate and high-performing dental networks in all DentaQuest business markets. Mr. Bostrack is leading an effort to execute on the organization’s plan for a comprehensive network solution for all lines of business.</p> <p>Mr. Bostrack is a dental industry leader with more 20 years of experience at DentaQuest and nearly 25 years leading top business accounts. He is an expert in developing medical-dental integration programs, business and engagement strategies, and a consistent record for managing P&amp;L and driving growth through exceptional market insight.</p>
<p><b>Scott Davis, SVP &amp; Chief Legal Officer</b></p> 	<p>Mr. Davis is responsible for the legal, corporate governance, and government relations functions. His team has extensive experience ensuring the organization can successfully navigate the complex regulatory environment and maintain its industry-leading compliance program to support the enterprise’s government business.</p> <p>Mr. Davis joined the organization more than 25 years ago, holding a series of roles of increasing responsibility in the law department before being named General Counsel. His past professional experience includes serving as the Assistant Attorney General for the Commonwealth of Massachusetts and positions at two private law firms.</p>



<p><b>Miles Yakre, Chief Financial Officer</b></p> 	<p>Mr. Yakre leads the financial organization across the enterprise’s dental and vision business. Mr. Yakre manages a team of financial experts in functional areas including financial planning &amp; analysis, statutory reporting &amp; taxation, accounts payable, accounts receivable, financial analysis &amp; reporting and procurement and vendor management.</p> <p>Mr. Yakre has been the CFO since 2016 and was the CFO for Assurant Employee Benefits (AEB) for eight years prior to the organization’s acquisition of AEB. He managed the integration of AEB after acquisition, which included more than 1,500 employees and thousands of group benefits clients. Previously, Miles was Chief Actuary at AEB, holding other actuarial and finance roles.</p>
<p><b>Tammi Wortham, SVP, Human Resources</b></p> 	<p>Ms. Wortham is responsible for the development and implementation of the enterprise human resources business plan and talent management programs. Her team ensures enterprise practices keep pace with state and federal regulatory requirements. Ms. Wortham’s team is responsible for designing and implementing employee education programs and content, retention and recognition programs and leads initiatives around diversity, equity and inclusion.</p> <p>Before leading HR for the enterprise, Tammi was vice president, Group Benefits Client Services, leading the largest unit in the company’s U.S. business for a wide range of operational functions. Previously, she held senior leadership roles at Prudential and The Hartford Financial Services Group.</p>
<p><b>Sanjith Kodangil, Chief Technology Officer</b></p> 	<p>Mr. Kodangil is responsible for a team of more than 100 IT experts spanning IT infrastructure, operations and IT security. His teams maintain and improve DentaQuest’s system to ensure operational efficiency related to the processing of critical client data such as enrollment files, dental claims, encounter files, client reports and the maintenance of provider data. Mr. Kodangil’s team also includes experts who have built and maintain a best-in-class IT security program to ensure the integrity and safety of our clients’ data.</p> <p>Mr. Kodangil has nearly 25 years of IT experience ranging from software development to leadership positions. Prior to joining the organization, he held IT leadership positions at large corporations including Citizens Bank, CapitalOne, Deloitte and IBM. Sanjith has designed and managed significant systems and business platforms resulting in efficiency and cost savings. He brings that experience to the organization to continue DentaQuest’s technology evolution.</p>



<p><b>Michele Blackwell, Chief Advantage Dental+ Officer</b></p> 	<p>Ms. Blackwell is responsible for the operations, vision and expansion of care through our dental care delivery affiliate Advantage Dental+. These care delivery practices – owned by DentaQuest, LLC – provide a valuable avenue to increase access to quality dental care in Oregon, Massachusetts and Florida.</p> <p>Ms. Blackwell is a dental executive with over 20 years of experience in the industry and with the organization. She is a relationship builder at heart and has held a variety of state and regional roles throughout the DentaQuest enterprise ranging from provider relations, client account oversight, business development and team management. Ms. Blackwell and her teams have developed strategies to maximize the use of program dollars to achieve optimal results for clients and oral health benefits for enrollees in the markets she’s managed.</p>
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**Officers and Board of Directors of DentaQuest USA Insurance Company, Inc.**

The Bidder’s Officers and Board of Directors includes:

- Brett Bostrack, President & Director (Chief Network Officer)
- Miles Yakre, Treasurer (Chief Financial Officer, DentaQuest)
- Colleen Kallas, Secretary (AVP & Senior Counsel)
- Scott Davis, Director (SVP & Chief Legal Officer)
- Kamila Chytil, Director (Chief Operating Officer)
- Neil Haynes, Director (SVP & Chief Financial Officer, Sun Life U.S.)
- Robert Lynn, Director (Chief Sales Officer)
- Steven Pollock, Manager, Board of Managers (President & CEO of DentaQuest, LLC)

**Key Corporate, Administrative, and Supervisory Personnel**

As stated above, we will begin with interim Key Personnel; these are experienced DentaQuest leaders who are on board today that will begin the work. Shortly after contract award, we will begin to recruit lowans to join the team and serve in these key roles permanently, as appropriate. Our interim team will then transition to Key Corporate, Administrative, and Supervisory Personnel to ensure highly qualified and experienced individuals are engaged as the new team takes hold.

As prescribed by the contract, DentaQuest will have 15 Key Personnel explicitly responsible for the Iowa contract. Initially we have named many interim experienced DentaQuest leaders. However, they will transition to lowans as they are hired, trained, and onboarded. This team is accountable for all deliverables and requirements as stated throughout the contract and Scope of work. **Interim leaders will transition to Key Corporate, Administrative, and Supervisory Personnel in due time.** Current named individuals for the Key Personnel roles include:





Resumes are located in Exhibit 12.

### 3.2.5.3 INFORMATION ABOUT PROJECT MANAGER AND KEY PROJECT PERSONNEL

**Information About Project Manager and Key Project Personnel.**

- Include names and credentials for the project manager and any additional key project personnel who will be involved in providing services sought by this RFP. Include resumes for these personnel. The resumes shall include: name, education, and years of experience and employment history, particularly as it relates to the scope of services specified herein. Resumes shall also include the percentage of time the person would be specifically dedicated to this project on a monthly basis, if the Bidder is selected as the successful Bidder. Resumes should not include social security numbers.
- Include the project manager’s experience managing subcontractor staff if the Bidder proposes to use subcontractors.

### PROJECT MANAGER AND KEY PROJECT PERSONNEL

**David Thielemier, Iowa Interim Chief Executive Officer** will serve as the project manager for this contract until the new Iowa-based leader is hired, trained, and onboarded. He will work in tandem with Veneshia Weakley, the interim point of contact. As implementation commences, they will bring in a member of our **New Business Implementation team who, along with our subject matter experts from all departments, will support David and Veneshia during the implementation. The New Business Implementation support role will ensure** all aspects of the project are inventoried, tracked, and managed with the highest degree of quality.

#### Overview of Credentials



#### Resumes for Project Manager and Key Project Personnel

The resumes for the above-mentioned project management and key project personnel can be found in Exhibit 12.

#### Project Manager’s Experience Managing Subcontractor Staff

DentaQuest, LLC will serve as the Subcontractor to the Bidder (DentaQuest USA Insurance Company, Inc.). The services to be furnished include, but are not limited to Member eligibility, utilization management, credentialing, claims processing, customer service, utilization management, complaints, grievances and appeals, fraud, waste and abuse investigations and analyses, compliance, financial management, Member engagement, information technology support and legal support. David and the New Business Implementation team will work with SMEs and operational staff from all the areas mentioned above during the implementation.

DentaQuest, LLC also uses outside vendors to optimize our operations and the manner in which we provide top-tier service to our clients and their Members. All these activities and services are coordinated and managed internally by the appropriate department to ensure a seamless experience for our Members and Providers.

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# **TAB 5 EXHIBITS**

**EXHIBIT 9: ORG CHART – OVERALL OPERATIONS**

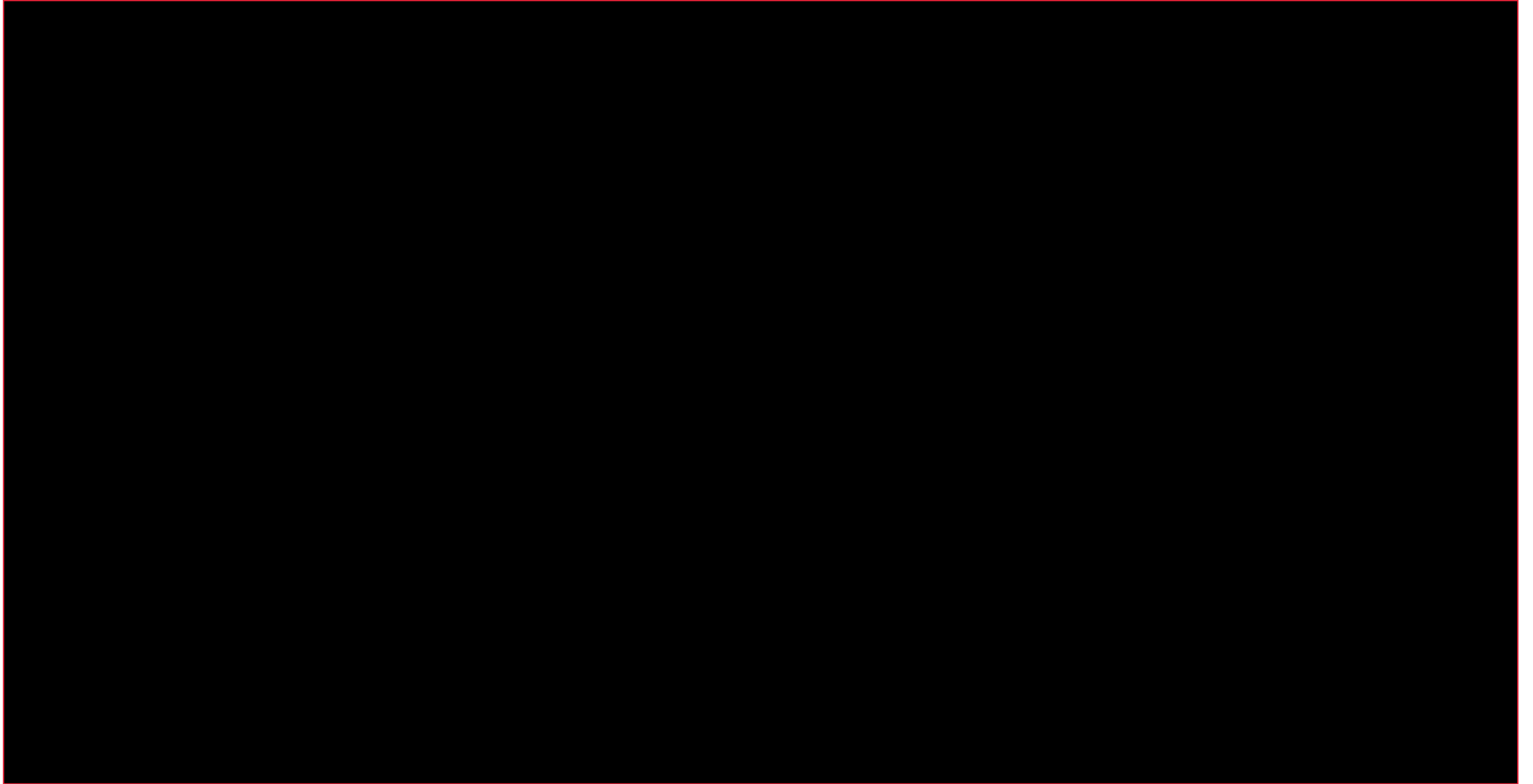
**EXHIBIT 10: ORG CHART – STAFF PROVIDING  
SERVICES**

**EXHIBIT 11: ENTITY ORG CHART**

**EXHIBIT 12: RESUMES**

# **EXHIBIT 9**

# **ORG CHART – OVERALL OPERATIONS**

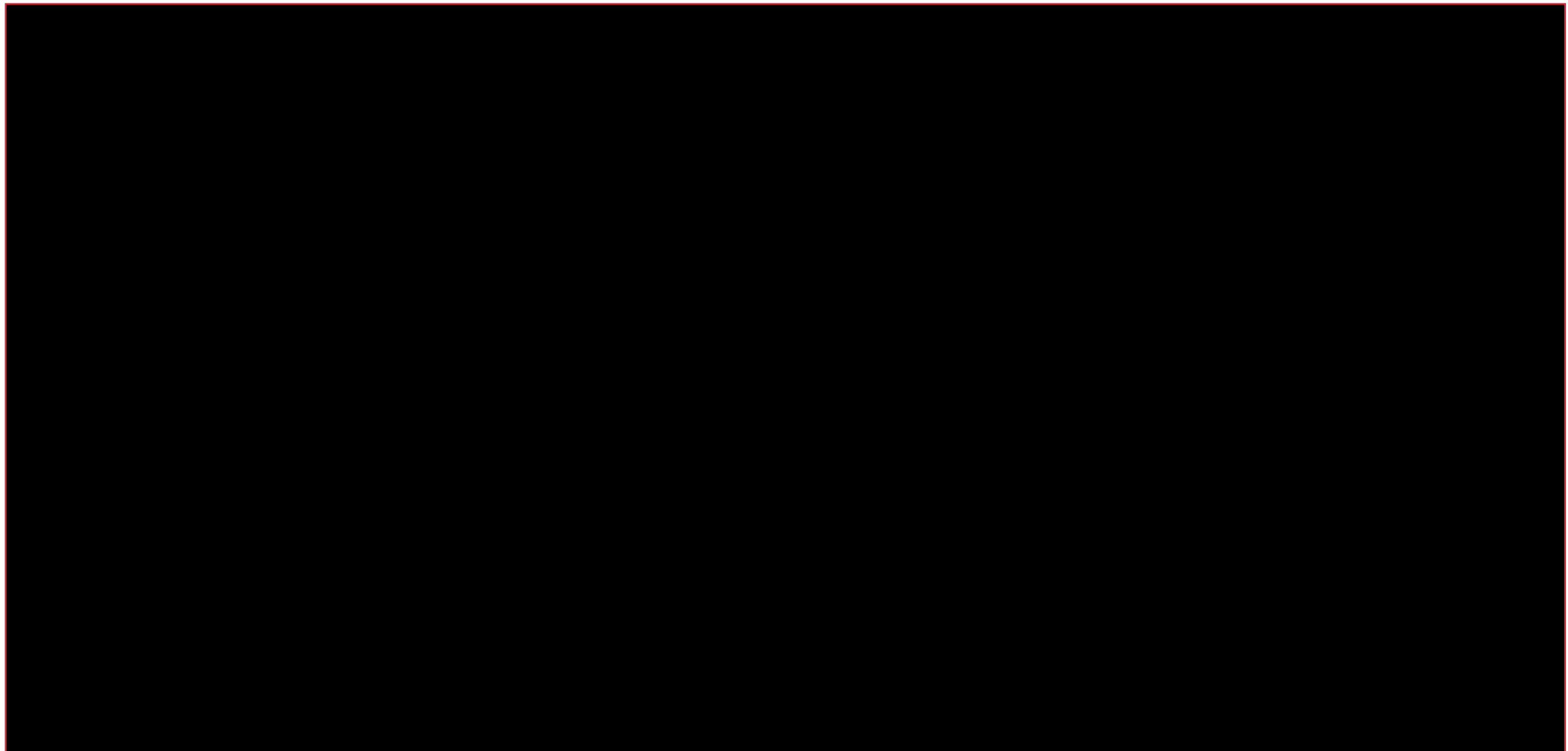




# **EXHIBIT 10**

# **ORG CHART – STAFF**

# **PROVIDING SERVICES**



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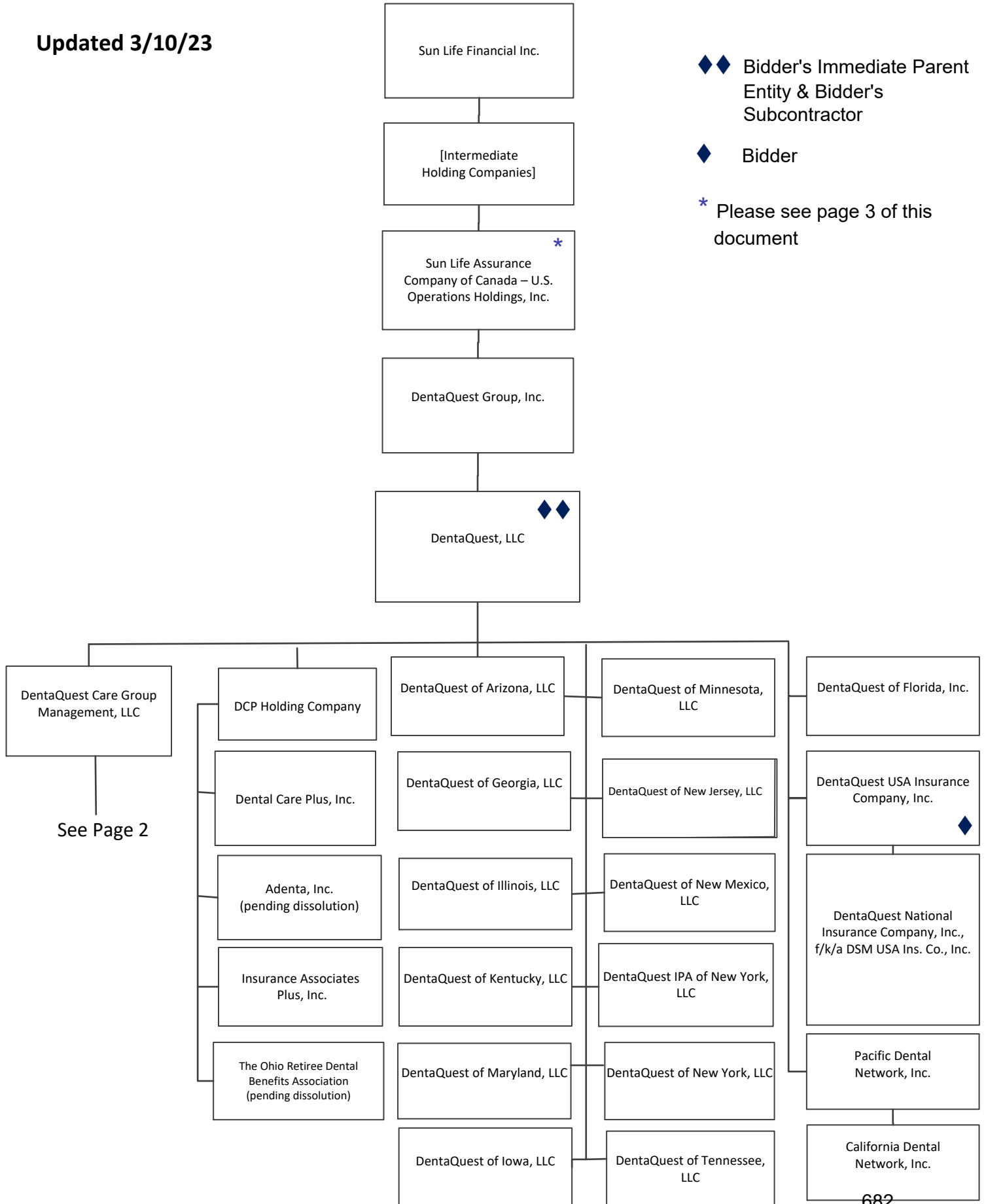
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# **EXHIBIT 11**

# **ENTITY ORG CHART**

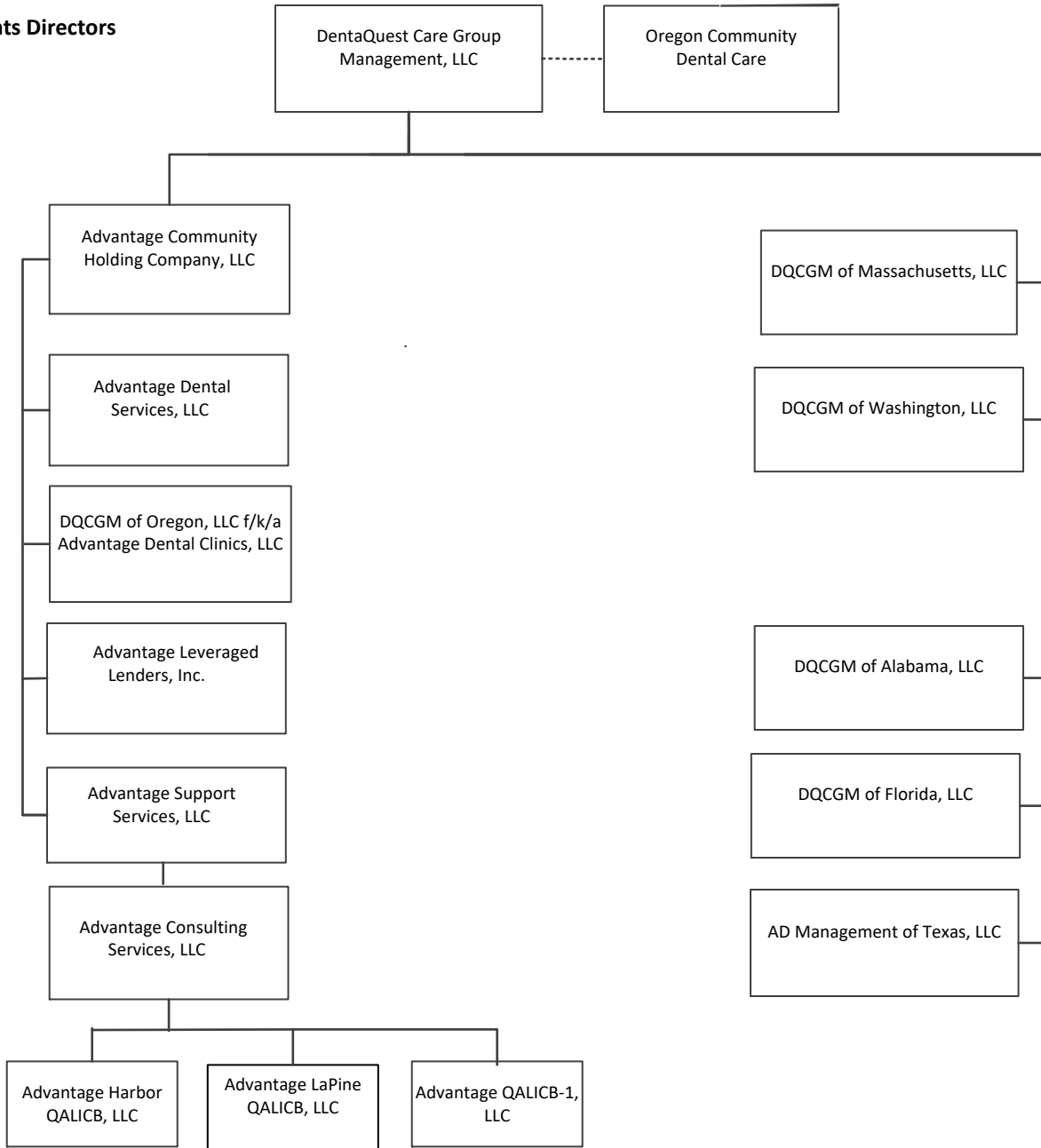
# CORPORATE ORGANIZATIONAL CHART

Updated 3/10/23

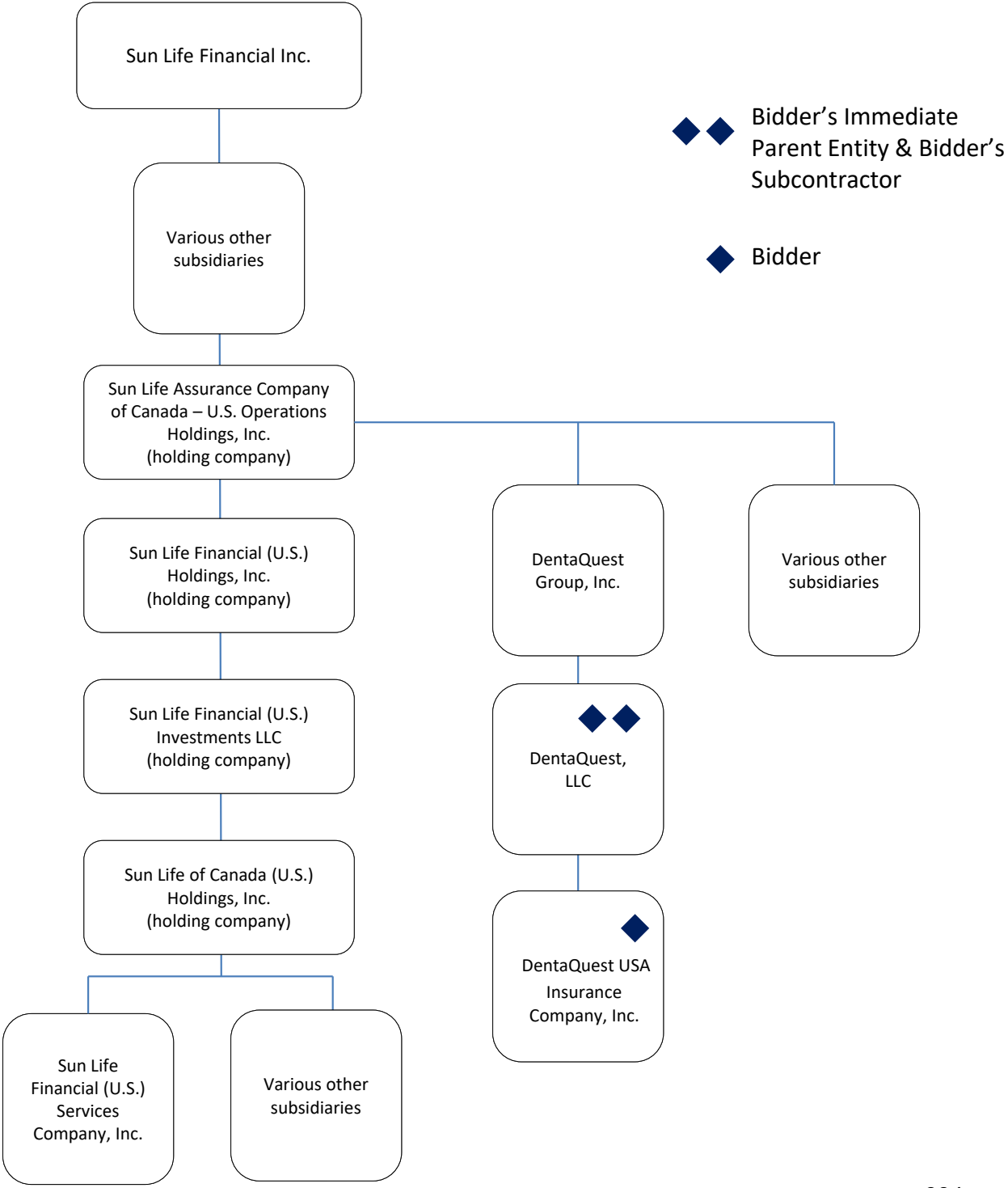


**Legend**

..... Appoints Directors



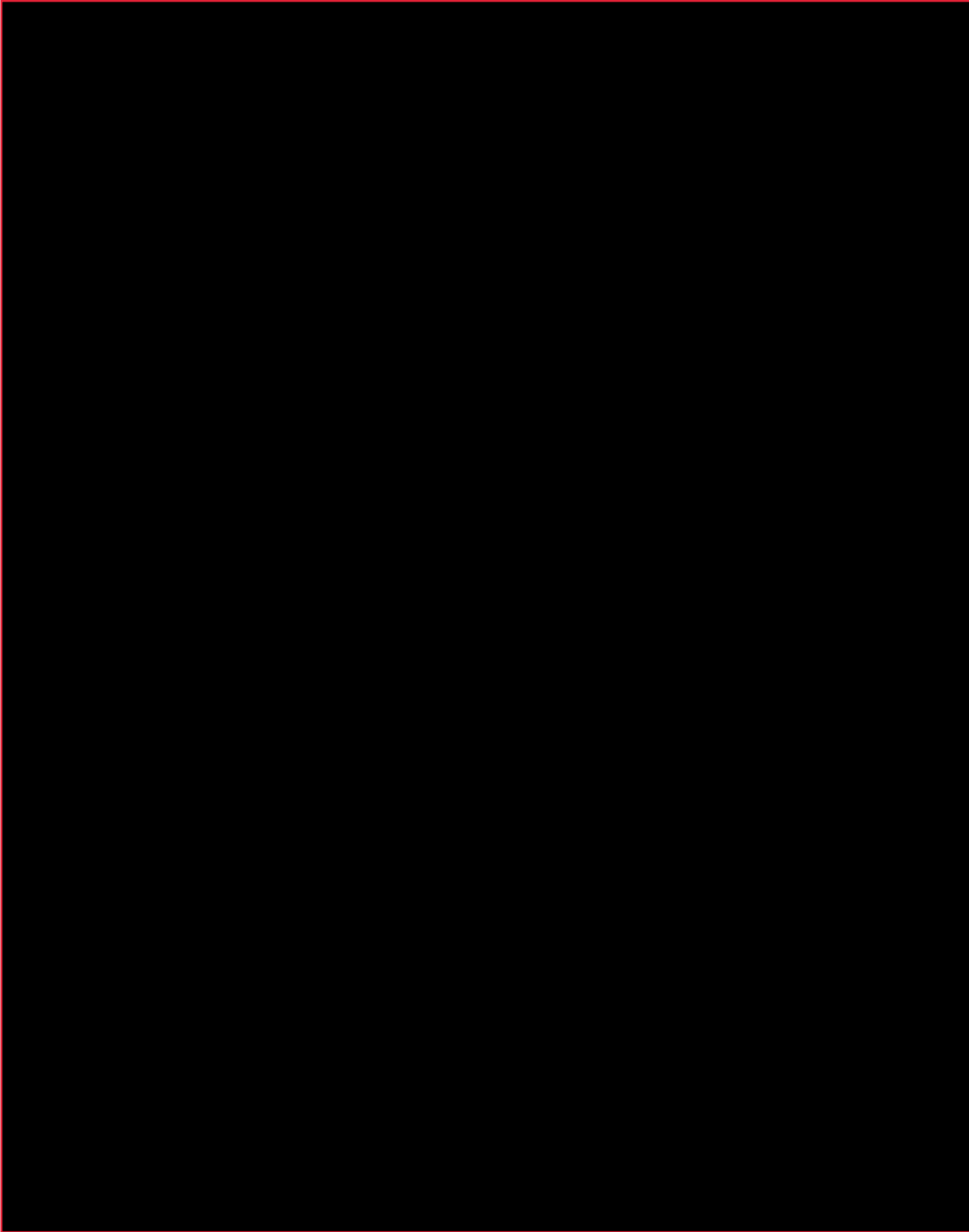
**DentaQuest**  
**Abbreviated Organizational Chart**  
**March 10, 2023**

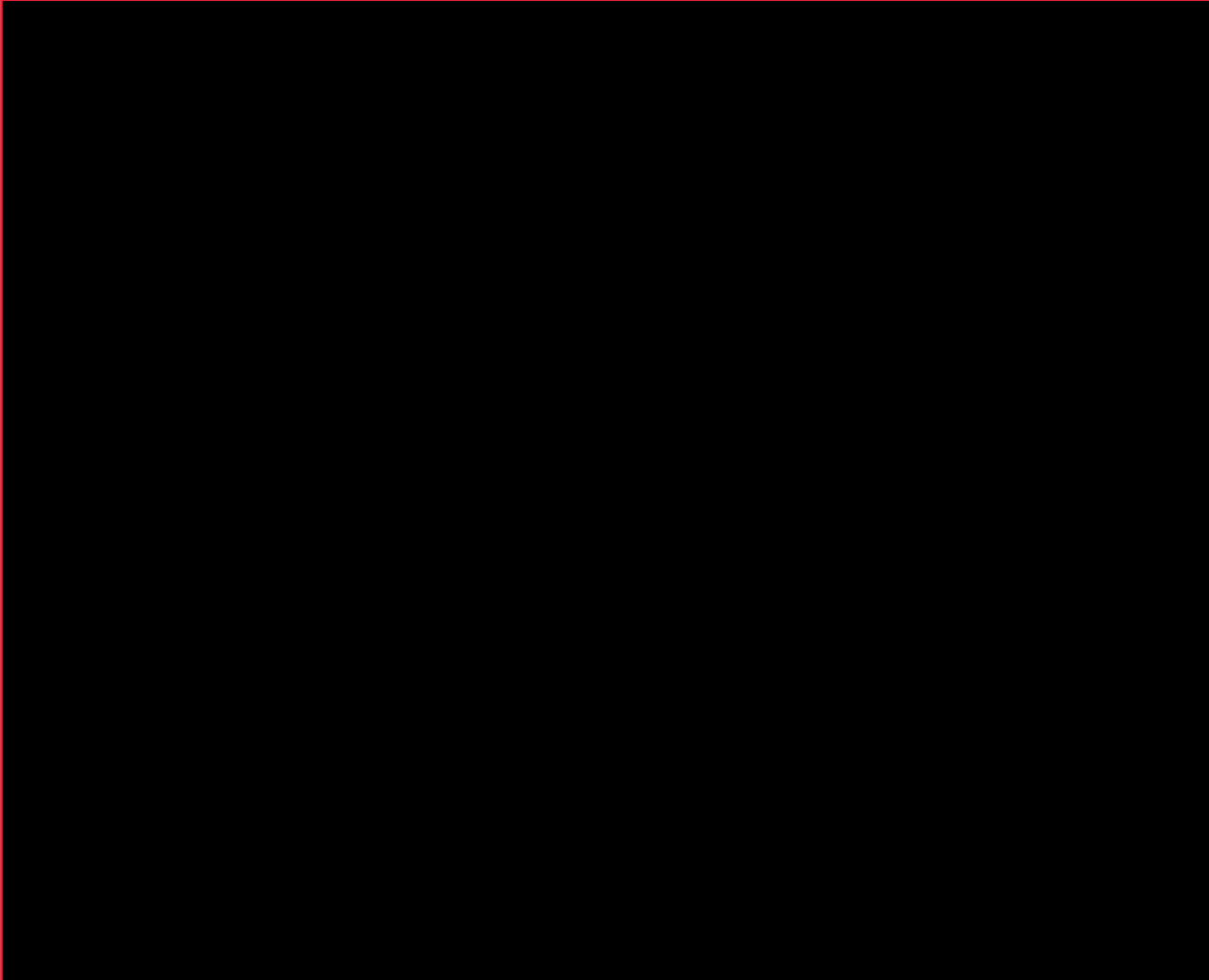




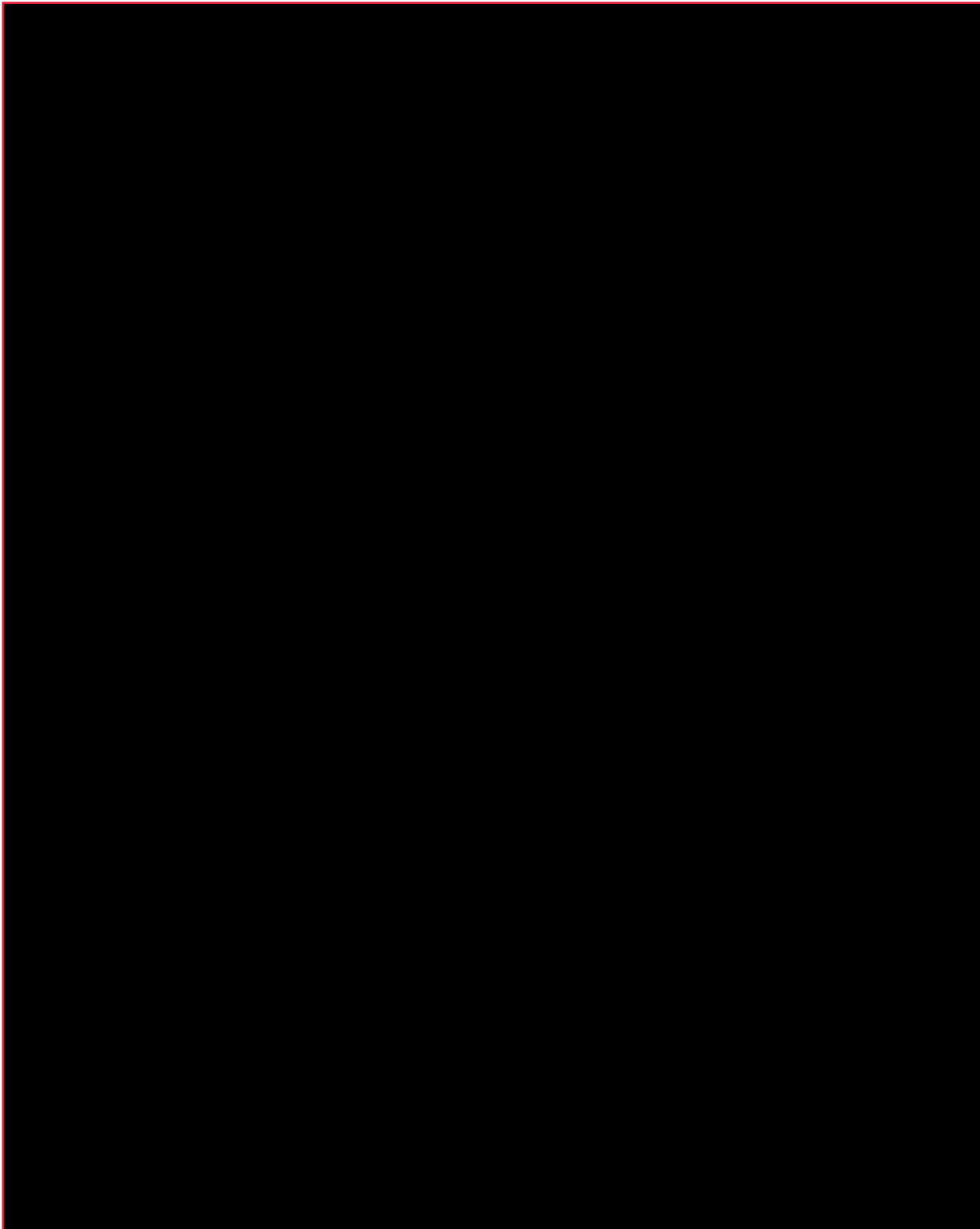
# **EXHIBIT 12**

# **RESUMES**

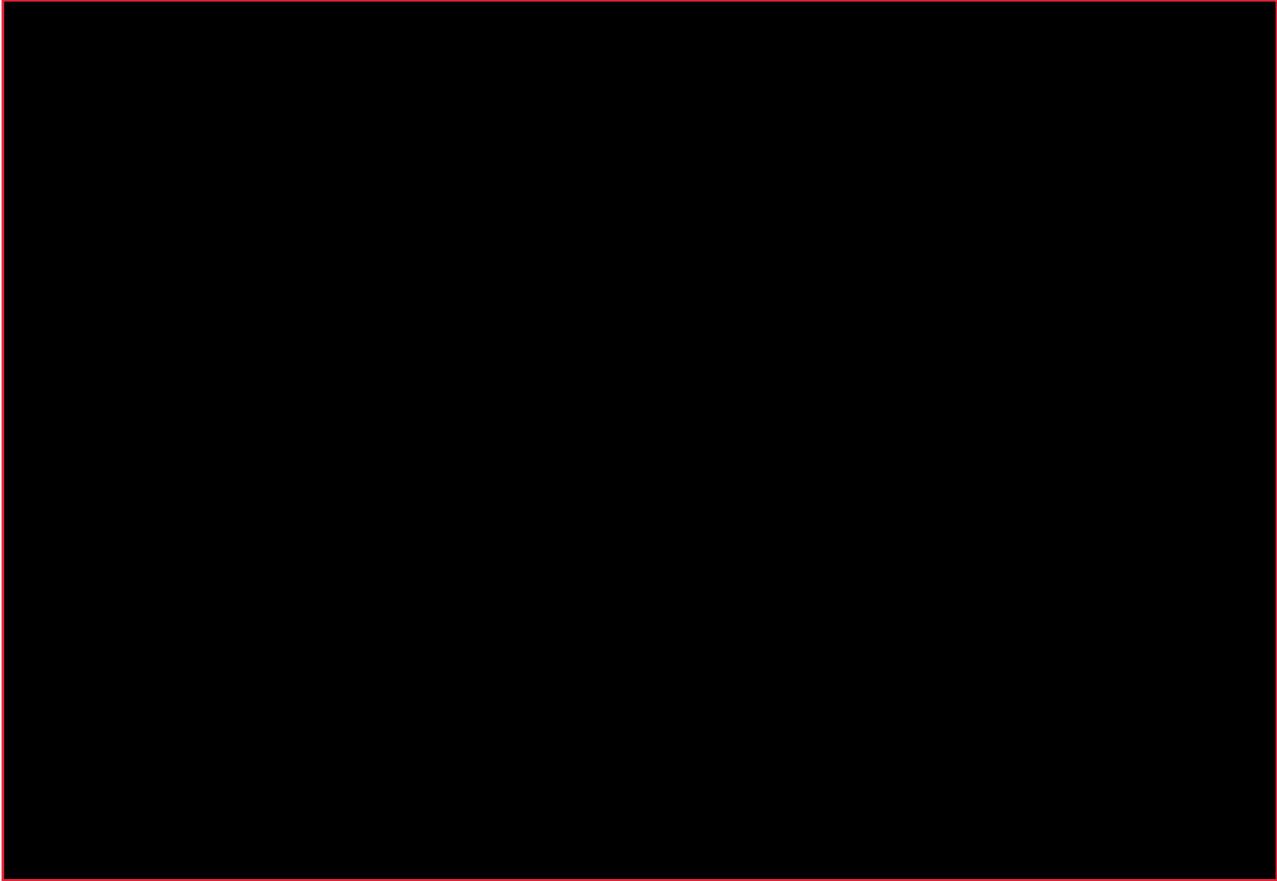


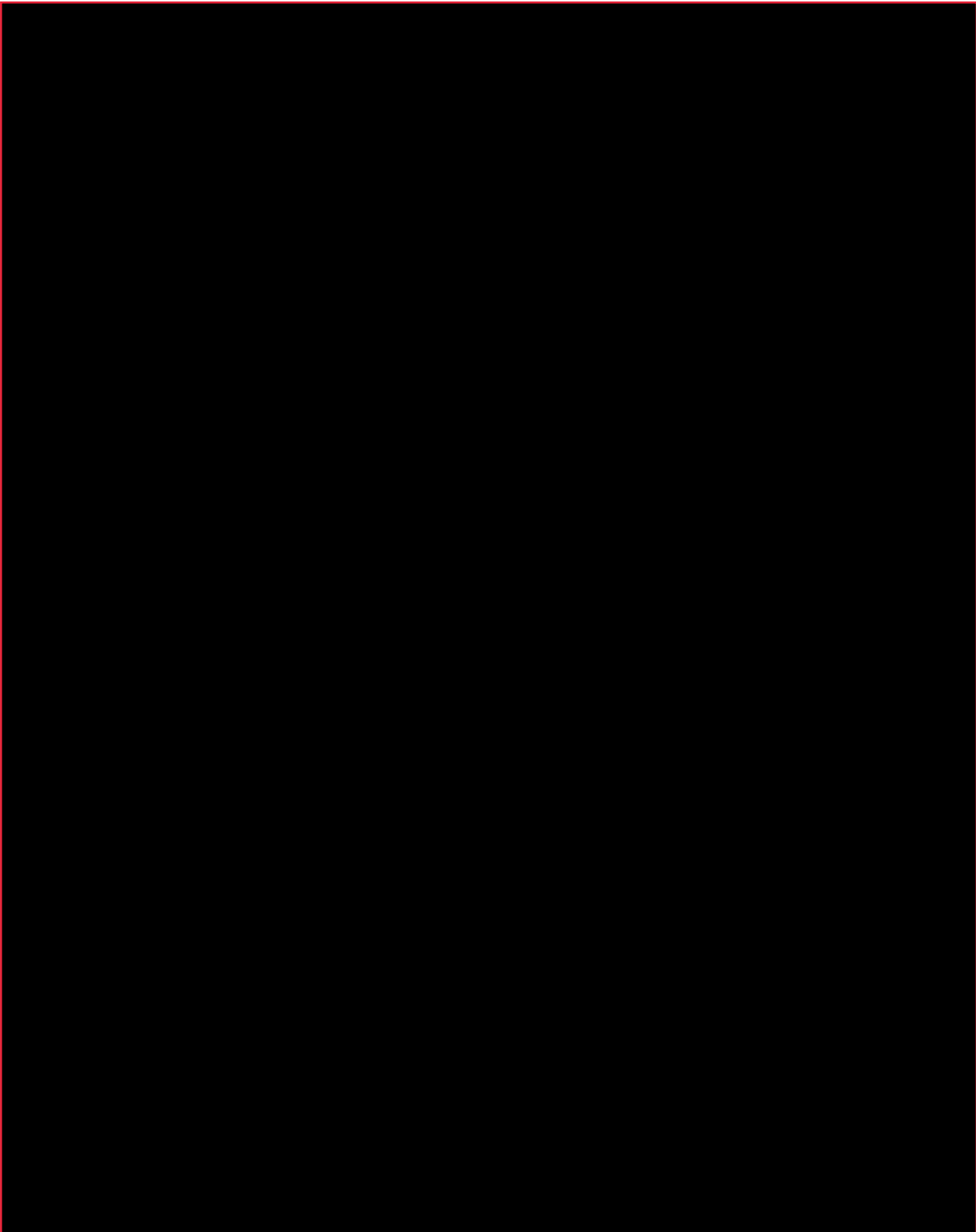


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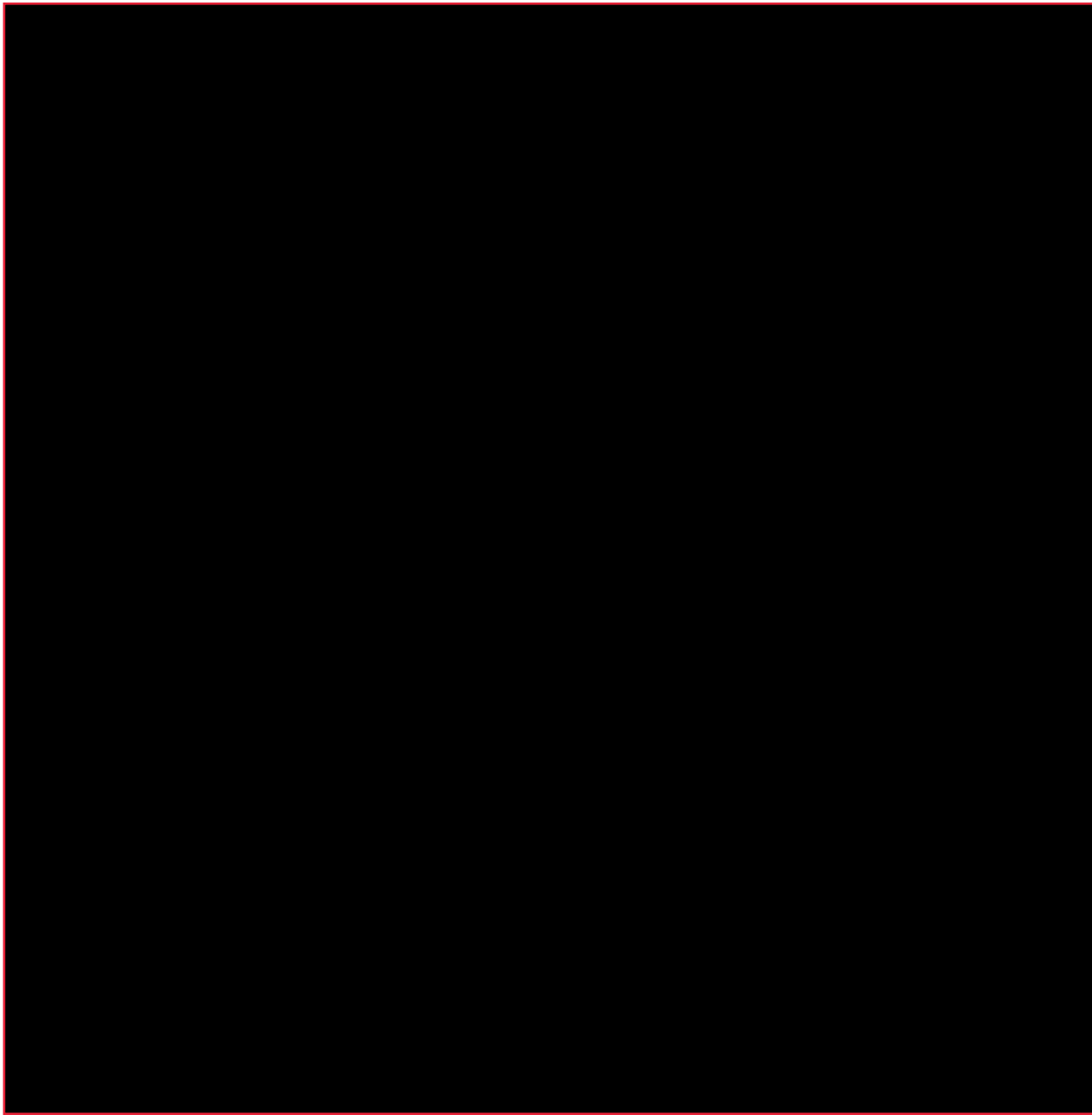
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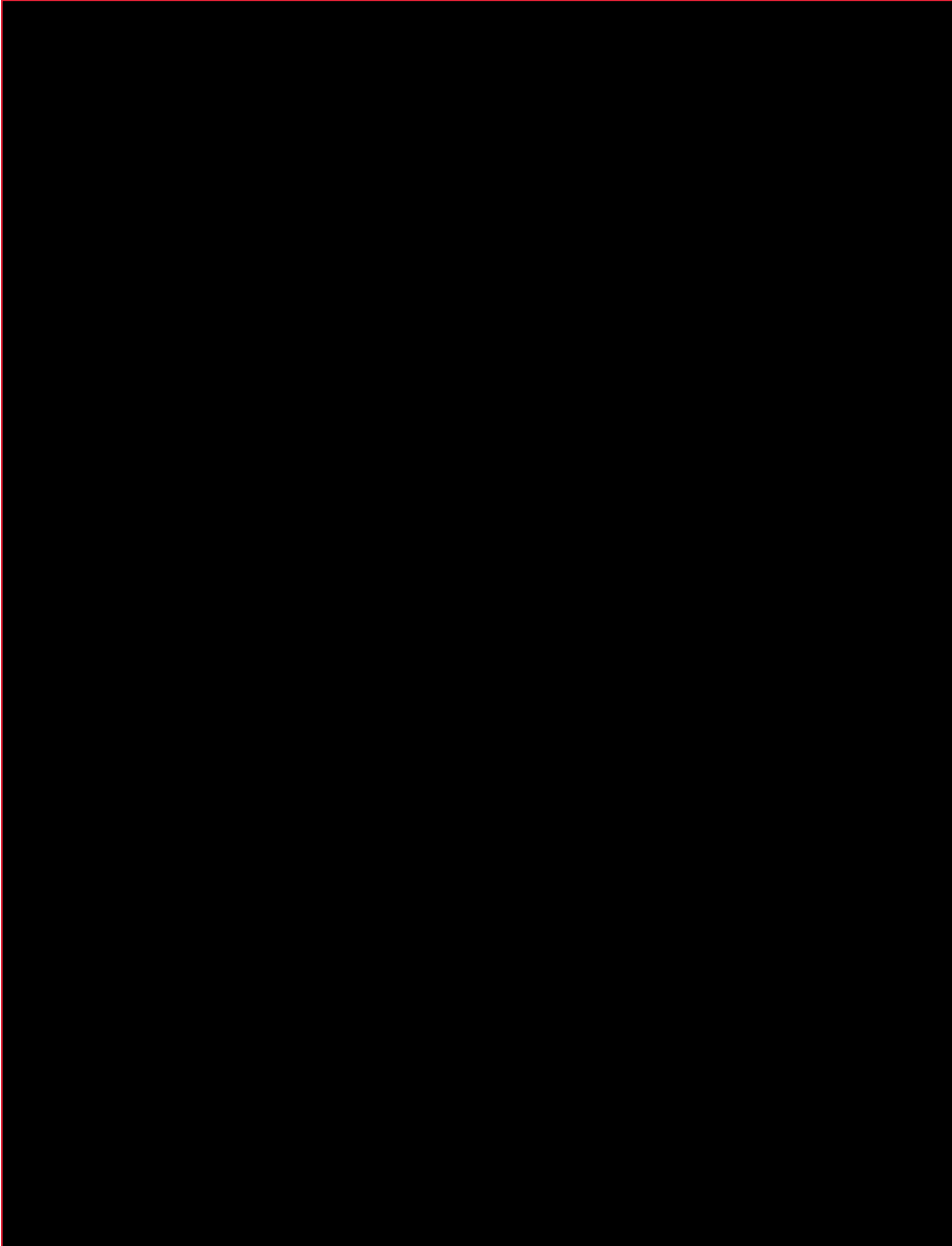




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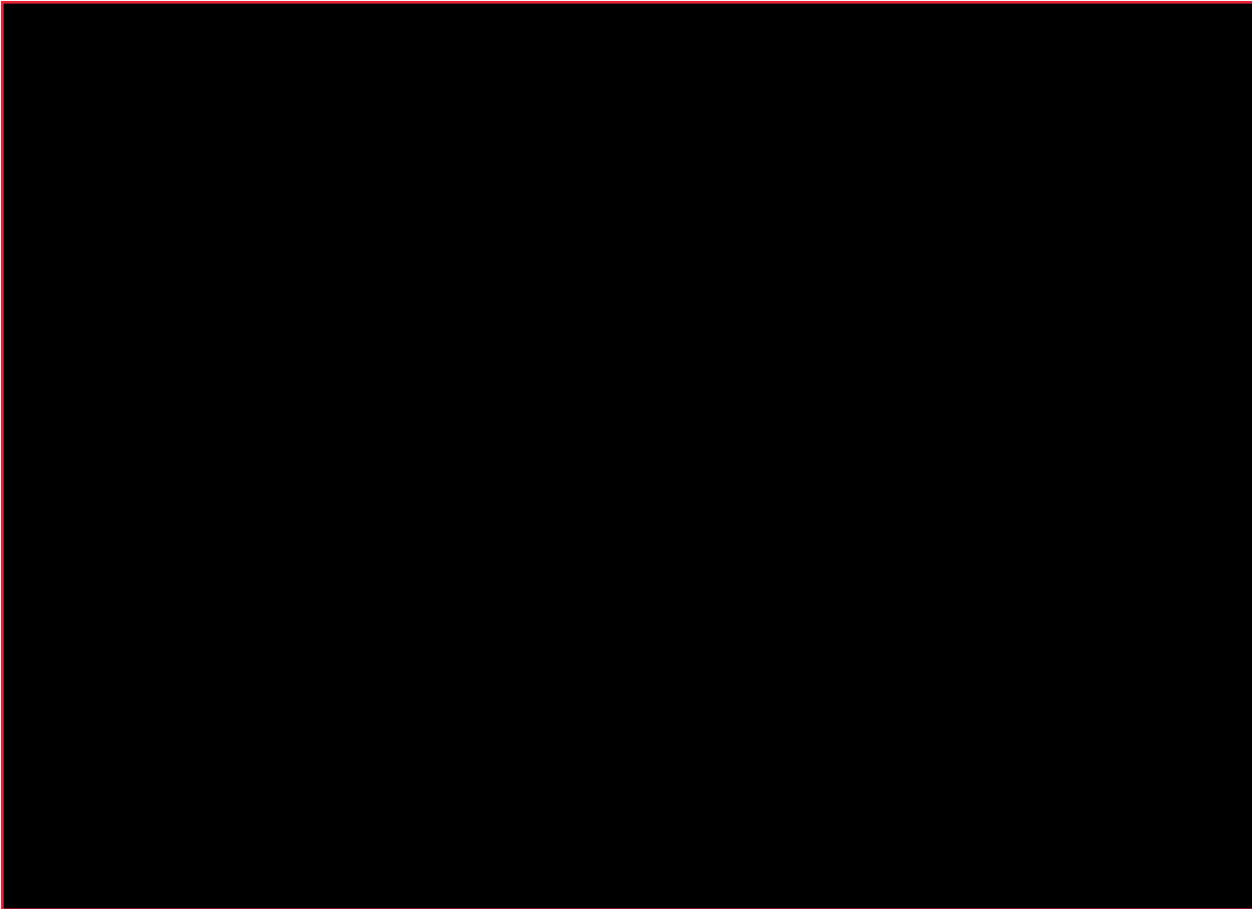


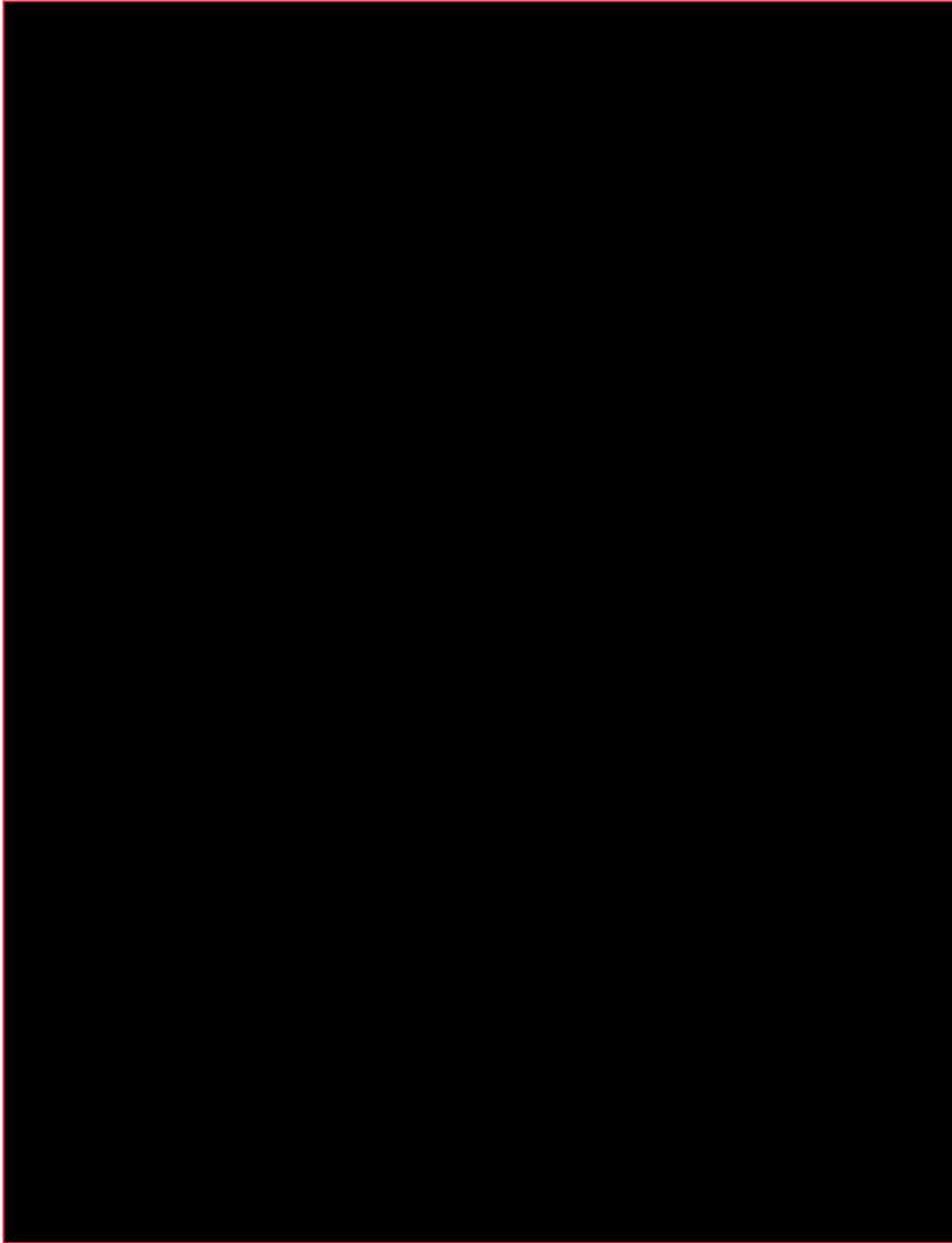


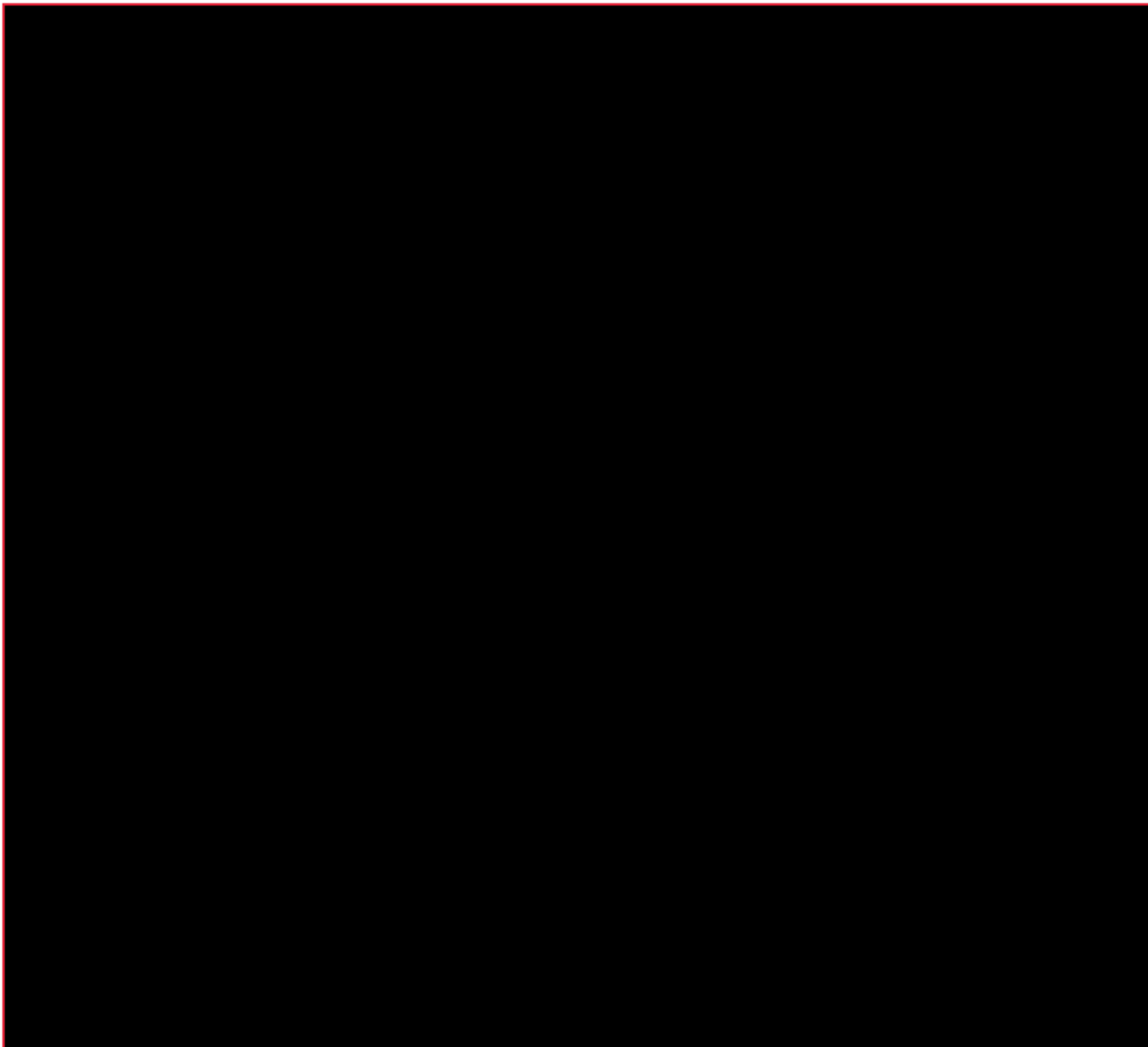


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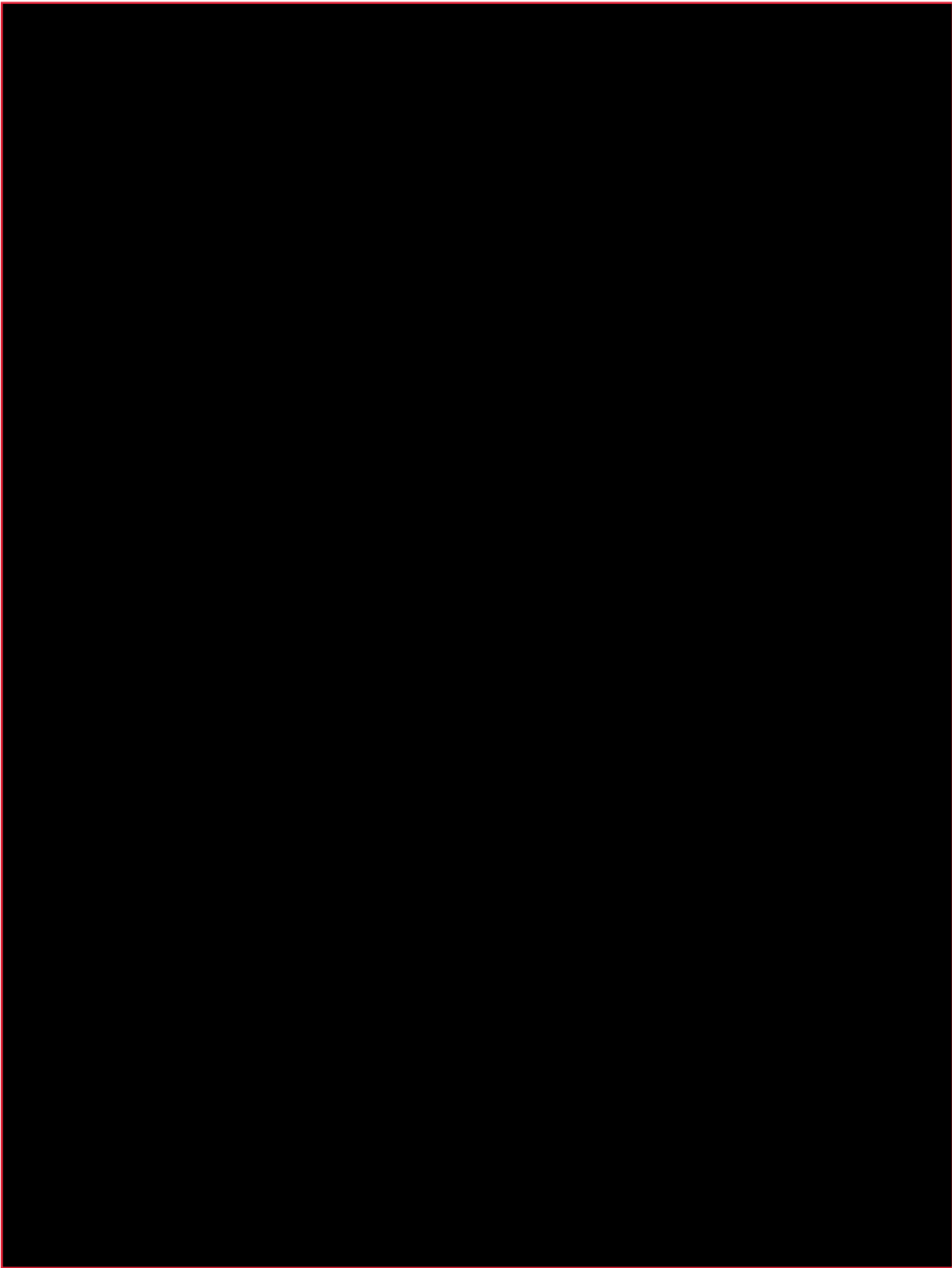


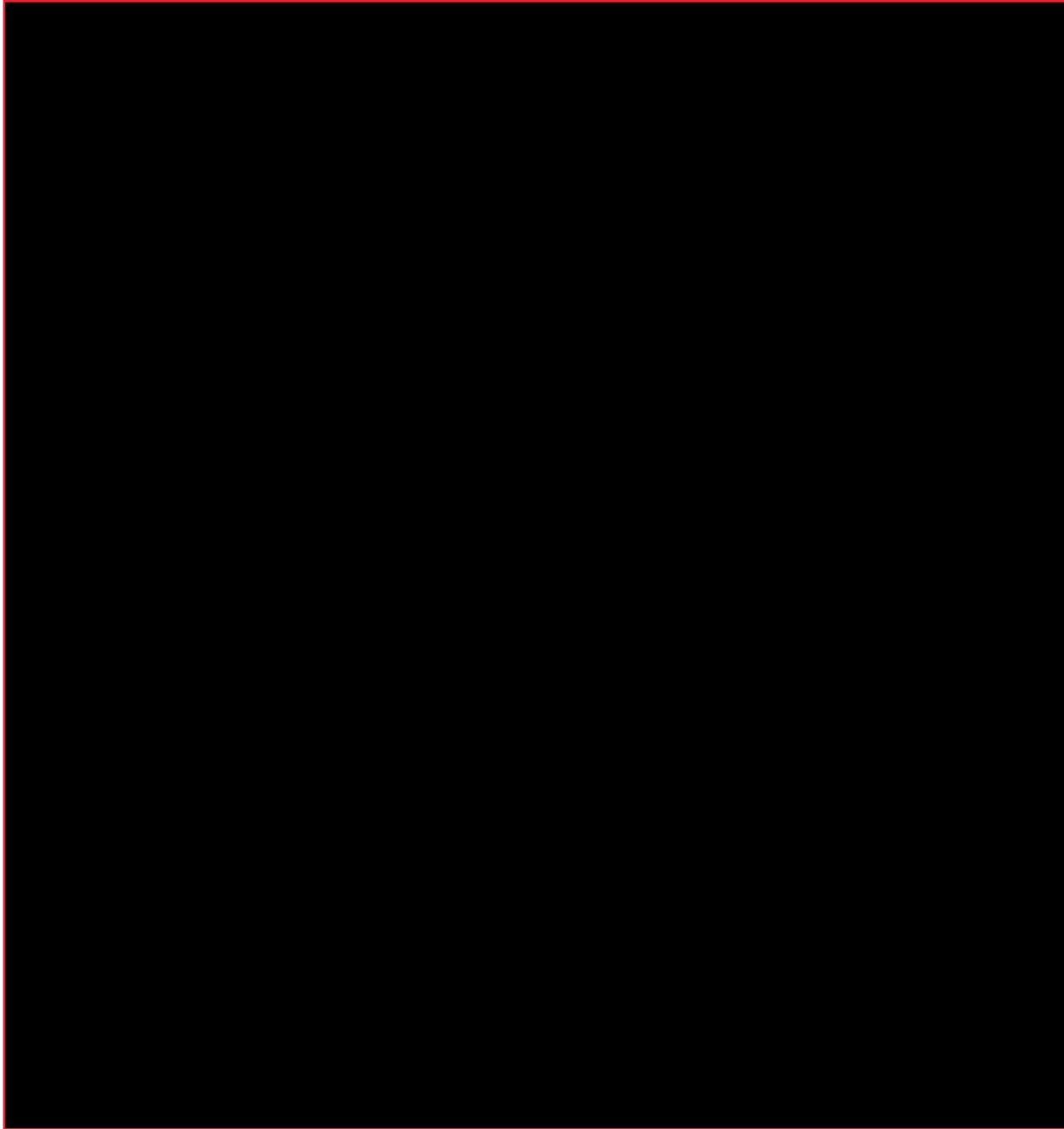


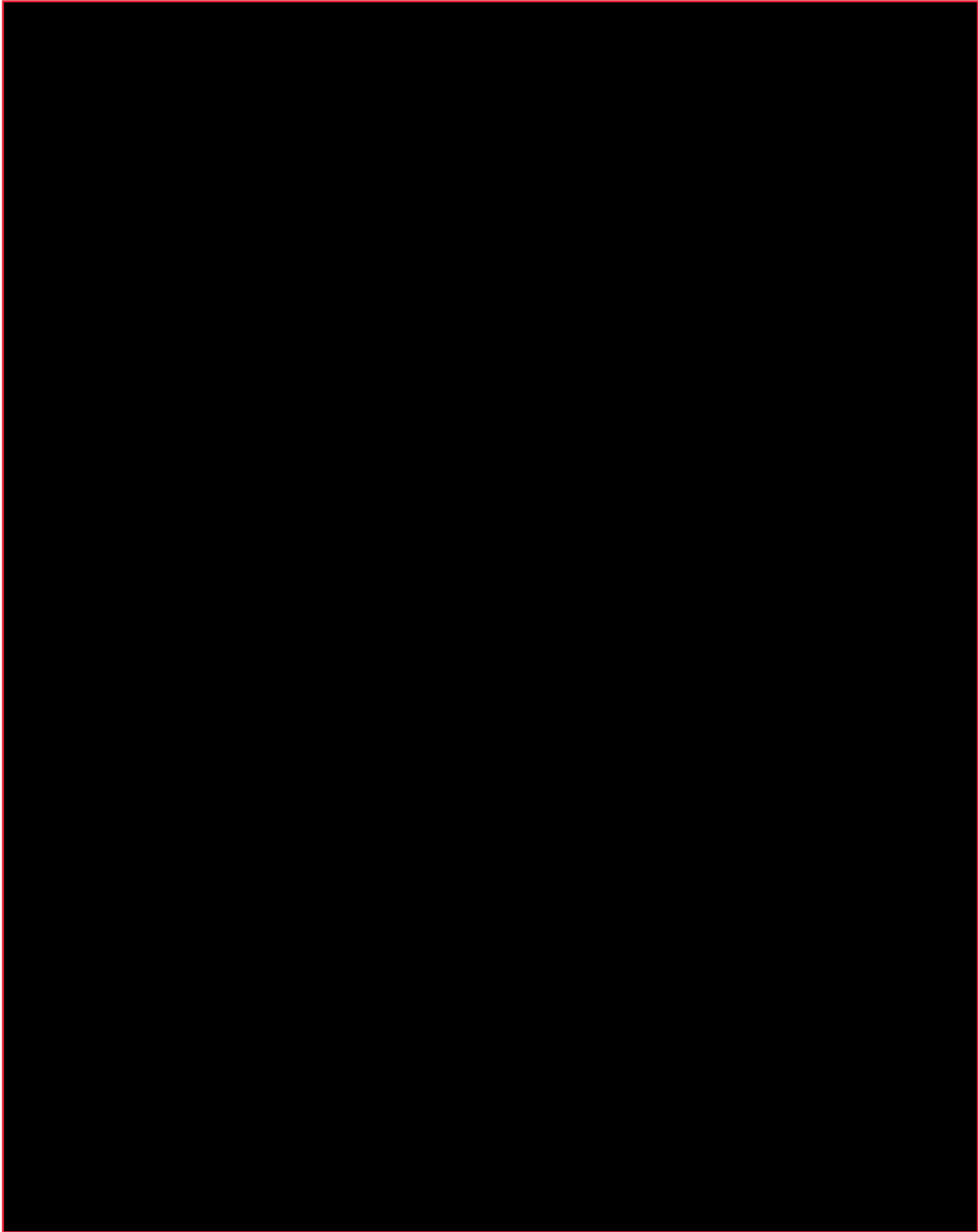


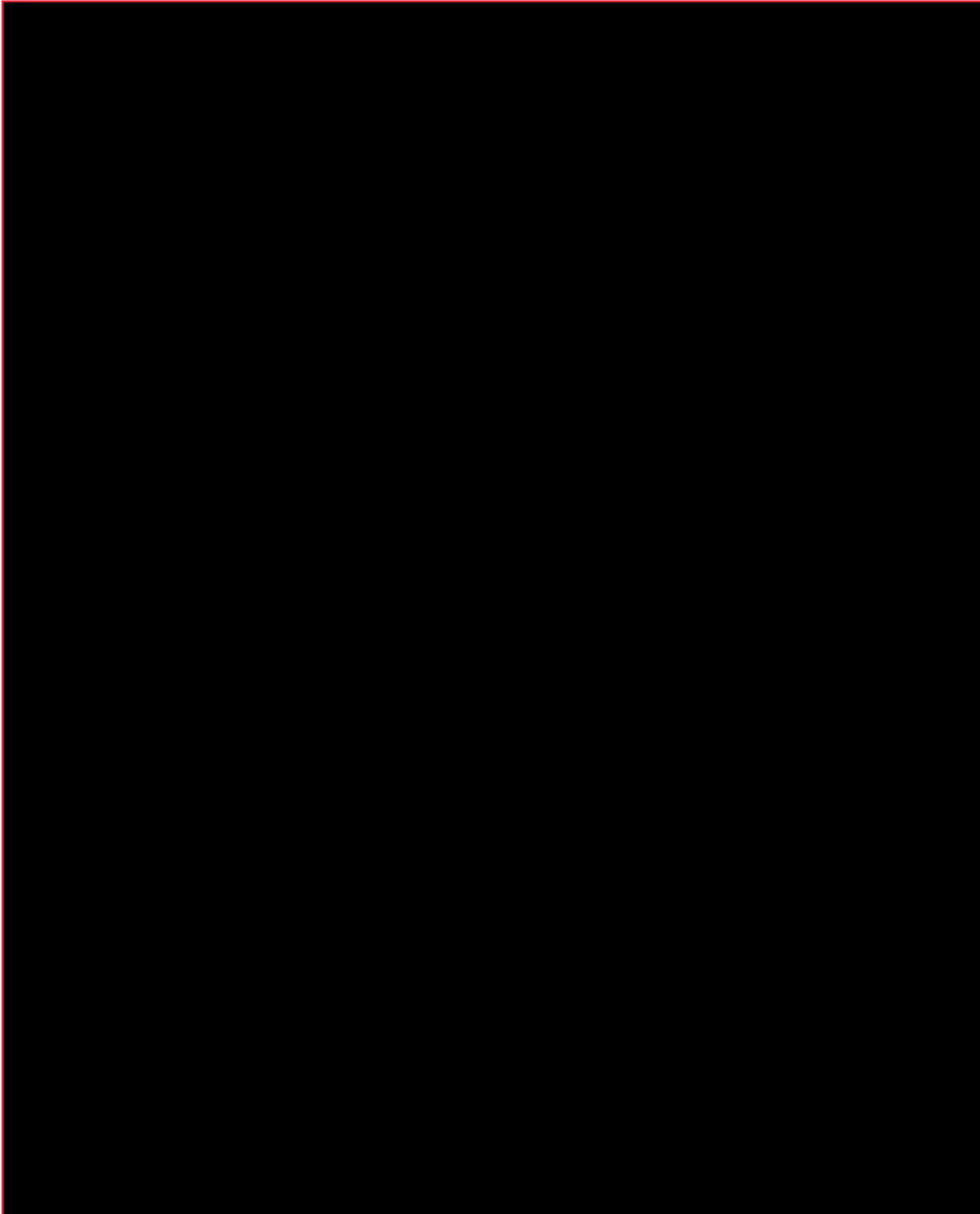




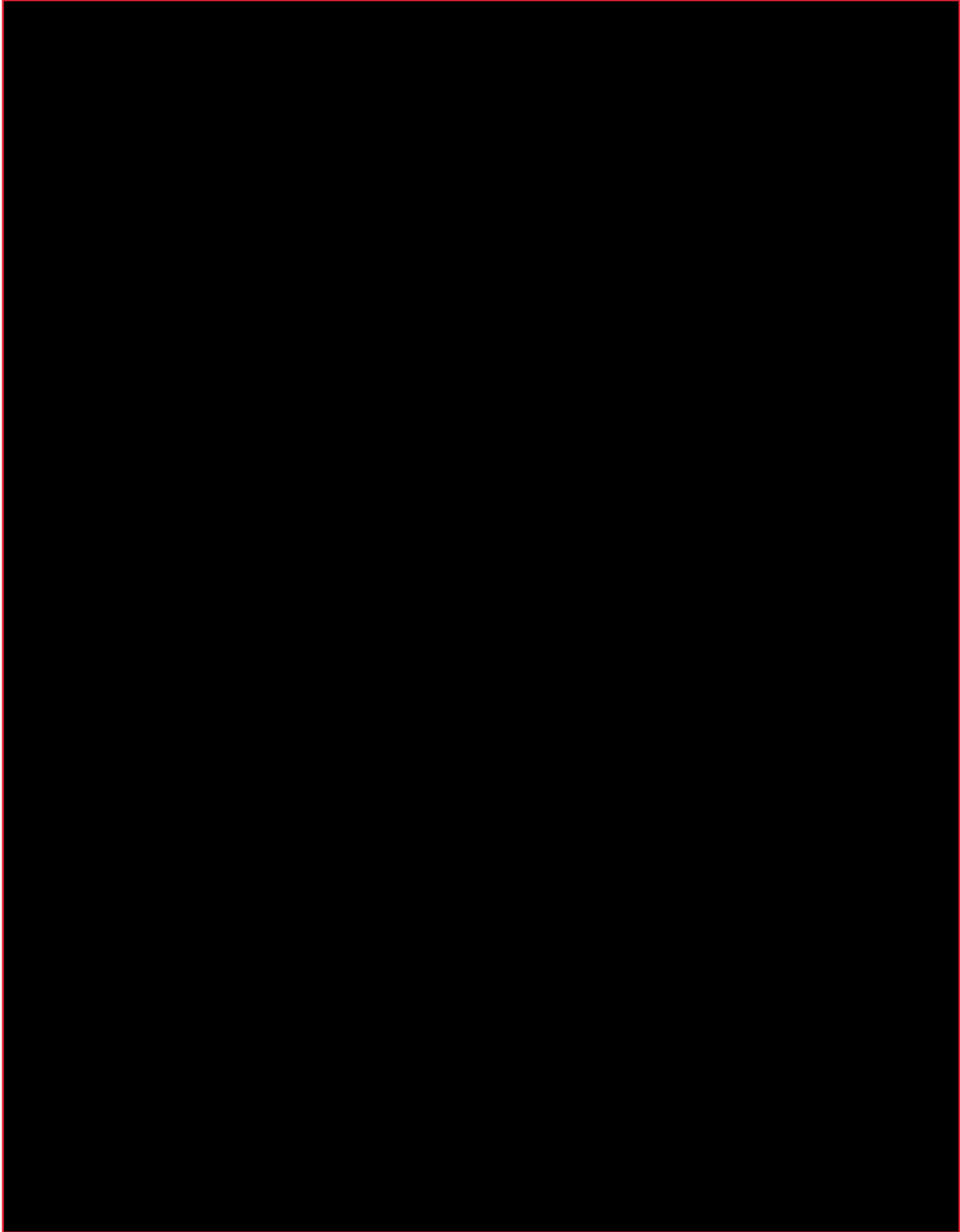




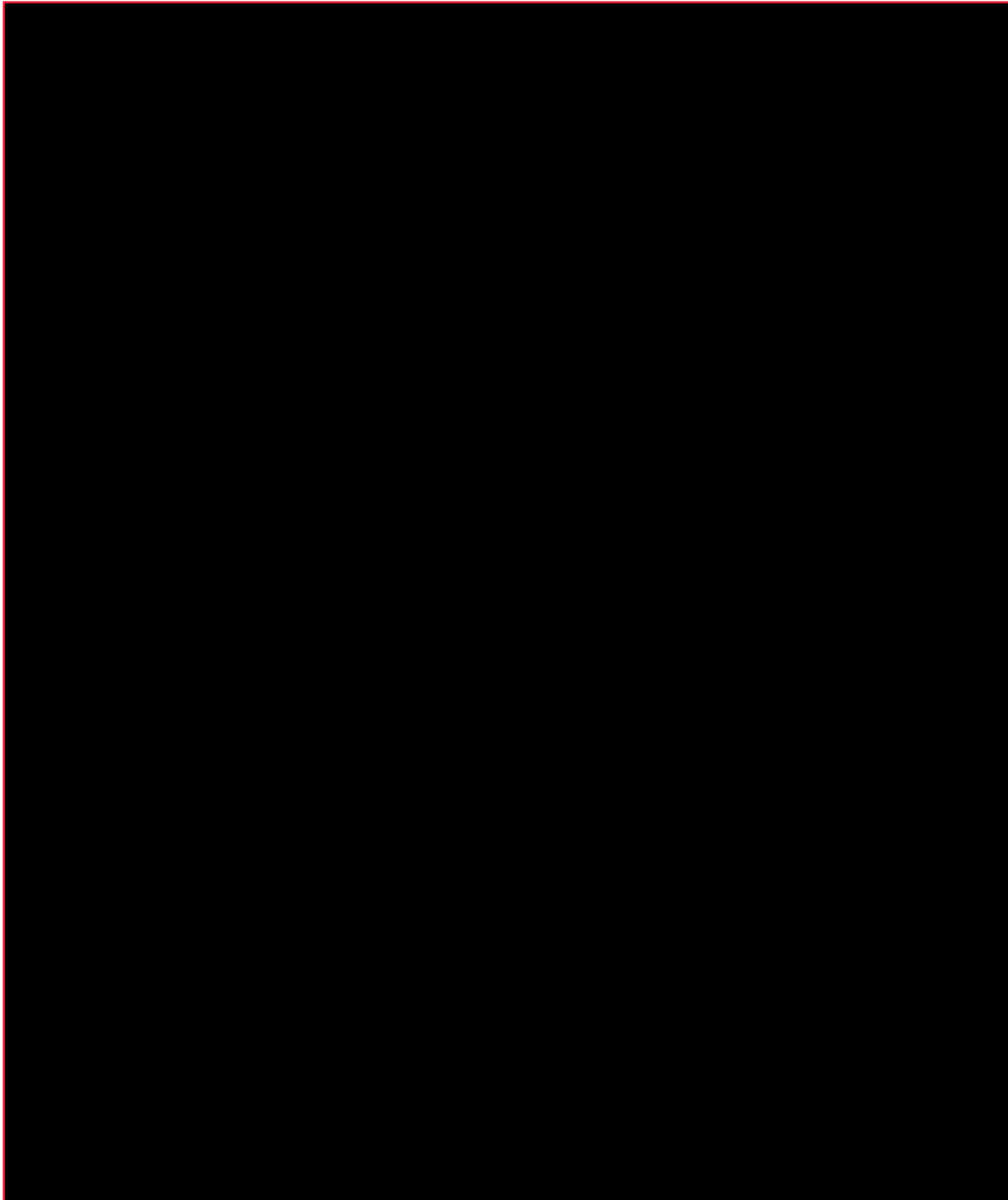




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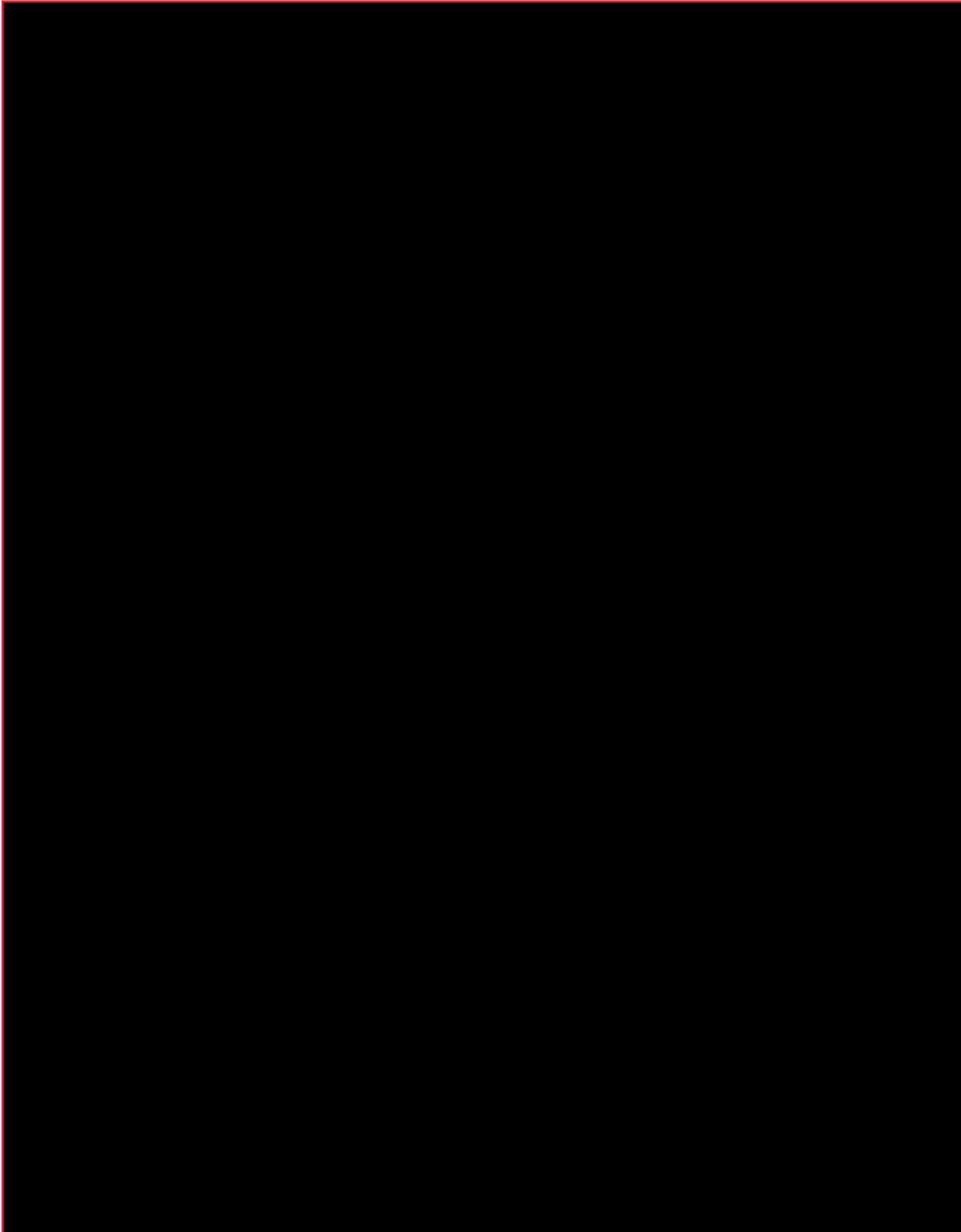


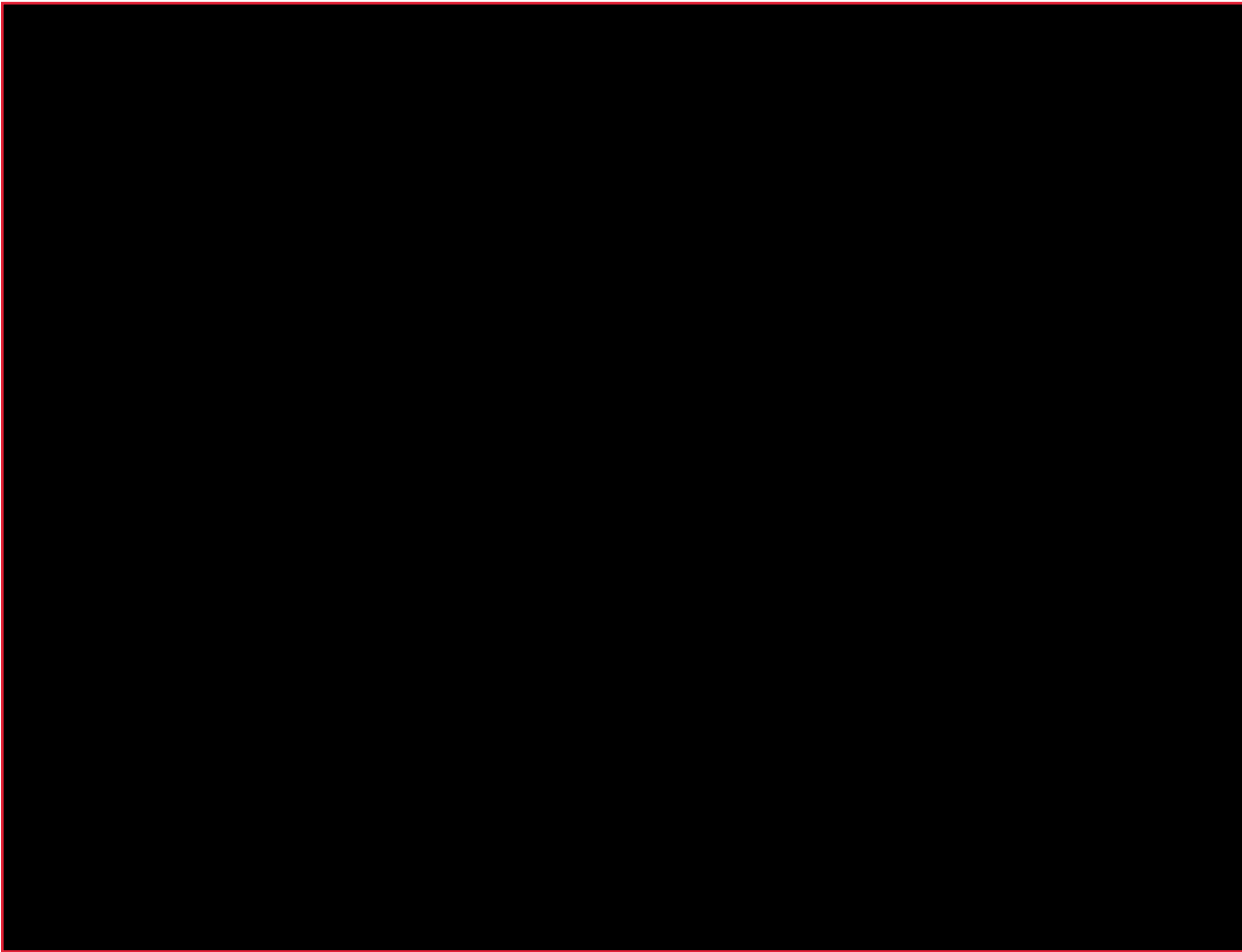
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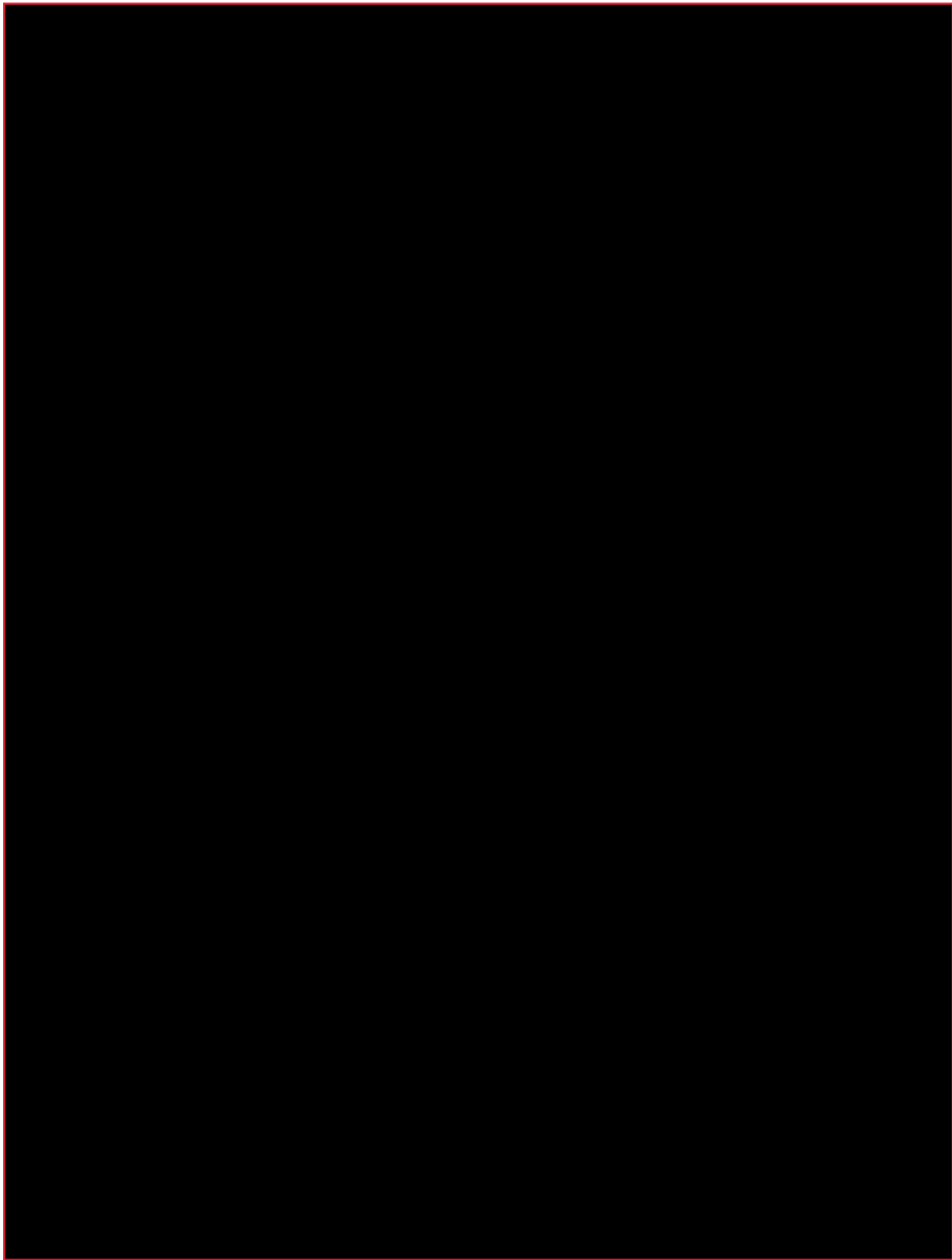


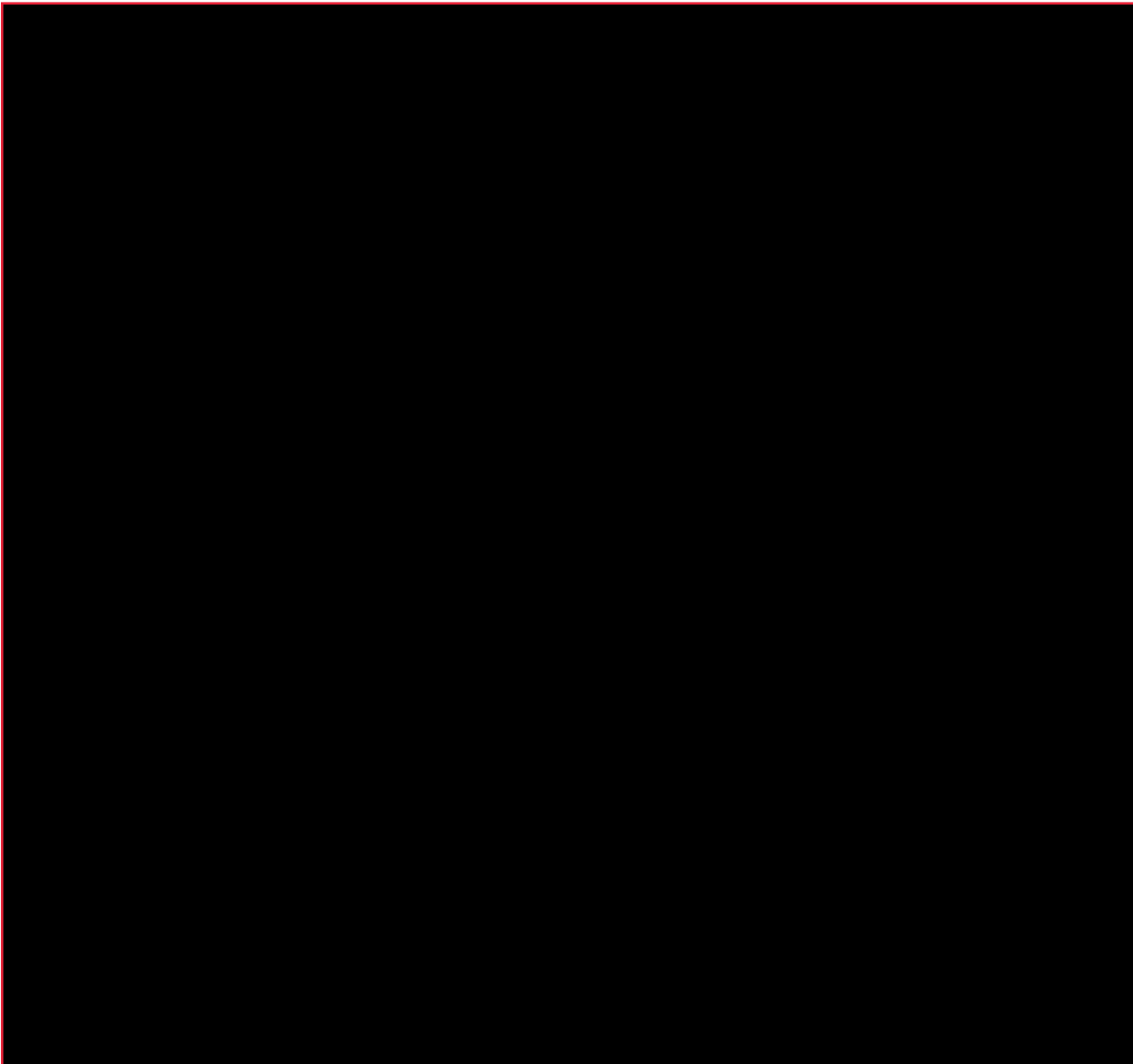
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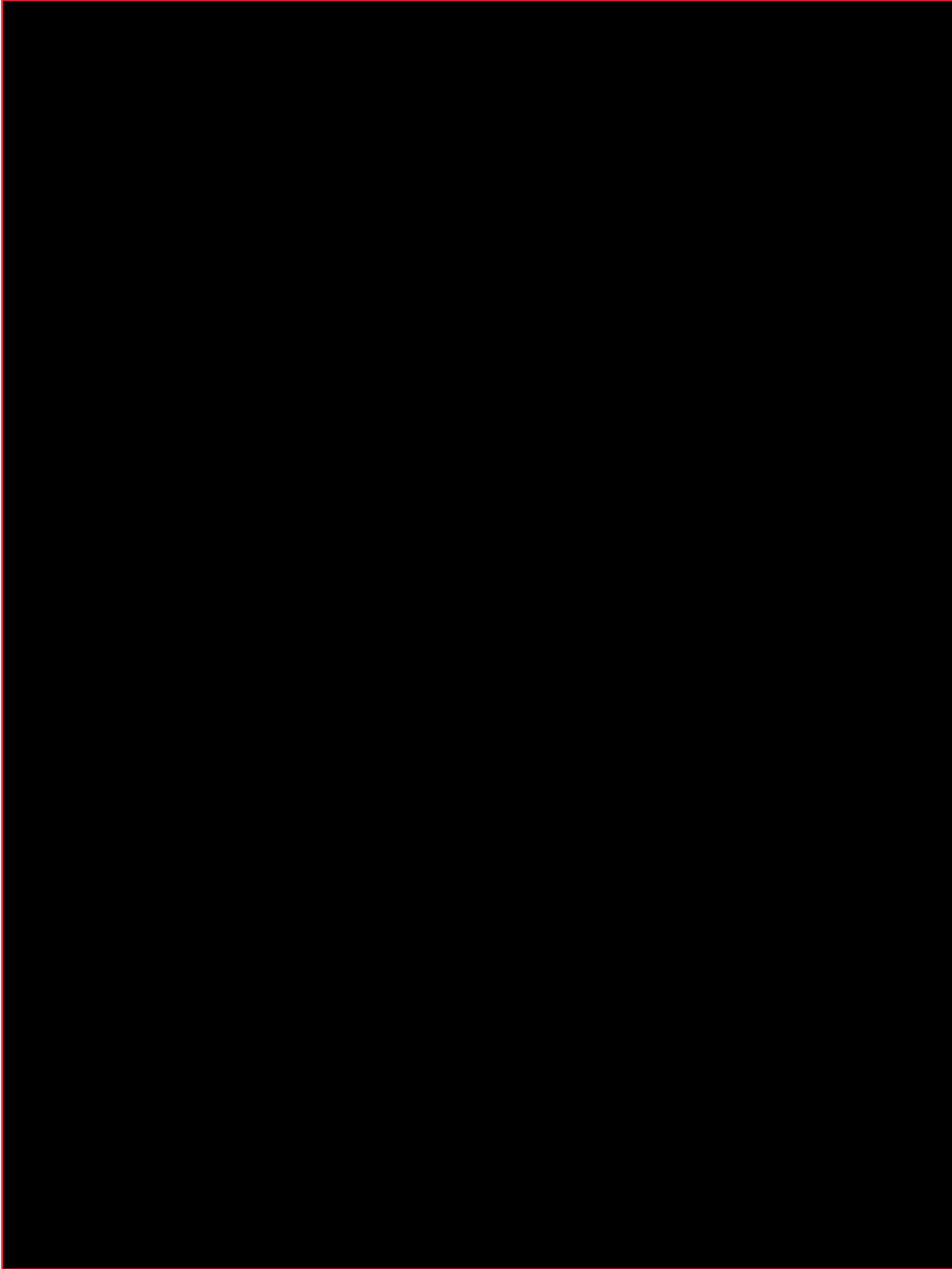








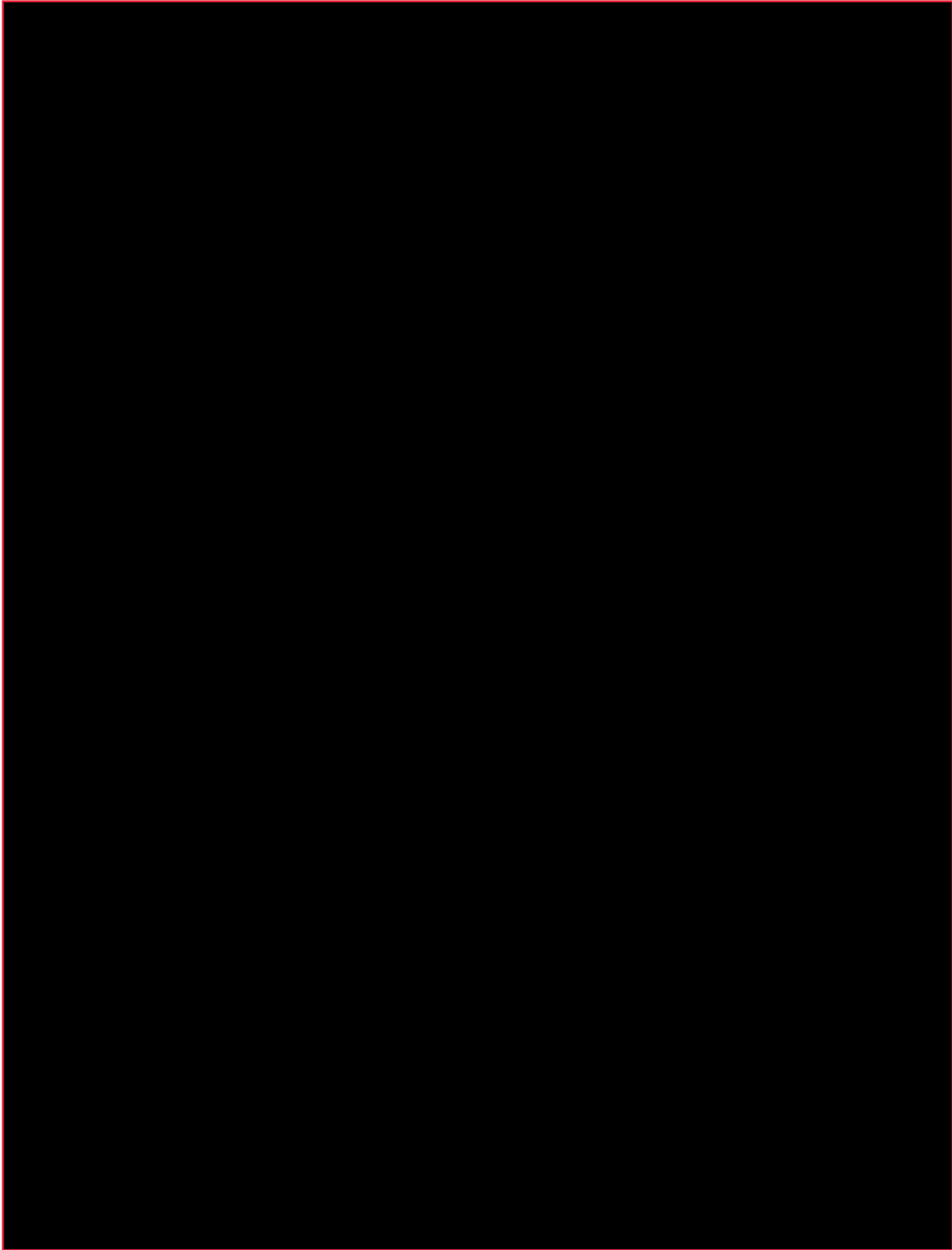




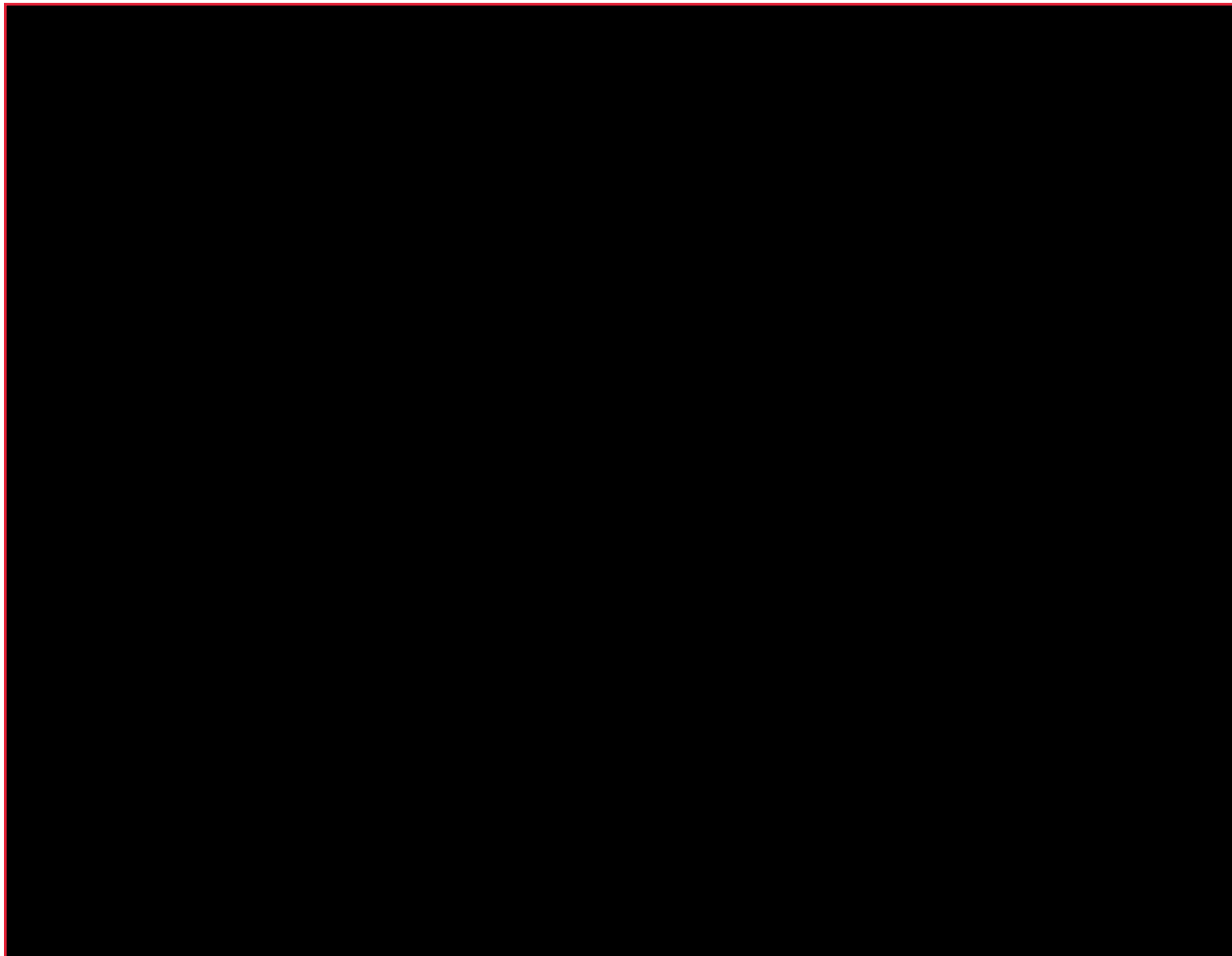
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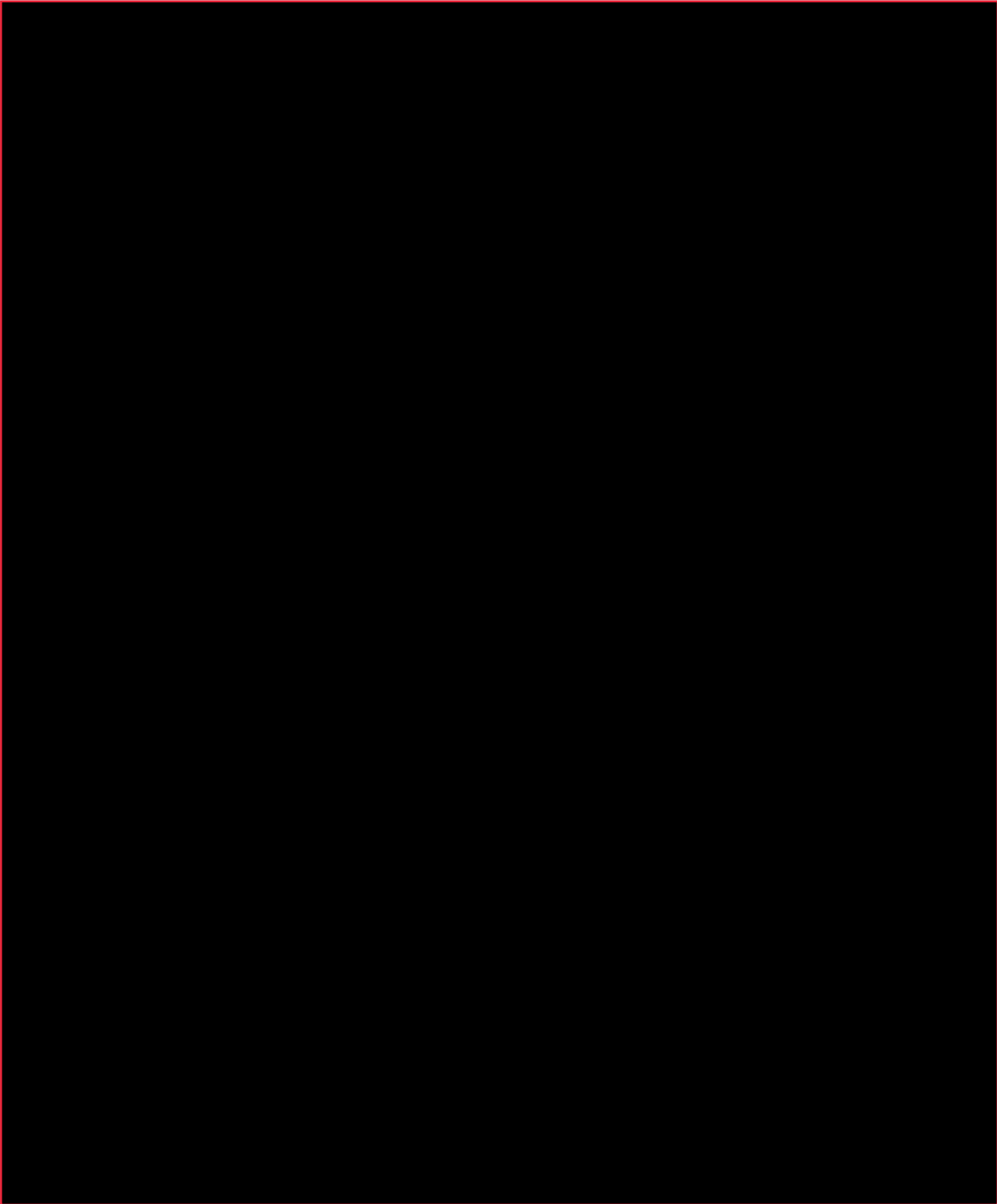


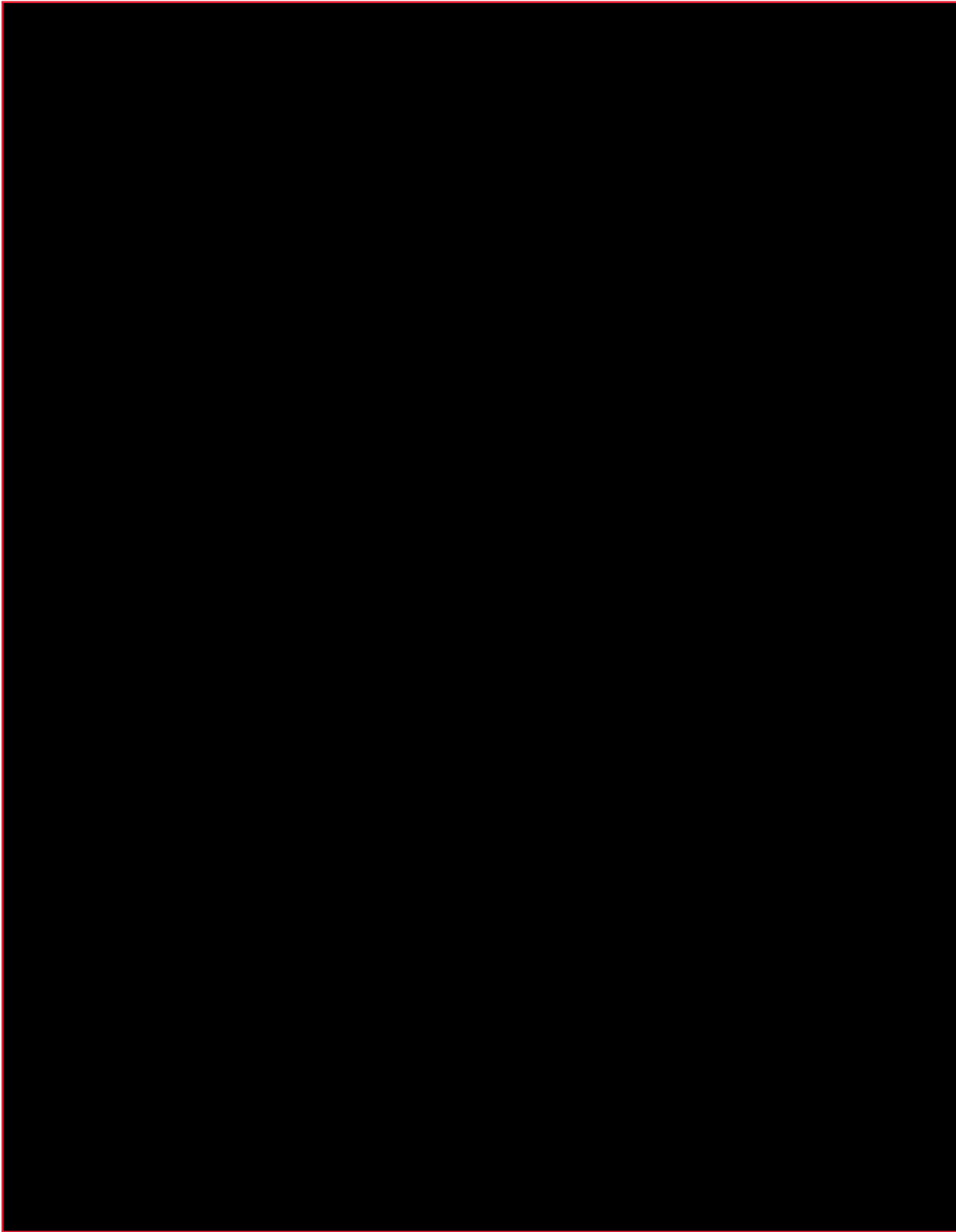




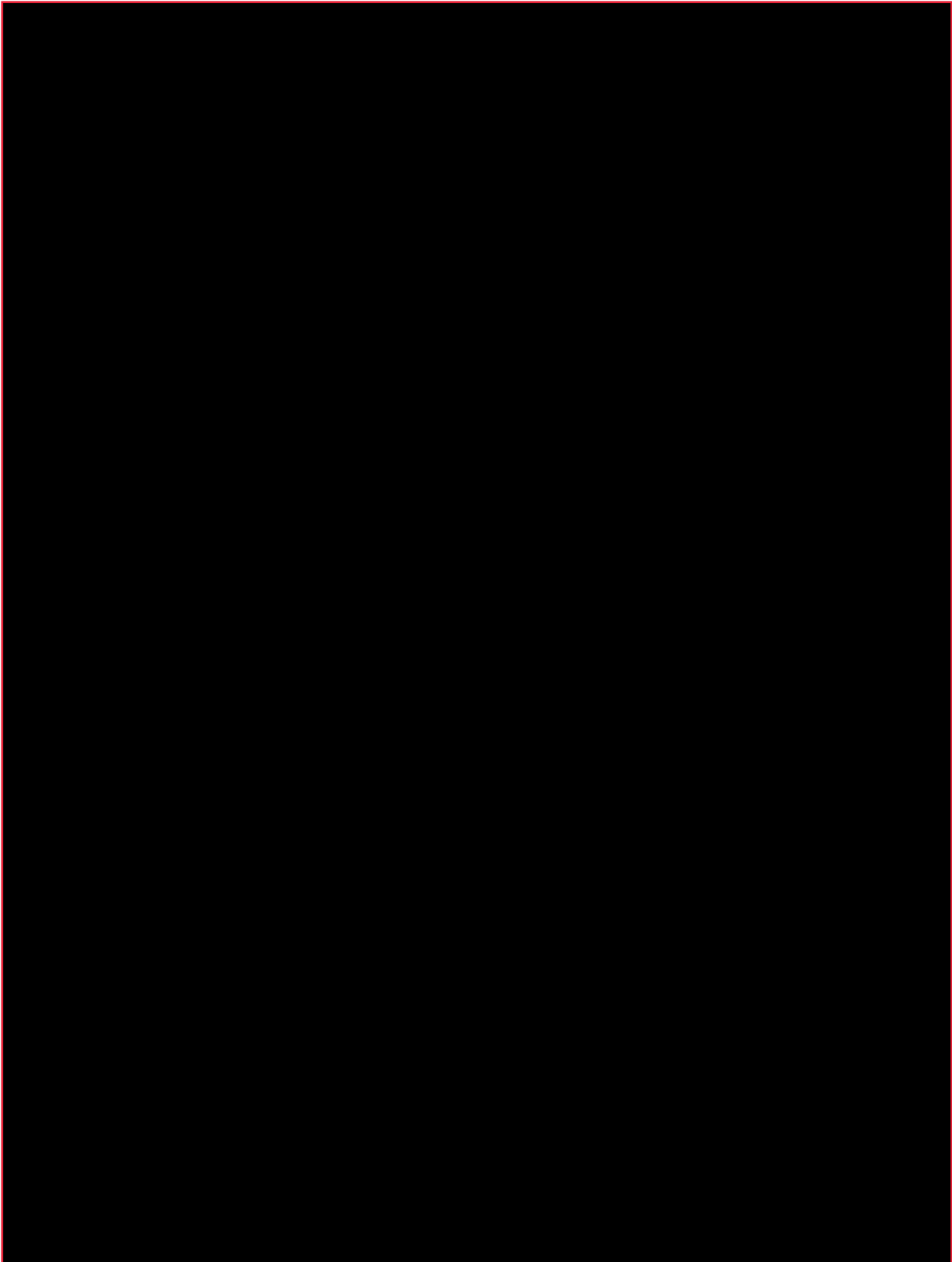
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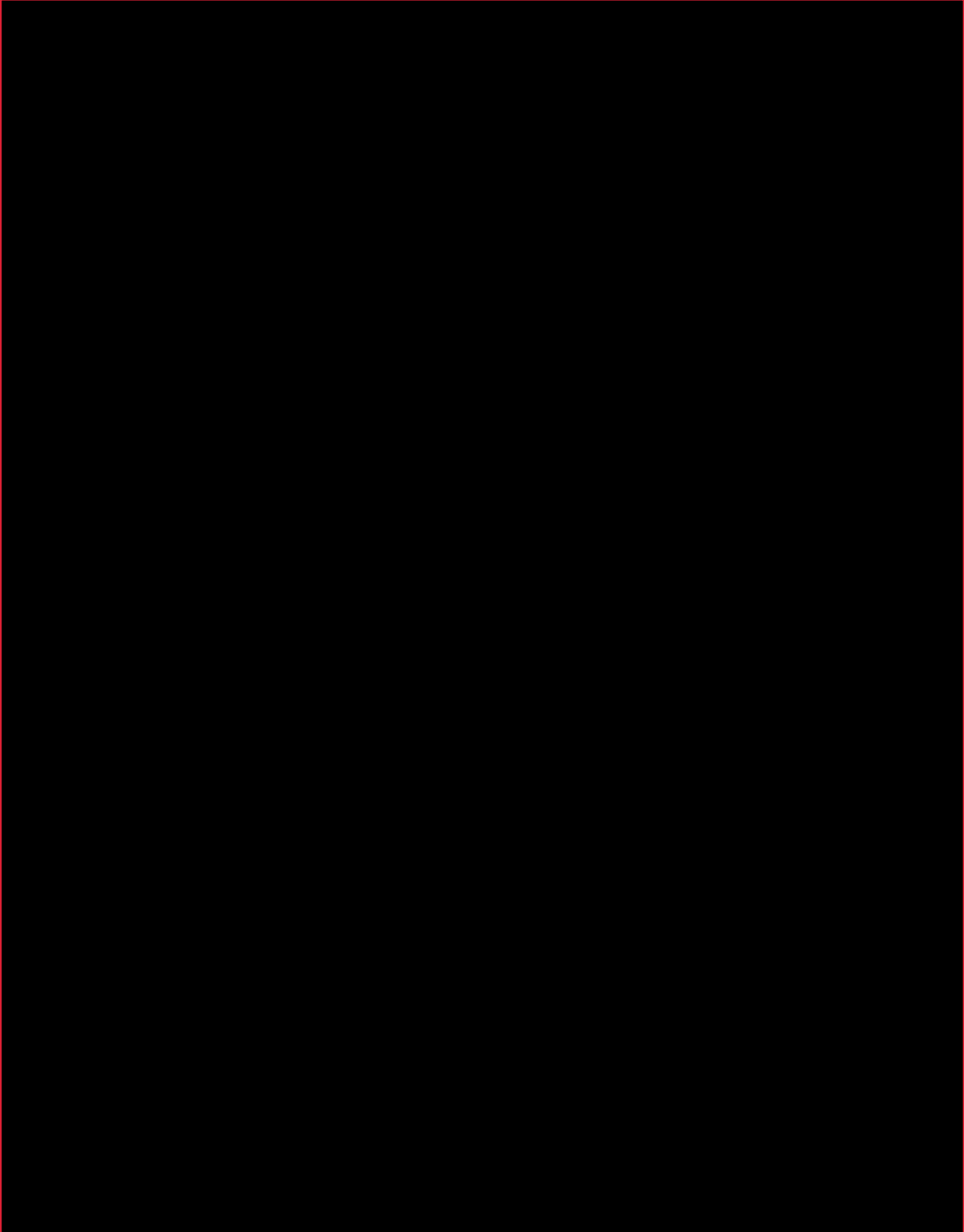


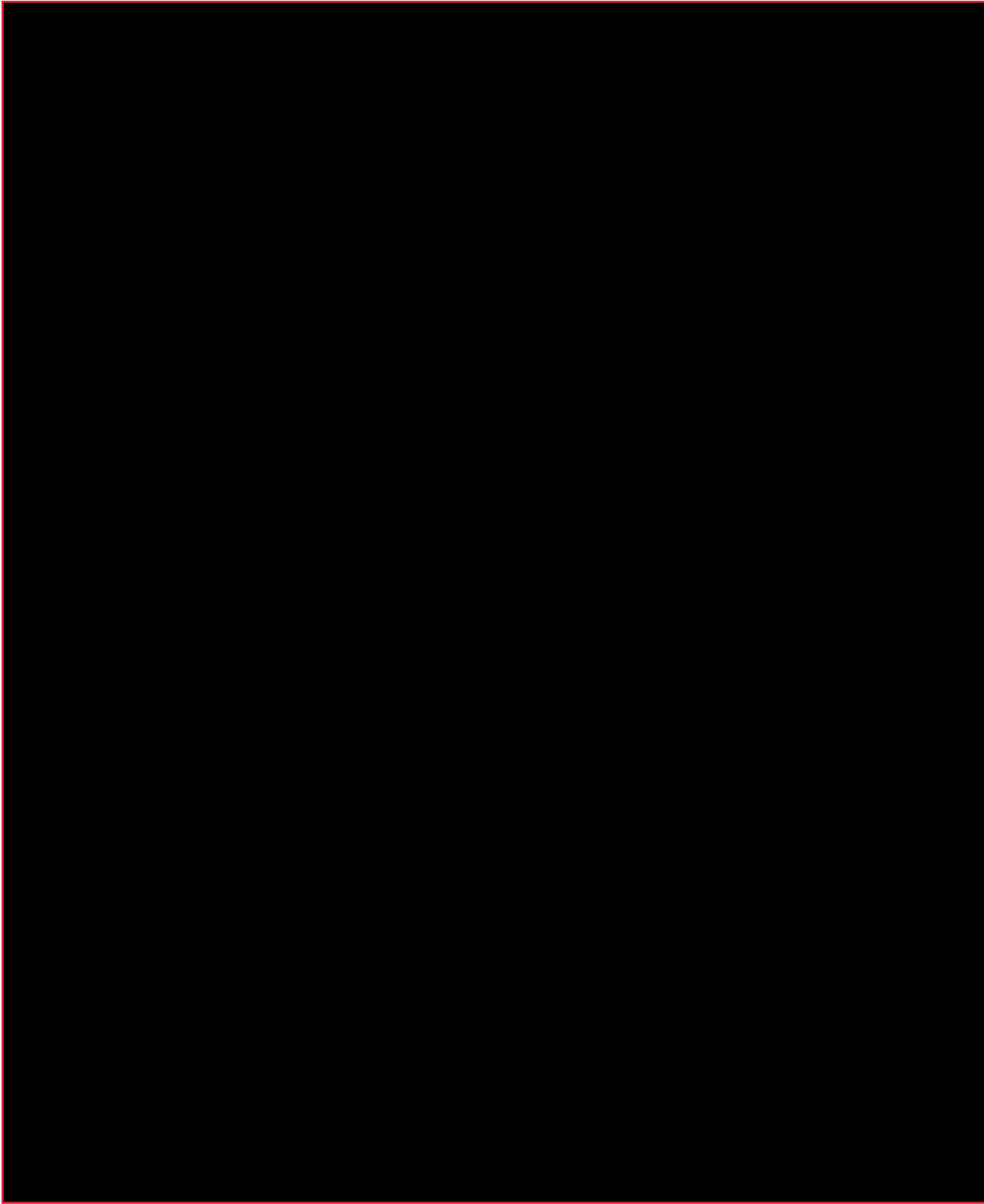


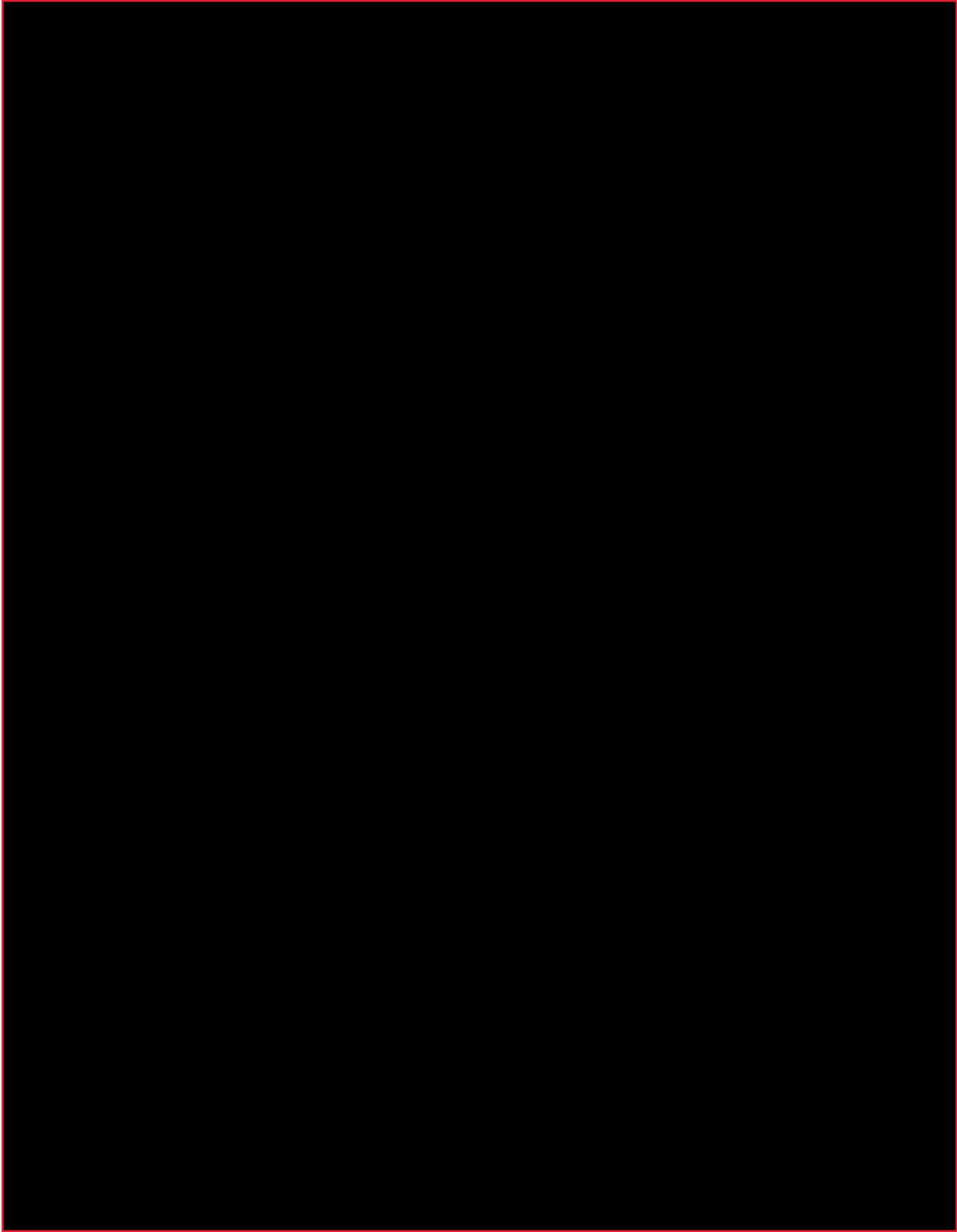


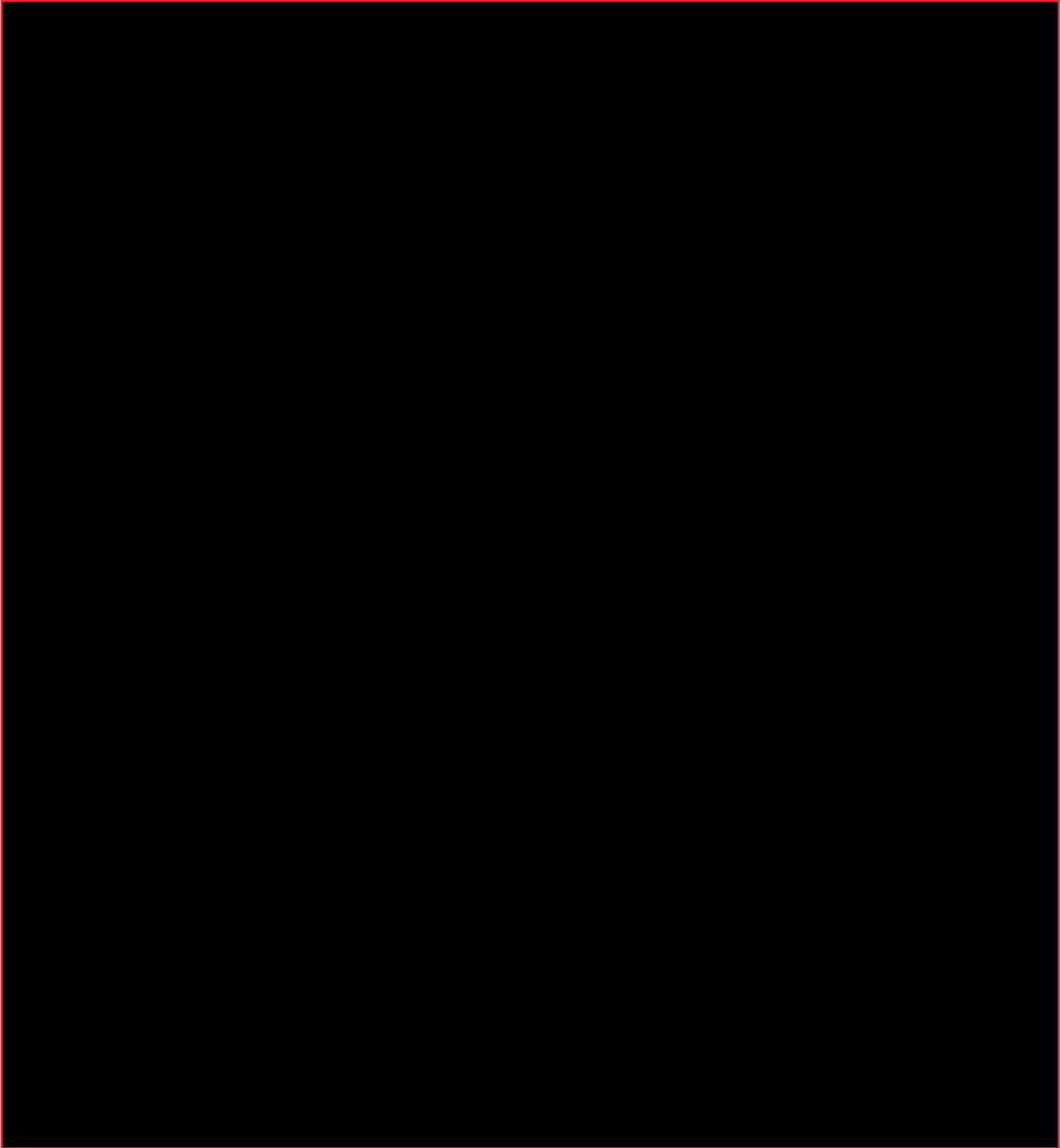
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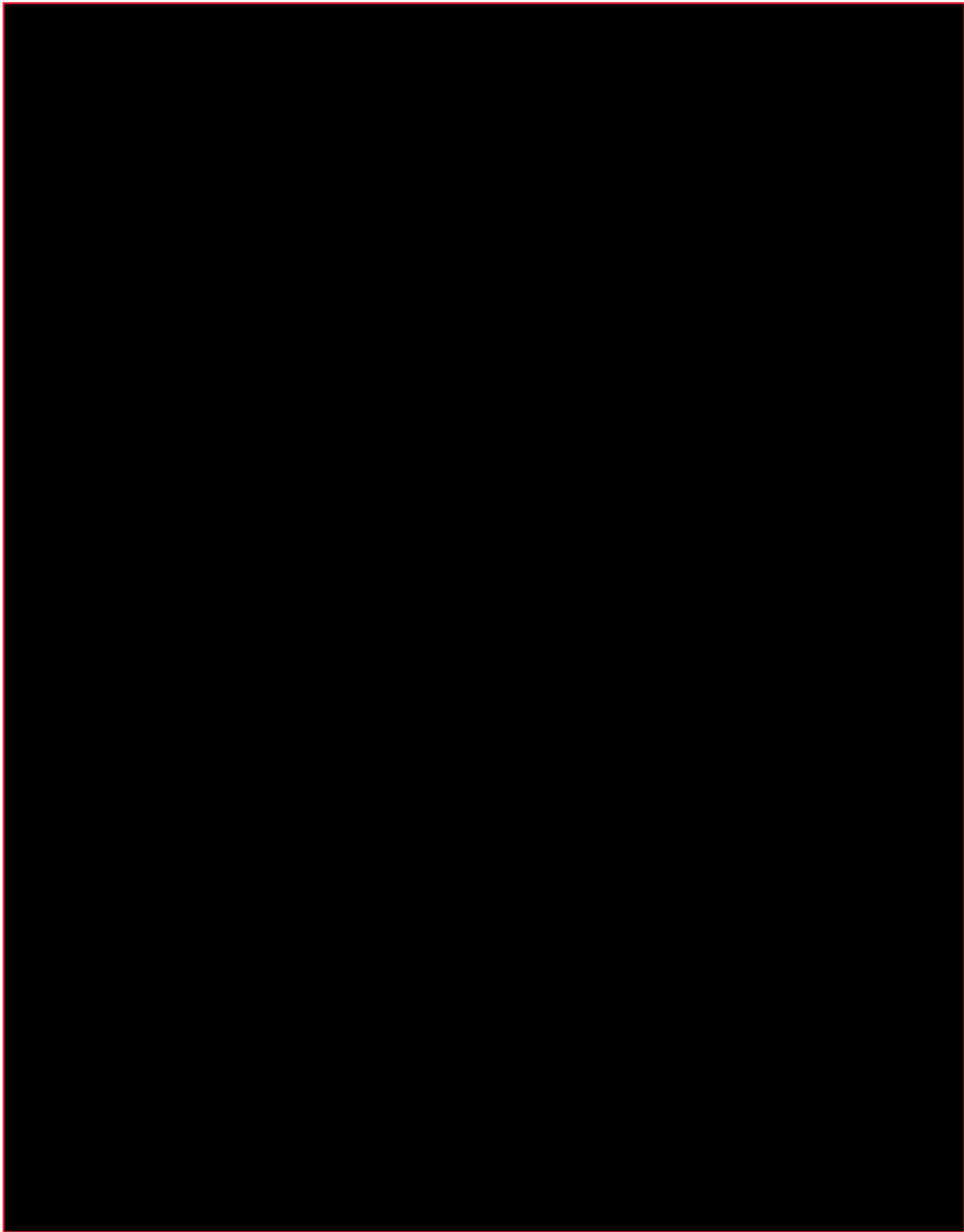


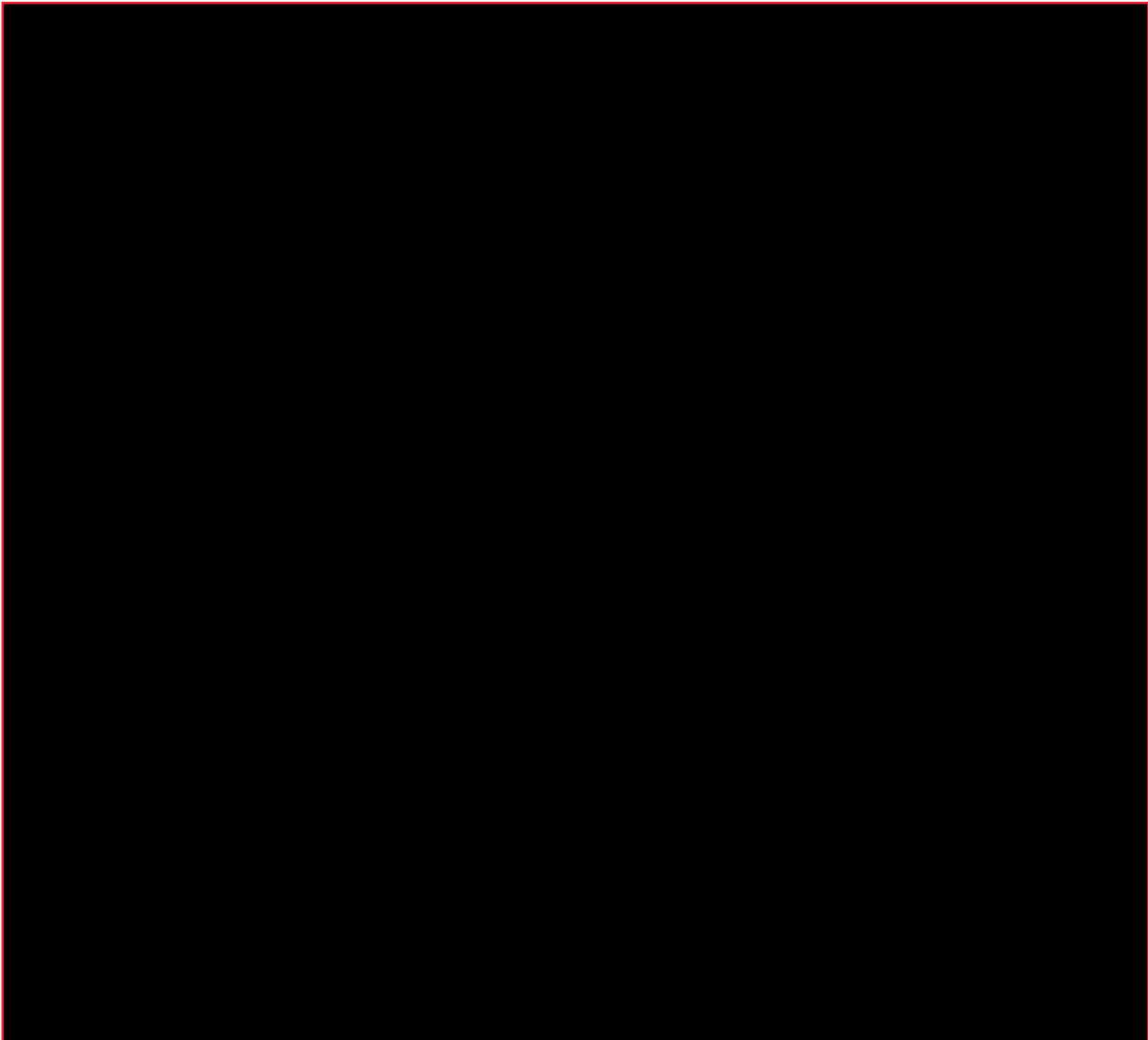




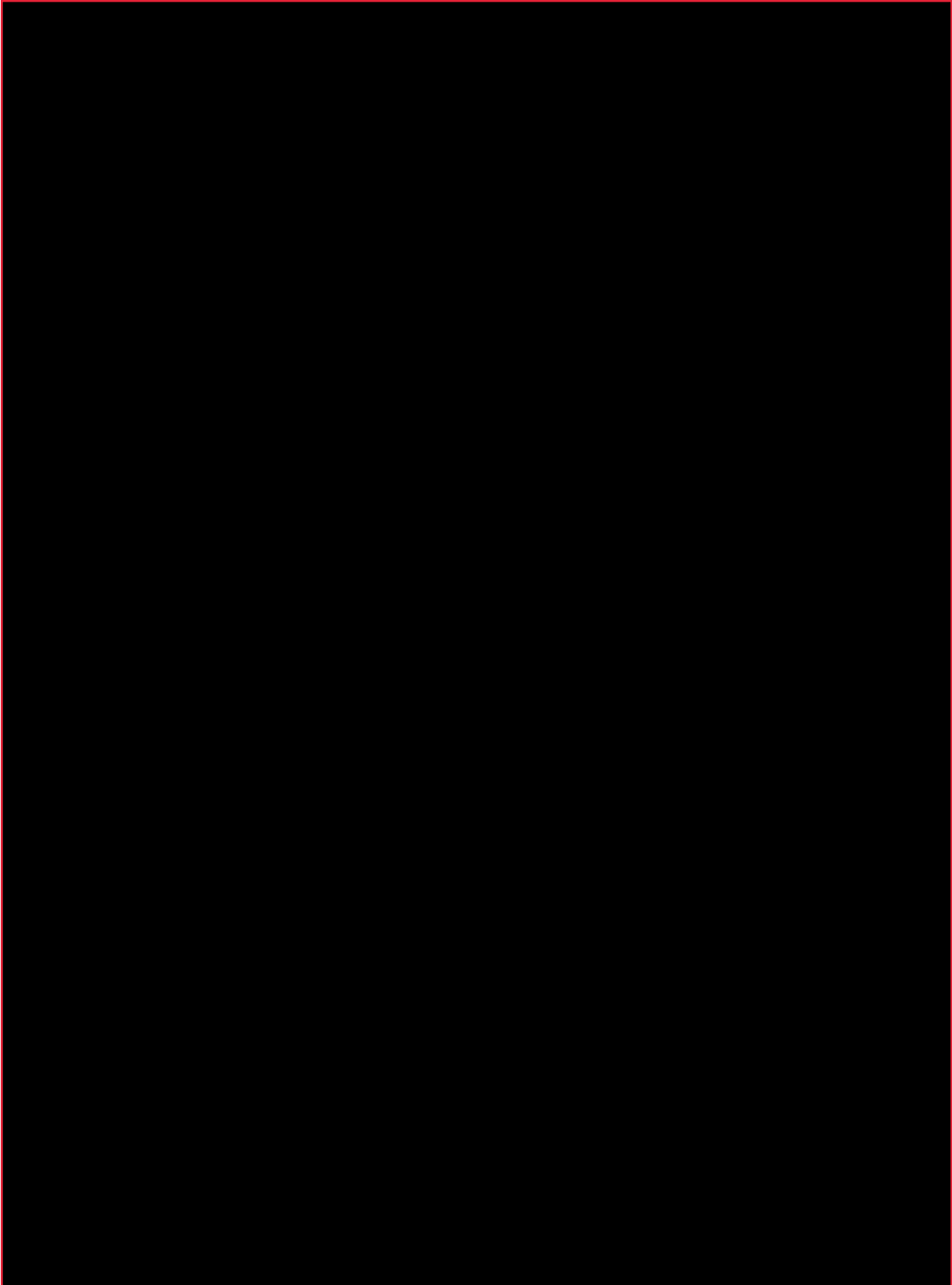


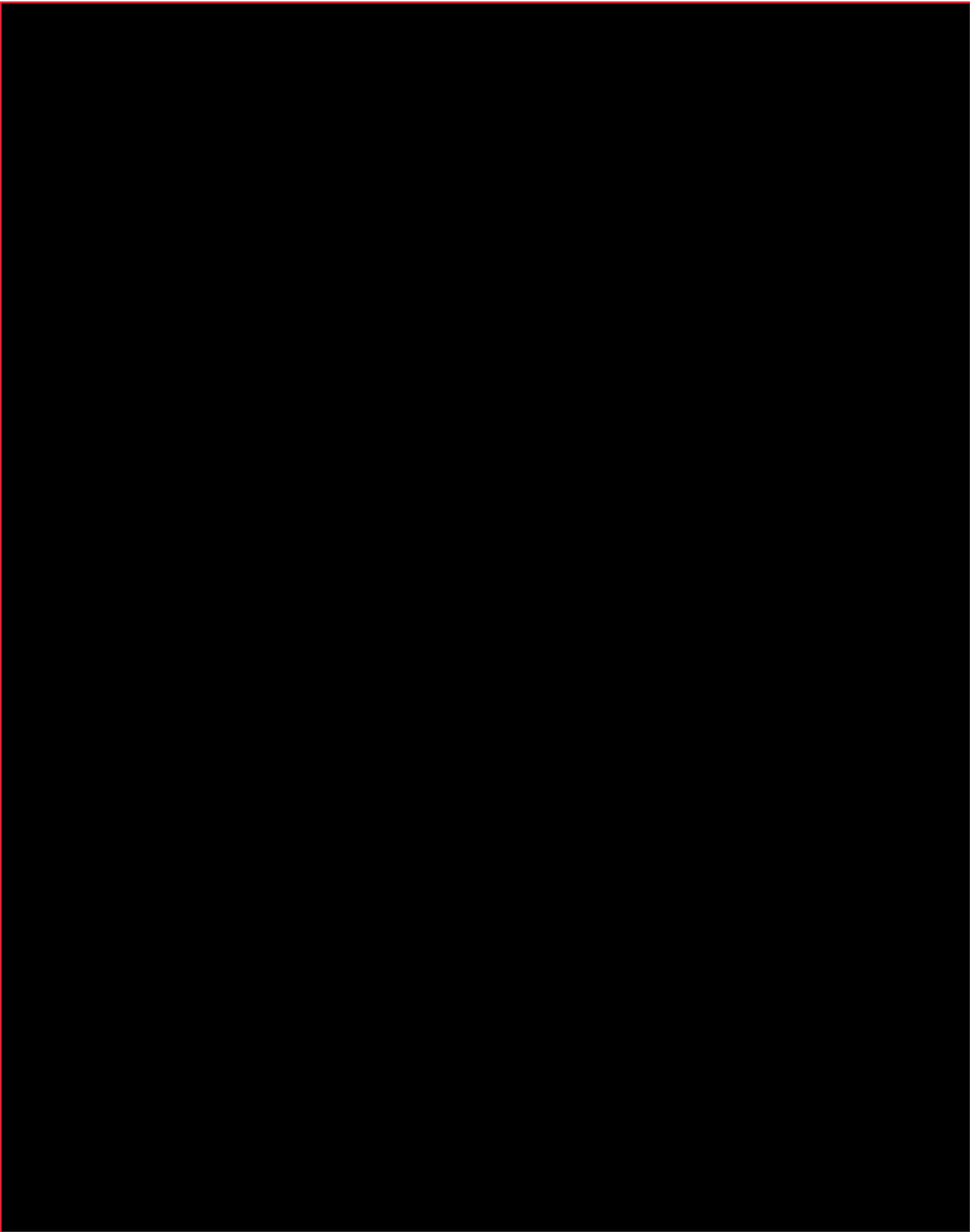


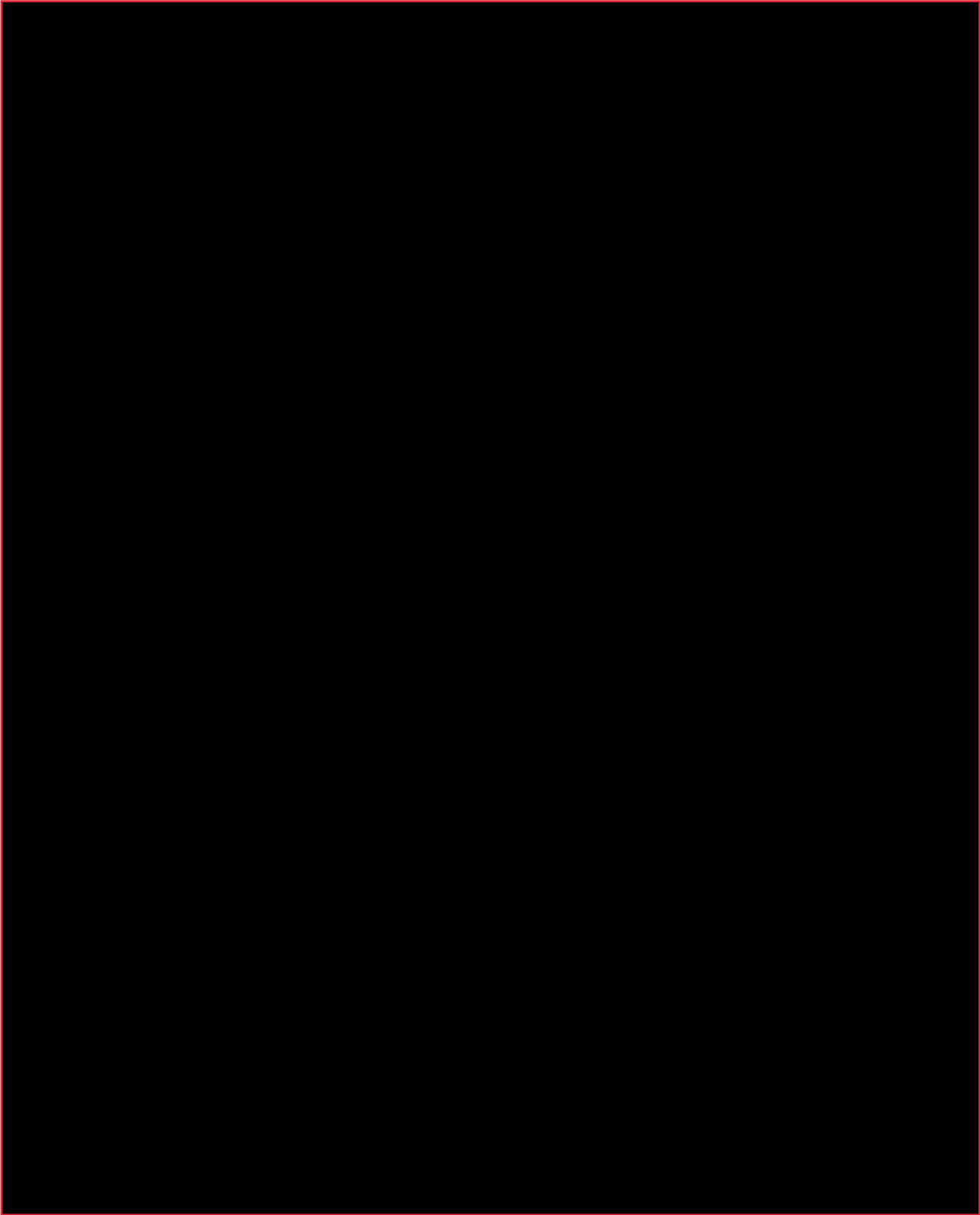


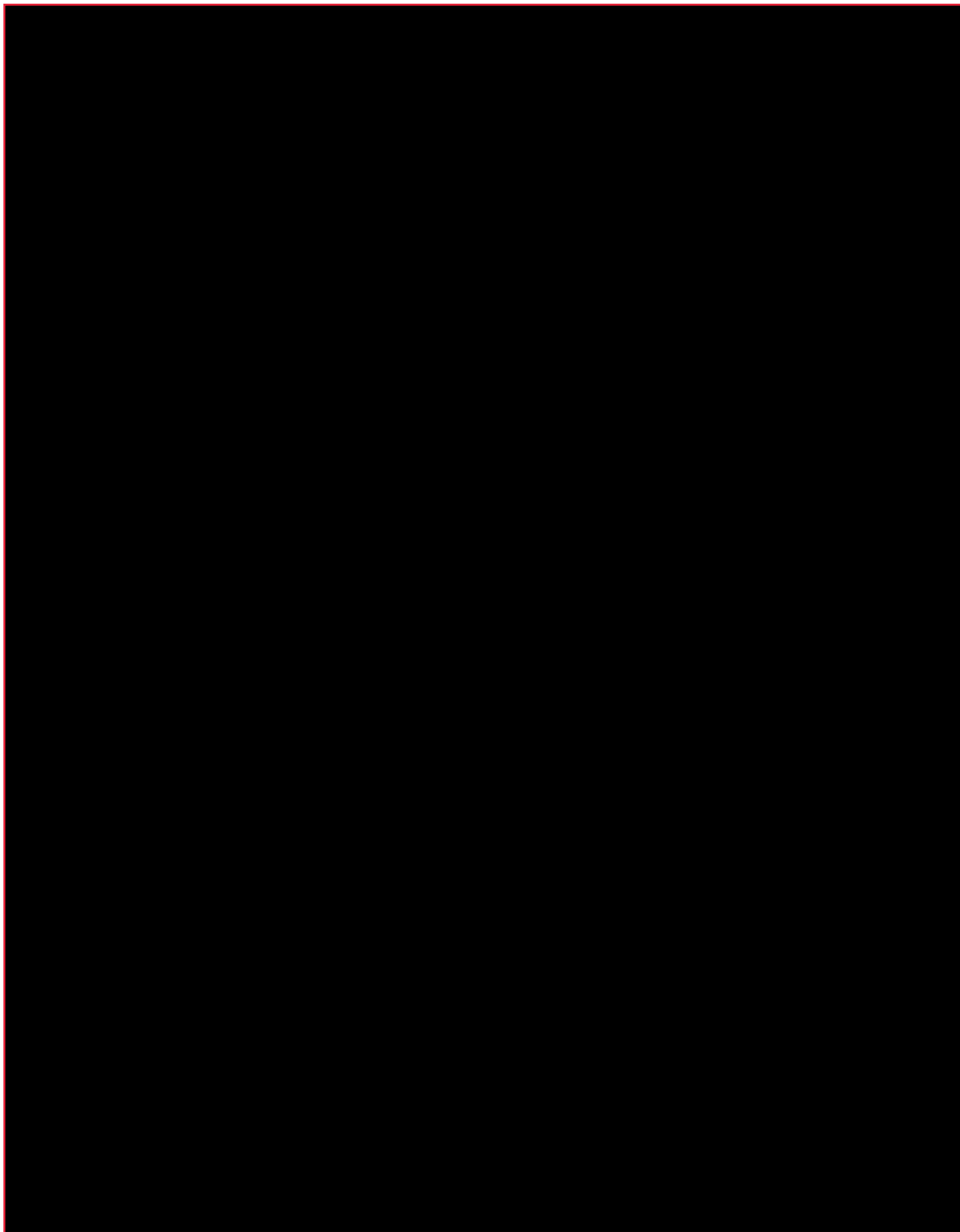


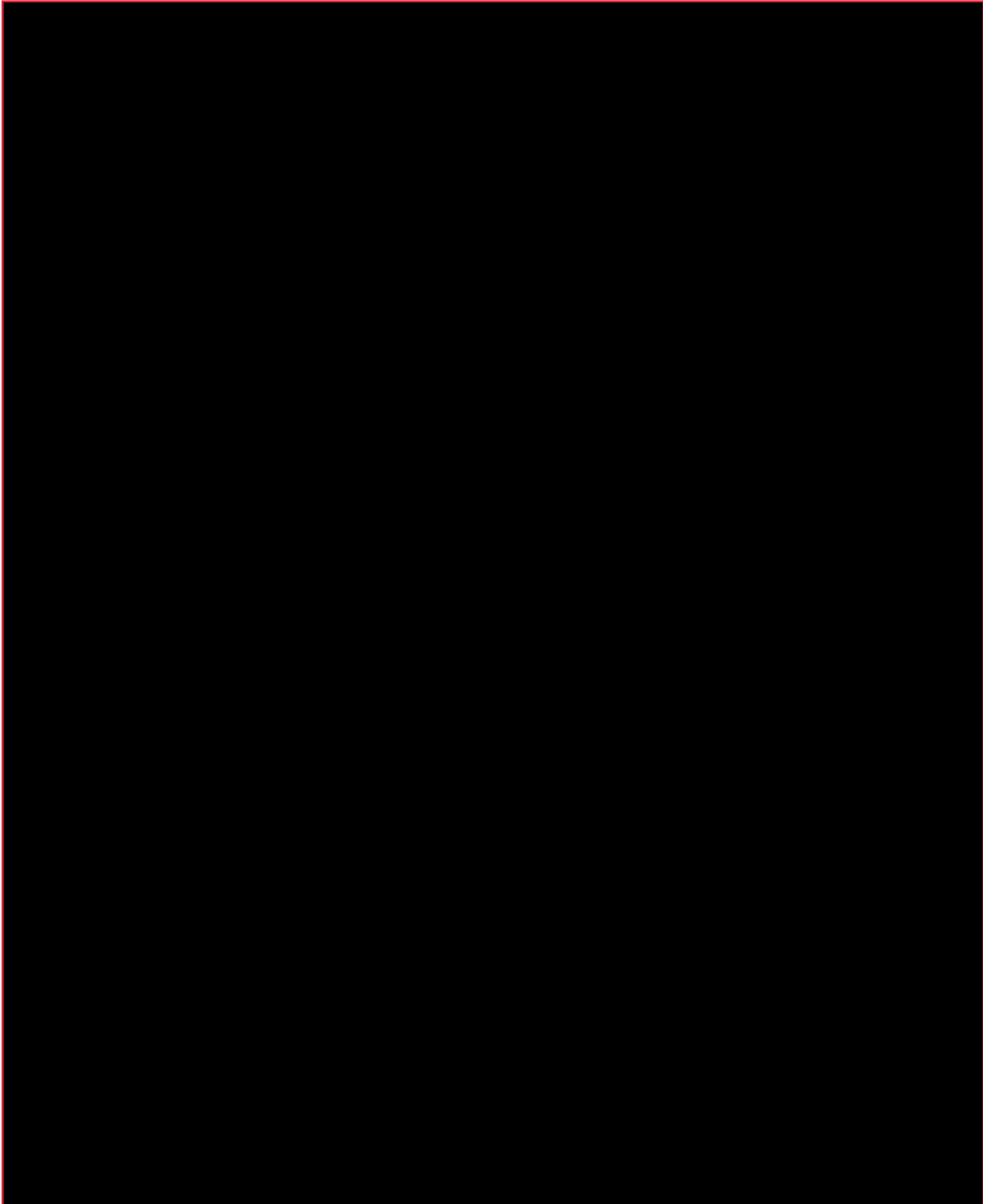


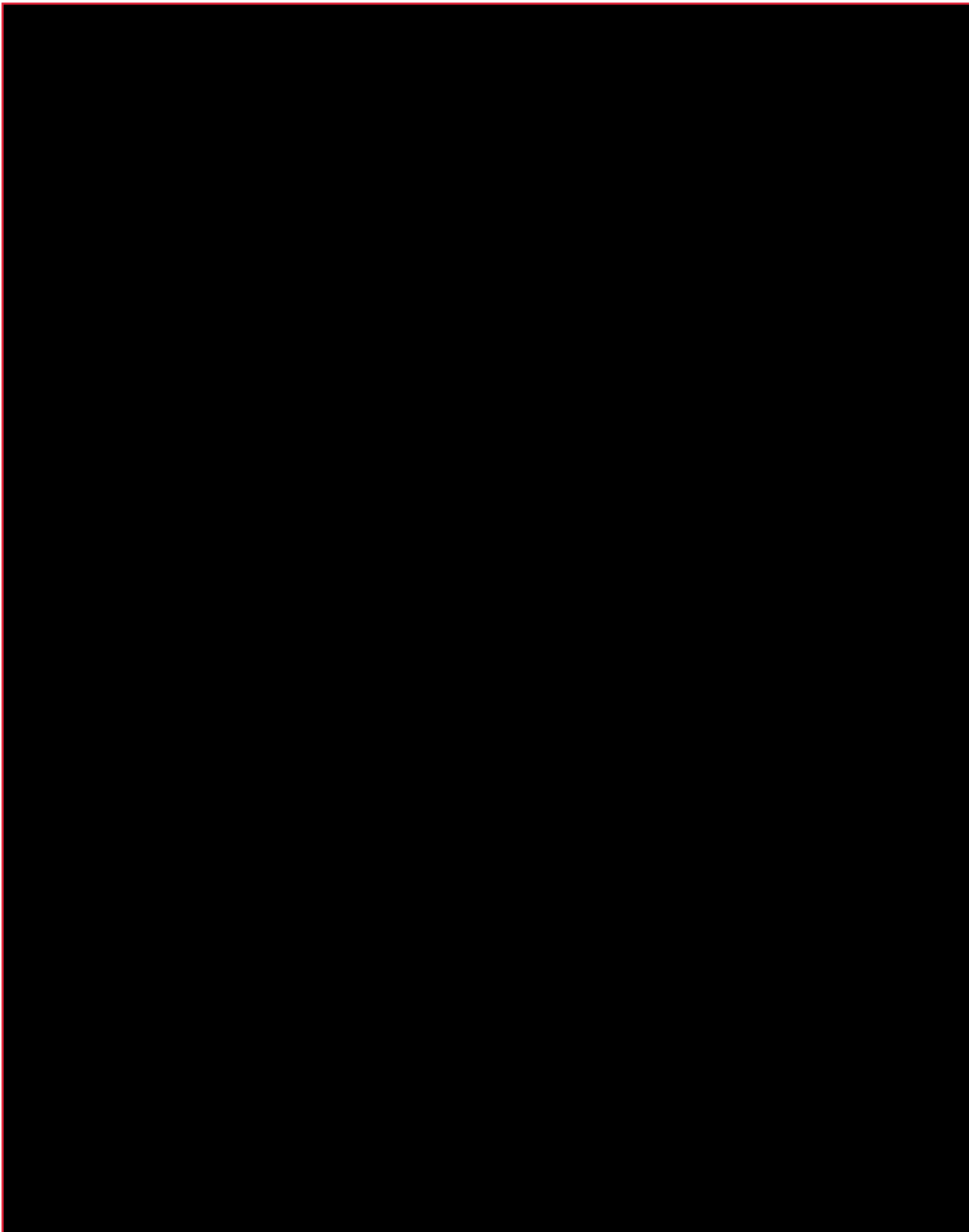




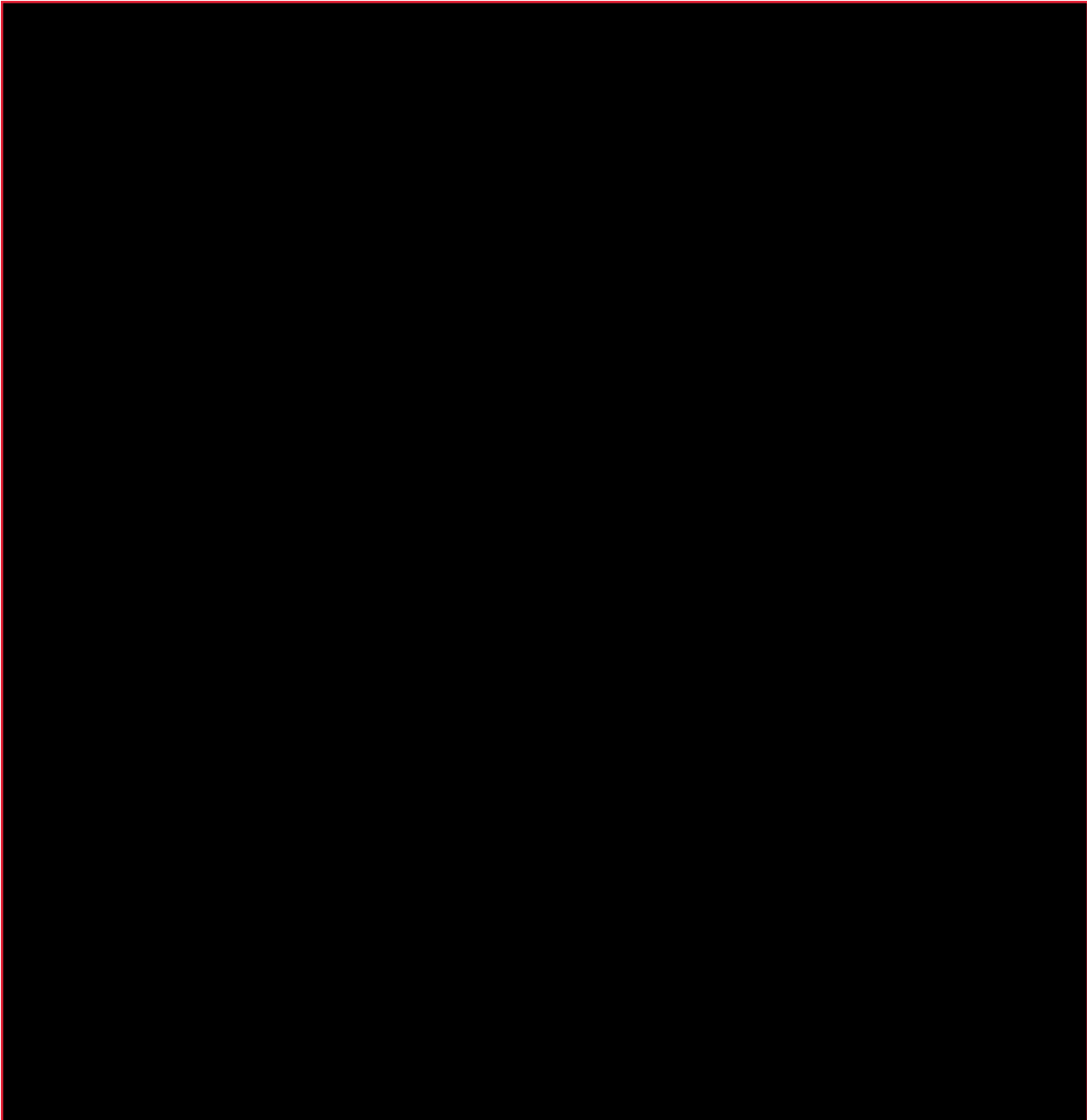














# TAB 6 FORMS

# **ATTACHMENT A RELEASE OF INFORMATION FORM**

**Attachment A: Release of Information**  
(Return this completed form behind Tab 6 of the Bid Proposal.)

DentaQuest USA Insurance Company, Inc. (name of Bidder) 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.

DentaQuest USA Insurance Company, Inc.  
Printed Name of Bidder Organization

Brett Bostrack  
Brett Bostrack (Jun 21, 2023 10:19 CDT)  
Signature of Authorized Representative

June 15, 2023  
Date

Brett Bostrack  
Printed Name

DentaQuest USA Insurance Company, Inc.  
Printed Name of Bidder Organization

Kamila Chytil  
Kamila Chytil (Jun 21, 2023 11:53 EDT)  
Signature of Authorized Representative

June 15, 2023  
Date

Kamila Chytil  
Printed Name

**Signature:** Brett Bostrack  
Brett Bostrack (Jun 21, 2023 10:19 CDT)  
**Email:** brett.bostrack@dentaquest.com  
**Title:** President  
**Company:** DentaQuest USA Insurance Company, Inc.

**Signature:** Kamila Chytil  
Kamila Chytil (Jun 21, 2023 11:53 EDT)  
**Email:** kamila.chytil@greatdentalplans.com  
**Title:** COO  
**Company:** DentaQuest







# Attachment A\_Release of Information\_FINAL

Final Audit Report

2023-06-21

Created:	2023-06-21
By:	DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAABAAVjATYXIECh4uy9wNEHWacxywPWmAy6JL

## "Attachment A\_Release of Information\_FINAL" History

-  Document created by DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)  
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-  Document emailed to Brett Bostrack (brett.bostrack@dentaquest.com) for signature  
2023-06-21 - 1:12:57 PM GMT
-  Email viewed by Brett Bostrack (brett.bostrack@dentaquest.com)  
2023-06-21 - 3:19:09 PM GMT- IP address: 50.112.166.42
-  Document e-signed by Brett Bostrack (brett.bostrack@dentaquest.com)  
Signature Date: 2023-06-21 - 3:19:54 PM GMT - Time Source: server- IP address: 54.213.141.227
-  Document emailed to Kamila Chytil (kamila.chytil@greatdentalplans.com) for signature  
2023-06-21 - 3:19:56 PM GMT
-  Email viewed by Kamila Chytil (kamila.chytil@greatdentalplans.com)  
2023-06-21 - 3:22:21 PM GMT- IP address: 174.207.231.70
-  Document e-signed by Kamila Chytil (kamila.chytil@greatdentalplans.com)  
Signature Date: 2023-06-21 - 3:53:02 PM GMT - Time Source: server- IP address: 52.14.141.67
-  Agreement completed.  
2023-06-21 - 3:53:02 PM GMT

# **ATTACHMENT B PRIMARY BIDDER DETAIL & CERTIFICATION FORM**

**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".)

<b>Primary Contact Information (individual who can address issues re: this Bid Proposal)</b>	
<b>Name:</b>	Elise Cannestra, Director, Proposal Management
<b>Address:</b>	11100 W. Liberty Dr., Milwaukee, WI 53224
<b>Tel:</b>	262.834.3546
<b>Fax:</b>	N/A
<b>E-mail:</b>	elise.cannestra@greatdentalplans.com
<b>Primary Bidder Detail</b>	
<b>Business Legal Name ("Bidder"):</b>	DentaQuest USA Insurance Company, Inc.
<b>"Doing Business As" names, assumed names, or other operating names:</b>	DentaQuest
<b>NAIC Number:</b>	12307
<b>Parent Corporation Name and Address of Headquarters, if any:</b>	DentaQuest, LLC is the direct parent entity to DentaQuest USA Insurance Company, Inc. 96 Worcester Street, Wellesley Hills, Massachusetts 02481
<b>Form of Business Entity (i.e., corp., partnership, LLC, etc.):</b>	Corporation
<b>State of Incorporation/organization:</b>	Texas
<b>Primary Address:</b>	96 Worcester Street, Wellesley Hills, Massachusetts 02481
<b>Tel:</b>	800.417.7140
<b>Local Address (if any):</b>	Bidder has identified locations in the state of Iowa for a local address it will confirm and lease upon contract award.
<b>Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:</b>	11100 W. Liberty Dr., Milwaukee, WI 53224
<b>Number of Employees:</b>	The Bidder does not have any employees. All DentaQuest employees supporting this contract are employees of Sun Life Financial (U.S.) Services Company, Inc., an affiliate of the Bidder's ultimate controlling parent, Sun Life Financial Inc. Sun Life Financial (U.S.) Services Company, Inc. has 5,586 employees.
<b>Number of Years in Business:</b>	The Bidder has been in business 18 years
<b>Primary Focus of Business:</b>	Dental and vision benefits administration services
<b>Federal Tax ID:</b>	20- 2970185
<b>UEI #:</b>	Not applicable
<b>Bidder's Accounting Firm:</b>	Deloitte 200 Berkeley Street, 10 <sup>th</sup> Floor, Boston, MA 02116
<b>If Bidder is currently registered to do business in Iowa, provide the Date of Registration:</b>	Bidder is an insurance company which operates pursuant to Certificates of Authority (COA) issued by the State Departments of Insurance to write and administer dental health benefits in the states in which Bidder operates. Bidder has applied for and expects to receive shortly a COA from the Iowa Insurance Division. As a licensed insurer, Bidder will not be required to register with the Iowa Secretary of State.



<b>Do you plan on using subcontractors if awarded this Contract? {If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.}</b>	Yes
(YES/NO)	

<b>Request for Confidential Treatment (See Section 3.1)</b>		
<b>Check Appropriate Box:</b> <input type="checkbox"/> Bidder Does Not Request Confidential Treatment of Bid Proposal <input checked="" type="checkbox"/> Bidder Requests Confidential Treatment of Bid Proposal		
<b>Location in Bid Proposal (Tab/Page)</b>	<b>Specific Grounds in Iowa Code Chapter 22 or Other Applicable Law Which Supports Treatment of the Information as Confidential</b>	<b>Justification of Why Information Should Be Kept in Confidence and Explanation of Why Disclosure Would Not Be in The Best Interest of the Public</b>
Please see complete list of items the Bidder requests to be kept confidential at the end of this document		

<b>Exceptions to RFP/Contract Language (See Section 3.1)</b>			
<b>RFP Section and Page</b>	<b>Language to Which Bidder Takes Exception</b>	<b>Explanation and Proposed Replacement Language:</b>	<b>Cost Savings to the Agency if the Proposed Replacement Language is Accepted</b>
Attachment D: Additional Certifications, Page 31	5. The Bidder further agrees by submitting this Proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.	Bidder would request an opportunity to negotiate this contract term with the Agency. Bidder would like to propose this language: Bidder agrees by submitting this Proposal that it require its vendor to warrant that neither vendor nor any of its officers, owners, directors, or any individual or entity it employs or has contracted with to carry out its delegated responsibilities under the subcontract, has been excluded, barred, suspended, or is	N/A

		otherwise ineligible from participating in federal or state health care program.	
Attachment D: Additional Certifications, Page 32	The Bidder further agrees that the above language will be included in any subawards that contain provisions for children's services and that all subgrantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1000 per day.	Bidder would request an opportunity to negotiate this contract term with the Agency. Bidder proposes striking this language as not applicable. As a dental benefits administrator, Bidder does not provide any of the aforementioned child services in indoor facilities funded by State or Federal Government Programs.	N/A
Attachment F, Link on Page 44	2.9 Intellectual Property. 2.9.1 Ownership and Assignment of Other Deliverables. The Contractor agrees that the State and the Agency shall become the sole and exclusive owners of all Deliverables. The Contractor hereby irrevocably assigns, transfers and conveys to the State and the Agency all right, title and interest in and to all Deliverables and all intellectual property rights and proprietary rights arising out of, embodied in, or related to such Deliverables, including copyrights, patents, trademarks, trade secrets, trade dress, mask work, utility design, derivative works, and all other rights and interests therein or related thereto. The Contractor represents and warrants that the State and the Agency shall acquire good and clear title to all Deliverables, free from any claims, liens, security interests, encumbrances, intellectual property rights, proprietary rights, or other rights or interests of the Contractor or of any third party, including any employee, agent, contractor, subcontractor, subsidiary, or affiliate of the Contractor. The Contractor (and Contractor's employees, agents, contractors,	Bidder would request an opportunity to negotiate this contract term with the Agency.  Bidder would like to add at the end of this provision "Notwithstanding anything to the contrary, Contractor shall retain all rights, title, and ownership in its intellectual property. Contractor shall also not be required to license or sublicense any software or systems that Contractor uses to perform the services under this agreement, or that it uses to conduct its business."	N/A

	<p>subcontractors, subsidiaries and affiliates) shall not retain any property interests or other rights in and to the Deliverables and shall not use any Deliverables, in whole or in part, for any purpose, without the prior written consent of the Agency and the payment of such royalties or other compensation as the Agency deems appropriate. Unless otherwise requested by the Agency, upon completion or termination of this Contract, the Contractor will immediately turn over to the Agency all Deliverables not previously delivered to the Agency, and no copies thereof shall be retained by the Contractor or its employees, agents, subcontractors, or affiliates, without the prior written consent of the Agency</p>		
<p>Attachment F, Link on Page 44</p>	<p>A.22. Response to State Inquiries &amp; Requests Information. The Agency may, at any time during the term of the Contract, request financial or other information from the Contractor. Contractor responses shall fully disclose all financial or other information requested. Information may be designated as confidential but may not be withheld from the Agency as proprietary. Information designated as confidential may not be disclosed by the Agency without the prior written consent of the Contractor except as required by law. If the Contractor believes the requested information is confidential and may not be disclosed to third parties, the Contractor shall provide a detailed legal analysis to the Agency, setting forth the specific reasons why the information is confidential and describing the specific harm or injury that would result from disclosure.</p>	<p>Bidder would request an opportunity to negotiate this contract term with the Agency.</p> <p>Bidder proposes changing this to say" "2.12.16 Joint and Several Liability. If the Contractor is a joint entity, consisting of more than one individual, partnership, corporation, or other business organization, all such entities <b>which are parties to the contract</b> shall be jointly and severally liable for carrying out the activities and obligations of this Contract, for any default of activities and obligations, and for any fiscal liabilities."</p>	<p>N/A</p>

Business Associate Agreement, Page 1	<p>3. Obligations of Business Associate.</p> <p>a. Security Obligations. Sections 164.308, 164.310, 164.312 and 164.316 of title 45, Code of Federal Regulations, apply to the Business Associate in the same manner that such sections apply to the Covered Entity. The Business Associate's obligations include but are not limited to the following:...</p> <p>Reporting to the Covered Entity any security incident of which it becomes aware.</p>	<p>Bidder would request an opportunity to negotiate this contract term with the Agency.</p> <p>Bidder suggests adding the red text to the provision: Reporting to the Covered Entity any <b>successful</b> security incident of which it becomes aware. <b>The parties acknowledge and agree that this Section constitutes notice by Business Associate to Covered Entity of the ongoing existence and occurrence of or attempts at unsuccessful Security Incidents for which no additional notice to Covered Entity shall be required. Unsuccessful Security Incidents include, without limitation, pings and other broadcast attacks on firewalls or edge servers, port scans, unsuccessful log-on attempts, and denial of service attacks.</b></p>	N/A
Business Associate Agreement, Page 4	<p>d. Indemnification for Breach Notification. Business Associate shall indemnify the Covered Entity for costs of an action required to be taken under any law or regulation as a result of any Breach by the Business Associate or any subcontractor in a manner not permitted under 45 C.F.R. part E</p>	<p>Bidder would request an opportunity to negotiate this contract term with the Agency.</p> <p>Bidder proposes add the text in red to the provision: Bidder proposes the following changes: d. Indemnification for Breach Notification. Business Associate shall indemnify the Covered Entity for <b>its proximate share</b> of costs of an action required to be taken under any law or regulation as a <b>direct</b> result of any Breach by the Business Associate or any subcontractor in a manner not permitted under 45 C.F.R. part E</p>	N/A
Business Associate Agreement, Page 3-4	<p>c. Compliance with Confidentiality Laws. Business Associate acknowledges that it must comply with all laws that may protect the Protected Health Information received and will</p>	<p>Bidder would request an opportunity to negotiate this contract term with the Agency.</p> <p>Bidder proposes adding/updating red text to the provision: c. Compliance with Confidentiality Laws. Business</p>	N/A

	<p>comply with all such laws, which include but are not limited to the following: Medicaid applicants and recipients: 42 U.S.C. § 1396a(a)(7); 42 C.F.R. §§ 431.300-.307; Iowa Code § 217.30; Mental health treatment: Iowa Code chapters 228, 229; HIV/AIDS diagnosis and treatment: Iowa Code § 141A.9; and Substance abuse treatment: 42 U.S.C. § 290dd-3; 42 U.S.C. § 290ee-3; 42 C.F.R. part 2; Iowa Code §§ 125.37,125.93.</p>	<p>Associate acknowledges that it must comply with all <b>applicable</b> laws that may protect the Protected Health Information received and will comply with all such <b>applicable</b> laws, which include but are not limited to the following: Medicaid applicants and recipients: 42 U.S.C. § 1396a(a)(7); 42 C.F.R. §§ 431.300-.307; Iowa Code § 217.30; Mental health treatment: Iowa Code chapters 228, 229; HIV/AIDS diagnosis and treatment: Iowa Code § 141A.9; and Substance abuse treatment: 42 U.S.C. § 290dd-3; 42 U.S.C. § 290ee-3; 42 C.F.R. part 2; Iowa Code §§ 125.37, 25.93.</p>	
<p>RFP document, Section 1.3.3.1, Page 41</p>	<p>No adjustments to the Capitation Payment may be claimed by Contractor for any discrepancies reported after the ninety (90) Day period. The Capitation Payments will be subject to retroactive changes to the Medicaid-member eligibility criteria. This may include, but is not limited to, Medicaid-members moving from Medicaid-only eligibility to Medicare and Medicaid eligibility. The State will adjust payments to Contractor to reflect the Member enrollment changes.</p>	<p>Bidder would request an opportunity to negotiate this contract term with the Agency.</p> <p>Bidder proposes adding/updating red text to the provision: Bidder proposes changing this to say: <b>Adjustments to the Capitation Payment may be claimed by the Contractor if an over threshold variance is identified and communicated within 90 days of payment, understanding that the research and resolution for final settlement may take greater than 90 days.</b> The Capitation Payments will be subject to retroactive changes to the Medicaid-member eligibility criteria. This may include, but is not limited to, Medicaid-members moving from Medicaid-only eligibility to Medicare and Medicaid eligibility. The State will adjust payments to Contractor to reflect the Member enrollment changes.</p>	<p>N/A</p>
<p>RFP Document, Section</p>	<p>3.2.4.3 List any details of whether the bidder or any owners, officers,</p>	<p>Bidder would request an opportunity to negotiate this contract term with the Agency.</p>	<p>N/A</p>

3.2.4.3, Page 20	primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.	Bidder recommends striking language indicated in red. List any details of whether the bidder or any owners, 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 the services sought in this RFP, have ever <del>had a founded child or dependent adult abuse report, or</del> been convicted of a felony.	
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**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.

<b>Signature:</b>	 <small>Brett Bostrack   Jul 7, 2023 09:55 CDT</small>
<b>Printed Name/Title:</b>	Brett Bostrack, President
<b>Date:</b>	Jul 7, 2023

<b>Signature:</b>	 <small>Kamila Chytil   Jul 7, 2023 09:55 CDT</small>
<b>Printed Name/Title:</b>	Kamila Chytil, Chief Operating Officer
<b>Date:</b>	Jul 7, 2023



<b>Request for Confidential Treatment (See Section 3.1)</b>		
<b>Check Appropriate Box:</b> <input type="checkbox"/> Bidder Does Not Request Confidential Treatment of Bid Proposal <input checked="" type="checkbox"/> Bidder Requests Confidential Treatment of Bid Proposal		
<b>Location in Bid Proposal (Tab/Page)</b>	<b>Specific Grounds in Iowa Code Chapter 22 or Other Applicable Law Which Supports Treatment of the Information as Confidential</b>	<b>Justification of Why Information Should Be Kept in Confidence and Explanation of Why Disclosure Would Not Be in The Best Interest of the Public</b>
<b>Strategic Partnerships:</b> Tab 1 pg. 6; Tab 3: pgs: 59, 68, 69, 154, 155 <b>Staffing strategy, resumes &amp; organizational charts:</b> Tab 3 pgs. 22, 25, 26, 58-61, 238, 472-501, Tab 4 pgs: 673, 674, 675, 686-727; Tab 5 pgs 678, 689, <b>Report samples:</b> Tab 3 pg 162 <b>Provider profiling and VBP:</b> Tab 1, pg 9; Tab 3 pgs 88, 90, 92, 93, 94, 95, 281 <b>Third-Party Liability:</b> Tab 3 pg 377 <b>Information Security:</b> Tab 3 pgs 406, 408, 409, 410, 411, 412, 425, 426 <b>Implementation Plan:</b> Tab 3 pgs 503-505 <b>Health plan client contact information, contract values and key accomplishments:</b> Tab 4 pgs 549-637 <b>Health plan corrective action plan information:</b> Tab 4 pgs 650-660	Iowa Code § 22.7(3) (open-records exemption for trade secrets); Iowa Code § 550.2(4) (Iowa Uniform Trade Secrets Act); Iowa Code § 22.7(6) (reports to gov't agencies that would give advantage to competitors); Iowa Code 22.7(18) (communications with government not required by law).	The information falls within the heart of what that the Iowa legislature has deemed important to protect and keep confidential under Iowa's Uniform Trade Secrets Act and the Iowa Open Records Act. Information that constitutes a trade secret under Iowa law includes "such matters as maintenance of data on customer lists and needs, source of supplies, confidential costs, price data and figures. Trade secrets can range from customer information to financial information, to information about manufacturing processes, to the composition of products." <i>Revere Transducers, Inc. v. Deere &amp; Co.</i> , 595 N.W.2d 751, 776 (Iowa 1999). If competitive and sensitive information is disclosed, it could harm customers and decrease competition between bidders, lessening the opportunity for the State to receive the best proposals in the future and decreasing services to Iowa Medicaid members.
<b>Personal information:</b> Tab 3 pgs 507-509, 511-513	Iowa Code § 22.7(6) (reports to gov't agencies that would give advantage to competitors); Iowa Code 22.7(18) (communications with government not required by law).	Protecting the name and personal information and privacy of individuals

**Signature:** *Brett Bostrack*  
Brett Bostrack (Jul 7, 2023 09:55 CDT)

**Email:** brett.bostrack@dentaquest.com

**Title:** President

**Company:** DentaQuest

**Signature:** *Kamila Chytil*  
Kamila Chytil (Jul 7, 2023 10:04 MDT)

**Email:** kamila.chytil@greatdentalplans.com

**Title:** COO

**Company:** DentaQuest









# Attachment B\_Primary Bidder Detail & Certification Form

Final Audit Report

2023-07-07

Created:	2023-07-07
By:	DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAANhh1-ZSolhkslCDq05fbGpJ-SWPpLZoC

## "Attachment B\_Primary Bidder Detail & Certification Form" History

-  Document created by DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)  
2023-07-07 - 1:52:31 PM GMT- IP address: 52.14.90.44
-  Document emailed to Brett Bostrack (brett.bostrack@dentaquest.com) for signature  
2023-07-07 - 1:53:59 PM GMT
-  Email viewed by Brett Bostrack (brett.bostrack@dentaquest.com)  
2023-07-07 - 2:54:51 PM GMT- IP address: 104.47.55.126
-  Document e-signed by Brett Bostrack (brett.bostrack@dentaquest.com)  
Signature Date: 2023-07-07 - 2:55:44 PM GMT - Time Source: server- IP address: 54.201.207.98
-  Document emailed to Kamila Chytil (kamila.chytil@greatdentalplans.com) for signature  
2023-07-07 - 2:55:45 PM GMT
-  Email viewed by Kamila Chytil (kamila.chytil@greatdentalplans.com)  
2023-07-07 - 4:03:19 PM GMT- IP address: 174.215.17.212
-  Document e-signed by Kamila Chytil (kamila.chytil@greatdentalplans.com)  
Signature Date: 2023-07-07 - 4:04:10 PM GMT - Time Source: server- IP address: 174.215.17.212
-  Agreement completed.  
2023-07-07 - 4:04:10 PM GMT

# **ATTACHMENT C SUBCONTRACTOR DISCLOSURE**

**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.)*

<b>Primary Bidder ("Primary Bidder"):</b>	DentaQuest USA Insurance Company, Inc.
<b>Subcontractor Contact Information (individual who can address issues re: this RFP)</b>	
<b>Name:</b>	Brett Bostrack
<b>Address:</b>	11100 W. Liberty Dr., Milwaukee, WI 53224
<b>Tel:</b>	262-241-7140 x43578
<b>Fax:</b>	N/A
<b>E-mail:</b>	brett.bostrack@dentaquest.com

<b>Subcontractor Detail</b>	
<b>Subcontractor Legal Name ("Subcontractor"):</b>	DentaQuest, LLC
<b>"Doing Business As" names, assumed names, or other operating names:</b>	DentaQuest
<b>Form of Business Entity (i.e., corp., partnership, LLC, etc.)</b>	Limited Liability Company
<b>State of Incorporation/organization:</b>	Delaware
<b>Primary Address:</b>	96 Worcester Street, Wellesley Hills, Massachusetts 02481
<b>Tel:</b>	800.417.7140
<b>Fax:</b>	N/A
<b>Local Address (if any):</b>	N/A
<b>Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:</b>	11100 W. Liberty Dr., Milwaukee, WI 53224
<b>Number of Employees:</b>	DentaQuest, LLC does not have any employees. All DentaQuest employees supporting this contract are employees of Sun Life Financial (U.S.) Services Company, Inc., an affiliate of the Bidder's ultimate controlling parent, Sun Life Financial Inc. Sun Life Financial (U.S.) Services Company, Inc. has 5,586 employees.
<b>Number of Years in Business:</b>	20
<b>Primary Focus of Business:</b>	Dental and vision benefits administration services
<b>Federal Tax ID:</b>	20- 0390099
<b>Subcontractor's Accounting Firm:</b>	Deloitte 200 Berkeley Street, 10 <sup>th</sup> Floor, Boston, MA 02116
<b>If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:</b>	N/A
<b>Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.</b>	100%

**General Scope of Work to be performed by this Subcontractor**

The bidding entity DentaQuest USA Insurance Company, Inc. ("DQ USA") is a wholly owned subsidiary of DentaQuest, LLC, ("DQ LLC") which owns and manages the DentaQuest organization, comprised of companies that hold insurance, third party administrator and similar licenses in nearly every state in the country. DQ LLC provides similar administrative and management services for all its affiliated benefits companies. DQ LLC is not a traditional third-party subcontractor to DQ USA but a parent company that provides management services to DQ USA. These services include claims handling; utilization management; fraud, waste and abuse; quality; utilization management; reporting; member and Provider services; and legal and compliance.

DQ USA retains sole and ultimate responsibility for compliance with the contract and oversight of DQ LLC's performance of the services in connection with the contract.

**Detail the Subcontractor's qualifications for performing this scope of work**

DQ LLC is one of the leading and most experienced dental administrators in the nation and has years of experience managing insurance companies. The enterprise manages dental and vision benefits for more than 35 million Americans through a network of Providers in all 50 states. Our outcomes-based, cost-effective dental solutions are designed for all dental segments including Medicaid, Medicare Advantage, commercial and HIX. Our unmatched experience includes contracts with state Medicaid agencies in Colorado, Florida, Illinois, Louisiana, Massachusetts, South Carolina, Tennessee, Texas, and Virginia, as well as more than 60 contracts with Medicaid Managed Care Organizations. DentaQuest's financial engagements with its partners include administrative services only, risk arrangements and risk-share arrangements.

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.

<b>Signature for Subcontractor:</b>	<u>Brett Bostrack</u> Brett Bostrack (Jul 7, 2023 12:10 CDT)
<b>Printed Name/Title:</b>	Brett Bostrack, President
<b>Date:</b>	Jul 7, 2023

<b>Signature for Subcontractor:</b>	<u>Kamila Chytil</u> Kamila Chytil (Jul 7, 2023 11:12 MDT)
<b>Printed Name/Title:</b>	Kamila Chytil, Chief Operating Officer
<b>Date:</b>	Jul 7, 2023

**Signature:** Brett Bostrack  
Brett Bostrack (Jul 7, 2023 12:10 CDT)  
**Email:** brett.bostrack@dentaquest.com  
**Title:** President  
**Company:** DentaQuest

**Signature:** Kamila Chytil  
Kamila Chytil (Jul 7, 2023 11:12 MDT)  
**Email:** kamila.chytil@greatdentalplans.com  
**Title:** COO  
**Company:** DentaQuest









# Attachment C\_Subcontractor Disclosure Form\_DQ LLC\_FINAL

Final Audit Report

2023-07-07

Created:	2023-07-07
By:	DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAaEM8YGkRkBy5clevujFkv2rmUfSNcdH4

## "Attachment C\_Subcontractor Disclosure Form\_DQ LLC\_FINAL" History

-  Document created by DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)  
2023-07-07 - 4:57:01 PM GMT- IP address: 54.213.141.227
-  Document emailed to Brett Bostrack (brett.bostrack@dentaquest.com) for signature  
2023-07-07 - 4:57:41 PM GMT
-  Email viewed by Brett Bostrack (brett.bostrack@dentaquest.com)  
2023-07-07 - 5:10:25 PM GMT- IP address: 104.47.55.126
-  Document e-signed by Brett Bostrack (brett.bostrack@dentaquest.com)  
Signature Date: 2023-07-07 - 5:10:52 PM GMT - Time Source: server- IP address: 54.213.141.227
-  Document emailed to Kamila Chytil (kamila.chytil@greatdentalplans.com) for signature  
2023-07-07 - 5:10:54 PM GMT
-  Email viewed by Kamila Chytil (kamila.chytil@greatdentalplans.com)  
2023-07-07 - 5:11:33 PM GMT- IP address: 174.215.17.212
-  Document e-signed by Kamila Chytil (kamila.chytil@greatdentalplans.com)  
Signature Date: 2023-07-07 - 5:12:13 PM GMT - Time Source: server- IP address: 174.215.17.212
-  Agreement completed.  
2023-07-07 - 5:12:13 PM GMT

# **ATTACHMENT E CERTIFICATION AND DISCLOSURE REGARDING LOBBYING**

**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.

<b>Signature:</b>	<u>Brett Bostrack</u> <small>Brett Bostrack (Jun 21, 2023 10:20 CDT)</small>
<b>Printed Name/Title:</b>	Brett A. Bostrack, President
<b>Date:</b>	June 15, 2023

<b>Signature:</b>	<u>Kamila Chytil</u> <small>Kamila Chytil (Jun 21, 2023 11:50 EDT)</small>
<b>Printed Name/Title:</b>	Kamila Chytil, Chief Operating Officer
<b>Date:</b>	June 15, 2023

**Signature:** Brett Bostrack  
Brett Bostrack (Jun 21, 2023 10:20 CDT)  
**Email:** brett.bostrack@dentaquest.com  
**Title:** President  
**Company:** DentaQuest USA Insurance Company, Inc.

**Signature:** Kamila Chytil  
Kamila Chytil (Jun 21, 2023 11:50 EDT)  
**Email:** kamila.chytil@greatdentalplans.com  
**Title:** COO  
**Company:** DentaQuest









# Attachment E\_Certification Regarding Lobbying\_FINAL

Final Audit Report

2023-06-21

Created:	2023-06-21
By:	DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAActKe0WtnfHQtECE-NC7BbwlsOClo9aYw

## "Attachment E\_Certification Regarding Lobbying\_FINAL" History

-  Document created by DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)  
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-  Document emailed to Brett Bostrack (brett.bostrack@dentaquest.com) for signature  
2023-06-21 - 1:14:13 PM GMT
-  Email viewed by Brett Bostrack (brett.bostrack@dentaquest.com)  
2023-06-21 - 3:20:02 PM GMT- IP address: 54.201.207.98
-  Document e-signed by Brett Bostrack (brett.bostrack@dentaquest.com)  
Signature Date: 2023-06-21 - 3:20:39 PM GMT - Time Source: server- IP address: 54.213.141.227
-  Document emailed to Kamila Chytil (kamila.chytil@greatdentalplans.com) for signature  
2023-06-21 - 3:20:42 PM GMT
-  Email viewed by Kamila Chytil (kamila.chytil@greatdentalplans.com)  
2023-06-21 - 3:49:21 PM GMT- IP address: 104.47.70.126
-  Document e-signed by Kamila Chytil (kamila.chytil@greatdentalplans.com)  
Signature Date: 2023-06-21 - 3:50:45 PM GMT - Time Source: server- IP address: 52.14.90.44
-  Agreement completed.  
2023-06-21 - 3:50:45 PM GMT