SCION DENTAL, INC
A SKYGEN USA COMPANY

Part IA — Technical Proposal
Scion Dental PUBLIC REDACTED Response

State of Nevada, Purchasing Division Request for Proposal

Dental Benefits Administrator

December 15, 2016

RFP 3290

Scion Dental, Inc.
N92 W14612 Anthony Ave
Menomonee Falls, WI 53051
www.sciondental.com

SCION DENTAL RESPONSE

STATE OF NEVADA
RFP 3290

SECTION 4:

Redacted Technical Proposal

	Public Redacted Sections in SECTION 4
Part IA – Technical Proposal	SECTION 1: State Documents
Part IA – Technical Proposal	SECTION 2: Company Information
Part IA – Technical Proposal	SECTION 3: Technical Proposal

December 15, 2016

Scion Dental, Inc.

N92 W14612 Anthony Ave
Menomonee Falls, WI 53051

Primary Contact:

Mark Borca
Vice President, Business Development
262.834.6115
mkborca@sciondental.com

Response to:
Ronda Miller, Purchasing Officer II
State of Nevada, Purchasing Division
RFP 3290
rlmiller@admin.nv.gov
December 15, 2016

9.5 SECTION 4: Redacted Technical Proposal

9.5.1 As a potential contractor of a public entity, vendors are advised that full disclosure is required by law.

Scion Dental's **SECTION 4: Redacted Technical Proposal** is submitted as a public redacted version of Scion Dental's **SECTION 3: Technical Proposal**.

9.5.2 Vendors are required to submit written documentation in accordance with Attachment A, Confidentiality and Certification of Indemnification demonstrating the material within the proposal marked "confidential" conforms to NRS §333.333, which states "Only specific parts of the proposal may be labeled a "trade secret" as defined in NRS §600A.030(5)". Not conforming to these requirements will cause your proposal to be deemed non-compliant and will not be accepted by the State of Nevada.

In accordance with Attachment A and pursuant to NRS 333.333, Scion Dental submits **SECTION 4: Redacted Technical Proposal** which is a public redacted version of Scion Dental's **SECTION 3: Technical Proposal**. Scion Dental provides its justification for confidential status in Attachment A: Confidentiality and Certification of Indemnification which is submitted in **SECTION 1: State Documents**.

Scion Dental's **Attachment A: Confidentiality and Certification of Indemnification** is submitted in **SECTION 1: State Documents**.

For details regarding justifications for confidential status, Scion Dental also submits **Attachment A: Confidentiality and Certification of Indemnification (Supplement)** after **Attachment A: Confidentiality and Certification of Indemnification** in **SECTION 1: State Documents**.

9.5.3 Vendors acknowledge that material not marked as "confidential" will become public record upon contract award.

Scion Dental acknowledges that material not marked as "confidential" will become public record upon contract award.

9.5.4 It is the vendor's responsibility to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation.

Scion Dental acknowledges that it is Scion Dental's responsibility to act in protection of the labeled information and Scion Dental agrees to defend and indemnify the State of Nevada for honoring such designation.

9.5.5 Failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by release of said information.

Scion Dental acknowledges that failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by release of said information.

9.5.6 Vendors only need to submit Section 4: Redacted Technical Proposal if the Technical Proposal includes confidential technical information (Refer to Attachment A, Confidentiality and Certification of Indemnification). If there is no confidential information, nothing needs to be submitted for this section.

Scion Dental's **SECTION 4: Redacted Technical Proposal** is submitted as part of the **Scion Dental PUBLIC REDACTED Response**.

9.5.7 Vendors must follow the same layout and content requirements for the Redacted Technical Proposal as for the Technical Proposal.

Scion Dental's **SECTION 4: Redacted Technical Proposal** follows the same layout and content requirements as Scion Dental's **SECTION 3: Technical Proposal**.

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SCION DENTAL, INC
A SKYGEN USA COMPANY

Part IA — Technical Proposal
Scion Dental PUBLIC REDACTED Response

State of Nevada, Purchasing Division Request for Proposal

Dental Benefits Administrator

December 15, 2016

RFP 3290

Scion Dental, Inc.
N92 W14612 Anthony Ave
Menomonee Falls, WI 53051
www.sciondental.com

SCION DENTAL RESPONSE

STATE OF NEVADA
RFP 3290

SECTION 1:

State Documents

RFP Title:	Dental Benefits Administrator
RFP:	3290
Vendor Name:	Scion Dental, Inc.
Address:	N92 W14612 Anthony Ave Menomonee Falls, WI 53051
Proposal Opening Date:	December 15, 2016
Proposal Opening Time:	2:00 PM

December 15, 2016

Scion Dental, Inc.
N92 W14612 Anthony Ave
Menomonee Falls, WI 53051

Primary Contact:

Mark Borca
Vice President, Business Development
262.834.6115
mkborca@sciondental.com

Response to:
Ronda Miller, Purchasing Officer II
State of Nevada, Purchasing Division
RFP 3290
rlmiller@admin.nv.gov
December 15, 2016

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9.2.1 SECTION 1: State Documents

Signature Pages (Amendments)

1. *The signature page from all amendments with an original signature by an individual authorized to bind the organization. Please do not include the entire amendment.*

Scion Dental's **Signature Pages** for all amendments follow on the next page.

Amend 1 quest 63.xlsx

ALL ELSE REMAINS THE SAME FOR RFP 3290.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: SCION DENTAL, INC.

Authorized Signature: John C. Schah

Title: President Date: 11/30/16

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

ALL ELSE REMAINS THE SAME FOR RFP 3290.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: SCION DENTAL, INC.

Authorized Signature: John C. Schl

Title: President Date: 12/7/16

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

State of Nevada
Department of Administration
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Jeffrey Haag
Administrator

SUBJECT:	Amendment 3 to Request for Proposal 3290
RFP TITLE:	Dental Benefits Administrator
DATE OF AMENDMENT:	December 6, 2016
DATE OF RFP RELEASE:	November 7, 2016
OPENING DATE:	December 15, 2016
OPENING TIME:	2:00 PM
CONTACT:	Ronda Miller, Procurement Staff Member

The following shall be a part of RFP ***3290.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

---

1. Can you provide more detail about the basis for the trend assumption in the cost of care build, in particular the 0% utilization trend assumption on the Expansion population?

   For the Expansion population, utilization trends were chosen to be generally lower than TANF and Check-Up. It is expected that the Expansion population cost trends will reflect larger management impacts relative to the base period data since the transition to managed care is relatively recent.

ALL ELSE REMAINS THE SAME FOR RFP 3290.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: SCION DENTAL, INC.

Authorized Signature: John C. Schwab

Title: President Date: 12/7/16

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

Attachment A: Confidentiality and Certification of Indemnification

2. *Attachment A: Confidentiality and Certification of Indemnification with an original signature by an individual authorized to bind the organization.*

Scion Dental's **Attachment A: Confidentiality and Certification of Indemnification** follows on the next page.

For details regarding justifications for confidential status, Scion Dental also submits **Attachment A: Confidentiality and Certification of Indemnification (Supplement)** after **Attachment A: Confidentiality and Certification of Indemnification**.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III Confidential Financial**".

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in ***Section 2 "ACRONYMS/DEFINITIONS."***

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part IB – Confidential Technical Information			
YES	Yes.	NO	
Justification for Confidential Status			
Please see **Attachment A: Confidentiality and Certification of Indemnification (Supplement)** *for identification and justification for confidential and/or proprietary information.*			

A Public Records CD or Flash Drive has been included for the Technical and Cost Proposal			
YES	Yes (Flash Drive).	NO (See note below)	
Note: By marking "NO" for Public Record CD or Flash Drive included, you are authorizing the State to use the "Master CD or Flash Drive" for Public Records requests.			

Part III – Confidential Financial Information			
YES	Yes.	NO	
Justification for Confidential Status			
Please see **Attachment A: Confidentiality and Certification of Indemnification (Supplement)** *for identification and justification for confidential and/or proprietary information.*			

Scion Dental, Inc.
Company Name

John C. Schaak
Signature

John C. Schaak, President
Print Name

12/12/10
Date

This document must be submitted in Tab IV of vendor's technical proposal

Attachment A:
Confidentiality and Certification of Indemnification (Supplement)

List of Redacted Confidential Information, Trade Secrets, and Proprietary Information

Part IA – Technical Proposal

Scion Dental, Inc., designates the **Proposed Staff Resumes** in **SECTION 2: Company Information** as proprietary and confidential and exempt from disclosure.

Scion Dental, Inc., designates the following sections of **SECTION 3: Technical Proposal** as proprietary and confidential and exempt from disclosure.

Section 3.3.1, p. 10
Section 3.2, p. 12
Section 3.3.1.3, p. 16
Section 3.3.1.3, p. 16
Section 3.3.1.6, p. 20
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Section 3.11.4.1, p. 174
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Section 3.11.4.11, p. 181
Section 3.11.4.12, p. 182
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Section 3.14.3.1, p. 226
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Section 3.14.3.3, p. 234
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Part III – Confidential Financial Information

Scion Dental, Inc., designates the **2014 Financial Statement**, **2015 Financial Statement**, and **2016 Interim Financial Statement** in **SECTION 6: Confidential Financial** as proprietary and confidential and exempt from disclosure.

Attachment B: Technical Proposal Certification of Compliance with Terms and Conditions

3. *Attachment B: Technical Proposal Certification of Compliance with Terms and Conditions of RFP*
4. *Attachment B with an original signature by an individual authorized to bind the organization must be included in this section.*
5. *If the exception and/or assumption require a change in the terms or wording of any section of the RFP, the contract, or any incorporated documents, vendors must provide the specific language that is being proposed on Attachment B.*
6. *Only technical exceptions and/or assumptions should be identified on Attachment B.*
7. *The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.*

Scion Dental's **Attachment B: Technical Proposal Certification of Compliance with Terms and Conditions** follows on the next page.

ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Scion Dental, Inc.
Company Name

John C. Schaak
Signature

John C. Schaak, President
Print Name

12/12/16
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor's technical proposal

Attachment C: Vendor Certifications

Vendor Certifications with an original signature by an individual authorized to bind the organization.

Scion Dental's **Attachment C: Vendor Certifications** follows on the next page.

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

(7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

SCION DENTAL, INC
Vendor Company Name

John C. Schaak
Vendor Signature

John C. Schaak
Print Name

11/18/16
Date

This document must be submitted in Tab IV of vendor's technical proposal

Certifications and Licenses

Copies of applicable certifications and licenses.

In preparation for serving as the State of Nevada's Dental Benefits Administrator in order to provide the services under this RFP, on or about August 24, 2016, Scion Dental filed an application with the Department of Insurance to obtain a Certificate of Authority to operate as a Prepaid Limited Health Service Organization. Scion Dental will provide the Prepaid Limited Health Service Organization Certificate of Authority prior to the readiness review.

Scion Dental's **Certifications and Licenses** follow on the next page.

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

JEFFERY LANDERFELT
Deputy Secretary
for Commercial Recordings

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE
SECRETARY OF STATE

Tami Moss
Vestica Healthcare, LLC
N92 W14612 Anthony Avenue
Menomonee Falls, WI 53051

Job:C20160414-0603
April 14, 2016

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Annual List	20160168112-48	4/14/2016 9:32:54 AM	1	$150.00	$150.00
Business License 4/2016-4/2017	20160168112-48	4/14/2016 9:32:54 AM	1	$500.00	$500.00
Total					$650.00

Payments

Type	Description	Amount
Credit	624935|4606515688696272801106	$650.00
Total		$650.00

Credit Balance: $0.00

Job Contents:

File Stamped Copy(s):	1
Business License(s):	1

Tami Moss
Vestica Healthcare, LLC
N92 W14612 Anthony Avenue
Menomonee Falls, WI 53051

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

SCION DENTAL, INC.

NAME OF CORPORATION

E0230982009-7

FOR THE FILING PERIOD OF APR, 2016 TO APR, 2017

100103

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

Filed in the office of	Document Number
Barbara K. Cegavske Secretary of State State of Nevada	20160168112-48
	Filing Date and Time 04/14/2016 9:32 AM
	Entity Number E0230982009-7

(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. *FORM WILL BE RETURNED IF UNSIGNED.*
2. If there are additional officers, attach a list of them to this form.
3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A $75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is $500.00/$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, $100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional $30.00 per certification. A **copy fee of $2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: ☐

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

☐ This corporation is a publicly traded corporation. The Central Index Key number is:

☐ This publicly traded corporation is not required to have a Central Index Key number.

NRS 76.020 Exemption Codes
001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME	TITLE(S)		
JOHN C SCHAAK	PRESIDENT (OR EQUIVALENT OF)		
ADDRESS	CITY	STATE	ZIP CODE
W140N8981 LILLY ROAD , USA	MENOMONEE FALLS	WI	53051

NAME	TITLE(S)		
LISA SWEENEY	SECRETARY (OR EQUIVALENT OF)		
ADDRESS	CITY	STATE	ZIP CODE
W140N8981 LILLY ROAD , USA	MENOMONEE FALLS	WI	53051

NAME	TITLE(S)		
LISA SWEENEY	TREASURER (OR EQUIVALENT OF)		
ADDRESS	CITY	STATE	ZIP CODE
W140N8981 LILLY ROAD , USA	MENOMONEE FALLS	WI	53051

NAME	TITLE(S)		
GREG BORCA	DIRECTOR		
ADDRESS	CITY	STATE	ZIP CODE
10201 N. PORT WASHINGTON ROAD , USA	MEQUON	WI	53092

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X LISA SWEENEY

Signature of Officer or Other Authorized Signature

Title SECRETARY

Date 4/14/2016 9:32:51 AM

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS AND DIRECTORS OF:

SCION DENTAL, INC.

ENTITY NUMBER: E0230982009-7

NAME	TITLE(S)		
CRAIG KASTEN	DIRECTOR		
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
10201 N PORT WASHINGTON ROAD , USA	MEQUON	WI	53092
NAME	TITLE(S)		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S)		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S)		
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NAME	TITLE(S)		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S)		
ADDRESS	CITY	STATE	ZIP CODE

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

SCION DENTAL, INC.

Nevada Business Identification # NV20091077938

Expiration Date: April 30, 2017

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 14, 2016

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.

Department of Business and Industry
Nevada Division of Insurance

SCION DENTAL INC

Address:

ATTN: TAMI MOSS
N92W14612 ANTHONY AVE
MENOMONEE FALLS, WI 53051-1632

Phone

262-834-3933

URL:

Email:

licensing@skygenusa.com

Status:

Active

Date:

7/1/2009

License Type	License Number	Original Issue Date	Status	Effective Date	Expiration Date
Non-Res. Third Party Admin.	667216	10/1/2009	Active	10/1/2009	10/1/2018

Qualification Type	Original Issue Date	Status	Effective Date
TPA1 -Life/Health Insurance	10/1/2009	Active	10/1/2009

License Type	License Number	Original Issue Date	Status	Effective Date	Expiration Date
Utilization Review	656460	7/1/2009	Active	7/1/2009	3/1/2017

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SECRETARY OF STATE

STATE OF NEVADA

FOREIGN CORPORATE QUALIFICATION

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **SCION DENTAL, INC.** did on April 23, 2009 file in this office a Foreign Qualification in this State and is now on file and of record in the office of the Nevada Secretary of State, and that further, that said Corporation is at the date of this Certificate duly qualified to exercise therein all the powers recited in its Foreign Qualification and to transact business in the State of Nevada in accordance with the laws governing Corporations in said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 30, 2009.

ROSS MILLER
Secretary of State

Certified By: G Ramos
Certificate Number: C20090428-1436
You may verify this certificate online at **http://www.nvsos.gov/**

Scott J. Kipper, Commissioner of Insurance

Non-Res. Third Party Admin.

SCION DENTAL INC

10201 N PORT WASHINGTON RD
MEQUON , WI 53092

is authorized to transact business as described above

License No: 667216 Issue Date: 09-22-2009 Expiration Date: 10-01-2012

Generated by Sircon 38779658

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

SCION DENTAL INC
10201 N PORT WASHINGTON RD , MEQUON , WI 53092

LICENSE NUMBER: 667216

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Res. Third Party Admin.

Issue Date: 09-22-2009 Expiration Date: 10-01-2012

Generated by Sircon 38779658

Attachment J: Certification Regarding Lobbying

Attachment J: Certification Regarding Lobbying.

Scion Dental's **Attachment J: Certification Regarding Lobbying** follows on the next page.

ATTACHMENT J – CERTIFICATION REGARDING LOBBYING

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 any 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 Federally 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 of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients 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, 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.

By: John C. Schl 11/18/16
Signature of Official Authorized to Sign Application — Date

For: SLION DENTAL, INC
Vendor Name

DENTAL BENEFITS ADMINISTRATOR FOR RFP 3290
Project Title

This document must be submitted in Tab IV of vendor's technical proposal

BENEFIT MANAGEMENT SOLUTIONS READY FOR THE FUTURE

SCION
DENTAL, INC
A SKYGEN USA COMPANY

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SCION DENTAL, INC
A SKYGEN USA COMPANY

Part IA — Technical Proposal
Scion Dental PUBLIC REDACTED Response

State of Nevada, Purchasing Division Request for Proposal

Dental Benefits Administrator

December 15, 2016

RFP 3290

Scion Dental, Inc.
N92 W14612 Anthony Ave
Menomonee Falls, WI 53051
www.sciondental.com

SCION DENTAL RESPONSE

STATE OF NEVADA
RFP 3290

SECTION 2:

Company Information

December 15, 2016

Scion Dental, Inc.

N92 W14612 Anthony Ave
Menomonee Falls, WI 53051

Primary Contact:

Mark Borca
Vice President, Business Development
262.834.6115
mkborca@sciondental.com

Response to:
Ronda Miller, Purchasing Officer II
State of Nevada, Purchasing Division
RFP 3290
rlmiller@admin.nv.gov
December 15, 2016

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9.3 SECTION 2: Company Information

9.3.1 Vendor Information

*9.3.1 Vendors must complete and submit a company profile **Vendor Information Sheet**.*

Scion Dental's **Vendor Information Sheet** is submitted in **SECTION 2: Company Information**.

9.3.1.1 Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

Scion Dental is already registered as a foreign corporation in the State of Nevada.

9.3.1.2 If proposing to perform services in Nevada, the selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://sos.state.nv.us.

Scion Dental acknowledges that we must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76 prior to doing business and performing services in the State of Nevada.

9.3.1.3 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

Scion Dental acknowledges that pursuant to NRS 80.010 and as a corporation organized pursuant to the laws of another state, we must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between us and the State of Nevada, unless specifically exempted by NRS 80.015. Scion Dental is already registered as a foreign corporation in the State of Nevada. In addition, Scion Dental is licensed in Nevada for both Third Party Administration and Utilization Review.

9.3.1.4 If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

Scion Dental acknowledges that if we employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which we will be contracted to provide under this contract, Scion Dental must disclose the identity of each such person in our response to this RFP, and specify the services that each person will be expected to perform.

9.3.1.5 Any exceptions and/or assumptions to the insurance requirements must be identified on Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor must provide the Certificate of Insurance identifying the coverages as specified in Attachment E, Insurance Schedule.

Scion Dental acknowledges that any exceptions and/or assumptions to the insurance requirements must be identified on Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions.

Scion Dental's **Attachment B: Technical Proposal Certification of Compliance with Terms and Conditions** is submitted in **SECTION 1: State Documents**.

Scion Dental acknowledges that the successful vendor must provide the Certificate of Insurance identifying the coverages as specified in Attachment E, Insurance Schedule upon contract award.

9.3.1.6 Business References

Business References are separated into two sections. The first section is the reference information filled out by the vendor and submitted with the proposal. The second section is a form that the vendor sends to the reference. The company being used as a reference completes the form and submits it directly to Nevada State Purchasing.

A. Reference information to be submitted with the proposal:

1. Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.

Please see Scion Dental's response to **4.3 Business References 4.3.1**.

Note: Scion Dental is in the unique position of not being able to provide references from certain clients of ours—for whom we are the subcontractor of choice in this process or otherwise provide administration services—since those clients are also responding to this RFP. If the state is interested, we would hope and expect those clients would be willing to provide additional references in the event this dental contract is awarded to Scion Dental.

2. Vendors shall complete and submit one reference information form (Section 4.3, Business References) for every business reference provided by the vendor and/or subcontractor:

Please see Scion Dental's response to **4.3 Business References 4.3.2**.

B. Reference information to be submitted by the reference:

1. Vendors must send Attachment J, Reference Questionnaire to the business references that are identified in Section 4.1, Vendor Information.

Scion Dental's **Attachment F: Reference Questionnaires** will be submitted directly to the Purchasing Division from our references.

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2. *The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.*

   Scion Dental's **Attachment F: Reference Questionnaires** will be submitted directly to the Purchasing Division from our references.

3. *It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in Section 8, RFP Timeline for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.*

   Scion Dental's **Attachment F: Reference Questionnaires** will be submitted directly to the Purchasing Division from our references.

C. *The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.*

Scion Dental acknowledges that the State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

9.3.1.7 Vendor Staff Resumes

A resume form (Attachment G – Proposed Staff Resume) must be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP. No more than 50 resume forms may be submitted.

Scion Dental considers the content in our **Proposed Staff Resumes** to be confidential.

Please see Scion Dental's response to **4.4 Vendor Staff Resumes** for **Proposed Staff Resumes**.

Scion Dental's **Proposed Staff Resumes** are submitted in **SECTION 2: Company Information** *only* in the **Scion Dental MASTER CONFIDENTIAL Response**.

9.3.1.8 Subcontractor Information (If applicable)

If this proposal includes the use of subcontractors, the proposal must include:

A. *Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.*

B. *If any tasks are to be completed by subcontractor(s), vendors must:*

   1. *Describe the relevant contractual arrangements;*
   2. *Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and*
   3. *Describe your previous experience with subcontractor(s).*

C. *Vendors must describe the methodology, processes and tools utilized for:*

   1. *Selecting and qualifying appropriate subcontractors for the project/contract;*
   2. *Ensuring subcontractor compliance with the overall performance objectives for the project;*
   3. *Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and*

4. *Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.*

D. Provide the same information for any proposed subcontractors as requested in Section 4.3, Vendor Information.

Scion Dental acknowledges providing the same information for any proposed subcontractors as requested in **4.1 Vendor Information**.

E. Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors.

Scion Dental acknowledges providing the same information for any proposed subcontractors as requested in **4.3 Business References**.

F. Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

G. Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in Section 4.2, Subcontractor Information. The vendor must receive agency approval prior to subcontractor commencing work.

In 2017, Scion Dental is planning to outsource data entry processes for paper claims and authorizations. Should Scion Dental decide to subcontract any functions under this contract in the future, including data entry processes, Scion Dental will seek written approval by DHCFP required under **3.6.4 Subcontractors**, provide the subcontractor information required in **9.3.1.8 Subcontractor Information** and **4.2 Subcontractor Information**, and follow the subcontracting requirements set forth in the RFP.

4.1 Vendor Information

4.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	Scion Dental, Inc.
Ownership (sole proprietor, partnership, etc.):	S Corporation
State of incorporation:	Delaware
Date of incorporation:	April 2009
# of years in business:	7+ years
List of top officers:	John Schaak, President Lisa Sweeney, CFO Gail Buenger, VP, Operations
Location of company headquarters:	N92 W14612 Anthony Ave. Menomonee Falls, WI 53051
Location(s) of the company offices:	Menomonee Falls, WI (2) Mequon, WI (2)
Location(s) of the office that will provide the services described in this RFP:	N92W14612 Anthony Ave Menomonee Falls, WI 53051
Number of employees locally with the expertise to support the requirements identified in this RFP:	317
Number of employees nationally with the expertise to support the requirements in this RFP:	25
Location(s) from which employees will be assigned for this project:	Nevada and Wisconsin

4.1.2 Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

Scion Dental is already registered as a foreign corporation in the State of Nevada.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://nvsos.gov.

Scion Dental acknowledges that we must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76 prior to doing business and performing services in the State of Nevada.

Question	Response
Nevada Business License Number:	NV20091077938
Legal Entity Name:	Scion Dental, Inc.

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	X	No	

If "No", provide explanation.

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

Scion Dental acknowledges that pursuant to NRS 80.010 and as a corporation organized pursuant to the laws of another state, we must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between us and the State of Nevada, unless specifically exempted by NRS 80.015. Scion Dental is already registered as a foreign corporation in the State of Nevada. In addition, Scion Dental is licensed in Nevada for both Third Party Administration and Utilization Review.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	X

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	
State agency contact name:	
Dates when services were performed:	

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Question	Response
Type of duties performed:	
Total dollar value of the contract:	

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	X

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

Scion Dental acknowledges that if we employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which we will be contracted to provide under this contract, Scion Dental must disclose the identity of each such person in our response to this RFP, and specify the services that each person will be expected to perform.

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	X

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response
Date of alleged contract failure or breach:	
Parties involved:	
Description of the contract failure, contract breach, or litigation, including the products or services involved:	
Amount in controversy:	

Question	Response	
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

4.1.8 Vendors must review the insurance requirements specified in Attachment E, Insurance Schedule for RFP 3290 Does your organization currently have or will your organization be able to provide the insurance requirements as specified in Attachment E.

Yes	X	No	

Any exceptions and/or assumptions to the insurance requirements must be identified on Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor must provide the Certificate of Insurance identifying the coverages as specified in Attachment E, Insurance Schedule for RFP 3290.

Scion Dental acknowledges that any exceptions and/or assumptions to the insurance requirements must be identified on Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions.

Scion Dental's **Attachment B: Technical Proposal Certification of Compliance with Terms and Conditions** is submitted in **SECTION 1: State Documents**.

Scion Dental acknowledges that the successful vendor must provide the Certificate of Insurance identifying the coverages as specified in Attachment E, Insurance Schedule upon contract award.

4.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

Scion Dental's company background and history is also included in **SECTION 3: Technical Proposal**, in response to requirement **9.4.2 Company Background/History**.

Company Background/History

Scion Dental is pleased to offer the following proposal to serve as the Dental Benefits Administrator for the State of Nevada. As our detailed response to this RFP demonstrates, Scion Dental is very well qualified to help you achieve your mission to improve the dental health of Medicaid and Check Up recipients.

Scion Dental specializes in Medicaid dental benefits management. It's what we do—and it's all we do. Our singular focus on the Medicaid dental market has allowed us to develop extensive, dental-specific experience in network development and management, utilization management, claims processing, cost containment, and fraud detection and prevention.

Scion Dental is not your typical Dental Benefits Administrator. Our innovative thinking allows us to fulfill our mission of being ***the best possible steward*** of the government-funded programs we administer, resulting in substantial savings for the taxpayers of Nevada. By leading the industry in both processes and technology, we are able to deliver dental services as efficiently as possible. These efficiencies help stretch limited budgets without compromising our commitment to quality. This in turn allows Scion Dental to deliver ***more dental care to more people—ultimately raising your HEDIS scores—***while ***improving provider satisfaction*** with fewer administrative hassles and faster payments.

Industry leadership

Scion Dental's executive leadership team pioneered Medicaid dental benefit management in the 1990s under the company name "Doral Dental," and we've been dedicated to improving government dental programs ever since. In April 2004, Doral Dental was acquired by DentaQuest Ventures of Boston, Massachusetts; however, our ownership group retained all rights to the Enterprise System—the software platform on which Doral Dental's success was built—and we continue to develop it to this day. In 2009, our ownership group formed and launched Scion Dental. As you read our response to this RFP, we hope you will take note of the innovations we continue to bring to the marketplace.

In just over seven years, Scion Dental has quickly become a national leader in Medicaid dental benefit administration. We administer dental benefits for Medicaid programs on behalf of managed care organizations and state governments, for nearly 10 million recipients in 33 states and the District of Columbia. Scion Dental has processed and paid tens of millions of claims and facilitated the review of millions of authorizations for our clients. Scion Dental has been successfully managing Medicaid dental benefits in Nevada since 2010.

Our history of success in Nevada

One of the most valuable assets Scion Dental has to offer DHCFP is ***successful experience*** in Nevada. During the six years we have administered Medicaid dental benefits in Nevada, we have

established a history of success—from knowing every provider by first name to maximizing program efficiency and ensuring recipient satisfaction and access to care.

Program efficiency

We understand Medicaid dental programs need to be efficient and cost-effective, and that your mission is to also provide quality care, emphasize preventive care, and ensure appropriate utilization. Our Enterprise System software was designed specifically to automate every aspect of dental benefit management. Our automated processes bring efficiency—and lower costs—to a wide range of activities, including claims processing and payment, authorization reviews, and fraud detection and prevention.

For example, Scion Dental has paid nearly $70 million in claims in Nevada since 2010—and our automated, dental-specific edits have saved over ***$8 million*** in benefit costs.

Scion Dental's automation and efficiencies have also resulted in lower Per Member Per Month costs during the six years we've administered the program. Trend lines show that during our tenure as administrator, the program's PMPM has dropped from $9.37 to $7.40—a ***decrease of $1.97 PMPM***. During this same time period, PMPM cost trends show preventive PMPM spending is increasing by $0.179 per year, while restorative PMPM spending is decreasing by $0.205 and stainless steel crown spending is decreasing by $0.39 per year.

At Scion Dental, our mission—and our passion—is to ensure appropriate and efficient dental care is available to the most vulnerable populations while acting as good stewards of taxpayers' money.

Cost containment and child protection

Our dedicated Cost Containment and Child Protection team utilizes an innovative, focused approach to profile providers based on statistical analysis and interquartile ranges, analyze and monitor practice patterns using age bands, identify trends and outliers, and implement interventions, where appropriate. Our goal is to detect and prevent possible fraud before claims are paid. We continuously monitor treatment patterns to protect recipients from harmful, unnecessary treatment, while ensuring they receive the appropriate care they need. Our technology allows us to focus scrutiny on individual outliers. For example, implementing more stringent prior authorization requirements for ***just three procedure codes*** for ***one dentist*** in Nevada has resulted in savings of nearly ***$74,000*** since November 2014.

Established provider network

Scion Dental has been managing a network of dental providers in Nevada since October 2010. The providers in our network are already credentialed, contracted, and satisfied with Scion Dental's performance as a dental benefits administrator. With an established network already in place, Scion Dental will be able to seamlessly transition to your new Medicaid dental program on July 1, 2017—without disruption to recipients or providers.

Over the years, Scion Dental's local Provider Relations Representative, Kevin Johnston, has developed strong relationships with providers and personally knows each provider by name.

During 2016, his goal has been to visit every provider office at least twice a year—he averages 65 in-person visits per month.

Personal visits with provider offices are intended to not only strengthen relationships, but also to educate. We take every opportunity to encourage providers to take advantage of self-service web portal tools—and as a result, nearly ***96% of the network providers in Nevada*** are registered for our Provider Web Portal. Results of our most recent provider satisfaction survey showed a ***satisfaction rate of 100%*** for our web portal support.

Scion Dental's Provider Web Portal is a true differentiator in the marketplace. Providers can seamlessly step from instantly verifying recipient eligibility to entering claim or authorization data with just a few keystrokes. With electronic claims and authorizations, repetitive data, such as names, addresses, and IDs, are automatically prefilled in an online form—no typing required. Providers can simply enter procedure codes and click Submit.

When providers submit authorizations through the portal, they are offered the option of immediate feedback. Before clicking Submit, providers can step through a series of clinical guideline questions and immediately see whether their authorization request is likely to be approved. The system also prompts providers to attach required documentation as part of the authorization submission.

When claims and authorizations are entered through the Provider Web Portal, the system automatically runs validity checks and prevents illogical or incomplete data from being submitted—reducing the number of automated denials for administrative reasons, saving providers both time and frustration. Data submitted electronically enters our processing system immediately, which means it can be processed faster—resulting in quick authorization determinations and fast, accurate claims payment.

Daily payment program

While we appreciate the high scores reflected on our provider satisfaction surveys in Nevada, we are committed to lowering administrative costs and increasing efficiencies for providers wherever we can. We intend to implement a ***daily payment program*** for network providers in Nevada who submit claims and authorizations electronically and accept electronic payments. This innovative program, which we believe cannot be matched by any other administrator, takes advantage of our software system's continuous processing capabilities to ***reward providers*** with the potential of a ***daily revenue stream***. We anticipate this program will be welcomed by providers in Nevada and will encourage even more providers to use our online, self-service tools.

A holistic approach to care

Scion Dental recognizes the importance DHCFP places on providing continuity of care to recipients through integrated dental, medical, behavioral, and social care. We are committed to promoting integrative care for recipients in the communities where we administer benefits.

Preventive care is a core concept in Scion Dental's program management. In Nevada, our Children's Cavity Prevention Program provides oral health education, screenings, and preventive services such as fluoride varnish and dental sealants to second graders at low-income schools. We've partnered with the Community Health Alliance (CHA), which operates mobile vans that

offer dental services to both children and adults, as well as the Clark County Future Smiles program and the UNLV School of Dentistry. We also partner with local service organizations and providers to participate in community health fairs where we can interact personally with recipients and their families.

Recipient satisfaction and access to care

Just as Scion Dental has a history of high satisfaction from the provider network in Nevada, our most recent recipient survey also reflects a high satisfaction rate, with 96% of recipients satisfied with the dental care they received and 92% satisfied with their dental plan.

We intend to further encourage recipients to be engaged in their dental care by implementing a Dental Home program that allows freedom of choice, exploring innovative outreach programs that utilize electronic communication methods, and promoting real-time provider directories and educational materials available from our Member Web Portal.

Scion Dental is committed to improving health outcomes by connecting recipients in Nevada with the services they need and by leveraging our systems technology to deliver targeted, relevant outreach programs and education—when it's needed to the people who need it.

Your real-time view into program management

With Scion Dental as your partner, you will have instant, online access to the same real-time data and analytical reporting tools that we use to efficiently manage your dental benefit program.

Our Client Web Portal offers you an unprecedented level of transparency and oversight into program operations. With real-time statistics and metrics available online, DHCFP staff will have the information you need to continuously monitor program success and ensure your program objectives are consistently achieved.

By logging on to the Client Web Portal, DHCFP staff can access sophisticated analysis tools, including:

- **Executive Dashboards**, which offer detailed operational statistics and graphics related to critical business areas, including claim volume and processing, authorization volume and processing, Member Services statistics, and financial performance metrics.
- **Provider Profiling reports**, which compare services performed by selected providers against services performed by peer groups. Scion Dental uses these reports to analyze provider performance by identifying service frequencies, service comparisons expressed as ratios, performance rankings, and provider trends. DHCFP will have access to these same reports through our portal, and can generate them online, at any time.
- **Self-service analytical reporting**, which will allow DHCFP to generate your own detailed reports on recipient access to care, quality of care, cost of care and much more—by simply selecting data options from a list. The system generates these analytical reports by extracting historical claims and authorization data drawn directly from our software system's data warehouses.

- **Enterprise Business Intelligence System (eBIS)**, which is an analytical reporting tool that offers full access to paid claim history and Per Member Per Month information. eBIS provides customizable, on-demand reports that analyze costs, utilization, practice trends, outcomes, and benchmarks. DHCFP staff can easily generate their own reports, at any time, by simply selecting filter options—no SQL programming required.

Through the Client Web Portal, DHCFP staff can easily generate your own analytical reports any time, from anywhere.

Peace of mind: now and into the future

At Scion Dental, we lead the way with superior Medicaid dental benefit administration and with innovative ways to partner with you and support your dental program. However, we believe the most important thing we can offer you is peace of mind. That is, ***peace of mind in knowing:***

- You are increasing access to care for your recipients, thereby increasing dental HEDIS scores and improving health outcomes;
- You are increasing provider satisfaction with your dental program, thereby increasing recipient access to care and helping providers focus on their patients, rather than on administration;
- You are working with a proven partner who is knowledgeable and experienced in Nevada. We will meet your objectives as your dental partner, while concurrently lowering your overall budgeted dollars for dental care; and
- With a carve out that focuses specifically on dental care, you are absolutely, unequivocally lowering your total expenditures from where your dental costs are right now—which will allow you to use these funds in other areas of need and provide significant savings for the taxpayers of Nevada.

We look forward to the opportunity to work with you as a valued partner and provide you with peace of mind for many years to come.

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

Scion Dental has provided services described in this RFP to the public and/or private section since its founding in 2009. Currently, we administer dental benefits for both commercial and Medicaid programs on behalf of managed care organizations and state governments, for nearly 10 million recipients in 33 states and the District of Columbia.

Please see Scion Dental's response to **4.1.9 Company Background/History** in **SECTION 2: Company Information** or **9.4.2 Company Background/History** in **SECTION 3: Technical Proposal**.

4.1.11 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III – Confidential Financial Information.

4.1.11.1 Dun and Bradstreet Number

Scion Dental's **Dun and Bradstreet Number** is as follows: DUNS 00-577-2989.

4.1.11.2 Federal Tax Identification Number

Please see Scion Dental's response to **9.7.1.2** of **SECTION 6: Confidential Financial** in the **Scion Dental MASTER CONFIDENTIAL Response**.

4.1.11.3 The last two (2) years and current year interim:

A. Profit and Loss Statement

Please see Scion Dental's response to **9.7.1.3 A.** of **SECTION 6: Confidential Financial** in the **Scion Dental MASTER CONFIDENTIAL Response**.

B. Balance Statement

Please see Scion Dental's response to **9.7.1.3 B.** of **SECTION 6: Confidential Financial** in the **Scion Dental MASTER CONFIDENTIAL Response**.

4.2 Subcontractor Information

4.2.1 Does this proposal include the use of subcontractors?

Yes		No	X

If "Yes", vendor must:

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements;

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and

C. Describe your previous experience with subcontractor(s).

4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

B. Ensuring subcontractor compliance with the overall performance objectives for the project;

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in Section 4.1, Vendor Information.

Scion Dental acknowledges providing the same information for any proposed subcontractors as requested in **4.1 Vendor Information**.

4.2.1.5 Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors.

Scion Dental acknowledges providing the same information for any proposed subcontractors as requested in **4.3 Business References**.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in Section 4.2, Subcontractor Information. The vendor must receive agency approval prior to subcontractor commencing work.

In 2017, Scion Dental is planning to outsource data entry processes for paper claims and authorizations. Should Scion Dental decide to subcontract any functions under this contract in the future, including data entry processes, Scion Dental will seek written

approval by DHCFP required under **3.6.4 Subcontractors**, provide the subcontractor information required in **9.3.1.8 Subcontractor Information** and **4.2 Subcontractor Information**, and follow the subcontracting requirements set forth in the RFP.

4.3 Business References

4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.

Please see Scion Dental's response to **4.3 Business References 4.3.2**.

Note: Scion Dental is in the unique position of not being able to provide references from certain clients of ours—for whom we are the subcontractor of choice in this process or otherwise provide administration services—since those clients are also responding to this RFP. If the state is interested, we would hope and expect those clients would be willing to provide additional references in the event this dental contract is awarded to Scion Dental.

4.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Reference #:	1		
Company Name:	CareSource of West Virginia		
Identify role company will have for this RFP project (Check appropriate role below):			
X	**VENDOR**		**SUBCONTRACTOR**
Project Name:	Scion Dental, Inc.		
Primary Contact Information			
Name:	Darren Morgan		
Street Address:	230 North Main Street		
City, State, Zip:	Dayton, OH 45402		
Phone, including area code:	937-224-3300		
Facsimile, including area code:	N/A		
Email address:	Darren.Morgan@CareSource.com		
Alternate Contact Information			
Name:	N/A		

Street Address:	N/A
City, State, Zip:	N/A
Phone, including area code:	N/A
Facsimile, including area code:	N/A
Email address:	N/A
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Dental administrative/benefits management contract, including but not limited to all traditional delegated functions. Network Contracting; Claims Processing; Utilization Management; Grievances and Appeal Management; Fraud, Waste and Abuse Management; Credentialing; Office Services; Eligibility Maintenance; Reporting; Quality and Compliance
Original Project/Contract Start Date:	2012
Original Project/Contract End Date:	Present – expanded to multiple markets
Original Project/Contract Value:	$5M+
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	2
Company Name:	AmeriHealth Caritas Family of Companies
Identify role company will have for this RFP project (Check appropriate role below):	

X	**VENDOR**		**SUBCONTRACTOR**
Project Name:	Scion Dental, Inc.		
Primary Contact Information			
Name:		Dr. Larry Paul	
Street Address:		200 Stevens Drive	
City, State, Zip:		Philadelphia, PA 19113	
Phone, including area code:		215-937-7303	
Facsimile, including area code:		N/A	
Email address:		LPaul@keystonefirstpa.com	
Alternate Contact Information			
Name:		N/A	
Street Address:		N/A	
City, State, Zip:		N/A	
Phone, including area code:		N/A	
Facsimile, including area code:		N/A	
Email address:		N/A	
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		Dental administrative/benefits management contract, including but not limited to all traditional delegated functions. Network Contracting; Claims Processing; Call Center Management; Utilization Management; Grievances and Appeal Management; Member Outreach; Fraud, Waste and Abuse Management; Credentialing; Office Services; Encounter Reporting; Eligibility Maintenance; Reporting; Quality and Compliance	

Original Project/Contract Start Date:	April 2012
Original Project/Contract End Date:	Present
Original Project/Contract Value:	$50M+
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	3		
Company Name:	Amerigroup Nevada, Anthem Company		
Identify role company will have for this RFP project (Check appropriate role below):			
X	**VENDOR**		**SUBCONTRACTOR**
Project Name:	Scion Dental, Inc.		
Primary Contact Information			
Name:	Eric Lloyd		
Street Address:	7251 West Lake Meade Blvd		
City, State, Zip:	Las Vegas, NV 89128		
Phone, including area code:	702-228-1308		
Facsimile, including area code:	N/A		
Email address:	Eric.Lloyd@amerigroup.com		
Alternate Contact Information			
Name:	N/A		

Street Address:	N/A
City, State, Zip:	N/A
Phone, including area code:	N/A
Facsimile, including area code:	N/A
Email address:	N/A
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Dental administrative/benefits management contract, including but not limited to all traditional delegated functions. Network Contracting; Claims Processing; Call Center Management; Utilization Management; Grievances and Appeal Management; Member Outreach; Fraud, Waste and Abuse Management; Credentialing; Office Services; Encounter Reporting; Eligibility Maintenance; Reporting; Quality and Compliance
Original Project/Contract Start Date:	2010
Original Project/Contract End Date:	Present
Original Project/Contract Value:	$20M+
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

4.3.3 Vendors must also submit Attachment F, Reference Questionnaire to the business references that are identified in Section 4.3.2.

Scion Dental's **Attachment F: Reference Questionnaires** will be submitted directly to the Purchasing Division from our references.

4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

Scion Dental's **Attachment F: Reference Questionnaires** will be submitted directly to the Purchasing Division from our references.

4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in Section 8, RFP Timeline for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

Scion Dental's **Attachment F: Reference Questionnaires** will be submitted directly to the Purchasing Division from our references.

4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

Scion Dental acknowledges that the State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

4.4 Vendor Staff Resumes

A resume must be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP per ***Attachment G, Proposed Staff Resume.***

Scion Dental considers the content in our **Proposed Staff Resumes** to be confidential.

Scion Dental's **Proposed Staff Resumes** are submitted in **SECTION 2: Company Information** *only* in the **Scion Dental MASTER CONFIDENTIAL Response** and follow on the next page.

Vendor Information Sheet

Vendor Information Sheet.

Scion Dental's **Vendor Information Sheet** follows on the next page.

VENDOR INFORMATION SHEET FOR RFP 3290

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	Scion Dental, Inc

V2	Street Address	N92 W14612 Anthony Avenue

V3	City, State, ZIP	Menomonee Falls, WI 53051

V4	Telephone Number		
	Area Code: 262	Number: 724-6602	Extension: N/A

V5	Facsimile Number		
	Area Code: 262	Number: 946-0443	Extension: N/A

V6	Toll Free Number		
	Area Code: 877	Number: 724-6602	Extension: N/A

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Mark Borca
	Title: Vice President – Business Development
	Address: N92 W14612 Anthony Avenue, Menomonee Falls, WI 53051
	Email Address: mkborca@sciondental.com

V8	Telephone Number for Contact Person		
	Area Code: 262	Number: 834-6115	Extension: N/A

V9	Facsimile Number for Contact Person		
	Area Code: 262	Number: 946-0443	Extension: N/A

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: John Schaak	Title: President

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature: John C. Schaak	Date: 11/18/16

BENEFIT MANAGEMENT SOLUTIONS READY FOR THE FUTURE

SCION
DENTAL, INC
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Part IA — Technical Proposal
Scion Dental PUBLIC REDACTED Response

State of Nevada, Purchasing Division Request for Proposal

Dental Benefits Administrator

December 15, 2016

RFP 3290

Scion Dental, Inc.
N92 W14612 Anthony Ave
Menomonee Falls, WI 53051
www.sciondental.com

SCION DENTAL RESPONSE

STATE OF NEVADA
RFP 3290

SECTION 3:

Technical Proposal

December 15, 2016

Scion Dental, Inc.

N92 W14612 Anthony Ave
Menomonee Falls, WI 53051

Primary Contact:

Mark Borca
Vice President, Business Development
262.834.6115
mkborca@sciondental.com

Response to:
Ronda Miller, Purchasing Officer II
State of Nevada, Purchasing Division
RFP 3290
rlmiller@admin.nv.gov
December 15, 2016

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9.4 SECTION 3: Technical Proposal

9.4.1 Response to Scope of Work

Vendor's written response(s) must be easily identifiable and placed immediately following the applicable RFP question, statement and/or section.

Scion Dental's response to **3. Scope of Work** is included in this section 9.4, SECTION 3: Technical Proposal, beginning on page 7.

9.4.2 Company Background/History

Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

Scion Dental's company background and history is also included in **SECTION 2: Company Information**, in response to requirement **4.1.9 Company Background/History**.

Company Background/History

Scion Dental is pleased to offer the following proposal to serve as the Dental Benefits Administrator for the State of Nevada. As our detailed response to this RFP demonstrates, Scion Dental is very well qualified to help you achieve your mission to improve the dental health of Medicaid and Check Up recipients.

Scion Dental specializes in Medicaid dental benefits management. It's what we do—and it's all we do. Our singular focus on the Medicaid dental market has allowed us to develop extensive, dental-specific experience in network development and management, utilization management, claims processing, cost containment, and fraud detection and prevention.

Scion Dental is not your typical Dental Benefits Administrator. Our innovative thinking allows us to fulfill our mission of being ***the best possible steward*** of the government-funded programs we administer, resulting in substantial savings for the taxpayers of Nevada. By leading the industry in both processes and technology, we are able to deliver dental services as efficiently as possible. These efficiencies help stretch limited budgets without compromising our commitment to quality. This in turn allows Scion Dental to deliver ***more dental care to more people—ultimately raising your HEDIS scores—***while ***improving provider satisfaction*** with fewer administrative hassles and faster payments.

Industry leadership

Scion Dental's executive leadership team pioneered Medicaid dental benefit management in the 1990s under the company name "Doral Dental," and we've been dedicated to improving government dental programs ever since. In April 2004, Doral Dental was acquired by DentaQuest Ventures of Boston, Massachusetts; however, our ownership group retained all rights to the Enterprise System—the software platform on which Doral Dental's success was built—and we continue to develop it to this day. In 2009, our ownership group formed and launched Scion

Dental. As you read our response to this RFP, we hope you will take note of the innovations we continue to bring to the marketplace.

In just over seven years, Scion Dental has quickly become a national leader in Medicaid dental benefit administration. We administer dental benefits for Medicaid programs on behalf of managed care organizations and state governments, for nearly 10 million recipients in 33 states and the District of Columbia. Scion Dental has processed and paid tens of millions of claims and facilitated the review of millions of authorizations for our clients. Scion Dental has been successfully managing Medicaid dental benefits in Nevada since 2010.

Our history of success in Nevada

One of the most valuable assets Scion Dental has to offer DHCFP is ***successful experience*** in Nevada. During the six years we have administered Medicaid dental benefits in Nevada, we have established a history of success—from knowing every provider by first name to maximizing program efficiency and ensuring recipient satisfaction and access to care.

Program efficiency

We understand Medicaid dental programs need to be efficient and cost-effective, and that your mission is to also provide quality care, emphasize preventive care, and ensure appropriate utilization. Our Enterprise System software was designed specifically to automate every aspect of dental benefit management. Our automated processes bring efficiency—and lower costs—to a wide range of activities, including claims processing and payment, authorization reviews, and fraud detection and prevention.

For example, Scion Dental has paid nearly $70 million in claims in Nevada since 2010—and our automated, dental-specific edits have saved over ***$8 million*** in benefit costs.

Scion Dental's automation and efficiencies have also resulted in lower Per Member Per Month costs during the six years we've administered the program. Trend lines show that during our tenure as administrator, the program's PMPM has dropped from $9.37 to $7.40—a ***decrease of $1.97 PMPM***. During this same time period, PMPM cost trends show preventive PMPM spending is increasing by $0.179 per year, while restorative PMPM spending is decreasing by $0.205 and stainless steel crown spending is decreasing by $0.39 per year.

At Scion Dental, our mission—and our passion—is to ensure appropriate and efficient dental care is available to the most vulnerable populations while acting as good stewards of taxpayers' money.

Cost containment and child protection

Our dedicated Cost Containment and Child Protection team utilizes an innovative, focused approach to profile providers based on statistical analysis and interquartile ranges, analyze and monitor practice patterns using age bands, identify trends and outliers, and implement interventions, where appropriate. Our goal is to detect and prevent possible fraud before claims are paid. We continuously monitor treatment patterns to protect recipients from harmful, unnecessary treatment, while ensuring they receive the appropriate care they need. Our

technology allows us to focus scrutiny on individual outliers. For example, implementing more stringent prior authorization requirements for ***just three procedure codes*** for ***one dentist*** in Nevada has resulted in savings of nearly ***$74,000*** since November 2014.

Established provider network

Scion Dental has been managing a network of dental providers in Nevada since October 2010. The providers in our network are already credentialed, contracted, and satisfied with Scion Dental's performance as a dental benefits administrator. With an established network already in place, Scion Dental will be able to seamlessly transition to your new Medicaid dental program on July 1, 2017—without disruption to recipients or providers.

Over the years, Scion Dental's local Provider Relations Representative, Kevin Johnston, has developed strong relationships with providers and personally knows each provider by name. During 2016, his goal has been to visit every provider office at least twice a year—he averages 65 in-person visits per month.

Personal visits with provider offices are intended to not only strengthen relationships, but also to educate. We take every opportunity to encourage providers to take advantage of self-service web portal tools—and as a result, nearly ***96% of the network providers in Nevada*** are registered for our Provider Web Portal. Results of our most recent provider satisfaction survey showed a ***satisfaction rate of 100%*** for our web portal support.

Scion Dental's Provider Web Portal is a true differentiator in the marketplace. Providers can seamlessly step from instantly verifying recipient eligibility to entering claim or authorization data with just a few keystrokes. With electronic claims and authorizations, repetitive data, such as names, addresses, and IDs, are automatically prefilled in an online form—no typing required. Providers can simply enter procedure codes and click Submit.

When providers submit authorizations through the portal, they are offered the option of immediate feedback. Before clicking Submit, providers can step through a series of clinical guideline questions and immediately see whether their authorization request is likely to be approved. The system also prompts providers to attach required documentation as part of the authorization submission.

When claims and authorizations are entered through the Provider Web Portal, the system automatically runs validity checks and prevents illogical or incomplete data from being submitted—reducing the number of automated denials for administrative reasons, saving providers both time and frustration. Data submitted electronically enters our processing system immediately, which means it can be processed faster—resulting in quick authorization determinations and fast, accurate claims payment.

Daily payment program

While we appreciate the high scores reflected on our provider satisfaction surveys in Nevada, we are committed to lowering administrative costs and increasing efficiencies for providers wherever we can. We intend to implement a ***daily payment program*** for network providers in Nevada who submit claims and authorizations electronically and accept electronic payments. This innovative

program, which we believe cannot be matched by any other administrator, takes advantage of our software system's continuous processing capabilities to ***reward providers*** with the potential of a ***daily revenue stream***. We anticipate this program will be welcomed by providers in Nevada and will encourage even more providers to use our online, self-service tools.

A holistic approach to care

Scion Dental recognizes the importance DHCFP places on providing continuity of care to recipients through integrated dental, medical, behavioral, and social care. We are committed to promoting integrative care for recipients in the communities where we administer benefits.

Preventive care is a core concept in Scion Dental's program management. In Nevada, our Children's Cavity Prevention Program provides oral health education, screenings, and preventive services such as fluoride varnish and dental sealants to second graders at low-income schools. We've partnered with the Community Health Alliance (CHA), which operates mobile vans that offer dental services to both children and adults, as well as the Clark County Future Smiles program and the UNLV School of Dentistry. We also partner with local service organizations and providers to participate in community health fairs where we can interact personally with recipients and their families.

Recipient satisfaction and access to care

Just as Scion Dental has a history of high satisfaction from the provider network in Nevada, our most recent recipient survey also reflects a high satisfaction rate, with 96% of recipients satisfied with the dental care they received and 92% satisfied with their dental plan.

We intend to further encourage recipients to be engaged in their dental care by implementing a Dental Home program that allows freedom of choice, exploring innovative outreach programs that utilize electronic communication methods, and promoting real-time provider directories and educational materials available from our Member Web Portal.

Scion Dental is committed to improving health outcomes by connecting recipients in Nevada with the services they need and by leveraging our systems technology to deliver targeted, relevant outreach programs and education—when it's needed to the people who need it.

Your real-time view into program management

With Scion Dental as your partner, you will have instant, online access to the same real-time data and analytical reporting tools that we use to efficiently manage your dental benefit program.

Our Client Web Portal offers you an unprecedented level of transparency and oversight into program operations. With real-time statistics and metrics available online, DHCFP staff will have the information you need to continuously monitor program success and ensure your program objectives are consistently achieved.

By logging on to the Client Web Portal, DHCFP staff can access sophisticated analysis tools, including:

- **Executive Dashboards**, which offer detailed operational statistics and graphics related to critical business areas, including claim volume and processing, authorization volume and processing, Member Services statistics, and financial performance metrics.
- **Provider Profiling reports**, which compare services performed by selected providers against services performed by peer groups. Scion Dental uses these reports to analyze provider performance by identifying service frequencies, service comparisons expressed as ratios, performance rankings, and provider trends. DHCFP will have access to these same reports through our portal, and can generate them online, at any time.
- **Self-service analytical reporting**, which will allow DHCFP to generate your own detailed reports on recipient access to care, quality of care, cost of care and much more—by simply selecting data options from a list. The system generates these analytical reports by extracting historical claims and authorization data drawn directly from our software system's data warehouses.
- **Enterprise Business Intelligence System (eBIS)**, which is an analytical reporting tool that offers full access to paid claim history and Per Member Per Month information. eBIS provides customizable, on-demand reports that analyze costs, utilization, practice trends, outcomes, and benchmarks. DHCFP staff can easily generate their own reports, at any time, by simply selecting filter options—no SQL programming required.

Through the Client Web Portal, DHCFP staff can easily generate your own analytical reports any time, from anywhere.

Peace of mind: now and into the future

At Scion Dental, we lead the way with superior Medicaid dental benefit administration and with innovative ways to partner with you and support your dental program. However, we believe the most important thing we can offer you is peace of mind. That is, ***peace of mind in knowing:***

- You are increasing access to care for your recipients, thereby increasing dental HEDIS scores and improving health outcomes;
- You are increasing provider satisfaction with your dental program, thereby increasing recipient access to care and helping providers focus on their patients, rather than on administration;
- You are working with a proven partner who is knowledgeable and experienced in Nevada. We will meet your objectives as your dental partner, while concurrently lowering your overall budgeted dollars for dental care; and
- With a carve out that focuses specifically on dental care, you are absolutely, unequivocally lowering your total expenditures from where your dental costs are right now—which will allow you to use these funds in other areas of need and provide significant savings for the taxpayers of Nevada.

We look forward to the opportunity to work with you as a valued partner and provide you with peace of mind for many years to come.

3. Scope of Work

3.1 General

3.1.1

3.1.1 The DHCFP intends to contract with highly qualified and experienced vendors, which will administer a DBA program to assist the DHCFP in reaching its goal to provide quality dental care to the targeted populations.

Scion Dental has both the qualifications and the experience necessary to administer the Medicaid dental benefit program for the State of Nevada. We share the DHCFP mission to provide high quality, cost-effective dental care to the people of Nevada, and we look forward to working with you to achieve the goals you've set for your program.

Scion Dental has been administering dental benefits for Medicaid recipients in Nevada since 2010. A few highlights of our experience in Nevada include:

- During the past six years, we have paid more than $70 million dollars in claims, and our dental-specific edits have yielded more than $8 million dollars in benefit cost savings.
- The results of our most recent quarterly recipient survey showed 96% of recipients were satisfied with the dental care they received, and 92% of recipients reported being satisfied with their dental plan.
- During the past four years, Scion Dental's claims payment accuracy in Nevada has been 99.999%. From 2013 through YTD 2016, our Finance department audited nearly 10,000 claims, for nearly $1.10 million dollars, and found just one overpayment of $15.67.
- Scion Dental's YTD statistical accuracy is 99.99%. From November 2015 through August 2016, our Finance department analyzed 64,000 claims and found just 8 data entry errors.
- In 2016, Scion Dental paid 99.9% of all clean claims within 30 days of receipt and 100% within 60 days.
- Scion Dental's running rate for both timeliness and accuracy regarding notice of action is 99.9%.

In addition, Scion Dental has spent the past six years building and maintaining strong relationships with the provider community in Nevada. Because we believe provider satisfaction is a key component of a positive experience for recipients, Scion Dental has taken a provider-centric approach to managing the Medicaid Dental program in Nevada. Both a local field representative in Nevada, as well as an experienced team of Provider Relations Representatives, are accountable for supporting and servicing Nevada dental providers who participate in the Medicaid network. As part of our provider-centric approach, Scion Dental's established protocol for provider outreach includes the following elements:

- Ongoing outreach and education
- Annual provider survey

- Improving the provider experience

Ongoing outreach and education

In-person provider visits. Our local Provider Relations representative visits each provider office at least twice each year, an average of 65 in-person provider visits each month. These personal visits are instrumental in strengthening the relationship between Scion Dental and providers, resulting in high provider retention and satisfaction rates. During these visits, our local field representative:

- Educates providers on current topics and provider-specific issues.
- Promotes use of electronic interaction including Provider Web Portal registration, EDI claim submission, and EFT.
- Gives providers the opportunity to share thoughts and concerns in person.

Monthly provider outreach calls. Scion Dental Provider Relations Representatives are in frequent contact with in-network providers by telephone to gather feedback and reinforce a sense of partnership and shared commitment. Each in-network provider in Nevada is assigned a Provider Relations Representative and given a dedicated phone number, email address, and fax line for inquiries. Whenever our representatives respond to an inquiry, they not only help providers resolve the immediate issue, they also make providers aware of online resources and tools that may help them get the information they need even faster, and further improve their overall experience.

Quarterly newsletters. These newsletters include information on program updates, promote the Provider Web Portal, promote the Medicaid dental program, provide tips and “how-to” ideas relating to a variety of dental health topics, and discuss any updates or changes to the Provider Policy and Procedure Manual. Our newsletters are targeted to office managers and billing staff. The newsletter is posted on the Provider Web Portal and may also be distributed by email to provider offices.

Advisory board meetings. Scion Dental hosts advisory board meetings with in-network Nevada providers every quarter. These meetings help us continuously improve our policies and procedures and also help us identify and address areas of concern to the entire provider community. As just one example, the Nevada Advisory Board highlighted the need for improvements in the pre-authorization process. Based on data related to utilization and geographic access, Scion Dental was able to implement a custom authorization schedule for certain specialist providers, resulting in minimized treatment wait time. Recipients who benefit most from this new process are children and those in rural areas of northern Nevada.

In addition, during our ongoing conversations with providers in Nevada, many providers have recommended expanding coverage of preventive dental services for adult recipients. Providers believe more access to preventive care would reduce the need for more expensive procedures for adults, including root canals, extractions, and dentures.

We agree with providers that increasing access to preventive care will likely not only lower benefit costs, but more importantly, have a positive impact on the overall health and wellbeing of adult recipients. With the strong link between oral health and overall health, we believe better

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preventive dental care could help improve health outcomes for adults with chronic medical conditions. We also anticipate better access to preventive care will reduce the number of costly emergency room visits.

Should DHCFP be interested in working with our Chief Dental Officer to evaluate and add additional preventive services for adults, Scion Dental will renegotiate our cost proposal accordingly.

Recipient outreach partnerships. Many providers in Nevada have expressed interest in taking part in recipient outreach programs. We value the opportunity to partner with providers in community service events. For example, Scion Dental has commitments to participate at upcoming events from both the UNLV School of Dentistry and dental providers in private practices. At these events, licensed dental professionals offer recipients basic on-site treatment and referral services. Dental hygienists from the Clark County Future Smiles program have also participated, providing dental screenings, fluoride varnish treatments, sealants, and provider referrals.

> *"Scion Dental does an excellent job of responding to the needs of their providers. We do feel we have a voice. I sit on an advisory board organized by Scion Dental, which offers an opportunity to voice concerns. We feel Scion Dental has done a good job of administering Nevada Medicaid programs and we would support an ongoing relationship with Scion Dental."*
>
> ***Channing Christiansen, Northern Nevada Dental Specialties Group, LLC, Reno, Nevada***

Annual provider satisfaction survey

Scion Dental administers annual provider satisfaction surveys to quantify and qualify our performance. Results of Scion Dental's most recent annual provider survey reflect high satisfaction among network providers in Nevada, as shown below:

	*Satisfied**	*No Opinion*	*Not Satisfied*
Contracting process	84.4%	15.6%	0.0%
Credentialing process	81.2%	12.5%	6.3%
Provider Manual	93.8%	0.0%	6.2%
Web Portal support	100.0%	0.0%	0.0%
Call Center support	96.9%	0.0%	3.1%
Authorization process	96.9%	0.0%	3.1%
Payment accuracy	93.8%	0.0%	6.2%
Payment turnaround time	96.9%	0.0%	3.1%

** Satisfied responses include Somewhat Satisfied, Satisfied, and Very Satisfied ratings*

Scion Dental takes the results of these annual surveys seriously, both in terms of assessing where we are succeeding and, particularly, in drawing our attention to areas where our efforts may fall short.

For example, citing "information availability" and "ease-of-use" as strengths, we are pleased that Scion Dental's Provider Web Portal has consistently received positive provider ratings.

Although 93.8% of responses indicated satisfaction with our provider manual, Scion Dental is in the process of reorganizing and reformatting our provider manuals to ensure content is not only technically accurate, but also easy to read and understand.

While nearly 97% of providers are satisfied with our authorization and claim payment turnaround, we believe those satisfaction ratings will continue to improve as more providers take advantage of automated tools available to them through the web portal. For example, providers who submit claims and authorizations through the web portal experience fewer administrative denials, because the system does not allow incomplete or illogical entries to be submitted. Claims and authorizations submitted through the portal enter the processing system immediately, where they can be processed faster, with instant status updates available through the portal.

Enhancing the provider experience – daily payments program

Scion Dental believes offering daily payments for providers who submit clean claims electronically and receive electronic payments will be an effective way to continue enhancing high satisfaction among Nevada providers. With daily payments, Nevada network providers could receive EFT payments every business day, giving them an attractive cash flow. Transitioning to a daily payment program offers providers many advantages. Submitting claims electronically through a web portal, rather than mailing paper claims, is less expensive and less time consuming for providers and their office staff.

> *"In the last two years, it has been very efficient to know that every week the revenue from paid patient claims is determined in advance. This allows my practice and staff to manage overhead, scheduling, and supply needs."*
>
> ***Dr. Jay K Selznick, D.M.D., M.D., Southern Nevada Oral & Maxillofacial Surgery, Las Vegas, NV***

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Scion Dental intends to offer a daily payment option to providers in Nevada who submit claims and authorizations electronically and receive electronic payments. We believe the prospect of creating immediate cash flow on a regular basis, while doing less administrative work, is a powerful inducement for providers to join—and remain active—in the Nevada Medicaid dental program.

3.1.2

3.1.2 Authorization to operate as a certified vendor in the State of Nevada with the projected number of Medicaid and Nevada Check Up recipients by the United States Secretary of Health and Human Services and the Insurance Commissioner of the State of Nevada are conditions precedent to the contract and shall continue as conditions during the term of any contract. The vendor must hold a current certificate of authority from the Nevada State Insurance Commissioner for the applicable contract period and throughout the contract period, or have a written opinion from the Insurance Commissioner that such a certificate is not required. The awarded vendor must provide proof of a valid certificate of authority prior to the contract readiness review.

Scion Dental has been licensed to conduct business in the State of Nevada since April 23, 2009. Additionally, on or about August 24, 2016, in anticipation of serving as the State of Nevada's Dental Benefits Administrator, providing the services required under this RFP to Nevada Medicaid and Nevada Check Up recipients, Scion Dental filed an application with the Department of Insurance to obtain a Certificate of Authority to operate as a Prepaid Limited Health Service Organization. Scion Dental will provide the Prepaid Limited Health Service Organization Certificate of Authority prior to the readiness review. Scion Dental understands that receipt and maintenance of all such licenses and certificate of authority are requirements of the contract.

3.1.3

3.1.3 The vendor must adhere to all authorities including the Title XIX, Title XXI state plans and amendments, Code of Federal Regulations, and the Medicaid Services Manual.

In serving as the State of Nevada Dental Benefits Administrator, Scion Dental will adhere to all applicable laws, regulations and authorities including, without limitation, Title XIX, Title XXI state plans and amendments, Code of Federal Regulations, and the Medicaid Services Manual.

3.1.4

3.1.4 The DHCFP intends to procure dental services for eligible individuals in urban Clark and Washoe Counties. Other services, populations and/or geographic areas may be included in the DBA plan during the course of this contract and are to be considered as covered for this Request for Proposal.

Scion Dental's provider network currently services recipients in both Clark and Washoe Counties. Based on additional service area expansion, we would continue to actively recruit providers to meet adequacy standards.

As other services, populations, and/or geographic areas are added to the DBA plan during the course of the contract, Scion Dental can quickly build compliant networks that meet the needs of recipients, using our self-service Provider Contracting Portal and Credentialing Portal.

3.1.5

3.1.5 Medicaid has catchment areas in California, Arizona, Idaho and Utah which are treated the same as in state. Out of state treatment for a recipient is required when there is not a provider in Nevada who is able to provide services to the recipient.

Scion Dental's Enterprise System software can easily identify providers located outside of the State of Nevada in catchment areas as in-network providers. Our Enterprise System software can be configured to automatically identify any provider/location/network as in-network, regardless of whether a provider practices in the State of Nevada, another state, or in both Nevada and any other state.

3.2 Vendor Duties and Responsibilities

The vendor's senior staff and other key staff as identified by the vendor shall participate in all designated key meetings scheduled by the DHCFP. The purpose of these meetings includes, but is not limited to, contract compliance, the DHCFP auditing functions and responsibilities, access to care, quality, and any other applicable issues concerning administration and management of the contract as well as program and service delivery. The frequency of such meetings may include, at a minimum, monthly teleconferences and/or videoconferences in addition to quarterly on-site meetings. The location of the on-site meetings will be at either the DHCFP administrative offices in Carson City or a site in Las Vegas. It is the sole responsibility of the DHCFP to provide reasonable advanced notice of such meetings, including location, time, date, and agenda items for discussion.

Scion Dental acknowledges and is prepared to meet the requirements of section 3.2.

To ensure the success of the Nevada Dental Medicaid program, Scion Dental will hire a local Operations Manager to oversee our operations with the State. Our Nevada Operations Manager will serve as the single point of contact for the DHCFP and will be supported by our Wisconsin-based Client Experience team. The Nevada Operations Manager will report directly to Scion Dental's Vice President of Operations.

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Working together with key DHCFP representatives, Scion Dental's Nevada Operations Manager and/or Client Experience team will:

- Participate in all designated key meetings as required by section 3.2 of this RFP.
- Manage and mitigate risks by proactively investigating inquiries and openly communicating across internal departments and with your points of contact.
- Achieve high levels of client satisfaction, measured by formal surveys with your staff.
- Help improve the success of your Medicaid dental program by understanding your strategic goals and suggesting creative tactics and solutions to achieve those goals.

3.3 Dental Services

These include covered diagnostic, preventive or corrective services and procedures that include treatment of the teeth and associated structures of the oral cavity due to disease, injury or impairment that may affect the oral or general health of the eligible Medicaid recipient up to age 21 years and eligible Nevada Check Up recipients from birth to the 19th year of their birth month. Recipients are also provided emergent and urgent dental care.

Individuals age 21 and over who qualify for full Medicaid benefits receive emergency extractions, palliative care, and may also be eligible to receive prosthetic care (dentures/partials) under certain guidelines and limitations.

Nevada Medicaid offers expanded dental services in addition to the adult dental services for Medicaid-eligible pregnant women.

Except as otherwise provided in this RFP, the vendor's benefits package provided to the DHCFP recipients shall not be less in amount, duration, and scope than those covered services specified in the respective State Plans for Title XIX and XXI programs and the Nevada Medicaid Service Manual Chapter 1000, but may be more than stated therein. Any changes in Title XIX or Title XXI benefit amounts, duration, or scope shall be preceded by a review of impact on capitation amounts.

Each vendor must provide, either directly or through subcontractors, the dental care benefit package, as described in this RFP, to enrolled and eligible recipients to ensure all covered medically necessary dental services covered are available and accessible to them.

The State of Nevada Title XIX and Title XXI State Plans can be accessed on the DHCFP's website at:

http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/Manuals/

Vendor's are able and encouraged to provide value added services in addition to Title XIX and Title XXI State Plans. The vendor shall describe each of the expanded benefits it proposes to offer its recipients by eligible population.

The vendor shall not issue any insurance certificate or evidence of insurance to any Medicaid or Nevada Check Up recipient. Any insurance duty shall be construed to flow to the benefit of the DHCFP and not to the Medicaid or Nevada Check Up enrolled recipient.

3.3.1 General Information

The DBA vendors are required to provide all covered medically necessary dental services with the exception of orthodontic services, which are covered under FFS.

Orthodontic services for eligible managed care recipients are covered under FFS pursuant to MSM Chapter 1000. The vendor is responsible for ensuring referral and the coordination of care for orthodontic services, pursuant to this RFP.

The Dental vendor must ensure that enrollees who are receiving orthodontic services are also receiving all medically necessary dental services covered in the dental care benefit package.

The Dental Vendor's are not responsible for any services provided by an Orthodontist but must ensure coordination of care between a participant's Orthodontist and primary dental provider.

The Dental vendor as applicable will be required to conduct EPSDT screenings of its recipients under the age of twenty-one (21) years at six (6) month intervals to recipients of orthodontic services. The screening must meet the EPSDT requirements found in the MSM Chapter 1500; as well as 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Social Security Act, and 42 CFR 441.50 through 441.62. The vendor must conduct all interperiodic screening on behalf of recipients, as defined in MSM Chapter 1500.

The very heart of Scion Dental's success is the passion we have for serving our clients by providing unparalleled dental benefit management. We have the vision, the experience, and the first-class technology to help DHCFP meet and exceed its goals for the Nevada State Medicaid Dental Services program.

As described throughout this section, Scion Dental is confident that its processes are *already* set up to manage the State of Nevada's benefits at an exceptional level. We are able to leverage the power of our one-of-a-kind benefits management software to:

- Deliver dental benefits efficiently and effectively, in accordance with the State's plan.
- Continually improve utilization.
- Effectively audit and review dental and billing records to ensure only medically necessary services are reimbursed.

If awarded the Nevada Medicaid contract, Scion Dental will serve as DHCFP's partner in:

- Delivering dental benefits efficiently and effectively to children, pregnant women, and adult recipients in accordance with DHCFP requirements.
- Ensuring referral and coordination of care for orthodontic services as outlined in this RFP, as well as all medically necessary dental services covered in DHCFP's dental care benefit package.
- Conducting ESPDT screenings per the requirements outlined above.

As the nation's premier innovator in Medicaid dental benefit management, Scion Dental has an unrivaled ability to identify, discourage, and, to a large extent, even *prevent* fraud, waste, and abuse *in real-time*. Scion Dental is particularly aggressive when it comes to using software tools to identify and stop providers who may be involved in the mistreatment of children.

3.3.1.1 The vendor must furnish services in the same amount, duration and scope as services furnished to recipients under fee-for-service Medicaid as set forth in 42 CFR 440.230, which states that the vendor:

A. Must ensure the services are sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished;

B. May 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 recipient; and

C. May place appropriate limits on a service on the basis of criteria applied under the Title XIX and Title XXI State plans, such as medical necessity, or for the purpose of utilization control, provided the services furnished can reasonably be expected to achieve their purpose.

Scion Dental acknowledges these requirements and will provide services as outlined above.

3.3.1.2 Must specify what constitutes "medically necessary services" to the extent to which the vendor is responsible for covering services related to the prevention, diagnosis and treatment of oral health impairments; the ability to achieve age appropriate growth and development; and the ability to attain, maintain, or regain functional capacity in a manner that is no more restrictive than that used in the State Medicaid and CHIP programs as indicated in State statutes and regulations, the Title XIX and Title XXI State Plans, and other State policy and procedures, including the Medicaid Services Manual (MSM).

Generally, for medical necessity services must be:

- Necessary to protect life, to prevent significant illness or disability, or to alleviate severe pain.
- Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs.
- Consistent with generally accepted professional medical standards.
- Reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available.
- Furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

Scion Dental will work with DHCFP to define medically necessary services for Nevada Medicaid. At minimum, we will apply the State's definition.

3.3.1.3 The vendor can utilize different authorization requirements than what is used by the State, as long as they are not more restrictive.

A. Must, for itself and its subcontractors, have in place and follow, written policies and procedures for the processing of requests for initial and continuing authorizations of services.

Scion Dental's innovative provider self-servicing tools and automated processing allows us to offer a full range of consistent, efficient, and accurate prior authorization review services. Scion Dental will handle initial and continuing prior authorization for service requests as required by DHCFP, with none more restrictive than the State. We maintain written policies and procedures for the filing, receipt, prompt resolution, and documentation of any and all prior authorization requests.

Scion Dental routinely creates customized versions of policies and procedures to meet specific client requirements. We leverage our unique benefits management software to assign authorization numbers, track authorization actions from receipt to determination, ensure only medically necessary services are authorized, apply regulatory limits and rules, and generate provider and member notifications, including appeals rights for adverse determinations.

Automated business rules for prior authorizations

As also mentioned in **section 3.12.3.1**, as part of the project startup phase, the Scion Dental Implementation team will work with DHCFP to fully understand all aspects of the State's dental plan including program benefits, coverage limitations,

age restrictions, additional benefits based on special needs or other criteria, and so on.

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B. *The vendor must have in effect mechanisms to ensure consistent application of review criteria for authorization decisions and consult with the requesting and/or servicing provider, when necessary.*

Upon hire, all members of the clinical review staff who make utilization management decisions participate in a training program based on consistent guidelines. We propose the following staff member audit process to ensure the consistent application of criteria for the State of Nevada:

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In addition, all clinical reviewers will be subject to Inter-Rater Reliability testing on a yearly basis.

In the case of adverse decisions, providers may request a peer-to-peer consult. Through Scion Dental's process for timely informal reconsideration, we will attempt

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to contact the provider starting the next business day, and within 72 hours, make two attempts to contact the provider for the peer-to-peer request.

C. The vendor shall monitor prior authorization requests. The DHCFP, at its sole discretion, may require removal of the prior authorization requirement based on reported approval percentage rates, to align prior authorization procedures across delivery entities, and if determined necessary for the proper administration of the Medicaid program.

With our unique dental benefit management software, Scion Dental can offer industry-leading oversight and transparency. We will monitor prior authorization requests, and DHCFP will have instant, online access to real-time data available 24/7

If and when DHCFP requires a change to prior authorization requirements, we can quickly and easily configure business rules directly through the Enterprise System user interface without requiring assistance from software programmers or IT staff. Scion Dental acknowledges that DHCFP may require removal of prior authorization requirements at its sole discretion.

D. Any decision made by the vendor to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, must be made by a dental professional who has appropriate clinical expertise in treating the recipient's condition or disease.

As requested, all denial decisions will be made by a licensed dental professional with appropriate clinical expertise. Scion Dental's extensive, national network of dental consultants is a critical asset in our accredited utilization management and review program. Because our dental benefits administration software is web-based, the highly-qualified clinicians we employ are able to work online, from anywhere in the country. Our dental consultants are all licensed dentists with clinical and consulting experience who act as experts in medical necessity as it relates to dental treatment.

E. The vendor shall coordinate prior authorizations and edit patterns with those used in the FFService program.

With our flexible software system, Scion Dental can ensure DHCFP's prior authorization rules and edit patterns are coordinated with the FFS program. We have extensive experience in supporting both fee-for-service claims processing and claim processing for a capitated product, often simultaneously for the same client. In the case of Nevada Medicaid, we will work closely with DHCFP to define business rules which align with the FFS program. Should the FFS program prior authorization requirements change, Scion Dental can easily make similar edits to bring Nevada Medicaid into alignment with no programming needed, all through step-by-step configuration through our system's user interface.

3.3.1.4 If the vendor elects not to provide, reimburse for or provide coverage of, a counseling or referral service because of an objection on moral or religious grounds, the vendor must furnish information about the services it does not cover to the DHCFP with its application for a Medicaid contract and whenever it adopts such a policy during the term of the contract.

Not applicable.

3.3.1.5 Must allow each recipient to choose his or her dental care professional, including the Primary Dental Provider (PDP) to the extent possible and appropriate.

A. Recipients will have an individual dentist, a clinic or a FQHC assigned as their PDP.

B. Vendor must allow for continued use of a recipient's provider(s) until the recipient can be transferred to an appropriate network provider(s).

As also mentioned in **section 3.5.4.1**, at Scion Dental, our experience shows many new recipients may already have established relationships with network providers, and recipients who select their own primary dental providers are more likely to schedule appointments with their Dental Home. Because of this, we offer and encourage recipient choice. We employ a comprehensive outreach and education program to encourage recipients to be actively involved in the selection and timely assignment of their Primary Dental Provider (PDP). We also make it quick and easy for recipients to find network providers and change their Dental Home assignment online through the Member Web Portal.

Recipients (or their designated family member or caregiver) can find a dental provider in the network through the provider search feature in the Member Web Portal or by calling the Scion Dental Call Center. We also make it clear recipients are free to receive services from any provider in the network without first being assigned to a Dental Home and without prior approval.

Recipients are encouraged to select a PDP when they enroll in the program, as part of the Scion Dental welcome process. Scion Dental continues educating and encouraging recipient choice in selecting a PDP, even after recipients are enrolled. Our recipient welcome letter, which highlights major program components, includes information on selecting a Primary Dental Provider.

Throughout the years, Scion Dental has learned that recipients may not know their PDP assignment because they are automatically assigned when the care model is implemented. Even with frequent and various communication channels regarding their PDP assignment, recipients may not be aware of or understand the importance of a Primary Dental Provider. We have learned it's more effective when providers initiate outreach to their assigned recipients directly, rather than relying solely on a benefit administrator's recipient outreach team.

We give recipients the option of calling the Scion Dental Call Center for help finding a primary dental provider who meets their needs, or selecting their Primary Dental Provider from the Member Web Portal—online, anytime. Recipients can also change their PDP assignment at any time through the Member Web Portal or by calling the Call Center.

To ensure all recipients have access to care during the transition phase, Scion Dental will establish a continuation of care period until all recipients can be transferred to an appropriate network of providers. The continuation of care period can go into effect at the Go-Live date of the contract and will continue for a predetermined amount of time agreed upon by DHCFP. During the continuation of care period, out-of-network providers are paid the standard rates for services rendered to recipients. We also

encourage these providers to consider joining the network, even if just on a limited basis.

3.3.1.6 Must maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract for all eligible recipients enrolled in the vendor's plan. In establishing and maintaining the network, the vendor must consider the following:

A. The anticipated DHCFP recipient DBA enrollment;

B. The numbers of network providers who currently are and are not accepting new Medicaid and Nevada Check Up recipients;

C. The expected utilization of services including a description of the utilization management software or other process used by the plan, taking into consideration the characteristics and dental care needs of specific Medicaid and Nevada Check Up populations;

D. The numbers and types of providers required to furnish the contracted Medicaid covered services; and

E. The geographic location of providers and enrolled recipients, considering distance, travel time, the means of transportation ordinarily used by recipients, and whether the location provides physical access for recipients with disabilities. Primary Care Provider (PCP) or Primary Care Site may not be more than 25 miles from the enrolled place of residence without the written request of the recipient.

At Scion Dental, our leadership team has a long-standing and proven track record of building, maintaining, and monitoring first-class provider networks.

Since its inception in 2009, Scion Dental has delivered an **on-time provider network** for every client recruitment campaign.

As described previously in our response to this RFP, Scion Dental has been managing a network of dental providers in Nevada since October 2010. The providers in our network are already contracted, credentialed, and satisfied with Scion Dental's performance as a dental benefits administrator.

"I work with Dr. Aaron Adamson in the Northern Nevada area. We are contracted with all three Nevada Medicaid programs. Our experience with Scion Dental has been nothing but excellent. Kevin Johnston, our local Scion Dental representative, is very knowledgeable about Nevada Medicaid programs, which is so helpful when trying to resolve a claims issue. I look forward to working with Scion Dental."

Dany M, Mountainside Oral & Maxillofacial Surgery, Reno, NV

With an established network already in place, Scion Dental will be able to seamlessly transition to your new Medicaid dental program on July 1, 2017–without disruption to recipients or providers.

We will also continue to actively monitor, maintain, and recruit new providers to the network. Our processes and technology tools for understanding your network in Nevada and identifying and recruiting eligible providers are outlined below.

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Scion Dental uses these proven techniques to recruit qualified providers within required locations and expertise—to always meet and exceed expectations for accessibility to care. This success includes recruiting providers who have experience treating children and adults with special needs.

Scion Dental already has an established network of Medicaid-certified providers in Clark and Washoe counties. With our network success and high satisfaction ratings in the area, we are confident many Scion Dental contracted providers will join the new program.

Contracting Portal outreach

Scion Dental has created and hosts an innovative and secure provider Contracting Portal. The Contracting Portal was designed to shorten the turnaround time for network development by allowing providers to agree to contract terms and fees online. As part of the contracting process, providers are presented with a URL and an access code. When a provider logs on to the portal, the system presents a customized contract and offers electronic copies of all requisite forms, which can be submitted online immediately. Scion Dental can customize the look of the Contracting Portal with State of Nevada logos and color schemes, if desired.

> During the past year, **more than 90%** of all of Scion Dental's newly added providers were contracted through a web portal.

Scion Dental's goal is to maximize the use of the online Contracting Portal; however, a small number of providers may still prefer paper. For those providers who request it, we fax, email, or mail contracting packets. We also educate providers about the benefits of working online through web portals, so they may be more likely to participate in our other online services. We host webinars, conferences, and in-person meetings to educate providers on how to access and use the Contracting Portal. Our experience has

shown that most providers step through the online process independently without assistance—the intuitive design of the portal makes it easy.

Credentialing Portal

Our Credentialing Portal guides providers step-by-step through the initial credentialing process. All required documentation can be submitted online, with no faxing or mailing required. The Credentialing Portal, which is fully integrated with the Enterprise System software platform, allows providers to save a partial application and then return and complete it later. When a provider is due for re-credentialing, the portal generates an email notification that prompts the provider to return to the portal and complete the re-credentialing process. With this streamlined approach, providers can simply retrieve and update the online information saved from their previous credentialing application.

> *"I have had a great relationship Scion Dental. They have worked hard to credential my providers in a timely manner, streamline authorizations for surgery patients, provide compensation on time, and generally be available to answer questions and assist my office managers. I am very pleased with the Nevada Medicaid program overall."*
> ***Dr. Steven DeLisle, DDS, Las Vegas, NV***

Phone, fax, and email outreach

When building a new network, we reach prospective providers through phone calls and/or faxes and email messages. As part of this initial contact, providers are given a website address and market-specific code granting them access to the online Contracting Portal.

In addition, we recommend partnering with the State of Nevada to craft a letter notifying providers about the change in dental benefit administrators. Providers often take notice when they receive a message addressed to them from the state, and we've found they are more likely to follow through with the onboarding process.

Monitoring your network

As also mentioned earlier in **section 3.3.1.6**, Scion Dental's innovative, web-based technology also gives DHCFP the ability to track and analyze network changes.

As just one example, all provider information is tracked within Scion Dental's Provider Contracting Module. This is a central repository of unique data elements relating to each and every licensed, contracted, and credentialed dental provider in the State's network. This information is analyzed—on a regular basis—to identify any geographic areas of concern from a network adequacy and network ratio perspective.

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This analysis can then be provided to the State through a variety of in-depth reports—including, for example, geo-access reports, Dental Home ratio reports, and network adequacy reports.

Distance standards

Scion Dental has the ability to generate a wide range of reports that effectively assess a network. Among other things, we are able to measure and compare direct access standards across multiple provider groups, to identify any potential recipient access issues in a given service coverage area or county. Our reports can also filter maps by dentist specialty—enabling us to ensure consistent recipient access to specialty care.

By geo-coding our provider and recipient data, we can determine the average travel distance for recipients from a particular number of provider offices. Most commonly, reports list the average distance to the first, second, and third closest provider locations.

This reporting feature allows our team to continually analyze the dental network to ensure its compliance with the recipient access to care and travel distance requirements as set by the State of Nevada.

Our operational standard is to verify the compliance of each market every month by generating a comprehensive set of geo access reports. Reporting frequency can be adjusted to meet the State guidelines.

Because Scion Dental already has an established network of Medicaid-certified providers in Clark and Washoe Counties, we are confident the 220 providers at 93 locations we have positive relationships with would actively participate in the State Medicaid program.

3.3.1.7 Must cover services out of network for the recipient adequately and timely for as long as the vendor is unable to provide them. If the network is unable to provide necessary services covered under the contract to a particular recipient, the vendor must negotiate a contract and determine the rate or pay no more than the FFS rate. Must exhaust all out of network providers located within 25 miles of the recipient's address before contracting with out of network providers located over 25 miles from recipient's address.

As mentioned in **section 3.3.5.1**, the Scion Dental Customer Service Center has well-documented procedures in place to assist recipients with appointments and to escalate requests for out-of-network providers and specialty care. Please refer to **section 3.3.1.9** for information on how our Provider Relations team negotiates contracts to ensure the provider is not paid more than the FFS rate.

When a recipient requires service and no suitable in-network provider can be found within the contract access standards, a Scion Dental Customer Service Representative will help the recipient identify the nearest provider office within 25 miles meeting the recipient's needs. If the recipient requests a particular out-of-network provider, or if they were referred to a specific provider, the Customer Service Representative collects all necessary information on the preferred provider. The Customer Service

Representative may also assist by contacting the provider office to set up the appointment if needed.

3.3.1.8 Must provide for a second opinion from a qualified health care professional within the network, or arrange for the recipient to obtain one outside of the network, at no cost to the recipient.

Scion will make provisions for a second opinion as outlined above at no cost to the recipient.

3.3.1.9 Must coordinate with out of network providers with respect to payment.

As stated in **section 3.3.1.7**, when a recipient requires service and no suitable in-network provider is available within the contract access standards, a Scion Dental Customer Service Representative helps the recipient identify the nearest provider office meeting the recipient's needs. The Provider Relations team receives an automated email notification, which includes a link to the detailed follow-up record. A Provider Relations Representative then personally contacts the out-of-network provider to negotiate rates and execute a single case agreement.

Prior to claims processing, the Enterprise System is configured to authorize and pay out-of-network providers within the system. During claims processing, a series of edits run against claims and services to verify the rendering provider is appropriately certified to provide services for the client's program and its recipients. Our flexible system configuration allows us to ensure client-specific business rules are followed for out-of-network providers. This ensures there is never an additional cost to eligible recipients, and it allows us the flexibility of paying out-of-network providers appropriately, based on agreements negotiated by our Provider Relations team.

The Provider Relations and Dental Reimbursements teams monitor the out-of-network provider's claim in the system to ensure timely and accurate payment.

3.3.1.10 Must ensure that the network providers offer hours of operation that are no less than the hours of operation offered to commercial recipients or comparable to Medicaid FFS, if the provider services only Medicaid recipients pursuant to 42 CFR 438.206; must meet and require its providers to meet State standards for timely access to care and services, taking into account the urgency of the need for services;

Scion Dental performs a range of monitoring activities to assess provider compliance regarding appointment availability and wait times, and we manage this aspect of recipient satisfaction proactively. At least annually, we analyze appointment accessibility including routine and urgent care against defined standards using industry-accepted survey tools.

Compliance monitoring

The methods we use to monitor and verify provider compliance with scheduling appointments and office wait time standards include:

- Site visits
- Secret shopper compliance calls

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- Formal surveys
- Recipient grievance reports

Site visits

As discussed in detail in **section 3.6.2.7**, if a provider is not complying with the appointment availability standards, a Scion Dental Provider Relations Representative contacts the provider by telephone to re-educate the provider about the access to care standards outlined in the Provider Policy and Procedure Manual. The Provider Relations Representative then places a secret shopper compliance call during the next quarter as a follow-up verification to ensure the provider is in compliance. If the provider does not achieve compliance, the Provider Relations Representative forwards the office contact information to the local Provider Relations Representative who contacts the provider personally by telephone or holds an on-site meeting to discuss the plan, re-educate the provider about the standards, and obtain agreement for follow-up reassessment to bring the provider into compliance.

The local Provider Relations Representative then schedules regular check-ins with the provider to monitor progress and ensure the appointment availability and wait time standards are being met.

If the provider continues to fail to meet the standards, their information is then forwarded to the Scion Dental Network Development and Credentialing Committee for review and possible contract termination.

Secret shopper compliance calls

The Scion Dental staff may conduct secret shopper compliance calls throughout the year to perform real-time monitoring of appointment scheduling. A secret shopper compliance call consists of our staff calling the provider's office during normal business hours and after hours, posing as a recipient requesting an appointment. Once the office staff provides an appointment date and time, the surveyor identifies themselves, the purpose of the call, and provides the survey results. If the call is made after hours, our staff verifies that the provider has an answering service or a telephone recording instructing callers with after-hour care instructions. If an appointment is offered within the State of Nevada's standards for the type of appointment and appropriate after-hours procedures are in place, all providers in the office are credited with meeting the standard. If not, the surveyor immediately reviews the standards with the office staff and requires that corrective actions be implemented.

Formal surveys

Scion Dental conducts comprehensive appointment availability surveys at least annually. Survey results are compiled, analyzed, and presented to the Quality Improvement Committee for review.

Recipient grievance reports

Scion Dental also measures compliance with appointment availability standards through our ongoing analysis of recipient and provider grievance data. All appointment scheduling and wait time grievances are addressed immediately by our Member Services and/or Provider Relations staff. We work with those providers whose patients have filed an accessibility grievance against them to reinforce expectations and contractual requirements regarding appointments and wait times. Corrective Action Plans may be initiated.

As part of our Provider Network Compliance Review, our internal staff works together to monitor accessibility-related activities among providers and review recipient and provider inquiries and grievances in order to identify accessibility trends associated with specific providers. If we identify a trend with a specific provider, a designated staff member conducts a site visit and/or secret shopper compliance call as described above.

3.3.1.11 Must provide emergency coverage twenty-four (24) hours per day, seven (7) days per week. The vendor must have written policies and procedures describing how recipients can obtain urgent coverage and emergency services after business hours and on weekends. Policies and procedures must include provision of direct contact with qualified dental professionals. Participants should be given the option to speak with a qualified dental professional during an emergency to advise and direct recipients to the correct service location which may include the local emergency departments or dental offices. Urgent coverage means those problems which, though not life-threatening, could result in serious injury or disability unless dental attention is received. Urgent care may be provided directly by the primary care dentist or directed by the DBA plan through other arrangements. Care coordination services should also be in place to monitor recipient utilization of emergency dental services, ensure recipients have properly addressed chief complaint and provide report metrics to the DHCFP.

To ensure all recipients have access to emergency care when it's needed, Scion Dental requires all primary dental providers to have emergency phone numbers in place. This allows recipients to speak with a qualified dental professional during an emergency—day or night—and advise them to the correct service location.

Scion Dental's Call Center has procedures in place to handle calls outside of regular business hours and during holidays. When we receive a call when our Call Center is closed, our automated telephone system responds with an automated message alerting callers to our regular business hours and providing instructions about what to do in the event of a dental emergency.

Our Member Handbook, Provider Policy and Procedure Manual, and Member Web Portal also all contain information on what to do in an emergency, including definitions of urgent and emergent care.

To provide care coordination services, monitor recipient utilization of emergency room services, and provide report metrics, Scion Dental will partner with DHCFP to receive notifications from health plans when dental plan recipients are treated for oral pain in an emergency room. This information will be stored in our software system's integrated databases and used for reporting and outreach.

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Emergency room dental visit outreach

Scion Dental can provide outreach to members who visit the emergency room for oral pain if provided notification from the health plan of the emergency room visit. The outreach can provide education to members on preventative dental services, our online provider directory, and the Scion Dental toll-free Customer Service number to assist with finding a provider or help with appointment scheduling.

3.3.1.12 The vendor must participate in State and federal efforts to promote the delivery of services in a culturally competent manner to all recipients, including those with limited English proficiency and diverse cultural and ethnic backgrounds pursuant to MSM Chapter 100. For the purposes of this RFP, the State has identified the prevalent non-English language in Nevada to be Spanish. The BBA Regulations: Title 42 of the Code of Federal Regulations (42 C.F.R.) 438.206(c) (2), and the DHCFP requires that vendors offer accessible and high quality services in a culturally competent manner.

As also mentioned in **section 3.6.2.8**, as we build networks, we understand and appropriately respond to the unique combination of cultural variables—including ability, age, ethnicity, linguistic background, race, and socioeconomic status—that comprise membership in a particular locale.

Scion Dental employs a number of tactics to ensure **all recipients** receive necessary and appropriate care and services—regardless of cultural backgrounds and practices. For example, Scion Dental can cover, without charge, over-the-phone translation services for any non-English-speaking recipient who needs language interpretation during a dental visit.

To ensure all providers in the network are trained in cultural awareness and provide exceptional service to all recipients, our provider training promotes the importance of and respect for culture and language and the traditions and heritage associated with recipients.

3.3.2 Vendor Covered Services

3.3.2.1 At a minimum the vendor must provide directly or by subcontract, all covered medically necessary dental services as defined in MSM Chapter 1000 – Dental with the exception of Orthodontic Services. Provider types and services shall include but not limited to the following:

A. General Dentists
B. Pediatric Dentists
C. Oral Surgeon
D. Oral and Maxillofacial Surgeon
E. Endodontists
F. Periodontists
G. Prostodontists
H. Dental Hygienists

The vendor shall ensure that pediatric dental services are provided as medically necessary to children under the age of 21, in accordance with EPSDT federal regulations as described in 42 CFR Part 441, Subpart B, and the Omnibus Budget Reconciliation Act of 1989, whether or not such services are covered under the DHCFP's state plan and without regard to any service limits

otherwise established in this RFP. This requirement shall be met by either direct provision of the service by the vendor or by referral in accordance with 42 CFR 441.61. Pediatric dental utilization shall be in accordance with The American Academy of Pediatric Dentistry (AAPD) recommendations regarding the periodicity of professional dental services for children, and EPSDT guideline for dental.

Scion Dental will provide services consistent with the above parameters.

3.3.2.2 Limited medically necessary emergency extractions and palliative care for adults over the age of 21 to include dentures/partial dentures under certain guidelines and limitations as defined in MSM Chapter 1000 Dental.

We understand the importance of a beautiful smile to all adults, including those in Nevada's high-growth tourism industry. With our flexible software system, we can easily configure the Nevada Medicaid benefit plan to cover dentures/partial dentures as requested. Scion Dental will provide services consistent with the above parameters.

3.3.2.3 Offer expanded dental services in addition to the adult services for Medicaid-eligible pregnant women for periodontal scaling and root planning, to reduce the risk of pregnancy related gingivitis, as well as treatment of inflamed gums around third molars during the pregnancy as defined in MSM Chapter 1000 Dental.

Scion Dental has extensive experience in defining business rules and managing claims processing for specific populations, including adult pregnant women. We have processes in place to categorize pregnant women based on the information we receive during eligibility updates. This information is used to configure the appropriate authorization guidelines and covered dental services for pregnant recipients and their appropriate coverage rules. We will provide services consistent with the above parameters.

3.3.2.4 The vendor must coordinate with the MCO in obtaining access to facilities and physician services that are necessary to support the dental provider who is providing dental services to a Medicaid or CHIP member under general anesthesia or intravenous (IV) sedation.

Through our current partnership with DHCFP as well as other clients, Scion Dental has developed valuable experience in managing of dental benefits provided in non-dental settings. We will assist in coordination of services consistent with the above parameters.

3.3.2.5 Non-Emergency Transportation (NET)

The DHCFP contracts with a NET Broker who authorizes and arranges for all covered medically necessary non-emergency transportation. The vendor and its subcontractors shall coordinate with the NET Broker, if necessary, to ensure NET services are secured on behalf of enrolled recipients. The vendor and its subcontractors must also verify dental appointments upon request by the DHCFP or the NET Broker.

To provide assistance to recipients who require transportation services, Scion Dental will work with the NET Broker to assist with arranging transportation. We will make information about transportation services and resources available from:

- **Member Handbook**. Upon enrollment, all recipients will have access to our Member Handbook, which includes information on arranging transportation services. Scion Dental's Member Handbook is posted online and accessible 24/7 via the Member Web Portal.

- **Member Web Portal**. We can display customized messages on web pages, and we can attach approved resource information as PDF documents, available for online viewing and/or printing.
- **Call Center Content Management System**. The Scion Dental Call Center staff is fully trained in client-specific details, policies, and procedures. We store resource materials, including information about transportation services, in an online Content Management System, to provide quick and easy online access when Call Center representatives are on the phone with recipients.

Scion Dental will also verify dental appointments upon request by the DHCFP or the NET Broker when transportation to provider offices is requested.

3.3.2.6 Orthodontic services for eligible managed care recipients are covered under FFS pursuant to MSM Chapter 1000. The vendor is responsible for ensuring referral and coordination of care for orthodontic services, pursuant to this RFP and for management of EPSDT services at six (6) month intervals for recipients of orthodontic services.

Scion Dental has extensive experience in managing of orthodontic benefits. For DHCFP, we will provide services consistent with the above parameters.

3.3.3 EPSDT Services (Medicaid) & Well Baby/Child Services (Nevada Check Up)

3.3.3.1 The vendor vendor as applicable will be required to conduct the oral examination component of EPSDT screenings for its recipients under the age of twenty-one (21) years. The screening must meet the EPSDT requirements found in the MSM Chapter 1500; as well as 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Social Security Act, and 42 CFR 441.50 through 441.63. The vendor must conduct all interperiodic screening on behalf of recipients, as defined in MSM Chapter 1500.

Through the EPSDT benefits, individuals under the age of 21, receive comprehensive dental care such as periodic and routine dental services needed for restoration of teeth, prevention, and maintenance of dental health.

Scion Dental will provide services consistent with the above parameters.

3.3.3.2 Medically necessary screening, diagnostic and treatment services identified in an EPSDT periodic or interperiodic screening must be provided to all eligible Medicaid children under the age of 21 years if the service is listed in 42 U.S.C. § 1396 d(a). For Title XIX children, the vendor is responsible for reimbursement of all medically necessary dental services under EPSDT whether or not the service is in the Medicaid State Plan. The vendor is responsible for the coordination of care in order to ensure all medically necessary coverage is being provided under EPSDT.

Scion Dental will provide services consistent with the above parameters.

3.3.3.3 EPSDT screens (for Nevada Medicaid recipients) and Well baby/Well child screens (for Nevada Check Up recipients) are billed using the same codes with the same reimbursement. The vendors are not required to pay for any treatments outside of the Title XXI state plan for Nevada Check Up recipients.

We acknowledge this requirement and are well-positioned to implement it for Nevada Medicaid.

3.3.3.4 The vendor is not required to provide any items or services determined to be unsafe or ineffective, or which are considered experimental. However, if ADA guidelines and/or peer reviewed studies are submitted, verified and determined by the vendor's Dental Director to demonstrate safety and effectiveness that item or service may be approved for use as non-experimental. Appropriate limits may be placed on EPSDT services based on medical necessity.

Scion Dental will provide services consistent with the above parameters.

3.3.3.5 The vendor is required to provide information and perform broad outreach and educational activities to eligible enrolled children for EPSDT services. These efforts may be reviewed and audited by the DHCFP or its designee. Refer to the MSM, federal documents cited in this Section, and Information Requirements of this RFP.

Scion Dental strongly believes in the importance of dental wellness at an early age. We believe recipient education and outreach on this issue is most effective as an active and ongoing process. We utilize a variety of recipient outreach methods designed to engage, educate, and motivate parents to take a proactive approach to their child's dental health. Each outreach method centers on routine dental cleanings and exams, preventive care, and the importance of early detection and treatment of dental cavities.

Scion Dental has reporting capabilities to identify and track recipients who receive dental sealants and fluoride treatments. This information allows us to determine ages that are underperforming and target outreach initiatives to these ages. We can also compare this list with the complete list of membership and determine which recipients have not received these services. We can then create an outreach campaign directed at these recipients to increase utilization of preventive services.

Scion Dental has found EPSDT outreach methods that are most effective include coordination with public health and other entities, automated outbound telephone campaigns, electronic communications, postcard campaigns, and missed appointment calls.

Coordination with public health and other entities. Scion Dental can offer a variety of services and targeted outreach programs to improve oral health outcomes for children. Some examples of programs we offer include the following:

- **DentiKids program**. Scion Dental adopted the American Academy of Pediatric Dentistry's guidelines when we created this program designed to boost early preventive care. As part of the program, Scion Dental closely monitors children under the age of one for preventive dental visits. If a child enrolled in the program has not yet visited the dentist by age one, we send the parent or guardian targeted correspondence that highlights the benefits of establishing a Dental Home and stresses the importance of regular dental visits.
- **Children's Mobile Dental program**. In our current network in Nevada, we provide comprehensive mobile dental services to children ages 0-21 at various schools and other locations in the Reno/Sparks area. The services are provided to about 500-600 patients a month using a mobile dental van. This van goes out daily, Monday through Saturday from 8:00 am – 4:00 pm.

- **Children's Cavity Prevention program**. Also in our current network in Nevada, this program provides oral hygiene instruction, dental screenings, fluoride varnish, and dental sealants to 2nd graders at low-income schools in the Reno/Sparks area. This program operates during the school year, usually Monday through Thursday. The program treats on average about 150-200 children per month.
- **Future Smiles**. Scion Dental partners with the Clark County School District (CCSD) to provide dental care for public school students. CCSD operates three Future Smiles clinics located on Clark County campuses. The program is staffed by dental hygienists who provide dental screenings, fluoride varnishing, and dental referrals to 21 local Clark County schools. The Future Smiles staff also participates with Scion Dental during health fairs at various locations around Clark County.

Automated outbound telephone campaign. One of the first steps in EPSDT outreach is an automated outbound telephone campaign. These calls deliver automated messages that are easily adaptable and can be custom-suited to the importance of childhood oral health and targeted to parents of young children. During business hours, recipients have the option of pressing "0" to be immediately connected to the Scion Dental Call Center to speak to a Customer Service Representative. These campaigns allow us to reach more recipients faster. Using real-time data drawn from our software platform, we can precisely customize call scripts and target parents of young children.

Electronic communication. Electronic communication, such as online articles and blog posts, can also be used as an effective way to educate recipients on EPSDT. Electronic communication can be posted on our Member Web Portal and sent to recipients via individual email addresses.

Scion Dental looks forward to working with DHCFP to gather accurate recipient email addresses and phone numbers to facilitate electronic communications. One of our objectives is to make communication with recipients faster, easier, and more convenient. Electronic correspondence is an ideal method for creatively offering the intended audience an interactive experience. Engaging the recipient/parent electronically via email or text message creates a higher level of impact and leaves a lasting impression, which increases the likelihood of positive change to the recipient's oral health habits. The more interactive the medium, the greater the ability to create an emotional response to the subject.

Postcard campaign. A postcard mailing campaign provides a standard-sized postcard to dental benefit plan recipients and contains a specific topic designed to spur thought and action. Postcards provided to recipients are developed by Scion Dental and approved prior to use. Postcard campaigns can be implemented for a wide variety of topics and audiences.

A sample customizable postcard that can be used in ongoing recipient outreach campaigns is shown below.

Missed appointment calls. Scion Dental works in partnership with providers to implement a process of reporting missed appointments. When we receive notification from a provider of a missed appointment, we call the recipient and remind them to reschedule the dental appointment, address barriers or concerns that caused the missed appointment, stress the importance of routine dental care, and remind them to notify their dental office ahead of time if they must reschedule a future appointment.

Customizable outreach. Scion Dental's approach to recipient education and outreach is to use a combination of innovative initiatives to maximize reach, impact, and effectiveness. Each outreach initiative is customizable to meet your needs and target specific recipient needs. Topics can include, but are not limited to:

- Noncompliance
- Mouth guards
- Sealants
- Routine dental visits
- Child's first dental visit
- How to brush and floss
- Fluoride treatments
- Baby bottle tooth decay

3.3.4 Health Promotion and Education Programs

The vendor shall identify relevant community issues and health promotion and education needs of its recipients, and implement plans that are culturally appropriate to meet those identified needs and issues relevant to each of the target population groups of recipients served. The vendor shall use community-based needs assessments and other relevant information available from State and local governmental agencies and community groups. Health promotion and education activities shall be evidence-based, whenever possible, and made available in formats and presented in ways that meet the needs of all recipient groups. The vendors shall comply with all applicable State and federal statues, regulations and protocols on health wellness programs. The vendor shall submit a written description of all planned health promotion and education activities and targeted implementation dates to Nevada Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion for approval, prior to implementation, including culturally

and linguistically appropriate materials and materials developed to accommodate each of the enrolled target populations. Health promotion topics shall include, but are not limited to, the following:

3.3.4.1 The vendor shall conduct regionally located and regularly scheduled outreach activities to inform members about the availability of dental services and to significantly increase the number of children receiving services. The results of the outreach activities should be measurable and support the overall goal of increasing awareness of and/or utilization of dental services.

Scion Dental wants recipients to lead the healthiest life possible, and proper oral care is a necessary component of a healthy lifestyle. Our comprehensive recipient outreach programs provide recipients with educational materials and tools to help them make informed decisions about dental care.

We use multiple outreach tactics to communicate with recipients, parents, and caregivers, influence recipient behavior, and expand access to care. We use enrollee data, claim history, demographics, and other factors to precisely target particular groups of recipients. For details on recent outreach activities we have performed in Nevada, please see **section 3.3.3.5**.

Program options for recipient outreach may include:

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3.3.4.2 The vendor must at a minimum develop and implement health education initiatives that effectively and accurately educate members about:

A. How the dental program operates;

B. Medically Necessary Covered Dental Services, benefit limitations, and any Value-Added services offered by the vendor;

C. Dental Exams and preventive care;

D. The importance of oral health, proper nutrition and including the relationship between oral health and systemic/overall health;

E. Oral health literacy; and

F. Non-Emergency Transportation for Medicaid Members.

The vendor is encouraged to offer additional preventive or cost-effective services to enrolled recipients if the services do not increase the cost to the State.

At Scion Dental, we understand good oral health is directly linked to disease prevention and wellness, which is why we have targeted outreach and education programs to help recipients make informed choices about their dental care. We are committed to educating recipients about the link between good dental health and good medical health. We publish oral health information in our Member Handbook and on our web portal in a variety of formats, including downloadable PDFs and online videos. We partner with the American Dental Association to provide high-quality educational materials and online videos in both English and Spanish.

We believe educating recipients about preventative care can directly affect their health and wellness. Our comprehensive dental education program focuses on ways to keep a healthy smile. We offer educational materials about healthy living, nutrition, preventive care, and early intervention. For example, we promote sealant education, provide information about the benefits, explain the application process, and assure recipients the procedure is not painful, but only beneficial.

We believe when recipients are better educated in dental health, they increase their oral hygiene efforts and take better oral care—this includes more visits to the dentist. Scion Dental is committed to working with the State of Nevada to explore and identify the best possible ways to reach and educate recipients in the Medicaid dental program.

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Transportation services

As referenced in **section 3.3.2.5**, to provide assistance to recipients who require transportation services, Scion Dental will work with the NET Broker to arrange transportation services and make information about transportation services and resources available from:

- **Member Handbook.** Upon enrollment, all recipients will have access to our Member Handbook, which includes information on arranging transportation services. Scion Dental's Member Handbook is posted online and accessible 24/7 via the Member Web Portal.
- **Member Web Portal.** We can display customized messages on web pages, and we can attach approved resource information as PDF documents, available for online viewing and/or printing.
- **Call Center Content Management System.** The Scion Dental Call Center staff is fully trained in client-specific details, policies, and procedures. We store resource materials, including information about transportation services, in an online Content Management System, to provide quick and easy online access when Call Center representatives are on the phone with recipients.

Developing and designing an outreach program

Using data from our software system, outreach messages can be targeted to specific recipient groups based on previous claim and dental visit history. By combining this data with today's technology, we are confident in our ability to increase access to care for Medicaid recipients in Nevada.

For maximum effectiveness, we will customize our recipient educational materials as much as possible to meet the recipient's circumstances and health needs. For instance, to encourage recipient's use of EPSDT services and to achieve the goal of ensuring that children receive age-appropriate, comprehensive dental services, our recipient educational materials may include:

- Targeted mailings, such as postcards and reminders
- Tip sheets for distribution from providers' offices, local service agencies, health clinics, and other community-based healthcare locations
- Information posted on our website
- Proactive outreach calls with follow-up written notices to non-compliant recipients' parents, guardians, and caregivers

- Distribution of materials designed for children, available from locations such as school-based settings and Head Start classrooms

By implementing a variety of tactics, we can offer a constant, customizable flow of information that provides recipients with the education they need most.

3.3.5 Out-of-Network Services

If the vendor's provider network is unable to provide medically necessary services covered under the plan to a particular recipient, the vendor must adequately and timely cover these services out of network for the recipient for as long as the vendor is unable to provide them. The vendor benefit package includes covered medically necessary dental services for which the vendor must reimburse certain types of providers with whom formal contracts may not be in place. The vendor must also coordinate these services with other services in the vendor benefit package.

3.3.5.1 When it is necessary for enrolled recipients to obtain services from out-of-network providers (i.e. the recipient needs to see a specialist for which the vendor has no such specialist in its network), the vendor must:

A. Coordinate the care with out-of-network providers;

B. Offer the opportunity to the out-of-network provider to become part of the network; and

C. Negotiate a contract to determine the rate prior to services being rendered or pay no more than the Medicaid FFS rate.

Scion Dental is committed to delivering exceptional access to care. We continue to recruit for our well-established network in Nevada to identify additional providers to add to our networks.

The Scion Dental Customer Service Center has well-documented procedures in place to assist recipients with appointments and to escalate requests for out-of-network providers and specialty care. When a recipient requires service and no suitable in-network provider can be found within the contract access standards, a Scion Dental Customer Service Representative helps the recipient identify the nearest provider office meeting the recipient's needs. If the recipient requests a particular out-of-network provider, or if they were referred to a specific provider, the Customer Service Representative collects all necessary information on the preferred provider. The Customer Service Representative may also assist by contacting the provider office to set up the appointment if needed.

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Prior to claims processing, the Enterprise System is configured to authorize and pay the out-of-network provider within the system. During claims processing, a series of edits run against claims and services to verify the rendering provider is appropriately certified to provide services for the client's program and its recipients. Our flexible system configuration allows us to ensure client-specific business rules are followed for out-of-network providers. This ensures there is never an additional cost to eligible recipients, and it allows us the flexibility of paying out-of-network providers appropriately, based on agreements negotiated by our Provider Relations team.

The Provider Relations and Dental Reimbursements teams monitor the out-of-network provider's claim in the system to ensure timely and accurate payment.

3.3.5.2 When it is necessary for recipients to obtain services from an out-of-state (OOS) provider, the vendor must negotiate a contract to determine the rate prior to services being rendered. The vendor must inform the provider to accept vendor reimbursement as payment in full. The only exception is for TPL. The OOS provider must not bill, accept or retain payments from Medicaid or Nevada Check Up recipients.

Scion Dental acknowledges and is prepared to meet the requirements in section 3.3.5.2.

Scion Dental's single-case agreement specifies the mutually agreed upon reimbursement for services rendered. This reimbursement is identified as payment in full for the services.

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3.3.6 Emergency Dental Services

3.3.6.1 The vendor may not deny payment for emergency services treatment when a representative of the vendor instructs the recipient to seek emergency services care.

Scion Dental will provide reimbursement for emergency services consistent with Nevada Medicaid benefit provisions.

3.3.6.2 The vendor shall be responsible for dental related services provided in an emergency.

Scion Dental will provide services consistent with the above parameters.

3.3.6.3 In providing for emergency dental services and care as a covered service, the vendor shall not:

A. Require prior authorization for emergency dental services and care.

B. Indicate that emergencies are covered only if care is secured within a certain period of time.

C. Use terms such as "life threatening" or "bona fide" to qualify the kind of emergency that is covered.

D. Deny payment based on the member's failure to notify the vendor in advance or within a certain period of time after the care is given.

Scion Dental will provide services consistent with the above parameters.

3.3.6.4 The vendor shall not deny payment for emergency dental care unless it is performed under the medical benefit in a hospital, emergency room or ambulatory surgery center.

Scion Dental understands DHCFP's objectives with this requirement, and we are well-positioned to accurately provide services consistent with its parameters.

3.3.6.5 The vendor shall not deny payment for treatment obtained when a member had an emergency dental condition and stabilization of condition, including cases in which the absence of immediate dental attention would not have had the outcomes specified in 42 CFR §438.114(a) of the definition of an emergency dental condition.

Scion Dental will provide services consistent with the above parameters.

3.3.6.6 The vendor is not responsible for emergency dental coverage provided on an emergency basis in a hospital, emergency room or ambulatory surgery center under the medical benefit which may include dislocated jaw, traumatic damage to teeth and supporting structures, and removal of cysts; treatment of oral abscess of tooth or gum origin; treatment and devices for correction of craniofacial anomalies; and drugs.

Scion Dental acknowledges and is prepared to implement this requirement.

3.3.6.7 The vendor shall not deny emergency dental services claims submitted by a non-contracting provider solely based on the period between the date of service and the date of clean claim submission unless that period exceeds 365 days.

Scion Dental will provide reimbursement of services consistent with the above parameters.

3.3.6.8 Non-emergent services provided in an emergency room are a covered service. Providers are expected to follow national coding guidelines by billing at the most appropriate level for any services provided in an emergency room setting.

Scion Dental acknowledges non-emergent services provided in an emergency room as a covered service. We will provide reimbursement of services consistent with the above parameters.

3.3.6.9 Post-Stabilization Services

The vendor is financially responsible for:

A. Post-stabilization services obtained within or outside the network that are pre-approved by a network provider or organization representative;

Scion Dental will provide post-stabilization care related to dental services not covered under the medical program.

B. Post-stabilization services obtained within or outside the network that are not pre-approved by a network provider or other organization representative, but administered to maintain the recipient's stabilized condition within one (1) hour of a request to the vendor for pre-approval of further post-stabilization care services;

Scion Dental will provide post-stabilization care related to dental services not covered under the medical program. We acknowledge the parameters of this requirement and will be prepared to meet them.

C. Post-stabilization care services obtained within or outside the network that are not pre-approved by a network provider or other organization representative, but are administered to maintain, improve, or resolve the recipient's stabilized condition if vendor does not respond to a request for pre-approval within one (1) hour, or the vendor cannot be contacted or the vendor and the treating physician cannot reach an agreement concerning the recipient's care and a network provider or other organization representative is not available for consultation. In this situation, the vendor must give the treating physician the opportunity to consult with a network physician and the treating physician may continue with care of the recipient until a network physician is reached or one of the criteria in 42 CFR 438.114(e) and 42 CFR 422.113 is met;

Scion Dental will provide post-stabilization care related to dental services not covered under the medical program. We acknowledge the parameters of this requirement and will be prepared to meet them.

D. Pursuant to 42 CFR 438.114(e) and 42 CFR 422.113, the vendor's financial responsibility for post-stabilization care it has not pre-approved ends when a network physician with privileges at the treating hospital assumes responsibility for the recipient's care or a network physician assumes responsibility for the recipient's care through transfer or the vendor and the treating

physician reach an agreement concerning the recipient's care or the recipient is discharged; and

Scion Dental will provide post-stabilization care related to dental services not covered under the medical program. We acknowledge this requirement.

E. Pursuant to CFR 438.114(e), the vendor charges for post stabilization care services provided by an out-of-network provider to a recipient may be no greater than the amount the vendor would charge if the services had been obtained in network.

Scion Dental will provide post-stabilization care related to dental services not covered under the medical program. We acknowledge this requirement and are well-prepared to meet it.

3.3.6.10 Coordination with Other Vendors and Other Services

Pursuant to 42 CFR 438.208(b) (2), (3), and (4) the vendor is required to implement procedures to coordinate services it may provide to the recipient with the services the recipient may receive from any other vendor. Upon request or notification of need, the vendor is required to communicate with other vendors serving the recipient the results of its identification and assessment of any special health care needs to ensure that services are not duplicated, and to ensure continuity of care. The vendor's procedures must ensure that, in the process of coordinating care, each recipient's privacy is protected consistent with the confidentiality requirements in 45 CFR Parts 160 and 164 [(the Health Insurance Portability and Accountability Act (HIPAA)].

A. The vendor will be responsible for coordinating services with other appropriate Nevada Medicaid and non-Medicaid programs. This coordination includes electronic data sharing for integrated health care.

As the organization representing Nevada's Division of Health Care Financing and Policy (DHCFP), Scion Dental recognizes the great responsibility placed upon us to ensure enrolled recipients have access to the care they need to help improve their health outcomes. We also recognize our role in working collaboratively throughout and across recipients' local communities to attend to and consider a variety of potential scenarios including care gaps, recommendations for care, over utilization, and appropriateness of care (or care settings) to name just a few examples.

Scion Dental recognizes one of DHCFP's primary purposes in carving dental care out of its MCOs and delivering dental care through the state-wide prepaid ambulatory health plan (PAHP) is to allow the State to better focus on dental care and improve performance on key dental measures, including appropriate use of all healthcare services, enhanced access to care, and improved health outcomes, and to provide person-centered planning and integrated service delivery.

As an experienced dental benefits administrator, Scion Dental recognizes the value of collaborating with community resources and healthcare entities to be sure that among other activities, the following happen:

- A primary care dentist or Dental Home is designated for each enrolled recipient.
- Dental services are coordinated, as appropriate, with other clinical care or community resources.

- Clinical information, records, data, and the like for recipients with special health care needs are freely and routinely shared with other providers to guard against and prevent duplicative services.
- In all instances of care coordination the recipient's privacy is protected with the confidentiality requirements of 45 CFR § 160 & 164 (HIPAA).

Primary Dental Provider (PDP) / Dental Home

Scion Dental is a strong proponent of the value of the Dental Home concept, and we have considerable experience implementing the program and assigning PDPs to recipients. As described in detail in **section 3.5.4**, recipients are encouraged to select a PDP when they enroll in the Medicaid dental program, as part of the Scion Dental welcome process.

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Coordination of Care

To deliver better overall health to Medicaid recipients, Scion Dental recognizes that medical and dental communities must collaborate routinely and efficiently. We know this is especially true for children, elderly individuals with special needs, pregnant women, as well as individuals living with chronic conditions. Nowhere is the need for coordination of care, and care navigation, more important than among recipients with the most chronic or complex conditions. Scion Dental is committed to working within the framework of the Health Care Guidance Program's (HCGP) care management program. In addition, and beyond our participation in the HCGP program for certain of Nevada's Medicaid recipients, we understand the value of coordinating care across a number of fronts, from both a health outcome and cost perspective.

We also understand the challenges posed by many of these scenarios, for example:

- Medical (patient centered medical home/PCMH) and dental care coordination
- Transportation issues and appointment adherence
- Patient self-management and health outcomes
- Medication compliance and increased care utilization
- Behavioral health and community social support services

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- Connecting these with and to health information technology

It is not without notice that Nevada has been recognized by CMS for its HealthInsight of Nevada nursing facility intervention program aimed at coordination and appropriate level of care for beneficiaries.

Health information technology

With our fully integrated, online, real-time processing system, Scion Dental can ensure coordination of care, including implementing procedures for communicating with other vendors to ensure services are medically necessary, appropriate for the recipient's condition, and are not duplicated. Recipient health data can be imported and stored in our system databases and can be extracted into agreed-upon file formats and securely transmitted to other vendors, as a means of coordinating care.

Our Call Center and Member Services teams can work closely with DHCFP to develop processes and procedures for referrals and care coordination across multiple vendors. ***Our goal is to coordinate dental care for recipients in a way that ensures the right care, in the right place, at the right cost, with a high quality clinical outcome.***

Protecting recipient privacy (HIPAA)

To ensure recipient privacy is protected consistent with the confidentiality requirements in 45 CRF Parts 160 and 164, Scion Dental has implemented policies, procedures, and internal controls to safeguard recipient privacy rights. This includes policies and procedures to ensure the privacy and security of Protected Health Information (PHI) by limiting the use and disclosure of PHI to what is minimum or reasonably necessary to accomplish the intended purpose and robust policies and procedures to comply with the privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA).

Our internal controls also include requiring all employees to participate in annual HIPAA training. Further, Scion Dental represents that "for medical records and any other health and enrollment information that identifies a particular enrollee" we will use and disclose such individually identifiable health information only in accordance with the requirements in set forth in the HIPAA Privacy Rule.

B. *In addition, the vendor is responsible to ensuring continuity of services for recipients with special needs. These recipients may include, but are not limited to: juveniles temporarily detained by a state or county agency; Seriously Emotionally Disturbed children, adults with Severe Mental Illness and individuals with substance abuse disorders; Children with Special Health Care Needs; homeless recipients; recipients with chronic conditions; women with pregnancies, and referring orthodontic recipients to their appropriate Dental Home for periodic examinations and cleanings.*

As noted immediately above within this section, Scion Dental recognizes that the need for care coordination exists for all DHCFP's recipients, but nowhere is that need more acute than for recipients with the most complex medical conditions,

those who live with chronic conditions or who have special health needs, those who are homeless or who have behavioral/emotional/mental illness or substance abuse, as well as in-custody juveniles. For these situations, and for this small percentage of recipients, there is no easy answer, nor is there a single "one size fits all" solution. It is because there is neither a simple solution nor a singular answer that Scion Dental is committed to working with other healthcare providers, community agencies, as well as inter-and intra-agencies within the State of Nevada.

Existing functionality within Scion Dental's Enterprise System software allows us to coordinate in a number of ways, including the following examples:

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3.3.6.11 Federally Qualified Health Center (FQHC)

The vendor must pay for services provided by a Federally Qualified Health Center (FQHC). Vendors may enter into contracts with FQHCs provided that payments are at least equal to the amount paid to other providers for similar services. If the vendor does not have a contract with an FQHC, the vendor must pay at a rate equivalent to the FFS rate. This does not apply to out of network providers of emergency services. The vendor must demonstrate a good faith effort to negotiate a contract with FQHCs and include all licensed and qualified FQHC providers in the vendor's

network. Contracting with just one provider at each FQHC does not constitute a good faith effort to include the FQHC in the vendor's network. The vendor must report to the DHCFP payments and visits made to FQHCs. The DHCFP is responsible for FQHC wrap payments; the vendor will be responsible for quarterly reporting on FQHC activity.

Scion Dental acknowledges and is prepared to meet the requirements of section 3.3.6.11. Scion Dental can send the DHCFP ad hoc FQHC payment and visit reports at any time, upon request.

We contract with any willing and eligible provider group, including FQHCs. For contracted FQHC providers, our reimbursement is based on the Medicaid reimbursement encounter rate. For uncontracted providers, Scion Dental will pay at a rate equivalent to the FFS rate. Scion Dental will reprocess any claims for FQHC when there is a delay in the issuance of the encounter rate data that indicates an increase in the rate.

We already configure the Enterprise System to accommodate out-of-network reimbursement for FQHCs. Prior to claims processing, the Enterprise System is configured to authorize and pay the FHQC provider within the system. During claims processing, a series of edits run against claims and services to verify the rendering provider is appropriately certified to provide services for the client's program and its recipients. Our flexible system configuration allows us to ensure client-specific business rules are followed for FHQC providers. This ensures there is never an additional cost to eligible recipients, and it allows us the flexibility of paying FHQC providers appropriately.

3.4 Enrollment Requirements and Limitations

3.4.1

The vendor eligibility and enrollment functions are the responsibility of the DHCFP and the DWSS. The vendor shall establish and implement enrollment procedures and maintain applicable enrolled recipient data. The vendor shall accept each recipient who is enrolled in or assigned to the vendor by the DHCFP and/or its enrollment sections and/or for whom a capitation payment has been made or will be made by the DHCFP to the vendor. The first date a Medicaid or Nevada Check Up-eligible recipient will be enrolled is not earlier than the applicable date in the vendor's specified contract.

Scion Dental maintains up-to-date policies and procedures for recipient enrollment data and can make them available to the DHCFP upon request. Scion Dental ensures that appropriate systems management staff oversees electronic record retentions, including recipient eligibility and enrollment data.

Scion Dental will begin enrolling Medicaid and/or Nevada Check Up-eligible recipients on the date as defined by our contract. Scion Dental will accept each recipient assigned by the DHCFP, any designated enrollment sections, and all recipients for whom a capitation payment has been made or will be made by the DHCFP.

Loading and maintaining eligibility data

Scion Dental receives, processes, and loads hundreds of eligibility data files into our system databases every month. We work with our clients to define their specific business rules, and then apply those rules to the incoming eligibility and enrollment data. Our data file import process manages enrollee updates through eligibility change files submitted in HIPAA-compliant 834 v. 5010 transaction sets and through full file data imports, which reflect full membership. Built-in logic compares full files against membership records stored in the processing system database, and customizable business rules are applied to correct any discrepancies.

> Our goal is to achieve **hands-off, automated data file imports**, transformation, and loading.

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3.4.2

The vendor must accept recipients eligible for enrollment in the order in which they apply without restriction, up to the limits set under the contract 42 CFR 438.6(d)(1) . The vendor acknowledges that enrollment is mandatory except in the case of voluntary enrollment programs that meet the conditions set forth in 42 CFR 438.50(a). Per 42 CFR 438.6(d)(3)(4) the vendor will not, on the basis of health status or need for health services, discriminate against recipients eligible to enroll. The vendor will not deny the enrollment nor discriminate against any Medicaid or Nevada Check Up recipients eligible to enroll on the basis of race, color or national origin and will not use any policy or practice that has the effect of discrimination on the basis of race, color or national origin. The vendor must have written policies and procedures for enrolling all eligible populations and receiving monthly and other updates from the DHCFP of recipients enrolled in, the vendor. The vendor will accept as enrolled all recipients appearing on monthly enrollment reports.

Scion Dental accepts all recipients eligible for enrollment in the order in which they apply without restriction, up to the limits set under the contract 42 CFR 438.6(d)(1), and acknowledges that

enrollment is mandatory except in the case of voluntary enrollment programs that meet the conditions set forth in 42 CFR 438.50(a).

Our automated, configurable data file import process accepts 834 enrollment files on any schedule that meets our client's needs. Built-in logic compares full files against enrollee records stored in the processing system database, and customizable business rules are applied to correct any discrepancies. Updated information is available immediately, as soon as an eligibility file is loaded into the system or an enrollee record is created or modified through the software system user interface.

Scion Dental does not and will never discriminate against Medicaid recipients eligible to enroll for services on the basis of race, color, or national origin, and does not use any policy or practice that has the effect of discrimination on the basis of race, color, or national origin.

Scion Dental routinely customizes its policies and procedures for our enrollment procedures, based on the unique requirements of each client. We will update and maintain customized policies and procedures for the DHCFP during the startup phase of the contract, before the go-live date.

Scion Dental's benefits management software is compliant with Accredited Standards Committee (ASC) x12 healthcare version 5010 transaction sets that are mandated under HIPAA's Administrative Simplification provisions. Our software fully supports 834 EDI Health Plan Enrollment, Disenrollment and Maintenance Transaction Sets, 270 Eligibility Status Requests, and 271 Eligibility Status. We are highly experienced in processing inbound 834 eligibility files, 270 eligibility inquiries, and 271 eligibility response files.

Scion Dental receives monthly full files that list all enrolled and active recipients from many of our clients. If there are discrepancies between Scion Dental's enrollment records and what is submitted on a client full file, our technical staff can perform a termination by omission (TBO) process that automatically terminates any active enrollment record for those recipients who did not appear on the full eligibility file. This process is optional and can be implemented based on client needs. The TBO process helps to prevent further discrepancies with client data.

3.4.3

The vendor is responsible for services rendered during a period of retroactive enrollment in situations where eligibility errors have caused an individual to not be properly and timely enrolled with the vendor. In such cases, the vendor shall only be obligated to pay for such services that would have been authorized by the vendor had the individual been enrolled at the time of such services. For in-state providers in these circumstances, the vendor shall pay the providers for such services only in the amounts that would have been paid to a contracted provider in the applicable specialty. Out-of-state providers in these circumstances will be paid according to a negotiated rate between the vendor and the out-of-state provider. The timeframe to make such corrections will be limited to 180 days from the incorrect enrollment date. The DHCFP is responsible for payment of applicable capitation for the retroactive coverage

Scion Dental acknowledges and is prepared to meet the requirement in section 3.4.3. All claims that are submitted within timely filing standards are processed and paid appropriately, based on the recipient's effective date of coverage. How claims are handled in response to retroactive changes to recipient eligibility is based on client business rules. Scion Dental can identify claims

that were denied because recipients were ineligible, and then reprocess them accordingly, after eligibility is updated.

If a recipient's eligibility is updated retroactively, enrollee records in our system are updated accordingly with an effective date of coverage. If claims are affected by a retroactive eligibility change, we can easily identify those claims and reprocess them all at once, using the Enterprise System's automated Bulk Adjustment feature.

For example, if claims were denied because recipients were not eligible, and then a retroactive eligibility change is applied, all affected claims can be identified as candidates for bulk adjustment, and then resubmitted for payment. Claims that were paid for recipients whose eligibility was later retroactively terminated can be identified for bulk adjustment, and then resubmitted for overpayment recovery.

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3.4.4 Enrollment Interface

Upon initiation of the transition phase for a new vendor, the vendor must furnish the technical means by which the vendor's Enrollment Sections can:

A. Determine the number of recipients each enrolled PDP will accept as new patients; and

B. Transmit recipient elections regarding PDP assignment for the forthcoming month.

Scion Dental's Enterprise System software can track the maximum number of recipients each PDP will accept as new patients as part of each provider record. The system also tracks the Patient Access Status, which identifies whether, at a particular location, an individual provider is:

- Accepting new patients
- Accepting new patients only by referral
- Scheduling appointments with only existing patients
- Not accepting any new patients

In addition, the system tracks recipient PDP assignments, including effective date and termination date, as part of each enrollee record.

Each month, Scion Dental can generate either a change-only or a full file of current PDP assignments to DHCFP, in a file format that meets your needs. Scion Dental can also report on the number of recipients each enrolled PDP will accept as new patients, the Patient Access Status for each provider/location, and the number of recipients currently assigned to each provider.

3.4.5 Provider Enrollment Roster Notification

The vendor must either notify or provide the means for providers to verify recipients' PDP selection. The vendor must establish and implement a mechanism to inform each PDP about any newly enrolled recipients assigned to the PDP on at least a monthly basis. This information must be made available to each PCP within five (5) business days of the vendor receiving the Membership File. The Enrollment Sections will pass the Membership File through the system for verification of eligibility prior to distribution to the vendor, who will in turn be responsible for keeping individual participating providers informed. The vendor may elect to update its Membership File more frequently to keep PDPs informed of the enrollment activity.

Providers in the Nevada Medicaid dental program will always have instant access to their PDP assignments through the Provider Web Portal. As soon as eligibility data is loaded into Enterprise System databases, the information is available instantaneously throughout the processing system and through the integrated web portals.

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3.4.6 Transitioning/Transferring of Recipients

It may be necessary to transfer a recipient from one vendor to another or to FFS for a variety of reasons. When notified that a recipient has been transferred to another plan or to FFS, the vendor must have written policies and procedures for transferring/receiving relevant patient information, dental records and other pertinent materials to the other plan or current FFS provider. This must be done in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other privacy laws.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.4.6. Scion Dental has written policies and procedures in place, which comply with HIPAA privacy laws, for transferring patient information to, and receiving patient information from, other plans or providers.

3.5 Recipient Services

3.5.1 Information Requirements

3.5.1.1 The vendor must have written information about its services and access to services including Recipient Services phone number available to recipients and potential recipients. This written information must also be available in the prevalent non-English languages, as determined by the State, in its particular geographic service area. The vendor must make free, oral interpretation services available to each recipient and potential recipient. This applies to all non-English languages, not just those that the State identifies as prevalent.

At Scion Dental, we believe providing new recipients with easy-to-understand, clear communications about the program makes them feel welcome and comfortable. Scion Dental will send all new recipients a Member Welcome Packet and provide them with an electronic Provider Directory accessible online, anytime via the Member Web Portal. A

printed copy of the Provider Directory and/or Member Handbook can be sent to recipients and potential recipients upon request.

Member Welcome Packet

Scion Dental provides all new recipients with a Member Welcome Packet that introduces them to the Medicaid dental program. Our goal is to help recipients understand how to access dental services, learn about their benefits, and become educated about the importance of dental health. The Member Welcome Packet provides essential education, instruction, and tools recipients, parents, and caregivers need to get started in and make the most of the program.

Welcome letter

Our welcome letter will highlight major program features and all necessary contact information. The letter also encourages the establishment of a Dental Home. If the recipient has selected a Primary Dental Provider (PDP), or if a PDP has been assigned automatically, we will confirm that assignment and provide the PDP's name, location, and telephone number. If a recipient has not selected a PDP during the enrollment process, the welcome packet will include the PDP selection form with clear instructions on how to select a PDP.

Our recipient welcome material will also include:

- Information on benefit plan coverage
- Introduction to our self-servicing Member Web Portal, including how to register and a description of the online tools available
- Introduction to services available from the Scion Dental Customer Service Call Center, including our toll-free telephone number
- Member's right to file grievances and appeals

Scion Dental notifies enrollees that verbal interpretation is available for any language during business hours and that written information is available in both English and Spanish at no expense to them. We publish this information in our Member Handbook, member enrollment letters, our Member Web Portal outreach and education materials, and our Provider Policy and Procedure Manual.

3.5.1.2 The vendor is required to notify all recipients and potential recipients that oral interpretation is available for any language and written information is available in prevalent languages. The vendor must notify all recipients and potential recipients how to access this information.

As stated in **section 3.5.1.1**, Scion Dental notifies enrollees that verbal interpretation is available for any language during business hours and that written information is available in prevalent languages at no expense to them, as well as how to access language translation services, in a number of ways. We publish this information in our Member Handbook, recipient enrollment letters, our Member Web Portal, and our Provider Policy and Procedure Manual.

3.5.1.3 The vendor's written material must use an easily understandable format and language. The vendor must also develop appropriate alternative methods for communicating with visually and hearing-impaired recipients, and accommodating physically disabled recipients in accordance with the requirements of the Americans with Disabilities Act of 1990. All recipients and potential recipients must be informed that this information is available in alternative formats and how to access those formats. The vendor will be responsible for effectively informing Title XIX Medicaid recipients who are eligible for EPSDT services, regardless of any thresholds.

At Scion Dental, we believe that recipient access to easily understood, well-written material is vital for the success of any program. Every recipient should have access to materials regardless of language spoken, reading level, or special needs.

All materials will be made available in alternative formats upon request for recipients with special needs or appropriate interpretation services will be provided by Scion Dental at no charge to the recipient.

Our Call Center has the ability to assist recipients with limited English proficiency and special needs. Callers in need of Spanish translation are routed to internal bilingual Customer Service Representatives who are fluent in both English and Spanish. Should interpretation for another language be required, our representatives initiate three-way calls that include U.S.-based translators from a third-party service vendor (translators are specially trained for the healthcare industry).

For recipients with mental illness or cognitive impairment, we offer three-way calls with guardians or designated assistants.

For callers who are hearing impaired, we support onsite Teletype (TTY/TTD) services connected to our Call Center. Callers are never charged a fee for translator or interpreter services offered through our Call Center.

Scion Dental will also inform Title XIX Medicaid recipients who are eligible for EPSDT services, regardless of any thresholds.

3.5.2 Member Handbook

The vendor must provide all recipients with a Member Handbook. The vendor can meet this requirement by sending the Member Handbook to the head of the household. The handbook must be written at no higher than an eighth (8th) grade reading level and must conspicuously state the following in bold print.

"THIS HANDBOOK IS NOT A CERTIFICATE OF INSURANCE AND SHALL NOT BE CONSTRUED OR INTERPRETED AS EVIDENCE OF INSURANCE COVERAGE BETWEEN THE VENDOR AND THE RECIPIENT."

3.5.2.1 The vendor must submit the Member Handbook to the DHCFP before it is published and/or distributed. The DHCFP will review the handbook and has the sole authority to approve or disapprove the handbook, in consultation with the Medical Care Advisory Committee (MCAC). The vendor must agree to make modifications in handbook language if requested by the DHCFP, in order to comply with the requirements as described above or as required by CMS or State law. In addition, the vendor must maintain documentation that the handbook is updated at least once per year.

Scion Dental acknowledges and is prepared to meet the requirements in 3.5.2.1. Scion Dental will submit the Member Handbook template to the State of Nevada for the

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Department's approval before the publication date and will make any required changes. Any revisions made to the Member Handbook will be submitted to the State for re-review and approval. We will also maintain documentation that the handbook is updated at least once per year.

We intend to work closely with DHCFP staff to ensure that our Member Handbook aligns with Department goals and meets the unique needs of Nevada residents.

3.5.2.2 The vendor must mail the handbook to all recipients within five (5) business days of receiving notice of the recipient's enrollment and must notify all recipients of their right to request and obtain this information at least once per year or upon request. The vendor will also publish the Member Handbook on the vendor's Internet website upon contract implementation and will update the website, as needed, to keep the Member Handbook current. At a minimum, the information enumerated below must be included in the handbook:

A. Orienting new members of its benefits and services including confirmation of the recipient's PDP selection or assigned PDP;

B. Role of the primary care dentist;

C. The days the office or facility is open and services are available;

D. The address and telephone number of the vendor's office or facility;

E. How to utilize services in sufficient detail to ensure that recipients understand benefit amount, duration and scope including prior authorization requirements;

F. What to do in a dental emergency or urgent dental situation including how to access emergency dental care after hours and on weekends, or out of the service area, inform the member to dial 911 if there is a medical emergency;

G. Information on Grievance, Appeals, and Fair Hearing procedures, as specified in 42 CFR 438.10(g);

H. A list of current network PDPs who are and who are not accepting new patients in the recipient's service area and all languages spoken;

I. The provider list located on the vendor's website shall be updated by the vendor monthly;

J. Any restrictions on the recipient's freedom of choice among network providers;

K. Procedures for changing a PDP;

L. Recipient rights and protections as specified in 42 CFR 438.100. The vendor must maintain written policies and procedures for informing recipients of their rights and responsibilities, and must notify recipients of their right to request a copy of these rights and responsibilities;

M. Procedures for enrollment and disenrollment;

N. Procedure for referral to specialists or other medically necessary dental services;

O. Referral for service that the vendor does not cover because of moral or religious objections, the vendor need not provide the information on how or where to obtain the service. The vendor must notify the State and recipient regarding services that meet these criteria and in

those instances, the State must provide the information on where and how to obtain the service;

P. Any information regarding cost sharing which may apply for a non-covered service;

Q. How to access Non-Emergency Transportation;

R. The vendor is required to provide to the recipient upon request, information on the structure and operation of the vendor and information about provider incentive plans as set forth in 42 CFR 438.6(h);

S. Information the member needs in order to decide among all relevant treatment options;

T. The risk, benefits, and consequences of treatment and non-treatment;

U. The member's right to participate in decisions regarding his or her healthcare, including the right to refuse treatment, and to express preferences about future treatment decisions;

V. The member handbook must include a distinct section for eligible recipients which explains the EPSDT program and includes a list of all the services available to children; a statement that services are provided to the recipient at no costs and a telephone number which the recipient can call to receive assistance in scheduling an appointment;

W. Notification of the recipient's responsibility to report any third-party payment service to the vendor and the importance of doing so; and

X. Explanation of fraud and abuse and how to report suspected cases of fraud and abuse, including hotlines, e-mail addresses and the address and telephone number of the vendor's fraud and abuse unit.

In addition to being mailed to recipients within five days of enrollment, Scion Dental's Member Handbook will also be posted online and accessible 24/7 via the Member Web Portal. The Member Handbook will address all issues related to accessibility, recipient responsibility, and how to get assistance with any issue. The Handbook will contain all required content outlined in section 3.5.2.2, and begin with a table of contents to provide readers with a quick method for finding content.

We will organize the Handbook content with the information used most frequently by recipients first, putting more specialized information later in the book. Our toll-free Member Services and TDD/TTY numbers will be prominent at the bottom of each page. The Member Handbook will open with a reminder that a recipient may request the Handbook translated into another language or alternative format.

Scion Dental will submit the Member Handbook template to the State of Nevada for the Department's approval before publication and will make any required changes. Any revisions made to the Member Handbook will be submitted to the State for re-review and approval.

We intend to work closely with DHCFP staff to ensure that our Member Handbook aligns with Department goals and meets the unique needs of Nevada residents.

Real-time Provider Directory

Scion Dental will also inform recipients on how to access our instant, real-time Provider Directory via the Member Web portal. The online, real-time directory includes:

- Provider name
- Address

- Telephone numbers
- Office hours
- Foreign languages spoken
- Specialty
- Whether the provider is accepting new patients
- Practice limitations, including whether the provider is willing to serve children and adults with special health care needs and whether the provider's practice has age restrictions

Because data in our web portals is directly referenced from our benefits management software system, all provider-related data is instantly updated in the portals as soon as it is updated in our software platform—with no file extracts or data uploads needed. Recipients who use our self-service Member Web Portal will always have the most accurate, up-to-date provider information available, 24/7, through an easy-to-use Provider Search tool.

We also include step-by-step instructions for selecting a Primary Dental Provider (PDP) online, and how to change their PDP assignment at any time through the Member Web Portal. Recipients can also call the Scion Dental Call Center for help finding a primary care dentist who meets their needs or change their PDP assignment at any time.

3.5.2.3 The vendor must give each recipient written notice of any significant change, as defined by the State, in any of the enumerations noted above. The vendor shall issue updates to the Member Handbook, 30-days before the intended effective date, as described in 42 CFR 438.10(f)(4), when there are material changes that will affect access to services and information about the DBA Program. The vendor will provide notification when a change directly affects the ongoing care of the recipients. The vendor shall also provide such notices in its semi-annual recipient newsletters and shall maintain documentation verifying handbook updates.

Scion Dental will provide written notice to recipients of any significant changes as defined by the state. We will issue updates to the Member Handbook at least 30 days before the effective date of the change and notify recipients when a change directly affects their ongoing care.

We will also provide notices in a semi-annual recipient newsletter to be produced for the State of Nevada. We currently produce quarterly newsletters to recipients for a client's state Medicaid program, and have seen very positive results and feedback.

3.5.2.4 The vendor must give written notice of termination of a contracted provider, within fifteen (15) business days after receipt or issuance of the termination notice. This notice shall be provided to each recipient who received his/her primary care from, or was seen on a regular basis by, the terminated provider.

In those rare situations when a provider contract must be terminated, Scion Dental takes proactive steps, including a thorough geo-analysis, to ensure every affected recipient is notified and connected with another nearby provider. When it is necessary to remove a provider or provider group from the network, our goal is always to ensure continuous access to care and minimal disruption to recipients.

Scion Dental will ensure each recipient who previously received dental services from a terminated provider will have written notice of the termination within 15 business days and the DHCFP Provider Enrollment Unit will be notified within 5 business days along with reasons for the termination.

3.5.3 Recipient Services Department/Concierge Services

The vendor shall maintain a Recipient Services Department (that also includes a Concierge Service) that personally assists recipients to find a service provider. This department must be adequately staffed with qualified individuals who shall also assist recipient, recipients' family members, or other interested parties (consistent with laws on confidentiality and privacy) in obtaining information and services under the vendor's plan.

Scion Dental offers a highly efficient, professional call center that serves both recipients and providers utilizing fully automated call distribution technology—with intelligent skill-based call routing—to automatically transfer calls to the Customer Service Representative best able to handle that customer's needs.

At Scion Dental, we settle for nothing less than providing outstanding customer service. We can guarantee this because we hire the best people, give them the best training, and then support them with the technology they need to meet our customer's every need.

Scion Dental's Call Center is staffed with well-trained, knowledgeable, and professional Customer Service Representatives (CSRs) equipped with the tools needed to assist callers with locating a provider or answering questions regarding available benefits under their plan.

3.5.3.1 The Recipient Services Department is to be operated at a minimum, traditional business hours of Monday through Friday, 8:00 a.m. through 5:00 p.m., and not less than what is provided to the vendor's commercial clients, if applicable.

Scion Dental operates a HIPAA-compliant Call Center located in Wisconsin. We service recipient calls throughout the United States in all time zones, and we can accommodate hours of operation Monday through Friday between 8:00 AM and 5:00 PM Pacific Time.

3.5.3.2 Ensure that a toll-free hotline telephone number is operated at a minimum, traditional business hours of Monday through Friday, 8:00 a.m. through 5:00 p.m. for recipient access.

Scion Dental will provide Nevada with a dedicated toll-free telephone number for recipients to contact the Customer Service Center. As stated in **section 3.5.3.1**, Scion Dental's Call Center can service recipient calls throughout the United States in all time zones, and we can accommodate hours of operation Monday through Friday between 8:00 AM and 5:00 PM Pacific Time.

3.5.3.3 At a minimum, Recipient Services Department staff must be responsible for the following:

A. Explaining the operation of the vendor;

B. Explaining covered benefits;

C. Resolving, recording and tracking recipient grievances and appeals in a prompt and timely manner;

D. Responding to recipient inquiries;

E Providing Concierge Services; and

F. If the recipient requires assistance with accessing care, including finding a provider, the Recipient Services Department will transfer the recipient to the in-person Concierge Services. The in-person Concierge Service staff will assist the recipient to find a provider, this assistance is over and above providing a list of network providers or directing to the web. The Concierge will provide the following assistance:

1. *Assisting recipients in selecting and/or changing PDPs or Primary Dental Care Sites. The vendor must report any PDP and/or Primary Dental Care Sites changes electronically to the DHCFP;*
2. *Assisting recipient to make appointments and obtain services; the vendor is required to find and schedule an appointment if the recipient reports they are unable to access or find a provider or make an appointment;*
3. *Assisting recipient in obtaining out-of-area and out-of-network care; and*
4. *While the Recipient Services Department will not be required to operate after business hours, the vendor must comply with the requirement to provide urgent care and emergency coverage twenty-four (24) hours per day, seven (7) days per week. The vendor must have written policies and procedures describing how recipients can obtain urgent coverage and emergency services after business hours and on weekends. Policies and procedures must include provision of direct contact with qualified dental professionals. Participants should be given the option to speak with a qualified dental professional during an emergency to advise and direct recipients to the correct service location which may include local emergency departments or dental offices. Urgent coverage means those problems which, though not life-threatening, could result in serious injury or disability unless medical attention is received.*

At Scion Dental, we expect our Customer Service Representatives to provide superior customer service to our callers to ensure each caller is satisfied with the outcome whenever possible.

Scion Dental believes a timely response is not only measured by how quickly a ringing telephone is answered, but also whether the inquiry is resolved at the first point of contact. We rely on our technology tools to ensure we consistently meet contracted Service Level Agreements for Call Center performance and to accurately and efficiently answer inquiries from both providers and recipients.

Providing appointment assistance

Scion Dental's Call Center Representatives are trained to assist recipients with scheduling appointments while on the phone with a recipient. We also have procedures in place to actively assist recipients when no contracted provider is available.

At Scion Dental, our Concierge-level Care treats each recipient with respect and offers personalized assistance with appointment scheduling and oral health education. With just a simple toll-free phone call to the Scion Dental Call Center team, recipients may request and receive hands-on assistance with appointment scheduling.

On-the-phone appointment scheduling

Our Concierge-level Care for recipients offers:

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Handling recipient and provider grievances and appeals

At Scion Dental, we recognize that recipients, providers, and clients are best served by the quick and accurate processing of all grievances and appeals, which helps to ensure satisfaction and foster a network of mutual trust and respect. We have proven policies, procedures, and workflows already in place to manage and resolve grievances and appeals from both recipients and providers.

When Scion Dental receives a grievance or appeal from a recipient or a provider, the issue is immediately assigned to a trained Appeals Specialist for investigation and resolution.

Customer Service software system

Our fully integrated Customer Service software allows Customer Service Representatives to respond to and track calls and other correspondence from recipients and providers. The customer service system was designed to give our staff all of the information they need in one place, so they can quickly and efficiently answer each inquiry at the initial point of contact.

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Interactive Voice Response (IVR) System

Callers can take advantage of our telephone system by using the 24/7 self-service feature within our Interactive Voice Response (IVR) system. The IVR can guide a caller through eligibility verification or help them locate a provider that meets their needs near their preferred location.

During regular business hours, the caller has the option of pressing "0" at any time to be immediately connected to a Customer Service Representative.

Telephone software tools

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Quality Management software suite

To help ensure accurate, professional, and respectful responses to inquiries, Scion Dental uses a software suite as part of our Call Center Quality Management program. Software tools include:

- Call recording and retrieval.
- Screen capture for every transaction, automatically combined with agent voice recording, making it easy to review the entire customer experience.
- Comprehensive agent evaluation, with immediate coaching, advanced e-learning, and in-depth, customized reporting.

Quality Assurance program

Each Customer Service Representative who joins the Scion Dental team not only participates in the comprehensive training and ongoing education described above, but also receives intensive one-on-one attention, coaching, and support from our Call Center Managers.

Our Quality Assurance program for the Call Center includes:

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- Recording of 100% of the calls received by our Call Center
- Random live call monitoring with immediate feedback
- Customer Service Representative evaluations based on meeting quality standards as well as Scion Dental and State-specific guidelines
- Monthly coaching sessions
- Side-by-side training and evaluation

Scion Dental's dedicated Quality Monitoring Specialists conduct monthly quality reviews to ensure our representatives are striving for first-call resolution, providing callers with accurate and complete information, and serving callers with professionalism and respect. Our Quality Monitoring Specialist team evaluates each Customer Service Representative at least once a month by reviewing five to ten recorded calls and observing live calls.

Each Customer Service Representative is evaluated on:

- Courtesy and professionalism
- Caller interaction and rapport building
- Accuracy of information provided
- Problem resolution and efficiency
- HIPAA and PHI compliance
- Appropriate documentation of call log

All Customer Service Representatives are expected to demonstrate effective listening skills, take the time to identify caller's needs, build rapport, and strive for a first call resolution. If unable to immediately resolve and issue, the Customer Service Representative is required to follow appropriate steps outlined in our formal policies and procedures. We expect our Customer Service Representatives to ensure each caller is satisfied with the outcome whenever possible.

"If I have questions regarding denials, or need additional information on a pre-authorization we've received, I never have any issues contacting the right person to discuss them with. I have NEVER had a patient complain about any Scion Dental representative they've spoken to. In fact, they've praised them for being helpful and polite."

Christine Reed, Office Manager, Reno Dentures, Reno, NV

3.5.4 Dental Provider Requirements

3.5.4.1 Primary Dental Provider (PDP) or Primary Dental Care Site

The vendor shall allow each enrolled recipient the freedom to choose from among its participating PDPs and change PDPs as requested. The vendor must implement procedures to ensure that each recipient has an ongoing source of primary care appropriate to their needs.

Each enrolled recipient must be assigned to a PDP or Primary Dental Care Site, within five (5) business days of the effective date of enrollment. The vendor may auto-assign a PDP or Primary Dental Care Site that has traditionally served the Medicaid population to an enrolled recipient who does not make a selection at the time of enrollment.

Scion Dental supports recipient choice, and recommends allowing recipients to visit any dental provider in the network without referral or prior approval. Whenever possible, we use existing Dental Home assignment data from the former plan administrator along with business logic and data analysis to:

- Educate and encourage all recipients to select their own primary care dentists.
- Automatically match recipients with appropriate dental providers, based on business rules approved by DHCFP.
- Provide targeted outreach and intervention to recipients that includes contact information for their primary dental provider.
- Increase the number of recipients receiving preventive care and necessary dental covered services.
- Make it easier and more efficient for providers to manage patient rosters and caseloads.

As stated in **section 3.3.1.5**, our experience shows many new recipients may already have established relationships with network providers, and recipients who select their own primary care dental providers are more likely to schedule appointments with their Dental Home. Because of this, we offer and encourage recipient choice. We employ a comprehensive outreach and education program to encourage recipients to be actively involved in the selection and timely assignment of their Primary Care Dentist (PDP). We also make it quick and easy for recipients to find network providers and change their Dental Home assignment online through the Member Web Portal.

Recipients (or their designated family member or caregiver) can find a dental provider in the network through the provider search feature in the Member Web Portal or by calling the Scion Dental Call Center. We also make it clear recipients are free to receive services from any provider in the network without first being assigned to a Dental Home and without prior approval.

Recipients are encouraged to select a PDP when they enroll in the program, as part of the Scion Dental welcome process. Scion Dental continues educating and encouraging recipient choice in selecting a PDP, even after recipients are enrolled. Our recipient welcome letter, which highlights major program components, includes information on selecting a primary dental provider.

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Throughout the years, Scion Dental has learned that recipients may not know their PDP assignment because they are automatically assigned when the care model is implemented. Even with frequent and various communication channels regarding their PDP assignment, recipients may not be aware of or understand the importance of a Primary Dental Provider. We have learned it's more effective when providers initiate outreach to their assigned recipients directly, rather than relying solely on a benefit administrator's recipient outreach team.

We understand that even with PDP education and easy-to-use sign up tools, some recipients will still not select a primary care dentist themselves within five days of enrollment. To ensure all recipients are assigned a PDP, Scion Dental uses an automated algorithm to assign recipients to PDPs who are accepting new patients. Wherever possible, we assign recipients to the same PDP who has been providing their care prior to the transition.

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When recipients are notified of their auto-assigned PDP, they are also informed that they may change their PDP at any time.

Recipients who are unable to be matched to a provider through the auto-assignment logic are manually matched to a PDP. Our Call Center staff is available to answer questions regarding PDP selection and to help recipients locate and select appropriate dental providers.

3.5.4.2 Twenty-Five (25) Mile Rule

The vendor must offer every enrolled recipient a PDP or Primary Dental Care Site located within a reasonable distance from the enrolled recipient's place of residence. In a county having a population of 100,000 or more, must have a radius of not more than 25 miles between the subscriber or individual enrollee and PDP without the written request of the recipient.

As stated in **section 3.5.4.1**, the algorithm we use when assigning PDPs uses geo-access methodology to auto-assign a PDP within a reasonable distance from the enrolled recipient's residence if one has not been selected by the recipient. We can ensure recipients in a county with a population of 100,000 or more are within a radius of no more than 25 miles, unless a written request is received from the recipient.

3.5.4.3 Assignment of a PDP or Primary Dental Care Site

If an enrolled recipient does not choose a PDP, the vendor shall match enrolled recipients with PDPs by one or more of the following criteria:

A. Assigning enrolled recipients to a provider from whom they have previously received services, if the information is available;

B. Designating a PDP or Primary Dental Care Site who is geographically accessible to the enrolled recipient per NAC 695C.160 (25 Mile Rule); and

C. Assigning all children within a single family to the same PDP.

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When recipients are notified of their auto-assigned PDP, they are also informed that they may change their PDP at any time.

Recipients who are unable to be matched to a provider through the auto-assignment logic are manually matched to a PDP. Our Call Center staff is available to answer questions regarding PDP selection and to help recipients locate and select appropriate dental providers.

3.5.4.4 Changing a PDP or Primary Dental Care Site

A. An enrolled recipient may change a PDP or PDCS for any reason. The vendor shall notify enrolled recipients of the procedures for changing PDPs or Primary Dental Care Sites.

Recipients can select a Primary Dental Provider (PDP) online, anytime, and they can change their PDP assignment at any time through the Member Web Portal. Step-by-step instructions for selecting a PDP are included in the Welcome Packet and on the Member Web Portal. Recipients can also change their PDP assignment at any time by calling the Scion Dental Call Center.

B. In cases where a PDP has been terminated, the vendor must notify enrolled recipients in writing and allow recipients to select another primary Dental provider, or make a re-

assignment within fifteen (15) business days of the termination effective date, and must provide for urgent care for enrolled recipients until re-assignment.

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Scion Dental will provide the enrolled recipients with urgent care until PDP re-assignment.

C. *The vendor may initiate a PDP or Primary Dental Care Site change for an enrolled recipient under the following circumstances:*

1. *The enrolled recipient's residence has changed such that distance to the PDP is greater than twenty-five (25) miles. Such change will be made only with the consent of the recipient;*
2. *The PDP ceases to participate in the vendor's network; or*
3. *Legal action has been taken against the PDP, which excludes provider participation.*

In the event of the circumstances outlined above, Scion Dental will initiate a PDP change for enrolled recipients. We will notify the appropriate recipients of the change in a written letter sent by US postal mail. The letter will include information on selecting a new PDP via the Call Center or Member Web Portal.

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D. *The vendor shall track the number of requests to change PDPs and the reasons for such requests.*

Scion Dental has the ability to generate a wide range of reports that effectively assess a network. Among other things, we are able to track PDP change requests and the reason for each request through our Enterprise System software.

3.5.4.5 Use of Dental Homes

A. The vendor is encouraged to use existing patient-centered Dental homes/health homes, when available and appropriate.

B. Vendor should use supportive provider services and contracting to support the expansion of patient-centered dental homes/health homes.

C. Vendor is encouraged to use other innovative models, when available and appropriate.

At Scion Dental, we believe a quality Dental Home contributes to the ongoing relationship between providers and recipients and can be a cost-effective, advanced value alternative to emergency care. Our process is to utilize recruiting mechanisms to enter into contracts with Dental Homes in each county or identified region. We use our network access reporting to ensure recipient access standards are met, and we establish targeted outreach campaigns to meet any identified deficiencies.

Our Enterprise System software platform has had the capability to support the Dental Home concept with Primary Care Dentist/Primary Care Location assignments since its inception. Over the past several years, we've noticed interest in the Dental Home concept has been trending upward. Scion Dental has implemented Dental Home models in several states, as client interest in the concept has increased.

As stated in **section 3.3.1.5**, our experience shows many new recipients already have established relationships with network providers, and recipients who select their own primary dental providers are more likely to schedule appointments with their Dental Home. Because of this, we offer and encourage recipient choice. We employ a comprehensive outreach and education program to encourage recipients to be actively involved in the selection and timely assignment of their Primary Care Dentist (PDP).

Recipients are encouraged to select a PDP when they enroll in the program, as part of the Scion Dental welcome process. Recipient education regarding PDP selection begins prior to enrollment, and Scion Dental continues educating and encouraging recipient choice in selecting a PDP, even after recipients are enrolled. Our recipient welcome letter, which highlights major program components, includes information on selecting a primary care dentist.

Recipients can call the Scion Dental Call Center for help finding a primary dental provider who meets their needs and for help changing their PDP.

We also allow recipients to select their Primary Dental Provider from the Scion Dental Member Web Portal. Step-by-step instructions for registering for the portal and selecting a PDP are included in the welcome packet. Recipients can use our online *Find-a-Provider* search tool to verify whether their current preferred provider is contracted in the network, and it can help them find a participating provider in their local area. Recipients can select a PDP online, and they can change their PDP assignment at any time through the Member Web Portal.

We understand that even with PDP education and easy-to-use sign up tools, some recipients will still not select a primary care dentist themselves. To ensure all recipients are assigned a PDP, Scion Dental uses an automated algorithm to assign recipients to

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PDPs who are accepting new patients. Wherever possible, we assign recipients to the same PDP who has been providing their care prior to the transition.

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When recipients are notified of their auto-assigned PDP, they are also informed that they may change their PDP at any time.

Recipients who are unable to be matched to a provider through the auto-assignment logic are manually matched to a PDP. Our Call Center staff is available to answer questions regarding PDP selection and to help recipients locate and select appropriate dental providers.

We've learned it's important to communicate to recipients – often and clearly – that they can switch their PDP at any time. Communicating the concept of Dental Home to recipients can be challenging. Our goal is to work closely with providers to help get more patients in the door.

3.5.5 Children with Special Health Care Needs (CSHCN)

3.5.5.1 The vendor must produce a treatment plan for recipients with special health care needs who are determined through an assessment by appropriately qualified health care professionals to need a course of treatment or regular care monitoring. The treatment plan must be:

A. Developed by the recipient's primary dental provider with recipient participation, and in consultation with any specialists caring for the recipient;

B. Approved by the vendor in a timely manner, if approval is required by the vendor; and

C. In accordance with any applicable State quality assurance and utilization review standards.

Scion Dental will provide a treatment plan for services consistent with the CSHCN parameters.

3.5.5.2 Must have a mechanism in place to allow these recipients direct access to a specialist through a standing referral or an approved number of visits, as deemed appropriate for the recipient's condition and identified needs.

Scion Dental acknowledges and is prepared to meet this requirement. Our process does not restrict recipients in seeking the services of specialists.

3.6 Network

The vendor is required to establish and manage appropriate provider networks and maintain existing written provider agreements with such providers in geographically accessible locations. The vendor must maintain a network of General Dentists, Pediatric Dentists, Endodontists, Oral Surgeons, Oral and Maxillofacial Surgeon, Periodontists and Prostodontists, Dental Hygienists, and ancillary services sufficient to provide access to all services covered in this RFP in a manner that complies with access standards described in this RFP, in the DHCFP's Access to Care Plan, and the Code of Federal Regulations. Consideration must be given to the number of expected recipients that may enroll. The vendor when establishing and maintaining its network must consider the expected utilization of services and the numbers and types of providers given the characteristics and dental care needs of the specific Medicaid population enrolled with the vendor. The vendor's management oversight includes, but is not limited to, credentialing, maintenance, provider profiling, peer review, dispute resolution and Dental Director Services. The vendor must conduct secret shopper surveys to a statistically sound sample across their network as part of the Access to Care Monitoring Plan to identify appointment standards and access to services which must be reported annually.

The vendor must describe their approach to network management including if the network will be an open or closed network and if some services are currently planned to be provided through subcontractors, sub capitation, fee for service or alternative models.

Network providers will be required to use designated practice guidelines and protocols. Prior to the contract start date the vendor shall identify the practice guidelines it intends to use for acceptance by the DHCFP. Submission shall occur after awarded contract but before the contract start date. The State shall accept or reject, in writing, within ten (10) business days of receipt.

If the vendor puts a provider group at substantial financial risk for services not provided by the provider group, the vendor must ensure that the provider group has adequate stop-loss protection.

3.6.1

The vendor must adopt practice guidelines and protocols which:

3.6.1.1 Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field;

There are no published clinical criteria for dental services; however, Scion Dental has adopted the generally accepted principles of diagnoses and treatment modalities taught in all American dental schools and post graduate dental programs to create our clinical algorithms (guidelines). In conjunction with these principles, Scion Dental incorporates state Medicaid guidelines, educational literature and best practice guidelines published by the various dental specialty organizations, benefit plan description documents, as well as the information contained in the current CDT Code of Dental Terminology published by the American Dental Association.

Dental specialty organizations include:

- 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

For those procedures requiring prior authorization, Scion Dental utilizes its proprietary clinical criteria in cases where State clinical criteria do not exist. Where State clinical criteria exist, State criteria will be utilized.

3.6.1.2 Are adopted in consultation with contracting dental professionals; and

Scion Dental seeks contracting dental professionals' feedback, and this feedback is noted in relation to practice guidelines and protocols.

3.6.1.3 Are reviewed and updated periodically as needed to reflect current practice standards.

Practice guidelines and protocols are reviewed and updated annually by Scion Dental's Peer Review Committee.

3.6.2

The Vendor must:

3.6.2.1 Disseminate its practice guidelines to all affected providers prior to the contract start date and, upon request, to recipients and potential recipients, including prior authorization policies and procedures;

Scion Dental will disseminate its practice guidelines to all affected providers prior to the contract start date and, upon request, to recipients and potential recipients, including prior authorization policies and procedures.

Scion Dental offers providers multiple resources and online tools regarding practice guidelines to follow, billing requirements, how to file claims, and other key information about the dental program.

Please see **section 3.6.10.2** for more information on how we disseminate practice guidelines via our Provider Policy and Procedure Manual.

To ensure providers are aware of clinical guidelines and dental treatment frequency standards, we make information about medical necessity guidelines, benefit plan details and authorization requirements, and practice guidelines available in our provider orientation sessions, webinars, our Policy and Procedures Manual, and Provider Web Portal.

- We publish practice guidelines based on either the client's treatment requirements or based on a dental periodicity schedule developed by the American Academy of Pediatric Dentistry (AAPD).
- Medical necessity guidelines are not only published in various online formats as education materials, they are also integrated into the web portal user interface—giving providers the option of instant feedback when they submit an authorization. Before clicking "Submit," providers can step through a series of guideline questions and immediately see whether their authorization request is likely to be approved.

3.6.2.2 Ensure that decisions for utilization management, recipient education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines;

Scion Dental uses proprietary clinical guidelines as the foundation of our dental protocol process to ensure consistent and equitable determination of coverage (medically necessary covered dental services). Our clinical guidelines have been developed over the past ten years under the direction of our Chief Dental Officer and independent dental consultants, and are based on cost effective, evidence-based standards of practice within the dental community.

Scion Dental can modify any of our 120+ generic clinical guidelines, which cover over 400 dental procedures, to meet the State of Nevada's requirements. In our experience, most client implementations employ Scion Dental's standard proprietary guidelines for the majority of covered procedures requiring authorization.

Scion Dental's Peer Review Sub-Committee is responsible for maintaining the highest level of quality for recipient dental care. All Utilization Management (UM) clinical criteria, as policy, are subjected to, at a minimum, annual clinical review, and a recommendation for approval is forwarded to the UM Sub-Committee for their review and approval. Clinical algorithms (guidelines), as a prescreening tool for a utilization review process, are subjected to the Chief Dental Officer's review and approval before release to the Utilization Management department.

3.6.2.3 Meet and require its providers to meet State standards for timely access to care and services, taking into account the urgency of the need for services;

As mentioned previously in **section 3.3.1.10**, Scion Dental requires providers to meet State standards for timely access to care and services. We make information about timely access to care and appointment standards available in our provider orientation sessions, webinars, Provider Policy and Procedure Manual, and Provider Web Portal.

3.6.2.4 Ensure that its providers offer hours of operation that are no less than the hours of operation offered to commercial recipients or comparable to Medicaid FFS, if the provider serves only Medicaid recipients;

Scion Dental will ensure that its providers offer hours of operation that are no less than the hours of operation offered to commercial recipients or comparable to Medicaid FFS, if the provider serves only Medicaid recipients.

Scion Dental implements site visits and secret shopper compliance calls to ensure that our providers offer hours of operation that are no less than the hours of operation offered to commercial recipients or Medicaid FFS.

3.6.2.5 Mechanisms to ensure compliance by providers;

3.6.2.6 Monitor providers regularly to determine compliance;

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Please see **section 3.3.1.10** for more details on how we monitor compliance.

3.6.2.7 Take corrective action if there is a failure to comply by network providers;

If a provider is not complying with the appointment availability standards, our Provider Relations team intervenes with education about the requirements, monitors for improvements, and takes corrective action if required. Our education and corrective action process includes the following steps:

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3.6.2.8 Participate in state and federal efforts to promote the delivery of services in a culturally competent manner to all recipients, including those with limited English proficiency and diverse cultural and ethnic backgrounds;

As stated in **section 3.3.1.12**, as we build networks, we understand and appropriately respond to the unique combination of cultural variables—including ability, age, ethnicity, linguistic background, race, and socioeconomic status—that comprise membership.

Scion Dental employs a number of tactics to ensure **all recipients** receive necessary and appropriate care and services—regardless of cultural backgrounds and practices. For example, Scion Dental can cover, without charge, over-the-phone translation services for any non-English-speaking recipient who needs language interpretation during a dental visit.

To ensure all providers in the network are trained in cultural awareness and provide exceptional service to all recipients, our provider training promotes the importance of and respect for culture and language and the traditions and heritage associated with recipients.

3.6.2.9 Not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his/her license or certification under applicable State law, solely on the basis of that license, specialty or certification. The vendor may not discriminate against particular providers who serve high risk populations or specialized conditions that require costly treatment. If the vendor declines to include an individual or groups of providers in its network, it must give the affected network provider(s) written notice of the reason for its decision. 42 CFR 438.12 (a) may not be construed to require the vendor to contract with providers beyond the number necessary to meet the needs of its recipients; or, preclude the vendor from using different reimbursement amounts for different specialties or for different practitioners in the same specialty; or, preclude the vendor from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to recipients; and

Scion Dental acknowledges and is prepared to meet the requirements in section 3.6.2.9.

The types of providers credentialed by Scion Dental is driven by client requirements. We typically credential all licensed dentists, but we also credential dental hygienists when clients require it.

Any DDS or DMD who is interested in participation with Scion Dental, Inc. is invited to apply. Providers who seek participation in any Scion Dental Managed Care network must be credentialed prior to participation in the network. Scion Dental will not differentiate or discriminate in the treatment of providers seeking credentialing on the basis of race, ethnicity, sex, age, national origin or religion.

3.6.2.10 Provide to the DHCFP supporting documentation, in a format specified by the DHCFP, which demonstrates it has the capacity to serve the expected enrollment in its service area in accordance with the DHCFP's standards for access to care at the time it enters into the contract with the State and any time there is a significant change in their operations that impact services. Such documentation must demonstrate that the vendor offers an appropriate range of services and maintains a network of providers that is sufficient in number, mix, and geographic

distribution to meet the needs of the anticipated number of recipients in the service area. A significant change includes but may not be limited to:

A. Changes in the vendor's services, benefits, geographic service area or payments; or

B. Enrollment of a new population in the network.

Scion Dental acknowledges and is ready to meet the requirements in section 3.6.2.10.

All providers contracted with Scion Dental as part of the Nevada Dental Medicaid network must comply with the access standards mandated by DHCFP. These standards will be clearly stated in our Provider Agreement. The Provider Policy and Procedure Manual will also define the State of Nevada's access standards and will be available to all participating providers during the initial onsite orientation session and thereafter. During the orientation, providers and their staff will receive training regarding contractual obligations and requirements, including appointment scheduling and wait times.

As also mentioned earlier in **section 3.6.2.10**, Scion Dental's innovative, web-based technology gives DHCFP the ability to track and analyze all network changes in real-time.

As just one example, all provider information is tracked within Scion Dental's Provider Contracting Module. This is a central repository of unique data elements relating to each and every licensed, contracted, and credentialed dental provider in the State's network. This information is analyzed—on a regular basis—to identify any geographic areas of concern from a network adequacy and network ratio perspective.

This analysis can then be provided to the State through a variety of in-depth reports—including, for example, geographic access reports, provider directories, Dental Home ratio reports, and network adequacy reports.

3.6.3 Network Management

3.6.3.1 Primary Dental Provider (PDP) or Primary Dental Care Site Responsibilities:

A. The PDP (a General Dentist or Pediatric Dentist) in a Primary Dental Care Site serves as the recipient's initial point of contact with the vendor. As such, the PDP or the dentist at the Primary Dental Care Site is responsible for the following:

1. Delivery of covered medically necessary, dental services and preventive services, including EPSDT screening services;

2. Referrals for specialty care and other covered medically necessary services in the vendor benefit package;

3. Continuity and coordination of the enrolled recipient's dental care; and

4 Maintenance of a current Dental record for the enrolled recipient, including documentation of all services provided by the PDP, and specialty or referral services, or out-of-network services.

Although PDPs must be given responsibility for the above tasks, the vendor must agree to retain responsibility for monitoring PDP and Primary Dental Care Site activities to ensure they

comply with the vendor's and the State's requirements. The vendor is prohibited from imposing restrictions on the above tasks.

Scion Dental will require Primary Dental Providers (PDPs) and dentists at Primary Dental Care Sites to meet all the requirements of 3.6.3.1. Scion Dental agrees to retain responsibility for monitoring PDP and Primary Dental Care Site activities to ensure they comply with Scion Dental's and the State's requirements.

Scion Dental will work with the DHCFP to establish the Dental Home responsibilities according to recipients' needs and will ensure verification processes are in place. Every Medicaid program seeks to meet specific needs of their population; therefore, Dental Home responsibilities are structured to meet the utilization goals and performance standards set by the Medicaid program.

Some of the responsibilities include outreach and appointment-tracking. Providers may be expected to perform outreach to recipients within 30 days, notifying them of office hours of operations, primary contact phone numbers, and appointment guidelines. They may be required to track the dates associated with all outreach efforts and document whether or not an appointment was made, the date of the appointment, and any comments. If applicable, they should include additional information such as recipients refusing the appointment or incorrect demographic information.

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3.6.3.2 Essential Community Providers

An essential community provider accepts patients on a sliding scale fee, determined on the income of the patient; does not restrict access or services due to financial limitations of a patient; and can demonstrate to the DHCFP that the restriction of patient base from this provider would cause access problems for either Medicaid or low-income patients.

Scion Dental acknowledges and is ready to meet the requirements in section 3.6.3.2.

We contract with any willing and eligible provider group, including essential community providers as defined in this RFP. For contracted essential community providers, our reimbursement is based on the Medicaid reimbursement encounter rate. For uncontracted essential community providers, Scion Dental will pay at a rate deemed appropriate by the DHCFP. Scion Dental will reprocess any claims for essential community providers when there is a delay in the issuance of the encounter rate data that indicates an increase in the rate.

3.6.3.3 The vendor is required to negotiate in good faith with all of the following essential community providers if they provide covered dental services:

A. A Federally Qualified Health Center (FQHC) or Rural Health Center (RHC);

B. The University Medical Center of Southern Nevada;

C. The University of Nevada School of Medicine (UNSOM);

D. The University of Nevada, Las Vegas School of Medicine (UNLV SOM);

E. Division of Public and Behavioral Health (DPBH);

F. Division of Child and Family Services (DCFS);

G. Community Centered Behavioral Health Clinics (CCBHC);

H. County Child Welfare Agencies;

I. Any dental provider designated by the DHCFP as an essential community provider. The DHCFP will notify the Vendor of providers designated by the DHCFP as essential community providers;

Negotiating in good faith requires, at a minimum, offering contracts that are at least as beneficial to the provider as contracts with other providers in the same geographic area for similar services. Providers who work through one of the essential community providers must be negotiated in good faith.

Scion Dental acknowledges and is ready to meet the requirements in section 3.6.3.3.

We offer all providers contracts made in good faith, and will continue to do so for the essential community providers listed in 3.6.3.3.A-I.

Scion Dental already partners with the University of Nevada Las Vegas School of Dentistry (UNLV) to offer treatment services to Medicaid recipients. UNLV dental students have a strong history of participation in Scion Dental health fairs. Please see **section 3.6.6.3** for more details.

3.6.4 Subcontractors

3.6.4.1 All Subcontracts, excluding network provider contracts but including delegation agreements, must be in writing, must be prior approved by the DHCFP, and must contain all applicable items and requirements as set forth in the DHCFP DBA Contract, as amended. The vendor may not delegate any item or requirement in the DHCFP DBA Contract to any subcontractor without the express, written approval of the DHCFP. The vendor's failure to obtain advance written approval of a Subcontract from the DHCFP will result in the application of a penalty equal to $25,000 for each incident. Without limitation the vendor must make all Subcontracts available within five (5) business days of a request by the DHCFP. This includes but is not limited to administrative, technical and sub-contracted dental providers.

Scion Dental acknowledges and agrees that all subcontracts, excluding network provider contracts but including delegation agreements, need to be in writing and approved by the DHCFP in advance, and must contain all applicable items and requirements as set forth in the DHCFP DBA Contract, as amended. Scion Dental will not delegate any item or requirement in the DHCFP DBA Contract to any subcontractor without the express, written approval of the DHCFP. Without limitation, Scion Dental will make all subcontracts available within five (5) business days of a request by the DHCFP. This includes but is not limited to administrative, technical and sub-contracted dental providers.

3.6.4.2 The vendor may, as provided below, rely on subcontractors to perform and/or arrange for the performance of services to be provided to enrolled recipients on whose behalf the DHCFP makes Capitation payments to the vendor. Notwithstanding the use of subcontractor(s), the vendor accepts and acknowledges its obligation and responsibility under this Contract as follows:

A. For the provision of and/or arrangement for the services to be provided under this Contract and to ensure the coordination of care between dental, orthodontia and as applicable medical needs is maintained;

B. For the evaluation of the prospective subcontractor's ability to perform the activities to be delegated;

C. For the payment of any and all claims payment liabilities owed to providers for services rendered to enrolled recipients under this RFP, for which a subcontractor is the primary obligor provided that the provider has exhausted its remedies against the subcontractor; provided further that such provider would not be required to continue to pursue its remedies against the subcontractor in the event the subcontractor becomes insolvent, in which case the provider may seek payment of such claims from the Vendor. For the purposes of this section, the term "Insolvent" shall mean:

1. The adjudication by a court of competent jurisdiction or administrative tribunal of a party as a bankrupt or otherwise approving a petition seeking reorganization, readjustment, arrangement, composition, or similar relief under the applicable bankruptcy laws or any other similar, applicable Federal or State law or statute; or

2. The appointment by such a court or tribunal having competent jurisdiction of a receiver or receivers, or trustee, or liquidator or liquidators of a party or of all or any substantial part of its property upon the application of any creditor or other party entitled to so apply in any insolvency or bankruptcy proceeding or other creditor's suit.

D. For the oversight and accountability for any functions and responsibilities delegated to any subcontractor. The vendor shall indemnify, defend and hold the State of Nevada, the DHCFP and their officials, representatives and employees harmless from any and all liabilities, losses,

settlements, claims, demands, and expenses of any kind (including but not limited to attorneys' fees) which are related to any and all claims payment liabilities owed to providers for services rendered to enrolled recipients under this RFP for which a subcontractor is the primary obligor;

E. Subcontracts which must be submitted to the DHCFP for advance written approval include any subcontract between the vendor, excluding network provider contracts, and any individual, firm, corporation or any other entity engaged to perform part or all of the selected vendor's responsibilities under the DHCFP DBA Contract. This provision includes, but is not limited to, claims processing, recipient services, provider services, cost containment services such as utilization management, third party liability, surveillance and utilization review. This provision does not include, for example, purchase orders. In addition, the vendor must provide written information to the DHCFP prior to the awarding of any contract or Subcontract regarding the disclosure of the vendor's ownership interests of five percent (5%) or more in any delegated entity or Subcontractor;

*F. As part of its provider contracting and subcontracting, the vendor agrees that it shall comply with the procedures set forth in **Attachment D, Contract Form**;*

G. Subcontractor contracts may not be structured to provide financial or other incentives to providers and subcontractors for denying, reducing or limiting medically necessary services; and

H. The use of "gag" clauses in subcontractor contracts is prohibited.

Scion Dental acknowledges and agrees to all of the obligations and responsibilities set forth in Section 3.6.4.2.

3.6.5 Access and Availability

The vendor shall:

3.6.5.1 On a quarterly basis, use geo-access mapping and data-driven analyses to ensure compliance with access standards, and take appropriate corrective action, if necessary, to comply with such access standards.

Scion Dental has the ability to generate a wide range of reports that effectively assess a network. Among other things, we are able to measure and compare direct access standards across multiple provider groups, to identify any potential recipient access issues in a given service coverage area or county. Our reports can also filter maps by dentist specialty—enabling us to ensure consistent recipient access to specialty care.

By geo-coding our provider and recipient data, we can determine the average travel distance for recipients from a particular number of provider offices. This reporting feature allows our team to continually analyze the dental network to ensure its compliance with the recipient access to care and travel distance requirements as set by the State of Nevada.

Our operational standard is to verify the compliance of each market on a quarterly basis by generating a comprehensive set of geo access reports. Reporting frequency can be adjusted to meet the State guidelines.

Because of our experience and the tools at our disposal, Scion Dental has also been very successful when it comes to achieving favorable Dentist-to-Recipient ratios. As just one

example, Scion Dental has contracts with all four MCOs in the State of West Virginia, as well as three MCOs in the State of Kansas. We built statewide networks for a combined membership of approximately 650,000 in those two states with a Dentist-to-Recipient ratio of approximately 1:400. We look forward to providing favorable ratios and recipient access to dental providers for the State of Nevada.

3.6.5.2 Partner actively with the DHCFP, community providers and stakeholders to identify and address issues and opportunities to improve dental care access and availability for Medicaid and CHIP recipients.

At Scion Dental, we lead the way with superior Medicaid dental benefit administration and with innovative ways to partner with you and support your dental program. We strive to build excellent working relationships with community providers and stakeholders to address any issues and opportunities to improve dental care access and availability for Medicaid and CHIP recipients.

Our overall goal is to get the **right people into the right care, at the right time**. While Scion Dental uses many technology tools and techniques to gather and analyze the necessary data, we know from experience the key to success isn't just data—it's sharing data with providers in a meaningful way, and enlisting **providers and stakeholders as our partners** in improving recipient health outcomes.

Engaging providers in quality improvement initiatives

We invite and encourage providers to participate in our quality improvement initiatives in numerous ways, including:

- Written communication on the Provider Web Portal and in the Provider Policy and Procedure Manual highlights the importance of quality in care and service, and makes it clear that we view our providers as partners in meeting those goals.
- Providers are encouraged to share their feedback and suggestions via the online provider satisfaction survey on the Provider Web Portal. They also have opportunities for face-to-face conversation and idea-sharing in regularly scheduled onsite office visits.
- As with recipients, we work to ensure all providers have every opportunity to exercise their rights to a fair and timely resolution to any grievances and appeals.

Since Scion Dental was founded, we have found that open, clear communication is essential for securing recipients' and providers' participation in our quality assurance and improvement efforts.

Scion Dental understands that the voice of the provider is critical to the success of maintaining and growing a robust network. Therefore we seek provider feedback and implement change based on that feedback. Scion Dental collects provider feedback through provider advisory boards, town hall meetings, in person visits, and through customer service opportunities. This feedback is captured in meeting minutes, visit logs, and the Enterprise System. We then use that feedback to implement quality

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improvements to the program. The following examples are cases in which we responded to provider feedback by implementing quality improvements.

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3.6.5.3 Promotion of preventative care services shall be accomplished by completing welcome calls to new recipients. This method ensures orientation with emphasis on access to care and choice of PDP.

A Member Outreach and Education Coordinator will make personal phone calls to new recipients to welcome them to the program and provide them with important information about their benefit plan such as transportation and interpreter services, grievance and appeal processes, and a phone number to contact should they have any questions or issues with their benefit plan. The Member Outreach and Education Coordinator can also help recipients find a provider or check if a certain provider is in the network, provide them with general information on when to see a dentist, and answer any questions the recipient may have on the program or direct them to the Scion Dental toll-free telephone number to get in touch with a Customer Service Representative.

3.6.5.4 Maintain an adequate network that ensures the following:

A. The vendor must have at least one (1) full-time equivalent (FTE) dentist per one thousand five hundred (1,500) recipients per geographic service area. The vendor's dental provider network must also include at a minimum, pediatric dentist, dental hygienists, and oral surgeons in each geographic service area sufficient to provide necessary access to care. In clinic practice settings where a dentist provides direct supervision of dental residents who have a temporary permit from the State Board of Dentistry in good standing, the vendor may request and the DHCFP may authorize the capacity to be increased as follows: one (1) dental resident per one thousand (1,000) recipients per vendor. The dentist shall be immediately available for consultation, supervision, or to take over treatment as needed. Under no circumstances shall a dentist relinquish or be relieved of direct responsibility for all aspects of care of the recipients enrolled with the dentist.

Scion Dental will maintain all network adequacy standards set forth in the requirements.

B. In order to increase capacity, the vendor shall submit for prior approval by the DHCFP a detailed description of the dental delivery system to accommodate an increased patient load, work flow, professional relationships, work schedules, coverage arrangements, and a twenty-four-hour (24-hour) access system.

Scion Dental's Provider Web Portal, part of our dental delivery system, has become the gold standard in the industry. Those of our clients who have previously used—or seen—other systems, have said Scion Dental's web portal offers key functionality that providers appreciate and cannot get elsewhere. The Provider Web Portal is a web-based application and can be accessed over the Internet by any device with a supported web browser, including mobile devices and tablets—no special hardware or software installation is needed.

The use of our web-based technologies lowers administrative costs for providers and frees up their time to provide first-class dental care to recipients. Our Provider Web Portal equips providers with their own set of management tools to effectively accommodate increased patient loads, work flow, professional relationships, work schedules, and coverage arrangements—online, anytime. Real-time data referenced directly from integrated Enterprise System databases gives providers instant access

to up-to-date information. These web-based patient management tools help provider offices operate more efficiently. The result: providers can care for more patients with fewer hassles, and recipients have more choices available to them.

"Scion Dental's easy-to-use Provider Web Portal is very beneficial when it comes to patient eligibility and claim inquiries. I find the web portal to be user-friendly and manageable."

Nataly Hernandez, Future Smiles Program Resource Coordinator, Las Vegas, NV

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3.6.5.5 PDP Network Requirements

Demonstrate that the capacity of the PDP network meets the FTE requirements for accepting eligible recipients per service area. This ratio cannot exceed the FTE requirement. In no case may a single provider accept more recipients than allowed by the FTE requirement.

Scion Dental has the ability to generate a wide range of reports that effectively assess a network. Among other things, we are able to measure and compare recipient and provider ratios to ensure we are complying with the state requirement of 1 provider for every 1500 recipients in each geographic service area.

3.6.5.6 Primary Dental Provider Participation

Per geographic service area, at least fifty percent (50%) of all of the Network PDPs must contractually agree to accept eligible recipients. At least fifty percent (50%) of the aforementioned PDPs must accept eligible recipients at all times. If the vendor has a contract with a Federally Qualified Health Center (FQHC) and/or the University of Nevada Las Vegas School of Dental Medicine, the dentists of the DBAs can be counted to meet the fifty percent (50%) participation and fifty percent (50%) acceptance requirement. The DHCFP or its designee may audit the vendor's network monitoring tool for compliance.

Scion Dental requires all contracted providers accept eligible recipients. For the DHCFP, we will ensure at least 50% of providers accept eligible recipients at all times by including it in the contract. To ensure we meet this requirement, Scion Dental will monitor provider information tracked within our Provider Contracting Module. This is a central repository of unique data elements relating to each and every licensed, contracted, and credentialed dental provider in the State's network.

As mentioned in **section 3.3.1.10**, Scion Dental also surveys the network on an annual basis by making periodic secret shopper compliance calls to provider offices posing as a recipient seeking an appointment. These unscripted calls include questions to determine compliance with established standards. If a provider is not compliant with access standards, Scion Dental reminds providers about appointment standards, completes a follow-up survey in the following quarter, and takes corrective action if required.

3.6.5.7 Dental Specialists

The vendor must provide access to all types of dental specialists for PCP referrals, and it must employ or contract with specialists in sufficient numbers to ensure specialty services are available in a timely manner. The vendor should provide access to at least two specialists/subspecialists in

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their service areas. The minimum ratio for specialists (i.e., those who are not PCPs) is one (1) specialist per one thousand five hundred recipients per service area (1:1500).

These ratios may be adjusted by the DHCFP for under-served areas, upon the analysis of dental specialist availability by specific service area.

If a recipient is unable to arrange specialty care from a network provider, the vendor must arrange for services with a provider outside the vendor's network.

Scion Dental has been extremely successful in identifying and increasing the number of specialists who participate in our networks. Part of our success also is based on the awareness that dentistry is different from the practice of medicine. While medical doctors become specialists to provide specialty care, general dentists often provide not only general care, but also some level of specialty care. When building and maintaining our provider networks, we not only recruit as many dental specialists as possible, we also track the specialty services provided by our general dentists. Our approach is to recruit as many dental specialists as we can. We encourage network participation by making it fast and easy to contract with us online, through a web portal.

Using our innovative reporting software, Scion Dental is able to measure and compare direct access standards across multiple specialty provider groups to identify any potential recipient access issues in a given service area.

We will ensure recipients in Nevada have access to at least two specialists/subspecialists in their service area. If a recipient is unable to arrange specialty care from a network provider, Scion Dental will arrange for services with an out-of-network provider.

3.6.5.8 Ensure enrolled recipients' access to covered services is consistent with the degree of urgency, as follows:

A. Emergency dental services provided on an emergency basis in a hospital, emergency room or ambulatory surgery center are provided as part of the medical MCO benefit. The vendor must educate recipients and providers about availability of, and how to access emergency dental services;

Scion Dental's Call Center has procedures in place to handle calls outside of regular business hours and during holidays. When we receive a call when our Call Center is closed, our automated telephone system responds with an automated message alerting callers to our regular business hours and providing instructions about what to do in the event of a dental emergency.

Our Member Handbook, Provider Policy and Procedure Manual, and Member Web Portal also all contain information on what to do in an emergency, including definitions of urgent and emergent care.

B. PDP Appointments

1. *Urgent care, including urgent specialty care, must be provided within 24 hours.*
2. *Therapeutic and diagnostic care must be provided within 14 days.*
3. *Routine or preventive dental services for eligible recipients within six (6) weeks in accordance with the American Academy of Pediatric Dentistry (AAPD) periodicity schedule.*
4. *PDP's must make referrals for specialty care on a timely basis, based on the urgency of the Member's medical condition, but no later than 30 days.*

C. Specialist Appointments

For specialty referrals to dental specialists and other diagnostic and treatment health care providers, the vendor shall provide:

1. *Same day, emergency appointments within twenty-four (24) hours of referral;*
2. *Urgent appointments within three (3) calendar days of referral;*
3. *Routine appointments within thirty (30) calendar days of referral; and*
4. *Vendor must allow access to a child/adolescent specialist(s) if requested by the parent(s).*

Scion Dental will ensure all providers comply with the appointment standards set forth by the State. Scion Dental will communicate appointment expectations to providers in several ways. First, the contractual agreement between Scion Dental and providers will include the State of Nevada's specific requirements for appointments.

All providers contracted with Scion Dental as part of the Nevada Medicaid Dental Program must comply with these access standards, which are clearly stated in our Provider Agreement. The Provider Policy and Procedure Manual will contain the State of Nevada's access standards and will be available to all participating providers during the initial onsite orientation session and thereafter. During the orientation, providers and their staff will receive training regarding contractual obligations and requirements.

We make the requirements available to providers in the Provider Policy and Procedure Manual and online, anytime via the Provider Web Portal. We post reminders of appointment standards on our website and include reminders in provider educational materials, such as newsletters and bulletins. In addition, Provider Relations Representatives educate practitioners regarding appointment standards during routine onsite visits.

As stated in **section 3.3.1.10**, Scion Dental also surveys the network on an annual basis by making periodic secret shopper compliance calls to provider offices posing as a recipient seeking an appointment. These unscripted calls include questions to determine compliance with established standards. If a provider is not compliant with access standards, Scion Dental reminds providers about appointment standards, completes a follow-up survey in the following quarter, and takes corrective action if required.

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D. Appointment Standards

The vendor shall have established written policies and procedures:

1. *Disseminating its appointment standards to all network providers, and must assign a specific staff member of its organization to ensure compliance with these standards by the network.*

Scion Dental publishes appointment standards in our Provider Policy and Procedure Manual. The manual is available to all participating providers during the initial onsite orientation session and thereafter on the Provider Web Portal—online, anytime. Providers may choose to print the manual from the portal, or they may call our toll-free Call Center to request a copy be sent via email or postal mail.

We also post reminders of appointment availability standards on our website and include reminders in provider educational materials. In addition, Provider Relations Representatives educate practitioners regarding appointment availability standards during routine onsite visits.

Our dedicated Provider Relations team ensures compliance with appointment standards by conducting site visits, secret shopper compliance calls, formal surveys, and recipient grievance reports. Please refer to **section 3.3.1.10** for more information on how we monitor compliance.

2. *Concerning the education of its provider network regarding appointment time requirements, the vendor shall:*
    a. *Monitor the adequacy of its appointment process and compliance; and*
    b. *Implement a Plan of Correction (POC) when appointment standards are not met.*

Scion Dental performs a range of monitoring activities to assess provider compliance regarding appointment availability and wait times, and we manage this aspect of patient satisfaction both proactively and reactively. At least annually, we analyze appointment accessibility including routine and urgent care against defined standards using industry-accepted survey tools.

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3.6.5.9 Office Waiting Times

The vendor shall establish written guidelines that a recipient's waiting time at the PDP's or specialist's office is no more than one (1) hour from the scheduled appointment time, except when the provider is unavailable due to an emergency. Providers are allowed to be delayed in meeting scheduled appointment times when they "work in" urgent cases, when a serious problem is found, or when the patient has an unknown need that requires more services or education than was described at the time the appointment was scheduled.

Scion Dental will communicate waiting time expectations to providers in several ways. First, the contractual agreement between Scion Dental and providers will include the State of Nevada's specific requirement for appointments and wait times of no more than one hour from the scheduled appointment time, except when a provider is unavailable due to an emergency.

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All providers contracted with Scion Dental as part of the Nevada Medicaid Dental Program must comply with office waiting time standards, which are clearly stated in our Provider Agreement. The Provider Policy and Procedure Manual will contain the State of Nevada's standards and will be available to all participating providers during the initial onsite orientation session and thereafter. During the orientation, providers and their staff will receive training regarding contractual obligations and requirements, including appointment scheduling and wait times.

3.6.5.10 Access Exceptions

Document and submit to the DHCFP, in writing within 15 days, justification for exceptions to access standards set forth in this RFP. Such justifications shall include alternative standards that are equal to or better than the usual and customary community standards for accessing care.

Should Scion Dental identify any areas requiring exceptions to access standards, we will provide the DHCFP a written document that includes justification for the exceptions and alternate standards within 15 days.

3.6.5.11 Provider Terminations

A. The vendor must give written notice of termination of a contracted provider, within fifteen (15) days of receipt or issuance of the termination notice, to each recipient who received his/her primary care from, or was seen on a regular basis by the terminated provider.

B. If the vendor decredentials, terminates, or disenrolls a provider; the vendor must inform the DHCFP Provider Enrollment Unit within five (5) business days.

C. The vendor at a minimum must provide the DHCFP the basis, reasons or causes for such action and any and all documentation, data, or records obtained, reviewed, or relied on by the vendor including but not limited to:

1. Provider/patient files.

2. Audit reports and findings.

3. Medical necessity reviews.

D. If the decredentialing, termination or disenrollment of a provider is due to suspected criminal actions, or disciplinary actions related to fraud or abuse, the DHCFP is responsible for notifying the MFCU or HHS-OIG.

Scion Dental acknowledges and is prepared to meet the requirements in section 3.6.5.11, A-D.

Scion Dental will ensure each recipient who previously received dental services from a terminated provider will have written notice of the termination within 15 business days, and the DHCFP Provider Enrollment Unit will be notified within 5 business days along with reasons for the termination.

Scion Dental is committed to building strong, positive relationships with dental providers in our networks—and our open panel is evidence of that commitment.

When any potential issue with a provider or provider group is identified, our goal is to work with our client to maintain a working relationship with the provider or group and change behavior through open communication, education, and interventions or

sanctions when necessary. In those instances when a provider or group refuses to work with us and our client, we implement interventions.

Depending on the situation, we use a number of different intervention tactics, from less severe to more severe, including, but not limited to, provider discussions and education, more stringent authorization and documentation requirements, fee schedule modifications, conditional network participation status, fraud and abuse referral, and contract termination.

In those rare situations when less-severe interventions are not successful and a provider contract must be terminated, Scion Dental takes proactive steps, including a thorough geo-analysis, to ensure every affected participant is notified and connected with another nearby provider. When it is necessary to remove a provider or provider group from the network, our goal is always to ensure continuous access to care and minimal disruption to participants.

3.6.5.12 Notification of Significant Network Changes

A. The vendor will notify the DHCFP's designated staff, within one (1) business day, of any unexpected change that would impair its provider network. This notification shall include:

1. Information about the nature of the change and how the change will affect the delivery of covered services; and

2. The vendor's plans for maintaining the quality of recipient care if the provider network change is likely to result in deficient delivery of covered services.

B. The vendor must notify the DHCFP of any change in its network that will substantially affect the ability of recipients to access services as soon as the change is known, or not later than fifteen (15) calendar days prior to the change.

Scion Dental will notify the DHCFP's designated staff, within one business day, of any unexpected change that would impair its provider network, including information about the nature of the change and how the change will affect the delivery of covered services; and our plans for maintaining the quality of recipient care if the provider network change is likely to result in deficient delivery of covered services.

Scion Dental will also notify the DHCFP of any change in its network that will substantially affect the ability of recipients to access services as soon as the change is known, or not later than 15 calendar days prior to the change.

Scion Dental is aware of the impact significant network changes, such as large-scale loss of providers, can have on recipients. We have processes in place to ensure we are able to react swiftly and efficiently, should such an event occur. By being proactive, we believe we can ensure a smooth transition for recipients. One proactive measure we take is to continually monitor the network for adequacy. Our Network Development Representatives and Provider Relations Representatives assess the network for adequate coverage and access every month.

When a provider notifies us they are considering leaving the network, we implement work flows that ensure due diligence has been done to address the provider's concerns

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and keep the provider in the network. If the provider leaves, they are contractually required to provide us with 90 days' notice.

As also described in **section 3.15.3.5**, in cases where provider behavior dictates we remove them from the network, we provide a 30-day notice for termination. However, if the infraction is egregious, or if recipient care may be at risk, we terminate the provider's participation in the network immediately.

Before removing providers from the network, we run multiple reports to determine the impact on recipient access to care, and we immediately search for additional providers and recruit those who can fulfill the affected areas of expertise. In the event of a large-scale loss of providers, Scion Dental follows the same due-diligence outlined above for an individual provider. In addition, we take immediate steps to ensure all affected parties are notified and properly advised. We have a number of automated systems in place to ensure recipients are adequately supported and transitioned.

Our plan includes the following expedient actions:

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3.6.5.13 Prohibited Practices

The vendor shall take affirmative action so that recipients are provided access to covered medically necessary services without regard to race, national origin, creed, color, gender, gender identity, sexual preference, religion, age, and health status, physical or mental disability, except where medically indicated. Prohibited practices include, but are not limited to, the following:

A. Denying or not providing an enrolled recipient a covered service or available facility;

B. Providing an enrolled recipient a covered service which is different, or is provided in a different manner, or at a different time from that provided to other recipients, other public or private patients, or the public at large;

C. Subjecting an enrolled recipient to segregation or separate treatment in any manner related to the receipt of any covered medically necessary service, except where medically indicated;

D. The assignment of times or places for the provision of services on the basis of race, national origin, creed, color, gender, gender identity, sexual preference, religion, age, physical or mental disability, or health status of the recipient to be served;

E. The vendor may not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of a recipient who is his or her patient:

1. For the recipient's health status, dental care, or treatment options, including any alternative treatment that may be self-administered;

2. For any information the recipient needs in order to decide among all relevant treatment options;

3. For the risks, benefits, and consequences of treatment or non-treatment; and

4. For the recipient'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.

F. Employing or contracting with providers excluded from participation in Federal health care programs. [42 CFR 438.214(d)]; and

G. Charging a fee for a medically necessary covered service or attempting to collect a co-payment.

All providers contracted with Scion Dental as part of the Nevada Medicaid Dental Program must comply with these standards, which are clearly stated in our Provider Agreement. The Provider Policy and Procedure Manual will contain the State of Nevada's standards and will be available to all participating providers during the initial

onsite orientation session and thereafter on the Provider Web Portal. During the orientation, providers and their staff will receive training regarding contractual obligations and requirements.

3.6.5.14 If the vendor knowingly executes a subcontract with a provider with the intent of allowing, encouraging, or permitting the subcontractor to implement unreasonable barriers or segregate (i.e., the terms of the subcontract are more restrictive than the vendor's contract with the DHCFP or incentives or disincentives are structured to steer enrolled recipients to certain providers) the vendor will be in default of its contract with the DHCFP. In addition, if the vendor becomes aware of any of its existing subcontractors' failure to comply with this section and does not take immediate action, it will be in default of its contract with the DHCFP.

Scion Dental acknowledges and agrees to all of the obligations, responsibilities and ramifications set forth in Section 3.6.5.14.

3.6.6 Provider Contracts

3.6.6.1 The vendor will execute and maintain, for the term of the contract, written provider agreements with a sufficient number of appropriately credentialed, licensed or otherwise qualified providers to provide enrolled recipients with all medically necessary covered services.

Please see **section 3.3.1.6** to learn more about how Scion Dental delivers first-class provider networks and meets and exceeds access and compliance standards.

Because Scion Dental has already built an established network of Medicaid-certified providers in Clark and Washoe Counties, we are confident many will actively participate in the Nevada Medicaid dental program. In addition, many providers in the area are already familiar with our electronic outreach, receive EFT payments, and use our Provider Web Portal to submit claims, authorizations, and perform other self-service tasks. Our experience in the Nevada marketplace will help ensure a smooth implementation and a successful program for the DHCFP.

Scion Dental has the ability to generate a wide range of reports that effectively assess a network. We are able to measure and compare direct access standards across multiple provider groups and can identify any potential recipient access issues in a given service coverage area or county. Our reports can also filter maps by dentist specialty—enabling us to ensure consistent recipient access to specialty care.

Scion Dental requires providers to review and sign a customized Provider Services Agreement, made available on our Provider Contracting Portal, to demonstrate their compliance with Scion Dental network standards. Along with our other self-service portals, Scion Dental actively promotes our Provider Contracting Portal so that our providers can spend more time treating patients – and less time filing paperwork.

3.6.6.2 The vendor will provide, for the DHCFP's review, a copy of its base provider contract prior to execution. In addition, prior to distributing or executing any substantive changes or amendments to the base contract, the vendor shall submit drafts of standard language for any such contract to the DHCFP for review. Provider contracts must meet all state and federal requirements. Vendors

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are expected to submit all necessary information to demonstrate agreements are complete. The vendor shall submit any of its provider contracts to the DHCFP upon request.

Scion Dental acknowledges and is ready to meet the requirements of section 3.6.6.2.

Scion Dental can provide the DHCFP a copy of its base provider contract prior to contract execution for the DHCFP's review. Scion Dental maintains electronic records of all provider application and contracting documents, including provider contracts. These documents are attached to the corresponding provider records in our system database and are easily accessible online, anytime.

3.6.6.3 The timing and other events associated with provider recruitment must occur in a manner that will ensure meeting the objectives noted within this RFP. The effort must include outreach to providers who are not currently participating in the DHCFP's medical assistance programs or have a signed agreement but do not actively accept eligible recipients. Prior to becoming a network provider, a provider who is a non-Medicaid provider must be referred to the DHCFP for completion of the Medicaid provider enrollment. However, vendors may enter into single case agreements with non-Medicaid providers as needed. Any provider located outside of the state of Nevada must be licensed in their home state of practice in order to enter into a single case agreement with a vendor.

Scion Dental acknowledges and is prepared to meet the requirements in section 3.6.6.3.

As stated in **section 3.15.3.4**, Scion Dental typically enters into single case agreements for out-of-network and out-of-state providers. Scion Dental will ensure out-of-state providers are licensed in their home state of practice to enter into a single case agreement with Scion Dental.

Should a recipient have a need to seek care from an out-of-network provider, Scion Dental will accommodate the recipient via single case agreement following state guidelines relative to licensure and certification.

Scion Dental will refer all non-Medicaid providers to the DHCFP for completion of the Medicaid provider enrollment process. Our Enterprise System software ensures providers must be fully credentialed before they are considered contracted and eligible to provide services to recipients. Our credentialing workflow includes a requirement to verify each provider has a valid and active Medicaid ID.

During claims processing, a series of edits run against claims and services to verify the rendering provider is appropriately certified to provide services for the client's program and its participants. Our processing system has safeguards in place to ensure claims submitted by non-participating providers are automatically flagged and routed to work queues for manual review. This ensures there is never an additional cost to eligible participants, and it allows us the flexibility of paying out-of-network providers appropriately, based on agreements negotiated by our Provider Relations team.

Outreach to non-Medicaid providers

As mentioned in **section 3.3.5.1**, Scion Dental has already begun its outreach to non-Medicaid providers in both Washoe and Clark Counties. Our activities include identifying and working with:

- Providers not currently participating in the State Medicaid program.
- Providers who are participating but not accepting new recipients.
- Providers who are participating but who are not actively treating recipients.

We work with these identified providers to identify and address any issues or concerns. We encourage providers whose dental practices are not operating at 100% capacity to consider accepting Medicaid recipients into their practice as an attractive option for generating additional revenue. We offer providers streamlined, low-cost administration through our Provider Web Portal and can offer daily payment to providers who submit electronic claims and accept electronic payments.

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3.6.6.4 The vendor must also have written policies and procedures for monitoring and complete this monitoring on its providers, and for disciplining providers who are found to be out of compliance with the vendor's dental management standards.

Scion Dental maintains up-to-date policies and procedures for monitoring and disciplining providers who are found to be out of compliance with our dental management standards.

Scion Dental has a Cost Containment and Child Protection Team and highly effective technology tools in place to monitor provider treatment practices and identify potential outliers. We use a comprehensive list of criteria to evaluate and review a provider's overall treatment patterns.

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Please see **section 3.19** for details on how we evaluate provider treatment patterns and identify potential outliers.

3.6.6.5 Provider contracts may not be structured to provide financial or other incentives to providers and subcontractors for denying, reducing, or limiting medically necessary services to a recipient.

Scion Dental's provider contracts are not and will never be deliberately structured to provide financial or other incentives to providers and subcontractors for denying, reducing, or limiting medically necessary services to a recipient.

3.6.6.6 The use of "gag" clauses in Provider contracts is prohibited.

Scion Dental prohibits the use of "gag" clauses in our Provider Services Agreements.

3.6.6.7 All provider contracts must be made available to the DHCFP within five (5) business days of the request.

Scion Dental will make all provider contracts available to the DHCFP within 5 business days of the request.

As stated in **section 3.6.6.2**, Scion Dental maintains electronic records of all provider application and contracting documents, including provider contracts. These documents are saved and attached to the corresponding provider records in our system database and are easily accessible online, anytime.

3.6.6.8 The vendor will support and participate in any future grants awarded to Medicaid that affect vendors or vendor recipients.

Scion Dental acknowledges and is prepared to meet the requirement of section 3.6.6.8.

3.6.6.9 The vendor will be subject to ACA requirements for Medicaid enrollment.

Scion Dental acknowledges and is prepared to meet the requirement of section 3.6.6.9.

3.6.7 Provider Directory

The vendor will publish its provider directory which includes all providers including FQHCs, and any subcontractors' provider directory via an Internet website upon contract implementation and will update the website on a monthly basis for all geographic service areas. Listed providers in the vendor network must be active, currently providing care or accepting new patients on behalf of the vendor and the provider's demographic data must be accurate. The vendor will provide the DHCFP with the most current provider directory upon contract award for each geographic service area. Upon request by the DHCFP, the vendor must confirm the network adequacy and accessibility of its provider network and any subcontractor's provider network. When queried at least 90% of listed providers will confirm participation in the vendor's network.

On a monthly basis, no later than the tenth (10) day of the month, the Vendor will submit to the DHCFP a list of all providers who have been enrolled and a list of all providers who have disenrolled, deactivated, terminated, decredentials or been removed from the active provider enrollment in the previous month.

Scion Dental routinely makes a comprehensive Provider Directory available online through our Member Web Portal. The Find-a-Provider search feature is available from the web portal Home page, allowing recipients to easily access the information without first having to register or log in.

Because data in our web portals is directly referenced from Enterprise System databases, all provider-related data is instantly available in the portals as soon as it is updated in our software platform—with no file extracts or data uploads needed. Accurate, up-to-date provider information is always instantly available.

Scion Dental will, on a monthly basis, no later than the tenth day of the month, will submit to the DHCFP a list of all providers who have been enrolled and a list of all providers who have disenrolled, deactivated, terminated, decredentials or been removed from the active provider enrollment in the previous month.

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3.6.8 Recipient Communications

All general communications to recipients must be written at an eighth (8th) grade level of understanding reflecting cultural competence and linguistic abilities. The DHCFP must approve initial mass letter mailings and brochures or any subsequent change in content for recipients, exclusive of Dental educational and disease management information, prior to release. If the DHCFP does not respond within ten (10) business days, the vendor may consider the communication approved. This provision does not pertain to communications on specific topics to individual recipients.

Scion Dental's standard is to ensure all written materials are worded in plain language in accordance with the Federal Plain Language Guidelines. For the State of Nevada, Scion Dental will accommodate the reading skill of recipients by verifying written materials are no higher than the eighth grade level, as measured by the Flesch-Kincaid Readability Test. Reading-level guidelines will be validated through word processing software tools.

Scion Dental will submit all initial mass mailings and brochures (exclusive of Dental educational and disease management information) to DHCFP for approval prior to distribution.

3.6.9 Provider Communications

All general communications to providers including mass mailings, fax-blasts, brochures, batch emails, and communications specifically mentioned in this contract must be copied to the DHCFP. This provision does not pertain to communications on specific topics to individual providers.

At Scion Dental, we believe relevant and frequent communication with providers increases provider satisfaction and contributes to a successful dental program. We combine technology with proactive provider training and ongoing education to build a comprehensive program that covers provider administration processes end-to-end, from verifying participant eligibility and submitting claims, to quality of care guidelines and more. We will ensure all general communications to providers are copied to the DHCFP.

Typical general communications to providers may include:

- Town Hall meetings
- Webinars and web conferences

- Ongoing outreach and education materials, including newsletters and education flyers
- Ad hoc communications to quickly communicate changes in the plan or benefits, new technologies or administrative options, and anything of a general nature that would impact a provider's efficiency or success with the program

The goal in all of our training efforts is to create a well-educated provider network that can manage their own administrative tasks efficiently online—thus, saving time and money, and placing the focus on providing high-quality care to patients.

3.6.10 Provider Policy and Procedure Manual

3.6.10.1 The vendor must prepare a Provider Policy and Procedure Manual. The vendor shall document the approval of the Provider Policy and Procedure Manual by the vendor's Dental Director, and shall maintain documentation verifying that the Provider Policy and Procedure Manual is reviewed and updated at least annually.

Scion Dental creates and distributes customized Provider Policy and Procedure Manuals for providers in each of our networks. Our extensive experience in working one-on-one with providers has helped us hone our expertise—we understand what information is relevant, important, and useful to providers—and we deliver that information clearly and concisely in each of our manuals. We have a long track record of meeting and exceeding our clients' expectations when delivering customized Provider Policy and Procedure Manuals.

For the State of Nevada, the Provider Policy and Procedure Manual will provide an end-to-end guide to your Medicaid dental benefits program and Scion Dental's administrative tools. As a companion piece, we also develop and distribute a Quick Reference to the Provider Policy and Procedure Manual, which summarizes the operational policies and procedures that govern the program. Both the Provider Policy and Procedure Manual and the Quick Reference are available as PDF documents and posted on the Provider Web Portal.

During initial orientations we post an electronic copy of the Provider Policy and Procedure Manual to the Provider Web Portal, and send electronic copies via email, when requested. We update the Provider Policy and Procedure Manual as often as necessary, but no less than annually.

The Provider Policy and Procedure Manual will explain how Scion Dental manages the dental program on behalf of the State of Nevada as well as operational procedures followed by our company.

The Provider Policy and Procedure Manual also includes information about registering for the Provider Web Portal and how to contact our Electronic Outreach team for additional assistance and training.

3.6.10.2 The vendor must furnish one (1) copy of the manual to each provider upon recruitment into the network before provider has signed a contract, and must update all copies of the manual in each provider's possession when changes are made by the vendor. Provider update notices sent via facsimile, mail, and/or e-mail may be utilized to update the Provider Policy and Procedure Manual

when changes are made by the vendor. The vendor can meet this requirement by furnishing one (1) copy of the manual and one (1) copy of the manual updates to each provider practice where several providers within the practice are participants in the network. If a provider agrees, the manual may be provided in electronic format. One (1) hard copy and one (1) electronic copy of the Provider Policy and Procedure Manual shall be provided to the DHCFP. That electronic copy must be updated with the same frequency as the hardcopy manual copies furnished to providers. The manual shall include, at a minimum, the following information:

A. The policies and procedures to be implemented by the vendor to ensure provider contract compliance;

B. The procedures governing verification of recipient eligibility and the process for receiving and disseminating recipient enrollment data to participating providers;

C. Prior authorization procedures and requirements;

D. The procedures for claims administration;

E. Provider credentialing criteria;

F. Provider network management;

G. The benefits and limitations available to enrolled recipients under the program, including any restrictions on recipients' freedom of choice imposed by the program and any/all payment obligations;

H. Administrative and billing instructions, including: a list of procedure codes; edits; units; payment rates; and all pertinent information necessary to submit a clean claim in a timely manner;

I. Procedure to dispute adverse payment and contract decisions; and

J. Policies and procedures to be implemented by the Vendor to manage quality improvement and recipient service utilization.

For the State of Nevada, the Provider Policy and Procedure Manual will provide an end-to-end guide to your Medicaid dental benefits program and Scion Dental's administrative tools. The manual will include the information listed in 3.6.10.2, A-J.

As a companion piece, we also develop and distribute a Quick Reference to the Provider Policy and Procedure Manual, which summarizes the operational policies and procedures that govern the program. Both the Provider Policy and Procedure Manual and the Quick Reference are available as PDF documents and posted on the Provider Web Portal. Scion Dental will provide DHCFP with one paper copy and one electronic copy of the manual.

During initial orientations we post an electronic copy of the Provider Policy and Procedure Manual to the Provider Web Portal, and send electronic copies via email and paper copies via postal mail when requested. We update the Provider Policy and Procedure Manual as often as necessary, but no less than annually.

As stated in **section 3.6.9**, the Provider Policy and Procedure Manual will explain how Scion Dental manages the dental program on behalf of the State of Nevada as well as operational procedures followed by our company.

3.6.10.3 Provider Workshops

The vendor must conduct, at least annually, provider workshops in the geographic service area to accommodate each provider site. In addition to presenting education and training materials of interest to all providers, recent changes in policy or procedures should be provided. All sessions should reinforce information on the need for providers to verify recipient eligibility and enrollment prior to rendering services in order to ensure that the recipient is Medicaid-eligible and that claims are submitted to the responsible entity. Individual provider site visits will suffice for the annual training requirement.

Ongoing provider education is a core competency for Scion Dental. We believe frequent, positive interaction with network providers is one of the reasons for our high provider retention rate and high provider satisfaction scores.

Scion Dental offers providers ongoing education and training in a number of ways, including:

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3.6.11 Network Maintenance

Maintenance of the network includes, but is not limited to:

a. Initial and ongoing credentialing;

b. Adding, deleting, and periodic contract renewal;

c. Provider education; and

d. Discipline/termination.

As evidenced throughout this RFP response, Scion Dental excels in every aspect of network development and maintenance. For details, please see:

a. Initial and ongoing credential, **section 3.9.15** and **section 3.15.2**.

b. Adding, deleting, and periodic contract renewal, **section 3.6.6**.

c. Provider education, see **section 3.6.9** and **section 3.6.10**.

d. Discipline/termination, see **section 3.6.6.4**.

3.7 Dental Records

3.7.1

Complete dental records shall be maintained by the vendor's contracted providers, for each enrolled recipient in accordance with this RFP. The records shall be available for review by duly authorized representatives of the State and CMS upon request.

Scion Dental's Nevada provider service agreement requires providers to maintain complete dental records for each enrolled recipient. The service agreement also requires providers to make dental records available for review upon request.

An excerpt from Scion Dental's Nevada provider service agreement includes the following provisions.

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3.7.2

The vendor shall have written policies and procedures to maintain the confidentiality, accessibility and availability, record keeping, and record review process for all dental records. Not more than ten (10) calendar days after submitting a request, the State shall have access to a recipient's dental record, whether electronic or paper, and has the right to obtain copies at the vendor's expense.

All electronic records Scion Dental receives from providers are stored in our Enterprise System databases. Any hardcopy records, including paper claims, x-rays, and treatment documents, are scanned into an electronic format, automatically linked to the appropriate entity record, and stored in the databases. Integrated system security, with role-based security rules, ensure only individuals with appropriate security permissions have access to Enterprise System data, including dental records.

Historical data held in our Enterprise System databases, including dental record information, is retained indefinitely and never purged. All historical data is always available for reference during processing edits, for detailed analysis reporting, and to authorized users for immediate online access.

To ensure recipient privacy is protected, Scion Dental has implemented policies, procedures, and internal controls to safeguard recipient privacy rights. This includes policies and procedures to ensure the privacy and security of Protected Health Information (PHI) by limiting the use and disclosure of PHI to what is minimum or reasonably necessary to accomplish the intended purpose and robust policies and procedures to comply with the privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA).

To access a recipient's dental record, DHCFP may designate a particular individual who can be granted security permissions to access the Enterprise System directly to obtain the information, or Scion Dental can deliver the requested dental record information either in an electronic report format or on paper within 10 calendar days after DHCFP submits the request.

3.7.3

The recipient's dental record is the property of the provider who generates the record. The vendor shall assist the recipient or the parent/legal guardian of the recipient in obtaining a copy of the recipient's dental records, upon written request, from the provider. Records shall be furnished in a timely manner upon receipt of such a request but not more than thirty (30) calendar days from the date of request. Each recipient or parent/legal guardian of the recipient is entitled to one (1) free copy of the requested dental records. The fee for additional copies shall not exceed the actual cost of time and materials used to compile copy and furnish such records.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.7.3. Our standard Nevada provider service agreement requires providers to deliver dental/medical records to Scion Dental, upon request. Scion Dental will submit our provider agreement to DHCFP for review, and we will modify our provider agreement, as requested, to meet specific DHCFP, state, and federal requirements.

If a recipient or authorized representative requests a copy of the recipient's dental records, Scion Dental will assist with the request, and will provide the recipient with one free copy of the requested records.

3.7.4

When an enrolled recipient changes primary care providers and/or health plans, the vendor's contracted provider must forward all dental records in their possession to the new provider within ten (10) business days from receipt of the request.

Scion Dental's standard Nevada provider service agreement will require providers to forward all dental records in their possession to a new Primary Care Dentist within 10 business days from receipt of the request. As mentioned above, Scion Dental will submit our provider agreement to DHCFP for review, and we will modify our provider agreement, as requested, to meet specific DHCFP, state, and federal requirements.

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3.8 Quality Assurance Standards

3.8.1 Overview

The common goal of the managed care program is a successful partnership with quality dental plans to provide care to the DHCFP recipients, while focusing on continuous quality improvement.

The role of vendor is to ensure accessibility and availability to appropriate dental care, provide for continuity of care, and provide quality care to enrolled recipients. Recipients benefit from preventive dental care services, the quality and availability of which are monitored and evaluated by the DHCFP in conjunction with the DHCFP's EQRO contractor. The vendor is required to work collaboratively with the DHCFP and the EQRO in these quality monitoring and evaluation activities. The vendor will designate a lead person to work with the DHCFP on quality management. By virtue of the DHCFP's contract with the EQRO and the federal regulations which set forth the State's mandates for an EQRO, the vendor will be required to provide reporting data beyond that stipulated in this section and will participate in those additional EQRO activities as assigned and required by the DHCFP.

Quality of care and quality of service, including availability, accessibility and continuity of care, are key drivers for Scion Dental on all fronts of our benefit management services. Indeed, they have been the basis for much of our industry-leading innovation. Our management philosophy is to be highly involved in quality improvement planning, ongoing quality evaluation, and effective resolution of potential quality issues.

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We have extensive experience developing and implementing client-specific quality assurance and improvement programs in advance of client go-live dates. Scion Dental, led by a designated point of contact, will work collaboratively with DHCFP and the DHCFP's EQRO partner on quality management, monitoring and evaluation. We will provide reporting data as specified by DHCFP, and participate in EQRO activities necessary to fulfill the responsibilities of this contract.

3.8.2 Quality Measurements

3.8.2.1 The DHCFP will update Nevada's Quality Strategy to indicate the set of dental quality measures to be reported. The DHCFP and/or the EQRO may conduct on-site review as needed to validate dental measures reported. The vendor must use audited data, and is responsible for ensuring all updates to the measure are reflected in the final, reported rates. The DHCFP reserves the right to require the vendor to conduct special focus studies and report on additional quality measures when requested.

Data reporting is a core competency for Scion Dental, and essential, we believe, to ongoing provision of high-quality care and service. We will use audited data, and ensure all updates to Nevada's Quality Strategy are reflected in the final reported rates. If DHCFP requests that Scion Dental undertake special focus studies and/or report on additional quality measures, we will evaluate the effort involved to determine if additional compensation is required.

3.8.2.2 On an annual basis, vendor's are required to report on all performance measures listed in the State Quality Strategy.

At Scion Dental we aim to set the standard in dental benefit management reporting—it is a key driver in our commitment to improve process efficiencies, guarantee compliance, and dramatically reduce the cost of delivering dental benefits. With our extensive reporting deliverable system, we are able to generate thousands of client-defined reports each year based on different frequency types, including monthly, quarterly and annually. Scion Dental will report annually on all performance measures listed in the State Quality Strategy.

In 2017, Scion Dental clients will have access to the Enterprise System's Data Warehouse Extract reporting. This client-centric enhancement provides industry-leading technology tools for clients to run reports related to access to and quality of care as well as program cost-effectiveness.

3.8.2.3 Comprehensive Well Child Periodic and Interperiodic Health Assessments/Early Periodic Screening Diagnosis and Treatment (EPSDT)/Healthy Kids

A. Standard

1. The vendor shall take affirmative steps to achieve at least a participation rate greater than or equal to the national average for EPSDT dental screenings.

2.. The DHCFP and/or the EQRO may conduct desk and/or on-site review as needed, to include, but not be limited to: policy/procedure for EPSDT, service delivery, data tracking and analysis, language in dental care provider contracts, and the process for notification of recipients. Vendor internal quality assurance of the EPSDT program shall include

monitoring and evaluation of the referrals that are the result of an EPSDT dental screening.

Scion Dental strongly believes in the importance of dental wellness at an early age. Making sure children see the dentist early and regularly can do wonders for their health and happiness. Recipient education and outreach on this issue will help Scion Dental ensure participation rates for DHCFP's recipients equal or exceed the national average for EPSDT dental screenings. We will monitor and evaluate referrals that are the result of an EPSDT dental screening, and cooperate with DHCFP and/or the EQRO on reviews related to this issue.

Outreach and education are most effective as an active and ongoing process. We utilize a variety of recipient outreach methods designed to engage, educate, and motivate parents to take a proactive approach to their child's dental health. Each outreach method centers on routine dental cleanings and exams, preventive care, and the importance of early detection and treatment of dental cavities.

Scion Dental can offer the following EPSDT outreach methods to DHCFP:

- Coordination with public health and other entities
- Automated outbound telephone campaigns
- Electronic communication
- Postcard campaign
- Missed appointment calls
- Customizable outreach
- HEDIS initiative
- Other reporting tools

Please refer to **section 3.3.3.5** for more details on these outreach methods.

B. *The vendor is required to submit the CMS 416 EPSDT Participation Report to the DHCFP for each quarter of the federal fiscal year (FFY), October 1st through September 30th. The vendor is required to submit the final CMS 416 Report to the DHCFP no later than March 1st after the FFY reporting period concludes. The vendor must send a quarterly report in order to track the progress the Vendor is making throughout the year. The vendor is required to complete all dental line items of the CMS 416 Report applicable for dental care and submit separate reports for the NCU, FMC, and CHIP Medicaid expansion.*

1. *If the vendor cannot satisfactorily demonstrate to the DHCFP at least a participation rate not less than the Quality Improvement System for Managed Care (QISMIC) improvement measure, as determined by the DHCFP or its contracted EQRO, the DHCFP may require the vendor to submit a Plan of Correction (POC) to the DHCFP.*

Scion Dental will submit all reports as required in the section above. If warranted, we will submit a Plan of Correction for improving participation rates.

3.8.3 Plan of Correction (POC) Procedure

3.8.3.1 The POC should identify improvements and/or enhancements of existing outreach and education, which will assist the vendor to improve the quality rates/scores. A POC must include, but may not be limited to, the following:

A. Specific problem(s) which require corrective action;

B. The type(s) of corrective action to be taken for improvement;

C. The goals of the corrective action;

D. The time-table for action;

E. The identified changes in processes, structure, internal/external education;

F. The type of follow-up monitoring, evaluation and improvement; and

G. The vendor staff person(s) responsible for implementing and monitoring the POC.

Scion Dental employs Corrective Action Plans (CAPs), or Plans of Correction (POC) as an essential element in our quality improvement process. Our CAP procedure is aligned with and inclusive of the requirements of DHCFP's requirements as stated in 3.8.3.1 A-G.

3.8.3.2 Unless otherwise specified by the DHCFP, the vendor has thirty (30) calendar days from date of notification by the DHCFP to submit a POC, as specified. The vendor's POC will be evaluated by the DHCFP to determine whether it satisfactorily addresses the actions needed to correct the deficiencies. If the vendor's POC is unsatisfactory, the DHCFP will indicate the section(s) requiring revision and/or necessary additions and request a satisfactory plan be submitted by the vendor, unless otherwise specified, within thirty (30) calendar days of receipt of the DHCFP's second directive. If the vendor's second plan is unsatisfactory, the DHCFP may declare a material breach. Within ninety (90) calendar days after the vendor has submitted an acceptable POC or one has been imposed, the DHCFP will initiate a follow-up review, which may include an on-site review.

We acknowledge and will be prepared to meet the requirements in 3.8.3.2. However, Scion Dental provides for continual monitoring of its contract compliance program. Through a continuous improvement process, neither Scion Dental nor any corporate affiliates of Scion Dental, Inc., have had to correct deficiencies or assessed corrective actions, sanctions or any disciplinary actions by an "Organization contractor, including all government contractors" in the past five years related to contract compliance.

3.8.3.3 If the vendor's non-compliance with the provision of covered medically necessary dental benefits and services becomes an impediment to ensuring the health care needs of recipients and/or the ability of providers to adequately attend to those health care needs, the DHCFP shall take an administrative sanction against the vendor. Such a sanction will disallow further enrollment and may also include adjusting auto-assignment formulas used for the recipient enrollment purposes. Such sanctions will continue until vendor compliance with the provision of benefits/services is achieved. Liquidated damages, as outlined in the General Terms of the contract, may also be assessed if other measures fail to produce adequate compliance results from the vendor.

Scion Dental understands its obligation to comply with the provision of covered medically necessary dental benefits and services as defined in this Contract, RFP, and all attachments. Scion Dental further understands that the failure to so comply may result in sanctions and liquidated damages.

3.9 Standards for Internal Quality Assurance Programs

Federal regulations (42 CFR 438.330) mandate that States must, through its contracts, require each Prepaid Ambulatory Health Plan (PAHP) to have an ongoing quality assessment and performance improvement program for the services it furnishes its recipients. Internal Quality Assurance Programs (IQAPs) consist of systematic activities, undertaken by the vendor, to monitor and evaluate the care delivered to enrolled recipients according to predetermined, objective standards, and effect improvements as needed.

In accordance with the requirements set forth in 42 U.S.C. §300kk, the vendor must develop and maintain the ability to collect and report data on race, ethnicity, sex, primary language, and disability status for applicant's and recipient's parents or legal guardians if applicants or recipients are minors or legally incapacitated individuals.

An annual review of the vendor will be conducted by the DHCFP or its designee. In addition, the DHCFP will monitor and analyze grievances and appeals, provider disputes and will periodically conduct patient and provider satisfaction surveys.

The vendor must have its own evaluation of the impact and effectiveness of its quality assessment and IQAP.

3.9.1

The vendor must conduct performance improvement projects that are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time that focus on clinical and non-clinical areas that are expected to have a favorable effect on health outcomes and recipient satisfaction and that involve the following:

3.9.1.1 Measurement of performance using objective quality indicators;

Scion Dental uses objective quality indicators to measure performance as part of its performance improvement projects.

3.9.1.2 Implementation of system interventions to achieve improvement in quality;

When indicated, Scion Dental implements system interventions to achieve quality improvement in the services provided to our clients' recipients.

3.9.1.3 Evaluation of the effectiveness of the interventions; and

Scion Dental believes tracking and auditing are essential for ongoing quality improvement. We evaluate the effectiveness of system interventions as part of the performance improvement project process.

3.9.1.4 Planning and initiation of activities for increasing or sustaining improvement.

At any one time, Scion Dental has multiple performance projects underway for increasing or sustaining improvement. These projects may be in the stage of planning, initiation or implementation.

3.9.2

The vendor must report the status and results of each project to the DHCFP as requested, including those that incorporate the requirements of 42 CFR 438.330. Each performance improvement project must be completed in a reasonable time period so as to generally allow information on the success of performance

improvement projects to be available to the DHCFP for its annual review of the vendor's quality assessment and improvement program.

Scion Dental acknowledges and is well prepared to meet this requirement.

3.9.3

The Vendor must:

3.9.3.1 Submit performance improvement measurement data annually using standard measures required by the DHCFP, including those that incorporate the requirements of 42 CFR 438. Part E.

3.9.3.2 Submit to the DHCFP data specified by the DHCFP which enables the DHCFP to measure the vendor's performance.

Scion Dental acknowledges and is well-prepared to meet the requirements in section 3.9.3.

3.9.4

The DHCFP will use the most current sources for the IQAP guidelines and the most current Standards and Guidelines for the requested quality measures.

Scion Dental acknowledges this requirement, and is very familiar with the most up-to-date standards and guidelines.

3.9.5

The vendor is required to maintain a health information system that collects, analyzes, integrates, and reports data in accordance with 42 CFR 438.242 and can achieve the objectives of the ongoing IQAP. The systems must provide information on areas including, but not limited to, utilization, grievances and appeals, and disenrollment for other than the loss of program eligibility. The basic elements of a health information system with which a vendor must comply include the following:

3.9.5.1 Collect data on recipient and provider characteristics as specified by the DHCFP, and on services furnished to the recipients through an encounter data system or other methods as may be specified by the DHCFP;

Scion Dental stores all data regarding recipients and providers, as well as all data submitted by providers, in electronic form—regardless of how the data is submitted. Data can enter the Enterprise System through EDI file loads, submitted electronically through the Provider Web Portal, or manually entered through a data entry user interface from a paper form or scanned image.

All data elements submitted on a claim, including the rendering provider, NPIs, clinic location, patient who received the service, and all other submitted details, are captured, stored, and used in processing. This allows Scion Dental to deliver complete, comprehensive, and accurate encounter data reporting to the state.

3.9.5.2 Verify the data received from providers is accurate, and timely, and screen the data for completeness, logic and consistency in accordance with 42 CFR 438.242(b) (2);

To verify the data received from providers is accurate and timely, our Enterprise System software includes hundreds of automated data integrity and validity checks, which are

performed automatically, regardless of whether claims data enters the system through data file loads, through the Provider Web Portal, or through a data entry user interface.

Data entry controls prevent incomplete claims from being submitted through the Provider Web Portal or through manual data entry. Likewise, when EDI files are imported, they are automatically validated against a series of SNIP (Strategic National Implementation Process) tests and other sophisticated data validation rules. If errors are encountered, the entire file may be rejected or individual transactions within the file may be rejected, depending on the type of error and its severity.

When claims are processed, hundreds of dental-specific edits evaluate whether claims data is accurate and complete, whether the provider is eligible to be paid, whether the recipient is eligible for coverage, and whether the claim was submitted within timely filing guidelines, among many other data verification steps. In addition, the software system runs hundreds of automated business rules to verify accurate and appropriate payment for each service line. Dental-specific, customizable business rules evaluate whether care is appropriate based on the patient's service history, medically necessary based on customizable guidelines, and covered based on benefit plan rules, service limitations, and dates of service.

3.9.5.3 Must collect service information received from providers in standardized formats.

Scion Dental accepts claims data and service information from providers submitted via ANSI 837D electronic files, and submitted through our Provider Web Portal, which offers an easy-to-use online version of the current ADA claim form. Scion Dental also accepts paper claims from providers, when necessary, and transforms them into electronic format.

3.9.5.4 Make all collected data available as outlined in the reporting guide, attachments or as requested to the DHCFP and upon request to CMS as required; and

All data collected by Scion Dental is stored in our Enterprise System databases and can be extracted into client-defined report formats. Encounter data can be packaged in a HIPAA-compliant 837D file for delivery to the state, or it can be formatted in any other client-defined format.

3.9.5.5 Designate a lead person to collaborate with the DHCFP on the review and submission of encounter data to the DHCFP.

Scion Dental's EDI Manager oversees the experienced team that manages the review and submission of encounter data. In addition, Scion Dental will hire an Operations Manager, based in Nevada, who will serve as a single point of contact for the DHCFP. For details about key personnel to be assigned to the DHCFP contract and Scion Dental staffing, see **section 3.14.3.3.**

3.9.6 Written IQAP Description

The vendor must have a written description of its IQAP. This written description must meet the following criteria:

3.9.6.1 Goals and Objectives.

Scion Dental's written description of its Quality Improvement (QI) Program includes a description of our goals and objectives.

3.9.6.2 The written description must contain a detailed set of quality assurance (QA) objectives, which are developed annually and include a timetable for implementation and accomplishment. .

The annual QI Work Plan developed through Scion Dental's QI Program contains detailed quality improvement projects (QIPs) which support objectives in the QI Program as well as timetables for implementation and accomplishment. QIPs are selected based on Scion Dental's operational goals, industry trends and client requirements.

3.9.6.3 Scope

A. The scope of the IQAP must be comprehensive, addressing both the quality of clinical care and the quality of non-clinical aspects of service. Scope must also include availability, accessibility, coordination, and continuity of care.

B. The IQAP methodology must provide for review of the entire range of care provided by the vendor, including services provided to CSHCN, by assuring that all demographic groups, care settings and types of services (e.g., preventive, primary, specialty care, and ancillary) are included in the scope of the review.

The scope of Scion Dental's QI Program is extremely comprehensive, and inclusive of DHCFP's requirements as outlined in 3.9.6.3.a above.

With our world-class software, Scion Dental can generate a wide range of reports which enable us to review the entire range of care provided for a specific client. If a field is indicated for a report and populated with data, we are able to report on it for review. Per DHCFP's requirements, we will review:

- Care for CSHCN recipients
- Demographic groups: we will use race, ethnicity and primary language data provided by DHCFP as outlined in 3.10.2.2.A.2.
- Care settings, when providers indicate "place of service" on claims
- Types of services as identified by dental service code

3.9.6.4 Specific Activities

The written description must specify quality of care studies and other activities to be undertaken over a prescribed period of time, and methodologies and organizational arrangements to be used

to accomplish them. Individuals responsible for the studies and other activities must be clearly identified and qualified to develop the studies and analyze outcomes.

Scion Dental's annual QI Work Plan includes specific quality improvement activities to be accomplished, timetables and methodologies for accomplishment, and the experienced Scion Dental team members with accountability for these activities.

3.9.6.5 Continuous Activity

The written description must provide for continuous performance of the activities, including tracking of issues over time.

The annual QI Work Plan includes timetables demonstrating ongoing performance of quality improvement activities as well as monitoring and evaluation activities.

3.9.6.6 Provider Review

A. Review by dentists and other health professionals of the process followed in the provision of dental services must be conducted; and

B. The vendor must provide feedback to dental professionals and vendor staff regarding performance and patient health care outcomes.

The Peer Review Committee, a sub-committee of the QI Committee, is responsible for annual review of changes to Scion Dental clinical criteria as recommended by Scion Dental clinical staff. Dental Consultants who are general dentists, as well as specialists from pediatric dentistry, orthodontics, endodontics, periodontics and oral surgery, are active members of our Peer Review Sub-Committee.

Scion Dental's provider profiling reports, available on demand to clients and Scion Dental team members via the Client Web Portal, compare services performed by selected providers against services performed by peer groups. With these reports, Scion Dental and clients such as DHCFP can analyze provider performance by identifying service frequencies, service comparisons expressed as ratios, performance rankings, and provider trends. All of the reports include patient age ranges—a crucial element for analyzing treatment patterns for children and the appropriateness of care. In addition, Scion Dental's Enterprise Business Intelligence System (eBIS), an analytical reporting tool, provides customizable, on-demand reports that analyze costs, utilization, practice trends, outcomes, and benchmarks.

Profiling reports are also available to providers via the Provider Web Portal. With these reports, providers can compare their treatment patterns against a panel of peers in order to improve health outcomes. Provider Profiling reports offer insight into provider practices through comparative statistics and other detailed data. By comparing themselves against their peers, providers can establish and assess performance standards. Clinical guidelines are also available online to providers who submit authorizations through the portal. This quick and easy online option allows participating dentists to follow the decision matrix and understand the logic behind authorization decisions.

3.9.6.7 Focus on Health Outcomes

The IQAP methodology must address health outcomes to the extent consistent with existing technology.

Scion Dental's comprehensive Quality Improvement (QI) program includes assessment of quality outcomes from dental care models. We acknowledge and will meet this requirement.

3.9.7 Systematic Process of Quality Assessment and Improvement

The IQAP must objectively and systematically monitor and evaluate the quality and appropriateness of care and service provided to recipients through quality of care studies and related activities, and pursues opportunities for improvement on an ongoing basis. The IQAP must have written guidelines for its Performance Improvement Projects (PIPs) and related activities. These guidelines include:

3.9.7.1 Specification of Dental Services Delivery Areas to be monitored;

Scion Dental acknowledges this requirement. Our performance improvement projects comply with CMS and URAC requirements.

3.9.7.2 The IQAP must monitor and evaluate, at a minimum, care and services in certain priority areas of concern selected by the DHCFP. These are selected from among those identified by the CMS and the DHCFP and are identified through the DHCFP Quality Assessment and Performance Improvement Strategy;

Scion Dental acknowledges and is well-prepared to meet this requirement. With our industry-leading technology, we are able to generate thousands of client-defined reports each year based on different frequency types, including monthly, quarterly and annually. Scion Dental will employ this technology as part of our monitoring and evaluation efforts.

3.9.7.3 Performance Improvement Projects (PIPs) in accordance with 42 CFR 438.358(b):

A. Validation of Performance Improvement Projects required by the State to comply with requirements set forth in 42 CFR 438.330; and

B. Projects that was under way during the preceding twelve (12) calendar months.

Scion Dental acknowledges and is well-positioned to meet this requirement.

3.9.7.4 Quality of care studies are an integral and critical component of the health care quality improvement system. The vendor will be required annually to conduct and report on a minimum of one clinical PIP and one non-clinical PIP. Clinical PIPs include projects focusing on prevention and care of acute and chronic conditions, high-volume services, high-risk services, and continuity and coordination of care; non-clinical PIPs include projects focusing on availability, accessibility, and cultural competency of services, interpersonal aspects of care, and appeals, grievances, and other complaints;

At minimum, Scion Dental conducts and reports on one clinical and one non-clinical performance improvement project each year. The focus of these projects is consistent with the parameters outlined above.

3.9.7.5 The purpose of a PIP is to assess and improve processes, thus enhancing the outcomes of care. The PIPs are designed to target and improve the quality of care or services received by DBA enrolled recipients. The vendor will utilize, as a resource, the Centers for Medicare & Medicaid Services (CMS) guidelines as outlined in the most recent version of the CMS publication EQR Protocols;

Scion Dental continuously monitors changes to the CMS guidelines and employs the most up-to-date version of the CMS publication EQR Protocols.

3.9.7.6 The vendor must implement a system to achieve improvement in quality; evaluate effectiveness of the interventions; and institute planning and initiation of activities for increasing or sustaining improvement;

Scion Dental's Quality Improvement Program is a system that is designed to accomplish the objectives outlined above.

3.9.7.7 The vendor must have its own evaluation of the impact and effectiveness of its quality assessment and IQAP;

Scion Dental acknowledges this requirement, and believes it is an essential element for effective quality improvement.

3.9.7.8 At its discretion and/or as required or directed by the DHCFP, the vendor's IQAP must also monitor and evaluate other important aspects of care and service; and

Scion Dental acknowledges this requirement. We will evaluate the additional effort and compensation that may be required with this request by DHCFP.

3.9.7.9 A statistically significant decline in one PIP will result in a quality penalty fee until the measure increases above original measure or matches previous measure prior to decline.

Scion Dental acknowledges this requirement.

3.9.8 Use of Quality Indicators

Quality indicators are measurable variables relating to a specified clinical or health services delivery area, which are reviewed over a period of time to monitor the process or outcomes of care delivered in that area.

3.9.8.1 The vendor is required to:

A. Identify and use quality indicators that are objective, measurable, and based on current knowledge and clinical experience;

B. Monitor and evaluate quality of care through studies which include, but are not limited to, the quality indicators also specified by the CMS, with respect to the priority areas selected by the DHCFP;

C. Ensure methods and frequency of data collection; ensure data accuracy; and ensure data is effective and sufficient to detect the need for program change; and

D. Have mechanisms to detect under and over utilization and to follow up appropriately. If fraud and abuse is suspected, a referral must be made to the vendor's PIU and the DHCFP SUR Unit for appropriate action.

Scion Dental uses quality indicators as described above. With our state-of-the-art software system, we are able to collect, store, analyze and accurately report on the

many types of data required to evaluate program quality and the need for program change. Scion Dental uses robust data tools and analysis to detect under- and over-utilization. We have extensive experience in corrective UM action as well as taking appropriate action when fraud or abuse is suspected. Per the requirement D above, Scion Dental will make a referral to the DHCFP SUR Unit when fraud or abuse is suspected.

3.9.8.2 Use of Clinical Care Standards/Practice Guidelines

A. The IQAP studies and other activities monitor quality of care against clinical care or health service delivery standards or practice guidelines specified in the Quality Strategy;

B. The standards/guidelines are based on reasonable scientific evidence and developed or reviewed by vendor providers;

C. The standards/guidelines must focus on the process and outcomes of dental care delivery, as well as access to care;

D. The vendor must ensure a mechanism is in place for continuously updating the standards/guidelines;

E. The standards/guidelines must be included in Provider Policy and Procedure Manuals developed for use by the vendor's providers, or otherwise disseminated, including but not limited to, on the provider website, in writing to all affected providers as they are adopted and to all recipients and potential recipients upon request;

F. The standard/guidelines must address preventive dental services;

G. The standards/guidelines must be developed for the full spectrum of populations enrolled in the plan; and

H. The IQAP shall use these standards/guidelines to evaluate the quality of care provided by the vendor's providers, whether the providers are organized in groups, as individuals, or in combinations thereof.

Scion Dental acknowledges and is prepared to meet requirements A-F and H. We are experienced in providing specific benefits to specific populations; however our standards are based on the type of procedure, not the type of patient, as specified in G.

3.9.8.3 Analysis of Clinical Care and Related Services

A. Qualified clinicians monitor and evaluate quality through the review of individual cases where there are questions about care, and through studies analyzing patterns of clinical care and related service. For issues identified in the IQAPs targeted clinical areas, the analysis must include the identified quality indicators and use clinical care standards or practice guidelines;

B. Multi-disciplinary teams are required, when appropriate, to analyze and address systems issues. The Vendor must have mechanisms in effect to assess quality and appropriateness of care furnished to recipients with special health care needs;

C. Clinical and related service areas requiring improvement are identified;

D. The vendor will work collaboratively with the DHCFP to determine recipient race and ethnicity. The vendor will organize interventions specifically designed to reduce or eliminate disparities in health care; and

E. The vendor shall allow the DHCFP access to clinical studies, when available and appropriate.

Scion Dental acknowledges the requirements outlined above and will be prepared to meet them.

3.9.8.4 Implementation of Corrective Actions

The IQAP must include written procedures for taking corrective action, as determined under the IQAP, whenever inappropriate or substandard services are furnished, or services that should have been furnished were not.

If awarded this contract, Scion Dental will integrate its Corrective Action Plan process (CAP) with its written QI Program.

3.9.8.5 These written corrective action procedures must include:

A. Specification of the types of problems requiring corrective action;

B. Specification of the person(s) or body responsible for making the final determinations regarding quality problems;

C. Specific actions to be taken; provision of feedback to appropriate health professionals, providers and staff;

D. The schedule and accountability for implementing corrective actions;

E. The approach to modifying the corrective action if improvements do not occur; and

F. Procedures for terminating the affiliation with the dental provider.

Scion Dental's Corrective Action Plan process is consistent with the parameters above.

3.9.8.6 Assessment of Effectiveness of Plans of Correction (POC)

A. As actions are taken to improve care, the vendor must monitor and evaluate the POC to assure required changes have been made. In addition, changes in practice patterns must be monitored.

B. The vendor must assure timely follow-up on identified issues to ensure actions for improvement have been effective.

Scion Dental's Corrective Action Plan process is consistent with the parameters above.

3.9.8.7 Evaluation of Continuity and Effectiveness of the IQAP

A. The vendor must conduct regular and periodic examination of the scope and content of the IQAP to ensure that it covers all types of services in all settings;

B. At the end of each calendar year, a written report on the IQAP must be prepared and submitted to the DHCFP which addresses: quality assurance studies and other activities completed; trending of clinical and service indicators and other performance data; demonstrated improvements in quality; areas of deficiency and recommendations for corrective action; and an evaluation of the overall effectiveness of the IQAP; and

C. The report should include evidence that quality assurance activities have contributed to significant improvements in the care delivered to recipients.

Scion Dental's Corrective Action Plan process is consistent with the parameters above.

3.9.9 Accountability to the Governing Body

The Governing Body of the vendor is the Board of Directors or, where the Board's participation with quality improvement issues is not direct, a designated committee of the senior management of the vendor that is

responsible for the vendor IQAP review. Responsibilities of the Governing Body for monitoring, evaluating and making improvements to care include:

3.9.9.1 Oversight of IQAP

There is documentation that the Governing Body has approved the overall IQAP and the annual IQAP.

On an annual basis, Scion Dental's Executive Oversight Committee approves the updated Quality Improvement Plan and Annual QI Work Plan.

3.9.9.2 Oversight Entity

The Governing Body has formally designated an entity or entities within the vendor to provide oversight of the IQAP and is accountable to the Governing Body, or has formally decided to provide such oversight as a committee of the whole.

While the Executive Oversight Committee of Scion Dental is ultimately responsible for all QI activities, it has charged the QI Committee, led by the Director of Quality, with oversight of the QI Program. The QI Committee submits the Annual Evaluation of the QI Program, updated program description, and Annual Work Plan with the first quarter (Q1) report to the Executive Oversight Committee. The QI Committee makes specific recommendations, which the Executive Oversight Committee may approve, reject, or conditionally approve.

3.9.9.3 IQAP Progress Reports

The Governing Body routinely receives written reports from the IQAP describing actions taken, progress in meeting quality assurance objectives, and improvements made.

Scion Dental's management philosophy is to be highly involved in the ongoing planning and evaluation of quality improvement work. To that end, Scion Dental's Executive Oversight Committee routinely receives written reports from the QI Committee on its plans, progress, and results. These reports include minutes from the QI Committee's quarterly meeting and annual reports for the Executive Oversight Committee.

3.9.9.4 Annual IQAP Review

The Quality Improvement Program Description is reviewed and updated annually to ensure Scion Dental remains focused on timely opportunities. The content of the Quality Improvement Program encompasses multi-dimensional operational functions conducted within the company. Specific indicators have been established for performance monitoring and improvement initiatives, based on the analysis of, and in relation to, the important aspects of the services provided by Scion Dental.

3.9.9.5 The Governing Body formally reviews on a periodic basis, but no less frequently than annually, a written report on the IQAP. This annual quality program evaluation report shall be submitted to the DHCFP in the second calendar quarter and at minimum must include:

A. Studies undertaken;

B. Results;

C. Subsequent actions and aggregate data on utilization and quality of services rendered; and

D. An assessment of the IQAPs continuity, effectiveness and current acceptability.

Scion Dental acknowledges, and has processes already in place to meet this requirement.

3.9.9.6 Program Modification

Upon receipt of regular written reports delineating actions taken and improvements made, the Governing Body must take action when appropriate, and direct that the operational IQAP be modified on an ongoing basis to accommodate review findings and issues of concern with the vendor. This activity is documented in the minutes of the meetings of the Governing Board in sufficient detail to demonstrate that it has directed and followed up on necessary actions pertaining to quality assurance.

Scion Dental's Executive Oversight Committee responds to written reports from the QI Committee, including direction to modify the Annual QI Work Plan when appropriate. Scion Dental will provide documentation to DHCFP as requested in 3.9.9.6.

3.9.10 Active QA Committee

The IQAP must delineate an identifiable structure responsible for performing quality assurance functions within the vendor.

This committee or other structure must have:

3.9.10.1 Regular Meetings

The structure/committee must meet on a regular basis with a specified frequency, no less than quarterly to oversee IQAP activities. This frequency must be sufficient to demonstrate that the structure/committee is following up on all findings and required actions.

Scion Dental's QI Committee meets quarterly and ad hoc on QI activities and provides oversight of several sub-committees, which meet monthly, quarterly, or annually and ad hoc as appropriate to their activities. These include the Cost of Care Committee, Credentialing Committee, Utilization Management Committee and Peer Review Committee.

3.9.10.2 Established Parameters for Operating

The role, structure and function of the structure/committee must be specified.

The role, structure and function of the QI Committee and each sub-committee are specified in Scion Dental's Quality Improvement Program.

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3.9.10.3 Documentation

There must be records documenting the structure and committee's activities, findings, recommendations and actions.

Meeting minutes document the activities, findings, recommendations and actions of Scion Dental's QI Committee and each sub-committee. These minutes are confidential and proprietary.

3.9.10.4 Accountability

IQAP subcommittees must be accountable to the Governing Body and must report to it (or its designee) on a scheduled basis on activities, findings, recommendations and actions.

Sub-committees of the QI Committee are accountable to Scion Dental's Executive Oversight Committee. They report activities, findings, recommendations and actions to the QI committee on a regular, scheduled basis, through the minutes and through escalated items.

3.9.10.5 Membership

There must be active participation in the IQAP committee from vendor providers, who are representative of the composition of the vendor's providers.

While Scion Dental providers are not members of the QI Committee, Dental Consultants who are general dentists and specialists (pediatric dentistry, orthodontics, endodontics, periodontics and oral surgery) are active members of our Peer Review Sub-Committee. This committee provides a forum for providers.

In addition, Scion Dental actively collects provider feedback through multiple channels, including a formal provider satisfaction survey. We use the feedback, including results of the survey to assess our Provider Management program and to develop provider-focused Quality Improvement projects.

3.9.11 IQAP Supervision

There must be a designated senior executive who is responsible for IQAP implementation. The vendor's Dental Director has involvement in quality assurance activities.

Scion Dental has a senior executive in place who is responsible for QI implementation. The Dental Director will have involvement in quality assurance activities.

3.9.12 Adequate Resources

The IQAP must have sufficient material resources and staff with the necessary education, experience, or training to effectively carry out its specified activities.

Scion Dental has purposefully put experienced staff and the necessary resources in place to accomplish our QI Program objectives and activities. We regularly review all of these resources and make changes/additions as needed.

3.9.13 Provider Participation in IQAP

3.9.13.1 Participating dentists and other providers must be kept informed about the written IQAP through provider newsletters and updates to the Provider Policy and Procedure Manual.

To ensure providers are kept informed of key drivers of quality of care, including Scion Dental's clinical guidelines and dental treatment frequency standards, we make information about medical necessity guidelines, benefit plan details and authorization requirements, and practice guidelines available to providers through many channels, including provider orientation sessions, webinars, Provider Policy and Procedure Manual, and Provider Web Portal.

3.9.13.2 The vendor must include in its provider contracts and employment agreements, for dentists and non- dental providers, a requirement securing cooperation with the IQAP.

We believe ongoing quality improvement is the responsibility of all persons involved in the delivery of dental services to Nevada Medicaid recipients. We acknowledge this requirement and are prepared to meet it.

3.9.13.3 Contracts must specify that hospitals and other vendors will allow the vendor access to the Dental records of its recipients.

Scion Dental acknowledges and agrees that all provider contracts must specify that Scion Dental shall have access to recipient dental records.

3.9.14 Delegation of IQAP Activities

3.9.14.1 The vendor remains accountable for all IQAP functions, even if certain functions are delegated to other entities. If the vendor delegates any quality assurance activities to subcontractors or providers, it must:

A. Have a written description of the delegated activities, the delegate's accountability for these activities, and the frequency of reporting to the vendor;

B. Have written procedures for monitoring and evaluating the implementation of the delegated functions, and for verifying the actual quality of care being provided; and

C. Maintain evidence of continuous monitoring and evaluation, completed at least quarterly of delegated activities, including approval of quality improvement plans and regular specified reports.

Currently, Scion Dental does not delegate any portion of QI functions or activities to an external entity. We acknowledge this requirement and will meet it when necessary.

3.9.15 Credentialing and Recredentialing

The IQAP must contain provisions to determine whether dentists and other health care professionals, who are licensed by the State of Nevada and who are under contract to the vendor, are qualified to perform their services. These provisions are:

3.9.15.1 Written Policies and Procedures

The vendor will have written policies and procedures that include a uniform documented process for credentialing, which include the vendor's initial credentialing of practitioners, as well as its

subsequent recredentialing, recertifying and/or reappointment of practitioners. The vendor will comply with NAC 679B.0405 which requires the use of Form NDOI-901 for use in credentialing providers.

The DHCFP reserves the right to request and inspect the credentialing process and supporting documentation. The vendor agrees to allow the DHCFP and/or its contracted EQRO to inspect its credentialing process and supporting documentation.

Scion Dental has detailed credentialing and recredentialing policies and procedures that support a uniform documented process for credentialing qualified providers. This documentation includes, but is not limited to, our initial credentialing of practitioners and our subsequent recredentialing, recertifying, and/or reappointment of practitioners.

Scion Dental acknowledges that the DHCFP reserves the right to request and inspect credentialing policies and procedures and other supporting documentation, and will allow the DHCFP and/or its contracted EQRO to inspect its credentialing process and supporting documentation.

Scion Dental will comply with NAC 679B.0405. We maintain electronic records of all provider application and contracting documents, and can support the use of Form NDOI-901 in our Credentialing Portal. These documents are saved and attached to the corresponding provider records in our system database software and are easily accessible online, anytime.

In addition, Scion Dental has an online credentialing application web portal that can be used for providers to complete online credentialing applications that automatically integrate with Scion Dental's Enterprise System software and Credentialing Module. This web portal option has proven to speed up the credentialing process and results in increased provider satisfaction with the contracting and credentialing process. This data is always kept in the software application so when it is time for recredentialing, all of the data is there and does not have to be re-entered, thus saving the provider many hours of time.

3.9.15.2 Oversight by Governing Body

The Governing Body, or the group or individual to which the Governing Body has formally delegated the credentialing function, will review and approve the credentialing policies and procedures.

Scion Dental's Credentialing Committee reviews and approves all policies and procedures related to the credentialing function. The Credentialing Committee is chaired by Scion Dental's Dental Director.

3.9.15.3 Credentialing Entity

The vendor will designate a credentialing committee, or other peer review body, which makes recommendations regarding credentialing decisions.

Scion Dental's Credentialing Committee meets biweekly and thoroughly reviews provider credentialing applications to make determinations on provider enrollment. Scion Dental's Credentialing Committee consists of licensed dentists of varying

specialties including Scion Dental's Chief Dental Officer, Dental Director, and Dental Consultants. The committee is chaired by our Dental Director and reviews any newly found sanctions or adverse actions resulting from ongoing monitoring or participant complaints.

If the Credentialing Committee denies a provider's application, Scion Dental will send the provider a written notification of the decision with a description of appeal rights.

The committee is available to meet off cycle to review urgent or expedited applications or sanctions based on client and market needs.

3.9.15.4 Scope

The vendor will identify those practitioners who fall under its scope of authority and action. This must include, at a minimum, all dentists and other licensed independent practitioners included in the vendor's provider network.

Scion Dental carefully manages our provider networks. We routinely validate provider records and monitor for regulatory and program compliance. We educate providers and take action as needed should corrective action be required.

Once contracted and credentialed, providers are entered into the Enterprise System and are specifically identified as participating providers in the Medicaid or Nevada Check Up dental programs.

Please see **section 3.3.1.6** for more about how Scion Dental builds first-class provider networks.

3.9.15.5 Process

The initial credentialing process obtains and reviews primary source verification of the following information, at a minimum:

A. The practitioner holds a current valid license to practice in Nevada or a current valid license to practice in the state where the practitioner practices.

B. A Valid Drug Enforcement Administration (DEA) certificate for all practitioners authorized by the scope of their license to prescribe drugs.

C. Graduation from Dental school and completion of a residency, or other post-graduate training, as applicable.

D. Work history.

E. Professional liability claims history.

F. The practitioner holds current, adequate malpractice insurance according to the vendor's policy.

G. Any revocation or suspension of a State license or DEA number.

H. Any curtailment or suspension of medical staff privileges (other than for incomplete Dental records).

I. Any sanctions imposed by the OIG or the DHCFP.

J. Any censure by any state or county Dental Association or any other applicable licensing or credentialing entity.

K. The vendor obtains information from the National Practitioner Data Bank, the Nevada State Board of Dental Examiners, any equivalent licensing boards for out- of-state providers, and any other applicable licensing entities for all other practitioners in the plan.

L. The application process includes a statement by the applicant regarding:

1. *Any physical or mental health problems that may affect current ability to provide dental care;*
2. *Any history of chemical dependency/ substance abuse;*
3. *History of loss of license and/or felony convictions;*
4. *History of loss or limitation of privileges or disciplinary activity; and*
5. *An attestation to correctness/ completeness of the application.*

This information should be used to evaluate the practitioner's current ability to practice.

While we have an open recruitment strategy that encourages all providers in a targeted region to participate, we do not compromise our guidelines and standards in our recruitment efforts. All dentists seeking acceptance into our network must undergo a rigorous qualification process, which includes a thorough background check and primary source verification of professional credentials and all items listed in 3.9.15.5.A-L. We will not enter into a contract with any dentist who has been excluded from participation in Medicare/Medicaid programs or who does not meet our credentialing standards. Any licensed provider who meets the minimum state standards and passes our credentialing standards may enter the network.

All of our credentialing information is stored in the Credentialing Module (CM) of our Enterprise System software. Within the Credentialing Module, we are able to track all provider information and track and record all verification activity. This information is always available electronically for reference.

Identifying excluded providers

Scion Dental's Credentialing team checks provider credentialing information against several reliable databases, including the National Provider DataBank, Office of Inspector General, and System of Awards Management, as part of our initial vetting process and monthly thereafter. Additionally, we check state termination and exclusion lists and review complaints against providers. If the Scion Dental Credentialing team discovers adverse information on a provider, it is reported to the Credentialing Committee for evaluation.

As part of our initial credentialing process, providers must disclose all sanctions on their application. We run a sanctions history check from the National Practitioner Data Bank, and if there are any discrepancies or indications of past offences, we ask the provider for an explanation. Through our active subscription to the National Practitioner Data Bank, our Credentialing team is instantly notified of any new sanctions or sanction updates. During recredentialing, providers are required to disclose any updated sanctions that have occurred. Information about sanctions is captured as part of each provider's Application Record and stored in our integrated credentialing system.

In addition, during the initial credentialing process, all State Licenses are verified for all providers participating in the network. Our Credentialing Specialists ensure all providers' State Licenses remain valid. Thirty days before a provider's State License expiration date, our team is notified through our credentialing system to verify the license renewal.

Monthly monitoring

Scion Dental's Credentialing team monitors several reliable databases every month to ensure there are no recent offenses and that participating providers are eligible to remain in our network. The Credentialing department reviews provider credentialing information from multiple sources, including the National Provider DataBank, Office of Inspector General, and System of Awards Management. Additionally, we check state termination and exclusion lists and review complaints against providers. If the Scion Dental Credentialing team discovers adverse information on a provider, it is reported to the Credentialing Committee for evaluation.

Liability insurance

Scion Dental requires providers to attach or send a copy of their most recent professional liability insurance coverage, as well as a professional liability claims history. Upon receipt, our Credentialing staff sends all liability claims history to our Credentialing Committee for further review.

We verify that each provider's liability insurance is current and that it meets the minimum required amounts. Our Credentialing Specialists also monitor expiration dates. Thirty days before the insurance expiration date, our team is notified through our credentialing system to verify the renewal and attach an updated copy of the insurance documents.

M. *There is an initial visit to each potential primary dental care practitioner's office, including documentation of a structured review of the site and Dental record keeping practices to ensure conformance with the vendor's standards.*

Scion Dental acknowledges and is prepared to meet this requirement as part of our credentialing process. For providers who are already credentialed with Scion Dental in Nevada, Scion Dental will supply the DHCFP documentation demonstrating compliance with all Medicaid qualifications and credentialing requirements of the State.

N. *If the vendor has denied credentialing or enrollment to a provider where the denial is due to vendor concerns about provider fraud, integrity, or quality the vendor is required to report this to the DHCFP Provider Enrollment Unit within fifteen (15) calendar days.*

Scion Dental will report all denied credentialing or provider enrollment activities to the DHCFP Provider Enrollment Unit within 15 calendar days.

As previously stated, if the Scion Dental Credentialing team discovers adverse information on a provider, it is reported to the Credentialing Committee for

evaluation as soon as it discovered. This information is also reported to the National Provider DataBank within 45 days.

3.9.15.6 Recredentialing

A process for the periodic re-verification of clinical credentials (recredentialing, reappointment, or recertification) will be described in the vendor's policies and procedures, including:

A. Evidence that the procedure is implemented at least every sixty (60) months.

B. The vendor conducts periodic review of information from the National Practitioner Data Bank and all other applicable licensing entities, along with performance data, on all practitioners, to decide whether to renew the participating practitioner agreement. At a minimum, the recredentialing, recertification or reappointment process is organized to verify current standing in required areas.

C. The recredentialing, recertification or reappointment process also includes review of data from:

1. Recipient grievances and appeals;

2. Results of quality reviews;

3. Utilization management;

4. Recipient satisfaction surveys; and

5. Re-verification of current licensure, if applicable.

D. If the vendor decredentials, terminates or disenrolls a provider the vendor must inform the State within 15 calendar days. If the decredentialing, termination or disenrollment of a provider is due to suspected criminal actions, or disciplinary actions related to fraud or abuse the DHCFP will notify HHS-OIG.

Scion Dental has detailed recredentialing processes that affirm 3.9.15.6.A-D.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.9.15.6.D. Should the DHCFP require it, Scion Dental will notify the National Practitioner Data Bank of any provider's suspected criminal actions or disciplinary actions related to fraud or abuse.

As required by the National Committee for Quality Assurance (NCQA), we follow a 36 month recredentialing cycle for all network providers.

To initiate the recredentialing process for providers, our staff creates a customized requirement to compare the provider data in our databases against the newly submitted data on the provider recredentialing application—and executes any updates, as necessary, to resolve any discrepancies. To provide evidence of Scion Dental's recredentialing cycle, we will submit a monthly report of all recredentialed providers to the DHCFP.

Since provider data is updated regularly as changes occur, adding a verification check during recredentialing provides an extra layer of review to ensure ongoing updates were accurate and complete. During the recredentialing process, the Credentialing team secures any updates needed for expiring credentialing requirements, such as licenses and insurance coverage, and performs monthly monitoring of the National Practitioner Data Bank, OIG, SAM, and Social Security

Death Master Index. We also conduct the same monthly reviews for all managing owners for network provider entities, and any out-of-network reimbursements.

Our recredentialing process includes an in-depth review of the provider complaints that have been tracked over the course of the three years the provider has been in network with Scion Dental. We also examine the results of quality reviews, recipient satisfaction surveys, fraud or abuse audits, provider utilization, and our own profiling tools in our consideration when recredentialing a provider.

3.9.15.7 Delegation of Credentialing Activities

If the vendor delegates credentialing and recredentialing, recertification, or reappointment activities, there must be a written description of the delegated activities, and the delegate's accountability for these activities. There must also be evidence that the delegate accomplished the credentialing activities. The vendor must monitor the effectiveness of the delegate's credentialing and reappointment or recertification process.

Scion Dental does not delegate its credentialing and recredentialing activities.

3.9.15.8 Retention of Credentialing Authority

The vendor retains the right to approve new practitioners and sites, and to terminate or suspend individual practitioners. The vendor has policies and procedures for the suspension, reduction or termination of practitioner privileges.

Scion Dental retains the right to approve new practitioners and sites, and to terminate or suspend individual practitioners. Scion Dental maintains up-to-date policies and procedures for the suspension, reduction, and termination of practitioner privileges.

In cases where provider behavior dictates we remove them from the network, we provide a 30-day notice for termination. However, if the infraction is egregious, or if recipient care may be at risk, we terminate the provider's participation in the network immediately.

As stated in **section 3.9.15.5**, Scion Dental's Credentialing team monitors several reliable databases every month to ensure there are no recent offenses and that participating providers are eligible to remain in our network. The Credentialing department reviews provider credentialing information from multiple sources, including the National Provider DataBank, Office of Inspector General, and System of Awards Management. Additionally, we check state termination and exclusion lists and review complaints against providers. If the Scion Dental Credentialing team discovers adverse information on a provider, it is reported to the Credentialing Committee for evaluation.

3.9.15.9 Reporting Requirement

The vendor must ensure there is a mechanism for, and evidence of implementation of, the reporting of serious quality deficiencies resulting in suspension or termination of a practitioner, to the appropriate authorities.

If Scion Dental suspends or terminates a provider, we will notify the DHCFP within 15 days and the NPDB within 45 days.

As stated in **section 3.9.15.5**, the Credentialing department reviews provider credentialing information from multiple sources, including the National Provider DataBank, Office of Inspector General, and System of Awards Management. Additionally, we check state termination and exclusion lists and review complaints against providers. If the Scion Dental Credentialing team discovers adverse information on a provider, it is reported to the Credentialing Committee for evaluation.

3.9.15.10 Provider Dispute Process

The vendor must have a provider appeal process for instances wherein the vendor chooses to deny, reduce, suspend or terminate a practitioner's privileges with the vendor.

Scion Dental has a provider appeals processes in place for instances Scion Dental chooses to deny, reduce, suspend or terminate a practitioner's privileges.

If the Credentialing Committee recommends a provider's application be accepted with restrictions, denied, or terminated from the network, the Committee offers the applicant an opportunity for an appeal. The Credentialing Committee conducts the appeal review.

The applicant must request the appeal, in writing, and the request must be received by Scion Dental within 30 days of the date the Committee gave notice of its decision to the applicant. The applicant is notified via certified mail. If the applicant does not respond within 30 days, the Credentialing Committee's decision becomes final and the provider waives all rights to further appeal.

3.9.16 Recipient Rights and Responsibilities

The vendor must demonstrate a commitment to treating recipients in a manner that acknowledges their rights and responsibilities.

3.9.16.1 Written Policy on Recipient Rights

The vendor must have a written policy that recognizes the following rights of recipients:

A. To be treated with respect, and recognition of their dignity and need for privacy;

B. To be provided with information about the vendor, its services, the practitioners providing care, and recipients' rights and responsibilities;

C. To be able to choose their primary Dental care practitioner;

D. To participate in decision-making regarding their dental care, including the right to refuse treatment;

E. To pursue resolution of grievances and appeals about the vendor or care provided;

F. To formulate advance directives;

G. To have access to his/her Dental records in accordance with applicable federal and state laws and to request that they be amended or corrected as specified in 45 CFR Part 164;

H. To guarantee the recipient's right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation; and

I. To receive information on available treatment options and alternatives, presented in a manner appropriate to the recipient's condition and ability to understand.

Scion Dental has written policies on recipient rights as required by the State of Nevada. We publish this information in our Member Handbook, recipient enrollment letters, our Member Web Portal outreach and education materials, and our Provider Policy and Procedure Manual. All materials are accessible online, anytime via the Member Web Portal, and can be sent to recipients and providers upon request.

3.9.16.2 Written Policy on Recipient Responsibilities

The vendor must have a written policy that addresses recipients' responsibility for cooperating with those providing dental services. This written policy must address recipients' responsibility for:

A. Providing, to the extent possible, accurate and updated information needed by professional staff in caring for the recipient;

B. Following instructions and oral health care recommendations/ guidelines given by those providing dental services;

C. Recipient obligation to participate in their health care decisions; and

D. Recipient conduct and communication with a dental office including recipient's responsibility to be on time for scheduled appointments, cancel appointments in a timely manner ie. 24-48 hrs ahead of scheduled appointment, report provider fraud/abuse, provide feedback on recipient needs and expectations, etc.

Scion Dental has written policies on recipient responsibilities as required by the State of Nevada. We publish this information in our Member Handbook, recipient enrollment letters, our Member Web Portal outreach and education materials, and our Provider Policy and Procedure Manual. All materials are accessible online, anytime via the Member Web Portal and can be sent to recipients and providers upon request.

Recipients may choose to print the materials from the portal, or they may call our toll-free Call Center to request a copy be sent via email or postal mail.

3.9.16.3 Communication of Recipient Policies to Providers

A copy of the vendor's policies on recipients' rights and responsibilities is provided to all participating providers upon initial credentialing and when significant changes are made.

All policies on recipients' rights and responsibilities will be available in the Provider Policy and Procedure Manual. Providers can access the manual online, anytime via the Provider Web Portal. Providers may choose to print the manual from the portal, or they may call our toll-free Call Center to request a copy be sent via email or postal mail. We will alert providers of any significant changes to the manual via bulletins, newsletters, and other outreach materials.

3.9.16.4 Communication of Policies to Recipients

Upon enrollment, recipients are provided a written statement that includes information on their rights and responsibilities.

Upon enrollment, all recipients will have access to our Member Handbook, which includes information on their rights and responsibilities. Scion Dental's Member Handbook is posted online and accessible 24/7 via the Member Web Portal. Recipients may choose to print the manual from the portal, or they may call our toll-free Call Center to request a copy be sent via email or postal mail.

3.9.16.5 Recipient Grievance and Appeals Procedures

The vendor must have a system(s) linked to the IQAP for addressing recipients' grievances and providing recipient appeals. This system must include:

A. Procedures for registering and responding to grievances and appeals within thirty (30) calendar days. Vendors must establish and monitor standards for timeliness;

B. Documentation of the substance of grievances, appeals, and actions taken;

C. Procedures ensuring a resolution of the grievance and providing the recipient access to the State Fair Hearing process for appeals;

D. Aggregation and analysis of grievance and appeal data and use of the data for quality improvement;

E. Compliance with DHCFP due process and fair hearing policies and procedures specific to Nevada Medicaid and Nevada Check Up recipients; and

F. Compliance with 42 CFR 438 Subpart F Grievance and Appeals.

At Scion Dental, we recognize that recipients are best served by the quick and accurate processing of all grievances and appeals, which helps ensure satisfaction and foster a network of mutual trust and respect. We have proven policies, procedures, and workflows already in place to manage and resolve grievances and appeals from recipients.

Scion Dental has formal policies and procedures in place that comply with the requirements outlined in 42 CFR 438 Subpart F Grievance and Appeals. Our policies and procedures include processes for expedited review, external review, and access to the

State's Fair Hearing system. Prior to the go-live date, Scion Dental will obtain DHCFP review and approval of all of our policies and procedures for recording, investigating, resolving, and analyzing all grievances and appeals. For the DHCFP contract, the Scion Dental Appeals department will register and respond to grievances and appeals within 30 calendar days.

Recipient grievance process

Our dedicated Appeals Specialists take active roles in assisting recipients who have grievances. Scion Dental classifies a grievance as any expression of dissatisfaction that cannot be resolved through informal conversations or that requires more than one day to resolve. We have found that recipient grievances are typically related to interactions with providers, covered services, and denied authorizations. The Member Handbook includes an explanation of how grievances are received and resolved and outlines clear and concise instructions on how to file grievances.

Any Quality of Care issue that is related to a clinical issue is reviewed and resolved by a Dental Consultant, as illustrated in the following workflow diagram.

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Handling appeals

Scion Dental classifies appeals as any request for review of a denied service or request for services. Appeals are made available to any recipient who disagrees with a decision to deny services or payment for services. Appeals can also be requested by representatives who are authorized to appeal on behalf of the recipient, such as a lawyer, parent or guardian, dental provider, etc. Scion Dental provides both the recipient and the provider a copy of their appeal rights with each pre- or post-service denial.

The Member Handbook includes an explanation of how appeals are received and resolved and outlines clear and concise instructions on how to file appeals.

The following diagram outlines our process for resolving appeals from recipients. Our standard procedure is to notify providers of denied appeals via a statement on the Remittance Advice report. Should the State of Nevada have other notification requirements, Scion Dental will customize our procedure accordingly.

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Electronic Documentation System

The Scion Dental Appeals team uses our Customer Service system to log every step of each grievance and appeal, including a complete description of the issue, detailed notes about the investigation, how the issue was resolved, and when the recipient was notified, along with an electronic copy of the recipient letter.

Our Appeals team generates recipient notifications based on each client's specific requirements and templates. We create electronic copies of every recipient notification and attach the documents to the historical grievance record in the Customer Service system and to the related authorization record, if appropriate.

Tracking grievances and appeals

Scion Dental Appeals Specialists use the Customer Service system to log, track, and assign case follow-ups to appropriate staff. When a case requiring follow-up is created, the Appeals Specialist routes the case to an entire department, such as Credentialing, Client Services, or Claims, or to a specific Provider Relations Representative or Dental Consultant via automated email messages. Each follow-up record includes due dates and hotlinks back to case details. When a note is entered on a follow-up assignment, the system automatically logs the date, time, and name/user ID of the person who entered the note. Authorized users can monitor all grievance and appeal activity in real-time, ensuring a quick, thorough resolution.

In addition, authorized DHCFP staff will also have full oversight of grievance intake and resolution activities through an online web portal.

Aggregating and analyzing grievance and appeal data

The Scion Dental Appeals team routinely generates and delivers customized reports for our clients. Our system can accommodate any number of client-defined categories for grievances and appeals. Any data stored in our integrated benefits management system, including data from the Customer Service and Authorization Determination systems, can be easily extracted and repackaged into client-defined report formats without a programming change to the system.

The Appeals department monitors recipient-initiated grievances about providers, including clinical Quality of Care grievances. Each month, the Appeals department delivers a trending and analysis report to the Credentialing Committee, Scion Dental's Dental Director, and the market's Provider Relations Representative. The report, which summarizes the prior month's grievance activity with a Year-to-Date comparison, is reviewed during Credentialing Committee meetings. If a clinical Quality of Care issue is identified, the local Field Provider Relations Representative personally visits the provider office for further investigation.

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3.9.16.6 Recipient Suggestions

An opportunity must be provided for recipients to offer suggestions for changes in policies and procedures.

Our Member Web Portal includes a Contact Us tab for recipients to communicate directly with Scion Dental's Member Services team. Recipients can submit questions, comments, and suggestions directly from the Member Web Portal, where the message automatically goes into the Member Services work queue for processing. Additionally, recipients can contact Scion Dental with suggestions for changes in policies and procedures by calling our dedicated, toll-free Call Center.

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3.9.16.7 Steps to Assure Accessibility of Services

The vendor must take steps to promote accessibility of services offered to recipients. These steps include:

A. The points of access to primary dental care, specialty care, are identified for recipients; and

B. At a minimum, recipients are given information about:

1. How to obtain services during regular hours of operations;

2. How to obtain urgent, emergency and after-hour care;

3. How to obtain emergency out-of-service area care;

4. How to obtain the names, qualifications and titles of the professionals who provide and are accepting Dental patients and/or are responsible for their care; and

5. How to access concierge services and assistance from the vendor when needed to gain access to care.

Scion Dental promotes the accessibility of services offered to recipients in our Member Handbook, member enrollment letters, education materials, member newsletters, and much more. All materials are accessible online, anytime via the Member Web Portal and can be sent to recipients upon request. Recipients may choose to print the materials from the portal, or they may call our toll-free Call Center to request a copy be sent via email or postal mail.

Member outreach calls

A Member Outreach and Education Coordinator will make personal phone calls to new recipients to welcome them to the program and provide them with important information about their benefit plan such as transportation and interpreter services, grievance and appeal processes, and a phone number to contact should they have any questions or issues with their benefit plan. The Member Outreach and Education

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Coordinator can also help recipients find a provider or check if a certain provider is in the network, provide them with general information on when to see a dentist, and answer any questions the recipient may have on the program or direct them to the Scion Dental toll-free telephone number to get in touch with a Customer Service Representative.

Member orientation sessions

Scion Dental can host member orientation sessions in community service areas prior to program implementation. Dental specialists can be available to educate recipients on the specific details of the program, including an overview of the benefits structure and a review of the Member Handbook. Recipients will have the opportunity to ask additional questions about the plan and will be given the toll-free number to call if they have specific questions about coverage after the orientation session has ended.

Some topics included in the orientation sessions can include but are not limited to:

- How to obtain services during regular hours of operations.
- How to obtain urgent, emergency and after-hour care.
- How to obtain emergency out-of-service area care.
- How to obtain the names, qualifications and titles of the professionals who provide and are accepting Dental patients and/or are responsible for their care.
- How to access concierge services and assistance from Scion Dental when needed to gain access to care.

3.9.16.8 Information Requirements

A. Recipient information (for example, subscriber brochures, announcements, and handbooks) must be written at an eighth (8th) grade level that is readable and easily understood.

B. Written information must be available in the prevalent languages of the population groups served.

At Scion Dental, we believe that recipient access to easily understood, well-written material is vital for the success of any program. Every recipient should have access to materials regardless of language spoken, reading level, or special needs. Scion Dental's standard is to ensure all written materials are worded in plain language in accordance with the Federal Plain Language Guidelines.

For the State of Nevada, Scion Dental will accommodate the reading skill of recipients by verifying written materials are no higher than the eighth grade level, as measured by the Flesch-Kincaid Readability Test. Reading-level guidelines will be validated through word processing software tools.

Scion Dental notifies enrollees that real-time oral interpretation is available for any language during business hours and that written information is available in prevalent languages at no expense to them, as well as how to access language translation services, in a number of ways. We publish this information in our Member Handbook, member

enrollment letters, our Member Web Portal outreach and education materials, and our Provider Policy and Procedure Manual.

All materials will be made available in alternative formats upon request for recipients with special needs or appropriate interpretation services will be provided by Scion Dental at no charge to the recipient.

Scion Dental's website will advise recipients and providers as to how they can obtain information about the State's dental program in non-English languages.

3.9.16.9 Confidentiality of Patient Information

The vendor must act to ensure that the confidentiality of specified patient information and records is protected. The vendor must:

A. Establish in writing, and enforce, policies and procedures on confidentiality, including confidentiality of Dental records;

B. Ensure patient care offices/sites have implemented mechanisms to guard against the unauthorized or inadvertent disclosure of confidential information to persons outside of the vendor;

C. Hold confidential all information obtained by its personnel about recipients related to their examination, care and treatment and shall not divulge it without the recipient's authorization, unless:

1. It is required by law, or pursuant to a hearing request on the recipient's behalf;

2. It is necessary to coordinate the recipient's care with other dental care providers, physicians, hospitals, or other health care entities, or to coordinate insurance or other matters pertaining to payment; or

3. It is necessary in compelling circumstances to protect the health or safety of an individual.

D. Must report any release of information in response to a court order to the recipient in a timely manner; and

E. May disclose recipient records whether or not authorized by the recipient, to qualified personnel, defined as persons or agency representatives who are subject to standards of confidentiality that are comparable to those of the State agency.

Scion Dental acknowledges and is well prepared to meet the requirements in section 3.9.16.9. All providers contracted with Scion Dental as part of the Nevada Medicaid Dental Program must comply with these standards, which are clearly stated in our Provider Agreement. The Provider Policy and Procedure Manual will contain the State of Nevada's standards regarding recipient rights and responsibilities and will be available to all participating providers during the initial onsite orientation session and thereafter on the Provider Web Portal. During the orientation, providers and their staff will receive training regarding contractual obligations and requirements.

3.9.16.10 Treatment of Minors

The vendor must have written policies regarding the treatment of minors.

Scion Dental maintains up-to-date policies and procedures regarding the treatment of minors, including the treatment for those recipients enrolled for EPSDT services, as

stated in **section 3.8.2.3.A.2**. We publish this information in our Member Handbook, recipient enrollment letters, our Member Web Portal outreach and education materials, and our Provider Policy and Procedure Manual. All materials are accessible online, anytime via the Member Web Portal and can be sent to recipients and providers upon request. Recipients may choose to print the materials from the portal, or they may call our toll-free Call Center to request a copy be sent via email or postal mail.

3.9.16.11 Assessment of Recipient Satisfaction

The vendor must conduct periodic surveys of recipient satisfaction annually with its services:

A. The survey(s) must include content on perceived problems in the quality, availability and accessibility of care.

B. The survey(s) assess at least a sample of:

1. All recipients;

2. Recipient requests to change practitioners and/or facilities; and

3. Disenrollment by recipients.

C. As a result of the survey(s), the vendor must:

1. Identify and investigate sources of dissatisfaction;

2. Outline action steps to follow up on the findings; and

3. Inform practitioners and providers of assessment results.

D. The vendor must re-evaluate the effects of the above activities.

Recipient feedback about their experience and quality of dental care is important to us. We use this information to continually improve our administrative services and the dental network. We actively conduct ongoing patient satisfaction surveys in an effort to discover what about the dental plan works well and what needs improvement. Satisfaction surveys are created to be client-specific and allow us to target those operational areas in need of adjustment. We work with each client to customize our approach for assessing recipient satisfaction.

Scion Dental believes a recipient satisfaction survey is most effective when it successfully measures satisfaction and utilization without being burdensome to complete. Therefore, each survey question serves a purpose and only relevant questions are included. This creates a positive and meaningful experience for the recipient.

For DHCFP, the recipients who will be surveyed will include a combination of all eligible recipients, recipients who request to change practitioners and/or facilities, and any recipients recently disenrolled from the plan. We send surveys via email and post communications and links to the surveys on the Member Web Portal for recipients to access online, anytime. We can also collect responses using live phone calls, automated outbound telephone campaigns, and outbound mailing campaigns.

In the third quarter of 2016, **96%** of Nevada recipients were **satisfied** with the dental care they received and **92%** reported being **satisfied** with their dental plan.

Our Member Outreach and Education team shares the results of member satisfaction surveys with numerous teams throughout Scion Dental for use in quality improvement projects and provider education content. In one instance, our Member Outreach team analyzed member survey results, identified opportunities to improve provider education, and worked with our Corporate Communications staff to develop targeted newsletter articles and mass email messages.

As another example, after analyzing survey results, we discovered recipients did not fully understand the importance of preventive care, which led us to perform a targeted outreach campaign on the importance of preventive care and how to find the nearest dental office. This targeted campaign resulted in a 6% increase of recipients receiving services.

In another example, a member outreach campaign that contacted more than 220,000 HEDIS eligible members resulted in significant increases in HEDIS trends, including year-over-year increases, which exceeded the client's goal by 38%.

Conducting member satisfaction surveys for that particular client, we found that of the members polled, 92.71% were satisfied with their Dental Home/provider within the last 12 months and 93.20% were satisfied with their dental plan. These numbers represent the continuous quality improvement efforts of ensuring access to care for all members. Utilizing ongoing outreach campaigns, both satisfaction measures increased to 95.4% in that market the following year.

3.9.17 Standards for Availability and Accessibility

The vendor must establish standards for access (e.g., to routine, urgent and emergency care; telephone appointments; advice; and recipient service lines) that complies with this RFP. Performance on these dimensions of access is assessed against the standards.

All providers contracted with Scion Dental as part of the Nevada Dental Medicaid network must comply with the access standards mandated by DHCFP. These standards will be clearly stated in our Provider Service Agreement. The Provider Policy and Procedure Manual will also define the State of Nevada's access standards and will be available to all participating providers during the initial onsite orientation session and thereafter. During the orientation, providers and their staff will receive training regarding contractual obligations and requirements, including appointment scheduling and wait times.

Scion Dental performs a range of monitoring activities to assess provider compliance regarding appointment availability and wait times, and we manage this aspect of patient satisfaction both proactively and reactively. At least annually, we analyze appointment accessibility including routine and urgent care against defined standards using industry-accepted survey tools.

The methods we use to monitor and verify provider compliance with scheduling appointments and office wait time standards include:

- Site visits
- Secret shopper compliance calls
- Formal surveys
- Participant grievance reports

Please see **section 3.3.1.10** for details on these methods.

3.9.18 Dental Record Standards

3.9.18.1 Accessibility and Availability of Dental Records

A. The vendor must include provisions in all provider contracts for HIPAA compliance with regard to access to Dental records for purposes of quality reviews conducted by the Secretary of the United States Department of Health and Human Services (the Secretary), DHCFP, or agents thereof.

B. Records are available to dental practitioners at each encounter.

Scion Dental's standard Nevada provider service agreement includes provisions for HIPAA compliance with regard to access to dental records for purposes of quality reviews. In addition, Scion Dental will submit our Provider Service Agreement to DHCFP for review, and we will modify our provider agreement, as requested, to meet specific DHCFP, state, and federal requirements.

The Scion Dental Nevada provider service agreement includes the following provisions:

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- [redacted]

- [redacted]

3.9.18.2 Record Keeping

Dental records may be on paper or electronic. The vendor must take steps to promote maintenance of Dental records in a legible, current, detailed, organized and comprehensive manner that permits effective patient care and quality review. Dental records must be maintained as follows:

A. Dental Record Standards – The vendor sets standards for Dental records. The records reflect all aspects of patient care, including ancillary services. These standards shall, at a minimum, include requirements for:

1. *Patient Identification Information – Each page on electronic file in the record contains the patient's name or patient ID number;*
2. *Personal/Demographic Data – Personal/biographical data includes: age, sex, race, ethnicity, primary language, disability status, address, employer, home and work telephone numbers, and marital status;*
3. *Allergies – Medication allergies and adverse reactions are prominently noted on the record. Absence of allergies (no known allergies – NKA) is noted in an easily recognizable location;*
4. *Past Dental History [for patients seen three (3) or more times] – Past Dental history is easily identified including serious accidents, operations, and illnesses. For children, past Dental history relates to prenatal care and birth and preventive services;*
5. *Diagnostic information;*
6. *Medication information;*
7. *Identification of Current Problems – Significant illnesses, Dental conditions and health maintenance concerns are identified in the Dental record;*
8. *Smoking, Alcohol or Substance Abuse – Notation concerning cigarettes, alcohol and substance abuse is present for patients twelve (12) years and over and seen three (3) or more times;*
9. *Consultations, Referrals, and Specialist Reports – Notes from any consultations are in the record. Consultation, lab, and x-ray reports filed in the chart have the ordering dentist/physician's initials or other documentation signifying review. Consultation and significantly abnormal lab and imaging study results have an explicit notation in the record of follow-up plans;*
10. *Emergency care; and*
11. *Patient Visit Data – Documentation of individual encounters must provide at a minimum adequate evidence of.*
    a. *History and Physical Examination – Comprehensive subjective and objective information obtained for the presenting complaints;*
    b. *Plan of treatment;*
    c. *Diagnostic tests;*
    d. *Therapies and other prescribed regimens;*
    e. *Follow-up – Encounter forms or notes have a notation, when indicated, concerning follow-up care, call or visit. A specific time to return is noted in weeks,*

months, or as needed. Unresolved problems from previous visits are addressed in subsequent visits;

f. Referrals and results thereof;

g. All other aspects of patient care, including ancillary services;

12. Entry Date – All entries must have date and time noted;

13. Provider Identification – All entries are identified as to author; and

14. Legibility – The record is legible to someone other than the writer. A second reviewer should evaluate any record judged illegible by one physician reviewer.

Scion Dental acknowledges and is prepared to meet the requirements in 3.9.18.2 of this RFP. All dental record data submitted by providers is captured in electronic format and stored in our Enterprise System databases. Patients may be identified by numerous IDs, all linked to one unchanging system-defined enrollee ID, which allows information to be accessed by any related identifier, including identifiers such as Medicaid IDs, which may change over time. Patient demographic data, as well as all patient service history, are stored in the Enterprise System, never purged, and available for online retrieval or reporting at any time by individuals with appropriate security permissions. Documents submitted by providers, including x-rays and treatment plans, are accepted as electronic documents or converted to electronic format and automatically linked to the appropriate claim or authorization record, and made available as part of the appropriate patient service history.

3.9.18.3 Record Review Process

A. The vendor must have a system (record review process) to assess the content of Dental records for legibility, organization, completion and conformance to its standards; and

B. The record assessment system must address documentation of the items listed in Dental Records requirements above.

Scion Dental has experience developing a dental record review process for another State client. We will modify our current dental record review template, as necessary, to incorporate the items required by DHCFP in section 3.9.18.2.

3.9.19 Utilization Review

3.9.19.1 Written Program Description

The vendor must have a written utilization review management program description, which includes, at a minimum, policies and procedures to evaluate medical necessity, criteria used, information sources and the process used to review and approve the provision of Dental services.

Scion Dental's written Utilization Review Plan is designed to ensure that all care delivered to recipients promotes oral health and that all dental services are necessary, appropriate, and delivered in the most appropriate and cost-effective setting. This plan includes a description of policies, procedures, scope, and objectives related to Scion Dental's UM/UR, including policies and procedures to evaluate medical necessity, criteria used, information sources and the process used to review and approve the provision of Dental services. The program also ensures Scion Dental complies with all recognized Utilization Management standards as they may apply to dentistry through

such organizations as the National Committee on Quality Assurance (NCQA), URAC, and federal or state regulations as they may apply, including the Department of Labor ERISA regulations.

The process and capabilities captured in Scion Dental's Utilization Review Plan are the basis for our accreditation by URAC. Scion Dental was the first dental TPA to earn URAC accreditation for Health Utilization Management, Version 7.0. In addition, Scion Dental was the first entity in the United States to earn full URAC accreditation for Claims Processing Administration with Claims Review and Appeals, Version 4.0. We currently hold URAC accreditation for Health Utilization Management and Claims Processing through May 1, 2019.

Scion Dental is the **first dental company** to have been awarded **full accreditation** for Health Utilization Management and full accreditation for Claims Processing.

URAC's Claims Processing Administration Accreditation is designed to improve operations, protect consumers and providers, and lower risk and cost for healthcare organizations. URAC's Claims Processing Administration with Claims Review and Appeals Accreditation is applicable to claims processing covering utilization review and appeals of healthcare claims.

URAC is an independent, nonprofit healthcare accrediting organization, dedicated to promoting healthcare quality through accreditation, certification, and commendation. The URAC accreditation process demonstrates a commitment to quality and serves as a

framework to improve business processes, through benchmarking organizations against nationally recognized standards.

3.9.19.2 Scope

The program has mechanisms to detect under-utilization as well as over-utilization.

As also described in **section 3.19**, Scion Dental uses technology tools and data analysis to detect over- and under-utilization of dental services. We use a comprehensive set of criteria to evaluate provider treatment patterns and identify potential outliers.

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3.9.19.3 Pre-Authorization Review Requirements

A. *Pre-authorization decisions must be supervised by qualified Dental professionals;*

B. *Efforts must be made to obtain all necessary information, including pertinent clinical information, and consult with the treating dentist, as necessary;*

C. *The reasons for decisions must be clearly documented and available to the recipient;*

D. *The vendor's prior authorization policies and procedures must be consistent with provision of covered medically necessary dental care in accordance with community standards of practice;*

E. *There must be well-publicized and readily available mechanisms for recipient appeals and grievances as well as provider disputes. Providers may pursue an appeal on the recipient's behalf with the recipient's written authorization. The Notice of Action must include a description of how to file an appeal;*

F. *Appeal and grievance decisions are made in a timely manner as warranted by the health of the enrolled recipient;*

G. *There are mechanisms to evaluate the effects of the program using data on recipient satisfaction, provider satisfaction or other measures;*

H. *Consistent with 42 CFR 438.210, vendors must ensure that compensation to individuals or entities that conduct utilization management activities is not structured so as to provide*

incentives for the individual or entity to deny, limit, or discontinue medically necessary dental services to any recipient; and

I. If the vendor delegates responsibility for utilization management, it has mechanisms to ensure that the delegate meets these standards.

Prior Authorization Review

Our innovative and unique benefit management software was designed specifically to bring automation to every aspect of dental benefit management, including utilization management.

Scion Dental offers a full range of consistent, efficient, and accurate prior authorization review services. We leverage our unique benefits management software to assign authorization numbers, track authorization actions from receipt to determination, ensure only medically necessary services are authorized, apply regulatory limits and rules, and generate provider and recipient notifications, including appeals rights for adverse determinations.

Effective utilization management depends on robust claim processing. As described in further detail in **section 3.19** of the response, Scion Dental utilizes a three-tiered method for clinical review during claim processing, ensuring that all submitted authorizations are determined fairly, accurately, and consistently. First, a series of predefined client-specific edits are automatically checked against all submitted authorizations. Authorizations tentatively denied for clinical reasons are then routed to Scion Dental's clinically trained dental review specialists, who make determination decisions based on state and market regulations, as well as authorization requirements. If a dental review specialist tentatively denies an authorization, it is then routed to a licensed dentist for final determination. When authorization determinations are appealed by the recipient and/or provider, the case may be forwarded to a neutral Dental Consultant for review and final determination. Providers may request a peer-to-peer consultation as part of this process.

As part of the project startup phase, the Scion Dental Implementation team will work with DHCFP to fully understand all aspects of the State's dental plan including program benefits, coverage limitations, age restrictions, and additional benefits based on special needs or other criteria.

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Notification to providers

Scion Dental's software platform generates customized determination letters that include State-defined determination reasons, appeals rights and instructions for filing an appeal. These letters are generated minimally once a day and faxed the next business day after the determination to ensure rendered decisions (approval or denial) are received in a timely manner so as to not adversely affect the recipient's health.

However, providers who use Scion Dental's Provider Web Portal never need to call to check the status of authorizations or wait for approval or denial letters. As soon as an authorization is determined, its updated status is immediately available through the portal. Likewise, as soon as a claim is processed and paid, the online authorization history report shows that the matching authorization has been decremented (consumed). Additionally, the corresponding claim history report, available through the portal, includes the linked authorization number for easy reference.

We strongly encourage electronic relationships with providers. However, in cases in which providers do not take advantage of the Provider Web Portal and do not have a fax machine, notifications are sent by Unites States Postal Service.

Notification to recipients

When a denial or decision to authorize services in amount duration or scope that is less than requested occurs, recipients receive a letter by United State Postal Service that is mailed the next business day after the determination. Recipient notification letters use language about the reasons for the decision that is easily understood and include clear information on appeal rights, the appeals process, and contact information for submitting a written or oral appeal. Scion Dental has the ability to customize the letter template for recipients based on DHCFP's requirements. Providers may pursue an appeal on the recipient's behalf with the recipient's written authorization.

With our innovative software, Scion Dental can offer DHCFP unprecedented timeliness and accuracy in delivering notice of action to recipients. Our automated process notes the timing of all determinations made and generates letters which are sent the next business day via USPS to all appropriate recipients. Scion Dental's running rate for both timeliness and accuracy regarding notice of action is 99.9%.

Recipient grievances and appeals

Scion Dental takes a comprehensive, proactive approach to assisting recipients and ensuring they have access to information about our grievance and appeals system. We ensure recipients, parents, and caregivers are informed about grievance and appeal

processes and state fair hearing information by making these resources available in a variety of publications and media. Our Recipient Handbook, Provider Policy and Procedure Manual, and online web portals describe the state fair hearing process, explain how to file grievances and appeals, and explain the resolution process.

Please see **section 3.12** for more detailed information on Scion Dental's structured practices which are designed to assist recipients in filing grievances and appeals.

Timeliness in handling grievances and appeals

The Appeals department has established procedural and turnaround time protocols for acknowledging receipts of grievances and appeals. Our current standard is to acknowledge receipt of a grievance or appeal in writing (or verbally when requested).

The Appeals team resolves complaints quickly by discussing the issue and potential resolutions directly with the recipient or provider and taking the necessary steps to resolve the problem.

When a more complicated case cannot be resolved quickly, the Appeals Specialist creates a follow-up record in our electronic tracking system and routes the case to the appropriate department, such as Credentialing, Client Services, or Claims—or to a specific Provider Relations Representative or Dental Consultant. Each follow-up record includes due dates and hotlinks back to case details. When a note is entered on a follow-up assignment, the system automatically logs the date, time, name, and user ID of the person who entered the note.

To determine if a case should be expedited, an Appeals Specialist sends the case to a licensed Dental Consultant for review. Next, the Dental Consultant reviews the cases for clinical expedited language and standards. Those cases determined to meet clinical expedited standards are reviewed within the established expedited turnaround timeframes and follow the same procedures as non-expedited cases.

Evaluation of the grievances and appeals system

Scion Dental's Appeals department tracks, evaluates, and resolves grievances and appeals. Each month the Scion Dental Quality Improvement Committee analyzes the grievance and appeals volume and turnaround times from the month prior to identify trends. The Committee also solicits feedback from recipients and providers on every aspect of our service, including the grievances and appeals system. Each quarter, the committee gathers to determine the best approach to improve any negative trends identified, including those which may impact recipient and provider satisfaction.

Ensuring objectivity

Consistent with 42 CFR 438.210, Scion Dental's compensation to our employees and Dental Consultants who conduct utilization management activities is not structured so as to provide incentives for the employees or consultants to deny, limit, or discontinue medically necessary dental services to any recipient.

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3.9.20 Continuity of Care System

The vendor has put a basic system in place, which promotes continuity of care. The vendor must take a comprehensive and collaborative approach to coordinate care for the eligible population and conditions as specified by DHCFP through an effective care coordination program, partnerships with primary care general dentists or pediatric dentists and specialists, other service providers and recipient participation, recipient/family outreach and education, and the ability to holistically address recipient's health care needs. Care coordination must include not only the specific diagnosis, but also the complexities of multiple co-morbid conditions.

Significant primary and auxiliary research supports the premise that good oral health is intrinsically linked to good physical health. As such, Scion Dental works closely with the disease management groups within MCOs that share data on recipients who suffer from various diseases or have conditions impacted by oral health. In these specialized cases, identified recipients receive targeted outreach communications that discuss how oral health directly affects them and lists available provider locations that could help them attain and/or maintain good oral health.

These customized, prior-approved communications are specifically tailored to highlight the benefits of oral care from the particular perspective of the recipient, and are designed to holistically address the recipient's health care needs. We cooperate in receiving the eligibility information and conditions of certain recipients who benefit from a specific care or disease management intervention. These are the same recipients that MCOs tend to case manage as well, including cardiac cases, diabetics, pregnant mothers, and persons with prosthetics.

Collaborative approach to care coordination

At Scion Dental, we work closely with our clients and local agencies to develop a collaborative, comprehensive approach to care coordination that meets the needs of recipients. We use enrollee data, claim history, demographics, and other factors to precisely target particular groups of recipients. Recipient outreach and education options may include:

- Coordination with state agencies, local health departments, and FQHCs
- Emergency room dental visit outreach
- Dental school partnerships
- Health fair participation
- Disease Management programs

Scion Dental strives to collaborate and build excellent working relationships with state agencies, local health departments, and FQHCs. By assisting these local and state bodies to meet their community-based program goals, Scion Dental gains access to another layer of information and data regarding members as well as another partner in member outreach and communication initiatives.

Public health outreach and education programs. Scion Dental works closely with state agencies, local health departments, FQHCs, and other local service agencies to educate parents and caregivers about the importance of dental services for children with unmet and/or urgent dental needs.

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> *"**Kevin Johnston** has been a great resource for **Future Smiles**. From **donations** to **information**, Kevin has been more than happy to help our program. We are very appreciative for all of his help. We look forward to working with Scion Dental and providing our services to Scion Dental patients in the future."*
>
> ***Nataly Hernandez, Future Smiles Program Resource Coordinator, Las Vegas, NV***

The Scion Dental Customer Service Center is available to assist recipients with overcoming communication and language barriers, finding appropriate providers, scheduling appointments, and receiving referrals for transportation.

Emergency room dental visit outreach. Scion Dental can provide outreach to members who visit the emergency room for oral pain if provided notification from the health plan of the emergency room visit. The outreach can provide education to members on preventative dental services, our

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online provider directory, and the Scion Dental toll-free Customer Service number to assist with finding a provider or help with appointment scheduling.

Dental school partnerships. Dental school relationships are excellent opportunities to improve access to care. These schools often participate in Medicaid programs and welcome new patients, and some even have portable dental equipment or a network of clinic locations that can be used for outreach and/or general screenings. In every Scion Dental market, we work to build a positive relationship with local dental schools to help create additional access for recipients.

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Health fair participation. Scion Dental routinely promotes Medicaid dental programs at local health fairs. These events offer an important opportunity to reach and educate recipients, distribute dental materials, and gather first-hand feedback about the program. We use these opportunities as a way of personally interacting with recipients and discussing their experiences with the program. We then incorporate the feedback into plans and program to help improve the program.

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Disease Management programs. Scion Dental works closely with the disease management groups within MCOs that share data on recipients who suffer from various diseases or have conditions impacted by oral health. In these specialized cases, identified recipients receive targeted outreach communications that discuss how oral health directly affects them and lists available provider locations that could help them attain and maintain good oral health.

3.9.20.1 Information Technology System for Care Coordination:

The vendor's information technology system for its care coordination program must maximize the opportunity for communication between the vendor, PDP, the patient, other service providers and care coordinators. The vendor must have an integrated database that allows vendor staff that may be contacted by a recipient to have immediate access to and review of the most recent information within the vendor's information systems relevant to the case. The integrated database may include the following: administrative data, call center communications, service authorizations, and case notes. For example, vendor recipient services staff must have access to a recipient's case notes and recent utilization if contacted by that recipient. The information technology system must also have the capability to share relevant information (i.e. utilization reports, etc.) with the recipient, the PDP, and other service providers.

Scion Dental's information technology system is one of our most important differentiators and one of the most important keys to the company's success as an

innovative, efficient, cost-effective dental benefits administrator. Our Enterprise System software platform supports all of the requirements defined in 3.9.20.1—and much more.

The Enterprise System, built on a fully integrated, web-based technology platform, was designed from the ground up to maximize opportunities for shared communication—system users can access the system any time, from anywhere, by simply logging on through a web browser.

To promote fast, easy, online communication, the system supports full-featured, self-service web portals for providers, recipients, and our clients. Both the Provider Web Portal and Member Web Portal are easily accessible from mobile devices.

Because our web portals are fully integrated with the Enterprise System, providers and recipients never have to wait for updates or data transfers—information is referenced from the system's relational databases in real-time and available online instantaneously. For example, dashboard data on the Provider Web Portal updates continuously with real-time claim status information. When provider remittances and EOBs are processed, the documents are automatically uploaded to portals and available for viewing and printing. When providers search for claim details, links to related authorizations and attached documents are automatically available as part of the claim record.

Integrated Customer Service software system

Our fully integrated Customer Service system was designed to give our staff all of the information they need in one place, so they can quickly and efficiently answer each inquiry at the initial point of contact.

Because our Customer Service system is an integrated module within the Enterprise System, Customer Service Representatives have instant access to each recipient's complete enrollee record, call history with all notes and follow ups, service history, claim history, benefit plan details, coverage accumulations and limitations, benefit plan eligibility, primary care dentist, and much more.

To help Customer Service Representatives answer questions from recipients quickly and efficiently, the Call Processing page is divided into organized zones of information. When a call log is first started, information about the recipient is shown in a summary view, giving the CSR a quick overview of the recipient's name, address, age, eligibility status, and call history.

The Call Processing page also includes quick links to additional information that can help CSRs answer questions quickly and accurately, including details about the recipient's benefit plan and group, quick access to a list of providers associated with the recipient's benefit plan, as well as the recipient's eligibility history, claim and authorization history, service history, requests for non-contracted providers, and more.

Scion Dental relies on the Enterprise System software for not only customer service and claims processing functions, but for full integrated dental program management.

3.9.21 IQAP Documentation

3.9.21.1 Scope

The vendor must document that it is monitoring the quality of care across all services and all treatment modalities, according to its written IQAP.

A key objective of Scion Dental's Quality Improvement Program is: *To objectively and systematically monitor, evaluate and improve the quality and appropriateness of dental care services.* We acknowledge documentation of monitoring activities and have processes in place to meet this requirement.

3.9.21.2 Maintenance and Availability of Documentation

The vendor must maintain and make available to the DHCFP, and upon request to the Federal Secretary of Health and Human Services or any federal or state regulatory entities, studies, reports, protocols, standards, worksheets, minutes, or such other documentation as requested concerning its quality assurance activities and corrective actions.

We understand this requirement and are prepared to meet it.

3.9.22 Coordination of Quality Assurance (QA) Activity with Other Management Activity

3.9.22.1 The findings, conclusions, recommendations, actions taken and results of the actions taken as a result of QA activity, are documented and reported within the vendor's organization and through the established QA channels.

A. Quality assurance information is used in credentialing, recredentialing, and/or annual performance evaluations.

B. Quality assurance activities are coordinated with other performance monitoring activities, including utilization management, risk management and resolution and monitoring of recipient grievances and appeals.

C. There is a linkage between quality assurance and the other management functions of the vendor such as:

1. Network changes;

2. Benefits redesign;

3. Medical management systems (e.g., pre-certification);

4. Practice feedback to practitioners;

5. Patient education; and

6. Recipient services.

Ongoing quality improvement is an enterprise-wide activity at Scion Dental. Our quality improvement work is well integrated with other management activity. We are well-positioned to meet this requirement.

3.9.23 Data Collection

The vendor must provide the DHCFP with uniform utilization, cost, quality assurance, and recipient satisfaction/complaint data on a regular basis, in accordance with Quality Assurance Standards. The vendor will submit information to DHCFP in accordance with the contract, performance measures and reports. Data

for measures of quality, utilization, recipient satisfaction and access will be reported for the contract population.

3.9.23.1 Specific areas of study required will be stated in the contract or the DHCFP's Quality Assessment and Performance Improvement Strategy.

Scion Dental acknowledges and will work with DHCFP to meet this requirement.

3.9.23.2 Data or studies must be submitted by the required due date, and be accurate and complete.

Timely, accurate, state-of-the-art reporting is a core competency for Scion Dental. We are well-positioned to meet this requirement for DHCFP.

3.9.23.3 Monitoring and tracking of grievance/appeal information are required by due date.

Scion Dental's Appeals department monitors and tracks this data. We will provide this reporting by the requested due date.

3.9.24 Dispute Resolution

The vendor must adequately staff a provider services unit to handle provider questions and disputes.

3.9.24.1 The vendor must resolve ninety percent (90%) of written, telephone or personal contacts within ninety (90) calendar days of the date of receipt with appropriate follow up to provider.

3.9.24.2 A written record in the form of a file or log is to be maintained by the vendor for each provider dispute to include the nature of it, the date filed, dates and nature of actions taken, and final resolution.

Scion Dental acknowledges and is ready to meet the requirements of section 3.9.24.

As is standard practice for all Scion Dental clients, each provider in your network will be assigned a Provider Relations Representative who will be available to answer questions, intervene in provider disputes, and arrange in-person visits whenever necessary.

> Our Provider Relations staff expedites provider questions within **3 business days** of the issue, **98.1% of the time**.

Provider disputes or issues that cannot be satisfactorily resolved by our Client Experience team are escalated to our Appeals department for investigation and resolution.

During our six years of managing Medicaid dental benefits in Nevada, Scion Dental has not received any formal provider grievances. We hope to achieve the same continuing success with DHCFP.

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3.10 State Quality Assessment and Performance Improvement Strategy

3.10.1

The DHCFP has developed a Medicaid and Nevada Check Up Managed Care Quality Assessment and Performance Improvement Strategy (henceforth, referred to as the Strategy), pursuant to 42 CFR 438. Section E. The State's Strategy has two basic purposes:

3.10.1.1 To ensure compliance with federal and state statutory and regulatory requirements on quality, and

3.10.1.2 To go beyond compliance with the minimum statutory and regulatory requirements by implementing multiple methods for "continuous quality improvement" in order to raise the quality of care provided to, and received by, Medicaid recipients in the state.

Scion Dental acknowledges the purposes of DHCFP's Quality Assessment and Performance Strategy. Our vision for industry-leading benefit management is well-aligned with DHCFP's Strategy.

3.10.2

The purpose of this quality strategy is to:

3.10.2.1 CFR 438.Section E – State Responsibilities

A. Have a written strategy for assessing and improving the quality of PAHP services offered by the DBA (vendors);

B. Obtain the input of recipients and other stakeholders in the development of the strategy and make the strategy available for public comment before adopting it to final;

C. Ensure that the vendors comply with standards established by the DHCFP;

D. Conduct periodic reviews to evaluate the effectiveness of the strategy, and update the strategy at a minimum of every three years or, as needed;

E. Submit to CMS one (1) copy of the initial strategy, and a copy of the revised strategy whenever significant changes are made, and two (2) regular reports on the implementation and effectiveness of the strategy; and

F. The DHCFP will approve the Strategy and maintain ultimate authority for overseeing its management and direction. The vendor is also required to participate in quality initiatives that align with the goals and objectives identified in the DHCFP's Performance Measures, as

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defined in the DHCFP budget. The Strategy is in two parts: an overriding conceptual program and an annual Work Plan.

Scion Dental acknowledges and will participate in quality initiatives as required to help ensure DHCFP's objectives are met.

3.10.2.2 CFR 438.330– Elements of State Quality Strategies

Quality of care activities will be monitored through information obtained in a quarterly DBA Care Coordination Report. These activities may include monitoring and technical assistance through site visits to the vendor, Chart audits, phone calls, etc. The DHCFP may validate the DBA Care Coordination report and may conduct a more in-depth review and/or request additional information.

A. The Strategy incorporates procedures that:

1. *Assess the quality and appropriateness of care and services furnished to all of the DHCFP dental program recipients enrolled with the vendor;*
2. *Require the vendor to develop a cultural competency plan that will include methods to encourage culturally-competent contact between recipients and providers, staff recruitment, staff training, translation services, and the development of appropriate health education materials. The vendor is responsible for promoting the delivery of services in a culturally competent manner, solely determined by the DHCFP, to all recipients including those with limited English proficiency (LEP) and diverse cultural and ethnic background. The vendor will develop methods to collect report and identify the race, ethnicity and primary language spoken of each enrolled recipient. The vendor will track primary language information in the health plans' customer services systems. The DHCFP will provide race and ethnicity and primary language spoken data for the Medicaid population to the vendor(s) through a monthly interface. The vendors may alert the DHCFP, as part of the demographic update interface with DWSS NOMADS system, of any known discrepancies in the race and ethnicity or primary language data they receive from the DHCFP. This data will be utilized to gather baseline data and will lead to the development of a Performance Improvement Projects (PIP) or quality improvement project. Such a project will incorporate data from the State enrollment file according to the race and ethnicity categories as defined by CMS. The data will be used to generate stratified reports as recommended by the Centers for Medicare and Medicaid Services (CMS) and compliant with the Health Insurance Portability and Accountability Act (HIPAA) for race and ethnicity categories to identify disparities. The vendor's will organize interventions specifically designed to reduce or eliminate disparities in health care;*
3. *Monitor and evaluate the contracted vendors' compliance with the standards. It will include a description of how the DHCFP will complete this monitoring in line with the Strategy;*
4. *Arrange for external quality reviews including a description of the annual independent external quality review of the timeliness, outcomes, and accessibility of the services covered under each vendor contract. This section should include but is not limited to a*

broad description of calculating measures or designing performance improvement projects;

5. *That designates the performance measures and levels developed by CMS in consultation with States and other relevant stakeholders;*
6. *Designates an information system that supports the initial and ongoing operation and review of the DHCFP's quality strategy;*
7. *Designates a description of how the DHCFP uses intermediate sanctions in support of its quality strategy. These sanctions meet the requirements specified in 42 CFR 438 Subpart I. The DHCFP's description specifies its methodology for using sanctions as a vehicle for addressing identified quality of care problems; and*
8. *Identifies standards, at least as stringent as those in 42 CFR Parts 438 for access to care, structure and operations, and quality measurement and improvement.*

Scion Dental acknowledges DCHFP's responsibilities as outlined above. We will develop a cultural competency plan to meet the defined objectives. This plan will include many Scion Dental policies and procedures detailed throughout this RFP which are already in place to promote the delivery of culturally competent care. In addition:

- Through our Enterprise System, we have the ability to manage data on race, ethnicity, and primary language spoken as part of the enrollee's record. If this information is sent to us, we can store and report on it.
- We will collaborate with DHCFP to identify discrepancies in race, ethnicity, and primary language as outlined above.
- We will collaborate with DHCFP to identify and lead Performance Improvement Projects related to disparities in health care.
- Scion Dental already has in place many types of recipient communication strategies as outlined in **section 3.6.8**, and recipient outreach strategies as detailed in **section 3.3.3** – all customizable, which we can offer to DHCFP to assist in reducing health care disparities. If further interventions are required for this objective, we will work closely with DHCFP, and we will also evaluate the need for additional compensation to meet this request.

If DHCFP should require Scion Dental's participation in an alternative information system related to DHCFP's quality strategy, we will evaluate the need for additional compensation to meet this request.

3.11 Fiscal Requirements

3.11.1 Vendor Fiscal Standards

The State of Nevada Division of Insurance (DOI) regulates the financial stability of all certified vendors. The vendor must comply with all DOI standards in addition to the PAHP standards described in this section.

Scion Dental will comply with all State of Nevada Division of Insurance (DOI) and PAHP standards.

3.11.2 Performance Security Deposit

The vendor must provide a performance security deposit in the form of a bond furnished by a surety company authorized to do business in the State of Nevada to the DHCFP in order to guarantee payment of the vendor's obligations under this contract. The performance security deposit may be utilized by the DHCFP to remedy any breach of contract or sanctions imposed on the vendor.

3.11.2.1 An initial deposit of $4,000,000 must be deposited within ten (10) business days following award of the contract to the vendor, as stated in the Attachment E ~ Insurance Schedule. This amount must be reviewed at the end of the first quarter of the contract period and may need to be increased or decreased to equal the actual required security deposit amount.

The amount of the performance security deposit shall be equal to one hundred and ten percent (110%) of the highest month's total capitation amount in the first quarter or four million dollars ($4,000,000), whichever is greater. This must be deposited with the State Treasurer within fifteen (15) calendar days after the end of the first quarter of the contract. The total capitation amount is the sum of all capitation payments for all recipients for the month.

3.11.2.2 After the initial year of the contract the DHCFP will require the vendor to increase the performance security deposit amount to reflect an amount equal to one hundred and ten percent (110%) of the preceding year's highest month's total capitation payment or four million dollars ($4,000,000), whichever is greater.

3.11.2.3 Vendors submitting performance security to the State of Nevada in the form a surety bond must utilize a company that meets the following listed requirements:

A. A.M. Best A-VII rated insurance company;

B. Certified by the Department of Treasury, Financial Management Services for Nevada; and

C. Licensed by the Nevada Department of Business and Industry, Division of Insurance.

3.11.2.4 The vendor must maintain the performance security deposit after the contract term for a length of time to be determined by the DHCFP in order to cover all outstanding liabilities.

Scion Dental acknowledges and agrees that it must furnish performance security to serve as State of Nevada's Dental Benefits Administrator under this RFP. The insurance and bond requirements of this RFP have been provided to Scion Dental's carrier/surety and Scion Dental is taking the steps necessary to ensure that the required insurance and bond are in place upon award of the contract.

3.11.3 Vendor Liability

The requirements set forth below shall be included in all subcontracts.

3.11.3.1 The vendor must ensure that its recipients are not held liable for any of the following:

A. The vendor's debts, in the event of the vendor's insolvency;

B. For services provided to the recipient in the event of the organization failing to receive payment from the State for such services;

C. For services provided to a recipient in the event a health care provider with a contractual, referral, or other arrangement with the vendor fails to receive payment from the state or the organization for such services; or

D. Payments to a provider who furnishes covered services under a contractual, referral, or other arrangement with the vendor in excess of the amount that would be owed by the recipient if the vendor had directly provided the services.

3.11.3.2 To ensure continuation of services to recipients during insolvency pursuant to the Center for Medicare and Medicaid State Medicaid Manual (SMM) 2086.6.B.

Consistent with the requirements of state and federal law and this RFP, Scion Dental will include the foregoing recipient non-liability and protection provisions in all subcontracts, including provider service agreements.

3.11.4 Payment of Claims

3.11.4.1 The vendor shall be responsible for paying all claims for properly accessed and, if necessary, authorized covered services provided to enrolled recipients on dates of service when they were eligible for coverage unless the services are excluded under the DHCFP PAHP contract or the Nevada Medicaid State Plan. The vendor will adjudicate and pay all claims in accordance with state and federal statutes and regulations. Not meeting all federal requirements, including those for timely claims payment, may be considered a breach.

Scion Dental has many system-based and operational safeguards in place to ensure highly accurate, timely claims payments. Scion Dental's internal processes include pre-payment claims quality reviews, system-based validation during claims adjudication, and post payment auditing. In rare instances where anomalies or incorrect payments are discovered, we have processes in place to identify the root cause of the issues, correct the underlying causes, and automatically recoup funds, where appropriate.

99.999% — Scion Dental's claims payment accuracy rate in Nevada

In addition to our stringent internal controls, Scion Dental has an SSAE16 SOC1 Type II audit performed annually, and our sister company, Wonderbox Technologies, undergoes annual SSAE16 SOC2 Type II audits. Scion Dental also participates in numerous third-party audits required by our clients and government agencies.

Claims payment accuracy

Scion Dental's Enterprise System software has many safeguards in place to ensure highly accurate claims payments. Our current claims payment and financial accuracy is ***nearly 100%***, including:

- Payment accuracy
- Financial accuracy
- Statistical accuracy
- Overall accuracy

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With these multi-pronged processes in place, Scion Dental's historical claims payment and financial accuracy has always been nearly 100%.

Pre-payment claim quality reviews

Scion Dental uses a combination of internal operational controls as well as system-based controls to ensure the integrity and validity of claims data—before claims are processed for payment.

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Automated claims processing edits

As described in detail in **section 3.19**, dental-specific edits and correction mechanisms are integrated throughout the Enterprise System—from the moment claims are entered to the moment they are paid. When claims are adjudicated during claims processing, the software system runs hundreds of automated business rules to verify complete, accurate, and appropriate claim payment. We use technology to avoid an expensive "pay and chase" approach and instead identify potentially inaccurate or fraudulent claims **before they are paid**. For example, our proprietary, dental-specific edits have **saved more than $8 million dollars** for the Nevada Medicaid dental plan since 2010.

Just a few of the hundreds of standard edits applied during claim processing are listed below.

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Post payment claim audits

Scion Dental follows a standard, formal procedure for post payment claim audits that meets the claims payment requirements defined in 3.11.4.14 of this RFP.

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From November 2015 through August 2016, our Finance department analyzed 64,000 claims and found just 8 data entry errors.

99.99%—Scion Dental's YTD statistical accuracy

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3.11.4.2 In cases where third party liability is known, the vendor must ensure that third party liability has been billed and processed prior to paying the claim.

As described in detail in **section 3.11.6** of this RFP, Scion Dental's technical team will work closely with you during the implementation phase to fully understand your TPL business rules and define processes for handling coordination of benefits that meet your rules.

Our preferred approach for handling third-party liability is to use technology to avoid an expensive "pay and chase" approach and instead evaluate coordination of benefits information to pay or deny claims appropriately.

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3.11.4.3 The vendor must have a claims processing system and Management Information System (MIS) sufficient to support the provider payment and data reporting requirements specified in the contract. In addition, the vendor shall have the capability to electronically accept and adjudicate claims.

Scion Dental has processed and paid tens of millions of claims and facilitated the review of millions of authorizations for our clients—all through our integrated Enterprise System software platform. We offer not only a benefit management system capable of supporting the provider payment and data reporting requirements specified in the DHCFP contract, we also offer operational efficiency and expertise. As just one example, Scion Dental recently became the first company in the United States to receive the Claims Processing 4.0 accreditation from URAC—an independent, nonprofit organization, and well-known leader in promoting healthcare quality through its accreditation, education, and measurement programs. For more about Scion Dental's URAC accreditation, see **section 3.19**.

Accepting and adjudicating claims

Claim information can enter the Scion Dental processing system in one of three ways:

- Imported in an EDI file in HIPAA-compliant 837D transaction set format
- Submitted electronically through the Provider Web Portal
- Manually entered from a paper form or scanned image

Data entry controls prevent claims with missing information from being submitted. Claims submitted through the web portal or imported through electronic files are automatically validated for quality and completeness.

Scion Dental prefers to receive electronic claim files. Our EDI Analysts are experts in working with clients to load EDI claim files. Our Network Development and Electronic Outreach teams work with providers every day, encouraging them to submit electronic claims through the Provider Web Portal.

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Electronic claims intake

Scion Dental actively encourages electronic claim submissions and has a dedicated Electronic Outreach team that assists providers with registration, training, and education on the use and benefits of electronic submissions and payment.

An automated electronic transaction import system integrated into the Enterprise System manages data file import, transformation, and load processes based on configurable business rules and assigns each data file process a unique job ID (claim submitter number).

Our technical team has worked with many different trading partners, each with unique requirements. We are experienced at transforming, validating, importing, and reconciling complex data transactions. We also offer support for individual providers who prefer to submit EDI files directly to us in HIPAA 837D format. Our experienced EDI Analysts work closely with direct submitters to fully test HIPAA compliancy and data file quality in a test environment before accepting and processing electronic claims submissions in production.

Scion Dental accepts electronic claim files through a secure FTP site. The preferred method for receiving files is for the client to “push” their files to us through an SFTP connection. With our preferred “Push-Push” process, clients simply drop their data files on our secure FTP site, and a software package automatically moves files into the appropriate directory folders for processing. When processing is complete, Scion Dental “pushes” the response files back to the client’s SFTP site. This process for exchanging data files is convenient, efficient, and allows for automated scheduling and processing.

Provider Web Portal

The Provider Web Portal features integrated electronic claim entry and submission, allowing providers to seamlessly step from verifying eligibility to entering claim data. Providers and support staff can search for patients, view eligibility and service history information, generate pricing estimates for services, and submit claims and authorizations, all through one easy workflow.

Submitting claims

After searching for and selecting a recipient, providers can navigate directly to a data entry form, which is automatically pre-filled with the recipient’s information.

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Paper claims intake

Scion Dental accepts and processes paper claims submitted on ADA claim forms. However, we prefer to receive claims electronically. Scion Dental has a dedicated Electronic Outreach team that provides assistance with portal registration, and offers training and education on the use and benefits of electronic claims submissions and payment.

The Electronic Outreach team reviews paper claim submission volumes on a monthly basis to identify providers who are submitting a high number of paper claims. We then

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contact providers directly to encourage portal usage and explain the benefits of electronic submission, payment, and self-service capabilities for administrative tasks.

When Scion Dental receives paper claims, they are scanned into an electronic image. All paper claims scanned into the document management imaging system are assigned a unique ICN, internally referred to as an Encounter ID. The Encounter ID is assigned in a date/sequential serial number format that reflects the actual date of receipt.

Claim processing cycles

Once all claims are converted to electronic format and validated, they move through Edit, Adjudicate, and Payment Cycles. The Enterprise System is designed to automatically adjudicate nearly 100% of all claims. All covered services and service limitations are defined as part of each benefit plan and automatically applied and validated when claims are edited. The system automatically determines whether a service should be paid or denied, based on both the benefit plan rules and the patient's service history.

Automated claim reviews

Scion Dental's Enterprise System software performs automated reviews by applying hundreds of proprietary, dental-specific business rules against each claim and its services during the claim processing Edit Cycle. The system uses these rules to identify and automatically deny services for administrative reasons where appropriate, such as "member ineligible" or "service not covered."

Those services that do not require further review can automatically advance from the Edit Cycle to the Adjudicate Cycle, where they can be adjudicated and either paid or denied (rather than held back in the Edit Cycle with other claims that do require review and manual intervention). The *auto advance* feature can be enabled or disabled for each denial reason.

Audit trails

The claim processing system maintains a complete audit trail for each claim record. The audit trail shows each processing stage and includes (but is not limited to) the date the claim entered each stage and any edits and audits posted to the claim at each processing stage. All of this information is available for immediate online review through the Enterprise System user interface.

Every action taken with a claim and authorization is tracked, including the time it is entered, who entered it, which edits and pricing rules were applied during processing, and any manual approvals or denials. All actions are recorded in an audit log during each processing stage, allowing a complete audit trail that traces the claim or authorization from the moment Scion Dental receives it through its final determination.

All claim/authorization details are maintained in the system, including (but not limited to) the original billed amount, calculated allowed amount, COB entered and calculated

amount, any manually priced amount, actual payment amount, any other insurance paid amount, and any patient responsibility amount. In addition, details on how the calculated allowed amount was determined are also tracked for each claim. All of this information is maintained for each claim and never overwritten, so historical information is always available for immediate online review. Users with appropriate security permissions can view the claim history and audit log from various functional areas in the Enterprise System. Historical claim data is also available to providers through the Provider Web Portal.

Payment processing

The claim processing Payment Cycle generates payments for providers (and recipients, if applicable) and also generates payment reports, including Remittance Advices for providers, as well as Explanation of Benefits (EOB) and Explanation of Payment (EOP) reports for recipients, when applicable. After the Payment Cycle is confirmed, the system automatically posts payment reports to web portals where the appropriate documents can be accessed online by providers and recipients. If configured, the system can also send automated email messages to providers and recipients when new payment reports are posted to the portals.

Providers can receive either EFT payments or paper checks. Scion Dental's Finance Department obtains check stock from a secured location and prints paper checks in-house. The Finance Department also sends EFT files to the appropriate banks. For security purposes, Scion Dental physically secures all check stock and allows only authorized users the ability to finalize the Payment Cycle, issue electronic payments, and print checks.

Scion Dental can process and pay provider claims on any schedule that meets each client's needs—including optional daily payment.

Daily payment program

Because our innovative software tools lower administration costs for the dental program, as well as reduce administrative hassles for providers, Scion Dental can identify and reward those providers who successfully engage in a full electronic relationship with us. We can reward providers who submit electronic claims and authorizations, and who receive electronic payments and remittance advices, with a "Daily Payment" program.

We can pay claims daily for providers who submit electronic claims and accept electronic payments.

Scion Dental can pay identified providers daily, rather than holding back payment until scheduled check runs. Our market research shows the provider community welcomes this concept, and implementing it encourages even more provider offices to take advantage of electronic and self-servicing options—leading to more accurate claim submissions with fewer administrative denials and fewer telephone calls—resulting in higher provider efficiency and satisfaction.

3.11.4.4 The vendor must allow network and non-network providers to submit an initial claim for covered services. The vendor must allow all in-state network providers to submit claims for reimbursement up to one hundred eighty (180) days from the last date of service and out of state providers three hundred sixty-five (365) days from the last date of service unless a shorter time period is negotiated. The vendor's claims payment system must use standard claim forms.

Scion Dental's flexible Enterprise System software can easily accommodate the requirements defined in 3.11.4.4.

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Our Enterprise System software accepts the current standard ADA claim form and stores all data submitted with the form indefinitely.

3.11.4.5 The vendor must meet the requirements for timely claims payment in 42 CFR 447.45d (2) and (d) (3) and abide by the specifications of 447.45(d) (5) and (d) (6). The vendor must pay ninety-five percent (95%) of all clean claims from practitioners, who are in individual or group practice or who practice in shared health facilities, within thirty (30) calendar days of the date of receipt. The vendor must pay ninety-nine percent (99%) of all clean claims from practitioners, who are in individual or group practice or who practice in shared health facilities, within ninety (90) calendar days of the date of receipt.

The date of receipt is the date the vendor receives the claim as indicated by the date stamp on the claim and the date of payment is the date of the check or other form of payment.

Scion Dental currently meets, and will continue to meet, all of the requirements defined in 3.11.4.5 for timely claims payment in the State of Nevada.

YTD 2016—**99.9%** of all clean claims paid within **30 days** of receipt in Nevada market; **100%** paid within **60 days**.

During 2016, Scion Dental processed and paid 99.9% of all clean claims from all practitioners in the Nevada market within 30 days of receipt and 100% of all claims within 60 days. Scion Dental has also consistently met all client service level agreements.

3.11.4.6 The vendor must have written policies and procedures for processing claims submitted for payment from any source and shall monitor its compliance with these procedures.

Scion Dental can accept for processing dental claims submitted for payment from any source, including but not limited to in-network providers, out-of-network providers, providers who practice in states other than Nevada, mid-level practitioners, and out-of-network providers who have agreed to treat a recipient based on a negotiated single case agreement.

The policies and procedures Scion Dental follows for paying claims from various sources depend on each client's requirements. As part of the implementation phase we will work closely with DHCFP to fully understand your requirements for processing claims from various sources, and then we will configure our Enterprise System software to automatically pay claims based on varying reimbursement schedules, deny claims from specified sources when appropriate, or route claims for special handling—depending on your business rules.

Our Compliance department will update all relevant claims processing policies and procedures to accurately reflect the State of Nevada requirements. The Compliance team will ensure staff members who are responsible for processing claims understand and adhere to Nevada's unique requirements.

3.11.4.7 The vendor's claims processing system must ensure that duplicate claims are denied. In addition, this system must include edits to not allow for unbundling and the ability to pay certain State or local government providers the federal share only.

As described in detail in **section 3.19**, Scion Dental's Enterprise System software platform includes a full set of proprietary, dental-specific edits that evaluate and validate authorizations and claims from the moment the electronic data enters the system until payment is determined. The system also supports custom edits for unique business requirements and cost containment objectives. These sophisticated, customizable business rules ensure duplicate claims are denied, and services, such as x-rays, are not unbundled and paid individually.

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Unbundling, recoding, and downcoding edits

To guard against unbundling, the system runs numerous customizable edits, including but not limited to downcoding rules, quantity recoding rules, amalgam/resin recoding rules, alternate benefit rules, and x-ray recoding rules.

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3.11.4.8 The vendor agrees to the terms of any contract entered into as a result of this RFP to pay interest to a provider of dental services on a claim that is not paid within the time provided in the contract or agreement at a rate of interest equal to the prime rate at the largest bank in Nevada, as ascertained by the Commissioner of Financial Institutions, on January 1 or July 1, as the case may be, immediately preceding the date on which the payment was due, plus six percent (6%). The interest must be calculated from thirty (30) days after the date on which the claim is approved until the date on which the claim is paid.

Scion Dental acknowledges the requirement in 3.11.4.8 to pay interest on claims not paid within the agreed-upon time. Over a period of six years, Scion Dental has paid a total of $1,766 in interest payments to providers in the Nevada market, which is an average of less than $300 per year.

Sophisticated, state-specific, customizable late payment interest rules can easily be configured in the Enterprise System to automatically compute late payment interest during the Payment Cycle, and then apply the appropriate amount to the Paid Amount for each service item when paying claims.

3.11.4.9 The vendor and its providers may, by mutual agreement, establish an alternative payment schedule but such a schedule must be stipulated in the provider's network contract. If the vendor does not pay claims in accordance with 42 CFR 447.45d, the DHCFP may assess a financial penalty for each day the vendor is out of compliance.

Scion Dental does not currently—nor have we ever—had any agreements with providers in any markets whereby Scion Dental requests a longer payment schedule. Scion Dental has a history of paying 99.9% of all clean claims within 30 days of receipt and 100% of claims within 60 days. In addition, our claims payment accuracy across all markets is consistently 99.8% or higher.

We believe prompt, accurate payment is a key component in provider satisfaction, and we are committed to always paying providers as quickly and accurately as possible. In fact, we have developed a daily payment program to support this goal.

As described in **3.11.4.3**, Scion Dental can identify and reward those providers who submit electronic claims and authorizations, and who receive electronic payments and remittance advices, with a "Daily Payment" program. Scion Dental can pay identified providers daily, rather than holding back payment until scheduled check runs. Implementing this program encourages even more provider offices to take advantage of electronic and self-servicing options—leading to more accurate claim submissions with fewer administrative denials and fewer telephone calls—resulting in higher provider efficiency and satisfaction.

3.11.4.10 The vendor shall accurately pay claims with ninety-five percent (95 %) of claims paid accurately upon initial submission.

Scion Dental currently meets, and will continue to meet, all of the requirements defined in 3.11.4.10 for accurate claims payment in the State of Nevada. During the past four years, Scion Dental's claims payment accuracy rate in Nevada has been **99.999%**.

Scion Dental's claims payment accuracy rate in Nevada: **99.999%**.

From 2013 through YTD 2016, Scion Dental audited nearly 10,000 claims, for nearly $1.1 million—and ***found just one overpayment of $15.67***.

3.11.4.11 The vendor shall verify that reimbursed services were actually provided to enrolled recipients by providers and subcontractors.

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3.11.4.12 The vendor shall provide the DHCFP with information prior to implementation of any changes to the software system to be used to support the claims processing function as described in the vendor's proposal and incorporated by reference in the contract.

Scion Dental, and our sister company Wonderbox Technologies, continuously enhance and upgrade our systems to stay current with, or ahead of, industry standards and regulatory changes. We are committed to continuously improving the experience of recipients, providers, and our clients by updating the Enterprise System with the latest technology enhancements and feature requests.

Our Client Experience team notifies clients well in advance of planned system updates and provides training, as necessary, to clients affected by any system change. Scion Dental also provides training and online documentation for providers affected by enhancements to the Provider Web Portal.

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3.11.4.13 A medical review of claims will be conducted when the appropriateness of service, procedure, or payment is in question. Medical reviews must be conducted by a licensed dental clinician(s).

It is Scion Dental's policy to require all reviews of medical necessity and appropriateness of care to be conducted by licensed dental clinicians (Dental Consultants). In addition, it is our policy to ensure any Dental Consultants who make these decisions were not involved in any previous review or decision of the service request.

3.11.4.14 The vendor shall comply with 42 CFR 447.26, on Provider Preventable Conditions (PPCs) – Payment Policy. The vendor shall deny or recover payments to healthcare professionals and inpatient hospitals for care related to the treatment of the consequences of PPCs and Other Provider Preventable Conditions (OPPC) that meet the following criteria:

A. Is identified in the Medicaid State plan;

B. Has been found by the DHCFP, based upon a review of medical literature by qualified professionals, to be reasonably preventable through the application of procedures supported by evidence-based guidelines;

C. Has a negative consequence for the recipient;

D. Is auditable;

E. Includes, at minimum, wrong surgical or other invasive procedure performed on a patient;

F. Surgical or other invasive procedure performed on the wrong body part; and

G. Surgical or other invasive procedure performed on the wrong patient.

As discussed in **section 3.15.23**, policies and procedures specific to 42 CFR 447.26 will govern applicable Scion Dental operational areas to ensure compliance with PPC requirements. As a condition for payment, Scion Dental will require all dental providers to comply with the requirements to identify and report to the SUR Unit in DHCFP any provider preventable conditions that are associated with Medicaid claims.

Our claim adjudication system, integrated within our Enterprise System software platform, can apply predefined business rules to evaluate and deny payment for claims that meet PPC criteria. If PPC criteria are discovered after a claim is paid, the claim can be reprocessed and the prior payment can be automatically recouped as adjustments on subsequent claims from the provider. Scion Dental's Dental Reimbursement team can also recover payments.

3.11.5 Financial Solvency

The vendor must demonstrate that it has adequate financial reserves and administrative ability to carry out its contractual obligations. The vendor must maintain financial records and provide the DHCFP with various financial statements and documentation upon request and as outlined in the contract and Attachment T, Forms and Reporting Guide, including any revisions or additions to the document.

3.11.5.1 The vendor will submit a copy of its annual Independent Audit Report to the DHCFP, as submitted to the Division of Insurance.

3.11.5.2 The vendor will submit its quarterly and annual financial reports to the DHCFP.

Submitted with this response are financial statements and other information demonstrating Scion Dental's financial solvency and ability to serve as the State of Nevada's Dental Benefits Administrator and to carry out its responsibilities and obligations hereunder. Scion Dental acknowledges and agrees that it must maintain and produce to DHCFP financial information as outlined in this RFP or otherwise requested by DHCFP.

3.11.6 Third-Party Liability (TPL)

3.11.6.1 Third-party liability (TPL) refers to any individual, entity (e.g., insurance company) or program (e.g., Medicare), including group health plans, as defined in Section 607(1) of the Employee Retirement Income Security Act of 1974 [29 USC and 1167 (1)] service benefits plans and Section 6035 of the Deficit Reduction Act of 2005. TPL activities included in this contract are the Coordination of Benefits (COB) cost avoidance of Medicaid claims. Under Section 1902(a) (25) of the Social Security Act, DHCFP and its providers are required to take all reasonable measures to identify legally liable third parties and treat verified TPL as a resource of the Medicaid and CHIP recipient.

3.11.6.2 Nevada Medicaid shall be the payer of last resort of all covered services in accordance with Federal regulations. The DHCFP contracted DBA, as the Division's vendor, shall act as the State's authorized agent for the limited purpose of TPL for cost avoiding claims, collection, within the limitation of the Fair Debt Collection Practices Act, 15 USC § 1692, of all third-party liability (TPL) pursuant to 42 CFR § 433.135 et seq and 42 CFR 433.154. The vendor's capitated payments include an offset in the rates for these collections. The contracted vendor shall vigorously pursue

billing prior resources as these amounts are considered part of their risk based capitation payment. The vendor is required to secure signed acknowledgements from enrolled Medicaid recipients or their authorized representative confirming any prior resources (e.g., Medicare, worker's compensation, private insurance, etc.) and share that information with the DHCFP. Third-party liability (TPL) is a self-reporting element. Vendors are responsible for developing and distributing communication forms to enrolled Medicaid recipients.

3.11.6.3 The vendor shall identify potential TPL, including Medicare, and deny the claim if it is for a service covered by other insurance based on recipient's type of TPL coverage and type of service. Allow for TPL overrides when the other insurance is exhausted or the service is not covered by the other liable party, making Medicaid the payer of last resort for the claim.

3.11.6.4 The DBA PAHP is required to vigorously pursue billing prior resources. Vendor is required to obtain TPL information independently of the DHCFP for the purpose of avoiding claim payments or recovering payments made from liable third parties. All information on the third party, including collections and collection attempts, are to be reported to the DHCFP (including circumstances under which the third party refuses to pay) on the Third Party Monthly Report located in the Forms and Reporting Guide. TPL collections should also be reported to the DHCFP through encounter data and other required reports.

3.11.6.5 The vendor is responsible not only for pursuing third-party resources that it identifies but also for using third-party resources identified and communicated to the DBA PAHP by the DHCFP.

3.11.6.6 TPL recoveries made by either the vendor or the DHCFP will be incorporated into capitated rate development by the DHCFP and its actuary. The vendor has 365 days from claim paid date to recover TPL payment; after 365 days, vendor forfeits the right to recovery to the State unless vendor can provide evidence that the recovery effort is active and/or in dispute. The vendor will be responsible to pay for the cost incurred to complete the recovery of the TPL payment to the DHCFP.

3.11.6.7 The vendor will maintain the minimum historical TPL eligibility data online in accordance with State and Federal rules and regulations, currently established as seventy-two (72) months.

3.11.6.8 Exceptions to the TPL rule are: Indian/Tribal Health Services (IHS); Children with Special Health Care Needs (CSHCN); and State Victims of Crime.

3.11.6.9 Ensure that all existing and new requirements of the MSM, CMS State Medicaid Manual and other State and Federal rules and regulations are met by the TPL business function.

Scion Dental acknowledges and is prepared to meet all the third-party liability requirements defined in section 3.11.6 of this RFP, including the reporting requirements defined in 3.11.6.4.

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As required in 3.11.6.9, Scion Dental's Compliance department continuously monitors government requirements and is responsible for ensuring the TPL business function meets all existing and new requirements for the MSM, CMS State Medicaid Manual, and other State and Federal rules and regulations.

As part of the implementation phase, Scion Dental's technical team will work closely with you to fully understand your TPL business rules and define processes for handling coordination of benefits that meet your rules, including the exceptions defined in3.11.6.8. For example, we will work with you to define COB claim file transfers, any special file import and loading requirements, pre-processing activities, coverage determination processes, COB payment processes, TPL reporting requirements, and TPL exceptions including HIS, CSHCN, and State Victims of Crime.

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Our preferred approach for handling third-party liability is to use technology to avoid an expensive "pay and chase" approach and instead evaluate coordination of benefits information to pay or deny claims appropriately. In those instances when we discover a claim was paid, but another party is responsible, we have a process in place to refund the recouped dollars back to the State.

Our software **automatically evaluates COB/EOB information during claims adjudication** so the claim pays or denies appropriately—and Nevada DHCFP is always the payer of last resort.

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3.11.7 Subrogation

3.11.7.1 Subrogation in this section is the principle under which an insurer that has paid a loss under an insurance policy is entitled to all the rights and remedies belonging to the insured against a third party with respect to any loss covered by the policy.

3.11.7.2 The vendor must also determine if casualty claims are filed and recover costs through subrogation on behalf of both Medicaid and CHIP recipients. The DBA PAHP shall utilize the EVS eligibility system and TPL data provided to the vendor by the DHCFP to assist in accomplishing this objective.

3.11.7.3 The DHCFP will monitor and evaluate the vendor's TPL and subrogation collection reports to validate collection activities and results. The vendor will then be expected to meet or exceed baseline target collections as determined by the DHCFP and its actuaries. The baseline target amount will be built into future rates. If the vendor does not meet or exceed baseline TPL and subrogation collections, the DHCFP will conduct a review to determine if there is a legitimate reason. If there is no legitimate reason as determined by the Division, the difference between baseline and actual collections will be deducted from the vendor's costs before the data is used to set future rates. The DHCFP will prospectively adjust capitation rates to account for expected TPL collections.

Scion Dental will cooperate with DHCFP's monitoring of TPL and subrogation collection reports. However, Scion Dental avoids a costly "pay and chase" approach by configuring our processing system to automatically evaluate claims for other insurance and coordination of benefits—and then pay the claims accordingly, rather than paying upfront and then attempting to collect overpayments.

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Scion Dental will work with you to provide any TPL and subrogation collection reports you need, though we typically have very few overpayments to collect. As indicated in **section 3.11.4.10**, Scion Dental's payment accuracy rate for the Nevada market is **99.9999%**. During the three-year period from 2013 through 2016, Scion Dental audited nearly 10,000 claims, for nearly $1.1

million—and found ***just one overpayment of $15.67***. For details about our processes that ensure claims payment accuracy, see our response in **section 3.11.4**.

3.11.8 Reserving

As part of its accounting and budgeting function, the vendor will be required to establish an actuarially sound process for estimating and tracking incurred but not reported (IBNRs) claims. The vendor must provide documentation of the IBNRs review and certification by an actuary. The vendor must reserve funds to cover both IBNRs and reported but unpaid claims (RBUCs). As part of its reserving methodology, the vendor must conduct annual reviews to assess the actuarial validity of its reserving methodology, and make adjustments as necessary.

Scion Dental has an established relationship with outside firm that annually reviews our reserve calculations. Internally, our Finance department calculates these reserves monthly. Calculation validity is verified based on subsequent claim receipt and payment.

3.11.9 Prohibition on Payments to Institutions or Entities Located Outside of the United States

3.11.9.1 Pursuant to Section 6505 of the ACA, which amends Section 1902(a) of the Social Security Act (the Act), the vendor shall not provide any payments for items or services provided under the Medicaid State Plan or under a waiver to any financial institution or entity located outside of the United States (U.S.).

3.11.9.2 Payments for items or services provided under the Medicaid State Plan to financial institutions or entities such as provider bank accounts or business agents located outside of the U. S. are prohibited by this provision. Further, this Section prohibits payments to telemedicine providers located outside of the U.S. Additionally; payments to pharmacies located outside of the U.S. are not permitted.

3.11.9.3 Any payments for items or services provided under the Medicaid State Plan or under a waiver to any financial institution or entity located outside of the U.S. may be recovered by the State from the vendor.

3.11.9.4 For purposes of implementing this provision, section 1101(a) (2) of the Act defines the term "United States" when used in a geographical sense, to mean the "States." Section 1101(a)(1) of the Act defines the term "State" to include the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa, when used under Title XIX.

3.11.9.5 The phrase, "items or services provided under the Medicaid State Plan or under a waiver" refers to medical assistance for which the State claims Federal funding under section 1903(a) of the Act. Tasks that support the administration of the Medicaid State Plan that may require payments to financial institutions or entities located outside of the U.S. are not prohibited under this statute. For example, payments for outsourcing information processing related to Plan administration or outsourcing call centers related to enrollment or claims adjudication are not prohibited under this statute.

Scion Dental understands its obligations under federal law and does not and will not provide payment to institutions or entities located outside of the United States.

3.12 Grievances, Appeals, and Fair Hearings

3.12.1

The vendor shall establish a system for recipients and providers, which includes a grievance process, an appeal process, and access to the State Fair Hearing system.

3.12.1.1 A grievance is an expression of dissatisfaction about any matter other than one of the actions listed below. Possible issues for grievances include, but are not limited to, access to care, quality of services, interpersonal relationships between vendor staff and recipients or providers, and failure to respect a recipient's rights.

3.12.1.2 An appeal is a specific request for review of one of the following actions:

- *A. The denial or limited authorization of a requested service, including the type or level of service;*
- *B. The reduction, suspension or termination of a previously authorized service;*
- *C. The denial, in whole or in part, of payment for a service;*
- *D. The failure to provide services in a timely manner; or*
- *E. The failure of a vendor to process grievances, appeals or expedited appeals within required timeframes including resolution and notification.*

3.12.1.3 The vendor must provide information about these systems to recipients at the time of enrollment. The vendor must inform providers and subcontractors at the time they enter into a contract.

- *A. This information must include:*
  1. *The recipient's right to file grievances and appeals; the requirements and timeframes for filing;*
  2. *The availability of assistance with filing;*
  3. *The recipient's right to request continuation of benefits during an appeal or State Fair Hearing although the recipient may be liable for the cost of any continued benefits if the action is upheld;*
  4. *The toll free number to file oral grievances and appeals; and*
  5. *Any DHCFP determined provider's appeal rights to challenge the failure of the organization to cover a service.*

Scion Dental acknowledges and is prepared to meet the requirements in section 3.12.1. The Scion Dental Appeals department promotes and maintains functions dedicated to identifying and promptly resolving oral and written grievances and recipient appeals. Scion Dental has formal policies and procedures in place to govern our handling of grievances and appeals. Our policies and procedures include processes for expedited review, external review, and access to the State's Fair Hearing system.

We educate providers about our grievance and appeals processes during orientation and onboarding sessions, in the Provider Policy and Procedure Manual, provider newsletters, and on the Provider Web Portal. In addition, authorization decision letters and Remittance Advice reports notify providers of their appeal rights and include a mailing address for submitting appeals as well as a toll-free telephone number for assistance.

We educate recipients about grievance and appeal processes in our Member Welcome Packet, Member Handbook, educational materials posted on the Member Web Portal, and during telephone calls and personal interactions with recipients. In addition, authorization decision letters notify recipients of their appeal rights. The notification includes what to do if they disagree with a decision, along with a mailing address for submitting a written appeal and a toll-free telephone number for more information. We also make information about grievances and appeals available to recipients in their primary language.

Our dedicated Appeals Specialists take active roles in assisting recipients who have grievances or wish to file appeals. The Scion Dental Appeals department is fully staffed with proactive Appeals Specialists who serve as the experts in resolving grievances and appeals, act as liaisons with our clients, coordinate grievance and appeals services for recipients and providers, and ensure adequate tracking of grievance and appeals data. In addition, our trained Appeals Specialists are committed to excellent service for both recipients and providers and to meeting turnaround standards. The Appeals Manager uses Compliance Check logs to continuously monitor turnaround metrics and adjusts staffing resources, as necessary, to ensure each client's standards are met.

Receiving and acknowledging grievances and appeals

All grievances and appeals are received, analyzed, logged, and categorized in our electronic tracking system and automatically routed to the Appeals department for review and resolution. Appeals Specialists log, track, and assign case follow-ups to appropriate staff. Recipients are informed of and take part in resolutions, when necessary.

The Appeals department has established procedural and turnaround time protocols for acknowledging receipts of grievances and appeals. Our current standard is to acknowledge receipt of a grievance or appeal in writing (or verbally when requested).

Handling appeals

The Appeals team resolves grievances quickly by discussing the issue and potential resolutions directly with the recipient or provider and taking the necessary steps to resolve the problem.

When a more complicated case cannot be resolved quickly, the Appeals Specialist creates a follow-up record in our electronic tracking system and routes the case to the appropriate department, such as Credentialing, Client Services, or Claims—or to a specific Provider Relations Representative or Dental Consultant. Each follow-up record includes due dates and hotlinks back to case details. When a note is entered on a follow-up assignment, the system automatically logs the date, time, name, and user ID of the person who entered the note.

Expedited process

To determine if a case should be expedited, an Appeals Specialist sends the case to a licensed Dental Consultant for review. Next, the Dental Consultant reviews the cases for clinical expedited language and standards. Those cases determined to meet clinical expedited standards are reviewed within the established expedited turnaround timeframes and follow the same procedures as non-expedited cases.

Ensuring expertise and objectivity

Scion Dental's Chief Dental Officer ensures employees have appropriate expertise and state-required licenses before they are hired as Dental Consultants. Once vetted and hired, all licensed Dental Consultants receive in-depth training on Scion Dental's grievance and appeals system.

It is Scion Dental's policy to ensure Appeals department staff are not involved in previous levels of review. The Authorization Determination Module, which is integrated into our Enterprise System software system, records all actions pertaining appeal decisions. For example, the system logs when a Dental Consultant changes a requested service to *approved* or *denied*. The appeals workflow verifies previous Dental Consultants who have made determinations on each appealed authorization. An Appeals Specialist chooses a consultant who is not listed in the history of the authorization to perform the next level of review. An Appeals Specialist routes the case to an alternate licensed Dental Consultant, who is automatically notified by email.

Performance improvement

The Appeals department uses the data it collects during the grievance and appeal process to improve operational performance. In addition, each month, the Scion Dental Quality Improvement Committee analyzes the grievance and appeals volume and turnaround times from the month prior to identify trends. Each quarter, the committee gathers to determine the best approach to improve any negative trends identified.

3.12.1.4 The vendor must submit to the DHCFP monthly and quarterly reports that document the grievance and appeal activities listed on the templates located in Attachment T, Forms and Reporting Guide. The report should be broken out by hearing issue, date requested and date resolved, program and outcome for tracking, trending and corrective action.

The Scion Dental Appeals team routinely generates and delivers customized reports for our clients. Our system can accommodate any number of client-defined categories for grievances and appeals. Any data stored in our integrated benefits management system, including data from the Customer Service and Authorization Determination systems, can be easily extracted and repackaged into client-defined report formats without a programming change to the system.

Scion Dental's standard practice is to generate monthly reports of all grievances and appeals received from recipients and providers. For the DHCFP, we will generate monthly and quarterly reports that document the grievance and appeal activities listed

in Attachment T. Scion Dental will submit the reports to DHCFP and will be broken out by the following:

- Hearing issue
- Date requested
- Date resolved
- Program
- Outcome
- Trending
- Corrective action

As mentioned in **section 3.9.16.5**, the Appeals department monitors recipient-initiated grievances about providers, including clinical Quality of Care grievances. Each month, the Appeals department delivers a trending and analysis report to the Credentialing Committee, Scion Dental's Dental Director, and the market's Provider Relations Representative. The report, which summarizes the prior month's grievance activity with a Year-to-Date comparison, is reviewed during Credentialing Committee meetings. If a clinical Quality of Care issue is identified, the local Field Provider Relations Representative personally visits the provider office for further investigation.

3.12.1.5 The vendor shall have a contact person who is knowledgeable of the grievance and appeal procedures and shall direct all grievance and appeals, whether verbal or the recipient chooses to file in writing. Should a recipient choose to appeal in writing, the recipient shall be instructed to file via mail or fax to the designated P.O. Box or fax number for medical appeals.

The Scion Dental Appeals department is fully staffed with trained Appeals Specialists who are committed to excellent recipient-centered service and to meeting each client's turnaround standards.

All grievances and appeals that are received orally or in written format are logged in our Customer Service system by the Appeals Specialists and automatically routed to the Appeals department for review and resolution. Recipients will be instructed to file a written grievance or appeal via mail or fax to the designated P.O. Box or fax number for medical appeals.

3.12.1.6 The vendor shall have sufficient support staff (clerical and professional) available to process grievance and appeals in accordance with the requirements. The vendor shall notify the DHCFP of the names of appointed staff recipients and their phone numbers. Staff shall be knowledgeable about the applicable state and federal law, vendor's rules and regulations, and all court orders governing appeal procedures, as they become effective.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.1.6. The Scion Dental Appeals department is fully staffed with trained Appeals Specialists who are committed to excellent recipient-centered service and to meeting each client's turnaround standards.

We are highly committed to training new and current team members with the goal of continuously improving and developing staff knowledge, skills, and expertise. Scion

Dental has a dedicated Training department that designs, develops, and implements hands-on training courses that incorporate classroom instruction and on-the-job training, supported by policies, procedures, and job aids.

The Training department works with the Appeals department and provides not only on-the-job training but also trains staff on client-specific policies, procedures, and business rules. Training materials and resources are customized for client requirements, so new and existing employees always have up-to-date references regarding processes. Managers also engage in a regular process of communication and performance evaluation. Those identified as needing additional training are provided a variety of resources to help them improve their skills.

The Appeals department also has a Team Leader who ensures compliance with client standards. The Team Leader performs random quality reviews of cases to ensure constant compliance with state and federal law, rules and regulations, and all court ordered governing appeal procedures. This individual is also available to answer any questions team members may have and provide continued training and improvement procedures for departmental staff.

3.12.1.7 The DHCFP shall conduct an annual audit of the appeals process to ascertain compliance with federal and state regulations as well as contractual compliance.

Scion Dental acknowledges this requirement and will comply with all audit standards as required by DHCFP. Our appeals process is routinely audited as it is standard practice for many of our clients.

3.12.2 Recipient Grievances and Appeals

The authority for the following provisions concerning Recipient Grievances and Appeals is found in 42 CFR 438 Subpart F (Subsections 400-424). Additional and cross-referenced regulations include 42 CFR 431.206(b) (3), 431.210(c) and (d), 431.213, 431.214, 431.230(b), 438.10(c) and (d) and (g) (1), 438.210(c), 483.23(a) (5) (ii), and 438.404(c) (4).

3.12.2.1 The vendor's recipient grievance and appeal system must be in writing and submitted to the DHCFP for review and approval at the time the Vendor's Policies and Procedures are submitted, and at any time thereafter when the vendor's recipient grievances and appeals policies and procedures have been revised or updated (not including grammatical or readability revisions or updates). The vendor may not implement any policies and procedures concerning its recipient grievance and appeal system without first obtaining the written approval of the DHCFP.

The Scion Dental Appeals department promotes and maintains functions dedicated to identifying and promptly resolving oral and written grievances and recipient appeals. Scion Dental has formal policies and procedures in place that comply with the requirements outlined to govern our handling of grievances and appeals. Our policies and procedures include processes for expedited review, external review, and access to the State's Fair Hearing system. Prior to the go-live date, Scion Dental will submit a written copy of all of our policies and procedures for recording, investigating, resolving, and analyzing all grievances and appeals and obtain DHCFP review and approval. We will customize our policies and procedures, as necessary, to meet DHCFP guidelines.

3.12.2.2 The vendor must allow the recipient, or provider acting on behalf of the recipient, to file an appeal within a reasonable State-defined timeframe that cannot be less than twenty (20) calendar days or exceed ninety (90) calendar days from the date on the entity's notice of action.

At Scion Dental, we recognize that recipients, providers, and clients are best served by the quick and accurate processing of all appeals, which helps to ensure satisfaction and foster a network of mutual trust and respect. We have proven policies, procedures, and workflows already in place to manage and resolve appeals from both recipients and providers. We will allow the recipient, or provider acting on behalf of the recipient, to file an appeal no less than 20 calendar days and no more than 90 calendar days from the date on the entity's notice of action.

3.12.2.3 The vendor must continue the recipient's benefits while an appeal is in process if all of the following conditions are met:

A. The appeal is filed on or before the later of the following: a) within ten (10) calendar days plus mailing time of the vendor mailing the Notice of Action; or b) the intended effective date of the vendor's proposed action;

B. The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;

C. The services were ordered by an authorized provider;

D. The authorization period has not expired; and

E. The recipient requests continuation of benefits.

3.12.2.4 The vendor must continue or reinstate the recipient's benefits while the appeal is pending, and the benefits must be continued until one of the following occurs:

A. The recipient withdraws the appeal;

B. The recipient does not request a State Fair Hearing with continuation of benefits within 10 days from the date the Vendor mails an adverse appeal decision;

C. A State Fair Hearing decision adverse to the recipient is made, or

D. The service authorization expires or authorization limits are met.

Scion Dental acknowledges and is prepared to meet the requirements in sections 3.12.2.3 and 3.12.2.4. Scion Dental will continue or reinstate the recipient's benefits while an appeal is pending and will continue benefits until a requirement set forth in 3.12.2.4 occurs. We will inform recipients of this process in the Authorization Denial Notice.

3.12.2.5 A recipient or a recipient's representative (including a provider on behalf of a recipient) may file a grievance or submit an appeal directly with the DHCFP. However, such grievances and appeals will be referred to the vendor for resolution. In the event a provider files an appeal on the recipient's behalf, with the exception of an expedited appeal, the provider must first obtain the recipient's written permission.

Scion Dental acknowledges the requirements in section 3.12.2.5 and will comply with this business rule to properly categorize and document the appeal according to DHCFP standards.

3.12.2.6 In the case of appeals, the recipient, if after exhausting the vendor's appeal process, is not satisfied with the outcome, may request a State Fair Hearing from the DHCFP. The vendor is

required to provide access to and information about the State Fair Hearing process in the event a recipient's appeal is not resolved in favor of the recipient. Grievances are not eligible for referral to the State Fair Hearing process.

Scion Dental takes a comprehensive, proactive approach to assisting recipients and ensuring they have access to information about our grievance and appeals system. We ensure recipients, parents, and caregivers are informed about grievance and appeal processes and State Fair Hearing information by making these resources available in a variety of publications and media. Our Member Handbook, Provider Policy and Procedure Manual, and online web portals describe the state fair hearing process, explain how to file grievances and appeals, and explain the resolution process.

3.12.2.7 A recipient, or a provider acting on behalf of the recipient, may file an appeal or grievance either orally or in writing. Unless the recipient has requested an expedited resolution, an oral appeal may be followed by a written, signed appeal. The vendor may not require a written signed appeal following an oral request for an expedited appeal. If a grievance or appeal is filed orally, the vendor is required to document the contact for tracking purposes and to establish the earliest date of receipt. There is no requirement to track routine telephone inquiries.

Scion Dental acknowledges and is prepared to meet the requirements in section 3.12.2.7 per State regulatory standards.

3.12.2.8 For tracking purposes, an oral appeal or grievance is differentiated from a routine telephone inquiry by the content of the inquiry.

When an appeal or grievance is received orally, the Scion Dental Call Center is trained to document the interaction and forward all information to the Appeals Department. The Appeals Department then files a formal appeal or grievance following the established process.

3.12.3 Authorization and Notice Timeliness Requirements

3.12.3.1 The vendor must provide standard authorization decisions as expeditiously as the recipient's health requires and within the State's established timelines that may not exceed fourteen (14) calendar days following receipt of the request for service, with a possible extension of up to fourteen (14) additional calendar days if the recipient or provider requests the extension; or, the vendor justifies (to the DHCFP upon request) a need for additional information and how the extension is in the recipient's interests. The vendor must provide written notice of the reason for the extension and inform the recipient of their right to file a grievance.

Scion Dental's automated processing allows us to offer a full range of consistent, efficient, and accurate prior authorization review services. We are prepared to provide standard authorization decisions within 14 calendar days of receipt of the request for service. Because of our innovative and automated services, our average turnaround time for authorizations for all lines of business is only three business days. If an extension is required, Scion Dental has processes in place to notify recipients of the extension.

We leverage our unique benefits management software to assign authorization numbers, track authorization actions from receipt to determination, ensure only medically necessary services are authorized, apply regulatory limits and rules, and

generate provider and recipient notifications, including appeals rights for adverse determinations.

Automated business rules for prior authorizations

As also mentioned in **section 3.3.1.3**, as part of the project startup phase, the Scion Dental Implementation team will work with DHCFP to fully understand all aspects of the State's dental plan including program benefits, coverage limitations, age restrictions, additional benefits based on special needs or other criteria, and so on.

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Submission of prior authorizations

Providers are encouraged to enter prior authorizations through the Provider Web Portal for the fastest determination turnaround time. The Provider Web Portal offers an easy-to-use electronic data entry form with integrated authorization guidelines and the option of attaching required documents before submission. Providers can also submit prior authorizations to Scion Dental via:

- EDI transaction (HIPAA-compliant 837D format)
- Paper forms (which are scanned into a high-quality electronic format and attached during data entry)

In our experience, providers sometimes submit claims after services are performed and include documentation, such as an x-ray, instead of checking the prior authorization box. With our client's consent, we offer a standard process for addressing these claims quickly and efficiently as a courtesy to our clients and providers.

Scion Dental has a process in place in which recipients may request a service authorization on their own behalf through our Call Center. When a recipient contacts Scion Dental, our Customer Service Representative first attempts to educate the recipient. We encourage the recipient to visit the dentist and request that the dentist submit the authorization on his or her behalf, including the clinical criteria that must be supplied for the authorization to be approved. If the recipient still would like to proceed,

we can submit the request on behalf of the recipient and specify the provider. If a recipient submits a service authorization request in writing, a Scion Dental CSR will contact the recipient and follow the same process as outlined above.

Determination and reevaluation

Scion Dental uses prior authorizations as a mechanism for monitoring the quality of care being requested and the appropriate distribution of available cost of care dollars in Medicaid programs. Procedures with high unit cost, high aggregate costs due to frequency, or procedures performed by a specialist can be selected for prior authorization. The review of these procedures for clinical appropriateness will help validate treatment being requested. The data source for this process is Scion Dental's historical experience with managing authorized procedures that have a variable rate of approval based on meeting clinical criteria as well as procedures that can have a measurable impact on the total cost of care dollars available. These procedures can be compared to the State of Nevada's benefit plan coverage tables, any specific clinical criteria, and provider fee schedule. The review of this data will assist in development of the recommended prior authorization schedule.

Once the procedures requiring prior authorization are determined, we enter them into our proprietary Enterprise System software along with the associated clinical criteria. This information will appear in the Provider Policy and Procedure Manual and on the Provider Web Portal. Our objective is to provide maximum transparency to the provider as to the documentation needed and the criteria that will determine approval for the requested procedure.

Periodically a reevaluation of the need for current prior authorization requirements may be appropriate. Data that may indicate a very high historical prior authorization approval rate may suggest the continuing need for a current authorization may no longer be necessary. Such decisions need to be weighed against the ongoing sentinel effect of having the authorization in place. Another trigger could be that DHCFP changes authorization requirements for specific procedure codes. As with the set-up of the authorized codes, documentation and clinical criteria, removal of such requirements can be accomplished quickly and easily within the Enterprise System by Scion Dental.

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3.12.3.2 For cases in which a provider indicates or the vendor determines that following the standard timeframe could seriously jeopardize the recipient's life or health or ability to attain, maintain, or regain maximum function, the vendor must make an expedited authorization decision and provide a Notice of Action as expeditiously as the recipient's health condition warrants and no later than seventy-two (72) hours after receipt of the request for service. The vendor may extend the (72) hours' time period by up to fourteen (14) calendar days if the recipient requests an extension or if the vendor justifies (to the DHCFP upon request) a need for additional information and how the

extension is in the recipient's best interest. The vendor must provide written notice of the reason for the extension and inform the recipient of their right to file a grievance.

Scion Dental acknowledges this requirement. We have processes in place to meet expedited authorization decisions within 72 hours after receipt of request for service. Scion Dental can also accommodate extensions as needed.

In the case of dental emergencies that following the standard timeframe could seriously jeopardize the recipient's health or ability to attain, maintain, or regain maximum function, Scion Dental will make expedited authorization decisions and provide a Notice of Action no later than 72 hours after the receipt of the request for service.

Emergent and urgent requests for authorization can be immediately granted, and the dental provider is encouraged to treat the recipient, then send the completed claim and any necessary documentation on a claim form marked Retrospective Review.

Retrospective reviews are evaluated using the same clinical guidelines applied in the prior authorization process to determine medical necessity and appropriateness of care. Consistent with Nevada law, the determination of whether a covered benefit or service is "medically necessary" is based on individualized assessment of the recipient's medical needs and includes a determination of whether the covered benefit or service is:

- Consistent with the symptoms or diagnosis and treatment of the participant's illness, disease or injury;
- Appropriate with regard to standards of good dental practice;
- Not solely for the convenience of the Participant or Provider;
- The most appropriate, in terms of cost and effectiveness, level of service that can be safely provided to the Participant and is sufficient in amount, duration and scope to achieve their purpose; and
- When applied to non-pregnant participants under the age of twenty-one, services shall be provided in accordance with EPSDT requirements.
- Requests for retrospective review must be received within 30 days of the date of service. Once determination has been made on a retrospective review, the request and its corresponding claim are forwarded for processing and adjudication.

3.12.4 Notice of Action

3.12.4.1 The vendor must provide a written Notice of Action to the recipient when the vendor takes action or makes an adverse determination affecting the recipient. If a provider has made a request on a

recipient's behalf and the vendor makes an adverse determination, the provider must be notified but this notification need not be in writing.

3.12.4.2 The notice must meet all of the following requirements:

A. Be available in the State-established prevalent non-English languages;

B. Be available in alternative formats for persons with special needs (visually impaired recipients, or recipients with limited reading proficiency); and

C. Use easily understood language and format requirements of 42 CFR 438.404(c); 42 CFR 438.10(c) and (d).

3.12.4.3 A written Notice of Action to the recipient must meet the following requirements and must explain:

A. The action the vendor or its subcontractor has taken or intends to take;

B. The reasons for the action;

C. The recipient's or the provider's right to file an appeal, if he/she disagrees with decision;

D. The recipient's right to request a State Fair Hearing after the recipient has exhausted the vendor's internal appeal procedures;

E. The procedures for exercising the recipient's rights to appeal;

F. The circumstances under which expedited resolution is available and how to request it;

G. The recipient's rights to have benefits continue if the appeal is filed on or before the latter of the following: within ten (10) calendar days of the vendor mailing the Notice of Action or the intended effective date or the proposed action pending the resolution of the appeal, how to request that benefits be continued, and the circumstances under which the recipient may be required to pay the costs of these services;

H. That the recipient may represent himself or use legal counsel, a relative, a friend, or other spokesman;

I. The specific regulations that support, or the change in federal or State law that requires the action; and

J. The recipient's right to request an evidentiary hearing if one is available or a state agency hearing, or in cases of action based on change in law, the circumstances under which a hearing will be granted.

Scion Dental acknowledges and is prepared to meet all requirements in sections 3.12.4.1, 3.12.4.2, and 3.12.4.3.

When a denial or decision to authorize services in amount, duration, or scope that is less than requested occurs, recipients receive a letter by United States Postal Service that is mailed the next business day after the determination. Member notification letters use language that is easily understood, available in other languages and alternate formats, and include clear information on appeal rights, the appeals process, and contact information for submitting a written or oral appeal. Scion Dental has the ability to customize the letter template to include all the State-defined requirements and format requirements of 42 CFR 438.404(c); 42 CFR 438.10(c) and (d).

Notification to providers

Scion Dental's software platform generates customized determination letters that include State-defined determination reasons and appeals rights. These letters are generated minimally once a day and faxed the next business day after the determination to ensure rendered decisions (approval or denial) are received in a timely manner so as to not adversely affect the recipient's health.

However, providers who use Scion Dental's Provider Web Portal never need to call to check the status of authorizations or wait for approval or denial letters. As soon as an authorization is determined, its updated status is immediately available through the portal. Likewise, as soon as a claim is processed and paid, the online authorization history report shows that the matching authorization has been decremented (consumed). Additionally, the corresponding claim history report, available through the portal, includes the linked authorization number for easy reference.

We strongly encourage electronic relationships with providers in order to meet our client's timing of notice requirements. However, in cases in which providers do not take advantage of the Provider Web Portal and do not have a fax machine, notifications are sent by Unites States Postal Service.

3.12.4.4 The vendor must give notice at least ten (10) calendar days before the date of action when the action is a termination, suspension, or reduction of previously authorized covered services. This timeframe may be shortened to five (5) days if probable recipient fraud has been verified.

3.12.4.5 The vendor must give notice by the date of the action for the following circumstances:

- *A. In the death of the recipient;*
- *B. A signed written recipient statement requesting termination or giving information requiring termination or reduction of services (where the recipient understands that this must be the result of supplying that information);*
- *C. The recipient's admission to an institution where he is ineligible for Medicaid services;*
- *D. The recipient's address is unknown and mail directed to him has no forwarding address; or*
- *E. The recipient has been accepted for Medicaid services by another local jurisdiction, state, territory, or commonwealth.*

Scion Dental acknowledges and is prepared to meet the requirements in sections 3.12.4.4 and 3.12.4.5. If the recipient is terminated for any of the circumstances outlined in 3.12.4.5, the authorization is automatically denied and the provider will be notified by the date of action.

3.12.4.6 The vendor must give a Notice of Action on the date of action when the action is a denial of payment.

Scion Dental will give a Notice of Action on the date of action when the action is a denial of payment. Provider Remittance Reports are generated when payments are created in the Payment Cycle. A Remittance Report can include payment details for a single claim or for multiple claims and may also include payee adjustments, salaries, or other additional compensation. A Remittance Report includes details that explain the claim or service level payment and/or denial.

3.12.4.7 The vendor must give notice on the date that the timeframes expire when service authorization decisions are not reached within the timeframes for either standard or expedited service authorizations. Untimely service authorizations constitute a denial and are thus adverse actions.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.4.7. Scion Dental always makes every effort to meet or exceed authorization decision timelines.

3.12.4.8 The recipient's right to receive written resolution notice that includes the results of the process and the date it was completed. In addition, reasonable efforts shall be made to provide oral resolution notice.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.4.8. Our software platform generates customized determination letters that include State-defined determination reasons and appeals rights. These letters are generated minimally once a day and faxed the next business day after the determination to ensure rendered decisions (approval or denial) are received in a timely manner so as to not adversely affect the recipient's health. However, providers who use Scion Dental's Provider Web Portal never need to call to check the status of authorizations or wait for approval or denial letters. As soon as an authorization is determined, its updated status is immediately available through the portal.

Scion Dental can also generate an automated call to orally notify providers that their determination letter is on the way as well as information on viewing the determination through the Provider Web Portal.

3.12.4.9 For appeals not resolved wholly in favor of the recipients, the notice must include:

A. The right to request a State Fair Hearing, and how to do so;

B. The right to request to receive benefits while the hearing is pending, and how to make the request; and

C. That the recipient may be held liable for the cost of those benefits if the hearing decision upholds the vendor's action.

As stated in **section 3.12.4.3**, when a denial or decision to authorize services in amount duration or scope that is less than requested occurs, recipients receive a letter by United States Postal Service. Recipient notification letters use language that is easily understood, available in other languages and alternate formats, and include clear information on appeal rights, the appeals process, and contact information for submitting a written or oral appeal. The letter will also include language informing the recipient that they may be held liable for the cost of those benefits if the hearing decision upholds. Scion Dental has the ability to customize the letter template to include all the State-defined requirements and format requirements of 42 CFR 438.404(c); 42 CFR 438.10(c) and (d).

3.12.5 Handling of Grievances and Appeals

The vendor is required to dispose of each grievance and resolve each appeal and to provide notice as expeditiously as the recipient's health condition requires within the State's established time frames specified as follows:

3.12.5.1 Standard disposition of grievances: The vendor is allowed no more than ninety (90) calendar days from the date of receipt of the grievance.

Scion Dental has a grievance and appeals system in place which includes a grievance process. Scion Dental classifies a grievance as any formal expression of dissatisfaction with any aspect of care that cannot be resolved through informal conversations, or, that require more than one day to resolve. Scion Dental will resolve all grievances within 90 calendar days from the date of receipt.

Our dedicated Appeals Specialists take active roles in assisting recipients who have grievances. The Scion Dental Appeals department is fully staffed with proactive Appeals Specialists who serve as the experts in resolving grievances and appeals, act as liaisons with our clients, coordinate grievance and appeals services for recipients and providers, and ensure adequate tracking of grievance and appeals data. In addition, our trained Appeals Specialists are committed to excellent service for both recipients and providers and to meeting turnaround standards. The Appeals Manager uses Compliance Check logs to continuously monitor turnaround metrics and adjusts staffing resources, as necessary, to ensure each client's standards are met.

Receiving and acknowledging grievances

All grievances are received, analyzed, logged, and categorized in our electronic tracking system and automatically routed to the Appeals department for review and resolution. Appeals Specialists log, track, and assign case follow-ups to appropriate staff. Recipients are informed of and take part in resolutions, when necessary.

The Appeals department has established procedural and turnaround time protocols for acknowledging receipts of grievances. Our current standard is to acknowledge receipt of a grievance or appeal in writing (or verbally when requested).

Scion Dental's Appeals Specialists collaborate with recipients, their representatives, dental providers, and advocates to bring about complete resolution on every grievance. We ensure the highest levels of recipient and provider satisfaction by staying in close contact with all parties throughout the process, and providing assistance and education whenever necessary. We use structured practices designed to assist recipients in filing grievances.

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In Nevada, Scion Dental's 2016 average turnaround time for resolving recipient grievances is **10 calendar days**.

3.12.5.2 Standard resolution of appeals: The vendor is allowed no more than thirty (30) calendar days from the date of receipt of the appeal.

Scion Dental has a grievance and appeals system in place which includes an appeals process. We classify appeals as any request for review of a denied service or claim, or a denied request for services, including denials for orthodontic treatment. Appeals are made available to any recipient who disagrees with a decision to deny services or payment for services. Appeals can also be requested by representatives who are authorized to appeal on behalf of the recipient, such as a lawyer, a parent or guardian, or a dental provider. Scion Dental provides both the recipient and the provider a copy of their appeal rights with each pre- or post-service denial. Scion Dental will resolve all appeals within 30 calendar days from the date of receipt.

Our dedicated Appeals Specialists take active roles in assisting recipients who wish to file appeals. The Scion Dental Appeals department is fully staffed with proactive Appeals Specialists who serve as the experts in resolving grievances and appeals, act as liaisons with our clients, coordinate grievance and appeals services for recipients and providers, and ensure adequate tracking of grievance and appeals data. In addition, our trained Appeals Specialists are committed to excellent service for both recipients and providers and to meeting turnaround standards. The Appeals Manager uses Compliance Check logs to continuously monitor turnaround metrics and adjusts staffing resources, as necessary, to ensure each client's standards are met.

Receiving and acknowledging appeals

All appeals are received, analyzed, logged, and categorized in our electronic tracking system and automatically routed to the Appeals department for review and resolution.

Appeals Specialists log, track, and assign case follow-ups to appropriate staff. Recipients are informed of and take part in resolutions, when necessary.

The Appeals department has established procedural and turnaround time protocols for acknowledging receipts of appeals. Our current standard is to acknowledge receipt of an appeal in writing (or verbally when requested).

Handling appeals

The Appeals team resolves complaints quickly by discussing the issue and potential resolutions directly with the recipient or provider and taking the necessary steps to resolve the problem.

When a more complicated case cannot be resolved quickly, the Appeals Specialist creates a follow-up record in our electronic tracking system and routes the case to the appropriate department, such as Credentialing, Client Services, or Claims—or to a specific Provider Relations Representative or Dental Consultant. Each follow-up record includes due dates and hotlinks back to case details. When a note is entered on a follow-up assignment, the system automatically logs the date, time, name, and user ID of the person who entered the note.

3.12.5.3 Expedited resolution of appeals: The vendor must resolve each expedited appeal and provide notice, as expeditiously as the recipient's health condition requires, not to exceed three (3) business days after the vendor receives the expedited appeal request. The vendor is required to establish and maintain an expedited review process for appeals when the vendor determines or the provider indicates that taking the time for a standard resolution could seriously jeopardize the recipient's life or health or ability to attain, maintain, or regain maximum function. The vendor must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports an appeal. If the vendor denies a request for an expedited resolution of an appeal, it must transfer the appeal to the standard timeframe of no longer than thirty (30) calendar days from the day the vendor receives the appeal (with a possible fourteen (14) calendar day extension) for resolution of appeal and give the recipient prompt oral notice of the denial and follow up within two (2) calendar days with a written notice.

A. The vendor must inform the recipient of the limited time available to present evidence and allegations of fact or law, in person or in writing, in the case of the expedited resolution.

B. These time frames may be extended up to fourteen (14) calendar days if the recipient requests such an extension or the vendor demonstrates to the satisfaction of the DHCFP that there is a need for additional information and how the extension is in the recipient's interests. If the State grants the vendor's request for an extension, the vendor must give the recipient written notice of the reason for the delay.

Scion Dental acknowledges and is prepared to meet the requirements in section 3.12.5.3. To determine if a case should be expedited, an Appeals Specialist sends the case to a licensed Dental Consultant for review. Next, the Dental Consultant reviews the cases for clinical expedited language and standards. Those cases determined to meet clinical expedited standards are reviewed within the established expedited turnaround timeframes and follow the same procedures as non-expedited cases.

3.12.5.4 In handling grievances and appeals, the vendor must meet the following requirements:

A. The vendor must provide recipients any reasonable assistance in completing forms and taking other procedural steps, including assisting the recipient and/or the recipient's representative to arrange for non-emergency transportation services to attend and be available to present evidence at the appeal hearing. This also includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate teletypewriter (TTY)/ Telecommunications device for the deaf (TDD) and interpreter capability;

Scion Dental acknowledges and is prepared to meet the requirements in section 3.12.5.4. Our Call Center is available to assist recipients with a variety of inquiries, including assisting with completing forms and taking other procedural steps relating to a grievance or appeal. For callers who are hearing impaired, we support onsite Teletype (TTY/TTD) services connected to our Call Center. Callers are never charged a fee for translator or interpreter services or for any services offered through our Call Center.

To provide assistance to recipients who require transportation services to attend an appeal hearing, Scion Dental will work with the NET Broker to arrange transportation services and make information about transportation services and resources available from:

- **Member Handbook**. Upon enrollment, all recipients will have access to our Member Handbook, which includes information on arranging transportation services. Scion Dental's Member Handbook is posted online and accessible 24/7 via the Member Web Portal.
- **Member Web Portal**. We can display customized messages approved by the Contract Monitor on web pages, and we can attach approved resource information as PDF documents, available for online viewing and/or printing.
- **Call Center Content Management System**. The Scion Dental Call Center staff is fully trained in client-specific details, policies, and procedures. We store resource materials, including information about transportation services, in an online Content Management System, to provide quick and easy online access when Call Center representatives are on the phone with recipients.

B. Acknowledge receipt of each grievance and appeal;

Our Appeals team generates notifications of receipt of grievances and appeals based on each client's specific requirements and templates. We create electronic copies of every recipient notification and attach the documents to the historical grievance record in the Customer Service system and to the related authorization record, if appropriate.

C. Ensure that the individuals, or their subordinates, who make decisions on grievances and appeals were not involved in any previous level of review or decision-making; and

It is Scion Dental's policy to ensure Appeals department staff are not involved in previous levels of review. The Authorization Determination Module, which is integrated into our Enterprise System software system, records all actions pertaining to appeal decisions. For example, the system logs when a Dental

Consultant changes a requested service to *approved* or *denied*. The appeals workflow verifies previous Dental Consultants who have made determinations on each appealed authorization. An Appeals Specialist chooses a consultant who is not listed in the history of the authorization to perform the next level of review. An Appeals Specialist routes the case to an alternate licensed Dental Consultant, who is automatically notified by email.

D. Ensure that the individuals who make decisions on grievances and appeals are health care professionals who have the appropriate clinical expertise in treating the recipient's condition or disease if the grievance or appeal involves any of the following:

1. An appeal of a denial that is based on medical necessity;

2. A grievance regarding the denial of an expedited resolution of an appeal; or

3. A grievance or appeal that involves clinical issues.

Scion Dental's Chief Dental Officer ensures employees have appropriate expertise and state-required licenses before they are hired as Dental Consultants. Once vetted and hired, all licensed Dental Consultants receive in-depth training on Scion Dental's grievance and appeals system.

To ensure individuals who make decisions on grievances and appeals are health care professionals with the appropriate licensure, Scion Dental requires all clinicians sign a document attesting they are licensed and hold the proper credentials. The attestation includes the following:

I, <<consultant name and credentials>>, attest that, to the best of my knowledge, I have a scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review, as well as current, relevant experience and/or knowledge to render a determination for the case under review. Appealing denied authorization/claim for <<service>> due to <<denial reason>>.

3.12.5.5 The process for appeals also requires:

A. That oral inquiries seeking to appeal an action are treated as appeals (in order to establish the earliest possible filing date for the appeal) and must be confirmed in writing unless the recipient requests expedited resolution;

B. That the recipient is provided a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing, and that the recipient is informed by the Vendor of the limited time available for this in the case of expedited resolution;

C. That the recipient and his/her representative is provided the opportunity, before and during the appeals process, to examine the recipient's case file, including medical records, and any other document and records considered during the appeals process; and

D. The vendor to include, as parties to the appeal, the recipient and his/her representative or the legal representative of a deceased recipient's estate.

Scion Dental's appeals process will include all requirements listed in 3.12.5.5. Scion Dental's appeals process requires all inquiries seeking to appeal are treated as appeals and confirmed in writing. If it is in a recipient's best interest to extend the case timeline in order for the recipient to supply the proper supporting documentation, Scion Dental will issue an extension within the regulatory timeframe.

Scion Dental informs the recipient of the opportunity to examine the case file and any other document and records considered during the appeal process in the Acknowledgement Notice as well as in the Member Handbook. All communications regarding the appeal include the individual who filed the appeal.

3.12.5.6 The vendor shall notify the recipient of the disposition of the grievance and appeal in written format. The written notice must include the results of the resolution process and the date it was completed. For appeals that are not wholly resolved in favor of the recipient, the notice must also include:

A. The right of the recipient to request a State Fair Hearing from the DHCFP and how to do so;

B. The right to request to receive benefits while the hearing is pending and how to make this request; and

C. That the recipient may be held liable for the cost of those benefits if the State Fair Hearing's Officer upholds the vendor's action.

As stated in **section 3.12.4.3**, when a denial or decision to authorize services in amount duration or scope that is less than requested occurs, recipients receive a letter by United States Postal Service. Recipient notification letters use language that is easily understood, available in other languages and alternate formats, and include clear information on appeal rights, the appeals process, and contact information for submitting a written or oral appeal. The letter will also include language informing the recipient that they may be held liable for the cost of those benefits if the hearing decision upholds. Scion Dental has the ability to customize the letter template to include all the State-defined requirements and format requirements of 42 CFR 438.404(c); 42 CFR 438.10(c) and (d).

3.12.5.7 For expedited appeal resolution requests, the vendor is required to make a good faith effort to provide an oral notice of the disposition in addition to the required written notice.

Scion Dental's standard practice is to attempt to contact the appeal initiator to provide an oral notice of the disposition no less than three times. We also always send a written Notice of Determination to the initiator via US Postal Service.

3.12.5.8 The vendor is required to maintain records of grievances and appeals, which the DHCFP will review as part of the Division's quality strategy.

The Scion Dental Appeals team uses our Customer Service system to log every step of each grievance and appeal, including a complete description of the issue, detailed notes about the investigation, how the issue was resolved, and when the recipient was notified, along with an electronic copy of the recipient letter. This information will be available to the DHCFP for review as part of the Division's quality strategy.

3.12.5.9 The vendor shall devote a portion of its regularly scheduled Quality Management / Quality Improvement committee meetings to the review of recipient complaints and appeals that have been received.

Each month the Scion Dental Quality Improvement Committee analyzes the grievance and appeals volume and turnaround times from the month prior to identify trends. Each quarter, the committee gathers to determine the best approach to improve any

negative trends identified. The Quality Improvement and Compliance Committee is composed of the following recipients:

- Chief Dental Officer
- Chief Financial Officer
- Vice President of Operations
- Director of Quality
- Director of Call Center Operations
- Director of Provider Services
- Director of Claims Operations

3.12.6 State Fair Hearing Process

3.12.6.1 The State Fair Hearing process is described in MSM Chapter 3100. A recipient, recipient's representative or the representative of a deceased recipient's estate has the right to request a State Fair Hearing from the DHCFP when they have exhausted the vendor's appeal system without receiving a wholly favorable resolution decision. The request for a State Fair Hearing must be submitted in writing within ninety (90) calendar days from the date of the vendor's notice of resolution.

Scion Dental acknowledges and is prepared to meet all standards described in MSM Chapter 3100 regarding the State Fair Hearing process.

3.12.6.2 The vendor is required to inform the recipient of their right to a State Fair Hearing, how to obtain such a hearing, and representation rules must be explained and provided in writing to the recipient by the vendor pursuant to 42 CFR 431.200(b); 42 CFR 431.220(5); 42 CFR 438.414; and 42 CFR 438.10(g)(1).

Scion Dental takes a comprehensive, proactive approach to assisting recipients and ensuring they have access to information about our grievance and appeals system. We ensure recipients, parents, and caregivers are informed about state fair hearing information, including how to obtain such a hearing and representation rules, by making these resources available in a variety of publications and media. Our Member handbook, Provider Policy and Procedure Manual, and online web portals describe the State Fair Hearing process, explain how to file grievances and appeals, and explain the resolution process.

3.12.6.3 The vendor will participate in the State Fair Hearing process, at the vendor's expense, in each circumstance in which a recipient for whom the vendor has made an adverse determination requests a State Fair Hearing. The vendor is bound by the decision of the Fair Hearing Officer. (Please refer to the Chapter 3100 of the MSM for timeframes for standard and expedited State Fair Hearings.)

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.6.3. Scion Dental will ensure the Dental Consultant involved in the appeal decision will participate in the State Fair Hearing process at the expense of Scion Dental.

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3.12.7 Continuation of Benefits While the Vendor's Appeal Process and the State Fair Hearing are Pending

3.12.7.1 The vendor must continue the recipient's benefits while the vendor's internal appeals process is pending and while the State Fair Hearing is pending if all of the following conditions exist:

A. The appeal is submitted to the vendor on or before the later of the following: within ten (10) days plus mailing time, of the vendor mailing the Notice of Action; or, the intended effective date of the vendor's proposed action;

B. The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;

C. The services were ordered by an authorized provider;

D. The original periods covered by the original authorization have not expired; and

E. The recipient requests an extension of benefits.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.7.1. We inform recipients of this requirement in the written Acknowledgement Notice.

3.12.7.2 If, at the recipient's request, the vendor continues the recipient's benefits while the appeal is pending, the benefits must be continued until one of the following occurs:

A. The recipient withdraws the appeal;

B. Ten (10) days pass after the vendor mails the notice of action, providing the resolution of the appeal against the recipient, unless the recipient, within the 10-day timeframe has requested a State Fair Hearing with continuation of benefits until a State Fair Hearing decision is reached;

C. A State Fair Hearing Officer issues a hearing decision adverse to the recipient; and

D. The time period of service limits of a previously authorized service has been met.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.7.2. We inform recipients of this requirement in the written Acknowledgement Notice.

3.12.7.3 If the final resolution of the appeal is adverse to the recipient, the vendor may recover the cost of the services furnished to the recipient while the appeal was pending, to the extent that they were furnished solely because of the requirements of this section and in accordance with policy set forth in 42 CFR 431.230(b).

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.7.3. We automatically recoup funds from providers on subsequent claim payments, and all payment adjustments appear on remittance advices.

3.12.7.4 If the vendor or Fair Hearing Officer reverses an action to deny, limit, or delay services that were not furnished while the appeal was pending, the vendor must authorize or provide the disputed services promptly and as expeditiously as the recipient's health condition requires. If the vendor or State Fair Hearing Officer reverses a decision to deny authorization of services, and the recipient received the disputed services while the appeal was pending, the vendor must pay for those services.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.7.4.

3.12.8 Provider Grievances and Appeals

The vendor must establish a process to resolve any provider grievances and appeals that are separate from, and not a party to, grievances and appeals submitted by providers on behalf of recipients. Written grievance and appeals procedures must be included, for review and approval, at the time the vendor policies and procedures are submitted to the DHCFP and at any time thereafter when the vendor's provider grievance and appeals policies and procedures have been revised or updated. The vendor may not implement any policies and procedures concerning its provider grievance and appeal system without first obtaining the written approval of the DHCFP.

At Scion Dental, we have proven policies, procedures, and workflows already in place to manage and resolve grievances and appeals from providers. Prior to the go-live date, Scion Dental will obtain DHCFP review and approval of all of our policies and procedures for recording, investigating, resolving, and analyzing all grievances and appeals.

When Scion Dental receives a grievance or appeal from a provider, the issue is immediately assigned to a trained Appeals Specialist for investigation and resolution. All grievances and appeals that are received orally or in written format are logged in our Customer Service system and automatically routed to the Appeals department for review and resolution.

The Appeals Manager uses Compliance Check logs to continuously monitor turnaround metrics and adjusts staffing resources, as necessary, to ensure each client's standards are being met.

For all inquiries that are clinical in nature, the Appeals Specialist gathers clinical documentation and routes it to a licensed Dental Consultant for review and determination. To handle emergency clinical situations, the Appeals Specialist follows department protocol to expedite the resolution, which includes immediately notifying an on-call Dental Consultant.

All clinical documentation is available for Dental Consultants to review online through our web-based benefits management system. Electronic copies of clinical documents are attached to the inquiry in the Customer Service system and to any related authorization records in the integrated Authorization Determination system. Appeals Specialists can also package clinical documentation and send it via secure email to the Dental Consultant for review and resolution.

We educate providers about our grievance and appeals processes during orientation and onboarding sessions, in the Provider Policy and Procedure Manual, provider newsletters, and on the Provider Web Portal. In addition, authorization decision letters and Remittance Advice reports notify providers of their appeal rights and include a mailing address for submitting appeals as well as a toll-free telephone number for assistance.

To date in our current market in Nevada, we have **not received any formal provider grievances**. We hope to achieve the same success with DHCFP.

The following provisions reflect minimum requirements and are not intended to limit the scope of the vendor's grievance and appeals process for providers.

3.12.8.1 General Requirements

The vendor must accept written or oral grievances and appeals that are submitted directly by the provider as well as those that are submitted from other sources, including the DHCFP. An oral appeal must be followed by a written, signed appeal; however, the oral appeal must count as the initial date of appeal. The vendor must keep a written or electronic record of each provider grievance and appeal to include a description of the issue, the date filed, the dates and nature of actions taken, and the final resolution. The vendor must issue a final decision, in writing, no later than:

A. Ninety (90) calendar days after a grievance is filed; and

B. Thirty (30) calendar days after an appeal is filed.

Scion Dental will accept written or oral grievances and appeals submitted directly by a provider as well as other sources, including DHCFP, and will adhere to all standards set forth in 3.12.8.1.

3.12.8.2 State Fair Hearings

When a provider has exhausted the vendor's internal appeals process, the provider has the right to submit a written request to the DHCFP for a State Fair Hearing. It is the vendor's responsibility to notify the provider of this right at the time the provider enters into a contract with the vendor and when the outcome of an appeal is not wholly in favor of the provider pursuant to 42 CFR 431.200(b); 42 CFR 431.220(5); 42 CFR 438.414; and 42 CFR 438.10(g)(1). A State Fair Hearing decision will be made within ninety (90) calendar days from the date of request for direct access to a State Fair Hearing. Disputes eligible for the State Fair Hearing process include:

A. Denial or limited authorization of a requested service;

B. Reduction, suspension or termination of a previously authorized service;

C. Denial, in whole or in part, of payment for a service;

D. Demand for recoupment;

E. Failure of the vendor to meet specified timeframes (e.g., authorization, claims processing, appeal resolution); and

F. The denial for disenrollment for good cause.

Scion Dental acknowledges and is prepared to meet the requirements in section 3.12.8.2.

3.12.9 Expedited State Fair Hearing

3.12.9.1 The State's timeframe for reaching an expedited State Fair Hearing decision when the appeal was first heard through the Vendors appeal process is as expeditiously as the recipient's health condition requires, but no later than three (3) working days from the State's receipt of a hearing request for a denial of service that:

A. Meets the criteria for an expedited appeal process but was not resolved within the vendor's expedited appeal timeframes, or

B. Was resolved wholly or partially adversely using the vendor's expedited appeal timeframes.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.9.1.

3.12.9.2 The State's timeframe for reaching an expedited State Fair Hearing decision when the appeal was made directly to the State's Fair Hearing process without accessing the vendor appeal Process is as expeditiously as the recipient's health condition requires, but no later than 3 working days from the State's receipt of a hearing request for a denial of service that meets the criteria for an expedited resolution.

The DHCFP will not accept requests for State Fair Hearings that address provider enrollment, termination or other contract disputes between the vendor and its providers and/or subcontractors. Likewise, grievances are not eligible for State Fair Hearings.

Scion Dental acknowledges and is prepared to meet the requirement in section 3.12.9.2.

3.12.9.3 The vendor is bound by the decision of the Fair Hearing Officer and must comply with any decision resulting from the Fair Hearing process.

Scion Dental acknowledges and will comply with the standards set forth by DHCFP in section 3.12.9.3. We abide by all informal decisions provided as an outcome of the process.

3.13 Management Information System (MIS)

3.13.1

The vendor shall operate an MIS capable of maintaining, providing, documenting, and retaining information sufficient to substantiate and report vendor's compliance with the contract requirements.

Scion Dental relies on our Enterprise System software platform for all aspects of fully integrated dental program management. Since the mid-1990s, our family of companies has continuously invested in enhancing our proven technology platform, with multiple system releases every year.

> We **own our benefits administration software system**—and we are committed to **continuous enhancement** and ongoing development.

Our Enterprise System software has processed more than 100 million medical, dental, and vision claims over the past decade and is used by all of our sister companies (dental, medical, vision, and therapy administrators). To improve administrative processes and decision support capabilities, as well as deliver a user-friendly interface, our software design and development teams continuously deliver new and enhanced features and functional workflows to meet these goals.

Enterprise System capabilities

The Enterprise System, a comprehensive benefits management software platform, is comprised of more than 40 integrated web-based modules that work together to administer benefits and

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process and pay claims. The system also includes integrated, external-facing web portals designed for providers, recipients, and clients.

The following figure illustrates the system's modular, integrated approach for supporting benefit management functional areas.

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This is a condensed summary description; the Enterprise System contains much more. We welcome the opportunity to demonstrate Enterprise System features and functionality.

Advantages of an integrated system

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3.13.2

The vendor shall have an MIS capable of documenting administrative and clinical procedures while maintaining the privacy and confidentiality requirements pursuant to HIPAA. The vendor shall provide the DHCFP with aggregate performance and outcome data, as well as its policies for transmission of data from network providers as outlined in this RFP, Reporting Guide and Attachments. The vendor shall have internal procedures to ensure that data reported to the DHCFP are valid and to test validity and consistency on a regular basis.

Data integrity and validation procedures

As described in **section 3.7.2**, Scion Dental's Enterprise System software captures all data submitted by providers. Any data element reported on an incoming claim or authorization form or electronic file is captured, including any related documents. Any forms or documents submitted on paper are transformed and preserved in electronic format. Electronic documents are automatically linked to the appropriate claim or authorization and associated with the related enrollee record.

As described in **section 3.9.5.2**, Scion Dental's Enterprise System software includes hundreds of automated data integrity and validity checks, which are performed automatically, regardless of whether claims data enter the system through EDI file loads, the Provider Web Portal, or manual data entry. Data entry controls prevent incomplete claims from being submitted through the Provider Web Portal or through manual data entry. Likewise, when EDI files are imported, they are automatically validated against a series of SNIP (Strategic National Implementation Process) tests and other sophisticated data validation rules. If errors are encountered, the entire file may be rejected or individual transactions within the file may be rejected, depending on the type of error and its severity.

When claims are processed, hundreds of dental-specific edits evaluate whether claims data is accurate and complete, whether the provider is eligible to be paid, whether the recipient is eligible for coverage, and whether the claim was submitted within timely filing guidelines, among many other data verification steps. In addition, the software system runs hundreds of automated business rules to verify accurate and appropriate payment for each service line. Dental-specific, customizable business rules evaluate whether care is appropriate based on the patient's service history, medically necessary based on customizable guidelines, and covered based on benefit plan rules and service limitations. Inaccurate or invalid data is rejected, and denial reasons are communicated back to providers.

Reporting accuracy

Because all claims and service data is held in the Enterprise System databases, Scion Dental can generate reports at any time, in any format DHCFP prefers. In addition, authorized DHCFP staff will have access to dashboards, provider profiling tools, and data warehouse analytics, allowing

you to generate your own detailed reports, at any time, down to the individual service line level, if you choose to.

As discussed in **section 3.17.3**, Scion Dental routinely ensures the accuracy of the encounter data we report back to the state. Our goal is to prevent rejected services lines by incorporating state-specific business rules into our claims processing system. We track, down to the individual service line, what encounters are accepted and rejected. We then resolve rejected services and reconfigure business rules, as necessary, to ensure the state receives complete, accurate encounter data.

Patient privacy and confidentiality

To ensure recipient privacy is protected consistent with the confidentiality requirements in 45 CRF Parts 160 and 164, Scion Dental has implemented policies, procedures, and internal controls to safeguard recipient privacy rights. This includes policies and procedures to ensure the privacy and security of Protected Health Information (PHI) by limiting the use and disclosure of PHI to what is minimum or reasonably necessary to accomplish the intended purpose and robust policies and procedures to comply with the privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA). In addition, integrated system security, with role-based security rules, ensure only those with appropriate security permissions have access to Enterprise System data.

3.13.3 Eligibility Data

3.13.3.1 The vendor enrollment system shall be capable of linking records for the same enrolled recipient that are associated with different Medicaid and/or Nevada Check Up identification numbers; e.g., recipients who are re-enrolled and assigned new numbers.

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3.13.3.2 The vendor shall update its eligibility database whenever enrolled recipients change names, phone numbers, and/or addresses, and shall notify DHCFP of such changes.

Scion Dental updates eligibility data in our Enterprise System databases through automated EDI file loads as well as manually through an integrated enrollment data entry module and through online submissions through the Member Web Portal.

As soon as an eligibility file is loaded into the system, or an enrollee record is created or modified through manual data entry, the data is immediately available for use throughout the entire system. As just a few examples, real-time enrollee data is used in

verifying recipient eligibility, evaluating prior authorizations, and adjudicating claims based on the date of service.

Scion Dental can identify enrollee records that are updated manually through the Member Web Portal or through our enrollment data entry module. We can extract this information into a format preferred by DHCFP and transmit the data to the State on any schedule that meets your needs. Scion Dental will work with DHCFP to develop a process for notifying DHCFP of changes to enrollee names, phone numbers, and addresses through data extract files. Scion Dental also looks forward to working with the State to also collect accurate email addresses and cell phone numbers from recipients.

3.13.3.3 The vendor shall notify the DHCFP if the addresses of recipients are not accurate.

Scion Dental will work with DHCFP to develop a notification process when a recipient address received from DHCFP is not accurate. This notification may be transmitted to DHCFP via an SFTP site and will be HIPAA-compliant and secure. We can transmit the data in the formats and methods specified by DHCFP. As described in **section 3.13.3.2**, Scion Dental will work with DHCFP to develop a process for notifying DHCFP of changes to enrollee names, phone numbers, and addresses through data extract files.

3.13.4 Encounter and Claims Records

3.13.4.1 The encounter data reporting system must be designed to assure aggregated, unduplicated service counts provided across service categories, provider types, and treatment facilities. The vendor shall use a standardized methodology capable of supporting CMS reporting categories for collecting service event data and costs associated with each category of service.

Scion Dental's Enterprise System software platform was designed to facilitate the generation of both detailed and summarized, aggregated views of claims data without duplicating data, including service counts, patient counts, and provider counts. The system captures and stores all relevant data submitted on a claim just once, without duplication, including service categories, provider types, and treatment facilities. For example, when a provider who is associated with multiple specialties submits a claim, each service line is counted only once and never duplicated in reporting.

With the Enterprise System's integrated reporting tools, Scion Dental's Reporting team can generate and package reports at any level of detail or aggregation. These same sophisticated, yet easy-to-use data analysis tools will be available to DHCFP staff online through our Client Web Portal. Authorized DHCFP users will be able to generate their own analytical reports any time, from anywhere—using real-time data from our system databases and data warehouses. There's no need to submit requests and wait for programmers to create and deliver analytical reports.

Scion Dental routinely generates CMS reports for our clients at various levels of detail, depending on client-defined preferences and requirements. Scion Dental will meet DHCFP requirements for reporting to CMS.

3.13.4.2 The vendor shall collect and submit service specific encounter data in the appropriate American Dental Association (ADA) Claims Form format or an alternative format if prior approved by the

DHCFP. The data submitted to the actuary must balance with the data submitted to the DHCFP. The data shall be submitted in accordance with the requirements set forth in the contract. The data shall include all services reimbursed by Medicaid.

The data submitted to the DHCFP's actuary will balance with the data submitted to the DHCFP. The data shall be submitted in accordance with the requirements set forth in the contract.

Submitting encounter data

Scion Dental routinely generates and submits paid claims encounter files to our clients, on any schedule that meets each client's needs. Our EDI team currently manages data submission and reconciliation processes for more than 50 dental and medical markets. Each client has unique requirements, proprietary file formats, and customized reporting layouts and schedules.

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Reconciling claims financial data

Our financial team reconciles paid claim data after our incoming encounter information is accepted by our clients. Our team creates monthly financial reports that reconcile the claims paid data from Scion Dental with the amount paid by our clients to ensure the amount reimbursed to our clients is equal to the amount of their accepted claims—and so no rejected claims are reimbursed.

3.13.5 Data Requirements and Certification

3.13.5.1 All encounter data must be submitted to the DHCFP or designated contractor per EDI standards and federal regulations.

It is Scion Dental's standard practice to adhere to client, state, and federal payment rules in the definition and treatment of data elements which are standard fields in encounter data submissions. We follow industry standards for coding and apply HIPAA transaction set standards for field definitions.

As part of the initial implementation stage for any new client, our EDI staff works closely with the client's HIPAA 837 Companion Guide to define requirements, map, develop, and test file layouts for encounter files.

3.13.5.2 All encounter data must reflect all adjustments and voids.

3.13.5.3 Regardless of collection status, all improper payments must be adjusted or voided from the encounter data within timeframes specified by the DHCFP.

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Resolving discrepancies

Before submitting a final paid claim file to the State, our highly qualified technical staff generates an 837 outbound file, runs it through our internal validation software, then investigates and resolves any discrepancies. Based on our findings we either change our processing edits to better meet the client's guidelines, or we change how we're reporting the claim data in our outbound data files to eliminate discrepancies and duplicates. After identifying the reasons for discrepancies and resolving the issues, including the non-submission of encounter data by providers, we reprocess claims based on updated business rules to eliminate inappropriate and duplicated claims from the final 837D encounter file submitted within the agreed upon timeframes to the State.

3.13.5.4 The contract requires the vendor to certify enrollment information, encounter data, payment data, and other information submitted to the State for purposes of developing vendor payment. Data must comply with the applicable certification requirements for data and documents specified by DHCFP pursuant to 42 C.F.R. § 438.604, 438.606 and 457.950. A certification, which attests, based on best knowledge, information, and belief that the data are accurate, complete and truthful as required by the State for participation in the Medicaid program and constrained in contracts, proposals and related documents.

3.13.5.5 The data submitted to the state by the vendor for purposes of determining vendor payments must be certified by one of the following:

A. The vendor's Chief Executive Officer;

B. The vendor's Chief Financial Officer; or

C. An individual who has delegated authority to sign for, and who reports directly to the vendor's Chief Executive Officer or the Chief Financial Officer.

3.13.5.6 Compliance with the requirement of data certification in this agreement is a condition for payment by the government. The vendor must agree that he/she has read and understands the data certification requirement and agree to comply with all applicable laws and regulations.

In accordance with the requirements of 42 C.F.R. § 438.604, 438.606 and 457.950, Scion Dental will, concurrent with the submission of enrollment, encounter, and payment data

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and such other data, documentation and information required under 42 C.F.R. § 438.604(a), submit a certification attesting that, based on best information, knowledge, and belief, the data, documentation, and information is accurate, complete, and truthful. The certification will be made by Scion Dental's Chief Executive Officer, Chief Financial Officer or an individual who reports directly to the Chief Executive Officer or Chief Financial Officer with delegated authority to sign for the Chief Executive Officer or Chief Financial Officer so that the Chief Executive Officer or Chief Financial Officer is ultimately responsible for the certification. Scion Dental has read, understands and agrees to the requirements surrounding data certification; acknowledges that compliance with the requirements of data certification is a condition for payment; and agrees to comply with all applicable laws and regulations.

3.13.6 EPSDT Tracking System

The vendor shall operate a system that tracks EPSDT activities for each enrolled Medicaid eligible child by name and Medicaid identification number. The system shall allow the vendor to report annually on the CMS reporting form. This system shall be enhanced, if needed, to meet any other reporting requirements instituted by CMS or the DHCFP.

Scion Dental's Enterprise System software tracks all services for every enrollee, including EPSDT activities for eligible children. Dental program requirements, such as coverage based on EPSDT/AAPD criteria, are configured as customizable business rules in the Enterprise System—without requiring an internal programming change. We are able to add new processing edits and exceptions, adjudication rules, and customized work queues with ease. This flexibility allows us to not only accommodate the unique rules and regulations that govern each of our client's benefit programs, but also remain compliant as program regulations change. These system-based rules also allow us to extract and format data, as needed, to meet customized reporting requirements.

Scion Dental routinely generates EPSDT reporting for other states and clients. We will meet DHCFP requirements for annual reporting to CMS, as well as any other reporting requirements defined by the DHCFP.

3.14 Operational Requirements

3.14.1 Dental Director's Office

The vendor must designate a Dental Director to be responsible for the oversight of development, implementation and review of the vendor's Internal Quality Assurance Program, including implementation of and adherence to any Plan of Correction. The Dental Director need not serve full time or be a salaried employee of the vendor, but the vendor must be prepared to demonstrate it is capable of meeting all requirements using a part-time or contracted non-employee director. The vendor may also use assistant or associate Dental Directors to help perform the functions of this office. The Dental Director and the vendor's Utilization Management and Internal Quality Assurance Plan Committee are accountable to the vendor's governing body. The Dental Director must be licensed to practice dentistry in the State of Nevada.

Scion Dental currently has a Dental Director who is licensed to practice dentistry in the State of Nevada. If awarded this contract, we will make further provisions as needed to meet the requirements as outlined above.

3.14.2

The responsibilities of the Dental Director include the following:

3.14.2.1 Serves as co-chairman of the vendor's Utilization Management and Quality Assurance Plan committee;

3.14.2.2 Directs the development and implementation of the vendor's Internal Quality Assurance Plan (IQAP) and utilization management activities and monitoring the quality of care that vendor' recipients receive;

3.14.2.3 Oversees the development and revision of the vendor's clinical care standards and practice guidelines and protocols;

3.14.2.4 Reviews all potential quality of care problems, and oversees the development, and implementation of, as well as the adherence to, Plans of Correction;

3.14.2.5 Oversees the vendor's referral process for specialty and out-of-network services. All services prescribed by a PDP or requested by a recipient which are denied by the vendor must be reviewed by a dentist with the reason for the denial being documented and logged;

3.14.2.6 Oversees the vendor's provider recruitment and credentialing activities;

3.14.2.7 Serves as a liaison between the vendor and its providers, communicating regularly with the vendor's providers, including oversight of provider education, in-service training and orientation;

3.14.2.8 Serves as the vendor's consultant to dental staff with regard to referrals, denials, grievances and problems;

3.14.2.9 Ensures coordination of out-of-network services; and

3.14.2.10 The vendor must also identify a liaison, which can be the Dental Director, to work with DHCFP regarding utilization review and quality assurance issues.

As the leading national provider of dental benefit management, Scion Dental relies on several experienced professionals to fulfill the wide range of responsibilities listed in section 3.14.2. Our benefit management processes are designed to provide the highest level of service to each client in each of these areas. Should DHCFP select Scion Dental as its partner, the Dental Director serving DHCFP will be active in each of these areas.

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3.14.3 Vendor Operating Structure and Staffing

The vendor must assure the DHCFP that the organization is adequately staffed with experienced, qualified personnel. The vendor shall provide such assurances as follows:

3.14.3.1 Provide the DHCFP with an updated organizational chart, every six (6) months or whenever a significant change in the organization occurs. The organizational chart must depict each functional unit of the organization, numbers and types of staff for each function identified, lines of authority governing the interaction of staff, and relationships with major subcontractors. The organizational chart must also identify key personnel and senior-level management staff and clearly delineate lines of authority over all functions of the Contract. The names of key personnel must be shown on the organizational chart. The State must approve all awarded vendor key staff. The State reserves the right to require the removal of any member of the awarded vendor's staff from the project.

Scion Dental acknowledges and is prepared to meet all of the requirements defined in 3.14.3 of this RFP. We are confident our expertise, and our on-the-ground experience managing Medicaid dental benefits in Nevada during the past six years, will help DHCFP achieve the goals you've set to improve the dental health of Nevadans.

Scion Dental has a sound, time-tested staffing plan that ensures its team of professionals is ready to meet and exceed your expectations. Scion Dental also will commit a talented and experienced team of key management personnel who will provide oversight both during the transition phase and during the life of the contract.

With our extensive experience in the Medicaid marketplace, Scion Dental has developed department-specific models to assess the optimal level of staff required to successfully perform functions effectively and efficiently across the organization. To further ensure optimal staffing levels for your dental program, Scion Dental will also draw upon our six years of experience as a dental benefits administrator in Nevada. Administrative functions to support the DHCFP Medicaid dental programs are outlined in **section 3.14.3.2** below. Key Personnel who will be responsible and accountable for managing your Medicaid dental programs are listed in **section 3.14.3.3** below.

Scion Dental's Operations Manager, to be hired in Nevada, will remain aware of staffing levels and proactively communicate with DHCFP should there be a change in our organization or a need to change staffing requirements. The organization chart on the following page indicates Scion Dental's planned structure to support the DHCFP contract. We will provide updated organization charts, as required by DHCFP, and we will include numbers of staff for each departmental function upon contract award. We closely monitor staffing levels and adjust them as necessary to ensure high quality service for our clients, providers, and recipients.

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3.14.3.2 The vendor must have in place the organizational, management and administrative systems capable of fulfilling all contract requirements. At a minimum, the vendor must have qualified staff in the following areas:

A. Executive management;

B. Operations Manager;

C. Accounting and budgeting;

D. Dental Director's office;

E. Dental Management, including quality assurance/utilization review;

F. Recipient services;

G. Provider services;

H. Grievances, appeals, and fair hearings;

I. Claims processing;

J. Management information systems (MIS); and

K. Program Integrity.

Scion Dental already has in place the organizational, management, and administrative systems required to fulfill the DHCFP contract requirements. Scion Dental has had a dedicated Provider Relations Representative located in Nevada for the past six years. After the contract award, Kevin Johnston will continue in this role for Scion Dental. Mr. Johnston will be instrumental in sharing his extensive experience with the Nevada market with the new Operations Manager to be hired in Nevada, as well as other Scion Dental staff who will be serving your providers and recipients.

We share the goals and objectives the DHCFP has outlined for your Medicaid dental program in sections 1.2 and 1.3 of this RFP, and we're eager to work with you to help ensure its success.

Our management approach

Scion Dental's streamlined, efficient approach to benefit management and staffing are keys to our rapid growth and success in the marketplace. We are committed, throughout our organization, to being good stewards of public funds and to providing the best possible service at the lowest possible cost. Hiring smart, dedicated people who are capable of continuously improving processes and implementing efficiencies is a core competency across all of the SKYGEN USA companies.

We don't just talk about efficient processes—we use a proprietary methodology to bring together small project teams, dedicated to identifying specific opportunities and finding new, efficient ways to bring down costs while improving quality and productivity. We have numerous "2016 Operational Efficiency" teams working together in project "sprints" throughout Scion Dental, accomplishing amazing results.

Staffing resources for the Nevada Medicaid Dental Program

In addition to executives and managers identified as Key Personnel in **section 3.14.3.3**, Scion Dental intends to commit the following roles to fully support the DHCFP contract.

We are confident our experienced team will deliver successful outcomes and new levels of satisfaction for you, your recipients, and your providers. Resumes for each of the executives and managers listed for each functional area are included in **SECTION 2: Company Information.**

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Functional Area / Scion Dental Roles	
A. Executive Management	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
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[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
B. Operations Manager	
[redacted]	[redacted]
[redacted]	[redacted]
C. Accounting and Budgeting	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
D. Dental Director's Office	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

E. Dental Management

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

F. Recipient Services

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

G. Provider Services

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
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G. Provider Services

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

H. Grievances, Appeals, Fair Hearings

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

I. Claims Processing

[redacted]	[redacted]
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[redacted]	[redacted]
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[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

J. Management Information Systems

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
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J. Management Information Systems

[redacted]	[redacted]
[redacted]	[redacted]
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[redacted]	[redacted]
[redacted]	[redacted]

K. Program Integrity

[redacted]	[redacted]
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3.14.3.3 With the exception of the Nevada Medicaid/CHIP Operations Manager, who may not be assigned to any other responsibility and must be housed in the vendor's Nevada administrative offices, key personnel may be responsible for more than one area. The vendor shall ensure that all staff has appropriate training, education, and experience to fulfill the requirements of their positions, including the Nevada Medicaid/CHIP Operations Manager. The vendor shall inform DHCFP in writing within seven (7) calendar days of any changes in the following key positions:

A. Administrator;

B. Chief Financial Officer;

C. Dental Director;

D. Recipient Services Manager;

E. Provider Services Manager;

F. Grievance and Appeals Coordinator;

G. Claims Administrator; and

H. Nevada Operations Manager.

Scion Dental's standard policy is to assemble an experienced team to provide implementation, training, and project management services during the startup phase, as well as to assign departmental resources for day-to-day administration and management of your program. To ensure all staff has appropriate education and experience to fulfill the requirements of their positions, we base our hiring decisions on detailed job descriptions that define specific requirements for education and experience. Individuals not meeting these requirements are not considered for employment.

Employee training

To ensure all staff members have appropriate training to fulfill the requirements of their positions, all new employees are required to participate in an intensive, three-day, instructor-led orientation program, followed by a series of self-paced e-learning modules that cover mandatory training, including Security Awareness, HIPAA (passing score of 85% required), URAC, Code of Conduct, Employee Handbook, and CMS and Compliance (FWA).

Each department then has its own formal onboarding processes and training programs for new employees, which typically include side-by-side mentoring, hands-on training with manager oversight, and ongoing skills assessment. Each department also requires new employees to attend technical training courses, developed by our in-house Training team, which are directly relevant to their job duties. Our professional Training department has developed a comprehensive technical training curriculum with dozens of courses designed using adult learning principles.

Scion Dental also operates a continuing, intensive, employee-focused Enterprise System Certification Program – a comprehensive, six-month curriculum facilitated by our certified Training Department professionals. It is designed to meet several goals, including:

- Produce a cadre of certified, in-house staff members, positioned throughout the company, with broad and deep knowledge of the Enterprise System.
- Standardize and disseminate the wealth of knowledge Scion Dental has accumulated in the creation and operation of the Enterprise System.
- Enhance our employees' desire for increased self-sufficiency and ownership of their own jobs – one of our company's core values.
- Increase Scion Dental's ability to help its clients achieve the best results for their customers.

The program consists of 45 in-depth classroom-based courses, hands-on exercises, exams, and a final, comprehensive interview with senior subject matter experts, resulting in master-level and sub-master-level certifications. Individual courses also are able to stand on their own, meeting the need for mastery in individual jobs that don't require system-level certification. This program has support and sponsorship from the company's owner and our executive staff and senior management, and is regarded as a critical component of Scion Dental's efforts to provide superior customer service.

Key personnel

At Scion Dental, we are not satisfied with simply *being* the standard of excellence in our industry. Rather, we continually strive to raise the bar. That begins with hiring and retaining the very best people. Because we hire the very best, we have been able to assemble a talented team with extensive Medicaid dental management experience ready to serve you—and the people of Nevada.

The following executives and managers will be directly responsible for the success of the DHCFP contract. A detailed resume for each individual is included with this response in **SECTION 2: Company Information**.

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Key position	Personnel	Job Title
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
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[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

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3.14.4 Subcontractors

The vendor must comply with the requirements in 42 CFR 438.214 regarding contracts with health care professionals.

The vendor shall comply with the following:

3.14.4.1 All subcontracts must fulfill the requirements of 42 CFR 438 that are appropriate to the service or activity delegated under the subcontract;

3.14.4.2 The vendor is responsible for oversight of all network subcontracts and is accountable for any responsibilities it delegates to any subcontracted provider (AKA, subcontractor). The vendor must evaluate the prospective subcontractor's ability to perform the activities to be delegated;

3.14.4.3 All subcontracts for administrative services provided pursuant to this RFP, including, but not limited to, utilization review, quality assurance, recipient services, and claims processing, shall be prior- approved by DHCFP. Prior to the award of any subcontract or execution of an agreement with a delegated entity, the vendor must provide written information to the DHCFP disclosing the vendor's ownership interest of five percent (5%) or more in the subcontractor or delegated entity, if applicable. All subcontracts shall be submitted to DHCFP for approval prior to their effective date. Failure to obtain advance written approval of a subcontract from DHCFP will result in the application of a penalty of $25,000 for each incident;

3.14.4.4 By the service start date and whenever a change occurs, submit to DHCFP for review and approval the names of any material subcontractors the vendor has hired to perform any of the requirements of the Contract and the names of their principals;

3.14.4.5 Maintain all agreements and subcontracts relating to the contract in writing. Provide copies of all agreements and subcontracts to DHCFP within five (5) days of receiving such request. All such agreements and subcontracts shall contain relevant provisions of the contract appropriate to the subcontracted service or activity, specifically including but not limited to the provisions related to confidentiality, HIPAA requirements, insurance requirements and record retention. The vendor has the responsibility to assure that subcontractors are adequately insured to current insurance industry standards;

3.14.4.6 Remain fully responsible for meeting all of the requirements of the Contract regardless of any subcontracts for the performance of any Contract responsibility. No subcontract will operate to relieve the vendor of its legal responsibility under the Contract;

3.14.4.7 Must have a written agreement with the subcontractor that specifies the activities and report responsibilities delegated to the subcontractor and provides for revoking delegation or imposing sanctions if the subcontractor's performance is inadequate or substandard;

3.14.4.8 Must monitor the subcontractor's performance on an on-going basis and subject the subcontractor to formal review according to periodic schedules established by the State, consistent with industry standards and/or State laws and regulations. If the vendor identifies deficiencies or areas for improvement, the vendor and the subcontractor must take corrective action;

3.14.4.9 Notify DHCFP, in writing, immediately upon notifying any material subcontractor of the vendor's intention to terminate any such subcontract;

3.14.4.10 Within thirty-five (35) calendar days of the date of request, the vendor must provide full and complete information about the ownership of any subcontractor with whom the vendor has had business transactions totaling more than twenty-five thousand dollars ($25,000.00) during the twelve-month (12-month) period ending on the date of request as required by 42 CFR 455.105.

Failure to timely comply with the request will result in withholding of payment by the State to the vendor. Payment for services will cease on the day following the date the information is due and begin again on the day after the date on which the information is received;

3.14.4.11 DHCFP retains the right to review contracts between the vendor and providers. DHCFP agrees to protect the terms of Vendor-Provider contracts, if the vendor clearly label individual documents as a "trade secret" or "confidential"" as per Section 25 of Attachment D, Contract Form; and

3.14.4.12 In the event any network provider or subcontractor is determined not to meet federal requirements and results in a federal disallowance of federal funds, the vendor will be financially responsible to refund the amount of the federal disallowance and the corresponding state share to DHCFP. If such disallowance is treated as a default or breach, or otherwise subject the vendor to sanctions under Section 13 of Attachment D Contract Form, any such liquidated damages are not exclusive and are in addition to any other remedies available under this contract. All existing subcontracts, requiring amendments to meet the requirements of this contract, shall be amended. All future subcontracts must meet the requirements of this contract and any amendments thereto.

Scion Dental acknowledges and agrees to all requirements and obligations under section 3.14.4. Scion Dental understands that all subcontracts must be in writing, contain required flow down provisions of the Contract, and meet the requirements of this Section 3.14.4 and state and federal law; that Scion Dental will be responsible for vetting, monitoring and oversight of subcontractors; that Scion Dental is required to obtain consent from DHCFP to subcontract certain functions; that Scion Dental is obligated to provide DHCFP certain information related to subcontractors and proposed subcontractors; and that, notwithstanding any subcontracted function, Scion Dental will ultimately be responsible for the performance of the function and not relieve Scion Dental of its legal responsibility under the Contract.

3.14.5 Implementation

3.14.5.1 Vendor Plan

The vendor shall:

A. Develop and submit to DHCFP for approval, no later than one (1) month after notification that DHCFP has selected it for Contract negotiations, a detailed work plan and timeline for performing the obligations set forth in the Contract for the first contract year.

B. Provide DHCFP with updates to the initial work plan and timeline, identifying adjustments that have been made to either, and describing the vendor's current state of readiness to perform all Contract obligations. Until the service start date, the vendor shall provide biweekly written updates to the work plan and timeline, and thereafter as often as DHCFP determines necessary.

C. Unless otherwise agreed to by the DHCFP, submit to the DHCFP no less than ten (10) business days prior to the service start date, all deliverables to allow for timely DHCFP identified modifications.

D. Beginning no later than sixty (60) calendar days prior to the service start date, the vendor shall implement procedures necessary to obtain executed subcontracts and Medicaid provider agreements with a sufficient number of providers to ensure satisfactory coverage of initial enrollments. The DHCFP reserves the right to require an access report at any time after

the service start date when barriers to access or network inadequacies are identified or are questionable.

E. Ensure that all workplace requirements the DHCFP deems necessary, including but not limited to office space, post office boxes, telephones and equipment, are in place and operative as of the service start date.

F. Ensure that there is no interruption of covered services to enrolled recipients and work cooperatively with the DHCFP to meet these requirements.

G. Ensure that a toll-free telephone number is in operation at the vendor's office as of 8:00 a.m. (Pacific Time) on the first day of the open enrollment period for recipient access and remains in operation for the duration of the contract, unless otherwise directed or agreed to by the DHCFP. A single telephone number may be utilized as long as there is a menu option to channel different caller categories, e.g. recipients, providers, etc.

H. Establish and implement enrollment procedures and maintain applicable enrolled recipient data.

I. Establish its Provider Network and maintain existing Provider Agreements with such Providers.

Scion Dental has a proven track record of transitioning into—and successfully managing—large blocks of Medicaid dental business. With our dedicated Implementation team and sound project management methodology, DHCFP can be assured that we will similarly deliver outstanding results for you. Scion Dental acknowledges and is prepared to meet all of the requirements defined in section 3.14.5.1 of this RFP.

At the start of any new implementation, it is Scion Dental's standard practice to develop a detailed implementation work plan and timeline for achieving the contractual obligations. Per 3.14.5.1.A, Scion Dental will deliver a detailed, initial work plan to DHCFP for review and approval, within one month after receiving notification Scion Dental has been selected for contract negotiations.

As required in 3.14.5.1.B, it is Scion Dental's standard practice to provide our clients with ongoing updates to the initial work plan and timeline, along with open communication throughout the implementation phase. To ensure all DHCFP implementation requirements are met, our work plan and timeline will include task entries including, but not limited to, the requirements defined in 3.14.5.1.C-I. Our comprehensive implementation approach is described in detail below.

Implementation process and methodology

Scion Dental believes that we offer the most experienced Implementation team in the Medicaid dental industry. Since just 2009, we have completed 80 successful implementations, and the number continues to increase month after month.

With **80 new project implementations** in just **7 years**, Scion Dental is a proven expert and industry leader in transitioning dental benefit programs.

As our success over the past seven years demonstrates, Scion Dental understands and appreciates the commitment, accountability, and level of expertise it takes to successfully transition a program like yours. Our approach is to take the lead with each new implementation—serving as a trusted advisor to our clients. We do not expect our clients to be implementation experts—that's why they hire us. Our experience in bringing on new Medicaid programs lightens the load for our clients; we have the staff and the expertise to develop comprehensive implementation plans, meet project timelines, and ease transitions for both providers and recipients.

Scion Dental's successful approach to dental benefit plan management implementations includes the following key strategies:

- Partnering with our clients
- Project planning
- Appropriate, committed resources
- Standardized implementations
- Recognizing and avoiding risks

Partnering with our clients

Scion Dental's keys to success include close coordination and collaboration between our Implementation team and the client's technical experts and subject matter experts. Our strategy is to employ the following best practices:

- Allow weekly meetings to be "working sessions" promoting collaboration between teams.
- Keep weekly meetings focused and on task—set up offline meetings to dive deep into particular topics where further investigation is required.
- Encourage open communication and client engagement.
- Set realistic targets and allow adequate time to achieve each task while considering dependencies.
- Communicate any hurdles or obstacles interfering with deliverables.
- Actively support the project and champion changes that are aligned with process improvements.

At Scion Dental, we believe open communication is the foundation of a successful contract transition. Project status is communicated at least weekly during the

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implementation phase, decisions are documented and added to the project document repository, and a weekly project dashboard, shown below, highlights critical project status information.

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Project planning

At the start of any new implementation project, we describe in detail the resources and commitment that are required for success. Our team approach starts with a shared understanding between our teams with a joint Project Charter that typically includes a project overview, project scope, responsibility breakdown, service level definitions, project coordination and collaboration, and constraints and assumptions. We encourage both Scion Dental's assigned staff, as well as our client's dedicated staff, to focus intently on the transition and treat this implementation project as their only strategic initiative from the contract award date until the contract start.

Project overview

- **Project Sponsors and Team Members –** a list of key stakeholders and members participating in the project.
- **Business Need** – a high-level description of the project and our client's current block of business.
- **Business Goals** – a high-level description of the project goals and client's strategic objectives as it relates to the applicable project. (This includes the criteria for success.)

Responsibility breakdown

A RACI or matrix of responsibility is included in the Project Initiation, to ensure a common understanding of who is responsible, accountable, consulted, and informed for each project task. A sample RACI is shown in the following figure.

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Implementation plan. As standard practice, Scion Dental creates an initial implementation work plan and timeline using Microsoft Project that begins with the contract award date, lists tasks, responsibilities, major milestones, critical paths, task durations, dependencies, and deliverables identified in the contract. Of course, it ends with the implementation of all responsibilities in the contract. This work plan will ensure:

- All deliverables have been submitted to DHCFP for review and approval within the required due dates (3.14.5.1.A-D).
- All workplace requirements in Nevada are operational by the service start date (3.14.5.1.E).
- Interruption of covered services to enrolled recipients is minimized (3.14.5.1.F).
- Toll-free number for recipients is in operation as of 8:00 Pacific Time on the first day of the open enrollment period (3.14.5.1.G).
- Recipient enrollment procedures are established, implemented, and tested by the service start date (3.14.5.1.H).
- Compliant provider network is established by the service start date (3.14.5.1.I).

Staffing plan. Scion Dental develops formal staffing recommendations based on Enterprise System modules to be configured and recommendations for optimizing and maintaining the system after the contract start date. We strongly recommend our clients commit full-time, dedicated resources to the project team.

Risk mitigation plan. For each project, we develop risk mitigation plans to identify known risks, account for unknown risks, and manage, reduce, or eliminate risks as dictated by our assessment and priority ranking analysis. For a discussion of how Scion Dental mitigates typical risks associated with a Medicaid dental program transition, please see our response in **section 3.14.5.2**.

System integration test plan. Scion Dental's standard operating procedure is to work closely with our clients to identify use cases and business scenarios that test each required type of data file exchange and integration point. We perform unit, system, and integration testing throughout the implementation period. We develop a test plan, fully document each use case we test, and require our clients to sign off on the test results, to ensure every business scenario outlined in the test plan is accounted for. Our thorough User Acceptance Test documentation includes the use case description, who tested and validated the use case, when the tests and validations were completed, who signed off on the test results, and when the signoff occurred. Our process also includes multiple readiness assessments and requires client signoff at the completion of every test.

Appropriate, committed resources

When it comes to successful Medicaid contract transitions, ***there is no substitute for experience***. For each new client implementation, Scion Dental assigns a project team that includes Executive Sponsors, a dedicated Project Manager, Implementation Specialist, Executive Director, and a lead representative from each relevant operational area as reflected in the implementation plan and staffing plan.

> "We are so excited to work with all of you. This has been the **smoothest system transition** I have ever worked on."
>
> **— March 31, 2015 email message to Scion Dental from a current client**

Although Scion Dental leads and coordinates the implementation project, we strongly encourage our clients to work in partnership with us and dedicate full-time key resources during the transition. We know from experience a partnership approach results in a faster timeline and successful results.

The success of our collaborative approach is evidenced by a State of Maryland **2016 Team Innovation Award** presented by the Secretary of the Department of Health and Mental Hygiene to the DHMH staff who were responsible for **selecting and successfully transitioning** the Maryland Health Smiles program to Scion Dental.

Standardized implementations

To ensure a successful outcome, Scion Dental bases its implementation on "starter" configurations and best practices for designing, building, and implementing our systems. We maintain a steady focus on delivering efficient transitions that meet every due date and milestone—rather than attempting to build highly customized functionality during the implementation phase. Our executive sponsors work closely with the project team members to prevent "scope creep" and to avoid pressure to deviate from our recommended implementation approach. We encourage and support adherence to our

recommended approach by offering our clients a substantial warranty period following the contract start date.

Recognizing and avoiding risks

The Scion Dental Implementation team has extensive experience recognizing potential obstacles and mitigating risks associated with Medicaid dental program transitions. Our Implementation team uses formal information gathering and analysis techniques to identify additional risks specific to each new project.

For each project, we develop risk mitigation plans to manage, reduce, or eliminate risks as dictated by our assessment and priority ranking analysis. These plans, together with regularly scheduled status meetings and open, ongoing communication across the project team, allow for quick escalation and rapid resolution, when necessary. For details about how Scion Dental mitigates typical risks associated with a Medicaid dental program transition, please see our response in **section 3.14.5.2**, below.

3.14.5.2 Pre-Implementation Readiness Review

DHCFP may conduct Operational and Financial Readiness Reviews on all awarded vendors and will, subject to the availability of the DHCFP resources, provide technical assistance as appropriate. The purpose of the readiness reviews is to assess the vendor's readiness and ability to provide services to enrolled recipients. The areas that may be reviewed include, but are not limited to: financial operations; administration and organization; recipient services; provider network; quality improvement; and, management information systems, including claims processing and reporting systems. The vendor shall provide necessary documentation specified by the DHCFP and cooperate with the DHCFP or its designees in conducting the review. The DHCFP shall determine when the vendor may begin marketing and providing program services. Provision of services as set forth in the contract is also subject to review and prior approval of CMS.

Scion Dental acknowledges and is prepared to meet the pre-implementation readiness review requirements defined in 3.14.5.2 of this RFP.

Scion Dental's implementation and readiness process varies depending on the project, scope of services involved, types of integration points, amount of converted historical data, complexity of business rules, and number of customized authorization letters and member notice of action templates required. The definition of project success is included in a Project Charter, and detailed acceptance criteria are defined for each integration point, data migration, custom output, and use case testing of the business rules.

At a very high level, Scion Dental's strategy for ensuring claim processing systems and functionality are ready by the July 1, 2017 contract start date for the DHCFP contract includes these key tactics:

1. Identify Scion Dental and DHCFP project team members and subject matter experts; develop communications and reporting protocols.
2. Gather and analyze all business rules and requirements.

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3. Configure the Enterprise System software to support the defined business needs.
4. Perform unit testing, systems testing, and integration testing on all system inputs and outputs.
5. Receive verification and signoff on all testing from Nevada DHCFP.

Risk assessment and mitigation

At the start of each implementation project, Scion Dental's Implementation team performs a formal risk assessment and develops mitigation plans to manage, reduce, or eliminate risks as dictated by our assessment and priority ranking analysis. These plans, together with regularly scheduled status meetings and open, ongoing communication across the project team, allow for quick escalation and rapid resolution, when necessary.

To mitigate typical risks associated with implementing a new Medicaid dental benefits plan, Scion Dental:

- Establishes goodwill and open communication with our client, with an emphasis on collaboration and a shared understanding of the committed resources required to meet project goals and due dates.
- Establishes project reporting protocols, makes all reporting transparent and available to the client, with processes in place for rapid response to emerging issues.
- Assesses the availability of current processing documentation from the outgoing vendor.
- Performs a comprehensive current state/future state gap analysis, and develops plans to address and remediate gaps.
- Reviews and enhances Implementation work plan to address gaps and ensure teams, tasks, and milestones are organized with appropriate sequencing.
- Performs unit, system, integration, and User Acceptance testing throughout the implementation process.
- Collaborates with client to perform readiness review, once all testing is complete, with positive, expected results.
- Requires client acceptance and sign-off prior to the contract start date.

Implementation timeline for the DHCFP contract

At an overview level, we anticipate the timeline for implementing claims processing and related functionality for the Nebraska Medicaid Dental Program will include:

- **January 3 – March 3**: Complete formal risk assessment; gather business rules and requirements.

- **January 3 – May 15**: Analyze business rules; mitigate possible risks; configure Enterprise System to support Nevada Medicaid Dental plans.
- **May 15 – June 1**: DHCFP readiness assessment period; DHCFP sign off on verified test results; prepare corrective action plans for any functionality that fails to meet requirements.
- **June 1 – July 1**: Implement remediation as necessary; re-test and verify positive results; obtain final DHCFP signoff on system readiness.

Operational readiness results

Scion Dental's experienced Implementation and Project Management teams will work with DHCFP to ensure all required services and interfaces are configured, tested, validated, and approved prior to processing in a production environment. At a high level, the purpose of our implementation and readiness process is to ensure:

- All integration points, including inbound and outbound data transfers, work as designed, including cross-system validation of results. This includes error handling, control totals, and workflow testing.
  - Applicable migrated data is complete and accurate.
  - All business rules are configured appropriately for all functional areas including:
    - Enrollment and eligibility data loads.
    - Provider data loads.
    - Electronic claim and authorization recipient and provider matching logic, including rejection handling.
    - Authorization guidelines and documentation requirements.
    - Appropriate care, prerequisite care, downcoding, x-ray recoding, and other business rules.
- All custom outputs meet the applicable business rules for acceptance, including explanation of benefits, provider remittance statements, notice of action letters.
- All reports to be produced from the system meet the defined business rules and criteria.

For more details about our implementation approach and process, see our response in **section 3.14.5.1**.

3.14.6 Presentation of Findings

The vendor must obtain the DHCFP's approval prior to publishing or making formal public presentations of statistical or analytical material that includes information about enrolled recipients. This material must protect specific individual recipient privacy and confidentiality to the extent required by both federal and state law and regulation.

Scion Dental acknowledges and is ready to meet the requirements of 3.14.6.

We will obtain DHCFP approval before publishing or making formal public presentations of any statistical or analytical material that includes information about enrolled recipients. Scion Dental takes appropriate security measures to safeguard Protected Health Information (PHI) and electronic Protected Health Information (ePHI). We treat all information assets and data systems as if they contain sensitive information such as PHI/HIPAA protected data, company confidential data, and intellectual property.

3.14.7 Vendor Marketing Materials

3.14.7.1 The vendor may develop marketing materials for distribution during any open enrollment period. The vendor must request and obtain permission from the DHCFP to distribute materials during an open enrollment period as well as in other locations or to implement an advertising campaign. Marketing materials must be submitted to the DHCFP for review and approval a minimum of sixty (60) days prior to the scheduled Medical Care Advisory Committee (MCAC) meeting for approval. The MCAC Schedule is subject to change. Please refer to the DHCFP website, http://dhcfp.nv.gov for revisions. Notwithstanding the requirement that the MCAC must review all vendor marketing materials, the DHCFP has the sole authority to approve or disapprove materials (including updates to existing materials), distribution and advertising campaigns. The vendor, or any provider, organization, or agency that contracts with the vendor, is not permitted to market directly to potential recipients. Vendors are also prohibited from providing materials that contain false or misleading information, and from initiating cold calls to potential recipients.

Scion Dental acknowledges and is prepared to meet the requirements of section 3.14.7.1.

Scion Dental's Operations Manager and Client Experience team will stay apprised of all client requirements and will work with the DHCFP, as well as internal Scion Dental departments, to ensure all requirements are met.

3.14.7.2 The vendor may not distribute, in any manner, marketing materials related to the managed care program without the prior written approval of the DHCFP. This includes any updates to previously approved materials. Although federal regulations require the MCAC to review vendor marketing materials pursuant to Section 4707 (a) of the Balanced Budget Act of 1997, the DHCFP has the sole authority to approve the vendor's marketing materials. If DHCFP approval is granted, the vendor must distribute the materials to its entire service area to ensure that, before enrolling, the potential recipient receives the accurate oral and written information that he/she needs to make an informed decision regarding whether to enroll with the vendor. The vendor may not seek use of approved marketing materials to influence enrollment in conjunction with the sale or offering of any private insurance. The vendor may not, directly or indirectly, engage in door-to-door, telephone, or other cold-call marketing activities.

Scion Dental acknowledges and is prepared to meet the requirements in section 3.14.7.2.

3.14.7.3 The vendor must provide the methods by which it intends to assure the DHCFP that marketing, including plans and materials, is accurate and does not mislead, confuse, or defraud recipients or

potential recipients or the DHCFP. Statements that will be considered inaccurate, false, or misleading include but are not limited to any assertion or statement that:

A. The recipient must enroll with the vendor in order to obtain benefits or in order not to lose benefits; or

B. The vendor is endorsed by CMS, the federal or state government, or similar entity.

Scion Dental acknowledges and is prepared to meet the requirements in sections 3.14.7.3.A-B.

It is Scion Dental's general practice to prohibit using such practices that include, but are not limited to:

- Materials, activities, and practices that mislead, confuse, or defraud; that are unfair or deceptive practices; that otherwise violate federal or state laws or regulations; or that are inconsistent with our client's policy;
- Overly aggressive solicitation, such as repeated telephoning;
- Gifts and offers of impermissible referrals or financial incentives; and
- Marketing activities, materials, and practices prohibited by our client.

We will follow DHCFP guidelines for communications and marketing activities as outlined below:

1. As required in 3.14.6, we will seek DHCFP approval before publishing or making formal public presentations of statistical or analytical material that includes information about enrolled recipients. Scion Dental will present the DHCFP only material that protects recipient privacy and confidentiality to the extent required by both federal and state law and regulation.
2. As required in 3.14.7.1, Scion Dental will request and obtain permission from the DHCFP to distribute materials during an open enrollment period as well as in other locations or to implement an advertising campaign. We will submit all marketing materials to the DHCFP for review and approval at least 60 days prior to the scheduled Medical Care Advisory Committee (MCAC).

Scion Dental does not use—and will not use—any methods that are prohibited, including, but not limited to the following DHCFP requirements:

1. As required in 3.14.7.1, Scion Dental, or any contracted provider, organization, or agency, will not market directly to potential recipients. Scion Dental will not provide materials that contain false or misleading information and will not initiate cold calls to potential recipients.
2. As required in 3.14.7.2, Scion Dental will not distribute, in any manner, marketing materials related to the managed care program without the prior written approval of the DHCFP, including updates to previously approved materials. If DHCFP approval is granted, Scion Dental will distribute the materials to its entire service area to ensure that, before enrolling, the potential

recipient receives the accurate oral and written information that he/she needs to make an informed decision regarding whether to enroll with our company.

3. Also required in 3.14.7.2, Scion Dental will not seek use of approved marketing materials to influence enrollment in conjunction with the sale or offering of any private insurance. In addition, Scion Dental will not, directly or indirectly, engage in door-to-door, telephone, or other cold-call marketing activities.

3.15 Program Integrity

3.15.1 General Requirements and Authorities

3.15.1.1 The vendor shall have internal controls for Program Integrity including a Program Integrity Unit (PIU) designed to identify, review, recover and report improper payments, including fraud, waste and abuse (FWA) activities, on an ongoing basis.

Through an innovative, focused cost containment program, Scion Dental lowers administrative costs, benefit costs, and risk-related costs. We tackle the issues of fraud, waste, and abuse head-on, with the goal of preventing these issues wherever we can—and identifying and resolving them quickly whenever they occur. Our program, headed by our Cost Containment and Child Protection Team, includes powerful technology tools, three-tiered authorization determination, provider profiling through data analytics, and vigilant fraud and abuse evaluation. We believe no other benefits manager can offer the same level of ongoing program transparency, efficiency of administration, and protection against fraud and abuse.

Cost Containment and Child Protection Team. Scion Dental's Cost Containment and Child Protection Team is comprised of highly qualified individuals, including Health Care Anti-Fraud Associates (HCAFA). Individuals who join this team are required to have a minimum of one to three years of experience in a highly analytical role. These team members are given extensive exposure to all aspects of operations and collaborate with both clients and internal staff to research aberrant provider practice patterns while also helping our clients build strong benefit management strategies.

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3.15.1.2 The vendor must be familiar with and compliant with all federal and state regulations related to Program Integrity, as well as all Nevada Medicaid policies. The Vendor must also require compliance from subcontractors and providers for the same. Medicaid payments to vendors are government funds, funded by federal and state money. These payments made by State Medicaid to vendor entities, including but not limited to pre-paid plans, subcontractors to PAHP, and any sub-subcontractors, and providers of medical services, supplies or drugs, for the benefit of Medicaid recipients may be recovered if obtained by fraud. Any act of health care fraud involving such government funds will be subject to prosecution by the State Attorney General's Office under the State False Claims Act ("FCA"), as well as any other applicable laws. Relevant citations for Program Integrity compliance include, but are not limited to, the citations below.

A. Sections 1128, 1156, and 1902(a)(68) of the Social Security Act;
B. 42 C.F.R.§ 438, Subpart H;
C. 42 C.F.R. § 455 Subpart A, B and E;
D. 42 C.F.R. § 1000 through 1008;
E. 42 C.F.R. § 456.3, 456.4. 456.23;
F. 42 C.F.R. § 457.950(a)(2);
G. Section 6032 of the Federal Deficit Reduction Act of 2005;
H. Nevada Revised Statutes, Chapter 422;
I. Nevada DHCFP Medicaid Services Manual; and
J. Nevada DHCFP Medicaid Billing Guides.

Scion Dental is committed to ensuring compliance with all applicable laws and regulations. Scion Dental implemented a Regulatory Compliance and Business Ethics Program to make sure it understands the regulatory environment within which the company operates and the requirements that must be met to be in compliance. Evaluating whether Scion Dental is adhering to the regulatory requirements is essential to having a sustainable compliance program. Scion Dental deployed the infrastructure necessary to establish processes to comply with all applicable laws and regulations regarding the conduct of business and will do so in the State of Nevada. If we are awarded the Nevada Medicaid dental program, we will draw on our prior experience

with State of Nevada rules and regulations as well as our broader experience in complying with continually changing federal regulations.

The objective of the Scion Dental Regulatory Compliance and Business Ethics Program is to provide guidance, training, and oversight throughout the organization that ensures compliance with all applicable state and federal requirements. The program provides processes and procedures that identify and analyze federal and state laws and regulations as well as processes for implementing and monitoring application of applicable laws and regulations. Further, the program contains oversight mechanisms that will provide reasonable assurance that fraud, waste, abuse, and system errors are detected and/or corrected in a timely manner.

The Regulatory Compliance Program describes the structure and its established processes and procedures and how the Regulatory Compliance Program at Scion Dental connects with the Corporate Compliance Program of our parent company SKYGEN USA.

3.15.2 Provider Credentialing

3.15.2.1 The vendor must:

A. Have written credentialing and re-credentialing policies and procedures for determining and assuring that all providers under contract to the vendor, including PDP and specialists and other health care professionals are licensed by the State of Nevada and qualified to perform the services. The vendor may not employ or contract with providers excluded from participation in the federal health care programs under Section 1128 of the Social Security Act.

B. Provide credentialing criteria for review and approval by DHCFP's Provider Enrollment unit ninety (90) calendar days prior to the start of the contract and ensure that all network providers meet the criteria. Changes to the credentialing process will need to be provided in writing to the DHCFP's Provider Enrollment unit thirty (30) calendar days prior to the change. If the change is unanticipated, the vendor will notify the DHCFP's Provider Enrollment unit within five (5) calendar days of the change.

C. Provide Credentials for network providers, subcontractors, or subcontractor's providers to the DHCFP and/or MFCU upon request, at no cost.

Scion Dental acknowledges and is prepared to meet the requirements in section 3.15.2.1.

Scion Dental has a written credentialing and re-credentialing plan, as well as detailed policies and procedures that govern our provider credentialing activities. We will modify our plan and/or policies and procedures as necessary, to meet specific DHCFP requirements.

As stated in **section 3.9.15.5**, while we have an open recruitment strategy that encourages all providers in a targeted region to participate, we do not compromise our guidelines and standards in our recruitment efforts. All dentists seeking acceptance into our network must undergo a rigorous qualification process, which includes a thorough background check and primary source verification of professional credentials which adhere to National Committee of Quality Assurance (NCQA) standards.

Scion Dental will not enter into a contract with any dentist who has been excluded from participation in Medicare/Medicaid programs or who does not meet our credentialing standards. If the provider continues to fail to meet the standards, their information is then forwarded to the Scion Dental Network Development and Credentialing Committee for review and possible contract termination.

With our proprietary benefits management software platform, we're able to tailor credentialing to DHCFP requirements while offering all providers a streamlined process that alleviates their administrative burdens and makes a business partnership with DHCFP even more attractive. Scion Dental's successful track record demonstrates our ability to deliver fully compliant provider networks, on time, for Medicaid dental programs.

As requested in 3.15.2.1.B, Scion Dental will provide credentialing criteria for review and approval by DHCFP's Provider Enrollment unit 90 calendar days prior to the start of the contract and ensure that all network providers meet the criteria. Changes to the credentialing process will be provided in writing to the DHCFP's Provider Enrollment unit 30 calendar days prior to the change. If the change is unanticipated, Scion Dental will notify the DHCFP's Provider Enrollment unit within five calendar days of the change.

All credentialing data is stored in our proprietary system and can be viewed at any time by authorized personnel. Our credentialing system was designed and developed to support customized workflow steps and client-defined credentialing requirements. When a requirement is completed and verified, the system captures a snapshot view of the data at that moment for later reference—including who verified it and the date and time it was verified. Because all credentialing data is captured and logged, we can easily monitor and verify that all credentialing requirements are being met, and we can make this data available for government inspections and audits.

3.15.3 Provider Enrollment

3.15.3.1 The vendor must comply with federal requirements including the Patient Protection and Affordable Care Act (PPACA) of 2010 for Medicaid enrollments.

Scion Dental will comply with all federal requirements pertaining to provider enrollments including, without limitation, The Patient Protection and Affordable Care Act.

3.15.3.2 The vendor may enroll new providers. A provider who is a non-Medicaid provider that has been enrolled by the vendor must be referred to Nevada Medicaid's fiscal agent for enrollment. Although the vendor may enroll a provider prior to the provider enrolling as a Medicaid provider, the provider is not permitted to provide services to the Medicaid DBA recipients until the provider is enrolled with Nevada Medicaid's fiscal agent.

As part of our initial credentialing process, Scion Dental requires participating providers to provide a National Provider Identifier, Federal Tax Identification Number, and Medicaid ID number. If a provider does not have a Medicaid ID, our Credentialing team will refer the provider to Nevada Medicaid's fiscal agent for enrollment.

Our Enterprise System software has safeguards in place to ensure providers must be fully credentialed before they are considered actively contracted and eligible to provide services to recipients.

3.15.3.3 All providers, both within the state of Nevada and outside the state of Nevada, are required to maintain a license in good standing in the state where services are provided.

As part of our initial credentialing process, our Credentialing Specialists use appropriate state databases to verify all state licenses for all participating providers. Additionally, our Credentialing Specialists ensure all providers' state licenses remain valid. Thirty days before a provider's state license expiration date, our team is notified through our credentialing system to verify the license renewal.

3.15.3.4 The vendor may need to enter into single case agreements with non-Medicaid providers as needed. These single case agreements must be reported to the DHCFP.

As stated in **section 3.6.6.3**, Scion Dental typically enters into single case agreements for out-of-network and out-of-state providers.

During claims processing, a series of edits run against claims and services to verify the rendering provider is appropriately certified to provide services for the client's program and its participants. Our processing system has safeguards in place to ensure claims submitted by non-participating providers are automatically flagged and routed to work queues for manual review. This ensures there is never an additional cost to eligible participants, and it allows us the flexibility of paying out-of-network providers appropriately, based on agreements negotiated by our Provider Relations team.

3.15.3.5 Provider Terminations. If a provider is disenrolled, de-credentialed, terminated or removed from the active Provider List, the vendor at a minimum must provide the DHCFP the basis, reasons or causes for such action and any and all documentation, data, or records obtained, reviewed, or relied on by the vendor including, but not limited to: provider/patient files; audit reports and findings; and medical necessity reviews.

As described in **section 3.9.15.5**, Scion Dental's Credentialing team monitors several reliable databases every month to monitor provider offenses and to ensure participating providers are eligible to remain in our network. The Credentialing department reviews provider credentialing information from multiple sources, including the National Provider DataBank, Office of Inspector General, and System of Awards Management. Additionally, we check state termination and exclusion lists and review complaints against providers. If the Scion Dental Credentialing team discovers adverse information on a provider, it is reported to the Credentialing Committee for evaluation.

In cases where provider behavior dictates we remove them from the network, we provide a 30-day notice for termination. However, if the infraction is egregious, or if recipient care may be at risk, we terminate the provider's participation in the network immediately.

Before removing providers from the network, we run multiple reports to determine the impact on recipient access to care, and we immediately search for additional providers and recruit those who can fulfill the affected areas of expertise. In the event of a large-

scale loss of providers, Scion Dental follows the same due-diligence outlined above for an individual provider. In addition, we take immediate steps to ensure all affected parties are notified and properly advised. We have a number of automated systems in place to ensure recipients are adequately supported and transitioned.

3.15.3.6 On a monthly basis, no later than the tenth (10) calendar day of the month, the vendor will submit to the DHCFP a list of all providers who have been enrolled and a list of all providers who have disenrolled, deactivated, terminated, de-credentialed or been removed from the active provider enrollment. If the provider has been terminated, de-credentialed or disenrolled, the cause and all required documentation of the termination will be supplied to the DHCFP within five (5) business days of the decision to terminate.

Scion Dental acknowledges and is ready to meet the requirements of 3.15.3.6.

Scion Dental will submit to the DHCFP a list of all providers who have been enrolled and a list of all providers who have disenrolled, deactivated, terminated, de-credentialed or been removed from the active provider enrollment. If the provider has been terminated, de-credentialed or disenrolled, the cause and all required documentation of the termination will be supplied to the DHCFP within five business days of the decision to terminate.

3.15.4 Provider Contracts

3.15.4.1 The Vendor must execute and maintain, for the term of the contract, written provider agreements with a sufficient number of appropriately credentialed, licensed or otherwise qualified providers to provide enrolled recipients with all medically necessary covered services.

Please see **section 3.3.1.6** to learn more about how Scion Dental delivers first-class provider networks and meets and exceeds access and compliance standards.

Because Scion Dental has already built an established network of Medicaid-certified providers in Clark and Washoe Counties, we are confident many will actively participate in the Nevada Medicaid dental program. In addition, many providers in the area are already familiar with our electronic outreach, receive EFT payments, and use our Provider Web Portal to submit claims, authorizations, and perform other self-service tasks. Our experience in the Nevada marketplace will help ensure a smooth implementation and a successful program for the DHCFP.

As discussed in **section 3.6.6.1**, Scion Dental has the ability to generate a wide range of reports that effectively assess a network. We are able to measure and compare direct access standards across multiple provider groups and can identify any potential recipient access issues in a given service coverage area or county. Our reports can also filter maps by dentist specialty—enabling us to ensure consistent recipient access to specialty care.

Also discussed in **section 3.6.6.1**, Scion Dental requires providers to review and sign a customized provider service agreement, made available on our Contracting Portal, to demonstrate their compliance with Scion Dental network standards. Along with our other self-service portals, Scion Dental actively promotes our Contracting Portal so that

our providers can spend more time treating patients – instead of doing administrative busywork.

3.15.4.2 The Vendor must provide, for the DHCFP review, a copy of its base provider contract prior to execution. In addition, prior to distributing or executing any substantive changes or amendments to the base contract, the Vendor shall submit drafts of standard language for any such contract to the DHCFP for review. Provider contracts must meet all state and federal requirements. The Vendor shall submit any of its provider contracts to the DHCFP within 5 business days upon request.

As stated in **section 3.6.5.13** and **section 3.6.6.2**, Scion Dental's base provider service agreement meets all state and federal requirements and can be made available to the DHCFP within five business days upon request. Scion Dental will submit drafts of standard language for any amended provider contract to the DHCFP for review prior to distributing or executing any substantive changes or amendments to the base contract.

3.15.4.3 The timing and other events associated with provider recruitment must occur in a manner that will ensure meeting the objectives noted within this RFP. The effort must include outreach to providers who are not currently participating in the DHCFP's dental program or have a signed agreement but do not actively accept eligible recipients.

As stated in **section 3.6.6.3**, our leadership team has a long-standing and proven track record of building first-class provider networks and of meeting and exceeding access and compliance standards. We excel in every aspect of provider network management, from network building to ongoing network maintenance.

The keys to our success include our deep understanding of the business of dentistry, our diligence when it comes to knowing our client's particular needs, our proven recruiting techniques, and our ongoing attention to the management of provider relationships.

Drawing upon our experience and our proven processes, Scion Dental delivers compliant provider networks on time, every time.

Please see **section 3.6.6.3** to learn more about how we recruit eligible providers.

3.15.4.4 The vendor must also have written policies and procedures for monitoring its providers, and for disciplining providers who are found to be out of compliance with the vendor's dental management standards. The vendor must submit these policies and procedures to the DHCFP within 5 business days upon change of policies and procedures or upon request.

Scion Dental maintains up-to-date policies and procedures for monitoring and disciplining providers who are found to be out of compliance with our dental management standards, and will submit these policies and procedures to the DHCFP within five business days upon change of policies and procedures or upon request.

Please see **section 3.6.6.4** on how we monitor and discipline providers who are found to be out of compliance with the vendor's dental management standards.

3.15.4.5 Provider contracts must not be structured to provide financial or other incentives to providers and subcontractors for denying, reducing or limiting medically necessary services.

As stated in **section 3.6.6.5**, Scion Dental's provider contracts are not and will never be deliberately structured to provide financial or other incentives to providers and subcontractors for denying, reducing, or limiting medically necessary services to a recipient.

3.15.4.6 The use of "gag" clauses in Provider contracts is prohibited.

As stated in **section 3.6.6.6**, Scion Dental prohibits the use of "gag" clauses in our Provider Contracts.

3.15.4.7 All provider contracts must be made available to the DHCFP and / or MFCU within five (5) business days upon request.

As stated in **section 3.6.6.2** and **section 3.6.6.7**, Scion Dental maintains electronic records of all provider application and contracting documents, including provider contracts. These documents are saved and attached to the corresponding provider records in our system database and are easily accessible online, anytime.

3.15.4.8 Maintenance of the network includes, but is not limited to:

A. Initial and ongoing credentialing;

B. Adding, deleting, and periodic contract renewal;

C. Provider education; and

D. Discipline/termination, etc.

As evidenced throughout this RFP response, Scion Dental excels in every aspect of network development and maintenance. For details, please see:

A. Initial and ongoing credential, **section 3.9.15** and **section 3.15.2**.

B. Adding, deleting, and periodic contract renewal, **section 3.6.6**.

C. Provider education, see **section 3.6.9** and **section 3.6.10**.

D. Discipline/termination, see **section 3.6.6.4**.

3.15.4.9 The vendor must have written policies and procedures for monitoring its network providers, and for disciplining those who are found to be out of compliance with the vendor's dental management standards.

As mentioned in **section 3.6.6.4**, Scion Dental maintains up-to-date policies and procedures for monitoring and disciplining providers who are found to be out of compliance with our dental management standards.

See **section 3.6.6.4** for more about how we monitor network providers and discipline those found to be out of compliance with our dental management standards.

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3.15.4.10 The vendor must take appropriate action related to dual FFS and DBA network providers and provide all documentation related to any disciplinary action, sanction, de-credentialing, removal from the provider panel to DHCFP in a time and manner as determined by the DHCFP as follows:

A. Upon the vendor's awareness through public sources of any disciplinary action, or any sanction taken against a network provider, or any suspected provider fraud or abuse, the vendor shall immediately inform the DHCFP's Provider Enrollment Unit;

B. The vendor is required to check the Office of the Inspector General (OIG) website and DHCFP's excluded Provider list at least monthly to confirm its network providers have not been sanctioned by the OIG or by the DHCFP; and

C. If the vendor is notified or discovers that the OIG, DHCFP or another state Medicaid agency or certification/licensing entity has taken an action or imposed a sanction against a network provider, the vendor shall review the provider's performance related to this RFP and take any action or impose any sanction, including disenrollment from the vendor's provider network.

Scion Dental acknowledges and is ready to meet the requirements of section 3.15.4.10. We will take appropriate action related to dual FFS and DBA network providers and will provide all documentation related to any disciplinary action, sanction, de-credentialing, removal from the provider panel to DHCFP in a time and manner.

Scion Dental is responsible for notifying DHCFP within one business day of becoming aware of new provider exclusions. Scion Dental will send an email with all relevant information to the Nevada Operations Manager, who is responsible for notifying the DHCFP.

Consistent monitoring

As previously mentioned in **section 3.9.15.5**, Scion Dental will report all denied credentialing or provider enrollment activities to the DHCFP Provider Enrollment Unit within fifteen calendar days. If the Scion Dental Credentialing team discovers adverse information on a provider, it is reported to the Credentialing Committee for evaluation as soon as it discovered. This information is also reported to the National Provider Data Bank within 45 days.

As stated in **section 3.9.15.5**, Scion Dental's Credentialing team monitors several reliable databases every month to ensure there are no recent offenses and that participating providers are eligible to remain in our network. The Credentialing department reviews provider credentialing information from multiple sources, including the National Provider Data Bank, Office of Inspector General, and System of Awards Management. Additionally, we check state termination and exclusion lists and review complaints against providers. If the Scion Dental Credentialing team discovers adverse information on a provider, through review of a database or through a notification from the OIG, DHCFP, or another state Medicaid agency or certification/licensing entity, it is reported to the Credentialing Committee for evaluation.

3.15.5 Affiliations with Debarred or Suspended Persons

3.15.5.1 Monitoring for Prohibited Affiliations

A. The vendor may not employ or contract with providers excluded from participation in federal healthcare programs.

B. The vendor may not be controlled by a sanctioned individual.

C. The vendor may not have a contractual relationship that provides for the administration and management or provision of medical services, or the establishment of policies, or the provision of operational support for the administration, management or provision of medical services, either directly and indirectly, with an individual convicted of certain crimes as described in section 1128(b)(8)(B) of the Act.

D. The vendor may not employ or contract, directly or indirectly, for the furnishing of health care, utilization review, medical social work, or administrative services, with one of the following:

1. Any individual or entity excluded from participation in federal healthcare programs; or

2. Any entity that would provide those services through an excluded individual or entity.

E. The vendors must have policies and procedures for ensuring that, pursuant to 42 CFR 438.610, the vendor will not knowingly have a director, officer or partner who is or is affiliated with a person/entity that is debarred, suspended or excluded from participation in federal healthcare programs.

F. The vendor is prohibited from knowingly having a person with ownership of more than 5% of the vendor's equity who is (or is affiliated with a person/entity that is) debarred, suspended, or excluded from participation in federal healthcare programs.

G. The vendor is prohibited from knowingly having an employment, consulting, or other agreement with an individual or entity for the provision of vendor contract items or services who is (or is affiliated with a person/entity that is) debarred, suspended, or excluded from participation in federal healthcare programs.

H. If the DHCFP learns that the vendor has a prohibited relationship with a person or entity who is disbarred, suspended, or excluded from participation, the DHCFP will notify the Secretary of noncompliance. The State may continue the existing agreement with the vendor unless the Secretary directs otherwise. The DHCFP may not renew or extend the existing agreement with the vendor unless the Secretary provides to the DHCFP and to Congress a written statement describing compelling reasons that exist for renewing or extending the agreement.

Scion Dental acknowledges and agrees to all requirements and obligations under Section 3.15.5. Scion Dental understands its responsibility to act as a good steward of government funds. Scion Dental takes measures to ensure that it does not employ nor contract with individuals or entities that are debarred, suspended or excluded from participation in federal healthcare programs. Scion Dental has policies which prohibit it from employing or contracting with individuals and entities excluded from participation in federal healthcare programs. On a monthly basis, Scion Dental checks all owners, employees, contracted providers, subcontractors and vendors against a number of sources including OIG/SAM to ensure such individuals and entities are not debarred, suspended or excluded from participation in federal healthcare programs.

3.15.6 Compliance Plan

3.15.6.1 Vendors must have a program that includes administrative and management arrangements or procedures, including a mandatory compliance plan to guard against fraud and abuse.

3.15.6.2 Vendors will have written policies, procedures, and standards of conduct that articulate the organizations commitment to comply with all applicable Federal and State program integrity standards.

Scion Dental's Regulatory Compliance Program includes written policies, procedures, and standards of conduct demonstrating Scion Dental's commitment to compliance. The Program supports Scion Dental's goal to reinforce a culture of compliance. The Company's leadership understands the importance of internal regulatory oversight and has dedicated key individuals to participate on the Scion Dental Compliance Committee. The membership of this committee consists of members of senior management from Operations, Claims, Quality, and Regulatory Compliance.

Mission and Role

- Reinforce a culture in which compliance is a business priority
- Ensure that business practices and processes increase our ability to appropriately comply
- Understand compliance trends and patterns
- Implement a strategic approach to compliance
- Understand any key compliance gaps and identify ways to close the gaps
- Oversee corrective action plans through completion
- Make recommendations to the Compliance Committee on compliance issues that present reputational and business risk to raise awareness and gain internal resource support
- Provide guidance to the Compliance Implementation Team
- Establish and maintain the infrastructure to provide regulatory bodies with consistent and accurate data and information in response to surveys and other requests
- Increase the dialogue and feedback between divisions about compliance implications and consequences
- Facilitate, coordinate, or communicate regularly to key audiences about compliance strategy, practices and successes

The Company uses the results of its continuous monitoring and annual assessment to develop the annual compliance plan. The Compliance plan focuses on key risks to Scion Dental and its clients, and seeks to include best practice enhancements concerning how best to mitigate the risk of fraud and abuse.

3.15.7 General Requirements Plan

A. The vendor must have a comprehensive compliance plan which encompasses the elements necessary to monitor and enforce compliance with all applicable laws, policies, and contract requirements.

B The compliance plan must be reviewed and approved annually by the DHCFP.

C. The compliance plan must include the following elements, and any others as directed by the DHCFP:

1. *Written policies and procedures for the functions in this section;*
2. *Standards for effective communication between the Compliance Officer, Program Integrity staff, management, vendor staff, and the DHCFP;*
3. *Mandatory on-going training and education of the Compliance officer, Program Integrity staff, management and staff, and subcontractors on the prevention and detection of fraud, waste, abuse, and improper payments;*
4. *Delineation of the staff and division of responsibilities within the vendor's Program Integrity Unit;*
5. *Specific objectives and goals for Program Integrity operations in the coming year;*
6. *The process that the vendor will use to enforce program integrity standards through well publicized disciplinary guidelines;*
7. *The process that the vendor will use to complete internal program integrity monitoring and auditing;*
8. *How the vendor will promptly respond to detected program integrity offenses and develop corrective action initiatives; and*
9. *A report on the success of the objectives and goals from the previous year.*

Scion Dental maintains an effective compliance program that includes all of the elements described in C.1-9 and the U.S. Sentencing Guidelines for Organizations. Scion Dental conducts an annual comprehensive compliance program assessment. The Compliance Officer annually reports to the Compliance Committee on the success of the objectives and goals from the previous year. The program assessment is reviewed by Scion Dental's Compliance Committee and is used to create the compliance plan for the next calendar year. Scion Dental is well positioned to support the needs of the DHCFP. If we are awarded the Nevada Medicaid dental program, we will fully cooperate with any requirements concerning the annual review and approval of the compliance plan by the DHCFP.

3.15.8 Deficit Reduction Act

3.15.8.1 In order to comply with Section 6032 of the Deficit Reduction Act of 2005, the vendor must, as a condition of receiving Medicaid payment, do the following:

A. Establish and make readily available written policies for all employees of the vendor, including management, and of any subcontractor or provider, that provide detailed information about the False Claims Act established under sections 3729 through 3733 of Title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code, any State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in

Federal health care programs (as defined in section 1128B(f) of the Social Security Act of 1932);

B. Include as part of such written policies, detailed provisions regarding the vendor's policies and procedures for detecting and preventing fraud, waste, and abuse; and

C. Include in any employee handbook for the vendor, a specific discussion of the laws described above, the rights of employees to be protected as whistleblowers, and the vendor's policies and procedures for detecting and preventing fraud, waste, and abuse.

Scion Dental has established and makes available to its employees written policies as well as training regarding federal and state laws described in the Deficit Reduction Act of 2005 and information regarding Scion Dental's policies and procedures for detecting and preventing fraud, waste and abuse. The requirements apply to Scion Dental's employees, management, consultants, and contractors (if any). It is the policy of Scion Dental to comply with all applicable federal and state False Claims Act laws and regulations. Scion Dental has instituted various procedures to ensure compliance with these laws and to assist in preventing fraud, waste and abuse in federal health care programs. As part of our Compliance Program, employees receive training on these laws and are encouraged to bring any questions or concerns to any member of the management team.

It is the policy of Scion Dental that retaliation will not be tolerated, in any form, by management or non-management staff against an employee who reports in good faith an actual or potential violation of the Code of Conduct or other type of compliance program violation.

3.15.9 Under-utilization of Services

3.15.9.1 Vendors must monitor for the potential under-utilization of services by their recipients in order to assure that all Medicaid-covered services are being provided, as required. If any under-utilized services are identified, the vendor must immediately investigate and, if indicated, correct the problem(s) which resulted in such under-utilization of services. The vendor's monitoring efforts must, at a minimum, include the following activities:

A. An annual review of their prior authorization procedures to determine that they do not unreasonably limit a recipient's access to Medicaid-covered services;

B. An annual review of the procedures providers are to follow in appealing the vendor's denial of a prior authorization request to determine that the process does not unreasonably limit a recipient's access to Medicaid-covered services; and

C. Ongoing monitoring of vendor service denials and utilization in order to identify services which may be underutilized.

Scion Dental has industry-leading tools and mechanisms in place to detect under-utilization, as detailed in **section 3.9.19.2** of this RFP.

The Utilization Management sub-committee of the Scion Dental's QI Committee has UM oversight responsibilities which include monitoring provider trends using authorization submission, appeals and complaints, and claim appeals data. We acknowledge this requirement and are well prepared to meet it.

3.15.10 Embezzlement and Theft

Vendors must monitor activities on an ongoing basis to prevent and detect embezzlement or theft by employees, providers, and subcontractors. Any evidence of criminal activity must be reported to the appropriate authority and the DHCFP SUR unit within five (5) business days.

It is Scion Dental's policy that all team members are required to report any situation they believe is unethical and/or illegal whether it involves another employee, recipient, or provider.

Scion Dental has extensive experience in collaborating with the appropriate authorities and our clients in cases of illegal activity related to fraud and abuse. We acknowledge DHCFP's requirement concerning embezzlement and theft, and will be prepared to meet it.

3.15.11 Verification of Services

3.15.11.1 The vendor must verify that services billed by providers were actually provided to recipients.

3.15.11.2 The vendor may use Explanations of Benefits (EOBs) or Verification of Services (VOS) letters for such verification.

3.15.11.3 VOS letters, if used instead of EOBs, must be sent to at least 500 recipients each month.

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In addition, Scion Dental uses every contact with a recipient as an opportunity to pose questions about service verification and satisfaction with recent dental visits. Our Customer Service Representatives, Member Outreach and Education Coordinators, and Appeals Manager would all be trained to verify services, collect satisfaction data from recipients, and route recipient feedback to the Cost Containment and Compliance teams, as necessary.

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Member education

Scion Dental uses multiple outreach tactics to educate recipients about fraud, waste, and abuse. Some of our core tactics include the following:

- **Member Web Portal.** This easy-to-use portal offers recipients 24/7 access to educational links, videos, and various education materials. The portal is convenient and easy for recipients to use from any device with a web browser. Recipient EOBs are automatically posted to the portal as soon as claims are paid, and recipients are notified via automated email messages.
- **Automated outbound telephone campaigns.** Our integrated telephone system can deliver automated educational messages about fraud, waste, and abuse. At any time during these calls, recipients have the option of pressing "0" to be immediately connected to a Customer Service Representative during business hours.
- **Text messaging.** If a recipient's cell phone number is collected during enrollment, we can send targeted text messages on the topic of preventing fraud, waste, and abuse.
- **Member outreach events.** Scion Dental can educate recipients on how to access online EOBs, verify billed services were received, and how to report potential fraud.

Through these outreach tactics, Scion Dental instructs recipients to report suspected fraud, waste, or abuse by calling Scion Dental's confidential Fraud Hotline. We make this number available through the Member Web Portal, in the Member Handbook, and in various educational materials.

Improving the recipient experience

To collect the most effective, meaningful service verification data, Scion Dental is very interested in partnering with DHCFP to obtain up-to-date recipient cell phone numbers and email addresses. We know from experience attempting to survey recipients via landline telephone calls or postal mail typically results in statistically small samples. For verification of services to be an effective way of detecting potentially fraudulent billing practices, we recommend contacting recipients directly, using communication methods such as cell phone calls, text messages, and email messages, which are quick, easy, and convenient for recipients.

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3.15.12 Hotline for Reporting Suspected Fraud, Waste, Abuse or Improper Payments

3.15.12.1 The vendor must acquire, maintain and monitor a hotline telephone number for the public, recipients and providers to report allegations of fraud, waste, abuse, or improper payments.

3.15.12.2 The hotline number must be prominently displayed in a stand-alone frame placed on the vendor's front page of their Nevada Medicaid website.

3.15.12.3 The telephone line may be augmented by a web page used specifically for collecting and reporting to the vendor's Program Integrity Unit complaint information entered by a fraud, waste and abuse complainant.

3.15.12.4 If the vendor also uses a web page for receiving program integrity complaints, it must:

A. Be accessible and simple to use by the public, recipients and providers;

B. Have a stand-alone highlighted button or link on the vendor's front page of their Nevada Medicaid website; and

C. Be identified with language which states clearly the button or link is for use in reporting Medicaid fraud, waste or abuse.

As part of our commitment to preventing fraudulent or abusive behavior and practices, Scion Dental maintains and monitors a hotline telephone number for employees, the public, recipients, and providers to report allegations of fraud, waste, abuse, or improper payments. This number is readily available to all of our stakeholders through Scion Dental web portals, printed materials including the Provider Policy and Procedure Manual and Member Handbook, targeted text messaging and Interactive Voice Response (IVR) call campaigns, and educational materials and outreach events.

If awarded this contract, Scion Dental will make the necessary enhancements to address all of the requirements of section 3.15.12. Scion Dental uses a leading third-party administrator to provide hotline administration services. The hotline is available 24/7/365 and provides language assistance services as needed.

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3.15.13 Vendor's Program Integrity Unit

3.15.13.1 Unit Composition

A. The vendor must establish and maintain a distinct Program Integrity Unit (PIU) whose responsibilities include the identification, review, recovery, and reporting of improper Medicaid and Nevada Checkup payments, including fraud, waste, and abuse (FWA) activities.

B. The PIU must include a compliance officer and a compliance committee accountable to senior management. The compliance officer shall be available to communicate with the DHCFP Program Integrity and SUR staff by telephone, email, text message, or other communication methods during State business hours.

C. The PIU shall have adequate resources and qualified staffing available to conduct reviews, recovery and reporting of improper payments, including FWA activities, as specified in the vendor contract.

D. The PIU will have adequate resources to meet either in person or via telephone on a monthly basis to provide information and updates on cases.

E. Qualified staff shall have experience in health care claims review, data analysis, professional medical coding or law enforcement.

F. The number of full-time equivalents (FTEs) dedicated to the PIU must be at least one per 50,000 Medicaid recipients.

G. The PIU staff must receive on-going training in conducting compliance reviews, and must travel to the DHCFP for periodic meetings and trainings with SUR Unit staff.

The contributing members of our PIU, including our Cost Containment and Child Protection Team and our Director of Compliance, are responsible for identifying and reporting improper payments. They are accountable to Scion Dental's senior management. However, Scion Dental leads the industry in detection and prevention of fraud, waste, and abuse related to dental care because *every employee* at Scion Dental is responsible for and involved in this effort. While our proactive methodologies and our technology allow us to identify potential fraud and abuse faster than most other systems, Scion Dental employees are truly the foundation for effective detection and prevention.

Scion Dental's frontline staff, including Customer Service Representatives, Provider Relations staff, Dental Reimbursement Analysts, and others are trained to detect fraud and abuse and to initiate review referrals if they notice any irregularities in claim processing, claim reimbursement, or dental review. Scion Dental complies with all federal requirements for employee education about false claims laws under 42 U.S.C. § 1396a(a)(68).

Scion Dental requires all employees to participate in annual Medicaid fraud and abuse training. Employee compliance with mandatory training requirements is logged and documented. Every employee is required to successfully complete the following training courses every year:

- Security Awareness
- HIPAA (passing score 85%)
- URAC
- Code of Conduct
- Employee Handbook

- CMS and Compliance (FWA)

3.15.14 Fraud Identification and Referral

3.15.14.1 Vendor shall establish policies and procedures to identify and refer credible allegations of fraud to the SUR Unit of the DHCFP.

3.15.14.2 When the vendor receives an allegation or tip related to potential fraud, the vendor must perform a preliminary investigation to determine whether a credible allegation of fraud exists.

3.15.14.3 If the vendor determines that there is credible allegation of fraud, the vendor must submit a fraud referral to the SUR Unit of the DHCFP as soon as possible and within two (2) business days.

3.15.14.4 The vendor's fraud referral must provide, at a minimum, the following information and any other information specified by the DHCFP:

A. Provider's name, Medicaid provider number or provider's National Provider Identifier (NPI);

B. Nevada Medicaid provider type;

C. Recipient's name and Medicaid number;

D. Date and source of the original complaint or tip;

E. Description of alleged fraudulent activity, including:

1. Specific laws or Medicaid policies violated;

2. Dates of fraudulent conduct; and

3. Approximate value of fraudulently obtained payments.

F. Any other agencies or entities (e.g., medical board, law enforcement) notified by vendor, and any actions they have taken;

G. The findings from the vendor's preliminary investigation and proposed actions;

H. After submitting the fraud referral, the vendor will take no further action on the specific allegation until the SUR Unit responds;

I. If the SUR Unit notifies the vendor that the fraud referral is declined, the vendor must proceed with its own investigation to comply with the reporting requirements contained in this contract; and

J. If the SUR Unit notifies the vendor that the fraud referral is accepted, the vendor will be instructed as to what further actions, if any, they may take which will not impair the investigation by the MFCU or other law enforcement agency. The vendor must provide the MFCU access to conduct private interviews of DBA personnel, subcontractors and their personnel, witnesses and recipients. DBA personnel, subcontractors and their personnel must cooperate fully in making DBA personnel, subcontractors and their personnel available in person for interviews, consultation, grand jury proceedings, pre-trial conference, and hearings, at their own expense.

As the nation's premier innovator in Medicaid dental benefit management, Scion Dental has an unrivaled ability to identify, discourage, and, to a large extent, even *prevent* fraud, waste, and abuse *in real-time*. We have industry-leading protocols in place for fraud identification and referral which can be tailored to meet DHCFP's specific requirements as stated in 3.15.14.

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In cases of accepted fraud referrals, Scion Dental will cooperate with and assist DHCFP, the Nevada Attorney General's MFCU, and any other State or Federal agency charged with the duty of identifying, investigating, or prosecuting suspected FWA or erroneous payments. Scion Dental will cooperate and assist any State or Federal agency which has the right, power, and authority to inspect or otherwise evaluate the quality, appropriateness, and timeliness of services provided under the terms of the contract or any other applicable laws.

Scion Dental will cooperate with authorized State or Federal agencies to make all program and financial records and service delivery sites open for examination. Scion Dental will cooperate and assist with on-site reviews of all matters relating to service delivery as specified by the contract. Scion Dental will also cooperate fully and be available in person for interviews and consultation regarding grand jury proceedings, pre-trial conferences, hearings, trials, and in any other process.

3.15.15 Payment Suspensions

The vendor must establish policies and procedures to implement payment suspensions as directed by DHCFP, including those related to Credible Allegations of Fraud (CAF).

If the DHCFP instructs the vendor to suspend payments to an entity or individual, and the vendor fails to do so, the DHCFP may impose penalties.

Scion Dental will comply with federal laws and regulations (such as 42 CFR §455.23) that require the suspension of Medicaid payments when there is a credible allegation of fraud. Our software system enables us to designate individual providers as "suspended" for any length of time until an issue is resolved. The suspended status automatically prevents claims from being paid to that provider, and suspended providers will not appear in Find a Provider searches. Scion Dental will ensure that no Nevada Medicaid dollars are received by a provider whose payments have been suspended or whose network participation has been terminated by DHCFP or Scion Dental.

If Scion Dental believes it is appropriate to initiate a recoupment or withholding action against a provider under these circumstances, Scion Dental will consult with both the SUR Unit and the MFCU to ensure that such action is permissible. In the event Scion Dental obtains funds from an action when recoupment or withholding is prohibited, Scion Dental will return the funds to the provider.

3.15.16 Compliance Reviews

The vendor's PIU must specifically address the identification, review, recovery, prevention, and reporting of improper payments, including fraud, waste, and abuse.

Scion Dental's software system has many safeguards in place to ensure highly accurate claims payments. Our current claims payment and financial accuracy is nearly 100%. These safeguards include:

- Numerous automated system checks ensure claims are paid for only active, participating providers in the network.
- Numerous automated system checks accurately determine recipient eligibility and pay claims for only the services for which the recipient is eligible. The software has built-in dental edits that validate a recipient's eligibility for coverage in the plan as of the date of service and does not pay for dental care provided before the recipient is eligible for coverage or before the plan effective date.

In the rare case of overpayment/underpayment, Scion Dental has standard, written procedures in place for timely corrective action. When post payment errors are discovered, Scion Dental's first step is to immediately determine whether the issue represents a single incident or indicates a more pervasive pattern. The Finance team brings the issue to the attention of the appropriate

internal departments to help investigate root causes, correct and reprocess the claims with errors, and then implement a corrective action to prevent the same error from occurring in the future.

We use these types of situations as one of our tactics for continuously improving our audit processes and system rules. As just one example, our internal audits discovered a pattern of providers billing for certain services out of sequence to avoid denial based appropriate care rules. As a result, we immediately changed our business rules to automatically detect this type of fraudulent billing practice.

As described in the response to **section 3.15.1**, Scion Dental's cost containment program specifically addresses the identification, review, recovery, prevention and reporting of fraud, waste and abuse.

3.15.17 Identification

3.15.17.1 The PIU will review all tips, complaints and referrals in a timely manner. Sources may include, but are not limited to:

A. Fraud hotline or website;

B. Referrals from the DHCFP;

C. Referrals from the vendor's own organization including utilizations of data systems to identify issues such as provider profiling or data analysis; or

D. Verification of Service letters/EOB's complaints.

3.15.17.2 All tips, complaints and referrals which allege recipient misconduct must be referred to the Division of Welfare and Social Services (DWSS) Investigations and Review (I & R) Unit. The DHCFP must be copied on the referral.

3.15.17.3 All tips, complaints and referrals must be tracked and reported to the DHCFP monthly regardless of the outcome.

It is Scion Dental's policy to respond to all tips, complaints and referrals in a timely manner whether they come into the company through our hotline, our Appeals department, or reporting by Scion Dental team members or our clients. These tips, complaints, and referrals are tracked and will be reported monthly to DHCFP.

Recipient fraud is often characterized by recipient ID sharing among family and friends of the actual recipient. Scion Dental has a system of checks to verify and validate critical recipient information such as ID number, birth dates, gender, recipient relationship, etc. at the point of enrollment, changes, and updates. These checks maintain the accuracy of information sent by the client.

When identity theft or sharing is suspected, Scion Dental may, in coordination with its clients, initiate an investigation with the provider to determine if treatment is consistent with the recipient identified.

Scion Dental will refer all tips, complaints and referrals which allege recipient misconduct to the Division of Welfare and Social Services (DWSS) Investigations and Review (I & R) Unit, and we will copy DHCFP on the referral.

3.15.18 Review

3.15.18.1 The PIU will conduct a review of any identified issues by collecting and analyzing available relevant information, including, but not limited to:

A. Encounter data;

B. Provider credentialing and enrollment records;

C. Provider self-audits;

D. Provider treatment records;

E. Prior authorization records;

F. Recipient verification of service letters/EOB's;

G. Nevada Medicaid Services Manual (MSM); and

H. Nevada Medicaid Billing Guidelines.

As discussed throughout this response, nearly all of Scion Dental's operational and finance departments are actively involved in Program Integrity activities. As required in 3.15.18.1, encounter data, provider credentialing and enrollment records, provider self-audits (including profiling tools available to providers via the Provider Web Portal), provider treatment records, and prior authorization records are all actively reviewed and analyzed by various Scion Dental departments, including Credentialing, Cost Containment and Child Protection Unit, Utilization Management, and Finance. Investigations are documented, and corrective actions are implemented, as necessary. For the DHCFP contract, Scion Dental's Cost Containment team will also incorporate reviews of recipient verification of service information, and our Compliance team will analyze and provide guidance regarding the Nevada Medicaid Services Manual and Nevada Medicaid Billing Guidelines.

3.15.18.2 The PIU will determine which, if any, encounters were improper payments.

As discussed throughout this response, Scion Dental's Enterprise System software platform is configured with hundreds of dental-specific business rules and edits, designed to ***prevent improper payments***. Our claims adjudication and payment processes, including TPL and coordination of benefits processing, are automated, with the purpose of avoiding a costly "pay and pursue" approach. Likewise, as described in detail in **section 3.19**, we use technology to identify potentially inaccurate or fraudulent claims ***before they are paid***. In rare instances where anomalies or incorrect payments are discovered, we have processes in place to identify the root cause of the issues, correct the underlying causes, and automatically recoup funds, where appropriate.

Post payment claim audits

As discussed in detail in **section 3.11.4.1**, to identify any potential issues or possible improper payments, Scion Dental follows a standard, formal procedure for post payment claim audits.

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3.15.19 Recovery and Education

3.15.19.1 The PIU will notify the provider of the identified overpayment. The notification will include:

- *A. The amount of the overpayment;*
- *B. A detailed listing of the encounters affected;*
- *C. Education and citations supporting the findings;*
- *D. Options for repayment;*
- *E. Any internal appeal rights afforded by the Vendor; and*
- *F. The provider's right to an Administrative Fair Hearing through the DHCFP after internal appeals with the vendor are exhausted.*

3.15.19.2 The PIU must collect and retain the overpayments resulting from a vendor fraud and abuse investigation or audit.

3.15.19.3 All affected encounters will be adjusted or voided within sixty (60) calendar days following the identification of the overpayments, regardless of whether the vendor is able to recover the overpayment from the provider.

Claims affected by an overpayment are resubmitted and reprocessed in the next pay cycle. Our Dental Reimbursement Analysts are knowledgeable about, routinely receive, and process requests from clients in support of reprocess claim requests. The Dental Reimbursement team processes claim payment adjustments and void transactions following standard protocols.

When claims are reprocessed, details about the adjustment, including an adjustment reason, are included on the provider remittance advice. Remittance advices are posted to the Provider Web Portal for immediate online access, as soon as claims are reprocessed and paid.

As described in **section 3.15.18**, if any claim payment appears to be improper or potentially fraudulent, the issue is brought to the Cost Containment and Compliance teams for in-depth

review and analysis. If an improper payment is identified, the Compliance team works with internal departments to implement corrective actions.

3.15.20 Monetary Recoveries by State or Federal Entities

3.15.20.1 If any government entity including the Attorney General's Office, either from restitutions, recoveries, penalties, fraud prosecutions, or fines imposed following a criminal prosecution or guilty plea, or through a civil settlement or judgment, or any other form of civil action, receives a monetary recovery from any entity, the entirety of such monetary recovery belongs exclusively to the State of Nevada and the vendor has no claim to any portion of this recovery.

3.15.20.2 Furthermore, the vendor is fully subrogated, and shall require its subcontractors to agree to subrogate, to the State of Nevada for all criminal, civil and administrative action recoveries undertaken by any government entity, including, but not limited to, all claims the vendor or subcontractors has or may have against any entity that directly or indirectly receives funds under this Contract including, but not limited to, any health care provider, manufacturer, wholesale or retail supplier, sales representative, laboratory, or other provider in the design, manufacture, marketing, pricing, or quality of drugs, pharmaceuticals, medical supplies, medical devices, durable medical equipment, or other health care related products or services.

3.15.20.3 Any funds recovered and retained by a government entity will be reported to the actuary to consider in the rate-setting process.

3.15.20.4 If any specific payments are identified as improper, those encounters must be adjusted or voided, as appropriate.

3.15.20.5 For the purposes of this Section only, "subrogation" means the right of any State of Nevada government entity or local law enforcement to stand in the place of a vendor or client in the collection against a third party.

As part of its responsibility regarding program integrity, Scion Dental acknowledges and agrees to all requirements and obligations contained in section 3.15.20.

3.15.21 Reporting Requirements

3.15.21.1 All information provided to the DHCFP must be submitted according to the format in the forms and reporting guide.

3.15.21.2 The vendor must report certain information to the DHCFP on a per occurrence basis. This includes, but is not limited to:

A. Every allegation, complaint, or referral pertaining to overpayments whether caused by fraud, waste, abuse or billing errors;

B. Every CAF;

C. Every employee of the vendor who is employed by, has ownership interest in, or contracts with, any provider enrolled with Nevada Medicaid; and

D. Every provider that is de-credentialed or denied credentialing for whatever reason.

3.15.21.3 The vendor must report certain information to the DHCFP on a monthly basis. This includes, but is not limited to:

A. All active reviews and their status; and

B. All completed reviews with a detailed reason, and the amount of each overpayment recovered from the vendor's fraud and abuse investigation or audits. Each review must be reported even if the determination was that there was no overpayment.

3.15.21.4 Upon request, vendor must provide encounter data to the MFCU at no cost.

Scion Dental acknowledges this requirement, and we look forward to working with DHCFP on standardizing formats for data release. Scion Dental's Credentialing, Cost Containment, Claims and Dental Reimbursement departments will work collectively to meet these reporting requirements.

3.15.22 Provider Compliance Reviews by the DHCFP

3.15.22.1 The DHCFP may conduct reviews of encounter data and vendor providers to ensure compliance with Nevada Medicaid policies.

3.15.22.2 Any improper payments discovered by the DHCFP, which have not been reported by the vendor as being under review, may be recovered and retained by the DHCFP.

3.15.22.3 The DHCFP may instruct the vendor to withhold payment to a provider in its network as a result of an overpayment discovered by the DHCFP.

3.15.22.4 All improper payments identified by the DHCFP, must be adjusted or voided from the encounter data within sixty (60) days after notification from DHCFP.

As also mentioned in **section 3.11.4.1**, Scion Dental has many system-based and operational safeguards in place to ensure highly accurate claims payments. Scion Dental's internal processes include pre-payment claims auditing, system-based validation during claims adjudication, and post payment auditing. In rare instances where anomalies or incorrect payments are discovered, we have processes in place to identify the root cause of the issues, correct the underlying causes, and automatically recoup funds, where appropriate.

In addition to our stringent internal controls, Scion Dental has an SSAE16 SOC1 Type II audit performed annually, and our sister company, Wonderbox Technologies, undergoes annual

SSAE16 SOC2 Type II audits. Scion Dental also participates in numerous third-party audits required by our clients and government agencies.

With these multi-pronged processes in place, Scion Dental's historical claims payment and financial accuracy has always been nearly 100%. In fact, Scion Dental's claim payment accuracy rate in Nevada is 99.999%.

We welcome the DHCFP's review of our encounter data and vendor providers, and will work with DHCFP on overpayments and recoveries. Scion Dental's standard protocol for overpayments and recoveries includes:

- Notification to clients of the overpayment and the cause of the overpayment. This notification will include the identification of the dental providers affected, the amount of the overpayment (or underpayment) and would identify all affected claims.
- Resubmission of claims affected by an overpayment in the next pay cycle. Our Dental Reimbursement Analysts are knowledgeable and experienced in processing requests from clients in support of reprocess claim requests.
- Development of policies and procedures for initiating dental provider payment recoveries in partnership with our clients.
- Reconciliation of data. Our technical teams are skilled in working with vendors and clients in support of data reconciliations. We will define accepted protocol and file format in coordination with DHCFP to smoothly accept, complete, and reconcile adjustments to dental provider claims history within 60 days after notification from DHCFP.

3.15.23 Provider Preventable Conditions (PPC)

The vendor must identify and report and require all providers and subcontractors to identify and report to the SUR Unit in DHCFP, provider preventable conditions that are associated with claims for Medicaid payment of with courses of treatment furnished to Medicaid patients for which Medicaid payment would otherwise be available.

As discussed in **section 3.11.4.14**, policies and procedures specific to 42 CFR 447.26 will govern applicable Scion Dental operational areas to ensure compliance with PPC requirements. As a condition for payment, Scion Dental will require all dental providers to comply with the requirements to identify and report to the SUR Unit in DHCFP any provider preventable conditions that are associated with Medicaid claims.

As discussed throughout this response, Scion Dental's approach is to evaluate claims **before they are paid**, and to avoid "paying and pursuing" wherever possible. To accomplish this, Scion Dental has proven programs in place throughout our operations, as well as automated checks built into our Enterprise System software. Just a few examples include:

- Dental-specific, configurable edits that automatically evaluate appropriateness of care based on the medical history of the patient, as well as edits that automatically catch upcoding and inappropriate billing. See **section 3.19** for more information about our claims processing edits.
- Cost containment processes and procedures that detect over utilization, aberrant treatment patterns, illogical patterns of care, appropriateness of care based on age bands, and

monitoring of services more likely to have a PPC event before these services are paid. See **section 3.19** for in-depth information on Scion Dental's approach to cost containment.

- Comprehensive fraud, waste, and abuse prevention, detection, and intervention processes and procedures. See **section 3.15.14** for more details on Scion Dental's approach to fraud, waste, and abuse.
- More restrictive authorization requirements customized down to the level of a particular provider at a particular location. See **section 3.19** for more information.
- Customizable clinical guidelines configured to meet specific state or client coverage rules. See **section 3.6.2.2** for details about our proprietary clinical guidelines.

Our claim adjudication system, integrated within our Enterprise System software platform, can apply predefined business rules to evaluate and deny payment for claims that meet PPC criteria. If PPC criteria are discovered after a claim is paid, the claim can be reprocessed and the prior payment can be automatically recouped as adjustments on subsequent claims from the provider. Scion Dental's Dental Reimbursement team can also recover payments. The flexibility of our Enterprise System software allows our Dental Reimbursement Analysts to easily identify claims to be reprocessed, and then manually deny PPC services, which, in essence, recoups payment from the provider.

3.15.24 Vendor Disclosures: Information on Ownership and Control

Vendors must disclose information to the DHCFP on ownership and control; information related to business transactions; and information on persons convicted of a crime. If the vendor does not disclose required information under 42CFR 455.104, any federal funds withheld or recouped from or any penalties assessed upon the DHCFP will be withheld and recouped from or assessed upon the vendor.

3.15.24.1 Disclosures are due at any of the following times:

- *A. Upon the vendor submitting the proposal in accordance with the State's procurement process.*
- *B. Upon the vendor executing the contract with the State.*
- *C. Upon renewal or extension of the vendor's contract.*
- *D. Within five (5) calendar days after any change in ownership of the vendor.*

3.15.24.2 Disclosures on Ownership and Control by Vendor.

- *A. The following disclosures must be provided by the vendor (42 CFR 455.104(b), 1903(m)(2)(A)(viii), 1124(a)(2)(A)):*
  - *1. Any person or business entity with an ownership or control interest in the vendor that:*
    - *a. Has direct, indirect, or combined direct/indirect ownership interest of five percent (5%) or more of the vendor's equity.*
    - *b. Owns five percent (5%) or more of any mortgage, deed of trust, note, or other obligation secured by the vendor if that interest equals at least five percent (5%) of the value of the vendor's assets.*
    - *c. Is an officer or director of a vendor organized as a corporation.*
    - *d. Is a partner in a vendor organized as a partnership.*

2. *The name and address of any person (individual or business entity) with an ownership or control interest in the vendor. The address for business entities must include as applicable primary business address, every business location, and P.O. Box address.*
3. *Date of birth and Social Security Number (in the case of an individual).*
4. *Other tax identification number (in the case of a business entity) with an ownership or control interest in the vendor or in any subcontractor in which the vendor has a 5 percent (5%) or more interest.*
5. *If your firm is not a Qualified Health Maintenance Organization, provide the disclosures described at 42 U.S.C. 1396b(m)(4)(A)."*

3.15.24.3 Whether the person (individual or business entity) with an ownership or control interest in the vendor is related to another person with ownership or control interest in the vendor as a spouse, parent, child, or sibling; or whether the person (individual or business entity) with an ownership or control interest in any subcontractor in which the vendor has a 5 percent (5%) or more interest is related to another person with ownership or control interest in the vendor as a spouse, parent, child, or sibling.

3.15.24.4 The name of any other Medicaid provider or fiscal agent in which the person or corporation has an ownership or control interest.

3.15.24.5 The name, address, date of birth, and Social Security Number of any managing employee of the vendor.

3.15.24.6 Vendor requirements for collecting and validating information related to ownership and business transactions from providers or subcontractors.

A. *The vendor must enter into an agreement with each provider under which the provider agrees to furnish upon request, information related to ownership and business transactions.*
   1. *The vendor must require the provider or subcontractors to submit full and complete information about:*
      a. *The ownership of any subcontractor with whom the provider has had business transactions totaling more than $25,000 during the 12-month period ending on the date of the request; and*
      b. *Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the 5-year period ending on the date of the request.*

3.15.24.7 Vendor's requirements for collecting and validating information related to providers/subcontractors convicted of crimes. (42 CFR 455.106)

3.15.24.8 Before the vendor enters into or renews a provider agreement, or at any time upon written request by the vendor, the provider must disclose to the vendor the identity of any person who:

A. *Has ownership or control interest in the provider, or is an agent or managing employee of the provider/subcontractors; and*
B. *Has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.*

Scion Dental acknowledges and agrees to all requirements and obligations contained in Section 3.15.24. Scion Dental will make all disclosures of ownership and control required under this Section 3.15.24 and as otherwise required by state and federal law.

3.15.25 Denial or Termination of Provider Participation

3.15.25.1 The vendor may refuse to enter into or renew an agreement with a provider if any person who has an ownership or control interest in the provider, or who is an agent or managing employee of the provider, has been convicted of a criminal offense related to that person's involvement in any program established under Medicare, Medicaid or the Title XX Services Program.

3.15.25.2 The vendor may refuse to enter into or may terminate a provider agreement if it determines that the provider did not fully and accurately make any disclosure required.

3.15.25.3 The vendor must also promptly notify the DHCFP Provider Enrollment Unit of any action it takes on the provider's application for participation in the program.

As part of its responsibility regarding program integrity, Scion Dental acknowledges and agrees to all requirements and obligations contained in Section 3.15.25.

3.16 Reporting

The vendor must meet all reporting requirements and timeframes as required in Attachment T, Forms and Reporting Guide, and this RFP unless otherwise agreed to in writing by both parties. Failure to meet all reporting requirements and timeframes as required by this RFP and all attachments thereto may be considered to be in default or breach of the contract.

Unless it is clearly labeled as "confidential" or "trade secret," information or documents received from the vendor may be open to public disclosure and copying. The State will have the duty to disclose, unless a particular record is made confidential by law or a common law balancing of interests. This includes compensation arrangements, profit levels, audits and findings, and pertinent litigation data.

Vendor may clearly label individual documents as a "trade secret" or "confidential" provided that the vendor agrees to indemnify and defend the State for honoring such a designation. The failure to label any document that is released by the State shall constitute a complete waiver of any and all claims for damages caused by any release of the records. If a public records request for a labeled document is received by the State, the State will notify the vendor of the request and delay access to the material until seven (7) business days after notification to the vendor. Within that time delay, it will be the duty of vendor to act in protection of its labeled record. Failure to act shall constitute a complete waiver.

Scion Dental will meet all client-defined reporting requirements and timeframes as required in Attachment T, "Forms and Reporting Guide", and in the RFP, unless otherwise agreed in writing by both parties.

In accordance with the instructions of the RFP and Nevada law, Scion Dental will properly label all information and/or documents it deems "confidential" or "trade secret" in its submission to the RFP. Scion Dental requests the same be withheld by the State from public disclosure and copying.

Scion Dental acknowledges that it may label information and documents as "confidential" or "trade secret" on that condition that it agrees to indemnify and defend the State for honoring such a designation. Scion Dental further acknowledges and agrees that the failure to label any information and/or documents released by the State shall constitute a constitute a complete waiver of any and all claims for damages caused by any release of the information and/or documents.

3.16.1 Encounter Reporting

3.16.1.1 Vendors must submit encounter data in accordance with the requirements in this contract, to include any revisions or additions which contain information regarding encounter data, including DHCFP's media and file format requirements, liquidated damages and submittal timeframes. The vendor must assist DHCFP in its validation of encounter data. Compliance with reporting requirements is described in this RFP.

As discussed previously in **section 3.13.5.3.2-3**, before submitting a final paid claim file to the State, our highly qualified technical staff generates an 837 outbound file, runs it through our internal validation software, then investigates and resolves any discrepancies. Based on our findings we either change our processing edits to better meet the client's guidelines, or we change how we're reporting the claim data in our outbound data files to eliminate discrepancies and duplicates. After identifying the reasons for discrepancies and resolving the issues, including the non-submission of encounter data by providers or subcontractors, we reprocess claims based on updated business rules to eliminate inappropriate and duplicated claims from the final 837D encounter file submitted within the agreed upon timeframes to the State.

3.16.1.2 The vendor is required to submit encounter data for the Nevada Check Up program in the same manner as the Medicaid program. Nevada Check Up recipients must be separately identified from Medicaid recipients, but the information can be combined for submission.

Scion Dental generates all encounter data in HIPAA-compliant 837D encounter files. To separately identify Nevada Check Up recipients from Medicaid recipients, Scion Dental will work with the State to build customized business rules to identify each program from one another.

3.16.1.3 The vendor may not submit encounter data for amounts expended for providers excluded by Medicare, Medicaid, or CHIP, except for emergency services pursuant to 42 CFR 431.55(h) and 42 CFR 438.808.

Scion Dental does not submit encounter data for amounts expended for providers excluded by Medicare, Medicaid, or CHIP, except for emergency services pursuant to 42 CFR 431.55(h) and 42 CFR 438.808.

3.16.1.4 All encounters must be submitted for proper and accurate reporting and must be submitted within ninety (90) calendar days of receipt of encounter.

Scion Dental acknowledges this requirement and will submit all encounters within ninety calendar days of receipt of encounter.

As part of the initial implementation stage for any new client, our Client Support Solutions staff works closely with the client's HIPAA 837 Companion Guide (or client-defined proprietary file format) to define requirements, develop, and test file layouts for encounter files.

Our technical staff has extensive experience generating encounter files that meet client and state specifications to ensure simple extraction of data at the destination. All encounter files that Scion Dental generates undergo a series of edits to ensure

complete, accurate data before they are transmitted. We also use HIPAA compliance software to ensure that electronic file data complies with HIPAA standards. Scion Dental transmits outbound encounter files using encrypted secure FTP (SFTP) protocol for all data exchanges.

3.16.2 Summary Utilization Reporting

The vendor shall produce reports using quality measures identified in the DHCFP Quality Assessment and Performance Improvement Strategy (QAPIS) and must submit these reports in addition to other reports required by this contract in a timely manner.

Scion Dental acknowledges and will meet this requirement.

3.16.3 Dispute Resolution Reporting

3.16.3.1 The vendor must provide the DHCFP with reports documenting the number and types of provider disputes, recipient grievances, appeals and fair hearing requests received by the vendor and its subcontractors.

3.16.3.2 These reports are to include, but not be limited to, the total number of recipient grievances, the total number of notices provided to recipients, the total number of recipient and appeals requests, and provider disputes filed, including reporting of all subcontractor's recipient grievances, notices, appeals and provider disputes. The reports must identify the recipient grievance or appeal issue or provider dispute received; and verify the resolution timeframe for recipient grievances and appeals and provider disputes.

3.16.3.3 Comprehensive recipient grievance, notice, and appeal information, fair hearing requests, and provider dispute information, including, but not limited to, specific outcomes, shall be retained for each occurrence for review by the DHCFP.

The Scion Dental Appeals team routinely generates and delivers customized reports for our clients. Our system can accommodate any number of client-defined categories for grievances and appeals. Any data stored in our integrated benefits management system, including data from the Customer Service and Authorization Determination systems, can be easily extracted and repackaged into client-defined report formats without a programming change to the system.

Scion Dental's standard practice is to generate monthly reports of all grievances and appeals received from recipients and providers. Scion Dental will submit a monthly report to the DHCFP that includes the following information:

- Recipient name
- Medicaid ID number
- Subject of complaint
- Provider name
- Date received
- Date resolved
- Classification of complaint: 1) Emergency clinical, 2) Non-emergency clinical, or 3) Non-clinical.

We will also generate and submit separate reports of grievance and appeal data aggregated for the month by complaint type.

The Appeals department monitors recipient-initiated grievances about providers, including clinical Quality of Care grievances. Each month, the Appeals department delivers a trending and analysis report to the Credentialing Committee, Scion Dental's Dental Director, and the market's Provider Relations Representative. The report, which summarizes the prior month's grievance activity with a Year-to-Date comparison, is reviewed during Credentialing Committee meetings. If a clinical Quality of Care issue is identified, the local Field Provider Relations Representative personally visits the provider office for further investigation.

3.16.4 Quality Assurance Reporting

Performance Improvement Projects (PIPs) will be performed by the vendors pursuant to guidelines established jointly by the vendors, the DHCFP, and the External Quality Review Organization (EQRO), as well as those identified in this RFP. In addition, the vendor must provide outcome-based clinical reports and Management Reports as may be requested by the DHCFP or its EQRO. Should the vendor fail to provide such reports in a timely manner, the DHCFP will require the vendor to submit a POC to address contractual requirements regarding timely reporting submissions, areas of concern, or areas of noncompliance noted by the DHCFP or its EQRO.

Scion Dental acknowledges and will meet this requirement.

3.16.5 Recipient Satisfaction Reporting

Each vendor must collect and submit to DHCFP a recipient satisfaction survey prior to the third quarter of each contract year. The DHCFP may request a specific sample, and/or survey tool. Survey results must be disclosed to the State, and, upon State's or recipient's request, disclosed to recipients.

As stated in **section 3.9.16.11**, recipient feedback about their experience and quality of dental care is important to us. We use this information to continually improve our administrative services and the dental network. We actively conduct ongoing patient satisfaction surveys in an effort to discover what about the dental plan works well and what needs improvement. Satisfaction surveys are created to be client-specific and allow us to target those operational areas in need of adjustment. We work with each client to customize our approach for assessing recipient satisfaction.

Scion Dental is prepared to meet the requirements in 3.16.5 and will collect and submit to DHCFP a recipient satisfaction survey prior to the third quarter of each contract year.

In the third quarter of 2016, Scion Dental conducted a recipient satisfaction survey in Nevada. The results showed 96% of Nevada recipients who responded to the survey were satisfied with the dental care they received, and 92% were satisfied with their dental plan.

3.16.6 Financial Reporting

The vendor must meet the financial reporting requirements set forth in the Forms and Reporting Guide, including any revisions or additions to the document.

Scion Dental acknowledges and is prepared to meet the financial reporting requirements defined in the Forms and Reporting Guide. We prepare standard financial reporting for all of our clients by extracting data from our accounting system and formatting it to meet each client's unique requirements. We will account for all activity in the State of Nevada through our fully owned subsidiary Scion Dental of Nevada.

In addition, as also described in our response in **section 3.11.6**, Scion Dental works closely with our clients to develop systems and processes to assist with their reporting requirements. Our Reporting team ensures report formats and frequencies are clearly defined ahead of time to meet defined requirements. To take advantage of the Enterprise System's real-time data, and to make reporting as efficient as possible, our Reporting team applies their extensive past experience to develop universal, standardized reports that meet the needs of most clients. These reports are then integrated into the Enterprise System user interface, where clients can access them and generate them on demand through the Client Web Portal—any time, from anywhere, without having to wait for scheduled report delivery dates.

With our extensive reporting deliverable system, we are able to generate thousands of reports each year based on different frequency types, including monthly, quarterly, annually, and ad hoc. Our team will make certain all financial reporting requirements defined in the Forms and Reporting Guide are submitted to DHCFP in the defined formats, as scheduled.

3.16.7 Sales and Transaction Reporting

The vendor must report transactions between the vendor and parties in interest that are provided to the State or other agencies available to recipients upon reasonable request.

Scion Dental acknowledges and agrees with the requirement of section 3.16.7.

3.16.8 Other Reporting

The vendor shall be required to comply with additional reporting requirements upon the request of the DHCFP. Additional reporting requirements may be imposed on the vendor if DHCFP identifies any area of concern with regard to a particular aspect of the vendor's performance under this contract. Such reporting would provide the DHCFP with the information necessary to better assess the vendor's performance.

Scion Dental acknowledges this request and will meet it.

3.17 Information Systems and Technical Requirements

3.17.1 Data Requirements

The vendor will be required to provide compatible data in a DHCFP prescribed format for the following functions:

3.17.1.1 Enrollment;

3.17.1.2 Eligibility;

3.17.1.3 Provider Network Data;

3.17.1.4 PDP Assignment;

3.17.1.5 Claims Payment; and

3.17.1.6 Encounter Data.

Scion Dental routinely develops data integration as part of the implementation phase with any new client. Wherever possible, Scion Dental prefers to exchange data via HIPAA-compliant transaction sets. For data that does not have a defined HIPAA format, Scion Dental's EDI analysts have extensive experience transforming proprietary file formats and loading the data into our Enterprise System databases. Our experienced EDI staff works closely with each client's Companion Guides to define requirements, map, develop, and test file layouts for incoming and outgoing data files.

Scion Dental technical staff has extensive experience exchanging data in file formats that meet client and state specifications to ensure simple extraction of data at the destination. All data files that Scion Dental generates undergo a series of edits to ensure complete, accurate data before they are transmitted. We also use HIPAA compliance software to ensure that electronic file data complies with HIPAA standards. Scion Dental typically transmits outbound encounter files using encrypted secure FTP (SFTP) protocol for all data exchanges on any schedule that meets each client's needs.

An automated electronic transaction import system integrated into the Enterprise System manages data file import, transformation, and load processes based on configurable business rules and automated schedules. Our technical team has worked with many different trading partners, each with unique requirements. We are experienced at transforming, validating, importing, and reconciling complex data transactions.

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3.17.2 Interfaces

The vendor will work closely with the DHCFP staff and the DHCFP's fiscal agent to establish schedules for each interface. The DHCFP's Medicaid Management Information System (MMIS) will interface with the vendor's system in the following areas, although not necessarily limited to these areas:

3.17.2.1 Health Plan - Encounter Data (encounter data reflects all services provided to clients for whom the health plan pays.).

3.17.2.2 Health Plan - Network Data File.

3.17.2.3 Health Plan - Client Update File.

3.17.2.4 MMIS - Encounter Data Error File (HIPAA X12 837 and NCPDP).

3.17.2.5 MMIS - Encounter Data Informational Errors File.

3.17.2.6 MMIS - Health Plan Error File.

3.17.2.7 MMIS - Third Party Liability Update File.

3.17.2.8 MMIS - Client Demographic Data.

3.17.2.9 MMIS - Daily Health Plan Recipient File.

3.17.2.10 MMIS - Health Plan Recipient File.

3.17.2.11 MMIS - Network Data Exception File.

3.17.2.12 MMIS - Network Primary Dental Provider (PDP) Updates.

3.17.2.13 MMIS - Client PDP changes.

3.17.2.14 MMIS - Client Enrollment Updates.

3.17.2.15 MMIS - Health Plan Notification.

All transactions must be in a HIPAA-compliant format. In addition to complying with the requirements of the National EDI Transaction Set Implementation Guide, vendors will find EDI Companion Guides at the following website: https://www.medicaid.nv.gov/providers/edi.aspx. These companion guides contain HIPAA-compliant technical specifications.

The vendor shall be responsible at their own expense for any new and/or modified interfaces that may be required by CMS, including but not limited to, HIPAA regulations.

Data integration with external system interfaces and complying with the requirements of the National EDI Transaction Set Implementation Guide are core competencies for the Scion Dental technical team. Data connectivity and interface integrations are always part of any new implementation, and at Scion Dental we have extensive experience integrating with client systems. As discussed in **section 3.17.1**, an automated electronic transaction import system integrated into the Enterprise System manages data file import, transformation, and load processes based on configurable business rules and automated schedules. Our technical team has worked with many different trading partners, each with unique requirements. We are experienced at transforming, validating, importing, and reconciling complex data transactions and working with EDI companion guides.

Scion Dental's technical team develops and implements integrations to meet client business needs using one or a combination of inbound/outbound Electronic Data Interchange (EDI) files in:

- HIPAA-compliant transaction set format (preferred, when applicable)
- Wonderbox Technologies Proprietary data file format
- Client-defined proprietary file format

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3.17.3 Encounter Data Report Files

The vendor must provide encounter data report files in prescribed data fields to the DHCFP's encounter data processing agent on a monthly basis. The DHCFP will provide the required data fields and data transfer instructions. In developing the encounter data interface, the vendor will be provided with companion guide and details of any applicable edits and descriptions of the edits. The vendor will have adequate access to fiscal agent staff to assist in the development of the interface.

3.17.3.1 Encounters must:

A. Successfully pass through the HIPAA compliance editors used by the State's fiscal agent. The DHCFP will not entertain any requests for other compliance checkers to be used for the convenience of proposers.

B. Successfully pass encounter edits with a minimum of ninety-five percent (95%) of the data successfully passing all encounter edits within the first six (6) months of submission, with ninety-seven percent (97%) or as required by federal regulation, whichever is more stringent, passing all thereafter. In the event the vendor fails to demonstrate affirmative, good faith efforts to achieve these requirements, progressive sanctions, including monetary penalties, may be applied until data submissions meet the required standards. The vendor will not be held liable for encounters that do not successfully pass all encounter edits if the vendor is not solely responsible for the failure.

C. Be complete and accurate to establish capitation rates. Providing inaccurate or incomplete encounter data may create a false claim under the FCA and other laws. The undersigned hereby certifies the completeness, accuracy and truthfulness of the encounter data.

Failure to demonstrate affirmative, good faith effort: if, after delivery of a plan of correction and reasonable, agreed to timeframe to comply, the vendor will have an additional 30 days to correct whereupon the DHCFP may, at its discretion, impose sanctions in the form of liquidated damages. The liquidated damages would be two percent (2%) of one (1) month's capitation, or ten thousand dollars ($10,000), whichever is greater until the Contractor is in compliance, as well as any fines or sanctions imposed upon the DHCFP by regulatory agencies as a result if the vendor's non-compliance.

Scion Dental acknowledges and is prepared to meet the requirements for encounter data report files defined in section 3.17.3 of this RFP. As part of the initial implementation stage for any new client, our technical staff works closely with the client's HIPAA 837 Companion Guide or

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proprietary companion guide to define requirements, map, develop, and test file layouts for encounter files.

Scion Dental technical staff has extensive experience exchanging data in file formats that meet client and state specifications to ensure simple extraction of data at the destination. All data files that Scion Dental generates undergo a series of edits to ensure complete, accurate data before they are transmitted. We also use HIPAA compliance software to ensure that electronic file data complies with HIPAA standards. As required in section 3.17.3.1 A, Scion Dental will use the HIPAA compliance editor used by the State's fiscal agent.

Submitting encounter data

As mentioned in **section 3.13.4.2**, Scion Dental routinely generates and submits paid claims encounter files to our clients, on any schedule that meets each client's needs. Our EDI team currently manages data submission and reconciliation processes for more than 50 dental and medical markets. Each client has unique requirements, proprietary file formats, and customized reporting layouts and schedules.

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Resolving discrepancies and ensuring accuracy

As discussed previously in **section 3.13.5.3.2-3** and **section 3.16.1.1**, before submitting a final paid claim file to the State, our highly qualified technical staff generates an 837 outbound file, runs it through our internal validation software then investigates and resolves any discrepancies. Based on our findings we either change our processing edits to better meet the client's guidelines, or we change how we're reporting the claim data in our outbound data files to eliminate discrepancies and duplicates. After identifying the reasons for discrepancies and resolving the issues, including the non-submission of encounter data by providers or subcontractors, we reprocess claims based on updated business rules to eliminate inappropriate and duplicated claims from the final 837D encounter file submitted within the agreed upon timeframes to the State.

Our multi-step process ensures we deliver complete, accurate encounter data. As stated above, Scion Dental will achieve a 95% encounter data accuracy rate within the first six months of submission and a 97% encounter data accuracy rate thereafter.

3.17.4 HIPAA Transaction Requirements

All electronic transactions must be accepted/transmitted in a HIPAA-compliant format. These include, but are not limited to:

3.17.4.1 Premium payments (X12F 820);

3.17.4.2 Enrollment and disenrollment into a health plan (X12N 834);

3.17.4.3 Eligibility inquiry and response (X12N 270-inquiry and 271-response and approval of authorization);

3.17.4.4 Referrals and prior authorizations (X12N 278-both request and approval of authorization);

3.17.4.5 Claims encounter data (X12N 837 and NCPDP);

3.17.4.6 Claims status Inquiry and response (X12N 276-inquiry and 277-response); and

3.17.4.7 Payment and remittance advice (X12N 835-remittance advice).

In addition to complying with the requirements of the National EDI Transaction Set Implementation Guide, proposers will find EDI Companion Guides at the following website: https://www.medicaid.nv.gov/providers/edi.aspx. These companion guides contain HIPAA compliant technical specifications for each transaction.

Scion Dental supports all the HIPAA-compliant formats listed in section 3.17.4.

An automated electronic transaction import system integrated into the Enterprise System manages data file import, transformation, and load processes based on configurable business rules. Our technical team has worked with many different trading partners, each with unique requirements. We are experienced at transforming, validating, importing, and reconciling complex data transactions.

Our experienced EDI Analysts work closely with direct submitters to fully test HIPAA compliancy and data file quality in a test environment before accepting and processing electronic claims submissions in production.

For data not supported by HIPAA-compliant transaction sets, Scion Dental can accept data in client proprietary file formats, which we cross-reference to our Enterprise System database table structures.

Scion Dental typically accepts electronic claim files through a secure FTP site. The preferred method for receiving files is for the client to “push” their files to us through an SFTP connection. With our preferred “Push-Push” process, clients simply drop their data files on our secure FTP site, and a software package automatically moves files into the appropriate directory folders for processing. When processing is complete, Scion Dental “pushes” the response files back to the client’s SFTP site.

This process for exchanging data files is convenient, efficient, and allows for automated scheduling and processing. For those clients without the technical capability to transfer files through an SFTP connection, Scion Dental can access the client’s site instead and download the data files, or clients can send feed files via electronic hard media (CD-ROM, DVD, other media) through postal mail or secured email.

3.17.5 NPI Transaction Requirements

3.17.5.1 The vendor must provide the DHCFP with a National Provider Identifier, (NPI), including any taxonomy code(s), with their proposal. The vendor must electronically transmit and receive fully HIPAA compliant transactions. This applies to all HIPAA regulations currently effective and those in draft form. Throughout the duration of the initial contract and any extensions, the State will not bear any of the cost for any enhancements or modifications to the vendor information system(s) or the systems of any of the vendor subcontractors or vendors, to make it compliant with any HIPAA regulations. This includes those HIPAA requirements currently in effect or future regulations as they become effective.

Scion Dental has extensive experience managing government-funded dental programs, and we understand the need to remain compliant with new and changing regulations. Scion Dental's Compliance department is responsible for monitoring regulations and ensuring the company always remains in compliance.

Because we own our benefits management software system, Scion Dental has the unique advantage of being able to respond quickly to changing government regulations, as well as to changing client business needs. Our Enterprise System software is continuously enhanced to meet changing healthcare requirements—***always at no additional cost to our clients***.

As required in 3.17.5.1:

- Scion Dental NPI: 1134543101
- Primary Taxonomy: Yes
- Selected Taxonomy: 305R00000X – Preferred Provider Organization

3.17.5.2 All encounters must be submitted electronically as fully HIPAA compliant 'shadow claims.' This includes but is not limited to, providing the DHCFP, through its fiscal agent, the NPI on all providers, including billing, servicing, and OPR (ordering, prescribing, and referring).

Scion Dental typically submits encounters in a HIPAA-compliant format that meets the requirements of the 837D transaction set. Scion Dental requires billing NPI and servicing NPI to be included on claims. Before paying any claim, our Enterprise System software uses standard system edits to confirm, as of the date of service, the provider is actively enrolled in the Medicaid program, and the recipient is eligible for services received. Any ordering, prescribing, or referring provider NPI submitted with a claim is captured and stored in our system.

3.17.5.3 Without exception, all providers contracting through the vendor must be registered with the DHCFP as a Medicaid provider. This includes any providers who are required to have NPI. If an eligible provider submits their claims on paper, they must still use an NPI, and the shadow claim of that paper encounter must be submitted from the vendor to the State's fiscal agent electronically and it must include the provider's NPI. This applies for any providers who have obtained a taxonomy code in addition to their NPI. The taxonomy code must be provided to the State's fiscal agent, and that taxonomy code must be used appropriately on all encounters submitted to the State's fiscal agent on behalf of the DHCFP. The same NPI and taxonomy codes must be used for any third party insurance, including but not limited to private insurance and Medicare, for which the vendor rebills.

Scion Dental verifies each provider's NPI, Tax Identification Number (TIN), and state Medicaid ID as part of the initial contracting and credentialing process. The Credentialing department also performs ongoing monitoring of provider licenses and identification expiration dates.

When a provider data file is loaded into the Enterprise System, NPIs and taxonomy are stored as part of each provider record. The system automatically matches provider information submitted on a claim against NPI and taxonomy stored in provider records, ensuring only providers who are actively enrolled in the Nevada Medicaid dental program as of the date of service are eligible for claims payment.

Scion Dental requires billing NPI and servicing NPI to be included on claims. Before paying any claim, our Enterprise System software uses standard system edits to confirm, as of the date of service, the provider is actively enrolled in the Medicaid program, and the recipient is eligible for services received.

It is Scion Dental's standard procedure to always include provider NPI with encounter reporting and to automatically deny any claims submitted without a valid NPI. To ensure accurate encounter reporting, Scion Dental requires that any provider rendering service be actively registered with the state, with an effective date as of or before the date of service, and that claims from that provider include an NPI and taxonomy on file with that state.

3.17.5.4 Without exception, all encounters from sub-capitated providers must be captured by the Vendor and transmitted to the State's fiscal agent following the guidelines outlined above. These must be fully detailed encounters following HIPAA requirements and using HIPAA compliant transactions, including but not limited to the use of NPI and taxonomy. Encounter data must include the individual NPI to identify the rendering provider or prescribing provider.

Not applicable. Scion Dental does not intend to sub-capitate providers in the State of Nevada. Should that change for any reason, Scion Dental would treat encounters from sub-capitated providers in the same way as encounters from any other providers, and apply same business logic to ensure complete, accurate claims.

3.17.6

Contractor must maintain current International Classification of Diseases (ICD) and Electronic Data Interchange (EDI) compliance as defined by CMS regulation and policy and no funding will be provided for contractor's compliance.

Scion Dental is regarded by industry experts as the "safe choice" when it comes to enhancing our software system to comply with new government regulations. Our track record shows we have consistently complied with new regulatory requirements well in advance of their effective dates.

For example, our Enterprise System software was ready to fully support ICD-10 coding as of April 2014, six months before the original deadline, and ***a full year and a half before the mandate went into effect*** in October 2015. Our system was configured well in advance to automatically switch to recognizing ICD-10 codes on all submitted dental claims with dates of service on or after October 1, 2015.

Scion Dental complies with all requirements of the Health Insurance Portability and Accountability Act (HIPAA). The Enterprise System complies with Accredited Standards Committee (ASC) x12 healthcare version 5010 transaction sets that are mandated under HIPAA's Administrative Simplification provisions, including:

- 834 EDI Health Plan Enrollment, Disenrollment and Maintenance Transaction Sets
- 270/271 Eligibility Status Request/Response
- 837 EDI Health Care Claims or equivalent Encounter Information Transaction Sets
- 835 EDI Health Care Claim Payment/Remittance Advice Transaction Set
- 276/277 Health Care Claim Status Request/Response Transaction Sets
- 277CA Claim Acknowledgement Transaction Set
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 997 EDI Functional Acknowledgement
- 999 Implementation Acknowledgement

Scion Dental ensures appropriate security measures are in place to safeguard Protected Health Information (PHI) and electronic Protected Health Information (ePHI) received on original documents and subsequent received attachments.

Because we own our own benefits administration software system, we are able to keep pace with changing requirements and government mandates. Our Enterprise System software is continuously enhanced to meet requirements, always at no additional cost to our clients.

3.18 DHCFP Responsibilities

DHCFP will be responsible for the following:

3.18.1 External Quality Review

DHCFP will contract, to the extent required by federal law, with an External Quality Review Organization (EQRO) to conduct independent, external reviews of the quality of services, outcomes, timeliness of, and

access to the services provided by the vendor covered under the RFP. These reviews will be conducted at least annually.

Scion Dental acknowledges and is prepared to meet this requirement. We are experienced in collaborating with EQROs.

3.18.2 Due Process

3.18.2.1 The DWSS is responsible for all appeals pertaining to eligibility for Medicaid and Nevada Check Up. The DHCFP is responsible for the appeals process for disenrollment from managed care programs and for providing a State Fair Hearing to all recipients who request such a hearing for all actions taken on medical assistance program benefits.

3.18.2.2 DHCFP will receive all recipient requests for State Fair Hearings, arrange for the fair hearings and provide the fair hearings officer. Upon receipt of the fair hearing request, DHCFP will forward a copy to the vendor.

Scion Dental acknowledges and is prepared to meet the requirements in section 3.18.2. Scion Dental will work in partnership with DHCFP to ensure a smooth and efficient appeals process.

3.18.3 DHCFP On-Site Audits

The DHCFP may schedule on-site audits at the vendor's primary place of business. The purpose of these audits is to confirm contract compliance and to more effectively manage DHCFP contract monitoring and oversight responsibilities of the vendor. These audits will be scheduled in advance and will focus on contract sections prior identified by the DHCFP. The vendor will be informed of the scheduling, focus of the audit and the expectations regarding vendor's participation no less than thirty (30) days in advance of the on-site visit. The vendor will have all prior requested data and information available at the time the audit begins.

Scion Dental acknowledges and will be prepared to comply with this requirement.

3.18.4 Actuarial Services

The DHCFP will provide or contract to the extent required by federal and state law with an actuarial contractor to establish rates using a methodology that is certified as actuarially sound and in compliance with state and federal law. Rate reviews will be conducted at least annually.

Scion Dental is ready and willing to cooperate with and assist the DHCFP's contracted actuary.

3.18.5 Encounter Data Processing

The DHCFP will contract with an encounter data processing agent to accept, edit, process, and review encounter data submitted by contracted vendors. It is DHCFP's sole responsibility to determine the format in which the vendor must submit the encounter data. In addition, the vendor encounter data, when requested, must be submitted to the DHCFP's actuary.

It is Scion Dental's standard practice to adhere to client, state, and federal payment rules in the definition and treatment of data elements which are standard fields in encounter data submissions. We follow industry standards for coding and apply HIPAA transaction set standards for field definitions.

Scion Dental technical staff has extensive experience exchanging data in file formats that meet client and state specifications to ensure simple extraction of data at the destination. All data files that Scion Dental generates undergo a series of edits to ensure complete, accurate data before they are transmitted. We also use HIPAA compliance software to ensure that electronic file data complies with HIPAA standards. Scion Dental transmits outbound encounter files using encrypted secure FTP (SFTP) protocol for all data exchanges.

Customized data file formats, as well as business rule requirements, are routinely mapped, developed, and tested as part of the initial implementation stage for any new client at no additional cost to our clients or incumbent vendors.

3.18.6 Website Access

The DHCFP will maintain an Internet link on its official website at which the vendor's website can be accessed.

Scion Dental looks forward to collaborating with the DHCFP on providing links between your official website and our full-featured Provider Web Portal and Member Web Portal.

Scion Dental routinely develops web portals and links them to client websites as part of the implementation phase with any new client.

3.18.7 Operation Oversight

The DHCFP has procedures for monitoring the vendor's operations related to recipient enrollment and disenrollment; processing grievance and appeals; violations subject to intermediate sanctions; violations of the conditions for receiving federal financial participation; and all other provisions of the contract.

Scion Dental acknowledges and will be prepared to collaborate with DHCFP as needed.

3.19 Cost Containment and/or Cost Avoidance Initiatives

The vendor shall develop policies and procedures that ensure cost containment and avoidance initiatives that positively impact health outcomes and result in cost savings to the State. Cost containment and avoidance initiatives must be provided to the DHCFP for review and approval prior to implementation.

When Scion Dental entered the Nevada Medicaid dental market in 2010, our Cost Containment and Child Protection team performed an intensive, thorough investigation of current provider practice patterns. Using our proprietary "focused cost containment" approach, we were able to identify numerous individual providers and clinic locations with aberrant practice patterns and questionable billing practices. As a result of our cost containment research, we removed one large dental group from the network because of their ongoing, significant aberrant behavior. In addition, we implemented more restrictive authorization requirements for numerous individual providers, based on their individual performance.

For example, implementing prior authorization requirements for ***just three procedure codes*** for ***one dentist*** has resulted in savings of nearly ***$74,000*** since November 2014.

Because our Enterprise System software supports fully customizable authorization schedules, we can apply different authorization requirements down to the level of an individual provider at a

particular location. This individualized approach allows us to quickly identify potential fraud and actively put protections in place to prevent fraud wherever we can.

We also have the ability to review performance over time and loosen authorization requirements for providers with a proven history of authorization approvals and with billing practices in line with their peer groups. Reducing the number of services that require prior authorization saves high quality providers both time and money, making this option a valuable incentive over monetary incentives such as fee increases.

Flexible, focused cost containment program

Scion Dental ensures cost-effective, quality care through our URAC-accredited utilization management and review program. We employ an innovative, flexible, focused cost containment program that includes powerful system edits, three-tiered authorization determination, provider profiling through data analytics, and fraud and abuse evaluation.

Scion Dental has a dedicated, experienced Cost Containment and Child Protection team already in place, along with formal policies and procedures that govern our cost containment and cost avoidance processes. Scion Dental welcomes the opportunity to demonstrate our innovative tools and techniques to DHCFP for review and approval.

Scion Dental was the first dental benefit management company to be awarded full accreditation for Claims Processing and Health Utilization Management by the Utilization Review Accreditation Commission (URAC). Our pursuit of this accreditation speaks to our commitment to ensuring that care delivered to recipients promotes oral health, and that all dental services are necessary, appropriate, and delivered in the most cost-effective setting.

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Ongoing innovations to Scion Dental's cost containment program are generated on two primary fronts: our process and our technology. Our Utilization Management Committee oversees quality improvement projects that drive process innovation, and works closely with our software development team on Enterprise System enhancements, which further improve Scion Dental's utilization management and cost containment capabilities.

Detecting over- and under-utilization

Scion Dental uses technology tools and data analysis to detect over- and under-utilization of dental services. We use a comprehensive set of criteria to evaluate provider treatment patterns and identify potential outliers.

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Scion Dental's Utilization Management Committee

The Utilization Management Committee is a sub-committee of Scion Dental's Quality Improvement and Compliance Committee. The UM Committee meets quarterly to support utilization management activities through:

- Monitoring provider trends using authorization submission, appeals and complaints, and claim appeals. The UM Committee identifies any practices outside the normal scope and reports these to the Cost of Care Committee.
- Monitoring existing utilization management quality improvement projects underway.

The UM Committee is also the source of new utilization management quality improvement projects proposed for consideration by the Quality Improvement and Compliance Committee.

The vendor will also demonstrate its ability to operate an effective claims processing system that minimizes payment errors and, through the effective use of system edits and audits, prevents loss of public funds to fraud, abuse, and/or waste.

Scion Dental's successful approach to cost containment and cost avoidance is anchored by technology tools, embedded in our Enterprise System software system.

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As good stewards of public funds, we tackle the issues of fraud, waste, and abuse head-on, with the goal of ***preventing*** these issues wherever we can—and identifying and resolving them quickly whenever they occur. Our multi-pronged approach includes technology tools and data analysis; a vigilant, internal Cost Containment and Child Protection Team; and provider profiling tools available from our web portal—making it quick and easy for providers to compare themselves against their peers.

Automated claims processing edits

Scion Dental takes full advantage of technology to detect and prevent fraudulent billing practices **before providers are reimbursed**. We use technology to avoid an expensive "pay and chase" approach and instead identify potentially fraudulent or abusive claims before they are paid. Our Enterprise System software platform includes a full set of proprietary, dental-specific edits that evaluate and validate authorizations and claims from the moment the electronic data enters the system until payment is determined. The system also supports custom edits for unique business requirements and cost containment objectives.

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Provider profiling through data analytics, with transparency for clients and providers

While Scion Dental's Cost Containment and Child Protection team offers our clients ongoing utilization analysis and detailed provider profiling using statistical analysis, described previously in this section, we enhance that service by giving our clients access to the same analytical reporting tools we use to measure and evaluate provider performance.

> Our web-based tools offer you an **unprecedented level of oversight and transparency** into your dental benefit program.

As our client, DHCFP will have access to our integrated Enterprise Reporting Module (ERM), available through the Client Web Portal. With this powerful, customizable tool, you can generate analytical reports, online, anytime, to identify service frequencies, service comparisons expressed as ratios, performance rankings, and provider trends. By comparing a provider profile group against a panel group of peer providers, you can establish and assess performance standards and identify abnormal billing practices.

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Transparency for providers

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Fraud and abuse investigation, evaluation, and intervention

As discussed in **section 3.15.1.1**, through an innovative, focused cost containment program, Scion Dental lowers administrative costs, benefit costs, and risk-related costs. We tackle the issues of fraud, waste, and abuse head-on, with the goal of preventing these issues wherever we can—and identifying and resolving them quickly whenever they occur. Our program, headed by our Cost Containment and Child Protection Team, includes powerful technology tools, three-tiered authorization determination, provider profiling through data analytics, and vigilant fraud and abuse evaluation. We believe no other benefits manager can offer the same level of ongoing program transparency, efficiency of administration, and protection against fraud and abuse.

Recipient fraud. To identify and evaluate potential recipient fraud, Scion Dental has a system of checks in place to verify and validate critical member information such as ID number, birth dates, gender, member relationship, etc. at the point of enrollment, changes, and updates. These checks maintain the accuracy of information sent by the client. When identity theft or sharing is suspected, Scion Dental may, in coordination with its clients, initiate an investigation with the provider to determine if treatment is consistent with the member identified. This can include both treatment record and x-ray review.

Recipient/Provider fraud. This type of fraud generally involves financial kickbacks whereby a provider submits claims for treatment that is never done and shares the payments with the recipient. Because recipients are accessing care with valid identification, this type of fraud can be very difficult to detect. Often services submitted are of a routine nature where treatment does not require authorization.

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Provider fraud. Scion Dental has a Cost Containment and Child Protection Team and highly effective technology tools in place to monitor provider treatment practices and identify potential outliers. As described earlier in this section, we use a comprehensive list of criteria to evaluate and review a provider's overall treatment patterns.

3.20 Liquidated Damages and Sanctions

The vendor must comply with all terms and conditions stipulated in the current Contract, the RFP, and all attachments, including the Forms and Reporting Guide. The vendor must file accurate, timely and complete reports to DHFCP. If the vendor fails to meet the contract requirements, liquidated damages or intermediate sanctions may be assessed. In addition to liquidated damages and intermediate sanctions, the vendor will be responsible for any fines or sanctions imposed upon the DHCFP by regulatory agencies as a result of the vendor's non-compliance.

DHCFP may refuse to enter into a contract and may suspend or terminate an existing contract if the vendor fails to provide required reports, or disclose ultimate ownership or control information and related party transactions as required by DHCFP policy.

See Attachment O Liquidated Damages and Intermediate Sanctions.

Scion Dental understands its obligation to comply with all terms and conditions of the Contract, RFP, and all attachments, including the Forms and Reporting Guide and to file accurate, timely and complete reports to DHFCP. Scion Dental further understands that the failure to so comply may result in liquidated damages, sanctions and fines, including fines or sanctions imposed upon DHCFP by regulatory agencies as a result of Scion Dental's non-compliance.

BENEFIT MANAGEMENT SOLUTIONS READY FOR THE FUTURE

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