SECTION 4

REDACTED TECHNICAL PROPOSAL

DentaQuest

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.

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.

9.5.3 Vendors acknowledge 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.

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.

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.

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

Vendor confirms it has complied with all instructions outlined in RFP Section 9.5 for its Redacted Technical Proposal.

SECTION 3: TECHNICAL PROPOSAL

9.4 SECTION 3: TECHNICAL PROPOSAL

The technical proposal is a detailed explanation of how the vendor proposes to meet the Scope of Work. The technical proposal should be drafted to meet the specific requirements of this RFP. Do not submit company literature, brochures and marketing materials that have not been prepared specifically for this solicitation. The total technical proposal must not exceed 15 pages per category.

Proposals must be organized and sections must be separated as stated in ***Section 9, Proposal Submission Requirements, Format and Content*.**

Any material that the vendor believes to be confidential must be specifically identified and referenced by page, section and/or paragraph where the confidential information can be located on ***Attachment A, Confidentiality and Certification of Indemnification*** and comply with the requirements stated in ***Section 9, Redacted Technical*** Proposal.

If complete responses cannot be provided without referencing confidential information, a fully redacted version of the technical proposal must be provided as stated in ***Section 9.5, Redacted Technical Proposal***. If no redacted technical proposal is submitted, it may be determined that there is no confidential information in the technical proposal.

The Technical Proposal section must include and be organized as follows:

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.

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.

9.4.1 RESPONSE TO SCOPE OF WORK

Please refer to the next page to begin reviewing our complete response to the Scope of Work requirements.

9.4.2 COMPANY BACKGROUND/HISTORY

As instructed in Amendment 2, question 11, company information is located in Section 2.

3.1 GENERAL

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.

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.

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.

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.

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.

3.1.1 HIGHLY QUALIFIED AND EXPERIENCED DBA

DentaQuest USA Insurance Company, Inc. ("Vendor") is honored to respond to the Nevada Division of Health Care Financing and Policy's (DHCFP) RFP to serve as the dental benefits administrator (DBA.) for its Medicaid and CHIP dental programs in Clark and Washoe Counties.

DentaQuest[1] is the nation's largest and most experienced administrator of Medicaid Dental Carve-Out Programs, a distinct program type in which a state separates the management of its Medicaid dental program from its overall Medicaid medical program. The management of the dental program is then delegated to a qualified DBA.

In fact only 14 states operate their Medicaid dental programs under this model – and DentaQuest administers eight of those programs on behalf of the corresponding state agencies. This makes us uniquely positioned to bring our experience, operational and IT expertise, and vision to bear on the existing Nevada Medicaid Dental Program and move quickly to improve

DentaQuest is highly qualified and experienced, serving as the DBA for 8 of the 14 Medicaid Carve-Out Dental Programs in the country.

DentaQuest also serves as the subcontractor to over 100 health plans that contract directly with states for Medicaid programs.

In total, DentaQuest serves 20,000,000 Medicaid and CHIP recipients across 30 states.

[1] All references herein to "***DentaQuest***" or the "***DentaQuest enterprise***" shall mean Vendor and all entities that Vendor is controlled by, controls, or is under common control with. DentaQuest USA Insurance Company, Inc., which is a direct, wholly owned subsidiary of DentaQuest, LLC, is the Vendor and bidding entity that will execute the contract ("***Contract***") with the Nevada Division of Health Care Financing and Policy resulting from the Request for Proposal 3290 for Dental Benefits Administrator (the "***RFP***") . DentaQuest, LLC—which is currently the DentaQuest enterprise's primary operations entity—will be providing typical administrative and management services under the Contract as a subcontractor to Vendor.

utilization and access to oral care for those most in need. We possess a combined 61 years of experience managing Medicaid Dental Carve-Out Programs.

DentaQuest believes that results often speak more succinctly than words when it comes to demonstrating our keen understanding of project requirements and our commitment to improving metrics. Figure 3.1.A is a chart of the Medicaid Dental Carve-out Programs in which DentaQuest operates, along with some salient data related to our administration. We will draw heavily upon this experience to deliver a best-in-class program for Nevada.

Figure 3.1.A

State	Contract start	Reason state moved to dental Carve-Out	EPSDT dental utilization rates*	Network growth
Colorado	2014	Access to care issues	Contract too new to report meaningful data using this metric	In the first year of contract administration, DentaQuest increased active provider participation by 45%
Idaho	2007	Access to care issues	40% to 48%	N/A –not a goal. Network comprised of 56% of state's professionally active dentist
Illinois	1999	Access to care issues and EPSDT lawsuit	20% to 46%	869 to 3,140 dentists
Massachusetts	2007	EPSDT lawsuit	38% to 53%	1,492 to 2,450 dentists
South Carolina	2010	Poor financial oversight Maximize federal matching funding	47% to 49%	N/A –not a goal. Network comprised of 65% of state's professionally active dentists
Tennessee	2002-10, 2013	EPSDT lawsuit	Contract too new to report meaningful data	N/A –not a goal. Network comprised of 25% of state's professionally active dentist
Texas	2013	EPSDT lawsuit Poor financial oversight	Contract too new to report meaningful data using this metric	4,083 to 5,200 dentists
Virginia	2005	Access to care issues	23% to 50%	620 to 1,990 dentists

In addition to partnering with the eight states listed above to administer their Medicaid Dental Carve-Out Programs, we also serve as the dental benefit subcontractor to over 100 health plans that contract directly with states for Medicaid programs. In total, DentaQuest serves 20,000,000 Medicaid and CHIP recipients across 30 states.

Throughout our response, we will demonstrate our expertise and the understanding we possess to deliver the best dental care possible for Nevada recipients. We have the strategies with proven results to demonstrate that we can deliver to the Nevada Division of Health Care Financial and Policy:

- ***Improve recipient access to medically necessary covered services;***
- ***Provide recipients choices for managed dental care through a simplified process and meet standards for network adequacy for dental benefit plans;***
- ***Manage utilization of services to ensure healthy outcomes including prevention and early intervention through case management and effective outreach programs;***
- ***Reduce operational costs to include cost-containment and avoidance initiatives;***
- ***Incorporate managed care encounter data (shadow claims) into the existing Medicaid Management Information System (MMIS);***
- ***Streamline and simplify the Medicaid and Nevada Check Up health care program administration and encourage provider participation;***
- ***Enable continuity of care coordination between health care systems including but not limited to the State and/or Federal Health Insurance Exchange (HIX);***
- ***Provide and implement a process for continuous quality improvement; and***
- ***Provide integrated dental care to ensure optimal outcomes.***

We place a strong emphasis on person-centered, integrated care that improves health outcomes and overall wellness and conserves program resources. In all of the partnerships that we've forged with our state partners, the unifying result has been improved outcomes through better coordination and delivery of care.

Our Approach

DentaQuest will leverage the considerable experience we've developed in other states to connect with recipients in Nevada, collaborate with the DHCFP and the various stakeholders involved, and champion the beneficial impact of the Nevada dental program. We will operate with integrity as:

1. ***THE champion for health equity. In addition to our role as the Medicaid/CHIP dental administrator for the service area, we will emphasize partnerships that work toward integration of care, decrease health disparities, address social determinants of health, and promote access to high-quality preventive health care.***

2. ***A strong proponent for diversity and inclusion. We will create a network of providers that embrace diversity and inclusion and are focused on the health of a diverse population. We will work through our provider relations staff in Nevada to ensure that our network will be state leaders on cultural competence through our promotion of cultural knowledge, awareness, and sensitivity.***

3. ***A partner to providers so they may seamlessly transition to the DentaQuest system. We commit to robust training and support to ensure quicker processing of claims, timely credentialing, and ease of administrative burdens regarding authorizations. This will allow us to create a robust network of providers specifically in areas of high need. Additionally, the Nevada Dental Advisory Committee that we established will be a key part of this effort.***

3.1.2 CERTIFIED VENDOR

DentaQuest USA Insurance Company, Inc. is in the process of obtaining its certificate of authority from the Nevada State Insurance Commissioner for the for the applicable contract period and throughout the contract period.

3.1.3 ADHERENCE TO AUTHORITIES

DentaQuest confirms it will adhere to all authorities the Title XIX, Title XXI state plans and amendments, Code of Federal Regulations, and the Medicaid Services Manual.

3.1.4 POTENTIAL TO EXPAND SCOPE

DentaQuest understands that the DHCFP plans to initially procure dental services for eligible individuals in urban Clark and Washoe Counties and that 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.

DentaQuest would welcome the opportunity to expand the scope of services, populations or geographic areas. We have experience not only providing dental services for Medicaid and CHIP populations, but also Medicaid Aged, Blind, and Disabled; Medicaid Long-Term Care; Medicaid dual eligibles; state health exchanges; and other special populations.

Additionally, we understand that they rural areas of the state will be managed through the state's FFS program. DentaQuest has extensive experience building networks and encouraging recipients to access care for highly rural areas for states with similar challenges to Nevada. For example, utilization of dental services by Medicaid and CHIP Texas recipients assigned to DentaQuest increased by 14.15 percent from 2014 to 2015 and another 8.64 percent from 2015 to 2016 in all rural counties of Texas. The combined efforts of provider recruitment and retention efforts and recipient outreach efforts directly aided in these increases.

3.1.5 CATCHMENT

Because it is often a challenge for states to ensure access to care through providers located directly in that state alone, we are very accustomed to working with providers in bordering states in all 30 markets where we administer dental programs. In fact, as part of our network recruitment strategy, we routinely conduct analysis of counties that border other states to identify provider shortages and determine if providers located there would be more accessible to recipients. These out-of-state providers then become part of our targeted recruitment efforts to ensure network compliance.

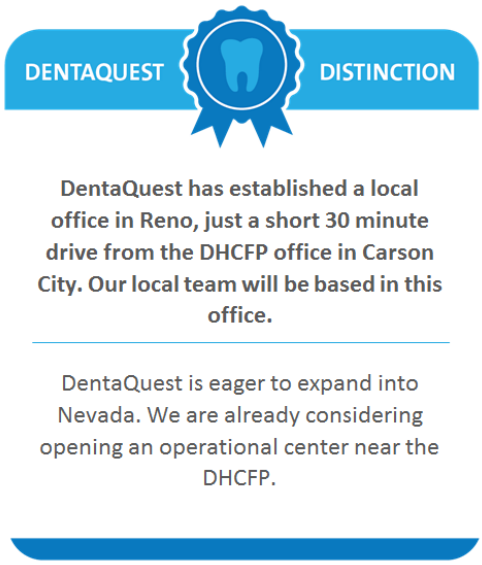
For example, we administer the Medicaid dental program in New Mexico on behalf of several MCOs. Our dental network includes over 250 in-network providers in catchment states, including Colorado and Texas. Likewise, in Idaho, where we administer the Medicaid dental program, we contract with nearly 100 providers located in the catchment states of Nevada, Oregon, Utah, Washington and Wyoming. DentaQuest treats these providers the same as in-state providers, and will do so for providers in Medicaid catchment areas for the Nevada dental program.

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.

DentaQuest understands the importance of participating in all designated meetings scheduled by the DHCFP. As part of this commitment, DentaQuest will be hiring a Nevada Medicaid/CHIP Operations Manager who will live and work in the state and be dedicated 100 percent to this contract. He/she will be based in our local Reno office, just a short 30 minute drive from the DHCFP's Carson City office, and will be further supported by a team of experienced professionals who have years of experience managing complex Medicaid and CHIP dental programs.

DentaQuest will deploy a staffing model for the Nevada Medicaid Program that ensures the correct mix of senior staff and other key staff. Our initial objective is to ensure that goals, strategies, initiatives, processes and stakeholder interfaces are led by a seasoned team of individuals who understand the diverse needs of the state. Below is a description of the three core teams that will work on this account.



- ***DentaQuest Executive Leadership Team.*** ***This team is comprised of senior level DentaQuest executives empowered to make strategic decisions to ensure program success, which is led by Steve Pollock. In addition to being able to make systemic adjustments to processes, personnel and technology, they will also serve as the issues escalation "authority" by directing cross-functional remedies for any complex challenges that may occur. Other team members include Jim Collins, EVP Operations and CFO; and Dan Sheehan, SVP and Chief Information Officer.***

- ***Local Nevada Team.*** ***This team is located in Nevada and is attuned to the key stakeholders in state, namely DHCFP, its recipients and our providers. They are empowered to make the daily decisions necessary to best meet stakeholder needs on the ground. To demonstrate our strong commitment to the state of Nevada, in addition to the Operations Manager, DentaQuest will exceed RFP requirements and hire a full-time dedicated Outreach Coordinator and two full-time Provider Relations Representatives who will round out our Nevada team.***

- ***Operational Leadership Team.*** ***This team is comprised of the functional area experts and leaders who are skilled at delivering the operational thresholds outlined in this RFP. This team is considered one of the best in the country when it comes to administering Medicaid dental***

benefits. The leaders on this team are attuned to managing their functions and staff to ensure all deliverables are met and exceeded in an efficient and effective manner.

The following organizational chart outlines the base leadership team that will support the Nevada Medicaid/CHIP Operations Manager and the DHCFP to ensure the success of the dental program. More information on this team is located in our response to Section 3.14.

Joe Vesowate
Regional Vice President Client and Provider Engagement

Aaron Washburn
Regional Director Client Engagement

Noah Lehman
Regional Director Provider Engagement

To be hired

Nevada Medicaid/CHIP Operations Manager

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
3.3.2 Vendor Covered Services
3.3.3 EPSDT Services (Medicaid) & Well Baby/Child Services (Nevada Check Up) Health Promotion & Education Programs
3.3.4 Out-of-Network Services
3.3.5 Emergency Dental Services

SECTION GUIDE

DentaQuest excels at managing required dental services for dental programs. In this section we will address:

- ***Our confirmation to provide all required services***
- ***Our plan to provide Nevada with value added service that go above and beyond the required dental services***
- ***Our understanding of Evidence of Insurance***
- ***3.3.1 General information including:***
  - ***Medical necessity, our prior authorization process, ensuring consistent clinical decisions are made, provider choice, maintaining and providing our network and covering out of network services***
- ***3.3.2 Vendor covered services***
- ***3.3.3 EPSDT Services and our plan for health promotion and education programs***
- ***3.3.4 Providing out-of-network services***
- ***3.3.5 Providing emergency dental services***

Covered Diagnostic, Preventive or Corrective Services and Procedures

DentaQuest confirms its benefit package will 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.

DentaQuest is accustomed to administering the services described in Section 3.3 of the RFP, including Medicaid EPSDT and CHIP benefits for recipients up to age 21 years. We also manage emergency dental service benefits for individuals age 21 and over, and dental benefits for adult Medicaid-eligible pregnant women.

Value Added Services

DentaQuest places a strong emphasis on person-centered, integrated care to improve health outcomes, overall wellness, and conserve program resources. To accomplish this, we believe it is vital that all services and interactions with the member are unified and work in tandem. Although our proposed Value Added Services can be implemented on a "standalone" and/or on an at-will basis, they are most effective when complementing all recipient outreach and education, proposed later on in our response.

Figure 3.3.A is a schematic of DentaQuest's programs to enhance the recipient experience and improve oral health. There are three core components to DentaQuest's Recipient-Centered Experience continuum– the first is how we welcome new recipients into the program, ensuring they understand their benefits and how to access care; the second is the ongoing outreach and education necessary to empower recipients to improve their oral health; and lastly, six Value Added Services including:

1. ***Smiling Stork***
2. ***Emergency Dental Redirect***
3. ***MORE Care***
4. ***Early Childhood Caries Prevention***
5. ***Member Rewards***
6. ***Managing Chronic Conditions***

We describe each Value Added Service in more detail in Figure 3.3.B.

Managing value added programs require focus and commitment. DentaQuest will hire a full-time in-state Outreach Coordinator, who will manage the Value Added Services programs we propose in this response.

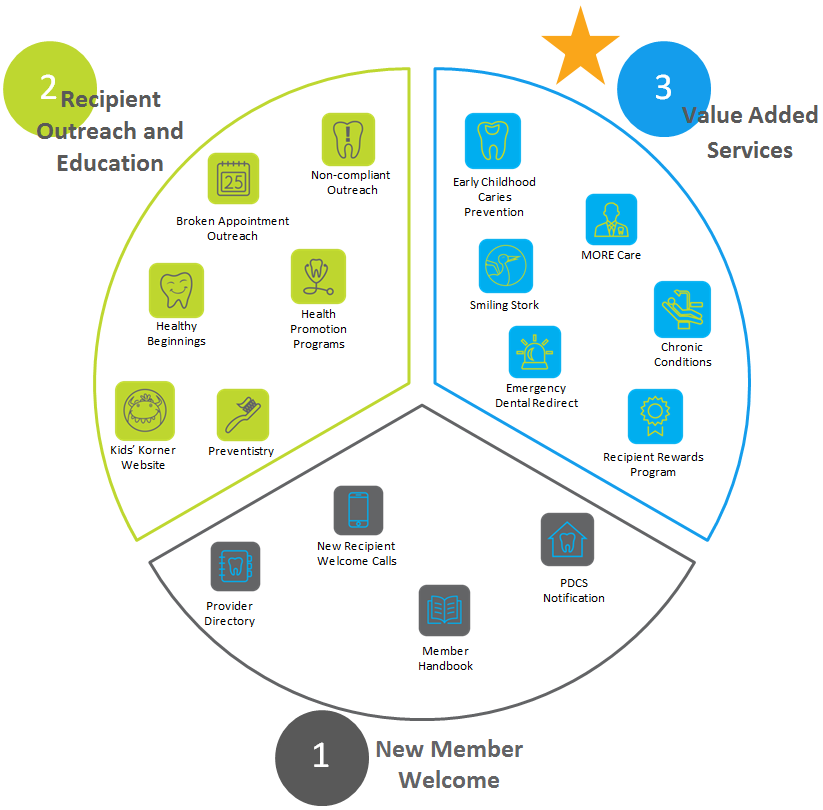


Figure 3.3.A DentaQuest's Recipient-Centered Experience Continuum

Figure 3.3.B DentaQuest's proposed Value Added Services for Nevada

Value Added Program: Smiling Stork Program

Targeted Population:
Pregnant recipients

Program Description

Over the past decade, there has been compelling evidence linking the presence of periodontal disease in pregnant women to increased incidence of pre-term, low- birth-weight (PTLBW) births. In addition to the high medical costs – $49,000 in the first year of life compared to $4,551 for a full term baby – premature births present additional risks including cerebral palsy, vision problems, learning disabilities and development delays. What's more, there is strong evidence that suggests controlling oral diseases in pregnant women has the potential to reduce the transmission of oral bacteria from mothers to their children, which can subsequently decrease ECC in their children.

Consequently, it is critical for women to receive dental care while pregnant. To drive utilization and promote better health outcomes in pregnant women, DentaQuest will implement its Smiling Stork program in Arkansas. Smiling Stork raises awareness of the potential association between dental disease and PTLBW births. It educates pregnant women about:

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

This program integrates the services and support of OB/GYNs, dental providers, and community organizations to ensure that pregnant women are accessing dental care. Pregnant recipients will receive two brochures in their orientation packet: "A Pregnant Woman's Guide to Healthy Gums" and "A Quick Guide to Your Young Child's Oral Health." These materials explain the link between periodontal disease in pregnant women to increased incidence of PTLBW births, and how to prevent early childhood caries. Please refer to the end of this section for samples.

Additionally, as part of this program, we will work with dental Providers, OB/GYNs, and community organizations in the following ways:

- ***Dental provider education and outreach: we will mail letters to Providers, describing the Smiling Stork program's objectives and the importance of screening pregnant women for periodontal disease. This will include an article on the potential association between periodontal disease and pre-term, low-birth weight babies, copies of recipient educational materials.***
- ***OB/GYN education and outreach: we will mail a letter to OB/GYNs participating in the Medicaid program, describing the Smiling Stork Program's objectives and the importance of screening pregnant women for periodontal disease. This will include an article on the potential association between periodontal disease and pre-term, low-birth weight babies and information they can pass along to their patients on how to locate a dental provider. We will also provide OB/GYNs educational handouts and "tear pads" on oral health that professionals can provide to recipients.***
  Community organizations: We will train and educate community organizations on the importance of oral health for pregnant women. We will also distribute educational brochures and "tear pads" to these organizations that they can distribute to recipients.

Value-Added Service: Emergency Dental Redirect Program

Targeted Population:
Recipients who use the ER for dental care

Program Description

Hospital emergency department (ED) use for non-traumatic dental care is a problem nationwide because many Americans consider the ED their first or only option for relief from dental ailments. National research by a number of organizations, including American Dental Association's Health Policy Institute, shows that this issue continues to grow, presenting significant financial implications for public and private healthcare payers, hospitals and our citizens.

ED usage is expensive, and hospitals are generally unable to treat toothaches and dental abscesses effectively. Without awareness of opportunities to obtain dental care in a proper setting, an individual may return to the ED multiple times to address the same untreated complaint.

Ensuring each recipient has the information needed to receive covered services is central to our Emergency Department (ED) Diversion outreach program: Emergency Dental Redirect. Through this program, we will increase utilization of preventive dental services and educate recipients on what to do in a dental emergency, and consequently – decrease the use of the ED for non-traumatic dental care. Given that adults comprise the majority of ED users for dental issues, this program is a great fit for the Nevada adult population.

By educating recipients and then referring them to dentists, our goal is to help recipients achieve the Triple Aim of health care, including: reduction in the medical spend for hospital ED usage for non-traumatic dental issues, better quality of care for recipients, and ultimately better health outcomes. In parallel, we work to affect systemic barriers through interface with hospitals, physicians, pharmacies and community organizations to spread education on appropriate avenues for dental treatment for routine or emergent dental needs to aid in directing recipients to dental offices instead of Emergency Departments.

Outreach components of this program incorporate:

- ***Hospital ED collaboration – DentaQuest's outreach coordinator will personally meet with the highest utilized Medicaid-participating EDs across the state to establish relationships; educate ED staff on our recipients' oral health benefits and resources; and provide educational materials regarding oral health and benefits that ED staff can provide to recipients that come to the ED with dental complaints. We will train ED staff to use our secure Provider Portal to log a Nevada Medicaid/CHIP recipient as a dental referral and, within 24 hours, DentaQuest will contact that recipient via phone to provide assistance in appointment setting.***

- ***Phone calls and mailings to recipients – Based upon ED claims and notifications through our Provider Portal, Recipient Service Representatives will call recipients 2-3 times to encourage follow-up care with their Primary Care Dentist (PCD) and offer assistance making the appointment. If the phone call attempts are unsuccessful, we will follow-up with a letter explaining that their PCD is best equipped to treat dental problems, including infections. Our ED Redirect recipient education also stresses the importance of proper preventive care; how to access emergency dental care; and how to***

access a dentist for covered services.

- ***ED brochure and magnet – DentaQuest will give recipients a multi-purpose brochure that includes a refrigerator magnet with important phone numbers and PCP information.***

- ***Dental provider education – We educate providers about afterhours messaging that will provide better service and lower unnecessary emergency department utilization.***

- ***Pharmacy education – We've learned through meetings with providers, and through our nationwide experience, that pharmacies are often referring Medicaid recipients to EDs for dental issues. To address this, we will collaborate with pharmacies statewide to explain how they can refer recipients to DentaQuest for the most appropriate dental care.***

- ***Stakeholder collaboration – DentaQuest's Nevada outreach coordinator can establish relationships with other local stakeholders critical to the healthcare delivery system and to affecting access to dental care.***

Value Added Service: MORE Care Program

Targeted Population:
Children ages 0-2

Program Description

DentaQuest's MORE Care (Medical-Oral Expanded Care) Program can increase access to care for young children by leveraging the services of primary care physicians (PCP).

The MORE Care Program is designed to educate and encourage PCP pediatricians to use the six well-baby visits that occur in the first year of a child's life as opportunities to discuss the importance of early preventive dental care for their youngest patients and apply fluoride varnish to recipients right in their office. This is in line with the American Academy of Pediatrics' recommendation that pediatricians begin oral health risk assessments and apply fluoride varnish at six months of age.

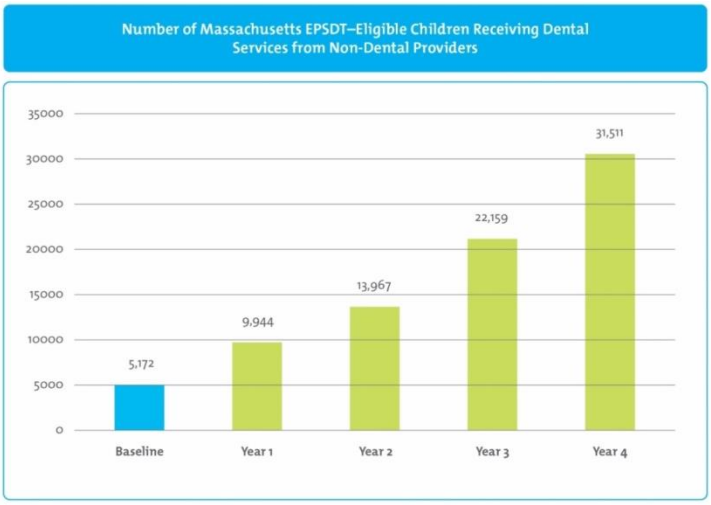
We developed this program because we know far more children see a PCP than a dentist in the first year of life. Yet, receiving preventive dental care early has been proven to reduce the chances of developing dental disease.

MORE Care meets the recipients where they are already receiving care – in a PCPs office. DentaQuest will contact participating Medicaid PCP offices and encourage them to sign up for the program. As part of this program, we will:

- ***Supply PCP offices with their first box of fluoride varnish applications***
- ***Provide recruitment and technical training assistance***
- ***Develop collateral educational materials for the PCP offices***
- ***Attend medical association events to promote the program***
- ***Seek out medical Provider champions for the program***

Our MORE Care Program has been proven successful, as demonstrated by our experience in Massachusetts. With oversight by the state agency, DentaQuest established a comprehensive PCP fluoride varnish program for the Massachusetts Medicaid Dental Program. We contacted Medicaid PCPs across

the state to invite them to participate in the program. Additionally, we provided clinical training on fluoride varnish application. The MORE Care program in Massachusetts has been extremely effective in promoting the use of fluoride varnish in a medical office setting, as illustrated in the chart below. The number of children receiving this important preventive service continues to increase year after year.



Value Added Service: Early Childhood Caries Prevention Program

Targeted Population:
Children under 3 years old

Program Description

Early childhood caries (ECC) is a prevalent form of caries (commonly referred to as "cavities") that affects the primary teeth of infants, toddlers and preschool children. It can progress rapidly, and if left untreated, may result in pain and infection. Although caries is largely preventable, the traditional treatment approach does not address the underlying disease.

Until recently, standards of care for ECC called for restorative and surgical treatment, along with general recommendations to change dietary and oral hygiene practices. Young children who are not cooperative or have special health care needs and require restorative treatment are commonly sedated or treated under general anesthesia. However, the costs of general anesthesia are high and relapse rates of 37 to 79 percent (restorative treatment failures) have been reported in scientific literature. It is now known that restorative treatment of caries alone does not address the disease process. Other factors such as behavior patterns, genetic predisposition, social circumstances and environmental exposure are equally important, especially for the long-term management of chronic diseases.

DentaQuest approaches ECC in a unique manner, as it differs from a traditional approach of the provider telling patients what to do. The DentaQuest provider team coaches patients and parents about the factors that lead to dental disease and assists in selecting self-management goals to improve their caries risk. Treatment decisions are based on the latest evidence-based guidelines, including minimally invasive techniques.

The foundation of DentaQuest's ECC protocol was derived from the CAMBRA (Caries Management by Risk Assessment) methodology, which focuses on

identifying the causes of the disease through a risk assessment for each individual and then managing those risk factors through behavioral, chemical and minimally invasive procedures. The DentaQuest Institute initiated an ECC Collaborative in 2008 with the goal of shifting the conversation around ECC from disease treatment to chronic disease management.

Since 2008, the DentaQuest Institute has focused on shifting treatment of young children from repair in a hospital operating room to a program of chronic disease management. The aim is to:

- ***Provide resources that enable providers to engage caregivers to interrupt the progression of the disease***
- ***Reduce the need for the surgical approach in an operating room***
- ***Reduce pain experienced by the children***
- ***Reduce the reoccurrence of the disease***

Our ECC Prevention Program can help recipients achieve better outcomes, while ensuring the state can experience a reduction in medical costs associated with operating room services associated with ECC.

The results of our EEC program have been notable: The figure below shows that operating room utilization dropped by 36%; new cavitation dropped by 285; and children reporting pain decreased by 25%.

ECC Program Results

Measurement	Result
Operating room utilization to treat ECC	Decreased by 36%
New cavitation	Decreased by 28%
Children reporting pain	Decreased by 27%

DentaQuest is prepared to leverage the experience of its Institute to implement an ECC Prevention Program in Nevada. We believe that not only can recipients achieve better outcomes, but our state partner can see a reduction in medical costs associated with operating room services associated with ECC.

Components of the ECC Prevention Program

- ***ECC Provider Engagement:*** ***The availability of the ECC Prevention Program would start with the DentaQuest provider team coaching and training participating ECC providers. Given this unique approach to care, would develop a training program for Nevada Dental Program that not only focuses on educating dental network providers but also includes a focus on the system of care for younger recipients, including hospitals and primary care providers. The training focuses on the factors that lead to dental disease and assists in selecting self-management goals to improve their caries risk. Treatment decisions are based on the latest evidence-based guidelines, including minimally invasive techniques.***

  DentaQuest would conduct in-person provider training led by a DentaQuest dental director to provide the initial information providers need to implement the ECC disease management protocol.

  The DentaQuest Institute's Online Learning Series offers significant continuing education and quality improvement coursework through online modules that nicely supplement the programming we may employ.

  The Disease Management Practicum would be available to all providers and would focus on shifting a dentist's practice philosophy from responding to caries to focusing more heavily on preventing it. Again the Online Learning Series includes a disease management practicum targeting caries management. Participants would take part in a series of eight online learning modules covering:

  - ***The Culture of Disease Management***
  - ***Caries as a Disease***
  - ***Caries Risk Assessment and Management***
  - ***Caries Management across the Lifespan: Children under 5, during Pregnancy and for Adolescents and Adults***
  - ***Use of Interim Therapeutic Restorations***

  CE credits are available for completion of each module within the series.

- ***Recipient and parent/caregiver engagement:*** ***ECC is largely influenced by various social and behavioral factors, such as dietary habits, oral hygiene practices and fluoride exposure. The ECC Prevention Program requires very close collaboration between providers and recipients and their parents/caregivers. It assumes that recipients have a central role in determining the care of their chronic condition, and that the dental practice has a supporting role in tracking and managing recipient care. Risk-based disease prevention and management of ECC requires family engagement and empowerment from the provider and care team in effective day-to-day behavior modifications (e.g. tooth-brushing, topical fluorides and dietary control) that address disease etiology.***

  Providers who participate in ECC Prevention Program would help identify recipients who pose high risk for developing caries. Outreach via letter, email and telephone would commence to educate the recipient as to the objectives of the program and the intervention strategies they can deploy to reduce ECC and subsequent pain, suffering and cost.

Value-Added Service: Nevada Recipient Rewards Program for Good Oral Health Habits

Targeted Population:
Recipients 0-20

Program Description

DentaQuest

CONGRATULATIONS!

Visiting your main dentist and having good oral health habits are important. Remember to watch what your children eat and drink, brush and floss after meals, and make sure they get regular check-ups.

DentaQuest wants to reward you for good dental habits. Here is a $10 Walmart gift card.

IMPORTANT INFORMATION YOU NEED TO KNOW:

- The gift card can only be used in a Walmart store and can't be used to buy alcohol, tobacco or prescription medication. You can use this card to buy items in the store marked with the "Great for You" logo.
- To activate the card, call 1-800-555-5555
- To check the card balance, call 1-800-555-5555 or go to Walmart.com/giftcards
- You can call the customer service number on the back of your DentaQuest member ID card if you have questions about this gift card.

GREAT for You

Detach along perforation.

Walmart
Reward Gift Card
$10
DentaQuest Value Added Services Program
DentaQuest

Incenting recipients to proactively manage their oral health can be an effective way to prevent complex oral health issues. In the Nevada Recipient Rewards Program, DentaQuest would provide recipients with a list/score card of actions they are to complete over a 12-month timeframe. Examples include:

- ***Completing games and puzzles on the DentaQuest Kids' Korner web site, designed to provide members with an interactiveand fun experience, while obtaining important oral health information***
- ***Pro-actively select a dental home provider***
- ***Going to the dentist twice per year for routine cleanings and check ups***
- ***Having dental home provider validate any sealant or fluoride varnish applications***

Once tasks are complete, the recipient would qualify for a $25 Walmart gift card to be used to purchase healthy foods and oral health supplies.

Value-Added Service: Managing Chronic Conditions	
Targeted Population: Recipients with respiratory or cardiovascular disease, cancer or diabetes	***Description***

	Given the evidence of association between complex chronic diseases and oral health, such as cardiovascular diseases, respiratory diseases, cancer and diabetes DentaQuest has developed a program that uses oral health services to help manage recipients with medical and dental comorbidities. Our Chronic Condition and Care Management Program is designed to reduce medical spend and/or use dollars more effectively.
	
	For example, tobacco use is the leading cause of the chronic diseases effecting Nevada recipients leading to heart disease, cancer, chronic lung disease, stroke, diabetes, obesity, and high blood pressure). Cancer is the second leading cause of death, and lung cancer is the most common form of cancer.
	
	Our cancer prevention program targets tobacco users through:
	• ***Educating dental providers on their role in screening for tobacco use, tobacco's impact on oral cancers, and the provider's role in education patients and early detection***
	• ***Providing resources to dental providers for educating their patients and screening recipients***
	• ***Educating recipients on importance of preventative dental services through:***
	  ○ ***Written, visually engaging, materials distributed at community events to educate recipients about the risks associated with tobacco use and to connect them to dental and tobacco cessation resources***
	  ○ ***Phone calls to recipients identified as tobacco users to connect them to dental and tobacco cessation resources***
	
	DentaQuest can work dental providers to use the HealtHIE Nevada site to identify their high risk patients can be identified and treated accordingly.
	
	Additionally, we will collaborate to design outreach strategies that encourage recipients with identified conditions to obtain oral health services through emphasizing the linkage between oral health and overall health. This may include tapping into existing care management strategies already offered to expand oral health focus or to enhance care coordination among support entities.

We will inform recipients on the availability of these services through our New Member Welcome Packet, Member Handbook, website, and via Recipient Service Representatives.

Insurance Certificate or Evidence of Insurance

DentaQuest does not issue any insurance certificate or evidence of insurance to any recipients, and will not do so for any Medicaid or Nevada Check Up recipients.

3.3.1 GENERAL INFORMATION

DentaQuest will ensure all medically necessary covered services are provided in accordance with the requirements outlined in the RFP.

While orthodontic services are only covered through the FFS program, we will ensure recipients receive a proper referral and coordinate care as needed between the recipients Primary Dental Provider and the orthodontist. DentaQuest will continue to facilitate EPSDT screenings for recipients under the age of 21 at six month intervals to all recipients receiving orthodontic care.

Medical Necessity

The medical necessity criteria we use to make clinical decisions is formulated from information gathered from practicing dentists, dental schools, ADA clinical articles and guidelines, insurance companies, state requirements, and other dental-related organizations. The criteria are based on procedure codes as defined in the American Dental Association's Code manuals, as well as the most current guidelines published by the American Academy of Pediatric Dentistry. When a procedure code requires review, DentaQuest will request from the provider and review specific documentation to support the medical necessity for that procedure. The documentation required is specified by generally accepted dental standards for medical review. The examples include radiographs, periodontal charting, treatment plans, or descriptive narratives. The criteria are designed as guidelines for medical necessity review and payment decisions, and are not intended to be all-inclusive or absolute. Additional narrative information is accepted in special situations.

Our medical necessity criteria conform directly to each state's requirements. In the case of Nevada, DentaQuest will consult the guidelines set forth by state statutes and regulations, the Title XIX and Title XXI State Plans, and other State policy and procedures, including the Medicaid Services Manual (MSM).

Authorization of Services

DentaQuest maintains written policies and procedures for the processing of requests for initial and continuing authorization of services, as well as monitoring prior authorization requests. For services requiring prior authorization, DentaQuest will determine medical necessity on a case-by-case basis. Our Utilization Management Program is designed to ensure consistent, high quality and cost effective delivery of dental care to recipients. This is accomplished by reviewing preauthorization requests that have been submitted by providers, either electronically, or via fax or US mail, to ensure they are medically necessary and represent the most cost-effective approach, but with minimal inconvenience to the provider and recipient.

Our Utilization Management department reviews all prior authorization requests. The team consists of 67 Clinical Review Specialists who have backgrounds in dental hygiene and dental assisting or have graduated from an accredited dental assisting program. We also employ and contract with a staff of 20 Dental Directors representing all specialties. The average tenure of our Dental Directors is seven years; many have been with the organization for more than 10 years. They possess an average of 20 years of clinical experience. All denied service authorizations are made by a Dental Director only.

DentaQuest's Windward system tracks and manages all provider requests for prior authorization. Prior authorization handling and claims adjudication are tightly linked, and our claims adjudication business rules recognize medical necessity review requirements at a procedure code level. Figure 3.3.C illustrates the steps DentaQuest's Utilization Management Program takes to make determinations of medical necessity on a case-by-case basis for services requiring prior authorization.

Figure 3.3.C DentaQuest Process for Determining Medical Necessity on a Case-by-Case Basis

Confidential

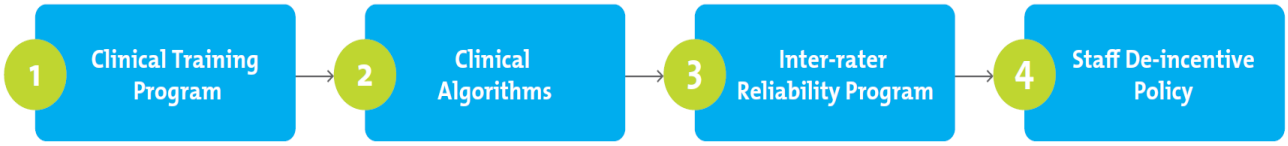
All documentation related to the prior authorization, including the original submission and any supporting documentation such as X-rays or pictures, are stored electronically in Windward for easy access. Additionally, the disposition, reason for denial, date of decision and name of the person making the decision are logged for future reference.

Prior authorization decisions can be viewed on our secure Provider Web Portal within hours of receipt into our system. This allows providers to expedite their treatment to recipients.

Ensuring Consistent Application of Review Criteria for Authorizations

The key to ensuring medically necessary services are provided appropriately is through consistent decision-making. We employ a number of tools, programs, and policies to ensure quality and consistency in the utilization decision-making process for both Clinical Review Specialists and Dental Directors. Our methods are illustrated in Figure 3.3.D below; a description of each follows.

Figure 3.3.D DentaQuest ensures the quality and consistency of dental review decisions in four specific ways



1. Clinical Training Program

DentaQuest is committed to the ongoing training of our UM department staff to ensure they are current with the leading clinical and industry practices. Our comprehensive clinical training programs covers:

- ***Recognition of appropriate clinical criteria***
- ***Interpreting radiographs***
- ***Patient charts and models***
- ***Market-specific requirements***
- ***Windward system use and application***

Confidential

All training is facilitated by our Senior Clinical Training Specialist, Tina Blomstrom, RDH, who has nearly 40 years of clinical experience. In addition to being a practicing RDH for 27 years, Tina taught at the Wisconsin Dental Assistant School. She is supported in her clinical training efforts by our Vice President of Clinical Management, James Thommes, DDS.

After two days of orientation and training, new Clinical Review Specialists (CRS) enter a three-day radiology certification training class. All of our CRSs must have a clinical background as a dental assistant or hygienist. CRSs must be able to recognize subcrestal decay, periodontal and dental abscesses, periodontal disease, bone loss and furcation involvement. They must also learn positions and types of impactions involved when tooth extraction is necessary, why general IV anesthetic may be approved for certain extractions, and how to determine the medical necessity of partial or full dentures. These topics are critical, as they are the most commonly requested services requiring clinical review. We test every CRS on each section and give them a final exam. They must achieve at least a 95 percent score on the exam or they will be unable to continue their employment with DentaQuest.

Upon passing the radiology certification training program, CRSs must complete DentaQuest's Learning Management System modules for Microsoft Outlook, Excel, and Word, with a minimum 95 percent average score.

Next, CRSs work one-on-one with our full-time Clinical Trainers to learn the clinical review process. This includes distinct state or plan requirements, exceptions, and turnaround times. Clinical Trainers audit 100 percent of their work.

Training lasts for six months, or until the CRS is proficient in his or her assigned areas. For a CRS to be released from training, he or she must consistently achieve at least a 95 percent score on all audits.

2. Clinical Algorithms

Our CRSs and Dental Directors apply many validity checks to each preauthorization request. Also known as algorithms, these checks constitute a series of "yes or no" decision points based on clinical criteria appearing in the American Dental Association's Code of Dental Terminology. Each check asks a question; the response drives toward a clinical decision on whether to approve or deny a service. Over the past 23 years, we have created 1,000 government program-specific algorithms to meet state guidelines and requirements.

An algorithm assesses the long-term prognosis and medical necessity of a dental service. For example, to evaluate the necessity of a crown:

1. ***A CRS reviews the request and supporting documentation, such as a narrative or X-rays.***
2. ***The CRS assesses whether the radiographs support a long-term prognosis by determining:***
    - ***a) Is there adequate bone support?***
    - ***b) Is there a lack of furcation involvement?***
    - ***c) Is there a lack of subcrestal decay?***
    - ***d) If a root canal is present, is it of good quality?***

3. ***If the radiographs do not support a good long-term prognosis, the CRS will deny the service and route it to a Dental Director, who will either uphold the denial or approve the service.***
4. ***If the service is deemed to have a good long-term prognosis, the CRS goes on to determine medical necessity. Areas reviewed for medical necessity include:***
    a) ***Is the tooth broken down enough to need a restoration with a crown as opposed to a lesser restoration?***
    b) ***Is there cuspal involvement?***
    c) ***Is there presence of decay or large restoration breakdown in the incisal angle on an anterior tooth?***

Each dental service requiring authorization has its own clinical algorithm that is customized to meet the medical necessity criteria for a given state.

Our clinical analysts track service denials by market to monitor authorization trends. This internal measurement tool frequently benefits providers. For example, in one market, we detected a pattern of denials that was due to missing documentation. We found that these denials surfaced from the same group of providers. We contacted these offices to inform them about this trend and educate them about treatment protocols that minimized the potential for denials. In just two weeks, the percentage of denials was reduced from 45 percent to less than 10 percent.

3. Inter-Rater Reliability Evaluations

All of our CRSs, UM auditors, Dental Directors and Clinical Trainers must participate in quarterly inter-rater reliability (IRR) evaluations. Our VP of Clinical Management and Senior Clinical Training Specialist choose at least 10 actual case histories. They select cases with a level of complexity that will effectively test each individual's ability to determine medical necessity using the appropriate codes and policies.

All must pass with a 90 percent proficiency level. If any Utilization Management team member falls below the required level, he or she must attend additional training with the senior clinical instructor and VP of Clinical Management and be re-tested.

We completed the last IRR testing in the second quarter of 2016. The average score for general cases was 94.9 percent for CRSs and 94.4 percent for Dental Directors. The average score for orthodontic cases was 99.1 percent for CRSs and 97.4 percent for Dental Directors.

4. Staff De-incentive Policy

DentaQuest refrains from interfering with the clinical decisions of its Dental Directors and CRSs through any kind of financial incentives or other encouragement.

DentaQuest does not use incentives to encourage barriers to care and service. We do not make decisions about hiring, promoting, or terminating Dental Directors or other staff based on the likelihood, or on the perceived likelihood, that the Dental Director or staff member would support the denial of benefits.

We ensure our Dental Directors have independence and impartiality in making referral decisions that will not influence hiring, compensation, termination, or promotion.

All Utilization Management, Grievance and Appeals, Fraud Prevention and Recovery, and Dental Director staff must sign an attestation at the time of hire, and then again on an annual basis, stating that no financial incentives or any other methods of non-monetary encouragement have been offered by DentaQuest that would adversely affect the benefit decisions made according to the State Medicaid guidelines and any applicable or federal statutes governing the activity. We maintain the signed attestation in each employee's file.

DentaQuest does not have any objections on the basis of moral or religious grounds to provide, reimburse, or provide coverage of a counseling or referral service.

Provider Choice

DentaQuest will ensure that recipients can select their own Primary Dental Provider Site (PDCS) and will be educated that they may change their PDCS at any time. If the recipient does not self-select a PDCS, one will be assigned based on a number of criteria to ensure the most appropriate match can be made between the recipient and the provider. More information on our provider assignment process is located in our response to Section 3.5.4.

Maintaining and Monitoring our Provider Network

We will 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 with DentaQuest. Our network recruitment plan, described in greater detail in our response to Section 3.6 considers several factors, as noted in Figure 3.3.E.

Figure 3.3.E DentaQuest's considerations when building the Nevada dental network

Consideration	DentaQuest's current understanding
Anticipated enrollment with DentaQuest	The DHCFP will award the contract to one vendor, and there are approximately 450,000 recipients covered under this program.
The numbers of network providers who currently are and are not accepting new Medicaid and Nevada Check Up recipients	According to Dental Dashboard Report for SFY16 provided to bidders by the DHCFP, there are: • 1,010 providers who provided at least one service within the last two years • An average of 350 providers submit a claim in a given month Upon contract award, DentaQuest would conduct further analysis of paid claims data specific to the population covered to better understand the number of providers who are and are not accepting new Medicaid and Nevada Check Up recipients. A core component of our network recruitment plan is to encourage contracted providers to open their practices to new recipients. Therefore, we will have a much more comprehensive view of the actual number of providers in each category after this recruitment initiative.
The expected utilization of services	Upon contract award, DentaQuest would conduct analysis of paid claims data specific to the service area and population to understand the baseline utilization of dental services. Because we plan to implement an extensive outreach program to encourage recipients to seek care, we will take into consideration the expected utilization rates to ensure we have a sufficient number of providers.

The number and types of providers required to furnish the contracted Medicaid covered services	*We understand that at a minimum, we must ensure there is at least one FTE dentist per 1,500 recipients. Or goal is to ensure there is at least one FTE dentist per 1,000 recipients.*
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.	*Once DentaQuest has census data for recipients and a better understanding of the existing contracted network in the service area, we can generate a Geo-Access to evaluate the existing compliance of the network. From there, we will target non-contracted providers to ensure compliance with the 25 mile requirement.*

Covering Out of Network Services

In the rare instance that a medically necessary service is not available or accessible through an in-network provider, we allow referrals to an out-of-network or out-of-state provider through our Single Case Agreement (SCA) process. A SCA will only be used if we are unable to locate a network provider within 25 miles of the recipient's address. Please see our response to Section 3.3.5 for a complete description of this SCA process.

3.3.2 VENDOR COVERED SERVICES

DentaQuest will directly provide all covered medically necessary dental services defined in MSM Chapter 1000 – Dental, with the exception of Orthodontic Services, through its contracted network of dental providers.

Our network will include the following provider types to ensure recipients can access all medically necessary dental services:

- ***General Dentists***
- ***Pediatric Dentists***
- ***Oral Surgeon***
- ***Oral and Maxillofacial Surgeon***
- ***Endodontists***
- ***Periodontists***
- ***Prosthodontists***
- ***Dental Hygienists***

We will ensure our provider network is able to accommodate 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.

And finally, our network will ensure Medicaid-eligible pregnant women are able to receive 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. We will also implement our Smiling Stork Program as a Value Added Service, which is designed to promote dental care for pregnant women.

Our network development plan for recruiting providers able to accommodate children, adults and pregnant women is detailed in our response to Section 3.6.

Coordinating Care for Recipients Needing Outpatient Care

When outpatient dentistry is required, a dental provider, hospital or ambulatory surgical center and anesthesiologist come together to deliver care. This can be a complex process due to a number of factors such as:

- ***All medical facilities (hospitals and ambulatory surgical centers) do not offer hospital dentistry services***
    - ***Those that do frequently have few operatory days devoted to dentistry***
- ***Medical plan coverage generally limits recipients to the use of a Medicaid contracted/network hospital or ambulatory surgical center; and***
- ***The treating dental provider must have practice privileges at the hospital or ambulatory surgical center.***
- ***When a recipient requires hospital-based dentistry, the treatment plan may require:***
    - ***Review and authorization of the dental services;***
    - ***Review and authorization of related anesthesia services; and***
    - ***Review and authorization of the outpatient facility.***

DentaQuest helps coordinate this care in a number of ways:

- ***We have access to contracted specialty dentists and general dentists that maintain hospital privileges. Care can be coordinated with the medical plan to be delivered at local hospitals or surgical centers.***
- ***We will coordinate directly with the recipient's medical health plan to establish key points of contact for daily interaction in care coordination needs related to preauthorization of hospital-based dentistry. Through this coordinated effort, we can facilitate treatment scheduling to ensure the dental provider and the recipient do not encounter confusion or barriers as a result of two participating networks and preauthorization plans.***
- ***DentaQuest reviews the medical necessity of the actual dental services required to be performed in the outpatient facility.***

Non-Emergency Transportation

DentaQuest understands that Nevada program recipients are entitled to medically necessary non-emergency transportation services. Our Recipient Services Representatives are trained to help recipients who express that transportation is a barrier to care, by first explaining that they may qualify for non-emergency transportation and then offering the appropriate toll-free number to contact.

We understand that Nevada contracts with a NET Broker who is authorizes and arranges for this transportation. During the implementation process, DentaQuest will request a contact list for this Broker so we can appropriately route recipients to this service or coordinate directly with the Broker as needed.

3.3.3 EPSDT SERVICES (MEDICAID) & WELL BABY/CHILD SERVICES (NEVADA CHECK UP)

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is key to ensuring that children and adolescents receive appropriate services needed to correct and improve health conditions by providing comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

Having specialized in the delivery of Medicaid dental services since 1993, DentaQuest is experienced in complying with CMS's EPSDT requirements for oral and dental care. Nevada requires the DBA to cover the following services:

- ***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.***
- ***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.***
- ***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.***

To ensure the proper provision of these services, DentaQuest takes a multi-pronged approach that includes:

1. ***Establishing and monitoring the provider network***
2. ***Educating recipients on the availability of EPSDT/Nevada Check Up Services***
3. ***Ensuring appropriate EPSDT benefit set up in our system***

Each is described in more detail below.

1. Establishing and Monitoring the Provider Network

DentaQuest will ensure recipient access to medically necessary EPSDT and Nevada Check Up services through the monitoring of network access, on an ongoing and recurring basis, throughout the life of the contract. DentaQuest will also conduct recipient outreach to encourage dental visits for EPSDT services and will monitor Nevada network access on a monthly basis to ensure that the PDCS for every recipient is no more than 25 miles from the their place of residence.

We will work with our providers to facilitate recipient access to the appropriate services at the right time. This collaboration will include continuing education, training incentives, and a mechanism for providers to report recipients who missed dental appointments.

2. Educating Recipients on the Availability of EPSDT/Nevada Check Up Services

Once we are able to ensure that providers are available to administer services, we focus on ensuring that recipients visit those providers to access services. We will implement outreach campaigns to help increase preventive measures (preventive visits and sealants) and overall EPSDT compliance. Our

Healthy Beginnings outreach program will incorporate mailings to recipients ages 0-2 years on the month of their birthdays that will address age-appropriate oral health practices. The materials will include information on the age-appropriate care children should receive at birth, age one and age two. Another example is our Preventistry program, which encourages Providers to place dental sealants on children ages 6-14 and encourages recipients to receive this important preventive service. DentaQuest will also contact all non-compliant recipients to remind them of the importance of receiving their EPSDT dental services.

3. Ensuring Appropriate EPSDT Benefit Set Up in our System

During the implementation process, DentaQuest will set up the EPSDT benefit in accordance with applicable federal and state regulations and directive from the DHCFP in its Windward claims processing system. Providers are required to submit a request for preauthorization for EPSDT services that are above and beyond the Medicaid benefit. For example, if a recipient has diabetes and needs dental cleanings more frequently than every six months (which is what the AAPD periodicity schedule states), the provider would submit an authorization request. They will include a narrative that explains why it is medically necessary for the recipient to have the additional cleaning. A licensed Dental Director will review the request and make a determination in accordance with the applicable EPSDT guidelines.

DentaQuest will ensure that all services for EPSDT-eligible Nevada children are approved in accordance with the 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 Services under Nevada Medicaid.

DentaQuest's Demonstrated Success with EPSDT Compliance

As evidence that our methods for ensure EPSDT compliance are effective, DentaQuest would like to highlight the pivotal role it played in helping Tennessee and Massachusetts cure EPSDT deficiency class action lawsuits.

- ***John B. v. Goetz was a class action against the state of Tennessee for its failure to abide by the federal law that requires the state to maintain the health of children enrolled in TennCare, the state's Medicaid program. After being selected as Tennessee's Medicaid Dental Managed Care Program administrator through a competitive bidding process, DentaQuest managed the requirements of the state's consent decree, including mandates for EPSDT, recipient outreach and education, case management (including court appointed cases), care coordination and marketing. Through our recipient outreach and engagement efforts, the dental screening ratio increased from 59 percent in 2005 to 80 percent in 2009, which met the EPSDT goal of the class action lawsuit.***

- ***Health Care for All v. Romney was a class action suit against the state of Massachusetts filed in 2005 for its failure to meet a number of Medicaid provisions, including EPSDT requirements to inform individuals about EPSDT benefits and to provide for necessary treatment. DentaQuest was selected to serve as Massachusetts's Medicaid Dental Managed Care Program administrator through a competitive bidding process in 2007. We implemented a robust recipient outreach program and significantly increased provider participation in the dental network, which ultimately led to the state's utilization rates increasing. As a result of***

the combined efforts of DentaQuest and the MassHealth agency, the state was remedied of the class action suit by 2011.

In addition to the two examples above, DentaQuest is currently doing its part to help the state of Texas meet the consent decree from its Frew v. Hawkins EPSDT class action lawsuit. As one of the two Medicaid DBAs in the state, DentaQuest is required to meet a number of EPSDT requirements on behalf of Texas as a result of the class action lawsuit, including:

- ***Cooperating with Head Start to ensure recipients have access to EPSDT services***
- ***Identifying children of migrant farmworkers to ensure they receive EPSDT services***
- ***Ensuring encounter data is accurate and complete***
- ***Providing timely dental checkups to all recipients, and accelerated services to children of migrant farmworkers***
- ***Helping recipients under age 21 schedule dental appointments***
- ***Cooperating with the state's enrollment broker***
- ***Notifying recipients of their right to challenge decisions by requesting a fair hearing***
- ***Ensuring recipients have a choice of Main Dentist and specialty Providers***
- ***Maintaining a case management plan to meet healthcare needs***

DentaQuest is monitored by the Texas Health and Human Services Commission on a quarterly basis to ensure its compliance with the stipulations of this lawsuit. DentaQuest continues to meet the state's expectations.

While Nevada is not subject to such decrees from class action lawsuits that impacted Tennessee, Massachusetts and Texas, it will benefit greatly from DentaQuest's experience in meeting such stringent EPSDT requirements. All of the best practices we have developed for these three states will be leveraged to ensure EPSDT and Nevada Check Up services are available to eligible recipients.

3.3.4 HEALTH PROMOTION AND EDUCATION PROGRAMS

DentaQuest believes that person-centered care is the key to meeting the Triple Aim, whereby more repents receives better quality care at lower costs. We embrace putting people and their families at the center of decisions and seeing them as experts, working alongside professionals to get the best outcome. This means we must offer health promotion and education programs so that individuals may take control of their own care.

As outlined in other sections of this RFP, all strategies that seek to connect with the recipient must operate as holistically as possible. There are three core components to DentaQuest's Recipient-Centered Experience – the first is how we welcome new recipients into the program, ensuring they understand their benefits and how to access care; the second is the ongoing outreach and education necessary to empower recipients to improve their oral health; and lastly, six Value Added Services.

As Figure 3.3.F highlights, DentaQuest's Health Promotion and Education Programs (HPEP) is just one component of our overall Recipient Outreach and Education strategy to enhance the recipient experience.

Our HPEP's will be customized to meet the unique needs of Nevada recipients, leveraging best practices we've developed for other states. Core content of these programs will include the following topics:

- ***How the dental program operates***
- ***Medically Necessary Covered Dental Services, benefit limitations, and any Value Added Services offered by DentaQuest***
- ***Dental exams and preventive care***
- ***The importance of oral health, proper nutrition and the relationship between oral health and systemic/overall health***
- ***Oral health literacy***
- ***Non-emergency transportation for Medicaid members***

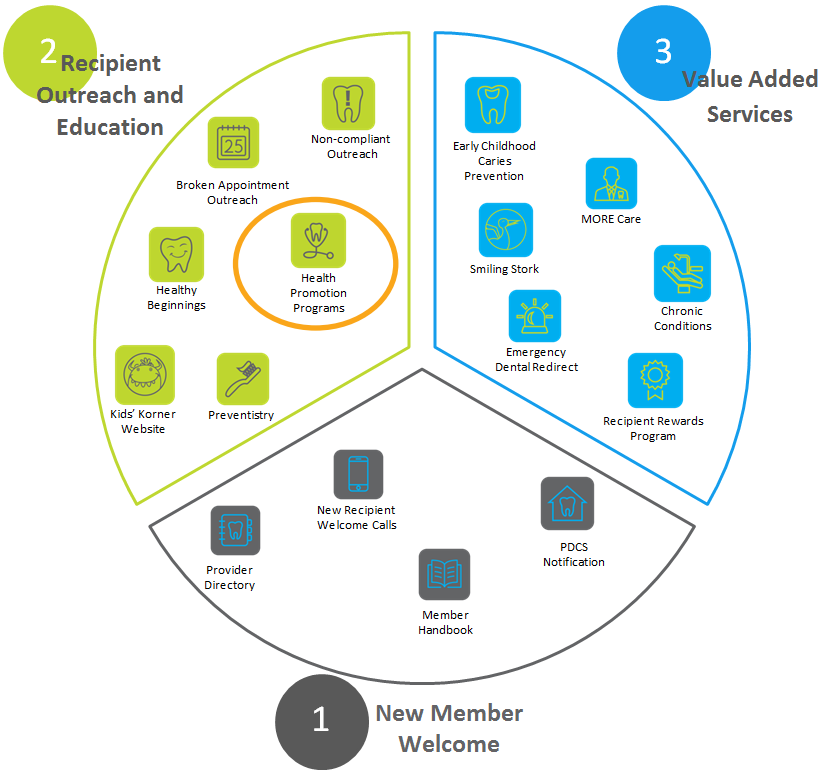


Figure 3.3.F DentaQuest's Recipient-Centered Experience Continuum

To distribute these messages, we will:

1. ***Conduct regionally located and regularly scheduled outreach activities***
2. ***Implement our Cultural Ambassador Program***
3. ***Implement Direct-to-Recipient Outreach Campaigns***

Figure 3.3.G expands on each of these initiatives in greater detail.

A Note about Health Promotion and Education Leadership

As part of our commitment to the state of Nevada, DentaQuest will hire a full-time outreach coordinator who will be responsible for establishing, maintain and executing DentaQuest's Nevada Health Promotion and Education Programs. This individual will be based in either Clark or Washoe County to ensure DentaQuest establishes strong relationships with community partners, and be required to travel extensively throughout the service area covered under this RFP. We will develop and submit our 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.

Figure 3.3.G DentaQuest's Proposed Nevada Health Promotion and Education Programs

Regionally Located and Regularly Scheduled Outreach Activities

DentaQuest will 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. This is a core component of other successful Health Promotion and Education efforts we have implemented in other states.

We often partner with existing health plans providing medical services for the Medicaid population. In the case of Nevada, we understand that the Aetna, Anthem/Amerigroup, Centene and United Healthcare provide medical services on behalf of the DHCFP. DentaQuest has worked with all four of these health plans currently or in the past and is confident we can develop mutually beneficial relationships with the local entities to promote oral health and education.

Additionally, we will target health fairs and other community events throughout the counties such as:

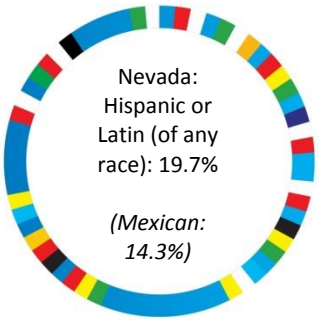
- ***Touro University Nevada Health Fair***
- ***Nevada State Health Division's free health fair: Where Information and education on topics including diabetes, tobacco cessation, mammograms and nutrition will all be made available to the public***
- ***Healthy Kids, Happy Kids health fair in Carson City.***
- ***Public Health Fair at UNLV***

We've also found that partnering with county housing authority events for their communities has been beneficial in reaching the Medicaid population and plan to reach out to the Housing Authority of the City of Reno (serving Washoe County) and the Southern Nevada Regional Housing Authority (serving Clark County) to participate in their community events.

And finally, partnering with local WIC and Head Start Programs have also proved to be the perfect venue to participate in regionally and regularly scheduled outreach activities. Our partnerships with these groups go beyond simply attending health fairs – we frequently present to parents and children alike on the Medicaid dental program, how to access care and the importance of good oral health habits at an early age. This is just a small representation of our total planned community events schedule.

Cultural Ambassador Program

Through our Cultural Ambassador Program, DentaQuest will appoint and train community partners to become cultural ambassadors, across the state, to serve as representatives of the Nevada Medicaid Dental program in communities that have historically experienced barriers to care. This program respects and honors the different ways diverse populations prefer to receive information and referrals for health care services, with the goal of increasing the likelihood of them using the Medicaid system.



For example, we will seek engagement with promotoras, lay Hispanic/Latino community members who receives specialized training to provide basic health education in the community without being a professional health care worker. associated with health care.

The community health worker (promotora) model is used because promotoras are effective disseminators of information, and act as the bridge between governmental and non-governmental systems and the communities they serve. Community health workers also act as

change agents within their naturally occurring social networks.

Using promotoras ensures that the many social and cultural characteristics of low-income people can be drawn upon to improve the appropriate utilization of health care services. These social and cultural characteristics can be defined as strong family support through the many interdependent ties of the extended family and the network of comadres and compadres (co-mothers and co-fathers), which are part of the family unit. The strength of these family ties help or hinder efforts to improve health behaviors because the information shared by the family is believed over that of a health care professional.

For example, one study reported that Hispanics rarely turn to health care professionals for health-related information but instead seek out peers or authority figures within their own social networks. Therefore, if misinformation is held by a figure of respect within the family network, it is likely to be passed onto others, thereby reinforcing the misinformation and resulting in negative consequences on the current and future health status of the family. It is logical to assume, then, that in order to transmit information and affect behavior change in Hispanics a peer-based educational model that respects the social order of the culture must be utilized.

We will educate community partners on a number of topics including:

- ***Benefits and services available through the Nevada Medicaid dental program***
- ***The importance of establishing a Dental Home***
- ***How to refer recipients in need of dental care to DentaQuest***
- ***Where to access oral health education resources***

- ***Developing strong relationships with community health workers and community-based organizations will be key to helping us expand our reach to the Medicaid population.***

- ***DentaQuest has implemented this program in a number of states and it has proven to be an invaluable tool in advocating for the oral health needs of Medicaid recipients. It also allows us to engage with public health leaders on participating in oral health events and speaking engagements, and distributing collateral on the importance of oral health and establishing good oral health habits at an early age.***

Direct-to-Recipient Outreach Campaign

DentaQuest will implement a Direct-to-Recipient Outreach Campaign to help raise awareness on the availability of the Medicaid Dental Program, how to access covered dental services and the importance of preventive care. Depending upon the recipient's communication preferences, we will call, text, email, and use postcard mailings. Our nationwide experience has shown that this outreach is effectively addresses the following barriers:

- ***Geographic challenges***
- ***Cultural and linguistic barriers***
- ***Limited oral health literacy***

3.3.5 OUT OF NETWORK SERVICES

In the rare instance that a medically necessary service is not available or accessible through an in-network provider, we allow referrals to an out-of-network or out-of-state provider through our Single Case Agreement (SCA) process. A request for such referral may be made by a provider or the recipient. Our SCA approach is expedited, individualized and incorporates the following steps:

1. ***Negotiate with the out-of-network/out-of-state provider on reimbursement rates for services to be rendered.***
2. ***Send the approved SCA and cover letter to the practitioner for execution of agreement. The cover letter:***
    - ***Outlines the out-of-network provider's responsibility to render care under rules of the Nevada's Medicaid guidelines***
    - ***Clearly states the prohibition against balance billing***
    - ***Details the list of services to be rendered, and associated fees***
    - ***Provides office information, payment information, length of time the SCA is open, and recipient information***
3. ***The out-of-network Provider signs and returns the SCA to DentaQuest***
4. ***A DentaQuest Provider Relations Representative submits the completed SCA through DentaQuest's internal help desk ticket system to get the out-of-network provider set up in our claims processing system***
5. ***The Provider Relations Representative contacts the out-of-network provider with final approval to treat the recipient***
6. ***The recipient is notified by a Concierge Services Representative that services have been approved through an out-of-network provider, gives the recipients all necessary information, and assists as needed with scheduling the appointment.***

We will then work to recruit the out-of-network provider who was issued the SCA to become an in-network contracted provider. DentaQuest's networks provide care to millions of Medicaid recipients in several states. For recipients who cannot readily locate a provider, or have an emergency, we are able to coordinate care on average in less than 24 hours.

3.3.6 EMERGENCY DENTAL SERVICES

As the largest and most experienced Medicaid dental administrator in the country, DentaQuest maintains strict adherence to the definition and processes for emergency dental services as defined by 42 CFR §438.114(a). We do not interfere or create barriers to recipients in need of emergency dental services. Key practices we prohibit to ensure emergency care can be provided include:

- ***Requiring prior authorization for emergency dental services and care.***
- ***Indicating that emergencies are covered only if care is secured within a certain period of time.***
- ***Using terms such as "life threatening" or "bona fide" to qualify the kind of emergency that is covered.***
- ***Denying payment based on the member's failure to notify DentaQuest in advance or within a certain period of time after the care is given.***

So long as the care is deemed an emergency in accordance with 42 CFR §438.114(a), the recipient can obtain care from an in- or out-of-network provider. We ensure providers are made aware that they may render care immediately in emergency situations. However, in the instance where a provider

insists on the submission of a request for authorization, an authorization to render "emergency service," are provided within 72 hours of request. Our policy is to review emergency authorization requests the same business day but no later than 24 hours after receipt to ensure we provide timely communication to the recipient and provider.

Coordinating with Other Vendors and Other Services

DentaQuest understands that the majority of Nevada Medicaid recipients are entitled to a number of benefits, such as medical services, pharmacy, behavioral health services, and transportation. DentaQuest is very well equipped at coordinating with other vendors and providers who are delivering other services covered under the Medicaid program.

For example, in Texas, we coordinate with the Texas Health and Human Service's Commission's (HHSC) claims administrator or a health plan to ensure Medicaid recipients can receive the following services from Texas:

- ***Treatment of a dislocated jaw, traumatic damage to teeth, and removal of cysts***
- ***Treatment of oral abscess of tooth or gum origin***
- ***Treatment of craniofacial anomalies***
- ***Outpatient dental care in a hospital or ambulatory surgical center (this is often needed for children with acute special needs or extensive Early Childhood Caries)***

We also have extensive experience working with organizations that serve recipients with special needs to coordinate their care. We understand that we will be responsible for ensuring all recipients including 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; and women with pregnancies can access covered medically necessary dental care. Our Recipient Services department is on the front lines of facilitating this care. And our Concierge Services department serves as another safety net to ensure recipients are matched with the appropriate dentist who can accommodate their needs. Both of these departments are described in greater detail in our response to Section 3.5.3 Recipient Services Department/Concierge Services.

Federally Qualified Health Centers

DentaQuest understands the important role Federally Qualified Health Centers play in ensuring access to care for the state's existing Medicaid Dental Program. We had the opportunity to meet with the CEO of First Person Care Clinics in mid-November, which proved to be an invaluable exchange on the needs of the Medicaid providers and population represented by this RFP.

Recognizing the important role FQHCs play, and to promote continuity of care for dental recipients, we will work to contract with all FQHCs that provide dental care for our network. We will welcome all contracts with the FQHCs, but in the event they choose not to participate in our network, we will ensure we pay a rate equivalent to the FFS rate.

As is the case in many other states, we understand that Nevada provides FQHC wrap payments and are accustomed to providing quarterly reports to our state agency clients on FQHC activity.

3.4 ENROLLMENT REQUIREMENTS AND LIMITATIONS

3.4.1 The vendor eligibility and enrollment functions are the responsibility of the DHCFP and the DWSS.
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) .
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.
3.4.4 Enrollment Interface
3.4.5 Provider Enrollment Roster Notification
3.4.6 Transitioning/Transferring of Recipients

3.4.1 DIVISION OF RESPONSIBILITIES

DentaQuest understands that the eligibility and enrollment functions are the responsibility of the DHCFP and the DWSS and that DentaQuest would be responsible for accepting and loading eligibility and enrollment data into its system.

3.4.2 ACCEPTING RECIPIENT ELIGIBILITY

As the DBA for over 100 Medicaid/CHIP dental programs across the country, DentaQuest is required to 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). Eligibility and enrollment requirements are always dictated to us by our clients and DentaQuest does not, on the basis of health status or need for health services, discriminate against recipients eligible to enroll. DentaQuest does not and will not deny the enrollment nor discriminate against any Medicaid or CHIP 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.

DentaQuest has designated personnel who are responsible for monitoring compliance with all civil rights/non-discrimination and cultural diversity/competency policies, especially with regard to monitoring the civil rights compliance of our providers, employees and subcontractors. Monitoring compliance of our subcontractors is a collaborative effort between DentaQuest Vendor Management personnel and Compliance Program personnel.

Additionally, we conduct initial and annual cultural awareness training for all staff. This training focuses on providing a competent system of service, which acknowledges and incorporates the importance of culture, language, and the values and traditions of recipients.

DentaQuest's Enrollment and Eligibility Process

DentaQuest will implement its pre-existing Enrollment and Eligibility system, housed within our claims management system, Windward, to electronically accept and process Nevada eligibility files from the state's MMIS. Windward is built on a .NET/SQL platform and supports administration of dental benefits in a government program setting. Distinct modules support each aspect of program administration with web-based interfaces, making it easy for us to deploy the system to individual users without having to install local software. Windward modules support claims, operations, recipient enrollment and eligibility, payment and billing, customer service, client configuration, and provider and utilization management. A separate infrastructure supports reporting, so that reporting requirements do not conflict with system performance. State-of-the-art Cisco Unified Computing System (UCS) and EMC storage hardware support our systems. System databases are on high-performance SAN devices to accommodate increases in business volume and simplify central

management of the system. DentaQuest uses virtual servers to augment its core systems where appropriate. This permits hardware independence and efficiency.

DentaQuest will construct the interface with the Nevada MMIS and will configure business rules to accept and process daily eligibility files and full replacement files provided by the DHCFP.

Utilizing our Enrollment System

DentaQuest works with all of its state and health plan clients to process electronic daily eligibility files and full replacement files. Typically, we exchange data with clients using the HIPAA X12N 834 version 5010 file format. However, we will work with the DHCFP during the implementation process to customize the parameters for exchanging information.

Our standard is to process eligibility files daily. All eligibility and enrollment data is automatically loaded in near real-time of receipt. This automated process ensures that the data can be processed at any time, even if it was transmitted during non-traditional business hours. Uploaded data is made available in the DentaQuest Enrollment System.

DentaQuest strictly adheres to Secure File Transfer Protocol and connects with each state's system and its statewide data network using VPN to transfer HIPAA-compliant files to an SFTP site. We have also set up dedicated connections to facilitate the secure transfer of files. DentaQuest can either pick up the file from the DHCFP's FTP site, or the DHCFP can post the file to our site.

We use ARRA HI-TECH-compliant encryption algorithms for data exchange. DentaQuest supports the following secure data transfer methods:

- ***Trading Partner Portal: We provide a secure web-based management portal for trading partners such as our clients, providers, clearinghouses and other insurers. These portals employ secure login credentials and 128-bit SSL encryption to enable the transfer of standard HIPAA EDI transaction sets, acknowledgements, and reports.***
- ***Web Client Services Site: We provide clients a secure website to transmit data. The Internet connection to our website is protected by 128-bit SSL encryption using a certificate. Clients who wish to use the website contact DentaQuest, complete a Security Request Form, and are provided with a username and password.***
- ***File Transfer Protocol: We offer a secure FTP site for data transmission. It is password protected and each user has a unique ID and password. Files are protected with encryption using PGP.***

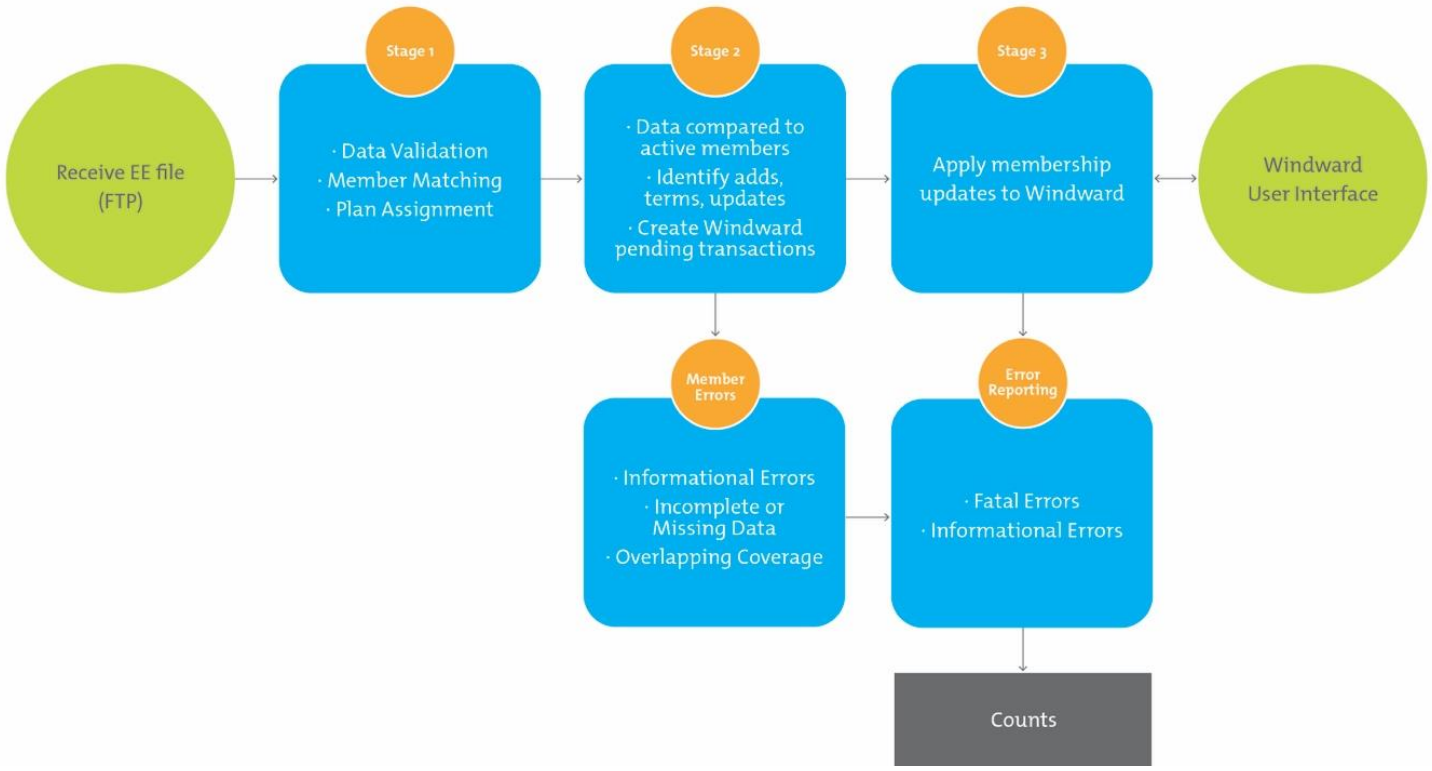
We load the file into our system, where it is processed in three stages:

- ***Stage 1: Recipient validation and subgroup assignment.***
- ***Stage 2: This stage compares each recipient record against current data in our system to identify additions, terminations, and other updates. Our Recipient Enrollment Analysts investigate and resolve any fatal or informational errors. We will assign an analyst to the Nevada Dental Program who will work with the DHCFP team to correct any file discrepancies.***

- ***Stage 3:*** ***This stage applies the membership updates in our claims processing system. DentaQuest staff can see these updates immediately. We update the Provider Web Portal every evening so that changes are available on the next calendar day.***

The system validates records in every step of the process. DentaQuest's Recipient Enrollment Analysts monitor the eligibility files to ensure accurate processing. The enrollment analysts work the error reports immediately upon completion of the file. The flow chart in Figure 3.4.A below shows our eligibility download process. Updates are available in the system immediately upon completion of the file load. The Provider Web Portal is updated via an overnight replication process.

Figure 3.4.A **Overview of the DentaQuest Enrollment Process**



Written Policies for Enrolling Eligible Populations

DentaQuest maintains a comprehensive companion guide that outlines our policies and processes for enrolling all eligible populations and receiving monthly and other updates from its clients. This companion guide will be shared with the DHCFP.

3.4.3 RETROACTIVE ENROLLMENT

DentaQuest is routinely required to pays claims for services provided to recipients who had an active span of eligibility at the time that the services were rendered. On occasion, Nevada may retroactively add recipients after DentaQuest has processed and denied the claim. When this occurs, DentaQuest

will compare denied claims to eligibility post-adjudication to identify claims for these recipients; we will then re-adjudicate the claim accordingly:

- ***If we verify that the recipients had active eligibility, then the claim is processed normally***
- ***If eligibility is inactive, then we deny the claim through the claim payment process***

For in-state providers in these circumstances, DentaQuest will 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 DentaQuest and the out-of-state provider. We understand that the timeframe to make such corrections will be limited to 180 days from the incorrect enrollment date.

There may be minor data differences between the filed claim and our recipient enrollment data. In these cases, the Windward system applies "Member Not Found" logic and routes the claim to enrollment staff for resolution. If the enrollment staff finds the recipient, they return the claim to the Claims Processors for entry and adjudication.

3.4.4 ENROLLMENT INTERFACE

DentaQuest's best practices for determining the number of recipients each enrolled Primary Dental Care Site (PDCS) can accept as new patients has been used to assign over 5.5 million recipients to PDCS in nine states. The process is as follows:

- ***Upon initial enrollment providers select the practice status as either open to new patients or accepting additional patients.***
- ***Every PDCS completes a "capacity survey," to indicate how many additional recipients they have the capacity to treat, confirm the age of recipients the office treats, and provide other information that would be pertinent to recipient needs (handicapped accessibility, ability to treat special needs, etc.).***
- ***The Provider Relations teams makes regular contact with offices by phone and in person throughout the year to ensure that correct assignment and directory status is maintain year round.***
- ***To ensure no single office is overloaded, a formula is used to calculate a target and maximum capacity for each office.***
    - ***The formula is based on assumption that any provider's maximum patient panel load is 2,500. Because we realize each provider treats more than just the recipients in DentaQuest's network, we use 60 percent of that number (which is 1,500) as the maximum capacity for each PDP at an office; unless they indicate that they can accommodate a larger capacity.***
- ***To ensure that the office is maintaining a high level of service, appointment availability for assigned recipients is monitored through quarterly surveys. This ensures that the office maintaining availability to contractual standards.***

On a monthly basis, DentaQuest will issue a report showing the recipient information and their corresponding PDCS assignment to the DHCFP. This report can be generated on demand, so if the DHCFP would prefer to receive it more frequently, DentaQuest can easily accommodate that request.

3.4.5 PROVIDER ENROLLMENT ROSTER NOTIFICATION

***Exceeding RFP requirements*, DentaQuest provides PDCSs with access to daily enrollment roster notifications via our Provider Web Portal – the rosters are updated in near real time.**

All recipients are assigned to a PDCS within one to three days (time variance depends on if the recipient needs to be manually assigned or can be auto-assigned). The newly assigned recipients to the PDCS will appear on the enrollment roster the following day, *exceeding the RFP requirement of five business days*. If the recipient loses eligibility or changes their PDCS assignment, it will be reflected on the roster the following day.

As part of the initial training provided to all offices, each PDCS will learn how to access and read their rosters via the Provider Web Portal. This training will occur in-person with the offices' assigned in-state Provider Relations Representative.

3.4.6 TRANSITIONING/TRANSFERRING OF RECIPIENTS

DentaQuest follows all HIPAA and privacy laws when transitioning or transferring recipients and will cooperate fully within those laws to provide the necessary information to ensure continuity of care for the recipient.

3.5 RECIPIENT SERVICES

3.5.1 Information Requirements
3.5.2 Member Handbook
3.5.3 Recipient Services Department/Concierge Services
3.5.4 Dental Provider Requirements
3.5.5 Children with Special Health Care Needs (CSHCN)

3.5.1 INFORMATION REQUIREMENTS

DentaQuest believes that creating visually engaging, low barrier, and culturally and linguistically appropriate publications are key to ensuring they are actually read by the intended audiences.

Culturally Appropriate Materials

We use multiple means to engage recipients of different cultures. For example, in Texas we have helped educate migrant farm workers to ensure their children receive EPSDT dental services through the use of a fotonovela. A fotonovela is a small pamphlet similar to comic book format but with photographs instead of illustrations, combined with small dialogue bubbles. They are a traditional print medium in Mexico, Latin America and the Caribbean and are frequently used to provide health information. We have provided a sample in Figure 3.5.A below. Our fotonovela received high praise from the Texas Health and Human Services Commission, and DentaQuest was the first benefits manager they had worked with that created such an effective message for the migrant community. Likewise, we can use fotonovelas among targeted, underserved, Nevada populations and cultures as a way to promote health education.

As another example of culturally appropriate materials we produce, we know that Ratón Pérez is a figure popular in Spanish and Hispanic American cultures that is similar to the tooth fairy. Because of Nevada's large Hispanic population served through Medicaid programs, we will make outreach items available that features Ratón Pérez, as illustrated in Figure 3.5.A.

Figure 3.5.A Examples of culturally appropriate materials developed by DentaQuest

Linguistically Appropriate Materials and Service

We accommodate the needs of recipients with Limited English Proficiency, or with visual or hearing impairments, in the following ways.

- ***Written Materials:*** ***We will create all written materials in English and Spanish for Nevada recipients. We have created materials in numerous languages for other clients, and we are prepared to translate materials into any other language needed by Nevada recipients. DentaQuest uses a certified translation vendor to ensure accuracy. In accordance with the Americans with Disabilities Act of 1990, we can and will provide written materials in alternative formats including audio, braille, and large print.***

  In addition, we include a language block on Notice of Action letters and appeal correspondence to inform recipients they can contact us for translation assistance (Figure 3.5.B). In accordance with ACA 1557, we include interpretation tag lines in the top 15 languages prevalent in the state. We reference the documentation published by the U.S. Department of Health and Human Services and the Centers for Medicare & Medicaid Services to obtain the top 15 languages and the interpretation tag lines in those languages.

Figure 3.5.B Language block appearing on recipient notifications

Foreign Language Assistance

English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-xxx-xxx-xxxx（TTY：1-xxx-xxx-xxxx）。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)번으로 전화해 주십시오.
Navajo	D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx.)
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-xxx-xxx-xxxx (टिटिवाइ: 1-xxx-xxx-xxxx) ।
Tongan	FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Serbian Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-xxx-xxx-xxxx (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-xxx-xxx-xxxx).
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-xxx-xxx-xxxx (телетайп: 1-xxx-xxx-xxxx).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-xxx-xxx-xxxx (رقم هاتف الصم والبكم: 1-xxx-xxx-xxxx).
Cambodian	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ជូរ ទូរស័ព្ទ 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)។
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-xxx-xxx-xxxx (ATS : 1-xxx-xxx-xxxx).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-xxx-xxx-xxxx（TTY:1-xxx-xxx-xxxx）まで、お電話にてご連絡ください。

- ***Translation Assistance:*** ***We inform recipients that they can receive translation assistance from DentaQuest. Our Call Center's toll-free line is included in the Member Handbook so they may contact us for assistance. The Handbook also explains that a provider must make interpretation services available free of charge to each recipient.***

  DentaQuest's Call Center is staffed with 40 percent bilingual Spanish/English representatives. We also contract with Certified Languages International (CLI), to provide comprehensive language interpretive services for 236 different languages. In the event a recipient with Limited English Proficiency (LEP) contacts us, DentaQuest will set up a three-way call with a CLI interpreter in order to facilitate the call. DentaQuest recognizes that while it's important to have interpreters with the appropriate language skills, it is also critical to ensure that they understand the cultural norms associated with the language so that our LEP callers are comfortable speaking with our representatives. This is one of the reasons DentaQuest has continued to partner with CLI, as the interpreters are not only experts in the different languages, but also well-versed in the associated cultural norms. Hearing impaired callers may call our TTY service line 1.800.466.7566 during regular business hours. All of our representatives are trained to handle relay service calls.

The Member Handbook will include information on how to contact Recipient Services, that free translation assistance is provided by DentaQuest and that recipients have a right to receive information in non-English languages.

3.5.2 MEMBER HANDBOOK

DentaQuest develops and authors Member Handbooks and other recipient-facing materials for millions of Medicaid recipients across the country each year. We reference the U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services Toolkit for Making Written Materials Clear and Effective, guidelines for limited literacy, Federal Plain Language Guidelines, and other resources to ensure our dental health materials are clear and absorbable.

Exceeding RFP requirements of writing the Member Handbook at an eighth grade reading level, we place a strong emphasis is placed on developing "low barrier" materials, meaning the materials are written at or below a sixth grade reading level, incorporate white space on the page, use graphics, emphasize cultural appropriateness, use bullet points, and use short sentences and paragraphs. To verify reading levels, we use Flesch-Kincaid Grade readability tests to identify comprehension difficulty. It measures reading ease and the grade level of the written text. To verify we meet reading level requirements, DentaQuest will provide readability tests to the DHCFP for recipient materials.

From experience in other state Medicaid markets, DentaQuest understands the benefits of distributing effective, comprehensive, easy to understand, enrollment information to recipients. The Member Handbook is critical to ensuring recipients understand their benefits. Exceeding RFP requirements, we will develop, print, and mail recipients a New Member Welcome Packet that contains:

- ***Welcome Letter***
- ***Identification of the recipient's PDCS (Dental Home)***
- ***Condition or age-specific inserts to educate recipients on topics including pregnancy, EPSDT services, the importance of regular check-ups, fluoride varnish, and sealants***
- ***Member Handbook***
- ***Provider Directory***

The New Member Welcome Packet is a key component of DentaQuest's Recipient Centered Experience continuum. As outlined in other sections of this RFP, we have a number of strategies to engage with recipients and to ultimately produce better oral health outcomes. Figure 3.5.C showcases all three core components of our Recipient-Centered Experience Continuum.

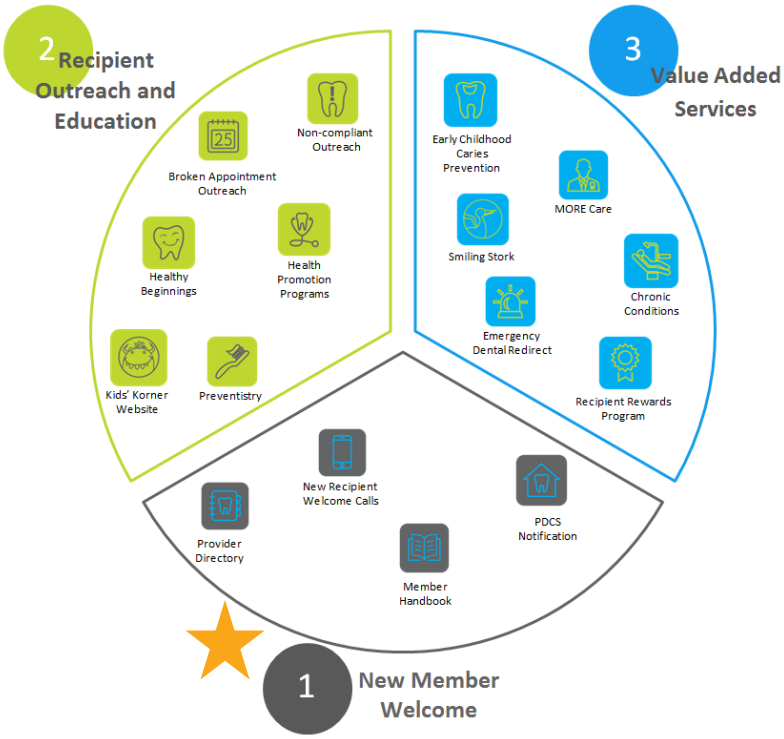


Figure 3.5.C DentaQuest's Recipient-Centered Experience Continuum

Development and Distribution of the Member Handbook and Other Welcome Materials

For both the initial development and distribution, and re-distribution process DentaQuest will write the materials and will seek approval from the DHCFP prior to distribution. We will collaborate to ensure that all parties are satisfied with the language and feel that the content covers topics in an easy-to-understand format. Once final approval is secured, DentaQuest will use a certified translator to translate the materials for final production.

Upon enrollment – within five business days of DentaQuest receiving the eligibility files from the DHCFP – we will mail these packets to recipients. DentaQuest consistently meets turnaround times for distributing New Member Welcome Packet materials on behalf of 64 states and health plans across the country. In 2015, DentaQuest distributed approximately 4.9 million pieces to recipients outlining their benefits. In Texas, where we are also required to mail welcome materials within five business days, we consistently meet or exceed that goal.

As eligibility files are received from the DHCFP, DentaQuest will place them in a queue for a weekly mailing that we conduct for new recipients. We will coordinate with our printing vendor to print and ship all orientation packets, providing them with a weekly file of new recipients via a secure FTP site to ensure that all appropriate security measures are taken. This vendor will be required to adhere to Contractual timeframes required by the DHCFP. DentaQuest tracks the day it receives the enrollment file and the date the packet was mailed to ensure compliance with the ten-day requirement.

Contents of the Member Handbook

Our Member Handbook will comply with the requirements of RFP Section 3.5.2.2 including:

- ***Orienting new members of its benefits and services including confirmation of the recipient's PDCS selection or assigned PDCS;***
- ***Role of the primary care dentist;***
- ***The days the office or facility is open and services are available;***
- ***The address and telephone number of the vendor's office or facility;***

- ***How to utilize services in sufficient detail to ensure that recipients understand benefit amount, duration and scope including prior authorization requirements;***
- ***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;***
- ***Information on Grievance, Appeals, and Fair Hearing procedures, as specified in 42 CFR 438.10(g);***
- ***A list of current network PDCSs who are and who are not accepting new patients in the recipient's service area and all languages spoken (this will be included as part of the Provider Directory);***
- ***The provider list located on the vendor's website shall be updated by the vendor monthly;***
- ***Any restrictions on the recipient's freedom of choice among network providers;***
- ***Procedures for changing a PDCS;***
- ***Recipient rights and protections as specified in 42 CFR 438.100;***
- ***Procedures for enrollment and disenrollment;***
- ***Procedure for referral to specialists or other medically necessary dental services;***
- ***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;***
- ***Any information regarding cost sharing which may apply for a non-covered service;***
- ***How to access Non-Emergency Transportation;***
- ***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);***
- ***Information the member needs in order to decide among all relevant treatment options;***
- ***The risk, benefits, and consequences of treatment and non-treatment;***
- ***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;***
- ***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;***
- ***Notification of the recipient's responsibility to report any third-party payment service to the vendor and the importance of doing so; and***
- ***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.***

The following statement will 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."

In addition to mailing all recipients a hardcopy of the handbook, we will also make it available online. Our Welcome Letter will direct the recipient to this online resource and will state that the recipient may request Member Handbook information at least once per year or upon request.

Provider Directory

As mentioned above, we will also include a Provider Directory with the New Member Welcome Packet. The following information will appear in the directory:

- ***Provider name***
- ***Address***
- ***Telephone numbers***
- ***Office hours***
- ***Languages spoken, aside from English***
- ***Specialty***
- ***Whether or not 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.***

Recipients will be encouraged to use our online Find-A-Dentist tool as well, as this tool is refreshed in real time with the most accurate provider information. More information about our Find-A-Dentist tool is located in our response to Section 3.6.7.

Provider Terminations

Keeping recipients connected to an actively enrolled, in-network dentist is a top priority. We will provide written notice within 15 business days of termination to recipients who have received care from any terminated Provider. Likewise, we will provide assistance in locating a new dentist that meets their individual needs either through interactions with a Recipient Services Representative, or through our on-line Find-a-Dentist tool.

3.5.3 RECIPIENT SERVICES DEPARTMENT/CONCIERGE SERVICES

DentaQuest will maintain a Recipient Services Department to personally assist recipients with finding a dentist and other needs related to the program. DentaQuest currently maintains four call centers that include recipient services in Florida, South Carolina, Texas, and Wisconsin for its Medicaid and CHIP business. Each call center is structured into teams comprised of a supervisor, leads, and Recipient Service Representatives (RSR) and Provider Services Representatives (PSR).

The Nevada service team will provide live assistance to Nevada recipients through a dedicated toll-free hotline Monday through Friday, 8:00 a.m. through 5:00 p.m. After these regular business hours, we also ensure recipients can access key information through our interactive voice response (IVR) system. The IVR is accessible for both English and Spanish speaking recipients. Using our IVR, callers can:

- ***Verify eligibility***
- ***Locate a dentist***
- ***Get benefit information***
- ***Verify procedure history***
- ***Check the status of a claim/authorization***
- ***Leave a message for DentaQuest staff***

We return all phone calls within one business day of receipt. The IVR instructs recipients to call 911 for a life-threatening emergency. We ensure the provision of emergency dental care can be provided

afterhours and on weekends by working with all participating providers to ensure they have afterhours support for their Medicaid patients. Our providers are required to have an answer service or instructions on how a recipient may contact them for emergency care when their office is closed.

Recipient Services Department Staff Duties

Recipients can call our toll-free line Monday through Friday from 8:00 a.m. through 5:00 p.m. and press "2" to speak with a representative.

RSRs offer assistance on a variety of inquiries including:

- ***Explaining the operation DentaQuest***
- ***Explaining covered benefits***
- ***Resolving, recording and tracking recipient grievances and appeals in a prompt and timely manner***
- ***Responding to recipient inquiries***
- ***Providing a listing of participating dental providers***
- ***Answering questions on eligibility, claims and benefits***
- ***Providing assistance with transportation requests***

DentaQuest uses the Salesforce Customer Relationship Management (CRM) tool to support recipients through the Call Center. Salesforce offers the most current CRM technology. We train our staff to be thorough and accurate in entering and categorizing call information so that we can generate accurate reports for reference, tracking, and analysis. Our RSRs or other authorized users use CRM to document information such as:

- ***Name of caller***
- ***Caller phone number***
- ***Caller's plan***
- ***Subject/type/category of call (e.g. eligibility; claims and billing inquires; appointment assistance request; benefit inquiry; help with finding a Provider; preauthorization; complaints, grievances, and appeals, etc.)***
- ***Call notes/call resolution***
- ***Follow up needed, if any***

Salesforce allows the RSRs to document all necessary information regarding the incoming inquiry. RSRs can capture the caller, the plan they are inquiring about, the subject/type of the inquiry, document any notes related to the conversation/resolution, and other information. The Salesforce log will then time stamp the call/case and attach it to the recipient's record.

Training Program for Recipient Service Representatives

All DentaQuest staff serving recipients and providers for the Nevada Dental Program will have a comprehensive understanding of the program. From our experience managing dental programs in 30 states, we know firsthand the beneficial impact of a well-trained workforce, and we regularly go beyond the parameters of contractually required training. To DentaQuest, an informed workforce is an effective workforce. Upon being hired, all employees go through a comprehensive onboarding and training process. Before they even begin the specialized training that may be associated with their specific position, DentaQuest acclimates new employees to our mission.

Every new employee is subject to an all-day comprehensive tutorial on DentaQuest, its policies,

culture, history and mission, and the responsibilities that they have as team members. We believe that it is critical that employees – at every level of the organization – acutely understand the importance of the work that we do and the impact that it has on participants of the program. While all employees receive Nevada-specific training, it will be particularly rigorous for staff who regularly interact with the provider and recipient communities.

CSRs receive a mandatory 168 hours of training, much of it focusing on program information. This gives them a firm foundation of knowledge before they interact with other parties in a substantive manner. We use a variety of training methods, including classroom-style learning, seminars, side-by-side job shadowing and individual monitoring sessions.

Market-specific Topics

Our Call Center staff is divided into pods. While all representatives are trained to answer calls for any DentaQuest's client, we have found it most effective to route specific states to the same pods of team members enabling them to build a more expansive knowledge base on the state's requirements and nuances. We address key state-specific guidelines on the following topics in initial training:

- ***Orthodontia covered through FFS***
- ***Member Handbook requests***
- ***Transportation***
- ***Eligibility verification***
- ***Pre-authorization requirements***
- ***Coordination of benefits***
- ***Adult dental benefits***
- ***Complaints and appeals***
- ***Continuation of care***
- ***Plan-specific benefits***
- ***Claims status and payment***
- ***Remittance information***

Customer Service Best Practices

Employees learn customer service principles to understand why they are so critical to our business in Customer Service 101. Trainers illustrate both internal and external customer service interactions through face-to-face and phone simulations. This course is followed by Customer Service 102, which teaches techniques to improve the attitude one brings to customer service. Both courses help our RSRs learn how to manage dissatisfied callers.

Dental 101 and 102

Dental 101 introduces the basic building blocks of the dental vocabulary, tooth numbering for adults, tooth structure/surfaces, dental diseases, basic concepts in children's dentistry, dental emergencies, and habits that can damage teeth. The course also reviews the different dental specialties, the ADA claim form, and an introduction to applicable codes. Dental 102 provides more in depth information on a variety of dental procedures.

Ongoing Training for All Employees

DentaQuest also has mandatory ongoing training programs for all of its employees that they must pass as a condition of their employment. Topics include:

- ***Compliance***
- ***Fraud, waste and abuse***
- ***Preventive health***
- ***Record retention***
- ***Cultural competency***
- ***Non-discrimination***

- ***Computer and information security***

Ensuring Quality of the RSR Team through Ongoing Monitoring

We hold ourselves to the highest standards when it comes to answering telephone calls in a timely manner and addressing the associated issues in a thorough fashion. For quality assurance purposes, we monitor RSRs for quality eight times per month. Quality assurance auditors use the Aspect Quality Management System, which permits them to listen to calls and record representatives' desktop to ensure inquiries are being appropriately handled. An individual score is calculated for each call. Auditors share monthly scores with customer service management, and additional training is provided as needed.

We record 100 percent of calls. An individual quality score is given for each call as shown in Figure 3.5.D. Each sub-category is scored with either a "yes" or "no." Yes = Category has been completed satisfactorily; No = Category has not been completed satisfactorily.

Figure 3.5.D Call Monitoring Quality Scoring Criteria

Quality Criteria	Score Value (% Total Score)	Criteria
Greeting the caller	5%	Was the greeting accurate and appropriate?
Validating caller identity	15%	Did the RSR properly validate the caller and their right to PHI?
Call resolution	35%	Did the RSR provide complete, accurate information; was the call documented appropriately and completely in CRM; was call control maintained?
Ending the call	10%	Did the RSR use proper call ending and closing procedures?
Soft skills	15%	Was the RSR professional? How was their demeanor, language, and tone?
Telephony skills	10%	Did the RSR use proper hold and transfer procedures?
Market specific requirements	10%	Did the RSR follow market-specific client requirements?

Each RSR must maintain an average score of 95 percent to be compliant with DentaQuest standards. We are pleased to share that our average quality monitoring score last year was almost 97 percent. The RSR's scoring evaluation will be provided to Recipient Service management should the quality monitoring auditors identify any issue. Depending on the severity of the issue, the RSR's leader may refer her/him back to the customer service training program, provide targeted training, or initiate termination if significant infractions have been identified.

Concierge Services

General requests to locate a provider can typically be handled by our RSR team. All RSRs have instant access to the Provider Directory and can quickly help recipients find in-network providers that best meet their access, condition, age, language, and accessibility needs.

When a recipient calls us to locate a dentist, we will first recommend a Dental Home; if the recipient does not choose to see that provider, we will offer three providers closest to their home and that meets their other needs as well. DentaQuest's CRM tool allows RSRs to search for providers using a

number of criteria including those listed in Figure 3.5.E. Our CRM uses geo-centric technology to generate a list of providers closest to the recipient's home or work.

Figure 3.5.E CRM Provider Search Criteria

Field	Additional information
Mileage criteria	Required field. Ensures reps are only providing referrals to providers within the required 25 mile radius criteria.
Provider specialty	Required field.
Provider status	Required field. Defaults to "Participating."
Office languages	Required field. Defaults to "All."
Provider first name	Optional field.
Provider last name	Optional field.
Service office	Optional field.
Recipient age	Optional field. System searches based on age to find the right provider.
Provider type of work performed	Optional field. Search for general dentists who can perform specialty care such as oral surgery or root canals.
Handicap access	Optional field.
Special needs	Optional field.
Public transportation accessible	Optional field. Search for offices accessible via public transportation.
Accepting new patients	Required field. This is the default option.

In the rare instance we cannot readily locate a provider that meets the recipient's needs and is within the 25 mile distance requirement, the call will be warm transferred to our Concierge Services Department. Staff assigned to the Nevada program will then provide further assistance with locating a provider.

Concierge staff will first review a listing of in-network providers who are willing to see recipients on a case-by-case basis but prefer not to be on our Provider Directory. If there is no in-network option available, the Concierge staff member will reach out to in-state provider relations team to seek out-of-area or out-of-network care. The Nevada Provider Relations Representative will then locate a non-participating dentist who is willing to negotiate a Single Case Agreement to provide treatment to the recipient. Once the Provider Relations Representative secures a commitment from the non-participating dentist, the Concierge staff member will help the recipient set up an appointment.

Our Concierge Services team can also assist recipients who would like to change their Primary Dental Care Site. They will be responsible for updating the new provider in our system. Updates to any Primary Dental Care Sites will be provided electronically to the DHCFP.

Self-Service Option for Recipients – Member Web Portal

DentaQuest offers all recipients access to our free, HIPAA-compliant Member Web Portal, which is available in both English and Spanish. The portal provides access to general plan and recipient-specific information, surveys, and an easy-to-use platform through which recipients can file complaints and appeals. Additionally, our portal is also optimized for Smartphone use.

Member Portal Features and Functionality

Our Member Web Portal offers a number of functions, features, and content designed to provide current information, data, and assistance to users, including:

- ***Access to claims history***
- ***Find-A-Dentist search tool***
- ***Real-time notification for dental care reminders***
- ***Access to educational materials on preventive dental care***
- ***Access to a calendar of community events such as health fairs and free dental clinics***
- ***Links to public health care websites applicable to the Nevada Dental Program***
- ***Customized and culturally appropriate information***
- ***Ability to view past and present claim status and details***
- ***Ability to access and print out identification cards***
- ***Update contact information and family members***
- ***Quickly receive updates on benefit and plan changes***
- ***Mobile phone browsing compatibility***
- ***Live chat with recipient services during normal business hours***

Our Member Web Portal allows recipients to select how they prefer to receive communications from DentaQuest. Options include phone, email, text, or mail. Promoting this choice allow us to frequently, efficiently, and effectively engage with recipients. In addition, these options allow us to keep pace with the technology trends of the Medicaid population. We have learned through focus groups and surveys that Medicaid participants prefer to communicate through a combination of both digital and traditional communication channels. Communication options will be noted in our CRM for future reference.

3.5.4 DENTAL PROVIDER REQUIREMENTS

Research suggests that – regardless of geographic location, dental care delivery system, or cultural diversity of the population – having a consistent source of dental care is the strongest predictor of a dental visit in the past 12 months[2]. To promote better dental outcomes in Nevada, we will use our Dental Home Program Model to assign all recipients to a Primary Dental Care Site (PDCS). The American Academy of Pediatric Dentistry defines a Dental Home as "the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a Dental Home begins no later than 12 months of age and includes referral to dental specialists when appropriate."

Through our Dental Homes[3], we can improve each recipient's dental care coordination and experience because, in this model, the recipient establishes a trusting relationship and regular regimen with a dentist who knows the recipient's history. As a result, the likelihood that a recipient will get dental

[2] Evaluating the Effect of Usual Source of Dental Care on Access to Dental Services: Comparisons among Diverse Populations, Medical Care Research and Review, Vol. 56 No. 1, (March 1999)

[3] For purposes of this response, please understand that DentaQuest uses the terms "PDCS" and "Dental Home Provider" synonymously. The hallmark of DentaQuest's Dental Home Program is to have PDCS assignments.

care on an ongoing, consistent basis is increased – as compared to an individual who only goes to the dentist when they have an emergency.

PDCS Assignments through the Dental Home Program

Upon enrollment, recipients are given the option to self-select a PDCS in their geographic area. If the recipient chooses not to self-select, they will be auto-assigned using the process illustrated in Figure 3.5.F within five business days of the effective date of enrollment (typically within one to three days).

When auto-assigning a recipient to a PDCS, we consider the following:

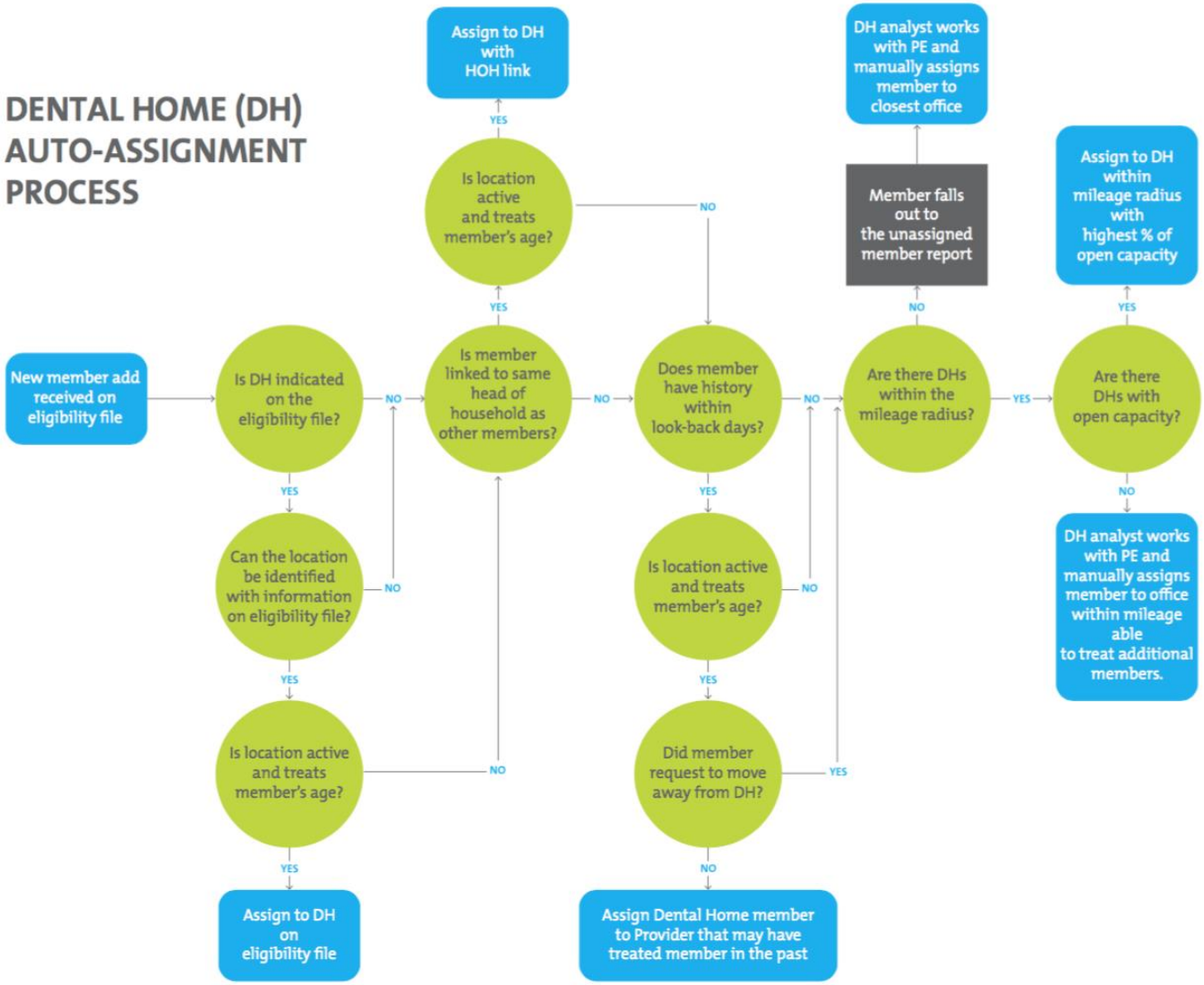
- ***Was the recipient treated by the provider office previously (determined through historic claims matching)?***
- ***Was a family member at the same address previously treated by a certain office?***
- ***Which offices are closest to the recipient's home (within 25 miles of their home address)?***
- ***Are there minimum and maximum ages for provision of services at offices?***
- ***What is the office capacity level, based on the number of recipients the office has agreed to accept?***

Once assigned, DentaQuest provides education on the Dental Home Program by:

- ***Calling the recipient to inform them of their PDCS and available benefits***
- ***Send the New Member Welcome Packet that includes information on their Dental Home Provider. The welcome packet also includes a Recipient Handbook, ID card and Provider directory***

Recipients are permitted to change their PDCS at any time by making a request through our toll-free hotline. We are also in the process of adding system functionality to allow the recipient to change their PDCS online. DentaQuest will monitor all PDCS changes and the reasons for such requests.

Figure 3.5.F DentaQuest's personalized PDCS/ Dental Home Assignment Process for Nevada



Highlight of DentaQuest's Key Best Practices for Dental Homes and PDCS Assignments

Through our experience of structuring Dental Home programs for over 5.5 million recipients across the country, we have learned many valuable best practices that will be leveraged in Nevada. A summary of some of these best practices include:

- ***Making PDCS assignments at the provider-location level, rather than at the unique provider level, promote a provider- and recipient-friendly experience. This not only ensures that a Recipient may see any provider at a given location, it also guarantees that if a recipient's treating dentist is out of town or unavailable and the recipient requires urgent care, the Recipient's historical dental records are readily available for the treating Provider. This method facilitates a consistent source of care – in a place where the recipient is familiar and comfortable.***

- ***When analyzing outcomes of PDCS assignments, we found the majority (62 percent) of recipients that access services get their care from their assigned PDCS. With this knowledge, we saw an opportunity to direct non-utilizing recipients to higher performing offices in an effort to not only increase access, but also to enhance the quality of care. In one market we identified higher performing offices – ones that get their recipients in for regular care and the right kind of care at a standard price point. We then identified non-utilizing recipients and assigned them to the higher performing offices while simultaneously communicating with the provider office about the new patient load and notifying the recipient of their Dental Home.***

- ***Educating both the recipient and the provider about the Dental Home Program is key to successful compliance. It is simply not enough to educate the provider on their role as a Dental Home provider. Recipients needs understand why continuity of care is a critical component to maintaining their oral health and well-being; without the Dental Home, continuity of care can deteriorate. Nevada recipients will receive extensive education on the importance of a Dental Home through our targeted outreach efforts.***

- ***Assignment logic lessons learned: In Texas, our largest Dental Home market, we learned a number of valuable lessons that helped us refine the assignment logic for the Dental Home program including the following:***
    - ***Our system was set up initially with a one-year time frame to review for history in our system. Because the Medicaid population frequently gains and loses eligibility, the review period was increased to 520 days so that if a recipient had history within 1.5 years, we would assign them based on that history. This better ensures recipients will be assigned where they have/had history.***
    - ***Our system was set up so that when a recipient regains eligibility, if the recipient is now outside of the mileage parameters of the provider where they have history, the recipient would be reassigned to a closer provider. Since many recipients want to go back to the provider at which they have a history, regardless of mileage, and the recipient may, at any time, change their Dental Home assignment, we modified the system to allow, based on client needs, adhering to or waiving the mileage criteria when a recipient has history.***

3.5.5 CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

As part of our Dental Home Program, DentaQuest will ensure CSHCN are matched with a general or pediatric dental office that can effectively accommodate and treat their general oral health care needs. In many cases, services provided to CSHCN will not require authorization review. Treatment plans developed by the CSHCN's PDCS that require standard authorization decisions will be reviewed for medical necessity within 14 calendar days and within 72 hours for expedited requests.

At no point does DentaQuest require a referral for specialty care for any recipient, so the CSHCN recipient will not be burdened by having to request a referral or by waiting for an approval to see a specialty care provider. Additionally, we do not place any limits on the number of specialty care visits a recipient may have. CSHCN recipients in need of specialty care may contact our Recipient Services department for assistance in locating a provider who can accommodate their needs.

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.

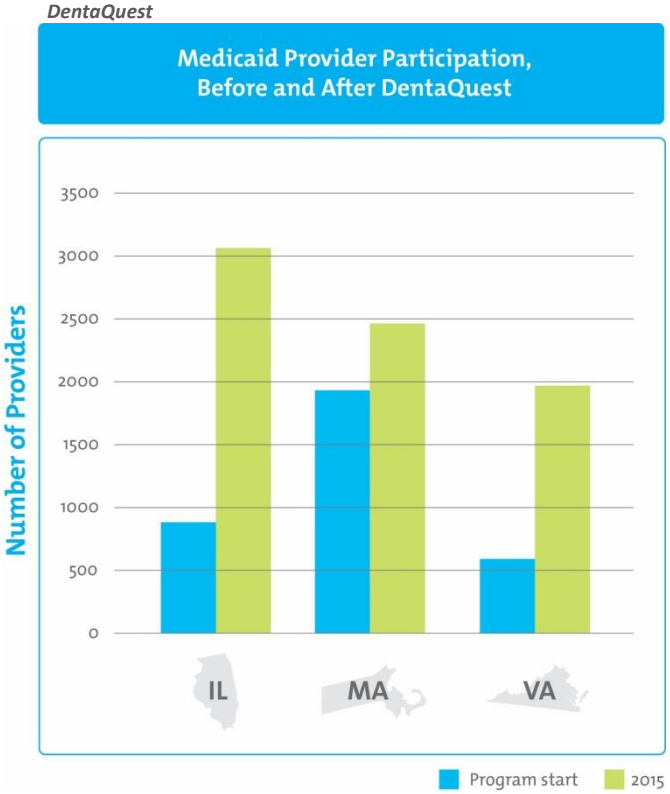
- 3.6.1 Adopt Practice Guidelines
- 3.6.2 Implement Practice Guidelines
- 3.6.3 Network Management
- 3.6.4 Subcontractors
- 3.6.5 Access and Availability
- 3.6.6 Provider Contracts
- 3.6.7 Provider Directory
- 3.6.8 Recipient Communications
- 3.6.9 Provider Communications
- 3.6.10 Provider Policy and Procedure Manual
- 3.6.11 Network Maintenance

DentaQuest has established and maintained dental networks across 30 states, serving over 45,000 dental providers who provide care to over 20 million Medicaid and CHIP recipients. The solutions presented in our RFP response to establish and maintain a dental provider network for Nevada are not theoretical - we have demonstrable programs across the country that showcase real solutions to real problems. These programs had challenges that are very similar to the ones facing Nevada and its Medicaid/CHIP dental program. We know what is required to engage with providers and incentivize them to participate. And we appreciate the mechanics of better connecting underserved populations to important preventive care to control costs and enhance overall health. We understand these things because we've done them.

Figure 3.6.A demonstrates our success in increasing provider participation in three states where we administer Medicaid Dental Carve-Out Programs. The chart indicates the number of unique providers that accepted Medicaid immediately prior to DentaQuest taking over as DBA compared to the number of unique providers today under DentaQuest's administration. We achieved these results by streamlining provider administrative procedures and employing high-touch service through in-state Provider Relations Representatives.

A robust and accessible provider network inclusive of Federally Qualified Health Centers (FQHC), providers with the ability to serve recipients with special needs, providers in community settings, mobile clinics, large group practices, and school-based clinics is the backbone to a strong Medicaid dental program.

Figure 3.6.A Medicaid dental provider participation, before and after DentaQuest



DentaQuest's Approach to Network Management

DentaQuest is prepared to build an open, compliant and accessible network to serve the approximate 450,000 recipients located in Clark and Washoe Counties prior to the go-live date of July 1, 2017.

The following specialty types will be included in our network:

- ***General Dentists***
- ***Pediatric Dentists***
- ***Endodontists***
- ***Oral Surgeons***
- ***Oral and Maxillofacial Surgeon***
- ***Periodontists***
- ***Prosthodontists***
- ***Dental Hygienists***

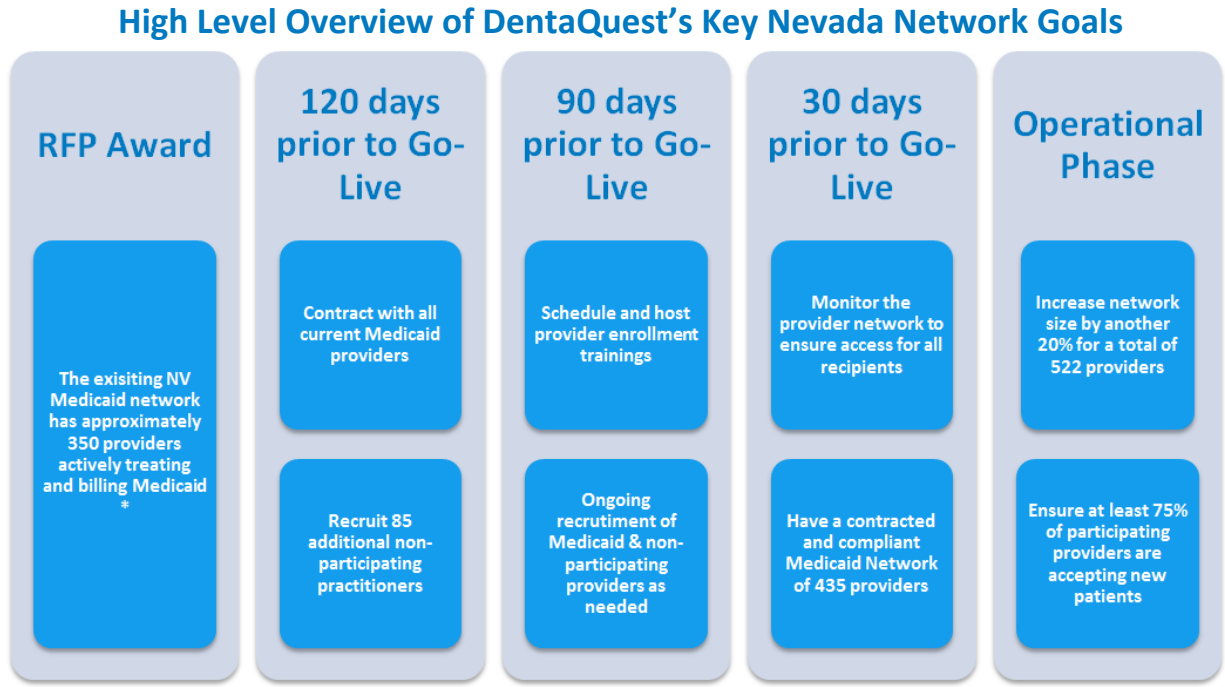
DentaQuest plans to pay providers using a fee-for-service reimbursement methodology.

DentaQuest will ensure timely access to all services covered in this RFP focusing its recruitment efforts to achieve the following goals:

- ***Develop and maintain relationships with key stakeholders and providers across the service areas to assist with recruitment and stabilization of a solid provider network***
- ***Ensure Primary Dental Care Sites (PDCS) are not more than 25 miles from each recipient's address***
- ***Have at least one full-time equivalent dentist per 1,000 recipients per geographic service area, exceeding the RFP requirement of 1 per 1,500 recipients***
- ***Provide access to all types of dental specialists for referrals with at least one specialist per 1,500 recipients per geographic service area***
- ***Ensure at least 50 percent of network Primary Dental Providers accept eligible recipients at all times.***

To meet these goals, and with the expectation of serving approximately 450,000 recipients at the time of Contract implementation, we will implement the process outlined below. Figure 3.6.B provides a high level overview of our goals for each phase of the recruitment process, followed by Figure 3.6.C, which provides more detail on specific steps occurring in each phase. Our recruitment efforts will be led jointly by our internal Network Development team and our local Nevada Provider Relations team.

Figure 3.6.B



*Insure Kids Now Nevada Directory https://www.insurekidsnow.gov/state/find-a-dentist/index.html &2016 Dental Dashboard Report http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/CPT/DentalDashboardsFY16.pdf

Figure 3.6.C Nevada Network Plan and Timeline

DentaQuest's Detailed Nevada Recruitment Plan and Timeline

First 30 days after the Contract is awarded

- ***Obtain provider data from the DHCFP and analyze it zip code-by-zip code to determine where gaps exist and identify recruitment opportunities***
- ***Develop and establish network goals and our recruitment plan taking into consideration the number of targeted providers, access, ratio of recipients-to-providers, access to PDCS, and program cost.***
- ***Submit the network development plan, recruitment process, credentialing process, recruitment materials, and marketing materials to the DHCFP for approval.***

120 days prior to Go-Live date
Key goal: Recruit 85 additional non-participating providers

- ***Mail marketing and recruitment materials to all targeted practitioners. Outreach will include explaining how DentaQuest eliminates administrative barriers typically associated with government-sponsored programs through features including our user-friendly web portal; real-time claims processing; local Provider Relations Representatives; and prompt claims payment. Through these offerings, we are able to increase the network of dentists willing to participate in the program and bring services to areas that need them the most.***
- ***Track and monitor all recruitment calls and site visits.***
- ***Plan and schedule seminars and WebEx trainings for providers to educate them about our company, enrollment, and credentialing process.***

- *Collect provider contracts and enrollment materials from practitioners.*
- *Initiate our electronic, streamlined, NCQA-certified credentialing process. This ensures that recipients are provided quality dental care, consistent with appropriate dental guidelines, and within generally accepted practice parameters. Our enrollment and credentialing process is also designed to reduce burden on providers: we offer assistance with the application, credentialing, and contracting process.*

90 days prior to Go-Live

- *Generate and analyze Geo-Access reports for any network gaps and increase provider recruitment efforts where needed*
- *Provide the DHCFP with updated reports on network build progress*

30 days prior to Go-Live
Key Goal: Contracted and compliant network of 435 providers

- *Mail Go-Live notices to all credentialed providers*
- *Deploy a local Provider Relations Representative, assigned and dedicated to each provider office, to visit the location, in person, to conduct an in-depth orientation with the staff. We ensure that this orientation is conducted at a time that works for the staff and is designed to provide the office with the resources needed to provide high quality, timely, services to recipients.*
- *Plan, schedule, and host seminars and WebEx provider trainings for all practitioners.*
- *Continue to monitor the network and adjust recruitment as needed*
- *Submit final network directory to the DHCFP*

Operational Phase
Key Goals: Increase network by another 20 percent for a total of 522 providers and ensure at least 75 percent of providers are accepting new patients

- *Following Contract Go-Live and throughout the term of the Contract, we will conduct on-going monitoring of provider network (more information on this in Section 3.6.5).*

Tactics to Increase Nevada Provider Participation

DentaQuest will employ a mix of traditional, non-traditional, unique and progressive tactics to both increase the size of the provider network and increase the number of existing Medicaid providers who are open to seeing new recipients including:

1. ***Local support – DentaQuest will hire Provider Relations Representatives who will be assigned and dedicated to each practice to support providers and their staff.***
2. ***Offering a user-friendly, free Provider Web Portal to seamlessly manage their entire DentaQuest patient base***
3. ***Administrative efficiencies to remove undue burdens on providers.***
4. ***Dental Advisory Committee - We believe it is important that providers understand we are accountable to them just as much as they are to us. Establishing a Dental Advisory Committee will ensure provider voices are heard.***

Each is discussed in greater detail below.

1. Local Support through In-state Provider Relations Representatives

We have found that personalized service is critical to establishing and maintain a network of engaged providers. DentaQuest will hire two in-state Provider Relations Representatives – one to serve the needs of providers in each of the covered counties.

We assign a Provider Relations Representative to each participating provider office location within the network: these representatives will be easy to reach by cell phone, office phone, email, fax, and mail. They will visit provider offices at least annually, but be available anytime a provider wishes to meet in person. Our providers across 30 states consistently cite having an assigned representative as one of the most important resources we offer.

Our Provider Relations Representatives are out in the field, developing significant relationships with providers. They serve as a trusted business partner, helping providers keep their offices running at peak efficiency. Representatives are responsible for recruiting and training providers, negotiating contracts, and educating staff about the Provider Web Portal and other resources available to them. DentaQuest will ensure our Provider Relations Representatives establish relationships with Essential Community Providers in their region. They will also be responsible for conducting proactive, annual check-in visits to ensure continued satisfaction and support.

Upon contracting, every office will be visited in person by the assigned Provider Relations Representative. This visit will serve as an introduction and as an opportunity for critical program training. The Provider Relations team will be available during normal business hours and will respond to voicemails, emails, and mail within one business day. Most of their time will be spent in the field, visiting Providers to help resolve issues, strengthen relationships, and provide training on the resources available to them.

2. Provider Web Portal

DentaQuest maintains a self-service Provider Web Portal built on the Salesforce platform that allows for the automated processing, adjudication, and correction of claims. All Nevada Dental Providers will be encouraged to sign up for the free portal.

As a cloud-based system, Salesforce allows for flexible and secure internet access. The web portal is hardware agnostic, meaning users can access the portal using a variety of devices, including PCs, tablets and smartphones. Our web portal is fully integrated with our Windward claims system, extracting information directly in real time. Additionally, the web portal is HIPAA compliant and meets all statutory requirements found in 36 CFR § 1194.22 (web-based intranet and internet information and applications) to accommodate individuals who are blind or visually impaired.

We consider our Provider Web Portal a key tool for Providers to manage all aspects of their participation with DentaQuest. The following list in Figure 3.6.D details the vast functionality of our portal:

Figure 3.6.D DentaQuest's Provider Web Portal Functionality

Enrollment and contract management

- *Access all forms required to apply for the program*
- *Submit application and supporting information*
- *Receive and send information regarding incomplete or incorrect applications*
- *Update information (address, specialties, languages spoken, ages served, etc.)*
- *Access contract amendments*

Claims and authorizations

- *Check recipient eligibility and history*
- *Submit claims and authorizations*
- *Upload and submit authorization supporting documents (i.e. X-rays, forms, pictures)*
- *Check status of authorizations and claims*
- *Enroll in electronic funds transfer and view payment status*
- *View explanation of benefits*
- *Access and submit all forms required to enroll in EDI*
- *Request electronic claims submission support*

Outreach support

- *Access a roster of recipients they have treated in the past who are due for age-appropriate services (sealants, fluoride treatments, etc.)*
- *Run utilization reports (on self)*
- *Log recipients who have broken appointments*
- *Send reminders for scheduled appointments*

Customer service

- *Online chat with customer service and/or Provider Relations Representatives*
- *Log complaints and appeals*
- *Request assistance with billing or other program-related questions*
- *Request an on-site visit from a Provider Relations Representative*
- *Respond to annual customer service survey*
- *Access Provider newsletters and other communications*
- *Store various communication documents including bulletins, newsletters, forms, etc.*
- *Provide communication preferences*

Training

- *View schedule and enroll in training seminars*
- *Access training seminar materials*
- *Access training webinars*
- *Access training evaluations*

All providers will be encouraged to sign up for our free Web Portal. In addition, our in-state Provider Relations Representatives will provide one-to-one training for offices.

3. Administrative Efficiencies

In a 2013 Pew Charitable Trust report, "In Search of Dental Care: Two Types of Dentist Shortages Limit Children's Access to Care," dentists cite burdensome administrative procedures as a primary reason for not joining Medicaid networks. We have heard first hand from Nevada providers on the existing barriers that make it difficult to participate in the Medicaid program. Having administered Medicaid programs for the past 23 years, DentaQuest is familiar with the administrative barriers faced by dentists participating in government-sponsored programs. One by one, we have eliminated these barriers – through advanced technology, service improvements, and giving dentists a say in how we conduct business with them.

As listed in Figure 3.6.E, these include our Express Pass, Direct Deposit, Pre-Payment Review, Broken Appointment Program, and Dental Service Organization Concierge Program.

Figure 3.6.E DentaQuest's Provider tools and resources make it easier for Providers to serve recipients

Tool/ Resource	Description	Key Features	Key Benefits
Express Pass	Gives providers who have demonstrated low clinical denial rates the ability to bypass authorization requirements for certain dental procedures	• Providers with an authorization approval rate in excess of 95 percent could qualify to participate in this program • Non-financial provider incentive • Implemented on a CDT code by code basis	• Offers providers timesaving and will ultimately positively impact the recipient experience.
Direct Deposit	Free, electronic, direct deposit	• Deposits funds into provider accounts electronically • Publishes the remittance statement on the Provider Web Portal at the same time as the deposit	• Free for all offices • Faster Provider reimbursement • Eliminates possibility of lost or stolen checks
Pre-payment Review	Allows providers the choice of submitting for pre-authorization or pre-payment review on all services except hospital-setting care Enables the provider to move forward with rendering services without the delay of a pre-authorization process	• Outlines clinical criteria for authorizations in the Provider Manual, helping providers understand the exact criteria we would use to assess medical necessity • Offers peer-to-peer consultations with our dental consultants to help providers understand why a service was denied or to ask questions	• Providers can perform the service immediately upon identifying the need • Recipients do not need to make a second trip to the office to receive their care • Pre-payment review maintains the same fiscal and program integrity afforded by the preauthorization process

Tool/ Resource	*Description*	*Key Features*	*Key Benefits*
Broken Appointment Program	*An industry first, this program allows dentists to use our web portal to report recipients who missed their appointment* *Twice a month, we generate a report based on provider logs of missed appointments and contact recipients via text, email or automated call to reiterate the importance of keeping their appointment or calling to cancel at least 24 hours ahead of time. We will also offer assistance in rescheduling the appointment*	• *Applies preventive measures to ensure the recipient goes to their appointment including reminder calls, text messages, and emails as the recipient's appointment approaches* • *Includes proactive education on the importance of keeping appointments as part of recipient educational materials* • *Delivers follow-up education if a recipient misses an appointment* • *Provides best practice information to dental offices that have been used successfully across other Medicaid programs* • *Furnishes a roster to the Provider with a list of recipients with missed appointments*	• *Double dose of outreach and education from both DentaQuest and the provider will increase the likelihood of the recipient rescheduling their appointment.* • *Results: For one state agency client, there were 23,333 recipients with broken appointments logged through the Provider portal in a single year. After outreach on the importance of keeping their appointment, 35.4 percent of targeted recipients went in for care within two months.*

Dental Service Organization Concierge Program	*Dental Service Organizations (often referred to as "large group practices, but also includes FQHCs and Essential Community Providers) are a key link to serving Medicaid populations as they typically maintain a number of locations across any given state and see a large percentage of Medicaid recipients.*	• *Streamline process for new provider enrollments*
		• *Efficient process for requesting office updates*
		• *Pro-active outreach and assistance with re-credentialing*
			• *Direct contact between DentaQuest's Provider Operations department and the contact at the dental office*
			• *New applications as well as re-credentialing is completed within 10 working days*
			• *New provider applications are only four pages in total*
			• *A single point of a contact for all other issues outside of enrollment and credentialing including but not limited to:*
			  • *Claim Issues*
			  • *Authorization issue*
			  • *Requests for provider reports*

4. Dental Advisory Committee

One of the first activities DentaQuest undertakes when it is awarded a Medicaid Dental Carve Out Contract is to establish a Dental Advisory Committee (DAC). The DentaQuest Nevada DAC will be comprised of key dental professionals that currently participate in the Medicaid dental program.

The Committee's mission will be to provide DentaQuest with feedback and insight into the following:

- ***Current state of the Nevada Medicaid dental program***
- ***Improvements that can be made to the administration of the program***
- ***Ideas to improve the oral health of Nevada recipients***
- ***Educational needs for recipients and providers***

We have established DACs in other states, and have found they have a tremendous impact on ensuring that providers are trained, engaged and satisfied with the Medicaid dental program. The Nevada DAC will meet four times per year; this is a volunteer committee with compensation for travel related expenses. We will use the feedback and insight gained in these meetings to guide ongoing network development efforts and facilitate an agile response to any issues that may arise during the term of the contract. They will also help us monitor the pulse of the dental community.

3.6.1 – 3.6.2 ADOPT AND IMPLEMENT PRACTICE GUIDELINES

The medical necessity criteria we use to make clinical decisions is formulated from information gathered from practicing dentists, dental schools, ADA clinical articles and guidelines, insurance companies, state requirements, and other dental-related organizations. The criteria are based on procedure codes as defined in the American Dental Association's Code manuals, as well as the most current guidelines published by the American Academy of Pediatric Dentistry. When a procedure code requires review, DentaQuest will request from the provider and review specific documentation to support the medical necessity for that procedure. The documentation required is specified by generally accepted dental standards for medical review. The examples include radiographs, periodontal charting, treatment plans, or descriptive narratives. The criteria are designed as guidelines for medical necessity review and payment decisions, and are not intended to be all-inclusive or absolute. Additional narrative information is accepted in special situations. Our medical necessity criteria conform directly to each state's requirements. In the case of Nevada, DentaQuest will consult the guidelines set forth by state statutes and regulations, the Title XIX and Title XXI State Plans, and other State policy and procedures, including the Medicaid Services Manual (MSM).

Our Practice Guidelines will be outlined in detail in the Provider Policy and Procedure Manual. This document serves as the central resource for our networks and is considered an extension of the provider contract.

3.6.3 NETWORK MANAGEMENT

Primary Dental Care Site Responsibilities

Research suggests that – regardless of geographic location, dental care delivery system, or cultural diversity of the population – having a consistent source of dental care is the strongest predictor of a dental visit in the past 12 months[4]. To promote better dental outcomes in Nevada, we will use our Dental Home Program Model to assign all recipients to a Primary Dental Care Site (PDCS). The American Academy of Pediatric Dentistry defines a Dental Home as "the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive,

[4] Evaluating the Effect of Usual Source of Dental Care on Access to Dental Services: Comparisons among Diverse Populations, Medical Care Research and Review, Vol. 56 No. 1, (March 1999)

continuously accessible, coordinated, and family-centered way. Establishment of a Dental Home begins no later than 12 months of age and includes referral to dental specialists when appropriate."

A key component to solidifying the success of the Dental Home Model is to ensure every general and pediatric dental office is educated on their important role as a PDCS. Because the PDCS serves as the recipient's initial point of contact with DentaQuest, we will provide initial and on-going training to every PDCS on the following topics:

- ***Delivery of covered medically necessary, dental services and preventive services, including EPSDT screening services***
- ***Referrals for specialty care and other covered medically necessary services in the vendor benefit package***
- ***Continuity and coordination of the enrolled recipient's dental care***
- ***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.***
- ***Guidelines for the management of acute dental trauma***
- ***Strategies for encouraging recipient participation, with a particular focus on parents or guardians of recipients 6 to 35 months of age.***

Monitoring PDCS to ensure Compliance with DentaQuest and Nevada Requirements

DentaQuest uses a number of methods to ensure PDCS compliance with both our and the state agency's requirements. We monitor and analyze the following information:

- ***Provider adequacy – Appointment availability, appointment wait times, and after-hours surveys; performance measures and corrective actions, and Providers that did not meet credentialing review standards***
- ***Complaints and grievances – Formal, or written complaints, grievances, or appeals from providers or recipients addressing appointment availability, wait times, and after-hours adequacy***
- ***Provider and recipient satisfaction surveys – Gives insight into their experience with DentaQuest and the provider***
- ***Provider performance reports – We generate provider performance reports that provides a snapshot of key dental quality measurements by individual provider, such as placement of sealants and fluoride treatments, and provides each PDCS with actionable data to help increase quality of care and promote better outcomes. We also provide network averages so each provider can see how their performance compares with their peers.***

Essential Community Providers

DentaQuest will negotiate in good faith to contract with all Essential Community Providers in Nevada who provide dental care, including:

- ***A Federally Qualified Health Center (FQHC) or Rural Health Center (RHC)***
- ***The University Medical Center of Southern Nevada***
- ***The University of Nevada School of Medicine (UNSOM)***
- ***The University of Nevada, Las Vegas School of Medicine (UNLV SOM)***
- ***Division of Public and Behavioral Health (DPBH)***
- ***Division of Child and Family Services (DCFS)***
- ***Community Centered Behavioral Health Clinics (CCBHC)***
- ***County Child Welfare Agencies***

We understand the important role these providers serve to ensure access to care for Medicaid and CHIP populations. To better understand some of the challenges of the current dental program, DentaQuest met with representatives from key Essential Community Providers including:

- ***First Person Care Clinics***
- ***Nevada Health Centers***
- ***Community Health Alliance***

All of the Essential Community Providers will be invited to participate in DentaQuest's Dental Service Organization Concierge Program. Because these groups are a key link to serving Medicaid and CHIP populations, we offer additional streamlined processes to ensure participating in our network is as easy as possible.

As part of this program, the Essential Community Providers will have:

- ***Streamlined process for new provider enrollments***
  - ***New applications as well as re-credentialing is completed within 10 working days***
  - ***New provider applications are only four pages in total***
- ***Efficient process for requesting office updates***
- ***Pro-active outreach and assistance with re-credentialing***
- ***Direct contact between DentaQuest's Provider Operations department and the contact at the dental office***
- ***A single point of a contact for all other issues outside of enrollment and credentialing including but not limited to:***
  - ***Claim Issues***
  - ***Authorization issue***
  - ***Requests for provider reports***

3.6.4 SUBCONTRACTORS

DentaQuest understands that 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. DentaQuest will not delegate any item or requirement in the DHCFP DBA Contract to any subcontractor without the express, written approval of the DHCFP. We understand that our 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 business days of a request by the DHCFP. This includes but is not limited to administrative, technical and sub-contracted dental providers.

DentaQuest further acknowledges that it has read, understands, and agrees to the entirety of Section 3.6.4.

3.6.5 ACCESS AND AVAILABILITY

DentaQuest will maintain a network of dental providers that meet the following requirements:

- ***Ensure Primary Dental Care Sites are not more than 25 miles from each recipient's address***
- ***Have at least one full-time equivalent dentist per 1,500 recipients per geographic service area***
- ***Ensure at least 50 percent of network Primary Dental Providers accept eligible recipients at all times***

- ***Provide access to all types of dental specialists for referrals with at least one specialist per 1,500 recipients per geographic service area***

We ensure access and accessibility in a number of ways, including:

1. ***Monitoring state access requirements for the proximity of care to ensure our network complies with mileage requirements and ratios of recipients to providers***
2. ***Monitoring the providers in our network to ensure compliance with appointment availability and office wait time standards***
3. ***Educating recipients about their benefits through welcome calls and other outreach efforts***

Monitoring State Access Requirements

We will monitor network access, on an ongoing and recurring basis, throughout the life of the Contract to verify that covered services are available and accessible to recipients in compliance with the standards described in the RFP. Our network adequacy monitoring plan incorporates review of the following data sources to verify our network is accessible within the mileage requirements and meets the required recipient to provider ratio:

- ***Geo Access Mapping – We monitor mileage requirements on a quarterly basis using a program developed by Quest Analytics, a leading software company designed specifically for network access and adequacy analysis. This geo-coding software program takes into consideration the participant addresses and provider location addresses. The end-user report (often referred to as a "Geo-Access report") provides a snapshot of overall access, distances to the three closest providers, an access standard comparison and detailed access summary by county.***
- ***Quarterly Provider Listing – This report provides a snapshot of the current network. It includes the number of newly enrolled providers, accessibility of the network, credentialing statistics, terminations, and recruitment activities. The quarterly provider listing also shows the number of providers accepting new patients (open panels) and the number of providers accepting existing patients only (restricted panels). This report allows us to calculate the most accurate recipient to provider ratios.***
- ***Request a Dentist Report – This details the number of special provider requests made through our call center or Concierge Services team. These special requests are made when a recipient cannot readily locate a provider within the required mileage criteria, or if the recipient presents special needs. Analyzing this report helps us assess if there are specialty provider gaps in a certain area.***
- ***Provider Grievance Report – Trends in this report will allow for a deeper investigation to the root cause of the grievance, and if an action plan is required. The ultimate goal is to minimize provider terminations.***
- ***Quarterly Service Accessibility Survey – DentaQuest surveys offices on a quarterly basis to (a) verify the number of providers seeing new patients and their office capacities, and (b) ensure they are meeting appointment wait time standards.***

Monitoring Providers to Ensure Compliance with Appointment Availability and Office Wait Time Standards

We understand that for Nevada, per RFP Section 3.6.5.8.B and C, providers must adhere to following appointment availability requirements:

Primary Dental Providers	*Specialty Providers*
• *Urgent care provided within 24 hours* • *Therapeutic and diagnostic care within 14 days* • *Routine or preventive care within six weeks* • *Referrals for specialty care no later than 30 days*	• *Same day, emergency appointments within 24 hours of referral* • *Urgent care within 3 calendar days of referral* • *Routine care within 30 days of referral*

DentaQuest takes to following steps to ensure our network is aware of their responsibility to meet appointment availability and wait time requirements:

1. ***We contractually obligate the provider to meet such requirements. Explicit language will be included in the Provider Contract.***
2. ***The appointment availability and wait time requirements will be listed in our Provider Policy and Procedure Manual.***
3. ***Our in-state Provider Relations team will educate all providers on the requirements during the initial in-person training visit.***
4. ***Requirements will be reiterated during any additional in-person visits.***
5. ***Periodic reminders on the requirements will be distributed to all providers through fax-blasts and our Provider Web Portal.***

Monitoring our Providers to Ensure Adherence and Compliance

DentaQuest conducts quarterly verification surveys to determine if offices are complying with appointment availability requirements.

Verification surveys are conducted by phone via a "secret shopper" method. DentaQuest contacts the office and asks when the next available appointment would be for the types of care listed above. If we learn the office is out of compliance with a specific requirement, the customer service representative will log this information into our customer service management system and route the issue to our Provider relations department.

Quarterly surveys, in conjunction with monitoring recipient complaints and wait lists for covered services, allow us to keep a better pulse on the service recipients receive from our providers.

When a Provider fails to Comply with Appointment Availability Standards

If we identify a provider who fails to meet contractual access standards such as appointment availability, new patient acceptance, capacity to communication with all recipients, referral program guidelines, or after-hours coverage requirements, our local Provider Relations team will take action, to include:

- ***For providers with no previous deficiencies – We mail a re-education letter to remind the provider about the contractual requirements and support the provider in his or her effort to correct the deficiency.***
- ***For providers with prior complaints or deficiencies – Provider Relations conducts in-person re-education that is specific to the compliant or deficiencies, and tailored to meet the needs of that particular provider.***

- ***For providers who fail to comply or refuse to discuss the deficiency – The provider will be required to accept and comply, within 30 days, with a corrective action plan that details improvement milestones to return to compliance. Once successfully completed, we will conduct a follow-up audit to verify continued compliance with standards.***
- ***If non-compliance continues – We may restrict new recipients assigned to the provider or terminate their Contract.***

Educating Recipients about their Benefits through Welcome Calls and Other Outreach Efforts

As soon as DentaQuest receives information on a newly enrolled recipient, we will conduct an outbound welcome call. During this call, we will educate recipients about their dental benefits, how to access care and receive information on the importance of establishing a Dental Home. Other outreach efforts support this welcome call to ensure recipients understand:

- ***How the dental program operates***
- ***The availability of Medically Necessary Covered Dental Services, benefit limitations, and any Value-Added services offered by DentaQuest***
- ***Dental Exams and preventive care***
- ***The importance of oral health, proper nutrition and the relationship between oral health and systemic/overall health***
- ***Oral health literacy***
- ***Non-Emergency Transportation for Medicaid Members***

Provider Terminations

Keeping recipients connected to an actively enrolled, in-network dentist is a top priority.
We will provide written notice within 15 business days of termination to recipients who have received care from any terminated provider. Likewise, we will provide assistance in locating a new dentist that meets their individual needs either through interactions with a Recipient Services Representative, through our toll-free telephone line, or through our on-line Find-a-Dentist tool.

Should DentaQuest decredential, terminate, or disenroll a provider, we will inform the DHCFP Provider Enrollment Unit within five business days.

Notification of Significant Network Changes

DentaQuest recognizes the importance of alerting the DHCFP when an unexpected change might impair its network provider. In the unlikely event a large-scale provider group terminates from the network or in the event of a natural disaster, DentaQuest will implement a methodical process to ensure the following goals are met:

1. ***The DHCFP receives the proper notification in accordance with the RFP requirements***
2. ***Recipients receive the proper notification in accordance with the RFP requirements***
3. ***100 percent of disrupted recipients receive a new permanent or temporary PDCS (depending on the situation)***

1. Notification of unexpected change that might impair its network the DHCFP

DentaQuest will notify the DHCFP's designated staff, within one business day, of any unexpected change that would impair its provider network. This notification will include:

- ***Information about the nature of the change and how the change will affect the delivery of covered services***

- ***DentaQuest's plans for maintaining the quality of recipient care if the provider network change is likely to result in deficient delivery of covered services.***

DentaQuest 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.

Our Nevada Medicaid/CHIP Operations Manager will be responsible for relaying this information.

2. Notification to recipients affected by provider terminations

When timely notice from the provider is received, DentaQuest will notify affected recipients to ensure they may experience continuity of care through a new PDCS assignment.

3. Systems and policies used for continuity of care of members experiencing provider transitions

In the event the recipient's treatment is impacted as a result of the loss of a provider, the DentaQuest Recipient Service team will assist the recipient with continuation of care during the transition period. As appropriate, we will ask the terminating provider to complete all active treatment cases within 180 days. All recipients in active treatment will be advised to contact DentaQuest for assistance in locating a new provider capable of performing the work.

We will ensure both the recipient and the new provider have no "hoops" to jump through in order to receive or render care. For example, if the recipient's care required prior authorization and the terminated provider had received the approval, we will automatically transfer the approval to the new provider.

DentaQuest is committed to maintaining an adequate network with the ability to service the needs of all recipients and we are confident that no matter the situation, recipients will receive continuity of care.

To that end, if DentaQuest's Recipient Service team is unable to identify a new in-network provider within the required mileage standards, DentaQuest will arrange for a single case agreement with a nearby out-of-network provider to ensure the recipient receives timely care.

3.6.6 PROVIDER CONTRACTS

DentaQuest will draft a customized Provider Contract specifically to meet the requirements set forth in this RFP and additional stipulations as required by the DHCFP. Additionally, our Provider Contract will comply with all applicable federal and state laws, regulations, and requirements.

DentaQuest's Legal and Compliance department will draft the Provider Contract for Nevada; it is through this Contract we set our expectations and policy requirements for willing participating providers. We will submit a copy of our Provider Contract for review during Readiness Review, at request of the DHCFP or for any substantive revisions thereafter to the DHCFP for review and approval as required.

3.6.7 PROVIDER DIRECTORY

Our Provider Directory complies with the requirements of RFP Section 3.6.7. Our directory is available both online and all new recipients will receive a copy of the directory in their New Member Welcome Packet as well.

The Provider Directory is searchable online through our interactive Find-A-Dentist and is updated in real-time, which greatly exceeds the RFP requirement of monthly updates. Access through an easy-to-find link on DentaQuest's website, Find-A-Dentist allows users to search our most up-to-date Provider Directory using a variety of criteria including:

- ***Zip code***
- ***Provider's name***
- ***Office name***
- ***Gender***
- ***Specialty***
- ***Languages spoken at the office***
- ***Special needs capacities***

Search results include hours of operation, specialties, and details about the dentist and office. Users can also view 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. Written instructions and map directions make it easy for the user to locate the office.

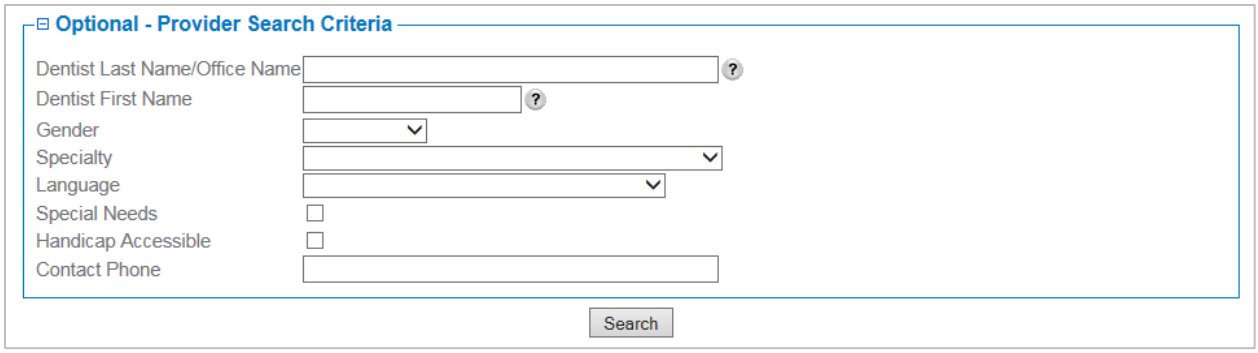


Figure 3.6.F Search options on DentaQuest's Find-A-Dentist online provider directory

Information on our provider panel is kept up-to-date through phone calls with providers and office visits by provider relations staff. Any time there is an update, our Provider Operations team will update Windward to reflect the new information. As previously mentioned, these changes will be available in real-time via the Find-A-Dentist tool.

As required by the DHCFP, DentaQuest will confirm the network adequacy and accessibility of its provider network and that when queried at least 90 percent of listed providers will confirm participation in our network.

On a monthly basis, no later than the 10th day of the month, DentaQuest 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, decredentialed or been removed from the active provider enrollment in the previous month.

3.6.8 RECIPIENT COMMUNICATIONS

DentaQuest places a strong emphasis on developing "low barrier" materials, meaning the materials are written at or below a sixth grade reading level, incorporate white space on the page, use graphics, emphasize cultural appropriateness, use bullet points, and use short sentences and paragraphs. To verify reading levels, we use Flesch-Kincaid Grade readability tests to identify comprehension difficulty. It measures reading ease and the grade level of the written text. To demonstrate we meet reading level requirements, DentaQuest will provide readability tests to the DHCFP for recipient materials. DentaQuest will submit all proposed recipient communications to the DHCFP for approval prior to distribution.

3.6.9 PROVIDER COMMUNICATIONS

DentaQuest will submit all proposed provider communications to the DHCFP for approval prior to distribution.

3.6.10 PROVIDER POLICY AND PROCEDURE MANUAL

Fostering a collaborative partnership with providers is critical to the success of a network and a clear and comprehensive Provider Policy and Procedure Manual is an important element to that success. This Manual will serve as the cornerstone of our provider training and communication, will be easily accessible to anyone via our public website, and will offer an in-depth, systematic overview of topics, as required by RFP Section 3.6.10.2.

The Manual is divided into two sections; for Nevada the:

- ***Front end will contain rules, regulations, criteria, and forms specific to the Nevada dental program.***
- ***Back end will contain the benefit tables, lists each covered benefit (CDT code), describe the code, provide age limitations, list teeth covered, state if authorization is required or not, detail any benefit limitations, and outline any documentation that may be required with the claim or authorization.***

Developing the Provider Policy and Procedure Manual

We have created Provider Policy and Procedure Manuals in each of the 30 states where we administer dental benefits. Through this wide-reaching experience, we have built a streamlined and effective process for developing the manual that is summarized as follows:

- ***Upon contracting with the state, our Nevada Medicaid/CHIP Operations Manager will obtain and document the finalized benefit requirements from the DHCFP.***
- ***The Nevada Medicaid/CHIP Operations Manager creates the front end of the Provider Manual pursuant to our Contract, and incorporates all relevant laws, guidelines, and regulations. We start with a base template to create the state specific content and forms found in the front end of the Manual.***
- ***We then commence development of the back end of the Manual. This includes determining how many exhibits will be needed because each exhibit is designed to highlight the benefits for specific age groups. For example in Nevada, we anticipate there will be one exhibit for the child benefit, one exhibit for the adult benefit and one exhibit for the pregnant women benefit. The details used to populate the benefit tables in the back end are determined during the implementation phase, will be the result of discussions with the DHCFP, and be subject to the DHCFP approval.***

- ***Once the front and end back end are complete, we assemble and distribute to the account management for review and approval. Upon the DHCFP and the Nevada Medicaid/CHIP Operations Manager's approval, we will post the Manual to DentaQuest's internal shared drive.***
- ***The Nevada Medicaid/CHIP Operations Manager will notify and distribute the complete Provider Manual to all necessary internal departments (Recipient Services, Provider Relations, Claims, Utilization Management, etc.).***
- ***The Manual is then posted to the Provider Web Portal.***

The Manual will act as an extension of our Provider Contracts and include everything Nevada providers need to know about participating with DentaQuest. Figure 3.6.G gives examples of the topics included in the Manual.

Figure 3.6.G The DentaQuest Nevada Provider Policy and Procedure Manual will covers everything our providers need to know to serve recipients

Topic Category	Specific content included
General Provider Information	• Key contact information, including addresses and telephone number • Statement of provider rights and responsibilities • NPI Requirements • Credentialing criteria
Covered Benefits	• Detailed description of covered benefits, including age and benefit limitations and medical necessity guidelines for all dental procedures • Eligibility verification procedures • Coordination of benefits and third-party liability
Claim Administration	• Claims process overview from start to finish • Claims submission requirements including methods to submit claims electronically at no charge to the provider • Claims adjudication and payment processes, including direct deposit payment to providers • Collection of payments for non-covered services • ADA claim form and instructions, billing requirements, and required forms • Instructions on timely filing limits
Utilization Management	• Process for billing dental care in a hospital setting • Prior authorization request submission and tracking • Provider Fraud, waste, and abuse overview • Reconsideration process for all denied cases and down-coded prior authorization decisions
Compliance	• Process for filing recipient and provider reconsideration requests and appeals • Complaints and grievances process for Nevada recipients
Forms and reference documents	• ADA claim form and instructions • Provider appeal form • HIPAA 837 dental companion guide • Dental record forms, including documentation of children's nutritional deficiencies and • Speech and hearing evaluation reports • Billing requirements and required forms • Agreement to pay non-covered services form • Dental periodicity schedule

Distributing the Provider Policy and Procedure Manual

DentaQuest will provide a copy of the Manual to each provider upon recruitment into the network. Providers can also request a printed copy at any time by:

- ***Emailing us at: NetworkDevelopment@DentaQuest.com***
- ***Contacting the local Nevada Provider Relations Representative***
- ***Calling DentaQuest's Provider Relations Service line at 855.873.1283***

We notify providers about program changes through bulletins distributed via fax, email, or letter. To ensure transparency and visibility of information, the most up-to-date version of the Manual can be accessed online at www.dentaquest.com/nv/dentists/ 24/7/365 – by providers, recipients, and the public.

Figure 3.6.H Provider training and education to ensure Providers are equipped to serve recipients

Provider Workshops

Processes, benefits, and technology associated with Medicaid programs are in constant flux; education and training for the dentist offices must keep pace. With this in mind, our education and training plan is multi-faceted and ongoing throughout the life of the Contract as illustrated in Figure 3.6.H.

DentaQuest's comprehensive training program exceeds the RFP requirement of conducting annual provider workshops by offering training multiple times per year. In addition, DentaQuest's provider training program actually begins before a provider is even enrolled. It is described in detail below.

Pre-Enrollment Training

When DentaQuest enters a new Medicaid dental market, we establish a "front-end" training program for provider groups to introduce ourselves as the new administrator, help establish a solid working relationship with the network, and review and explain the support services available to them.

For example, in Nevada, we would offer a series of in-person and web-based comprehensive introductory sessions throughout the state to ensure as much provider participation as possible. Attendance is typically robust at these sessions, and they are supported and amplified through:

- ***Biweekly webinars throughout the introductory month***
- ***One-on-one personal office visits to key providers***
- ***Review of DentaQuest policies and procedures to all providers***
- ***Targeted provider group seminars***

New Provider Training

Frequency: Provided within 30 days of Contracting

Once an office has been approved to be an in-network provider the Provider Relations team will provide our initial provider training.

This training will give the office a detailed review of important topics including:

- ***The role of the Dental Home/PDCS***
- ***A description of the pre-authorization process***
- ***How to handle billing or claims issues***
- ***How to use the DentaQuest Provider Policy and Procedure Manual***
- ***Provider Web Portal set up and training***
- ***How to submit electronic claims***
- ***How to sign up for direct deposit payments***

We also verify the accuracy of all office demographic information.

Ongoing Provider Workshops
Frequency: Offered at least quarterly in person or via webinar
Providers will receive ongoing training opportunities that – depending on the provider's needs and preference – will be held either online or in person. These training sessions:

- ***Reinforce common processes: claims processing, appeals, authorizations, billing codes***
- ***Explain program or policy changes***
- ***Highlight practice guidelines for preventive oral health consistent with professional recommendations regarding the periodicity of dental services***
- ***Focus on utilization management and Medicaid issues to ensure that all providers are appropriately trained on clinical criteria set forth for covered benefits and authorization policies and procedures***
- ***Review top billing mistakes for the network: reports are run to identify the most denied types of services and training covers why providers receive said denials and how to avoid denials moving forward (i.e. check recipient history, eligibility, coding issues, missing information on claim/authorizations, etc.)***
- ***Cultural competency training which would include linguistic, cultural, and special needs training is also delivered to the provider network***

Following the training, we post the presentation and materials to our Provider Web Portal for ease of reference. We include the link to these materials in email correspondence to Providers and our Provider Relations Representatives will direct providers to relevant or needed trainings on a recurring basis.

We offer education materials and quick reference guides to help dental offices stay up-to-date with industry best practices. Any changes or updates to the program are communicated to providers with at least 30 days' notice prior to the change. If the change is substantial, Provider Relations will host ad-hoc trainings with the network so they are fully prepared to implement the upcoming changes.

Providers will learn about the latest news from our provider newsletter on a regular basis. The newsletter will contain information on everything from updates on new policies and procedures to reminders about preventing Fraud, Waste and Abuse.

Targeted Provider Training

As needed, DentaQuest will tailor training and education efforts to the specific needs of a provider or office. For example, if a provider is under audit or subject to a corrective action plan, the Provider Relations Representative will target the training to address – and correct – the specific issue. The Representative may run reports or random audits following the training to ensure that the issue has been corrected.

3.6.11 NETWORK MAINTENANCE

DentaQuest is prepared to meet all network maintenance requirements outlined in this section including initial and ongoing credentialing; adding, deleting and periodic contract renewal; provider education; and discipline/termination.

For more information, please refer below to each specific section of our response where we address key requirements:

- ***Initial and ongoing credentialing (see our response to Section 3.9.15)***
- ***Adding, deleting, and periodic contract renewal (see our response to Section 3.6.6)***
- ***Provider education (see our response to Section 3.6.10)***
- ***Discipline/termination, etc. (see our response to Section 3.6.5)***

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.

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.

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.

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.

3.7.1 DENTAL RECORD

DentaQuest understands the importance of ensuring its provider networks maintain accurate and complete dental records for each recipient. We outline our expectations for appropriate dental record maintenance in our Provider Policy and Procedure Manual. For example, we typically include the requirements outlined in Figure 3.7.A around the organization, content and compliance in the Provider Policy and Procedure Manual.

Figure 3.7.A Provider Requirements for Dental Records

Organization
1. The record must have areas for documentation of the following information: ***a. Registration data including a complete health history.*** ***b. Medical alert predominantly displayed inside chart jacket.*** ***c. Initial examination data.*** ***d. Radiographs.*** ***e. Periodontal and Occlusal status.*** ***f. Treatment plan/Alternative treatment plan.*** ***g. Progress notes to include diagnosis, preventive services, treatment rendered, and medical/dental consultations.*** ***h. Miscellaneous items (correspondence, referrals, and clinical laboratory reports).*** ***2. The design of the record must provide the capability or periodic update, without the loss of documentation of the previous status, of the following information.*** ***a. Health history.*** ***b. Medical alert.*** ***c. Examination/Recall data.*** ***d. Periodontal status.*** ***e. Treatment plan.*** ***3. The design of the record must ensure that all permanent components of the record are attached or secured within the record.***

4. The design of the record must ensure that all components must be readily identified to the patient, (i.e., patient name, and identification number on each page).

5. The organization of the record system must require that individual records be assigned to each patient.

Content
The patient record must contain the following:

1. Adequate documentation of registration information which requires entry of these items:

- ***a. Patient's first and last name.***
- ***b. Date of birth.***
- ***c. Sex.***
- ***d. Address.***
- ***e. Telephone number.***
- ***f. Name and telephone number of the person to contact in case of emergency.***
- ***g. Information regarding the primary language of the enrollee.***
- ***h. Information related to the member's needs for translation services.***

2. An adequate health history that requires documentation of these items:

- ***a. Current medical treatment.***
- ***b. Significant past illnesses.***
- ***c. Current medications.***
- ***d. Drug allergies.***
- ***e. Hematologic disorders.***
- ***f. Cardiovascular disorders.***
- ***g. Respiratory disorders.***
- ***h. Endocrine disorders.***
- ***i. Communicable diseases.***
- ***j. Neurologic disorders.***
- ***k. Signature and date by patient.***
- ***l. Signature and date by reviewing dentist.***
- ***m. History of alcohol and/or tobacco usage including smokeless tobacco.***
- ***n. Summary of significant surgical procedures.***
- ***o. Treating provider's signature and/or initials must be documented on each date of service.***
- ***p. Treating provider's signature and/or initials must contain the profession designation (e.g. DDS, DMD, RDH, CDA).***

3. An adequate update of health history at subsequent recall examinations which requires documentation of these items:

- ***a. Significant changes in health status.***
- ***b. Current medical treatment.***
- ***c. Current medications.***
- ***d. Dental problems/concerns.***
- ***e. Signature and date by reviewing dentist.***

4. A conspicuously placed medical alert inside the chart jacket that documents highly significant terms from health history. These items are:

- ***a. Health problems which contraindicate certain types of dental treatment.***
- ***b. Health problems that require precautions or pre-medication prior to dental treatment.***
- ***c. Current medications that may contraindicate the use of certain types of drugs or dental treatment.***
- ***d. Drug sensitivities.***
- ***e. Infectious diseases that may endanger personnel or other patients.***

5. Adequate documentation of the initial clinical examination which is dated and requires descriptions of

findings in these items:

a. Blood pressure. (Recommended)
b. Head/neck examination.
c. Soft tissue examination.
d. Periodontal assessment.
e. Occlusal classification.
f. Dentition charting.

6. Adequate documentation of the patient's status at subsequent Periodic/Recall examinations which is dated and requires descriptions of changes/new findings in these items:

a. Blood pressure. (Recommended)
b. Head/neck examination.
c. Soft tissue examination.
d. Periodontal assessment.
e. Dentition charting.

7. Radiographs which are:

a. Identified by patient name.
b. Dated.
c. Designated by patient's left and right side.
d. Mounted (if intraoral films).

8. An indication of the patient's clinical problems/diagnosis.

9. Adequate documentation of the treatment plan (including any alternate treatment options) that specifically describes all the services planned for the patient by entry of these items:

a. Procedure.
b. Localization (area of mouth, tooth number, surface).

10. An adequate documentation of the periodontal status, if necessary, which is dated and requires charting of the location and severity of these items:

a. Periodontal pocket depth.
b. Furcation involvement.
c. Mobility.
d. Recession.
e. Adequacy of attached gingiva.
f. Missing teeth.

11. An adequate documentation of the patient's oral hygiene status and preventive efforts which requires entry of these items:

a. Gingival status.
b. Amount of plaque.
c. Amount of calculus.
d. Education provided to the patient.
e. Patient receptiveness/compliance.
f. Recall interval.
g. Date.

12. An adequate documentation of medical and dental consultations within and outside the practice which requires entry of these items:

a. Provider to whom consultation is directed.
b. Information/services requested.
c. Consultant's response.

13. Adequate documentation of treatment rendered which requires entry of these items:

a. Date of service/procedure.

b. Description of service, procedure and observation. Documentation in treatment must contain documentation to support the level of American Dental Association Current Dental Terminology code billed as detailed in the nomenclature and descriptors. Documentation must be written on a tooth basis for a per tooth code, on a quadrant basis for a quadrant code and on a per arch basis for an arch code.

c. Type and dosage of anesthetics and medications given or prescribed.

d. Localization of procedure/observation. (tooth #, quadrant etc.)

e. Signature of the Provider who rendered the service.

14. Adequate documentation of the specialty care performed by another dentist that includes:

a. Patient examination.

b. Treatment plan.

c. Treatment status.

Compliance

1. The patient record has one explicitly defined format that is currently in use.

2. There is consistent use of each component of the patient record by all staff.

3. The components of the record that are required for complete documentation of each patient's status and care are present.

4. Entries in the records are legible.

5. Entries of symbols and abbreviations in the records are uniform, easily interpreted and are commonly understood in the practice.

All of these requirements can be altered and customized to meet any Nevada-specific requirements as defined by the DHCFP.

In addition to outlining our expectations of the dental record, we also contractually obligate providers to a number of stipulations tied to the dental record. Figure 3.7.B includes the standard language included in all provider contracts.

Figure 3.7.B Contractual requirements pertaining the dental record

Participating Practice hereby acknowledges and agrees to:

1. Maintain adequate dental/medical, financial and administrative records related to Covered Services rendered by Participating Practice and all Providers in accordance with Federal and State law and any all regulatory policies.

2. Safeguard all information about Members according to applicable state and federal laws and regulations. All material and information which is provided to or obtained by or through Participating Practice or Provider's performance under this Agreement, whether verbal, written, tape, or otherwise, shall be regarded as confidential information to the extent confidential treatment of such material and information is provided for under State and Federal laws. Neither Participating Practice nor Provider shall use any information so obtained in any manner except as necessary for the proper discharge of his/her obligations and securement of his/her rights under this Agreement. Participating Practice and all Providers agree to comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") relating to the exchange of information and

shall cooperate with DentaQuest and Plan in efforts to ensure compliance with the privacy regulations promulgated under HIPAA and other related privacy laws. Participating Practice, Providers and DentaQuest acknowledge that the activities conducted to perform the obligations undertaken in this Agreement are or may be subject to HIPAA, as well as the regulations promulgated to implement HIPAA. Participating Practice, Providers and DentaQuest agree to conduct their respective activities, as described herein, in accordance with the applicable provisions of HIPAA and such implementing regulations. Participating Practice, Providers and DentaQuest further agree that, to the extent HIPAA, the regulations promulgated thereunder, or the regulations governing the Medicare Advantage programs (42 C.F.R. §§ 422.1 et. seq.) require amendments hereto, Participating Practice, Providers, and DentaQuest shall conduct good faith negotiations to amend this Agreement. Provider shall maintain adequate dental/medical, financial and administrative records related to covered dental services rendered by Participating Practice or Providers in accordance with Federal and State law.

3. Cooperate and provide Oversight Entities with access to each Member's dental records for the purposes of quality assessment, service utilization and quality improvement, investigation of Member complaints or grievances or as otherwise is necessary or appropriate subject to HIPAA and any and all pertinent laws.

4. Provide information and data, including, but not limited to, encounter, utilization, referral and other data, that Oversight Entities may request.

5. Provide, at no cost to the Member or the Member's new or different dental provider, a copy of all Members' dental/medical records. Upon written consent by a Member, Participating Practice agrees to transfer the information in such Member's health care records to the person specified by the Member at no charge.

6. That any and all Member records will be maintained for a period not less than the minimum required by State or ten (10) years, whichever is longer, and shall allow access to said records for review or audit upon request.

7. Provide Oversight Entities, including but not limited to any state department of social services, the Attorney General of the United States or a state in which Participating Practice operates, any fraud agency, DHHS, CMS (or its designees), the Comptroller General of the United States (or its designees), and/or their duly authorized representatives with access to any books, documents, papers and records which are related to this Agreement for the purpose of any audit, investigation, or examination; provided, however, all laws relating to a members privacy shall be followed regarding such disclosures.

8. Allow duly authorized agents or representatives of Oversight Entities, during normal business hours and other reasonable times, access upon demand to Participating Practice's premises to inspect, audit, monitor or otherwise evaluate the performance of Participating Practice under this Agreement, including auditing claims submissions, evaluating and determining on a concurrent or retrospective basis the necessity or appropriateness of services provided to Members, evaluating through inspection or other means, the quality, appropriateness and timeliness of services provided under this Agreement, and pursuant to quality management programs or peer review programs. Participating Practice shall produce all records, including copies of medical records, requested as part of such review or audit without charge. In the event right of access is requested under this paragraph, Participating Practice shall, upon request, provide and make available staff to assist in the audit or inspection effort, and provide adequate space on the premises to reasonably accommodate personnel conducting the audit or inspections effort. All inspections or audits shall be conducted in a manner as will not unduly interfere with the performance of Participating Practice's activities. Oversight entities shall comply with applicable laws and regulations, including those pertaining to privacy and confidentiality, with respect to such information.

3.7.2 CONFIDENTIALITY AND ACCESS TO RECORDS

DentaQuest maintains written policies and procedures to maintain the confidentiality, accessibility and availability, record keeping and record review process for all dental records. Such policies and procedures can be altered to incorporate any Nevada-specific requirements to ensure compliance.

Should the State request recipient dental records, DentaQuest will directly coordinate this with the applicable provider office(s). All such requests will be completed within 10 calendar days after the State submits the request. DentaQuest will bear any such expenses pertaining to the dental record copies.

3.7.3 PATIENT ACCESS TO RECORDS

As per the provider contract, the dental office is contractually obligated to provide, at no cost to the recipient a copy of all dental/medical records. Upon written consent by a recipient (or parent/guardian), the provider agrees to transfer the information in such recipient's health care records to the person specified by the recipient at no charge. Nevada providers will be required to provide a copy of the record within 30 calendar days from the date of request.

If the recipient or recipient's parent/guardian is having difficulty obtaining the record from the provider, DentaQuest's Provider Relations Representative will contact the office to help facilitate the request.

3.7.4 FORWARDING DENTAL RECORDS

As per the provider contract, the dental office is contractually obligated to provide, at no cost to the recipient or the recipient's new or different dental provider, a copy of all dental/medical records to the new or different dental provider. Nevada providers will be required provide a copy of the record within 10 business days from the date of request.

3.8 QUALITY ASSURANCE STANDARDS

3.8.1 Overview
3.8.2 Quality Measurements
3.8.3 Plan of Correction (POC) Procedure

3.8.1 OVERVIEW

If selected to serve as a vendor for the Nevada Dental Program, DentaQuest understands its role will be to ensure accessibility and availability to appropriate dental care, provide for continuity of care, and provide quality care to enrolled recipients. DentaQuest will work collaboratively with the DHCFP and the EQRO in all quality monitoring and evaluation activities.

DentaQuest's Nevada Medicaid/CHIP Operations Manager, in partnership with our Director of Quality Assurance Kristen Scott, RN, will be the designated lead persons to work with the DHCFP on quality management. Kristen is a goal-driven, versatile, and compassionate professional, offering extensive experience in diverse areas of the healthcare industry, including outpatient, inpatient, and managed care. She is knowledgeable of all facets of health program development, direct patient care, Six Sigma/Rapid Cycle Improvements, health services, strategic protocol development, and staff coordination. Kristen is adept at implementing initiatives and improvements to effectively manage and promote health. She is known for leading the improvement of metrics indicative of optimal health and evidence-based medicine. Kristen has 11 years of quality experience and nine years' experience of direct patient care as a registered nurse.

Kristen Scott, RN
Director of Quality Assurance

We understand that by virtue of the DHCFP's contract with the EQRO and the federal regulations which set forth the State's mandates for an EQRO, DentaQuest will be required to provide reporting data beyond that stipulated in this section. We will participate in those additional EQRO activities as assigned and required by the DHCFP. Other states, including Texas and Tennessee have employed EQROs such as Health Services Advisory Group (HSAG) and Q-Source to conduct audits on a number of aspects of DentaQuest's services provided to Medicaid program recipients, so we are fully accustomed to complying with EQRO audits.

3.8.2 QUALITY MEASUREMENTS

DentaQuest is accustomed to reporting on a variety of quality measurements to its state agency clients. Moreover, our clinical experts have been on the forefront of developing quality measures specific for dental. In 2010, the American Dental Association formed the Dental Quality Alliance (DQA) committee to establish cost and quality performance measures for dentistry at the request of CMS. The mission of the DQA is to advance performance measurement as a means to improve oral health, patient care and safety through a consensus-building process. The DQA is developing evidence-based oral health performance measures that will ultimately be used nationwide. While quality standards for medical care have been around for decades, prior to the formation of DQA, no such consistent national standards existed for dental care.

DentaQuest's Chief Dental Officer, and President of the DentaQuest Institute, Robert Compton, DDS, was one of five nationally recognized experts who was invited to sit on the Dental Quality Alliance

Performance Measurement Development and Maintenance committee. Dr. Compton and the four other dental experts were responsible for designing, rigorously testing and validating the 10 pediatric oral health care quality measures in Figure 3.8.A.

Figure 3.8.A Ten pediatric oral health care quality measures

Purpose	Dental Quality Alliance Measure
Evaluating utilization	Use of services* Preventive services Treatment services
Evaluating quality of care	Oral evaluation* Topical fluoride intensity* Sealant use in 6-9 year olds* Sealant use in 10-14 year olds* Care continuity Care continuity - usual source of services
Evaluating cost	Per-member per-month cost

**Measure has been endorsed by the National Quality Forum*

In addition to reporting on the measures outlined above, DentaQuest is required to submit dental encounter data that complies with the Annual EPSDT Participation Report (form CMS-416) parameters required by the Centers for Medicare and Medicaid Services (CMS) to eight states. DentaQuest has built an internal report that uses official Annual EPSDT Participation Report logic to generate all pertinent dental measures that will help us analyze our performance against the DHCFP goals. Please see Figure 3.8.B for a sample.

Figure 3.8.B Annual EPSDT Participation Report

DentaQuest **MEDICAID PLAN NAME**
ANNUAL EPSDT PARTICIPATION REPORT
Reporting Period: DATE through DATE

Age Category:	<1	1 to 2	3 to 5	6 to 9	10 to 14	15 to 18	19 to 20	Total
1a.Total Individuals Eligible for MEDICAID PLAN NAME	39,227	80,649	117,489	152,168	156,977	111,287	48,914	706,711
1b. Total Individuals Eligible for MEDICAID PLAN NAME for 90	29,331	78,872	115,281	149,256	153,542	108,292	46,352	680,926
3a. Total Months of Eligibility	210,680	868,753	1,283,397	1,671,032	1,716,966	1,197,254	475,439	7,423,521
12a. Total Eligibles receiving any dental services	1,252	35,519	74,183	103,678	97,743	57,387	16,841	386,603
12b. Total Eligibles receiving preventative dental services	1,161	34,044	72,328	100,968	94,318	52,424	14,146	369,389
12c. Total Eligibles receiving dental treatment services	18	1,705	21,136	47,585	46,438	31,972	10,142	158,996
12d. Total Eligibles Receiving a Sealant on Permanent Molar				30,617	36,334			66,951
12e. Total Eligibles Receiving Dental Diagnostic Services	1,248	35,497	73,852	102,881	96,238	55,331	16,093	381,140
12f. Total Eligibles Receiving Oral Health Services By a Non-Dentist	0	0	0	0	0	0	0	0
12g. Total Eligibles Receiving any Dental or Oral Health Services	1,252	35,519	74,183	103,678	97,743	57,387	16,841	386,603

DentaQuest is also required by the majority of its clients to produce the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Annual Dental Visit report for Medicaid dental programs.

The Annual Dental Visit measures the percentage of Medicaid recipients 2-21 years of age with dental benefits who had at least one dental visit during the measurement year. This report takes into account all covered CDT codes. This report can be generated at any time on demand through our enterprise reporting services. Please see Figure 3.8.C for a sample HEDIS report.

Figure 3.8.C HEDIS Annual Dental Visit Report

DentaQuest USA Insurance Company Inc

DentaQuest

HEDIS Annual Dental Visit

(Period = 1/1/2015 - 12/31/2015)

Prepared on behalf of
CLIENT NAME
Dental Services

Age Strata	Denominator	Numerator	Rate
02 - 03	140,730	108,652	77.21%
04 - 06	240,195	196,192	81.68%
07 - 10	282,011	234,974	83.32%
11 - 14	239,006	191,391	80.08%
15 - 18	185,888	134,359	72.28%
19 - 20	13,999	7,082	50.59%
Total	1,101,829	872,650	79.20%

Data Integrity Attestation

Dentaquest LLC hereby certifies that all claims and member eligibility data gathered to derive the above Annual Dental Visit measurement is accurate and complete. Dentaquest LLC does not sub-capitate its contracted providers. Dentaquest provider reimbursement is based on a fee-for-service based Global Budget reimbursement methodology, which requires an actual claim record of services to be submitted to Dentaquest for payment. Therefore, Dentaquest is confident that all known claim encounter records are submitted by its contracted providers and were recorded in its enterprise databases at the time this measurement data was extracted and is included in all required encounter data reporting.

Certified By: DentaQuest

James Collins
Chief Financial Officer
Dentaquest LLC

No matter the requirements of the Nevada Quality Strategy, DentaQuest is prepared to implement programs to meet the state's goals, and regularly report on our progress.

DentaQuest's Plan to Increase the Dental Participation Rate

One of the most crucial elements in measuring quality is how accessible is care to recipients. Data must be supplied in a forthright manner to answer key questions such as:

- ***Access to care – How well did the DBA provide access to needed care? What percentage of adults and children saw providers for routine or preventive care?***
- ***Did provider participation within the network increase or decrease?***

- ***Is there adequate care available for specialty care such as endodontists, periodontists, etc.?***
- ***Prevention and screening – What percentage of recipients had screenings?***
- ***What percentage of pregnant women had proper dental care?***

DentaQuest has extensive experience in developing plans that produce measureable outcomes. What distinguishes us from other dental administrators is our ability to demonstrate repeatable success methods across multiple states.

Goal

We are prepared to assist the state of Nevada increase the dental participation to be greater than or equal to the national average for EPSDT dental screenings through an aggressive education and outreach plan. The current national average for FY 2015 is 47.48 percent; the state of Nevada is significantly lower at 38.63 percent.

To demonstrate our success in increasing utlization of dental services, please refer to Figure 3.8.D highlights the top ten states with the highest utlization rates of dental services among Medicaid children. DentaQuest adminstered dental benefits for four of the ten states with the highest utilization rates in 2015. In Maryland, Massachuestts and Colorado, DentaQuest was the single Contractor of the state's Medicaid dental program in 2015. In Texas, we co-adminster the program. We look forward to assisting the state of Nevada achieve similar results for its Medicaid Dental Program.

Figure 3.8.D Top Ten States with Highest Dental Service Utilization Rates in the Nation – 2015

Strategy

DentaQuest places a strong emphasis on person-centered, integrated care to improve health outcomes, overall wellness, and conserve program resources. To accomplish this, we believe it is vital that all services and interactions with the member are unified and work in tandem. Figure 3.8.E is a schematic of DentaQuest's programs to enhance the recipient experience and improve oral health. There are three core components to DentaQuest's Recipient-Centered Experience continuum – the first is how we welcome new recipients into the program, ensuring they understand their benefits and how to access care; the second is the ongoing outreach and education necessary to empower recipients to improve their oral health; and lastly, six Value Added Services.

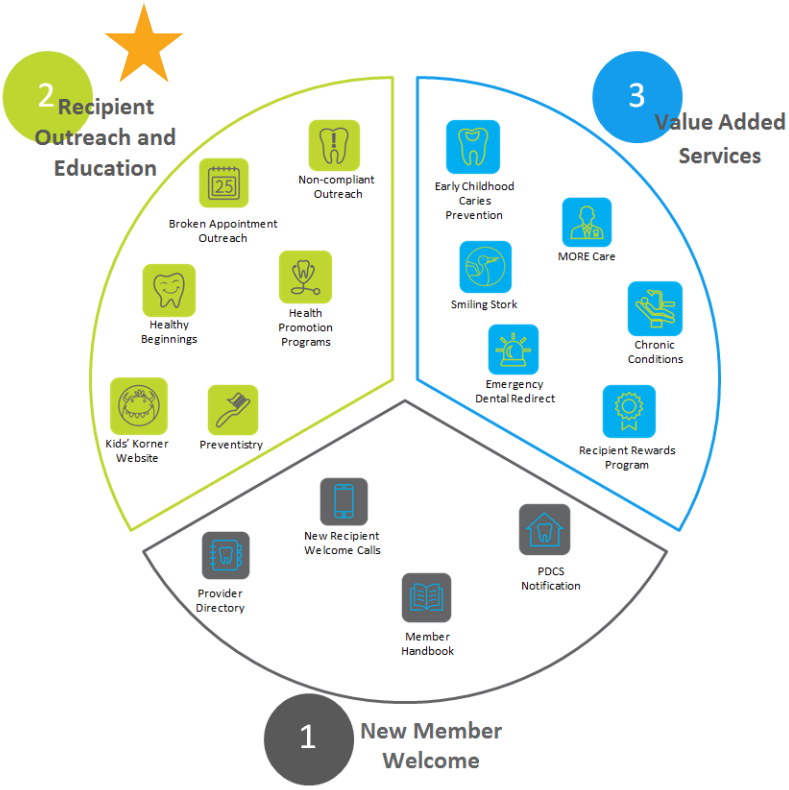


Figure 3.8.E DentaQuest's Recipient-Centered Experience Continuum

Holistic Approach

Our Outreach and Education Programs are designed to address the entire continuum of oral health development and encompasses six specific programs and strategies for increasing awareness of dental care, availability of dental benefits, and increasing utilization of preventive dental services for the EPSDT-eligible population.

1. ***Health Promotion and Education Programs***
    a. ***Regionally located and regularly schedule outreach activities***
    b. ***Cultural Ambassador Program***
    c. ***Direct-to-Recipient outreach***
2. ***Kids' Korner Website***
3. ***Healthy Beginnings***
4. ***Preventistry®***
5. ***Non-Compliant Outreach***
6. ***Broken Appointment Outreach***

Each program is described in more detail in Figure 3.8.F.

Figure 3.8.F DentaQuest's Recipient Outreach and Education Program

1. Health Promotion and Education Programs

As required in Section 3.3.4 of the RFP, DentaQuest will develop a comprehensive Health Promotion and Education Program inclusive of the following topics:

- ***How the dental program operates***
- ***Medically Necessary Covered Dental Services, benefit limitations, and any Value-Added services offered by DentaQuest***
- ***Dental Exams and preventive care***
- ***The importance of oral health, proper nutrition and the relationship between oral health and systemic/overall health***
- ***Oral health literacy***
- ***Non-Emergency Transportation for Medicaid Members***

Regionally Located and Regularly Scheduled Outreach Activities

DentaQuest will 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. This is a core component of other successful Health Promotion and Education efforts we have implemented in other states.

We often partner with existing health plans providing medical services for the Medicaid population. In the case of Nevada, we understand that the Aetna, Anthem/Amerigroup, Centene and United Healthcare provide medical services on behalf of the DHCFP. DentaQuest has worked with all four of these health plans currently or in the past and is confident we can develop mutually beneficial relationships with the local entities to promote oral health and education.

Additionally, we will target health fairs and other community events throughout the counties such as:

- ***Touro University Nevada Health Fair***
- ***Nevada State Health Division's free health fair: Where Information and education on topics including diabetes, tobacco cessation, mammograms and nutrition will all be made available to the public***
- ***Healthy Kids, Happy Kids health fair in Carson City.***
- ***Public Health Fair at UNLV***

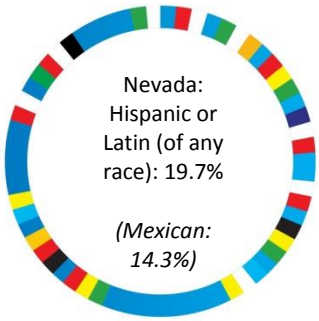
We've also found that partnering with county housing authority events for their communities has been beneficial in reaching the Medicaid population and plan to reach out to the Housing Authority of the City of Reno (serving Washoe County) and the Southern Nevada Regional Housing Authority (serving Clark County) to participate in their community events.

And finally, partnering with local WIC and Head Start Programs have also proved to be the perfect venue to participate in regionally and regularly scheduled outreach activities. Our partnerships with these groups go beyond simply attending health fairs – we frequently present to parents and children alike on the Medicaid dental program, how to access care and the importance of good oral health habits at an early age. This is just a small representation of our total planned community events schedule.

Cultural Ambassador Program

Through our Cultural Ambassador Program, DentaQuest will appoint and train community partners to become cultural ambassadors, across the state, to serve as representatives of the Nevada Medicaid Dental program in communities that have historically experienced barriers to care. This program respects and honors the different ways diverse populations prefer to receive information and referrals for health care services, with the goal of increasing the likelihood of them using the Medicaid system.

For example, we will seek engagement with promotoras, lay Hispanic/Latino community members who receives specialized training to provide basic health education in the community without being a professional health care worker associated with health care.



The community health worker (promotora) model is used because promotoras are effective disseminators of information, and act as the bridge between governmental and non-governmental systems and the communities they serve. Community health workers also act as change agents within their naturally occurring social networks.

Using promotoras ensures that the many social and cultural characteristics of low-income people can be drawn upon to improve the appropriate utilization of health care services. These social and cultural characteristics can be defined as strong family support through the many interdependent ties of the extended family and the network of comadres and compadres (co-mothers and co-fathers), which are part of the family unit. The strength of these family ties help or hinder efforts to improve health behaviors because the information shared by the family is believed over that of a health care professional.

For example, one study reported that Hispanics rarely turn to health care professionals for health-related information but instead seek out peers or authority figures within their own social networks. Therefore, if misinformation is held by a figure of respect within the family network, it is likely to be passed onto others, thereby reinforcing the misinformation and resulting in negative consequences on the current and future health status of the family. It is logical to assume, then, that in order to transmit information and affect behavior change in Hispanics a peer-based educational model that respects the social order of the culture must be utilized.

We will educate community partners on a number of topics including:

- ***Benefits and services available through the Nevada Medicaid dental program***
- ***The importance of establishing a Dental Home***
- ***How to refer recipients in need of dental care to DentaQuest***
- ***Where to access oral health education resources***

- ***Developing strong relationships with community health workers and community-based organizations will be key to helping us expand our reach to the Medicaid population.***

- ***DentaQuest has implemented this program in a number of states and it has proven to be an invaluable tool in advocating for the oral health needs of Medicaid recipients. It also allows us to engage with public health leaders on participating in oral health events and speaking engagements, and distributing collateral on the importance of oral health and establishing good oral health habits at an early age.***

Direct-to-Recipient Outreach Campaign

DentaQuest will implement a Direct-to-Recipient Outreach Campaign to help raise awareness on the availability of the Medicaid Dental Program, how to access covered dental services and the importance of preventive care. Depending upon the recipient's communication preferences, we will call, text, email, and use postcard mailings.

Our nationwide experience has shown that this outreach is effectively addresses the following barriers:

- ***Geographic challenges***
- ***Cultural and linguistic barriers***
- ***Limited oral health literacy***

2. Kids' Korner Website

DentaQuest maintains an interactive, child-facing website designed to make oral health education fun and engaging.

What's on the Kids' Korner Website:

- ***Oral Health Matters:*** ***DentaQuest's educational materials that address a variety of oral health topics including:***
  - ***Snack facts to protect your teeth***
  - ***Taking care of your teeth while playing sports***
  - ***Dental Dos***
  - ***Dental care for teenagers***

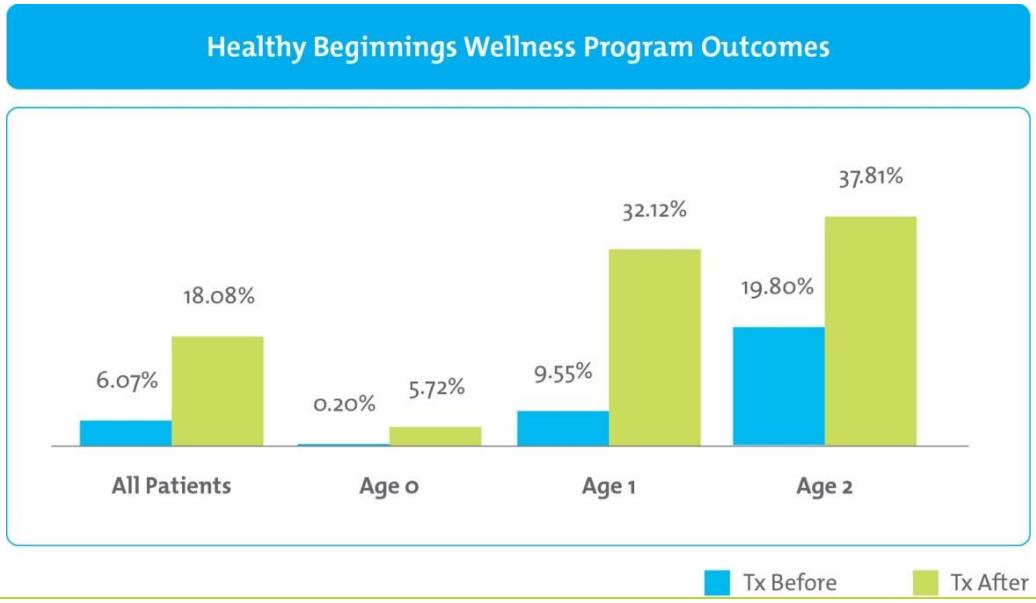
- *Early warning signs of tooth decay*
- *Are you afraid of the dentist*
- *Baby teeth are important*
- *Taking care of your teeth while you have braces*
- *Check your child's teeth*
- *Importance of dental care for chronic conditions*
- *Fluoride – an important preventive service*
- *Sealants – am important preventive service*
- *Oral health tips starting at birth*
- *Calcium is good for your teeth*
- *Dos and don'ts of pacifiers*
- *Dental care during pregnancy*
- *Dental care for people with developmental disabilities*
- *Brushing tips*
- *Flossing tips*
- *Keep your breath fresh*
- *What to do in a dental emergency*

- ***Activities and videos for children:*** *Kids' Korner includes activities and videos such as a memory matching game, a brushing chart, crossword puzzle and interactive game.*

3. Healthy Beginnings

The Healthy Beginnings program provides parents of young children with education on how to reduce the incidence of Early Childhood Caries and encourages them to make their child's first dental appointment when they get their first tooth, or at latest, by the child's first birthday.

Healthy Beginnings features mailings to recipients aged 0-2 years regarding age-appropriate oral health practices. DentaQuest measures the effectiveness of the Healthy Beginnings program by generating quarterly reports that measure dental visits before and after the mailing. The program has been overwhelmingly successful in driving young children into dental offices as highlighted in the chart below. The blue bars represent the percentage of children that received dental care before the mailing compared to the green bars that represent the percentage of children who received dental care after Healthy Beginnings mailing.



4. Preventistry®

Through our Medicaid experience, we know that effective programs are not just created by driving the children to the dentist – they are also created by driving the Provider to perform the right services at the right time. Sealant placement and preventive care are two of the fundamental building blocks for effective long-term oral health. To coordinate with Providers and increase timely, effective preventive services, we have developed the Preventistry® Program.

Preventive care – especially sealants and fluoride treatments – are two of the fundamental building blocks to effective long-term oral health, which is why DentaQuest has developed the Preventistry® Program to coordinate with providers and substantially increase their usage. Our Preventistry® Program will increase the number of recipients ages 1-20 receiving fluoride treatments and recipients ages 6-14 receiving sealants.

How Does the Preventistry Program Work?

When we launch the Preventistry® Program, all general and pediatric dentists will receive a welcome tool kit that contains an introductory letter, program brochure, window cling, poster, and a link to a series of educational handout templates for copying. They will also receive an initial roster of recipients that are assigned to their office and who are due for sealants and/or fluoride treatments.

Then every six months, we will post a Preventistry® Report on the Provider Web Portal or send the office a copy that includes the following information:

- ***A roster of recipients ages 6-9 and 10-14 who visited their office in the past and are due for sealants based on claims history.***
- ***A roster of recipients ages 1-20 who visited their office in the past and are due for a fluoride treatment based on claims history. These rosters allow offices to easily conduct outreach to recipients to encourage them to make an appointment for care.***
- ***Information detailing their sealant placement and fluoride application rates against benchmarks that include the network average as well as the average for the top quartile for the previous six-month period.***

While Preventistry® is primarily targeted at providers; DentaQuest will also saturate recipient educational materials with messages about the importance of preventive care to compliment this program. Our community partners will receive information about the Preventistry® Program so they can also encourage their clients to visit the dentist. Additionally, we've found that recipients often ask about sealants and fluoride when they see the Preventistry® posters on display in their dentist's office waiting room.

Preventistry® Results from Other States

- ***DentaQuest implemented the Preventistry® Fluoride Program with a financial incentive option for a large client in Massachusetts, targeting high-risk children (defined as having one or more cavities). The bonus was four dollars per eligible child in the practice. If the office had 100 children who were at elevated risk and should receive topical fluoride the bonus pool was $400. We set a goal for each office to provide fluoride treatments to at least 45 percent of their high-risk patients. Offices achieving that goal during a six-month period would be eligible for the incentive. At the end of the program, we found that the average percent of high-risk children receiving fluoride treatments increased from 45 percent to 60 percent.***

- ***DentaQuest implemented the Preventistry® sealant program for a large statewide Medicaid Dental Program. Within the first six months of the program, we realized an increase of 13 percent in the number of targeted children receiving dental sealants.***

- ***DentaQuest implemented the Preventistry® sealant program for a large health plan client in Georgia.***

Within the first six months of the program, we realized an increase of nearly 18 percent in the number of targeted children receiving dental sealants.

5. Non-Compliant Outreach

Outreach campaigns targeted to recipients behind on needed dental services are among the most frequently requested by our Medicaid clients. All states are encouraged by CMS to increase oral health services, and this type of campaign is central to meeting this goal. For example, in Texas, we contact recipients who are behind on their six month dental checkups, those with no claims history, and children ages 6-9 and 10-14 who are due for sealants.

For Nevada, DentaQuest will contact recipients who are behind on their six month checkups by phone or mail to remind them of the importance of receiving regular preventive care. We will advise them to contact DentaQuest if they need help identifying their Dental Home Provider, help with scheduling an appointment or are experiencing barriers to accessing care, such as lack of transportation.

To ensure that our outreach efforts are producing the desired results, we measure how many recipients went to see the dentist after our interventions. For a recent non-compliant outreach initiative in Texas, we found that over 28 percent of the recipients we contacted had a dental visit within two months of our intervention.

We can also target our non-compliant outreach to specific areas of a state with particularly low utilization. For example, in Virginia, we initiated a non-compliant outreach initiative in all counties with utilization rates of 54 percent, or less. DentaQuest found that within the six months following our outreach postcard mailing, 10 percent of the target recipients received sealants and 33 percent of the targeted recipients without a previous dental service received care.

ATTENTION
DENTAQUEST
MEMBERS!

YOUR CHILD IS BEHIND IN THEIR DENTAL CHECK-UP!

Children need to see the dentist every six months for good health.

Did you know that DentaQuest covers dental check-ups that include cleaning every 6 months?

Dental care is very important to your child's health and well-being! A dental home is the dentist your child goes to for regular six month check-ups.

Please call your Dental Home and schedule an appointment for your child today.

If you need help finding a dentist, call 1-800-418-1622 (TTY/TDD 1-800-466-7566). Or visit our website at www.dentaquest.com

If you need a ride to the dentist, let us know. We can help!

We do not allow under treatment in DentaQuest. No one is treated in a different way because of race, color, birthplaces, religious, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions or need more help? If you think you've been treated unfairly, call 1-800-418-162.

Ten Car no permite el trato injusto. Nadie recibe

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Need help in another language? You can call DentaQuest for assistance in any language at 1-855-418-1622. Interpretation and translation services are free to DentaQuest members.

If you need help finding a dentist, call 1-800-418-1622 (TTY/TDD 1-800-466-7566). Or visit our website at www.dentaquest.com

DentaQuest
DENTAQUEST.COM

6. Broken Appointment Outreach

Serving over 40,000 dental providers across the country, we hear providers' frustrations first hand that broken and missed appointments are a common occurrence among their Medicaid patients. DentaQuest defines "broken appointments" as:

- ***Patients who fail to cancel an appointment at least 24 hours in advance***
- ***Patients who do not present for their scheduled appointment ("no show")***

We created our Broken Appointment Education Program to address this common issue among Medicaid populations; this program has been successfully implemented in eight states. An industry first, this program allows dentists to report recipients who missed their appointment electronically via the Provider Web Portal. The DentaQuest Broken Appointment Program is comprised of both proactive and reactive approaches to ensure recipient compliance with their scheduled appointments.

Proactively Preventing Broken Appointments

To help prevent broken appointments from occurring, DentaQuest will provide best practice information to dental offices that has been used successfully across other Medicaid programs. For example, in Virginia, we studied the impact of various factors on decreasing broken appointment rates in certain dental clinics. This pilot study showed that the most important indicator for patient compliance with a scheduled appointment was how far in advance the appointment was arranged. We will share these results with Nevada providers to reduce the incidents of "no shows."

Other best practices identified over the years that we will share with providers include:

- ***Creating and distributing a strong, no-tolerance policy for all patients (not just Medicaid)***
- ***Creating a Contract committing to the broken appointment policy for all patients to sign***
- ***Providing reminder messages to patients 48 hours prior to appointments***
- ***Scheduling appointments no further out then 30-45 days***
- ***Having emergency patients call back to schedule their follow up appointment a few days after the emergency visit***

If we schedule the appointment on behalf of the recipient, we will explain the importance of calling at least 24 hours ahead of time if they need to reschedule or cancel. DentaQuest will remind recipients about upcoming appointments through reminder calls, texts and emails. We will also include education on the importance of keeping appointments in recipient educational materials.

Following Up on Reported No-Shows

In the event a Nevada dental program recipient misses or breaks an appointment, providers will only need to complete a simple form on the web portal to notify us of the missed appointment. All providers will be trained on, and encouraged to participate in, this program.

Tracking and Trending the Broken Appointment Program

Twice a month, DentaQuest will generate a report based on provider logs of all recipients who missed an appointment. Using this report, our Recipient Service Representatives will contact the recipients via phone to educate them on the importance of keeping their appointment or calling to cancel at least 24 hours ahead of time. We will also offer assistance in rescheduling the appointment.

To address repeat offenders (defined as a recipient with two or more broken appointments in a six-month period), our Outreach team will call the recipient and have a more in-depth conversation regarding why they are missing their appointments. They will coordinate additional services (transportation, translation services, etc.) as needed. If we are unable to reach the recipient by phone, we will send a postcard.

The final component of our Broken Appointment Program includes providing a complete roster to the provider with a list of recipients who they reported with missed appointments. This will allow them to conduct targeted outreach to each recipient to encourage them to reschedule for care. The combined outreach and education from DentaQuest and the provider will increase the likelihood of the recipient rescheduling – and attending – their appointment.

Broken Appointment Program Results

For another large Medicaid Dental Program DentaQuest administers, there were 23,333 unique recipients with broken appointments logged through the Provider portal in a single year. After DentaQuest conducted outreach on the importance of keeping their appointment, 35.4 percent of targeted recipients went in for care within two months.

3.8.3 PLAN OF CORRECTIVE PROCEDURE (POC)

DentaQuest is often contractually required to improve utilization of dental services. As such, we've developed a comprehensive suite of tools that permits us to routinely assess our progress in these areas. We take both a macro and micro approach to assessing our data to ensure we remain on target with our client's goals.

DentaQuest's outreach efforts in 2015 encompassed:

- 4,900,000 welcome packets, ID cards, and provider directories produced and distributed
- 2,900,000 recipient outreach materials mailed
- 2,670,000 outbound recipient outreach calls
- 2,600,000 text messages to recipients

Micro-Analysis of Progress

From a micro perspective, we measure every direct-to-recipient outreach campaign (defined as an outbound or postcard campaign) to assess its effectiveness. In DentaQuest's experience, most recipients take action within the first two to six months of hearing from us. Our enterprise reporting services allow the report user to generate an Outreach Effectiveness Report any time after the campaign is complete.

For example, if we conduct an outbound non-compliant campaign in January, our Outreach Coordinator could generate a report in March to determine what percentage of the recipients we contacted as part of the campaign had a dental service. We can even drill down to a unique recipient level and we will know exactly what service was received, when it was received and by which provider. Reporting possibilities are endless, since we maintain all of the pertinent claims data in Windward claims system, which is always accessible through our enterprise reporting services. We are happy to share these reports with the DHCFP if it would like to evaluate the effective of certain outreach campaigns.

Macro-Analysis of Progress

Ultimately, DentaQuest will be working toward achieving the stated RFP goals, and therefore needs to assess all recipient utilization data, not just for certain campaigns. After all, encouraging usage of dental services is a comprehensive effort between DentaQuest, our dental providers and community partners throughout the state. We have a number of reports we use to assess utilization rates of the entire covered population, and will discuss some of our more commonly used ones below.

CMS Annual EPSDT Participation Report

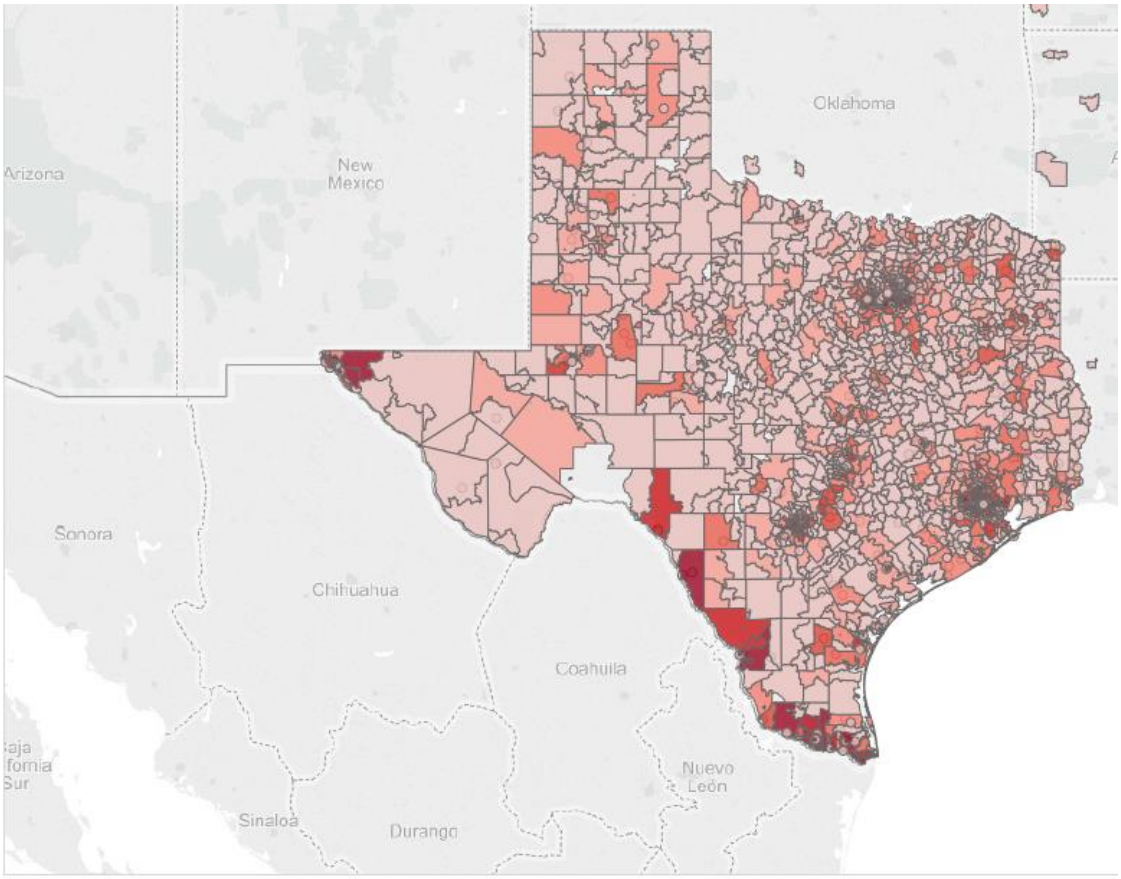
DentaQuest is required to submit dental encounter data that complies with the Annual EPSDT Participation Report (form CMS-416) parameters required by the Centers for Medicare and Medicaid Services (CMS) to eight states. DentaQuest has built an internal report that uses official Annual EPSDT Participation Report logic to generate all pertinent dental measures that will help us analyze our performance against the DHCFP's goals.

Hot Spot Mapping Tool

DentaQuest's Hot Spot Mapping Tool allows us to generate a heat map of the state to visualize utilization of services across the entire state (Figure 3.8.G). This tool helps us identify recipients in areas where membership is more concentrated, but where utilization is very low. For example, the map below visualizes the locations of Texas Medicaid recipients who are eligible for sealants. Counties

in very dark red indicate there are 3,000 or more recipients who are eligible for sealants. These areas could be considered "priority" areas for targeted outreach, since we know we can make a greater impact on the sealant utilization goal based on the number of recipients in need of that service.

Figure 3.8.G Hot Spot Mapping Tool



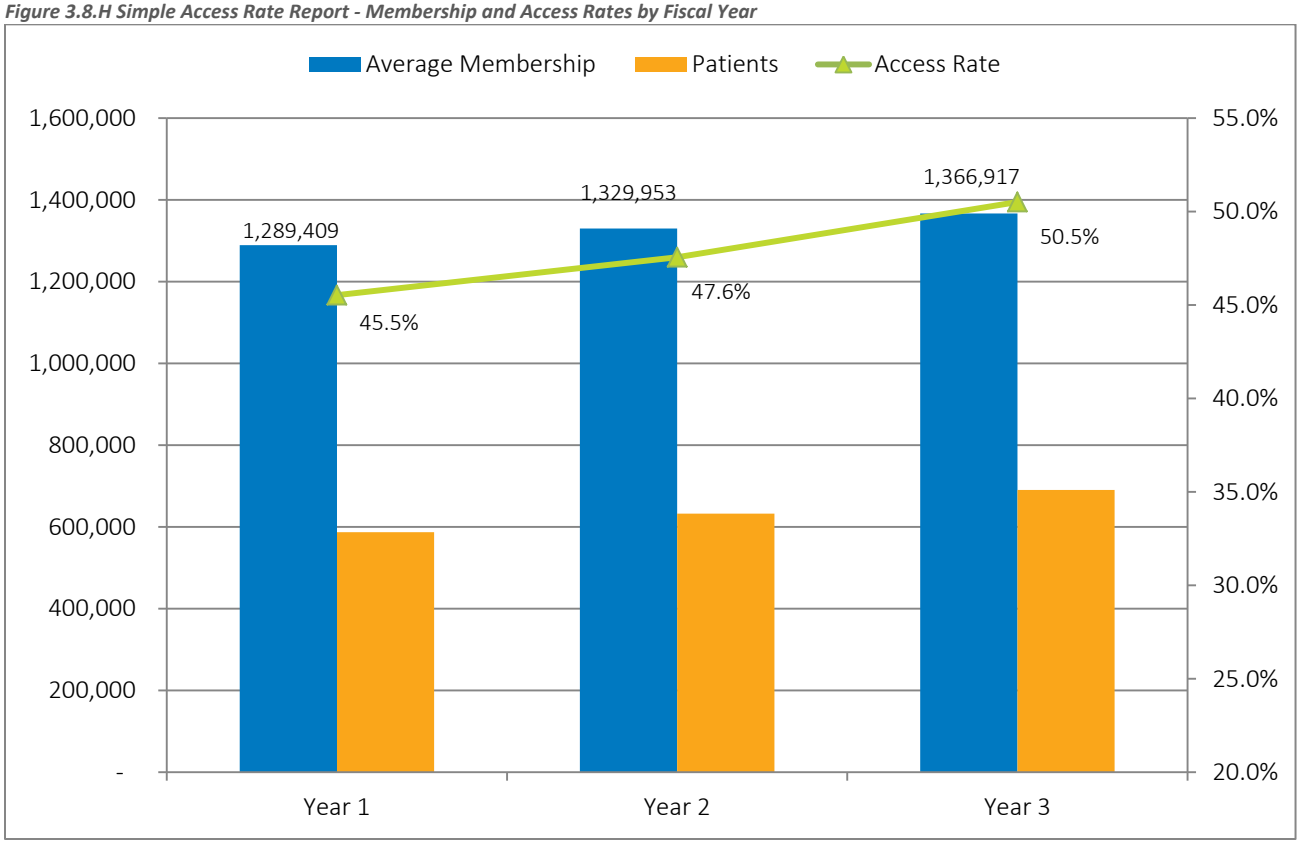
Color shows the number of sealant eligible members. Refer to the Excel file for zip code details.

Elig Mem Count
1 3,000

Simple Access Rate Report

DentaQuest can generate a number of reports based simple access rates. Simple access rates are calculated by dividing the total number of eligible recipients by the number of recipients who received dental services. Using this report, we can continually assess our progress toward meeting the DHCFP's utilization goals. We can also trend from year to year, as shown in Figure 3.8.H.

Figure 3.8.H Simple Access Rate Report - Membership and Access Rates by Fiscal Year



Annual Dental Visit Report

DentaQuest is required by the majority of its clients to produce the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Annual Dental Visit report for Medicaid dental programs.

The Annual Dental Visit measures the percentage of Medicaid recipients 2-21 years of age with dental benefits who had at least one dental visit during the measurement year. This report takes into account all covered CDT codes. This report can be generated at any time on demand through our enterprise reporting services.

Developing and Implementing a Plan of Correction (POC) Procedure

In the event DentaQuest falls short of the DHCFP's expectations and is asked to submit a POC to implement improvements and/or enhancements of the existing outreach and education, we will include the following information in document:

- ***Specific problem(s) which require corrective action***
- ***The type(s) of corrective action to be taken for improvement***
- ***The goals of the corrective action***
- ***The time-table for action***
- ***The identified changes in processes, structure, internal/external education***
- ***The type of follow-up monitoring, evaluation and improvement***
- ***The DentaQuest staff person responsible for implementing and monitoring the POC***

In compliance with RFP requirements, DentaQuest would submit a POC within 30 calendar days from notification of the DHCFP. We will make timely revisions our POC to ensure full compliance with the DHCFP requirements.

Methods for Quality Improvement

Selecting the most appropriate methods to drive improvement to our outreach and education strategies is critical. We frequently use these three straightforward, functional, practices to implement any corrective action needed:

> ***1. Plan, Do, Check, Act (PDCA) cycle – This is a dynamic and efficient methodology, that allows for rapid cycle improvements to quickly correct deficiencies that are not performing to goal. The PDCA approach enables us to apply a data-driven quality strategy to improve on our processes. This method improves the effectiveness and efficiency of our processes; leads to stronger performance standards; assists with streamlining our resources; and helps us maintain our standards of excellence.***
>
> ***2. Re-engineering – This is used when major process improvement is needed – for example, when certain processes are fundamentally dysfunctional, or when process improvement activity is otherwise unsuccessful.***
>
> ***3. Root Cause Analysis – Root Cause Analysis is a structured approach used to conduct an in-depth analysis and uncover process issues. This systematic approach identifies whether the error is skill based or whether the error is embedded deeper in the process.***

Corrective action plans and improvement design must be capable of addressing root cause, and projects must be monitored on a routine basis to continuously confirm the efficacy of the project. Our Quality Oversight Committee will review and monitor corrective action plans and projects on a recurring, ongoing, basis.

Equally important to collecting and analyzing information, identifying an improvement opportunity, and implementing a corrective plan, is evaluating and monitoring the success of such plan. Evaluation is a critical component of the quality improvement process as this is when we assess whether the implemented changes are successful. We do this through analysis of data collected before and after the corrective action was initiated.

Data that does not demonstrate improvement indicates the process change was not effective and warrants revisiting an earlier phase of the quality improvement process. Data showing improvements demonstrate success and moves the project into a control phase to maintain the change and monitor ongoing effectiveness. While quality improvement is a continuous process, structured improvement plans rely on the evaluation phase to gauge the overall success of the project.

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 Performance Improvement Projects
3.9.2 Reporting on Status of PIPs
3.9.3 Performance Improvement Measurement Data
3.9.4 Current Sources of IQAP Guidelines
3.9.5 Maintaining a Health Information System in accordance with 42 CFR 438.242
3.9.6 Written IQAP Description
3.9.7 Systematic Process of Quality Assessment & Improvement
3.9.8 Use of Quality Indicators
3.9.9 Accountability to the Governing Body
3.9.10 Active QA Committee
3.9.11 IQAP Supervision
3.9.12 Adequate Resources
3.9.13 Provider Participation in IQAP
3.9.14 Delegation of IQAP Activities
3.9.15 Credentialing and Recredentialing
3.9.16 Recipient Rights and Responsibilities
3.9.17 Standards for Availability and Accessibility
3.9.18 Dental Record Standards
3.9.19 Utilization Review
3.9.20 Continuity of Care System
3.9.21 IQAP Documentation
3.9.22 Coordination of QA Activity with Other Management Activity
3.9.23 Data Collection
3.9.24 Dispute Resolution

DentaQuest's Internal Quality Assurance Programs (IQAP) has been successfully implemented for all DentaQuest clients across 30 states. It ensures that recipients have access to high quality dental care by closely monitoring the appropriateness of dental services. It meets the requirements set forth in 42 CFR §438, honors the guidelines of state regulatory agencies, as well as those of the National Committee for Quality Assurance (NCQA) as they apply to dentistry, Health Resources and Services Administration (HRSA), and Utilization Review Accreditation Commission (URAC). We propose the IQAP processes and methodologies utilized successfully in other states' dental benefit programs be tailored for Nevada's program.

DentaQuest's IQAP is a multidisciplinary program designed to support and achieve our mission to improve the oral health of all. Its purpose is to monitor, evaluate, improve the provision of quality dental care services, ensure patient safety, and increase recipient access rates to dental services. The IQAP is reviewed annually and revised, as necessary, to respond to the ever-changing environment of health and dental care.

We recognize that a rigorous IQAP is necessary to achieve our mission because the quality of our internal operations ultimately manifests in the quality of service provided to our constituents: the DHCFP, providers, and recipients. Figure 3.9.A illustrates the key components of DentaQuest's IQAP.

In this section, we will describe our IQAP and our comprehensive approach to quality management. It is inclusive of four major parts:

- ***Quality Governance: the committee structure***
- ***Quality Planning: planning philosophy***
- ***Quality Assurance: monitoring people processes and technologies responsible for delivering quality service and product***
- ***Quality Improvement: utilizing metrics to improve upon care delivery***

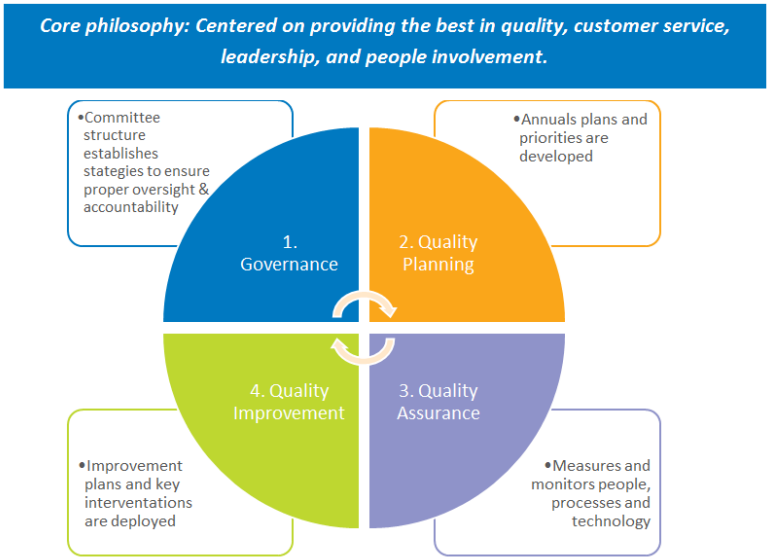


Figure 3.9.A DentaQuest's IQAP

1. Quality Governance

IQAP Governance is the core structure that helps drive the overall process of quality management. It is structured around various committees who meet on a recurring and consistent basis to review the content and metrics indicative of quality, and determine what actions, if any, are necessary. The committee structure is essential to delineating all goals, processes, risk and issue mitigation, progress, and follow-up. While ultimate responsibility falls on our Executive Committee, the Quality Assessment and Performance and Improvement Program Committee (QAPIC) provides strategy, direction, oversight and accountability for the IQAP. The subcommittees reporting to QAPIC include Credentialing, Delegation Oversight, Quality Improvement/Utilization Management and Peer Review. These subcommittees handle specific areas of quality and collaborate with functional groups across the organization.

2. Quality Planning

The IQAP is designed to be dynamic in nature. As a result, our planning process continuously evaluates the IQAP for its effectiveness in enabling quality principles. QAPI planning is a specific responsibility of the QAPIC. The committee sets strategic direction as a part of the QM planning process and ensures tactical execution of the strategy in conjunction with functional groups. QAPI planning includes tactical elements such as creating and revising an annual QAPI work plan, strategies for Performance Improve Projects (PIPs) dental record audits, performance measures and surveys are addressed, ensuring that the QAPI plan is actionable, and setting the frequency of internal audits and evaluations. It will be continually updated based on concurrent and retrospective performance and compliance reviews.

3. Quality Assurance

The purpose of quality assurance (QA) is to measure and monitor key quality metrics (QKPI) that are both quantitative and qualitative in nature and represent the areas of people, process and technology.

The metrics evaluate and measure our performance in relation to care, service and operational areas critical to quality as well as provides valuable input to department leadership and ultimately the QAPIC. This allows for timely identification of QKPIs falling below goal, thereby initiating investigation and remediation of any over- or under-utilization or process breakdowns. Department leadership is responsible for implementation of an improvement plan and monitoring progress to quality metrics and/or quality goals/initiatives. Progress will be reported through the governance structure and any follow-up activities will be initiated through committee guidance and recommendation.

4. Quality Improvement

Quality Improvement refers to the dynamic mechanism by which continuous quality improvement is made. Our QKPIs are developed according to regulations or reflective of best practice. These quantitative and qualitative metrics representing the quality and appropriateness of dental care to enrollees including those with special needs are devised and goals representing the highest standards of excellence are established. Any QKPI falling below goal initiates the quality improvement process generating and quality improvement plan and contiguous PDCA (Plan, Do, Check, Act) cycles until desired results are achieved. This Quality Improvement strategy provides a dynamic way for people, process and technology to maintain these standards of excellence as well as incrementally adjust to the evolving regulatory landscape and needs of the member population. The quality improvement is conducted via a four-step process:

1. ***Measure metrics***
2. ***Analyze root cause***
3. ***Develop and execute an improvement plan***
4. ***Evaluate effectiveness of improvement***

All metrics and quality improvement plans are reported at the subcommittee level and ultimately the QAPIC to ensure transparency and accountability among leaders, as well as an opportunity to provide input and assistance.

3.9.1- 3.9.4 PERFORMANCE IMPROVEMENT PROJECTS (PIP)

DentaQuest is contractually required to conduct performance improvement projects (PIPs) as set forth in 42 CFR §438.330 to assess and improve the quality of a targeted area of clinical or nonclinical care or service provided to recipients, and to report the status and results of each PIP annually for a number of clients.

A PIP is a useful and effective tool to achieve significant improvement sustained over time. Selecting a PIP takes place when a problem requiring significant improvement, less than desirable Performance Measure reporting or QKPI and at the direction of the DHCFP. The issue is analyzed taking key factors into consideration like population variations and existing barriers to care. Upon completion of this analysis, a clearly defined aim statement is crafted with aspirational but feasible measurable goals and a plan is composed with interventions designed to achieve improvement. Effectiveness of the plan will be assessed at regular intervals and lack of progress will initiate PDCA cycle to ensure ultimate effectiveness and sustainability over time.

A minimum of one clinical and one non-clinical PIP will be conducted upon approval of the DHCFP. The PIPs will address areas where improvements will result in improved member satisfaction, provider satisfaction or an improvement in oral health. Identification of a PIP can come from regular monitoring of QKPIs (complaints and grievances, claims, utilization management, customer service),

recipient and provider satisfaction data, evidence based quality performance measure (as those from Dental Quality Alliance [DQA] or as determined by the DHCFP, CMS or the state). Possible study topics are discussed and evaluated at DentaQuest's Quality Assessment and Performance and Improvement Program Committee (QAPIC) to ensure the topic is based upon the needs of the population and will result in positive impact. Once all approved by the QAPIC and the DHCFP, the PIP is developed. The process will utilize the Six Sigma framework (DMAIC) to guide the development of the PIP.

Defining the project entails clear identification of goals and objectives. These quality indicators will be measurable and reflect the improvements over time. Monitoring intervals will be based upon the study topic and timeline established during this define phase. Clinical experience and scientific knowledge will guide this initial phase to set the stage for a successful PIP.

Measurement will validate the baseline that initiated the PIP and any baselines needed for additional quality indicators created in the design phase. These baseline measurements will be used as the comparison during the evaluation phase of the project. Scientific principles and research practices will govern the development of these measurements to ensure validity of the data and ultimately the PIP. An analysis of all factors is the next critical step to develop an effective intervention plan. Components of the analysis include but are not limited to, data, process design, surroundings, culture, education and access to care. For example, the data analytics team can use their quality tools in SAS Enterprise Miner to segment member behaviors to target an optimal solution. This provides additional insight into the problems and can reveal key relationships among the different variables.

An intervention plan is created based on the three previous phases and represents actions that will result in improvements. Our experience designing these improvement plans nationwide allows us draw on that experience and develop interventions we know to be successful. Interventions will be associated with timeframes and results of these interventions will be measurable.

During this improvement phase, it is important to note other key activities that take place. To determine success, the improvement plan is evaluated and whether we have attained the goals set forth when defining the project. This evaluation applied methodologies, consistent with statistically valid and scientifically based principles of quantitative and qualitative analysis. Once this phase is complete, the results are presented to the QAPIC for discussion. Should the interventions not demonstrate success, rapid cycle improvements may be introduced and added to the PIP until desired results are achieved. Once success has been established, the required changes are implemented upon discussion and approval by the QAPIC. An annual evaluation of the PIP will be included in the Quality Program Evaluation regardless of the project outcome. This allows for incremental progress for PIPs that span more than one year.

The final phase is the control phase which consists of monitoring and evaluating whether the improvement has been sustainable. Once success is attained, the project will be presented to the QAPIC and the DHCFP and a final report is generated. DentaQuest will furnish any additional reports upon request.

The methodologies utilized in each phase will be referenced and steps taken to ensure data is validated will be documented. These PIPs are part of the quality strategy and therefore included in the quality program documents: The Quality Improvement Program Description, Quality Work Plan and Quality Program Evaluation.

3.9.5 MAINTAINING A HEALTH INFORMATION SYSTEM IN COMPLIANCE WITH 42 CFR 438.242

DentaQuest's Windward system meets the requirements outlined in 42 CFR 438.242. Windward is built on a .NET/SQL platform and supports administration of dental benefits in a government program setting. Distinct modules support each aspect of program administration with web-based interfaces, making it easy for us to deploy the system to individual users without having to install local software. Windward modules support claims, operations, recipient enrollment and eligibility, payment and billing, customer service, client configuration, and Provider and utilization management. A separate infrastructure supports reporting, so that reporting requirements do not conflict with system performance. State-of-the-art Cisco Unified Computing System (UCS) and EMC storage hardware support our systems. System databases are on high-performance SAN devices to accommodate increases in business volume and simplify central management of the system. DentaQuest uses virtual servers to augment its core systems where appropriate. This permits hardware independence and efficiency.

DentaQuest and its Windward system comply with the following RFP requirements:

- ***Windward systematically collects 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***
- ***DentaQuest staff and Windward 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)***
- ***DentaQuest requires providers to submit service information in standardized formats***
- ***DentaQuest will 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***
- ***DentaQuest's Nevada Medicaid and CHIP Operations Manager will serve as the designated lead person to collaborate with the DHCFP on the review and submission of encounter data to the DHCFP***

3.9.6 WRITTEN IQAP DESCRIPTION

DentaQuest's written IQAP Description meets all of the requirements outlined in the RFP. We will provide a copy of our written IQAP description to the DHCFP during Readiness Review and at its request anytime thereafter.

3.9.7 SYSTEMATIC PROCESS OF QUALITY ASSESSMENT AND IMPROVEMENT

DentaQuest has described its approach to Performance Improvement Projects in its response to Sections 3.9.1- 3.9.4. Additionally, DentaQuest maintains written guidelines for its PIPs and related activities as part of DentaQuest's overall IQAP.

3.9.8 USE OF QUALITY INDICATORS

DentaQuest monitors a number of quality indicators, called Quality Key Performance Indicator (QKPI), which are measurable variables relating to a specified clinical or health services delivery area, and are reviewed over a period of time to monitor the process or outcomes of care delivered in that area. Figure 3.9.B below provides a snapshot of the various QKPIs DentaQuest monitors across all of its Medicaid business and will monitor for the Nevada Dental Program.

Figure 3.9.B DentaQuest Quality Key Performance Indicators

Customer Service	Service Authorizations
• *Member call volume: calls received & answered* • *Provider call volume: calls received & answered* • *Total call volume* • *Member average speed of answer in seconds* • *Provider average speed of answer in seconds* • *Abandonment rate*	• *Authorization requests received* • *Authorization turnaround times* • *Authorization service line totals and denial rate* • *Inter-rater reliability*
Claims	**Quality Assurance Audits**
• *Claims received* • *Claims average turnaround time* • *Claims auto-adjudication rate* • *Claims financial and processing accuracy rates* • *Encounter data submission rates*	• *Clinical decision accuracy* • *Membership enrollment accuracy* • *Customer service accuracy* • *Processing financial accuracy* • *Credentialing enrollment accuracy*
Credentialing	**Complaints and Grievances**
• *Provider enrollment update – average turnaround time* • *Re-credentialing completion turnaround time*	• *Turnaround times* • *Percentage upheld* • *Most common complaints* • *Total received*

DentaQuest leadership gathers on a monthly basis for its Key Performance Indicator status meeting, in which departmental leaders present on their team's QKPIs for the previous month. Each department leader is responsible for ensuring their team meets our clients' QKPIs. If they are not meeting specific measures or are trending downward, they are responsible for presenting any corrective action plan that has been developed to rectify the issue.

These same departmental leaders are responsible for reporting on QKPIs to the QAPI committee on a monthly basis. The committee will monitor the corrective action plan each month thereafter to ensure any non-performing QKPIs are addressed in a timely manner. Then annually, the QAPI is responsible for including the QKPI results in DentaQuest' Quality Improvement Program Evaluation.

Clinical Care Standards/Practice Guidelines

The medical necessity criteria we use to make clinical decisions is formulated from information gathered from practicing dentists, dental schools, ADA clinical articles and guidelines, insurance companies, state requirements, and other dental-related organizations. The criteria are based on procedure codes as defined in the American Dental Association's Code manuals, as well as the most current guidelines published by the American Academy of Pediatric Dentistry. When a procedure code requires review, DentaQuest will request from the provider and review specific documentation to support the medical necessity for that procedure. The documentation required is specified by generally accepted dental standards for medical review. The examples include radiographs, periodontal charting, treatment plans, or descriptive narratives. The criteria are designed as guidelines for medical necessity review and payment decisions, and are not intended to be all-inclusive or absolute. Additional narrative information is accepted in special situations. Our medical necessity criteria conform directly to each state's requirements.

In the case of Nevada, DentaQuest will consult the guidelines set forth by state statutes and regulations, the Title XIX and Title XXI State Plans, and other State policy and procedures, including the Medicaid Services Manual (MSM).

3.9.9 ACCOUNTABILITY TO THE GOVERNING BODY

The structure of DentaQuest's IQAP committees contributes diversity of thought to the performance improvement process. Across the various committees, representation is composed of leaders who lend diversity, expertise, and insight to the improvement process. Ultimate responsibility for quality falls to the Executive Committee, comprised of the following positions:

- ***Vice President New Business Strategies***
- ***Senior Vice President Chief Information Officer***
- ***Senior Vice President Client and Provider Engagement***
- ***Chief Financial Officer***
- ***Vice President Operations***
- ***Vice President Network Strategic Solutions***
- ***Vice President Human Resources***
- ***Director Quality and Contract Compliance***
- ***Executive Vice President Chief Sales and Retention Officer***
- ***Vice President Utilization Management***
- ***Vice President Customer Service***

Reporting to the Executive Committee is the Quality Assurance Performance Improvement Committee (QAPIC), which provides strategy, direction, oversight and accountability for the overall IQAP. Reporting to the QAPIC is a number of subcommittees that handle specific areas of quality. These subcommittees also work directly with functional groups across the organization. The subcommittees include Credentialing, Peer Review, Delegation Oversight and Quality Improvement Utilization Management (QIUM).

Each individual subcommittee also focuses on process improvement activities and works collaboratively with their respective functional areas to set performance metrics, evaluate overall progress toward quality standards, and develop performance improvement plans from reported data and trends. Findings and results are then reported up to the QAPIC.

3.9.10-3.9.12 ACTIVE QA COMMITTEE, IQAP SUPERVISION & ADEQUATE RESOURCES

DentaQuest maintains an active QA committee, complete with subcommittees with the proper supervisor and adequate resources necessary to fulfil all contractual obligations. Figure 3.9.C outlines each committee's chairperson, membership and responsibilities.

Figure 3.9.C DentaQuest's Quality Committees

Committee Name/Chairperson/Membership	Committee Responsibilities

Quality Assurance Performance Improvement Committee (QAPIC)
 	
Co-Chair: Dr. James Thommes, VP Clinical Management (Dental Director)
Co-Chair: Kristen Scott, Director of Quality Assurance
Membership includes representation from:
• ***Quality Assurance***
• ***Claims***
• ***Utilization Management***
	Oversight of QAPI
	• ***Set strategic direction and goal for Quality Improvement Program***
	• ***Approve annual trilogy documents***
	  ○ ***Monitoring Quality Work plan quarterly***
	• ***Monitoring and review of QKPIs.***
	  ○ ***Recommend actions to reach desired outcomes,***
	  ○ ***Suggest solutions to known or potential***

• *Utilization Review* • *Customer Service* • *Complaints & Grievances* • *Provider Operations* • *Client Services* • *Compliance* *Meeting Frequency: Committee meets quarterly and as necessary*	*issues as identified through monitoring performance metrics* ○ *Corrective action directives as needed* • *Suggest additional performance metrics or data collection methodologies to improve reporting and monitoring capabilities.* • *Review and discuss subcommittee activity and performance* ○ *Provide direction and prioritization if necessary* • *Final approval of policies and procedures* • *Review and evaluate dental home measure reporting*
Quality Improvement Utilization Management Committee (QIUM) *Chair: Kristen Scott, Director of Quality Assurance* *Members includes:* • *Supervisor Claims Processing* • *Director Fraud Prevention and Recovery* • *Regional Director of Provider Network* • *UM Manager* • *Business Quality Assurance Manager* • *Product Manager* • *Complaints and Grievances Manager* • *Enrollment Manager* • *Provider Operations (Credentialing)* • *Manager Configuration* • *Customer Care Manager* • *Client Services Regional Director* • *Compliance Director* • *Scanning and Intake Manager* *Meeting Frequency: Committee meets monthly and ad hoc*	*Subcommittee of the QAPIC, the QIUM Committee provides context and information essential for the QAPIC to determine strategy, provide direction and if necessary initiate corrective action.* • *Ongoing review of QKPIs* ○ *Group discussion including recommendations* ○ *Identification of downward trends* ○ *Collective discussion and agreement on action required* ▪ *Performance Improvement Plan for QKPI consistently below goal or on downward trend* ▪ *Action plan for QKPI not meeting monthly goal* • *Policy and Procedure review and approval* • *Review and approve annual trilogy documents* ○ *Monitoring Quality Work plan quarterly* • *Suggest additional performance metrics or data collection methodologies to accurately represent quality program*
Delegation Oversight Committee *Chair: Kristen Scott, Director of Quality Assurance* *Members includes:* • *Provider Enrollment & Credentialing Specialist* • *Supervisor UM support* • *Director Business Optimization* • *Manager Scanning and Intake* • *Director IT Security* • *Regional Director Provider Relations* • *Director Provider Operations*	*The Delegation Oversight Committee provides a forum to review the delegate's performance and determine if corrective action is necessary. This committee also meets the NCQA standards which represent the quality gold standard.* • *Review performance metrics of delegated vendors (if applicable)* • *Review assessment of delegate's evaluation* • *Collaborative discussion and collective agreement on approach if delegate is not meeting requirements.* • *Approval and discussion of Corrective Action Plan (CAP)* • *Follow up, to include any additional actions,*

Meeting Frequency: Committee meets as necessary at a minimum annually	***from prior CAPs*** ○ ***Suggest additional performance metrics, delegation evaluation criteria or data required to evaluate performance of delegate.*** • ***Approval of policies and procedures***
Credentialing Committee ***Chair: Dr. James Thommes, VP Clinical Management (Dental Director)*** ***Members include:*** • ***14 Dental Directors*** • ***Registered dental hygienist*** • ***2 Credentialing Specialists*** ***Meeting Frequency: Committee meets as necessary at a minimum bi-weekly***	***The Credentialing Committee is responsible for administering the credentialing policies on behalf of DentaQuest. In addition, this committee reviews any Medicare/Medicaid, and State licensing actions against any provider that occurs in the interim between the triennial credentialing cycles. A minimum of three dentists must be present to be considered a quorum.*** ***The Credentialing Subcommittee is responsible for:*** • ***Providing a professional and qualified group of practitioners for our various networks using the approved standards through due process.*** • ***Investigation of all Provider credentials*** • ***Approval of Providers to participate in the plan*** • ***Administering the credentialing policies*** • ***Initial credentialing, re-credentialing, and reconsideration reviews*** • ***Report Credentialing Committee activities to QOC***
Peer Review Committee ***Chair: Dr. James Thommes, VP Clinical Management (Dental Director)*** ***Members include:*** • ***Dental Director*** • ***Registered Dental Hygienist*** • ***Senior Clinical Investigators*** ***Meeting Frequency: Committee meets as needed but a minimum of quarterly.***	***The purpose of Peer Review subcommittee is to:*** • ***Review and assess Provider performance and utilization*** • ***Ensure that the quality of services delivered to recipients is maintained at a high level*** • ***Ensure the quantity of services delivered are in line with a practical and conservative oral health approach*** ***The DentaQuest Peer Review Committee reviews compliance with Performance Standards, survey results, Grievances and Appeals and makes recommendations for changes where necessary. During this process, the final objective is always to identify and make improvements to our systems and administration of dental care. Results of Peer Review Committee feedback will be demonstrated in subsequent analysis and provide information on the effectiveness of the recommendations.***

3.9.13 PROVIDER PARTICIPATION IN IQAP

Providers are made aware of DentaQuest's IQAP activities in a number of ways:

- ***Participation in QAPIC: Providers are invited to attend and participate in the QAPIC meetings. DentaQuest recognizes their participation can provide valuable insight and feedback.***
- ***Provider Outreach: Our Provider Relations teams work directly with our provider network to educate providers on process, new innovations, process changes and current initiatives. During***

these encounters, the QAPI program documents can be distributed, feedback solicited and information on current improvements can be shared.

- ***Provider Newsletter: Our provider newsletter allows us to communicate key principles of our QAPI program, share results of our successful improvements and information on current projects underway. This newsletter will also contain the notification that our QAPI program documents are available upon request.***
- ***Provider Contracts: DentaQuest will include in its provider contracts and employment agreements, for dentists and non- dental providers, a requirement securing cooperation with the IQAP. Additionally, the contract will specify that hospitals and other vendors will allow the vendor access to the dental records of its recipients.***

3.9.14 DELEGATION OF IQAP ACTIVITIES

DentaQuest does not delegate any IQAP activities to other vendors.

3.9.15 CREDENTIALING AND RECREDENTIALING

DentaQuest's credentialing program adheres to National Committee for Quality Assurance (NCQA) standards of credentialing as they apply to dentistry. In 2014, DentaQuest achieved NCQA certification status for credentialing and re-credentialing; we were recently recertified in 2016. This certification demonstrates that our process follows the highest standards. Our credentialing process also meets CMS and applicable state and federal requirements.

Written Policies and Procedures

DentaQuest maintains NCQA certified policies and procedures including:

- ***Credentialing Plan Description***
- ***Practitioner Credentialing Guidelines***
- ***Credentialing Application***
- ***Credentialing Process***
- ***Provisional Credentialing Process***
- ***Verification of Listings in Practitioner Directories***
- ***Practitioner Rights***
- ***Notification to Provider of Application Discrepancies***
- ***Re-Credentialing Cycle Length***
- ***Collecting and Reviewing Complaints and Adverse Events***
- ***Credentialing Site Review and Record Review***
- ***Site Visit, and Corrective Action Plans***
- ***Ongoing Monitoring***
- ***Reinstatement of Providers***
- ***Sub Delegation of Credentialing Activities***
- ***Management of Provider Information and Paper/Electronic Credentialing Files***
- ***Verification of Eligibility Status for Out of Network Providers***

These policies will be shared with the DHCFP upon request and during Readiness Review.

Oversight by Governing Body, Credentialing Entity and Scope

As noted in our response to Sections 3.9.10-3.9.12, DentaQuest maintains a Credentialing Committee comprised of 14 licensed dentists, a Registered Dental Hygienist and two credentialing specialists. This committee meets as necessary but at a minimum bi-weekly.

The credentialing function is delegated to DentaQuest's internal Provider Enrollment and Credentialing department, led by Director of Provider Operations Colleen Branch.

The Provider Enrollment and Credentialing department is responsible for identifying those practitioners who fall under its scope of authority and action. This include, at a minimum, all dentists and other licensed independent practitioners included in the DentaQuest's provider network.

Credentialing Process

The first step in our credentialing process is for a practitioner to complete an enrollment application, Provider Contract, and all necessary documents to support the credentialing process. This includes verification that Providers are licensed, credentialed, and eligible to render services in Nevada. We will gather the provider's application, Disclosure of Ownership, and W9. Through these documents, we obtain the provider's Medicaid ID, education, work history, malpractice insurance, billing information, any other pertinent information including other licenses.

Referencing these forms, DentaQuest's credentialing team ensures all documents are fully completed. If information is missing, a representative from our Provider Relations or Network Development teams will contact the practitioner to obtain the missing information. Once we have complete and accurate information about the Provider, our Credentialing team will begin the credentialing process.

Our comprehensive credentialing program ensures network providers are licensed, credentialed, and eligible to render services under applicable federal and state laws, rules, and regulations, bulletins, and industry best practices. We do this by verifying each provider's applicable licenses, Malpractice Insurance Limits, eligibility to participate in Medicaid and Medicare programs, and appropriate enrollment with Nevada Medicaid. The information we collect from providers is extensive, and certain items will require Primary Source Verification, as illustrated in Figure 3.9.D.

Figure 3.9.D **Submission requirements and items that require Primary Source Verification for Providers**

Minimum Submission Requirements for Credentialing

- Completed application with conflict of interest and disclosure of ownership addendums
- Completed questionnaire and signed attestation
- Documentation of:
  - ✔ Graduation from an accepted dental school
  - ✔ Completion of post-graduate training program for specialists
  - ✔ Work history for a minimum of the past five years, if applicable
  - ✔ Current licensure for each state where services are provided
  - ✔ A current and valid Drug Enforcement Agency registration and a valid Controlled and Dangerous Substances (CDS) license (if applicable)
  - ✔ Proof of current liability insurance meeting required limits

Items Requiring Primary Source Verification

- Status of state license and sanction history through National Practitioners Data Bank and ID State Licensing Board
- Status of Drug Enforcement Agency registration
- Certification in Medicare/Medicaid programs through Medicare/Medicaid Sanction, System for Award Management, Office of Inspector General and Medicare Opt Out listing
- Highest level of education, including board certification
- Malpractice claims history through National Practitioner Data Bank
- Individual National Provider Identification (NPI) and Group NPI through the National Plan and Provider Enumeration System (NPPES)
- General anesthesia license (if applicable)
- Tax ID number match to the IRS system

Figure 3.9.E details DentaQuest's provider enrollment and credentialing process timeline that we will follow in Nevada.

Figure 3.9.E Process and timeline for enrolling and credentialing Nevada dental providers

Task	Description	Timeline
Obtain complete application and Contract from Provider	The Provider must complete and submit a Nevada Medicaid-approved credentialing application and Contract to DentaQuest, as well as required documents for Nevada including: Disclosure of Ownership, Contract, W-9, Attestation, EFT/voided check (if enrolling), Insurance face sheet.	1 day
Application review and data entry	Provider demographic information is entered into the system from the application and appropriate locations and payee are assigned to the Provider. We email the Provider to confirm receipt of the application.	3 – 5 working days
Verification of credentials	DentaQuest staff begins reviewing the application to identify missing information. We contact the Provider for missing information or if we discover any discrepancies during the verification process. If we are unable to obtain Third Party verification for Board or Hospital Privileges within contractual turnaround time, the provider will be presented to the DentaQuest Credentialing Committee for determination of participation status. If the Committee approves the provider's participation, efforts will be made to obtain the missing information.	3 working days
Pursue missing information	Credentialing contacts the provider for any information that is missing. We follow up with the provider four times via email. If we are unable to obtain the missing information, the provider's credentialing and enrollment application will be administratively denied. As soon as we obtain the missing information and Third Party Verifications, the provider's credentialing will be completed within 30 days or less from receipt of the completed application.	1 to 22 working days
Provider approved or denied from the network	If no issues identified: The provider is approved by the VP of clinical management or designee and sent to the DentaQuest audit department for review (completed within 72 hours). If issues identified: The provider's case is sent to the DentaQuest Credentialing Committee (meets bi-weekly) for further review if the provider has license or disciplinary actions.	1-5 working days
Notification letter mailed to Provider	Approved: Each provider is sent a letter to each location indicating their effective date, along with information regarding the Provider Policy and Procedure Manual and customer service phone numbers. Denied: If the provider's application is denied, we will mail a notification letter within 72 hours of our decision.	2-3 days

Re-credentialing

Exceeding RFP requirements of re-credentialing Nevada providers every 60 months, DentaQuest will re-credential all Nevada providers every 36 months. As is the case with initial credentialing, all re-credentialing processes satisfy NCQA standards of credentialing as they apply to dentistry and includes primary source verification. As part of our re-credentialing efforts, we will confirm that each provider meets all criteria required for Medicaid enrollment.

We understand how valuable each provider is to our network. Therefore, we actively encourage and assist Providers with the re-credentialing and/or re-validation process well in advance of expiration.

The following process will support the re-credentialing and/or re-validation for providers:

- ***Four months prior to re-credentialing and/or re-validation of a provider, our system will flag all impacted Providers***
- ***All providers flagged for re-credentialing and/or re-validation will be mailed a notification of the upcoming re-credentialing and/or re-validation requirement***
- ***The provider will have the option of undergoing the re-credentialing and/or revalidation process online through DentaQuest's enrollment system, AppCentral or they can complete the process on paper***
- ***For providers with missing paperwork, we reach out to them by mail at least twice. If we still do not receive the materials, the Provider Relations team, along with the Enrollment and Credentialing team will contact those providers who are missing information or have yet to submit their re-credentialing and/or re-validation to ensure the re-credentialing and/or re-validation will be completed on time. If the provider still does not submit their information, a final letter is mailed two months prior to the scheduled expiration. The letter indicates they will be terminated from the network if they do not send in their information within the next 30 days.***
- ***The re-credentialing and/or re-validation process will include:***
    - ***Submission of form which include but are not limited to the following:***
    - ***Re-verification of provider licenses and information on sanctions or license limitations***
    - ***Drug Enforcement Administration or Department of Public Safety controlled substance registration certificate, if applicable***
    - ***Current professional liability insurance coverage and updated claims history***
    - ***Provider performance data review, including recipient grievances and appeals, results of quality reviews, and utilization management***

If DentaQuest decredentials, terminates or disenrolls a provider we will 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.

3.9.16 RECIPIENT RIGHTS AND RESPONSIBILITIES

DentaQuest adheres to recipient rights and protections as specified in 42 CFR 438.100. Our written policies and procedures recognize the rights and responsibilities of recipients. All recipients are made aware of their rights and responsibilities through the Member Handbook. The Handbook also contains information on recipient grievance and appeals procedures, recipient suggestions, sets to assure accessibility of services and confidentiality of services. Providers are made aware of recipient rights and responsibilities via the Provider Policy and Procedure Manual.

Assessment of Recipient Satisfaction

We conduct annual recipient satisfaction surveys to solicit valuable feedback. Administration of the survey is based on a statistically valid random sample of currently enrolled recipients. The data is validated, statistically analyzed and compared to national and state benchmarks. This approach provides the information necessary to target improvement efforts.

Our survey tool meets NCQA requirements. Metrics measured in our satisfaction surveys include:

- ***Satisfaction with their dentist, care received, and DentaQuest***
- ***Access and appointment availability***
- ***Appointment reminders***
- ***Missed appointments***
- ***Helpfulness of dentist and dental staff***
- ***Consideration of special needs: Cultural, Language, Physical, and Behavioral***
- ***Satisfaction with, and frequency of, emergency dental care***
- ***Interaction with Call Center staff***
- ***Rating of overall condition of teeth and gums***
- ***Communications preferences***
- ***Awareness/effectiveness of outreach programs***
- ***Accuracy of referral information***
- ***Awareness and understanding of dental benefits and coverage through the Nevada Dental Program***
- ***Understanding of preauthorization process***
- ***Demographics***

Our Quality Oversight Committee uses feedback received to identify opportunities for improvement.

Results from the survey are presented and discussed at the QAPIC. The QAPIC determines if more intensive improvement efforts are required and this data is used annually to make enhancements to our programs and care delivery. The results of these quality improvement efforts are reported in our annual QI Program Evaluation.

3.9.17 STANDARDS FOR AVAILABILITY AND ACCESSIBILITY

DentaQuest's standards for availability and accessibility will mirror the RFP requirements. These requirements will become QKPI that will be tracked, monitored and reported on to ensure compliance.

3.9.18 DENTAL RECORD STANDARDS

DentaQuest complies with all requirements outlined in Section 3.9.18. DentaQuest explicitly details its dental record standards in our response to Section 3.7.1. Please refer to that section for a full description.

3.9.19 UTILIZATION REVIEW

DentaQuest maintains a robust written Utilization Review Program description that includes policies and procedures to evaluate medical necessity, criteria used, information sources, the process used to review and approve the provision of dental services and mechanisms used to detect under- and over-utilization of dental services. We can provide a copy upon request and during Readiness Review.

Our Utilization Management department reviews all preauthorization requests. The team consists of 67 Clinical Review Specialists who have backgrounds in dental hygiene and dental assisting or have graduated from an accredited dental assisting program. We also employ and contract with a staff of 20 Dental Directors representing all specialties. The average tenure of our Dental Directors is seven years; many have been with the organization for more than 10 years. They possess an average of 20 years of clinical experience.

Dental Directors are the only individuals who may deny a request for preauthorization based on clinical criteria. All clinical staff must sign an attestation at the time of hire, and then again on an annual basis, stating that no financial incentives or any other methods of non-monetary encouragement have been offered by DentaQuest that would adversely affect the benefit decisions made according to the State Medicaid guidelines and any applicable or federal statutes governing the activity. We maintain the signed attestation in each employee's file.

Since there are no published clinical criteria for dental services, DentaQuest has adopted the generally-accepted principles of diagnoses and treatment modalities taught in all American dental schools and post graduate dental programs. In conjunction with these principles, DentaQuest incorporates state Medicaid guidelines, educational literature and best practice guidelines published by various dental specialty organizations, Plan benefit description documents, and information contained in the current CDT Code of Dental Terminology published by the American Dental Association. We also incorporate guidelines from Dental Specialty organizations such as American Academy of Pediatric Dentistry, Academy of General Dentistry, American Endodontic Society, American Orthodontic Society, and the American Association of Oral and Maxillofacial Surgery.

Clinical algorithms are consistently updated to reflect changes in dental codes to provide consistent and reliable benefit determinations. Algorithms are based on established clinical guidelines and criteria, dental education curricula, dental specialty guidelines as well as state program guidelines. Each service line requiring a clinical determination uses an algorithm score sheet.

DentaQuest has established clinical criteria for the following service areas: diagnostic, preventive, restorative, endodontic, periodontic, oral and maxillofacial surgical services, orthodontic, and adjunctive general services. We refer any questionable services for evaluation to the DentaQuest Peer Review Committee, or independent peer review, if requested to do so by the treating provider. The Peer Review Committee reviews criteria and algorithms on a yearly basis and published in the Provider Policy and Procedure Manual.

3.9.20 CONTINUITY OF CARE SYSTEM

DentaQuest understands that the majority of Nevada Medicaid recipients are entitled to a number of benefits, such as medical services, pharmacy, behavioral health services, and transportation.

DentaQuest is very well equipped at coordinating with other Vendors and providers who are delivering other services covered under the Medicaid program.

For example, in Texas, we coordinate with the Texas Health and Human Service's Commission's (HHSC) claims administrator or the recipient's health plan to ensure Medicaid recipients can receive the following services from Texas:

- ***Treatment of a dislocated jaw, traumatic damage to teeth, and removal of cysts***
- ***Treatment of oral abscess of tooth or gum origin***
- ***Treatment of craniofacial anomalies***
- ***Outpatient dental care in a hospital or ambulatory surgical center (this is often needed for children with acute special needs or extensive Early Childhood Caries)***

We also have extensive experience working with organizations that serve recipients with special needs to coordinate their care. We understand that we will be responsible for ensuring all recipients including 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; and women with pregnancies can access covered medically necessary dental care. Our Recipient Services department is on the front lines of facilitating this care. And our Concierge Services department serves as another safety net to ensure recipients are matched with the appropriate dentist who can accommodate their needs. Both of these departments are described in greater detail in our response to Section 3.5.3 Recipient Services Department/Concierge Services.

3.9.21 IQAP DOCUMENTATION

As noted in our responses throughout Section 3.9, DentaQuest documents that it is monitoring the quality of care across all services and all treatment modalities, according to its written IQAP.

We will 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.

3.9.22 COORDINATION OF QUALITY ASSURANCE ACTIVITY WITH OTHER MANAGEMENT ACTIVITY

It is crucial to note that accountability for quality performance is not just limited to DentaQuest's "quality department" or a given group or subcommittee. Our leaders create a culture where quality excellence and performance is expected by all employees and subcontractors; it is an integral component of everyone's job description. This mindset flows top down – from DentaQuest's leaders to the front-line staff members who are encouraged at any time to make suggestions for quality improvement. It is the expectation that everyone contributes to continuously meeting and exceeding quality standards.

With that in mind, DentaQuest leadership gathers on a monthly basis for its Key Performance Indicator status meeting, in which departmental leaders present on their team's QKPIs for the previous month. DentaQuest has a comprehensive list of QKPIs that are monitored each month for all areas of our business.

Each department leader is responsible for ensuring their team meets our clients' KPIs. If they are not meeting specific measures or are trending downward, they are responsible for presenting any corrective action plan that has been developed to rectify the issue.

These same departmental leaders are responsible for reporting on QKPIs to the QAPIC committee on a monthly basis. The committee will monitor the corrective action plan each month thereafter to ensure

any non-performing QKPIs are addressed in a timely manner. Then annually, the QAPIC is responsible for including the QKPI results in DentaQuest' Quality Improvement Program Evaluation.

3.9.23 DATA COLLECTION

Because our core business is Medicaid dental program administration, we are accustomed to creating custom uniform utilization, cost, quality assurance, and recipient satisfaction/complaint data on a regular basis, in accordance with Quality Assurance Standards for each state's unique needs. Our commitment to Nevada will be demonstrated by assuring all data collection meets the DHCFP's needs and exact specifications. This will be discussed further during the Readiness Review process.

3.9.24 DISPUTE RESOLUTION

DentaQuest's Provider Services department will work to quickly, professionally and accurately resolve any provider disputes. In 2015, our Provider Services department fielded 1.1 M live provider calls nationwide. Of these 96.4 percent of requests were resolved during the initial call. If the Provider Services department cannot resolve the dispute during the initial call, it will be routed as appropriate to our Complaints, Grievances and Appeals department or to an in-state Provider Relations Representative who will work one-to-one with the provider to resolve the dispute. Our Provider Services Representatives are trained to understand when an issue should be routed to the Complaints, Grievances and Appeals department versus a Provider Relations Representative.

All communications with the provider will be documented in our customer relations management system for future reference.

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.
3.10.2 Purpose of Quality Strategy

3.10.1 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT STRATEGY

DentaQuest understands and will comply with the requirements of RFP Section 3.10.1.

We are looking forward to not only partnering with the DHCFP in meeting the goals and objectives outlined in its Quality Assessment and Performance Improvement Strategy (2016–2017) but also to help the state go beyond complying 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.

As we described in our response to Section 3.9, DentaQuest has a comprehensive quality program that incorporates all areas of our organization. We also have experience helping states with their quality improvement efforts. For example, as part of our contract with the Texas Health and Human Services Commission (HHSC), we are required to meet and/or improve the Annual Dental Visit measurement by age strata. The Medicaid dental program in Texas is co-administered by DentaQuest and another DBA. The following chart provides a snapshot of the preliminary 2015 results for the Annual Dental Visit measurement. For every age group, DentaQuest exceeded the state's standard and outperformed the other DBA.

Figure 3.10.A 2015 results for DentaQuest's EQRO Annual Dental Visit Measurement from Texas

Annual Dental Visit by Age Strata	Texas HHSC Standard	DentaQuest's 2015 Performance	Performance against HHSC standard	Performance compared to other DBA
% of members (2 - 3 yrs) enrolled for at least 11 of the past 12 months who had at least one annual dental visit	56%	77.10%	↑	↑
% of members (4 - 6 yrs) enrolled for at least 11 of the past 12 months who had at least one annual dental visit	77%	81.64%	↑	↑
% of members (7 - 10 yrs) enrolled for at least 11 of the past 12 months who had at least one annual dental visit	79%	83.28%	↑	↑
% of members (11 - 14 yrs) enrolled for at least 11 of the past 12 months who had at least one annual dental visit	74%	80.04%	↑	↑
% of members (15 - 18 yrs) enrolled for at least 11 of the past 12 months who had at least one annual dental visit	64%	72.35%	↑	↑
% of members (19 - 21 yrs) enrolled for at least 11 of the past 12 months who had at least one annual dental visit	47%	51.32%	↑	↑
% of members (1 - 20 yrs) enrolled for at least 11 of the past 12 months who had at least one preventive dental service during the measurement year	None	76.91%	N/A	↑

3.10.2 PURPOSE OF QUALITY STRATEGY

The chart in Figure 3.10.B confirms how DentaQuest will support and/or comply with the quality strategy requirements outlined in the RFP.

Figure 3.10.B DentaQuest's plan to support the state's quality strategy

State's Quality Assessment and Performance Improvement Strategy	*How DentaQuest will support and/or comply with requirements*
CFR 438.Section E – State Responsibilities • *Have a written strategy for assessing and improving the quality of PAHP services offered by the DBA* • *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* • *Ensure that the vendors comply with standards established by the DHCFP* • *Conduct periodic reviews to evaluate the effectiveness of the strategy, and update the strategy at a minimum of every three years or, as needed;* • *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* • *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 defined in the DHCFP budget. The Strategy is in two parts: an overriding conceptual program and an annual Work Plan.*	*DentaQuest will maintain a written, compliant IQAP and submit it to the DHCFP as requested*
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.* *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*	*DentaQuest will supply the DHCFP with quarterly DBA Care Coordination Reports and will provide follow up information as required to validate these reports.* *1. DentaQuest's IQAPs outline how we assess the quality and appropriateness of care and services furnished.* *2. DentaQuest already maintains a comprehensive cultural competency plan that encompasses set procedures for a number of areas including administrative, marketing/educational materials, staff training, provider*

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;	*training, health education, surveys and outreach. Additionally, we also have a cultural diversity assessment plan.* *DentaQuest further agrees to alert the DHCFP of any known discrepancies in the race and ethnicity or primary language data we receive from the DHCFP.* *Through our outreach and education programs, we 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;	*3. DentaQuest will demonstrate its compliance with standards through monthly, quarterly and annual reports.*
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;	*4. DentaQuest will cooperate with all external quality reviews.*
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.	*7. DentaQuest confirms it has reviewed the sanctions outlined in this RFP.*

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.	***8. DentaQuest is committed to meeting the standards outlined in our contract with the DHCFP.***

3.11 FISCAL REQUIREMENTS

3.11.1 Vendor Fiscal Standards
3.11.2 Performance Security Deposit
3.11.3 Vendor Liability
3.11.4 Payment of Claims
3.11.5 Financial Solvency
3.11.6 Third Party Liability
3.11.7 Subrogation
3.11.8 Reserving
3.11.9 Prohibited Payments to Institutions or Entities Outside of US

3.11.1 VENDOR FISCAL STANDARDS

DentaQuest acknowledges its understanding that the State of Nevada Division of Insurance (DOI) regulates the financial stability of all certified vendors. DentaQuest will comply with all DOI standards in addition to the PAHP standards described in this section.

3.11.2 PERFORMANCE SECURITY DEPOSIT

If selected as a vendor, DentaQuest is prepared to 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 DentaQuest's obligations under this contract. We understand that the performance security deposit may be utilized by the DHCFP to remedy any breach of contract or sanctions imposed on the vendor.

3.11.3 VENDOR LIABILITY

DentaQuest agrees that it will ensure that its recipients are not held liable for any of the following:

- ***The vendor's debts, in the event of the vendor's insolvency;***
- ***For services provided to the recipient in the event of the organization failing to receive payment from the State for such services;***
- ***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***
- ***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.***

We will also ensure continuation of services to recipients during insolvency pursuant to the Center for Medicare and Medicaid State Medicaid Manual (SMM) 2086.6.B.

3.11.4 PAYMENT OF CLAIMS

DentaQuest will use its custom-built operating system, Windward, to accurately and efficiently receive and adjudicate claims for medically necessary covered dental services.

Windward was developed on a .NET/SQL platform and designed to support the administration of dental benefits in a government program setting. DentaQuest invested over $100M in the development of Windward, which was officially implemented in 2010. We serve eight state agencies and over 100 health plan clients, covering over 20 million government-sponsored dental program recipients on this platform. Windward supports 1,078 unique benefit plans for these clients. In 2015,

we processed over 22 million claims with a financial accuracy rate of 99.57 percent and a processing accuracy rate of 99.52 percent. Additionally, nearly 92 percent of claims are auto-adjudicated, requiring no manual intervention.

Our Windward system complies with all applicable State and Federal requirements. We maintain a separate configuration in Windward for each DentaQuest customer. The system is flexible and enables us to quickly adapt new business rules as a result of new or amended laws, policies, or regulations that affect claims processing. For example, DentaQuest updates its system anytime there are CDT code changes, and will do so in accordance with the timeframes defined by the DHCFP. We currently use CDT 2016.

We recently enhanced Windward to allow configuration of rules to require ICD-10 diagnosis validation on claims submission. These rules:

- ***Require submission of ICD version information on the claim header***
- ***Require that the ICD version is valid for the date of service***
- ***Require that the ICD codes be valid ones for the version effective on date of service***

DENTAQUEST DISTINCTION

DentaQuest's Windward operating system processes over 22 million claims annually

We maintain financial and processing accuracy rates in excess of 99.5%, exceeding RFP requirements

Nearly 92% of claims are auto-adjudicated, and Windward can auto-adjudicate a claim in less than one second

Over 99% of claims are processed in 30 calendar days, exceeding the RFP requirement

The vast majority of claims - 70% - are processed in five days

DentaQuest has averaged 99.9 percent system availability over the past 12 months for all systems that will be part of our solution for the DHCFP. Over the previous 12 months, DentaQuest has not been liable for any service credits to any customer for failure to meet the guaranteed system availability.

Receiving and Adjudication Claims for Medically Necessary Covered Services

Every claim or pre-authorization request follows a set of defined, logical adjudication-processing steps. Each step invokes a series of configurable business rules and tests data specific to the adjudication-processing step. Each adjudication-processing step tests claim information against the configurable business rules specific to the adjudication processing requirements. Windward applies the steps based on plan configuration, data setup, and standard rules defined by the covered benefits outlined in RFP for the recipient associated with the claim. During processing, the system also reviews other data such as the recipient's eligibility, provider participation, and coordination of benefits with other insurers. Windward also stores a history of claims and service pre-authorizations. The system links records using unique recipient identifiers to allow examination of history during processing.

Base rules accommodate federal HIPAA and industry requirements. The system business rules are highly flexible, user configurable, and fall into one of the following categories:

- ***Procedure rules determine covered and non-covered services.***
- ***Procedure payment rules determine alternate benefits and possible ADA code switches.***
- ***Bundling and unbundling rules assure clinical and medical appropriateness and protect against overpayment.***

- ***Step therapy edits ensure only appropriate service combinations are reimbursed.***
- ***Benefit history crosscheck denies a submitted procedure based on the existence of procedures in the recipient's history.***
- ***Clinical history crosscheck denies a submitted procedure based upon the existence of procedures in the recipient's history.***

Claims are subjected to over 4,200 procedure code edits that define code variations applicable to each rule scenario. These rules mirror the approach defined by CMS National Correct Coding Initiatives and ensure recipients receive appropriate care and that only clinical-based, cost-effective dental treatment is being reimbursed.

Third Party Liability

DentaQuest will ensure third party liability (TPL) has been billed and processed prior to paying the claim. We describe our process for TPL in our response to Section 3.11.6.

Claim Submission Options

DentaQuest's Windward system supports provider payment data reporting requirements specified in the contract. Dental claims can be submitted to DentaQuest by three methods:

- ***Electronically, through electronic data interchange (EDI)***
- ***Electronically, through the DentaQuest web portal***
- ***Paper, via mail or fax***

For all types of claims, DentaQuest has a Record Retention Policy to ensure that we comply with government regulatory or statutory reporting requirements. This policy requires that claims data be maintained for 10 years from the date the claim was paid.

Below, we describe the process for handling the different types of incoming claims.

Electronic

Providers can submit claims electronically via a clearinghouse, the DentaQuest free client web portal or through a Trading Partner Portal.

Electronic receipts are available via our web portal at no cost to providers. To use the web portal, each Provider must create a unique username and password through the provider self-registration function. The site is accessible only with a valid username and password and providers can access only their own information.

Providers may submit claims in batch either through a clearinghouse or by becoming a trading partner with DentaQuest. DentaQuest provides a portal where trading partners can drop standard 837D healthcare claims transactions.

Daily, we validate electronically submitted claims (clearinghouse or Trading Partner Portal) to ensure the information has been entered correctly and agrees with DentaQuest's eligibility information within Windward. Claims are validated against two of four criteria: Date of birth (DOB), name or Social Security Number (SSN)/recipient ID. Once validated, claims are ready to be processed. Claims that are not validated are sent to an online queue for investigation and resolution.

Paper

Providers can submit paper claims in one of two ways:

- ***Mailing the claims to the post office box that we will designate for Nevada Medicaid dental claims***
- ***Faxing claims to a specified fax number that we will set up for Nevada Medicaid dental claims***

The Provider Manual, our website, and other Provider educational materials will specify the mailing and fax information.

DentaQuest's central Intake and Digital Services department in Wisconsin receives all paper claims. Processors open the mail, prepare the claims, and scan them into separate batches using the following batch criteria:

- ***Single page claims***
- ***Multi-page claims***
- ***Claims with EOBs***
- ***Claims with X-rays/photos***

The scanning process assigns the digital control number (DCN), which becomes the claim number within the claims processing system. The scanning process also creates an image of all the received documents; that image becomes the item of record. We then transmit the images to our optical character recognition (OCR) vendor via secure file transfer protocol (SFTP). The OCR vendor converts the image data to readable text data to create a HIPAA 837 EDI file. The OCR vendor's process also includes a recipient and provider matching process; to do this, the vendor uses extracted files we send to them each day. By contract, all items received by the OCR vendor by the end of the business day (5:00 p.m. CST), must be returned to DentaQuest within 24 hours.

Because the OCR process is very accurate, most paper claims are processed without requiring manual data entry. However, some claims that we receive are not printed clearly or are handwritten. Queue Specialists working from the "key from image" queue enter any claims that cannot be read by OCR. Less than three percent of the total paper claims volume requires manual entry.

If the claim is accompanied by a paper attachment, it will be scanned and loaded into the system, along with the original claim. If an item, such as a radiograph or orthodontic model is submitted, we apply a bar code to each of those items and they are imaged using other scanner hardware. That bar code is read by all of the scanning processes and those bar coded images are then matched to the corresponding claims and loaded into Windward.

Fax claims are received by a fax server located in our Intake and Digital Services department. They are sent with other paper claims directly to our OCR vendor after batching.

Timely Filing Limits

DentaQuest understands that both in- and out-of-network providers may submit claims for reimbursement up to 180 days from the last date of service and out of state providers 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. Windward will be set up to ensure timely filing limits are verified during the auto-adjudication process.

Meeting Required Turnaround Times

DentaQuest understands that it will be required to meet 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):

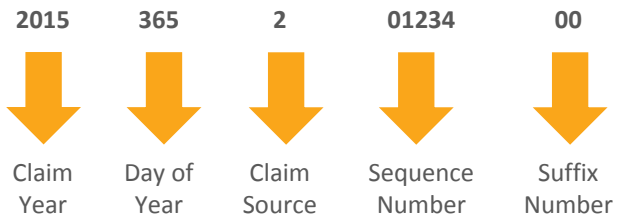
- ***95 percent of all clean claims from practitioners, who are in individual or group practice or who practice in shared health facilities, within 30 calendar days of the date of receipt***
- ***99 percent of all clean claims from practitioners, who are in individual or group practice or who practice in shared health facilities, within 90 calendar days of the date of receipt***

DentaQuest currently exceeds these requirements across all Medicaid business, processing over 99 percent of all clean claims within 30 calendar days of the date of receipt.

Date Stamp of Receipt and Payment

Every claim is assigned a DCN, which becomes the claim number within the claims processing system. Below is an example of the DCN assigned to each document through the digitizing process. Each DCN is 15 digits, using specific criteria to define items such as received date and the source of the claim. Figure 3.11.A shows the breakdown of a sample DCN, 201536520123400.

Figure 3.11.A The DCN assigned to each claim indicates the date received and the source of the claim



Windward also tracks the date of the check payment associated with each claim.

Written Policies and Procedures for Claims

DentaQuest maintains a robust claims policy and procedure manual that outlines our practices for processing claims submitted for payment from any source and shall monitor its compliance with these procedures.

Denying Duplicate Claims

DentaQuest uses several methods to make certain that we do not pay duplicate claims and do not pay duplicate services. To prevent payment of duplicate claims, Windward examines the current claim against claim history using the recipient identifier, group number, and provider/location identifiers. It also compares the services on the current claim against claims in history; comparing the total number of services on the claim, the service dates, the procedure lines and codes, the tooth, quad, arch, and surface, and any comments. If Windward finds an exact match, it rejects the claim with a duplicate error code and applies workflow routing rules for review of the claim. If the header lines match but there is not an exact match for the service line, Windward rejects the claim with a potential duplicate error code and applies workflow routing rules for review of the claim.

To prevent payment of duplicate services, Windward looks for matching claims headers and duplicate service lines, checking the same data as for duplicate claims. The system rejects matching service lines

with an error code indicating that a duplicate service is in history. If the comments in the service match, this is rejected with a specific service code. In both cases, Windward applies workflow routing rules to the claim. The processor can then review this claim and may request additional information from the provider, if necessary, to determine whether to allow or deny the service line.

Interest Payments

DentaQuest agrees that it will abide by 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. The interest must be calculated from 30 days after the date on which the claim is approved until the date on which the claim is paid.

Payment Accuracy

We adhere to strict state and federal requirements governing the operation programs in 30 states, and we are confident that we can meet the requirements surrounding data integrity within any dental program. DentaQuest maintains a processing accuracy rate and financial accuracy rate on all claims in excess of 99.5 percent, greatly exceeding the RFP requirement of 95 percent.

DentaQuest's Quality Assurance Claims Audit staff is responsible for auditing claims to achieve a 98 percent or greater accuracy rate. The primary responsibilities of the Quality Assurance Claims audit staff include:

- ***Reviewing the original data against the final processed data***
- ***Verifying the recipient's eligibility and provider status***
- ***Reviewing service lines to ensure that the amount paid is in accordance with the payment fee schedules loaded for a particular group/provider***

Audit examines every action that touched the claim and verifies it for accuracy. If the audit identifies processing errors, the auditor captures the error detail and marks the claim for correction.

We audit up to five percent of all claims processed and adjudicated to final status. Quality Assurance also audits 40 claims per Claims Processor per month, and 20 claims per Customer Service Representative per month. We also maintain production goals for our staff. Quality Assurance Claims Audit staff must review a minimum of 85 service lines per hour.

We also ensure quality through auditing policies and procedures governing the performance of our staff in the Claims Processing department.

Verifying Services

To verify that the services reimbursed to a particular recipient were furnished as billed by the provider, DentaQuest can conduct verification of services surveys.

The verification of services process is a joint effort between our Fraud Prevention and Recovery Unit, which designs the tool to best identify, coordinate and investigate whether services were provided as

reported, and our Market Research department, which specializes in conducting surveys. Our process is outlined below:

1. ***DentaQuest's Market Research department conducts quarterly member satisfaction surveys with a verification of service component. These surveys are conducted via telephone with a live surveyor. The recipient is asked to confirm date of service of a recent procedure, along with the nature of the procedure.***

2. ***The Market Research department reports any adverse verification of service findings internally to the Fraud Prevention and Recovery Unit, and copies are provided to the appropriate client service representatives each quarter. Information in this report includes:***
    - ***State name***
    - ***Recipient name***
    - ***Subscriber number***
    - ***Reported date of service***
    - ***Procedure code***
    - ***Provider name***
    - ***Provider ID***
    - ***Pertinent open-ended response from respondent***

3. ***A Fraud Prevention and Recovery Unit investigator notifies the state Medicaid office that an internal investigation is underway relative to the adverse verification of service findings. This Unit then conducts the necessary utilization review of the reported records. Further, an additional nine randomly selected member records from the associated provider are reviewed to determine any potential troubling patterns of behavior.***

4. ***Once DentaQuest's Fraud Prevention and Recovery Unit investigator has completed the utilization review, final outcomes of the investigation are reported back to the state Medicaid office in quarterly reports.***

DentaQuest will conduct a preliminary investigation on all reported incidents of suspected FWA and will report these to the DHCFP and Office of Inspector General if further investigation is shown to be warranted.

Changes to Claims Processing System

According to the RFP requirements, DentaQuest will notify the DHCFP prior to implementing any changes to Windward that would affect the Nevada program. DentaQuest's Nevada Medicaid and CHIP Operations Manager would serve as the single point of contact for communicating such information.

Medical Review

As part of our Fraud Prevention and Recovery Program, DentaQuest conducts medical reviews of claims when the appropriateness of service, procedure, or payment is in question. In fact, all providers are subject to claims review as part of our robust Fraud Prevention and Recovery Program. A statistically valid methodology tests the utilization patterns for key procedure code(s) and/or code sets that have been demonstrated through our experience in network management to be most prone to overutilization or abuse. To heighten the sensitivity of our assessment methodology we also test

various procedure code relationships in the form of ratios, which helps to identify additional patterns of potential abuse. Each provider's test results are compared to the corresponding average for their network peers and those who deviate significantly are flagged as a "failure." Providers are ranked based on the number of tests they fail. Depending on the number and tests that were failed, additional data mining is conducted. Based on the cumulative results of DentaQuest's data mining Providers may be subject to a number of remedial actions including, but not limited to, a records audit, additional pre-payment clinical review requirements and/or educational reinforcement. The review of findings is conducted by a licensed dental director.

Provider Preventable Conditions Payment Policy

DentaQuest will comply with 42 CFR 447.26, on Provider Preventable Conditions (PPCs) – Payment Policy. We will 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:

- ***Is identified in the Medicaid State plan;***
- ***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;***
- ***Has a negative consequence for the recipient;***
- ***Is auditable;***
- ***Includes, at minimum, wrong surgical or other invasive procedure performed on a patient;***
- ***Surgical or other invasive procedure performed on the wrong body part; and***
- ***Surgical or other invasive procedure performed on the wrong patient.***

3.11.5 FINANCIAL SOLVENCY

DentaQuest has thoroughly reviewed the requirements of Attachment T, Forms and Reporting Guide related to the financial records and financial statements DentaQuest must provide to the DHCFP, as well as the timeline for providing those documents.

3.11.6 THIRD-PARTY LIABILITY (TPL)

DentaQuest acknowledges that 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.

We understand that 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.

Medicaid - Payer of Last Resort

Medicaid is always secondary to any commercial insurance or any other government-sponsored health care coverage program (including Medicare and TRICARE). The other available insurance must reimburse or deny the service before liability can be established. Once we determine that a potentially liable third party exists, we are required to "cost avoid," thus ensuring Medicaid is the payer of last resort. In accordance with the RFP, DentaQuest will maintain the minimum historical TPL eligibility data in accordance with State and Federal rules and regulations, currently established as 72 months.

Identifying TPL

When processing the claim, if DentaQuest determines the probable existence of third-party liability, DentaQuest rejects the claim and return it to the provider for a determination of the amount of liability. Providers must bill any other available insurance before billing Medicaid. Once we receive confirmation from the provider or another third-party resource indicating the extent of third party liability, we will then pay the claim to the extent that it exceeds the amount of the other carrier's payment allowed under the Nevada Medicaid Dental Program payment schedule.

DentaQuest' s coordination of benefits (COB) methodology ensures that no more than the total plan allowance or the provider billed or usual and customary charge amount is paid when multiple insurance coverages are available to cover a dental service. In our Windward claims system, we establish rules that review coordination of benefit status (available alternate payer), hierarchy of carrier responsibility, and associated actions to properly handle COB business requirements.

Suppose, for example, that a recipient has indication of another (primary) insurance carrier on his or her enrollment profile. A provider submits a claim to DentaQuest for covered dental services, but there is no primary carrier benefit statement or denial notice submitted with the claim. Our COB rules would deny the service due to lack of a primary payer decision. Alternative outcomes could include suspending the claim and holding for receipt of the other payer's claim decision, or performing a pay-and-chase process.

Cost Avoidance

DentaQuest checks for the presence of other available insurance to ensure that Medicaid is the payer of last resort and pays only the appropriate amount for the claim. If coordination of benefits is marked on the claim form or the recipient's enrollment file, or if the claim includes an explanation of benefits with documentation of other insurance, Windward will pend the claim for manual review by a claim processor. The processor will manually review the claim file, and gather additional information if needed, to determine what has previously been paid and calculate the remaining balance payable by DentaQuest.

Cost Recovery

Various types of claims are eligible for cost recovery when the provider has sought, and accepted in full, payment from Medicaid and there is an identified third-party liability source for reimbursement.

In these situations, if the provider bills Medicaid, and there is other insurance available, DentaQuest will seek recovery of Medicaid payments from the other coverage.

If the provider is aware that the recipient qualifies for both Medicaid and other insurance benefits, the provider must choose whether or not to bill the other insurance. The provider has the following options:

- ***If the provider chooses to bill the other insurance, the provider must submit the claim to the patient's other insurance before submitting the claim to DentaQuest.***
- ***If a claim is then received, DentaQuest will account for the primary carrier payment and coordinate benefits on the claim to determine if any additional payment is owed.***
- ***If the provider chooses to bill DentaQuest, and not the patient's other insurance, the provider is indicating that he or she accepts the Medicaid payment as payment in full. The provider***

must certify that he or she has previously attempted to bill the other insurance and has waited for 30 days without receiving payment before choosing this option. DentaQuest then has the right to recover the payment from the other insurance carrier. The provider does not have the right to further recovery and cannot seek additional reimbursement from the other insurance after Medicaid has made payment. In this scenario, the provider must notify DentaQuest at the time of claim submission of the existence of third-party insurance and provide DentaQuest with the carrier and policy information. After processing, the DentaQuest Claim Processor will route the claim to our subrogation unit to initiate recovery attempts from the primary insurance carrier of any payments issued subject to our current recovery threshold amounts.

DentaQuest will review the recipient's history for any previously paid claims that may fall under the primary carrier's current coverage period for possible recovery from the same third-party source.

If the provider learns that a client has other insurance coverage after Medicaid has paid the claim, the provider must refund the payment to Medicaid before billing the other insurance.

DentaQuest understands that TPL recoveries made by either DentaQuest or the DHCFP will be incorporated into capitated rate development by the DHCFP and its actuary. DentaQuest has 365 days from claim paid date to recover TPL payment; after 365 days, we will forfeit our right to recovery to the State unless we can provide evidence that the recovery effort is active and/or in dispute. DentaQuest will be responsible to pay for the cost incurred to complete the recovery of the TPL payment to the DHCFP.

DentaQuest will 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.

3.11.7 SUBROGATION

It is difficult to determine that a claim is the result of a third party injury. More often than not, DentaQuest will find out about a subrogation matter through a subpoena or records request from an attorney representing the recipient or the at-fault party. When DentaQuest is notified of a potential third party, we have a communication process and tracking mechanism. DentaQuest will seek reimbursement and, where appropriate, report and refund a subrogation lien settlement to our client. If DentaQuest identifies that we have paid a claim that was the result of an injury caused by a third party, we:

- ***Use best efforts to be reimbursed for that payment***
- ***Make note of this reimbursement in the recipient's file (or on the claim, as the system allows)***
- ***Credit the subrogation payment to the correct internal account***

We pursue recovery for any claim payment of $100 or greater for a health insurance source and $250 or greater for a casualty insurance source. We apply this threshold to individual claims. Claims eligible for cost recovery are manually identified by the claim processor at the time of processing and referred to the subrogation unit if the total amount paid on the claim is $100 or greater.

DentaQuest seeks recovery based on the at-fault party status or order of primary insurance coverage. Our Legal department handles the notification and negotiation of the settlement.

DentaQuest Claim employees handle cost recovery as follows:

1) ***We mail an initial subrogation request to the third-party source within 60 days of the initial claim payment.***
2) ***If we do not receive reimbursement within 30 days from our initial request, we mail a second subrogation request to the third-party source.***
3) ***If we do not receive reimbursement within 30 days from our second request, we mail a third subrogation request to the third-party source.***
4) ***If we do not receive reimbursement within 30 days from our third request, we make a telephone call to the third-party source.***
5) ***We then review the claim for referral to collections.***
6) ***If the third party is a casualty claim that is pending settlement or litigation, we monitor status for six months and then close the claim. Any refunds received after closing may still be posted to the claim.***

DentaQuest maintains a record of claims pending recovery, updates the record as liens are presented or satisfied, and credits the claims with the recovery as the funds are reimbursed. If we were unable to collect, we complete the follow-ups and tracking manually.

Tracking the actual dollars recovered is a manual process. Windward will track claims in collection, if applicable, so that we can monitor collection activity. If we make a recovery, we enter it into the DentaQuest claim system on the claim file, which updates all other related records in our system. These claims are then subject to our normal audit and control procedures.

3.11.8 RESERVING

DentaQuest estimates and tracks incurred but not reported (IBNR) claims using a proprietary reserve model developed and supported by an independent actuarial firm. The model is unique because it contains functionality that provides:

- ***Reasonable best estimates in spite of insufficient or questionable data***
- ***Reasonable margins for the total reserve***
- ***Restatement analysis of prior reserve estimates***

The methodology forecasts future claim runout using time series forecasting which employs the interrelationship between claim payments during the first three months of claim payments for each incurred month. DentaQuest works with the actuaries on an ongoing basis (and specifically at year end) for review and actuarial certification of the IBNR results.

3.11.9 PROHIBITION ON PAYMENTS TO INSTITUTIONS OR ENTITIES LOCATED OUTSIDE OF THE UNITED STATES

DentaQuest does not and will 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.).

3.12 GRIEVANCES, APPEALS AND FAIR HEARINGS

3.12.1 System for Recipient and Provider Grievances, Appeals and Fair Hearings
3.12.2 Recipient Grievances and Appeals
3.12.3 Authorization and Notice Timelines Requirements
3.12.4 Notice of Action
3.12.5 Handling of Grievances and Appeals
3.12.6 State Fair Hearing Process
3.12.7 Continuation of Benefits While Vendor's Appeal Process and State Fair Hearings are Pending
3.12.8 Provider Grievances and Appeals

3.12.1 SYSTEM FOR RECIPIENT AND PROVIDER GRIEVANCES, APPEALS AND FAIR HEARINGS

DentaQuest maintains comprehensive grievance, appeals and State Fair Hearings processes for both recipients and providers. DentaQuest has a proven process to manage complaints: all grievances and appeals are electronically recorded, investigated, analyzed, and resolved in compliance federal and state regulations. DentaQuest's system is based on Medicaid best practices and each state's process is tailored to meet the specific requirements that pertain to this key area of program management.

DentaQuest will adhere to the following definitions to ensure cases are properly recorded, investigated, resolved and reported:

- ***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.***
- ***An appeal is a specific request for review of one of the following actions:***
  - ***The denial or limited authorization of a requested service, including the type or level of service;***
  - ***The reduction, suspension or termination of a previously authorized service;***
  - ***The denial, in whole or in part, of payment for a service;***
  - ***The failure to provide services in a timely manner; or***
  - ***The failure of a vendor to process grievances, appeals or expedited appeals within required timeframes including resolution and notification.***

Educating Recipients on the Grievance, Appeals and State Fair Hearing Processes

DentaQuest recognizes the importance of educating recipients on their rights pertaining to grievances, appeals and State Fair Hearings and provide education in the following ways:

- ***The Member Handbook contains an explanation on the differences between a grievance, appeal and State Fair Hearing and the process for each. It also provides directions on how to file with DentaQuest.***
- ***Our secure Member Web Portal includes the same information outlined in the Member Handbook. Additionally, the portal allows recipients to easily and securely file a grievance or appeal.***
- ***Our Recipient Services Representatives will explain recipient rights to filing grievances and appeals and offer assistance to all recipients with the process.***

Documenting and Reporting on Grievances, Appeals and State Fair Hearings

As part of our system, DentaQuest records and tracks all grievances, appeals and State Fair Hearings. Upon receipt, a dedicated Grievance and Appeals Specialist records the following information in our electronic, HIPAA-compliant, database:

- ***Recipient name***
- ***Recipient ID***
- ***Product ID***
- ***Date due***
- ***Source type***
- ***Issue description***
- ***Date received***
- ***Recipient DOB***
- ***Provider or office name***
- ***Subject of complaint***
- ***Investigation details***
- ***Resolution details***
- ***Time received***
- ***Product***
- ***User ID***
- ***Office address***
- ***Issue type***
- ***Recipient notification***

DentaQuest uses Salesforce, a platform that facilitates automated and consistent compliance with contractual and statutory Grievance requirements. For example, Specialists will be able to set an alert to keep them on track to follow specified timeframes. As the deadline approaches, they will receive reminders; if no action is taken, our program automatically escalates the issue to the Specialist's supervisor. We add all documentation supporting the final decision to the case file upon receipt, or as developed by the Specialist. This includes details regarding the efforts and actions taken to educate, or correct, providers and internal staff.

Through Salesforce, DentaQuest maintains an integrated case management system that ensures all issues that come in are logged, tracked, and assigned to the appropriate person or group to ensure that they are addressed and resolved in the most efficient manner possible.

All issues relating to a specific case or claim are tied to a common repository of incidence, ensuring that information is consistent throughout our approach. Whenever there is a specific issue with a claim, the client will have visibility into the resolution process through the Salesforce service module of DentaQuest. The service module will give all open cases an estimated time for resolving the issues. As a cloud-based system, Salesforce allows for a flexible, robust, and secure community.

DentaQuest's complaint and tracking system also allows our Grievance and Appeals Specialists to enter in details on the case for tracking purposes, inclusive of date resolved and the resolution obtained, and attach supporting documents.

DentaQuest can generate a number of complaint, grievance, and appeals reports for the DHCFP – including those specifically outlined in Attachment T, Forms and Reporting Guides. The report will be broken out by hearing issue, date requested and date resolved, program and outcome for tracking, trending and corrective action.

Knowledgeable Dedicated and Support Staff

DentaQuest maintains a dedicated department of Grievance and Appeal staff, comprised of a Manager, four Supervisors, two leads, and over 40 Grievance and Appeals Specialists. DentaQuest's Grievance and Appeals staffing formula for Specialists is based upon projected membership and anticipated cases per 1,000 recipients. Our algorithm considers comparable existing markets with similar membership size: using the current case volume in those markets, we can predict the number of staff needed to quickly and efficiently investigate and resolve grievances.

Our Grievance and Appeals department has a dedicated trainer who is an expert in the field and is responsible for remaining current with changes in state and federal laws, rules, and regulations. We will develop Nevada-specific training that will incorporate:

- ***General overview of the Grievance and Appeals process including the difference between Grievances and Appeals and routing them accordingly. As the training progresses, the content will become more specifically address the Nevada dental program and the requirements under this RFP.***
- ***Nevada demographics and state-specific issues***
- ***Relevant federal and state rules, regulations, and statutes***
- ***Customer service protocols***
- ***Functionality of our database***
- ***How to run and submit reports***

We train our staff initially upon implementation and annually thereafter. Training will begin in a classroom. From there, the staff will progress to one-on-one observation of Senior Specialists. Once the Trainer deems the staff member is ready, he or she will then start having recipient contact – supervised by a Trainer. Finally, the trainee will start taking cases independent of supervision; however, these cases will be subject to case review by the auditing team.

If we implement a process change, we communicate this information via email to staff and during departmental meetings. If the change is significant, we also conduct an in-person training session with all affected staff. To address any deficiencies we find in recurring audits, we conduct ongoing training. We will incorporate a mandatory self-study component for staff that will include quizzes at the end of each training session.

We promote staff retention by offering competitive salaries and opportunities for growth within the company. Staff members also have incentives to perform well through the opportunity to earn an annual merit-based bonus.

3.12.2 RECIPIENT GRIEVANCE AND APPEALS

DentaQuest's recipient grievance and appeals processes comply with 42 CFR 438 Subpart F (Subsections 400-424), 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). DentaQuest will provide the DHCFP with a written description of our grievance and appeal system to the DHCFP for approval at the time our Policies and Procedures are submitted and any time thereafter for revisions or upon the request of DHCFP. We understand that we may not implement any policies and procedures concerning its recipient grievance and appeal system without first obtaining the written approval of the DHCFP.

Timeframe for Submitting Appeals and Grievances

Nevada dental program recipients or providers acting on their behalf will have not less than 20 calendar days or exceed 90 calendar days from the date on DentaQuest's notice of action. We will further continue the recipient's benefits while an appeal is in process if all of the following conditions are met:

- ***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;***

- ***The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;***
- ***The services were ordered by an authorized provider;***
- ***The authorization period has not expired; and***
- ***The recipient requests continuation of benefits.***

We will continue or reinstate the recipient's benefits while the appeal is pending, and the benefits must be continued until one of the following occurs:

- ***The recipient withdraws the appeal;***
- ***The recipient does not request a State Fair Hearing with continuation of benefits within 10 days from the date DentaQuest mails an adverse appeal decision;***
- ***A State Fair Hearing decision adverse to the recipient is made, or***
- ***The service authorization expires or authorization limits are met.***

Methods of Submitting an Appeal or Grievance

DentaQuest will honor all appeals and grievances submitted either orally or in writing from the recipient, the recipient's representative or from a provider on behalf of the recipient. Unless the recipient has requested an expedited resolution, an oral appeal may be followed by a written, signed appeal.

3.12.3 AUTHORIZATION AND NOTICE TIMELINESS REQUIREMENTS

DentaQuest's Utilization Management department provides timely and accurate review of preauthorizations as outlined in Sections 3.12.3.1 and 3.12.3.2. We currently exceed the RFP requirement in comparable markets to Nevada where we consistently render a decision on all requests within an average of 2.2 calendar days for standard authorization decisions and 1.5 calendar days for emergency authorization decisions.

Process to Ensure Timely Review of Prior Authorizations

DentaQuest ensures timely and accurate review of prior authorizations by establishing individual work queues for all incoming requests based on specific criteria to ensure the most appropriate Clinical Review Specialist is initially assigned.

We assign each incoming authorization a specific security level to ensure it is routed to the correct work queue. The security levels assigned to an authorization ensure that only appropriate Utilization Management personnel can review and approve the authorization. For each Clinical Review Specialist and Dental Director, we assign role-specific security to ensure that the appropriate user takes the appropriate actions before authorization can be approved or denied.

Our Utilization Management Workflow Coordinator ensures that authorization determinations are completed within the requirement provided by regulation or contract. Hourly, the coordinator monitors an inventory report, which counts how many authorizations and claims are in the work

queues. ***Based on inventory, the coordinator assigns the Clinical Review Specialists and Dental Directors to work the authorizations in the different work queues to ensure that determinations are completed on time. Our review staff works on the authorizations in the queues in a first-in first-out manner – that is, the oldest authorizations are reviewed first.***

Emergency Authorizations

In compliance with 42 CFR §438.114(a), DentaQuest does not require prior authorization for emergency dental care and services. We ensure providers are made aware that they may render care immediately in these situations. However, in the instance where a provider insists on the submission of a request for authorization, an authorization to render "emergency service," are provided within seventy-72 hours of request. Our policy is to review emergency authorization requests the same business day but no later than 24 hours after receipt to ensure we provide timely communication to the recipient and provider.

3.12.4 NOTICE OF ACTION

For all authorizations that result in an adverse determination, DentaQuest's Windward system automatically generates an appropriate Notice of Action (NOA) that is sent to both the recipient and the provider. The provider can also see the determination (either adverse or approved) in near real time on our Provider Web Portal.

The Notice of Action letter is customized for each state and each denial type. For Nevada, the NOA will explain:

- ***The action the vendor or its subcontractor has taken or intends to take;***
- ***The reasons for the action;***
- ***The recipient's or the provider's right to file an appeal, if he/she disagrees with decision;***
- ***The recipient's right to request a State Fair Hearing after the recipient has exhausted DentaQuest's internal appeal procedures;***
- ***The procedures for exercising the recipient's rights to appeal;***
- ***The circumstances under which expedited resolution is available and how to request it;***
- ***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 DentaQuest 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;***
- ***That the recipient may represent himself or use legal counsel, a relative, a friend, or other spokesman;***
- ***The specific regulations that support, or the change in federal or State law that requires the action; and***
- ***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.***

The letter templates are written in plain English in compliance with 42 CFR 438.404(c); 42 CFR 438.10(c) and (d). In addition, we include a language block on Notice of Action letters and appeal correspondence to inform recipients they can contact us for translation assistance (Figure 3.12.A). This can be customized to include commonly spoken languages among Nevada's Medicaid/CHIP population.

Figure 3.12.A Language block appearing on recipient notifications

Foreign Language Assistance

English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-xxx-xxx-xxxx（TTY：1-xxx-xxx-xxxx）。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)번으로 전화해 주십시오.
Navajo	D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx.)
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-xxx-xxx-xxxx (टिटिवाइ: 1-xxx-xxx-xxxx) ।
Tongan	FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Serbian Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-xxx-xxx-xxxx (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-xxx-xxx-xxxx).
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-xxx-xxx-xxxx (телетайп: 1-xxx-xxx-xxxx).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-xxx-xxx-xxxx (رقم هاتف الصم والبكم: 1-xxx-xxx-xxxx).
Cambodian	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)។
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-xxx-xxx-xxxx (ATS : 1-xxx-xxx-xxxx).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-xxx-xxx-xxxx（TTY:1-xxx-xxx-xxxx）まで、お電話にてご連絡ください。

The letter will advise recipients to contact us if they need alternative formats for persons with special needs (visually impaired recipients, or recipients with limited reading proficiency).

For NOAs related to appeals not resolved wholly in favor of the recipients, the notice will include:

- ***The right to request a State Fair Hearing, and how to do so***
- ***The right to request to receive benefits while the hearing is pending, and how to make the request***
- ***That the recipient may be held liable for the cost of those benefits if the hearing decision upholds DentaQuest's action***

3.12.5 HANDLING OF GRIEVANCES AND APPEALS

DentaQuest has proven success meeting – and surpassing – the timeframes set forth in the RFP for identification, investigation, and resolution of Grievances and Appeals. As demonstrated in Figure 3.12.B, DentaQuest exceeds the DHCFP requirements for resolving grievances, appeals and expedited appeals in other states with similar requirements.

Figure 3.12.B DentaQuest's track record of exceeding Nevada's stated grievance and appeal resolution times

The DHCFP requirement	*DentaQuest's average turnaround time in states with the same requirement*
Standard disposition of grievances: • *No more than 90 calendar days from the date of receipt of the grievance.*	*In all states where DentaQuest serves Medicaid dental programs, we are required to resolve standard grievances within 60 calendar days or less. Therefore, we are confident that we will not just meet, but exceed the 90 calendar day turnaround time for Nevada.*
Standard resolution of appeals: • *No more than 30 calendar days from the date of receipt of the appeal.*	*20 calendar days*
Expedited resolution of appeals: • *As expeditiously as possible, not to exceed three business days after the request.*	*2.7 business days*

Grievance and Appeal Process

An overview of our proposed grievance and appeal process, tailored to the meet the requirements of Nevada is outlined below.

STEP 1: Grievance or Appeal Received

A grievance or appeal may be filed orally or in writing. If the recipient, their representative or a provider calls our Recipient Services department, our Recipient Services Representatives will provide assistance in completing forms, providing interpret services and TTY.

STEP 2: Route and Record

Upon receipt of an appeal or grievance in our Recipient Services department, or through fax or mail, the grievance or appeal is routed to our Grievance and Appeals department. Immediately upon receipt, we assign the request to a Grievance and Appeals Specialist for investigation. Our Specialist records the following information in the Salesforce database, which is HIPAA-compliant:

- ***Recipient name***
- ***Recipient ID***
- ***Product ID***
- ***Date due***
- ***Source type***
- ***Issue description***
- ***Date received***
- ***Recipient DOB***
- ***Provider or office name***
- ***Subject of complaint***
- ***Investigation details***
- ***Resolution details***
- ***Time received***
- ***Product***
- ***User ID***
- ***Office address***
- ***Issue type***
- ***Recipient notification***

Salesforce automates certain processes, which facilitates consistent compliance with contractual and statutory requirements. For example, Specialists can set an alert to remind them to complete tasks within a certain time. If no action is taken in response to the alert, our program automatically escalates the issue to the Specialist's supervisor.

STEP 3: Acknowledge

Within two business days of receipt of the request, we send an acknowledgement letter to the recipient. We will develop and use a DHCFP-approved template for all notifications. We also send these notifications to the provider who requested the service, if applicable. The letter will:

- ***Indicate that we have received the request***

- ***Specify when the recipient or provider can expect a resolution from DentaQuest***
- ***Explain that the recipient or provider has the opportunity to submit documentation available to support – or counter – the request submitted***
- ***Provide contact information for the assigned Grievances and Appeals Specialist***

As part of the acknowledgement process for appeals, the letter will explain that recipient and his/her representative has 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.

STEP 4: Investigate

The Specialist investigates the issue using information from the initial claim or preauthorization, requesting additional information from the provider and complainant as necessary. We document all steps taken during investigation. This includes conversations with the recipient (or authorized representative) to ensure they have a reasonable opportunity to present evidence (in person or in writing), interviews with the provider, and information such as dates and times of the conversations, the name of the person spoken to, and the relationship of the person to either the recipient or the provider. We save all written documents that we receive and attach them to the electronic case file.

If the appeal or grievance addresses a provider, the office, or care the recipient received, the Specialist will contact the provider within two business days of receipt. Throughout the investigation, the provider may submit documentation to counter the recipient's appeal or grievance. Documentation we consider includes narratives from the provider, recipient, x-rays, and medical records.

STEP 5: Resolve

For all appeals or grievances related to clinical matters and quality of care, one of DentaQuest's Dental Directors will determine the final course of action. We ensure that the final Dental Director decision-maker was not involved in any previous related decisions, nor is a subordinate of the original decision-maker. To qualify as a DentaQuest Dental Director, the dentist must have actual expertise in the field of dental medicine and be of same or similar specialty implicated by the service at issue, defined further as follows:

- ***Same specialty: similar credentials and licensure as those who typically treat the condition or health problem in question in the appeal.***
- ***Similar specialty: has experience treating the same problems as those in question in the appeal, in addition to experience treating similar complications of those problems.***

For appeals that are not clinical, but instead related to the recipient's benefit coverage, the Specialist will review the initial decision against Nevada's benefit structure to ensure the initial decision was accurate.

For Nevada, we will resolve grievances and appeals within the following timeframes:

- ***Standard grievances: 90 calendar days from date of receipt***
- ***Standard appeals: 30 calendar days from date of receipt***
- ***Expedited appeals: three business days from date of request***

STEP 6: Notify

Within one business day of the decision regarding an appeal or grievance, we send a written determination notice to the recipient (or authorized representative) and provider, if applicable. This notice will include:

- ***The disposition of the grievance and appeal***
- ***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 will also include:***
    - ***The right of the recipient to request a State Fair Hearing from the DHCFP and how to do so;***
    - ***The right to request to receive benefits while the hearing is pending and how to make this request; and***
    - ***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.***

Our State Fair Hearing Process: Tailored for Nevada

Recipients who are dissatisfied and disagree with a decision about authorization of or payment for services they feel they are entitled to receive and have exhausted DentaQuest's appeal system have the right to request a State Fair Hearing. This information will be explained in writing by DentaQuest, pursuant to 42 CFR 431.200(b); 42 CFR 431.220(5); 42 CFR 438.414; and 42 CFR 438.10(g)(1). We will also offer recipients assistance with the process.

Commencing on the date of they receive the letter from DentaQuest regarding the adverse determination, recipients will have 90 calendar days to request a hearing.

DentaQuest will assign a Grievance and Appeals Specialist to the case. The Specialist will review the documentation provided for the hearing to determine if there is new information that was not previously available for the internal appeal decision:

- ***If there is new information available, the Specialist will have a Dental Director conduct a second review to determine if the case should be approved. The Dental Director completes the second review before the hearing date and before compilation of the appeal summary packet.***
- ***If the second review results in a determination that services are approved, DentaQuest will send the recipient an approval letter and copy the DHCFP.***

Once the DHCFP schedules the hearing, DentaQuest will appoint a Dental Director to attend the hearing. We will provide the DHCFP with the Dental Director's name and contact information. During this time, the Specialist will assemble an appeal summary packet that includes all relevant documents:

- ***Original documents submitted by the Provider for the initial decision***
- ***Copies of documents provided by the recipient and Provider for the initial decision***
- ***All documentation used for the internal appeal decision***
- ***Copies of the written notification of the internal appeal decision sent to the recipient and Provider***

STEP 6: Analyze

We will aggregate and analyze grievance and appeal data to track and trend. For example we generate a peer review report to identify providers with three or more complaints against them in a

six-month period. We generate a secondary complaint log that summarizes each of the complaints against the provider. Both reports are submitted to a Dental Director for review. Information regarding appeals provided by recipients, providers, or other persons regarding quality of care, access, or other issues related to our dental program, will be forwarded to the Peer Review Committee for evaluation. On an ad-hoc basis, if our Grievance and Appeals department identifies a provider with multiple complaints, or a severe complaint, the information is forwarded immediately instead of waiting for monthly reporting.

The Peer Review Committee evaluates the complaints and we use their analysis to identify opportunities for improvement – or the need for additional Provider or staff training. If the complaints are related to:

- ***The appearance of a recipient or accessibility accommodations, the Committee will send a notification to the Credentialing department with a recommendation to conduct a site review within 60 days.***
- ***Allegations of malpractice, or quality of care, the Peer Review Committee will refer the provider to the Utilization Review department and request that an audit of clinical records be conducted.***
- ***A safety concern to recipient, the Peer Review Committee will refer the provider to the Provider Quality Assurance Committee with a recommendation for termination or suspension.***
- ***Allegations of unprofessional conduct by the provider or office staff, the Committee will recommend additional education or training be provided.***

The report is also sent to our Credentialing department. If the provider has three or more complaints in six months, a Provider Relations Representative conducts a site visit within 60 days. If the office does not pass the site visit, the provider is presented to Credentialing Committee. The Committee reviews the information and makes a decision to approve or terminate the providers.

All grievance and appeal data is maintained in our system, allowing us to easily generate reports on behalf of the DHCFP.

3.12.7 CONTINUATION OF BENEFITS WHILE THE VENDOR'S APPEAL PROCESS AND THE STATE FAIR HEARING ARE PENDING

DentaQuest agrees and understands to the following requirements:

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:

- ***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;***
- ***The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;***
- ***The services were ordered by an authorized provider;***
- ***The original periods covered by the original authorization have not expired; and***
- ***The recipient requests an extension of benefits.***

If, at the recipient's request, DentaQuest continues the recipient's benefits while the appeal is pending, the benefits must be continued until one of the following occurs:

- ***The recipient withdraws the appeal;***
- ***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;***
- ***A State Fair Hearing Officer issues a hearing decision adverse to the recipient; and***
- ***The time period of service limits of a previously authorized service has been met.***
- ***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).***

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.

3.12.8 PROVIDER GRIEVANCES AND APPEALS

As is the case with recipient grievances and appeals, DentaQuest will 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. We understand that an oral appeal must be followed by a written, signed appeal; however, the oral appeal must count as the initial date of appeal. DentaQuest will work with the provider to obtain the written, signed appeal.

Upon receipt of an appeal or grievance, wither through our Provider Services department or through fax or mail, the grievance or appeal is routed to our Grievance and Appeals department. Immediately upon receipt, we assign the request to a Grievance and Appeals Specialist for investigation. Our Specialist records the following information in our HIPAA-compliant databased:

- ***Recipient name***
- ***Recipient ID***
- ***Product ID***
- ***Date due***
- ***Source type***
- ***Issue description***
- ***Date received***
- ***Recipient DOB***
- ***Provider or office name***
- ***Subject of complaint***
- ***Investigation details***
- ***Resolution details***
- ***Time received***
- ***Product***
- ***User ID***
- ***Office address***
- ***Issue type***
- ***Recipient notification***

We will issue a final decision, in writing, no later than:

- ***90 calendar days after a grievance is filed***
- ***30 calendar days after an appeal is filed***

State Fair Hearings

Nevada providers who have exhausted DentaQuest's internal appeals process will have the right to submit a written request to the DHCFP for a State Fair Hearing. If DentaQuest's appeal outcome 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), we will notify them in writing of their right to request a State Fair Hearing.

We understand that a State Fair Hearing decision will be made within 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:

- ***Denial or limited authorization of a requested service;***
- ***Reduction, suspension or termination of a previously authorized service;***
- ***Denial, in whole or in part, of payment for a service;***
- ***Demand for recoupment;***
- ***Failure of the vendor to meet specified timeframes (e.g., authorization, claims processing, appeal resolution); and***
- ***The denial for disenrollment for good cause***

Expedited State Fair Hearings

DentaQuest understands that the State's timeframe for reaching an expedited State Fair Hearing decision when the appeal was first heard through the DentaQuest's 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 appeal process but was not resolved within the vendor's expedited appeal timeframes, or***
- ***Was resolved wholly or partially adversely using the vendor's expedited appeal timeframes.***

DentaQuest will cooperate with all expedited State Fair Hearing requests to ensure the DHCFP has the necessary information it needs to hear the case.

DentaQuest agrees to be bound by the decision of the Fair Hearing Officer and will comply with any decision resulting from the Fair Hearing process.

3.13 MANAGEMENT INFORMATION SYSTEM (MIS)

3.13.1 Compliant MIS
3.13.2 Documenting Procedures and Confidentiality Requirements
3.13.3 Eligibility Data
3.13.4 Encounter and Claims Records
3.13.5 Data Requirements and Certification
3.13.6 EPSDT Tracking System

3.13.1 COMPLIANT MIS

DentaQuest has an existing, comprehensive management information system (MIS) to maintain, provide, document and retain sufficient information to substantiate and report DentaQuest's compliance with contract requirements. We use this system today to serve the needs of over 100 DentaQuest customers in 30 states, including eight state agencies. The system handles enrollment, processes claims, and allows us to provide customer service to meet the needs of over 20,000,0000 recipients nationally. Our MIS, which was developed and maintained by our Information Technology (IT) organization, includes five seamlessly integrated platforms:

- ***Windward claims processing system:*** ***Windward, our claims management system was built on a .NET/SQL platform. Distinct modules support each aspect of program administration with web-based interfaces, making it easy for us to deploy the system to individual users without having to install local software. Windward modules support claims, operations, member enrollment and eligibility, payment and billing, customer service, client configuration, and Provider and utilization management. We serve eight state agencies and over 100 health plan clients, covering 20 million Medicaid recipients on this platform. Windward supports 1,078 unique benefit plans for these clients. In 2015, we processed over 22 million claims with a financial accuracy rate of 99.57 percent and a processing accuracy rate of 99.52 percent.***

- ***Oracle financial system:*** ***Oracle® E-Business Suite, including Accounts Payable, Accounts Receivable, Cash Management, Fixed Asset, General Ledger, Incentive Compensation, and procurement, along with Oracle Revenue Management and Billing (ORMB), provide extensive financial management and back-end billing capabilities.***

- ***Salesforce for provider, recipient and client engagement:*** ***The Salesforce platform supports our Provider Portals, Recipient Portals, and Client Portals. For example, the DentaQuest client for the DHCFP provides secure authorized user access to several interactive inquiry functions, including real-time access to recipient eligibility, claims, prior authorizations, service history, ad hoc reporting, and provider information inquiry. Further, we use Salesforce Service Cloud internally to support our Customer Services Organization.***

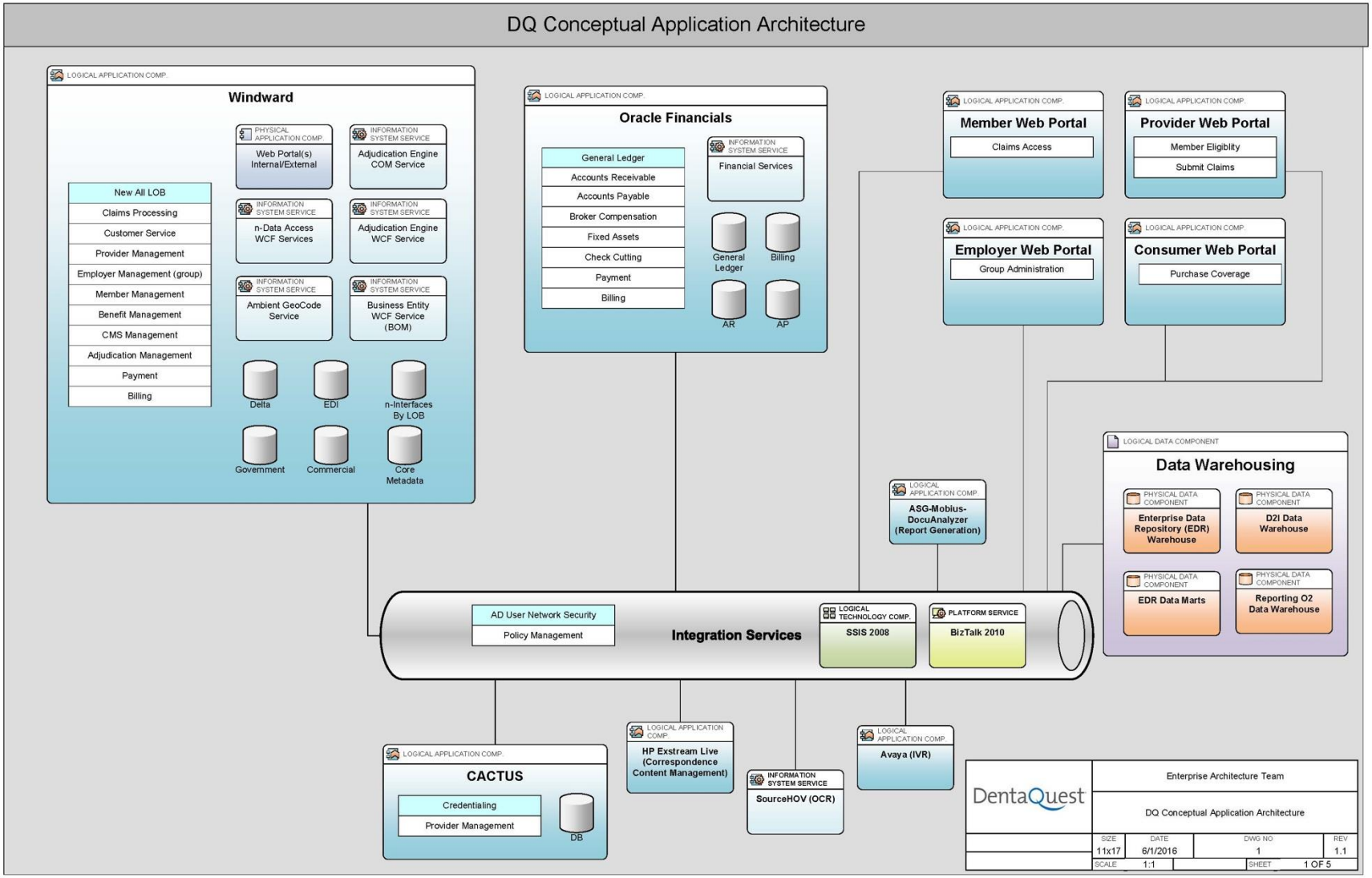
- ***Data warehouse and reporting system:*** ***DentaQuest uses a variety of tools to achieve high-quality reporting solutions through multiple venues, including Microsoft® Reporting Services, geo-mapping reports, Cognos® ReportNet®, and SAS® Analytics. The reporting architecture underlying our enterprise system ensures that end users can access the information they need in a timely manner. Our enterprise and reporting systems are built on MS SQL Server® 2008 databases and operate with the Microsoft Visual Studio® .Net Framework.***

- ***Human resource management system:*** ***DentaQuest is integrating HRMS/HRIS functions and capabilities into our information systems infrastructure to more effectively and efficiently***

manage recruiting, hiring and employee retention, payroll, benefits administration, training, and other cross-functional business intersections with IT.

See Figure 3.13.A on the next page for a conceptual diagram showing the relationship between these systems. We manage these systems in conformance with the IEEE 12207.0 software life cycle processes standard, which include best practices for the development and implementation of high-quality management information systems.

Figure 3.13.A DentaQuest's integrated systems deliver a complete information solution for the Nevada dental program



DentaQuest's Information Technology Department uses all major communication transports to support business operations, customer service, electronic communication, and data exchanges. We use an Intrusion Detection System (IDS), which is a network security technology originally built for detecting vulnerability exploits against a target application or computer. We also use Intrusion Prevention Systems (IPS), which extend IDS solutions by adding the ability to block threats, in addition to detecting them. We monitor our networks to ensure the environment is secure and available 24 hours a day, seven days a week. Typically, we refresh all of our computing systems on a four-year cycle in a staged fashion to minimize inconvenience and/or disruption.

Using FireScope software, we monitor all of our data communications links to ensure 24/7/365 viability. We react immediately to notifications of latency or communication issues. DentaQuest's policy is to have one of its IT professionals on duty 24 hours a day, 7 days a week, 365 days a year to address issues as they arise in real time. This individual troubleshoots the issue to resolution or escalates it, depending on the nature of the issue or its impact to the organization. Further, our contracts with vendors such as Salesforce and EMC ensure that these system capabilities are up-to-date with the most recent maintenance releases, and that they maintain rigorous compliance with our information and data security standards.

Integration of Services

DentaQuest employs middleware using several technologies in support of system and application integration. Microsoft BizTalk Server 2010 provides the core integration framework on which we integrate our line-of-business applications across the organization, including SAP, Oracle EBS, SQL Server and other software systems. Through BizTalk we can connect with most any data source utilizing standard methods, including: HTTP, FTP, SFTP, or REST.

NServiceBus provides a messaging and workflow framework. Often referred to as a queuing (or message queuing) technology, NServiceBus is used for inter-process/inter-system communication and, working in conjunction with BizTalk, provides us with a reliable platform for connecting and integrating different computer systems across multiple operating systems and applications.

Microsoft SQL Server Integration Services is a component of MS SQL Server database software, and allows us to migrate and integrate data and develop workflow applications customized to the specific business problems that we need to address. We use these tools for such tasks as data extraction, transformation and loading of our data warehouse; also to automate the maintenance of SQL databases.

Informatica is the data integration service we employ to make sure applications have access to the right data no matter what the source. Informatica also ensures we have high quality, consistent data, so that when we use applications that engage our data sources (e.g., data mining and analytics work), we are conducting our analysis with reliable data and maximizing the intelligence potential of that information.

Other technologies and capabilities that integrate into our infrastructure include independent systems that handle specific business/application functions, including:

- ***Interactive Voice Response (IVR) using Avaya – employed in our Call Center operations***

- ***Optical Character Recognition (OCR) using CenterVision. OCR is used heavily in our claims processing environment***
- ***Correspondence using HP Exstream provides our healthcare communications capabilities – helping us deliver effective and educational member, provider and client correspondence***
- ***Image, Document Storage and Archiving is done with ASG-ViewDirect, our solution for capturing, storing, indexing and linking mission-critical content across our enterprise – providing us with an information lifecycle management solution.***

Wide Area Network (WAN) Data Network

The DentaQuest WAN infrastructure and data network is provisioned on Cisco-based routers and switches running Cisco-IOS Multiprotocol Label Switching (MPLS) feature sets. MPLS provides high-performance packet-forwarded technology that integrates the performance and traffic management capabilities of layer 2 data link switching with the scalability, flexibility, and performance of layer 3 network routing. MPLS is independent of access technology, allowing us to integrate application solutions across our enterprise, provider and subscriber networks regardless of existing infrastructure. Through this design we are able to deliver a wide variety of advanced, IP-based value-added services throughout our networking ecosystem. A high level logical design or our wide area network is illustrated below

Connectivity from site-to-site throughout our wide area network(s) is maintained by a fiber backbone supporting the Ethernet protocol ranging from fast Ethernet speeds of 100 Mbps to 1000 Mbps. Our primary datacenter in Phoenix, Arizona and our recovery datacenter in Waltham, Massachusetts are supported on a Storage Area Network (SAN) design; a 10 Gbps high performance configuration that separates storage resources from our common network onto an independent, high-performance network providing virtual shared storage across servers no matter the location. This SAN design provides us with a redundant, fault-tolerant environment across our data centers and allows us to replicate data across storage arrays to provide failover in the case of a disaster.

3.13.2 CAPTURING AND STORING ACCURATE DATA

DentaQuest is accustomed to operating under complex state and federal regulations, as well as decrees stemming from legislative oversight entities and state court orders. We are very familiar with and comply with all aspects of the law in the states in which we do business, as do our providers, per the contractual agreements we enter into with them.

DentaQuest implements and maintains physical and electronic security of all Protected Health Information (PHI) we manage, in compliance with HIPAA and other laws and regulations, and would take the same approach with Nevada.

Compliance with HIPAA and Data Security

DentaQuest's reputation and business stability is predicated on how we manage and protect information and information systems that store and process the DHCFP, provider, and recipient data. To this end, we have implemented a comprehensive Information Security Policy, most recently updated in January 2016. Our Information Security Policy ensures that appropriate safeguards and controls are in place to protect data, and that those safeguards are understood and maintained.

The Information Security Policy applies to all DentaQuest employees and temporary employees, as well as all contractors, consultants and vendors who have access to company systems, applications,

and assets. Compliance with the Policy and all other DentaQuest information protection directives is mandatory, regardless of the location of a person interacting with the data or the PHI itself.

To ensure the integrity of PHI, we:

- ***Collect sensitive information only where necessary and as required to meet an operational need***
- ***Mandate that all employees and contractors authorized to access PHI only use the data for the intended purposes for which it was collected and/or stored***
- ***Prohibit the transfer of sensitive information outside of DentaQuest unless approved by the data owner and the Information Security Officer and the receiving entity has confirmed that adequate safeguards are present***
- ***Require that all requests (verbal or written) for PHI indicate the intended use and that the use be only for legitimate purposes***
- ***Conduct electronic communication and transfer of sensitive information in a secure manner***
- ***Safeguard sensitive information at all times and in all formats/media both at rest and in transit***
- ***Require data owners to ensure the effectiveness of security controls put in place to safeguard PHI under their control***
- ***Prevent the storage of sensitive information on local hard drives or portable storage devices (CDs, external hard drives, thumb drives, etc.) unless approved by the Information Security Officer or designee***
- ***Prohibit the transfer of sensitive information to a country or territory outside the United States of America, unless approved by the Information Security Officer or designee***
- ***Prohibit employees and contractors from saving PHI to their local workstations***
- ***Ban the use of PHI in testing, training, and presentation reports or marketing materials, unless that data is de-identified by removing, masking, or transforming key data elements that could be used to reconstruct a record***

If the Information Security Officer grants an exception to allow PHI to be used for testing purposes in a non-production environment, we impose the following data safeguards:

- ***Both logical and physical access to PHI data must be restricted***
- ***Electronic access must be limited to authorized individuals only and will be consistent with job role and responsibility***
- ***Data safeguarding controls must be periodically tested for operating effectiveness, and deficiencies must be reported and remedied***
- ***File integrity monitoring software must be used to track the movement of all sensitive data***

DentaQuest's policy complies with Payment Card Industry (PCI) standards and regulations. We prohibit recording of credit card numbers in any DentaQuest system without the written consent of the Information Security Officer or designee. (PCI 12.3.10.a, PCI 12.3.10.b). DentaQuest also adheres to 45 CFR § 160, 162, and 164, as amended.

Any employee or contractor who has breached the confidentiality of PHI may be subject to disciplinary action, up to employment termination and legal prosecution.

We understand the importance that people assign to their health records, and we have programs in place to ensure that such information is protected. As a condition of employment, every DentaQuest employee must complete HIPAA and privacy compliance training every year.

DentaQuest restricts employee access to systems, applications, and data based on job role; we adhere to the principle of least-privilege access, where employees have rights to access only the information needed to perform their legitimate job function. We restrict local and domain administrator access to a small group of individuals. The user's manager and the Information Security Officer or designee must approve such access. Quarterly, we re-certify all local and domain administrator access.

DentaQuest's system, application, and file access control permissions are set to a default that blocks access for unauthorized users. All application owners must validate effectiveness of application/data security controls at least semi-annually or in accordance with DentaQuest Information Security guidelines. Third-party service providers with which DentaQuest shares data must acknowledge our information security requirements, and we maintain signed agreements that govern the use of data as required by law.

Ensuring Accurate Data

Ensuring DentaQuest provides accurate and complete data to the DHCFP is contingent on properly understanding the requirements of and configure Windward appropriately to meet the requirements of the program. To achieve this for Nevada, we will do several things, including:

- ***Develop requirements***
- ***Design, develop, and test dental benefits configuration***
- ***Load and test provider network demographic and pricing data***
- ***Build and test communications interfaces for data exchange with the DHCFP MMIS and with other agencies as appropriate***

The next section, "Maintaining Our Management Information System," describes our process for making these kinds of system changes using a standard software development life cycle.

Maintaining our Management Information System

Maintaining best-in-class systems is a top priority for DentaQuest. Our infrastructure is fast, scalable, secure, and user friendly. We leverage industry best practices and updated ITS processes and controls to monitor and ensure our capabilities. Evidence for our competency is demonstrated by our recent work relocating our data centers to Phoenix, Arizona, which supports production; and to Waltham, Massachusetts, where we concentrate our development, testing, training, and disaster recovery operations. These new data centers provide us with state-of-the-art facilities and infrastructure. DentaQuest couples the Information Technology Infrastructure Library (ITIL) model to its system development lifecycle practices. For system refresh, we follow processes best practices across the ITIL methodology, focused primarily on the Transition and Operation phases, as depicted in Figure 3.13.B.

Figure 3.13.B ITIL Model and System Refresh

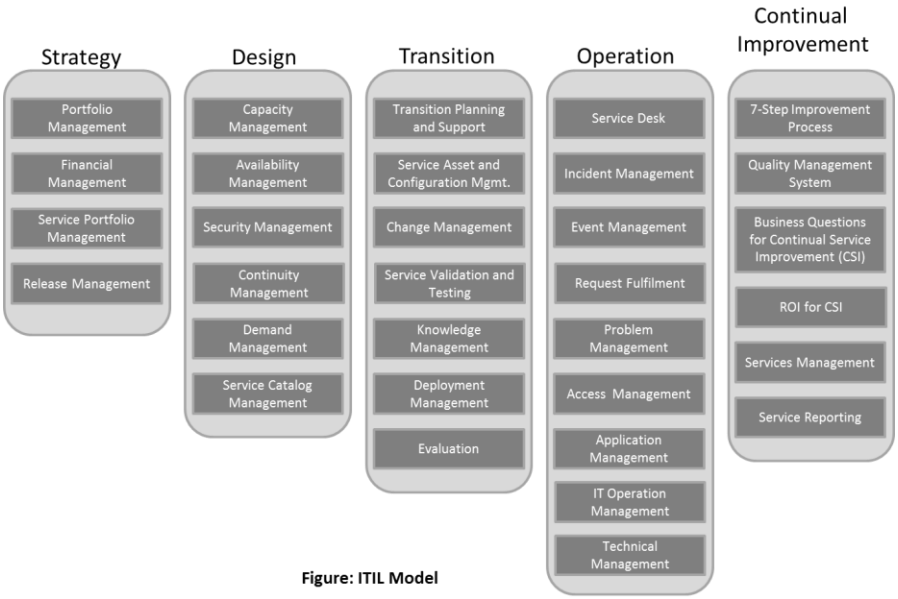


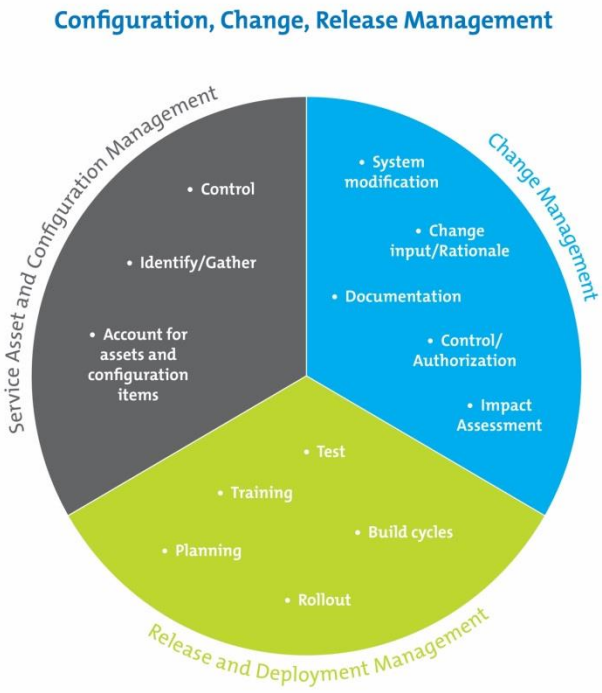
Figure: ITIL Model

System Upgrades and Replacements

DentaQuest follows Release, Configuration, and Change Management practices to maintain up-to-date, scalable platforms and services (Figure 3.13.C):

- ***Service Asset and Configuration Management identifies assets that need to be updated, then approves, coordinates, and implements capabilities to maintain our systems infrastructure.***
- ***Change Management handles addition, modification, or removal of approved/supported system hardware and software, including networks – ensuring that all changes are controlled and implemented with documented, auditable records that identify why the change was made, what change was done, when it was done, and by whom.***
- ***Release and Deployment Management installs new software releases into the service infrastructure, manages the handoff to service operations, and provides suitable training and documentation to support the upgraded (or new) service.***

Figure 3.13.C



System Refresh Process

When we receive a system change request, we document the request and review it to identify gaps between what is requested and current operations. We then do the following:

- ***Create, review, and approve a functional design***
- ***Create a technical specification***
- ***Code and test the change***
- ***Approve test results (once the change passes the user acceptance criteria) and assign the change to a release***

We typically go through a full cycle of testing prior to moving to production. For example, a standard Windward release will have software quality assurance (SQA) Regression testing, SQA testing, user acceptance testing (UAT), and Performance testing completed before approval is granted to release to production. Releases follow ITIL compliance by being represented on the change control board (CAB) for approvals each week.

Regardless of the type of change request, source code for completed changes undergo unit, regression, and system testing. We assign a version number to each change for tracking purposes. After unit testing, we move the code into a test environment and follow a promote-to-production process that has built-in controls for proper release management.

For each change request, we can schedule a readiness review with the DHCFP, if desired. Each review will include documentation and proof of compliance. We would also be pleased to stage a live demonstration of any system change.

DentaQuest makes changes to our system during non-business hours to minimize interruption to operations. Once we promote a change to production, users conduct post-implementation testing to ensure the change was applied correctly in the production environment.

We require approval from the business owner or end-user and the production control staff to confirm the change has been properly implemented. Then, we notify the business owner (listed on the change request form) that the change was moved to production, and the ticket is closed. Our change team publishes all release documentation, making it accessible to our business owners and users.

3.13.3 ELIGIBILITY DATA

DentaQuest's Windward system links records for the same enrolled recipient that is associated with different Medicaid and/or Nevada Check Up identification numbers. Upon receipt of the new file, Windward will automatically compare the following fields to determine if the recipient is already in our system, but under a different identification number:

- ***First name***
- ***Last name***
- ***Date of birth***
- ***Address***
- ***Social security number (if provided)***

If Windward identifies a match, the multiple records will merge to form a single record under the most up-to-date identification number, while ensuring both identification numbers will be searchable.

3.13.4 ENCOUNTER AND CLAIMS RECORDS

As the largest Medicaid dental program administrator in the country, we maintain direct and current data transmissions to eight different state Medicaid Management Information Systems (MMIS). We also routinely prepare encounter data that is compliant with 15 other state systems on behalf of our health plan clients. As a result of this experience, we have the expertise to submit encounter data to the DHCFP for this Contract. Specifically, we have:

- ***The tools and systems necessary to extract claims data and format it into the required HIPAA-compliant 837D format for submission***
- ***Processes to ensure that encounter file processing occurs according to the specified schedule, and that encounter data errors are quickly corrected for resubmission of the files***
- ***Experienced staff who know exactly what to do to process the encounter data***

DENTAQUEST DISTINCTION

DentaQuest is the only dental administrator in the country to reconcile encounter data directly with eight state Medicaid Management Information Systems (MMIS) using a HIPAA-compliant format

We also prepare encounter data that complies with 15 other state MMIS on behalf of our health plan clients.

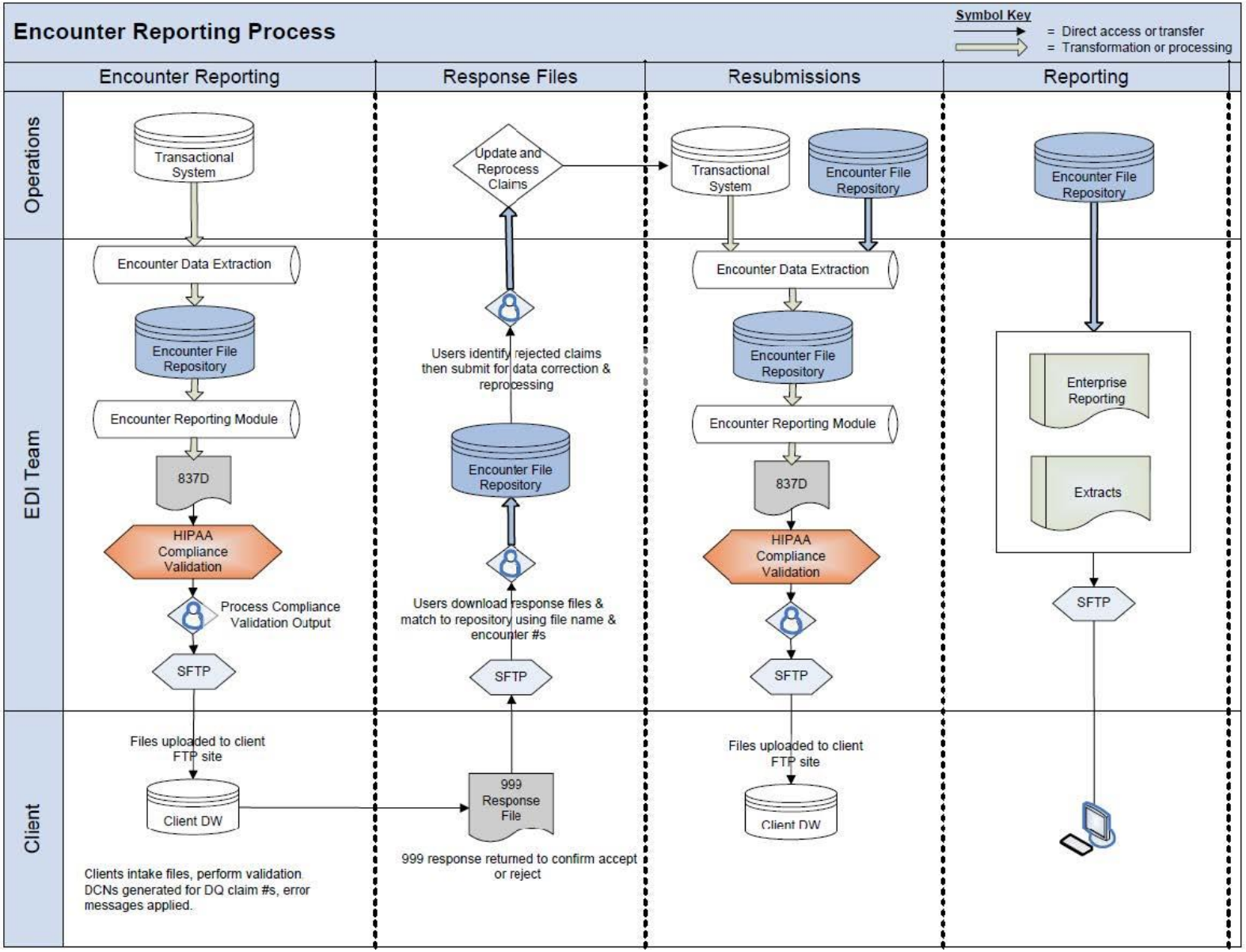
We have 144 encounter data exchanges in production today.

Completing and Maintaining Accurate Encounter Data

During contract implementation, DentaQuest will submit an Encounter Work Plan that will detail the generation, submission, and encounter response file processing and will outline the actions to be employed to evaluate and improve the encounter submission. We will review this work plan at least annually or on a schedule determined jointly with the DHCFP.

See Figure 3.13.D, which shows the process flow diagram for DentaQuest's typical encounter submission process supported by DentaQuest, followed by a narrative description of the process.

Figure 3.13.D DentaQuest's encounter reporting process ensures that we submit accurate and timely encounter data to the DHCFP



To begin, we execute a process that extracts all appropriate data from the transactional systems (primarily the Windward claims processing system) and stages it for encounters. In accordance with the RFP, appropriate data will include the procedure codes, diagnosis codes, provider denied and other codes as directed by the DHCFP. Once all data is staged, the system then converts it to the 837D 5010 format. Upon file creation, the data is then processed for HIPAA validation.

Based on the HIPAA defined standards and Nevada-specific edits, all errors are corrected prior to delivering to the DHCFP. DentaQuest is notified via the validation system if the file has not passed defined standards. If corrections are required, they will be performed, and the data must then be re-checked before submission to the DHCFP MMIS to ensure encounter acceptance. DentaQuest has time built in to our processes to allow for this validation to occur while meeting Nevada MMIS monthly transmission schedule.

We would plan to use Secure File Transfer Protocol with the DHCFP MMIS for transmitting this file, unless otherwise directed. To meet security standards, we require that the DentaQuest access password be updated every 90 days. The encounter file is then compressed using the ZIP format. Upon submission of the encounter file, we send an email notification to both the DHCFP and DentaQuest staff that the file has been posted.

Once the encounter file is submitted, we receive a response file. We can then coordinate with internal teams to take the most appropriate corrective action if any is needed. Our goal is to do all appropriate due diligence prior to submitting an encounter file so that the accuracy level of data transmitted to the Nevada MMIS is consistently high. The encounter response files DentaQuest can process include, for example, 999, 997, 277, 277ca, and 835. Upon receipt of encounter response files, DentaQuest can see the specific services that were accepted, rejected or otherwise flagged by the MMIS and adjust our processes accordingly to ensure that our encounter file submission and subsequent processing is continuously improving and meeting the expectations of the DHCFP. Any encounter data that does not meet quality standards will be corrected and returned within a time period specified by the DHCFP.

Encounter Data Method of Transmission and Submission Schedule

DentaQuest will submit Encounter Data for proper and accurate reporting and must be submitted within 90 calendar days of receipt of encounter, as per RFP Section 3.16.1.4. These transmissions will include all Encounter Data and Encounter Data adjustments we have processed. Our priority in developing our IT solution for successful encounter file delivery and reconciliation for the DHCFP is to ensure that data is submitted within the exact parameters of its requirements.

We will comply with the DHCFP instructions for the method of transmission, submission schedule, and other requirements for submission of encounter data. We will connect with the DHCFP and its statewide network using secure communication transport protocols. For example, depending on the DHCFP's needs, we can use VPN to transfer HIPAA-compliant files to a Secure File Transfer Protocol site or can set up dedicated connections with the DHCFP or its MMIS contractor to facilitate the secure transfer of files. We customize our connection with each client and can support numerous technologies for secure encrypted batch data interchange, such as Connect Direct, Secure FTP, or FTP with PGP file encryption.

During implementation, we will conduct internal testing to validate that our encounter data submissions meet all the DHCFP-specified requirements; we will also participate in a joint Readiness Review process with the DHCFP to ensure that we meet the required accuracy levels.

We have a demonstrated ability to accommodate, incorporate, and test new encounter requirements and formatting and without impact to the services needed by recipients and providers.

3.13.5 DATA REQUIREMENTS AND CERTIFICATION

DentaQuest encounter data includes the data elements in the most current version of HIPAA-compliant 837D Companion Guide and Encounters Submission Guidelines. We can support multiple methods for the exchange encounter information, including proprietary formats and, most commonly, the standard 5010 HIPAA ANSI X12N 837D transaction. We routinely submit encounter data in formats specified in companion guides provided by our clients which outline format, design and submission processes. We will work closely with the DHCFP to capture and implement its 837D 5010 format requirements and ensure accurate encounter data transmissions.

DentaQuest executes a process that extracts all appropriate data from the transactional systems and stages it for encounters. Once all data is staged, the system formats it into the 837D 5010 format. Upon creating the file, the data is processed through for HIPAA validation.

Currently, DentaQuest transmits dental claim encounter information in the 837D format to 50 different states and health plans, eight of which are direct connections to the state's MMIS.

Encounter Data Quality Validation

DentaQuest's Encounter Data quality validation process ensures accurate encounter data submission begins long before encounter processing, when providers submit service data to DentaQuest through a claim. DentaQuest employs specific intake measures and processes within our claims adjudication system, Windward, which interrogates the submitted data. This process reviews the claim for accuracy, duplication, participant eligibility, provider information and participant clinical history. These safeguards ensure that duplicate, erroneous, or otherwise faulty claim submissions are categorized and adjudicated appropriately. They benefit the encounter generation process by providing clean and prepared data, which is the foundation for accurate 837D encounter files submitted back to the State.

Once we begin the encounter submission process, encounter validation inspects the file to ensure it accurately represents the data contained within our system and meets quality standards, HIPAA-defined standards, and DHCFP-specific edits before we transmit the encounters to the DHCFP. During this process, our business intelligence department analyzes any encounter errors, categorizes the encounter file services by error type, and communicates those to the appropriate internal departments (claims, eligibility, network, and credentialing) for corrective action. We then submit the correct encounter file.

Data Certification

DentaQuest's Encounter Data complies 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.

We understand that the data submitted to the state for purposes of determining vendor payments must be certified by one of the following:

- ***DentaQuest's Chief Executive Officer;***
- ***DentaQuest's Chief Financial Officer; or***

- ***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.***

DentaQuest confirms it has read and understands the data certification requirement and agrees to comply with all applicable laws and regulations.

Encounter Data Accuracy

DentaQuest will ensure that at least 95 percent of all encounter data will pass encounter edits within the first six months of submission and 97 percent thereafter. We have a long and strong history in reconciling encounter data and our average acceptance rate exceeds 99 percent.

DentaQuest will ensure accurate exchange of all HIPAA file formats, including encounter data, in several ways:

- ***Conducting internal test cycles during implementation, and correcting any configuration or software errors.***
- ***Completing Readiness Review testing with the DHCFP during implementation, and correcting errors. We will conduct a mutually agreed-upon testing procedure to ensure the encounter data submission process passes all reviews and testing and is certified for production. By conducting this joint testing, we will confirm that the testing has achieved the minimum 95 percent accuracy standard for the first sixth months of the contract.***
- ***Correcting errors discovered during operational submission of encounter data and resubmitting corrected files. We will also conduct root cause analysis of the failures to determine whether another system or process component could be corrected or improved.***

3.13.6 EPSDT TRACKING SYSTEM

Using our HIPAA-compliant Windward system, DentaQuest fully integrates all recipient data to create a unique, trackable, and reportable record for every recipient. This includes the ability to:

- ***Report on preventive treatment due dates***
- ***Identify when recipients received referrals for corrective treatment***
- ***Identify whether treatment was received and the date of service for such services***

Claims data is the primary data source for tracking each recipient's screening, diagnostic and treatment. DentaQuest additionally tracks referrals through its fully integrated customer service management system, which would be cross-referenced with claims data to determine whether treatment was received.

Windward continually monitors utilization of services, which allows us to:

- ***Generate reports on demand to identify recipients due for certain services. These reports are provided to our Outreach Coordinator to initiate outreach efforts to encourage recipients to receive their periodic dental services. Reports are created in a number of formats and include pertinent information, such as the recipient's age, phone number, address, and desired service type (sealants, preventive), allowing us to execute phone or mailing campaigns.***

- ***Generate Preventistry rosters listing all recipients who are due for preventive care and sealants. DentaQuest gives these rosters to all PDCSs every six months, permitting the office to conduct targeted outreach to their DentaQuest patients. See Figure 3.13.E for a sample roster. To learn more about our Preventistry program, please refer to our response for Section 3.8.2.***

- ***Generate DentaQuest's Dental Care Alerts. This functionality will notify our Recipient Services Representatives immediately if they are speaking with Nevada recipients who are due for preventive services and for children ages 6-14 who are due for sealants through a pop-up screen that will appear after validating the recipient. The screenshot in Figure 3.13.F demonstrates the message our RSR would receive.***

Figure 3.13.E Sample Preventistry recipient roster

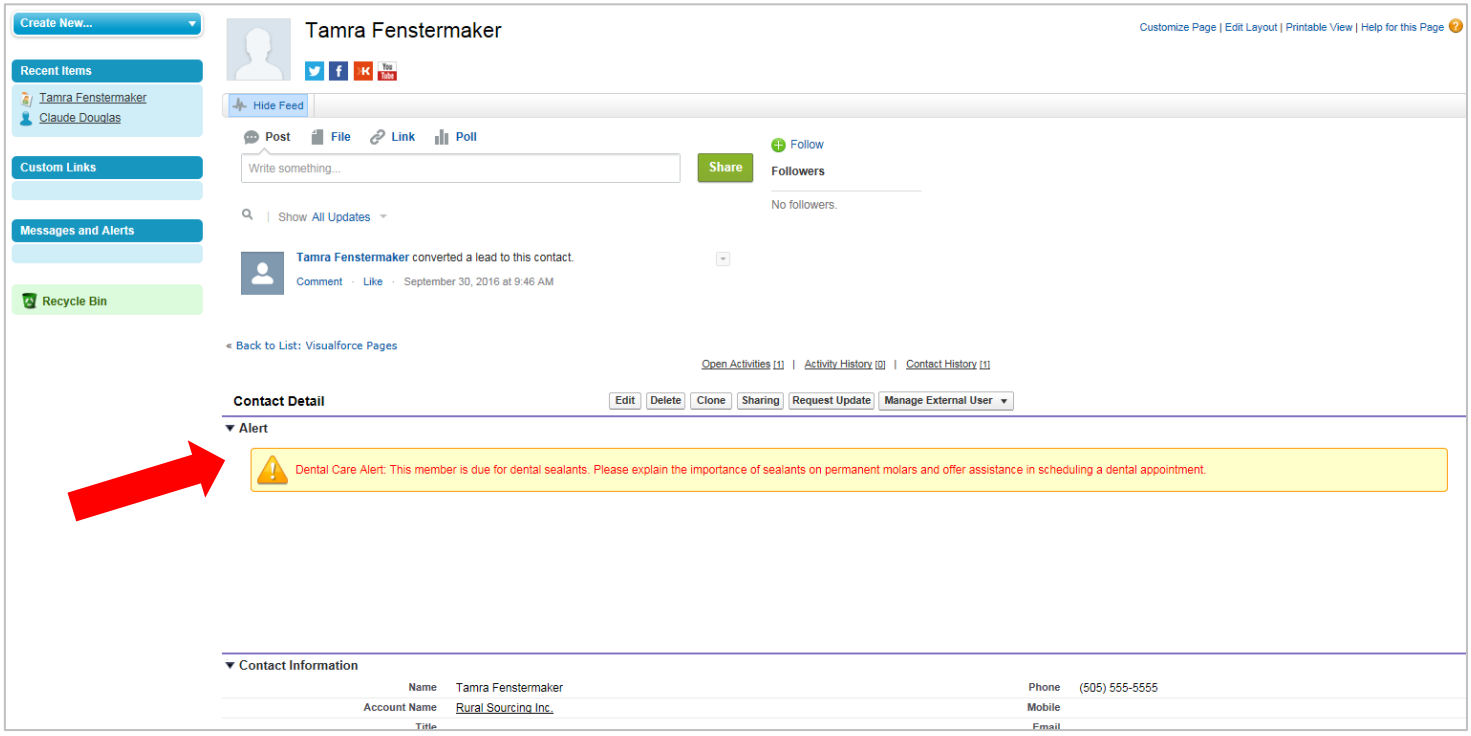


Figure 3.13.F Dental Care Alert message a RSR would see if a recipient is due for specific services.

Upon seeing this message, our highly trained staff would provide a brief overview of the importance of the service the recipient is due to receive. For example, if the recipient were due for a sealant, the RSR would use a DHCFP-approved script developed by our clinical management team to ensure the information is clinically sound and accurate. A sample script follows:

> ***"DentaQuest cares about your child's oral health. I see that <<child's name>> is due for sealants. Sealants are a painless and quick preventive service performed by a dentist that can help reduce your child's chance of getting cavities. The best time for children to receive sealants is when their permanent molars first erupt, which usually happens around ages 6-7 and 12-13. I would be happy to help you set up an appointment to meet with a dentist to discuss this important service for <<child's name>>."***

- ***Generate Provider Performance Report. Dental providers are central to helping us increase utilization of preventive dental services. Giving them consistent feedback on their performance on key dental quality measurements, such as placement of sealants and fluoride treatments, provides actionable data to help increase quality of care and promote better outcomes. We also provide network averages so each provider can see how their performance compares with their peers. See Figure 3.13.G for a sample Provider Performance Report.***

Figure 3.13.G Provider Performance Report helps providers understand their rate of preventive services compared to their peers.

3.14 OPERATIONAL REQUIREMENTS

3.14.1 Dental Director's Office
3.14.2 Dental Director Responsibilities
3.14.3 Vendor Operating Structure and Staffing
3.14.4 Subcontractors
3.14.5 Implementation
3.14.6 Presentation of Findings
3.14.7 Vendor Marketing Materials

3.14.1 DENTAL DIRECTOR'S OFFICE

James Thommes, DDS, Vice President of Clinical Management will serve as the Nevada Dental Director. Dr. Thommes possesses over 30 years of experience and 28 years of experience in the dental insurance arena with a variety of insurance carriers, payment methods and network designs.

Dr. James Thommes, Nevada Dental Director

As a practitioner, he has participated in Fee-For-Service (FFS), capitation and Preferred Provider Organization (PPO) plans. From an administrative perspective, he has designed benefits and processes for each of these plan modalities. This allows for a perspective from both sides of the equations - provider and benefit administrator. These skills not only allow for development of robust plans, but also lead to strengths necessary for the credentialing, peer review and quality committees.

Since 2011, Dr. Thommes has served as DentaQuest's Vice President of Clinical Management, responsible for overseeing all clinical aspects of DentaQuest's utilization management and fraud prevention and recovery departments. He is the final authority on clinical decision-making and chairs several internal committees including peer review, credentialing and quality improvement. He consults with clients and has been instrumental in the development of high-quality, low-cost benefit designs. Licensed to practice in eleven states and a Certified Dental Consultant, Dr. Thommes brings a wealth of knowledge and experience to support the State of Nevada with its dental program.

Dr. Thommes has spearheaded several key initiatives for DentaQuest and clients alike. Among his key accomplishments:

- ***Designing proprietary clinical appropriateness system edits that have saved our clients - and ultimately tax payers - millions of dollars.***
- ***Designing our clinical algorithms to ensure consistent decision making among our Clinical Review Specialists and Dental Directors that review authorization requests.***
- ***Designing our Interrater Reliability Program, which ensures consistent decision making among our Clinical Review Specialists and Dental Directors that review authorization requests.***
- ***Recommending and designing cost effective and appropriate adult Medicaid dental benefit packages on behalf of the states of Illinois and Colorado.***
- ***Leading the effort on an orthodontia cost-reduction strategy in 2011 on behalf of the Texas Health and Human Services Commission. Dr. Thommes, in partnership with our Vice President of Utilization Management Angie Metzger took the lead in developing the criteria and gaining consensus from the other two dental benefit managers. The joint policy was approved by the State and implemented on March 1, 2012. In just 10 months, the cost of orthodontic care***

dropped by 82 percent, while ensuring that recipients could access medically necessary orthodontic care.

Dr. Thommes has been with DentaQuest since 1999 serving the role of Senior Dental Director where he was responsible for authorizing claims based on medical necessity and served on the credentialing and peer review committees. His responsibilities also included interpreting contract designs, establishing fee schedules and participating in provider audits.

3.14.2 DENTAL DIRECTOR RESPONSIBILITIES

As our Vice President of Clinical Management, Dr. Thommes is already responsible for the majority of the functions required under this RFP. We will expand his scope to ensure his role is inclusive of the following:

- ***Serves as co-chairman of DentaQuest's Utilization Management and Quality Assurance Plan committee***
- ***Directs the development and implementation of DentaQuest's Internal Quality Assurance Plan (IQAP) and utilization management activities and monitoring the quality of care that vendor' recipients receive***
- ***Oversees the development and revision of the DentaQuest's clinical care standards and practice guidelines and protocols***
- ***Reviews all potential quality of care problems, and oversees the development, and implementation of, as well as the adherence to, Plans of Correction***
- ***Oversees DentaQuest's referral process for specialty and out-of-network services.***
- ***Oversees DentaQuest's provider recruitment and credentialing activities***
- ***Serves as a liaison between DentaQuest and its providers, communicating regularly with the vendor's providers, including oversight of provider education, in-service training and orientation***
- ***Serves as DentaQuest's consultant to dental staff with regard to referrals, denials, grievances and problems***
- ***Ensures coordination of out-of-network services***
- ***Works with DHCFP regarding utilization review and quality assurance issues.***

Dr. Thommes will be supported by a number of individuals within our organization to ensure DentaQuest meets and exceeds all requirements associated with these responsibilities. For example, he will work closely with the Director of Quality Assurance, Kirsten Scott, RN on all Internal Quality Assurance Programs and initiatives. He will work closely with Noah Lehman our Regional Director of Provider Engagement and the in-state Provider Relations Representatives to facilitate effective provider recruitment efforts and referrals for out-of-network services.

3.14.3 VENDOR OPERATING STRUCTURE AND STAFFING

DentaQuest is committed to developing the best possible dental program for the state of Nevada. Inherent in that effort is an acute understanding of the level of staffing needed to effectively manage the program in accordance with RFP requirements and the high standards that the DHCFP expects and deserves.

We have designed effective and efficient staffing models for the current Medicaid Dental Carve Out Programs we administer across eight states. We have gleaned a number of best practices from this experience that are being channeled into Nevada. The first is to name one primary point of contact for

the state. The second is delineating "teams" with clear roles and responsibilities. The teams hold various levels of authority to make appropriate decisions regarding strategic direction, as well as the day-to-day successful management of the Nevada dental program.

The DHCFP's Primary Point of Contact During On-Going Operations

We will appoint a dedicated full-time Nevada Medicaid/CHIP Operations Manager, who will be housed at our local office. Our interim Nevada Medicaid/CHIP Operations Manager is Aaron Washburn, our Regional Director of Client Engagement. The Operations Manager will ultimately be reporting to Aaron. We are currently recruiting for this position and anticipate having the position filled well in advance of Readiness Review, ensuring the Operations Manager can assist in the implementation efforts.

Nevada Team Structure

The Nevada Medicaid/CHIP Operations Manager will be supported by the following infrastructure:

- ***DentaQuest Executive Leadership Team. This team is comprised of senior level DentaQuest executives empowered to make strategic decisions to ensure program success, which is led by CEO Steve Pollock. In addition to being able to make systemic adjustments to processes, personnel and technology, they will also serve as the issues escalation "authority" by directing cross-functional remedies for any complex challenges that may occur. Other team members include Jim Collins, EVP Operations and CFO; and Dan Sheehan, SVP and Chief Information Officer.***

- ***Local Nevada Team. This team is located in Nevada and is attuned to the key stakeholders in state, namely DHCFP, its recipients and our providers. They are empowered to make the daily decisions necessary to best meet stakeholder needs on the ground. To demonstrate our strong commitment to the state of Nevada, in addition to the Operations Manager, DentaQuest will exceed RFP requirements and hire a full-time dedicated Outreach Coordinator and two full-time Provider Relations Representatives who will round out our Nevada team.***

- ***Operational Leadership Team. This team is comprised of the functional area experts and leaders who are skilled at delivering the operational thresholds outlined in this RFP. This team is considered one of the best in the country when it comes to administering Medicaid dental benefits. The leaders on this team are attuned to managing their functions and staff to ensure all deliverables are met and exceeded in an efficient and effective manner.***

More information on team members in each of these categories is included after our organizational chart.

Organizational Chart

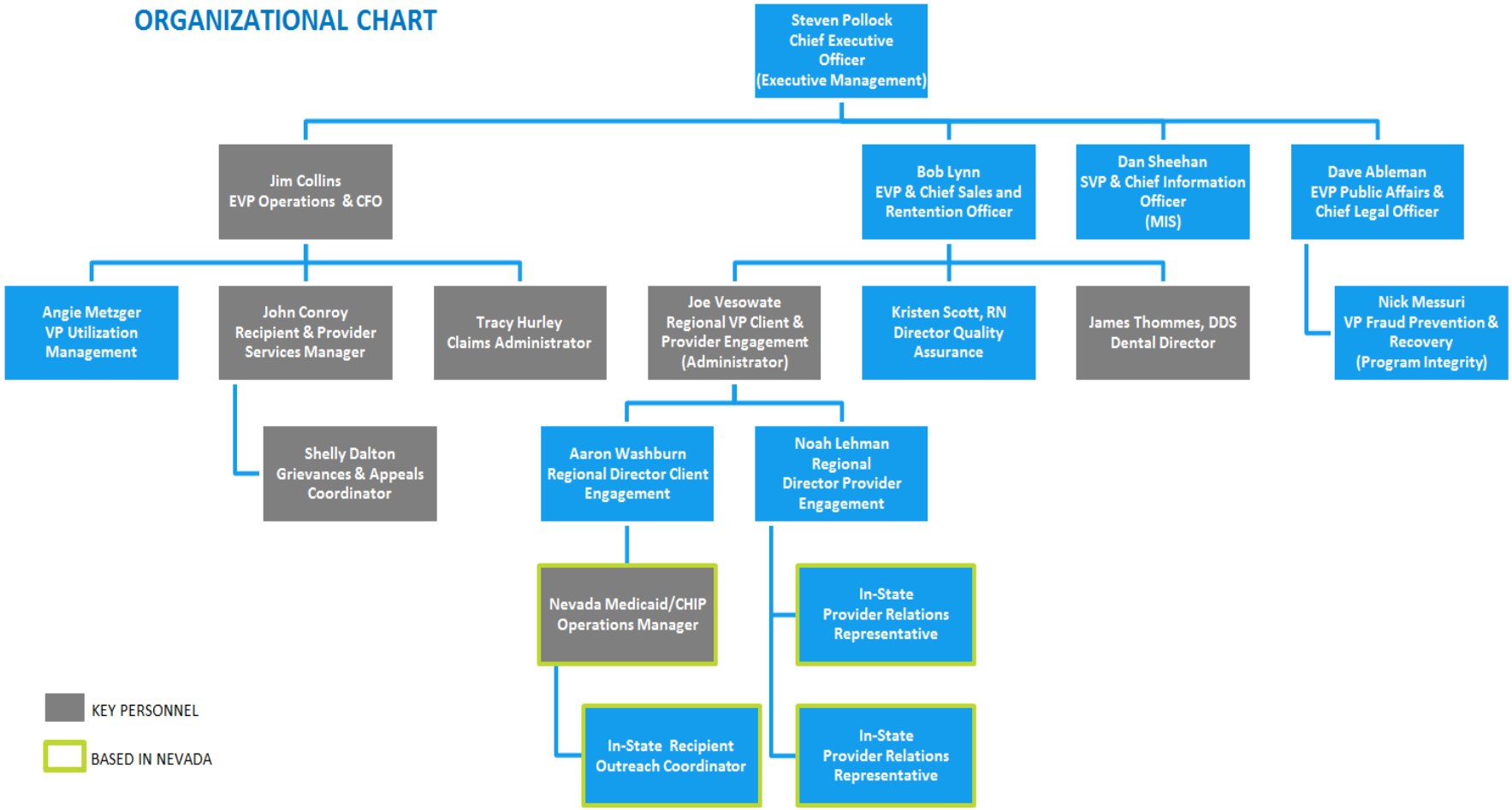
To ensure the DHCFP has complete transparency and understanding of our structure, we will provide the DHCFP with an updated organizational chart, every six months or whenever a significant change in the organization occurs. The organizational chart will depict each functional unit of the organization, 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 will 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 will be shown on the organizational chart. We

understand the State must approve all awarded vendor key staff and reserves the right to require the removal of any member of DentaQuest's staff from the project.

We have included our initial organizational chart in Figure 3.14.A on the next page. Key personnel are denoted by a gray box; in-state staff denoted by a green outlined box.

Figure 3.14.A

DENTAQUEST'S PROPOSED NEVADA ORGANIZATIONAL CHART



DentaQuest's Experienced Nevada Team

DentaQuest has the organizational, management and administrative systems capable of fulfilling all contract requirements. To demonstrate our depth and breadth of our personnel, we have included to required resumes, located in our response to Section 4.4 for our proposed staff for those roles identified in Section 3.14.3.2 and the key personnel identified in Section 3.14.3.3. We have also included brief biographies for each team member below. A gray box indicates the staff will serve as key personnel, subject to the DHCFP's approval.

Steve Pollock, President and CEO

Fulfills RFP Requirement 3.14.3.2.A – Executive Management

Steve was appointed as the company's President and Chief Executive Officer (CEO) effective April 1, 2015. This appointment came after serving as the company's Chief Operating Officer since 2011, and with responsibility for all business segments of DentaQuest, leading the company's growth in an evolving and complex health care market during the implementation of the Patient Protection and Affordable Care Act. Before this, Steve served in several roles, including Executive Vice President, Vice President of Market Development, and General Counsel.

Steve was instrumental in winning Medicaid contracts with nine state agencies and led DentaQuest's business transformation to increase electronic transactions and implement a new operating system. Steve holds a Juris Doctorate from the University of Wisconsin-Madison and a Bachelor's degree from the University of Wisconsin-Whitewater. He is also a Certified Public Accountant.

Aaron Washburn, Regional Director of Client Engagement

Fulfills RFP Requirements 3.14.3.2.B – Operations Manager and 3.14.3.3.H Nevada Operations Manager

As previously noted, DentaQuest is currently recruiting qualified candidates for this role. Aaron Washburn, our Regional Director of Client Engagement will serve as the interim Nevada Medicaid/CHIP Operations Manager. This role will ultimately report to Aaron.

Aaron has been with DentaQuest since 2013, and currently serves as the Regional Director of Client Engagement, responsible for managing all client relations activities for DentaQuest's Midwest/West Region. Aaron has a diverse background, including experience in multiple states, in Medicaid and Medicare programs, and on the government, provider and insurance sides.

Jim Collins, EVP Operations and Chief Financial Officer

Fulfills RFP Requirements 3.14.3.2.C – Accounting and Budgeting and 3.14.3.3.B – Chief Financial Officer

As Chief Financial Officer, Jim has direct supervisory responsibility for all personnel performing financial functions required for fulfillment of the Contract. This includes oversight for financial reporting, budgeting, financial planning and analysis, capital planning, bank relations, auditing, and underwriting. As EVP, Operations, Jim also oversees customer service, operations, and Utilization Management. Given his role, Jim is closely involved with nearly every aspect and department at DentaQuest. He is a thought leader in the finance space, and he has extensive experience communicating complex financial concepts to a broad audience base.

Jim acutely understands the importance of maintaining strong relationships with clients, and he emphasizes a business model that is predicated upon open communication and flow of information. Some of the most important financial decisions at DentaQuest flow through his office, and he strives to ensure that clients are well served and that true value is delivered.

James Thommes, DDS, VP Clinical Management (Nevada Dental Director)

Fulfills RFP Requirements 3.14.3.2.D – Dental Director's Office and 3.14.3.3.C – Dental Director

James Thommes, DDS, Vice President of Clinical Management will serve as the Nevada Dental Director. Dr. Thommes possesses over 30 years of experience and 28 years of experience in the dental insurance arena with a variety of insurance carriers, payment methods and network designs.

As a practitioner, he has participated in Fee-For-Service (FFS), capitation and Preferred Provider Organization (PPO) plans. From an administrative perspective, he has designed benefits and processes for each of these plan modalities. This allows for a perspective from both sides of the equations - provider and benefit administrator. These skills not only allow for development of robust plans, but also lead to strengths necessary for the credentialing, peer review and quality committees.

Since 2011, Dr. Thommes has served as DentaQuest's Vice President of Clinical Management, responsible for overseeing all clinical aspects of DentaQuest's utilization management and utilization review departments. He is the final authority on clinical decision-making and chairs committees including peer reviews, credentialing and quality improvement. He consults with clients and has been instrument in the development of high-quality, low-cost benefit designs. Licensed to practice in eleven states and a Certified Dental Consultant, Dr. Thommes brings a wealth of knowledge and experience to support the State of Nevada with its dental program.

Kristen Scott, RN, Director Quality Assurance

Fulfills RFP Requirement 3.14.3.2.E – Dental Management (Quality Assurance)

Kristen is a goal-driven, versatile, and compassionate professional, offering extensive experience in diverse areas of the healthcare industry, including outpatient, inpatient, and managed care. She is knowledgeable of all facets of health program development, direct patient care, Six Sigma/Rapid Cycle Improvements, health services, strategic protocol development, and staff coordination. Kristen is adept at implementing initiatives and improvements to effectively manage and promote health. She is known for leading the improvement of metrics indicative of optimal health and evidence-based medicine. Kristen is armed with strong communication, organizational, problem-solving, and interpersonal skills.

Kristen works hand-in-hand with our Nevada Dental Director to effective manage all Internal Quality Assurance Programs to meet NCQA, state and federal requirements.

Kristen has 11 years of quality experience and nine years' experience of direct patient care as a registered nurse.

Angie Metzger, VP Utilization Management

Fulfills RFP Requirement 3.14.3.2.E – Dental Management (Utilization Review)

Angie has been with DentaQuest for more than 15 years, during which time, she has held a series of positions with increasing responsibility. As Vice President of Utilization Management, she oversees decisions related to authorizations and clinical appeals, and she works diligently to ensure that all authorizations, complaints, grievances, appeals, and associated correspondence comply with all state and federal regulations.

Having served in a Utilization Management role for over a decade, Angie is familiar with all aspects of this important quality control process. Her overarching objective is to deliver true value to the DHCFP through streamlined processes and clear quality assurance. To achieve this objective, Angie sets clear departmental goals to accommodate and live up to Nevada's expectations and contractual requirements.

John Conroy, Recipient and Provider Services Manager

Fulfills RFP Requirements 3.14.3.2.F – Recipient Services, 3.14.3.2.G – Provider Services, 3.13.3.3.D – Recipient Services Manager and 3.14.3.3.E Provider Services Manager

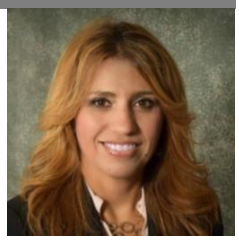
John has a strong background in operations management, expense management, and call center customer service delivery. His additional experiences include client management, workflow, workforce planning, and Six Sigma process improvement. John has a proven track record of marshaling resources to address business problems and improve business results.

As the Recipient and Provider Services Manager, John's experience and accomplishments delivering customer service for 30+ years will be an asset to Nevada. He currently oversees over 375 team members providing comprehensive customer service and appeal and grievance resolutions for 20 million recipients and 40,000 providers.

John earned his Master's degree in Business Administration from Pace University and his Bachelor of Arts from Fordham University.

Shelly Dalton, Grievances and Appeals Coordinator

Fulfills RFP Requirements 3.14.3.2.H – Grievances, Appeals and Fair Hearings and 3.14.3.3.F – Grievance and Appeals Coordinator



Shelly is a versatile bilingual management professional with 20 years of multi-site, large scale operations management experience and team development. Her background and experience in health care management touches all aspects ranging from managing and adjudicating grievance, appeals and requests for fair hearings to managing compliance, quality, training and operations support and managing claims and customer services.

In her role as the Grievances and Appeals Coordinator, Shelly manages the team responsible for responding to all recipient and provider grievances, appeals, complaints and fair hearings. Shelly will establish defined processed and procedures to ensure all RFP requirements pertaining to this key area of program management are tailored to meet the exact needs of Nevada.

Tracy Hurley, Claims Administrator

Fulfills RFP requirements 3.14.3.2.I – Claims Processing and 3.14.3.3.G – Claims Administrator

With over a decade's worth of claims processing experience, Tracy effectively leads DentaQuest's claims operations, overseeing the processing of an average of 23 million dental claims per year. She is responsible for managing all claims payment functions, overseeing the team that conducts end-to-end claim payment, including claim payment process, claim payment data, claim payment solutions, cross departmental management, and research of payment files.

Tracy has a strong background in process improvement, having served as our Director of Business Optimization for several years prior to her existing role. In this role, she led a team of analysts tasked with identifying and implementing process improvement and operational efficiency opportunities, coordinating and conducting new system functionality user acceptance testing and ensuring operational readiness for technology solutions.

Dan Sheehan, SVP and Chief Information Officer

Fulfills RFP requirement 3.14.3.2.J – Management Information Systems

Dan is the Senior Vice President and Chief Information Officer of DentaQuest, leading its technology organization and contributing to all aspects of the business operating plan with integration of information technology plans and the execution. He is responsible for all IT functions including strategic planning, technology infrastructure enterprise architecture and enterprise program management.

With over 28 years of leadership and management experience of large and mid-sized IT organizations, Dan is adept at delivering performance to customer expectation in demanding and dynamic internal and customer-facing growth environments. He is a leader who can develop the right plan, deliverables and objectives, sets high expectations and then delivers better, faster and cost effective solutions focusing on three key elements: people, process and technology utilizing these to realize results and operational excellence.

Nick Messuri, JD, Vice President Fraud Prevention and Recovery

Fulfills RFP requirement 3.14.3.2.K – Program Integrity

Nick is responsible for the strategy, engineering, development, implementation and oversight of DentaQuest's fraud, waste and abuse prevention and recovery programs, ensuring compliance with relevant state and federal regulatory requirements and driving overall efforts to meet legal and contractual obligations, manage organizational risk and control costs.

Nick is a proven collaborator and a former health care fraud prosecutor and served as Chief of the Massachusetts Attorney General's Office Medicaid Fraud Control Unit for a 10-year period. He is past President of the National Association of Medicaid Fraud Control Units and past Chair of the state Attorneys General Multistate False Act Committee.

CMS appointed Nick as the first Chair of their National Health Care Fraud Prevention Partnership Information Sharing Committee. Currently he serves as Board Chair of the National Health Care Anti-Fraud Association, in which private commercial health insurers and federal and state law enforcement and regulatory agencies work together and share anti-fraud information.

As a result of Nick's relationships and experiences, DentaQuest is uniquely situated to be at the forefront of identifying trends and dynamics that other governments and organizations want to know about, and then assisting, supporting, and working collaboratively with investigations and prosecutions of fraud, waste, and abuse.

Joe Vesowate, Regional Vice President Client and Provider Engagement

Fulfills RFP requirement 3.14.3.3.A – Administrator

Joe is an executive leader with 33 years of experience in program operations, finance, accounting, policy development, legislative process and quality assurance. As DentaQuest's Regional Vice President of Client and Provider Engagement, Joe oversees operations in 13 states, providing strategic leadership and supporting the needs of clients, recipents providers. The local Nevada team will report to Joe.

Prior to joining DentaQuest, Joe served as the Director of Medicaid/CHIP Managed Care Operations for the Texas Health and Human Services Commission. In this position, Joe was responsible for the strategic and day-to-day management of 25 managed care vendors providing comprehensive health care services for 3.5 million Medicaid and CHIP members.

Joe is also an experienced financial manager, having overseen program budgets up to $16 billion annually. He has developed long and short-term plans to generate revenue, improve cash flow and reduce costs. He also has experience working with legislators, business and agency executives and other stakeholders to develop agency budget requests. Joe has a strong understanding of actuarial rate setting for risk-based managed health care contracts. He is both a Certified Public Accountant and Certified Internal Auditor.

Noah Lehman, Regional Director Provider Engagement

DentaQuest firmly believes that establishing relationships with the dental provider community through one-to-one interfaces is key to ensuring provider engagement and retention. That is why DentaQuest is dedicating two full time, in-state Provider Relations Representatives to the Nevada program. These individuals will be managed by, Noah Lehman our experienced Regional Director of Provider Engagement.

Based in Idaho, and with over a decade's worth of experience at DentaQuest, Noah has extensive experience building and managing dental provider networks with similar challenges to Nevada. He led DentaQuest's efforts to recruit a compliant and high-performing Medicaid network in Idaho and supports our networks in other states including Arizona and New Mexico.

In addition to overseeing our in-state Nevada Provider Relations Representatives, Noah will assist our Nevada Dental Director with provider recruitment, training and retention efforts.

3.14.4 SUBCONTRACTORS

DentaQuest understands that in some cases, the use of subcontractors can benefit the services we provide to the Nevada dental program, its recipients, and our providers. Our key to success is ensuring that all services performed by third-party vendors meet or exceed our own service levels and that the use of subcontractors is invisible to these constituents.

In any subcontractor arrangement, we ensure all subcontracts fulfill the requirements of 42 CFR 438 that are appropriate to the service or activity delegated under the subcontract. It is DentaQuest's best practice to retain internal control over key administrative functions such as utilization review, quality assurance, recipient services and claims processing; therefore, we do not plan to subcontract any of those services for this Contract.

DentaQuest proposes using the subcontractors outlined in Figure 3.14.B, pending approval by the DHCFP.

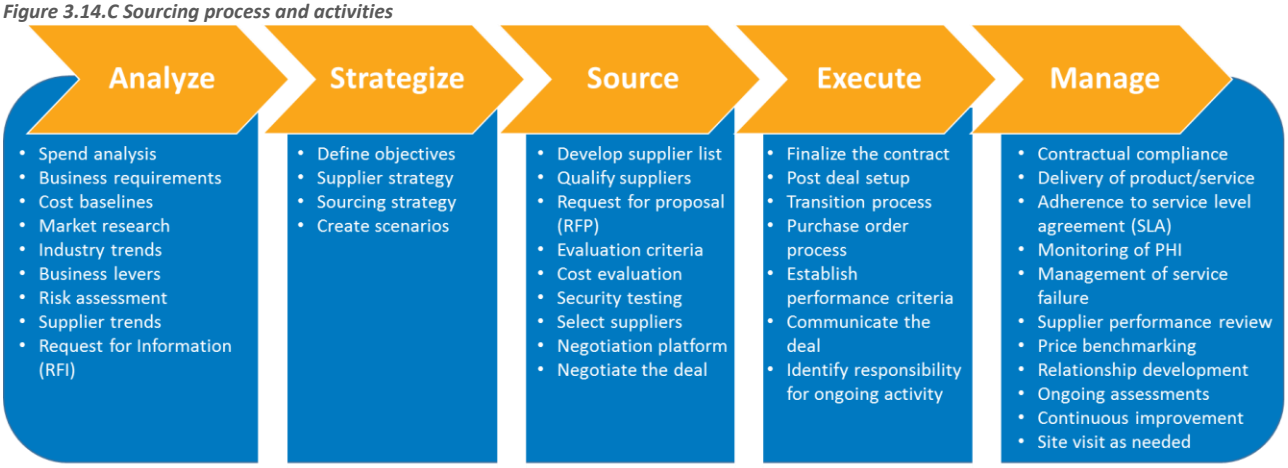
Figure 3.14.B Proposed subcontractors to be used in for the Nevada Dental Program

Subcontractor	*Tasks Provided*	*Additional Information*
Cathedral Corporation	*Printing and mailing of provider checks and EOBs*	*DentaQuest has used this subcontractor for 17 years*
Certified Languages International	*Live translation assistance for recipients*	*DentaQuest has used this subcontractor for 10 years*
SourceHov(Banctec)	*Data capture and data verification of dental claim forms*	*DentaQuest has used this subcontractor for 7 years*

All proposed subcontractors have been vetted by DentaQuest's Procurement Department through a five-stage sourcing process (Figure 3.14.C). Each stage has specific activities that assist in narrowing the selection process.

- ***Analyze – Build understanding and align stakeholders***
- ***Strategize – Formulate strategies and techniques***
- ***Source – Create competition and select the best subcontractor***
- ***Execute – Rollout the deal and manage the transaction***
- ***Manage – Measure, improve and monitor***

Figure 3.14.C Sourcing process and activities



Ensuring Performance Excellence and Compliance through Oversight

DentaQuest follows established processes to select and manage subcontractors. It is based on a three-part process inclusive of:

- ***Procurement Department processes.*** ***Headed by Beth Llewellyn-Lavoie, Vice President of Real Estate and Procurement, the Procurement Department identifies potential subcontractors, investigates and vets them, and moves them through the appropriate legal paperwork.***
- ***Functional Manager Oversight.*** ***Functional managers are responsible for the day-to-day oversight of deliverables performed by the subcontractor.***
- ***Subcontractor Oversight Subcommittee.*** ***As part of DentaQuest's overall Quality Management Program, this subcommittee serves as an additional check and interdisciplinary forum to monitor and evaluate subcontractors.***

DentaQuest's subcontractor management approach ensures that we apply a consistent, structured, and objective process for sourcing activities. It also provides processes, tools, and resources that enable DentaQuest to obtain the best overall value and mitigate any major risks. From a high level, the coordination, management, and monitoring of the subcontractors are handled as follows in Figure 3.14.D.

Figure 3.14.D Subcontractor management

Subcontractor Process Step	Supporting Mechanism
Sourcing	• Procurement Department processes
Operations Onboarding	• Procurement Department processes
Risk Management	• Procurement Department processes
Review and Assessment	• Procurement Department processes • Functional Manager oversight • Subcontractor Oversight Committee
Termination	• Procurement Department processes

Operations Onboarding Process for Subcontractors

DentaQuest subcontractors must adhere to a set of policies and guidelines governing their relationship to DentaQuest and the terms of their contract. Documents representing these items are

signed during the contracting process. All policies and procedures are coordinated and managed by the DentaQuest Procurement team lead. Compliance of each DentaQuest and subcontractor relationship is monitored on at least a monthly basis. DentaQuest's Procurement team is responsible for evaluating and approving all subcontractor relationships at all stages of the life cycle. DentaQuest is committed to working with the highest quality and most ethical suppliers.

DentaQuest expects its subcontractors to comply with general expectations, such as a code of ethical behavior similar to DentaQuest's employee code of conduct. We also expect the subcontractors to inform us of significant changes (mergers, acquisitions, sales) that impact teams or operation of services under contract. DentaQuest requires its subcontractors to supply written policies and procedures that provide protection for associates, subcontractors, and providers who report suspected fraud, waste or abuse. DentaQuest and subcontractors must adhere to these expectations as part of the daily management of work.

Risk Management Process for Subcontractors

DentaQuest evaluates existing contracts on at least an annual basis to assure that all standards are met. Risk management standards are followed in order to mitigate risks through these guidelines:

- ***Subcontractors must conduct criminal and Office of Inspector General (OIG) background checks on employees that provide on-site services to DentaQuest or have access to DentaQuest confidential information or systems***
- ***Subcontractors who have access to PHI, Personally Identifiable Information (PII), or private company information must also:***
    - ***Sign DentaQuest's Business Associate Agreement, accepting unlimited liability for breaches of information***
    - ***Have a fully executed NDA or contract before data or sensitive information is exchanged***
    - ***Comply with all applicable federal and state data privacy laws***
    - ***Undergo an annual reassessment and audit of controls by a third party of its general IT Security controls***
    - ***Provide evidence of security controls, including vulnerability and penetration testing***
    - ***Immediately notify DentaQuest in the event of a security or data breach***
    - ***Ensure proper handling and disposal of sensitive corporate information, including PHI and PII***
- ***All subcontractors must provide evidence of appropriate insurance coverage***
- ***Subcontractors must conform to the DentaQuest Subcontractor Travel and Expense Policy***
- ***DentaQuest reserves the right to conduct periodic audits of all records related to services, as deemed necessary***

Review and Assessment Process for Subcontractors

Three groups with the DentaQuest enterprise review and assess subcontractors. Collaboration between these three groups provides subcontractors with a clear definition of expectations and measures of performance against mutually agreed-upon standards:

- ***Procurement Department.*** ***Headed by Beth Llewellyn-Lavoie, Vice President of Real Estate and Procurement, the Procurement Department identifies potential subcontractors, investigates and vets them, and moves them through the appropriate legal paperwork.***

- ***Functional Managers.*** ***Functional managers are responsible for the day-to-day oversight of deliverables performed by the subcontractor.***
- ***Subcontractor Oversight Subcommittee.*** ***As part of the overall IQAP, this subcommittee serves as an additional check and interdisciplinary forum to monitor and evaluate subcontractors.***

A subcontractor performance review process may be conducted to ensure that product/service commitments outlined in agreements are being fulfilled in a satisfactory manner. Figure 3.14.E outlines the process for an annual subcontractor performance review. The status of all performance metrics is reported into the Subcontractor Oversight Committee.

Figure 3.14.E

Annual Subcontractor Performance Review Process

1

The subcontractor should be notified of the frequency of the performance reviews, and the manner in which failure to meet established performance ratings will be handled.

2

Sources for feedback may be account representation, ongoing quality, continuous improvement, pricing, vendor performance and other performance indicators.

3

Frequency of performance reviews will vary dependent upon the program, subcontractor level of performance and longevity of subcontractor's service to DentaQuest and program complexity.

4

The Procurement Team appoints a lead to conduct an internal review session with its business partner to gather input in order for subcontractor management to generate a formal written review.

5

The Procurement Team lead will conduct the subcontractor performance review meeting in conjunction with its business partner. This lead will advise all parties that DentaQuest must speak to the subcontractor in one voice, and any comments they make must be within the parameters of what was discussed at the internal review session.

6

After the subcontractor performance review meeting, the Procurement Team Lead will in a timely manner publish results of the meeting and distribute them to subcontractor management, business partners, those who provided inputs and other interested parties. In cases of severe performance issues, the consequences of failure to take corrective action must be clearly stated. The subcontractor will be notified that they will be expected to take corrective action to remedy the poor performance and respond back to DentaQuest within a predetermined timeframe indicating what corrective action has been taken.

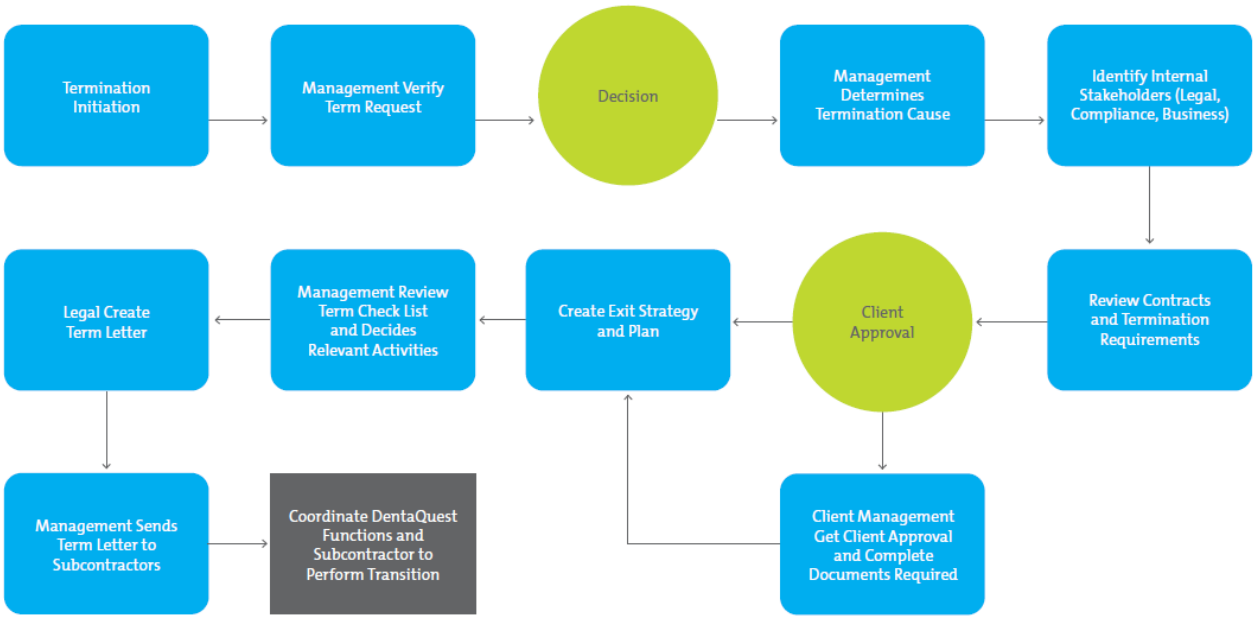
Addressing Issues: Corrective Action and Termination Process for Subcontractors

If, at any point during the contract, it is determined that a corrective action is needed, subcontractors are notified of the corrective action via a meeting and written communications. The subcontractor is required to attend the meeting and then respond, within a predetermined timeframe, with a written "get well" action plan they will take or have taken. Follow-up meetings will be scheduled, as necessary, until all unsatisfactory issues are corrected. The management team monitors progress of required corrections.

If required actions are not taken in a timely manner, a subcontractor's engagement could be terminated. DentaQuest will utilize the procedures detailed in Figure 3.14.F terminating a subcontractor's engagement.

Figure 3.14.F

Subcontractor Termination Process and Checklist



DentaQuest Termination Checklist and Activities

- Inventory
- Ownership of Materials
- Licensing
- Return or Destruction of Data and/or Equipment
- Knowledge Transfer
- Diversity Requirements
- Lease (Property, Equipment)
- Alternative Subcontractor Identified
- Short Term Impact on Business
- Cost/Expense Associated with the Termination
- Label/Mark Subcontractor in Oracle System
- Review Work-in-Process, Credit or Discount and Warranties

DentaQuest will notify the DHCFP, in writing, immediately upon notifying any material subcontractor of DentaQuest's intention to terminate any such subcontract. Additionally, within 35 calendar days of the date of request, DentaQuest agrees to provide full and complete information about the ownership of any subcontractor with whom DentaQuest 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. We understand that failure to timely comply with the request will result in withholding of payment by the State.

Provider Subcontracts

DentaQuest will draft a customized Provider Contract specifically to meet the requirements set forth in this RFP and additional stipulations as required by the DHCFP. Additionally, our Provider Contract will comply with all applicable federal and state laws, regulations, and requirements.

DentaQuest's Legal and Compliance department will draft the Provider Contract for Nevada; it is through this Contract we set our expectations and policy requirements for willing participating providers. We will submit a copy of our Provider Contract for review during Readiness Review, at request of the DHCFP or for any substantive revisions thereafter to the DHCFP for review and approval as required.

We understand that in the event any network provider or subcontractor is determined not to meet federal requirements and results in a federal disallowance of federal funds, DentaQuest will be financially responsible to refund the amount of the federal disallowance and the corresponding state share to DHCFP. We further understand that 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.

3.14.5 IMPLEMENTATION

As the industry leader in managing large and complex Medicaid dental programs, DentaQuest has extensive program implementation and readiness review experience. Although we will draw from our standard proven process, we are tailoring our implementation process to the specific requirements and timelines detailed in the RFP for Nevada. We will work with the DHCFP as we refine and finalize our specific implementation processes and procedures to meet the requirements of this RFP and to set up operations that will best serve Nevada's providers and recipients.

Our New Business Implementation (NBI) Department will oversee the implementation of the Nevada Dental Program, using a cross-functional approach. This means we work with Subject Matter Experts (SMEs) from across each operational department during implementation to ensure that all aspects of the project are inventoried, tracked, and managed to ensure the highest degree of quality. The NBI department provides oversight and a dedicated project manager oversees the day-to-day aspects of the program implementation.

Kim Nunes, Director of New Business Strategy and Implementations, and her team of six NBI project managers collectively have over 20 years of implementation experience, and have successfully implemented over 500 client programs. This team manages implementations of every size, from startup programs to large, established health plans. We are confident that their experience will lead to a seamless and effective transition in Nevada. For example, in April 2016, we successfully implemented a 300,000-recipient Medicaid program. We surveyed the client following this implementation, and the client reported that they were "completely satisfied" with our implementation efforts. "Completely satisfied" is the highest score available.

Detailed Work Plan and Timeline

DentaQuest will develop and submit to DHCFP for approval, no later than one 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.

DentaQuest uses Microsoft Office Project, an industry-standard project management tool to develop its work plan, ensuring we manage project tasks, timelines, deadlines, and resources. Figure 3.14.G provides a sample implementation work plan in a gantt chart format produced using Microsoft Office Project.

We will provide DHCFP with updates to the initial work plan and timeline, identifying adjustments that have been made to either, and describing DentaQuest's current state of readiness to perform all Contract obligations.

Figure 3.14.G Sample implementation work plan

DRAFT — DentaQuest Implementation — DRAFT

ID	% Complete	Task Name	Duration	Start	Finish	Resource Names
1	0%	Project start date	1 day	Tue 1/3/17	Tue 1/3/17	DQ Client Engagement
2	0%	Go live date	1 day	Sat 7/1/17	Sat 7/1/17	DQ Client Engagement
3	**0%**	**Initiation**	**17 days**	**Tue 1/3/17**	**Wed 1/25/17**	
4	0%	Communicate draft contract available for SME review	1 day	Wed 1/18/17	Wed 1/18/17	DQ Client Engagement
5	**0%**	**Project preparation/initiation**	**5 days**	**Tue 1/3/17**	**Mon 1/9/17**	
6	0%	Secure internal functional area resources	5 days	Tue 1/3/17	Mon 1/9/17	DQ NBI PM
7	0%	SOW session conducted	5 days	Tue 1/3/17	Mon 1/9/17	DQ NBI PM/DQ Client Engagement
8	0%	Internal kickoff	1 day	Tue 1/17/17	Tue 1/17/17	DQ NBI PM
9	0%	Client intitation	6 days	Wed 1/18/17	Wed 1/25/17	DQ NBI PM
10	0%	Client kickoff meeting	1 day	Wed 1/18/17	Wed 1/18/17	DQ NBI PM
11	0%	Establish weekly client implementation meetings schedule	5 days	Wed 1/18/17	Tue 1/24/17	DQ NBI PM
12	0%	Exchange key contact list between both organizations	5 days	Wed 1/18/17	Tue 1/24/17	DQ NBI PM
13	0%	Confirm if pre-delegation audit is required	5 days	Wed 1/18/17	Tue 1/24/17	DQ Client Engagement
14	0%	Provide implementation project plan	1 day	Wed 1/25/17	Wed 1/25/17	DQ NBI PM
15	0%	Initiation complete	0 days	Wed 1/25/17	Wed 1/25/17	
16	**0%**	**Requirements gathering**	**110 days**	**Wed 1/4/17**	**Tue 6/6/17**	
17	**0%**	**Master Client Requirement Documents/benefits**	**13 days**	**Thu 1/26/17**	**Mon 2/13/17**	
18	0%	Internal benefit review	1 day	Thu 1/26/17	Thu 1/26/17	DQ Client Engagement
19	0%	Submit benefit document to client for review	1 day	Fri 1/27/17	Fri 1/27/17	DQ Client Engagement
20	0%	Client focus group meeting	1 day	Mon 2/6/17	Mon 2/6/17	DQ Client Engagement
21	0%	Client approval of benefits	5 days	Tue 2/7/17	Mon 2/13/17	Client
22	0%	Initial Master Client Requirement Documents complete	0 days	Mon 2/20/17	Mon 2/20/17	DQ Client Engagement
23	0%	Final revisions to Master Client Requirement Documents complete	0 days	Tue 3/7/17	Tue 3/7/17	DQ Client Engagement
24	**0%**	**Quality/audit/staffing**	**1 day**	**Wed 2/8/17**	**Wed 2/8/17**	
25	0%	Confirm audit dates & scope	1 day	Wed 2/8/17	Wed 2/8/17	DQ Compliance
26	**0%**	**Provider/Client portals**	**2 days**	**Thu 2/9/17**	**Fri 2/10/17**	
27	0%	Confirm if provider portal is required	1 day	Thu 2/9/17	Thu 2/9/17	DQ Client Engagement/Sales
28	0%	Submit ticket(s) for portal/Find A Dentist creation	1 day	Fri 2/10/17	Fri 2/10/17	DQ Client Engagement
29	0%	Portal requirements complete	0 days	Fri 2/10/17	Fri 2/10/17	

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Until the service start date, DentaQuest will provide biweekly written updates to the work plan and timeline, and thereafter as often as the DHCFP determines necessary.

Our work plan will account for the following requirements:

- ***Beginning no later than 60 calendar days prior to the service start date, DentaQuest will implement procedures necessary to obtain executed subcontracts and Medicaid provider agreements with a sufficient number of providers to ensure satisfactory coverage of initial enrollments. We understand 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.***
- ***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.***
- ***Ensure that there is no interruption of covered services to enrolled recipients and work cooperatively with the DHCFP to meet these requirements.***
- ***Ensure that a toll-free telephone number is in operation at DentaQuest'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.***
- ***Establish and implement enrollment procedures and maintain applicable enrolled recipient data.***
- ***Establish its provider network and maintain existing provider agreements with such providers.***

Implementation Lifecycle

The DentaQuest Implementation Lifecycle is broken down into two parallel tracks: the Technical Track and the Operational Track.

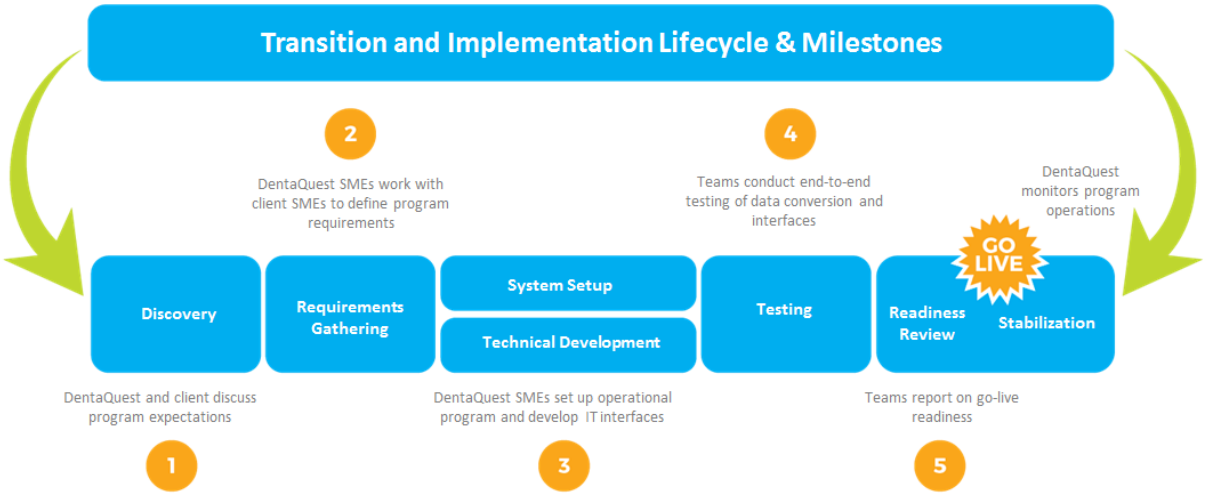
- ***The Technical Track focuses on the development of data exchange interfaces, the conversion of program data, and integrated systems testing in order to ensure a robust, agile, and fluid systems connection between the DHCFP and DentaQuest.***

- ***The Operational Track centers on the accurate and complete setup of the Nevada dental program within the DentaQuest system, and addresses dental program-supporting operations such as Claims Processing, Reporting, and Recipient Services.***

A high-level overview of our Transition and Implementation Lifecycle is illustrated in Figure 3.14.H, and is described in the narrative that follows:

Figure 3.14.H

IMPLEMENTATION PROCESS: LIFECYCLE & MILESTONES



Discovery and Requirements Gathering: ***Operational program standards are confirmed via SME Focus Discussions and documented using Master Client Requirements Documents (MCRDs). Simultaneously, technical data exchange requirements and system synchronization mechanisms are scoped and defined. Requirements Gathering (executed via SME Focus Discussions and MCRDs) will occur for the following areas, as applicable per delegated services:***

- ✓ ***Plan Design and Benefits Coverage***
- ✓ ***Claims Processing***
- ✓ ***Customer Service***
- ✓ ***Finance: Client Billing & Payment***
- ✓ ***Utilization Management***
- ✓ ***Complaints, Grievances, & Appeals***
- ✓ ***Provider Network and Credentialing***
- ✓ ***Reporting***

We will conduct weekly IT Subcommittee Meetings to define requirements around eligibility data, encounter file data, any claims, open authorizations, or clinical history loads required, and other data exchanges. We will also use this meeting to track development and testing.

System Setup and Technical Development: ***During Setup and Development, DentaQuest SMEs and the DHCFP execute the requirements identified during Requirements Gathering. Technical teams build and test data exchange interfaces; operational teams operationalize business processes and standards.***

Testing: ***The Testing segment consists of Integrated System Testing (round-trip testing of data exchanges that will occur during production in order to ensure system synchronization between the DHCFP and DentaQuest). This will include Eligibility and Enrollment testing, claims scenario testing, and encounter file testing.***

Readiness Review: ***As further detailed below, during Readiness Review, technical and operational team leads report on program production readiness, identify any risks to program success, and***

develop mitigation plans as necessary. Readiness review activities are documented and formalized for DentaQuest and the DHCFP leadership team review.

Implementation (Go-Live): ***Implementation is the formal activation of DentaQuest technical and operational systems to support the Nevada Medicaid dental program. This is the last phase of the Implementation Lifecycle, and consists of the lead-up activities to program Go-Live, and represents direct handoff to steady-State production support. Upon successful Go-Live, the DentaQuest Implementation team remains engaged in program management to ensure Implementation stabilization and closure.***

Risk/Issue Identification and Mitigation

DentaQuest maintains strict oversight over any potential risks or issues that may arise during the project lifecycle. Via regular internal DentaQuest communications, the Status Meetings and Checkpoints outlined above, as well as team reporting, the implementation team will identify any potential risks or issues. These will be discussed during the Status Checkpoint meetings, and will be documented in the DentaQuest Risk and Issues Log (see Figure 3.14.I). The DentaQuest teams (in conjunction with the DHCFP when necessary) will collaborate to develop mitigation plans to address all issues or risks identified. Any risks or issues categorized as "Medium" severity or higher will be escalated to organizational leadership.

Figure 3.14.I DentaQuest uses the Project Risk and Issue Log to anticipate, manage, and mitigate risk to the implementation

DentaQuest Risk and Issues Log

Project:
Update Date:
Owner:

Project Risks

Risk: An uncertain event or condition that, if it occurs and is not mitigated, will have a negative effect on project's objectives.

#	Date Entered	Description	Probability	Severity	Owner	Mitigation Plan/ Activities	Status

Project Issues

Issue: An event or condition that has already happened and has impacted or will impact the project objectives

#	Date Entered	Description	Impact	Severity	Owner	Mitigation Plan/ Activities	Status

Pre-Implementation Readiness Review

DentaQuest understands that the DHCFP may conduct Operational and Financial Readiness Reviews, subject to the availability of the DHCFP resources, provide technical assistance as appropriate. The purpose of the readiness reviews is to assess the DentaQuest'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.

Readiness Review is a standard component of DentaQuest's implementation project lifecycle, and therefore we will be prepared to provide necessary documentation specified by the DHCFP and cooperate with the DHCFP or its designees in conducting the review. Early in implementation activities, each functional area will define its criteria for operational readiness based on review of the Contract and established DentaQuest standards. Shortly after the implementation process kick-off, we will commence weekly internal touch-points for the entire cross-functional team to prepare for Readiness Review. During these touch-points, we will assess progress and identify any risks to operational Go-Live. Every functional area will report on:

- ***Operational readiness***
- ***Risks to project progress and readiness that could impact operational Go-Live***
- ***Rationale for the status and readiness reported***
- ***Actions being taken to mitigate risks or impacts***
- ***Any identified workarounds necessary to support operational readiness***

These meetings allow NBI leadership to quickly identify any risks to operational readiness, and proactively engage resources to execute necessary risk mitigation plans.

3.14.6 PRESENTATION OF FINDINGS

DentaQuest understands it must - and agrees to - obtain the DHCFP's approval prior to publishing or making formal public presentations of statistical or analytical material that includes information about enrolled recipients. Any materials produced will protect specific individual recipient privacy and confidentiality to the extent required by both federal and state law and regulation.

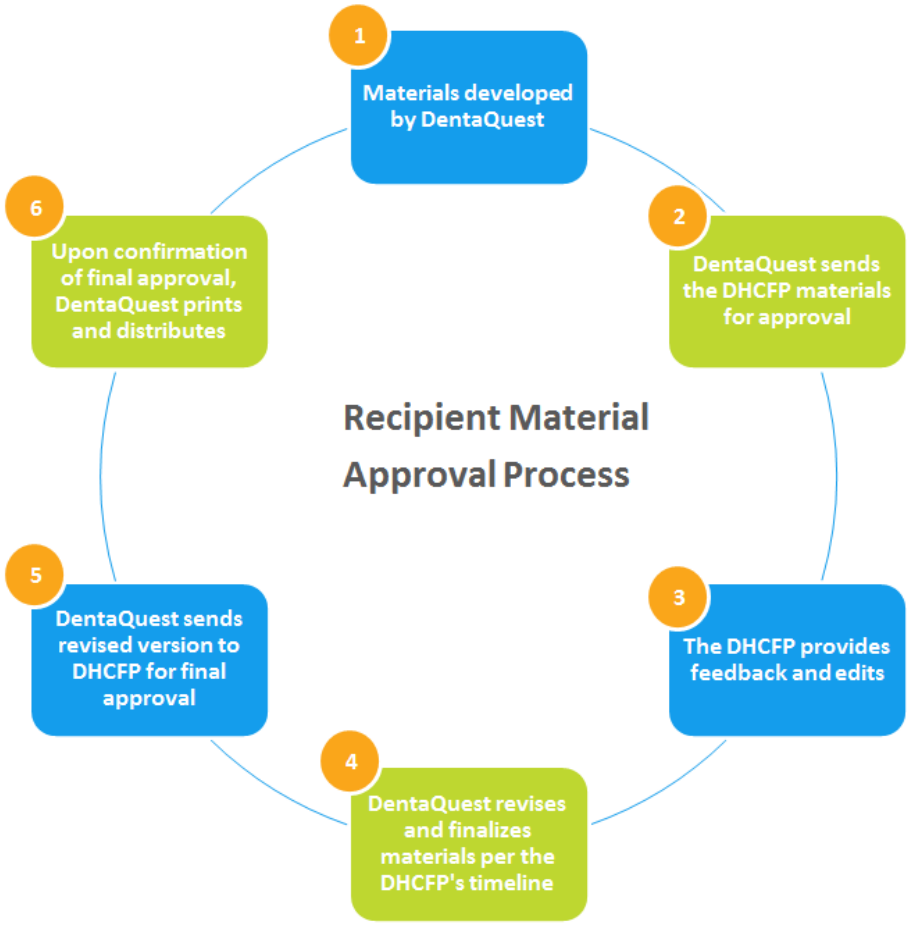
3.14.7 VENDOR MARKETING MATERIALS

DentaQuest recognizes the importance of strict adherence to its state agency clients' requirements regarding recipient marketing materials. DentaQuest has a time-tested approach to ensuring we meet the requirements of the RFP, including:

- ***Submitting 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 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.***
- ***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.***
- ***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.***

Our process for submitting marketing materials for approval is illustrated in Figure 3.14.J.

Figure E.4-G DentaQuest's recipient materials approval process to ensure compliance



DentaQuest agrees to 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:

- ***The recipient must enroll with the vendor in order to obtain benefits or in order not to lose benefits; or***

- ***The vendor is endorsed by CMS, the federal or state government, or similar entity.***

3.15 PROGRAM INTEGRITY

3.15.1 General Requirements and Authorities
3.15.2 Provider Credentialing
3.15.3 Provider Enrollment
3.15.4 Provider Contracts
3.15.5 Affiliations with Debarred or Suspended Persons
3.15.6 Compliance Plan
3.15.7 General Requirements
3.15.8 Deficit Reduction Act
3.15.9 Under-utilization of Services
3.15.10 Embezzlement and Theft
3.15.11 Verification of Services
3.15.12 Hotline for Reporting Suspected FWA or Improper Payments
3.15.13 Vendor's Program Integrity Unit
3.15.14 Fraud Identification and Referral
3.15.15 Payment Suspensions
3.15.16 Compliance Reviews
3.15.17 Identification
3.15.18 Review
3.15.19 Recovery and Education
3.15.20 Monetary Recoveries by State of Federal Entities
3.15.21 Reporting Requirements
3.15.22 Provider Compliance Reviews by the DHCFP
3.15.23 Provider Preventable Conditions
3.15.24 Vendor Disclosures: Information on Ownership and Control
3.15.25 Denial or Termination of Provider Participation

3.15.1 GENERAL REQUIREMENTS AND AUTHORITIES

DentaQuest's provides its state agency and health plan clients with one of the most comprehensive Program Integrity solutions in the industry. DentaQuest believes that you need to hire the best people to get the best results. Nick Messuri, our Vice President for Fraud Prevention and Recovery, is a proven collaborator and a former health care fraud prosecutor and served as Chief of the Massachusetts Attorney General's Office Medicaid Fraud Control Unit for a 10-year period. Nick leads all program integrity efforts through our robust Fraud Prevention and Recovery Unit. He is past President of the National Association of Medicaid Fraud Control Units and past Chair of the state Attorney's General Multistate False Act Committee.

CMS appointed Nick as the first Chair of their National Health Care Fraud Prevention Partnership Information Sharing Committee. Currently he serves as Board Chair of the National Health Care Anti-Fraud Association, in which private commercial health insurers and federal and state law enforcement and regulatory agencies work together and share anti-fraud information. As a result of Nick's relationships and experiences, DentaQuest is uniquely situated to be at the forefront of identifying trends and dynamics that other governments and organizations want to know about, and then assisting, supporting, and working collaboratively with investigations and prosecutions of fraud, waste, and abuse.

DentaQuest also has experienced clinical leadership within and supporting its Fraud Prevention and Recovery efforts. Mary Jo Blank, RDH, the Director of Fraud Prevention and Recovery, has more than 30 years of clinical, coding and investigative experience, and she has played a key role in enhancing DentaQuest's reputation as a national company with strong relationships with state agencies and Medicaid Managed Care Organizations. Mary Jo has been at the forefront of building fraud, waste,

and abuse investigations for referral to Medicaid Program Integrity Units, Medicaid Fraud Control Units, Inspector General Offices, and Managed Care Special Investigation Units. She has established herself as a knowledgeable industry source that has collaborated with government investigators as they interpret clinical findings, billing and coding issues.

The Fraud Prevention and Recovery Unit is heavily supported by Dr. James Thommes, our Vice President of Clinical Management and a licensed dentist with more than 30 years of experience. He provides the important verification of investigative findings, especially when clinically based assessments are needed to make judgements about medical necessity. When requested, Dr. Thommes is available to assist government investigators, offering expert dental opinion about the services in question. Both Dr. Thommes and Mary Jo are available to discuss with other entities the clinical details of a case, along with the strengths and possible defenses. Both also have experience testifying about dental fraud, waste and abuse, and their experience combined with the prosecutorial litigation experience of Nick Messuri, works together to assist our partners in making the right enforcement decisions and judgments about their cases.

Compliance with Federal and State Regulations

DentaQuest's experience team of fraud prevention and recovery experts are well versed in the applicable federal and state regulations related to program integrity. Our current program integrity policies and procedures, as well as our Anti-Fraud Plan, ensure compliance with the following relevant citations:

- ***Sections 1128, 1156, and 1902(a)(68) of the Social Security Act***
- ***42 CFR.§ 438, Subpart H***
- ***42 CFR. § 455 Subpart A, B and E***
- ***42 CFR. § 1000 through 1008***
- ***42 CFR. § 456.3, 456.4. 456.23***
- ***42 CFR. § 457.950(a)(2)***
- ***Section 6032 of the Federal Deficit Reduction Act of 2005***

And during the Readiness Review process, DentaQuest will ensure the requirements outlined in the following citations will be incorporated into our program:

- ***Nevada Revised Statutes, Chapter 422***
- ***Nevada DHCFP Medicaid Services Manual***
- ***Nevada DHCFP Medicaid Billing Guides***
- ***Any other relevant Nevada Medicaid policies***

As part of our comprehensive program, we require all providers and subcontractors to comply with the same standards and requirements we are held to by our clients and the state and federal governments. These expectations are outlined in our Provider Contracts and subcontractor contracts.

Additionally, all DentaQuest staff and subcontractors are required to complete and pass annual training that covers:

- ***Overview of the Federal Deficit Reduction Act (DRA) of 2005***
- ***Overview of the Federal False Claims Act***
- ***State False Claims Acts***
- ***Medicare and Medicaid Patient Protection Act of 1987***
- ***Stark Statue (42 USC 1395 nn)***

- ***Whistleblower Provision "Qui Tam"***

3.15.2 PROVIDER CREDENTIALING

DentaQuest's credentialing policy requires that its entire network of providers be screened monthly against all federal exclusion databases. Monthly, we submit a Provider file to Exclusion Check, a compliance-monitoring product offered by Provider Trust (www.Providertrust.com). This system provides a list of possible matches for providers in the list who may be excluded or disbarred. We then research the possible matches and determine whether any DentaQuest network providers are on any of the exclusion lists

If we discover an issue, the provider's case is presented to our Credentialing Committee for review. All excluded providers are prevented from joining the DentaQuest network and participating providers who are on the exclusions lists will immediately be removed from our network. The action is subject to the standard appeals procedure.

Credentialing Criteria

DentaQuest will share its credentialing criteria (based on the NCQA standards) with the DHCFP 90 calendar days prior to the start of the contract and ensure all network providers meet the criteria. Any time we have a change to credentialing criteria, we will provide in writing to the DHCFP's Provider Enrollment unit 30 calendar days prior to the change. If the change is unanticipated, DentaQuest will notify the DHCFP's Provider Enrollment unit within five calendar days of the change.

DentaQuest agrees to provide credentials for network providers, subcontractors, or subcontractor's providers to the DHCFP and/or MFCU at no cost.

3.15.3 PROVIDER ENROLLMENT

DentaQuest understands and agrees to the provider enrollment requirements in the RFP. Additionally, our process complies with the Patient Protection and Accountable Care Act of 2010.

The first step in our credentialing process is for a practitioner to complete an enrollment application, Provider Contract, and all necessary documents to support the credentialing process. This includes verification that providers are licensed, credentialed, and eligible to render services in Nevada. We will gather the provider's: application, Disclosure of Ownership, and W9. Through these documents, we obtain the provider's Medicaid ID, education, work history, malpractice insurance, billing information, any other pertinent information including other licenses.

As with other states where we serve as the DBA, we understand that the provider must be referred to Nevada's fiscal agent for enrollment. We will provide specific instructions to providers on how to enroll with the state and help coordinate efforts as needed to ensure they comply with the state's requirements for enrollment.

DentaQuest will provide the DHCFP with a list of providers who have been enrolled, disenrolled, deactivated, terminated, de-credentialed or removed from the active provider enrollment by the tenth calendar day of each month. 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

DentaQuest 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. Prior to execution of our contract, we will issue a copy of our base provider contract to DHCFP.

As we have described in detail in Section 3.6 of our response, the timing and other events associated with our provider recruitment must occur in a manner that will ensure meeting the objectives noted within this RFP. Our efforts focus on both outreach to providers who are not currently participating in the DHCFP's dental program and to those participating providers who a signed agreement but do not actively accept eligible recipients.

Maintenance of the Network

DentaQuest understands that its responsibilities as the DBA for maintenance of the network would include:

- ***Initial and ongoing credentialing (see our response to Section 3.9.15)***
- ***Adding, deleting, and periodic contract renewal (see our response to Section 3.6.6)***
- ***Provider education (see our response to Section 3.6.10)***
- ***Discipline/termination, etc. (see our response to Section 3.6.5)***

Provider Policies and Procedures

DentaQuest maintains a robust policy and procedure manual that covers all aspects of provider network management – from monitoring its providers to disciplining providers who are found to be out of compliance with the vendor's dental management standards. DentaQuest will submit these policies and procedures to the DHCFP within five business days upon change of policies and procedures or upon request.

3.15.5 AFFILIATIONS WITH DEBARRED OR SUSPENDED PERSONS

DentaQuest performs rigorous background checks for all prospective employees and providers to ensure we comply with 42 CFR 438.610. Providers must undergo initial credentialing and re-credentialing every 36 months. We screen all providers monthly against all federal exclusion databases. DentaQuest's credentialing program adheres to National Committee for Quality Assurance (NCQA) standards of credentialing as they apply to dentistry. In 2014, DentaQuest achieved NCQA certification status for credentialing and recredentialing, assuring that our process follows the highest standards. Our process also meets CMS and applicable federal requirements.

Screening for Excluded and/or Disbarred Provider Entities

DentaQuest's credentialing policy requires that its entire network of providers be screened monthly against all federal exclusion databases. We prohibit 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.

Monthly, we submit a provider file to Exclusion Check, a compliance-monitoring product offered by Provider Trust (www.Providertrust.com). This system provides a list of possible matches for providers

in the list who may be excluded or disbarred. We then research the possible matches and determine whether any DentaQuest network providers are on any of the following exclusion lists:

- ***Federal OIG exclusion List of Excluded Individuals and Entities (LEIE)***
- ***General Services Administration-Excluded Parties List System (GSA-EPLS) debarment and suspension list***
- ***System for Award Management (SAM)***
- ***Social Security Administration Death Master File***
- ***All 33 State Medicaid exclusion lists***

If we discover an issue, the provider's case is presented to our Credentialing Committee for review. All excluded Providers are prevented from joining the DentaQuest network and participating Providers who are on the exclusions lists will immediately be removed from our network. The action is subject to the standard appeals procedure. We will notify DHCFP about the termination. We will send the Provider a termination notice through certified mail which includes the provider's appeal rights and explanation of the appeal process.

To provide a higher level of verification that our providers meet the highest standards of quality, we also monitor license sanctions on a regular basis, using the following information sources:

- ***Subscription to alerts from state license agencies and monthly monitoring of the Nevada dental licensure website***
- ***Notice from DentaQuest clients***
- ***Cactus License Expiration Management Module (Cactus is an industry-standard credentialing system)***
- ***Cactus query of the Medicare/Medicaid OIG website for excluded Providers (monthly)***
- ***NPDB Continuous Query of dental licenses and Drug Enforcement Agency (DEA) numbers***

If we find that a provider has any new license actions, new reports on the NPDB, or appears on a Medicaid/Medicare exclusion list, we refer them to the Credentialing Committee for review.

Screening for Excluded and/or Disbarred Employees and Subcontractors

DentaQuest's policy also requires that all of its employees and individual independent contractors be screened monthly for exclusion from federally-funded health care programs including, but not limited to, Medicaid and Medicare. Our process is as follows:

- ***On the last Wednesday of each calendar month, the HR Manager will initiate monthly screening checks against the Office of the Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) and the General Services Administration (GSA) Excluded Parties List System (EPLS) by electronically submitting the required information to HireRight, DentaQuest's third-party background check administrator.***

- ***If an individual with the same name as an employee or independent contractor appears on either the LEIE or EPLS, the HR Manager will work with HireRight to determine if the individual on either list is the same person as the individual who is employed by DentaQuest or engaged as an independent contractor. No further action will be taken if it is determined that they are***

not the same person. DentaQuest also has the employee complete a waiver form if we determine that they are not the person listed on the exclusion list.

- ***If it cannot be determined whether an employee or independent contractor is the same person as a listed individual, the HR Manager will inform the General Counsel. The HR Manager and the General Counsel will then meet with the individual. If the employee or independent contractor acknowledges that he/she is an excluded individual or if a determination is subsequently made that he/she is an excluded individual, HR will immediately terminate the individual from their position as an employee or independent contractor in accordance with the termination policies of the HR department.***

3.15.6 COMPLIANCE PLAN

DentaQuest is committed to preventing, detecting, investigating, recovering payment, and reporting of FWA. DentaQuest is subject to 42 CFR § 438.608 (Program Integrity requirements) and 42 CFR § 455.20 (Recipient Verification Procedures) as well as the administrative and civil remedies under Chapters 32 and 36 of Title 31.

As a contractor to various state agencies serving public programs, we respect our role as the steward of public funds. We see it as critical that those funds are directed to a useful purpose: the prevention of dental disease and the preservation of oral health. Thus, it is equally critical for us to prevent misuse of those funds by establishing programs, systems, policies, and procedures to prevent misuse of resources, detect it in the cases where it does occur, and correct the problems through investigation and recovery, as well as continuous improvement of our approach to prevention.

3.15.7 GENERAL REQUIREMENTS

DentaQuest's Anti-Fraud and Abuse Compliance Plan provides a comprehensive overview of the steps that we use to prevent, detect, investigate, and correct FWA. Our plan sets policy for all DentaQuest employees and subcontractors with respect to Program Integrity and educates providers and recipients on their responsibilities within the system.

DentaQuest will share its comprehensive compliance Anti-Fraud and Abuse Compliance Plan, which encompasses the elements necessary to monitor and enforce compliance with all applicable laws, policies, and contract requirements with the DHCFP during Readiness Review and annually thereafter for review and approval.

Our Plan includes the following elements:

- ***Written Policies, Procedures, and Standards: The Plan includes our policies and procedures for prevention, detection, investigation, payment recovery, and reporting of all suspected FWA cases related to the delivery of and payment for services under the contract provisions. The Plan also describes the Fraud Prevention and Recovery Unit designed by DentaQuest to investigate fraudulent claims and other types of violations of applicable laws, regulations, and administrative policies by recipients and providers under the program.***

- ***Standards for Effective Communication: Upon contract award, we would request a meeting with the DHCFP and any appropriate personnel that state officials may deem appropriate to discuss parameters of our FWA program and how we might customize it to best meet the***

needs of the Nevada Medicaid program. While we have standard practices, we also have the flexibility to optimize our approaches from the perspective of the state programs we serve.

For example, in certain state markets, we have set a standard communication process where the Fraud Prevention and Recovery Specialist responsible for that market reports cases to the state that fall within certain parameters. Irrespective of how we institute the lines of communication and reporting standards to the state, DentaQuest would establish and maintain constructive relationships with all appropriate government agencies and other entities that have an interest in reducing fraud, waste and abuse in the Nevada Dental Program.

- ***Mandatory Ongoing Training for all DentaQuest Employees and Subcontractors: All DentaQuest employees and subcontractors receive training in the prevention, identification, and reporting of possible instances of fraud and abuse. This is part of their orientation, which is completed within the first 30 days of employment. DentaQuest provides FWA training to all of its employees annually thereafter. We also provide updated FWA training to employees when changes to applicable laws, regulations, policy, and/or procedure may affect their areas.***

  Employees whose job activities are directly related to the prevention, detection, or investigation of FWA receive training specific to their area of responsibility. Fraud Prevention and Recovery Unit Investigators receive additional health care fraud and abuse training as part of our membership in the National Health Care Anti-Fraud Association.

- ***Delineation of Staff and Responsibilities within the Program Integrity Unit: DentaQuest has a fully staffed Fraud Prevention and Recovery Unit that includes both leadership and staff who are responsible for investigation of any suspected cases of FWA and our Plan includes such information.***

- ***Specific Objectives and Goals for Program Integrity Operations in the Coming Year: DentaQuest outlines its objectives and goals and updates them annually in the plan.***

- ***Enforcing Program Integrity Standards through Prevention and Detection: DentaQuest has established several procedures to prevent and detect abuse and fraud. We emphasize FWA prevention. We use several methods to do so, and examples of these include:***
  - ***Training DentaQuest employees on our values and policies regarding Program Integrity, and their responsibilities to help prevent, detect, and report FWA***
  - ***Operating an NCQA-certified credentialing and re-credentialing program, with regular monitoring of Provider exclusions and sanctions, ensuring that only Providers who practice with integrity are part of our network***
  - ***A comprehensive Utilization Management program, which combines prior authorization requirements and prepayment reviews to ensure that services rendered to recipients are medically necessary***
  - ***A diverse range of claims processing controls (see a detailed description of these in our response to Section 3.19)***

  We also use various methods to detect FWA. These include, for example:
  - ***Retrospective data mining, predictive modeling, and other analytical methods applied to claims data to detect patterns of behavior that may indicate FWA***

- ***Conducting recipient surveys to verify they received the services claimed by providers***
- ***Reporting by DentaQuest employees, subcontractors, providers, and recipients who may have knowledge of or suspect FWA***

- ***How DentaQuest will Promptly Respond to Detected Offenses and Corrective Actions:*** ***Based on the results of the preliminary investigation, we may determine that further investigation is warranted. If so, we will report the suspected incident of fraud or abuse to the DHCFP and the OMIG. Before pursuing any additional remedies, we will do so only in cooperation with, and with the approval of the DHCFP and OMIG. Methods that we use, given such approval, may include any of the following corrective actions:***
  - ***Educating providers***
  - ***Recovering payments***
  - ***Referring the provider to the DentaQuest Peer Review Committee***
  - ***Requesting that the Provider implement a Corrective Action Plan***
  - ***Placing the provider on the Utilization Oversight Program, which requires prior authorization and/or pre-payment review of all services***
  - ***Terminating the provider from participation in our network***

- ***Success of Objectives and Goals:*** ***DentaQuest will report on the success of its objectives and goals from the previous year in its Plan***

3.15.8 DEFICIT REDUCTION ACT

DentaQuest maintains policies and procedures that require all employees and subcontractors be subject to annual training on the Deficit Reduction Act of 2005 and the False Claims Act. All employees are required to pass a knowledge test. These records are retained in the employee file.

Our employee handbook includes a specific discussion of these laws, the rights of employees to be protected as whistleblowers, and DentaQuest's policies and procedures for detecting and preventing FWA.

3.15.9 UNDER-UTILIZATION OF SERVICES

As part of our ongoing utilization review efforts, we evaluate providers for both over- and under-utilization of services throughout the year. Preventing disease is the foundation of quality care, and it is important to ensure that the care rendered by network providers includes the necessary and appropriate preventive services. The most effective method to identify potential under-utilization is to compare the practice patterns of similar providers in order to identify outliers. Identified outliers then receive reports on their use of preventive services and how it differs from comparable providers/ practices. If under-utilization continues, providers/practices face sanctions.

For these comparisons to be useful and valid, only similar providers and/or practices are compared. Providers/practices are grouped into quartiles based on their patient panel profile, including total number of patients and total number of Medicaid patients.

The following utilization metrics are monitored:

- ***Percent of children with at least one cleaning per year***
- ***Percent of children with at least one fluoride application per year***
- ***Percent of children 6-9 with at least one sealant applied per year***

If a provider's utilization rates fall below the benchmark on any one of the above metrics, a letter is sent to the provider identifying deficiency and corrective action required. If utilization falls below the benchmark for three consecutive months, or four months in a calendar year, the provider will be referred to the Peer Review Committee for additional consideration and action.

3.15.10 EMBEZZLEMENT AND THEFT

DentaQuest will monitor activities on an ongoing basis to prevent and detect embezzlement or theft by employees, providers, and subcontractors. Any evidence of criminal activity will be reported to the appropriate authority and the DHCFP SUR unit within five business days.

3.15.11 VERIFICATION OF SERVICES

To verify that the services reimbursed for a particular recipient were furnished as billed by the provider, DentaQuest can conduct verification of services surveys.

The verification of services process is a joint effort between our Fraud Prevention and Recovery Unit, which designs the tool to best identify, coordinate and investigate whether services were provided as reported, and our Market Research department, which specializes in conducting surveys. Our process is outlined below:

- ***DentaQuest's Market Research department conducts quarterly member satisfaction surveys with a verification of service component. These surveys are conducted via telephone with a live surveyor. The recipient is asked to confirm date of service of a recent procedure, along with the nature of the procedure.***

- ***The Market Research department reports any adverse verification of service findings internally to the Fraud Prevention and Recovery Unit, and copies are provided to the appropriate client service representatives each quarter. Information in this report includes:***
    - ***State name***
    - ***Recipient name***
    - ***Recipient ID number***
    - ***Reported date of service***
    - ***Procedure code***
    - ***Provider name***
    - ***Provider ID***
    - ***Pertinent open-ended response from respondent***

- ***A Fraud Prevention and Recovery Unit investigator notifies the state Medicaid office that an internal investigation is underway relative to the adverse verification of service findings. This Unit then conducts the necessary utilization review of the reported records. Further, an additional nine randomly selected member records from the associated provider are reviewed to determine any potential troubling patterns of behavior.***

- ***Once DentaQuest's Fraud Prevention and Recovery Unit investigator has completed the utilization review, final outcomes of the investigation are reported back to the state Medicaid office in quarterly reports.***

DentaQuest will conduct a preliminary investigation on all reported incidents of suspected FWA and will report these to the DHCFP and Office of Inspector General if further investigation is shown to be warranted.

3.15.12 HOTLINE FOR REPORTING SUSPECTED FWA OR IMPROPER PAYMENTS

Any individual – DentaQuest employee, subcontractor, recipient, provider, or other person – with knowledge of suspected FWA may report the information to us. It is critical that we make individuals feel safe in reporting suspected instances of FWA. DentaQuest ensures protection of the individual's anonymity. We prohibit retaliation against anyone who, in good faith, reports a suspected plan violation.

With that in mind, DentaQuest maintains a toll-free Fraud Hotline that operates 24/7/365 to allow the public, recipients and providers to anonymously report allegations of fraud, waste, abuse, or improper payments. DentaQuest has a link to instructions on its public website on how to report this information through the Alertline, mail or fax.

In compliance with RFP requirements, DentaQuest would prominently displayed information on reporting FWA and improper payments through our Hotline in a stand-alone frame placed on front page of our Nevada Medicaid website.

3.15.13 VENDOR'S PROGRAM INTEGRITY UNIT

DentaQuest maintains a distinct Program Integrity Unit – called our Fraud Prevention and Recovery Unit – whose responsibilities include the identification, review, recovery, and reporting of improper Medicaid and Nevada Checkup payments, including fraud, waste, and abuse (FWA) activities. This department functions under the DentaQuest Fraud Compliance Plan. DentaQuest's Utilization Review activities are conducted to be in compliance with 42 CFR 455.13, 455.14, 455.21 and 455.23 and comply with all federal and state requirements regarding fraud and abuse. Proper management of the Utilization Review program ensures that clients, recipients, and/or taxpayers are protected from inappropriate use of the allocated financial resources.

The goals of the Fraud Prevention and Recovery Program are:

- ***Prevention of fraud, waste and abuse***
- ***Identification of outliers***
- ***Investigation of network providers and recipients***
- ***Recovery of misappropriated funds as permitted by contract***
- ***Assistance in the apprehension and prosecution of the perpetrators***
- ***Cooperation with clients and law enforcement agencies in the apprehension and prosecution of perpetrators.***
- ***Suspension of payments as directed by State when there is a credible allegation of fraud.***
- ***Termination of providers as necessary and following contractual requirements.***

The objective of the Fraud Prevention and Recovery Program is to assure that all services rendered are medically necessary, are the most cost effective treatment methodologies, services are rendered as billed and meet the professional standard of care. The Fraud Prevention and Recovery Department uses multiple methodologies in the detection of fraud and abuse

The Fraud Prevention and Recovery Program is led by Nick Messuri, Vice President for Fraud Prevention and Recovery. Nick reports weekly to the General Counsel and Senior Vice President and quarterly to the DentaQuest Board of Directors. He serves as a liaison to the DentaQuest Compliance Officer with respect to the activities of the Fraud Prevention and Recovery Unit, including communications about cases under investigation that may require the involvement of the Compliance Officer.

Both Nick and Mary Jo Blank, DentaQuest's Director of Fraud Prevention and Recovery, are members of DentaQuest's Compliance Committee. They, as well as our Compliance Officer, will 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. An organizational chart of the Fraud Prevention and Recovery Unit in outlined in Figure 3.15.A.

Figure 3.15.A Fraud Prevention and Recovery Unit organizational chart

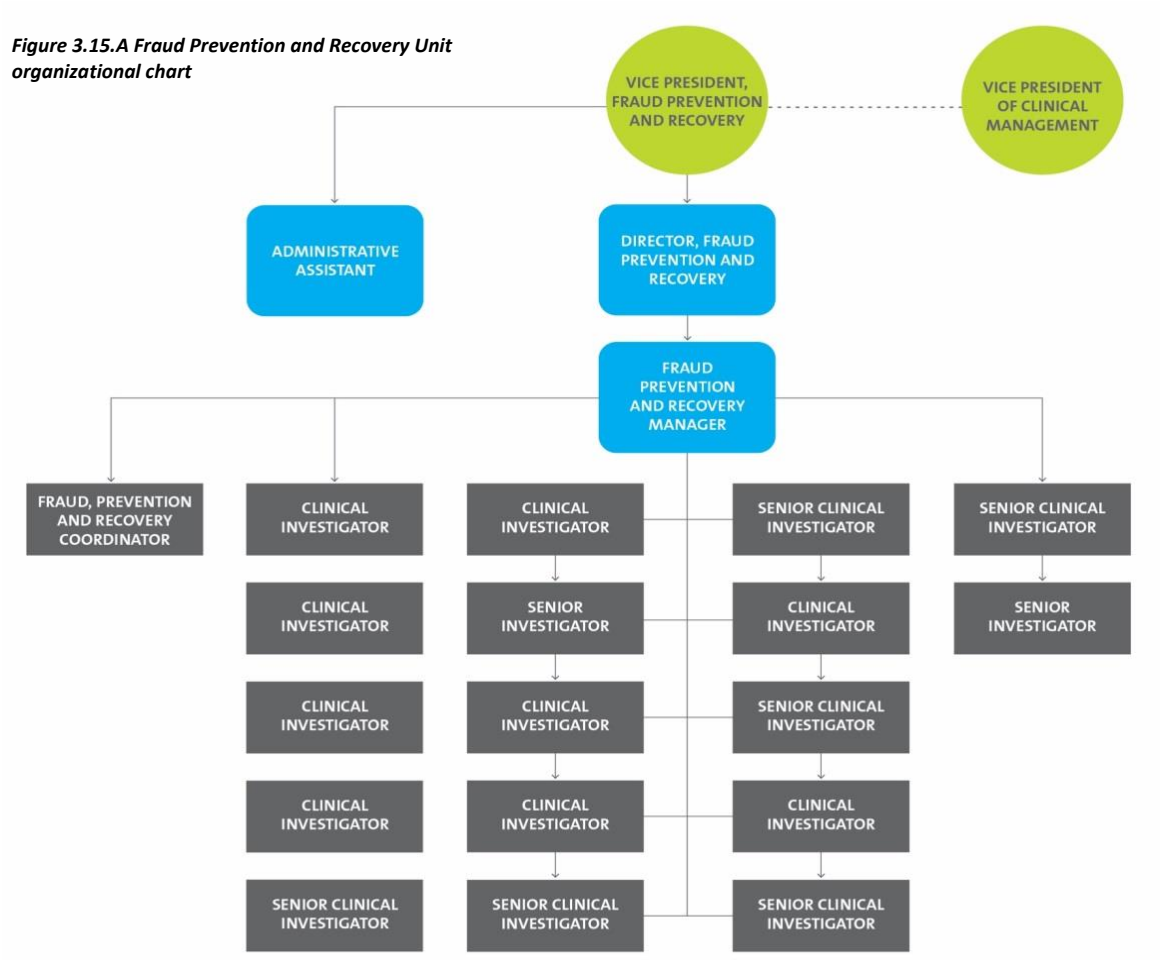


Figure 3.15.B highlights the required qualifications and experience for roles within the department.

Figure 3.15.B DentaQuest's Fraud Prevention & Control Investigators have the right qualifications and experience to investigate FWA

Position	Required Qualifications and Experience
Vice President Fraud Prevention and Recovery	• 20+ years of experience in health care fraud enforcement and investigations, with a strong preference for experience relevant to government health care programs and dental benefit programs
Vice President Clinical Management	• Possess 10 years of clinical dentistry experience and be a licensed dentist • Possess a minimum of 2-3 years past involvement in a managed care or insurance environment • Experience with peer review, NCQA is preferred
Fraud Prevention and Recovery Director	• Licensed Registered Dental Hygienist with 5 years or more of clinical dental practice. • 5+ years of Healthcare (Dental) Fraud and Abuse Experience.
Senior Investigator	• 7+ years of experience in the Investigation of FWA, Dental Investigative experience preferred.
Clinical Investigator	• Licensed Registered Dental Hygienist is preferred • 3+ years clinical experience and/or related investigative business experience • Experience in Dental Utilization Management or Review preferred
Senior Clinical Investigator	• Licensed Registered Dental Hygienist preferred • 7+ years of experience in clinical dentistry or related business experience • 5+ years of applicable experience in Utilization Management and/or Utilization Review • (Dental) FWA experience, preferred

In addition to the mandatory Program Integrity training all employees receive, the Fraud Prevention and Recovery Unit receives training specific to their area of responsibility. And all of Investigators receive additional health care fraud and abuse training as part of our membership in the National Health Care Anti-Fraud Association.

3.15.14 FRAUD IDENTIFICATION AND REFERRAL

Identification of Potential FWA

In addition to tips and referrals, DentaQuest uses a three-part methodology to analyze utilization patterns to identify potential situations where FWA may be occurring. These cover detection of anomalies in both provider practice patterns and recipient service utilization patterns.

1. ***Detecting utilization outliers. We use a statistically valid methodology to detect utilization outliers. These are based on four key procedure code, code sets, ratios, and payment patterns. We chose these patterns because statistical modeling, industry best practices, and our experience in network management show there is a common link between those patterns and fraud, waste, or abuse.***

2. ***Predicting fraud risk. We use a predictive model to apply machine-learning techniques to actual results to assign each provider a fraud risk score based on dynamically adapting criteria.***

3. ***Discovering evolving behaviors.*** ***DentaQuest uses ongoing analyst-driven benchmarking and data mining to discover evolving behaviors and risk indicators. Outlier detection employs the Tukey method that is also used by the OIG and is superior to standard deviation rules. Behavioral classification of providers identifies outliers more accurately by defining provider peer groups not only by their stated specialty, but also by how they behave, based on the services billed. The scoring model is a continuing collaboration with data mining consultants who apply similar advanced modeling techniques to homeland security and postal fraud detection.***

Conducting a Preliminary Investigation

DentaQuest's Fraud Prevention and Recovery Unit will conduct a preliminary investigation upon detection of any potential FWA. In the preliminary investigation, we:

- ***Determine whether we have received any previous reports of investigations or have conducted any previous investigations of potential FWA by the provider. We review all materials related to the previous investigation, the outcome of the investigation, and whether the new allegation is the same or related to a previous investigation. By doing this, we determine whether there is any connection between the prior investigation and the case under review, potentially indicating a pattern of behavior on the part of the provider.***
- ***Determine whether the provider has received any training from DentaQuest related to the potential misconduct.***
- ***Review the provider's paid claims and denied claims for the previous two years (if available) to identify any indicators of suspicious behavior.***
- ***Determine whether the provider's conduct is a violation of his or her DentaQuest provider contract and/or policies and regulations of the DHCFP.***

Our Fraud Prevention and Recovery Unit will send the provider a request for recipient's records. The records we select for review will be based on those relevant to the identified issues as determined by data analysis and will be a representative sample of the utilization. The Fraud Prevention and Recovery Unit will conduct a comprehensive administrative and clinical review of the records to:

- ***Determine whether the records are sufficient to evaluate the utilization and quality of the services for which claims have been submitted***
- ***Determine whether the records meet the Record Keeping Guidelines as defined by the American Dental Association and conform with risk management standards***
- ***Assure services were medically necessary***
- ***Assure services were rendered as billed***
- ***Assure services are accurately coded following the descriptors and nomenclature of the American Dental Association Current Dental Terminology***
- ***Assure that all services meet the accepted professional standard of care***

A provider who fails to comply with a request for records will be referred to the DentaQuest Peer Review Committee for review and recommendations.

During the preliminary investigation, we may discover that:

- ***Services were not rendered as billed***
- ***Services were upcoded; that is, a lower level of service was provided than that billed***
- ***Documentation in the record did not meet the medical necessity criteria***
- ***Services did not meet the professionally recognized and accepted standards of care***
- ***The Provider violated the provisions of the Provider Contract***

Referral to the SUR Unit

Based on the results of the preliminary investigation, we may determine that further investigation is warranted. If so, we will report the suspected incident of fraud or abuse to the SUR Unit of the DHCFP and the OMIG as soon as possible and within two business days. The following information will be provided:

- ***Provider's name, Medicaid provider number or provider's National Provider Identifier (NPI)***
- ***Nevada Medicaid provider type***
- ***Recipient's name and Medicaid number***
- ***Date and source of the original complaint or tip***
- ***Description of alleged fraudulent activity, including:***
    - ***Specific laws or Medicaid policies violated***
    - ***Dates of fraudulent conduct***
    - ***Approximate value of fraudulently obtained payments***
- ***Any other agencies or entities (e.g., medical board, law enforcement) notified by vendor, and any actions they have taken***
- ***The findings from DentaQuest's preliminary investigation and proposed actions***

At that point, DentaQuest agrees it will take no further action on the specific allegation until the SUR Unit responds. If the SUR Unit notifies DentaQuest that the fraud referral is declined, we will proceed with its own investigation to comply with the reporting requirements contained in this contract.

If the SUR Unit notifies DentaQuest that the fraud referral is accepted, DentaQuest will cooperate fully with additional further actions. DentaQuest will 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 our own expense.

Example of Cooperating with State and Federal Agencies

DentaQuest worked in close cooperation with the Maryland Department of Health and Mental Hygiene and the Maryland Office of Attorney General in a highly publicized case, where we identified a provider as an outlier for use of the gross debridement code on members under 16. We initially sent a request for records to the provider and subsequently received a phone call from a retired Maryland provider who indicated he had sold the practice. The retired provider had received a phone call from the new owner asking about the audit request. The new owner was concerned that the office was subject to a fraud review process.

After a review of records, we identified a pattern of billing for services not rendered. Additionally, we found that the new provider was billing for a higher level of service than was actually rendered.

Ultimately, the office pleaded guilty to one count of Medicaid fraud for billing the Medicaid program $156,918 for services that were never rendered.

3.15.15 PAYMENT SUSPENSION

It is DentaQuest's policy that upon receiving notification from the Office of the Medicaid Inspector General, the Attorney General, Medicaid Program Integrity or the Medicaid Fraud Control Unit or similar authority, DentaQuest will suspend payments based on Credible Allegations of Fraud in compliance with Section 6402(h) of the Affordable Care Act.

3.15.16 COMPLIANCE REVIEWS

DentaQuest meets this requirement, as the sole purpose of our Fraud Prevention and Recovery Unit (Program Integrity Unit) specifically addresses the identification, review, recovery, prevention, and reporting of improper payments, including fraud, waste, and abuse.

3.15.17 IDENTIFICATION

DentaQuest investigates all tips of potential FWA allegations and agrees to review tips from the following sources:

- ***Fraud hotline or website***
- ***Referrals from the DHCFP***
- ***Referrals from the vendor's own organization including utilizations of data systems to identify issues such as provider profiling or data analysis***
- ***Verification of Service surveys***

All tips, complaints and referrals which allege recipient misconduct will be referred to the Division of Welfare and Social Services (DWSS) Investigations and Review (I & R) Unit. The DHCFP will be copied on the referral. Additionally, we will track all tips, complaints and referrals and report them to the DHCFP monthly regardless of the outcome.

3.15.18 REVIEW

DentaQuest Fraud Prevention and Recovery Unit conducts a review of any identified issues by collecting and analyzing available relevant information, including, but not limited to:

- ***Encounter data***
- ***Provider credentialing and enrollment records***
- ***Provider self-audits***
- ***Provider treatment records***
- ***Prior authorization records***
- ***Recipient verification of surveys***

Additionally, the unit will also analyze relevant information from the:

- ***Nevada Medicaid Services Manual (MSM)***
- ***Nevada Medicaid Billing Guidelines***

Reviewing this information will permit us to identify which, if any, encounters were improperly paid.

3.15.19 RECOVERY AND EDUCATION

In the event DentaQuest identifies improperly paid encounters, we will send a notice to the provider that identifies the following information:

- ***The amount of the overpayment***
- ***A detailed listing of the encounters affected***
- ***Education and citations supporting the findings***
- ***Options for repayment***
- ***Any internal appeal rights afforded by DentaQuest***
- ***The provider's right to an Administrative Fair Hearing through the DHCFP after internal appeals with DentaQuest are exhausted***

Future payments to the provider are offset until the repayment has been resolved after the 45th calendar day following the submission of the recoupment or reimbursement request to the provider or after the provider's rights to appeal have been exhausted. DentaQuest provides an explanation of benefits to the provider in sufficient detail so he or she can reconcile each recovered person's bill.

If future payments are not available, the provider is notified in writing the amount of the overpayment, why it was not correct and the time frame for payment return, e.g., 30 days.

DentaQuest will adjust or void all affected encounters within 60 calendar days following the identifications of the overpayments, regardless of whether DentaQuest has recovered the overpayment.

3.15.20 MONETARY RECOVERIES BY STATE OR FEDERAL ENTITIES

DentaQuest understands that 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 DentaQuest would have no claim to any portion of this recovery.

DentaQuest understands we are fully subrogated, and we require our 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.

We acknowledge that any funds recovered and retained by a government entity will be reported to the actuary to consider in the rate-setting process.

When we identify any specific payments as improper, we adjust or void those encounters as appropriate.

We acknowledge that for 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.

3.15.21 REPORTING REQUIREMENTS

DentaQuest has reviewed the Reporting Requirements associated with this section of the RFP and agrees to provide all information to the DHCFP in accordance to the format in the forms and reporting guide.

Per Occurrence Reporting

DentaQuest agrees to report certain information to the DHCFP on a per occurrence basis. This includes, but is not limited to:

- ***Every allegation, complaint, or referral pertaining to overpayments whether caused by fraud, waste, abuse or billing errors***
- ***Every Credible Allegation of Fraud (CAF)***
- ***Every employee of DentaQuest who is employed by, has ownership interest in, or contracts with, any provider enrolled with Nevada Medicaid***
- ***Every provider that is de-credentialed or denied credentialing for whatever reason***

Monthly Reporting

DentaQuest will report the following information to the DHCFP on a monthly basis:

- ***All active reviews and their status***
- ***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.***

We agree to provide encounter data to the MFCU at no cost.

3.15.22 PROVIDER COMPLIANCE REVIEWS BY THE DHCFP

DentaQuest understands that the DHCFP reserves the right to conduct provider compliance reviews and we will cooperate with such initiatives.

3.15.23 PROVIDER PREVENTABLE CONDITIONS (PPC)

In accordance with Nevada Medicaid's implementation of Section 2702 of the Patient Protection and Affordable Care Act, which prohibits payment for conditions caused by providers, DentaQuest agrees to 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.

3.15.24 VENDOR DISCLOSURES: INFORMATION ON OWNERSHIP AND CONTROL

Please see DentaQuest USA Insurance Company Inc.'s response to this section in the chart below.

RFP Requirement	*Vendor Response*
3.15.24.2.A.1 Any person or business entity with an ownership or control interest in the vendor that: ***3.15.24.2.A.1.a Has direct, indirect, or combined direct/indirect ownership interest of five percent (5%) or more of the vendor's equity.***	***DentaQuest USA Insurance Company, Inc. is a Texas insurance company that is 100 percent owned by a series of entities as follows:*** ***Dental Service of Massachusetts, Inc. (ultimate parent company)*** ***Primary Business Address: 465 Medford Street, Boston, MA 02129*** ***Tax ID: 04-6143185*** ***DentaQuest Group, Inc.*** ***Primary Business Address: 465 Medford Street, Boston, MA 02129*** ***Tax ID: 20-4056199*** ***DentaQuest Management, Inc.*** ***Primary Business Address: 465 Medford Street, Boston, MA 02129*** ***Tax ID: 52-1908785*** ***DQ Massachusetts Business Trust*** ***Primary Business Address: 465 Medford Street, Boston, MA 02129*** ***Tax ID: 20-4056067*** ***DentaQuest, LLC (sole member)*** ***Primary Business Address: 465 Medford Street, Boston, MA 02129*** ***Tax ID: 20-0390099***
3.15.24.2.A.1.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.	***None***
3.15.24.2.A.1.c Is an officer or director of a vendor organized as a corporation.	***DentaQuest USA Insurance Company, Inc.'s Directors and Officers are listed below:*** • ***Steven Pollock, Director and President, DentaQuest USA Insurance Company, Inc.*** • ***James Collins, Director and Treasurer, DentaQuest USA Insurance Company, Inc.*** • ***James Hawkins, Director and Secretary,***

	DentaQuest USA Insurance Company, Inc. • *Brett Bostrack, Director, DentaQuest USA Insurance Company, Inc.* • *David Abelman, Director, DentaQuest USA Insurance Company, Inc.* • *Gregory Winn, Assistant Treasurer, DentaQuest USA Insurance Company, Inc.*
3.15.24.2.A.1.d Is a partner in a vendor organized as a partnership.	*None*
3.15.24.2.A.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. See below.	*Dental Service of Massachusetts, Inc. (ultimate parent company)* *Primary Business Address: 465 Medford Street, Boston, MA 02129* *DentaQuest Group, Inc.* *Primary Business Address: 465 Medford Street, Boston, MA 02129* *DentaQuest Management, Inc.* *Primary Business Address: 465 Medford Street, Boston, MA 02129* *DQ Massachusetts Business Trust* *Primary Business Address: 465 Medford Street, Boston, MA 02129* *DentaQuest, LLC (sole member)* *Primary Business Address: 465 Medford Street, Boston, MA 02129* *Steven Pollock, Director and President, DentaQuest USA Insurance Company, Inc.* *James Collins, Director and Treasurer, DentaQuest USA Insurance Company, Inc.* *James Hawkins, Director and Secretary, DentaQuest USA Insurance Company, Inc.*

	Brett Bostrack, Director, DentaQuest USA Insurance Company, Inc. *David Abelman, Director, DentaQuest USA Insurance Company, Inc.* *Gregory Winn, Assistant Treasurer, DentaQuest USA Insurance Company, Inc.*
3.15.24.2.A.3 Date of birth and Social Security Number (in the case of an individual).	*Steven Pollock, Director and President, DentaQuest USA Insurance Company, Inc.* *James Collins, Director and Treasurer, DentaQuest USA Insurance Company, Inc.* *James Hawkins, Director and Secretary, DentaQuest USA Insurance Company, Inc.* *Brett Bostrack, Director, DentaQuest USA Insurance Company, Inc.* *David Abelman, Director, DentaQuest USA Insurance Company, Inc.* *Gregory Winn, Assistant Treasurer, DentaQuest USA Insurance Company, Inc.*
3.15.24.2.A.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	*Dental Service of Massachusetts, Inc. (ultimate parent company)* *Tax ID: 04-6143185*

(5%) or more interest.	*DentaQuest Group, Inc.* *Tax ID: 20-4056199* *DentaQuest Management, Inc.* *Tax ID: 52-1908785* *DQ Massachusetts Business Trust* *Tax ID: 20-4056067* *DentaQuest, LLC (sole member)* *Tax ID: 20-0390099*
3.15.24.2.A.5 If your firm is not a Qualified Health Maintenance Organization, provide the disclosures described at 42 U.S.C. 1396b(m)(4)(A).	*Pursuant to an intercompany Management Services Agreement, DentaQuest, LLC, which is the direct parent company of DentaQuest USA Insurance Company, Inc., provides all management and administrative services in support of contracts held by DentaQuest USA Insurance Company, Inc.*
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.	*None*
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.	*DentaQuest USA Insurance Company, Inc. does not have an ownership or control interest in any other Medicaid provider or fiscal agent.*
3.15.24.5 The name, address, date of birth, and Social Security Number of any managing employee of the vendor.	*DentaQuest USA Insurance Company, Inc.'s Managing Employees are listed below:* *Steven Pollock* *James Collins*

	James Hawkins
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.***	***Vendor has read, understood, and agrees to comply with the disclosure requirements set forth in 42 C.F.R 455.105. DentaQuest routinely collects information from its contracted providers relating to ownership and control.***
3.15.24.7 Vendor's requirements for collecting and validating information related to providers/ subcontractors convicted of crimes. (42 CFR 455.106)	***Vendor has read, understood, and agrees to comply with the disclosure requirements set forth in 42 C.F.R 455.106. DentaQuest reviews and routinely monitors its contracted providers for any disqualifying activity, including criminal convictions described in 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***	***Vendor has read, understood, and agrees to comply with the disclosure requirements set forth in 42 C.F.R 455.106. DentaQuest requires such disclosures from its contracted providers as part of its credentialing and recredentialing processes.***

involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.	

3.15.25 DENIAL OR TERMINATION OF PROVIDER PARTICIPATION

DentaQuest understands that it 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.

We also reserve the right to 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.

We will promptly notify the DHCFP Provider Enrollment Unit of any action we take on the provider's application for participation in the program.

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.

3.16.1 Encounter Reporting
3.16.2 Summary Utilization Reporting
3.16.3 Dispute Resolution Reporting
3.16.4 Quality Assurance Reporting
3.16.5 Recipient Satisfaction Reporting
3.16.6 Financial Reporting
3.16.7 Sales and Transaction Reporting
3.16.8 Other Reporting

DentaQuest understands it will be responsible meeting all reporting requirements and timeframes as required in Attachment T, Forms and Reporting Guide. DentaQuest uses a variety of tools to achieve high-quality reporting solutions through multiple venues including Microsoft Reporting Services, geo-mapping reports, Cognos ReportNet, and SAS Analytics. The reporting architecture underlying our enterprise system ensures that end users can access the information they need in a timely manner.

Our report developers support the reporting lifecycle, including standard report development, deployment, testing and administration. Our enterprise and reporting systems are built on MS SQL Server 2008 databases and operate in conjunction with the Microsoft Visual Studio.Net Framework.

Over the years, we've learned the best approach to meet our clients' unique reporting needs is to take a personalized approach to the design, verification, and delivery of reports. In our experience, we've found the needs of our state agency clients such as the DHCFP require an expert level of business intelligence. Our approach ensures data integrity and quality, and above all, that the information is interpreted and presented in a meaningful way. As part of our role as a DBA, we want to make it as easy as possible for the DHCFP to understand its program data.

3.16.1 ENCOUNTER REPORTING

DentaQuest agrees to provide encounter data in accordance with the requirements in the 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. We will provide encounter data via the HIPAA standard X12N 837 file format. DentaQuest will ensure a minimum of 95 percent of the data must successfully pass all encounter edits within the first six months of submission, with 97 percent passing all edits thereafter. We also agree to assist DHCFP in its validation of encounter data.

3.16.2 SUMMARY UTILIZATION REPORT

DentaQuest agrees to produce reports using quality measures identified in the DHCFP Quality Assessment and Performance Improvement Strategy (QAPIS) and will submit these reports in addition to other reports required by this contract in a timely manner.

3.16.3 DISPUTE RESOLUTION REPORTING

DentaQuest will submit the Dispute Resolution Report using the DBA Provider Dispute Resolution Form 10 business days following month-end and quarter-end. This report will include the number of provider grievances and appeals received, whether verbal or written. The reported information will include provider dispute issues pertaining but not limited to: policy and procedures issues, denied claims and any claim issues with regard to processing time. The reported information will indicate the time frame for resolution completion.

3.16.4 QUALITY ASSURANCE REPORTING

DentaQuest will develop Performance Improvement Projects (PIPs) pursuant to guidelines established jointly by DentaQuest, the DHCFP, and the External Quality Review Organization (EQRO), as well as those identified in this RFP. We will provide outcome-based clinical reports and Management Reports as may be requested by the DHCFP or its EQRO. We understand that should we fail to provide such reports in a timely manner, the DHCFP will require DentaQuest 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.

3.16.5 RECIPIENT SATISFACTION REPORTING

DentaQuest routinely conducts annual recipient satisfaction surveys on behalf of its state agency clients and understands it is required to do so for the Nevada dental program. Administration of the survey is based on a statistically valid random sample of currently enrolled recipients. The data is validated, statistically analyzed and compared to national and state benchmarks. This approach provides the information necessary to target improvement efforts. We will provide the results prior to the third quarter of each contract year. We understand and can accommodate a specific sample, and/or survey tool as per the direction of the DHCFP.

3.16.6 FINANCIAL REPORTING

DentaQuest agrees to meet the financial reporting requirements set forth in the Forms and Reporting Guide, including any revisions or additions to the document.

3.16.7 SALES AND TRANSACTION REPORTING

DentaQuest agrees to report transactions between the vendor and parties in interest that are provided to the State or other agencies available to recipients upon reasonable request.

3.16.8 OTHER REPORTING

DentaQuest understands and agrees it will 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.

3.17 INFORMATION SYSTEMS AND TECHNICAL REQUIREMENTS

3.17.1 Data Requirements
3.17.2 Interfaces
3.17.3 Encounter Data Report Files
3.17.4 HIPAA Transaction Requirements
3.17.5 NPI Transaction Requirements
3.17.6 ICD and EDI Compliance

3.17.1 DATA REQUIREMENTS

DentaQuest agrees to provide compatible data in a DHCFP prescribed format for the following functions:

- ***Enrollment***
- ***Eligibility***
- ***Provider Network Data***
- ***PDP Assignment***
- ***Claims Payment***
- ***Encounter Data***

3.17.2 INTERFACES

As the largest Medicaid dental administrators in the country, we maintain direct and current data transmissions to eight different state Medicaid Management Information Systems (MMIS). We routinely prepare encounter data that is compliant with 13 other state systems on behalf health plans that are contracted with states to deliver Medicaid services. Because DentaQuest works with numerous states to directly manage their dental programs and works as a subcontractor to many health plans, we have extensive experience with fiscal intermediaries and state MMIS.

Given DentaQuest's deep experience in the administration of state Medicaid programs, we have the flexibility, expertise, and technical ability to accommodate a variety of submission timelines and processes. We will connect with the DHCFP MMIS using secure communication transport protocols. For example, depending on the DHCFP's needs, we can use VPN to transfer HIPAA-compliant files to a Secure File Transfer Protocol (SFTP) site or can set up dedicated connections with the DHCFP or its MMIS contractor to facilitate the secure transfer of files. We customize our connection with each client and can support numerous technologies for secure encrypted batch data interchange, such as Connect Direct, Secure FTP, or FTP with PGP file encryption. We use American Recovery and Reinvestment Act (ARRA) HI-TECH-compliant encryption algorithms for data exchange.

3.17.3 ENCOUNTER DATA REPORT FILES

Ensuring accurate encounter data report files are established will be a joint effort between DentaQuest and the DHCFP. During Readiness Review, we would anticipate receiving prescribed data fields that the DHCFP expects us to include on the file. In turn, DentaQuest will provide its companion guide and details of any applicable edits and description of the edits.

DentaQuest will ensure accurate exchange of the HIPAA compliant encounter data, in several ways:

- ***Conducting internal test cycles during Readiness Review, and correcting any configuration or software errors***
- ***Completing Readiness Review testing with the DHCFP during implementation, and correcting***

errors. We will conduct a mutually agreed-upon testing procedure to ensure the encounter data submission process passes all reviews and testing and is certified for production. By conducting this joint testing, we will confirm that the testing has achieved the minimum accuracy standard

- ***Correcting errors discovered during operational submission of encounter data and resubmitting corrected files. We will also conduct root cause analysis of the failures to determine whether another system or process component could be corrected or improved.***

DentaQuest understands the importance of ensuring encounter data is accurate to ensure states can maintain federal matching funds. To that end, we will ensure encounters will:

- ***Successfully pass through the HIPAA compliance editors used by the State's fiscal agent. We understand the DHCFP will not entertain any requests for other compliance checkers to be used for the convenience of DentaQuest, nor does DentaQuest expect this type of accommodation.***
- ***Successfully pass encounter edits with a minimum of 95 percent of the data successfully passing all encounter edits within the first six months of submission, with 97 percent or as required by federal regulation, whichever is more stringent, passing all thereafter.***
- ***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.***

3.17.4 HIPAA TRANSACTION REQUIREMENTS

DentaQuest hereby affirms the use of HIPAA-compliant files and transaction standards. We have the capability to process all of the following EDI HIPAA-compliant file types:

- ***Premium Payment (820 transaction)***
  DentaQuest uses the 820 transaction as a remittance file describing the recipients' premiums paid for the reporting period. The transaction set can be used to make a payment, send a remittance advice, or both. This transaction set can be an order to a financial institution to make a payment to a payee and/or it can be a remittance advice identifying the detail needed to perform a cash application to the payee's accounts receivable system.

- ***Enrollment (834 transaction)***
  DentaQuest works with our clients' eligibility and enrollment data via the HIPAA 834 v5010 standard transaction which includes the exchange of member enrollment information, benefits, plan subscriptions, and employee demographic information. During the implementation process, we will provide a DentaQuest EDI 834 Companion Guide and the EDI 834 Benefit Enrollment and Maintenance TR3 Guide.

- ***Eligibility Verification (270/271 transactions)***
  DentaQuest can verify eligibility by submitting a standard HIPAA 270 request transaction. Eligibility data elements are immediately validated, and eligibility information returned to the submitter, allowing DentaQuest to quickly determine the eligibility status of the recipient. In the case of real-time transactions, we get an immediate response to the inquiry. By using EDI transactions to check eligibility, the 271 eligibility information for multiple recipients can be checked at once, versus other methods that only allow checking one patient at a time. Claims are

processed with the most up-to-date eligibility information.

- ***Prior Authorization Requests (278 transactions)***
  In the past, DentaQuest has offered a flat file, tab-delimited format for transmitting prior authorizations. We can develop the formalized HIPAA process and also offer the standard 278 format.

- ***Claims (837 inbound transaction)***
  Providers, clearinghouses, and trading partners can submit 837D inbound claims through the DentaQuest Trading Partner Portal in the standard 837D v5010 HIPAA format. A file mover process checks the directories for new files every 15 minutes and moves the files to the DentaQuest staging area. The files are processed for accuracy and completeness, and then loaded into Windward.

- ***Claims (837 outbound transaction)***
  DentaQuest can also prepare 837D HIPAA compliant files on behalf of a client. The standard transaction includes information such as a description of the patient, the patient condition for which treatment was provided, the services provided, and the cost of the treatment. We also provide a v5010 Companion Guide describing how our files are formatted and prepared.

- ***Claims Status Request and Response (276/277 transactions)***
  DentaQuest provides the 276/277 claims status request/response transaction in the standard HIPAA 5010 format. The 276 request can be submitted by a provider, and typically includes information such as the provider and patient identification, subscriber information, date(s) of service(s), and charges.

- ***Remittance Advice (835 transaction)***
  DentaQuest provides the 835 HIPAA file to make payments to providers and/or to provide Explanations of Benefits (EOBs). The 835 file provides details about the payment of a claim including information such as what charges were paid, reduced, or denied, any bundling or splitting of claims or line items, and how the payment was made, such as through a clearinghouse.

3.17.5 NPI TRANSACTION REQUIREMENTS

DentaQuest USA Insurance Company, Inc.'s NPI including taxonomy codes are as follows:

- ***NPI 1831431709 (NPI Type 2 – Organization)***
- ***Selected Taxonomy***
  - ***193400000X SINGLE SPECIALTY GROUP***
  - ***122300000X – Dentist***

DentaQuest ensures its providers comply with NPI requirements and requires each provider to provide their NPI at the time of initial enrollment. Additionally, DentaQuest's Windward system meets all of the Federal and DHCFP reporting requirements. Our provider file includes the following data elements to ensure accurate provider payment:

- ***National Provider Identifier***
- ***Taxpayer Identification Number***
- ***Provider contract effective date***

We are responsible for providing provider files to a number of our state agency clients, so the DHCFP can be assured that we will meet all stated reporting requirements including the appropriate NPI on encounter data.

Through our credentialing, re-credentialing and ongoing monitoring process we cross reference provider identification numbers with the following data bases: Individual NPI and Group NPI through (NPPES), Tax ID number match to the IRS system, United States Department of Health and Human Services - Office of Inspector General's (HHS-OIG) List of Excluded Individuals and Entities (LEIE), General Service Administration (GSA) System for Award Management (SAM), Certification in Medicare/Medicaid programs through Centers for Medicare and Medicaid (CMS) Medicare Exclusion Databank (MED), State Board of Examiners, National Practitioner Data Bank (NPDB), Health Integrity and Protection Databank (HIPDB), and all 33 state Medicaid exclusion lists.

DentaQuest uses this process to ensure our provider networks accurately reflect the providers' eligibility and compliance with state and federal regulations. This process also ensures we maintain high standards of quality of care by preventing fraud waste and abuse within federal and state health care programs.

3.17.6 ICD AND EDI COMPLIANCE

DentaQuest and its MIS are in full compliance with ICD and EDI requirements defined by CMS regulation and policy.

3.18 DHCFP RESPONSIBILITIES

DHCFP will be responsible for the following:

3.18.1 External Quality Review
3.18.2 Due Process
3.18.3 DHCFP On-Site Audits
3.18.4 Actuarial Services
3.18.5 Encounter Data Processing
3.18.6 Website Access
3.18.7 Operation Oversight

3.18.1 EXTERNAL QUALITY REVIEW

DentaQuest agrees and understands that the 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.

Other states, including Texas and Tennessee have employed EQROs such as Health Services Advisory Group (HSAG) and Q-Source to conduct audits on a number of aspects of DentaQuest's services provided to Medicaid program recipients. As we do with these organizations, DentaQuest agrees to fully cooperate with any such requests from the DHCFP.

3.18.2 DUE PROCESS

DentaQuest agrees and understands that 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.

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.

DentaQuest will provide all necessary information to the DHCFP to properly hear all State Fair Hearing cases. We will additionally ensure a Dental Director is available to participate and represent DentaQuest from a clinical perspective as requested.

3.18.3 DHCFP ON-SITE AUDITS

DentaQuest agrees and understands the DHCFP may schedule on-site audits at our 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. We further understand that we would be informed of the scheduling, focus of the audit and the expectations regarding our participation no less than 30 days in advance of the on-site visit and have all prior requested data and information available at the time the audit begins.

DentaQuest hosted 18 client on-site audits last year and would welcome the opportunity to have the DHCFP visit any one of our locations.

3.18.4 ACTUARIAL SERVICES

DentaQuest agrees and understands that 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.

3.18.5 ENCOUNTER DATA PROCESSING

DentaQuest agrees and understands that 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 DentaQuest must submit the encounter data. In addition, the vendor encounter data, when requested, must be submitted to the DHCFP's actuary.

In turn, DentaQuest understands its responsibility to provide accurate, complete and timely encounter data on all dental encounters.

3.18.6 WEBSITE ACCESS

DentaQuest agrees and understands that it may have a link included on the DHCFP official website.

3.18.7 OPERATION OVERSIGHT

DentaQuest agrees and understands that 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.

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.

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.

DentaQuest has a proven track record of assisting state agencies such as the DHCFP can implement cost containment and avoidance initiatives that positively impact health outcomes and result in cost savings to the State. The following two case studies showcase real, tangible cost savings other states experienced as a result of DentaQuest's appropriate cost containment efforts:

Case study - South Carolina

DentaQuest has managed the South Carolina Medicaid dental program since August 2010. Prior to DentaQuest, the dental program operated on a fee-for-service basis with no formal utilization review or management programs and an antiquated claims processing system that had few dental-specific edits. DentaQuest collaborated with the State to establish a viable dental program, while meeting its primary goal – reducing program costs without impacting the state's already high recipient utilization rates.

In its first year as program administrator, DentaQuest saved the state of South Carolina almost $10 million, representing 10 percent of the state's annual Medicaid dental expenditures. The basis for our savings included

- ***Presence of more than 400 Medicaid dental-specific system edits that assured the provision of only necessary dental services covered under the contract***
- ***Utilization management methods that resulted in consistent decision-making in approving or denying services***
- ***Network management methods that monitor the provision of services by our provider panel***

While these changes were at first challenging for the existing Medicaid providers, DentaQuest successfully mitigated their concerns. We offered proactive training and held regularly scheduled stakeholder meeting to educate providers on the goals program. In addition, we communicated via weekly bulletins to keep providers informed of program updates and the impacts it had on them. In some instances we offered one on one personalized customer service training focusing on clinical expertise.

Additionally, since 2009, we've increased provider participation by nearly 15 percent. Recipient utilization rates have also increased from 46.75 percent in 2009 to 50.68 percent in 2014.

Case Study – Texas

In 2011, the Texas Health and Human Services Commission chose move its Medicaid dental programs from a fee-for-service model into Dental Managed Care. DentaQuest was one of three administrators selected to oversee the program. A year into the program, Delta Dental mutually ended its relationship with the state, leaving DentaQuest and MCNA as the program's administrators.

DentaQuest stepped up to help lead an orthodontia cost-reduction strategy in 2011. Concern about excessive spending on Medicaid orthodontic services in Texas was the subject of media attention prior

to the dental program moving to managed care. Before rolling out the new dental program in 2011, the State requested that DentaQuest and the two other administrators collaborate on developing a new orthodontic policy that would establish clear clinical criteria for these services.

In the year prior, the state of Texas paid out more in orthodontic services compared to all other 49 states combined. Our Vice President of Clinical Management, James Thommes, DDS, who has 30 years of clinical experience and 17 years of experience at DentaQuest helping states develop cost effective dental benefit models, and Vice President of Utilization Management Angie Metzger took the lead in developing the criteria and gaining consensus from the other dental benefit managers. The joint policy was approved by the State and implemented on March 1, 2012. In just 10 months, the cost of orthodontic care dropped by 82 percent (Figure 3.19.A), while ensuring that recipients could access medically necessary orthodontic care.

Figure 3.19.A Texas Orthodontia: Before and After Dental Managed Care	
State Fiscal Year 2011	*March-December 2012*
• *State paid $249 million for orthodontia alone*	• *DentaQuest paid $15 million for orthodontia, including continuation of care*
• *Preauthorization approval rate in excess of 95%*	• *Assuming other administrators paid similar amounts, total cost of all orthodontia was $45 million*
• *Error rate for medical necessity determinations in excess of 90%*	• *DentaQuest orthodontia approval rate is 15%*

While we understand orthodontia is currently managed through the Nevada FFS program only, during DentaQuest's analysis of the state of Nevada's program costs, we noticed that almost 50 percent of the FFS program's spend is on orthodontia, which is unusually high in our experience. Across all states where we administer dental programs, the highest spend of a total program's claims costs we have experienced for orthodontia is around 30 percent. We understand, as outlined in RFP Section, 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. Should the DHCFP determine orthodontia services be managed by the DBA, DentaQuest is ready and able to help the state with cost containment efforts in this area.

COST CONTAINMENT SOLUTIONS FOR NEVADA

DentaQuest offers the following cost containment solutions to Nevada to help improve outcomes while reducing program costs.

Our solutions are unique because many focus on costs outside of just the dental program. There is a strong connection between overall health and oral health, and several of our programs address the medical/dental connection.

- ***Early Childhood Caries Prevention Program – to reduce the number of children with Early Childhood Caries, in turn reducing the number of children and associated medical costs with outpatient dental care for ECC treatment. This program is also part of our Value Added Services offerings.***

- ***Emergency Dental Redirect Program* – to reduce the number of recipients using emergency departments for dental care issues. This program is part of our Value Added Services offerings.**
- ***Consistent Application of Clinical Criteria* – to ensure only medically necessary covered services are approved.**
- ***Effective Use of System Edits and Audits* – to prevent loss of public funds to fraud, waste and abuse.**

Early Childhood Caries Prevention Program

Early childhood caries (ECC) is a prevalent form of caries (commonly referred to as "cavities") that affects the primary teeth of infants, toddlers and preschool children. It can progress rapidly, and if left untreated, may result in pain and infection. Although caries is largely preventable, the traditional treatment approach does not address the underlying disease.

Until recently, standards of care for ECC called for restorative and surgical treatment, along with general recommendations to change dietary and oral hygiene practices. Young children who are not cooperative or have special health care needs and require restorative treatment are commonly sedated or treated under general anesthesia. However, the costs of general anesthesia are high and relapse rates of 37 to 79 percent (restorative treatment failures) have been reported in scientific literature. It is now known that restorative treatment of caries alone does not address the disease process. Other factors such as behavior patterns, genetic predisposition, social circumstances and environmental exposure are equally important, especially for the long-term management of chronic diseases.

DentaQuest approaches ECC in a unique manner, as it differs from a traditional approach of the provider telling patients what to do. The DentaQuest provider team coaches patients and parents about the factors that lead to dental disease and assists in selecting self-management goals to improve their caries risk. Treatment decisions are based on the latest evidence-based guidelines, including minimally invasive techniques.

The foundation of DentaQuest's ECC protocol was derived from the CAMBRA (Caries Management by Risk Assessment) methodology, which focuses on identifying the causes of the disease through a risk assessment for each individual and then managing those risk factors through behavioral, chemical and minimally invasive procedures. The DentaQuest Institute initiated an ECC Collaborative in 2008 with the goal of shifting the conversation around ECC from disease treatment to chronic disease management.

Since 2008, the DentaQuest Institute has focused on shifting treatment of young children from repair in a hospital operating room to a program of chronic disease management. The aim is to:

- ***Provide resources that enable providers to engage caregivers to interrupt the progression of the disease***
- ***Reduce the need for the surgical approach in an operating room***
- ***Reduce pain experienced by the children***
- ***Reduce the reoccurrence of the disease***

Results

The results of our EEC program have been notable as highlighted in Figure 3.19.B.

Figure 3.19.B ECC Program Results

Measurement	Result
Operating room utilization to treat ECC	Decreased by 36%
New cavitation	Decreased by 28%
Children reporting pain	Decreased by 27%

Our ECC Prevention Program can help recipients achieve better outcomes, while ensuring the state can experience a reduction in medical costs associated with operating room services associated with ECC.

More information on our ECC Prevention Program is included in our response to Section 3.3.

Emergency Dental Redirect Program

Hospital emergency department (ED) use for non-traumatic dental care is a problem nationwide because many Americans consider the ED their first or only option for relief from dental ailments. National research by a number of organizations, including American Dental Association's Health Policy Institute, shows that this issue continues to grow, presenting significant financial implications for public and private healthcare payers, hospitals and our citizens.

ED usage is expensive, and hospitals are generally unable to treat toothaches and dental abscesses effectively. Without awareness of opportunities to obtain dental care in a proper setting, an individual may return to the ED multiple times to address the same untreated complaint.

Ensuring each recipient has the information needed to receive covered services is central to our Emergency Department (ED) Diversion outreach program: Emergency Dental Redirect. Through this program, we will increase utilization of preventive dental services and educate recipients on what to do in a dental emergency, and consequently – decrease the use of the ED for non-traumatic dental care. Given that adults comprise the majority of ED users for dental issues, this program is a great fit for the Nevada adult population.

By educating recipients and then referring them to dentists, our goal is to help recipients achieve the Triple Aim of health care, including: reduction in the medical spend for hospital ED usage for non-traumatic dental issues, better quality of care for recipients, and ultimately better health outcomes. In parallel, we work to affect systemic barriers through interface with hospitals, physicians, pharmacies and community organizations to spread education on appropriate avenues for dental treatment for routine or emergent dental needs to aid in directing recipients to dental offices instead of Emergency Departments.

More information on our Emergency Dental Redirect Program is included in our response to Section 3.3.

Results

DentaQuest implemented its ED Diversion Program in 12 states. Figure 3.19.C showcases the impressive results our clients' dental programs have realized after implementing our program.

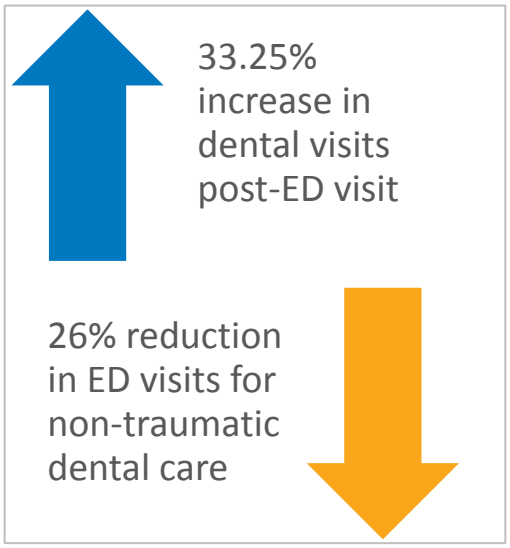


Figure 3.19.C Average Results for the Emergency Department for Dental Diversion Program after six months

Consistent Application of Clinical Criteria

Authorizations of dental services is one of the primary ways states can contain program costs. In order to maximize cost containment, there must be consistently application of clinical criteria. DentaQuest offers one of the most comprehensive utilization management programs in the industry through our four pronged strategy to ensure clinical criteria is applied consistently:

1. ***Clinical Training Program***
2. ***Clinical Algorithms***
3. ***Inter-rater Reliability Evaluations***
4. ***Staff De-incentive Policy***

1. Clinical Training Program

DentaQuest is committed to the ongoing training of our UM department staff to ensure they are current with the leading clinical and industry practices. Our comprehensive clinical training programs covers:

- ***Recognition of appropriate clinical criteria***
- ***Interpreting radiographs***
- ***Patient charts and models***
- ***Market-specific requirements***
- ***Windward system use and application***

All training is facilitated by our Senior Clinical Training Specialist, Tina Blomstrom, RDH, who has nearly 40 years of clinical experience. In addition to being a practicing RDH for 27 years, Tina taught at the Wisconsin Dental Assistant School. She is supported in her clinical training efforts by our Vice President of Clinical Management, James Thommes, DDS.

After two days of orientation and training, new Clinical Review Specialists (CRS) enter a three-day radiology certification training class. All of our CRSs must have a clinical background as a dental assistant or hygienist. CRSs must be able to recognize subcrestal decay, periodontal and dental abscesses, periodontal disease, bone loss and furcation involvement. They must also learn positions and types of impactions involved when tooth extraction is necessary, why general IV anesthetic may be approved for certain extractions, and how to determine the medical necessity of partial or full dentures. These topics are critical, as they are the most commonly requested services requiring clinical review. We test every CRS on each section and give them a final exam. They must achieve at least a 95 percent score on the exam or they will be unable to continue their employment with DentaQuest.

Upon passing the radiology certification training program, CRSs must complete DentaQuest's Learning Management System modules for Microsoft Outlook, Excel, and Word, with a minimum 95 percent average score.

Next, CRSs work one-on-one with our full-time clinical trainers to learn the clinical review process. This includes distinct state or plan requirements, exceptions, and turnaround times. Clinical Trainers audit 100 percent of their work.

Training lasts for six months, or until the CRS is proficient in his or her assigned areas. For a CRS to be released from training, he or she must consistently achieve at least a 95 percent score on all audits.

2. Clinical Algorithms

Our CRSs and Dental Directors apply many validity checks to each preauthorization request. Also known as algorithms, these checks constitute a series of "yes or no" decision points based on clinical criteria appearing in the American Dental Association's Code of Dental Terminology. Each check asks a question; the response drives toward a clinical decision on whether to approve or deny a service. Over the past 23 years, we have created 1,000 government program-specific algorithms to meet state guidelines and requirements.

An algorithm assesses the long-term prognosis and medical necessity of a dental service. For example, to evaluate the necessity of a crown:

- ***A CRS reviews the request and supporting documentation, such as a narrative or X-rays.***
- ***The CRS assesses whether the radiographs support a long-term prognosis by determining:***
    - ***Is there adequate bone support?***
    - ***Is there a lack of furcation involvement?***
    - ***Is there a lack of subcrestal decay?***
    - ***If a root canal is present, is it of good quality?***
- ***If the radiographs do not support a good long-term prognosis, the CRS will deny the service and route it to a Dental Director, who will either uphold the denial or approve the service.***
- ***If the service is deemed to have a good long-term prognosis, the CRS goes on to determine medical necessity. Areas reviewed for medical necessity include:***
- ***Is the tooth broken down enough to need a restoration with a crown as opposed to a lesser restoration?***
    - ***Is there cuspal involvement?***
    - ***Is there presence of decay or large restoration breakdown in the incisal angle on an anterior tooth?***

Each dental service requiring authorization has its own clinical algorithm that is customized to meet the medical necessity criteria for a given state.

Our clinical analysts track service denials by market to monitor authorization trends. This internal measurement tool frequently benefits providers. For example, in one market, we detected a pattern of denials that was due to missing documentation. We found that these denials surfaced from the same group of providers. We contacted these offices to inform them about this trend and educate them about treatment protocols that minimized the potential for denials. In just two weeks, the percentage of denials was reduced from 45 percent to less than 10 percent.

3. Inter-Rater Reliability Evaluations

All of our CRSs, UM auditors, Dental Directors and clinical trainers must participate in quarterly inter-rater reliability (IRR) evaluations. Our VP of Clinical Management and Senior Clinical Training Specialist choose at least 10 actual case histories. They select cases with a level of complexity that will effectively test each individual's ability to determine medical necessity using the appropriate codes and policies.

All must pass with a 90 percent proficiency level. If any Utilization Management team member falls below the required level, he or she must attend additional training with the senior clinical instructor and VP of Clinical Management and be re-tested.

We completed the last IRR testing in the second quarter of 2016. The average score for general cases was 94.9 percent for CRSs and 94.4 percent for Dental Directors. The average score for orthodontic cases was 99.1 percent for CRSs and 97.4 percent for Dental Directors.

4. Staff De-incentive Policy

DentaQuest refrains from interfering with the clinical decisions of its Dental Directors and CRSs through any kind of financial incentives or other encouragement.

DentaQuest does not use incentives to encourage barriers to care and service. We do not make decisions about hiring, promoting, or terminating Dental Directors or other staff based on the likelihood, or on the perceived likelihood, that the Dental Director or staff member would support the denial of benefits.

We ensure our Dental Directors have independence and impartiality in making referral decisions that will not influence hiring, compensation, termination, or promotion.

All Utilization Management, Grievance and Appeals, Fraud Prevention and Recovery, and Dental Director staff must sign an attestation at the time of hire, and then again on an annual basis, stating that no financial incentives or any other methods of non-monetary encouragement have been offered by DentaQuest that would adversely affect the benefit decisions made according to the State Medicaid guidelines and any applicable or federal statutes governing the activity. We maintain the signed attestation in each employee's file.

Effective Use of System Edits and Audits to Prevent Loss of Public Funds to Fraud, Waste and Abuse

DentaQuest is a strong proponent of preventing FWA from occurring in the first place. We have a number of controls in place, including system edits and audit processes to ensure that only medically appropriate services are paid:

- ***Prior authorization requirements.*** ***Upon receiving a claim with one or more procedure codes that require prior authorization (PA), our system automatically searches for an associated authorization for that recipient, provider, and procedure. Windward executes a series of algorithms, based on a dental program's specifications, to determine if the PA number is on record for those claims containing procedures that require a PA number. If there is an approved PA on record, the claim is then forwarded to the next step in the process. If not,***

DentaQuest offers Providers the option for submitting the claim without PA; in these cases, we conduct the same review as a pre-payment review, before continuing adjudication of the claim.

- ***Eligibility verification. Windward requires an open, active eligibility span for the recipient to match the date of service submitted on the claim. This is an automated edit within the adjudication process. We verify eligibility for all claims received. If there is no active eligibility span, the recipient is not eligible; adjudication will stop and the claim will deny. The system automatically verifies provider eligibility during adjudication. If the provider is ineligible, the claim will be denied. DentaQuest assures that all provider information submitted on claims transactions matches the provider information in Windward. This is included in the Windward adjudication logic.***

- ***Claims edits. Dental-specific edits in Windward provide an important barrier against fraud and abuse. We subject each claim to more than 400 edits to detect the possibility of provider fraud. Our in-house clinical experts developed these edits using a 23-year repository of Medicaid program claim data available to determine optimal treatment patterns. DentaQuest continues to add edits as new practice patterns are identified.***

- ***Claims rules. The system business rules are highly flexible, user configurable, and fall into one of the following categories:***
    - ***Procedure rules determine covered and non-covered services.***
    - ***Procedure payment rules determine alternate benefits and possible ADA code switches.***
    - ***Bundling and unbundling rules assure clinical and medical appropriateness and protect against overpayment.***
    - ***Step therapy edits ensure only appropriate service combinations are provided.***
    - ***Benefit history crosscheck denies a submitted procedure based on the existence of procedures in the recipient's history.***
    - ***Clinical history crosscheck denies a submitted procedure based upon the existence of procedures in the recipient's history.***

  Claims are subjected to over 4,200 procedure code edits that define code variations applicable to each rule scenario. These rules mirror the approach defined by CMS National Correct Coding Initiatives and ensure recipients receive appropriate care and that only clinical-based, cost-effective dental treatment is being reimbursed.[5]

- ***Duplicate checks. Once entered into the system, claim information becomes part of the recipient's clinical and payment history. DentaQuest uses several methods to make certain that we do not pay duplicate claims and do not pay duplicate services. To prevent payment of duplicate claims, Windward examines the current claim against claim history using the recipient identifier, group number (here, the Nevada plan ID), and provider/location identifiers. It also compares the services on the current claim against claims in history; comparing the total number of services on the claim, the service dates, the procedure lines and***

[5] Unbundling – a practice where the provider separates the components of a procedure, billing them separately rather than using the appropriate code describing the total procedure. This practice typically nets a higher reimbursement for the procedure and is considered potential fraud. These services are otherwise included in the basic allowance of another procedure and cannot be charged separately.

codes, the tooth, quad, arch, and surface, and any comments. If Windward finds an exact match, it rejects the claim with a duplicate error code and applies workflow routing rules for review of the claim. If the header lines match but there is not an exact match for the service line, Windward rejects the claim with a potential duplicate error code and applies workflow routing rules for review of the claim.

To prevent payment of duplicate services, Windward looks for matching claims headers and duplicate service lines, checking the same data as for duplicate claims. The system rejects matching service lines with an error code indicating that a duplicate service is in history. If the comments in the service match, this is rejected with a specific service code. In both cases, Windward applies workflow routing rules to the claim. The Claims Processor can then review this claim and may request additional information from the Provider if necessary to determine whether to allow or deny the service line.

- ***Manual review of more complex claims. A very small percentage of claims, because of complicating factors, may require manual intervention. These include claims where retrospective clinical review is needed because there was no match for an existing prior authorization record for a procedure that required authorization.***

- ***Upcoding analysis; high-dollar providers. The DentaQuest Fraud Prevention and Recovery Unit conducts retrospective claims analysis; if a provider's utilization pattern is aberrant, the unit will review that provider's claims, looking for possible instances of upcoding procedures. They also review the utilization patterns of providers who tend to bill higher-dollar claims or represent a disproportionate share of total claims dollars.***

- ***Claims audits. DentaQuest's Quality Assurance Claims Audit staff is responsible for auditing claims to achieve a 98 percent or greater accuracy rate. The primary responsibilities of the Quality Assurance Claims audit staff include:***
    - ***Reviewing the original data against the final processed data***
    - ***Verifying recipients' eligibility and provider status***
    - ***Reviewing service lines to ensure that the amount paid is in accordance with the payment fee schedules loaded for a particular group/provider***

  Audit examines every action that touched the claim and verifies it for accuracy. If the audit identifies processing errors, the auditor captures the error detail and marks the claim for correction.

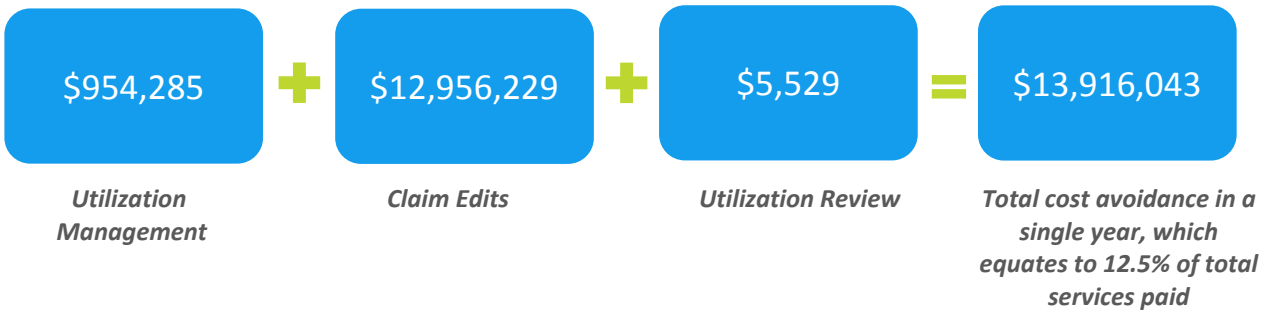
  We audit up to five percent of all claims processed and adjudicated to final status. Quality Assurance also audits 40 claims per Claims Processor per month, and 20 claims per Customer Service Representative per month. We also maintain production goals for our staff. Quality Assurance Claims Audit staff must review a minimum of 85 service lines per hour.

DentaQuest engages in continuous process improvement for all processes, including claims, and will regularly change system configuration, edits, and our processes to improve prevention and detection of inappropriate payment for services.

Results

The combined results of our Utilization Management program (and consistently applying clinical criteria for pre-service review), our claims system edits and our Utilization Review (post-service review) efforts have produced significant, yet appropriate cost containment savings for our clients as highlighted in Figure 3.19.D, which provides results from two clients over a single year.

Client A



Client B

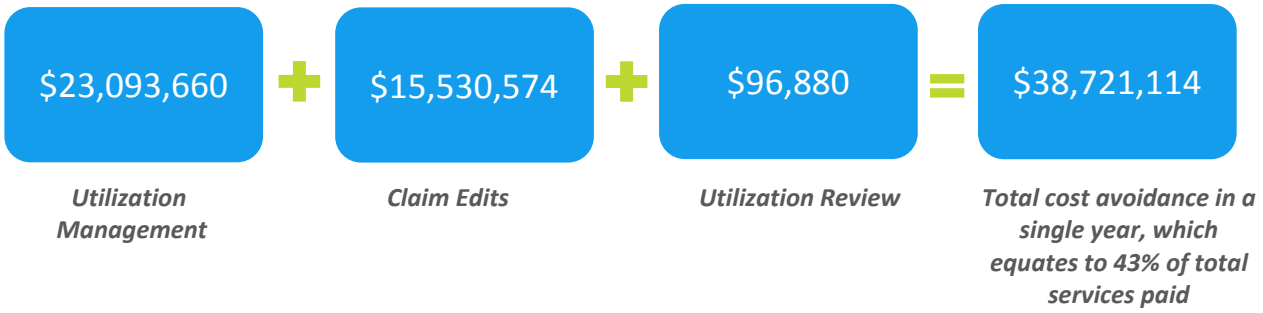


Figure 3.19.D Examples of cost containment savings experienced by DentaQuest's clients

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.

DentaQuest has reviewed, understands and will comply with Attachment O – Liquidated Damages and Intermediate Sanctions. We do not solicit business – or enter a Contract with a client – unless we are confident that we can meet, or exceed, the expected contract requirements. It is standard practice for DentaQuest to include operational metrics in our Contracts, and we will commit to meeting the contract requirements outlined in this RFP throughout the term of our Contract with the DHCFP.

Our plan to meet the specified terms and conditions and contract requirements, and comply with any requested changes, begins in our Contract Compliance department. This department validates all requirements to ensure each impacted and responsible department fully understands, agrees to, and will adequately and appropriately manage the relevant requirement. We will create monthly, quarterly, and annual reports – as requested and approved by the DHCFP – to track, trend, and report on each requirement to measure and ensure compliance. Each internal department also conducts ongoing auditing to proactively detect, resolve, and avoid deficiencies or insufficiencies that could result in liquidated damages or sanctions.

If the DHCFP requests any changes to the contract requirements, these too are reviewed and approved: first, by our Contract Compliance department, then by the responsible internal department, to ensure full understanding and confirm our ability to comply. Once the impacted department confirms that it has or can build the staff and systems needed to comply with the change, we will collaborate with the DHCFP to amend the terms of our Contract. Upon execution of the updated Contract with the amended requirements, we edit the relevant policy, procedure, and processes. We then distribute these to the affected staff or providers. As needed, we will train staff or providers to address the update. To ensure compliance with the new requirement we modify ongoing audit processes and change monitoring reports accordingly.